

OCP Strategic Plan 2024-2028

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



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

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

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

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





Ontario College of Pharmacists

Putting patients first since 1871

OUR PROMISE TO YOU

OCP SERVICE CHARTER

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

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

Let us know how we're doing.

ocpinfo.com/servicecharter

PARTNERSHIPS

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

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

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

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

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

We provide input into relevant government and health system consultations.

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

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

CULTURE

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

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

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

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

All staff, Board and Committee members complete EDI training.

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

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

LEADERSHIP & INNOVATION

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

We are committed to innovation and regulatory best practices.

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

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

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

PUBLIC PROTECTION

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

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

RIGHT-TOUCH

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

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

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

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

TRANSPARENCY

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

We are clear regarding regulatory requirements.

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

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

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

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

PERSON-FOCUSED

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

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

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

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

RISK-BASED

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

We make decisions based on the available evidence.

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

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

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

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

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



Accountability



Fairness



Collaboration

2



Judiciousness



Integrity



Transparency

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

Board of Directors Meeting Agenda

SUNDAY September 15, 2024
9:30 AM – 5:00 PM

[MEETING LINK](#)

Members of the public that wish to observe the meeting will only be able to do so virtually via the meeting link.

1. **Welcome and Land Acknowledgement**

Andrea Fernandes will provide the Land Acknowledgement.

2. **Appointment of New Directors**

Appointment of Academic Directors and Directors elected in the 2024 OCP elections.

3. **Declaration of Conflict of Interest**

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

4. **Minutes of the July 8 and August 9 Board Meetings – For Approval**

The Board will consider the minutes of its last two public meetings for revision or approval.

5. **Governance Review Proposal – For Decision**

The Board will be asked to consider approving a third-party Governance Review.

6. **Chair's Report – For Information**

The Chair, James Morrison, will report on activities, decisions, and initiatives undertaken on behalf of the Ontario College of Pharmacists.

BREAK

7. **Registrar's Report – For Information**

Acting Registrar, Susan James, will present the Registrar's Report which provides information to assist the Board in exercising its oversight function of College operations and updates relevant to the regulatory environment.

7.1 College Performance Dashboard Q2 Briefing Note and Report

7.2 Strategic Goal 1 Progress Update

8. **2024-2025 Executive Committee Election – For Decision**

Each year Elections for membership of the Executive Committee are held at the September Board meeting for the coming year.

9. **In Camera**

Motion to go in camera pursuant to Health Professions Procedural Code, subsections 7(2)(e)



10. **Accreditation Committee Composition By-Law Change – For Decision**

Susan James will ask the board to consider approving the proposed by-law revision altering the compositional requirements of the Accreditation Committee to replace Public Directors with Lay Committee Appointees.

LUNCH

Governance Committee meets to adjust Committee Slate

11. **Registration Related Resolutions for Ontario Regulation 256/24 – For Decision**

Manager, Registration, Greg Purchase, will ask the board to approve the resolutions related to registration requirements that are listed in O. Reg. 256/24 under the Pharmacy Act, 1991, in anticipation of this regulation coming into force on October 1, 2024.

12. **New Practice Policy – Supervision of Pharmacy Personnel – For Decision**

Director, Policy Engagement and Strategy Implementation, Katya Masnyk will ask the board to approve a new Supervision of Pharmacy Personnel Policy to align OCP policies with the registration and quality assurance changes that are listed in the O. Reg. 256/24 under the *Pharmacy Act, 1991*, in anticipation of this regulation coming into force on October 1, 2024.

13. **2024-2025 Committee Slate - For Decision**

Governance Committee Chair, Sara Ingram will ask the Board to consider the recommended Board and Committee slate for the coming year.

BREAK

14. **Changes to the Investment Policy – For Decision**

Doug Brown, Chair of the Finance and Audit Committee, will ask the Board to consider recommended amendments to Policy 4.12 – Investments regarding conflict of interest and diversification of guaranteed investment certificates (GICs).

15. **Appointment of Auditor for 2024 – For Decision**

Doug Brown will ask the Board to consider appointing the recommended auditor for 2024.

ADJOURNMENT (See below Day 2)



Accountability



Fairness



Collaboration

5



Judiciousness



Integrity



Transparency

Board of Directors Meeting Agenda

MONDAY September 16, 2024

9:30 AM – 5:00 PM

[MEETING LINK](#)

Members of the public that wish to observe the meeting will only be able to do so virtually via the meeting link.

16. **Committee Reports – For Information**

The Board will receive the annual reports from Committees. Committee Chairs or committee delegate to present with Staff Resource – 5-minute presentation plus 5-minute Q&A – video conference unless local.

BREAK (+ Board Group Photo)

16. **Committee Reports – For Information**

The Board will receive the annual reports from Committees. Committee Chairs or committee delegate to present with Staff Resource – 5-minute presentation plus 5-minute Q&A – video conference unless local.

17. **Results of 2024 OCP Employee Engagement Survey – For Information**

Manager, Human Resources, Penny Galanis along with Roshmi Roy, Senior Analyst, Diagnostics, Advisory, and Data Insights. McLean & Company to present the results from the 2024 OCP Employee Engagement Survey.

LUNCH

18. ***In Camera***

Motion to go in camera pursuant to Health Professions Procedural Code, subsections 7(2)(b)(d)

19. **By-Law Changes – For Decision**

Susan James, will present proposed By-Law 7 for the purpose of public consultation.

20. **2025 Operational Plan – For Decision**

Director, Corporate Services, Thomas Custers will ask the Board to consider the proposed Operational Plan and priorities for 2025.

ADJOURNMENT



Accountability



Fairness



Collaboration

6



Judiciousness



Integrity



Transparency



**MINUTES OF A
BOARD OF DIRECTORS MEETING
HELD IN TORONTO, ONTARIO
JULY 8, 2024
9:30 A.M. TO 5:00 P.M.**

OCP Board of Directors

Jennifer Antunes
Randy Baker
Connie Beck
Douglas Brown
Lisa Dolovich (virtual)
Billy Cheung
Andrea Edginton
Jean-Pierre (JP) Eskander
Andrea Fernandes (virtual)
Sara Ingram (Vice-Chair)
Adrienne Katz
Nadirah Nazeer
Elnora Magboo (virtual)
Stephen Molnar
James Morrison (Chair)
Siva Sivapalan
Wilfred Steer
Cindy Wagg
Devinder Walia
Shari Wilson

Regrets

Dan Stapleton
Andrea Edgington

Management

Shenda Tanchak, Registrar and CEO
Angela Bates, Director, Conduct
Thomas Custers, Director, Corporate Services
Christian Guerette, General Counsel and Chief Privacy Officer
Susan James, Director, Registration and Quality
Katya Masnyk, Director, Policy, Engagement and Strategy Implementation
Greg Purchase, Manager, Registration
Sandra Winkelbauer, Special Projects Manager

Staff

Vera Patterson, Governance Coordinator
Sharlene Rankin, Executive Assistant to the Directors
Stephenie Summerhill, Executive Assistant to Registrar and CEO

The meeting was called to order at 9:31 a.m. The Chair, James Morrison, welcomed all Board Directors, staff and observers. The Chair thanked Billy Cheung and Dan Stapleton for their contributions to the College. Both Directors were attending their last scheduled meeting of the Board.

1. Land Acknowledgement

Vera Patterson opened the meeting with a land acknowledgement.

2. Chair's Report

Before sharing his Report, the Chair acknowledged the discord which had arisen among Board Directors and read a letter from Dan Stapleton urging board members to not allow conflicts to distract from agenda items but rather set them aside until a governance discussion can be arranged.

James Morrison provided a summary of activities undertaken since the March meeting. He highlighted the OCP Workplace Practices Report, sharing some of the workplace pressures analysis

3. Declaration of Conflict

In response to the Chair's call for conflict declarations, the following were declared:

Item 10: Appointment of Special Committee to Receive Results of Governance Investigation

Siva Sivapalan

Sara Ingram

Language Proficiency Guidelines

Connie Beck

NEW MOTIONS

The Chair yielded the floor to Siva Sivapalan who addressed the Board.

Motion: THAT counsel for Siva Sivapalan will be permitted to make representations on his behalf for a maximum of eight minutes, in keeping with the Board's Rules of Order, concerning whether or not he may be perceived to be in a conflict of interest with items 11, the portion of item 13 which deals with changes to our operational plan, and item 15 on the agenda.

Moved by: Siva Sivapalan

Seconded by: Connie Beck

Carried

The Chair moved on to introduce two private members' motions which had been circulated to the board days before the meeting.

JP Eskander introduced his motion:

MOTION: THAT the Board consider the motion brought by JP Eskander concerning an independent assessment of the Registrar's conduct and add it to today's agenda as item 16.

Moved: JP Eskander

Seconded: Jennifer Antunes

Defeated

Jennifer Antunes introduced her motion:

MOTION: THAT the Board consider the motion brought by Jennifer Antunes concerning appointing independent legal counsel for the Board and that it be added to the agenda as item 16.

****Siva Sivapalan declared a conflict of interest with this item***

Moved: Jennifer Antunes

Seconded: Devinder Walia

Defeated

Aly Haji or Ricketts Harris LLP addressed the Board of Directors providing the reasons he believed that Siva Sivapalan should not recuse himself from items 11, portions of 13 and item 15 on the agenda.

Motion: THAT there may be the appearance of a conflict of interest for board member, Siva Sivapalan, with agenda item 11, Siva Sivapalan is required to recuse himself from discussion of these matters at this meeting.

Moved: JP Eskander

Seconded: Devinder Walia

Defeated

MOTION: THAT there may be the appearance of a conflict of interest for board member, Siva Sivapalan, with agenda items 13 (with respect to the Operational Plan discussion) and 15 and that he is required to recuse himself from discussion of these matters at this meeting.

Moved: JP Eskander

Seconded: Jennifer Antunes

Defeated

4. Consent Agenda – For Decision

MOTION: THAT The Board approve the Consent Agenda as presented

Upon request, the following items were removed from the consent agenda:

4.2 Accreditation Committee by-law change – JP Eskander

4.3 Language Proficiency Guidelines – Connie Beck

The revised consent agenda: 4.1 Minutes of the Board Meeting March 25, 2024

Moved by: Jennifer Antunes

Seconded by: Cindy Wagg

Carried

5. Registrar’s Report – For Information

Shenda Tanchak, Registrar and CEO, highlighted items associated with the Risk Report including the modernizing of IT infrastructure, cybersecurity risk mitigation strategies and additional workload connected with enforcing zero tolerance for corporate pressures.

6. Appointment of Scrutineers – For Decision

MOTION: THAT Zubin Austin and Wayne Hindmarsh are appointed as scrutineers for the 2024 Election.

Moved by: Stephen Molnar

Seconded by: Connie Beck

Carried

**Siva Sivapalan and Wilf Steer recused themselves from this item.*

7. Human Rights Policy – For Decision

---- This item was deferred ----

8. Emergency Assignment Class of Registration Policy – For Decision

---- This item was deferred ----

9. Governance Committee Report – For Information

Sara Ingram, Governance Committee Chair, provided the board with an update relating to the work of the Governance Committee and the ongoing Governance investigation.

10. Appointment of Special Committee to Receive Results of Governance Investigation

MOTION: THAT the Board appoint the following two Lay Committee Appointees (LCAs) to the Governance Committee:

Ravil Veli

Aditi Agnihotri

With Megan Sloan as an alternate.

**Siva Sivapalan and Sara Ingram recused themselves for this item.*

Moved by: Jennifer Antunes

Seconded by: Cindy Wagg

Carried

11. Preferred Provider Networks – For Decision

Amy Miller shared the negative impact that Preferred Provider Networks has had on her. College staff presented the Board of Directors with an update on the potential patient risk associated with an increased prevalence of Preferred Provider Networks (PPNs). The Board expressed gratitude to Amy for sharing her experience.

MOTION: THAT the Board direct staff to move forward with a phased in, multi-modal approach to addressing PPNs, including short-, medium- and long-term regulatory initiatives.

Moved by: Jennifer Antunes

Seconded by: Wilf Steer

Carried

MOTION: THAT OCP has zero tolerance for business practices that compromise the ability of pharmacists and pharmacy technicians to deliver safe and effective care to their patients.

Moved by: Cindy Wagg

Seconded by: Devinder Walia

Carried

12. Feasibility Report of Actions Identified to Address Corporate Pressure – For Information

Director of Registration and Quality, Susan James provided an update on the Actions identified

MOTION: THAT the Board move *in camera* pursuant to subsection 7(2)(d) of the Health Professions Procedural Code.

Moved by: Siva Sivapalan

Seconded by: Cindy Wagg

Carried.

13. In Camera – Pursuant to the Health Professional Procedure Code HPPC s 7 (2)(b)

MOTION THAT pursuant to the Health Professional procedure Code HPPC s 7 (2)(b), the Board move in camera.

Moved by: Connie Beck

Seconded by: Randy Baker

Carried

14. Discipline Committee Recommendations – For Decision

---- This item was deferred ----

15. Revised 2024 Budget – For Decision

MOTION: THAT the Board approves increasing the 2024 budget by \$267,967 with the funds to come from the College’s reserves.

Moved by: Shari Wilson

Seconded by: Jennifer Antunes

Carried

16. Adjournment

The Chair determined that another meeting would be required to finish the outstanding items from the agenda. The Board Directors will be canvassed to find time for another meeting.

There being no further business, at 5:35 p.m. the meeting ended.

**Vera Patterson
Governance Coordinator**

**James Morrison
Board Chair**



**MINUTES OF A
VIRTUAL
BOARD OF DIRECTORS MEETING
HELD IN TORONTO, ONTARIO
FRIDAY AUGUST 9, 2024
9:30 A.M. TO 3:00 P.M.**

OCP Board of Directors

Jennifer Antunes
Randy Baker
Connie Beck
Douglas Brown
Lisa Dolovich
Billy Cheung
Andrea Edginton
Jean-Pierre (JP) Eskander
Andrea Fernandes
Sara Ingram (Vice-Chair)
Adrienne Katz
Nadirah Nazeer
Elnora Magboo
Stephen Molnar
James Morrison (Chair)
Siva Sivapalan
Wilfred Steer
Cindy Wagg
Devinder Walia
Shari Wilson

Regrets

Dan Stapleton
Andrea Edgington

Management

Shenda Tanchak, Registrar and CEO
Angela Bates, Director, Conduct
Thomas Custers, Director, Corporate Services
Susan James, Director, Registration and Quality
Todd Leach, Director, Communications and Knowledge Mobilization
Katya Masnyk, Director, Policy, Engagement and Strategy Implementation
Greg Purchase, Manager, Registration
Sandra Winkelbauer, Special Projects Manager

Staff

Vera Patterson, Governance Coordinator
Sharlene Rankin, Executive Assistant to the Directors
Stephenie Summerhill, Executive Assistant to Registrar and CEO

Guest

Erica Richler, Steinecke Maciura, Leblanc

The meeting was called to order at 9:31 a.m. The Chair, James Morrison, welcomed all Board Directors, staff and observers, and congratulated Siva Sivapalan and Wilf Steer on their re-elections. He further announced that Simon Boulis was elected to serve a 3-year term beginning in September.

1. Land Acknowledgement

Elnora Magboo started the meeting with a land acknowledgement.

The Chair acknowledged that three new motions had been brought to his attention, each requesting the addition of items to the agenda.

The Board was informed that Jennifer Antunes withdrew her motion with the understanding that it will be returned to the board for consideration in December with the full benefit of staff analysis.

2. Declaration of Conflict

The Chair acknowledged the various professional environments represented by the Board directors before drawing attention to item 18.2 Corporate Influence on Pharmacists/Patient Safety which included a brainstorming session. The Chair advised that he did not consider directors to be in conflict during the discussion and counselled directors to use their own judgement on the matter. No conflicts of interest were declared.

NEW MOTIONS:

Siva Sivapalan requested that his colleagues consider adding the following motions to the Board agenda:

Motion: THAT the Board extend its warmest thanks to the most honorable Billy Cheung for the skill and distinction with which he has executed the role of Director, Chair and mentor not only to myself (Siva Sivapalan) but many others that sit around us today. That we thank him for the cordial and wise exercise of his authority over the last eight years. The motion is in particular appreciation of his fairness and tolerance as Chair in dealing with all members of this council and that we unite in wishing him a happy retirement from the Board.

Moved by: Siva Sivapalan

Seconded: Doug Brown

Defeated

Motion: THAT the interim governance committee chair (or designate) provide the board with an update regarding an alleged conflict of interest respecting Sara Ingram, any substantive procedural differences which may have arisen in the process of the governance committee making determinations (if they have been made) regarding the alleged conflicts of interest of Siva Sivapalan and Sara Ingram.

Moved by: Siva Sivapalan

Seconded by: Cindy Wagg

Carried

The item will be added to the agenda at the end of the meeting.

3. Registrar's Report – For Information

Shenda Tanchak, Registrar and CEO provided an update on the Expansion of Scope consultation undertaken by the Ministry of Health, including that she anticipated the consultation questions to be posted on the Regulatory Registry for 45 days beginning mid- to late- August. An update was also provided on three Town Halls which took place in August and were attended by 301 individuals. Lastly, an introduction to the Employee Engagement Results was provided. Preliminary data shared indicated that the participation rate was 90% - up by 6% from 2023. The full report will be shared with the Board in September.

4. Human Rights Policy – For Decision

Katya Masnyk, Director of Policy, Engagement and Strategy Implementation asked the Board to consider a Human Rights Policy to consolidate the College's expectations of registrants concerning practising pharmacy in compliance with federal and provincial Human Rights legislation.

Motion: THAT the board approve the Human Rights policy, as presented, with additional emphasis on terminating patient relationship policy.

Moved by: Billy Cheung

Seconded by: Cindy Wagg

Defeated

There was support, in principle, for the Policy creating opportunity for staff to revise the policy to strengthen the link between existing policy for terminating patient relationship including discrimination toward pharmacy professionals

5. Emergency Assignment Class of Registration Policy – For Decision

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

The policy provides that from the date of resolution, Pharmacists with 3 months to transition to another level of certification and Pharmacist Technicians, for whom an internship certificate is not currently available, 12 months to transition to full certification.

Motion: THAT the Opening and Closing the Emergency Assignment Class(es) of Registration Policy is approved.

Moved by: Siva Sivapalan

Seconded by: Wilf Steer

Carried

Motion: THAT the Emergency Assignment Class(es) certificates of registration are closed, effective immediately.

Moved by: Doug Brown

Seconded by: Shari Wilson

Carried

6. Governance Committee Update – For Information

Interim Chair, Ravil Veli reported that the Governance Committee received the Independent Investigator's Report, agreed with its findings and accepts that no further action is required.

Motion: THAT the interim governance committee chair (or designate) provide the Board with an update regarding an alleged conflict of interest regarding Sara Ingram, any substantive procedural differences which may have arisen in the process of the governance committee making determinations (if they have been made) regarding the alleged conflicts of interest of Siva Sivapalan and Sara Ingram.

MOTION: THAT all investigation report attachments and interview recordings be shared with the Board.

Moved by: JP Eskander

Seconded by: Cindy Wagg

Carried

Connie Beck tabled a motion to go in camera which was seconded by Siva Sivapalan.

Connie withdrew her motion and requested that the Board add an item to the agenda as follows:

MOTION: THAT all investigation report attachments and interview recordings and the June 10th recording of the Governance Committee meeting be shared with the Board.

Moved by: Connie Beck

Seconded by: Devinder Walia

Carried

Pursuant to OCP by laws, 2/3 of the Directors were required to add the motion to the agenda.

Moved by: Connie Beck

Seconded by: Devinder Walia

Carried.

The Chair determined that a Special Meeting of the Board will be called to provide Directors with the opportunity to consider the *in camera* agenda items.

7. Adjournment

There being no further business, at 3:05p.m. the meeting ended.

**Vera Patterson
Governance Coordinator**

**James Morrison
Board Chair**

FOR DECISION

From: James Morrison, Board Chair

Topic: Seeking direction to initiate and develop an external governance review.

Issue/Description: Due to the frequency and extent of tensions being experienced by the Board and challenges to completing our regulatory work in the public interest, the Chair is seeking direction to engage external regulatory governance expert(s) to facilitate Board discussions and problem-solving related to governance processes.

Public interest rationale: Good governance is crucial for running the regulatory Board smoothly and making decisions that serve the public's interests. It is a key part of everything we do.

Strategic alignment, regulatory processes, and actions: While not specifically related to one of the Board's current strategic goals, effective governance is an essential building block for all OCP regulatory initiatives, as well as the Board's fiduciary and legislated duty. Periodic Board effectiveness reviews are also one component of a highly functioning regulatory College, as outlined in the College Performance Measurement Framework (CPMF) standards¹ <https://www.ocpinfo.com/about/performance-accountability/college-performance-measurement-framework/>.

Background:

In the last three months, there have been growing tensions among OCP Board members, and between Board members and the Registrar. This has led to delays in regular Board meetings, postponement of policy discussions, and a lot of time and effort spent trying to address these conflicts. We have seen an increased frequency of private member motions without background materials or public-interest rationale, an increased frequency of *in-camera* meetings to discuss personnel matters, allegations regarding other Directors' conduct and other behaviours that to me are indicative of Board discord and a breakdown of trust. We appear to be at an impasse. It is my belief that governance challenges are preventing us from doing our work. Extensive discussions about process and governance at public meetings are also leading to reputational harm. To help resolve these issues, rebuild trust and find a constructive way forward, I am proposing that the Board consider engaging in an independent governance practices review. I have requested assistance from staff in completing background research that may assist in our decision-making.

Analysis:

Our main job, as set out by the *Regulated Health Professions Act*, is to regulate the pharmacy profession in the public interest. With growing pressures on our registrants, many pharmacy professionals are struggling with their health, and there's a push to expand their roles in the healthcare system. This makes strong and adaptable leadership more important than ever. We need to find a way to get our work done.

We are not alone in our current challenges. Other regulators in Ontario and across Canada, facing similar pressures and tensions, have benefited from facilitated discussions by independent third parties with knowledge of regulatory

¹ The CPMF was first released by the Ontario Ministry of Health in 2020. Its purpose was to further strengthen the accountability and oversight of Ontario's health regulatory Colleges by providing information that is transparent, consistent and aligned across all colleges on their performance in serving the public's interest. The CPMF consists of seven domains of which governance is one. The OCP reports annually and publicly on its initiatives related to Board training, Board self-evaluation and evaluation of Board effectiveness by an external third party.

work and trends. The approaches taken by other Colleges have been quite varied in both approach and scope. Frequently other reviews have benefitted from an assessment using the Professional Standard Authority's (PSA's) Standards of Good Governance (see Appendix 1). In the regulatory world, the UK-based PSA, serves a function similar to the ISO and is a trusted source of evidence-based regulatory best practices.

The external review I am proposing is not intended to replace the investigations we already agreed upon. Learning from our fellow regulators, we can add an independent review of governance processes to our series of next steps needed to address existing tensions.

From my point of view, there are several benefits of an independent, third-party review. Other regulators have benefited from:

1. Skilled facilitation and impartiality: In an atmosphere of tension and mistrust, an independent review by skilled governance experts can help identify and unpack the sources of tensions and facilitate potentially difficult discussions that are needed to move forward. Further, depending on how we choose to design the review, an external review could include all members of the Board, the Registrar, and, if desired, senior staff. It can shine a light on challenges and strengths in an impartial and comprehensive way without favouritism;
2. Undertaking a governance review in response to the already voiced concerns of Board members is a way to acknowledge our existing pain points, indicate that concerns have been heard and commit to working together on a constructive way forward;
3. Frequently, external governance reviews identify the necessary next steps and a sequential implementation plan; and
4. The work required of a governance review can take place outside of Board meetings, thereby allowing the Board to focus on its fiduciary responsibilities and policy-making work during regular Board meetings.

It will require an investment of time and money to do this, and it will require a real commitment to self-reflection and authentic conversations. This is not always easy. It will also likely take some time and practice to be truly effective. The downside of a review, as with all major initiatives, is that it may take away our energy and focus from other strategic priorities, though it can be argued that that is already happening.

The table in Appendix 1 provides a high-level overview of Canadian regulators that have completed governance reviews in the past 15 years. There are almost certainly additional examples, but the reviews in Appendix 1 include publicly available reports that we can draw from. They demonstrate a broad spectrum of motivations and approaches taken for these reviews.

If the Board agrees to the motion below, I propose a process where the Board is directly involved in designing the review, identifying its scope and breadth, and guiding its implementation.

Motion:

THAT the Board approves the proposal to initiate an independent, third-party governance review that Board members will guide and develop, including choosing the reviewer, setting the parameters of the review and leading the consideration of findings.

Appendix 1: Environmental scan of select regulatory Colleges undertaking governance reviews²

College and year	Motivation and elements of review	Standards used	Report
College of Dental Hygienists of Ontario (2024) Voluntary review	As part of the College’s commitment to continuous quality improvement and compliance with CPMF external review requirements (std 1.2.b), the College commissioned a governance review with a view to building and sustaining effective oversight in the public interest. The Council wanted to answer, <i>“How well [is the] College executing their mandate which is to act in the public interest?”</i> A particular concern and focus of the review was the College’s strict adherence to the Carver model of “Policy Governance” which was seen to be impeding decision making and focus on the public interest.	Good governance standards adapted from the PSA (see Appendix 2)	https://cdho.org/wp-content/uploads/2024/03/Governance-Report.pdf Reviewers: Harry Cayton, Deanna Williams
College of Physiotherapists of Ontario (2023) Voluntary review	A voluntary review of the College’s governance practices identifying potential areas of improvement, in keeping with the College’s strategic goal of ensuring they meet or exceed industry governance practice and aligning with Ontario regulatory standards delineated in the CPMF. Introduction to the review identifies a challenging context for the CPO: <i>“CPO and its Council have navigated a difficult five years, including a global health pandemic, the sudden death of its Registrar, a national exam crisis, and significant culture and relationship issues.”</i>	Dimensions of governance practice outlined by consultants, including decision-making processes, human dynamics and behaviour, and oversight and monitoring practices. Excluded governance structures (see p. 26)	https://www.collegept.org/docs/default-source/council/2023-12-14_cpo_council_meetingmaterials.pdf?sfvrsn=cca0d2a1_0 (pp 19-83) Reviewed by: A Regulator’s Practice- Bradley Chisholm, Deanna Williams and Harry Cayton
Ontario College of Social Workers and Social Service Workers (2022)	Voluntary review focused on governance structures and practices. The primary governance concern that needed to be addressed was a lack of trust and consequent tension among Council members and	Good governance standards adapted from	https://www.ocswssw.org/wp-content/uploads/OCSWSSW-governance-report.pdf Reviewed by: Harry Cayton, Deanna Williams and Kate Webb

² There are other Colleges that have completed governance reviews with consultants or entities other than the PSA or A Regulator’s Practice, however, not all of them post their governance reports publicly. The reviews summarized here have all been reported on publicly via the regulator’s website. Many are well-known in the Canadian regulatory world for their rigor and impact.

College and year	Motivation and elements of review	Standards used	Report
Voluntary review	between Council members and senior staff. This discord was affecting Council's ability to function collectively in the public interest and be forward looking. Additional concerns included ineffective decision-making processes and tensions between the two professions regulated by the College. The work was completed in two phases, with the first phase focused on governance training needs and workshops and the second phase focused on a comprehensive review of the College's overall governance policies and practices.	the PSA (see Appendix 2)	
Professional Engineers Ontario (PEO) (2019) Voluntary review	Review initiated by the regulator in response to expressed internal and external criticism that PEO was not sufficiently focused on its mandate to protect the public and that its practices and processes were not in line with the principles of Right-touch regulation. They were also neither operating effectively nor efficiently. The review included operational programs only (registration, complaints, discipline and compliance, standards). The review did not assess PEO governance.	PSA standards of good regulation as adapted for the Ontario engineering context.	https://www.professionalstandards.org.uk/docs/default-source/publications/international-reports/review-of-the-regulatory-performance-of-professional-engineers-ontario.pdf?sfvrsn=b3e07420_2 Reviewed by: Harry Cayton, Deanna Williams, Kate Webb for the Professional Standards Authority
Saskatchewan Registered Nurses Association (2019) Voluntary review	Profession-led association for RNs with a dual mandate – both regulator and professional association. This was a voluntary review requested by the Association as part of its continuous quality improvement activities. The Association asked PSA for a review of its regulatory programs (complaints, investigations and discipline functions) against the Standards of Good Regulation and against other regulators to identify where it was performing well and to highlight areas for improvement. This review did not include governance matters.	PSA standards of good regulation, as adapted for the SK nursing context	https://www.professionalstandards.org.uk/docs/default-source/publications/international-reports/a-review-conducted-for-the-saskatchewan-registered-nurses-association-(may-2019).pdf?sfvrsn=d6a07420_7 Reviewed by: Professional Standards Authority
College of Dental Surgeons of British Columbia (2018)	This Inquiry was mandated by the BC Minister of Health in response to significant challenges being experienced by the College. This very comprehensive Inquiry reviewed the legislative framework of the College and all regulations and by-	PSA standards of good regulation and PSA standards of	https://www.professionalstandards.org.uk/docs/default-source/publications/international-reports/cdbsc2019.pdf?sfvrsn=55887420_6 Reviewed by: Professional Standards Authority

College and year	Motivation and elements of review	Standards used	Report
Imposed reviewed. Commissioned by the BC Minister of Health	laws, governance practices and all operational programs. The review was initiated as a result of serious Board dysfunction, lack of transparency and accountability for decisions, lack of regulation in the public interest, an over-reliance on input from the professional association, Board questioning (and at times reversal) of Committee decisions, and a complete lack of trust among Board members and between Board members and College leadership and staff (including “unacceptable levels of discourtesy towards staff”). The Inquiry reviewed core operational programs (Registration, Standards and Complaints and Discipline) against PSA standards of good regulation, and Board activities against the Standards for Governance.	good governance.	
College of Registered Nurses of British Columbia (2016) Voluntary review	Self-initiated review including a review of both regulatory programs (Registration, Complaints, Standards) and governance in keeping with the College’s commitment to continuous quality improvement. The College wished to benchmark its performance against other regulators, to confirm where it was performing well and to identify areas for improvement.	PSA standards of good regulation, as adapted for the BC nursing context.	https://www.professionalstandards.org.uk/docs/default-source/publications/special-review-report/a-review-conducted-for-the-college-of-registered-nurses-of-british-columbia-(april-2015).pdf?sfvrsn=49db7120_14 Reviewed by: Professional Standards Authority
Royal College of Dental Surgeons of Ontario (2013) Voluntary review	Self-initiated review for continuous quality improvement purposes initiated by the regulator to benchmark the performance of its regulatory programs (standards, registration and investigation and resolution of complaints) against PSA standards and other regulators. The College was looking for a review of where it was doing well and where there existed areas for improvement. This review did not include governance matters.	PSA standards of good regulation, as adapted for the ON dentistry context.	https://www.professionalstandards.org.uk/docs/default-source/publications/special-review-report/review---royal-college-of-dental-surgeons-of-ontario-2013.pdf?sfvrsn=98757f20_4 Reviewed by: Professional Standards Authority
College of Denturists of Ontario (2012)	After significant external criticism from system partners, registrants and candidates regarding the fairness, transparency, impartiality and objectivity of the College, the Ministry expressed concern that the College may not be fulfilling its statutory duties	<i>Framework for Audits of Registration Practice: Guidance for</i>	https://denturists-cdo.com/Resources/Publications-(1)/Ministry-of-Health-and-Long-Term-Care-Audit-by-PwC.aspx Reviewed/audited by Price-Waterhouse Coopers

College and year	Motivation and elements of review	Standards used	Report
Imposed operational review and audit, ordered by the Minister of Health	under the RHPA and not governing the profession of denturism in the public interest. The Ministry asked Price-Waterhouse Coopers to assess the governance, decision-making and operations of the College.	<i>Regulatory Bodies, and Office of the Fairness Commissioner's Conducting Entry-to-Practice Reviews; Guide for regulators of Ontario Professions.</i>	

Appendix 2: The Standards of Good Governance³

1. The regulator has an effective process for identifying, assessing, escalating and managing risk of harm, and this is communicated and reviewed on a regular basis by the executive and board
2. The regulator has clear governance policies that provide a framework within which decisions can be made in-line with its statutory responsibilities and in the interests of clients and the public
3. The board sets strategic objectives for the organization. The regulator's performance and outcomes for clients and the public are used by the board when reviewing the strategic plan
4. The regulator demonstrates a commitment to transparency in the way it conducts and reports on its business
5. The regulator engages effectively with clients and the public
6. The regulator engages appropriately with the profession
7. The board takes account of equality and diversity in its decision-making
8. The board has effective oversight of the work of the Executive
9. The board works corporately, with an appropriate understanding of its role as a governing body and of members' individual responsibilities

³ Adapted from the Professional Standards Authority

FOR INFORMATION

From: James Morrison, OCP Board Chair

Topic: Chair's Report

Background: In addition to regular meetings and phone calls with the Registrar & CEO, listed below are the meetings, conferences and presentations I attended on behalf of the College during the reporting period.

College and Other Stakeholder Meetings:

- Board Lunch and Learn on Discipline Processes – June 21, 2024
- New Board Director Orientation for Alan Stintzi – June 26, 2024
- Board Meeting (rescheduled from June 10) – July 8, 2024
- Governance Committee Meeting – July 15, 2024
- Discipline Panel Deliberation – July 23, 2024
- Ministry of Health Meeting – July 29, 2024
- Special Board Meeting – In Camera – August 6, 2024
- Ministry of Health Meeting – August 7, 2024
- Special Board Meeting – August 9, 2024
- Ministry of Health Meeting – August 13, 2024
- Ministry of Health Meeting – August 20, 2024
- Finance and Audit Committee Meeting – August 26, 2024
- Ministry of Health Meeting – August 30, 2024
- Executive Committee Meeting – September 4, 2024
- Special Board Meeting – September 5, 2024
- Governance Committee Meeting – September 5, 2024
- Ministry of Health Meeting – September 6, 2024
- Governance Committee Meeting – September 9, 2024
- Special Board Meeting – September 12, 2024

July and August Board Meeting Evaluation

Since the last meeting in March, we have four Board meetings instead of the originally scheduled June 10th meeting. The two meetings were held on July 8 and August 9th. Attached are the Board Meeting Evaluation report from each of those meetings.

Board members are reminded that every attending individual is expected to complete the evaluation following the meeting. It is a critical component of maintaining good governance.

Updates

I am very happy to welcome Simon Boulis to the OCP Board. Simon is a pharmacist and pharmacy owner in Niagara Falls. I had the pleasure of working with Simon briefly several years ago. Congratulations Simon! I wish you a pleasant tenure on the OCP board where you will enjoy the privilege of regulating pharmacy in the interest of Ontarians.

Board Director Committee Activities (June 10-Sept 13)

The following chart below provides an overview of the committee activities in which the Board Directors participated in since the originally scheduled June 10th Board meeting. Information in the table below is intended to provide an overall sense of workload and may not capture every activity. Staff continue working to refine information-gathering precision in this area.

Director	Committee(s)	Meetings/Hearings
Jennifer Antunes	Discipline	Aug 8, 16
Connie Beck	Discipline Finance and Audit Governance	Jul 9, 10, 18; Aug 15, 19, 20; Sep 10, 11, 13 Aug 26 Jun 10, Sep 5, 9
Doug Brown	Discipline Finance and Audit	Aug 26
Billy Cheung	Discipline	Jul 30
Andrea Fernandes	Discipline Finance and Audit	Aug 26
Sara Ingram	Discipline Executive Governance	Jun 18, Jul 22, Aug 14 Sep 4 Jun 10, Sep 5, 9
James Morrison *ex-officio	Discipline Executive Finance and Audit* Governance*	Jul 4, 23; Sep 13 Sep 4 Jun 10, Sep 5, 9
Siva Sivapalan	Discipline Executive Governance	Sep 5 Jun 10, Sep 5, 9
Wilf Steer	Discipline Finance and Audit	Jul 11, 12, 23; Aug 22; Sep 6, 12 Aug 26
Randy Baker	Discipline Fitness to Practice ICRC Registration	Jun 18, Jul 11, 12, 22; Aug 8, 14, 15, 22; Sep 6 Sep 12 Jul 23, 31 Jul 26
Adrienne Katz	Discipline Executive Finance and Audit ICRC	Aug 16 Sep 5 Aug 26 Jul 4, Sep 10
Elnora Magboo	Accred/DPP ICRC	Aug 15 Jun 18, 19, Aug 14
Stephen Molnar	Accred/DPP ICRC Quality Assurance	Jun 11 Aug 8, 27 Jul 16

Dan Stapleton (Term ended Aug 11)	Discipline Finance and Audit ICRC Screening	Jul 4 Jul 31 Jun 20
Cindy Wagg	Discipline ICRC Quality Assurance	Jun 12; Jul 11, 12, 30; Aug 8, 22; Sep 6, 12, 13 Jun 25, Aug 13 Jun 18, Aug20
Devinder Walia	Discipline ICRC Governance Registration	Jul 9, 10, 18, 23; Aug 19, 20; Sep 10, 11 Jun 27, Jul 25, 30, Aug 21, 27, Sep 6, 9 Jun 10, Sep 5, 9 Jun 21, Aug 30
Shari Wilson	Discipline ICRC Screening	Aug 20 Jun 20
Nadirah Nazeer	Discipline ICRC	Aug 15 Aug 1, 22
Andrea Edginton	Registration	N/A
Lisa Dolovich	Registration	N/A
Alain Stintzi	Registration	N/A

Attachments:

- 6.1 - July 2024 Board Meeting Evaluation report
- 6.2 - August 2024 Board Meeting Evaluation report

BOARD BRIEFING NOTE

MEETING DATE: September 15-16, 2024

FOR INFORMATION

From: Susan James, Acting Registrar

Topic: July 2024 Board Meeting Evaluation

Background: In accordance with Board policy, following each Board meeting, Directors submit an evaluation. Following the July 2024 Board meeting, 19 attending members completed the evaluation survey.

Results:

Overall, the meeting was poor. The following summary highlights responses that reinforce current practices or identify opportunities for improvement.

Board Meeting

Adequacy of Background Information

Fourteen Board members were confident the reports included in the Board package provided adequate background information for each agenda item. While three felt background information was lacking.

Proposed action: None

Board Conduct

Seventy-four percent of respondents felt board members were not respectful and considerate of each other. Some of the comments received follow:

- “This was one of the most difficult, fractured and troubling board meetings I’ve attended. There appears to be a great deal of mistrust among some members which needs to be addressed.”
- “For the most part I do say yes. However, there were two Directors in particular, who in my opinion had personal agendas, made broad and factually unsupported accusations, were argumentative, bordered on being disrespectful and seemed to be indicating that a conspiracy had/was taken place. This is not a disciplinary proceeding.”
- “In the morning session, several board members were focused on furthering their own viewpoints, rather than working towards the public safety mandate. There was a significant lack of patience while waiting to be called on to contribute. One board member made unfounded disparaging and disrespectful comments to other board members.”
- “It was extremely tense, lots of facial expressions and quip comments. There was so many non verbal reactions, that spoke very loud.”

Proposed action: None

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

Fifteen Board members felt the Chair was effective in managing the meeting. Twelve Directors felt this topic worthy of comment including:

- “The Chair was remarkably tolerant of some inappropriate behaviour. He did not shut down anyone and allowed divergent viewpoints to be put forward.”
- “Chair did an admirable job in what were sometimes difficult situations.”
- “The Chair was very effective.”
- “I think James did a good job managing a difficult and uncomfortable situation.”

Proposed action: None

The time spent on each agenda item was appropriate

Five Board members felt the appropriate time was spent on each agenda item. Following are some of the comments:

- “I feel too much time was spent on governance issues and the investigation so we were unable to get through the full agenda. I think James did a very good job managing the intensity of the meeting, and although not his fault, certain discussions seemed to veer off track a couple of times. I think certain discussions/disagreements had accusations veiled behind a question. I also noticed side bar conversations occasionally occurring throughout the day..”
- “The Board was bogged down in a governance issue that could have been dealt with much earlier in the process. It's unfortunate that those involved were unable to resolve this prior to the Board meeting. It was clear in several exchanges that some members of the Board and Executive were very frustrated. As a result of the long debate over several motions, several important agenda items were deferred and I look at that as a failure of the Board..”
- “There was a clear lack of understanding of board processes (motions, decisions, etc.) evident during the meeting. Several individuals were focused on furthering their own agenda versus the public safety mandate. Several directors did not seem prepared for the meeting. One board director was both disrespectful and made unfounded allegations against other directors in the public forum.”
- “The board was unable to address a number of agenda items. There appears to be factions within the board and it is deeply concerning. The process for addressing CIOs should be more straight forward and there is no need to consume hours of a meeting and have submissions from one's lawyer. I have never experienced such blazon disrespect for board governance. Other parties do not provide the same respect for meeting decorum and for individuals as did the college and board leadership.”

Proposed action: None

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

Fifteen Board members felt the decisions that the Board made were consistent with the College’s mandate to put the public interest first.

- “Ultimately, I believe the Board came to decisions on all matters that prioritized the public interest.
- “Especially in the afternoon.”

Proposed action: None

My peer participants actively participated in the discussion

All Board members expressed that the meeting was actively participated in by all members.

BOARD BRIEFING NOTE

MEETING DATE: September 15-16, 2024

FOR INFORMATION

From: Susan James, Acting Registrar

Topic: August 2024 Board Meeting Evaluation

Background: In accordance with Board policy, following each Board meeting, Directors submit an evaluation. Following the August 2024 Board meeting, 9 attending members completed the evaluation survey.

Results:

Overall, the meeting went well, but we received unexpectedly low responses to the evaluation. The summary below outlines feedback that either supports our existing practices or points out areas where we could improve.

Board Meeting

Adequacy of Background Information

Eight Board members were confident the reports included in the Board package provided adequate background information for each agenda item. While one felt background information was lacking.

Proposed action: None

Board Conduct

Eighty-eight percent of respondents felt board members were respectful and considerate of each other. Some of the comments received follow:

- “I wish there was a "sometimes" option. Overall, I agree that the Board was respectful of each other and of staff. However, I have noticed in some instances where a board member appears polite, but veiled behind the politeness is a personal jab or mistrust.”
- “Another difficult meeting, long on procedural issues and coming up short on our scheduled work. However, board members seemed more respectful this time and the Chair did his level best to move the process along, while balancing the need to allow everyone to be heard..”

Proposed action: None

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

Eight Board members felt the Chair was effective in managing the meeting. Four Directors felt this topic worthy of comment including:

- “I think the Chair did his best, however it was a challenging meeting for any Chair.”
- “I think James was very effective in allowing all views to be heard and I understand why he allowed the board to dictate the length of the discussion. However, in hindsight, regarding the Registrars Report in particular, it would appear to have been more effective to have limited the conversation. I am in no way dismissing the important information contained in the report, but rather commenting on the fact that although James reminded the board on more than one occasion that this was an information only item, people continued to ask questions and make comments. This was one of the reasons the meeting was so behind schedule.”
- “He was effective in allowing everyone to give their comments.”
- “The Chair did well to accommodate all opportunities for discussion in what could be construed as challenging at times - well done.”

Proposed action: None

The time spent on each agenda item was appropriate

Six Board members felt the appropriate time was not spent on each agenda item. Following are some of the comments:

- “It was difficult to stay on time due to the large number of comments. I’m not sure how to better manage that. The comments were important.”
- “Real concern was overall time management based on items that were not a part of the pre-circulated Agenda. We were still trying to accomplish items from July (June meeting deferred) hence the call for this special meeting. With additional items as added and debated, we still have not concluded some agenda items as originally prioritized. The Board collectively, with support of staff, did accomplish a lot, we just did not complete everything.”

Proposed action: None

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

Six Board members felt the decisions that the Board made were consistent with the College’s mandate to put the public interest first.

- “Again I wish there was a "sometimes" option. I do believe the board put the public interest first for a few of the agenda items (eg. human rights policy, emergency class of registration). However, I found a lot of time was spent on procedural items (eg. whether or not to add a motion to the meeting agenda) and then deliberating on that motion.”
- “I’m somewhat on the fence with this. The proposed motion to have the June 10 investigation materials be made available despite Siva’s case being already disposed of arouses mixed feelings within me. I suspect there is something there that can put somebody’s reputation in question. I know that transparency is one of the pillars in our OCP culture but why not simply come up with a direct allegation and recommend going back to that material to support it, if that were so? It therefore felt like a fishing expedition, potentially, to expose somebody’s "sins". Then we are back to doing investigation and more meetings. Meanwhile, the more pressing business of the college goes at a standstill. It is sad but I have to admit that there may be members of the Board who have been hurt in the process of resolving Siva’s case; who could not let go and want accountability.”

- “While the public interest was maintained, there may have been occasions where personal concerns were introduced”

Proposed action: None

My peer participants actively participated in the discussion

All Board members expressed that the meeting was actively participated in by all members

FOR INFORMATION

From: Susan James, Acting Registrar on behalf of Shenda Tanchak, Registrar and CEO

Topic: Registrar's Update, June 11 to September 14, 2024

REGULATORY ACTIVITY

The most significant regulatory activity for OCP in the past quarter relates to proposed changes to pharmacy professionals' scope of practice and consultations relevant to the profession.

Ministry of Health consultation on scope of practice

As reported in the last Registrar's report on August 9th, the Ministry of Health [announced](#) a broad consultation on proposed scope changes for pharmacy professionals. This consultation is [now open](#). OCP staff have provided input to the Ministry of Health as they developed their consultation, as per their request, and have started background research and consultations with relevant partners to be prepared to make a submission to the Ministry prior to the closing date of October 20, 2024.

As we prepare the OCP response to the Ministry, we will work from the Board's previous input to the Ministry on expansion of scope (see Attachment 7a). The consultation focuses on six key areas:

1. Addition of 14 minor ailments to the list of conditions for which pharmacists will be able to prescribe;
2. Scope expansion related to ordering Specific Laboratory and Performing Additional Point of Care Tests;
3. Adding "communicating a diagnosis" for specific minor ailments to the authorized controlled acts for pharmacists;
4. Considerations of barriers to expanded scope in the hospital setting;
5. Expansion of vaccine administration by pharmacy professionals in community pharmacies;
6. Feedback on changes to the MedsCheck program.

Ministry of Finance consultation on preferred provider networks (PPNs)

A second consultation of interest to the College is the recently announced consultation by the Ontario Ministry of Finance on the [risks of patient harm related to Preferred Provider Networks \(PPNs\)](#) and other payer-directed care models. As with the scope expansion consultation, the PPN consultation is also a preliminary one (no actual regulation has been proposed at this time).

The purpose of the Ministry's consultation is to obtain input from stakeholders to help the government better understand the role of PPNs in Ontario's pharmacy benefits sector, to learn about the advantages and disadvantages of different types of PPNs, and to assess if any government action is required. This consultation is currently open and runs to October 22, 2024. OCP staff will be preparing a response over the next 6 weeks.

Modernization of the Veterinarians Act in Ontario

College staff are monitoring developments with the government's legislation to modernize *the Veterinarians Act in Ontario*. The new Act received Royal Assent on June 6, 2024 and will come into force upon proclamation (other than those sections relating to transitional matters, which came into force upon Royal Assent).

Among other changes, the new Act better defines the scope of practice for veterinary medicine, improves transparency, and more closely aligns the oversight of Ontario's veterinary profession with other self-governing regulated professions in the province. The College is waiting for upcoming consultations on regulations to the Act,

which we expect will include regulations related to non-veterinary care providers (including pharmacists) who belong to or practise a prescribed profession, to be able to carry out identified authorized activities involving animal care (e.g., dispensing medications for animal care). We do not have any indication at this time when the regulation consultations will take place, but anticipate it will be this fall.

Health Canada policies and rule changes

On August 13th, Health Canada issued an Interim Policy regarding the packaging, labelling and sale of Naloxone kits, used to temporarily reduce the impact of opioid overdoses. Health Canada voiced its concerns that select entities have been making their own Naloxone kits and selling them to others without the proper establishment licences, product authorization, and/or labelling. The Interim Policy was issued to emphasize Health Canada’s commitment to safe use of Naloxone kits, without inhibiting appropriate access and was issued after consultation with Pharmacy Regulatory Authorities.

In Ontario, the Ministry of Health issued their own updated Executive Order on August 23rd to clarify requirements for appropriate dispensing of Naloxone: <https://www.ontario.ca/files/2024-08/moh-executive-officer-notice-en-2024-08-23.pdf>

Health Canada has also issued supplementary rules for the sale of nicotine replacement products, including Zonnic and other nicotine pouches, which took effect August 28, 2024. The supplementary rules require the following changes to the sale of nicotine replacement products:

- Sale allowed only in pharmacies and only by a pharmacist or an individual working under the supervision of the pharmacists;
- Nicotine replacement products can no longer be displayed in an area where it can be directly accessed by a consumer. They must be placed “behind the counter”;
- Nicotine replacement products can only be sold in mint or menthol flavours. All berry or tropical flavours (or other fruity flavours) need to be returned and promotional materials for them destroyed;
- All Nicotine replacement products (including Zonnic), now require a front of package nicotine addiction warning, as well as a clear indication of that the product is intended use as a smoking cessation aid for adults trying to quit smoking and is not intended for recreational use.

These changes have come about due to growing concerns that they target young people (teens and pre-teens) and are leading to increasing rates of nicotine addictions in these groups. <https://www.canada.ca/en/health-canada/news/2024/08/health-canada-introduces-new-measures-to-help-prevent-harms-to-youth-from-nicotine-replacement-therapies.html>. OCP staff participated in Health Canada consultations with pharmacy regulators on proposed changes and subsequently requested an additional meeting with Health Canada staff to provide additional input (the request was declined).

Regulation amendment status tracker

We have attached a table summarizing the status of OCP’s outstanding and recently approved regulation amendments (Attachment 7b)

SYSTEM PARTNER ENGAGEMENT: JUNE 11, 2024 TO DATE

Registrar’s Activity

Health Professional Regulators of Ontario (HPRO)

The Registrars from all 26 health regulatory colleges in Ontario form the Board of HPRO, which brings regulators together to advocate for ongoing regulatory improvement that supports the public interest.

OCP’s Registrar and CEO is a member of the Management Committee and the Treasurer for HPRO. In that capacity she attended, or had another staff member attend on her behalf, the following meetings:

- Board Bi-Weekly meetings– June 11 & 25, July 9 & 23, August 6, September 3, 2024
- Management Committee Meeting with Rubicon – July 18 & August 14, 2024

- Treasurer and Executive Director Mtg – June 26, July 18, August 21, 2024
- Presentation re. Ontario Physicians and Surgeons Discipline Tribunal – HPDT – August 20, 2024
- Management Committee Meeting – August 28, 2024

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. Our meetings keep us aware of events, trends, and changes in legislation that affect the practice of pharmacy across Canada. We work together to identify risk and best practices.

OCP's Registrar and CEO is also a member of the NAPRA Governance Committee. She has attended, or had another staff member attend on her behalf, the following NAPRA meetings since the last report.

- PRA Roundtable & Emerging Issues – July 2 & 30, 2024
- Governance and Nominating Committee Meeting – July 15, 2024
- Board Meeting – July 23, 2024
- PEBC Meeting – August 28, 2024
- Canadian Council for Accreditation of Pharmacy Programs (CCAPP) Meeting – September 10, 2024

Other

- Ministry of Health Quarterly Meetings – June 11, 2024
- College of Veterinarians of Ontario Meeting – July 11, 2024
- NSCP Pharmacy Regulatory Summit: Community Pharmacy Staffing Models – July 16, 2024
- Neighbourhood Pharmacy Association of Canada – July 17, 2024
- Ontario College of Family Physicians – August 7, 2024
- Ministry of Health – Weekly Touch Base – August 7, 13, 20
- PEBC Governance Review Discussion with Linx Strategies – August 21, 2024

Other Staff Engagement Activity

- Addressing Anti-2SLGBTQIA+ Hate and Transphobia in Healthcare (CASLPO) - June 11th (Katya Masnyk)
- NAPRA's approach to Emerging Pharmacy practice issues, including Controlled Substances Regulation, June 18 (Vivian Ng)
- Canadian Society of Hospital Pharmacists – Transforming Hospital Pharmacy through Technicians – June 21, 2024 (Katya Masnyk)
- Infection Prevention and Control (IPAC) Knowledge Translation and Exchange, (KTE) Regulatory College Working Group – June 25 (Judy Chong)
- BCE Pharma – potential use of AI in pharmacy compounding practices - July 17 (Katya Masnyk, Sandra Winkelbauer, Lap Chan, Judy Chong)
- Registrant Reference Group - July 22 (Katya Masnyk, Delia Sinclair Frigault, Jac Hixson-Vulpe. Jennifer Leung, guest).
- Ministry of Health Consultation –Enabling patient access to Personal Health Information – August 20 (Delia Sinclair Frigault, Judy Chong)
- HPRO EDI Network – July 5 & August 2 (Jacq Hixson-Vulpe)
- Indigenous Pharmacy Professionals of Canada – June 18 and August 26 (Jacq Hixson-Vulpe, Delia Sinclair Frigault, Katya Masnyk)
- Alberta College of Pharmacy and other pharmacy regulators: PPN discussion – policy options, assessing risks to patients - July 22nd (Katya Masnyk)
- Meeting with Allison Henry – Follow up to announcement – July 25th (Katya Masnyk, Susan James)
- Auditor General of Ontario staff- Opioid Strategy Audit- July 25 (Katya Masnyk)
- PPN discussion with College of Physiotherapists of Ontario non-pharmacy policy options - July 26 (Katya Masnyk)

- Meeting with Lisa Dolovich regard presentation to OPEN Summit – July 29th (Katya Masnyk)
- Canada Life and OCP regarding OCP position on PPNs - August 15th (Katya Masnyk)

OCP Presentations

- Information Session on Upcoming Regulation Changes – Pharmacy Students and Pharmacy Schools on Thursday July 18th, 2024 (Greg Purchase and Kristin Reid)
- Information Session on Upcoming Regulation Changes – Pharmacy Technicians, Students and Schools on Tuesday July 30th, 2024 (Greg Purchase and Kristin Reid)
- Information Session on Upcoming Regulation Changes – Employers and Supervisors on Wednesday July 31st, 2024. (Greg Purchase and Kristin Reid)
- PACE for Pharmacy Technician Applicants Information Session for the Ottawa Hospitals Regional Leadership Team – August 14, 2024 (Melanie Sebastianelli and Rose Hrvatin)
- CCAPP Information Session: PACE and Registration Regulation Changes – August 29, 2024 (Melanie Sebastianelli and Rose Hrvatin)

HORIZON SCAN

CCAPP

The Canadian Council for Accreditation of Pharmacy Programs (CCAPP) is the organization that accredits pharmacist and pharmacy technician education programs in Canada. The [CCAPP August 2024 Newsletter](#) provides a summary of the outcomes of their accreditation reviews for 2024, as well as applications for accreditation of new education programs. Of note, there are two new pharmacy technician programs in Ontario on the list, one at Confederation College in Thunder Bay and the other at Conestoga College in Kitchener. The College welcomes the addition of these new education programs and will engage with program staff and students to establish as we do with others.

New Data Reporting Requirements Established by MOH

In June of this year, the Ministry of Health reached out to Ontario’s 26 health regulatory colleges to inform them that the Ministry will start collecting registration data from each college quarterly. The collected data will support the Ministry’s commitment to grow Ontario’s health workforce. The requested data relates to the volume of applications for registration, registrations issued, applications denied, average turnaround time from submission to denial, and number of applications pending for the different groups of applicants (Ontario-educated, labour mobility, Canadian-educated but not labour mobility, internationally educated applicants).

The College met the first due date and shared the 2024 Q1 (April 1 – June 30, 2024) data with the Ministry.

OPERATIONS

Emergency Assignment Closure

Following the August 9 Board meeting, in which the Board passed a motion to close the emergency assignment class of registration, the College has received correspondence from numerous individuals and partners expressing concern about the closure of this class and a desire for additional information.

In response, the College has provided further clarification to partners about the purpose of emergency assignment registration and the policy for opening or closing this registration pathway, which specifies the criteria that the Board must consider, as well as reaffirming the information about how existing emergency assignment certificate holders can transition to another class of certificate, including intern/intern technician or pharmacist/pharmacy technician. College staff have also corresponded directly with existing emergency assignment certificate holders in an effort to support them in transitioning to another class of registration so that they may continue to provide care to patients.

Registrant Records System (RRS)

Following the pause mentioned in the last Registrar's report, the vendor provided us with an updated timeline and continued the work again on developing the new Record Registrant System (RRS). All development work is now expected to be completed by December 2024. When development is complete, internal testing will take place for two months at the beginning of 2025. We will then conduct two months of user acceptance testing with subject matter experts and our internal business users to ensure the solution meets their needs. The new go-live date is set for June 2025.

As mentioned in the last report, there will be additional unforeseen costs due to the delays, including maintaining licensing costs for our current RRS into 2025. Furthermore, the College continues discussions with the vendor about the additional costs on their end.

Strategic Policy

One of OCP's Operational goals for 2024 is the review of all existing professional practice policy statements and the consolidation of policies and policy-adjacent statements into a clearer and more harmonized framework. This operational goal supports in part the Board's Strategic Goal 2 – enhancing the clarity of communications with registrants.

Practice policies outline the College's expectation of conduct by registrants and for which the College holds them accountable. They also reflect relevant legal requirements found in legislation and by-laws. The review process was undertaken to ensure alignment of all OCP expectations of professional practice (they are currently sometimes called policies, sometimes called guidelines, guidance, fact sheets, frameworks or positions statements) and to ensure that all practice policies are up to date. Best practice is to review practice policies every five years; however, there are currently over 14 policy documents with a last review date of 2015 or earlier.

As a result of the review, Policy staff have identified 37 existing OCP practice statements that need either no changes or only minor editorial changes to bring them up to date; three practice statements that can likely be rescinded because they are now addressed in other Board-approved policies; and 10 practice statements that need a full review and update.

The Policy team will provide a full report to the Board at the December Board meeting, together with a plan for moving forward with policy review groups to update the ten "full review" policies. Policies requiring rescinding or editorial changes only will also be brought to the Board in December for review and consideration of approval.

Equity, Diversity and Inclusion (Strategic Goal 4)

Staff have achieved this year's intended goal of identifying and prioritizing high impact actions that can be taken in each of the following workstreams:

- Data – Preparing to gather information on the current composition of Ontario's pharmacy professionals;
- Policy – Continuing internal human resources policy updates (e.g. Respectful Workplace policy) and external regulatory policy updates (e.g. Human Rights Policy) as well as the integration of the EDI lens on all practice policy development and review; and,
- Skill and Competency Development – Training to assist staff in developing skills for navigating human rights and accommodation-related matters and embedding intersectional-analysis into day-to-day operations.

Progress continues to be made towards the goal of equitable pharmacy practice and regulation, but it has significantly slowed. Key projects aimed at collecting information about the pharmacy professional population in Ontario, clarifying the College's expectations of pharmacy professionals to uphold the human rights of their patients, and providing coaching to staff through a train-the-trainer model for a sustainable training program are meeting challenges related to resourcing and competing priorities.

The Human Rights policy will be updated to reflect the feedback received from the Board at the August meeting. Partnerships with organizations such as Rainbow Health Ontario and the Indigenous Pharmacy Professionals of

Canada are being established to support the provision of high-quality and safe pharmacy care to populations that are more likely to experience barriers to accessing respectful and non-discriminatory care. Building sustainable partnerships is a key priority for 2025 as we work towards Indigenous Cultural Humility and reconciliation in pharmacy practice and regulation.

Visual identity update

Among the approved operational priorities, the Communications and Knowledge Mobilization Team recently selected a vendor to begin the process towards a developing new visual identity. The key reasons for undertaking this work are three-fold:

- The Ontario College of Pharmacists, our name defined in legislation, does not reflect our regulatory oversight of pharmacy technicians and pharmacies in Ontario. The Board previously endorsed a request that was sent to the Ministry of Health to change our official name but it was not supported at that time. While we cannot change our legal name without government approval and the resulting changes to various Acts and regulations, we can develop a public-facing visual identity that will better describe who we are and what we do, which in turn supports our public-interest mandate.
- The prominent use of the word “College”, despite this being part of our official name, has created some confusion at times, though this is an issue not unique to OCP. Members of the public, for example, have at times incorrectly assumed the College is an educational institution rather than a regulator, which further affects our ability to ensure the public understands OCP’s role.
- We must acknowledge the brand equity that is served through an established visual identity; however, the use of the shield in the logo may no longer align with our desire to be seen as more service-oriented and compassionate in the fulfilment of our important responsibilities as a principled and values-based regulator that protects the public interest.

As part of the process, to date our vendor has sought input from cohorts of registrants, applicants and members of our Patient Relations Committee along with a limited number of staff. Board Directors will be given an opportunity to share insights and perspectives that will be used to help inform the creative direction for the visual identity update in the near future.

Streamlining and enhancing communication methods and approaches

The Communications and Knowledge Mobilization Team led, with the support of a third-party research firm, an evaluation of communications activities and approaches meant to identify ways to make them more effective and efficient. This review, which included seeking feedback from various registrant cohorts, was completed earlier this summer and the team is now considering what changes or adjustments we ought to make so that our communications, principally to registrants, are having the intended impact. Streamlining some of our many communication vehicles has been identified as an opportunity which the team is actively exploring and looking to implement, while they also consider how we might be able to address potential gaps or areas we can improve how we communicate with our audiences. A summary of the outcome of the review and next steps will be communicated through our primary channels at a later date.

Appointment of Inspectors

In accordance with the College’s [by-laws](#), attached is a list of the staff members appointed as Inspectors for the College. Inspectors as referenced under the Drug and Pharmacies Regulation Act (section 148(1)), are also referred to as Operations Advisors in the field and by the College (Attachment 7c).

October 30, 2023

Hon. Sylvia Jones
Deputy Premier
Minister of Health
College Park 5th Floor, 777 Bay Street
Toronto, ON, M7A 2J3

Dear Minister Jones,

In March 2023, you [requested](#) the College re-engage the Minor Ailments Advisory Group (now renamed to the Scope of Practice Advisory Group or SPAG) and other relevant system partners to explore the addition of further minor ailments for which pharmacists could prescribe, including those that may require additional scope of practice expansion to support safe and effective prescribing. The College was asked to submit a recommendation by November 1, 2023. This letter includes these recommendations, as well as additional context and considerations related to the assessment and treatment of minor ailments by pharmacists.

Terminology Considerations

Some changes to the terminology we use may provide more clarification and establish a foundation for the role of pharmacists in the future.

Birth control, emergency contraception and erectile dysfunction, which are included in the College's current recommendations, refer to interventions for something other "ailments". As such, the College recommends using the term "minor ailments and therapies" when describing this work. Likewise, placing the emphasis on pharmacist "prescribing" may not be entirely accurate. There may be times an assessment does not result in a prescription, but rather an over-the-counter treatment, referral, or recommendation of non-pharmacological treatments. The College suggests that patients will have a better understanding of the role of the pharmacist in the health care system if that role is communicated as one of "assessment and treatment".

Recommendation of Minor Ailments and Therapies

Following receipt of your request, the Scope of Practice Advisory Group (SPAG) engaged in a rigorous process (see attached) to consider the addition of more minor ailments and therapies to pharmacy scope of practice. The Board recommends the 17 minor ailments set out below with the understanding that further discussion is required to identify the appropriate restrictions that may be associated with those identified by an asterisk, and conditions that may apply to all or some of the ailments, pending further consideration of the issues noted below.

- Acute pharyngitis (sore throat) ¹
- Birth control *
- Calluses and corns
- Emergency contraception
- Onychomycosis (fungal nail infections) *
- Otitis externa (swimmers' ear) *
- Pediculosis (head lice)
- Rhinitis - viral (nasal congestion)

¹ Subject to conditions or restrictions to be determined.

- Erectile dysfunction *
- Headache (mild)
- Herpes zoster (shingles) *
- Minor sleep disorders (insomnia, could also include disturbances in circadian rhythm) *
- Seborrheic dermatitis (dandruff)
- Tinea corporis (ringworm) *
- Tinea cruris (jock itch)
- Verrucae (vulgaris, plantar) (warts) *
- Xerophthalmia (dry eye) *

*Minor Ailments and Therapies **without** restrictions*

In keeping with the present approach to prescribing by many of the non-medical health professions, it is understood that at this time pharmacists would be limited to prescribing from a list of approved medications for each minor ailment and therapy. The lists will be developed upon direction of the Ministry. Addition of the minor ailments and therapies and the associated lists of drugs would be the only regulatory changes required to support the addition of these minor ailments and therapies.

*Minor Ailments and Therapies **with** conditions and restrictions*

Based on the potential risk to patients, some of the minor ailments and therapies should be added to pharmacists' scope only if certain conditions (e.g., additional education or creation of a special register) or restrictions (e.g., on the types of medications or patients) are in place. Also, legislative changes may be required to enable some of the conditions to be properly assessed and managed (e.g., point-of-care testing for sore throat and addition to the controlled acts for pharmacists to insert an otoscope when assessing swimmer's ear). It is anticipated that developing conditions and restrictions, and making other complimentary legislative changes, will require a significant time investment. As with development of drug lists, the College will undertake or support this work following direction from the Ministry.

Minor Ailments and Therapies not recommended

Additional minor ailments and therapies were brought to the Board but not approved for addition to current scope. These included cough, dyspepsia, non-infectious diarrhea, and superficial bacterial skin infections. Concerns regarding these ailments included the requirement for more complex diagnostic or lab testing to determine the underlying cause or differentiate from similar conditions, or that inclusion could drive inappropriate use of certain therapies (e.g., topical therapies for superficial bacterial skin infections). Although these are not being recommended currently, the College is continually monitoring this evolving area of practice and is open to considering these and other minor ailments and therapies in the future.

Additional Issues for Consideration

The Board identified concerns about the safety and value of adding more minor ailments and therapies to pharmacy scope in the current regulatory and practice environment. Some of these issues are beyond the College's mandate, although we will work to try to mitigate the potential risks they may pose.

1. Practice environment

Patient safety concerns related to conditions in the pharmacy practice environment and increased pressure from the public and pharmacy management have been previously brought to the attention of the College by the pharmacy community. The challenges include high workload and burnout, ineffective employment standards for pharmacy professionals and insufficient qualified staff. In the consultation process leading to the Board's recommendations, many expressed concerns that adding more to pharmacists' scope of practice will exacerbate existing challenges and may lead to patient risk that would not be present otherwise. The College shares this concern.

OCP's Board of Directors has committed to exploring how to address these challenges as part of its new five-year strategic plan, which begins in January 2024. However, much about the environment lies outside our control or jurisdiction: without widespread support from all system partners, we will not be able to make significant change. We look forward to discussions with the Ministry, as well as other system partners, about how we can work together to ensure patient safety.

2. *Physical space*

Legislation needs to match the needs of modern pharmacy practice. The *Drug and Pharmacies Regulation Act (1990)*, *O.Reg 264/16* provides high-level requirements to pharmacies to “have procedures in place to protect the confidentiality of all personal health information and other personal information maintained by the pharmacy and to protect the privacy of persons who receive pharmacy services at the pharmacy.” Policy updates are required to translate high-level regulation around privacy into concrete action plans by pharmacy owners to ensure appropriate assessment and counselling spaces.

As more ailments and therapies that require a physical assessment are added, the spaces currently used for counselling within community pharmacies may not be sufficient. Beyond the issue of patient privacy, appropriate counselling areas enable additional infection prevention and control measures, as well as patient comfort during assessment or administration of substances. Ensuring pharmacies operate with appropriate counselling space may require updating the *Drugs and Pharmacies Regulation Act (1990)*, its regulations, and College policies. Pharmacies would need time to implement infrastructure changes.

3. *Use of Clinical Viewers*

Providing continuity of care is dependent upon having and capturing as complete a medical history as possible. In addition to information offered by patients and their caregivers, more detailed health information is often required to inform safe clinical decision-making. ConnectingOntario and ClinicalConnect clinical viewers are free, secure, web-based tools where pharmacies can access real-time patient digital health records, such as medication history, laboratory test results, hospital stays, diagnostic images and reports, and other crucial health information.

Currently, only 25% of community pharmacies have access to clinical viewers. Another 25% are in the onboarding phase, however, the College has heard from registrants that there are delays and the onboarding time can range from 6 to 18 months. A significant increase in applications followed the start of minor ailments prescribing in Ontario in January 2023 resulting in a backlog of applications. With the addition of more minor ailments and therapies, the onboarding time may further increase as more pharmacies request access to clinical viewers. The remaining 50% of pharmacies have not been engaged with clinical viewers at all.

Pharmacies engaging in minor ailments and therapies services should be expected to have access to patient health information, and the recent [Executive Officer Notice](#) strongly encourages pharmacies to enrol in one of the provinces clinical viewers through Ontario Health. Continued partnership and collaboration among the Ministry of Health, the College, and Ontario Health, who leads the onboarding of clinical viewers, will be required to have all Ontario community pharmacies using clinical viewers in a timely manner. Additional implementation support and intervention may be needed from the Ministry of Health to enable timely completion of onboarding and increased access to this tool among pharmacies.

4. *Communicating a diagnosis*

“Communicating a diagnosis” is a controlled act not currently within the pharmacist’s scope. The issue of whether pharmacists engage in this act when assessing and treating minor ailments is not new and was discussed during the first expansion of the pharmacy scope of practice to include minor ailments. With the addition of increasingly complex patient conditions to the list pharmacists will treat, the distinction between assessment and diagnosis becomes increasingly important.

Some of the recommended minor ailments and therapies will require a level of assessment, including reliance on test results, that it is difficult not to characterize as diagnosis. For example, identification of swimmer’s ear and sore throat require specific diagnostic tools such as otoscopy exam and throat swabbing

with point-of-care testing, respectively. The results obtained would typically be understood to contribute to a diagnosis of the patient's condition. Without the diagnosis, treatment decision-making is impaired. Relying on the existing language of 'assessment' to describe such activities can sometimes seem to demand a suspension of disbelief. At best, it perpetuates a level of linguistic ambiguity that leads to difficulty establishing and enforcing standards and confusion as to role distinctions between the professions. It impedes the College meeting its object of promoting and enhancing relations with other health colleges, key stakeholders and the public.

In terms of maximizing the contribution that pharmacists can make to the healthcare system, recognizing that in some cases pharmacists must diagnose to provide treatment would create the potential for pharmacists to order diagnostic tests and bloodwork, which are necessary to best support patient access to appropriate care.

Implementation Considerations and Next Steps

As described above, the implementation of additional ailments and therapies will be contingent on several restrictions and conditions, including amendments to legislation and regulations. The implementation of these minor ailments and therapies may occur through a phased approach. Those minor ailments without restrictions, and minimal implementation challenges could be implemented first, and those with more implementation complexities could be implemented later.

We note that our ability to address this work may be affected by the requirements set out in the proposed Scopes of Practice Guide. The Guide requires economic information and a systems-level impact analysis of scope expansion. We do not have the expertise or resources to provide these as they are beyond our mandate and expertise. We are hopeful that the expectation is that when the College is responding to a Ministry request to consider scope expansion, this work has been or will be done by the Ministry. If not, it would entail a significant investment of resources and time which we have not integrated into our operating plan or our current proposed budget for 2024.

The College looks forward to further discussions with the Ministry of Health about these recommendations.

With regard,



Shenda Tanchak
Registrar and CEO

CC: Dr. Catherine Zahn, Deputy Minister, Ministry of Health
Dr. Karima Velji, Assistant Deputy Minister and Chief of Nursing and Professional Practice
Patrick Dicerni, Assistant Deputy Minister, Health Programs and Delivery Division
Allison Henry, Director, Health Workforce Regulatory Oversight Branch
Angie Wong, Director, Drug Programs Strategy and Policy Branch
James Morrison, OCP Board Chair

BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2023

FOR DECISION

From: Shenda Tanchak, Registrar and CEO

Topic: Expansion of Scope – Minor Ailments and Other Therapies

Issue/Description: The Board is being asked to consider whether to recommend adding additional minor ailments & other therapies to pharmacists' scope of practice.

Public interest rationale: The Ontario health care system continues to see additional pressure, impacting patient access to care and the patient health care experience. There is potential to alleviate some of this pressure through expansion of pharmacy scope of practice if this can be achieved safely.

Strategic alignment, regulatory processes, and actions: The information outlined within this document supports the College's first strategic priority: "enhance system and patient outcomes through collaboration and optimization of current scope of practice".

Background:

On March 10th, 2023 the Minister of Health [a letter to the Board Chair](#) to reengage the Minor Ailments Advisory Group (MAAG) to explore the addition of further minor ailments, including those that may require additional scope of practice expansions to support safe and effective prescribing. The Minister requested to receive these recommendations from the Board by November 1st, 2023.

Given the request by the Minister and the reference to maximizing the expertise of the healthcare workforce by expanding scopes of practice, the College broadened the membership of the original MAAG. This updated advisory group was renamed the Scope of Practice Advisory Group (the Advisory Group). For more information on the membership of the Advisory Group, please see Attachment 14.1.

To ensure Advisory Group members had the clinical information, knowledge and current state to provide their recommendations, the Advisory Group reviewed the jurisdictional scan, identified ailments and therapies for consideration in Ontario, and consulted with system stakeholders to gain insight and feedback on the proposed ailments. For more information on the Advisory Group's review and consultation process and the summary of feedback from system partners, please see Attachment 14.2.

Based on the review and consultation process, the Advisory Group recommended the following ailments and therapies should be added to pharmacists' scope of practice:

Category One – No identified conditions or restrictions

- Calluses and corns
- Emergency contraception
- Headache (mild)
- Pediculosis (head lice)
- Rhinitis (viral) (nasal congestion)
- Seborrheic dermatitis (dandruff)
- Tinea cruris (jock itch)

Category Two – Recommended with identified conditions or restrictions

Table 1: Category Two Minor Ailments/Therapies	
Proposed minor ailment/therapy	Proposed condition or restriction
Acute pharyngitis (sore throat)	Consider if point of care testing is required for Group A beta-hemolytic streptococci (GABHS). Required training for swabbing and conducting point of care test (POCT).
Birth control	Restricted to oral hormonal contraceptive pills or medroxyprogesterone.
Herpes zoster (shingles)	Excludes care to patients with facial involvement.
Minor sleep disorders (insomnia, could also include disturbances in circadian rhythm)	Excludes prescribing controlled substances and zopiclone. Restricted to prescribing for short term use only.
Otitis externa (swimmers' ear)	Restricted to topical treatments, and non-prescription antibiotics. If otoscopy exam is required, training and appropriate tools is required for conducting otoscopy exam.
Tinea corporis (ringworm)	Restricted to topical treatments.
Verrucae (vulgaris, plantar) (warts)	Excludes face and genitals.
Xerophthalmia (dry eye)	Restricted to ocular lubricants.

Category Three – Not recommended to be added at this time

- Cough
- Dyspepsia
- Erectile dysfunction
- Influenza
- Non-infectious diarrhea
- Onychomycosis (Fungal Nail Infections)
- Superficial bacterial skin Infections

Analysis:

To provide the Board with the critical information and analysis necessary for decision-making, the following outlines the rationale for the ailments and therapies under each Category and considerations for the Board when determining which minor ailments and therapies should be added to pharmacists' scope of practice.

Category One – *No identified conditions or restrictions*

Minor ailments and therapies under Category One are currently within pharmacists' knowledge, skills and judgement to safely assess and treat. They have been trained to identify red flags and when it is appropriate to refer to another healthcare provider. Category One ailments and therapies are currently covered in the Ontario pharmacy curricula and are part of the requirements to become a licensed pharmacist. As experts in pharmacotherapeutics, pharmacists are also required to maintain their competence and receive extensive training in patient assessment and treatment. Education in therapeutics, which is covered in pharmacy curricula is also available through continuing education modules.

Similar to the current list of minor ailments, practice resources, such as treatment algorithms are available for any additional minor ailment or therapy. Pharmacists who have limited experience with certain ailments or therapies would be encouraged to take continuing education courses to maintain their competence in the therapeutic areas. As a continued safeguard, a defined list of medications that pharmacists can prescribe for each ailment or therapy would be identified by the Advisory Group once confirmation on the list of ailments and therapies is received from the Ministry of Health. No other regulatory changes will be required to add Category One ailments and therapies to pharmacists' scope of practice, other than adding the medications pharmacists can prescribe for each ailment or therapy.

Category Two – *Recommended with identified conditions or restrictions*

While pharmacists have the knowledge, skills and judgement to assess and treat the proposed ailments and therapies under Category Two, these ailments or therapies pose a somewhat higher risk to patients. The Advisory Group determined that restrictions for pharmacists when prescribing or treating specific patient populations was recommended to ensure patients received appropriate care from another health care professional based on their severity of symptoms or to address a potentially more serious underlying condition.

The rationale for the proposed condition or restriction was specific to each minor ailment or therapy. For birth control, minor sleep disorders, ringworm, swimmer's ear, and dry eye, the Advisory Group determined it was appropriate to restrict the type of medications that pharmacists can prescribe due to the importance of follow-up with a physician or nurse practitioner for further assessment and/or diagnosis. For shingles and warts, the Advisory Group recommended restricting the patient population pharmacists can assess and treat to ensure patients with a more serious underlying condition are seen by the appropriate health care professional. Pharmacists will refer patients who present with symptoms outside of their approved patient population to primary health care providers. For sore throat and swimmer's ear, the Advisory Group recommended required training for pharmacists due to changes in expectation when conducting the assessment, which will require other regulatory changes to add both ailments to pharmacists' scope of practice.

Category Three – *Not recommended to be added at this time*

The ailments or therapies captured in Category Three pose a somewhat higher risk to patients. After much deliberation, the Advisory Group recommended that these ailments or therapies not be added to pharmacy scope at this time. Table 2 outlines the rationale for each ailment or therapy:

Table 2: Category Three Minor Ailments/Therapies	
Minor Ailment/Therapy	Rationale for <u>not</u> adding to pharmacists' scope of practice at this time
Cough	This symptom can develop for different reasons. Pharmacists do not have access to the appropriate equipment and diagnostic tests to determine all treatment options.
Dyspepsia	Not considered a minor ailment. Would require diagnostic investigation to determine underlying cause.
Erectile dysfunction	Not considered a minor ailment. Would require diagnostic investigation to determine underlying cause.
Influenza	Appropriate treatment options difficult to determine without conducting an assessment that includes a rapid influenza diagnostic test.
Non-infectious Diarrhea	Education is required to rule out an infectious origin. Difficult to test if it is viral or bacterial.
Onychomycosis (Fungal Nail Infections)	Requires a diagnosis that likely needs lab tests to distinguish from other conditions with similar symptoms.
Superficial Bacterial Skin Infections	Practicing pharmacists or pharmacists in training may have challenges differentiating an infection. Further diagnostic testing may be required (e.g. culture and sensitivity).

The Advisory Group recommended that while the ailments or therapies in Category Three would not be considered at this time, they may be reviewed again at a future date.

Concerns related to the Practice Environment

Both system partners and the Advisory Group expressed concern that the impact of adding more minor ailments or therapies to pharmacists' expanded scope of practice will exacerbate existing challenges within the pharmacy profession. These challenges, which include high workload and burnout, ineffective employment standards for pharmacy professionals, insufficient staffing requirements, patient safety concerns related to the compromises required by the environment and increased pressure from the public and pharmacy management, have been previously brought to the attention of the College by the pharmacy community and continue to be important considerations for the College moving forward. The Board of Directors has committed to prioritizing and addressing these challenges as part of the new five-year strategic plan, which begins in January 2024. The project planning for this work is well underway.

An additional consideration to the Category Two ailments/therapies is the physical space that will be required to appropriately assess and treat patients within the community pharmacy. As more ailments and therapies that require patient privacy to conduct a physical assessment are added, the current accredited space within the community pharmacy may not be sufficient to support the volume or type of assessments required. For example, proposed ailments such as sore throat, shingles and swimmer's ear require a physical assessment that must be conducted in a private space. While pharmacy floor plans must include a "location of acoustically private consultation room or area", this may not be sufficient considering the nature of the ailment or therapy being assessed and treated in pharmacies.

The successful implementation of additional minor ailments and therapies into pharmacy practice also includes the uptake of Clinical Viewers (ConnectingOntario ClinicalViewer or ClinicalConnect) within community pharmacies. As of the end of July, approximately 30% of community pharmacies are now using Clinical Viewers and another approximate 20% of community pharmacies are in the onboarding process. With only 50% of community pharmacies using Clinical Viewers to access patient health information such as medication information or lab results, assessing and treating patients for minor ailments or other therapies may be challenging when this critical patient information is not being accessed by pharmacy professionals when providing appropriate treatment options.

Issues for the Board to Consider

1. Is scope of practice expansion suitable at this time, given ongoing concerns about the practice environment? If yes, are there any restrictions needed on which ailments/therapies should be added to pharmacists' scope of practice?

Considerations

- As described above, patient safety is a concern when the practice environment is compromised.
 - Given the mandate of the College is to protect the public, adding additional ailments/therapies may further exacerbate the high workload and burnout pharmacy professionals are experiencing, which could have significant impacts on patient safety.
 - If the Board considers the risk to patient safety to be too great because of the concerns with the practice environment, the Board can decide to:
 - Not move forward with any ailments/therapies at this time, or
 - Move forward with Category One only, given it has the lowest level of risk, or
 - Set out conditions related to the practice environment under which prescribing for some ailments is required.
2. Does the assessment and treatment for some of the minor ailments and other therapies appropriately fall within the definition of "assessment", or does it require the controlled act of "diagnosis"?

Considerations

- Under the [Regulated Health Professions Act](#), 1991 (Section 27, (2)) "Communicating to [an] individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis" is a controlled act, restricted to a few professions, excluding pharmacy.
- The Medical Council of Canada defines diagnosis/assessment as "the exploration of illness and disease using clinical judgment to gather, interpret and synthesize relevant information that includes but is not limited to history taking, physical examination and investigation"¹.
- As described in the [Pharmacy Act, 1991](#), the practice of pharmacy includes "the assessment of conditions for the purposes of providing medication therapies".
- Assessment is not defined in the *Pharmacy Act*, however in the *Professional Competencies for Canadian Pharmacists at Entry to Practice* (published by the National Association of Pharmacy Regulatory Authorities, 2014) physical assessment is defined as "assessments of the body and its function. Pharmacists perform and assess findings of physical assessments for the purpose of evaluating the patient's need for or response to drug therapy. It is expected that a pharmacist at entry to practice be able to perform and assess findings of basic physical assessments commonly required in practice."²

¹ <https://mcc.ca/glossary-of-terms/>

² <https://www.napra.ca/wp-content/uploads/2022/09/NAPRA-Comp-for-Cdn-PHARMACISTS-at-Entry-to-Practice-March-2014-b.pdf>

- For some of the ailments/therapies under discussion, many Advisory Group members believed that, in order to provide treatment options which may result in a prescription, pharmacists would need to cross the line from assessment into diagnosis. For example,
 - For swimmer’s ear, if pharmacists are given the authority to perform otoscopy exams, would this be used to diagnose the patient’s condition ³.
 - For sore throat, if pharmacists are given the authority to perform point of care testing to confirm GABHS and treat for strep throat, would they use the results to diagnose the patient’s condition.
- The issues with the lack of distinction between assessment and diagnosis may pose potential risks for patients and the health care system. The extent of the issue and associated risks have not been fully analyzed given time constraints.
 - The role of pharmacy in diagnosis is being discussed nationally and internationally, which will inform the future of the profession.
- If the Board believes in order to safely treat for some or all of these ailments, pharmacists would need to cross the line between assessment and diagnosis, then the Board can decide to:
 - Not move forward with any ailments/therapies at this time until clarity is obtained from the Ministry on the difference between assessment and diagnosis, and if communicating a diagnosis should be within pharmacists’ scope of practice, or
 - Move forward with Category One and/or Two, but continue to seek clarity as described in the points above.
- If the Board believes pharmacists do not require the controlled act of diagnosis, the Board can continue recommending ailments/therapies without these considerations in mind.

Next Steps:

The Board’s recommended list of ailments and other therapies, as well as potential restrictions or consideration, will be sent to the Minister of Health in the next few weeks for review. Feedback from the Minister and Ministry of Health will be shared with the Board and the Advisory Group. Depending on Ministry feedback, the following are the next steps that would result in drafting an amended regulation that would add additional ailments/therapies to pharmacists’ scope of practice:

- The Advisory Group defines the list of medications that pharmacists would be able to prescribe for each ailment/therapy.
- The Ministry of Health will decide on whether other legislation or regulations would need to be amended to support pharmacists to perform the expanded scope. Legislation or regulations that are not connected to pharmacy professional oversight would require the Ministry of Health to lead the amendments. This typically requires open consultation prior to approval.
- Based on the Board’s motion, the College addresses concerns about the practice environment and/or seek clarity of diagnosis vs. assessment within pharmacy practice.
- The College prepares draft amended regulations for open consultation and Board approval.
- The Ministry of Health completes an internal policy approval process and prepares legislative drafting for College approval. Once sealed, the regulation is submitted by the Ministry of Health for government approval.

³ <https://www.cmpa-acpm.ca/en/education-events/good-practices/physician-patient/clinical-decision-making>

Motion 1: The Board recommends Category One ailments and therapies be included as pharmacists' scope of practice.

Motion 2: The Board recommends Category Two ailments and therapies, with the conditions or restrictions identified, be included as pharmacists' scope of practice.

Motion 3: The Board does not recommend further additions to the pharmacy scope of practice until concerns about the practice environment and/or the definition of "diagnosis" have been satisfactorily resolved.

Attachments:

14.1 - Members of the Scope of Practice Advisory Group

14.2 - Scope of Practice Advisory Group: Approach to Identifying Ailments for Recommendation

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 Sept 6, 2024)

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 (202/94) Expanded Scope	Minister of Health sent a letter (March 10, 2023) requesting the College make recommendations regarding further minor ailments, including those that require additional scope recommendations	October 30, 2023 Board recommendations (approved at Sept Board meeting) were provided to the Minister.	Minister has announced a consultation on the proposed expanded scope amendments.	Awaiting launch of consultation – Anticipated end-August/early-Sept	Response to the consultation questions is being prepared for submission once the consultation dates are announced.
Recently Approved					
Pharmacy Act, General regulation (202/94) - Registration and Quality Assurance sections	<p>Registration – to add a pharmacy technician intern class and eliminate the student pharmacist class and language revisions to reflect modernization of regulatory approach.</p> <p>Quality Assurance – to include pharmacy technicians and</p>	February 2018	Approved June 2024	Effective as of Oct 1, 2024	Updated Supervision of Pharmacy Personnel policy ready for Board review and approval.

	align QA program with new Mode, including shift from declaration of practice hours to maintenance of competency to practice to standards.				
Pharmacy Act, General regulation (202)94 – Controlled Acts	Expand scope to support the 2023-24 respiratory illness session by allowing: <ul style="list-style-type: none"> - 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 <i>Regulated Health Professions Act (RHPA), Controlled Acts Regulation (107/96)</i> to the <i>Pharmacy Act, General</i> 	August 31, 2023	Approved December 12, 2023	Effective as of December 12, 2023: <ul style="list-style-type: none"> - 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 <i>Regulated Health Professions Act (RHPA), Controlled Acts Regulation (107/96)</i> to the <i>Pharmacy Act,</i> 	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.

	<i>Regulation (202/94).</i>			<i>General Regulation (202/94).</i> - The authority for pharmacists and pharmacy technicians to administer the COVID-19 vaccine will transition on April 1, 2024.	
Pharmacy Act, General regulation (202/94) Registration - Emergency Assignment Certificates	To achieve alignment of the emergency assignment certificate criteria with regulation 508/22 under the RHPA	June 15, 2023	Amending regulation (295/23) approved by government and filed on Aug 21, 2023	Implementation August 31, 2023	
Pharmacy Act, General regulation 202/94 – Controlled Acts (additional minor ailment prescribing)	To add six additional minor ailments to the pharmacy scope of practice.	April 14, 2023	Approved August 21st	Implementation October 1 st , 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	

<p>N/A - Advice to Government re - closed Preferred Provider networks</p>	<p>Board recommendation to government to consider negative impact of closed preferred provider networks: impact on patient choice and continuity of care.</p>	<p>January 2019 Letter to Minister of Health</p>	<p>N/A – no response expected, letter provided advice only</p>	<p>Closed Provider Networks continue to be in existence</p>	
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Date: September 15, 2024
To: Board of Directors
From: Susan James, Acting Registrar
RE: Appointment of Inspectors

In accordance with Article 15.5 of the College's By-laws, please be advised that the following individuals are currently appointed as Inspectors* for the College pursuant to section 148(1) of the *Drug and Pharmacies Regulation Act*:

Nicole Bruder
Angela Bates
Lap Kei Chan
Kelly Crotty
Peter Gdyczynski
Andrew Hui
Gurjit Husson
Robert Ip
Susan James
Jimmy Le
Shenda Tanchak
Rosamaria Torchia
Tania Guiboche
Charles Chan

Shelina Manji
Karen Matthew Tong
Michelle Nagy
Ruth Schunk
Brittney Shaw
Lisa Simpson
Sanjeet (Sonia) Sohal
Jovana Tomic
Braden Nguyen
Joshua Martell
Ijeoma Onyegbula
Geoffrey Sokolowski
Roshni Chaudhari

* "Inspectors" as referenced under the DPRA, are also referred to as Operations Advisors in the field and by the College.

The current list reflects the changes introduced in 2019 which separated operational inspections from practice assessments, to further mitigate organizational risk around quality assurance activities.

BOARD BRIEFING NOTE

MEETING DATE: September 15-16, 2024

FOR INFORMATION

From: Thomas Custers, Director, Corporate Services

Topic: College Performance Dashboard – Key performance results for Q2

Issue/Description: To provide the Board with a quarterly update on how well the College is tracking towards its 2024 targets and trends on key monitoring measures.

Public interest rationale: To support the Board in providing oversight and being accountable to the Board and the public on the College's performance on its 2024 goals.

Strategic alignment, regulatory processes, and actions: Maintaining and reporting on regulatory performance supports the Board in its oversight role, strengthens trust and confidence in the College's capacity to address emerging issues, and to strive for regulatory excellence.

Background:

- Each year, a performance scorecard is developed and approved by the Board to enable the Board and the public to evaluate how well the College is performing in achieving its targets.
- For 2024, staff believed there was value in broadening the focus beyond reporting on how well the College achieves its 2024 targets and recommended moving to a dashboard that would also report on the following:
 - Key risks that may negatively impact the achievement of the 2024 targets or the College's mandate.
 - The College's execution of critical regulatory activities to provide context and inform future strategic discussions.
- The Board approved the 2024 College Performance Dashboard at its December 11, 2023, meeting and the targets at its March 25, 2024, meeting.
- The 2024 College Dashboard includes four domains ('Regulatory Competence', 'Strategic Priorities', 'Organizational Capacity', 'Risk Management') and two types of measures:
 - **Performance measures:** Measures for which a target is set that the College strives to achieve related to its strategic and operational goals (strategic priorities) or organizational capacity.
 - **Monitoring measures:** Measures of College performance for which no targets have been established. These measures provide context and information about the College's performance in other areas of its mandate to support future strategic or operational planning.
- The College provides the Board with quarterly updated results on the measures included in the 2024 College Dashboard. See the attached report for more details on the results, including accomplishments and strategies underway to address obstacles to achieving the targets.

Analysis:

- The 2024 College Performance Dashboard has:
 - **Fourteen performance measures**, two relate to how well the College is progressing towards its strategic and operational goals ('Strategic Priorities' domain), and twelve address if the College is optimally resourced to execute its mandate both now and, in the future, while maintaining compliance with applicable policies, laws, and regulations ('Operational Capacity' domain).

- **Five monitoring measures**, four of which relate to if the College is effectively executing its regulatory functions ('Regulatory Competence' domain), and one measure related to the 'Operational Capacity' domain.

Q2 Performance Results

- In Q2, the number of performance measures tracking to the 2024 target increased from five to eight. The performance on one measure improved ('% click rate phishing campaigns'), while for the two other measures, there were no results available in Q1 as they are only collected once a year (percentage of staff engagement – culture/inclusion).
- Two measures are still not tracking to their target. At this point, the College still expects to meet one of them ('strategic priorities'), while the target for the other measure ('average rating (1-7) of staff that feels OCP supports them in having the right skills to be successful in their current role') may not be achieved. However, it should be noted that the College considered the target for this measure a stretch target.
- The total number of measures not meeting their target decreased from five to four in Q2. Details as to cause and response for these 4 measures are detailed in the attachment.
- There are no Q2 results currently available for two measures. These measures are only being measured once a year.

Domain	Target achieved		Within 25% of target		More than 25% beyond target		No results available in Q2	
	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
Strategic Priorities	-	-	1	2	1	-	-	-
Operational Capacity	5	8	2	1	3	1	4	2

- The score on the two measures in the 'Strategic Priorities' domain reflects the number of goals (initiatives) that are "on track" versus the total number of initiatives, adjusted for those goals (initiatives) that are completed in Q1 or put on hold:

Measure	# of Goals									Target	Performance	
	Total	On Track		At Risk		Off Track		Complete /On Hold			Q1	Q2
		Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2			
% of 2024 strategic goals on track ¹	6	5	4	1	1	-	-	-	1	100%	83%	80% ²
% of 2024 operational goals on track	12	8	7	3	1	1	1	-	3	100%	67%	78% ³

- Of the four 2024 strategic goals that are on track in Q2, one goal is completed ('finalize implementation new organizational structure') and of the seven 2024 operational goals that are on track, one goal is completed ('implemented a revised program to conduct pharmacists' assessments more efficient and effective').
- College staff decided to put three operational goals (initiatives) on hold. The goal to 'build first components of a

¹ These are goals for 2024 to advance the College's 2024-2028 Strategic Plan.

² One strategic goal was completed and removed from the Q2 performance score.

³ Three of the initial 12 operational goals (initiatives) for 2024 have been put on hold and removed from the performance score.

data warehouse' was put on hold due to delays in introducing a new Record Registrant System (RRS). The goal to 'develop recommendations to strengthen & sustain effective governance' has been paused. The goal 'implement practice-based risk-based framework' has been deferred due to other priorities and resource challenges.

- There are a variety of reasons why the College is currently making less progress than planned on the goals related to those measures. The attached report outlines them more fully.

Q2 Results on Monitoring Measures

- There is no change in trend for the five monitoring measures.

Attachments:

- 6.1a - 2024 Board Dashboard – Q2 Results



Ontario College
of Pharmacists

Putting patients first since 1871

Attachment 7.1a

2024 Board Dashboard – Q2 Results

Content

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Section 1 – Background

2024 Board Dashboard Domains

Regulatory Competence

Is the College effectively executing its regulatory functions?

Strategic Priorities

Is the College progressing towards its strategic and annual operational goals?

Organizational Capacity

Is the College optimally resourced to execute its mandate now and, in the future, while maintaining compliance with applicable policies, laws, and regulations?

Risk Management*

Is the College effectively managing the identified key risks that may prevent it from executing its regulatory functions and meeting its public protection mandate?

* To come later in 2025

Section 1 – Background

Type of Dashboard Measures



Performance Measure: A measure for which a target is set that the College strives to achieve related to its strategic and operational goals (strategic priorities) or organizational capacity.



Monitoring Measure: A measure of College performance for which no targets have been established. These measures provide context and information about the College's performance in other areas of its mandate to support future strategic or operational planning.

Section 2 – Dashboard Summary (Performance Measures)



Strategic Priorities				
Strategic Goals		actual	target	status
1	% of 2024 strategic goals on track	80%	100%	●
Operations		actual	target	status
2	% of 2024 operational goals on track	78%	100%	●

Note:

One strategic goal was completed and removed from the Q2 performance score.

Three of the 12 operational goals have been put on hold and removed from the denominator.

Organizational Capacity				
People and Culture		actual	target	status
3	Average rating (1-10) of staff likely to recommend the College to a qualified friend or family member as a great place to work.	8.3	8.2	●
4	Average rating (1-7) of staff that feels OCP supports them in having the right skills to be successful in their current role.	5.7	6.5	●
5	% of staff engagement (inclusion)	90%	80%	●
6	% of staff engagement (culture)	83%	78%	●
7	% voluntary turnover rate	1.2%	3.8%	●
Finance		actual	target	status
8	% of variance of operating annual budget to year end actuals	-	+/- 5%	-
Technology		actual	target	status
9	% of up-time of business-critical information systems	100.0%	99.9%	●
10	% click rate of phishing campaigns	1.0%	4.7%	●
Compliance		actual	target	status
11	% of CPMF standards fully met	-	83%	-
Governance		actual	target	status
12	% of Board Directors voluntary contributing at each Board meeting	100%	100%	●
13	% of Board Directors report receiving appropriate information to exercise oversight role	100%	100%	●
14	% of Board Directors indicating availability to sit on a Discipline Committee contested or uncontested Hearing panel, when asked	⁶⁵ 47%	85%	●

PERFORMANCE LEGEND

- Target achieved
- Within 25% of target
- More than 25% beyond target
- Not applicable (no results this quarter)

Section 2 – Dashboard Summary (Monitoring Measures)



Regulatory Competence			
Registration		actual	trend analysis
15	% of Registrar decisions made within 30 days after receiving the complete application	100%	↔
Quality Assurance		actual	trend analysis
16	Average days cycle time for high risk assessments	384	↔
Conduct		actual	trend analysis
17	90th percentile disposal business days of formal complaint	293	↔
18	90th percentile disposal business days of Registrar's investigation	525	↔

Organizational Capacity			
Finance		actual	trend analysis
19	% of reserve fund balance to required reserve amount per college reserve policy	-	

LEGEND

- ↑ Trending positive
- ↔ No change in trend
- ↓ Trending negative
- Not applicable (no results this quarter)

Section 3 – Performance Goal Results

2024 Strategic Goals



2024 Strategic Goals (to advance 2024-2028 OCP Strategic Plan)	Status	Stage
STRATEGIC GOAL 1 (Pharmacy setting doesn't create barriers)		
1. Identified tactics the College will deploy to advance Strategic Goal 1 starting 2025.	On Track	P
STRATEGIC GOAL 2 (Effective College communications in all external interactions)		
2. Refresh OCP website to provide useful, timely & accessible information to the public, registrars, and other partners.	On Track	P
3. OCP Brand refresh	On Track	P
4. Update OCP communication materials to ensure the information that is shared is precise, understandable & accurate	On Track	P
STRATEGIC GOAL 3 (We have the resources)		
5. Finalize implementation new organizational structure	Completed in Q1	
STRATEGIC GOAL 4 (Patients receive respect/no discrimination)		
6. Establish a prioritized list of high impact activities to be implemented starting in 2024.	At Risk	E

*Timeline: Ending July - August 2024

Goal Status On Track At Risk Off Track

Goal Stage Not Yet Started (NS) Initiation (I) Planning (P) Execution (E) Complete (C)

Section 3 – Performance Goal results

Details Update 2024 Strategic Goals



2024 Strategic Goals		Key point/Cause/Response	Milestones Next Reporting Period
●	Identified tactics the College will deploy to advance Strategic Goal 1 starting 2025.	<p>Key Points</p> <ul style="list-style-type: none"> • Report of findings from the workplace practices survey and town halls published. • Report on feasibility analysis of Board brainstorming ideas published. • Resources for research, environmental scanning work engaged. 	<ul style="list-style-type: none"> • Overall project charter first draft complete. • Overall results and measures first draft developed. • Reporting for board determined.
●	OCP Website Refresh	<p>Key Points</p> <ul style="list-style-type: none"> • Work proceeding according to the adjusted Q1 2025 timeline. • Milestones achieved to date including research and engagement with internal and external audiences. 	<ul style="list-style-type: none"> • Next phases and milestones will focus on further wireframe and navigation recommendations before moving into design and build later in 2024.
●	OCP Brand refresh	<p>Key Points</p> <ul style="list-style-type: none"> • On track to correlate with go-live of public website refresh. • Reviewing feedback received through various means including audience interviews/surveys. • Entering in visual identity ideation phase. 	<ul style="list-style-type: none"> • Next phase will involve refinement of creative approach and development of visual identity options for formal consideration.
●	Update all OCP communication materials to ensure the information that is shared is precise, understandable & accurate	<p>Key Points</p> <ul style="list-style-type: none"> • Initiating use of plain language principles on selected information, website content will be the largest focus. • Communications audit reveals areas for improving what and how OCP communicates to audiences. Communications team reviewing for immediate and longer-term improvements. (To be considered given other priorities.) 	<ul style="list-style-type: none"> • Anticipate ongoing improvements and shifts to plain language and clearer information incrementally. • Specific decisions following communications audit to be prioritized and implemented or planned for 2025. • Website content review.

Section 3 – Performance Goal Results

Details Update 2024 Strategic Goals



2024 Strategic Goals	Key Points/Cause/Response	Milestones Next Reporting Period
<ul style="list-style-type: none"> ● Establish a prioritized list of high impact activities to be implemented starting in 2024. 	<p>Cause</p> <ul style="list-style-type: none"> • Cultural competency staff training have been significantly reduced due to staff availability. • Board review of the Human Rights policy at the July & August meeting was deferred. • Demographic data collection delayed due to the overall delay of PRIME project. <p>Response</p> <ul style="list-style-type: none"> • Policy & HR Teams adapted to test the training model under development. Rollout plans adjusted to a longer timeline. Consultants engaged to adjust training plan to focus more on staff day-to day activities as compared to generic EDI training. • Human Rights policy ready for next board meeting agenda. • Exploring the use of our current system (RADAR) or an alternate approach that uses a 3rd – Party. 	<ul style="list-style-type: none"> • Staff Training: Facilitation guide and curriculum developed; first cohort of staff pilot train-the-trainer model. • Data: Data collection mechanism confirmed. • Practice Policies: Human Rights policy ready for Board reconsideration.

Section 3 – Performance Goal Results

2024 Operational Goals



2024 Operational Goals	Status	Stage
7. Implement Registrant Records System (RRS)	At Risk	E
8. SharePoint phase II implementation	On Track	E
9. Develop and implement a data governance framework.	Off Track	P
10. Build first components of a data warehouse	On Hold	
11. Implement a more efficient registration process & enhanced approach to QA (Registration & QA Regulation Implementation)	On Track	E
12. Implement a revised program to conduct pharmacists' assessments more efficient & effective	Complete	
13. Implement policies to improve patient safety for sterile, non-sterile & hazardous compounding	On Track	E
14. Transitioned Structured Practical Training (SPT) Program to Practice Assessment of Competence at Entry (PACE) for intern technicians.	On Track	E
15. Develop recommendations for future AIMS program	On Track	P
16. Develop recommendations to strengthen & sustain effective governance	On Hold	
17. Discipline Committee review – Phase II	On Track	E
18. Implement a practice-based risk framework to review & prioritize all College regulatory activities	On Hold	

***Timeline: Ending July 2024**

Status On Track At Risk Off Track

Stage Not Yet Started (NS) Initiation (I) Planning (P) Execution (E) ⁷⁰ Complete (C)

Section 3 – Performance Goal Results

Details Update 2024 Operational Goals



2024 Operational Goals		Key Points/Cause/Response	Milestones Next Reporting Period
●	Implement Registrant Records System (RRS)	<p>Cause</p> <ul style="list-style-type: none"> The vendor development is behind the originally planned schedule. <p>Response</p> <ul style="list-style-type: none"> The vendor updated the project timeline with a planned go-live date in June 2025. An estimated 60% of the development work is completed (6 out of 10 “sprints”), with a targeted development completion date end of December 2024. Following completion development, internal testing will take place until end of February. User acceptance testing is planned for April 2025 	<ul style="list-style-type: none"> Development will continue for the remainder of 2024
●	SharePoint Phase II implementation	<p>Key Points</p> <ul style="list-style-type: none"> The SharePoint site design is currently underway to standardize and simplify department sites. 	<ul style="list-style-type: none"> Migration of the on-premise intranet to SharePoint online. The old intranet will remain in place for the remainder of 2024 to allow departments to confirm all content required was migrated successfully.
●	Data Governance Framework	<p>Cause</p> <ul style="list-style-type: none"> Competing priorities as staff are working on various initiatives and addressing emerging internal and external requests. <p>Response:</p> <ul style="list-style-type: none"> Prioritize, and subsequently adjust scope for 2025. 	<ul style="list-style-type: none"> Project scope and objectives to be finalized and approved. Project workplan to be finalized and approved.
○	Build first components of a data warehouse	<p>Key Points</p> <ul style="list-style-type: none"> This project has dependency on the installation of the new RRS and will be placed on hold until a date for re-start can be established in 2025. 	<ul style="list-style-type: none"> n/a

Section 3 – Performance Goal Results

Details Update 2024 Operational Goals



2024 Operational Goal		Key Points/Cause/Response	Milestones Next Reporting Period
●	Implement a more efficient registration process & enhanced approach to QA	<p>Key Points</p> <ul style="list-style-type: none"> Regulations have been passed on June 20, 2024, with a confirmed implementation date of October 1, 2024, as expected. Internal working group increased frequency of meetings and increased staff members involved to ensure that all teams are working towards seamless implementation. 	<ul style="list-style-type: none"> Communication outreach to be ramped up in anticipation of October 1 implementation. Technology adjustments to be developed to allow for new class of registration and other associated changes.
●	Implement a revised program to conduct pharmacists' assessments more efficient & effective	<p>Key Points</p> <ul style="list-style-type: none"> This project is complete. Evaluation report and recommendations finalized and shared with QA Team Some recommendations implemented while other will be considered for implementation in 2026 (new project) 	<ul style="list-style-type: none"> None
●	Implement policies to improve patient safety for sterile, non-sterile & hazardous compounding	<p>Key Points</p> <ul style="list-style-type: none"> Target dates established for website posting of supervisor training modules for both sterile & non-sterile compounding. Project responsibility matrix ARSCI (Accountable, Responsible, Support, Consulted, Informed) developed. 	<ul style="list-style-type: none"> Content gathered from SMEs (Subject Matter Experts) and reviewed by Communications for non-sterile module. Initial content gathered from SMEs for sterile module.
●	Transitioned Structured Practical Training (SPT) Program to Practice Assessment of Competence at Entry (PACE) for intern technicians	<p>Key Points</p> <ul style="list-style-type: none"> Assessor recruitment has commenced, and training has been scheduled. External technology (portal) preparation and testing is complete. Communication outreach has ramped up – confirmed dates for SPT closure and commencement of PACE. 	<ul style="list-style-type: none"> Communication outreach to be ramped up in anticipation of SPT transition to PACE in September/October. Technology adjustments to be developed to allow for PACE to be administered using existing internal system (RADAR). Assessor training for hospital and community sites to be completed.

Section 3 – Performance Goal results

Details Update 2024 Operational Goals



2024 Operational Goal		Key Points/Cause/Response	Milestones Next Reporting Period
●	Develop recommendations for future AIMS program	<p>Key Points</p> <ul style="list-style-type: none"> Identifying strong measures and identifying which can be implemented immediately vs in the future. Developing proposed updates for the supplemental Standard of Practice Exploring Medication Incident reporting (MIR) options. 	<ul style="list-style-type: none"> Preparing updates for the supplemental Standard of Practice. Establishing data strategy.
○	Develop recommendations to strengthen & sustain effective governance	<p>Key Points</p> <ul style="list-style-type: none"> Due to other higher priorities, this work is deferred to a future date. (TBD) 	<ul style="list-style-type: none"> n/a
●	Discipline Committee review – Phase II	<p>Key Points</p> <ul style="list-style-type: none"> Options and recommendations developed. 	<ul style="list-style-type: none"> To be brought forward to the Board for consideration and decision.
○	Implement Practice Risk-Based Framework	<p>Cause</p> <ul style="list-style-type: none"> Due to limited funding for external consulting assistance and the need to prioritize RRS implementation and Strategic Goal 1 work, this work has been deferred. <p>Response</p> <ul style="list-style-type: none"> Postponed due to other priorities as well as the need for extra resources on expertise the College currently does not have. However, the model/framework to date will be used to help inform the strategic policy work. 	<ul style="list-style-type: none"> None planned.

Section 3 – Results Q2 Performance Measures

Details Update People & Culture Measures



Performance Measures		Actual	YTD	Target	Cause	Response
●	<p>Average rating (1-10) of staff likely to recommend the College to a qualified friend or family member as a great place to work</p>	8.3	8.4	8.2	-	No action, meeting target.
●	<p>Average rating (1-7) of staff that feels OCP supports them in having the right skills to be successful in their current role</p>	5.7	5.7	6.5	<ul style="list-style-type: none"> The target is a stretch target and might not be fully achieved by the end of 2024. 	<ul style="list-style-type: none"> Continue encouraging staff to enroll in training programs. Continue to identify staff-specific or organization-wide staff needs and provide required support/training.

Section 3 – Results Q2 Performance Measures

Details Update People & Culture Measures (Cont'd)



Performance Measures			Actual	YTD	Target	Cause	Response																		
●	% of staff engagement (inclusion)	See 'Results of 2024 OCP Employee Engagement Survey' Board agenda item	90%	-	80%	Will be presented at the September 16 th Board meeting																			
●	% of staff engagement (culture)	See 'Results of 2024 OCP Employee Engagement Survey' Board agenda item	83%	-	78%	Will be presented at the September 16 th Board meeting																			
●	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 2023</td><td>4.0</td></tr> <tr><td>Q2 2023</td><td>2.3</td></tr> <tr><td>Q3 2023</td><td>1.1</td></tr> <tr><td>Q4 2023</td><td>2.2</td></tr> <tr><td>Q1 2024</td><td>1.0</td></tr> <tr><td>Q2 2024</td><td>1.2</td></tr> <tr><td>Q3 2024</td><td>3.8</td></tr> <tr><td>Q4 2024</td><td>3.2</td></tr> </tbody> </table>	Quarter	Rate (%)	Q1 2023	4.0	Q2 2023	2.3	Q3 2023	1.1	Q4 2023	2.2	Q1 2024	1.0	Q2 2024	1.2	Q3 2024	3.8	Q4 2024	3.2	1.2%	1.1%	3.8%	-	<ul style="list-style-type: none"> No action, meeting target. Low YTD turnover aligns with our improved employee engagement scores.
Quarter	Rate (%)																								
Q1 2023	4.0																								
Q2 2023	2.3																								
Q3 2023	1.1																								
Q4 2023	2.2																								
Q1 2024	1.0																								
Q2 2024	1.2																								
Q3 2024	3.8																								
Q4 2024	3.2																								

Section 3 – Results Q2 Performance Measures

Details Update Technology Measures



Performance Measures			Actual	YTD	Target	Cause	Response																		
●	% of up-time of business-critical information systems	<p>↑ BETTER</p> <table border="1"> <caption>% of up-time of business-critical information systems</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q1 2023</td><td>100</td></tr> <tr><td>Q2 2023</td><td>100</td></tr> <tr><td>Q3 2023</td><td>100</td></tr> <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>-</td></tr> <tr><td>Q4 2024</td><td>99.9</td></tr> </tbody> </table>	Quarter	Value	Q1 2023	100	Q2 2023	100	Q3 2023	100	Q4 2023	100	Q1 2024	100	Q2 2024	100	Q3 2024	-	Q4 2024	99.9	100%	100%	99.9%	-	<ul style="list-style-type: none"> No action. Meeting target.
Quarter	Value																								
Q1 2023	100																								
Q2 2023	100																								
Q3 2023	100																								
Q4 2023	100																								
Q1 2024	100																								
Q2 2024	100																								
Q3 2024	-																								
Q4 2024	99.9																								
●	% click rate of phishing campaigns	<p>↓ BETTER</p> <table border="1"> <caption>% click rate of phishing campaigns</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q1 2023</td><td>9.0</td></tr> <tr><td>Q2 2023</td><td>1.0</td></tr> <tr><td>Q3 2023</td><td>1.0</td></tr> <tr><td>Q4 2023</td><td>5.0</td></tr> <tr><td>Q1 2024</td><td>8.0</td></tr> <tr><td>Q2 2024</td><td>1.0</td></tr> <tr><td>Q3 2024</td><td>-</td></tr> <tr><td>Q4 2024</td><td>5.0</td></tr> </tbody> </table>	Quarter	Value	Q1 2023	9.0	Q2 2023	1.0	Q3 2023	1.0	Q4 2023	5.0	Q1 2024	8.0	Q2 2024	1.0	Q3 2024	-	Q4 2024	5.0	1.0%	4.5%	4.7%	-	<ul style="list-style-type: none"> No action. Meeting target.
Quarter	Value																								
Q1 2023	9.0																								
Q2 2023	1.0																								
Q3 2023	1.0																								
Q4 2023	5.0																								
Q1 2024	8.0																								
Q2 2024	1.0																								
Q3 2024	-																								
Q4 2024	5.0																								

Section 3 – Results Q2 Performance Measures

Details Update Governance Measures



Performance Measures			Actual	YTD	Target	Cause	Response																								
●	% of Board Directors voluntarily contributing at each Board meeting	<table border="1"> <caption>Data for % of Board Directors voluntarily contributing at each Board meeting</caption> <thead> <tr> <th>Quarter</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Q1 2023</td> <td>94</td> <td>96</td> </tr> <tr> <td>Q2 2023</td> <td>94</td> <td>96</td> </tr> <tr> <td>Q4 2023</td> <td>100</td> <td>96</td> </tr> <tr> <td>Q1 2024</td> <td>100</td> <td>96</td> </tr> <tr> <td>Q2 2024</td> <td>100</td> <td>96</td> </tr> <tr> <td>Q4 2024</td> <td>100</td> <td>96</td> </tr> </tbody> </table>	Quarter	Actual	Target	Q1 2023	94	96	Q2 2023	94	96	Q4 2023	100	96	Q1 2024	100	96	Q2 2024	100	96	Q4 2024	100	96	100%	100%	100%	-	No action. Meeting target.			
Quarter	Actual	Target																													
Q1 2023	94	96																													
Q2 2023	94	96																													
Q4 2023	100	96																													
Q1 2024	100	96																													
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●	% of Board Directors report receiving appropriate information to exercise oversight role	<table border="1"> <caption>Data for % of Board Directors report receiving appropriate information to exercise oversight role</caption> <thead> <tr> <th>Quarter</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Q1 2023</td> <td>100</td> <td>98</td> </tr> <tr> <td>Q2 2023</td> <td>100</td> <td>98</td> </tr> <tr> <td>Q3 2023</td> <td>100</td> <td>98</td> </tr> <tr> <td>Q4 2023</td> <td>95</td> <td>98</td> </tr> <tr> <td>Q1 2024</td> <td>100</td> <td>98</td> </tr> <tr> <td>Q2 2024</td> <td>100</td> <td>98</td> </tr> <tr> <td>Q4 2024</td> <td>100</td> <td>98</td> </tr> </tbody> </table>	Quarter	Actual	Target	Q1 2023	100	98	Q2 2023	100	98	Q3 2023	100	98	Q4 2023	95	98	Q1 2024	100	98	Q2 2024	100	98	Q4 2024	100	98	100%	100%	100%	-	No action. Meeting target.
Quarter	Actual	Target																													
Q1 2023	100	98																													
Q2 2023	100	98																													
Q3 2023	100	98																													
Q4 2023	95	98																													
Q1 2024	100	98																													
Q2 2024	100	98																													
Q4 2024	100	98																													

Section 3 – Results Q2 Performance Measures

Details Update Governance Performance Measures



Performance Measures			Actual	YTD	Target	Cause	Response																		
●	<p>% of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel, when asked</p>	<p>↑ BETTER</p> <table border="1"> <caption>% board directors available to attend Hearing</caption> <thead> <tr> <th>Quarter</th> <th>% Available</th> </tr> </thead> <tbody> <tr> <td>Q1 2023</td> <td>40</td> </tr> <tr> <td>Q2 2023</td> <td>42</td> </tr> <tr> <td>Q3 2023</td> <td>47</td> </tr> <tr> <td>Q4 2023</td> <td>54</td> </tr> <tr> <td>Q1 2024</td> <td>39</td> </tr> <tr> <td>Q2 2024</td> <td>47</td> </tr> <tr> <td>Q3 2024</td> <td>-</td> </tr> <tr> <td>Q4 2024</td> <td>80</td> </tr> </tbody> </table>	Quarter	% Available	Q1 2023	40	Q2 2023	42	Q3 2023	47	Q4 2023	54	Q1 2024	39	Q2 2024	47	Q3 2024	-	Q4 2024	80	47%	43%	85%	<ul style="list-style-type: none"> • Constituting panels for some of these hearings was challenging when conflicts were considered in addition to availability. A particular challenge related to ensuring that the Directors with greater availability were not appointed to multiple contested hearings. • Many Board Directors have professional responsibilities, as well as work on other Committees, that prevent them from being available for hearings. 	<ul style="list-style-type: none"> • Further evaluation as to what constitutes a conflict to reduce the number of Board Directors unable to sit on the panel due to conflicts if they are otherwise available for the hearing. • Identification and evaluation of additional options to address this issue is being considered as part of the Discipline Committee Review Project. • By-Law changes to the quorum requirements for the Accreditation Committee will allow additional Public Directors to sit on the Discipline Committee.
Quarter	% Available																								
Q1 2023	40																								
Q2 2023	42																								
Q3 2023	47																								
Q4 2023	54																								
Q1 2024	39																								
Q2 2024	47																								
Q3 2024	-																								
Q4 2024	80																								

Section 4 – Results Q2 Monitoring Measures

Details Update Registration Measures



Performance Measures		Actual	YTD	Comments																		
↔	<p>% of Registrar decisions made within 30 days after receiving the completed application.</p> <table border="1"> <caption>Registrar Decision Timeliness Data</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q1 2023</td><td>96</td></tr> <tr><td>Q2 2023</td><td>100</td></tr> <tr><td>Q3 2023</td><td>100</td></tr> <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> </tbody> </table>	Quarter	Percentage	Q1 2023	96	Q2 2023	100	Q3 2023	100	Q4 2023	100	Q1 2024	100	Q2 2024	100	Q3 2024	100	Q4 2024	100	100%	100%	<ul style="list-style-type: none"> Decisions are consistently completed in 30 days or less.
Quarter	Percentage																					
Q1 2023	96																					
Q2 2023	100																					
Q3 2023	100																					
Q4 2023	100																					
Q1 2024	100																					
Q2 2024	100																					
Q3 2024	100																					
Q4 2024	100																					

Section 4 – Results Q2 Monitoring Measures

Details Update Quality Assurance Measures



Performance Measures		Actual	YTD	Comments														
↔	<p>Average cycle time between assessments for community pharmacies in highest risk category*, measured in average days</p> <table border="1"> <caption>Line Chart Data</caption> <thead> <tr> <th>Quarter</th> <th>Average Cycle Time (Days)</th> </tr> </thead> <tbody> <tr> <td>Q1 2023</td> <td>469</td> </tr> <tr> <td>Q2 2023</td> <td>522</td> </tr> <tr> <td>Q3 2023</td> <td>360</td> </tr> <tr> <td>Q4 2023</td> <td>414</td> </tr> <tr> <td>Q1 2024</td> <td>393</td> </tr> <tr> <td>Q2 2024</td> <td>384</td> </tr> </tbody> </table>	Quarter	Average Cycle Time (Days)	Q1 2023	469	Q2 2023	522	Q3 2023	360	Q4 2023	414	Q1 2024	393	Q2 2024	384	384	388	<ul style="list-style-type: none"> This measure that was introduced in 2023 as a performance measure. Reducing the cycle time between assessments allows pharmacy sites to address identified operational issues sooner than later. The last four quarters below the baseline may indicate a change; however, a few more points below the Central Line would be needed to determine if it is an actual change in performance.
Quarter	Average Cycle Time (Days)																	
Q1 2023	469																	
Q2 2023	522																	
Q3 2023	360																	
Q4 2023	414																	
Q1 2024	393																	
Q2 2024	384																	

*There are four pharmacy risk levels – the highest risk community pharmacies are conducting sterile compounding.

Section 4 – Results Q2 Monitoring Measures

Details Update Conduct Measures

Monitoring Measures		Actual	YTD	Comments																				
↔	<p>90th percentile disposal of complaints, expressed in business days.</p> <table border="1"> <caption>90th percentile disposal of complaints (Business Days)</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q2 2022</td><td>295</td></tr> <tr><td>Q3 2022</td><td>352</td></tr> <tr><td>Q4 2022</td><td>367</td></tr> <tr><td>Q1 2023</td><td>338</td></tr> <tr><td>Q2 2023</td><td>369</td></tr> <tr><td>Q3 2023</td><td>286</td></tr> <tr><td>Q4 2023</td><td>302</td></tr> <tr><td>Q1 2024</td><td>265</td></tr> <tr><td>Q2 2024</td><td>293</td></tr> </tbody> </table>	Quarter	Value	Q2 2022	295	Q3 2022	352	Q4 2022	367	Q1 2023	338	Q2 2023	369	Q3 2023	286	Q4 2023	302	Q1 2024	265	Q2 2024	293	293	289	<ul style="list-style-type: none"> Illustrates the maximum length of time in which 9 out of 10 formal complaints are being disposed of by the College. The last four quarters below the baseline may indicate a change; however, a few more points below the Central Line would be needed to determine if it is an actual change in performance.
Quarter	Value																							
Q2 2022	295																							
Q3 2022	352																							
Q4 2022	367																							
Q1 2023	338																							
Q2 2023	369																							
Q3 2023	286																							
Q4 2023	302																							
Q1 2024	265																							
Q2 2024	293																							
↔	<p>90th percentile disposal of a Registrar's Investigation in business days.</p> <table border="1"> <caption>90th percentile disposal of Registrar's Investigations (Business Days)</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q2 2022</td><td>384</td></tr> <tr><td>Q3 2022</td><td>312</td></tr> <tr><td>Q4 2022</td><td>405</td></tr> <tr><td>Q1 2023</td><td>469</td></tr> <tr><td>Q2 2023</td><td>423</td></tr> <tr><td>Q3 2023</td><td>423</td></tr> <tr><td>Q4 2023</td><td>430</td></tr> <tr><td>Q1 2024</td><td>630</td></tr> <tr><td>Q2 2024</td><td>525</td></tr> </tbody> </table>	Quarter	Value	Q2 2022	384	Q3 2022	312	Q4 2022	405	Q1 2023	469	Q2 2023	423	Q3 2023	423	Q4 2023	430	Q1 2024	630	Q2 2024	525	525	610	<ul style="list-style-type: none"> Illustrates the maximum length of time in which 9 out of 10 Registrar's Investigations are being disposed of by the College. Q2 result is back within the natural process limits.
Quarter	Value																							
Q2 2022	384																							
Q3 2022	312																							
Q4 2022	405																							
Q1 2023	469																							
Q2 2023	423																							
Q3 2023	423																							
Q4 2023	430																							
Q1 2024	630																							
Q2 2024	525																							

Appendix

- Measurement Definitions
- How to Read the Graphs

Dashboard Measures: Performance



Measure	Definition	Rationale and Understanding this Measure
DOMAIN: STRATEGIC PRIORITIES		
% of 2024 strategic goals on track	<ul style="list-style-type: none"> The number of 2024 goals to advance the 2024-2028 strategic plan (strategic goals) that are “on track” divided by the total number of 2024 strategic goals multiplied by 100. 	<ul style="list-style-type: none"> Demonstrates the College's progress towards achieving the 2024 goals that will advance the College's 2024-2028 strategic plan.
% of 2024 operational goals on track	<ul style="list-style-type: none"> The number of 2024 operational goals that are “on track” divided by the total number of 2024 operational goals multiplied by 100. 	<ul style="list-style-type: none"> Demonstrates the College’s progress toward achieving its 2024 operational priorities related to College operations (the College’s ongoing regulatory and operational functions).
DOMAIN: ORGANIZATIONAL CAPACITY (PEOPLE & CULTURE)		
Average rating of staff likely to recommend the College to a qualified friend or family member as a great place to work	<ul style="list-style-type: none"> Monthly staff survey question: “How likely would you be to recommend this organization to a qualified friend or family member as a great place to work?” on scale from 1 (not likely) to 10 (very likely). The average rating is calculated by the sum of all ratings divided by the number of staff who responded. 	<ul style="list-style-type: none"> Provides a quick snapshot of how staff feel about their experience working at the College and their level of engagement. This is critical as highly engaged employees are more productive and loyal, reducing the risk of voluntary turnover.

Dashboard Measures: Performance *(Cont'd)*



Measure	Definition	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY (PEOPLE & CULTURE)		
Average rating of staff that feels OCP supports them in having the right skills to be successful in their current role	<ul style="list-style-type: none"> • Monthly staff survey question: “OCP is supporting me in having the right skills to succeed in my current role” on a scale from 1 (strongly disagree) to 7 (strongly agree). • The average rating is calculated by the sum of all ratings divided by the number of staff who responded. 	<ul style="list-style-type: none"> • Ensuring staff have the right skills to be successful in their current job will help them to be more effective and efficient. Furthermore, a culture that is known to promote staff learning and development helps improve employee engagement and retention. To that end, staff development continues to be a priority for 2024.
% 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 experience discrimination, bullying or harassment and whether a staff 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"> • The College performed exceptionally well on this measure in 2023 (88%). As ‘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 2024 related to inclusion as needed to maintain its performance on this measure. • Reporting on this measure 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)*



Measure	Definition	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY (PEOPLE & CULTURE)		
% of staff engagement (culture)	<ul style="list-style-type: none"> Staff survey score that is based on a range of 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"> Like ‘inclusion,’ ‘culture’ is critical to overall engagement. The College improved significantly its performance on this measure (78% in 2023 vs. 64% in 2022). Recognizing its importance, the College aims to maintain last year’s performance, with improvements being made on an as-needed basis identified through the engagement surveys or recommendations from the College’s internal Culture Advisory group. Reporting on this measure will demonstrate the impact of the College’s activities in maintaining its performance on this measure.
Voluntary staff turnover rate	<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"> 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. Reporting on this measure will demonstrate the College’s success in preventing high voluntary staff turnover. Planned activities for 2024 that may positively impact retention include an organization-wide job evaluation and salary review, the College’s ongoing efforts to ensure an inclusive and healthy workplace culture and continue investing in staff training and development.

Dashboard Measures: Performance (Cont'd)



Measure	Definition	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY (FINANCE)		
% of variance of annual operating budget to year end actuals	<ul style="list-style-type: none"> The total actual operating expenditures for the year divided by the total budgeted operating expenditures, multiplied by 100. 	<ul style="list-style-type: none"> Compares the College's actual performance to budget, illuminating the accuracy of budget planning to revenue and cost. For example, if the annual spend was 95% of budget, the % of variance reported would be -5%. This would indicate the College under spent. A significant underspend may be a signal that the College is delayed in achieving its goals or has not benefited fully from the resources available, potentially resulting in poorer outcomes. Overspending could indicate a lack of prudence in seeking out cost-effective options.
DOMAIN: ORGANIZATIONAL CAPACITY (TECHNOLOGY)		
% of up-time of business-critical information systems	<ul style="list-style-type: none"> Shows 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.
% click rate of phishing campaigns	<ul style="list-style-type: none"> Shows the percentage of staff who clicked on a simulated phishing link or attack. 	<ul style="list-style-type: none"> Employees can pose the biggest cyber security risk due to opening malicious emails. This measure indicates the College's level of vulnerability to phishing attempts and the effectiveness of activities surrounding awareness training and cyber security risk prevention.

Dashboard Measures: Performance *(Cont'd)*



Measure	Definition	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY (COMPLIANCE)		
% of CPMF Standards fully met	<ul style="list-style-type: none"> Is calculated by number of Standards 'met' divided by the total number of Standards (for which Colleges must state whether it has either 'met,' 'partially met,' or 'not met,' the respective Standard) multiplied by 100. A Standard is met when the College meets all the requirements associated with a Standard. 	<ul style="list-style-type: none"> The CPMF is a self-assessment tool required annually by the Ministry of Health. It measures college performance against a set of standards which set expectations for performance by 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 execute its mandate effectively now and in the future.
DOMAIN: ORGANIZATIONAL CAPACITY (GOVERNANCE)		
% of Board Directors voluntarily contributing at each Board meeting	<ul style="list-style-type: none"> At the meeting, staff tracks whether Board Directors actively participate in the meeting. 	<ul style="list-style-type: none"> The purpose of this measure is to ensure that the OCP Board is creating an environment that encourages equal participation by all. It measures the % of Board Directors providing input without being called upon individually during Board meetings.
% of Board Directors report receiving appropriate information to exercise oversight role	<ul style="list-style-type: none"> The data for this measure comes from the Board Meeting Evaluation that is being conducted after each meeting. It includes the question: "Were the materials appropriate to exercise your oversight role?" 	<ul style="list-style-type: none"> Knowing the % of Board Directors indicating that the meeting materials are appropriate to exercise their oversight role is critical to ensure that OCP Board Directors receive the information they need to effectively execute their oversight role and make informed decisions in accordance with the College's values and regulatory principles.

Dashboard Measures: Performance *(Cont'd)*



Measure	Definition	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY (GOVERNANCE)		
<p>% of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel, when asked</p>	<ul style="list-style-type: none"> College staff canvasses Board Director availability to sit on hearings. 	<ul style="list-style-type: none"> This indicator measures the % of Board Directors indicating their availability to sit on a DC hearing panel on all dates scheduled for the hearing.

Dashboard Measures: Monitoring



Measure	Definition	Rationale and Understanding this Measure
DOMAIN: REGULATORY COMPETENCE (REGISTRATION)		
% of Registrar decisions made within 30 days after receiving the completed 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		
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.

Dashboard Measures: Monitoring



Measure	Definition	Rationale and Understanding this Measure
DOMAIN: REGULATORY COMPETENCE (CONDUCT)		
90th percentile disposal of complaints, expressed in business days.	<ul style="list-style-type: none"> In business days, the time the College takes to process 90 percent of disposed complaints. Exclusions from this measure are all concerns that a Panel of the ICRC determines are frivolous and vexatious in nature; complaints withdrawn by the Registrar at the request of a complainant; all health-related inquiries; and all formal complaints. 	<ul style="list-style-type: none"> Provides information about the time it takes the College to dispose of 9 out of 10 complaints/Registrar investigations.* The time it takes the College to dispose of a complaint/Registrar's investigation may impact public trust in the College's ability to ensure they receive safe, competent and ethical care. It may also provide the College with information about patient risk exposure, our business processes and resources.
90th percentile disposal of a Registrar's Investigation in business days.	<ul style="list-style-type: none"> In business days, the time the College takes to process 90 percent of disposed Registrar's Investigations Exclusions from this measure are appeals to the Divisional Court, and active uncontested Discipline Committee hearings in which the panel has not yet issued its written decision and reasons. 	

*

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.

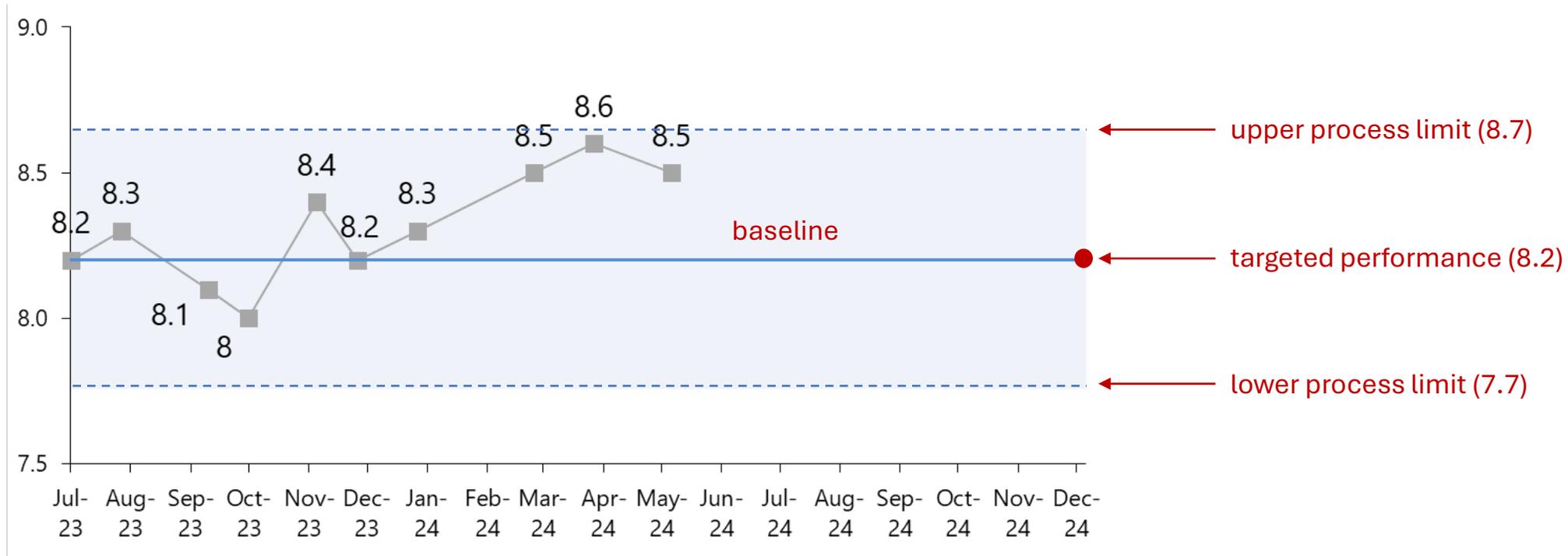
Registrar Investigation: The Registrar can appoint an investigator if there are reasonable and probable grounds to believe that a registrant has committed an act of professional misconduct or is incompetent (upon approval from the Investigations, Complaints, and Reports Committee).

Dashboard Measures: Monitoring (Cont'd)



Measure	Definition	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY (FINANCE)		
% of Reserve fund balance to required reserve amount per College's Reserve Policy	<ul style="list-style-type: none"> This indicator shows the % balance of funds available out of the amount of funds on hand. Policy states that the College should have four months of operating expense in reserve. 	This measure will inform the Board of the degree to which the College meets the required reserve amounts (four months of operating expenses). It is one measure of financial health and stability.

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 process limits define the routine or normal variation for the performance measure.

BOARD BRIEFING NOTE

MEETING DATE: September 15-16, 2024

FOR INFORMATION

From: Susan James, Director, Registration and Quality

Topic: Status of work related to Strategic Goal #1

Issue/Description: The Board will be updated on the status of work related to Strategic Goal #1 with respect to activities completed since the July 8, 2024 Board meeting.

Public interest rationale: Workplace practices that interfere with pharmacy professionals' ability to meet the standards of practice and/or create a work environment that has a negative impact on their well-being puts patient care at risk. Having confirmed the presence of such workplace practices, the College has an obligation to act and make sure safe, quality care comes first over business interests.

Strategic alignment, regulatory processes, and actions: The work associated with addressing corporate pressures and other business practices that impact the well-being of pharmacy professionals or their ability to provide quality care is directly aligned with the College's 2024 – 2028 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.

Zero tolerance statements established by the Board:

- *OCP has zero tolerance for business practices that compromise the ability of pharmacists and pharmacy technicians to deliver safe and effective care to their patients.*
- *Closed PPNs (and other payer-directed care models) pose potential risk of harm to patients, contravene established ethical principles guiding the profession and conflict with standards of quality patient care. As Ontario's pharmacy regulator, OCP has zero tolerance for any payment or reimbursement models involving pharmacies and pharmacy professionals that put patients at risk, disregard patient autonomy, or that get in the way of a pharmacy professional's duty to put patient interests first.*

Background:

- At the July 8th 2024 Board meeting, a [feasibility report](#) of actions identified to address corporate pressures was shared with the Board, along with [a summary chart](#) (see page 179) outlining the status of work on this issue following the March 2024 Board meeting.
- The work associated with this strategic goal has been categorized into four areas for reporting and tracking purposes: Regulatory Programs, Data Collection and Public Reporting, Legislation and Regulation Changes and Engagement and Outreach. Progress on the initiatives undertaken in each of these categories is reported below.
- The College has committed to publication of regular progress updates on the work associated with Strategic Goal #1, including Board reports at regularly scheduled meetings. Reporting to registrants and system partners will occur through routine College communication tools and future town halls. Project management reporting tools, including performance metrics showcasing results and the impact of defined interventions are in the early stages of development and will be included in progress reports in the future.

Analysis:

Regulatory Programs

Enforcement

- Since March 2024 when the Board established our zero-tolerance position, 40 files that are potentially related to corporate pressure have proceeded to investigations. This represents a significant increase compared to the approximately 20 files of this nature opened between January 2023 to March 2024. Of these more recent 40 files, 26 are MedsCheck related, 12 are related to closed PPNs and two are related to dispensing errors where understaffing might have been a contributing factor.
- Most of these recent files are still being investigated. Of the 40, 16 files are in the later stages of investigation and 23 files are in the early stages of investigation. One file has a decision of take no action.
- In addition, Registrar’s investigations have been initiated for another 12 files.

Operational and Practice Assessments

- Initial project charters have been drafted for the following projects:
 - Operational Assessment Criteria: Review assessment criteria and weighting, set expectations and assessment approach to support our zero-tolerance position
 - Risk-based Selection for Zero Tolerance - Operational Assessments and Practice Assessments: Change assessment model to risk-based approach, and reflect the zero tolerance position in our risk model
- These projects have several dependencies, such as team capacity and research input, that may interfere with proposed timelines.

Data Collection and Public Reporting

- The College is moving forward on planning for data collection. At a minimum, a survey similar to the original workplace practices survey in March 2024 and a survey focusing on pharmacy professional well-being will be conducted in 2025. As part of this work, the College will be exploring the best methods for data collection and connecting with other pharmacy regulatory authorities to determine if there are opportunities for collaboration.

Policy

- Research, including environmental scans, has been initiated in a number of areas including ownership models, staffing ratios, clinic requirements and conflict of interest. This background research will lead to evidence-based recommendations for further regulatory options or activities for the Board to consider.
- With respect to closed preferred provider networks (PPNs), an Evidence Brief has been completed summarizing what is known about risk of patient harm by closed PPNs. A Regulatory Options paper on this topic will be brought to the Board in December.

Legislation and Regulation

- It is anticipated that the policy work noted above will lead to active work on potential specific legislation and regulation changes.

Engagement and Outreach

- The corporate pressures hotline has been in place since mid-June 2024. About 60 calls and emails have been received. Most of the callers have provided specific examples of corporate pressures experienced along with concerns regarding patient care and professional well-being. A few have focused on closed PPNs, unethical practices, and calls for billing numbers for pharmacists. Some of the information received to date is already informing investigation activity. Additionally, a new anonymous online reporting form launched earlier in August has yielded an additional 20 submissions from registrants; however, the analysis of this information has not yet been completed.
- The College also conducted a series of virtual town halls to provide an update to registrants on our progress to date. These town halls attracted more than 300 total participants and yielded a number of new insights to

support our work. The meetings also provided an opportunity for registrants to ask College leadership questions about our progress; a consolidated Q&A resource is being compiled based on the questions received during the town halls and will be posted online imminently. In the meantime, links to recordings of the town hall meetings can be found on our website.

- Finally, we continue to engage media on all matters related to corporate pressures including our position and subsequent work related to closed PPNs and we will continue to look for ways to proactively share relevant and timely updates on our progress.

Next Steps:

- Work on Strategic Goal #1 will proceed as noted in the operational plan priorities for 2025. As noted above, development of project management and results-based reporting tools are in progress and will be shared with the Board at a future meeting.

FOR DECISION

From: Sara Ingram, Governance Committee Chair

Topic: 2024-2025 Executive Committee Election

Background: The governance framework incorporates the principle of competency-based appointment and/or election. All actions taken by the Board, or the Executive Committee on their behalf, are conducted transparently and subsequently reported publicly. Given the important function of the Executive Committee noted below, having a qualified Director to serve on the committee with the background and experience to support good decisions is vital to the health of the College.

Issues/Description: In accordance with [Article 9.2.1 of the OCP By-laws](#), the Executive Committee shall be composed of 5 members, the Chair and the Vice-Chair, and three (3) additional Directors, such that at least two (2) Directors are Elected Directors and at least two (2) Directors are Public Directors.

Per Section 12 of the [Health Professions Procedural Code](#) the Executive Committee may exercise the powers of the Board:

- 12 (1) Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.
- (2) If the Executive Committee exercises the power of the Council under subsection (1), it shall report on its actions to the Council at the Council's next meeting. 1991, c. 18, Sched. 2, s. 12.

Decision: Following the annual Board elections, all Directors were asked to indicate their interest in serving on the Executive Committee. If so, they were asked to provide a statement outlining their qualifications.

Analysis: The names of individuals who expressed interest in serving on the Executive Committee, along with their statement and qualifications, were reviewed by the Governance Committee.

The following individuals are willing to serve as Chair:

Chair: Connie Beck
Doug Brown
Sara Ingram

Vice-Chair: Jennifer Antunes
Connie Beck
Doug Brown
JP Eskander

The following individuals are willing to serve and have been assessed by the Governance Committee to be qualified to serve on the Executive Committee:

Public Directors: Adrienne Katz
Nadirah Nazeer
Cindy Wagg
Shari Wilson

Elected Directors: Jennifer Antunes
Connie Beck
Doug Brown
Andrea Fernandes
Siva Sivapalan

In accordance with 12.1.4 of the [by-law](#), the Board shall hold an election for all Executive Committee positions.

ELECTION STATEMENT

I am seeking your support to serve as Chair of the Board of Directors for the Ontario College of Pharmacists.

I have had the privilege of serving with and mentoring many of you on our Board and welcome the opportunity to again contribute in a greater capacity to the vital work our college does for the health and well-being of Ontarians. I have acted on the Discipline (both as panel Chair and member), ICRC, Patient Relations, and Governance Committees in the 3 years I have served to date. In the first round of our most recent governance reform and revision of our by-laws, I was fortunate to play a large role with our former vice-chair David Breukelman to shape our governance in its current form.

I am currently the Acting Associate Dean of Academic Services at Lambton College. In my previous role, I also served as the Coordinator and Professor in the Pharmacy Technician Program. I have been in the pharmacy profession for over 25 years, with experience spanning community pharmacy, non-sterile compounding, and long-term care. Since 2006, I have been instrumental in setting professional standards and heavily involved in the education of pharmacy professionals; having worked at several postsecondary institutions, bringing a unique and diverse perspective to our board discussions and decisions.

I am passionate about pharmacy education and adhering to proper governance. My educational background specializes in Educational Leadership. I am currently enrolled in a Doctor of Professional Education program, specializing in Higher Education Leadership.

I currently serve on the board of NAPRA (our National Association of Pharmacy Regulators) which I believe adds a unique and important perspective to decisions affecting Ontarians. My previous board experience also includes serving on the Ontario Pharmacists Association Board of Directors, where I chaired the Governance Committee. I have also served on the board and/or committees for the Canadian Council for the Accreditation of Pharmacy Programs, HealthPartners, the University of Western Ontario, Sarnia-Lambton Children's Aid Society, and the Canadian Mental Health Association (Niagara Branch).

Over the last 12 months, I believe I have demonstrated leadership and the pertinent skills our Governance Committee required in difficult circumstances. This work I hope will be strengthened by allowing me to serve as your chair. As a dedicated pharmacy professional, I am continually striving to enhance our healthcare system and promote patient safety. Serving as Chair of the Board of Directors at the Ontario College of Pharmacists would allow me to contribute to the regulation of our profession, improve healthcare in Ontario, and help shape our collective vision of the future of pharmacy. Thank you for considering me for the privilege of serving as your Chair.

Connie Beck, M.P.Ed., B.Sc., R.Ph.T.

As a dedicated academic leader and healthcare professional, I bring over 20 years of experience in the pharmacy profession and higher education. I have held various leadership roles at Lambton College, including Acting Associate Dean and Coordinator of the Pharmacy Technician Program. My extensive board and committee experience spans provincial and national organizations, where I have led governance initiatives and contributed to the strategic direction of institutions committed to excellence in healthcare and education.



WORK EXPERIENCE

LAMBTON COLLEGE, SARNIA, ON

Acting Associate Dean, Academic Services (August 2024 – present)

Acting Associate Dean, Business and Sustainability Leadership (May 2024 – August 2024)

Acting Associate Dean, Business, Information Technology, English (August 2023 – May 2024)

Coordinator & Professor, Pharmacy Technician Program (January 2016 – August 2023)

BOARD AND COMMITTEE EXPERIENCE

NATIONAL ASSOCIATION OF PHARMACY REGULATORY AUTHORITIES (NAPRA)

Board Director (2024-present)

ONTARIO COLLEGE OF PHARMACISTS

Board Director (2022 – Present)

Discipline Committee Member (2022 – Present)

Governance Committee Member (2022 – Present)

Finance and Audit Committee Member (2023 – Present)

Council Member (2019 – 2020)

Inquiries, Complaints, and Reports Committee Member (2019 – 2020)

Discipline Committee Member (2019 – 2020)

Patient Relations Committee Member (2019 – 2020)

Governance Committee Member (2019 – 2020)

LAMBTON COLLEGE

Chair, Faculty Performance Evaluation Committee (2022 – 2023)

Co-Chair, Joint Health and Safety Committee (2022 – 2023)

Chair, College Advisory Council (2022 – 2023)

College Advisory Council Member (2021 – 2022)

Joint Health and Safety Committee Member (JOHSC) (2020 – 2023)

Pre-Health Science Pathway & Pre-Health Science Pathway to Advanced Diplomas/Degrees Committee Member (2021 – 2023)

Faculty Professional Development Committee Member (2021 – 2022)

PUBLIC COLLEGES ONTARIO PROVINCIAL COMMITTEE

Subcommittee Chair, Heads of Health Science, Pharmacy Subcommittee (2019 – 2022)

Member (2016 – 2023)

HEALTHPARTNERS

Governance Committee Member (2021 – present)

CANADIAN PHARMACY TECHNICIAN EDUCATORS ASSOCIATION

Chair, Interprofessional Education (2016 – 2019)

ONTARIO PHARMACISTS ASSOCIATION

Chair, Governance & Nominating Committee (2018/19)

Chair, Membership Committee (2015 – 2019)

Board Director (2015-2019)

UNIVERSITY OF WESTERN ONTARIO (2016 – 2018)

Society of Graduate Students Councillor

Graduate Faculty Councillor

Faculty Councillor

Member, Education Graduate Student Association

CANADIAN MENTAL HEALTH ASSOCIATION, NIAGARA BRANCH (2014 – 2016)

Chair, By-Laws Committee

Co-Chair, Fund Development Committee

Governance Committee Member

Quality Assurance Committee Member

EDUCATION

MASTER OF PROFESSIONAL EDUCATION, SPECIALIZATION IN EDUCATIONAL LEADERSHIP

University of Western Ontario, London, Ontario

BACHELOR OF SCIENCE

Brock University, St. Catharines, Ontario

DIPLOMA - PHARMACY TECHNICIAN

Niagara College, Welland, Ontario

TRAINING & DEVELOPMENT

Ontario Pharmacists Association, Media & Governance Training

Health Profession Regulators of Ontario, Discipline Training

Health Profession Regulators of Ontario, Governance Training

Ontario College of Pharmacists, Financial Literacy Training

WORKSHOPS

NAPRA – Setting National Standards for Language Proficiency Standards for Internationally Educated Pharmacists and Pharmacy Technicians

**Statement in Support of Suitability
As Chair of the Board of Directors
Ontario College of Pharmacists Board of Directors
Douglas Brown, B.Sc.Phm, R.Ph.**

Members of the Board,

I am writing to express my earnest interest in the position of Chair of the Board of Directors of the Ontario College of Pharmacists. With a deep-rooted commitment to protection of the public interest, a life-long goal of advancing patient care and a proven track record of public service and leadership, I am passionate about the opportunity to guide our organization into its next chapter of excellence and innovation.

Over the past 35 years, I have been a full-time practicing pharmacist, garnering extensive experience and insight that I believe uniquely positions me to lead as Chair. My journey through various roles has provided me with a comprehensive understanding of the intricate dynamics of our profession and the regulatory environment in which we operate.

In particular, my work on the Governance, Discipline and Finance & Audit Committees, including as the Chair of FAC, has afforded me invaluable experience in navigating the complexities of our College and its regulation of the profession. My Board experience over the last 4 years has equipped me with a robust skill set in policy development, financial oversight, and ethical adjudication—skills that are essential for a Chair who must both lead effectively and uphold the high standards of our profession.

My leadership philosophy is rooted in transparency, accountability, and collaboration, and I am dedicated to fostering an environment where these principles can flourish. By uniting the Board under a common purpose, I aim to harness our collective expertise and drive forward initiatives that will benefit the public we have committed to serve and protect.

One of my core strengths is my ability to bring people together towards a shared vision. As Chair, I would prioritize open communication and inclusivity, ensuring that every voice is heard and valued. My goal is to create a cohesive board that is empowered to make informed decisions in the protection of the public, champion the advancement of patient care and ensure the Ontario College of Pharmacists is a leader in the health regulatory space.

I am truly excited about the prospect of leading the Ontario College of Pharmacists as Chair and am confident that my experience, dedication, and collaborative approach will contribute to the continued success and growth of our organization. I would be honored to have your support and look forward to the opportunity to discuss how we can work together to achieve our shared goals.

Thank you for considering my candidacy.

Sincerely,

Douglas J. Brown, R.Ph.

Bio: Douglas Brown, B.Sc. Phm., R.Ph.

Raised in Bowmanville, Ontario, Douglas received his degree in Pharmacy from the Leslie Dan Faculty of Pharmacy, University of Toronto in 1989 and completed his internship at Sunnybrook Health Sciences Centre. He finished his formal training then continued employment as a staff pharmacist with SHSC and in 1990, he took a pharmacy manager position with an independent Community Pharmacy in Chelmsford, Ontario. After joining the Big V Pharmacies Group in London, Ontario in 1991, he discovered his passion for Community Pharmacy and moved to Port Perry in 1994. Following the purchase of Big V by Shoppers Drug Mart, he owned 2 franchised pharmacies with Shoppers Drug Mart from 1998-2015. In 2015 he made the transition to independent practice and now is the Pharmacist/Owner at Pharmacy Associates of Port Perry where he continues to provide excellence in care to his patient and his community.

He has spent over 34 years as a community pharmacist, however he has also been involved with educating young health professionals. He has acted as a Teaching Assistant with the Lesley Dan Faculty of Pharmacy, University of Toronto, an Adjunct Clinical Assistant Professor and Clinical Coordinator for the University of Waterloo School of Pharmacy and developing Inter-professional Medical Education with the Rural Family Practice program of the Department of Family Medicine, University of Toronto. He has also worked closely with physicians and other health professionals on various projects, including the PAACT project and Pharmacist-Physician Collaboration with Dr. John Stewart.

In his current role as a pharmacist within the Port Perry and surrounding community, he has worked to develop a unique and patient-focused practice with specialties in Long Term Care and Geriatric Pharmacy, Diabetes, Palliative Care and is a Travel Medicine specialist at his co-located clinic, Travel Health Associates.

Douglas loves to get involved and works with various groups to help improve the community at large. He is well known for his role for supporting local healthcare through his involvement with the Lake Ridge Health Port Perry Hospital Foundation (Past Chair and Board Member for 2 decades) and as a member of Community Living Durham North's Rights Committee, providing support and oversight for intellectually challenged adults. In 2020, he was elected to the Board of Directors of the Ontario College of Pharmacists where he contributes to the oversight of the organization and serves on the Discipline and Finance & Audit Committees and currently Chairs the FAC.

In recognition of his contributions to the profession and patient care, he was honoured with the Ontario Pharmacists' Association 2010 Mortar & Pestle Award, OPA's 2015 Mentorship Award and was Ontario's 2017 Pharmacist of the Year.

Dear Governance Committee and OCP Board of Directors,

I am requesting your support to serve as Chair of the Board for the upcoming year. Since joining the Board of Directors at the Ontario College of Pharmacists in 2020, I have been privileged to sit on this Board, and have contributed as Vice Chair for the past 2 years. After 15 years in a clinical and teaching pharmacist role with a mandate for effective patient care and public safety, I am now an actively contributing member at the regulatory table as an Elected Director. As part of that trajectory, I am the Governance Chair, and currently sit on the Executive, Discipline, Screening and previously on Finance and Audit Committees. It has been an honour to serve with you on the Board and Committees, working with the CEO Registrar, and the entire OCP team to ensure the successful alignment and implementation of the strategic plan. As a Director, I trust I have continued to inspire your confidence as an Executive Committee member in my ability to serve the Board and its public safety mandates and am requesting your support to move into the Chair role for the upcoming term.

As an ever-changing group of Directors, many of you know me, but I wanted to take this opportunity to tell you a little more about myself. My pharmacy background is relatively varied and allowed me to experience many different facets of healthcare: first as a hospital pharmacy technician, then pharmacist with more than 15 years in clinical hospital practice. Ensuring the patient receives the best possible care and public safety are key tenants that have shaped much of my pharmacy career. Once a need is identified, I seek practical solutions to improve efficiencies and communication. My years in the Emergency Department have honed my triage skills when faced with challenging situations, to work effectively and collaboratively to achieve positive outcomes.

Through my experiences, I have honed a wealth of skills and competencies: caring for diverse patient populations, working with medical teams, hospital pharmacists and technicians, liaising with community pharmacies, public health and integrating with various levels of administration. In complement to my clinical practice, teaching and mentoring in professional programs have been an integral part of my role. I have lectured and coordinated seminar groups at the University of Toronto Faculty of Pharmacy over much of that time, and now as an Assistant Professor, I work as a Clinical Coordinator for the Experiential Program.

With teaching and learning being so intrinsically linked, I strive to be a lifelong learner. The completion of my Excellence in Executive Leadership certificate at the Rotman School of Management in 2021, has been invaluable piece in my development as a professional, leader, and Director. With a focus on governance, risk management and oversight, the knowledge and skills I acquired through the program in addition to my pharmacy background, have been integral to my ability to contribute meaningfully to the Board. Through the past few years, my understanding of the oversight, core functioning and organization of the College and Board has been strengthened. I am confident with my unique perspective, valuable skill set, and 2 years experience as Vice Chair, I can successfully take the next step to serve the Board as Chair.

Thank you for your consideration. With your support, I hope to serve in this role to help ensure the trust in the profession of pharmacy and the safety of the public is maintained.

Kind regards,

Sara Ingram, BA, MSc, BSc Pharm, ACPR

Sara Ingram

www.linkedin.com/in/sara-ingram

LEADERSHIP PROFILE

Established leader and healthcare professional with expertise in clinical pharmacy, teaching, organizational oversight, Canadian healthcare regulation and leading clinical and operational change with a practical approach to problem solving. Respected educator and mentor, with experience working as part of a dynamic multidisciplinary team, in hospital, academic and regulatory settings. Demonstrated experience coordinating groups of healthcare professionals and students to enhance learning and achieve established objectives. Motivated by problem solving and learning, engaging healthcare groups and stakeholders with a focus on improved outcomes, risk management and public safety.

EMPLOYMENT

Vice Chair **Sept 2022-present**

Governance Committee Chair **Sept 2023-present**

Elected Director **Nov 2020-present**

Ontario College of Pharmacists (OCP) Board of Directors

- Vice Chair of the Board Sept 2022-present
- Elected Board Member responsible for oversight, strategic planning and policy-making for the OCP
- Committees: Executive (Vice Chair), Finance and Audit, Governance (Chair), Screening, Discipline
- Working both remotely and in person

Clinical Coordinator- Advanced Pharmacy Practice Experience (APPE)

Assistant Professor- Teaching Stream **Aug 2020-present**

Leslie Dan Faculty of Pharmacy, University of Toronto

- Faculty liaison and coordination of APPE institutional rotations for PharmD & PharmD for Pharmacist students and pharmacist preceptors as part of the Office of Experiential Education
- Coaching, remedial support and crisis management
- Reports to the Academic Lead, Experiential Education
- Member: Faculty Board of Examiners, TAHSN Education Committee & Preceptor Advisory Group
- Working remotely/in person as per COVID restrictions

Pharmacist Consultant **April 2020-March 2024**

Various locations

- Injection & Minor Ailments certified.
- Casual availability to assist with vaccination clinics, RAT, medication histories & practice consultation

Small Group Seminar Course Coordinator (Asthma/COPD)

Adjunct Lecturer Status **July 2011-July 2020**

Leslie Dan Faculty of Pharmacy, University of Toronto

- Delivery of clinical course for ~240 pharmacy students annually
- Annual recruitment, training and development of clinical pharmacist and resident instructors (CI), budget management/payroll hours, oversight of marking, student petitions and feedback.
- Creation and dissemination of teaching materials via online shared portal, delegation of tasks

Clinical Hospital Pharmacist, Emergency Medicine**March 2008–2020*****University Health Network, Toronto General***

- Sole charge pharmacist in a high-volume advanced practice area, triaging and responding to complex and acutely ill patient care needs, supporting critical care.
- Active member of ED Leadership committee, Code Orange team, ED Quality Committee.
- Frontline management of ED Provincial Antidote Sharing Depot
- Review and debrief of all Medication Incidents and Critical Incidents in the ED
- Champion for hospital wide implementation of Medication Reconciliation at Admission.
- Author of the international resource: Best Possible Medication History Interview Guide

Pharmacist**2007*****Shoppers Drug Mart, Toronto, ON***

Identifying and resolving drug related issues, medication counseling & dispensing

Clinical Hospital Pharmacist, Multi-Organ Transplant**2005-2008*****University Health Network, Toronto General***

Managing solid organ transplant patients' drug-related needs, patient teaching.

Relief Retail Pharmacist/Supervisor**2005*****Rexall Drugs, Whistler, BC***

Supervision of pharmacy & front store, identifying and resolving drug related issues, medication counseling & dispensing

Hospital Pharmacy Resident (see Education)**2004-2005*****Vancouver Coastal Health, Vancouver General Hospital*****Inpatient Pharmacy Technician****2001-2004*****Vancouver Coastal Health, Vancouver General Hospital***

Inpatient dispensary, sterile preparation of IV admixtures (standard and cytotoxic), unit dosing medications, working with Omnicell automated dispensing cabinets

EDUCATION

-
- ***Rotman School of Management, University of Toronto***, Excellence in Executive Leadership Certificate, completed December 2020. Focus: Leadership, Negotiations, Risk Management
 - ***ACPR (Pharmacy Hospital Residency)*** Vancouver General Hospital, Vancouver, BC 2004-05
 - ***B.Sc. Pharmacy*** University of British Columbia (UBC), 2004
 - ***M.Sc. Psychiatry*** McGill University, 1999
 - ***B.A. Psychology*** McGill University 1997

CONTINUING PROFESSIONAL DEVELOPMENT, SERVICE AND CERTIFICATIONS

- **Registered Pharmacist of Ontario**, Part A, 2005-present
- **Ontario College of Pharmacists: The Facilitative Chair Workshop**, June 2024
- **BPMH Roundtable Group ISMP**, January 2024
- **Toronto Initiative for Diversity & Excellence: Unconscious Bias Workshop (U of T)**, Oct 2024
- **HPRO Unconscious Bias Training in the Regulation of Healthcare Professions (EDI)**, Spring 2023
- **Humber College Real Estate Education Program, Pre-registration Phase** Spring 2023-present
- **Public Facilitative Chair Training Course, Facilitation First Inc**, January 2023
- **Trauma-Informed Approaches in Regulation Workshop**, Nov 2023
- **VITAL Program (Virtual Interprofessional Teaching and Learning)**, Fall 2022
- **Immunizations and Injections Training for Pharmacists, Pharmachieve**, April 2021
- **Standard First Aid and CPR/AED Level C**, May 2021
- **Equity, Diversity, Inclusion and Belonging (EDI-B) Health Regulatory Sector Focus Group** July 2021
- **HPRO Governance Training for RHPA Colleges**, December 2020.
- **Rotman School of Management, University of Toronto**, Leadership Development for Early Career Women (Athena Program) October 2019
- **Emergency Department Provincial Antidote Depot Management**, 2008-2020
- **Emergency Department Leadership Committee** 2016-2020
- **Nursing Dispensing in the ED** Working Group, 2018
- **QIP-EMITT discharge summary electronic tool** Working Group, UHN, 2016-2018
- **Quality Committee**, UHN Emergency Department, 2012-2020
- **Code Orange UHN planning**, ED Pharmacist representative, 2010-2020
- **Pharmacist Reference Group & Clinician Reference Group**: Canada Health Infoway 2009-2016

PUBLICATIONS AND RESEARCH ACTIVITIES

1) Author of multiple articles and research posters:

<https://drive.google.com/file/d/1KISTT49Ios06QHUQldUZmS-VvqJvBuh0/view?usp=sharing>

2) Presentations: Invited Speaker at Multiple National and International presentations, including: American Association of Pharmacy Technicians AGM, University Health Network Emergency Medicine Conference, and CSHP AGM Conference, Safer Healthcare Now!/WHO panelist.

LANGUAGES

- **English**: written/spoken
- **French**: conversational fluency spoken, working level written

VOLUNTEER ACTIVITIES

- Executive member, SAC Parent Council 2019-present

AWARDS/PRIZES

- Wightman-Berris Academy, Excellence in Individual Teaching Award Nominee 2019
- Wightman-Berris Academy, Excellence in Individual Teaching Award 2009
- Wyeth Award for Excellence in Pharmacy 2004
- Golden Key Honours Society Member (UBC) 2004-present

Dear fellow board directors,

I would like to express my interest for the following positions:

- Discipline committee chair
- Vice Chair of the Board
- Member of the Executive Committee - if I am not voted for Vice Chair
- Member of the Governance Committee - if Connie is no longer a member (there can only be 1 pharmacy technician appointed to governance at once)
- Member of the Finance and Audit Committee - if I am not appointed to the governance committee

Since 2014, I have been an active member of the discipline committee. Since joining the discipline committee, I have been appointed to multiple panels, including both contested and uncontested hearings. In addition to hearings, I have also been appointed to motions, and reinstatement hearings. During my time on discipline, I have drafted multiple decisions for panel review, which emphasizes my understanding of the law. In addition, I currently chair the Pharmacy Technician Program Advisory Committee at Humber College.

Currently, I am a registered pharmacy technician, working at Sunnybrook Hospital. In my position, I manage the drug budget for the nephrology program, as well as assist with the drug budget for the hospital in its entirety. Continuing in my role as a frontline pharmacy professional, I am able to recognize that gaps that continue to put the public at risk.

Given my experience in these roles, I believe I am a good candidate for the roles listed above.

Thank you for your consideration.
Jennifer Antunes

JENNIFER ANTUNES

Sunnybrook Health Sciences Center, Nephrology, Toronto, ON. 2017-Present

Registered Pharmacy Technician

- Assist in completion of accurate medication reconciliations for clinic and dialysis patients
- Enroll patients in Ministry of Health funding for erythropoietin injections.
- Dispense erythropoietin injections to patients registered in the nephrology program.
- Assist in exceptional access coverage and private insurance coverage for Nephrology patients.
- Liaise between the patients, the outpatient pharmacy and the inpatient pharmacy to ensure continuous medication therapy.

Sunnybrook Health Sciences Center, Pharmacy Stores, Toronto, ON 2014-Present

Registered Pharmacy Technician

- Ensure proper stock levels are maintained on all floors with narcotics and regular floor stocked items
- Maintain ward stock levels on acute care wards
- Place and receive orders through wholesalers and direct from manufacturer
- Ensure proper filing of all paper work including all narcotic registers

Ontario College of Pharmacists, Toronto, ON

Board of Directors, Elected Director – Pharmacy Technician

2022-Present

Discipline Committee, Professional Committee Appointee

2015-2022

Discipline Committee, Elected Member

2022-Present

Etobicoke General Hospital, Toronto, ON

2023-Present

Registered Pharmacy Technician

Ministry of the Solicitor General, Toronto South Detention Center, Toronto

2023-present

Registered Pharmacy Technician

Humber River Hospital, COVAX Clinic, Toronto, ON

2021- 2022

Registered Pharmacy Technician

Medavie Health Services, GoVAX Mobile Clinic, ON

2022-2023

Registered Pharmacy Technician

Humber College Institute of Technology and Advanced Learning, Toronto, ON

Chair, Pharmacy Technician Advisory Committee

2022-present

Representative, Pharmacy Technician Advisory Committee

2016 – 2022

Teaching Assistant - Pharmacy Technician Program

2021

Wellcare Union Medical Pharmacy, Toronto, ON

2009-present

Registered Pharmacy Technician

- Perform independent double check on final prescription items before releasing to patients
- Prepare, setup, and double check blister packaging for patients who request blister pack
- Enter and fill prescriptions as stated by written or verbal prescriptions
- Compound products extemporaneous or oral products for patient specific use
- Receive verbal prescriptions from doctors, nurses, and secretaries
- Send and receive prescription transfers as requested by patients and pharmacies

Humber Institute of Technology and Advanced Learning, Toronto, ON <i>Regulated Pharmacy Technician Diploma Program</i>	2010
Loretto Abbey Catholic Secondary School, Toronto, ON <i>Grade 12 Diploma attained</i>	2008

Related Certifications, Qualifications, and Professional Accomplishments

Health Canada Division 5 – Drugs for Clinical Trials Involving Human Studies <i>Sunnybrook Health Sciences Centre, Toronto</i>	2021
Canada Good Clinical Practices (GCP) <i>Sunnybrook Health Sciences Centre, Toronto</i>	2021
John Iazetta Award <i>Sunnybrook Health Sciences Centre, Toronto</i>	
Injection and immunization certified <i>PharmAchieve, Toronto</i>	2021
Structured Practical Trainer for pharmacy technician applicants certified <i>Ontario College of Pharmacists, Toronto</i>	2015
Registered Pharmacy Technician <i>Ontario College of Pharmacists, Toronto</i>	2014
Registrant of the Pharmacy Examination Board of Canada – [Pharmacy Technician] <i>PEBC, Toronto</i>	
Jurisprudence exam <i>Ontario College of Pharmacists, Toronto</i>	
Certificate of participation in interprofessional education <i>Humber Institute of Technology and Advanced Learning, Toronto, ON</i>	

Publications

Pediatric Medication Errors in the Community: A Multi-Incident Analysis <i>Institute of Safe Medication Practices (ISMP), Toronto</i>	2022
Balancing Safety and Efficiency: Incidents Reported by Community Pharmacies Reveal Process Problems <i>Institute of Safe Medication Practices (ISMP), Toronto</i>	2021
Pharmacy Technicians During COVID-19 – An Evolving Profession <i>Ontario Respiratory Care Society, Toronto</i>	2021

ELECTION STATEMENT

I am seeking your support to serve as Chair of the Board of Directors for the Ontario College of Pharmacists.

I have had the privilege of serving with and mentoring many of you on our Board and welcome the opportunity to again contribute in a greater capacity to the vital work our college does for the health and well-being of Ontarians. I have acted on the Discipline (both as panel Chair and member), ICRC, Patient Relations, and Governance Committees in the 3 years I have served to date. In the first round of our most recent governance reform and revision of our by-laws, I was fortunate to play a large role with our former vice-chair David Breukelman to shape our governance in its current form.

I am currently the Acting Associate Dean of Academic Services at Lambton College. In my previous role, I also served as the Coordinator and Professor in the Pharmacy Technician Program. I have been in the pharmacy profession for over 25 years, with experience spanning community pharmacy, non-sterile compounding, and long-term care. Since 2006, I have been instrumental in setting professional standards and heavily involved in the education of pharmacy professionals; having worked at several postsecondary institutions, bringing a unique and diverse perspective to our board discussions and decisions.

I am passionate about pharmacy education and adhering to proper governance. My educational background specializes in Educational Leadership. I am currently enrolled in a Doctor of Professional Education program, specializing in Higher Education Leadership.

I currently serve on the board of NAPRA (our National Association of Pharmacy Regulators) which I believe adds a unique and important perspective to decisions affecting Ontarians. My previous board experience also includes serving on the Ontario Pharmacists Association Board of Directors, where I chaired the Governance Committee. I have also served on the board and/or committees for the Canadian Council for the Accreditation of Pharmacy Programs, HealthPartners, the University of Western Ontario, Sarnia-Lambton Children's Aid Society, and the Canadian Mental Health Association (Niagara Branch).

Over the last 12 months, I believe I have demonstrated leadership and the pertinent skills our Governance Committee required in difficult circumstances. This work I hope will be strengthened by allowing me to serve as your chair. As a dedicated pharmacy professional, I am continually striving to enhance our healthcare system and promote patient safety. Serving as Chair of the Board of Directors at the Ontario College of Pharmacists would allow me to contribute to the regulation of our profession, improve healthcare in Ontario, and help shape our collective vision of the future of pharmacy. Thank you for considering me for the privilege of serving as your Chair.

Connie Beck, M.P.Ed., B.Sc., R.Ph.T.

As a dedicated academic leader and healthcare professional, I bring over 20 years of experience in the pharmacy profession and higher education. I have held various leadership roles at Lambton College, including Acting Associate Dean and Coordinator of the Pharmacy Technician Program. My extensive board and committee experience spans provincial and national organizations, where I have led governance initiatives and contributed to the strategic direction of institutions committed to excellence in healthcare and education.



WORK EXPERIENCE

LAMBTON COLLEGE, SARNIA, ON

Acting Associate Dean, Academic Services (August 2024 – present)

Acting Associate Dean, Business and Sustainability Leadership (May 2024 – August 2024)

Acting Associate Dean, Business, Information Technology, English (August 2023 – May 2024)

Coordinator & Professor, Pharmacy Technician Program (January 2016 – August 2023)

BOARD AND COMMITTEE EXPERIENCE

NATIONAL ASSOCIATION OF PHARMACY REGULATORY AUTHORITIES (NAPRA)

Board Director (2024-present)

ONTARIO COLLEGE OF PHARMACISTS

Board Director (2022 – Present)

Discipline Committee Member (2022 – Present)

Governance Committee Member (2022 – Present)

Finance and Audit Committee Member (2023 – Present)

Council Member (2019 – 2020)

Inquiries, Complaints, and Reports Committee Member (2019 – 2020)

Discipline Committee Member (2019 – 2020)

Patient Relations Committee Member (2019 – 2020)

Governance Committee Member (2019 – 2020)

LAMBTON COLLEGE

Chair, Faculty Performance Evaluation Committee (2022 – 2023)

Co-Chair, Joint Health and Safety Committee (2022 – 2023)

Chair, College Advisory Council (2022 – 2023)

College Advisory Council Member (2021 – 2022)

Joint Health and Safety Committee Member (JOHSC) (2020 – 2023)

Pre-Health Science Pathway & Pre-Health Science Pathway to Advanced Diplomas/Degrees Committee Member (2021 – 2023)

Faculty Professional Development Committee Member (2021 – 2022)

PUBLIC COLLEGES ONTARIO PROVINCIAL COMMITTEE

Subcommittee Chair, Heads of Health Science, Pharmacy Subcommittee (2019 – 2022)

Member (2016 – 2023)

HEALTHPARTNERS

Governance Committee Member (2021 – present)

CANADIAN PHARMACY TECHNICIAN EDUCATORS ASSOCIATION

Chair, Interprofessional Education (2016 – 2019)

ONTARIO PHARMACISTS ASSOCIATION

Chair, Governance & Nominating Committee (2018/19)

Chair, Membership Committee (2015 – 2019)

Board Director (2015-2019)

UNIVERSITY OF WESTERN ONTARIO (2016 – 2018)

Society of Graduate Students Councillor

Graduate Faculty Councillor

Faculty Councillor

Member, Education Graduate Student Association

CANADIAN MENTAL HEALTH ASSOCIATION, NIAGARA BRANCH (2014 – 2016)

Chair, By-Laws Committee

Co-Chair, Fund Development Committee

Governance Committee Member

Quality Assurance Committee Member

EDUCATION

MASTER OF PROFESSIONAL EDUCATION, SPECIALIZATION IN EDUCATIONAL LEADERSHIP

University of Western Ontario, London, Ontario

BACHELOR OF SCIENCE

Brock University, St. Catharines, Ontario

DIPLOMA - PHARMACY TECHNICIAN

Niagara College, Welland, Ontario

TRAINING & DEVELOPMENT

Ontario Pharmacists Association, Media & Governance Training

Health Profession Regulators of Ontario, Discipline Training

Health Profession Regulators of Ontario, Governance Training

Ontario College of Pharmacists, Financial Literacy Training

WORKSHOPS

NAPRA – Setting National Standards for Language Proficiency Standards for Internationally Educated Pharmacists and Pharmacy Technicians

**Statement in Support of Suitability
As Chair of the Board of Directors
Ontario College of Pharmacists Board of Directors
Douglas Brown, B.Sc.Phm, R.Ph.**

Members of the Board,

I am writing to express my earnest interest in the position of Chair of the Board of Directors of the Ontario College of Pharmacists. With a deep-rooted commitment to protection of the public interest, a life-long goal of advancing patient care and a proven track record of public service and leadership, I am passionate about the opportunity to guide our organization into its next chapter of excellence and innovation.

Over the past 35 years, I have been a full-time practicing pharmacist, garnering extensive experience and insight that I believe uniquely positions me to lead as Chair. My journey through various roles has provided me with a comprehensive understanding of the intricate dynamics of our profession and the regulatory environment in which we operate.

In particular, my work on the Governance, Discipline and Finance & Audit Committees, including as the Chair of FAC, has afforded me invaluable experience in navigating the complexities of our College and its regulation of the profession. My Board experience over the last 4 years has equipped me with a robust skill set in policy development, financial oversight, and ethical adjudication—skills that are essential for a Chair who must both lead effectively and uphold the high standards of our profession.

My leadership philosophy is rooted in transparency, accountability, and collaboration, and I am dedicated to fostering an environment where these principles can flourish. By uniting the Board under a common purpose, I aim to harness our collective expertise and drive forward initiatives that will benefit the public we have committed to serve and protect.

One of my core strengths is my ability to bring people together towards a shared vision. As Chair, I would prioritize open communication and inclusivity, ensuring that every voice is heard and valued. My goal is to create a cohesive board that is empowered to make informed decisions in the protection of the public, champion the advancement of patient care and ensure the Ontario College of Pharmacists is a leader in the health regulatory space.

I am truly excited about the prospect of leading the Ontario College of Pharmacists as Chair and am confident that my experience, dedication, and collaborative approach will contribute to the continued success and growth of our organization. I would be honored to have your support and look forward to the opportunity to discuss how we can work together to achieve our shared goals.

Thank you for considering my candidacy.

Sincerely,

Douglas J. Brown, R.Ph.

Bio: Douglas Brown, B.Sc. Phm., R.Ph.

Raised in Bowmanville, Ontario, Douglas received his degree in Pharmacy from the Leslie Dan Faculty of Pharmacy, University of Toronto in 1989 and completed his internship at Sunnybrook Health Sciences Centre. He finished his formal training then continued employment as a staff pharmacist with SHSC and in 1990, he took a pharmacy manager position with an independent Community Pharmacy in Chelmsford, Ontario. After joining the Big V Pharmacies Group in London, Ontario in 1991, he discovered his passion for Community Pharmacy and moved to Port Perry in 1994. Following the purchase of Big V by Shoppers Drug Mart, he owned 2 franchised pharmacies with Shoppers Drug Mart from 1998-2015. In 2015 he made the transition to independent practice and now is the Pharmacist/Owner at Pharmacy Associates of Port Perry where he continues to provide excellence in care to his patient and his community.

He has spent over 34 years as a community pharmacist, however he has also been involved with educating young health professionals. He has acted as a Teaching Assistant with the Lesley Dan Faculty of Pharmacy, University of Toronto, an Adjunct Clinical Assistant Professor and Clinical Coordinator for the University of Waterloo School of Pharmacy and developing Inter-professional Medical Education with the Rural Family Practice program of the Department of Family Medicine, University of Toronto. He has also worked closely with physicians and other health professionals on various projects, including the PAACT project and Pharmacist-Physician Collaboration with Dr. John Stewart.

In his current role as a pharmacist within the Port Perry and surrounding community, he has worked to develop a unique and patient-focused practice with specialties in Long Term Care and Geriatric Pharmacy, Diabetes, Palliative Care and is a Travel Medicine specialist at his co-located clinic, Travel Health Associates.

Douglas loves to get involved and works with various groups to help improve the community at large. He is well known for his role for supporting local healthcare through his involvement with the Lake Ridge Health Port Perry Hospital Foundation (Past Chair and Board Member for 2 decades) and as a member of Community Living Durham North's Rights Committee, providing support and oversight for intellectually challenged adults. In 2020, he was elected to the Board of Directors of the Ontario College of Pharmacists where he contributes to the oversight of the organization and serves on the Discipline and Finance & Audit Committees and currently Chairs the FAC.

In recognition of his contributions to the profession and patient care, he was honoured with the Ontario Pharmacists' Association 2010 Mortar & Pestle Award, OPA's 2015 Mentorship Award and was Ontario's 2017 Pharmacist of the Year.

Jean-Pierre (JP) Eskander, M.Eng., CMA, CPA, MBA

-

Aug 19, 2024

Governance Committee

Ontario College of Pharmacists
483 Huron Street
Toronto ON, M5R 2R4

Dear Members of the Governance Committee,

I am writing to express my interest in the position of **Vice-Chair** on the Ontario College of Pharmacists Board of Directors. With extensive experience as an executive, board director, and AI/ML enthusiast, I have a proven track record in healthcare strategy, execution, and transformation. My career spans over two decades, during which I have successfully led multi-million-dollar transformation programs, developed AI-powered solutions for healthcare planning, and delivered significant value-creation services across multiple sectors.

Currently, as CEO of OPEXC Inc., I lead a boutique consulting firm focused on healthcare value creation. Our work, which includes the development of the SurgiTwin™ software, has demonstrated measurable improvements in capacity utilization and operational efficiency within healthcare centers. My experience also includes guiding strategic initiatives at the provincial level, such as reviewing Ministry of Health programs and advising on public funding models for the Ontario Hospital Association.

I am confident that my extensive background aligns with the competencies required for the Vice-Chair position. My ability to lead and engage stakeholders, coupled with a deep understanding of the College's governance and operational workings, positions me to contribute effectively to the Board's mandate. I am particularly passionate about fostering collaborative environments where strategic discussions lead to actionable outcomes that serve the public interest.

I am enthusiastic about the opportunity to contribute further to the Ontario College of Pharmacists and am committed to dedicating the necessary time and energy to this role. I look forward to the possibility of serving as Vice-Chair and helping the College navigate the complex challenges and opportunities ahead.

Thank you for considering my application. I am eager to bring my experience and vision to the Board in support of its mission.

Sincerely,



Jean-Pierre (JP) Eskander

Jean-Pierre (JP) Eskander,

M.Eng., CMA, CPA, MBA

Healthcare Value Creation Leader

A seasoned executive, board director, and AI/ML enthusiast with a proven track record in Healthcare strategy, execution, and transformation. Extensive experience in synergy capturing in healthcare program optimization across multiple providers inclusive of wait-time reduction, technology integrations, system planning, and supply chain improvement. Facilitated the development and implementation of multi-million-dollar transformation programs through value-creation services, including partnership expansion, building operational synergies, and integration initiatives. A passionate leader and coach who engages stakeholders to succeed in implementing and sustaining change. Core competencies include:

- | | | |
|-----------------------------------|------------------------|--------------------------------|
| * Digital Health Strategy | * Performance Analysis | * Change Catalyst |
| * AI Technology Development | * Risk Management | * Board and Executive Advisory |
| * Strategic Planning and Analysis | * Financial Modeling | * Solution Development |

BUSINESS EXPERIENCE

OPEXC Inc. (Sifio Health – SurgiTwin™)

2014 – Present

CEO – Healthcare Strategy and Technology Advisory

Lead boutique consulting firm focused on healthcare value creation services through the use of tested and proven analytical frameworks. The firm's problem-solving methodology is rooted in integrating environmental realities to provide transformation roadmaps. The firm solution delivery is complemented by a proven track record and expertise of partners and associates in strategic and operational functions. The firm developed AI-powered software (SurgiTwin™) to optimize healthcare planning functions.

Sample Mandates

- * Developed Enterprise software for Surgical centers to optimize the planning functions and support the efficiency of Perioperative operation. Implew Software beta version showed an improvement of 10% in capacity utilization.
- * A 6-month project to transform the Surgical Supply Chain for Shared Services West (Trillium Health Partners, Halton Health, and William Osler) with annual \$80M supplies procurement. Conducted review resulting in the development of a 3-year business transformation plan approved for multi-year funding by the Board of directors, business leaders, and the Ontario Government.
- * As part of a **Deloitte** led project, developed restructuring and integration recommendations to 10 Ontario Ministries and two agencies on capital program planning of \$200B over 10 years. Integrated process, analytics, and governance at both the Ontario Public Sector (OPS) and Broader Public Sector (BPS).

KPMG LLP CANADA

July 2012 – Feb 2014

Engagement Director – Strategy and Operation Advisory

Accountable for acquiring and leading a variety of engagements focused on value-creation services. Directed teams of 15-20 people that included client staff and consultants to develop and implement transformation initiatives to improve profitability.

- * Developed strategies for implementing the healthcare public funding model for the Ontario Hospital Association (OHA). The resulting toolkit seamlessly covered administration and clinical functions focusing on key improvements and was published to over 150 hospitals.
- * Led a six-month transformation program for the executives for an Ontario Ministry in support of critical initiatives resulting in a 50% reduction in service line lead time.
- * Implemented a capability-building strategy to support the executives and managers in executing a quality improvement program that resulted in a cost reduction of 10% to the operating budget.

#26

COMPLETE

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Time Spent: 01:09:09
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Page 1: Committee Chairs

Q1

Personal Information

First name	Jean-Pierre
Last name	Eskander

Q2

Finance and Audit Committee

I am expressing interest in being Committee Chair for the following committees:

Q3

Respondent skipped this question

Brief statement and biography

Q4

Attach file option (brief statement and biography)

JP%20Eskander%20OCP%20FC%20Application-signed.pdf (497.9KB)

Q5

an Appointed Public Board Director

I am currently:

Page 2: Board Chair and Vice Chair and Committee Appointments

Q6

Brief statement and biography for Board Chair/Vice Chair

JP%20Eskander%20OCP%20VC%20Application%20with%20resume-signed.pdf (502.8KB)

Call for Interest

Q7

As an elected Director, I am expressing interest in being appointed to the following committees:

Executive Committee,

Finance and Audit Committee,

If more than one is selected, please rank in order of preference below::

Executive (1), Finance and Audit Committee (2)

Q8

As an appointed Public Director, I am expressing interest in being appointed to the following committees:

**Accreditation Committee and Drug Preparation
Premises Committee**

MAPLE LEAF FOODS CORPORATION**June 2005 – May 2012****Head, Advanced Business Science**

Led a multi-disciplinary team of 65 in developing and implementing over \$10 M of complex transformation program reporting to Executives and Board of Directors. Implementation incorporated large redevelopment programs. The resulting project portfolio had an ROI of over 20%.

BUSINESS DEVELOPMENT BANK OF CANADA**Jan – June 2005**

A crown corporation that provides both lending and consulting services for small to mid-size Canadian businesses.

LEAN SIX SIGMA PROGRAM LEADER

Developed a consulting framework for Process Improvement initiatives that was the foundation for \$1 million in annual consulting revenue across the Bank's client base in Ontario.

CONSTRAINTS MANAGEMENT SYSTEM INC.**May 2003 – Jan 2005**

A boutique business consulting firm that supports Manufacturers & Distributors in moving beyond incremental improvements to achieve profitable exponential growth.

SENIOR MANAGEMENT CONSULTANT

Developed quality improvement programs that supported the growth of multiple small-mid sized organizations in differentiating their services and meeting customers' needs. The work is based on collaboration with Eli Goldratt – the late pioneer of the Theory of Constraints and the author of The Goal.

IVEY CONNECTS-RICHARD IVEY SCHOOL OF BUSINESS**May 2002 – April 2003**

Non-for-profit organization to support the business needs of community organizations while increasing business students' exposure to social responsibility

EXECUTIVE DIRECTOR

Leveraged seed funding to develop and direct a pro-bono consulting program to non-for-profit organizations and integrated elements of social responsibility into a business education curriculum. Improved funding and service efficiency while incorporating ethics in business school curriculums.

NOVA CHEMICALS-VARIOUS SITES**May 1996 – Aug 2001**

Refinery/Petrochemical Complex that supplies 40% of the Canadian primary petrochemicals and over 100 different polyethylene and polystyrene plastic resins

BUSINESS CONSULTANT AND PROCESS ENGINEER

Led the development and presentation of capital project business cases to executive committees and division heads. Directed technical staff on the detailed design and execution of approved projects. Developed conceptual models and led a multi-disciplinary team on 32 projects with a total asset value of \$3.7 million and an ROI of 20%

EDUCATION

Master of Business Administration – Richard Ivey School of Business, London, ON, 2003

Master of Engineering – University of Western Ontario, London, ON, 2000

Bachelor of Applied Science-Chemical Engineering – University of Toronto, Toronto, ON, 1996

PROFESSIONAL AFFILIATIONS

Licensed member of the Professional Engineers of Ontario, 1998 - 2006

Certified member of the Society of Management Accountants (CMA/CPA), 2005

Certified Lean Six Sigma Black Belt by Maple Leaf Academy, 2006

ELECTION STATEMENT

I am seeking your support to serve on the Executive Committee of the Board of Directors for the Ontario College of Pharmacists.

I have had the privilege of serving with and mentoring many of you on our Board and welcome the opportunity to continue contributing in a meaningful way to the vital work our College does for the health and well-being of Ontarians. Over the past three years, I have actively participated on various committees, including Discipline (both as panel Chair and member), ICRC, Patient Relations, and Governance. Additionally, I played a significant role, alongside our former Vice-Chair David Breukelman, in shaping our governance during the first round of our most recent governance reform and by-law revision.

Currently, I serve as the Acting Associate Dean of Academic Services at Lambton College. My professional journey in pharmacy spans over 25 years, with experience in community pharmacy, non-sterile compounding, and long-term care. Since 2006, I have been deeply involved in setting professional standards and educating future pharmacy professionals across several postsecondary institutions, bringing a unique and diverse perspective to our Board discussions and decisions.

I am passionate about pharmacy education and maintaining strong governance. My educational background is specialized in Educational Leadership, and I am currently pursuing a Doctor of Professional Education with a focus on Higher Education Leadership. My role on the Board of NAPRA (our National Association of Pharmacy Regulators) allows me to bring a national perspective to decisions that affect Ontarians. My previous board experience includes serving on the Ontario Pharmacists Association Board of Directors, where I chaired the Governance Committee. I have also served on the boards and/or committees for the Canadian Council for the Accreditation of Pharmacy Programs, HealthPartners, the University of Western Ontario, Sarnia-Lambton Children's Aid Society, and the Canadian Mental Health Association (Niagara Branch).

Over the past year, I believe I have demonstrated the leadership and skills necessary to navigate challenging circumstances within our Governance Committee. I am confident that these experiences have prepared me well to contribute effectively to the Executive Committee. As a dedicated pharmacy professional, I am continually striving to enhance our healthcare system and promote patient safety. Serving on the Executive Committee of the Ontario College of Pharmacists would allow me to further contribute to the regulation of our profession, improve healthcare in Ontario, and help shape our collective vision for the future of pharmacy.

Thank you for considering me for this important role on the Executive Committee.

Connie Beck, M.P.Ed., B.Sc., R.Ph.T.

As a dedicated academic leader and healthcare professional, I bring over 20 years of experience in the pharmacy profession and higher education. I have held various leadership roles at Lambton College, including Acting Associate Dean and Coordinator of the Pharmacy Technician Program. My extensive board and committee experience spans provincial and national organizations, where I have led governance initiatives and contributed to the strategic direction of institutions committed to excellence in healthcare and education.



WORK EXPERIENCE

LAMBTON COLLEGE, SARNIA, ON

Acting Associate Dean, Academic Services (August 2024 – present)

Acting Associate Dean, Business and Sustainability Leadership (May 2024 – August 2024)

Acting Associate Dean, Business, Information Technology, English (August 2023 – May 2024)

Coordinator & Professor, Pharmacy Technician Program (January 2016 – August 2023)

BOARD AND COMMITTEE EXPERIENCE

NATIONAL ASSOCIATION OF PHARMACY REGULATORY AUTHORITIES (NAPRA)

Board Director (2024-present)

ONTARIO COLLEGE OF PHARMACISTS

Board Director (2022 – Present)

Discipline Committee Member (2022 – Present)

Governance Committee Member (2022 – Present)

Finance and Audit Committee Member (2023 – Present)

Council Member (2019 – 2020)

Inquiries, Complaints, and Reports Committee Member (2019 – 2020)

Discipline Committee Member (2019 – 2020)

Patient Relations Committee Member (2019 – 2020)

Governance Committee Member (2019 – 2020)

LAMBTON COLLEGE

Chair, Faculty Performance Evaluation Committee (2022 – 2023)

Co-Chair, Joint Health and Safety Committee (2022 – 2023)

Chair, College Advisory Council (2022 – 2023)

College Advisory Council Member (2021 – 2022)

Joint Health and Safety Committee Member (JOHSC) (2020 – 2023)

Pre-Health Science Pathway & Pre-Health Science Pathway to Advanced Diplomas/Degrees Committee Member (2021 – 2023)

Faculty Professional Development Committee Member (2021 – 2022)

PUBLIC COLLEGES ONTARIO PROVINCIAL COMMITTEE

Subcommittee Chair, Heads of Health Science, Pharmacy Subcommittee (2019 – 2022)

Member (2016 – 2023)

HEALTHPARTNERS

Governance Committee Member (2021 – present)

CANADIAN PHARMACY TECHNICIAN EDUCATORS ASSOCIATION

Chair, Interprofessional Education (2016 – 2019)

ONTARIO PHARMACISTS ASSOCIATION

Chair, Governance & Nominating Committee (2018/19)

Chair, Membership Committee (2015 – 2019)

Board Director (2015-2019)

UNIVERSITY OF WESTERN ONTARIO (2016 – 2018)

Society of Graduate Students Councillor

Graduate Faculty Councillor

Faculty Councillor

Member, Education Graduate Student Association

CANADIAN MENTAL HEALTH ASSOCIATION, NIAGARA BRANCH (2014 – 2016)

Chair, By-Laws Committee

Co-Chair, Fund Development Committee

Governance Committee Member

Quality Assurance Committee Member

EDUCATION

MASTER OF PROFESSIONAL EDUCATION, SPECIALIZATION IN EDUCATIONAL LEADERSHIP

University of Western Ontario, London, Ontario

BACHELOR OF SCIENCE

Brock University, St. Catharines, Ontario

DIPLOMA - PHARMACY TECHNICIAN

Niagara College, Welland, Ontario

TRAINING & DEVELOPMENT

Ontario Pharmacists Association, Media & Governance Training

Health Profession Regulators of Ontario, Discipline Training

Health Profession Regulators of Ontario, Governance Training

Ontario College of Pharmacists, Financial Literacy Training

WORKSHOPS

NAPRA – Setting National Standards for Language Proficiency Standards for Internationally Educated Pharmacists and Pharmacy Technicians

Statement in Support of Suitability As a Member of the Executive Committee

Ontario College of Pharmacists Board of Directors

Douglas Brown, B.Sc.Phm, R.Ph.

I am submitting this statement in support of my election to the Executive Committee.

Our current Board is at a crossroads and will need overcome the challenges it faces in order to provide strategic guidance on several vitally important issues that are needed to fulfill our mandate. Strong leadership will be a cornerstone of this effort and Board members will need to carefully assess the composition of the Executive team that will be needed to move us forward.

I am confident I can be an instrument of positive change to help us achieve our goals and I respectfully request the Board's support for my appointment to the Executive Committee.

My board and governance experience has been substantial and is one of the most extensive of currently elected Board Members. In addition to my past 4 years as a member of this Board, I have served various organizations as a director, including in Executive roles, for the last 2 decades.

My experience over the past 4 years on our Board have allowed me to more clearly understand the detailed operation of the College and develop strong relationships with other directors and staff. As a member of the Governance, Discipline and Finance & Audit Committees, I have developed the skills and relationships necessary to improve my role as a Director across the spectrum of College oversight. My most recent responsibility as Chair of the Finance and Audit Committee has been both successful and rewarding. It is my hope to expand my College role as a member of the Executive Committee and work diligently with all directors to fulfill our public mandate.

With over 70% of College registrants providing care to the public in a community practice setting, and as a full-time practicing community pharmacist on the Board, I feel I can ensure that Board policy is accurately assessed in the public interest through a vital "boots on the ground" practice lens.

I have been a pharmacist for over 34 years, practicing in a variety of environments including hospital, chain retail and independent community pharmacy. I have practiced in large cities and small rural towns. I have provided care to a very diverse community representing a broad range of patients, including those from different ethnic and cultural backgrounds, First Nations, patients with addictions and those with socioeconomic challenges. It is through these

experiences that I feel I have a very good sense of the duty of care we all share in the protection of the public interest.

It is my hope that I may expand my contribution to the Board, the College and the public at large through my election to the Executive Committee. I look forward to the opportunity to further serve the public interest in this role and sincerely appreciate your consideration and support.

Douglas J. Brown, R.Ph.

Bio: Douglas Brown, B.Sc. Phm., R.Ph.

Raised in Bowmanville, Ontario, Douglas received his degree in Pharmacy from the Leslie Dan Faculty of Pharmacy, University of Toronto in 1989 and completed his internship at Sunnybrook Health Sciences Centre. He finished his formal training then continued employment as a staff pharmacist with SHSC and in 1990, he took a pharmacy manager position with an independent Community Pharmacy in Chelmsford, Ontario. After joining the Big V Pharmacies Group in London, Ontario in 1991, he discovered his passion for Community Pharmacy and moved to Port Perry in 1994. Following the purchase of Big V by Shoppers Drug Mart, he owned 2 franchised pharmacies with Shoppers Drug Mart from 1998-2015. In 2015 he made the transition to independent practice and now is the Pharmacist/Owner at Pharmacy Associates of Port Perry where he continues to provide excellence in care to his patient and his community.

He has spent over 34 years as a community pharmacist, however he has also been involved with educating young health professionals. He has acted as a Teaching Assistant with the Lesley Dan Faculty of Pharmacy, University of Toronto, an Adjunct Clinical Assistant Professor and Clinical Coordinator for the University of Waterloo School of Pharmacy and developing Inter-professional Medical Education with the Rural Family Practice program of the Department of Family Medicine, University of Toronto. He has also worked closely with physicians and other health professionals on various projects, including the PAACT project and Pharmacist-Physician Collaboration with Dr. John Stewart.

In his current role as a pharmacist within the Port Perry and surrounding community, he has worked to develop a unique and patient-focused practice with specialties in Long Term Care and Geriatric Pharmacy, Diabetes, Palliative Care and is a Travel Medicine specialist at his co-located clinic, Travel Health Associates.

Douglas loves to get involved and works with various groups to help improve the community at large. He is well known for his role for supporting local healthcare through his involvement with the Lake Ridge Health Port Perry Hospital Foundation (Past Chair and Board Member for 2 decades) and as a member of Community Living Durham North's Rights Committee, providing support and oversight for intellectually challenged adults. In 2020, he was elected to the Board of Directors of the Ontario College of Pharmacists where he contributes to the oversight of the organization and serves on the Discipline and Finance & Audit Committees and currently Chairs the FAC.

In recognition of his contributions to the profession and patient care, he was honoured with the Ontario Pharmacists' Association 2010 Mortar & Pestle Award, OPA's 2015 Mentorship Award and was Ontario's 2017 Pharmacist of the Year.

Dear Fellow Directors,

Thank you for considering my interest to serve on the Executive Committee.

This is the final year of my 3 year term. I wanted to serve on the board because I truly believe that the work carried out by pharmacists and pharmacy technicians, directly benefits every citizen. I see it in my day to day work as a hospital pharmacy manager, working with a dedicated team of pharmacists and pharmacy technicians that serve a vulnerable population of those struggling with mental health. In my role especially, I see the importance in ensuring that the work we do, for those we serve, is safe. I personally wanted to contribute more to fulfill OCP's mandate.

I was very excited to be elected to the board. Serving on the board for the past 2 years has given me the opportunity that I wanted to contribute to OCP's mandate. I have shown up giving 100% of myself to every board and committee meeting that I have attended. I have been well prepared, responsive to urgent issues, thoughtful in my decision making and considerate in my analyses, making sure to put the protection of the public at the forefront.

I want to serve on Executive because I see opportunity for me to give more of myself. I understand the role of the board and would feel confident, as an Executive member, to fulfill the duty of the board between board meetings. I can commit to being well prepared, responsive to urgent issues, thoughtful and strategic in decision making, of course, always putting the public's protection first.

Thank you for consideration and for your dedication to OCP's mandate.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrea", written in a cursive style.

Andrea Fernandes

BscPhm, RPh, MHSc

ANDREA FERNANDES, RPh, BScPhm, MHSc

OBJECTIVE

- **To offer strategic, collaborative and transformational leadership to Pharmacy and other disciplines with the goal of improving lives through exceptional care**

SKILLS SUMMARY

- Several years of progressive clinical and operational leadership as a hospital pharmacy manager
- Successfully planned and lead Ontario Shores to achieve Exemplary Standing through Accreditation Canada
- Successfully planned and lead Ontario Shores through Ontario College of Pharmacists (OCP) pharmacy inspection
- Areas of demonstrated expertise include: practice enhancement, quality improvement, culture change, lean methodology, automation and medication safety
- Exemplary communication and conflict resolution skills demonstrated by leading interprofessional teams and committees
- Refined critical thinking, prioritization and organization skills demonstrated by leading complex projects
- Proficient in Microsoft Office Suite, Cerner and Meditech

EMPLOYMENT

Pharmacy Manager, Ontario Shores, January 1st 2020- present

- Oversee and support the clinical and drug distribution activities for all inpatient units and outpatient services
- Oversee and manage all pharmacists and pharmacy technicians
- Oversee and manage medication costs and projections for the entire hospital
- Chair several committees (Pharmacy Council, Safe Medication Practices, Pharmacy and Therapeutics) where complex, organization-wide clinical and operational initiatives are planned, safety risks are mitigated and implementation strategies are finalized
- Review all medication related incidents for Ontario Shores: conduct root cause analyses and roll out remediation plans, often in collaboration with Risk Management
- Submit capital funding requests to senior leadership, with justification based on the strategic priorities of the pharmacy department and organization at large
- Create and revise policies, guidelines and order sets
- Lead quality and safety initiatives within the pharmacy department and across the organization to meet OCP and Accreditation Canada standards and best practice
- Successfully implemented new technology (Controlled Substance Manager) in the pharmacy department via a RFP process

- Successfully implemented a refresh of medication carts across the organization
- Successfully represented the pharmacy department to showcase Business Intelligence tools for the Analytics Maturity Adoption Model (AMAM) Stage 6 validation visit, awarding the organization AMAM Stage 6 Status
- Managed the Pharmacy's pandemic response:
 - Created a rotating schedule for pharmacists working at home; 2 shift schedules for technicians to account for a potential reduction in staff due to Covid 19
 - Increased inventory appropriately based on the projected needs
 - Developed and reviewed Covid order sets in collaboration with prescribers
 - Key stakeholder in the creation of temporary patient care units for Covid patients
 - Pharmacy lead in the vaccine roll out: which involved creation of SOPs, training staff by forming a partnership with Lakeridge Health, obtaining vaccine from Lakeridge Health, reconstituting and drawing up all doses for Ontario Shores
- Key stakeholder in the creation of the PES (Psychiatric Emergency Service): advised on medication needs of the patient population, pharmacy staffing requirements, medication room requirements, etc.
- Successfully led the department through the annual inventory with a margin deviation of about -\$400 for the year, which was record breaking (contributing factors to this success was formulary review completion, tighter process for ordering non-formulary medication, regular clozapine counts and reconciliation, use of Business Intelligence reports to manage high cost items like Long Acting Injections, etc.)
- Successfully restructured the pharmacy team to improve culture and drive standards of excellence in August 2021
- Successfully improved engagement in the Pharmacy department to exceed industry benchmark by co-designing an equitable and measurable workload amongst pharmacists and technicians

Advance Practice Pharmacist, Ontario Shores, September 2019-January 2020

- Implemented a 'quality check' process for the Narcotic and Controlled Drug Substance Count Sheets to ensure complete documentation by all nurses on inpatient units
- Implemented Medication Reconciliation for Ontario Shores' outpatient services, meeting Accreditation Canada standards
- Created a process for pharmacist education on inpatient units, as part of the Ontario Shores' influenza campaign

Center for Addiction and Mental Health (CAMH), 2012-September 2019

- *Antimicrobial Stewardship Committee Chair*: revamped the program for CAMH by creating and revising policies and processes, making formulary changes by considering trends in evidence and cost-effectiveness, creating efficiencies through novel order sets
- Contributed to analysis of medication reconciliation completion rates and provided recommendations for increasing completion rates
- Contributed to analysis of medication incident reports and provided recommendations to prevent incidents when dispensing medications

- Reviewed medication incidents from ISMP and implemented safeguards to prevent misses and near-misses
- Prepared pharmacy team for inspections by OCP and Accreditation Canada by completing mock tracers
- Championed practice change across CAMH in pain and addiction medication management by developing and delivering in-service education for pharmacists, physicians and allied health
- Supported practice change for pharmacists and physicians across the province through involvement in *Project ECHO Ontario*, a collaborative provincial project that aims to bridge academic health centers and frontline community care to improve and expand clinical skills and capacity
- *CAMH faculty: Opioid Dependence Treatment Certificate Program* for physicians, nurses, pharmacists and counsellors
- Mentored pharmacists across the province via *Pharmacy Mentoring for Addictions and Pain*, a knowledge sharing network that communicates via web portal
- Supported physicians through software change (i.e. from pharmacist-order-entry to physician-order-entry software)
- *Clinical Pharmacist (inpatient and outpatient):* for the *Locked Observation Treatment Unit*, the *Medical Withdrawal Unit*, the *Medication and Substance Program* and the *Interprofessional Pain and Addiction Recovery Clinic*

Clinical Instructor, Faculty of Pharmacy, University of Toronto, 2012-2019

- Facilitated Safe Prescribing Workshop for UofT pharmacy and medicine students
- Assessed and provided clinical and communication feedback to Pharm D candidates for the Medication Therapy Management 3rd year course

Project Manager, Center for Addiction and Mental Health (CAMH), 2014-2015

- Exercised critical thinking and analysis skills to create a portfolio of service offerings that meet the needs of the patients
- Negotiated contracts with external stakeholders, such as Gamma Dynacare, to ensure service offerings were comprehensive
- Revised program procedures using process mapping and LEAN methodology to create efficiencies and improve the patient experience
- Formed and led an interprofessional team that reviewed complex patient cases and created treatment plans
- Managed human and financial (i.e. program budget) resources to ensure quality service provision
- Exercised conflict resolution skills among clinicians when deciding distribution of workload
- Exercised communication skills for monthly reporting of program metrics and indicators to CAMH executive leadership
- Exercised organization and prioritization skills to launch program on time and on budget

Pharmacy Manager, Westside Pharmacy Rexall Pharma Plus, 2011-2012

- Demonstrated commitment to a healthy and safe workplace by implementing Rexall's standard operating procedures and creating patient safety protocols for high risk medications
- Assessed pharmacy's financial statements and implemented cost containment strategies monthly
- Completed yearly projections of medication costs and utilization
- Discussed contributions and areas for improvement with each staff member quarterly, empowering staff to improve performance
- Executed a hiring process, including interviews and training, for pharmacists and pharmacy technicians

Staff Pharmacist, Loblaw Pharmacy, 2009-2011

International Pharmacy Graduate Program Teaching Assistant, 2008-2010

VOLUNTEER EXPERIENCE

Elected Board of Director, Ontario College of Pharmacists, September 2022- present

- Provide oversight to the College to ensure that the public interest is protected and maintained
 - Actively participate in board meetings and strategic retreats
 - Actively participate in the Finance and Audit Committee and the Discipline Committee

EDUCATION

- Completed Masters of Health Administration, University of Toronto
- Completed Bachelor of Science in Pharmacy, University of Toronto

AFFILIATIONS

- Canadian Society of Hospital Pharmacists

Adrienne Katz

BA, MBA

Dear Fellow Board Members,

Thank you for the opportunity to put my name forward for the Executive Committee.

I was appointed to the Board in March 2022 as a public member, and actively serve on a number of committees including: Executive, Finance & Audit, Discipline and ICRC. I have learned a tremendous amount over the course of the last 2.5 years at OCP, and have enjoyed working with many of you on committees and various panels. I hope you will consider me a strong candidate for the Executive Committee again this year.

This year has been a challenging one for the College and for the Board. It highlights how important *collaboration* is. In my professional life, I have been known for galvanizing teams and fostering momentum to achieve key goals. I am confident that the Board – with its many accomplished directors – will continue to focus on our mandate to protect the public, and will work together to ensure public safety, especially in the face of corporate pressures. I would be honoured to continue to serve on the Executive Committee to see to it that this happens.

Clients and colleagues know me to be a substantive leader, highly analytical, skilled at strategy development, and a thoughtful decision maker. I trust that you have found the same in your work with me thus far on the Board.

This past year, I had the privilege of using my knowledge and experience to support the goal of technological advancement with the new RRS. It has been a significant commitment for the College, both financially and in terms of human resources. My experience in the design and development of strategic technology systems for clients across key industries over the course of almost 20 years in business has given me the skills and insight to help ensure alignment with the College's strategic objectives. My business' involvement with AI and Cybersecurity gives me the context and ability to ask the right questions. I am eager to continue to help ensure PRIME's delivery on an appropriate timeline and within an appropriate budget.

I am passionate about numbers and metrics. My work on the Finance & Audit committee has given me the opportunity to help ensure that College resources are optimally deployed in the service of our mandate and the ongoing financial health of the College.

Serving on the board has been a privilege and it has been an honour to work alongside all of you. I thank you for the opportunity to apply to the Executive Committee where I believe my skills can help fuel the College's mission and fulfill its mandate to ensure public safety, security and confidence.

Sincerely,

Adrienne
Adrienne Katz
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Adrienne Katz

BA, MBA

Clients and colleagues know Adrienne for her unstoppable momentum, uncanny judgement and ability to galvanize a plan into action.

She began her career in mobile banking services followed by brand management at General Mills. She has led major strategic initiatives with public and private corporations, entrepreneurs, foundations, and not-for-profit organizations.

An experienced leader in the areas of marketing strategy and planning, she successfully manages brands using a technology-driven, insights-based approach.

Her experience spans diverse industries including:

Cybersecurity, AI, software, management consulting, precision medicine, healthcare, education, professional services, lawtech, fintech, financial services, insurance, real estate, hospitality, and others, across North America and globally.

Experience

Partner, Strategy
Creative Equity Partners Inc.

Board Member
Ontario College of Pharmacists
Committees: Executive, Finance & Audit, Discipline, ICRC

Brand Manager
General Mills

Marketing Specialist, Strategic Alliances
724 Solutions

Education

Master of Business Administration
McGill University
Dean's Honour List & Academic Distinction
MBA Woman of the Year, Roger Bennett Marketing Prize,
President American Marketing Association, VP Council Executive

Bachelor of Arts
McGill University
Dean's Honour List & Academic Distinction

Volunteer & Community Leadership

Princess Margaret Cancer Centre
Top Fundraiser, Donor
Multiple Myeloma Research, Magic Castle

SickKids Hospital
Top Fundraiser, Donor
Centre for Image-Guided Care

UJA
Top Fundraiser, Donor

Ve'ahavta
Volunteer

Dear Peers, Friends and Colleagues,

As a candidate for the Ontario College of Pharmacists Executive Committee, I bring over 25 years of experience in business development, project management, and strategic leadership. My career has been defined by a commitment to excellence and a passion for driving results through collaboration and innovation. At HP Canada, I successfully managed global strategies, implemented digital sales capabilities, and led business optimization projects that delivered significant value to the organization.

I currently sit on the complaints and discipline committees for the Ontario College of Pharmacists, where I have gained valuable insights into the regulatory and ethical challenges faced by the profession. This experience has deepened my understanding of the complexities of pharmacy practice and strengthened my commitment to ensuring that the highest standards are upheld throughout the profession. I am eager to bring these insights to a seat at the Executive Committee table, where I can make a real difference in setting the College up for long-term success while ensuring the safety of all Ontarians.

Throughout my career, I have always believed in the power of teamwork and have consistently leveraged the strengths of my colleagues to achieve our shared goals. My ability to foster cross-functional collaboration and my focus on strategic planning have been key to my success in leading complex initiatives.

Beyond my professional experience, I am deeply committed to serving my community. As a member of the Ontario Trillium Foundation's grant review committee, volunteer for Halton Women's Place and Zonta Oakville and a supporter of new Canadians, I have worked to make a positive impact in the lives of others. And, my work in mental health advocacy, particularly as the host of the television show "Healthy Minds Healthy Lives," has allowed me to promote well-being and self-care within our community.

I am excited about the opportunity to bring my unique blend of experience, leadership, and community involvement to the Ontario College of Pharmacists Executive Committee. I am confident that I can make a meaningful contribution and help guide the College in fulfilling its important mission.

Sincerely,

A handwritten signature in purple ink that reads "Nadira" with a stylized flourish underneath.

Nadirah Nazeer

NADIRAH NAZEER

WORK EXPERIENCE

PROFILE

Determined Business Development Leader and Planning Manager with commitment to excellence and 25 years of experience. Effective collaborator and leader maximizing team members' strengths to execute strategic plans. Known for efficiency and detail-oriented work. Organized and dependable candidate successful at managing multiple priorities with a positive attitude. Willingness to take on added responsibilities to meet team goals. Strategic Professional Fundraiser for non-profit organizations. Expert negotiation and corporate relationship management talents.

CONTACT

PHONE:

LINKEDIN:

[Nadirah Nazeer](#)

EMAIL:

HP Inc. Canada – Mississauga, ON

Global Business Development Manager

2017 - 2022

- Created the strategy to enable sales for new global digital route to markets
- Implemented consumer and commercial digital sales capabilities
- Created an e-commerce plan for HP's Asia Pacific region
- Managed global strategy for sales opportunities and technical field programs
- New SPOS App enablement for Field Engineers/Account Delivery Manager

Commercial SPOS Partner Manager (Americas)

2015 - 2017

- Led revenue growth and improvement of warranty sales at Contact Centers
- Secured funding for new business growth programs
- Cross collaboration with Sales to improve revenue position in Canada
- Managed transition of business to lower cost center to improve revenue

HP Canada Ltd. – Mississauga, ON

Business Strategy Manager

2012 - 2014

- Managed Consumer 3rd Party Vendor programs
- Implemented new SPIFF program to improve sales revenue
- Collaborated with Trade Category team for process and service improvements

Project Manager (Americas)

2010 - 2012

- Drove CTM Certification implementation for Consumer Contact Center
- Led project team to define, create and roll out Level 2 certification program
- Implemented various levels of CTM program for ASG (Advance Support Group)
-

Project Manager (Americas)

2006 - 2010

- Designed and implemented new programs from concept to launch
- Responsible for Return for Proposals (RFP) for onsite vendor partners
- Redesigned all processes from key process to operational layers
- Automated customer call tracking to enhance the partner relationships process

NADIRAH NAZEER

WORK EXPERIENCE

Business Planning Manager

2017- 2022

- Tracked multiple projects and KPIs
- Completed fiscal year planning
- Liaised with management to ensure consistency with ongoing projects
- Oversaw daily business functions and dealt with issues as necessary

Partner Account Manager

2014 - 2017

- Led the implementation of a partner support center
- Managed communications strategies with key account partners
- Ability to create detailed project specs including budget reports
- Knowledge of project planning supplier negotiations and data analysis

Solutions Specialist

2010 - 2014

- Managed executive level customer satisfaction issues
- Implemented risk mitigation strategies for cases requiring legal representation
- Analyzed project data and prepared detailed project assessments
- Observed current business trends.

EDUCATION/CERTIFICATION

Ryerson Polytechnic University – Toronto ON

1995- 1997

- Business Administration

Hewlett Packard Canada Ltd – Mississauga, ON

1997 – 2022

- Six Sigma Green Belt Certification
- Facilitation Essentials
- Putting Customers First
- Project Management Fundamentals
- First Pass: Quality Thinking
- Situational Negotiation Skills, Hi-Tech Problem Solving and Decision-Making
- Seven Habits of Highly Effective People
- Effective Communication, Improving Interpersonal Relationships
- Standards of Business Conduct

ACTIVITIES/INTERESTS

- Halton Women's Shelter – Committee Member
- Voice of the Workforce - Volunteer
- PG Ambassador Program – Volunteer
- World Vision – Fundraising Volunteer
- Halton Food Bank – Volunteer
- TV Show Host – Healthy Minds Healthy Lives with Nadirah

Skills

Communication – 95%

Relationship Building – 97%

Risk Management – 98%

Problem Solving – 95%

Creative Thinking – 93%

Critical Thinking – 92%

Interpersonal Skills – 100%

Leadership Skills – 98%

Dear Peers, Friends, and Colleagues,

It has been a privilege to serve with you all over the past 5 years in the important decision-making role we perform. Thank you all for your extending your faith in my abilities to serve on the executive committee. I am putting up my hand to serve again in this important leadership role on the board.

Having served on our Board for the past 5 years, I am one of its longest serving members. During this time, I have had the privilege of serving on multiple committees: the ICRC, discipline, finance, governance and executive committees. I believe that my vast committee work, places me in an ideal position to continue the urgent work needed to evolve our governance framework so that we are able to achieve our institutional mandate of public protection.

My work on the governance committee has helped me understand and contribute to determinations of important competencies required by our board. Furthermore, I have been able to understand and oversee the orientation, training and evaluation of fellow directors.

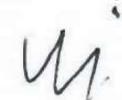
As you have all seen by being able to work with you all; I have been one of the most active members of the discipline committee. I hope to have conveyed to you all through this work a thorough understanding and strong grasp on the various legislation, policies and standards that govern our profession.

This year has presented many challenges for myself, for our committees and for the Board as a whole. I personally have been the subject of scrutiny and have only recently been fully exonerated by our Governance Committee. I prefer to approach these issues optimistically, as learning opportunities for myself and the Board. I hope you have seen that in the face of difficult circumstances, I have persevered at great cost to myself.

I had nothing to gain from doing this. I could have easily resigned and walked away. Yet I thought it necessary and important to persist to do the right thing for our organization and ensure a precedent could be set to ensure procedural fairness and transparency for directors that serve now and in the future.

Given the sum of my experience, I believe I am well placed to facilitate meaningful collaboration and good governance. I hope you will give me the privilege of working with the Board's leadership to navigate the line between strategy and operational effectiveness so that our College and profession can continue to work in the public interest to protect patient safety and confront the challenges that face our healthcare system and profession.

Sincerely



Siva Sivapalan MPharm. Dip. R.Ph. CDE

Community and Primary Care Pharmacist

Sivajanan (Siva) Sivapalan MPharm. R.Ph. CDE

Burlington, Ontario



Professional board member with a wide breadth of committee work at the Ontario College of Pharmacists. A pharmacist that has worked in every area of patient-facing pharmacy practice including community, primary care, and hospital care. Has a thorough appreciation and understanding of the needs of the public. Committed to upholding the highest possible standards of practice for the profession. Demonstrated leadership in multiple healthcare settings. Holds a certificate in Collaborative Health Governance.

EXPERIENCE

Primary Care Pharmacist - Hamilton Family Health Team, Hamilton, Ontario [July 2022 – Present]

- Improve drug therapy using a collaborative care model as part of the primary health care team.
- Collaborate with physicians, nurses, dieticians, social workers, and patients to promote optimal health care in the community as part of an interdisciplinary team.
- Provide individual patient assessments to identify, prevent, and resolve drug-related problems.

Community Pharmacist - Pharmasave, Burlington, Ontario [January 2023 – Present]

- Commitment to delivering the highest level of patient care
- Provide individual patient assessments to identify, prevent, and resolve drug-related problems.

Clinical Preceptor University of Toronto, Leslie Dan Faculty of Pharmacy & Co-Operative term preceptor, University of Waterloo [April 2020 – Present]

- Guide, role-model, supervise, mentor and assess PharmD students during their rotation period.

P4T Mentor - Government of Canada Foreign Credential Recognition program and NAPRA [January 2022 – Present]

- Introduce international pharmacy graduates to the pharmacy environment in Canada.
- Coach and prepare to successfully complete their formal training and assessment.

Ontario College of Pharmacists Member of Council/Board Member, Toronto, Ontario [September 2019 – Present]

- Elected Professional member of the board.
- Fulfill governance and oversight responsibilities.
- Serves on and has served on Governance, Finance, Executive, ICRC and Discipline Committees.

Pharmacy Examining Board of Canada Hamilton/Welland Ontario Test Centers - OSCE/OPSE Assessor [May 2014 – Present]

- Observe and evaluate candidates' interactions with a standardized patient in a standardized, objective manner using standardized scoring guidelines.
- Important component of assessing potential pharmacists and pharmacy technicians for their suitability to serve the public. Successful candidates enter into the entry to practice register.

Community Pharmacist/Associate Owner – Shoppers Drug Mart, Beamsville, Ontario [September 2011 – January 2023]

- Commitment to delivering the highest level of patient care.
- Motivating and inspiring my team to do and be their best.
- Actively manage and oversee the day-to-day operations of all aspects of my franchised business including human resources and risk management.

Director, Lincoln Chamber of Commerce, Lincoln, Ontario [October 2015 – February 2020]

- Liaise with town to bring forth issues that affect local commerce and trade, and foster economic development.
- Build strong working relationships with key stakeholders both inside and outside the Chamber.
- Human Resources committee chair.

Pharmacist, Basildon & Thurrock University Hospitals, United Kingdom [December 2009 – December 2010]

- Provision of clinical services and integrated medicines management services to allocated wards.
- Provided a comprehensive medication monitoring service for inpatients and optimised medication use in allocated wards.
- Worked within a multidisciplinary team responsible for care on obstetrics & gynaecology, stroke rehabilitation, orthopaedic surgery, and care for the elderly wards.

Sivajanan (Siva) Sivapalan MPharm. R.Ph. CDE

Burlington, Ontario

AWARDS

2022 – Bowl of Hygeia Award

- Presented in recognition of outstanding community service and leadership in the pharmacy profession by the Ontario Pharmacists Association.

2021 – Community Partner Award

- Presented by the Town of Lincoln and the Lincoln Chamber of Commerce for extraordinary contributions to the community.

2015 and 2019 – Pathways to Opportunities Award

- Presented by the Town of Lincoln and Beamsville district secondary school for commitment to the co-operative education program for students.

2008 – GlaxoSmithKline Prize for Medicinal Chemistry

- Presented by the University of London for best performance in Medicinal Chemistry for the Master of Pharmacy Degree.

CONTINUING EDUCATION

- HPRO – Governance Training for Regulated Health Colleges [2020]
- HPRO – Discipline Committee Training [2021]
- Canadian Diabetes Educator Certification Board - Certified Diabetes Educator [2013 – Present]
- University of Toronto/CAMH – Opioid Addiction Treatment Core course [2015]
- University of Toronto/CAMH – Certificate in intensive Tobacco Cessation Counselling [2022]
- Ontario Pharmacists Association – Certified Cardiovascular Health Coach [2014]

VOLUNTARY WORK

Gillian's Place West Niagara Ambassador [2013 – Present]

- Responsible for fundraising activities for local shelter for victims of abuse.

Continuing Education Coordinator (Hamilton) [2016 – present]

- Organize monthly continuing education events to help improve their clinical skills and share best practices amongst pharmacy technician and pharmacist peers.

EDUCATION

Directors College, McMaster University, Hamilton, Ontario [December 2022]

- Certificate in Collaborative Health Governance.

McMaster University, Hamilton, Ontario [December 2013 – April 2016]

- Post graduate diploma in Human Resources Management. (Satisfies academic requirements of the Human Resources Professional Association).

University College London (UCL), University of London, United Kingdom [October 2004 – August 2008]

- Master of Pharmacy with honours (MPharm)(Hons).

Aristotle University of Thessaloniki, Thessaloniki, Greece [January 2007 – June 2007]

- One Semester of pharmacy school completed through the European Union Action Scheme for the Mobility of University Students (ERASMUS).
- Research focused on in vitro testing of novel agents used to treat Chronic Myelogenous Leukemia.

PRESENTATIONS

Canadian Pharmacists Association Annual Conference, Ottawa 2022 [June 2022]

- Panel member for “The COVID-19 Experience: Applying lessons learned.

PharmacyU Toronto The Pharmacist's Role with GLP-1s in the Treatment of Diabetes [April 2023]

- Delivered at Canada's largest Continuing Education Conference for Pharmacists

Diabetes Canada Frontline Forum- Injectable Diabetes Medications- “Fitting” them into practice [June 2022]

- Delivered to Pharmacy Technicians and Pharmacists across Canada.

Calling All Allies: The Team Approach to Preventing Asthma Attacks (AstraZeneca Sponsored) [May 2021]

- Delivered on May 1, 2021 to the Hamilton Academy of Medicine (Ontario).

Type 2 diabetes Pathways, A Multidisciplinary Approach (NovoNordisk Sponsored) [January 2021]

- Delivered on January 27, 2021 to pharmacists across Canada.

How Can Pharmacists Safely Immunize in this Era? (Pfizer Sponsored) [September 2020]

- Delivered on September 25, 2020 to the New Brunswick Pharmacists Association.

Publications

Implementing a Multidisciplinary Model of CGM Care in Real-World Pharmacy Practice—A Clinical Consensus for Canadian Pharmacists, Diabetes (Journal of the American Diabetes Association) 20 June 2023, AARON S. SIHOTA, ILANA HALPERIN, AKSHAY B. JAIN, ALICIA CHIN, WALTER CHOW, SUSIE JIN, TRISHA MOLBERG, SMITA PATIL, RICK SIEMENS, SIVAJANAN SIVAPALAN, TIM SMITH

Certificate of Completion

is hereby presented to

Sivajanan Sivapalan

to recognize the successful completion of the

Collaborative Health Governance Program

November 23-26, 2022 (virtual delivery)

Michael Hartmann

Michael Hartmann, Principal, Directors College
and Co-Director, Health Leadership Academy
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Statement of Interest



Dear Board Members,

I am writing to express my strong interest in joining the Executive Committee at the Ontario College of Pharmacists. With over 35 years of experience as an Executive Assistant and my current role as a Public Board Director for the Ontario College of Pharmacists, I bring a wealth of administrative expertise, strategic insight, and a deep commitment to supporting the regulatory and governance functions of the College.

Throughout my career, I have developed a keen understanding of the importance of effective leadership, clear communication, and meticulous attention to detail. My extensive experience working closely with senior executives in diverse environments, including the Legislative Assembly of Ontario and various private sector organizations, has honed my ability to facilitate smooth and efficient operations while maintaining a high standard of service excellence.

As a current member of the Board, I have had the privilege of serving on several key committees, including Quality Assurance, ICRC, and Discipline. These roles have deepened my understanding of the regulatory framework within which the College operates and have further fueled my passion for contributing to its mission. I believe my experience in these areas positions me well to offer valuable insights and contribute meaningfully to the strategic direction of the College as a member of the Executive Committee.

Moreover, my background in managing complex administrative functions, including financial reporting, client relations, and office operations, equips me with a unique perspective that I am eager to bring to the Executive Committee. I am confident that my skills in leadership, problem-solving, and strategic planning will be beneficial in advancing the College's goals and upholding its standards of excellence.

I am deeply committed to the values and objectives of the Ontario College of Pharmacists and am excited about the opportunity to contribute further as a member of the Executive Committee. I look forward to the possibility of working collaboratively with my fellow committee members to support the ongoing success and integrity of the College.

Thank you for considering my application. I am eager to bring my experience, dedication, and enthusiasm to the Executive Committee and to continue serving the College in this new capacity.

Sincerely,
Cindy Wagg

PROFESSIONAL SUMMARY

A highly organized and detail-oriented Executive Assistant with over 35 years experience providing thorough and skilful administrative support to senior executives. Proven competencies as an office administrator with capabilities to facilitate well-run and stream-lined office operations. Well-developed interpersonal communication skills to work effectively with people from diverse professional and cultural backgrounds.

SKILLS

Exceptional interpersonal skills, reliable and conscientious, with proficiency to promote confidence and build strategic/client relationships, while interfacing positively with people of diverse backgrounds.

Has developed solid managerial and administrative skills.

Displays dedication and motivation to excel.

Trusted and served as a right-hand person for the owner of and Doctor of an industrial psychology practice for over 25 years.

Demonstrates outstanding interpersonal and customer service skills.

Possesses exceptional versatility and multi-tasking skills.

Exhibits loyalty, dedication, and passion for service excellence.

Computer literate and internet savvy.

CURRENT

Public Board Director, Ontario College of Pharmacists - Since 2021. reappointment to 2027. Committee member for Quality Assurance, ICRC and Discipline.

PROFESSIONAL EXPERIENCE

Pamela Ennis & Associates Inc.

Industrial Psychology

Toronto, Ontario

Executive Assistant

1991 - December 2017

Administered psychometric testing clients. Scored and reviewed psychometric testing from clients. Liaised with clients to ensure proper positioning of assessment tools.

Set up interview and testing appointments as well as conference call follow-ups.

Coordinated and facilitated appointments with potential executive hires for clients.

Created and maintained computer- and paper-based filing and organization systems for records, reports and documents. Investigated issues and problems and drafted responses to urgent requests. Served as a liaison between company president and clients regarding client accounts and new business.

Accounting functions (AR/AP) such as invoicing, accounts payable, accounts receivable, monthly bank reconciliation, quarterly HST payments, monthly source deductions, Federal and Provincial CRA tax payments. Financial reporting to outside accounting firm for final-year-end results as well as business closing.

Ordering and procurement of equipment and maintenance of such. Including copier, computer, telephone, dictation systems. Other office duties including processing mail and general.

PREVIOUS EMPLOYMENT

Mississauga and Toronto

Landmark Consulting - Executive Assistant

C. ITOH - Administrative Assistant

Dictaphone Canada

Customer Service/Training Representative

Lone Canadian Representative conducting installation/training of digital dictation equipment to hospitals, Drs offices and legal businesses requiring dictation units, compiling policies and procedures as well as training manuals for clients.

OTHER

HRPAO - Human Resources Professionals of Ontario - 8 module, two year program involving all aspects of the Human Resources Function.

Self-taught computer training of various programs (MYOB - accounting, MSWord, WorkPerfect, PowerPoint)

INTERESTS

Gourmet cooking/baking, golf, cycling, design and maintenance of home and garden.

This statement is to express my interest in sitting on the Executive Committee. Although my time at OCP is relatively short, I have a lot of experience in the health regulatory world. I sat on the Board of Directors at the College of Audiologists and Speech Language Pathologists for 11 years. Throughout my tenure, I was elected to the Executive Committee for 9 years and chaired the Board for 3 years. During my time as chair, Covid occurred, and we were quickly required to transition to a virtual world through a very uncertain and stressful time. As chair, I worked closely with the Registrar/CEO to successfully navigate through this period as well as deal with a multitude of other issues facing the College and its registrants. As a result, I understand the working relationship between the Board and the Registrar/CEO. Additionally, my work as a mediator has enhanced my ability to hear and understand diverse opinions and bring about a successful resolution, using a commonsense approach.

I have also attached my CV.

Thanks,

Shari

SHARI WILSON

BOARD PROFILE

Deep governance experience and proven Board leadership in a highly regulated environment. Demonstrated expertise in compliance, financial planning, audit review, and dispute resolution in a transparent manner.

GOVERNANCE EXPERIENCE

Public Appointed Board Director, Ontario College of Pharmacists	2024 - present
Public Appointed Board Director,, College of Audiologists and Speech Language Pathologists of Ontario <i>Regulates the practice of audiologists and speech language pathologists in Ontario</i>	2012 – 2023
Chair, Registration Committee	2022 – 2023
Chair, Quality Assurance Committee	2021 –2022
Chair, Board of Directors	2019 – 2022
Chair, Executive Committee	2019 –2022
Chair, Finance Committee	2019 –2020
Chair, Patient Relations Committee	2018 – 2020
Chair, Investigation, Complaints and Reports Committee	2016 - 2019
Executive Committee Member	2019 - 2022
	2013 – 2018

The varied positions, key initiatives and accomplishments included:

- Established and implemented a new competency model to enhance the governance role of the board
- Developed policy and procedure for success in planning future board recruitment
- Provided guidance and oversight development of risk management register
- Approved financial reports, operating budgets and financial planning principles
- Oversaw the development of policies and practice standards to ensure public protection

Member, Board of Directors, Kensington Health	2017 – Present
Audit Committee Member <i>A not-for-profit, community-based model of specialized healthcare services in Toronto</i>	

Co-Chair, Out of the Cold, Holy Blossom Temple	2015 – 2017
Treasurer, Board of Directors, York Racquets Club	2011 – 2014
Treasurer, Crestwood School Parent Association	2006 – 2008
Co-Chair/Treasurer, Health & Fitness, Canadian Breast Cancer Foundation	1995 – 2000
President, Treasurer, Board of Directors, Hillcrest Progressive School	1994 – 2000

PROFESSIONAL EXPERIENCE

- Mediator, Parity Consulting** 2018 - Present
- Mediates disputes with a 98% resolution success rate
 - Effectively negotiates settlement agreements between federal regulator and members of the public
- International Marketing Manager, Belvedere International Inc.** 1988 – 1995
- Ideated, developed, marketed, and managed existing and new brands, contributing significant profits to the company.
 - Communicated with internal and external stakeholders including CEO, support staff, clients, sales force, logistics, laboratory, product and package developers
- Brand Manager, Carlton Cards** 1986 – 1988

EDUCATION & PROFESSIONAL DEVELOPMENT

- Advanced Alternative Dispute Resolution, University of Windsor Law School** 2020
- Alternative Dispute Resolution, University of Windsor Law School** 2019
- Certificate in Adjudication for Administrative Agencies,
Boards and Tribunals, Osgoode Hall/SOAR** 2012
- Master of Business Administration, Schulich School of Business, York University** 1986
- Bachelor of Business Administration, Schulich School of Business, York University** 1985

AWARDS

- Recognition for Outstanding Achievement**
College of Audiologists and Speech Language Pathologists of Ontario 2022

MEMBERSHIPS

- Institute of Corporate Directors** 2023
- Women Get on Board** 2023

FOR DECISION

From: Susan James, Acting Registrar

Topic: Proposed by-law revision altering the compositional requirements of the Accreditation Committee to replace Public Directors with Lay Committee Appointees.

Issue/Description: In follow up to the March Board Meeting, the proposed by-law change to the composition of the Accreditation Committee is before the Board of Directors for approval.

Background: At the March 25th Board meeting, the Board directed the Governance Committee to change the composition of the Accreditation Committee by amending [By-Law](#) No. 6, Article 9, Section 9.17.1. The following change was approved by the Governance Committee and now returns to the Board for final approval.

9.17 Composition of the Accreditation Committee

The Accreditation Committee shall be composed of:

9.17.1 **Must have no fewer than two and no more than three Lay Committee Appointees; and**

9.17.2 three (3) or more Professional Committee Appointees.

Analysis: The amendment of this By-Law ensures that decision-making panels have public representation and reduces the pressure on Public Directors to manage a large workload.

Motion: THAT the Board of Directors approve the amendment to the By-Law No. 6, Article 9, Section 9.17.1 as presented.

Attachments:

10.1 Changes to ACC Composition By-law – March 2024 BN

FOR INFORMATION

From: Shenda Tanchak, Registrar and CEO

Topic: Proposed by-law revision altering the compositional requirements of the Accreditation Committee to replace Public Directors with Lay Committee Appointees.

Issue/Description: The requirement to have Public Directors on the Accreditation Committee (AC) presents a barrier to forming Discipline Committee (DC) panels. This can lead to delays in addressing concerns about pharmacy professionals, potentially exposing the public to risk in the interim. Additionally, it places excessive demands on Public Directors appointed to DC. The burden on Public Directors, in turn, may have a negative impact on our ability to attract candidates for the Board.

Background: The composition of the Accreditation and Discipline Committees is informed by the following legislation and by-laws:

Discipline Committee

- Section 38 of the *Health Professions Procedural Code (HPPC)* specifically states that the DC panel must include a minimum of two Public Directors and that quorum is three members of a panel, with at least one of them being a Public Director. There are no exceptions.

Accreditation Committee

- Section 9 of the *Pharmacy Act* requires the College to have an AC and states that no member of the AC can serve on the DC.

- The composition of the AC is not addressed in the *Pharmacy Act*, but in College [by-laws](#), which the Board may change. Article 9.17 of our by-laws outlines that the AC shall be comprised of 2 Public Directors; 3 or more Professional Committee Appointees (PCAs); and at the discretion of the Governance Committee, one 1 or more Lay Committee Appointees (LCAs).

- Section 139(4) of the *Drug and Pharmacies Regulation Act* says that the provisions in the HPPC related to the Registration Committee apply to the AC **with necessary modifications** (emphasis added).

- Section 17.2 of the HPPC states that Registration Committee panels must be composed of three persons, one of whom must be a Public Director.

Analysis: It is important to ensure that decision-making panels have public representation. While it might be ideal to draw on those appointed through Orders in Council, the reality is that our small board size leaves us with few Public Directors to manage the large workload. OCP has two more Committees (AC and Drug Drug Premises Preparation Committee (DPPC)) than other regulated colleges. As a result, the problem of scarcity of Public Directors is even more acute at OCP. We have experience with recruiting and training LCAs and are confident that they can represent the public voice in committee decision-making. We recommend amending the by-law so that AC is not required to have any Public Directors, but must have 2 or 3 LCAs, and 3 PCAs.

MOTION:

THAT the Board of Directors directs the Governance Committee to, in collaboration with legal counsel, develop by-law amendments, including a change to Article 9.17. Recognizing that DPPC and ACC have identical membership, the Governance Committee will additionally develop an amendment to Article 9.27.2 to align with the new 9.17.

FOR DECISION

From: Greg Purchase, Manager, Registration

Topic: Registration-Related Resolutions in *Ontario Regulation 256/24*

Issue/Description: The Board is being asked to approve the resolutions related to registration requirements that are listed in *O. Reg. 256/24* under the *Pharmacy Act, 1991*, in anticipation of this regulation coming into force on October 1, 2024. *O. Reg. 256/24* will replace the current *O. Reg. 202/94* under the *Pharmacy Act, 1991*, and accordingly, there are several references to registration requirements which must be approved by the Board.

Public interest rationale: The Ontario College of Pharmacists' primary duty is to regulate the pharmacy profession to serve and protect the public interest. This includes ensuring that only those applicants who have met the registration requirements are authorized to practice in Ontario. Like the current *O. Reg. 202/94*, the provisions in the new *O. Reg. 256/24* provide flexibility to allow the Board to set and maintain certain registration requirements so that shifts in the profession as they relate to entry-to-practice requirements can be accommodated without requiring a regulation change.

Strategic alignment, regulatory processes, and actions: The information contained in this document supports activities to ensure that the College has registration requirements that are fair and transparent and that are necessary to ensure the balance between effective and efficient registration procedures and safe and competent practice.

Background:

- On June 19, 2024, *O. Reg. 256/24* under the *Pharmacy Act, 1991* was filed to come into force on October 1, 2024.
- This regulation replaces *O. Reg. 202/94* and is an updated regulation containing the provisions related to certificates of registration and registration requirements for the various classes of registration.
- Similar to *O. Reg. 202/94*, *O. Reg. 256/24* contains several references to registration requirements which must be approved by the Board. While most of these references are unchanged, there are some additional references for approval by the Board, rather than the Registration Committee.
- For each reference to Board approval in the regulation, the proposed resolution and the current resolution (if applicable) is detailed in the attached Attachment 11.1.

Analysis:

- In recent years, there has been a shift in decision-making authority from College committees (including the Registration Committee) to the Board. This is aligned with the College's current governance structure, such that fewer Board members sit on College committees and the Board maintains responsibility for setting policy. Accordingly, the resolutions identified need Board approval in order to give effect to each provision. However, the Board may choose to request that the Registration Committee review specific resolutions and make recommendations.
- Attachment 11.1 provides a detailed summary of the resolutions that have been approved in the past with the new proposed resolutions also noted. It is important to note that the majority of the proposed resolutions are not new but are rather updated to align with the updated language in *O. Reg. 256/24*. Where a resolution is new, such as the resolution related to PACE for pharmacy technician applicants, the resolution is consistent with the existing resolution related to pharmacist applicants.
- Throughout the year, registration practices are reviewed to reflect policy direction from the government and the Office of the Fairness Commissioner, as well as other regulatory changes that may be required.

Motion:

THAT the Board rescind all current registration-related resolutions effective October 1, 2024 and approve the new registration-related resolutions as listed in Attachment 11.1 to come into effect on October 1, 2024.

Next Steps:

If approved, the new registration-related resolutions will be posted to the College’s website on or after October 1, 2024 and communicated publicly. These new resolutions will be used by College staff in processing applications for certificates of registration.

Attachments:

- 11.1 - Registration Resolutions

Registration Resolutions

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
1. Two Part Register - Declaration of Competence	Pharmacist and pharmacy technician	Two Part Register Subsection 5 (5) <i>A pharmacist or a pharmacy technician who asks to renew a listing in Part A must provide to the Registrar a declaration of competence to provide patient care in the form approved by Council.</i>	The Board approves completion of the annual declaration of competence for each registrant who asks to renew a listing in Part A through the registration online portal at the same time that each registrant completes their annual renewal.	N/A – new resolution	The proposed Board resolution is necessary because the requirements to remain in Part A have shifted from the Quality Assurance section of the regulation to the Registration section. The requirement in regulation for a declaration of competence replaces the existing requirement that Part A registrants have provided patient care for at least 600 hours over the preceding three years to a declaration of competence.

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
2.Education – Accreditation Bodies	Pharmacist	Clause 10 (1) 1. i. <i>...minimum of a baccalaureate degree in pharmacy from a Canadian program accredited by the Canadian Council for Accreditation of Pharmacy Programs, or from another program that is accredited by another accrediting body approved by the Council...</i>	The Board approves the Accreditation Council for Pharmacy Education (ACPE) as another accrediting body for entry-level pharmacy degree programs.	Council approves the Accreditation Council for Pharmacy Education (ACPE) as “another accrediting body” for the purpose of sub-subparagraph 1.i B of subsection 6 (1) .	Same as the existing Board resolution. ACPE has an equivalent mandate and accreditation standards as the Canadian Council for Accreditation of Pharmacy Programs.
	Pharmacy Technician	Clause 14 (1) 1. i. <i>...pharmacy technician certificate or diploma, or a university degree in pharmacy from a Canadian program accredited by the Canadian Council for Accreditation of Pharmacy Programs, or a program that is accredited by another accrediting</i>	The Board approves the Accreditation Council for Pharmacy Education (ACPE) as another accrediting body for entry-level pharmacy degree programs.	Council approves the Accreditation Council for Pharmacy Education (ACPE) as “another accrediting body” for the purpose of sub-sub paragraph 1.i B of subsection 13.(1)	Same as the existing Board resolution. ACPE has an equivalent mandate and accreditation standards for pharmacist education programs as the Canadian Council for Accreditation of Pharmacy Programs.

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
		<i>body approved by Council...</i>			ACPE accreditation standards for pharmacy technician programs have not been evaluated for equivalency with the Canadian Council Accreditation of Pharmacy Programs accreditation standards for pharmacy technician education.
3.Education – Evaluation of Education	Pharmacist	Clause 10 (1) 1. ii. <i>...from a program that does not meet the requirements of subparagraph i, if the applicant passes an evaluation approved by the Council...</i>	The Board approves the Pharmacy Examining Board of Canada's (PEBC) Document Evaluation and Pharmacist Evaluating Exam as an evaluation that the applicant meets the education requirement for registration.	N/A – New	The PEBC Document Evaluation and Pharmacist Evaluating Exam are eligibility requirements for the PEBC Qualifying Exam for Pharmacists which is a registration requirement for pharmacist applicants.
	Pharmacy Technician Applicant	Clause 14 (1) 1. ii. <i>...from a program that does not meet the requirements of subparagraph i, if the applicant passes an</i>	The Board approves the PEBC Pharmacy Technician International Evaluation as an evaluation that the applicant meets the	N/A - New	The PEBC Pharmacy Technician International Evaluation <u>or</u> the PEBC Document Evaluation and

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
		<i>evaluation approved by the Council...</i>	<p>education requirement for registration.</p> <p>The Board approves the PEBC Document Evaluation and the Pharmacist Evaluating Exam as an evaluation of the applicant's knowledge from their pharmacy diploma or degree program.</p>		Pharmacist Evaluating Exam are eligibility requirements for the PEBC Qualifying Exam for Pharmacy Technicians which is a registration requirement for pharmacy technician applicants.
4.Education - Bridging Education Program	Pharmacist	Sub-Clause 10 (1) 1. ii. A. <i>...successfully completes a bridging program or another program approved by the Council,,,</i>	<p>The Board approves the International Pharmacy Graduate (IPG) program at the Leslie Dan Faculty of Pharmacy at the University of Toronto as "a bridging program."</p> <p>The Board approves the PharmD for Pharmacists program at the Leslie Dan Faculty of Pharmacy at the University of Toronto as "another program".</p>	<p>Council approves the University of Toronto, International Pharmacy Graduate Program as "a program whose graduates should possess knowledge, skill, and judgment at least equal to those current graduates of a [CCAPP-accredited pharmacy degree] program..."</p> <p>Council approves the University of Toronto, PharmD for</p>	Same as the existing Board resolution.

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
				Pharmacists Program as “a program whose graduates should possess knowledge, skill, and judgment at least equal to those current graduates of a [CCAPP-accredited pharmacy degree] program ...”	
	Pharmacy Technician	Sub-Clause 14 (1) 1. ii. A. <i>...successfully completes a bridging program or another program approved by the Council...</i>	The Board approves the Canadian Health Care System, Culture and Context for IEHPs course offered by the Leslie Dan Faculty of Pharmacy Continuing Professional Development department plus the following courses offered by CTS Canadian Career College as "a bridging program.": <ul style="list-style-type: none"> - Pharmacy Laws, Regulation and Ethics - Communications with Patients and Health Professionals 	Council approves the Canadian Health Care System, Culture and Context for Internationally Educated Healthcare Professionals course [offered by the University of Toronto, Leslie Dan Faculty of Pharmacy, Continuous Professional Development Program] in addition to any other course(s) or program as identified by the Registration Committee as a program whose graduates should possess knowledge,	Same as the existing Board resolution with the courses formerly approved by the Registration Committee now included for Board approval. The bridging program, in its entirety, has been evaluated for this purpose. The proposed Board resolution regarding the IPG Program more clearly defines the intention of the existing regulation and allows international

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
			<ul style="list-style-type: none"> - Pharmaceutical Calculations - Community Dispensing - Medication Packaging - Compounding (Non-Sterile) Skills - Sterile Product Skills - Hospital Dispensing Skills - Hospital Dispensing Theory - Practicing the Pharmacy Technician Scope of Practice <p>The Board approves the International Pharmacy Graduate (IPG) program at the Leslie Dan Faculty of Pharmacy at the University of Toronto as "another program."</p>	<p>skill and judgement at least equivalent to a current graduate of a [CCAPP-accredited pharmacy technician education] program..."</p> <p>Clause 16. (1) 1. iv of O. Reg. 202/94: GENERAL (ontario.ca): <i>The applicant must have met the requirements of [education to be eligible to register as a pharmacist].</i></p>	<p>pharmacy graduates who choose not to or are no longer eligible to pursue registration as a pharmacist to continue to be able to pursue registration as a pharmacy technician.</p>
5. Jurisprudence, Ethics and	Pharmacist	Paragraph 10 (1) 3. <i>No more than two</i>	The Board approves the College's Jurisprudence,	Council approves the College's	Same as the existing Board resolution with

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
Professionalism Exam		<i>years prior to submitting an application for the issuance of a certificate of registration as a pharmacist, the applicant must have successfully completed an assessment in pharmaceutical jurisprudence, ethics and professionalism approved by the Council.</i>	Ethics and Professionalism Exam according to the blueprint that was approved in June 2019 as an assessment in pharmaceutical jurisprudence, ethics and professionalism.	Jurisprudence Examination as developed in accordance to the Council approved blueprint (June 2012; June 2019), as “an examination in pharmaceutical jurisprudence”...	updated name of exam.
	Pharmacy Technician	Paragraph 14 (1) 3. <i>No more than two years prior to submitting an application for the issuance of a certificate of registration as a pharmacy technician, the applicant must have successfully completed an</i>	The Board approves the College's Jurisprudence, Ethics and Professionalism Exam according to the blueprint that was approved in June 2019 as an assessment in pharmaceutical jurisprudence, ethics and professionalism.	Council approves the College's Jurisprudence Examination as developed in accordance to the Council approved blueprint (June 2012; June 2019), as “an examination in pharmaceutical jurisprudence”...	Same as the existing Board resolution with updated name of exam.

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
		<i>assessment in pharmaceutical jurisprudence, ethics and professionalism approved by the Council.</i>			
6.Practice Assessment of Competence	Pharmacist	Paragraph 10 (1) 4. <i>No more than two years prior to submitting an application for the issuance of a certificate of registration as a pharmacist, the applicant must have successfully completed a practice assessment of competence approved by the Council.</i>	<p>The Board approves the College's Practice Assessment of Competence at Entry (PACE) for pharmacist applicants as an entry level practice assessment of competence.</p> <p>The Board approves the Canadian Society of Hospital Pharmacists' Hospital Pharmacy Residency Program in Ontario as an entry level practice assessment of competence.</p> <p>The Board approves graduation from the entry level PharmD program at the Leslie</p>	<p>Council approves the following as “a structured practical training [internship] program”:</p> <ul style="list-style-type: none"> • The Practice Assessment of Competence at Entry (PACE) for pharmacist applicants as administered by the College while the applicant is registered as a student or intern; • The Canadian Society of Hospital Pharmacists' Hospital Pharmacy Residency Program in Ontario. 	<p>Same as the existing Board resolution.</p> <p>The entry level PharmD program at the University of Ottawa is a new program that commenced in Fall 2023. Like the University of Toronto and University of Waterloo programs, the University of Ottawa program has already begun integrating the use of the College's OPPCAT assessment tool in their evaluation of students, beginning with their first patient care experience.</p>

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
			Dan Faculty of Pharmacy at the University of Toronto, the University of Waterloo School of Pharmacy, or the University of Ottawa School of Pharmaceutical Sciences as an entry level practice assessment of competence.	Council approves the following education programs as ones that meet all the requirements of the structured practical training [internship] program: <ul style="list-style-type: none"> The entry level PharmD programs at the Leslie Dan Faculty of Pharmacy at the University of Toronto and the School of Pharmacy at the University of Waterloo. 	
	Pharmacy Technician	Paragraph 10 (1) 4. <i>No more than two years prior to submitting an application for the issuance of a certificate of registration as a pharmacy technician, the</i>	The Board approves the College's Structured Practical Training (SPT) Program as an entry level practice assessment of competence for pharmacy technician applicants who have successfully completed	Council approves the following as “a structured practical training program”: <ul style="list-style-type: none"> The Structured Practical Training Program for Pharmacy Technicians as 	The SPT will not be offered to new applicants as of September 3, 2024. The proposed Board resolution allows sufficient time for pharmacy technician applicants who are engaged in the

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
		<p><i>applicant must have successfully completed a practice assessment of competence approved by the Council.</i></p>	<p>SPT by the end of March 2025</p> <p>The Board approves successful completion of the College's Practice Assessment of Competence at Entry (PACE) for pharmacy technician applicants as an entry level practice assessment of competence.</p>	<p>administered by the College...</p>	<p>program prior to its discontinuation to complete it and be eligible for registration without having to undergo PACE as a pharmacy technician while their training is current.</p> <p>PACE for pharmacy technician applicants will be launched after October 1, 2024.</p>

FOR DECISION

From: Delia Sinclair Frigault, Equity, Diversity & Inclusion Manager, and Manager of Strategic Policy (interim)

Topic: New Practice Policy – Supervision of Pharmacy Personnel

Issue: Changes to General Regulation 202/94 of the Pharmacy Act, 1991, related to registration and quality assurance, are anticipated to take effect October 1, 2024. The regulatory changes include the removal of the student class of registration, and the addition of the intern technician and Part B pharmacy technician registrant classes. Due to these changes, the College's existing expectations related to the supervision of pharmacy personnel must be clarified. There is also an opportunity to streamline existing policy documents related to supervision. The Board is asked to approve a new Supervision of Pharmacy Personnel Policy (Attachment 12.1).

Public interest rationale: Pharmacies employ a variety of pharmacy personnel, including regulated health professionals and unregulated staff, with varying levels of experience and professional designation. Appropriate supervision is the safeguard that ensures the public receives safe and quality care regardless of who is providing that care.

Strategic alignment, regulatory processes, and actions:

The College has prioritized providing the public, registrants and other partners with relevant and up-to-date information (Strategic Goal 2) and utilizing College resources to address changes in the regulatory or practice environment (Strategic Goal 3). This new proposed policy, by conveying up-to-date information and addressing regulatory changes, aligns with these priorities.

Background and Analysis:

- Regulatory changes to *General Regulation 202/94 of the Pharmacy Act, 1991* related to registration and quality assurance were originally drafted and posted for consultation by OCP in 2017 and approved by the government in June 2024. Among the many changes to the regulation, including its revocation and replacement by *General Regulation 256/24*, are the addition of two new registrant classes – the intern technician and Part B pharmacy technician classes, and the removal of the pharmacy student registrant class.
- Pharmacy has been the only health profession in Ontario that required students to register with the College. The removal of the student registrant class will reduce the regulatory and administrative burden for students. While this may be perceived by the pharmacy profession as a significant change, neither the scope of practice for pharmacy students, nor the supervision of this group, will in fact change.
- What may change is registrants' *perceived* accountability over students. Similar to other health professions, pharmacy students have always been authorized, under the *Regulated Health Professions Act, 1991*, to practice the profession under supervision. And registrants have always been ultimately accountable for the actions of students under their supervision (ss. 2(1), para.11 of *O.Reg. 130/17 of the Pharmacy Act, 1991*). However, there may be a *perception* by registrants of increased accountability over students' actions, once the student class is removed.
- Registrants require policy direction and supportive guidance to navigate these changes to their profession, and to feel confident that their manner of supervising pharmacy personnel is done in a way that meets their professional responsibilities and protects the public.
- The College does not currently have a single, unifying practice policy applicable to all registrants related to supervision of pharmacy personnel. Below is a list of the various resources that have served as OCP's policy direction to registrants, related to this topic. If the new policy is approved by the Board, documents a) and b) below will be rescinded. The content within these documents has been relocated to the new policy.

- a) Guideline – [Supervision of Pharmacists \(Emergency Assignment\) and Pharmacy Technicians \(Emergency Assignment\)](#) (Published 2021)
 - b) Fact Sheet – [Supervision of Pharmacy Students & Interns](#) (Published 2014; Updated December 2020)
 - c) Policy – [“Designated Manager – Professional Supervision of Pharmacy Personnel”](#) (Published 2011; Reviewed 2014)
- To summarize, this is largely a “housekeeping” change. The new policy:
 - Consolidates information from existing College resources,
 - Adapts wording from existing expectation document to the new classes of registration coming into force October 1st,
 - Clarifies expectations regarding the supervision of students now that student will no longer be a registrant class, and
 - Clarifies additional supervisory requirements that were not previously explicitly addressed, for example, any supervisory requirements imposed by the Discipline Committee as a registrant’s Terms, Limits and Conditions, must be incorporated into supervisory agreements between the Supervisor and the registrant.

Motion:

THAT the Board approve the Supervision of Pharmacy Personnel policy, as presented.

Next Steps:

If approved by the Board, the College will post the new Supervision of Pharmacy Personnel policy and accompanying communication materials to the College’s website and retire the Supervision of Pharmacists (Emergency Assignment) and Pharmacy Technicians (Emergency Assignment) Guideline and the Supervision of Pharmacy Students & Interns Fact Sheet, which will be effectively outdated as of October 1, 2024.

Attachments:

- 12.1 – Supervision of Pharmacy Personnel Policy

Supervision of Pharmacy Personnel Policy

Approved: **TBD**

Effective Date: October 1, 2024

Version #: 1.00

Purpose

The purpose of this policy is to articulate the College's expectations of registrants related to supervising registered pharmacy personnel, non-registered pharmacy personnel, and other regulated (non-pharmacist) health professionals.

The information within this policy brings together the provisions and requirements related to supervision of pharmacy personnel found in the *Pharmacy Act, 1991*, and its regulations, the *Drug and Pharmacies Act, 1990*, and the *Regulated Health Professions Act, 1991*, to which all pharmacy professionals are accountable.

Scope

This policy applies to registered pharmacy professionals who supervise individual pharmacy personnel, in all practice settings (including remote dispensing locations).

The scope of this policy does *not* include:

- Supervision related to the operation of a pharmacy
- Workplace-specific supervision requirements that are not based on legislation relevant to this policy

Definitions

Designated Manager (DM): A Part A pharmacist designated by the owner of the community pharmacy, in information provided to the College, as the pharmacist responsible for managing the pharmacy¹. The DM is responsible for the human resources management in a pharmacy, including the supervision of pharmacy personnel. ([Drug and Pharmacies Regulation Act, 1990](#))

Direct supervision: Supervision that is provided by a person who is *physically present* on the pharmacy premises where the practice that is being supervised is carried out²([Ontario Regulation 256/24](#)), and in a manner that allows for observation and prompt intervention by the person supervising.

Emergency Assignment (EA) pharmacy professional: A pharmacist (EA) or pharmacy technician (EA) who has been issued an Emergency Assignment certificate of registration, during a time when the Emergency Assignment Registration is active.

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

Incapacitated: A person who is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the registrant's certificate of registration be subject to terms, conditions or limitations, or that the registrant no longer be permitted to practise. ([Regulated Health Professions Act, 1991](#))

Incompetence: When the care being provided to patients by a pharmacy professional or other regulated health professional displays a lack of knowledge, skill or judgment of a nature or to an extent that demonstrates that the registrant is unfit to continue to practise or that the registrant's practice should be restricted. ([Schedule 2 s.52\(1\) of the Regulated Health Professions Act, 1991](#)).

Intern: A person who is registered as an intern (pharmacist) under the *Pharmacy Act, 1991*. ([Drug and Pharmacies Regulation Act, 1991](#))

Intern Technician: A person who is registered as an intern technician (pharmacy technician) under the *Pharmacy Act, 1991*.

Part A: A registrant who provides patient care and holds a certificate of registration as a Part A pharmacist or Part A pharmacy technician. ([Ontario Regulation 256/24 of the Pharmacy Act, 1991](#))

Part B: A registrant who *does not* provide patient care and holds a certificate of registration as a Part B pharmacist or Part B pharmacy technician. ([Ontario Regulation 256/24 of the Pharmacy Act, 1991](#))

Pharmacy Personnel: Includes both regulated *pharmacy professionals* (listed above) and unregulated pharmacy staff including pharmacy assistants, pharmacy students, pharmacy technician students, as well as other regulated health professionals (e.g., nurses).

Pharmacy Professionals: Regulated professionals registered with the Ontario College of Pharmacists, including pharmacists, pharmacy technicians, interns (pharmacists), intern technicians, pharmacists (Emergency Assignment), and pharmacy technicians (Emergency Assignment).

Pharmacy Student³: A person enrolled in an educational program for the purposes of fulfilling the requirements to become a pharmacist.

Pharmacy Technician Student: A person enrolled in an educational program for the purposes of fulfilling the requirements to become a pharmacy technician.

Remote Dispensing Location (RDL): A place where drugs are dispensed or sold by retail to the public under the supervision of a pharmacist who is not physically present.

Supervision: If not preceded by the word 'direct,' *supervision* means supervision that is provided by a person who *is not physically present* on the premises but is available to the person being supervised for consultation or assistance, as needed.

Policy

The specialized knowledge and skills required to manage the risks inherent to the practice of pharmacy requires that the College develop and enforce practice standards and policies to protect the public from risks of harm. There are times when pharmacy personnel require supervision to ensure that patients are receiving safe, effective and ethical care.

The following pharmacy personnel require supervision:

- a) Pharmacy professionals with a certificate of registration
 - Pharmacists (Emergency Assignment)
 - Part B Pharmacist (when transitioning to Part A)
 - Part A Pharmacy Technician
 - Pharmacy Technician (Emergency Assignment)
 - Part B Pharmacy Technician (when transitioning to Part A)
 - Intern
 - Intern Technician
 - Other (non-pharmacist) regulated health professionals
- b) Pharmacy personnel without a certificate of registration
 - Pharmacy Student³
 - Pharmacy Technician Student
 - Pharmacy Assistant

Determining the Nature and Extent of Supervision

The nature of each supervisory relationship varies depending on the pharmacy setting, the person being supervised, the terms, conditions and limitations on the certificates of registration of those involved, and the purpose of the supervisory relationship.

It is imperative for supervisors to know the scope of practice of the pharmacy professionals they are supervising to determine what activities they can and cannot perform independently. Refer to the [Legal Authority for Scope of Practice/Authorized Acts](#) for a summary. The terms, conditions and limitations of each registrant class, within *Ontario Regulation 256/24 (General)* of the *Pharmacy Act (1991)*³ details all legislated requirements and limitations around the performance of controlled acts. Any other tasks or duties assigned in the course of supervising, if not clearly detailed in legislation, should be assigned in a manner that considers public safety, the Code of Ethics and the Standards of Practice.

A supervisor determines the extent of supervision required, based on:

- The registrant class of the person to be supervised, and their authorized scope of practice;
- Assessment of the person's competence through initial observation of their performance in practice and considering their experience to date; and

- Discussion and agreement with the person to be supervised regarding the types of practice activities that may be performed independently and how the supervisor would be consulted.

The supervisor must document the nature of the supervisory relationship and their rationale when determining what a person being supervised can and cannot do.

Accountability

In a supervisory arrangement, accountability exists for both the pharmacy professional providing supervision and the person being supervised.

Responsibilities of the Supervisor

- Registrants acting as supervisors must assess their own competence, skills, and training needs to ensure they can safely provide supervision. There must not be any terms, conditions or limitations on their own certificate of registration that would prevent them from supervising another pharmacy professional.
- Supervisors must ensure that all pharmacy personnel clearly identify their registrant class or role to patients, by actively communicating this information (e.g., verbally or in writing) and/or passively (e.g., with signage or worn identification). The name of the supervising pharmacist must be readily identifiable by the public at any point in time.
- Supervisors must determine and provide the appropriate level of supervision. This will vary depending on the individual they are supervising and/or the specific act(s) to be performed.
 - Failing to provide the appropriate level of supervision to those they are obligated to supervise is considered an act of professional misconduct⁴.
 - Registrants providing supervision can be liable for the actions of those under their supervision.
- While supervising pharmacy personnel, registrants who are also the Designated Manager (DM)/Hospital Pharmacy Administrator (HPA) must:
 - Consult the [Public Register](#) to confirm the current registration status of any pharmacy professional they employ;
 - Ensure 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; and
 - Report to the College if they revoke privileges, terminate, or suspend a regulated health professional for reasons of professional misconduct, incompetence or incapacity.⁵
 - If the regulated health professional is not a pharmacy professional, the DM/HPA must make the report to the appropriate health regulatory college.
- When supervising **students**, the supervisor must prioritize the experiential learning and skill development of the student. The performance of administrative tasks and meeting pharmacy-specific metrics must not be the primary focus of the student's experience.
- When supervising **EA Pharmacy Professionals**, a supervisor must:
 - Be a Part A pharmacist, if supervising a Pharmacist (EA);
 - Be a Part A pharmacist or pharmacist (EA), if supervising a Pharmacy Technician (EA);
 - Have agreed to supervise the EA pharmacy professional;

- Have a current and legitimate association with the EA pharmacy professional's practice site (e.g., reported workplace, shareholder stake, ownership), and have reported to the College the practice site at which supervision of the EA pharmacy professional shall occur; and
- Be available to consult in real-time with the EA pharmacy professional. If this communication is in electronic form, both parties must ensure they protect personal health information from unauthorized disclosure in accordance with privacy legislation.
- While supervisors are accountable for the regulated or unregulated pharmacy personnel under their supervision, ultimate accountability in a community pharmacy lies with the pharmacy owner and/or Designated Manager, as detailed in [s.166\(1\) of the Drug and Pharmacies Regulation Act, 1990](#).⁴
- Temporary Transfers of Supervisory Responsibility
 - There may be instances where a registrant must supervise pharmacy personnel they do not normally supervise, for example, if the usual supervisor is away from the pharmacy. In these situations, the supervisory authority and responsibility shifts to the interim supervisor, who assumes temporary responsibility for the person being supervised. The interim supervisor is responsible for assessing the individual they are to supervise and for reaching an agreement with that individual about what they can or cannot do under their supervision. A temporary, new supervisory relationship may result in different expectations than what was previously established.

Responsibilities of Pharmacy Technicians

Pharmacy technicians have a responsibility to practice according to the terms, conditions, and limitations of their certificate of registration, including any requirements for supervision.

- When practising in an accredited community pharmacy, pharmacy technicians must work under the **direct supervision** of a Part A pharmacist or pharmacist (EA).
- When practising at a Remote Dispensing Location (RDL), a pharmacy technician must be supervised by a Part A pharmacist or pharmacist (EA)^{1,6} that is physically present *at the accredited pharmacy that operates the RDL*.
- A pharmacist provides remote supervision via a live, two-way audio-visual link that permits dialogue between the pharmacist who is physically present in the accredited pharmacy, and RDL staff.
- In all other practice settings, including hospital pharmacies, pharmacy technicians must only practice their profession under the **supervision** of a Part A pharmacist or pharmacist (EA).

Responsibilities of Interns and Intern Technicians

Interns and intern technicians have a responsibility to practice according to the terms, conditions, and limitations of their certificate of registration, including any requirements for supervision.

- When practising in an accredited community pharmacy, *interns* must work under the **direct supervision** of a Part A pharmacist or pharmacist (EA).
- In all other practice settings, including hospital pharmacies, *interns* must only practice their profession under the **supervision** of a Part A pharmacist or pharmacist (EA).
- *Intern technicians* must only practice their profession under **direct supervision** of a Part A pharmacy technician, a pharmacy technician (EA), a Part A pharmacist, or a pharmacist (EA).
- Interns and intern technicians must never supervise others in the practice of the profession.

Responsibilities of Emergency Assignment Pharmacy Professionals

Emergency assignment pharmacy professionals have a responsibility to practice according to the terms, conditions, and limitations of their certificate of registration, including any requirements for supervision.

- Emergency assignment (EA) pharmacy professionals have not completed all requirements for registration as a pharmacist or pharmacy technician, therefore require supervision.
 - Pharmacists (EA) require **supervision** (not direct supervision)
 - Pharmacy Technicians (EA) must have **direct supervision** while practising in an accredited community pharmacy, and require **supervision** when practising in all other settings, such as hospital pharmacies or RDLs.
- In the course of providing patient care, a record of any consultation between the pharmacist (EA) and their supervising pharmacist must be documented in the relevant patient's file by the pharmacist (EA) in a manner that is timely and readily retrievable.

Supervising Students

In the process of becoming a regulated health professional, **pharmacy students** and **pharmacy technician students** are authorized, under the [Regulated Health Professions Act \(1991\)](#), to perform the controlled acts of their respective professions. While students are no longer registered with the College under a separate registration class, supervision of students remains a requirement. Both pharmacist and pharmacy technician students must be supervised by a registered pharmacy professional.

- Pharmacy students must be **supervised** by a Part A pharmacist or pharmacist (EA).
- Pharmacy technician students must be **supervised** by a Part A pharmacist, pharmacist (EA), Part A pharmacy technician, or pharmacy technician (EA).

Further, the [Drug and Pharmacies Regulation Act \(1990\)](#) specifies that when performing the acts of compounding, dispensing, and/or selling any drug in a community pharmacy, **direct supervision** of students is required.

Supervising Pharmacy Assistants or Other Unregulated Personnel

Pharmacy assistants may be assigned tasks (e.g., counting, measuring, labelling, packaging, managing inventory) that are part of controlled acts such as dispensing or compounding medications. The supervising pharmacy professional remains responsible and accountable for the controlled act, including implementing whatever safeguards necessary to ensure the tasks performed by pharmacy assistants are done correctly.

Pharmacy assistants and other personnel working in pharmacies (e.g., cashiers, clerks, volunteers) are unregulated staff who are not accountable to the College. The College has no authority over their actions, and therefore does not have a policy regulating who must supervise their work. It is at the discretion of the pharmacy owner, the DM or HPA to determine who supervises pharmacy assistants and other unregulated personnel, and how. And ultimately, DMs or pharmacy owners are responsible and liable for the actions of unregulated personnel.

Supervising other Regulated Health Professionals

In situations where a registrant is supervising another regulated health professional (e.g., nurses, dieticians) in a pharmacy practice setting, the DM or pharmacy owner is responsible and liable for the actions of these other regulated health professionals under their supervision. However, the regulated health professional is also accountable to their own regulatory college.

Supervision Authority Summary

Tables A and B below summarize the supervision authority of pharmacy personnel – who can supervise them, and who they can supervise – in a **community pharmacy environment**. **Direct supervision** is always implied, unless indicated otherwise.

A. Pharmacy Professionals with a certificate of registration

OCP Registrant Class	Who supervises them?	Who can they supervise?
Part A pharmacist	<ul style="list-style-type: none"> No supervision required 	<ul style="list-style-type: none"> All OCP registrant classes Non-registered pharmacy personnel
Pharmacist (emergency assignment)	<ul style="list-style-type: none"> Part A pharmacist <p>Supervision does not need to be direct (i.e., supervisor does not need to be physically present).</p>	<ul style="list-style-type: none"> All OCP registrant classes (except Part A pharmacists) Non-registered pharmacy personnel
Part B pharmacist (When in the process of moving to Part A; requires approval by	<ul style="list-style-type: none"> Part A pharmacist, or Pharmacist (emergency assignment) 	<ul style="list-style-type: none"> Authority to supervise non-regulated pharmacy personnel is at the discretion of the employer,

OCP Registrant Class	Who supervises them?	Who can they supervise?
Registrar to perform controlled acts or provide patient care)		Designated Manager or pharmacy manager
Part A pharmacy technician	<ul style="list-style-type: none"> Part A pharmacist, or Pharmacist (emergency assignment) 	<ul style="list-style-type: none"> Part B pharmacy technician Intern technician
Pharmacy technician (emergency assignment)	<ul style="list-style-type: none"> Part A pharmacist, or Pharmacist (emergency assignment) 	<ul style="list-style-type: none"> Intern technician
Part B pharmacy technician (When in the process of moving to Part A; requires approval by Registrar to perform controlled acts or provide patient care)	<ul style="list-style-type: none"> Part A pharmacist, or Pharmacist (emergency assignment), or Part A pharmacy technician 	<ul style="list-style-type: none"> Authority to supervise non-regulated pharmacy personnel is at the discretion of the employer, Designated Manager or pharmacy manager
Intern pharmacist	<ul style="list-style-type: none"> Part A pharmacist, or Pharmacist (emergency assignment) 	<ul style="list-style-type: none"> Authority to supervise non-regulated pharmacy personnel is at the discretion of the employer, Designated Manager or pharmacy manager
Intern technician	<ul style="list-style-type: none"> Part A pharmacist, or Pharmacist (emergency assignment), or Part A pharmacy technician, or Pharmacy technician (emergency assignment) 	<ul style="list-style-type: none"> Authority to supervise non-regulated pharmacy personnel is at the discretion of the employer, Designated Manager or pharmacy manager

B. Pharmacy Personnel without a certificate of registration

Non-Registered Pharmacy Personnel	Who supervises them?	Who can they supervise?
Pharmacy student	<ul style="list-style-type: none"> Part A pharmacist, or Pharmacist (emergency assignment) 	<ul style="list-style-type: none"> Authority to supervise non-regulated pharmacy personnel is at the discretion of the employer, Designated Manager or pharmacy manager

Pharmacy technician student	<ul style="list-style-type: none"> • Part A pharmacist, or • Pharmacist (emergency assignment), or • Part A pharmacy technician, or • Pharmacy technician (emergency assignment) 	<ul style="list-style-type: none"> • Authority to supervise non-regulated pharmacy personnel is at the discretion of the employer, Designated Manager or pharmacy manager
Pharmacy assistant	<ul style="list-style-type: none"> • Part A pharmacist, or • Pharmacist (emergency assignment), or • Part A pharmacy technician, or • Pharmacy technician (emergency assignment) 	<ul style="list-style-type: none"> • Authority to supervise non-regulated pharmacy personnel is at the discretion of the employer, Designated Manager or pharmacy manager

Additional Supervisory Requirements

Incapacitated or Incompetent Pharmacy Personnel

- To protect public safety, a registrant must take measures to restrict the practice of an incapacitated and/or incompetent registrant or unregulated staff member who is under their supervision.
- Where such measures are taken, the supervising registrant must document their observations, the steps taken to restrict practice, and any support given to the registrant or unregulated staff member to recover capacity.
- In cases involving a registrant of the College, the supervisor must file a [mandatory report](#) to the College.

Mandatory Reporting

Registrants must file a report with OCP or the appropriate health regulatory College, if in the course of their supervisory duties they have:

- Revoked privileges or imposed restrictions on another regulated health professional’s practice for reasons of professional misconduct, incompetence or incapacity⁷; or
- Suspended or terminated the employment of a regulated health professional for reasons of professional misconduct, incompetence or incapacity, or where they intended to terminate employment for these reasons but did not do so because the regulated health professional resigned⁷; or
- Reasonable grounds to believe that a registrant of any regulated health profession has sexually abused a patient⁷. Additional information related to reporting this may be found in the [Boundary Violations and Sexual Abuse Policy](#).

- Reporting is not required for employment-related reasons (e.g., issues such as lateness or personal incompatibility) that do not compromise patient safety or contravene standards of practice.

Special Consideration of Responsibilities under Uncommon Circumstances

Supervising Part B Pharmacists and Part B Pharmacy Technicians Transferring to Part A

When a **Part B pharmacist** or **Part B pharmacy technician** [requests a transfer to Part A](#) of the register, they may, with prior written approval of the Registrar, perform the controlled acts authorized for pharmacy professionals, to meet the requirements of that transfer. In these situations:

- A Part B pharmacist must work under **direct supervision** of a Part A pharmacist or pharmacist (EA) when providing patient care or performing controlled acts⁸.
- A Part B pharmacy technician must work under **direct supervision** of a Part A pharmacy technician, Part A pharmacist or pharmacist (EA) when providing patient care or performing controlled acts.

Part B pharmacists and Part B pharmacy technicians must *never* supervise others in the practice of the profession.

Supervising Registrants with Specified Terms, Conditions or Limitations

Registrants must practice according to the terms, conditions, and limitations (TCLs) on their certificate of registration, including those imposed as part of disciplinary actions to address issues of misconduct or incompetence, which may require supervision for a period of time or when performing certain aspects of practice. In such cases, the supervising pharmacist must be aware of the supervisory requirements and timeframe and document this information.

Legislative References

- The [Drug and Pharmacies Regulation Act, 1990 \(DPRA\)](#)
- [Ontario Regulation 264/16 – General under the DPRA, 1990](#)
- The [Pharmacy Act, 1991](#)
- [Ontario Regulation 256/24 – General under the Pharmacy Act, 1991](#)
- [Ontario Regulation 130/17 – Professional Misconduct and Conflict of Interest under the Pharmacy Act, 1991](#)
- The [Regulated Health Professions Act, 1991](#)

Additional References

- The Ontario College of Pharmacists [Code of Ethics](#)
- [Mandatory Reporting](#)

- [Boundary violations and Sexual Abuse Policy](#)
- [NAPRA Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada](#)
- Supplemental Guidance – Supervision of Pharmacy Personnel (intended to be read alongside this policy)

Revision History

Version #	Date	Action
1.00	October 1, 2024	New; Incorporated 1) Supervision of Pharmacists (EA) and Pharmacy Technicians (EA) Guideline (now archived), 2) Supervision of Pharmacy Students & Interns Fact Sheet (now archived), 3) Designated Manager – Professional Supervision of Pharmacy Personnel Policy

¹ The [Drug and Pharmacies Regulation Act, 1990](#)

² [Ontario Regulation 256/24](#) of the *Pharmacy Act, 1991*

³ As of October 1, 2024, pharmacy students are no longer expected to register with the College

⁴ [Ontario Regulation 130/17](#) of the *Pharmacy Act, 1991*

⁵ <https://www.ocpinfo.com/protecting-the-public/fitness-to-practise/incapcity/>

⁶ [Ontario Regulation 264/16](#) - General under the *Drug and Pharmacies Act, 1990*

⁷ [Regulated Health Professions Act, 1991](#) – Schedule 2 Health Professions Procedural Code

⁸ [Pharmacy Act, 1991](#) – Section 4 Authorized Acts

COMMITTEE APPOINTMENTS FOR 2024-2025

ACCREDITATION AND

DRUG PREPARATION PREMISES

Public Directors (2 not on DC):

Elnora Magboo

Stephen Molnar

PCA: (3 or +) (not on DC)

H - Lori Chen

Agatha Dwilewicz

Nadia Fillippetto

Frank Hack (Chair)

Chintan Patel

Tracy Wiersema

Adnan Bodalbhai

Staff Resource: Katryna Spadafore

DISCIPLINE

Elected Directors (all):

HT - Jennifer Antunes

T - Connie Beck

Simon Boulis

Doug Brown

Andrea Fernandes

Sara Ingram

James Morrison

Siva Sivapalan

Wilf Steer

Public Directors (all):

Randy Baker

JP Eskander

Adrienne Katz

Nadirah Nazeer

Cindy Wagg

Devinder Walia

Shari Wilson

PCA (10 or +):

Chris Aljawhiri (Chair)

Ramy Banoub

Dina Dichek

Negeen Foroughian

Jillian Grocholsky

Chris Leung

Beth Li

T - Cory McGill flex in other

Megan Peck

Karen Riley

Zahra Sadikali

Jeannette Schindler

Connie Sellors

Laura Weyland

David Windross

LCA:

Aditi Agnihotri

Kathy Al-Zand

Christine Henderson

Kim Lee

Sylvia Moustacalis

Ravil Veli

Staff Resource: Genevieve Plummer

FITNESS TO PRACTISE

Public Directors (2):

Randy Baker

Shari Wilson

PCA (2 or +):

Dina Dichek (Chair)

PT - Lynn Covert

Colette Raphael

Karen Riley

Zahra Sadikali

Jeannette Schindler

LCA:

Kathy Al-Zand

Staff Resource: Genevieve Plummer

INQUIRIES, COMPLAINTS AND REPORTS

Public Directors (all):

Randy Baker

JP Eskander

Adrienne Katz

Elnora Magboo

Stephen Molnar

Nadirah Nazeer

Devinder Walia

Cindy Wagg

Shari Wilson

PCA (10 or +):

Elaine Akers

Derek Antwi

Jaltarang Bhimani

T - Tanisha Campbell

Vickie Chang

Ashley Cunningham

Nneka Ezurike

Sajjad Giby

H - Michael Heffer

H - Wassim Houneini

H - Aline Huynh

Khaleda Noor Kabir

Ankit Kansara

Tom Kontio

Elizabeth Kozyra

HT - Kim Lamont

Chris Leung

Janet Leung

Dean Miller

Chintan Patel (Chair)

Nikki Patel

Ranvir Rai

H - Stephanie Rankin

Saheed Rashid

Fatema Salem

HT - Veronica Sales

Kaivan Shah

Ian Stewart

Frank Tee

Tirath Thakkar

Tracy Wiersema

Lisa-Kaye Williams

Ali Zohouri

Staff Resource: Katryna Spadafore

PATIENT RELATIONS

PCA (1 or +):

Saliman Joyian

Kshitij Mistry

Adam Silvertown

Max Yaghchi

LCA (2 or +):

Kathy Al-Zand

Melissa Sheldrick

Jennifer Shin

Ravil Veli (Chair)

Saeed Walji

Staff Resource: Todd Leach

QUALITY ASSURANCE

Public Directors (2):

Stephen Molnar

Cindy Wagg

PCA (5 or +):

H - Annie Brooks

H - Miska Danchuk - Lauzon

T - Amber Farhat

Eric Kam

Pritesh Mistry

Karen Riley (Chair)

Staff Resource: Kristin Reid

REGISTRATION

Public Directors (2):

Randy Baker

Devinder Walia

PCA (5 or +):

Kenny Chong

HT - Danielle Garceau (Chair)

Cindy Giby

PT - Beverly Miller

Craig Whistance-Smith

Dean:

Lisa Dolovich

Andrea Edginton

Alain Stintzi

ON Pharmacy Technician Program Rep:

Angela Roach

LCA:

Saeed Walji

Michael Scarpitti

Staff Resource: Greg Purchase

EXECUTIVE

Elected Directors (at least 2 Elected and 2 Public)

Board Chair

Board Vice-Chair

Director

Director

Director

Staff Resource: Shenda Tanchak

FINANCE AND AUDIT

Elected Directors (2 or +):

To be determined

To be determined

Public Director (1 or +):

To be determined

To be determined

Staff Resource: Thomas Custers &

Jaime Dawkins

GOVERNANCE COMMITTEE

4 Directors

Public Director

Elected Director (Pharmacist)

Elected Director (Pharmacy Technician)

Director

LCA at discretion

Staff Resource: Shenda Tanchak

SCREENING COMMITTEE (MARCH APPT)

Elected Directors:

Governance Committee Chair

2 additional Directors (1 or + Public

Directors)

LCA (2 or +):

Staff Admin: Shenda Tanchak

Legend:

T = Technician, H = Hospital

HT = Hospital Technician

Chair = Chair of Committee

PCA = Professional Committee Appointee

LCA = Lay Committee Appointee

New Addition

Chair

BOARD BRIEFING NOTE

MEETING DATE: September 15-16, 2024

FOR DECISION

From: Doug Brown, Finance and Audit Committee Chair

Topic: Proposed changes to the Investment Policy Statement and Procedure for Reserve Funds which supports Board Policy 4.12 – Investments.

Issue/Description: Revising the Board Investment Policy to 1) include a conflict-of-interest clause to address situations that may appear compromising to the College's judgement, decisions, or regulatory actions due to financial investments the College has made, and 2) to align the Policy with the College's current practice of holding its guaranteed investment certificates (GICs) at one financial institution.

Public interest rationale: In seeking the highest return on investment, situations should be prevented whereby investments could appear to undermine the public and registrants' trust that the College is acting in the public interest. These situations could arise when the College invests in companies whose pharmacy practices the College regulates. Furthermore, reducing the risk of significant investment losses because a financial institution that holds College investments becomes bankrupt or experiences significant losses is critical to ensure the College can provide for extraordinary and/or unexpected expenses that exceed or fall outside the provisions of the College's operating budget to continue protecting the public.

Strategic alignment, regulatory processes, and actions: Including a conflict-of-interest clause supports the broader regulatory goal of maintaining public trust and aligns with the College's value of operating with integrity. Limiting the risk of significant investment losses due to a financial institution becoming bankrupt or experiencing significant losses is critical to ensure the College can make needed extraordinary investments to protect the public or pay for unforeseen expenditures that are not included in the College's operational budget.

Conflict of interest

Background:

- The College invests approximately \$3 million of its reserve funds in a diverse range of assets, including Canadian and international equities, as well as fixed income and corporate bonds. The investments are managed by Frank Teti, Senior Portfolio Manager at BMO Nesbitt Burns.
- Currently the College's investment policy does not restrict which types of companies can be included in the portfolio. This flexibility allows for a broad investment strategy focused on maximizing returns while managing risk.
- In discussing changes to the College's investment policy at the March 4, 2024, Finance and Audit Committee meeting, it was noted that the portfolio included investments in two companies that operate pharmacies as a segment of their overall business. The percentage within the College's portfolio is small (about 0.6% of the College's \$3 million investment value). This raised concerns about a perceived conflict of interest with the College's strategic goals and its recent zero tolerance statement.
- The Finance and Audit Committee discussed whether the College should update its investment policy to address these concerns at the May 6, 2024, and August 26, 2024, meetings, resulting in a recommendation for the Board to consider.

Analysis:

- The College's investment portfolio is diverse, with investments spread across at least nine sectors and more than 50 companies. The composition and value of the College's investment portfolio is subject to change as better investment alternatives emerge. This makes it challenging to precisely evaluate the impact of excluding companies that operate pharmacies.
- Currently, the College's portfolio includes direct investments in two companies which operate pharmacies. However, their pharmacy operations are a small segment of their company and not the primary focus/core business, e.g., linked with other business segments such as warehouse ancillary or gasoline sales. The College does not hold investments in any pharmacy chains.
- The rationale for investing in those two companies is their strong performance, noting however that two holdings represent less than 1% of the College's total portfolio, amounting to less than \$30,000.
- Given the very limited impact on the College's return on investment/stability of the College's investment portfolio, the potential for an actual conflict of interest is basically nil. However, deciding whether companies should be excluded due to a perceived conflict of interest is more difficult. Could the public trust in the College be compromised by the awareness that the College invests in companies the College regulates?

Options:

- The Finance and Audit Committee discussed the following options (see appendix 1 for the benefits and concerns of each option):
 1. The College **cannot** hold any investments in pharmacies either directly or indirectly through funds (e.g., index funds), including companies that have pharmacies as a segment of their operations.
 2. The College **cannot** hold any direct investments in pharmacies (including companies that have pharmacies as a segment of their operations) but **may hold** funds (e.g. index funds) that hold shares of pharmacies.
 3. The College **may hold** direct investments in companies with pharmacy operations, provided these operations are not part of the company's 'core' business and that the total investment in such companies does not exceed 5% of the entire investment portfolio.¹
 4. **Maintain** the College's current investment approach without imposing conflict of interest restrictions.

Recommendation:

- The Committee debated the options over two meetings, with additional clarification provided by BMO Nesbitt Burns. Perceived conflict of interests may happen often, and it is important to be transparent regarding how they are managed, either by removing the conflict, or mitigating it in other ways.
- The impact of the two current investments in companies which operate a pharmacy is very limited (less than 1%). Recognizing the purpose of the investments, the Committee believes it would be appropriate to have the flexibility for the College to invest in companies with pharmacy operations, provided these operations are not part of the company's core business, and the investment in such companies is capped at 5% (option 3).

Diversification of GIC Investments

Background:

- The Board Investment Policy's requirement to invest with multiple financial institutions aims to reduce the risk of significant losses should one institution become bankrupt or make significant losses on its investments. The current financial institution holding the College's funds has a long-standing history, is one of Canada's

¹ For the purposes of this policy, 'core' business is defined as any business segment where Canadian pharmacy operations contribute more than 10% to the company's overall revenue.

largest banks, holds high credit ratings with reputable agencies, and is financially sound.

- Holding the majority of reserve funds within one financial institution presents opportunities for favourable rates on financial products and fees, potentially increasing cash reserves. Holding funds in multiple banks may cause administrative delays and prohibit operational efficiency.
- The proposed changes address a discrepancy between the policy and current practice, which had been flagged by the auditor.

Recommendation:

While recognizing the benefit of diversifying GICs as a risk reduction strategy, there are benefits associated with having all of the College's GICs at one financial institution. To find the balance, the Finance and Audit Committee recommends that the Board makes the following amendment to the Investment Policy Statement and Procedure for Reserve Funds:

Remove:

2.3 When investing in guaranteed investment certificates, the use of holding multiple investments with different institutions, holding periods and interest rates help to mitigate risks associated with any one particular security.

Proposed amendment:

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

Motion:

THAT the Board approves the recommendations of the Finance and Audit Committee to update the Investment Policy Statement and Procedure for Reserve Funds which supports Board Policy 4.12 – Investments:

- to remove clause 2.3 and insert the amendment proposed above regarding guaranteed investment certificates (GICs),
- to include a conflict-of-interest clause that the College may hold direct investments in companies with pharmacy operations, provided these operations are not part of the company's 'core' business and that the total investment in such companies does not exceed 5% of the entire investment portfolio.

Attachments:

- 14.1 – Policy 4.12

Appendix

Option	Benefits	Concerns
<p>The College cannot hold any investments in pharmacies either directly or indirectly through funds (e.g. index funds), including companies that have pharmacies as a segment of their operations.</p>	<p>Avoidance of any real or perceived conflict of interest. Avoidance of support for companies that may compromise the health and well-being of pharmacy professionals, or do not adhere to the Standards of Practice and Code of Ethics. In line with Risk Appetite Statements (particularly avoidance of reputational risk).</p>	<p>May impose limitations that conflict with the purpose of College investments, which is to preserve real capital. Portfolio restrictions may make comparisons against index more difficult, which may impact the College’s ability to assess how well investments are performing. Will exclude investment opportunities in companies of which pharmacies are only a minor part.</p>
<p>The College cannot hold any direct investments in pharmacies (including companies that have pharmacies as a segment of their operations) but may hold funds (e.g. index funds) that hold shares of pharmacies.</p>	<p>The impact of pharmacies on a fund's overall performance is limited, and therefore, there is a lower risk of a real conflict of interest. Broad market exposure. Allows for broader investment opportunities which may not only yield higher return on investments but also potentially provide more stability to the College’s investment portfolio.</p>	<p>Although minimal, there is still a risk of perceived conflict of interest or supporting companies that may compromise the health and well-being of pharmacy professionals, or do not adhere to the Standards of Practice and Code of Ethics.</p>
<p>The College may hold direct investments in companies with pharmacy operations, provided these operations are not part of the company’s ‘core’ business and that the total investment in such companies does not exceed 5% of the entire investment portfolio.²</p>	<p>Provides more flexibility for the investment manager to invest for the highest return and may also provide more stability to the College’s investment portfolio. Investment is capped to a small portion of the College’s investment portfolio and limits real conflict of interest and may also reduce the risk of a perception of conflict of interest. Easy to adhere to for the College’s investment manager.</p>	<p>Although minimal, there is still a risk of perceived conflict of interest or supporting companies that may compromise the health and well-being of pharmacy professionals, or do not adhere to the Standards of Practice and Code of Ethics.</p>

² For the purposes of this policy, ‘core’ business is defined as any business segment where Canadian pharmacy operations contribute more than 10% to the company’s overall revenue.

Option	Benefits	Concerns
<p>Maintain the College's current investment approach without imposing conflict of interest restrictions.</p>	<p>Provides full flexibility for the investment manager to invest for the highest return while ensuring as much as possible stability to the College's investment portfolio.</p>	<p>The risk of perceived conflict of interest, although limited, as investments in pharmacies or companies that have pharmacies as a segment of their operations have a limited impact on the College's overall return on investment.</p>

Purpose:

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

Application:

This policy applies to:

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

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

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

Policy:

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

Procedure

1. The Board may establish Reserve Funds as required. At the end of each fiscal year, an allocation from any excess of revenue over expenses shall be made to maintain the Reserve Funds as established by the Board.
2. Surplus funds not allocated to Reserve Funds, and not needed to meet the College's operating expenses in the immediate future, may be invested in short-term instruments with a term of 0 days to 18 months or in a pool of such investments. The primary objectives of such investments, in order of importance, shall be maintenance of liquidity, preservation of capital and yield.

Acceptable Investments shall include:

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

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

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

Amendment: The Board may amend this policy.
First Approval Date: December 12, 2022
Last Review: March 25, 2024
Last Revision: March 25, 2024
Next Review Date: XXXX

INVESTMENT POLICY STATEMENT AND PROCEDURE FOR RESERVE FUNDS

Ontario College of Pharmacists

Effective: December 2022

Revised: March 2024; [August 2024](#)

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1

Overview

Purpose and Scope

- 1.1 The Council of the Ontario College of Pharmacists (“the College”) has established reserve funds in order to cover variable and/or unforeseen costs and expenses. The purpose of this Policy is to summarize the nature of the funds and to set out the investment objectives and guidelines under which the funds are to be invested.
- 1.2 In developing the Policy, the College has considered the obligations and objectives of the funds as well as applicable regulatory requirements.

Nature of the Funds

1.3 The Ontario College of Pharmacists

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

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

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

1.4 The Investigations and Hearings Reserve Fund

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

1.5 The Contingency Reserve Fund

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

Governance

- 1.6 The Board is the legal trustee and administrator of the Fund and is therefore responsible for all matters relating to the administration, interpretation and application of the Fund, including developing, monitoring and amending this Policy.
- 1.7 The Board has delegated certain responsibilities to The Finance and Audit Committee, including monitoring of the Fund and its investments, appointing and terminating investment managers and advisors to the Fund, reporting to the Board on the performance of the Fund and recommending changes to the Fund and this Policy. The Finance and Audit Committee is supported by The College Staff.

Beliefs

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

2

Investment Policies

Diversification

- 2.1 Asset mix diversification is the key risk management strategy and the Board shall review the asset mix policy at least every four years to ensure it aligns with the overall objectives of the Fund.
- 2.2 The use of broadly diversified investment funds is an additional risk management strategy used to mitigate risks associated with any one particular security, country, region, industry and currency.
- ~~2.3 When investing in guaranteed investment certificates, the use of holding multiple investments with different institutions, holding periods and interest rates help to mitigate risks associated with any one particular security.~~

Investment Objective

- 2.4 The primary investment objective of the Funds is to preserve real capital. The Board recognize that short term market volatility may cause temporary losses in the market value of the Fund.
- 2.5 The long-term investment objective of the Funds are to achieve a nominal annual rate of return equal to the return that could have been earned by passively investing in the Benchmark Index outlined below on a rolling 4-year basis. However, in any one year the annual rate of return may be above or below this objective.
- 2.6 In order to achieve the return objective of the Funds at an acceptable level of volatility, the Fund will be invested in the following asset classes, subject to the following minimum and maximum aggregate investment limits:

The Investigations and Hearings Reserve Fund

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

The Contingency Reserve Fund

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

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

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

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

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

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

Derivatives, Options, and Futures

- 2.9 Derivatives such as options, futures, swaps, forward contracts on any securities including indices are permitted investments. Derivatives may be used to:
- hedge fully or partially any investment risk, including market, interest rate, credit, and liquidity risk; or
 - replicate direct investments in the underlying assets or group of assets so as to achieve some advantage of lower cost, transactional ease or market exposure.

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

Permitted Investments and Investment Guidelines

- 2.10 The following broad categories of investments are permitted for the Fund:
- Equities;
 - Fixed Income;
 - Cash, demand deposits, guaranteed investment certificates (GICs) and money market securities.
- 2.11 Investments in guaranteed investment certificates (GICs) must be held in accounts in at least one of the following banks: Royal Bank of Canada, Toronto-Dominion Bank, Bank of Montreal, Bank of Nova Scotia, or Canadian Imperial Bank of Commerce, or managed through an approved investment manager. Selected banks must maintain a credit rating of A or above from one of the three globally leading credit rating agencies (S&P Global Ratings, Moody's, Fitch Group).
- 2.12 The College may hold direct investments in companies with pharmacy operations, provided these operations are not part of the company's 'core' business and that the total investment in such companies does not exceed 5% of the entire investment portfolio.

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

Investment Funds

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

Performance Measurement Monitoring

- 2.14 Investment performance will be reviewed on a quarterly basis by the Finance and Audit Committee and reported to the Board at least annually.
- 2.15 Performance of an investment manager will be evaluated with respect to an appropriate market index.
- 2.16 For the purpose of measuring rates of return, all returns shall be measured before investment management fees, but after transaction costs, and over rolling four-year periods. All index returns shall be total returns. All foreign index returns shall be Canadian dollar returns.

Selection, Monitoring and Termination of Investment Managers

- 2.17 The selection and monitoring of investment managers by the Finance and Audit Committee involves consideration of both qualitative and quantitative factors, which may include:
- Investment performance relative to benchmark and/or peers;
 - Overall adherence to this Policy;
 - Characteristics of the firm and organization and evaluation of any changes to the firm or key personnel; and
 - Competitiveness of fees and expenses.
- 2.18 If an investment manager fails to meet the criteria used for selection and monitoring, the Finance and Audit Committee shall consider whether further action should be taken, as appropriate.

3

General Policies

Conflicts of Interest

- 3.1 “Affected Persons” means Board, Finance and Audit Committee, and College staff.
- 3.2 A conflict of interest is defined as any direct, indirect, actual or perceived material pecuniary interest of an Affected Person in, or any other direct or indirect personal benefit, actual or perceived, to be derived by an Affected Person from any arrangement, contract, investment, transaction or other matter related to the Affected Person’s duties or powers with respect to the Funds.
- 3.3 Each Affected Person shall adhere to Board Policy 3.9 Conflicts of Interest.

Lending of Securities

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

Voting Rights

- 3.5 With respect to the portion of the Fund invested in pooled funds, the authority for exercising all voting rights is delegated to the investment manager of the pooled fund, to be exercised in accordance with the pooled fund’s policies.
- 3.6 With respect to the portion of the Fund invested in segregated mandates where individual securities are beneficially owned by the Fund, the authority for exercising all voting rights is delegated to the investment manager of the segregated mandate, provided that the Finance and Audit Committee reserves the right to direct or override the voting decisions of the investment manager if, in its view, such action is in the best interests of the Fund and its beneficiaries.
- 3.7 Any rights acquired to exercise the votes of pooled fund units and interests in partnerships or limited partnership within the Fund shall be the responsibility of the Finance and Audit Committee, which shall vote in the best interests of the Fund’s beneficiaries.

Custody

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

Valuation of Investments

- 3.9 Investments in pooled funds shall be valued according to the unit values published by the investment manager.
- 3.10 If any of the Fund assets are invested in assets or securities that are not regularly traded at a marketplace, then such securities will be valued at least once annually by the custodian and its agents. Where deemed by the Finance and Audit Committee to be prudent and cost effective, external independent valuations will be obtained. In the absence of any other valuation by the Trustee or independent appraiser, such assets or securities will be held at their book value.
- 3.11 With respect to the portion of the Fund invested in segregated mandates where individual securities are beneficially owned by the Fund:
- Investment in publicly traded securities shall be valued at their fair market value no less frequently than monthly.
 - If a market valuation of an investment is not readily available, then, where expertise exists, the security will be valued at least monthly by the Investment Manager using best judgment in consultation with market makers. Securities that fall outside this area of expertise will be valued by external, independent, qualified specialists that will be retained at a minimum of once per calendar year.
 - Derivatives not traded over public exchanges will be valued by an entity independent of the counterparty to the derivative transaction.

Liquidity of Investments

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

Compliance Reporting by the Investment Manager(s)

- 3.13 The investment managers are responsible for completing a compliance report each quarter. The compliance report should indicate whether or not the manager was in compliance with the established investment guidelines throughout the quarter. Where the Fund is invested in a manager's pooled fund, the manager will report on compliance with the pooled fund policy.
- 3.14 In the event that a manager is not in compliance with the guidelines, the manager is required to detail the nature of the non-compliance and recommend an appropriate course of action to remedy the situation.

Standard of Professional Conduct

- 3.15 The investment managers are expected to comply, at all times and in all respects, with the Code of Ethics and Standards of Professional Conduct as promulgated by the CFA Institute.
- 3.16 The investment managers will manage the Fund with the care, diligence and skill that an investment manager of ordinary prudence would use in dealing with assets of another

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

Review and Approval of Policy

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

BOARD BRIEFING NOTE

MEETING DATE: September 15-16, 2024

FOR DECISION

From: Doug Brown, Finance and Audit Committee Chair

Topic: Appointment of Auditor 2024

Issue/Description: As part of its duties, the Finance and Audit Committee (FAC) makes a recommendation to the Board of Directors on the appointment or reappointment of the auditor.

Public interest rationale: The College undergoes an independent audit of its financial statements annually in accordance with Canadian accounting standards for not-for-profit organizations. The objective is to obtain reasonable assurance as to whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report. By completing the audit and publishing its results, the public trust in the financial health of the College can be maintained.

Strategic alignment, regulatory processes, and actions: The information outlined below supports activity related to the College's second strategic priority, "strengthening trust and confidence in the College's role as a patients-first regulator."

Background:

- Tinkham LLP Chartered Professional Accountants were first appointed as auditors for the College in December 2017 and have been reappointed each year since.
- The Committee undertook a market review in 2021 to ensure the services provided were competitively priced and reflective of best practices.
- A request for proposal (RFP) process took place with five accounting firms with experience in the regulatory arena asked to make a proposal.
- The FAC recommended Tinkham based on cost/value for money, experience and satisfaction of services to date.
- The Board of Directors currently approves the appointment or re-appointment of the auditor, recommended by the FAC, on an annual basis.
- The Chartered Professional Accountants of Canada (CPA Canada) recommends an external auditor review be performed every five years to maintain audit quality.

Analysis:

- In 2023, the College adopted CPA Canada's recommended timeline for a market review every five years unless different circumstances require an earlier review. The next review is slated for 2026.
- The Finance and Audit Committee continues to be satisfied with the services and advice provided by Tinkham and, therefore, has no reason to go to market at this point.

Motion:

THAT the Board appoint Tinkham LLP Chartered Professional Accountants as auditor for 2024.

**Registration Committee
September 2023 – September 2024**

Committee Role:

As set out in the Objects of the College, which are defined in the *Health Professions Procedural Code*, the College, through the Registration Committee, is responsible for developing, establishing, and maintaining standards of qualification for persons to be issued certificates of registration.

The role of the Registration Committee is further defined in the *Health Professions Procedural Code* and the *General Regulation* under the *Pharmacy Act, 1991*. The legislation also sets out the requirement that the Fairness Commissioner must have oversight over the registration practices of the College for the purpose of ensuring that these practices are transparent, objective, impartial and fair for anyone applying to practise their profession in Ontario.

Within these parameters, the Registration Committee oversees the development of registration requirements and related policies. An overview of core registration requirements is provided in the table below:

Requirements for All Classes	Additional Requirements for Pharmacists and Pharmacy Technicians (Non-exemptible)
Language Proficiency (in English or French)	Education
Good Character (including a clear Police Background Check)	Pharmacy Examining Board of Canada (PEBC) Qualifying Examination
Canadian Citizenship or appropriate legal status in Canada	OCP Jurisprudence, Ethics, and Professionalism Examination
Personal Professional Liability Insurance	OCP Practice Based Assessment/Training <ul style="list-style-type: none"> - Practice Assessment of Competence at Entry (PACE) for pharmacists - Structured Practical Training (SPT) for pharmacy technicians
Required Fees Paid	

Note: There are currently four permanent classes of registration and two temporary classes (emergency assignment) of registration. The requirements for each are posted on the College website.

Registration Committee Panels Role:

In situations where an applicant does not squarely meet all of the specific legislative and regulatory requirements for the Registrar to issue a Certificate of Registration, the applicant has the right to request a review of their application by a Panel of the Registration Committee.

Where the applicant asks for a review of their application, a Panel of the Registration Committee will conduct an independent review of the matter, taking into consideration additional information provided by

the applicant, to determine if the individual is eligible for registration. The Panel decides if the applicant meets the registration requirements and then can direct the Registrar to either register the applicant (with or without any additional training, education or examinations, or terms, conditions and limitations) or to refuse to issue a Certificate of Registration.

All decisions of Panels of the Registration Committee are appealable to the Health Professions Appeal and Review Board.

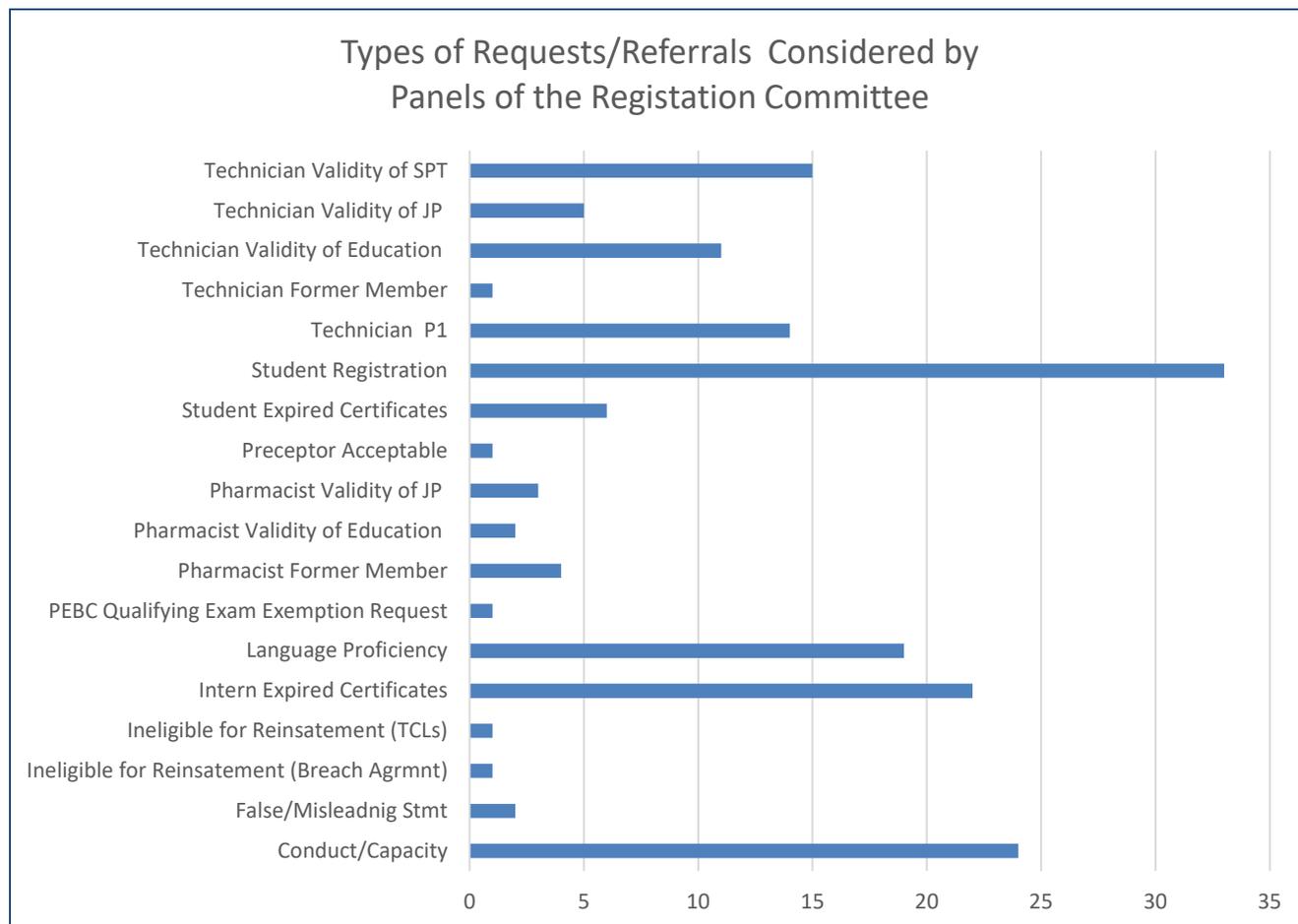
Members: Sylvia Moustacalis (Chair), Randy Baker, Kenny Chong, Lisa Dolovich, Andrea Edgington, Daniel Figeys, Danielle Garceau, Cindy Giby, Edward Odumodu, Micheline Piquette-Miller, Angela Roach, Michael Scarpitti, Alain Stintzi, Devinder Walia, and Craig Whistance-Smith.

Committee Statistics:

Registration Panel Requests and Outcomes (September 2023 to August 2024)

Requests considered	165
Outcome – fully granted	135
Outcome – partially granted	17
Outcome – deferred	3
Outcome – withdrawn	1
Outcome - denied	9

Additional statistics regarding the number of new registrations, registrant renewals, Jurisprudence assessments, PACE assessments and SPT training are provided in the College’s 2023 Annual Report https://www.ocpinfo.com/wp-content/uploads/2024/06/ocp_annual_report_2023.pdf Note that the Annual Report includes statistics based on the calendar year (January to December) not the Board Year (September to August).



Key Highlights:

Did the Committee successfully fulfill its' responsibilities this year? How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives? If specific goals were set, what were they and were they met?

OCP received a successful outcome from the Office of the Fairness Commissioner (OFC) Risk-Informed Compliance Framework assessment for the period of April 1, 2024 to March 31, 2026, which includes historical performance and forward-looking risk factors. The OFC placed OCP into the low-risk category.

As evidenced by the committee role and the statistics above, the Registration Committee successfully fulfilled its regulatory responsibilities this year. The Registration Committee's work directly contributes to the College's mandate of public protection by ensuring that only qualified persons are issued certificates of registration.

Was any training provided to the Committee this year (if so, please summarize)?

During the Registration Committee orientation held in the Fall of 2023, the entire committee received an orientation to the College's registration program, including training on reviewing and making decisions on registration matters using mock cases. The Registration Committee also received information on upcoming registration regulation changes, information on the Pharmacy Examining Board of Canada and changes to their processes, as well as training on the use of gendered language and pronouns.

Challenges:

With recent legislative changes to the *Regulated Health Professions Act, 1991*, Canadian experience may no longer be included as a registration requirement. This includes practical training programs, such as OCP's SPT program. For pharmacist applicants, OCP has already transitioned to PACE. For pharmacy technician applicants, the transition to PACE is planned for late 2024. Part of the challenge making this transition is the delay in establishing an intern class for pharmacy technician applicants and as a result, the inability of pharmacy technician applicants engaging in controlled acts / full scope after they graduate from educational programs. New Registration / QA regulations submitted to the Ministry of Health in 2018 included an intern technician class. These regulations have been approved by Government and will come into effect on October 1, 2024.

Ongoing Initiatives:

As described above, the transition to PACE for pharmacy technicians is an ongoing initiative and will be managed in conjunction with related regulation changes, which are due to take effect on October 1, 2024.

Future Considerations:

With approval of the registration regulation changes, the Registration Committee will continue to work with staff on implementation of these changes, including identifying any impacts that these changes may have on applicants coming through the Registration Panel processes. The Board will be informed and/or consulted regarding any further action needed in terms of policy development.

Quality Assurance Committee September 2023 – September 2024

Committee Role:

The Quality Assurance Committee oversees the College's Quality Assurance program which helps ensure the continuing competency of pharmacists and pharmacy technicians to protect the public.

As described in the legislated **Objects of the College**, the purpose of the QA program is not only to assure the public that healthcare professionals are competent to provide patient care, but also to contribute to individual and system-wide continuous quality improvement.

OCP's QA program is grounded in current best practice which indicates that multiple yet complementary assessment modalities employed on different occasions in the practitioner's practice is the best approach. OCP's QA program includes the following QA activities: self- assessment, practice assessment, and knowledge assessment.

Each of these activities provides feedback that either validates the practitioner's current practice or identifies learning opportunities. In this way, each of these activities feed into determining the ongoing professional development that is required.

The QA Committee oversees the development of QA requirements and makes recommendations to the Board regarding policy and regulatory changes. In addition, the Committee appoints quality assurance assessors annually.

Panels of the QA Committee review results of QA activities and can require those individuals whose knowledge, skill and judgement have fallen below a cut score (based on the Standards) to participate in remediation. Remediation focuses on the individual practice competence of the registrant, rather than broad topic remediation required by other statutory committees.

Types of Files considered	Count
Registrants referred due to Self-Assessment Tool not completed	47
Registrants referred due to the Knowledge Assessment (unproctored) for 2023 not completed	75
Registrants referred due to assessment deferrals beyond 1 year	26
Registrants who did not pass a practice reassessment and underwent a QA assessment	13
Registrants referred due to unsuccessful in Knowledge Assessment (proctored)	6
Outcomes	
Note placed on registrants file as incomplete Self-Assessment Tool	47
Knowledge Assessment (proctored) required for registrants that have not completed Knowledge Assessment (unproctored) for 2023	75
Deferrals for assessments granted	12
QA Committee directed registrants to be moved to Part B of the registry	3
QA Committee directed assessments	16
Self-directed remediation	3
QA Committee directed required remediation	10
QAC Directed TCL's/Undertaking	1

The Committee may also direct the Registrar to impose terms, conditions, or limitations for a specified period on the certificate of registration of a registrant whose knowledge, skill and judgement has been assessed or reassessed and found to have consistently fallen below standards, or who has been directed to participate in specified education or remediation and has not completed those programs successfully. Additionally, the Committee may move a registrant to Part B (if they have not undertaken their initial practice assessment or initial knowledge assessment). The Committee may sit as a panel to consider any matter arising out of a practice assessment, knowledge assessment or the imposition of terms, conditions, or limitations on a registrant's certificate.

Members: Karen Riley (Chair), Eric Kam, Pritesh Mistry, Stephen Molnar, Cindy Wagg, Tracey Phillips, Amber Farhat, Annie Brooks.

Committee Statistics:

Statistics relating to QA Committee considerations in the 2023 calendar year are provided in the College's 2023 [annual report](#) (page 14).

Full Committee Meetings Held Remotely:

February 8, 2024 (Orientation):

- Received orientation to the Quality Assurance Program and the role of the Committee.
- Received training on reviewing and making decisions on Quality Assurance matters using mock cases.

June 3, 2024 (Midyear):

- Received presentation on the Compassionate Regulation
- Received presentation on the Corporate Influence on Pharmacists/Patient Safety
- Received presentation on the Legal Implications for QAC
- Reviewed and approved updates to existing QA Policies,
- Approved the Appointment of the QA Assessors for June 2023-June 2024.
- Information session including QA process and assessment statistics

Panel Meetings Held Remotely: September 19, 2023, November 21, 2023, December 19, 2024, January 16, 2024, March 19, 2024, April 16, 2024, May 21, 2024, June 18, 2024, July 16, 2024, August 20, 2024.

The cases of 45 registrants were considered during the 10 panel meetings.

Did the Committee successfully fulfill its responsibilities this year? How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives? If specific goals were set, what were they and were they met?

Please see [Committee Role](#) section on page 1

As evidenced by the committee role and statistics above, the QA committee successfully fulfilled its regulatory responsibilities this year. The QA Committee's work directly contributes to the College's mandate of public protection by ensuring all Part A registrants are engaged in ongoing quality assurance activities, ensuring the highest quality of safe care if provided to patients by pharmacy professionals.

Was any training provided to the Committee this year (if so, please summarize)?

Other than the orientation and mid-year training noted above, no additional training was provided to the QAC in 2024.

Key Highlights:

The Knowledge Assessment based on a random selection of Part A pharmacists was administered in May 2024.

- The number of registrants that completed the Knowledge Assessment in May 2024 is 3218.
- The statistics for completed Practice assessments for the period of January 1, 2024, to July 31, 2024 are as follows:
- Routine: 1286
 - Reassessments: 59
 - QA Assessments: 5

Challenges:

Were there any challenges or impediments to the Committee's work this year? If so, what were they and have those challenges been addressed?

The delay in receiving approval of the proposed changes to the QA regulation under the Pharmacy Act has been a barrier to mandating participation of pharmacy technicians and enabling full implementation of the new QA model which allows for a right touch and risk-based approach. The QA regulation amendments have been approved and will come into effect on October 1st, 2024, enabling the QA program to evolve in step with the pharmacy practice environment.

Trends:

What trends or themes emerged from the Committee's work this year that the Board may wish to consider for policy or standard setting?

A trend that emerged this year was ensuring risk is being more carefully considered when directing remediation. Specifically, when the College is aware of registrants who may be a risk to patient safety then the QAC must ensure that remediation is completed in a timely manner and that long delays in imposing restrictions on the registrant be minimized or eliminated.

Ongoing Initiatives:

The administration of proctored Knowledge Assessments for pharmacists who are deemed higher risk will continue, along with ongoing monitoring, evaluation and updating of existing assessment tools and processes as necessary to reflect current scope and standards of practice.

Future Considerations:

In approval of the proposed QA regulation changes, the Committee will continue to work with staff on further implementation of the new QA program model for pharmacy technicians. The Board will be informed and/or consulted regarding these developments as they evolve.

OCP has established a "zero tolerance" policy concerning corporate pressure and interference. There may be instances within the QA process where corporate pressures seem to influence potential misconduct. The Quality Assurance Committee (QAC), through its QA activities, might be uniquely positioned to identify such cases and detect potential incompetence, given the assessors' work.

Acknowledgements:

The Committee would like to acknowledge that all OCP support staff go above and beyond to ensure that the Committee has all the information that it needs in its role.



Inquiries, Complaints and Reports Committee September 2023 – September 2024

Committee Role:

The Inquiries, Complaints and Reports Committee (“ICRC”) is a screening committee that oversees all investigations into a registrant’s conduct, competence, and/or capacity. Meeting in panels of 3 to 5 members, the committee reviews all complaint investigations, Registrar’s investigations, and health inquiries. Panels consider the facts of each case, review submissions from the registrant and complainant (if applicable), and consider relevant records and documents related to the case to determine an outcome.

Depending on the nature of the investigation, a panel of the ICRC can choose one or more of the following outcomes:

- **Take no action:** This occurs when the ICRC is of the view that the registrant’s conduct and/or actions comply with the standards of practice of the profession and other relevant laws and regulations. This can also be the outcome if there is insufficient information for the ICRC to take action.
- **Issue Advice/Recommendation to the registrant:** The ICRC can provide written advice and/or recommendations to the registrant if they are of the view that the registrant would benefit from having a particular policy or standard of practice highlighted.
- **Require the registrant to complete a Specified Continuing Education or Remediation Program (SCERP):** The ICRC can require a registrant to take specified remedial courses to address gaps in practice. Remediation required by the ICRC is tailored to address concerns about the registrant’s practice.
- **Issue a caution to the registrant:** Registrants may be required to appear before a panel of the ICRC to receive a caution where the committee would like an opportunity to have a “face to face” discussion with the registrant about the concerns relating to their practice and to hear from them about the changes they have made to avoid a similar incident from occurring in the future.
- **Accept an Undertaking:** The ICRC can decide to take no action on the basis that the registrant has promised (or undertaken) to do certain things (e.g. resign their certificate of registration) with the understanding that if they do not comply, the Registrar can initiate a fresh investigation.
- **Refer the registrant to another panel of the ICRC for health inquiries:** Where the investigation reveals that the registrant’s conduct may be caused by an illness (e.g. substance use disorder), the ICRC may refer the matter to another panel of the ICRC to conduct health inquiries.
- **Refer the registrant and specified allegations of professional misconduct or incompetence to the Discipline Committee:** A small fraction of investigations that are reviewed by the ICRC are referred to the Discipline Committee. These investigations usually involve serious matters where the panel is of the view that the registrant may have been dishonest, in breach of trust, appears to show a willful disregard of professional values, and/or appears to be unable to practice professionally or competently.
- **Refer the registrant to the Fitness to Practise Committee:** After conducting certain inquiries into a registrant’s health, which may include requiring the registrant to undergo an independent medical examination, the Health Inquiry Panel of the ICRC (“HIP”) may refer a registrant to the Fitness to Practise Committee for incapacity proceedings.
- **Take other action consistent with the *Regulated Health Professions Act (RHPA), 1991*:** The ICRC can take other action it considers appropriate as long as it is consistent with the RHPA.

The ICRC also has the authority to impose an interim order directing the Registrar to suspend, or to impose terms, conditions or limitations on a registrant's certificate of registration if it is of the opinion that the conduct of the registrant exposes or is likely to expose the registrant's patients to harm or injury.

Members: Chintan Patel (Chair), Elaine Akers, Derek Antwi, Randy Baker, Tanisha Campbell, Vickie Chang, Nneka Exurike, Sajjad Giby, Michael Heffer, Wassim Houeini, Ali Hussain, Aline Huynh, Khaleda Kabir, Ankit Kansara, Adrienne Katz, Tom Kontio, Elizabeth Kozyra, Kim Lamont, Chris Leung, Janet Leung, Jon MacDonald, Elnora Magboo, Tamara Milicevis, Dean Miller, Stephen Molnar, Nadirah Nazeer, Nikki Patel, Ranvir Rai, Stephanie Rankin, Saheed Rashid, Fatema Salem, Veronica Sales, Kaivan Shah, Dan Stapleton, Ian Stewart, Frank Tee, Tirath Thakkar, Cindy Wagg, Devinder Walia, Tracy Wiersema, Lisa-Kaye Williams, Shari Wilson and Ali Zohouri.

Committee Statistics:

Meetings	Count
Virtual Meetings Panels of the ICRC meet via videoconference for half-day sessions to dispose of completed investigation files.	47
Teleconferences Short teleconferences are scheduled on an ad-hoc basis for matters that require discussion in between regularly scheduled panel meetings.	12
Oral Caution Meetings Separate half-day sessions are scheduled for panels to deliver oral cautions to registrants where a panel of the ICRC has issued a caution.	13
Business Meetings A business meeting is held at the beginning of the Board year and halfway for all members of the ICRC for orientation and discussion topics relevant to the full committee.	2
Activity	As of 2024-09-03:
Files Reviewed Complaints, Registrar's investigations, and health inquiries where the ICRC has reviewed and rendered an outcome.	454
Take No Action	180
Advice/Recommendation	112
Advice/Recommendation + SCERP	72
Oral Caution	9
Oral Caution + SCERP	49
Undertaking to Restrict/Resign	4
Refer to Discipline	27
Refer to Fitness to Practise	1
Investigator Appointments Complaints or Registrar's investigations where the ICRC requests/approves an appointment of investigators.	80
Oral Cautions Delivered	60
Interim Orders Imposed	1

Highlights:

As in previous years, the ICRC successfully managed the high volume of complaint investigations, Registrar's investigations, and health inquiries requiring their review, relying on their experience and subject matter expertise to make decisions on a wide range of complex and challenging matters, including emerging issues in pharmacy practice.

Did the Committee successfully fulfill its responsibilities this year? How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives? If specific goals were set, what were they and were they met?

One of the key ways the College fulfills its mandate to protect the public is managing the complaints resolution process. As the screening committee responsible for reviewing all investigations, the ICRC makes decisions using a thorough decision-making process. Where gaps in practice are identified, the ICRC makes decisions geared toward improving registrants' conduct, thus enhancing public safety.

If a registrant is required to complete a SCERP or appear before a panel of the ICRC to be cautioned; or if specified allegations of professional misconduct or incompetence are referred to the Discipline Committee, information regarding these outcomes is posted on the College's public register. The public register also contains a notation if the ICRC accepts a registrant's Undertaking; or directs the Registrar to suspend or impose terms, conditions or limitations on a registrant's certificate of registration on an interim basis.

A key performance indicator monitored by the College's Board includes complaint decisions confirmed by the Health Professions Appeal and Review Board (HPARB). When reviewing a complaint decision, HPARB considers whether the investigation was adequate and whether the ICRC decision was reasonable. In 2023, 95% of HPARB decisions issued confirmed the ICRC's decision. In 2024 to date, 100% of decisions received were upheld.

Was any training provided to the Committee this year (if so, please summarize)?

The ICRC's fall orientation was facilitated by Julie Maciura, a certified health law specialist and partner at Steinecke Maciura LeBlanc. Topics included the role of the ICRC, applicable legal principles, the use of risk analysis to make decisions, special considerations for sexual abuse cases, and health inquiries.

The ICRC held three additional orientation sessions for new committee members on November 20, 2023, March 6, 2024, and April 12, 2024, as part of the onboarding process.

At the mid-year meeting in May 2024, the ICRC received an overview of the information presented to the Board relating to corporate pressures, the Board's zero tolerance statement, and options available when reviewing investigations involving corporate pressures.

Were there any challenges or impediments to the Committee's work this year? If so, what were they and have those challenges been addressed?

The size of the committee and number of meetings required can be logistically challenging. The volume of files ready for review by the ICRC ebbs and flows over the course of a year and sometimes results in a high volume of files awaiting ICRC review.

The ICRC has been experiencing issues with Nasdaq Boardvantage's discussion feature since March 2024, which has impacted panel members' ability to pre-deliberate before panel meetings and unfortunately has resulted in additional work. Boardvantage's product team is in the process of troubleshooting these issues. Boardvantage's limitations with different video formats and file size can also, on occasion, be a challenge.

What trends or themes emerged from the Committee's work this year that the Board may wish to consider for policy or standard setting?

The ICRC continued to receive complaints relating to customer service where they observed the complainant had unrealistic expectations (e.g., the wait time for a prescription) or lacked understanding of a pharmacy service (e.g., why they did not qualify for a minor ailment assessment). The Board may wish to consider expanding its messaging to the public about how pharmacy practice has evolved over the years and the increased responsibilities of registrants, and how certain expectations (e.g. prescription ready in 15 minutes or walk-in vaccines) are no longer reasonable in most pharmacies.

Due to the ongoing compliance issues with implementing time delayed safes, the ICRC anticipates receiving investigations relating to this next year.

Accreditation Committee September 2023 – September 2024

Committee Role:

The Accreditation Committee, typically working in panels, considers matters relating to the operation of pharmacies in Ontario including new applications and renewals of certificates of accreditation as well as operational issues noted during the pharmacy operations assessment process.

Issuances and Renewals of Certificates of Accreditation

The Accreditation Committee reviews all issuance and renewal applications for pharmacy certificates of accreditation that the Registrar proposes to refuse and directs the Registrar to either issue/renew, refuse, or impose terms, conditions or limitations on the certificate of accreditation.

Operational Assessments

The Accreditation Committee considers operational assessment results of pharmacies referred by the operations advisor due to potential public safety concerns. When reviewing assessment results, the Accreditation committee may choose one of the following outcomes:

- **Conclude:** This occurs when the committee is of the view that the pharmacy has appropriately addressed the operational issues identified.
- **Re-assess:** The Accreditation Committee will direct staff to conduct a re-assessment when they are not assured that the operational issues identified have been addressed. College by-laws require that pharmacies pay a fee for most re-assessments required by the Accreditation Committee. Results of the re-assessment are returned to the Accreditation Committee for further review.
- **Undertaking:** In certain circumstances, the Accreditation Committee may request that a Designated Manager and/or Director Liaison enter into an undertaking with the College on behalf of the pharmacy and the corporation that owns the pharmacy. An undertaking is a promise by a registrant to the College to do certain things or refrain from doing certain things (e.g. cease sterile compounding).
- **Referral to the Discipline Committee:** Where the Accreditation Committee has reason to believe that a pharmacy or its operation fails to conform to the requirements of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H.4 (the “DPRA”) and the regulations or to any term, condition or limitation to which its certificate of accreditation is subject, or that an act of proprietary misconduct has been committed, the Accreditation Committee may refer the person who has been issued a certificate of accreditation, the Designated Manager of the pharmacy, or the director(s) of a corporation which has been issued a certificate of accreditation to the Discipline Committee.

The Accreditation Committee also has the authority to impose an interim order directing the Registrar to suspend, or to impose terms, conditions or limitations on a certificate of accreditation if it is of the opinion that the conduct or operation of a pharmacy is likely to expose a patient or a member of the public to harm or injury.

Members: Frank Hack (Chair), Lori Chen, Agatha Dwilewicz, Nadia Filippetto, Jon MacDonald, Elnora Magboo, Stephen Molnar, Chintan Patel, and Tracy Wiersema.

Committee Statistics:

	Meetings	Count
Virtual Meetings Panels of the Accreditation Committee meet via videoconference for 1–3-hour meetings to review pharmacy case files.		7
Business Meetings		1

A business meeting is typically held at the beginning of the Board year and halfway for all members of the committee for orientation and discussion topics relevant to the full committee.	
Activity	
Pharmacy Case Files Reviewed Pharmacy assessment results where the Accreditation Committee has reviewed the matter and rendered an outcome. Pharmacies may be reviewed multiple times within the same Board year depending on timelines for any re-assessments required.	25
Conclude	1
Conclude + Short Cycle	5
Re-assessment	14
Refer to Discipline	2
Issuances and Renewals	2
Interim Orders Imposed	1

Highlights:

Did the Committee successfully fulfill its responsibilities this year? How did the Committee’s work contribute to the mandate of public protection and/or regulatory or strategic objectives? If specific goals were set, what were they and were they met?

One of the key ways the College fulfills its mandate to protect the public is by conducting routine assessments of pharmacy operations to ensure compliance with established standards and support quality improvement. The process for escalation for pharmacies with operational deficiencies results in pharmacies with significant issues to be referred to the Accreditation Committee. The committee makes decisions geared towards ensuring that the pharmacy’s operational standards comply with the legislative requirements, thus enhancing public safety.

For the issuance/renewal of certificates of accreditation, the Accreditation Committee decides whether the past and present conduct of each applicant/director affords reasonable grounds for the belief that the pharmacy will be operated with decency, honesty, and integrity and in accordance with the law. Where they do not believe this is the case, the committee will direct the Registrar to refuse, or to impose terms, conditions or limitations on the certificate of accreditation.

All operational assessment outcomes are posted on the College’s public register. The public register will also contain a notation if the pharmacy enters into an undertaking with the College, if the Accreditation Committee refers specified allegations of proprietary misconduct to the Discipline Committee, and/or directs the Registrar to suspend or impose terms, conditions or limitations on a certificate of accreditation on an interim basis.

Was any training provided to the Committee this year (if so, please summarize)?

At the mid-year meeting in May 2024, the Accreditation Committee received an overview of the information presented to the Board relating to corporate pressures and the Board’s zero tolerance statement. The committee learned about their role in enforcing zero tolerance and the different tools at their disposal to manage risk.

Were there any challenges or impediments to the Committee’s work this year? If so, what were they and have those challenges been addressed?

The Board addressed the committee’s barriers in forming quorum during their March 25, 2024, meeting when they directed the Governance Committee to develop by-law amendments to change the compositional requirement of the Accreditation Committee/Drug Preparation Premises Committee, replacing Public Directors with Lay Committee Appointees. The Accreditation Committee awaits the Board’s approval of the proposed by-law change to the composition of the Accreditation Committee/Drug Preparation Committee.

What trends or themes emerged from the Committee’s work this year that the Board may wish to consider for policy or standard setting?

In keeping with the Board’s risk-based approach to reducing and preventing harm, it may wish to consider mechanisms for managing risk between committee ordered re-assessments and after issuing/renewing certificates of accreditation.

Drug Preparation Premises Committee September 2023 – September 2024

Committee Role:

The Drug Preparation Premises (“DPP”) Committee considers matters relating to the operation of drug preparation premises in Ontario. The DPP Committee is responsible for the oversight of registrants engaging in or supervising drug preparation activities, ensuring requirements defined in legislation and policy and assessment criteria are adhered to. The committee reviews the results of DPP assessments and issues one of the following outcomes: pass, pass with conditions, or fail.

Members: Frank Hack (Chair), Lori Chen, Agatha Dwilewica, Nadia Filippette, Jon MacDonald, Elnora Magboo, Stephen Molnar, Chintan Patel and Tracy Wiersema.

Committee Statistics:

Meetings	Count
Virtual Meetings The DPP Committee meet via videoconference for 1-3 hour meetings to review DPP case files.	4
Business Meetings A business meeting is typically held at the beginning of the Board year and halfway for all members of the committee for orientation and discussion topics relevant to the full committee.	1
Activity	
DPP Case Files Reviewed DPP assessment results where the DPP Committee has reviewed the matter and rendered an outcome. All DPPs are typically assessed once per year and the DPP committee reviews all assessment results. DPPs may be reviewed multiple times within the same Board year depending on the result of the previous assessment.	7
Pass	7
Pass with Conditions	0
Fail	0

Highlights:

Did the Committee successfully fulfill its responsibilities this year? How did the Committee’s work contribute to the mandate of public protection and/or regulatory or strategic objectives? If specific goals were set, what were they and were they met?

The College has regulatory oversight of DPPs via Part IX of the general regulation under the Pharmacy Act, 1991, S.O. 1991, c. 36. The DPP Committee makes decisions on assessment outcomes by comparing the assessment observations with the accepted standards of practice, in alignment with the DPP Framework, which promotes patient safety.

All DPP assessment outcomes are posted on the College’s public register.

Was any training provided to the Committee this year (if so, please summarize)?

At the mid-year meeting in May 2024, the DPP Committee received an overview of the information presented to the Board relating to corporate pressures and the Board’s zero tolerance statement.

Were there any challenges or impediments to the Committee’s work this year? If so, what were they and have those challenges been addressed?

The Board addressed the committee’s barriers in forming quorum during their March 25, 2024, meeting when they directed the Governance Committee to develop by-law amendments to change the compositional requirement of the Accreditation Committee/Drug Preparation Premises Committee, replacing Public Directors with Lay Committee Appointees. The DPP Committee awaits the Board’s

approval of the proposed by-law change to the composition of the Accreditation Committee/Drug Preparation Committee.

What trends or themes emerged from the Committee's work this year that the Board may wish to consider for policy or standard setting?

A common theme emerging from the committee's work is that DPPs may be engaging in activities that appear to be manufacturing.

Discipline Committee September 2023 – September 2024

Committee Role:

Panels of the Discipline Committee hear allegations of professional misconduct or incompetence against registrants, as well as allegations of proprietary misconduct in relation to the operation of a pharmacy. Most matters are resolved by way of an uncontested hearing in which the registrant admits to the allegations and the supporting facts, and the registrant and College make joint submissions as to the appropriate sanction.

If there is a contested hearing the College is required to prove its case by presenting evidence to the panel, following which the panel makes a decision in relation to each allegation. If the panel makes a finding or findings of professional misconduct or incompetence against a registrant, the panel may make an order to:

- Revoke or suspend registrant's Certificate of Registration or the corporation's Certificate of Accreditation;
- Impose terms, conditions or limitations on the registrant's Certificate of Registration or the corporation's Certificate of Accreditation;
- Order payment of a fine;
- Order payment of all or part of the College's costs and expenses respecting the investigation and the hearing;
- Order reimbursement of funds paid by the College for therapy and counselling in sexual abuse matters; and/or
- Reprimand the registrant.

Information about any current allegations or previous findings of professional or proprietary misconduct or incompetence relating to a registrant are outlined on the College's [Public Register](#), including any terms, conditions, or limitations imposed on a registrant's Certificate of Registration. Hearings are open to the public and information can be found on the [College's website](#).

Members:

Billy Cheung, (Chair), Aditi Agnihotri, Katy Al-Zand, Chris Aljawhiri, Jennifer Antunes, Randy Baker, Ramy Banoub, Connie Beck, Douglas Brown, Dina Dichek, Jean-Pierre Eskander, Andrea Fernandes, Negeen Foroughian, Jillian Grocholsky, Christine Henderson, Sara Ingram, Adrienne Katz, Kim Lee, Chris Leung, Beth Li, Cory McGill, James Morrison, Sylvia Moustacalis, Nadirah Nazeer, Tracey Phillips, Karen Riley, Zahra Sadilkali, Jeannette Schindler, Siva Sivapalan, Connie Sellors, Leigh Smith, Dan Stapleton, Ravil Veli, Wilfred Streer, Cindy Wagg, Laura Weyland, Shari Wilson, David Windross

Committee Statistics:

- 2 Committee Meetings held
- 73 pre-hearing conferences and case management conferences
- 13 uncontested or partially contested hearings
- 41 contested hearing days relating to 14 different hearings
- 9 oral motions independent of the hearing
- 27 written hearing and motion decisions released (As of August 16, 2024)

For statistics relating to Discipline Committee proceedings, please refer to the College's Annual Report.

Highlights:

Did the Committee successfully fulfill its responsibilities this year? How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives? If specific goals were set, what were they and were they met?

The overarching goal of Discipline Committee proceedings is protection of the public, and as such, all decisions are made with this at the forefront. When determining an appropriate sanction, panels will consider a number of factors including the primary consideration of what is required to ensure protection of the public. Often orders following findings of misconduct or incompetence will include remedial requirements to ensure that the registrant can return safely to practice, and in rare instances where this is not possible, revocation of the registrant's Certificate of Registration can be ordered.

Was any training provided to the Committee this year (if so, please summarize)?

The Discipline Committee held two meetings this year. The meetings provide opportunities for the Committee to meet as a whole to receive training from Independent Legal Counsel, discuss issues of common concern, and share best practices. One meeting was held in-person with a virtual attendance option, and the second was held virtually.

Two Committee members attended the Advanced Discipline Orientation Workshop held by the Health Profession Regulators of Ontario, during which they developed the skills to address challenging situations in hearings and deliberations, and to write the panel's reasons for decision.

Were there any challenges or impediments to the Committee's work this year? If so, what were they and have those challenges been addressed?

As it has in the past, the Discipline Committee continues to hear complex matters, many of which include a contested hearing and a contested motion. These matters often proceed over the course of several days, and the entire process for both the liability and order phases of a contested hearing can take many months, depending on a number of factors unique to each proceeding. Following each of the liability and penalty phases of the hearing the panel releases its decision and reasons in writing. As a result, complex contested matters require a significant amount of time and resources to complete. Despite its heavy case load and the complexity of some of these proceedings, the Discipline Committee continues to ensure that public protection remains at the forefront.

What trends or themes emerged from the Committee's work this year that the Board may wish to consider for policy or standard setting?

Over the past number of years the Committee has seen an increase in the number of referrals relating to boundary violations, sexual harassment, and abuse of patients and employees of the pharmacy, which is of concern to the Committee given the seriousness of these allegations.

The Committee has also observed an increasing number of registrants appearing before it without legal representation, which is a trend that has also been observed by other administrative Tribunals in Ontario. Discipline Committee proceedings are serious and the hearings are equivalent to a court proceeding, and as such, registrants often choose to retain counsel to represent them; however, for various reasons a number of registrants in recent years have indicated that they are either unable or choose not to retain legal representation, and instead represent themselves before the Committee.

Fitness to Practise Committee September 2023 – September 2024

Committee Role:

After conducting inquiries into a registrant's health, the Inquiries Complaints and Reports Committee can refer the matter to the Fitness to Practise Committee for incapacity proceedings.

Most proceedings before the Fitness to Practise Committee result in a voluntary admission by the registrant of incapacity, which is supported by a medical opinion. In many instances of voluntary admissions, the registrant has enrolled in a monitoring contract with the Ontario Pharmacy Health Program (OPHP) offered through Lifemark Health Group. The OPHP provides case management and monitoring services for registrants of the College. The primary objective is to ensure that registrants receive appropriate treatment and monitoring and remain in stable recovery thereby allowing them to practise safely when they return to a practice environment. The OPHP is available to all College registrants, and can be accessed anonymously by a registrant, or can be facilitated by the College via the incapacity process.

In cases where a registrant is enrolled in a monitoring program, the registrant's case is still reviewed by the Committee, but the College and the registrant may seek to waive the notice and procedural requirements set out in the applicable legislation, which require that a hearing into the registrant's capacity be convened before the Committee. Instead, the registrant may enter into a Memorandum of Agreement with the College ("MOA") agreeing the registrant is incapacitated and the resulting terms, conditions or limitations to be placed on the registrant's Certificate of Registration. Through the MOA, both parties authorize a Panel of the Committee to issue a Consent Order finding the registrant to be incapacitated without a formal hearing.

In instances where the College and the registrant do not reach an agreement regarding the issue of incapacity and/or the appropriate order to be made, the Fitness to Practise Committee may hold a hearing to determine whether a registrant is incapacitated, and if so whether terms, conditions or limitations should be placed on the registrant's Certificate of Registration, or whether the registrant's Certificate of Registration should be suspended or revoked.

When an incapacity matter is referred to the Fitness to Practise Committee, the fact of the referral is available to the public through the Public Register. At the end of the Fitness to Practise process, only the information necessary to protect the public is available through the Public Register. Unlike disciplinary proceedings, incapacity proceedings are not public.

Members: Jeannete Schindler (Chair), Randy Baker, Mary Ore Adegboyega, Dina Dichek, Colette Rachael, Karen Riley, Zahra Sadikali

Committee Statistics:

- 1 Committee meeting held
- 1 pre-hearing conference held
- 1 consent order review completed
- 0 contested hearings held

Highlights:

Did the Committee successfully fulfill its responsibilities this year? How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives? If specific goals were set, what were they and were they met?

The overarching goal of Fitness to Practise Committee proceedings is protection of the public, and as such, all decisions in incapacity proceedings are made with this at the forefront in order to ensure that registrants are practising safely.

Was any training provided to the Committee this year (if so, please summarize)?

At its annual meeting, the Committee received training from Independent Legal Counsel regarding the Fitness to Practise process. A member of the OPHP gave a presentation regarding addiction and mental health, and the services provided by the OPHP Program.

An additional training session was provided by Independent Legal Counsel during the year regarding Consent Orders.

Were there any challenges or impediments to the Committee's work this year? If so, what were they and have those challenges been addressed?

Over the course of the 2023-2024 year the FTP Committee received one referral, which has not come before the Committee for consideration as of yet. A pre-hearing conference was held, and a panel of the Committee convened to review one Consent Order relating to a referral that was made to the Committee in 2022-2023. The Committee did not experience any challenges in carrying out its work in this particular proceeding.

What trends or themes emerged from the Committee's work this year that the Board may wish to consider for policy or standard setting?

The Committee has noted the prevalence of mental health and substance use issues within the general population of Ontario. The Committee encourages the College to continue its efforts to communicate to registrants regarding the services offered by the OPHP so that registrants are aware that they can access these services should they need to.



Patient Relations Committee September 2023 – September 2024

Committee Role:

- Implements measures for preventing and dealing with sexual abuse of patients as well as the provision of funding for therapy and counselling for patients who have alleged to have been sexually abused by a registrant.
- Advises the Board with respect to the Patient Relations Program defined as “a program to enhance relations between members [registrants] and patients.”ⁱ
- At the Board’s discretion, recommends changes to applicable statutes, regulations, By-Laws, College policies and standards of practice as well as provide guidance to the Board on matters concerning patient relations.

Members: Ravil Veli (Chair), Saliman Joyian, Kshitij Mistry, Melissa Sheldrick, Jennifer Shin, Adam Silvertown, Saeed Walji and Max Yaghchi.

Committee Statistics (if applicable):

- 1 three-hour meeting hosted virtually and attended by the full Committee
- 5 matters considered including:
 - program funding report
 - environmental scan of practices and experiences of 10 other Ontario health regulatory colleges
 - annual reporting of experiences of sexual abuse complainants
 - overview of sexual abuse case scenarios and College investigations
 - feedback to support College website renewal project

Highlights:

Did the Committee successfully fulfill its responsibilities this year? How did the Committee’s work contribute to the mandate of public protection and/or regulatory or strategic objectives? If specific goals were set, what were they and were they met?

The Committee continues to fulfill its responsibilities. Including statistics YTD 2024, since 2017:

- 35 patients have been notified of eligibility to receive funding through the Patient Relations Funding Program.
- 8 patients have accessed funding.
- Over \$90,000 in funding has been provided to victims of sexual abuse (currently, a maximum of approximately \$17,900 is available per patient for up to five years).

Matters discussed by the Committee during the single 2024 meeting included:

- The gap between the number of eligible patients and those that seek funding and other possible barriers that may be getting in the way of a patient’s decision to seek funding support.
- Review of possible additional resources and/or external sources of funding or therapy for patients that could be made available in our communication materials for patients who are receiving funding or considering the program.
- Activities aimed at the prevention of sexual abuse (education for registrants and students, use of videos, case scenarios and promotion of information regarding [pharmacy professional and patient relationships](#) and [boundary violations](#))
- The use of data and information from the College’s complaints team and practice consultants to support insights and trend analysis and inform ongoing College communications targeting registrants and patients.

Was any training provided to the Committee this year (if so, please summarize)?

- Orientation was provided to the newest committee member
- Returning members were provided a brief re-orientation

Were there any challenges or impediments to the Committee's work this year? If so, what were they and have those challenges been addressed?

- The targeted role and scope for this committee limits the number of meetings required each year.
- The insights, feedback and thoughtful participation by these members at each meeting is highly valued and there remains an opportunity to consider how best to utilize these insights on an ongoing basis despite the limitations of the committee's role.

What trends or themes emerged from the Committee's work this year that the Board may wish to consider for policy or standard setting?

- Continued consideration of sexual abuse prevention activities, especially focused on students as well as possible incorporation of mandatory education for registrants.

ⁱ 1(1) [Schedule 2](#), Health Professions Procedural Code, *Regulated Health Professions Act, 1991*

Executive Committee September 2023 – September 2024

Committee Role:

The Executive Committee exercises all Board powers and responsibilities that need urgent attention between meetings. It reports its activities, decisions, and recommendation to the Board through the Chair at each meeting. The Committee reviews the Registrar and CEOs performance quarterly. Additionally, it performs specific financial and compensation-related duties as outlined in the by-laws.

The Executive Committee is comprised of the Chair and the Vice-Chair, and three (3) additional Directors, such that at least two (2) Directors are Elected Directors and at least two (2) Directors are Public Directors. The Committee is resourced by the Registrar-CEO.

Members: James Morrison (Chair), Sara Ingram (Vice Chair), Randy Baker, Adrienne Katz and Siva Sivapalan.

Committee Statistics (if applicable):

Full Committee Meetings Held Remotely

- November 27, 2023
- March 4, 2024
- May 27, 2024
- July 22, 2024
- August 3, 2024
- September 4, 2024

10 Decisions made/approved

Highlights:

In November 2023, the Committee discussed the December Board meeting and approved an increase to the compensation budget in keeping with the consumer price index.

In March 2024, the Committee endorsed the staff recommendation for the Screening Committee composition, discussed the increasing pharmacy environment pressures and received an overview of the Registrar and CEOs community engagement goals for 2024.

In May the Committee met to discuss the items coming to the June Board meeting and review the Registrar's Q1 Performance Report.

In July, the Committee met in camera to assess the concerns and future planning for the Board.

In August the Committee met to review options and choose governance facilitators for a workshop to be held in the Fall.

In September the Committee met to discuss the September Board meeting including succession planning.

Did the Committee successfully fulfill its responsibilities this year? How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives? If specific goals were set, what were they and were they met?

The Regulated Health Professions Act (RHPA) mandates that the College maintain an Executive Committee to meet between Council (Board) sessions. This Committee holds the same powers as the Council (Board) for urgent matters requiring immediate action, except for the authority to create, amend, or revoke regulations or by-laws. Additionally, the Executive Committee is responsible for the following duties, beyond serving as an emergency substitute for the Board:

- To consider matters related to staff compensation
- To appoint the screening committee
- To manage Registrar and CEO performance

Was any training provided to the Committee this year (if so, please summarize)?

In partnership with other regulated Colleges, some members of the Executive Committee participated in Chair training with a third-party vendor.

Were there any challenges or impediments to the Committee's work this year? If so, what were they and have those challenges been addressed?

Conflicts of interest posed a major challenge to the board in the second half of this year. Board cohesion eroded, along with trust in colleagues and College staff resulting in behaviour during board meetings which was sometimes disrespectful. These challenges lead to meetings which were prolonged by additional motions brought before the board, making it difficult to address all agenda items.

Additional board meetings were scheduled to manage the ballooning agendas and assist the board to move past their personal performance challenges and on to its mandate of public oversight.

What trends or themes emerged from the Committee's work this year that the Board may wish to consider for policy or standard setting?

The Committee continues to focus on meeting efficiencies and ensuring all work and discussions related to duties and responsibilities set out in by-laws or as necessary ensure effective debate and decision making by the Board.

Ongoing Initiatives:

The Committee will continue to fulfill the obligations set out in statute, the by- laws and the Board policies.

FINANCE AND AUDIT COMMITTEE 2023-2024

Committee Role:

- The Finance and Audit Committee (FAC) is responsible for supervising and making recommendations to the Board regarding College assets and liabilities, as well as additions or improvements to property owned or operated by the College. The Committee reviews and recommends to the Board the annual operating budget prepared by staff, monitors and reports on the College's financial status, investments, and directs the audit process. The Committee also recommends any changes to applicable by-laws, policies (e.g., reserve funds, execution of contracts), and standards.
- The Finance and Audit Committee engages external auditors to assess and test the College's internally produced financial statements, significant accounting policies, management judgements and estimates, and the internal control environment to obtain reasonable assurance about whether the financial statements are free from material misstatement. The Committee recommends the appointment or reappointment of the auditor each year and meets with the auditor before and after the audit.
- Members serving on this Committee also serve on the Board. The work of this Committee supports the Board in financial oversight and risk management as set out in [Board Policies](#) 4.4, 4.5, 4.6, 4.7 and 4.10.

Members:

- Douglas Brown (Chair)
- Connie Beck
- Andrea Fernandes
- Adrienne Katz
- Daniel Stapleton
- Wilfred Steer
- James Morrison (ex-officio)

Committee Statistics:

- 5 meetings were held
- 7 formal motions on the following matters were made/approved:
 - 2024 Operating and Capital Budget (November 24, 2023).
 - Amount of reserve funds to allocate to long-term investments (November 24, 2023).
 - Amendments to the *Investment policy statement and procedure for reserve funds* regarding:
 - Expanding investment timeline options and consolidating investment categories (March 4, 2024).
 - Diversification of guaranteed investment certificates (GICs) (May 6, 2024).
 - Mitigating conflict of interest and College investments (August 26, 2024).
 - 2024 audited financial statements (March 4, 2024).
 - Proposed amendments to fees (August 26, 2024).
 - Appointment of auditor (August 26, 2024).

Highlights:

Did the Committee successfully fulfill its responsibilities this year? How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives? If specific goals were set, what were they and were they met?

- The Committee helped to ensure that the College, as per Standard 4 of the Ministry of Health's College Performance Management Framework ([CPMF](#)), was a responsible steward of its financial resources needed to achieve its statutory objectives and regulatory mandate.
- The Committee liaised directly with the external auditor prior to and after the audit process to discuss financial and or control matters that should be brought to the Board's attention.
- The Committee reviewed the 2024 annual operating budget developed by staff and made a recommendation to the Board for approval. The budget supports the operating plan and performance targets and sets out the staffing complement needed to be successful and sustainable. This process is outlined by Board Policy [4.7 Budget Approval](#).
- The Committee made recommendations to the Board regarding the College's investment policy to maximize return, minimize risk and mitigate against potential conflicts of interest.
- The Committee postponed the routine review of the Execution of Contracts policy until a broader governance policy review was conducted, which would help bring a more strategic perspective to routine policy reviews.

Was any training provided to the Committee this year (if so, please summarize)?

- Committee orientation was provided during the first meeting of the Board year.
- As part of the Board, Committee members were offered access to Conflict of Interest training via LinkedIn Learning.

Were there any challenges or impediments to the Committee's work this year? If so, what were they and have those challenges been addressed?

- The absence of guidance from the Board on items the Committee should take into consideration such as, among other possible considerations, the degree to which the Committee should take the College's values into consideration in making a recommendation on socially responsible investing.
- Rapid emerging priorities, such as corporate pressures and the need to address the gap in the College's capacity for strategic communication, required a speedy approval from the Board on additional resources.

What trends or themes emerged from the Committee's work this year that the Board may wish to consider for policy or standard setting?

- Reserve fund policy to be reviewed to ensure a balanced approach to registration fees.

Screening Committee March 2024 – June 2024

Committee Role:

The Screening Committee screens applicants who wish to be candidates for the Board of Directors and reviews applications and recommends applicants to be appointed as Professional and/or Lay Committee Appointees.

The Screening Committee is composed of the 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.

Members: Megan Sloan (Chair), Sara Ingram, David Collie, Shari Wilson, and Dan Stapleton

Committee Statistics (if applicable):

- June 20, 2024
- 8 Decisions made/approved
- Three Matters considered/dealt with

Highlights:

Did the Committee successfully fulfill its responsibilities this year? How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives? If specific goals were set, what were they and were they met?

The Screening Committee is crucial in maintaining the integrity and effectiveness of the competency-based selection process for individuals seeking positions on the Ontario College of Pharmacists (OCP) Board or Committees. Registrants who wish to serve undergo a screening process conducted by the Screening Committee. This process begins after candidates submit their application details and confirm their eligibility. The Screening Committee evaluates candidates based on the Director's Profile, which has been approved by the Governance Committee and is in line with the College's by-laws. Additionally, the Committee considers assessments from external Screening Consultants and the OCP's HR team to guide its decisions. This thorough evaluation process ensures strong governance practices and supports sound decision-making, thereby advancing the College's mission.

In June 2024 the Screening Committee met to consider applications from 40 candidates.

The committee received the report of the external screening consultant which reviewed the qualification of the candidates against the competencies contained in the 2024 Director's Profile. Of the candidates presented to the committee, eleven (11) pharmacists and three (3) pharmacy technicians were identified to stand for election.

There were an additional two (2) pharmacy technicians who withdrew their applications prior to the start of the screening process.

Applicants to the Board of Directors who were not chosen for the ballot were encouraged to serve on college committees. Seven applicants have chosen to serve in this way for the next board cycle. This additional interest from registrants who were already screened made it unnecessary for a subsequent call for Professional Committee Appointees to be made thereby eliminating the requirement for the committee to meet in August to consider new applicants to fill these vital committee roles.

At the request of the Chair of the Board, the Screening Committee performed the additional task of screening a selection of existing Board Directors, Lay and Professional Committee Appointees to identify those who might successfully serve as either 1) additional Governance Committee members or 2) Members of a Special Board Committee.

Was any training provided to the Committee this year (if so, please summarize)?

The committee did not receive training this year.

Were there any challenges or impediments to the Committee's work this year? If so, what were they and have those challenges been addressed?

In March, a pharmacy technician member of the Board indicated an intention to resign from the Board which would have created a vacant pharmacy technician seat which was added to the call for applications. The Screening Committee identified three eligible pharmacy technicians to stand for election and anticipated their addition to the ballot would create excitement amongst their colleagues.

When the Director reconsidered and decided to stay on the Board, the pharmacy technicians were notified and removed from the ballot the day before the elections began.

There were eight registrants who submitted their applications through the Human Resources portal. Due to technical difficulties, these were not immediately discovered. An attempt was made to contact each of the applicants through email and they were given additional time to submit their supporting documentation.

Governance Committee September 2023 – September 2024

Committee Role:

The Governance Committee is responsible for defining the competencies needed for the Board elections and implementing the succession strategy for the Chair, Vice Chair, and Executive Committee positions. Additionally, the Committee recommends potential candidates for Board committees, oversees the orientation and training of Directors, and manages the evaluation process for both Directors and the Board.

The Governance Committee is composed of four (4) Directors, including one or more of each of the following: a Public Director, a pharmacist Elected Director and a pharmacy technician Elected Director, and at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

Members: Sara Ingram (Chair), Connie Beck, Devinder Walia and Siva Sivapalan. July – September, Ravil Velia and Aditi Agnihotri were added to the Committee at the Board's direction to attempt to mitigate quorum issues.

Committee Statistics (if applicable):

Meetings held: November 28, 2023, January 22, 2024, March 6, 2024, April 17, 2024, April 29, 2024, June 10, 2024, July 15, 2024, August 7, 2024, and September 5, 2024.

- 15 Decisions made/approved
- 6 Matters considered/dealt with

Highlights:

In November, the Governance Committee discussed an ambitious annual workplan to continue modernizing and updating governance policies.

In January, the Governance Committee received the third-party board performance evaluation report and discussed the Governance Review project through which terms of reference would be developed for each College committee and committee chair.

In March, the Governance Committee considered the Board Matrix results which catalogues the competencies of current board members to determine the focus of the 2023-2024 Director Profile.

In April, the Governance Committee appointed an independent investigator to review a potential conflict of interest involving a Board Director.

In June, the Governance Committee received a procedural update on the ongoing independent investigation and provided direction to legal counsel.

In August, the Governance Committee reviewed the independent investigator's report and determined that no further action was required by the board.

In September, the Governance Committee drafted a recommended committee slate for the 2024-2025 Board cycle.

Did the Committee successfully fulfill its responsibilities this year? How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives? If specific goals were set, what were they and were they met?

The Governance Committee of OCP is essential to advancing the organization's mission of protecting the public and meeting regulatory goals. By defining the Director's Profile and actively engaging in leadership

selection, the committee ensures that only qualified individuals with the requisite expertise are appointed. This competency-based approach improves decision-making and aligns with the organization's regulatory responsibilities, upholding the highest standards in pharmacy practice.

The committee also oversees ethical conduct and enforces transparency measures, which bolsters accountability and fosters public trust in the integrity of regulatory processes.

Through its focus on policy alignment, decision-making facilitation, and stakeholder engagement, the committee reinforces OCP's steadfast dedication to safeguarding public health while rigorously adhering to regulatory and statutory guidelines.

Was any training provided to the Committee this year (if so, please summarize)?

During the first board meeting of the year, committee members attended orientation.

Governance Committee Chair Sara Ingram, along with Wilf Steer and Andrea Fernandes enhanced their skillsets by attending Chair training through Facilitation First.

Governance Committee members, and all members of the Board, were provided with the opportunity to undertake training in conflicts of interest.

Were there any challenges or impediments to the Committee's work this year? If so, what were they and have those challenges been addressed?

Up until and including the March 6 meeting, the Committee was actively working to complete its annual workplan goals which were introduced in September 2023 and included undergoing reviews of college by-laws and Board policies and developing committee terms of reference. This work was not completed as planned due to competing interests occupying the Committee's time as outlined below.

Board Director conflict of interest matters plagued the committee during the second half of the year. They divided committee members, leading to several different conflict of interest concerns and quorum issues on the committee. Quorum was re-established with the addition of two Lay Committee Members.

One conflict of interest matter the Governance Committee dealt with led to the appointment of an independent investigator whose role was to determine if one board member was in a conflict of interest relating to a class action lawsuit in which they are the lead plaintiff.

This potential conflict of interest became public, creating concern for the committee and board at large, about its impact on public trust in the College, the College's reputation, as well as to the cohesiveness of the board.

A concern about an additional perceived conflict led to the formation of a sub-committee to deal with the receipt of a private investigator's report and determine if further action was necessary.

Erica Richler, Co-Managing Partner of Steinecke Maciura, LeBlanc was in regular attendance at the Governance Committee meetings as she strived to answer committee members questions and provide advice and / or receive direction regarding the conflicts of interest.

While the committee's focus on the conflicts of interest was necessary, the additional workload was prohibitive to staff's ability to move forward with the Governance Review Project which had been scheduled to take place in 2023-2024.

What trends or themes emerged from the Committee's work this year that the Board may wish to consider for policy or standard setting?

The Committee will focus on providing comprehensive orientation support to all Board Directors, ensuring a focus on best governance practices and conflicts of interest are covered in depth. The Committee will also continue focusing on resuming committee work related to the Governance Review Project which is designed to create and/or improve clarity with respect to the roles and responsibilities of each committee and committee member within the College.

Ongoing Initiatives:

It is hopeful that the conclusion to the conflict-of-interest investigations will turn its attention to its working plan and fulfill its obligations set out in statute, the by- laws and the Board policies.

BOARD BRIEFING NOTE
MEETING DATE: September 15-16, 2024

FOR DECISION

From: Susan James, Acting Registrar and Director, Registration and Quality

Topic: Proposed By-Law No. 7, for the purpose of public consultation

Issue/Description: Seeking approval of proposed revisions to the By-Laws for circulation for public consultation. These revisions address changes in regulations, application of gender-neutral language, changes or additions to administrative fees and updates to the public register.

Public interest rationale: College By-Laws, along with the Board Policy Booklet, explicitly and transparently outline the structure, operation and governance of the College. The By-Laws are essential in establishing the responsibilities of registrants, directors, committee appointees and staff, and provide a framework for decision-making and dispute resolution.

Strategic alignment, regulatory processes, and actions: While not directly related to the strategic plan, the By-Laws are foundational to our mandate and serve as an adjunct to the legislation and regulations that define the objectives, authority, scope and regulatory obligations of the College.

Background:

- The By-Laws make explicit College expectations and processes related to administrative and internal affairs related to the Board and its Committees, registrants and pharmacies, and therefore need to remain current and consistent with other legislation and regulations that govern our activities and operations.
- Section 94 of the Health Professions Procedural Code defines the College's by-law making authority and includes the requirement that all by-laws associated with fees and the collection and publication of information related to registrants (and for our College, pharmacies) be circulated for at least 60 days prior to approval by the Council (Board).
- As business practices and/or related regulations change over time, review and updating of the By-Laws is necessary to ensure they remain current. Given the effort and resources involved in this process, it is most efficient and standard practice for the College to bundle by-law changes together. As a result, there are several small changes, referred to as housekeeping items, that are made at the same time.
- The impetus for the current By-Law review was government approval of changes to General Regulation 202/94 under the *Pharmacy Act*. Additionally at its December 2023 meeting, the Board approved changes to the composition of the Drug Preparation Premises (DPP) Committee related to panels and quorum. Implementation of this change required a corresponding change in the By-Laws.

Harmonization with General Regulation (O. Reg 256/24) under the *Pharmacy Act*

Analysis:

- On October 1st, 2024, O. Reg 256/24 will come into effect and replace O. Reg 202/94, known as the General Regulation under the *Pharmacy Act*.
- There are changes in terminology, such as reference to the pharmacy profession, rather than pharmacy practice, as well as changes to the classes of registration, including removal of registered pharmacy students

and addition of intern technicians, which need to be made in the College's By-Laws to remain consistent with these legislative changes.

- The introduction of a two-part register (Part A and B) for pharmacy technicians also requires the addition of associated registration fees.

Gender-neutral language

Analysis:

- The use of gendered language is a historical norm that has evolved over time, with inclusive language approaches moving away from defaulting to male designations towards male/female designations, and subsequently towards non-gender specific language.
- The College's By-Laws have illustrated this evolution, with previous updates made to include the pronoun "she" next to "he".
- A recent review of the By-Laws has resulted in the removal of superfluous gendered language to allow focus on the content without making assumptions about gender.
- This update demonstrates the College's commitment to equity, diversity and inclusion (EDI) and serves as a good example of applying this lens to our existing work and achieving an output that meets the stated need for clear communication, without the unintended consequence of limiting applicability or distracting from the focus of the content.

Fee changes

Analysis:

Require payments of outstanding cost orders/fees as a condition of registration renewal

- As of June 30, 2024, OCP had a recorded amount owing of approximately \$157,000 for Discipline Committee cost orders. Historically, collection of these fees has been challenging.
- An environmental scan of 14 regulatory bodies identified that two Ontario colleges, the College of Physicians and Surgeons of Ontario and the College of Massage Therapists of Ontario, require payment of outstanding orders or other fees as a condition of registration/license renewal. This approach has been considered effective in encouraging financial recovery from active members by the two colleges that implemented it.
- Implementing a similar provision in OCP's By-Law is expected to lead to improved collection rates on any outstanding accounts, particularly where registrants seek to continue to practice.
- The inclusion of a clause in the By-Law to allow the capturing of outstanding fees and cost orders before renewal is recommended.

Introduce a cost recovery associated with a second or further instance of registrant cancellation of routine practice or operational assessments less than six weeks prior to the scheduled assessment date without reasonable cause

- Registrants request deferrals or rescheduling of approximately 35% of routine **practice assessments**.
- Approximately 35% of these requests (12% of the total sent) involve last-minute cancellations without reasonable cause. Reasonable cause would include medical reasons (with documented evidence), maternity/paternity leave (expected return date must be provided), or pre-booked travel well in advance (with documented evidence and expected return date).
- In most cases it is not possible to schedule an alternate assessment on short notice. This is because assessments require enough lead time for registrants to confirm, gather or submit documents and prepare for the assessment.
- College staff sought advice from the Office of the Fairness Commissioner, who advised that charging such a

fee would be fair, if the fee is posted publicly.

- A similar experience is encountered when conducting **operational assessments** for community pharmacies. Late cancellations have led to additional travel and administrative costs, as well as opportunity costs associated with personnel conducting the assessment. Resources expended when appointments are canceled range from \$500 to \$600 on average.
- No other health regulators in Ontario charge a fee for “missed” or “cancelled” assessments. However, some regulators charge a fee for ‘failure to comply’ with requests ranging from \$255 to \$565.
- Based on the costs associated with last-minute cancellations and informed by the environmental scan and the response from the Office of the Fairness Commissioner, introducing a fee of \$600 (+HST) for a second or further instance of late practice and operations assessment cancellation, defined as those made less than six weeks before the scheduled assessment date without reasonable cause is recommended. For the first instance, a warning would be issued.

Introduce a cost recovery for costs associated with additional assessments or inspections resulting from non-compliance with policies or standards.

- When registrants fail to comply with established policies or standards of the profession, additional assessments or inspections may be necessary to ensure corrective actions are taken. These unanticipated activities lead to extra administrative costs for the College ranging from \$400 - \$450.
- To mitigate these expenses, College staff recommend introducing an administrative fee that would be applied in cases of non-compliance. This fee would help cover the costs of the extra assessments or inspections and may also act as a deterrent, encouraging registrants to maintain compliance with the regulatory standards and policies.
- A recovery fee of \$450 is recommended (+HST).

Address the increased costs of administering the Jurisprudence, Ethics and Professionalism exam for all applicants.

- The annual cost of administering the Jurisprudence, Ethics and Professional exam through computer-based testing has tripled since the pre-pandemic period, rising from an average of \$53,000 to \$162,000. In 2024, with the addition of blocking fees for holding seats, the average direct cost per registrant taking the exam is just below \$200.
- A jurisdictional scan of health regulatory colleges both in and out of province reveals that a cost of \$200 is consistent with the low end of fees charged by other regulators. Similar fees with other colleges range from \$200 to \$443, except for the College of Nurses of Ontario which charges \$45.
- For cost recovery purposes, an increase in the fee for administering the examinations from \$145 to \$200 (+HST) is recommended.

Add a registration and annual renewal fee for Part B pharmacy technicians.

- Pharmacists listed in Part B of the register are subject to registration and renewal fees that are fifty percent of the fees required for pharmacists listed in Part A. Ontario Regulation 256/24 under the *Pharmacy Act* introduces the registration class of Part B Pharmacy Technicians.
- It is recommended that there should be a registration fee for Part B pharmacy technicians and that it should be set at fifty percent of the fees paid by Part A pharmacy technicians.
- Specifically, the following fees are to be added to the Ontario College of Pharmacists [Schedule of Fees](#):

Registrant Fees	2024 Fees	HST	Total with HST
<i>I. Application and Issuance Fees</i>			
Pharmacy Technician B - New Applicant Registration, Mar 10 to Aug 31	290.85	37.81	328.66

Registrant Fees	2024 Fees	HST	Total with HST
Pharmacy Technician B - New Applicant Registration, Sept 1 to Mar 09	145.40	18.90	164.30
<i>II. Renewal Fees</i>			
Pharmacy Technician – Part B	290.85	37.81	328.66

Introduce a fee for registrants who are required to complete an assessment to support a request to transfer from Part B to Part A of the register.

- An application for transitioning a registrant from Part B to Part A register includes expenses for Practice Assessment of Competence at Entry (PACE), testing, and administrative tasks. By way of comparison, the current cost of each PACE assessment following the second attempt is approximately \$1,000.
- To reasonably recover costs, the following fee is recommended to be added to the Ontario College of Pharmacists, *Schedule of Fees*:

Registrant Fees	2024 Fees	HST	Total with HST
<i>Other fees</i>			
Assessment for Transition from Part B to Part A register	600.00	78.00	678.00

As per Policy 4.5, the Finance and Audit Committee reviewed the above-proposed fee changes at its August 26th meeting. The Committee recommends to the Board that the proposed fee changes be incorporated into the By-Laws and the fee schedule.

Quality improvement

Analysis:

Removal of Narcotic Signer from Public Register

- Under Federal legislation (*Controlled Drug and Substances Act*), pharmacists have been granted the authority as narcotic signers, unless there are specified terms or conditions on their certificate of registration that prohibit it.
- Given the nature of the federal authority, there is no apparent reason for this information to be posted for each pharmacist publicly, other than serving as a convenient offering for licensed dealers.
- Inclusion of this information on the public register for all pharmacists is unique to Ontario. Other pharmacy regulators in Canada only post this information when there is a prohibition for an individual pharmacist to be a narcotic signer due to terms, conditions or limitations associated with their certificate of registration.
- The College has identified that the workload associated with collecting and maintaining currency of this information is unnecessary.
- The process and authority to post terms, conditions and limitations associated with any individual certificate of registration already exists, therefore removal of narcotic signer from the public register is recommended

Addition of Temporary Pharmacy Closures

- It is not uncommon for pharmacies to be closed for a short period of time, usually less than 3 business days.
- While most pharmacies voluntarily notify the College of temporary closures, there have been situations when a pharmacy has been closed for extended periods of time and the College was not aware.
- The public and other system partners rely on the College’s public register as a source of information regarding the “real time” status of operation of a pharmacy, and while permanent closures are noted, temporary closures are not.
- Prolonged closures may be associated with the inability of a pharmacy to secure a designated manager,

which may mean there is risk that no pharmacist is assuming responsibility for the management and security of the drugs and/or patient records at the pharmacy during the closure. The College can only ensure appropriate actions have taken place if we are aware of such closures, therefore the addition of temporary pharmacy closures for more than three days and less than three months is recommended.

Housekeeping

Analysis:

- As noted above, it is standard practice to bundle By-Law changes and make any housekeeping changes at the same time. These changes are most often related to numbering, section titles, deletion of outdated references or updating of terminology. They do not change the intent or introduce new provisions.

Motion:

THAT the Board approves the circulation of College By-Law No. 7 for public consultation.

Next steps:

The *Regulated Health Professions Act* stipulates that College By-Laws related to fees, or information that registrants (and in our case pharmacies) are required to provide to the College, and may be made public, must be circulated for a 60-day consultation. If approved for circulation, the College will initiate consultation and provide an analysis of the feedback at the December 2024 board meeting.

Attachments:

- 19.1 - Summary chart of changes with rationale
- 19.2 - Proposed By-Law No. 7 with tracked changes
- 19.3 - Proposed By-Law No. 7

SUMMARY OF PROPOSED CHANGES TO BY-LAW NO. 6

The table below is a summary of the differences between the current by-law of the Ontario College of Pharmacists (the “College”), Version 6B (“By-Law No. 6”) and the proposed new by-law, Version 7 (“By-Law No. 7”). By-Law No. 7 will replace By-Law No. 6 if approved.

In addition to the changes noted in this summary table, in By-Law No. 7:

- a number of section references have been revised to reflect changes due to the deletion or amendment of parts of the by-law; and
- gendered language has been replaced with gender neutral language.

Text in red text and strike through (e.g. X) represents text that is proposed to be deleted.	H = Housekeeping
Text in blue text and underline (e.g. <u>X</u>) represents text that is proposed to be added.	L/R = Legislative/Regulatory
Text in green text and underline (e.g. <u>X</u>) represents text that has been moved within the By-Law.	CI = Change in Intent

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
1.1.26 (Definitions)	N/A	Narcotic Signer” means a pharmacist who is designated by a pharmacy to be authorized to sign the documentation required under the <i>Controlled Drug and Substances Act</i> (Canada) or the regulations thereunder in order to obtain narcotics for the pharmacy;	Definition of “Narcotic Signer” has been deleted. The definition of Narcotic Signer was included because details relating to Narcotic Signer status were included in the Register (s. 16.8.12). The College has determined that there is no apparent reason for this information to be posted publicly, other than serving as a convenient offering for licensed dealers, and it is unique to Ontario. It has been recommended that this be removed from the Register because it is not a status that the College administers.	CI
1.2 (Amendments)	1.2 (Amendments)	Whenever reference is made in a By-Law to any statute or regulation, such reference shall be deemed to include any	This addition has been made for clarity, to acknowledge that a statute or regulation could be replaced rather than amended, as was done with the new Pharmacy Act	L/R

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		amendment to such statute or regulation, or any replacement statute or regulation , as may be made from time to time.	Regulations, which will come into effect on October 1, 2024.	
1.4 (Inclusive Language)	1.4 (Interpretation)	<p>Inclusive Language Interpretation</p> <p>When used in a By-Law, unless the context otherwise requires, words importing the singular include the plural and vice versa and the pronouns “they”, “them” and “their” shall denote all genders. The insertion of headings in a By-Law is for convenience of reference only and shall not affect the interpretation thereof. Whenever the words “include”, “includes” or “including” are used in a By-Law, such words shall be deemed to be followed by the words “without limitation”. The Board has directed that the wording of these By-Laws be amended to use inclusive language. Work on this change is underway. In the meantime, whenever reference is made in a By-Law to a gendered pronoun (he or she, himself or herself) the terms shall be deemed to include reference to those who identify with neutral, non-binary or other terms.</p>	The previous version of this section was limited to addressing the use of inclusive language. The new provision is a general interpretation clause, common in by-laws, which includes reference to using inclusive language.	H
2.1 (Prescribed Classes of Registration)	N/A	<p>ARTICLE 2 CLASSES OF REGISTRATION</p> <p>2.1 Prescribed Classes of Registration</p> <p>Effective upon Schedule 1 (Drug and Pharmacy Regulations Act) of the Protecting Patients Act being proclaimed into force, all references in this By-Law to “registered pharmacy student” will be deemed to be deleted and replaced with “intern technician”.</p>	This provision has been deleted because the relevant part of Schedule 1 of the <i>Protecting Patients Act</i> (regarding the deletion of “registered pharmacy student” and the addition of “intern technician”) has been proclaimed into force effective October 1, 2024.	L/R

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
3.1 (Insurance Requirements for a Certificate of Registration)	2.1 (Insurance Requirements for a Certificate of Registration)	A Registrant who holds a Certificate of Registration as a pharmacist or pharmacy technician, registered pharmacy student, intern or pharmacist listed in Part A of the Register, pharmacist (emergency assignment) , pharmacy technician (emergency assignment) , intern or intern technician , must maintain personal professional liability insurance as follows: [...]	Pursuant to the new Pharmacy Act Regulations there will be a Part A and Part B of the Register for pharmacy technicians (in addition to pharmacists). Like pharmacists, pharmacy technicians in Part B will not be required to maintain professional liability insurance. Additionally, registered pharmacy students will no longer be registrants, but intern technicians will be, and will need to maintain insurance. References to pharmacist (emergency assignment) and pharmacy technician (emergency assignment) have also been added. Registrants in these classes are listed in Part A and require insurance.	L/R
3.1.2 (Definition of Insured Services)	2.1.2 (Definition of Insured Services)	The definition of Insured Services under the policy must include all professional services in the practice of pharmacy the profession as regulated by the College.	Changing the practice of pharmacy to the practice of the profession is consistent with the new Pharmacy Act Regulations. The purpose is to (a) be inclusive of pharmacy technicians, and (b) clarify the meaning of “pharmacy” as a place vs profession.	L/R
5.3 (Renewal of the Board – August 2020)	N/A	Renewal of the Board – August 2020. 5.3.1 Subject to subparagraph 5.3.2, the terms of office of all Elected Directors who are members of the Council as of the date that this By-Law comes into effect (the “Incumbent Elected Directors”) will end on the date of the first meeting of the Board held after the election in August 2020, and seven (7) Elected Directors shall be elected to the Board in accordance with this By-Law at the election in August 2020 for the terms of office set out in paragraph 5.5.	Deletions and amendments have been made to remove transition provisions that were included as part of the reconstituting of the Board in 2020. These transition provisions are not relevant going forward (as they only applied to the election in 2020 / directors elected in 2020).	H

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<p>5.3.2 Notwithstanding subparagraph 5.3.1, the Board shall select two (2) Incumbent Elected Directors who sit on the Executive Committee as of the date that this By Law comes into effect, who will have their terms of office continue for one (1) year and two (2) years, respectively, following the August 2020 election.</p>		
5.4 (Election Date)	4.3 (Election Date)	<p>An election of Elected Directors will be held on the first Wednesday in August of every year beginning in 2020, for the number of positions on the Board that are then available.</p>	<p>See comments above regarding transition provisions added for the 2020 election, which are not relevant going forward.</p>	H
5.5.1 (Terms of Office – August 2020)	N/A	<p>Terms of Office—August 2020.</p> <p>The terms of office of the seven (7) Elected Directors elected in August 2020 will commence at the first meeting of the Board following the election and end, subject to paragraph 5.11, as follows:</p> <p>5.5.1 the two (2) pharmacists who receive the highest number of votes out of all pharmacist candidates will be elected for a three (3)-year term;</p> <p>5.5.2 the pharmacy technician who receives the highest number of votes out of all pharmacy technician candidates will be elected for a three (3)-year term;</p> <p>5.5.3 the pharmacy technician who receives the second highest number of votes of all pharmacy technician candidates will be elected for a two (2)-year term;</p>	<p>See comments above regarding transition provisions added for the 2020 election, which are not relevant going forward.</p>	H

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<p>5.5.4 the pharmacist who receives the third highest number of votes out of all pharmacist candidates will be elected for a two (2)-year term;</p> <p>5.5.5 the two (2) pharmacists who receive the fourth and fifth highest number of votes out of all pharmacist candidates will each be elected for a one (1)-year term; and</p> <p>5.5.6 if there is tie among candidates and it is necessary to break the tie to determine who will receive the longer term between the candidates, the Registrar shall break the tie, by lot.</p>		
5.6.1 (Terms of Office – After August 2020)	4.4.1 (Terms of Office)	The term of office of an Elected Director who is elected in each annual election beginning with the August 2021 election will be three (3) years, commencing at the first meeting of the Board after the election.	See comments above regarding transition provisions added for the 2020 election, which are not relevant going forward.	H
5.6.2 (Terms of Office – After August 2020)	4.4.2 (Terms of Office)	No Elected Director who is <u>was</u> first elected in the August <u>November</u> 2020 election or any subsequent election may serve as a Director for more than six (6) consecutive years.	This provision was also first added in connection with amendments made in 2020. Due to the pandemic, the election in 2020 was held in November, rather than August.	H
5.6.3 (Terms of Office – After August 2020)	4.4.3 (Terms of Office)	No Director who is <u>was</u> a member of Council on the date this By-Law comes into effect <u>prior to November 2020</u> may serve for more than nine (9) consecutive years (inclusive of years of service prior to <u>November 2020</u> the date this By-Law comes into effect).	This provision was also first added in connection with amendments made in 2020. This has been anchored to the election at which this maximum term number was introduced, since the “date this By-Law comes into effect” is a moving date.	H

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
5.7.1 (Eligibility for Election)	4.5.1 (Eligibility for Election)	<p><u>4.5.1</u> 5.7.1 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 he or she <u>the Registrant</u> meets the following requirements:</p> <p>[...]</p> <p>(d) the Registrant is not a registered pharmacy student or intern;</p> <p><u>(e)</u> (f) 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 pharmacy 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;</p> <p>[...]</p>	<p>Subparagraph (d) in the eligibility criteria has been deleted because it is redundant – interns are not eligible to seek election because only a Registrant who holds a valid Certificate of Registration as a pharmacist or as a pharmacy technician is eligible.</p> <p>Subparagraph (f) (now (e)) has been amended to reflect the change in terminology used in the Pharmacy Act Regulations (from practice of pharmacy to practice of the profession).</p>	H and L/R
5.16.1 (Number of Votes to be Cast)	N/A	<p>In the election to be held in August 2020, each Registrant may vote for up to five (5) pharmacist candidates and up to two (2) pharmacy technician candidates.</p>	<p>See comments above regarding transition provisions added for the 2020 election. This provision is no longer required after the 2020 election.</p>	H

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
5.16.2 (Number of Votes to be Cast)	4.14.1	In each annual election beginning in August 2021 , each Registrant may vote for up to the number of pharmacy technician candidates as there are pharmacy technician vacancies on the Board and for up to the number of pharmacist candidates as there are pharmacist vacancies on the Board.	See comments above regarding transition provisions added for the 2020 election, which are not relevant going forward.	H
5.18 (Interruption of Service)	4.16 (Delay of Election)	Interruption of Service <u>Delay of Election.</u>	This heading has been revised to more clearly describe the content of this section.	H
5.18.4 (Interruption of Service)	N/A	In the event of a delay pursuant to subparagraph 5.18.1, the terms of office of the Incumbent Elected Directors selected in accordance with subparagraph 5.3.2 shall be deemed to end as of the first meeting of the Board after the election following which their respective terms would have ended had there not been any delay.	See comments above regarding transition provisions added for the 2020 election, which are not relevant going forward (the cross-referenced provision, s. 5.3.2, has been deleted).	H
6.2.1 (Meetings Held By Technological Means)	5.2.1 (Meetings Held By Technological Means)	If two-thirds of all Directors, or of members of a Committee (as the case requires), who are eligible to vote consent thereto generally or in respect of a particular meeting, and each has adequate access, Directors or members of a Committee may participate in a meeting of, respectively, the Board or of a Committee, by means of such conference telephone or other communications facilities as permits all persons participating in the meeting to hear <u>communicate with each other simultaneously and instantaneously</u> , and a Director or member of a Committee participating in such a meeting by such means is deemed to be present at the meeting.	This change has been made to contemplate instant communication during Board meetings.	H
9.27 (Panels and Quorum of the Drug Preparation	8.27 (Panels and Quorum of the Drug Preparation	8.25 9.25-Composition of the Drug Preparation Premises Committee.	Paragraph 9.27 (now 8.27) was approved by Council in December 2023. In the comparison document, all of 9.27 (now 8.27) is shown as a new insertion, because the consolidated By-Law had not been updated.	H

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
Premises Committee)	Premises Committee)	<p>The Drug Preparation Premises Committee shall be composed of the same members as the Accreditation Committee. The chair of the Accreditation Committee shall be the chair of the Drug Preparation Premises Committee.</p> <p>8.26-9.26 Duties of the Drug Preparation Premises Committee.</p> <p>The Drug Preparation Premises Committee shall:</p> <p>8.26-9.26.1 administer and govern the College’s Drug Preparation Premises inspection program in accordance with the <i>Pharmacy Act</i> Regulations; and</p> <p>8.26-9.26.2 deal with any other matters concerning the inspection of Drug Preparation Premises as directed by the Board.</p> <p>8.27-9.27 Panels and Quorum of the Drug Preparation Premises Committee.</p> <p>8.27-9.27.1 A panel shall be selected by the chair of the Drug Preparation Premises Committee from among the members of the Committee to determine the outcome of drug preparation premises inspections pursuant to Part <u>XV of Ontario Regulation 256/24</u> IX of O. Reg. 202/94 under the <i>Pharmacy Act</i>.</p> <p>8.27-9.27.2 A panel shall be composed of at least three persons, one of whom shall be a Public Director.</p> <p>8.27-9.27.3 Three members of <u>the Drug Preparation Premises Committee</u> a panel constitute a quorum.</p>	<p>The composition of the Drug Preparation Premises Committee mirrors the Accreditation Committee (which has a quorum of three members), but because quorum of the Drug Preparation Premises Committee was not specified, a majority of the Committee members were required to constitute quorum (see Paragraph 14.2, now 13.2 of the By-Law, which sets out the default quorum). In order to allow the Drug Preparation Premises Committee to meet in three person panels, a quorum of three was added.</p> <p>The changes in By-Law No. 7 have been made to reference the new regulation and to clarify that it is quorum of the Committee, not of a panel of the Committee.</p>	

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
11.2.2 (Lay Committee Appointees)	10.2.2 (Lay Committee Appointees)	<p>An individual is eligible for appointment to a Committee as a Lay Committee Appointee if the individual has completed and submitted an application form to the Screening Committee and on the date of the appointment: [...]</p> <p>(i) the individual is not, and has not within the three (3) years immediately preceding the election been, an employee, officer or director of a Professional Advocacy Association, or any professional advocacy association of any health profession under the Act. For greater certainty, nothing in this clause will prevent an individual who serves on an association or organization to which he or she <u>the individual</u> has been appointed by the Board as a representative of the College, from running becoming a Lay Committee Appointee.</p>	The word “running” has been deleted, as it appears to have been included in a previous By-Law in error.	H
14.2 (Quorum)	13.2 (Quorum)	<p>13.2 14.2 Quorum.</p> <p>Unless specifically provided for otherwise under the Act, the RHPA Regulations, the Code, the Pharmacy Act, the <i>Drug and Pharmacies Regulation Act</i>, the regulations made under any of those Acts, or this <u>By-Law</u> by-law, a majority of the members of a Committee constitutes a quorum for a meeting of a Committee.</p>	See the note above with respect to paragraph 9.27 (now 8.27). Because paragraph 9.27 (now 8.27) sets the quorum for the Drug Preparation Premises Committee, a reference to the by-law was added to paragraph 14.2 in December 2023. A housecleaning update has been made to capitalize by-law.	H
15.2.2 (Execution of Documents)	14.2.2 (Execution of Documents)	Certificates of Registration, <u>Certificates of Authorization and Certificates of Accreditation</u> shall be signed by the Chair and the Registrar.	This language has been expanded to include Certificates of Accreditation and Authorization, which are also signed by the Chair and the Registrar.	H

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
15.7.2 (Grants)	14.7.2 (Grants)	The Board shall set aside in the budget each year such funds as are deemed appropriate for grants for any purpose that may tend to advance scientific knowledge or pharmacy education, or maintain or improve the standards of practice in pharmacy <u>the profession</u> .	This provision has been amended to reflect the change in terminology used in the Pharmacy Act Regulations (from practice of pharmacy to practice of the profession).	L/R
16.1.1 (Registrant's Name)	15.1.1 (Registrant's Name)	The Registrant's name as provided in the documentary evidence used to support the Registrant's initial registration with any other given name commonly used by the Registrant included in parentheses , or such other name as is acceptable to the Registrar;	The reference to parentheses has been removed. The College will determine how names can be displayed in the Register.	H
16.1.2 (Registrant's Name)	15.1.2 (Registrant's Name)	A name other than as provided in subparagraph 16.1.1 <u>15.1.1</u> where a written request is made by the Registrant and the Registrar is satisfied that the Registrant has validly <u>legally</u> changed his or her <u>their</u> name and that the use of the name is not for an improper purpose, <u>and the Register may also include such other name that the Registrant commonly uses, as is acceptable to the Registrar.</u>	The word "validly" was replaced with "legally", to clarify what is meant – it is meant to refer to the Registrant's legal name. Additional language has also been added to contemplate that another name can be included if it is used by the Registrant, subject to acceptance by the Registrar.	H
16.3 Information Regarding a Result	15.3 Information Regarding a Result	When any provision of this Article 16 <u>15</u> requires information regarding a "result" to be included in the Register, the term "result" shall have the same meaning as provided to it in the Act <u>Code</u> . Specifically, "result" when used in reference to: [...]	"Result" is defined in the Code. Even though the Code is a schedule to the Act, when the By-Law refers to a section of the Code, it describes it as part of the Code, so this has been updated.	H
16.5 (Disclosure of Information)	15. 5 (Disclosure of Information)	Notwithstanding any other provision herein, nothing in this Article 16 <u>15</u> shall require or authorize the disclosure of information, including personal health information (as defined by <u>subsection 23(10) of the Code</u>) where such disclosure would lead to a violation of the Code, including subsections 23(8), 23(9) or 23(11) of the Code.	The relevant definition of personal health information is subsection 23(10) of the Code – "personal health information" is also defined in the RHPA, so a section reference has been added.	H

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
16.6.10 (Information to be kept in Register by the Code – Registrants)	15.6.10 (Information to be kept in Register by the Code - Registrants.)	16.6.10 <u>15.6.10</u> The result , including a synopsis of the decision, of every disciplinary and incapacity proceeding.	“Result” is defined in the Code. See section 15.3 of By-Law 7, where the definition is stated – for disciplinary proceedings, it includes a synopsis of the decision and the order made, if a finding was made. The definition of result does not include a synopsis for incapacity proceedings. To align with the Code, the reference to synopsis in 16.6.10 (now 15.6.10) has been removed.	H
16.8.5 (Additional Information to be kept in Register – Registrants)	15.8.5 (Additional Information to be kept in Register – Registrants)	Where a Registrant holds a Certificate of Registration as a pharmacist, intern, pharmacy technician, <u>pharmacist (emergency assignment), pharmacy technician (emergency assignment), intern</u> or intern technician (following the date upon which the Pharmacy Act Regulations are amended to recognize intern technicians as a class of Certificates of Registration), the name and location of the university or college from which the Registrant received his or her <u>their</u> degree in pharmacy or completed his or her <u>their</u> pharmacy technician or intern technician program (as the case may be) and the year in which the degree was obtained or the program was completed.	The deleted language regarding the Pharmacy Act Regulations is moot now that the new Pharmacy Act Regulations will be in effect on October 1, 2024. References have also been added to pharmacist (emergency assignment) and pharmacy technician (emergency assignment).	L/R
16.8.7 (Additional Information to be kept in Register – Registrants)	15.8.7 (Additional Information to be kept in Register – Registrants)	16.8.7 Where a Registrant holds a Certificate of Registration as a: (a) pharmacist, a notation as to whether the Registrant is listed in Part A or Part B of the Register; and <u>15.8.7 (b) Where a Registrant holds a Certificate of Registration as a pharmacist or</u> pharmacy technician, following the date upon which the Pharmacy Act Regulations are amended to include a two (2) part register for pharmacy technicians, a notation as to whether the Registrant is listed in Part A or Part B of the Register.	These subparagraphs have been updated, as the new Pharmacy Act Regulations will be in effect on October 1, 2024. Pursuant to the new Pharmacy Act Regulations there will be a Part A and Part B of the Register for pharmacy technicians (in addition to pharmacists).	L/R

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
16.8.12 (Additional Information to be kept in Register – Registrants)	N/A (Additional Information to be kept in Register – Registrants)	Where a Registrant is a Narcotic Signer of a pharmacy, a notation of the name and location of each pharmacy at which the Registrant holds that authority.	As noted above, it has been recommended that Narcotic Signer status be removed from the Register.	CI
16.8.23- 16.8.25 (Additional Information to be kept in Register – Registrants)	15.8.22- 15.8.24 (Additional Information to be kept in Register – Registrants)	<p>15.8.22 16.8.23 Where the Registrar confirms whether the College is investigating a Registrant because there is a compelling public interest in disclosing this information pursuant to subsection 36(1)(g) of the Act, the fact that the Registrant is under investigation.</p> <p>15.8.23 16.8.24 Where a complaint has been filed or an investigator has been appointed under subsection 75(1)(a) or subsection 75(1)(b) of the Code, and a panel of the Inquiries, Complaints and Reports Committee requires a Registrant to appear before a panel of the Committee to be cautioned. [...]</p> <p>15.8.24 16.8.25 Where a complaint has been filed or an investigator has been appointed under subsection 75(1)(a) or subsection 75(1)(b) of the Code, and a panel of the Inquiries, Complaints and Reports Committee takes other action requiring a Registrant to complete a specified continuing education or remediation program: [...]</p>	References to “subsection” have been added for consistency in drafting (as this language is included for other references to legislation).	H
16.8.28 (Additional Information to be kept in Register – Registrants)	15.8.27 (Additional Information to be kept in Register – Registrants)	A summary of any reprimand given to a Registrant as part of the order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise [without reference to the By-Laws] available to the public under the Code.	The language in square brackets has been deleted. The By-Law does contain a provision about disclosure, in 16.14.	H

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
16.12.21 (Information to be Kept in Register - Pharmacies)	15.12.21 (Information to be Kept in Register – Pharmacies)	Where a person has permanently <u>or temporarily (for a period exceeding three (3) days on which the pharmacy would ordinarily be open)</u> closed the pharmacy, a notation of that fact and the date the pharmacy was <u>permanently or temporarily</u> closed.	The By-Law has been amended so that temporary closures be reported to the College and recorded in the Register (see also subparagraphs 16.5.1-16.5.3).	CI
17.1.1 (Filing of Information by Registrants)	16.1.1 (Filing of Information by Registrants)	<p><u>16.1.1</u> 17.1.1 The College shall forward to each Registrant who holds a Certificate of Registration as a pharmacist or pharmacy technician each year, and may forward to any Registrant at any time, in a form approved by the Registrar, a request for information that includes, but is not limited to: [...]</p> <p>(b) where a Registrant is engaged in the practice of pharmacy <u>the profession</u>, whether inside or outside of Ontario, the name, address, telephone number and facsimile number of each person or business for or through which the Registrant engages in the practice or, in the case of a Registrant whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the name, address, telephone number and facsimile number of each agency or other person or business for or through which the Registrant provides such services;</p>	This subparagraph has been amended to reflect the change in terminology used in the Pharmacy Act Regulations (from practice of pharmacy to practice of the profession).	L/R
17.2.1 (Filing of Information by Applicants for a Certificate of Accreditation)	16.2.1 (Filing of Information by Applicants for a Certificate of Accreditation)	Every applicant for a Certificate of Accreditation shall file the following information with the Registrar at least 30 (thirty <u>(30)</u> days before the date on which the applicant proposes to commence operation of the pharmacy: [...]	This subparagraph has been amended to correct an inconsistency in how numbers are referred to.	H

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
17.4 (Filing of Information for Closing Pharmacies)	16.4 (Filing of Information for Closing Pharmacies – Permanent Closures)	Filing of Information for Closing Pharmacies – Permanent Closures .	The heading of this section, about reporting closures, has been updated to specify that it is about permanent closures, as a new section has been added regarding temporary closures.	H
N/A	16.5.1-16.5.3 (Filing of Information for Closing Pharmacies – Temporary Closures)	<p>16.5 Filing of Information for Closing Pharmacies – Temporary Closures.</p> <p>16.5.1 Every person who intends to temporarily close a pharmacy or does close a pharmacy for a period exceeding three (3) days on which the pharmacy would ordinarily be open, shall notify the Registrar of the date of the temporary closure as soon as the temporary closure becomes known and the anticipated re-opening date.</p> <p>16.5.2 Every person who provides notice in accordance with subparagraph 16.5.1 shall notify the Registrar if the anticipated re-opening date changes, promptly following the change becoming known, and if the anticipated re-opening date will be later than the initial anticipated re-opening date, the notice must include information demonstrating that drugs in stock in the pharmacy and that prescription files, drug registers and other records required to be kept under the <i>Drug and Pharmacies Regulation Act</i> or the <i>Drug and Pharmacies Regulation Act Regulations</i> are being securely maintained.</p> <p>16.5.3 Temporary closures may not exceed three (3) months, unless otherwise approved by the Registrar. Any person who intends to</p>	<p>As noted above, the By-Law has been amended so that closures exceeding three days be reported to the College. A closure exceeding three months may become a permanent closure.</p> <p>The definition of “pharmacy” in the <i>Drug and Pharmacies Regulation Act</i> includes a remote dispensing location, so without specifying, this includes a remote dispensing location. Remote dispensing locations will not be treated differently than other pharmacies for the purpose of temporary closures.</p>	CI

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		temporarily close a pharmacy for greater than three (3) months, or who is extending a temporary closure for a period that will, in total, exceed three (3) months, shall notify the Registrar, and may be directed to complete the process described in paragraph 16.4.		
N/A	18.3.5 (Annual Fees)	In addition to the amounts set out in sections 18.3.1 and 18.3.2, and notwithstanding 18.3.3, any outstanding balance owing to the College in respect of any decision made by a committee and any fees payable under this By-Law, must be paid in addition to the annual fees, and failure to pay such amounts shall be treated as failure to pay the annual fees.	This new provision has been added to support the College's collection of amounts owing by requiring payment with the annual fees.	CI
19.4.1 (Fee to Lift Suspension or for Reinstatement)	18.4.1 (Fee to Lift Suspension or for Reinstatement)	Where a Registrant's Certificate of Registration has been suspended by the Registrar pursuant to section 24 of the Code for failing to pay a required fee, the fee that the Registrant shall pay for the lifting of the suspension in accordance with section 35(2) of Ontario Regulation 256/24 under the Pharmacy Act shall be: (a) the fee the Registrant failed to pay; (b) the annual fee for the year in which the suspension is to be lifted, if the Registrant has not already paid it; and (c) a penalty.	Relevant section references have been added to clarify what type of suspension is being referred to.	H
19.4.2 (Fee to Lift Suspension or for Reinstatement)	18.4.2 (Fee to Lift Suspension or for Reinstatement)	Where a Registrant's Certificate of Registration has been suspended by the Registrar pursuant to the Pharmacy Act Regulations, the fee that the Registrant shall pay for the lifting of the suspension in accordance with section 35(1) of Ontario Regulation 256/24 under the Pharmacy Act shall be: (a) the annual fee for the year in which the suspension is to be lifted, if the Registrant has not already paid it; and (b) a penalty.	Relevant section references have been added to clarify what type of suspension is being referred to.	H

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
19.5.2 (Other Fees)	18.5.2 (Other Fees)	<p>Where, pursuant to the Pharmacy Act Regulations, a Registrant:</p> <p>(a) has undertaken remediation by order of the Quality Assurance Committee <u>and is required to undergo an assessment by an assessor appointed by the Quality Assurance Committee thereafter; and/or</u></p> <p>(b) undergoes a practice review by an assessor after the remediation, and above assessment is found by the Quality Assurance Committee to continue to have a deficiency in his or her the <u>Registrant's</u> knowledge, skills or judgment that requires correction; and (e) is ordered by the Quality Assurance Committee to undertake a further remediation and a further practice review assessment by an assessor after the further remediation,</p> <p>the Registrant shall pay a fee for each such further practice review assessment by an assessor <u>appointed by the Quality Assurance Committee</u>, and for any additional practice reviews assessments that the Registrant undertakes thereafter.</p>	<p>The Pharmacy Act Regulations no longer provide for practice reviews. The Quality Assurance Committee may conduct assessments in accordance with section 82 of the Code. The College conducts assessments after remediation, to ensure that remediation was successful. Subsequent assessments will be charged for.</p>	L/R
19.5.3 (Other Fees)	18.5.3 (Other Fees)	<p>An applicant required to undertake the Practice Assessment of Competence at Entry (PACE) a third and/or subsequent time shall pay a fee for such assessment(s), a practice assessment or a knowledge assessment shall pay the applicable fee(s) as set out in the Fee Schedule.</p>	<p>This change has been made to broaden the scope of assessments for which fees can be recovered.</p>	CI
N/A	18.5.5 (Other Fees)	<p><u>18.5.5 A Registrant shall pay a cancellation fee/missed appointment fee for any cancellation or missing of a second or further practice assessment within less than six weeks of the</u></p>	<p>This new fee has been added to recover costs associated with cancelled / deferred practice operations assessments.</p>	CI

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		scheduled assessment date without a reason acceptable by the Registrar.		
N/A	19.6 (Other Pharmacy-Related Fees)	<p><u>Other Pharmacy-Related Fees.</u></p> <p>19.6.1 An applicant for or holder of, as applicable, a Certificate of Accreditation shall pay a cancellation fee/missed appointment fee for any cancellation or missing of a second or further pharmacy operations assessment within less than six weeks of the scheduled assessment date without a reason acceptable by the Registrar.</p> <p>19.6.2 Every person who holds a Certificate of Accreditation shall be required to pay a fee for any re-inspection (compliance audit) performed by an inspector appointed under paragraph 14.5.</p>	<p>The new fee in subparagraph 19.6.1 has been added to recover costs associated with cancelled / deferred pharmacy operations assessments.</p> <p>The new fee in subparagraph 19.6.2 has been added to recover costs associated with conducting additional inspections (compliance audits).</p>	CI
22.1.3 Application of Fees	21.1.3 Application of Fees	<p>On January 1 of each year commencing in 2021, each fee prescribed in Article 19-18, Article 20-19, and Article 21-20, and listed in Schedule B, will be increased by the percentage increase, if any, in the consumer price index for goods and services in Canada as published by Statistics Canada or any successor organization.</p>	<p>The reference to “commenting in 2021” has been deleted, as this is a transition provision that is not relevant going forward.</p>	H
24.3 (Effective Date)	23.3 (Effective Date and Interpretation)	<p><u>Effective Date and Interpretation.</u></p> <p>This By-Law 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, By-Law No. 56 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 By-Law 6 and the replacement of it by this By-Law.</p>	<p>As it is proposed that By-Law No. 6 be replaced with By-Law No. 7, additional interpretation language has been added to clarify that this change does not impact action that had been conducted under By-Law No. 6, and that the Board, committees and panels continue to be valid.</p>	H

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
Schedule A – Ontario College of Pharmacists Code of Ethics: Who does the Code of Ethics Apply to?	Schedule A – Ontario College of Pharmacists Code of Ethics: Who does the Code of Ethics Apply to?	The Code of Ethics applies to all registrants of the College, in accordance with their scope of practice, including registered pharmacists, interns, intern technicians, pharmacy technicians , pharmacists (emergency assignment) and pharmacy technicians (emergency assignment). The Code of Ethics is also relevant to all those who aspire to be registrants of the College.	Reference has been added to pharmacists (emergency assignment) and pharmacy technicians (emergency assignment).	H
Schedule A – Ontario College of Pharmacists Code of Ethics: Who does the Code of Ethics Apply to?	Schedule A – Ontario College of Pharmacists Code of Ethics: Who does the Code of Ethics Apply to?	The Code of Ethics is applicable in all pharmacy - professional practice, education and research environments including non-traditional practice settings which may not involve a healthcare professional/patient relationship.	This provision has been amended to reflect the change in terminology used in the Pharmacy Act Regulations (from practice of pharmacy to practice of the profession).	L/R
Schedule A – Ontario College of Pharmacists Code of Ethics: 1. Principle of Beneficence – Standards (s. 1.13)	Schedule A – Ontario College of Pharmacists Code of Ethics: Standards (s. 1.13)	Registrants strive to contribute to the development of the profession by participating in the education and mentoring of pharmacy students and interns, intern technicians , pharmacists (emergency assignment) , pharmacy technicians (emergency assignment) , pharmacists and pharmacy technicians.	References to intern technicians, pharmacists (emergency assignment) and pharmacy technicians (emergency assignment) have been added. Pharmacy students continue to be referred to in this provision, even though they will no longer be Registrants, because Registrants may still educate and mentor pharmacy students.	L/R
Schedule A – Ontario College of Pharmacists Code of Ethics: 1. Principle of Beneficence – Standards (s. 1.16)	Schedule A – Ontario College of Pharmacists Code of Ethics: Standards (s. 1.16)	Registrants strive to facilitate positive change in the healthcare system by actively participating in healthcare policy review and development as it applies to the practice of pharmacy - the profession .	This provision has been amended to reflect the change in terminology used in the Pharmacy Act Regulations (from practice of pharmacy to practice of the profession).	L/R

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
Schedule A – Ontario College of Pharmacists Code of Ethics: 2. Principle of Non Maleficence – Standards (s. 2.17)	Schedule A – Ontario College of Pharmacists Code of Ethics: 2. Principle of Non Maleficence – Standards (s. 2.17)	Registrants maintain appropriate human resources to facilitate compliance with Standards of Practice and relevant legislation, policies and guidelines governing the practice of pharmacy the profession and the operation of pharmacies to ensure that professional performance and the health of others in the work place are not compromised.	This provision has been amended to reflect the change in terminology used in the Pharmacy Act Regulations (from practice of pharmacy to practice of the profession).	L/R
Schedule A – Ontario College of Pharmacists Code of Ethics: 4. Principle of Accountability (Fidelity) – Standards (s. 4.1)	Schedule A – Ontario College of Pharmacists Code of Ethics: 4. Principle of Accountability (Fidelity) – Standards (s. 4.1)	Registrants abide by the spirit of this Code which applies to the practice of the profession of pharmacy and the operation of pharmacies.	This provision has been amended to reflect the change in terminology used in the Pharmacy Act Regulations (from practice of pharmacy to practice of the profession).	L/R
Schedule B – Ontario College of Pharmacists Schedule of Fees	Schedule B – Ontario College of Pharmacists Schedule of Fees	Addition of paragraph and subparagraph references and terminology throughout.	Paragraph and subparagraph references have been added to Schedule B in order to more clearly identify the fees. Where the terminology used for a fee differed between the body of the By-Law and Schedule B, the terminology from the By-Law has been added to or revised in Schedule B (e.g., Renewal Fee has been amended to Annual Fee).	H
Schedule B – Ontario College of Pharmacists Schedule of Fees	Schedule B – Ontario College of Pharmacists Schedule of Fees	Application and Issuance Fees (18.1) [...] 9 Issuance Fee - Pharmacy Technician B - New Applicant Registration, Mar 10 to Aug 31 (18.1.3)	New fees, added because as of October 1, 2024, there will be a Part B register for pharmacy technicians.	L/R

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<ul style="list-style-type: none"> - 2024 Fees: 290.85 - HST: 37.81 - Total with tax: 328.66 <p>10 Issuance Fee - Pharmacy Technician B - New Applicant Registration, Sept 1 to Mar 09 (18.1.3)</p> <ul style="list-style-type: none"> - 2024 Fees: 145.40 - HST: 18.90 - Total with tax: 164.30 		
Schedule B – Ontario College of Pharmacists Schedule of Fees	Schedule B – Ontario College of Pharmacists Schedule of Fees	Jurisprudence Exam - Pharmacist and Pharmacy Technician (18.2) <ul style="list-style-type: none"> - 2024 Fees: 145.40 200.00 - HST: 18.90 26.00 - Total with tax: 164.30 226.00 	Fee increases for the jurisprudence exam have been proposed.	CI
Schedule B – Ontario College of Pharmacists Schedule of Fees	Schedule B – Ontario College of Pharmacists Schedule of Fees	Renewal Annual Fees: (18.3) [...] 12 14 Pharmacy Technician - Part A [...] 15 Pharmacy Technician - Part B <ul style="list-style-type: none"> - 2024 Fees: 290.85 - HST: 37.81 - Total with tax: 328.66 	The existing pharmacy technician annual fees are for pharmacy technicians listed in Part A. New fees have been added because as of October 1, 2024, there will be a Part B register for pharmacy technicians.	L/R
Schedule B – Ontario College of Pharmacists Schedule of Fees	Schedule B – Ontario College of Pharmacists Schedule of Fees	Other Fees: (18.5) [...] 17 20 Each Practice Assessment After Remediation (18.5.2) [...]	Row 17 (now 20) has been amended to align with the language in subparagraph 18.5.2, regarding assessments after remediation. New fees have been added for:	C/I

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<p>22 Each Practice Assessment of Competence at Entry (PACE) of Registrant transferring from Part B to Part A (18.5.3)</p> <ul style="list-style-type: none"> - 2024 Fees: 600.00 - HST: 78.00 - Total with tax: 678.00 <p>[...]</p> <p>24 Late Cancellation/Missed Assessment fee (18.5.5, 19.6.1)</p> <ul style="list-style-type: none"> - 2024 Fees: 600.00 - HST: 78.00 - Total with tax: 678.00 <p>25 Pharmacy Re-inspections (Compliance Audits) (19.6.2)</p> <ul style="list-style-type: none"> - 2024 Fees: 450.00 - HST: 58.50 - Total with tax: 508.50 	<ul style="list-style-type: none"> - PACE when transferring from Part B to Part A - cancellation of or missed assessments (see subparagraph 18.5.5 and 19.6.1) - pharmacy re-inspections (see subparagraph 19.6.2) 	

ONTARIO COLLEGE OF PHARMACISTS

Effective ~~March 25~~ [●], 2024

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

Version 7 – Enacted by the Board [●] 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

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BE IT ENACTED as a by-law of the **ONTARIO COLLEGE OF PHARMACISTS** as follows:

**ARTICLE 1
INTERPRETATION**

1.1 Definitions.

In this By-Law, and in all other By-Laws and resolutions of the College, unless the context otherwise requires:

- 1.1.1* **“Academic Director”** means a Director who serves on the Board by virtue of being a dean of a faculty of pharmacy of a university in Ontario or, where there is no office of dean, a person filling a similar office to that of a dean of a faculty of pharmacy of a university in Ontario;
- 1.1.2* **“Act”** means the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18;
- 1.1.3* **“Board”** means the board of directors of the College. For the purposes of the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Pharmacy Act Regulations*, and any other legislation or policy where the context requires, the Board means the Council of the College;
- 1.1.4* **“By-Law”** or **“By-Laws”** means the By-Laws of the College, as the same may be amended from time to time;
- 1.1.5* **“Certificate of Accreditation”** means a certificate of accreditation issued to a pharmacy by the Registrar pursuant to the *Drug and Pharmacies Regulation Act*;
- 1.1.6* **“Certificate of Authorization”** means a certificate of authorization issued to a health profession corporation by the College;
- 1.1.7* **“Certificate of Registration”** means a certificate of registration issued to a Registrant by the Registrar pursuant to the *Code*;
- 1.1.8* **“Chair”** means the chair of the Board and for the purpose of the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Pharmacy Act Regulations*, and any other legislation or policy where the context requires, means the President of the College, and “chair” means the chair of a Committee or the person presiding at a meeting of the Board, as the context requires;
- 1.1.9* **“Change of Control”** has the meaning given to it in subparagraph ~~18.1.2~~17.1.2;
- 1.1.10* **“Code”** means the *Health Professions Procedural Code*, being Schedule 2 to the Act;

~~1.1.11~~

“Code of Ethics” means the Code of Ethics which is set out in Schedule A to this By-Law, as the same may be amended from time to time;

- 1.1.12 “**College**” means the Ontario College of Pharmacists;
- 1.1.13 “**Committee**” or “**Committees**” means a committee or committees of the College, whether a statutory committee or a standing or special committee;
- 1.1.14 “**Contact Person**” means the person designated as the contact person for a hospital pharmacy or institutional pharmacy pursuant to section 146.1 of the *Drug and Pharmacies Regulation Act*;
- 1.1.15 “**Deputy Registrar**” means the person who, from time to time, holds the title of Deputy Registrar of the College;
- 1.1.16 “**Designated Manager**” means the manager designated by the Owner of a pharmacy as required by section 146(1)(b) of the *Drug and Pharmacies Regulation Act*;
- 1.1.17 “**Director**” means a person elected or appointed to be a member of the Board;
- 1.1.18 “**Director Profile**” means the combination of patient populations served as set out in subparagraph [5.9.14.7.1](#), and knowledge, skills and experience as set out in subparagraph [5.9.24.7.2](#), that will be required of applicants who seek to be qualified as candidates for election to the Board, as determined by the Governance Committee;
- 1.1.19 “**Drug and Pharmacies Regulation Act**” means the *Drug and Pharmacies Regulation Act*, R.S.O. 1990, Chap. H.4;
- 1.1.20 “**Drug and Pharmacies Regulation Act Regulations**” means the regulations made under the *Drug and Pharmacies Regulation Act*;
- 1.1.21 “**Drug Preparation Premises**” means drug preparation premises as defined in the *Pharmacy Act Regulations*;
- 1.1.22 “**Elected Director**” means a Director elected to the Board in accordance with this By-Law;
- 1.1.23 “**Former Registrant**” has the meaning given to it in subparagraph [16.9.115.9.1](#);
- 1.1.24 “**Health Profession Corporation**” means a corporation incorporated under the *Business Corporations Act* (Ontario) that holds a Certificate of Accreditation;

1.1.25 **“Lay Committee Appointee”** means an individual appointed under this By-Law to serve as a member of a Committee who is neither a Director nor a Registrant;

~~1.1.26 “Narcotic Signer” means a pharmacist who is designated by a pharmacy to be authorized to sign the documentation required under the *Controlled Drug and Substances Act (Canada)* or the regulations thereunder in order to obtain narcotics for the pharmacy;~~

1.1.26 ~~1.1.27~~ “**Owner**” means an “owner” as defined in the *Drug and Pharmacies Regulation Act Regulations*;

1.1.27 ~~1.1.28~~ “**Pharmacy Act**” means the *Pharmacy Act, 1991*, S.O. 1991, c.36;

1.1.28 ~~1.1.29~~ “**Pharmacy Act Regulations**” means the regulations made under the *Pharmacy Act*;

1.1.29 ~~1.1.30~~ “**Professional Advocacy Association**” means an organization whose principal mandate is to represent the interests of and advocate on behalf of pharmacies (community and hospital), pharmacists or pharmacy technicians, or a segment of them, including those registered in or practising in Canada. Examples of a Professional Advocacy Association include the Ontario Pharmacists Association, the Canadian Pharmacists Association, the Canadian Association of Pharmacy Technicians and Neighbourhood Pharmacy Association of Canada;

1.1.30 ~~1.1.31~~ “**Professional Committee Appointee**” means a Registrant who is not a Director, who is appointed under this By-Law to serve as a member of a Committee;

1.1.31 ~~1.1.32~~ “**Protecting Patients Act**” means the *Protecting Patients Act, 2017*, S.O. 2017, C.11;

1.1.32 ~~1.1.33~~ “**Public Director**” means a Director appointed to the Board by the Lieutenant Governor-in-Council;

1.1.33 ~~1.1.34~~ “**Register**” means the register required to be kept pursuant to the *Code*;

1.1.34 ~~1.1.35~~ “**Registrant**” means a member of the College;

1.1.35 ~~1.1.36~~ “**Registrar**” means the person who, from time to time, holds the title of Registrar and Chief Executive Officer of the College;

1.1.36 ~~1.1.37~~ “**RHPA Regulations**” means the regulations made under the Act;

1.1.37 ~~1.1.38~~ “**Standing Committee**” means a committee described in ~~article 8.3~~ [paragraph 7.3](#);

1.1.38 ~~1.1.39~~ “**Statutory Committees**” means the Committees listed in section 10 of the *Code* as of the date of enactment of this By-Law, and the Accreditation Committee as required under the *Pharmacy Act*; and

1.1.39 ~~1.1.40~~ “Vice-Chair” means the vice-chair of the Board and for the purpose of the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Pharmacy Act Regulations*, and any other legislation or policy where the context requires, means the Vice-President of the College.

1.2 Amendments.

Whenever reference is made in a By-Law to any statute or regulation, such reference shall be deemed to include any amendment to such statute or regulation, or any replacement statute or regulation, as may be made from time to time.

1.3 Committee Member / Committee Appointee

Whenever reference is made in a By-Law to a Committee member or a Committee Appointee, the terms shall be deemed to be interchangeable unless the context requires otherwise.

1.4 ~~Inclusive Language~~ Interpretation

When used in a By-Law, unless the context otherwise requires, words importing the singular include the plural and vice versa and the pronouns “they”, “them” and “their” shall denote all genders. The insertion of headings in a By-Law is for convenience of reference only and shall not affect the interpretation thereof. Whenever the words “include”, “includes” or “including” are used in a By-Law, such words shall be deemed to be followed by the words “without limitation”.

~~The Board has directed that the wording of these By Laws be amended to use inclusive language. Work on this change is underway. In the meantime, whenever reference is made in a By-Law to a gendered pronoun (he or she, himself or herself) the terms shall be deemed to include reference to those who identify with neutral, non-binary or other terms.~~

~~ARTICLE 2~~ CLASSES OF REGISTRATION

~~2.1 Prescribed Classes of Registration.~~

~~Effective upon Schedule 1 (Drug and Pharmacy Regulations Act) of the *Protecting Patients Act* being proclaimed into force, all references in this By-Law to “registered pharmacy student” will be deemed to be deleted and replaced with “intern technician”.~~

~~ARTICLE 3~~ PROFESSIONAL LIABILITY INSURANCE

2.1 ~~3.1~~ Insurance Requirements for a Certificate of Registration.

A Registrant who holds a Certificate of Registration as a pharmacist or pharmacy technician, ~~registered pharmacy student, intern or pharmacist~~ listed in Part A of the

Register, pharmacist (emergency assignment), pharmacy technician (emergency assignment), intern or intern technician, must maintain personal professional liability insurance as follows:

2.1.1

~~3.1.1~~ **Limit of Liability.** The policy of insurance must contain limits of a minimum of \$2,000,000 per claim or per occurrence and \$4,000,000 in the annual aggregate.

2.1.2 ~~3.1.2~~ **Definition of Insured Services.** The definition of Insured Services under the policy must include all professional services in the practice of ~~pharmacy~~ the profession as regulated by the College.

2.1.3 ~~3.1.3~~ **Retroactive Date.** The policy must not contain a retroactive date and must provide for full prior acts protection.

2.1.4 ~~3.1.4~~ **Extended Reporting Period (ERP).** If the policy is a “claims made” policy, it must contain an extended reporting period provision for a minimum of three (3) years.

2.1.5 ~~3.1.5~~ **Personal Professional Liability Insurance Coverage.** The policy must be issued in the name of the individual Registrant and provide that Registrant with mobility and coverage wherever in Ontario that Registrant practises.

2.1.6 ~~3.1.6~~ **Legal Defence Payments.** Legal defence payments for regulatory proceedings or other legal proceedings potentially afforded by a personal professional liability policy must not erode the minimum limits of liability under the policy.

2.2 ~~3.2~~ **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 4~~ ARTICLE 4

RESTRICTION ON DIRECTORS AND COMMITTEE MEMBERS

3.1 ~~4.1~~ **Restriction on Directors.**

A Director shall not be an employee of the College.

3.2 ~~4.2~~ **Restriction on Committee Members.**

A member of a Committee shall not be an employee of the College.

~~ARTICLE 5~~ ARTICLE 5

ELECTION OF DIRECTORS

4.1 ~~5.1~~ **Number of Elected Directors.**

4.1.1 ~~5.1.1~~ Subject to subparagraph ~~5.1.2~~ 4.1.2, there shall be nine (9) Elected Directors, of whom two (2) shall be pharmacy technicians.

4.1.2 ~~5.1.2~~ 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 ~~5.1.3~~ 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 ~~5.2~~ 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.

~~5.3~~ Renewal of the Board – August 2020.

~~5.3.1~~ Subject to subparagraph 5.3.2, the terms of office of all Elected Directors who are members of the Council as of the date that this By Law comes into effect (the “Incumbent Elected Directors”) will end on the date of the first meeting of the Board held after the election in August 2020, and seven (7) Elected Directors shall be elected to the Board in accordance with this By Law at the election in August 2020 for the terms of office set out in paragraph 5.5.

~~5.3.2~~ Notwithstanding subparagraph 5.3.1, the Board shall select two (2) Incumbent Elected Directors who sit on the Executive Committee as of the date that this By Law comes into effect, who will have their terms of office continue for one (1) year and two (2) years, respectively, following the August 2020 election.

4.3 ~~5.4~~ Election Date.

~~5.4.1~~ An election of Elected Directors will be held on the first Wednesday in August of every year beginning in 2020, for the number of positions on the Board that are then available.

4.4 ~~5.5~~ Terms of Office – August 2020.

~~The terms of office of the seven (7) Elected Directors elected in August 2020 will commence at the first meeting of the Board following the election and end, subject to paragraph 5.11, as follows:~~

~~5.5.1~~ the two (2) pharmacists who receive the highest number of votes out of all pharmacist candidates will be elected for a three (3)-year term;

~~5.5.2~~ the pharmacy technician who receives the highest number of votes out of all pharmacy technician candidates will be elected for a three (3)-year term;

~~5.5.3 the pharmacy technician who receives the second highest number of votes of all pharmacy technician candidates will be elected for a two (2)-year term;~~

~~5.5.4 the pharmacist who receives the third highest number of votes out of all pharmacist candidates will be elected for a two (2)-year term;~~

~~5.5.5 the two (2) pharmacists who receive the fourth and fifth highest number of votes out of all pharmacist candidates will each be elected for a one (1)-year term; and~~

~~5.5.6 if there is tie among candidates and it is necessary to break the tie to determine who will receive the longer term between the candidates, the Registrar shall break the tie, by lot.~~

~~5.6 Terms of Office—After August 2020.~~

4.4.1 ~~5.6.1~~ The term of office of an Elected Director ~~who is elected in each annual election beginning with the August 2021 election~~ will be three (3) years, commencing at the first meeting of the Board after the election.

4.4.2 ~~5.6.2~~ No Elected Director who ~~is~~was first elected in the ~~August~~November 2020 election or any subsequent election may serve as a Director for more than six (6) consecutive years.

4.4.3 ~~5.6.3~~ No Director who ~~is~~was a member of Council ~~on the date this By-Law comes into effect~~prior to November 2020 may serve for more than nine (9) consecutive years (inclusive of years of service prior to ~~the date this By-Law comes into effect~~November 2020).

4.4.4 ~~5.6.4~~ If an Elected Director reaches the end of ~~his or her~~their maximum service prior to the end of ~~his or her~~their term, the Elected Director will cease to hold office and the procedures set out in paragraph ~~5.20~~4.18 will apply.

4.5 ~~5.7~~ Eligibility for Election.

4.5.1 ~~5.7.1~~ 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 ~~he or she~~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 is not a registered pharmacy student or intern;~~

(d) ~~(e)~~ the Registrant's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation;

(e) ~~(f)~~ 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 ~~pharmacy~~ 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) ~~(g)~~ the Registrant has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the election;

(g) ~~(h)~~ where the Registrant was formerly a Director, but is not as of the date of the election a Director, it has been at least three (3) years since ~~he or she~~ the Registrant was a Director;

(h) ~~(i)~~ the Registrant is not an adverse party in litigation against the College, the Board, a Committee or any of the College's officers, employees or agents;

(i) ~~(j)~~ the Registrant commits to devoting sufficient time in ~~his or her~~ their schedule to participating in all required Board and Committee activities;

(j) ~~(k)~~ the Registrant has not, in the opinion of the Screening Committee, engaged in conduct unbecoming a Director; and

(k) ~~(l)~~ the Registrant is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the election, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection.

4.6 **5.8** Notice of Election and Call for Applicants.

4.6.1

~~5.8.1~~ No later than May 15th in the year in which the election is to be held the Registrar shall notify each Registrant who is eligible to vote of the date of the

election and the number of available positions on the Board. Such notification shall be by electronic mail, shall include a link to the Director Profile and application form for election and shall be addressed to each Registrant at ~~his or her~~their electronic address that is on file with the College. Such notice shall also be published on the website of the College.

4.7 ~~5.9~~ Director Competencies.

4.7.1

~~5.9.1~~ The Board shall at all times comprise Elected Directors who collectively serve, or have experience working with, the following diverse patient populations:

- (a) patients served by rural community pharmacies;
- (b) patients served by urban community pharmacies;
- (c) patients treated at teaching hospitals;
- (d) patients treated at community hospitals;
- (e) patients located in northern/remote areas;
- (f) patients who identify as Indigenous;
- (g) patients with mental health and addictions needs; and
- (h) patients in long-term care.

4.7.2

~~5.9.2~~ The Board shall in addition at all times comprise Directors who collectively have the following knowledge, skills and experience:

- (a) experience in and understanding of the principles of protecting, and acting in, the public interest;
- (b) experience working with diverse populations, marginalized groups and people with disabilities;
- (c) experience serving on boards and/or committees;
- (d) experience in managing a broad range of risk;
- (e) experience in senior leadership roles in business, health care institutions, government and academia;
- (f) experience with human resource issues including, but not limited to, occupational health and safety, organizational structures and human resources oversight and compensation, recruiting and succession planning;

- (g) financial and/or accounting expertise, including the following: preparing, auditing, analyzing or evaluating financial statements and an understanding of generally accepted accounting principles;
- (h) ability to navigate electronic systems to access Board and Committee materials;
- (i) legal experience or familiarity with regulated professions, including overseeing regulations and setting standards for certification;
- (j) experience participating in, or leading, an organization in planning for its future including, but not limited to the following: analysis, environmental scans, strategy design, planning, implementation and evaluation; and
- (k) a strong grasp of issues surrounding diversity and inclusion.

4.8 ~~5.10~~ Application Procedure.

4.8.1 ~~5.10.1~~ A Registrant seeking to be a candidate for election as an Elected Director shall complete and return an application form no later than the deadline provided in the form. The application form shall be accompanied by three (3) reference letters in accordance with the instructions contained in the application form.

4.8.2 ~~5.10.2~~ The application form shall include a signed affirmation by the applicant of ~~his or her~~their commitment to participate in pre-orientation activities aimed at understanding the obligations of a Director.

4.8.3 ~~5.10.3~~ The Screening Committee shall review the applications against the eligibility requirements as set out in paragraph ~~5.74.5~~5.74.5 and the Director Profile that the Governance Committee has announced for the election. Applicants who (a) meet the eligibility requirements in paragraph ~~5.74.5~~5.74.5, and (b) serve or have experience with patient populations, and have knowledge, skill and experience, that are within the Director Profile, will be qualified as candidates for election.

4.8.4 ~~5.10.4~~ If the Screening Committee requires additional information in order to assess whether an applicant meets the criteria in the Director Profile, the Screening Committee may require the applicant to participate in an interview in person or by electronic means.

4.8.5 ~~5.10.5~~ An applicant may withdraw ~~his or her~~their application by notice of withdrawal delivered to the Registrar no later than July 1 in the year in which the election is to be held.

4.8.6 ~~5.10.6~~ All applicants who have not withdrawn their application will be notified whether they are eligible and have been qualified as candidates for election.

4.8.7 ~~5.10.7~~ In the event of a dispute about whether a Registrant is eligible or qualified as a candidate for election, the Governance Committee shall conduct an investigation and report its findings and recommendations to the Executive Committee. The Executive Committee shall rule and inform the candidate of its decision and reasons.

4.8.8 ~~5.10.8~~ A person who has a direct interest in the result of an election dispute shall not participate in the investigation or consideration of such dispute.

4.9 ~~5.11~~ **Acclamation.**

4.9.1 ~~5.11.1~~ If, after the deadline referred to in subparagraph ~~5.10.5~~4.8.5, the number of pharmacy technicians qualified as candidates for election is equal to the number of pharmacy technicians to be elected in that election, the Registrar shall declare those pharmacy technician candidate(s) to be elected by acclamation.

4.9.2 ~~5.11.2~~ If, after the deadline referred to in subparagraph ~~5.10.5~~4.8.5, the number of pharmacists qualified as candidates for election is equal to the number of pharmacists to be elected in that election, the Registrar shall declare those pharmacist candidate(s) to be elected by acclamation.

4.9.3 ~~5.11.3~~ If, after the deadline referred to in subparagraph ~~5.10.5~~4.8.5, the number of pharmacy technicians qualified as candidates for election is less than the number of pharmacy technicians to be elected in that election, the Registrar shall declare the qualified pharmacy technician candidate(s) to be elected by acclamation and there will be a supplementary application, selection and election process held in accordance with paragraph ~~5.21~~4.19 in order to fill any remaining vacancies.

4.9.4 ~~5.11.4~~ If, after the deadline referred to in subparagraph ~~5.10.5~~4.8.5, the number of pharmacists qualified as candidates for election is less than the number of pharmacists to be elected in that election, the Registrar shall declare the qualified pharmacist candidate(s) to be elected by acclamation and there will be a supplementary application, selection and election process held in accordance with paragraph ~~5.21~~4.19 in order to fill any remaining vacancies.

4.9.5 ~~5.11.5~~ In the event of acclamation pursuant to this paragraph ~~5.11~~4.9 in an election in which candidates will be elected to terms of varying lengths, the Registrar shall determine by lot which successful candidate will serve for which length of term. However, if subparagraph ~~5.11.3~~4.9.3 or ~~5.11.4~~4.9.4 is

applicable, the candidate(s) elected by acclamation will serve the longer of the available terms.

4.10 ~~5.12~~ Registrar's Electoral Duties.

4.10.1 ~~5.12.1~~ The Registrar shall supervise and administer the election of candidates and for the purpose of carrying out that duty, the Registrar shall:

- (a) appoint returning officers or scrutineers;
- (b) establish a deadline for the receipt of ballots;
- (c) establish reasonable safeguards to ensure that the person voting is entitled to vote;
- (d) ensure electronic communication and voting processes are reliable and secure;
- (e) establish procedures for the counting and verification of ballots; and
- (f) provide for the notification of all candidates and Registrants of the results of the election.

4.10.2 ~~5.12.2~~ No later than twenty-one (21) days before the date of an election, the Registrar shall provide to every Registrant eligible to vote a list of the candidates, secure access to a ballot, and an explanation of the voting procedures as set out in this By-Law.

4.11 ~~5.13~~ Scrutineers.

4.11.1 ~~5.13.1~~ The Board shall, at the last regular Board meeting before an election, appoint two (2) or more persons to serve as scrutineers for the election.

4.11.2 ~~5.13.2~~ The scrutineers will be reimbursed for their expenses as provided in Article 76 in accordance with a policy made by a resolution of the Board.

4.11.3 ~~5.13.3~~ If a scrutineer is unable or unwilling to act, the Chair shall appoint a person as a replacement scrutineer.

4.12 ~~5.14~~ Ballots.

4.12.1 ~~5.14.1~~ The names of the candidates who have not withdrawn their candidacies by the deadline for so doing will appear on the ballot.

4.12.2 ~~5.14.2~~ The Registrar shall prepare a list of the voting Registrants.

4.12.3 ~~5.14.3~~ A Registrant who is eligible to vote and who does not receive, or loses, ~~his or her~~their secure access to a ballot may apply to the Registrar for

replacement secure access to a ballot and the Registrar shall provide the Registrant with a replacement.

4.13 ~~5.15~~ Voting.

- 4.13.1 ~~5.15.1~~ A ballot shall clearly indicate the candidates of the voting Registrant's choice and shall be submitted so that it is received not later than 5:00 p.m. on the day of the election.
- 4.13.2 ~~5.15.2~~ The scrutineers shall ascertain that each voting Registrant is eligible to vote according to the list prepared by the Registrar.
- 4.13.3 ~~5.15.3~~ The scrutineers shall verify the votes at the head office of the College on the day following the election.
- 4.13.4 ~~5.15.4~~ The verification of the votes by the scrutineers shall be conducted in such a manner that no person will know for whom any voting Registrant has voted.
- 4.13.5 ~~5.15.5~~ The only persons permitted to be present during the verification will be the scrutineers, the Registrar, such staff of the College as the Registrar authorizes, and the candidates. A candidate may appoint one (1) person to represent the candidate at the verification.
- 4.13.6 ~~5.15.6~~ If the scrutineers cannot agree on any matter relating to the verification, the matter shall be decided by the Registrar.
- 4.13.7 ~~5.15.7~~ Upon completing the verification, the scrutineers shall prepare a return and file the return with the Registrar.
- 4.13.8 ~~5.15.8~~ The successful pharmacist candidates in an election will be those with the highest and next highest number of votes and so on until the number of successful pharmacist candidates equals the number of pharmacists to be elected in that election.
- 4.13.9 ~~5.15.9~~ The successful pharmacy technician candidate in an election where one pharmacy technician is to be elected will be the one with the highest number of votes. If more than one (1) pharmacy technician is to be elected in an election, the successful pharmacy technician candidates will be those with the highest and next highest number of votes until all positions are filled.
- 4.13.10 ~~5.15.10~~ Upon receiving the returns from the scrutineers, the Registrar shall declare the pharmacists who were successful in accordance with subparagraph ~~5.15.8~~4.13.8 to be elected as Elected Directors and shall declare that the pharmacy technician or technicians who were successful in accordance with subparagraph ~~5.15.9~~4.13.9 to be elected as Elected Director(s), and shall notify each candidate of the election results.

4.14 ~~5.16~~ Number of Votes to be Cast.

~~5.16.1~~ In the election to be held in August 2020, each Registrant may vote for up to five (5) pharmacist candidates and up to two (2) pharmacy technician candidates.

4.14.1 ~~5.16.2~~ In each annual election ~~beginning in August 2021~~, each Registrant may vote for up to the number of pharmacy technician candidates as there are pharmacy technician vacancies on the Board and for up to the number of pharmacist candidates as there are pharmacist vacancies on the Board.

4.15 ~~5.17~~ Tie Votes.

4.15.1 ~~5.17.1~~ If there is a tie in an election of Elected Directors and it is necessary to break the tie to determine who will be the successful candidate, the Registrar shall break the tie, by lot, and then declare the candidate elected.

4.16 ~~5.18~~ Interruption of Service Delay of Election.

4.16.1 ~~5.18.1~~ If, for whatever reason, including a public health emergency or other emergency, it would be impractical to hold an election in the time required by this By-Law, the Registrar with the consent of the Executive Committee may delay any or all of the following: the holding of the election, the notice of election, the call for applications, the deadline for applications, and all other timelines related to the election for such period of time as the Registrar and Executive Committee consider necessary to allow for an election to be held.

4.16.2 ~~5.18.2~~ Notice of a decision under subparagraph ~~5.18.1~~ 4.16.1 shall be given to each Registrant by electronic mail.

4.16.3 ~~5.18.3~~ If an election of Directors is not held on the first Wednesday in August in a given year as a result of a delay pursuant to subparagraph ~~5.18.1~~ 4.16.1:

- (a) all references in this By-Law to the date of that election, and all timelines that depend on the date of that election, shall be deemed for that year to refer to the date that the election is actually held (even if the election is held in the following year);
- (b) despite any other provision in this By-Law, the term of office of any Elected Director that would have expired at the first meeting of the Board after the August election in that year shall continue until the first meeting of the Board after the election is actually held, except that any Director who has reached ~~his or her~~ their maximum years on the Board will cease to hold office and the procedures set out in paragraph ~~5.20~~ 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 ~~5.6.24.4.2~~ and ~~5.6.34.4.3~~, 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.

~~5.18.4 In the event of a delay pursuant to subparagraph 5.18.1, the terms of office of the Incumbent Elected Directors selected in accordance with subparagraph 5.3.2 shall be deemed to end as of the first meeting of the Board after the election following which their respective terms would have ended had there not been any delay.~~

4.17 ~~5.19~~ Conduct of Directors.

4.17.1 ~~5.19.1~~ 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 ~~5.19.2~~ Formal governance action may be taken against a Director where the Director:

- (a) fails, or does not make ~~himself or herself~~themselves available, without cause, to attend three (3) consecutive meetings of the Board;
- (b) fails, or does not make ~~himself or herself~~themselves available, without cause, to attend three (3) consecutive meetings of a Committee of which ~~he or she~~the Director is a member, or fails without cause to attend a scheduled hearing or review conducted by a panel to which ~~he or she~~the Director was appointed;
- (c) fails, or does not make ~~himself or herself~~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 ~~he or she~~ 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 ~~5.19.3~~ 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 ~~5.19.4~~ 4.17.4 requires approval by two-thirds of Directors present at the meeting and eligible to vote.

4.17.4 ~~5.19.4~~ 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 ~~5.19.5~~ 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 ~~5.20~~ Filling of Vacancies.

4.18.1 ~~5.20.1~~ 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 ~~5.20~~ 4.18 will be subject to any provisions of the *RHPA Regulations* respecting the filling of vacancies arising on the Board.

4.18.2 ~~5.20.2~~ 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 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 ~~5.20.3~~ 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 ~~5.20.4~~ 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 ~~5.20.5~~ The term of office of an Elected Director acclaimed or elected in a by-election under subparagraph ~~5.20.24.18.2~~ 4.18.2 or ~~5.20.34.18.3~~ 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 ~~5.21~~ **Supplementary Election Procedures.**

4.19.1 ~~5.21.1~~ 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 ~~5.10.54.8.5~~ 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 ~~5.21.2~~ The provisions of this By-Law that apply to the conduct of elections shall apply to the conduct of supplementary elections, with all necessary modifications.

4.19.3 ~~5.21.3~~ The term of office of an Elected Director elected in a supplementary election under paragraph ~~5.21~~4.19 will commence upon acclamation or election and continue until the end of the term of office that would have been held had an Elected Director been elected to that position on the Board in the applicable August election.

~~ARTICLE 5~~ ARTICLE 6 BOARD MEETINGS

5.1 ~~6.1~~ Meetings of the Board.

5.1.1 ~~6.1.1~~ The Board shall hold at least four (4) regular meetings in the one (1)-year period following each annual August election of Elected Directors. The first regular Board meeting shall take place within ninety (90) days following the August election. The dates for the remaining regular Board meetings shall be set no later than the first regular Board meeting following the August election.

5.1.2 ~~6.1.2~~ The Chair may call a special meeting of the Board at any time, provided that seven (7) days' notice is given to each Director, the Registrants and the public, specifying the purpose of the meeting. However, less than seven (7) days' notice may be given where all Directors consent to the meeting being held with the lesser notice.¹

5.1.3 ~~6.1.3~~ The College shall post on its website information regarding upcoming meetings of the Board, including:

- (a) the dates of those meetings;
- (b) matters to be discussed at those meetings; and
- (c) information and documentation that will be provided to Directors for the purpose of those meetings, provided that information and documentation related to any meeting or part of a meeting from which the public is excluded by the Board shall not be posted; and if the Registrar anticipates that the Board will exclude the public from the meeting or part of the meeting, the grounds for doing so.

¹ The notice requirements contained in s. 7 of the Code must still be complied with even where the meeting is closed to the public.

5.1.4 ~~6.1.4~~ Subject to subparagraphs ~~6.1.2~~5.1.2 and ~~6.1.3~~5.1.3, notice of any special meeting of the Board shall be sufficient if provided to each Director at ~~his or her~~the Director's specified email address as shown in the records of the College.

5.1.5 ~~6.1.5~~ The Chair or, in ~~his or her~~the Chair's absence or failure to act, the Vice-Chair, shall call a special meeting of the Board upon the written request of two-thirds of the Directors. In the event that the Chair or Vice-Chair are both unable, or fail, to call a meeting of the Board, two-thirds of the Directors may call a meeting upon their written request delivered to the Registrar. Notice of the special meeting shall be given as set out in subparagraphs ~~6.1.2~~5.1.2 to ~~6.1.4~~5.1.4.

5.1.6 ~~6.1.6~~ Meetings of the Board shall be held at the permanent office of the College, or at such other place or places as the Board may designate.

5.1.7 ~~6.1.7~~ The quorum for the transaction of business at any meeting of the Board shall be a majority of Directors.

5.1.8 ~~6.1.8~~ Unless specifically provided for otherwise in the By-Law, any question arising at any meeting of the Board shall be determined by a majority of votes of Directors present at the meeting and eligible to vote. In the event of a tie vote, the Chair shall break the tie with an additional vote.

5.1.9 ~~6.1.9~~ At the regular meetings of the Board, the business shall include such matters as are set out in an agenda to be approved by the Board.

5.1.10 ~~6.1.10~~ A Director may place any item that can properly be discussed by the Board on the Board agenda by making a notice of motion. Notices of all motions intended to be introduced shall be given in writing, seconded, and given to the Chair before being considered at a meeting of the Board on a day previous to the discussion or vote unless this requirement is dispensed with by a vote of at least two-thirds of all Directors present at the meeting and eligible to vote.

5.1.11 ~~6.1.11~~ The Board may, from time to time, set or adopt Rules of Order to guide the conduct of Board meetings.

5.2 ~~6.2~~ Meetings Held By Technological Means.

5.2.1 ~~6.2.1~~ If two-thirds of all Directors, or of members of a Committee (as the case requires), who are eligible to vote consent thereto generally or in respect of a particular meeting, and each has adequate access, Directors or members of a Committee may participate in a meeting of, respectively, the Board or of a Committee, by means of such ~~conference telephone or other~~ communications facilities as permits all persons participating in the meeting to ~~hear~~communicate with each other simultaneously and instantaneously, and a

Director or member of a Committee participating in such a meeting by such means is deemed to be present at the meeting.

5.2.2

~~6.2.2~~ At the outset of each meeting referred to in subparagraph ~~6.2.1~~5.2.1, the Chair shall call roll to establish quorum and whenever votes are required. If the Chair is not satisfied that the meeting may proceed with adequate security and confidentiality, ~~he or she~~they shall adjourn the meeting to a predetermined date, time and place.

~~ARTICLE 7~~
ARTICLE 7
REMUNERATION AND EXPENSES

6.1 ~~7.1~~ Remuneration and Expenses.

When they are on official College business, Directors and Committee members, and participants in working groups and task forces, other than Public Directors, will be paid and / or reimbursed for expenses in accordance with a policy made by a resolution of the Board.

~~ARTICLE 8~~
ARTICLE 8
COMMITTEES OF THE COLLEGE

7.1 ~~8.1~~ Statutory Committees under the Act.

7.1.1

~~8.1.1~~ Pursuant to the Act, the College shall have the following Committees:

- (a) Executive Committee;
- (b) Registration Committee;
- (c) Inquiries, Complaints and Reports Committee;
- (d) Discipline Committee;
- (e) Fitness to Practise Committee;
- (f) Quality Assurance Committee; and
- (g) Patient Relations Committee.

7.1.2

~~8.1.2~~ Subject to subparagraph ~~8.1.3~~7.1.3, the composition of the Committees referred to in subparagraphs ~~8.1.1~~7.1.1(a) to ~~8.1.1~~7.1.1(g) shall be as set out in this By-Law and the duties shall be as set out in the Act and the By-Law.

7.1.3

~~8.1.3~~ Upon the proclamation of section 5(2) of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this Article ~~8~~7 as they relate to the Committees referred to in subparagraphs ~~8.1.1~~7.1.1(a) to ~~8.1.1~~7.1.1(g), shall be subject to

the provisions of the *RHPA Regulations*, if any, that relate to such Committees, including, for example, provisions:

- (a) establishing the composition of such Committees;
- (b) establishing the qualifications, screening, appointment and terms of office of members of such Committees who are not Directors; and
- (c) governing the relationship between such provisions and the By-Law.

7.2 ~~8.2~~ **Statutory Committee under the Pharmacy Act.**

Pursuant to the *Pharmacy Act*, the College shall have an Accreditation Committee, the composition of which is set out in this By-Law and the duties of which are set out in the *Drug and Pharmacies Regulation Act* and this By-Law.

7.3 ~~8.3~~ **Standing Committees.**

In addition to the Statutory Committees, the College shall establish the following Standing Committees, the composition and duties of which are set out in this By-Law:

7.3.1 ~~8.3.1~~ Finance and Audit Committee;

7.3.2 ~~8.3.2~~ Screening Committee;

7.3.3 ~~8.3.3~~ Governance Committee; and

7.3.4 ~~8.3.4~~ Drug Preparation Premises Committee.

7.4 ~~8.4~~ **Appointment of Special Committees.**

The Board may, from time to time, appoint such special Committees, task forces and working groups as it deems appropriate or necessary for the attainment of the objects of the College and the efficient conduct of its affairs. Every special Committee, task force or working group shall have specified terms of reference and a date upon which it shall dissolve.

7.5 ~~8.5~~ **Reporting of Committees.**

All Committees shall report at least annually to the Board.

~~ARTICLE 9~~
ARTICLE 9
COMPOSITION AND DUTIES OF STATUTORY AND STANDING COMMITTEES

8.1 ~~9.1~~ Article Subject to RHPA Regulations.

Upon the proclamation of section 5(2) of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this Article ~~98~~ as they relate to the Committees referred to in subparagraphs ~~8.1.17.1.1~~(a) to ~~8.1.17.1.1~~(g), will be subject to the provisions of the *RHPA Regulations*, if any, that relate to such Committees.

8.2 ~~9.2~~ Composition of the Executive Committee.

The Executive Committee shall be composed of:

8.2.1 ~~9.2.1~~ the Chair and the Vice-Chair, and three (3) additional Directors, such that at least two (2) Directors are Elected Directors and at least two (2) Directors are Public Directors.

8.3 ~~9.3~~ Chair of the Executive Committee.

The Chair shall be the chair of the Executive Committee.

8.4 ~~9.4~~ Duties of the Executive Committee.

The Executive Committee shall:

8.4.1 ~~9.4.1~~ in accordance with section 12 (1) of the *Code*, exercise all the powers and duties of the Board between Board meetings that, in the Committee's opinion, require attention, other than the power to make, amend or revoke a regulation or By-Law;

8.4.2 ~~9.4.2~~ recommend to the Board proposals for changes to applicable statutes, regulations, By-Laws, College policies and standards of practice;

8.4.3 ~~9.4.3~~ receive findings and recommendations from the Governance Committee pursuant to subparagraph ~~5.10.74.8.7~~, take such action in respect of the person who is the subject of the findings and recommendations as it deems appropriate, and report its decision to the Board;

8.4.4 ~~9.4.4~~ ensure that the policies of the Board are carried out;

8.4.5 ~~9.4.5~~ report its activities, decisions and recommendations through the Chair at each meeting of the Board; and

8.4.6 ~~9.4.6~~ have the following authorities with respect to staff compensation:

- (a) annually, establish guidelines for the awarding of salary increases to staff;
- (b) at least annually, review compensation for the Registrar; and
- (c) provide broad policy guidance to senior management on matters related to non-salary compensation and benefit programs for College staff.

8.5 ~~9.5~~ **Composition of the Registration Committee.**

The Registration Committee shall be composed of:

- 8.5.1 ~~9.5.1~~ two (2) Public Directors;
- 8.5.2 ~~9.5.2~~ five (5) or more Professional Committee Appointees;
- 8.5.3 ~~9.5.3~~ at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees;
- 8.5.4 ~~9.5.4~~ one (1) Academic Director; and
- 8.5.5 ~~9.5.5~~ a representative of a pharmacy technician program in Ontario that has been accredited by the Canadian Council for Accreditation of Pharmacy Programs.

8.6 ~~9.6~~ **Duties of the Registration Committee.**

- 8.6.1 ~~9.6.1~~ The Registration Committee shall:
 - (a) perform such functions as are assigned to it by statute or regulation; and
 - (b) maintain familiarity with the accreditation standards that the Canadian Council for Accreditation of Pharmacy Programs sets for all pharmacy and pharmacy technician programs that it accredits.
- 8.6.2 ~~9.6.2~~ The Registration Committee may be required by the Board from time to time in the Board's discretion to:
 - (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
 - (b) provide guidance to the Board on matters concerning registration, examinations and in-service training required prior to registration.

8.7 ~~9.7~~ **Composition of the Inquiries, Complaints and Reports Committee.**

The Inquiries, Complaints and Reports Committee shall be composed of:

- 8.7.1 ~~9.7.1~~ all of the Public Directors;
- 8.7.2 ~~9.7.2~~ ten (10) or more Professional Committee Appointees; and
- 8.7.3 ~~9.7.3~~ at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.8 ~~9.8~~ **Duties of the Inquiries, Complaints and Reports Committee.**

- 8.8.1 ~~9.8.1~~ The Inquiries, Complaints and Reports Committee shall perform such functions as are assigned to it by statute or regulation.
- 8.8.2 ~~9.8.2~~ The Inquiries, Complaints and Reports Committee may be required by the Board from time to time in the Board's discretion to:
 - (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
 - (b) provide guidance to the Board on matters concerning investigations, complaints and reports.

8.9 ~~9.9~~ **Composition of the Discipline Committee.**

The Discipline Committee shall be composed of:

- 8.9.1 ~~9.9.1~~ all of the Elected Directors;
- 8.9.2 ~~9.9.2~~ all of the Public Directors except those who are on the Accreditation Committee;
- 8.9.3 ~~9.9.3~~ ten (10) or more Professional Committee Appointees who are not on the Accreditation Committee; and
- 8.9.4 ~~9.9.4~~ at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees who are not on the Accreditation Committee.

8.10 ~~9.10~~ **Duties of the Discipline Committee.**

- 8.10.1 ~~9.10.1~~ The Discipline Committee shall perform such functions as are assigned to it by statute or regulation.
- 8.10.2 ~~9.10.2~~ The Discipline Committee may be required by the Board from time to time in the Board's discretion to:

- (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
- (b) provide guidance to the Board on matters concerning discipline.

8.11 ~~9.11~~ Composition of the Fitness to Practise Committee.

The Fitness to Practise Committee shall be composed of:

- 8.11.1 ~~9.11.1~~ two (2) Public Directors;
- 8.11.2 ~~9.11.2~~ two (2) or more Professional Committee Appointees; and
- 8.11.3 ~~9.11.3~~ at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.12 ~~9.12~~ Duties of the Fitness to Practise Committee.

- 8.12.1 ~~9.12.1~~ The Fitness to Practise Committee shall perform such functions as are assigned to it by statute or regulation.
- 8.12.2 ~~9.12.2~~ The Fitness to Practise Committee may be required by the Board from time to time in the Board's discretion to:
 - (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
 - (b) provide guidance to the Board on matters concerning fitness to practise.

8.13 ~~9.13~~ Composition of the Quality Assurance Committee.

The Quality Assurance Committee shall be composed of:

- 8.13.1 ~~9.13.1~~ two (2) Public Directors;
- 8.13.2 ~~9.13.2~~ five (5) or more Professional Committee Appointees; and
- 8.13.3 ~~9.13.3~~ at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.14 ~~9.14~~ Duties of the Quality Assurance Committee.

- 8.14.1 ~~9.14.1~~ The Quality Assurance Committee shall:
 - (a) perform such functions as are assigned to it by statute or regulation; and

- (b) maintain a continuing review of the Quality Assurance Program.

8.14.2 ~~9.14.2~~ The Quality Assurance Committee may be required by the Board from time to time in the Board's discretion to:

- (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
- (b) provide guidance to the Board on matters concerning quality assurance.

8.15 ~~9.15~~ **Composition of the Patient Relations Committee.**

The Patient Relations Committee shall be composed of:

8.15.1 ~~9.15.1~~ one (1) or more Professional Committee Appointees so long as the number of Professional Committee Appointees are fewer than the number of Lay Committee Appointees other than when there are temporary vacancies; and

8.15.2 ~~9.15.2~~ two (2) or more Lay Committee Appointees.

8.16 ~~9.16~~ **Duties of the Patient Relations Committee.**

8.16.1 ~~9.16.1~~ The Patient Relations Committee shall perform such functions as are assigned to it by statute or regulation.

8.16.2 ~~9.16.2~~ The Patient Relations Committee may be required by the Board from time in the Board's discretion to:

- (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
- (b) provide guidance to the Board on matters concerning patient relations.

8.17 ~~9.17~~ **Composition of the Accreditation Committee.**

The Accreditation Committee shall be composed of:

8.17.1 ~~9.17.1~~ two (2) Public Directors;

8.17.2 ~~9.17.2~~ three (3) or more Professional Committee Appointees; and

8.17.3 ~~9.17.3~~ at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.18 ~~9.18~~ Duties of the Accreditation Committee.

8.18.1 ~~9.18.1~~ The Accreditation Committee shall perform such functions as are assigned to it by statute or regulation.

8.18.2 ~~9.18.2~~ The Accreditation Committee may be required by the Board from time to time in the Board's discretion to:

- (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
- (b) provide guidance to the Board on matters concerning accreditation.

8.19 ~~9.19~~ Composition of the Finance and Audit Committee.

The Finance and Audit Committee shall be composed of:

8.19.1 ~~9.19.1~~ two (2) or more Elected Directors; and

8.19.2 ~~9.19.2~~ at the discretion of the Governance Committee, two (2) or more Lay Committee Appointees; and

8.19.3 ~~9.19.3~~ at the discretion of the Governance Committee, one or more Public Directors.

8.20 ~~9.20~~ Duties of the Finance and Audit Committee.

The Finance and Audit Committee shall:

8.20.1 ~~9.20.1~~ review and recommend to the Board, the annual operating and capital budget for the College;

8.20.2 ~~9.20.2~~ maintain a rolling two (2) year operating budget;

8.20.3 ~~9.20.3~~ review quarterly financial statements and report to the Board significant deviations from budget;

8.20.4 ~~9.20.4~~ meet with the auditor each year,

- (a) before the audit to review the timing and extent of the audit and to bring to the attention of the auditor any matter of which it considers the auditor should be made aware; and
- (b) as shortly after the completion of the audit as is practical, in order to review and discuss with the auditor the financial statements and the auditor's report;

8.20.5 ~~9.20.5~~ review and report to the Board on the effectiveness of the external audit function and any matter which the external auditor wishes to bring to the attention of the College;

8.20.6 ~~9.20.6~~ make recommendations to the Board on the appointment or reappointment of the external auditor;

8.20.7 ~~9.20.7~~ make recommendations to the Board regarding the management of the College's assets and liabilities and additions or improvements to the real property owned or operated by the College; and

8.20.8 ~~9.20.8~~ recommend to the Board changes to applicable By-Laws, College policies and standards of practice.

8.21 ~~9.21~~ **Composition of the Screening Committee.**

The Screening Committee shall be composed of:

8.21.1 ~~9.21.1~~ the chair of the Governance Committee;

8.21.2 ~~9.21.2~~ two (2) additional Directors, one (1) or more of whom shall be a Public Director; and

8.21.3 ~~9.21.3~~ two (2) or more Lay Committee Appointees.

8.22 ~~9.22~~ **Duties of the Screening Committee.**

The Screening Committee shall:

8.22.1 ~~9.22.1~~ administer the process for screening applicants to be qualified as candidates for the Board in accordance with paragraph ~~5.10~~4.8; and

8.22.2 ~~9.22.2~~ review applications and recommend applicants to be appointed as Professional Committee Appointees or Lay Committee Appointees.

8.23 ~~9.23~~ **Composition of the Governance Committee.**

The Governance Committee shall be composed of:

8.23.1 ~~9.23.1~~ four (4) Directors, including one (1) or more of each of the following: a Public Director, a pharmacist Elected Director and a pharmacy technician Elected Director; and

8.23.2 ~~9.23.2~~ at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.24 ~~9.24~~ Duties of the Governance Committee.

The Governance Committee shall:

- 8.24.1 ~~9.24.1~~ assess the collective knowledge, skills and experience of the current Board in order to:
- i) determine the competencies required in upcoming elections and develop the Director Profile; and
 - ii) consider and implement the succession strategy for the positions of Chair, Vice-Chair and member of the Executive Committee, in order to determine which Directors are qualified for the purpose of paragraph ~~12.1~~11.1;
- 8.24.2 ~~9.24.2~~ recommend a slate of appointees for Committees, including the chairs;
- 8.24.3 ~~9.24.3~~ provide input to the processes for orientation of Directors and members of Committees;
- 8.24.4 ~~9.24.4~~ provide input to the process for evaluating the performance of Committees, the Board as a whole, as well as individual Directors and Committee appointees;
- 8.24.5 ~~9.24.5~~ identify and recommend opportunities for education, training, coaching and remediation of Directors and Committee members;
- 8.24.6 ~~9.24.6~~ in the event of a dispute as set out in subparagraph ~~5.10.7~~4.8.7, conduct an investigation and report findings and recommendations to the Executive Committee about whether a Registrant is eligible or qualified as a candidate for election; and
- 8.24.7 ~~9.24.7~~ review and recommend By-Law amendments and Board policies for conformance with current legislative requirements and good governance best practices.

8.25 ~~9.25~~ Composition of the Drug Preparation Premises Committee.

The Drug Preparation Premises Committee shall be composed of the same members as the Accreditation Committee. The chair of the Accreditation Committee shall be the chair of the Drug Preparation Premises Committee.

8.26 ~~9.26~~ Duties of the Drug Preparation Premises Committee.

The Drug Preparation Premises Committee shall:

- 8.26.1 ~~9.26.1~~ administer and govern the College's Drug Preparation Premises inspection program in accordance with the *Pharmacy Act Regulations*; and

8.26.2 ~~9.26.2~~ deal with any other matters concerning the inspection of Drug Preparation Premises as directed by the Board.

8.27 Panels and Quorum of the Drug Preparation Premises Committee.

8.27.1 A panel shall be selected by the chair of the Drug Preparation Premises Committee from among the members of the Committee to determine the outcome of drug preparation premises inspections pursuant to Part XV of Ontario Regulation 256/24 under the Pharmacy Act.

8.27.2 A panel shall be composed of at least three persons, one of whom shall be a Public Director.

8.27.3 Three members of the Drug Preparation Premises Committee constitute a quorum.

~~ARTICLE 9~~ **ARTICLE 10** **DUTIES OF OFFICERS**

9.1 ~~10.1~~ **Duties of the Chair and the Vice-Chair.**

9.1.1 ~~10.1.1~~ The Chair shall:

- (a) preside as chair at all meetings of the Board; and
- (b) make all necessary rulings as to the order of business, subject to an appeal to the Directors present.

9.1.2 ~~10.1.2~~ The Vice- Chair shall, in the event of the absence or inability of the Chair to act, perform the duties of the Chair.

9.1.3 ~~10.1.3~~ In the event of the absence or inability of both the Chair and the Vice-Chair to act, the Directors present at a meeting of the Board may appoint one (1) of the other Directors to preside at any meeting of the Board.

9.1.4 ~~10.1.4~~ In the event of the death, or disqualification, or inability to act of a permanent nature of the Chair or the Vice-Chair, the Board shall elect Directors to fill these vacancies according to the provisions of this By-Law for calling a meeting and electing the Chair and the Vice-Chair.

9.1.5 ~~10.1.5~~ Where the Chair has lost the confidence of the Board, the Board may, on a notice of motion to that effect or at a special meeting of the Board, disqualify the Chair from office by a vote of at least two-thirds of the Directors present and eligible to vote.

~~ARTICLE 10~~ **ARTICLE 11**
COMMITTEE APPOINTEES

10.1 ~~11.1~~ Professional Committee Appointments.

10.1.1 ~~11.1.1~~ The application form for appointment as a Professional Committee Appointee shall be made available on the College's website.

10.1.2 ~~11.1.2~~ Subject to subparagraph ~~8.1.3~~7.1.3, a Registrant is eligible for appointment to a Committee as a Professional Committee Appointee if the Registrant has completed and submitted an application form to the Screening Committee and on the date of the appointment:

- (a) the Registrant holds a valid Certificate of Registration as a pharmacist or as a pharmacy technician;
- (b) the Registrant either practises or resides in Ontario;
- (c) the Registrant is not in default of payment of any fees prescribed in this By-Law;
- (d) the Registrant has not been found to have committed an act of professional misconduct or to be incompetent by a panel of the Discipline Committee;
- (e) the Registrant is not the subject of any disciplinary or incapacity proceeding;
- (f) the Registrant is not currently charged with nor has been found guilty of an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada);
- (g) the Registrant has not, in the opinion of the Screening Committee, engaged in conduct unbecoming a Committee member;
- (h) the Registrant's Certificate of Registration has not been revoked or suspended in the six (6) years preceding the date of the appointment;
- (i) the Registrant's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation;
- (j) the Registrant has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the appointment;
- (k) the Registrant does not have a conflict of interest in respect of the Committee to which ~~he or she seeks~~they seek to be appointed;

- (l) the Registrant is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the appointment, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection; and
- (m) the Registrant is not, and has not within the three (3) years immediately preceding the election been, an employee, officer or director of a Professional Advocacy Association. For greater certainty, nothing in this clause will prevent a Registrant who serves on an association or organization to which ~~he or she has~~they have been appointed by the Board as a representative of the College, from becoming a Professional Committee Appointee.

10.2 ~~11.2~~ Lay Committee Appointees

10.2.1 ~~11.2.1~~ The application form for appointment as a Lay Committee Appointee shall be made available on the College's website.

10.2.2 ~~11.2.2~~ An individual is eligible for appointment to a Committee as a Lay Committee Appointee if the individual has completed and submitted an application form to the Screening Committee and on the date of the appointment:

- (a) the individual resides in Ontario;
- (b) the individual has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the appointment;
- (c) the individual has never been a Registrant;
- (d) the individual has not been found to have committed an act of professional misconduct or to be incompetent by a panel of an adjudicatory committee of any profession;
- (e) the individual is not the subject of any disciplinary or incapacity proceeding by a panel of an adjudicatory committee of any profession;
- (f) the individual is not currently charged with nor has been found guilty of an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada);
- (g) the individual has no direct or indirect ownership interest in a pharmacy other than holding shares on a publicly traded stock exchange;

- (h) the individual does not have a conflict of interest in respect of the Committee to which ~~he or she seeks~~they seek to be appointed; and
- (i) the individual is not, and has not within the three (3) years immediately preceding the election been, an employee, officer or director of a Professional Advocacy Association, or any professional advocacy association of any health profession under the Act. For greater certainty, nothing in this clause will prevent an individual who serves on an association or organization to which ~~he or she~~the individual has been appointed by the Board as a representative of the College, from ~~running~~ becoming a Lay Committee Appointee.

ARTICLE ~~ARTICLE 12~~

ELECTION OF OFFICERS AND EXECUTIVE COMMITTEE

11.1 ~~12.1~~ Election of the Chair, Vice-Chair and Executive Committee.

11.1.1 ~~12.1.1~~ At the first regular meeting of the Board after each annual August election, the Governance Committee shall present a report of all eligible Directors who are willing to serve as and have been assessed by the Governance Committee to be qualified for the role of (a) Chair, (b) Vice-Chair, and (c) member of the Executive Committee.

11.1.2 ~~12.1.2~~ The election of the Chair shall be conducted in the following manner:

- (a) The chair of the Governance Committee shall announce those who are willing to serve as and are qualified to be Chair. One qualification is that the Chair shall have served on the Board during the previous year.
- (b) Despite subparagraph ~~13.1.3~~12.1.3, the chair of the Governance Committee shall not call for or permit the nomination of additional names from the floor.
- (c) If there is more than one (1) candidate, an election shall be held using electronic voting methods.
- (d) The candidate receiving the overall majority of votes cast will be elected. If there are three (3) or more candidates and no candidate has received an overall majority of votes, the candidate who received the fewest votes will be removed from the ballot and the vote will be repeated until there are two (2) candidates remaining. The vote will then be repeated until one (1) of the candidates has an overall majority of votes. If three (3) votes result in a tie, the result will be determined by lot by the outgoing Chair.

11.1.3 ~~12.1.3~~ The procedure outlined in subparagraph ~~12.1.2~~11.1.2 will then be repeated for the office of Vice-Chair. One qualification is that the Vice-Chair shall have served on the Board during the previous year.

11.1.4 ~~12.1.4~~ The Board shall elect the remaining members of the Executive Committee, in accordance with the composition requirements in paragraph ~~9.2~~8.2. The election will be conducted in the following manner:

- (a) The chair of the Governance Committee shall announce those who are willing to serve as and are qualified to be on the Executive Committee.
- (b) The chair of the Governance Committee shall call for further interest from the floor, and those additional Directors who are interested in running for open positions on the Executive Committee shall be added as candidates for election.
- (c) Should there be a sufficient number of candidates so that there would only be a total of two (2) Elected Directors or a total of two (2) Public Directors on the Executive Committee, such candidate(s) shall be declared appointed.
- (d) Should the number of filled positions on the Executive Committee for either Elected Directors or Public Directors be less than two (2), elections shall be held, if necessary, so that there are two (2) filled positions in each category.
- (e) Should there be more than one (1) remaining candidate for the fifth and last position on the Executive Committee an election shall be held.
- (f) For any elections under this subparagraph 12.1.4, Directors shall mark their ballots for up to the number of candidates that matches the number of open positions in the category. The candidate who receives the fewest votes will then be removed from the ballot, and the voting will continue until the number of candidates remaining matches the number of open positions in the category, and such candidates shall be declared appointed. Directors may only cast one (1) vote per candidate on each ballot.

~~ARTICLE 13~~
ARTICLE 13
APPOINTMENTS TO COMMITTEES

12.1 ~~13.1~~ **Appointments to Statutory and Standing Committees.**

12.1.1 ~~13.1.1~~ All Statutory Committee and Standing Committee appointments, with the exception of the Executive Committee and the Screening Committee, shall

be made by the Board in accordance with this paragraph ~~13.1~~12.1 at the first regular meeting of the Board after each annual August election, and shall be for a term that expires at the first regular meeting of the Board after the following election or at such longer time as it takes for the Board to approve the slate described in subparagraph ~~13.1.3~~12.1.3.

12.1.2 ~~13.1.2~~ At the first regular meeting of the Board after each annual August election, the Governance Committee shall present to the Board a slate of candidates, including recommendation for Committee chairs, for all Committees, other than the Executive Committee and the Screening Committee.

12.1.3 ~~13.1.3~~ For each Committee to be formed at the first regular meeting of the Board after each annual August election except for the Executive Committee, the Board shall pass a resolution approving the slate, subject to any amendments by Board resolution. Once approved, each candidate on the slate shall be deemed to have been appointed to that Committee

12.2 ~~13.2~~ Appointment of Screening Committee.

12.2.1 ~~13.2.1~~ The Screening Committee for the election to the Board each year shall be appointed by the Board at the Board Meeting held in March in the year of the election. The members of the Screening Committee shall hold office for a term that expires at the first Board meeting following the election.

~~ARTICLE 13~~ ARTICLE 14 COMMITTEE PROCEDURES

13.1 ~~14.1~~ Disqualification, Vacancies and Term Limits of Committee Members.

13.1.1 ~~14.1.1~~ A member of a Committee who is a Registrant is disqualified from sitting on the Committee if the member:

- (a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or
- (b) is found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee.

13.1.2 ~~14.1.2~~ The Board may disqualify a member of a Committee from sitting on the Committee if the member:

- (a) fails, without cause, to attend the orientation of members of Committees or three (3) consecutive meetings of the Committee or of a subcommittee of which ~~he or she is~~they are a member;
- (b) fails, without cause, to attend a scheduled hearing or review conducted by a panel to which ~~he or she was~~they were appointed;

- (c) repeatedly fails to make ~~himself or herself~~themselves available to participate in meetings or panels of a Committee or Committees on which the member sits;
- (d) ceases to either practise or reside in Ontario;
- (e) is in default of payment of any fees prescribed in the By-Laws;
- (f) becomes an employee, officer or director of a Professional Advocacy Association (however, for greater certainty, a member of a Committee will not be disqualified by reason of serving on an association or organization to which ~~he or she has~~they have been appointed by the Board as a representative of the College);
- (g) engages in conduct or an omission that is reasonably regarded by the Board as being disgraceful, dishonourable, unprofessional or unbecoming a member of a Committee including material breaches of the provisions of the By-Laws, including the Schedules to the By-Laws, or the policies and procedures of the College in force at the relevant time;
- (h) in the case of a Director who sits on a Committee, ceases to be a Director;
- (i) in the case of a Professional Committee Appointee, no longer meets the eligibility requirements specified in subparagraph ~~14.1.2~~10.1.2; or
- (j) in the case of a Lay Committee Appointee, no longer meets the eligibility requirements specified in subparagraph ~~14.2.2~~10.2.2.

13.1.3 ~~14.1.3~~—A person who is disqualified under subparagraph ~~14.1.1~~13.1.1 or ~~14.1.2~~13.1.2 from sitting on a Committee is thereby removed from the Committee and ceases to be a member of the Committee and, subject to subparagraph ~~14.1.5~~13.1.5, the Chair shall appoint a successor as soon after the disqualification as is feasible.

13.1.4 ~~14.1.4~~—The term of office of a person who is appointed as a successor to a Committee member under subparagraph ~~14.1.3~~13.1.3 will commence upon the appointment and continue until the term of office of the member of the Committee who is being replaced would have expired.

13.1.5 ~~14.1.5~~—A vacancy in the membership or chair of a Committee shall be filled by appointment made by the Chair. In the case of a vacancy in the membership of a Committee, the Chair shall consult with the chair of the Committee before making the appointment.

13.1.6 ~~14.1.6~~ Nothing in paragraph ~~14.1~~13.1 prevents the Board, or the Executive Committee acting on its behalf, from adding members to or substituting members on a Committee at any time where one (1) or more members of the Committee cannot fulfill their role.

13.2 ~~14.2~~ **Quorum.**

Unless specifically provided for otherwise under the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, ~~or~~ the regulations made under any of those Acts, or this By-Law, a majority of the members of a Committee constitutes a quorum for a meeting of a Committee.

13.3 ~~14.3~~ **Voting.**

Unless specifically provided for otherwise under the Act, the *Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the regulations made under any of those Acts, or this ~~By-Law~~By-Law, any question arising at any meeting of a Committee shall be determined by a majority of votes of members of the Committee present at the meeting and eligible to vote.

13.4 ~~14.4~~ **Committee Vacancies.**

Where this By-Law requires a Committee to have a minimum number of persons by using the phrase “or more” or words of a similar meaning, a vacancy which reduces the number of members of the Committee below the minimum number will not affect the validity of any action or decision taken by the Committee or any panel of the Committee.

~~ARTICLE 15-~~
ARTICLE 15-
BUSINESS OF THE COLLEGE

14.1 ~~15.1~~ **Seal.**

The seal shall be the seal of the College.

14.2 ~~15.2~~ **Execution of Documents.**

14.2.1 ~~15.2.1~~ Deeds, mortgages, conveyances, powers of attorney, transfers and assignments of property of all kinds including without limitation transfers and assignment of shares, warrants, bonds, debentures or other securities (collectively the “instruments”) may be signed on behalf of the College by the Chair or Vice-Chair and any one (1) of the Registrar, the Deputy Registrar, and the persons holding the positions of director of conduct, director of corporate services, or director of quality, or their equivalent, provided that such instruments have been signed in accordance with any policy of the College regarding the execution of instruments then in effect, and further provided that no individual shall execute, acknowledge, or verify any instrument in more than one capacity. All instruments so signed shall be binding upon the College without any further authorization or formality. In

addition, the Board may from time to time direct by resolution the manner in which, and the person or persons by whom, any particular instrument or class of instruments may or shall be signed. Any signing officer may affix the corporate seal thereto.

14.2.2 ~~15.2.2~~ Certificates of Registration, Certificates of Authorization and Certificates of Accreditation shall be signed by the Chair and the Registrar.

14.2.3 ~~15.2.3~~ Contracts may be signed on behalf of the College in accordance with any policy of the Finance and Audit Committee regarding the execution of such contracts.

14.2.4 ~~15.2.4~~ The signature of any individual, authorized to sign on behalf of the College may be written, printed, stamped, engraved, lithographed or otherwise mechanically reproduced or may be an electronic signature. Anything so signed shall be as valid as if it had been signed manually, even if that individual has ceased to hold office when anything so signed is issued or delivered, until the individual's authorization to sign on behalf of the College is revoked by resolution of the Board.

14.3 ~~15.3~~ Banking and Finance.

14.3.1 ~~15.3.1~~ The banking business of the College shall be transacted with such chartered banks, trust companies or other financial institutions as may, from time to time, be designated by or under the authority of the Board on recommendation of the Finance and Audit Committee. All such banking business, or any part thereof, shall be transacted on the College's behalf by one (1) or more officers and/or other persons as the Board may designate, direct, or authorize, from time to time, by resolution and to the extent therein provided.

14.3.2 ~~15.3.2~~ Cheques drawn on the bank, trust or other similar accounts of the College, drafts drawn or accepted by the College, promissory notes given by it, acceptances, bills of exchange, orders for the payment of money and other instruments of a like nature, may be made, signed, drawn, accepted or endorsed, as the case may be, by any two (2) of the Registrar, the Deputy Registrar and the persons holding the positions of director of conduct, director of corporate services, and director of quality, or their equivalent, provided however that no individual shall execute, acknowledge, or verify any instrument in more than one (1) capacity.

14.4 ~~15.4~~ Financial Year and Audit.

14.4.1 ~~15.4.1~~ The financial year of the College is the calendar year ending December 31.

14.4.2 ~~15.4.2~~ The Board shall appoint a chartered accountant or a firm of chartered accountants to audit the books and prepare a financial statement for each

fiscal year, such appointment to be made at a Board meeting in the year for which the books are to be audited.

14.5 ~~15.5~~ Inspectors.

The Registrar may from time to time, and within budgetary limits, appoint inspectors for the purposes of the *Drug and Pharmacies Regulation Act*, any such appointment to be reported to the Executive Committee and to the Board at the next regular meeting following the appointment. Inspectors so appointed will have such authority and shall perform such duties as are set out in the *Drug and Pharmacies Regulation Act* and such additional duties as may be prescribed by the Registrar.

14.6 ~~15.6~~ Inspectors for the Purposes of Inspecting Drug Preparation Premises.

The Registrar may appoint inspectors for the purposes of the *Pharmacy Act Regulations*. Inspectors so appointed shall have such authority and shall perform such duties as are set out in the *Pharmacy Act Regulations*.

14.7 ~~15.7~~ Grants.

14.7.1 ~~15.7.1~~ The Board shall set aside, in the budget each year, such funds as are deemed necessary for the maintenance and operation of the Niagara Apothecary, in keeping with the agreement signed in respect thereof with the Ontario Heritage Trust.

14.7.2 ~~15.7.2~~ The Board shall set aside in the budget each year such funds as are deemed appropriate for grants for any purpose that may tend to advance scientific knowledge or pharmacy education, or maintain or improve the standards of practice in ~~pharmacy~~[the profession](#).

14.8 ~~15.8~~ Funds.

14.8.1 ~~15.8.1~~ The disbursement of funds of the College shall be as authorized in the annual budget approved by the Board for the fiscal year upon the recommendation of the Finance and Audit Committee. Funds not authorized under the budget shall be disbursed only after approval by the Board.

14.8.2 ~~15.8.2~~ Investments of surplus funds shall be made in accordance with investment policies in effect from time to time approved by the Board on the recommendation of the Finance and Audit Committee. The securities of the College may be deposited for safekeeping and withdrawn, from time to time, with one (1) or more chartered banks, trust companies or other financial institutions in accordance with such investment policies.

14.9 ~~15.9~~ College Membership.

The College may be a member of a national organization of bodies with similar functions.

14.10 ~~15.10~~ Delegation of Powers and Duties.

14.10.1 ~~15.10.1~~ The Registrar may, by written delegation, delegate any of the Registrar's powers and/or duties to any employee or officer of the College.

14.10.2 ~~15.10.2~~ The Deputy Registrar is vested with and may exercise all the powers and perform all the duties of:

- (a) the Registrar in the event the Registrar is absent or is unable to act with the exception of those powers or duties, if any, that have been delegated by the Registrar in accordance with subparagraph ~~15.10.1~~14.10.1; and
- (b) a delegate of the Registrar in the event that such delegate is absent or unable to act in respect of any powers or duties delegated to ~~him~~ ~~or her~~them by the Registrar in accordance with subparagraph ~~15.10.1~~14.10.1.

ARTICLE 15 ~~ARTICLE 16~~ THE REGISTER

15.1 ~~16.1~~ Registrant's Name.

A Registrant's name in the Register shall be:

15.1.1 ~~16.1.1~~ the Registrant's name as provided in the documentary evidence used to support the Registrant's initial registration with any other given name commonly used by the Registrant ~~included in parentheses~~, or such other name as is acceptable to the Registrar; or

15.1.2 ~~16.1.2~~ a name other than as provided in subparagraph ~~16.1.1~~15.1.1 where a written request is made by the Registrant and the Registrar is satisfied that the Registrant has ~~validly~~legally changed ~~his or her~~their name and that the use of the name is not for an improper purpose₂.

and the Register may also include such other name that the Registrant commonly uses, as is acceptable to the Registrar.

15.2 ~~16.2~~ Business Address and Telephone Number.

15.2.1 ~~16.2.1~~ A Registrant's business address and business telephone number in the Register shall be, respectively, the address and telephone number of each location at which the Registrant practises in Ontario or, in the case of a Registrant whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the address and telephone number of each agency or other person or business for or through which the Registrant provides such services.

15.2.2 ~~16.2.2~~ Where a Registrant does not practise in Ontario, the Registrant's business address and business telephone number in the Register shall be, respectively, the address designated by the Registrant as the Registrant's business address and the telephone number associated with that business address.

15.3 ~~16.3~~ Information Regarding a Result.

When any provision of this Article ~~16~~15 requires information regarding a "result" to be included in the Register, the term "result" shall have the same meaning as provided to it in the ~~Act~~Code. Specifically, "result" when used in reference to:

15.3.1 ~~16.3.1~~ a disciplinary proceeding, means the panel's finding that the Registrant committed an act of professional misconduct or was incompetent, particulars of the grounds for the finding, a synopsis of the decision and the order made, including any reprimand, and where the panel has made no such finding, includes a notation that no such finding was made and the reason why no such finding was made; and

15.3.2 ~~16.3.2~~ an incapacity proceeding, means the panel's finding that the Registrant is incapacitated and the order made by the panel.

15.4 ~~16.4~~ Publication Ban.

Notwithstanding any other provision herein, no action shall be taken under this Article ~~16~~15 which violates a publication ban, and nothing in this Article ~~16~~15 requires or authorizes the violation of a publication ban.

15.5 ~~16.5~~ Disclosure of Information.

Notwithstanding any other provision herein, nothing in this Article ~~16~~15 shall require or authorize the disclosure of information, including personal health information (as defined by subsection 23(10) of the Code) where such disclosure would lead to a violation of the *Code*, including subsections 23(8), 23(9) or 23(11) of the *Code*.

15.6 ~~16.6~~ Information to be kept in Register by the Code - Registrants.

Under subsection 23(2) of the *Code*, but subject to the remaining subsections of section 23 of the *Code*, the following information must be contained in the Register and must be available to the public:

15.6.1 ~~16.6.1~~ Each Registrant's name, business address and business telephone number, and, if applicable, the name of every Health Profession Corporation of which the Registrant is a shareholder.

15.6.2 ~~16.6.2~~ Where a Registrant is deceased, the name of the deceased Registrant and the date upon which the Registrant died, if known.

- 15.6.3 ~~16.6.3~~ The name, business address and business telephone number of every Health Profession Corporation.
- 15.6.4 ~~16.6.4~~ The names of the shareholders of each Health Profession Corporation who are Registrants.
- 15.6.5 ~~16.6.5~~ Each Registrant's class of registration and specialist status (specialist status not applicable to the College).
- 15.6.6 ~~16.6.6~~ The terms, conditions and limitations that are in effect on each Certificate of Registration.
- 15.6.7 ~~16.6.7~~ A notation of every caution that a Registrant has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26(1) of the *Code*, and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26(1) of the *Code*.
- 15.6.8 ~~16.6.8~~ A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the *Code* and has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.
- 15.6.9 ~~16.6.9~~ A copy of the specified allegations against a Registrant for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the *Code* and that has not been finally resolved.
- 15.6.10 ~~16.6.10~~ The result, ~~including a synopsis of the decision,~~ of every disciplinary and incapacity proceeding.
- 15.6.11 ~~16.6.11~~ A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a Registrant has entered into with the College and that are in effect.
- 15.6.12 ~~16.6.12~~ A notation of every finding of professional negligence or malpractice, which may or may not relate to the Registrant's suitability to practise, made against the Registrant, unless the finding is reversed on appeal.
- 15.6.13 ~~16.6.13~~ A notation of every revocation or suspension of a Certificate of Registration.
- 15.6.14 ~~16.6.14~~ A notation of every revocation or suspension of a Certificate of Authorization.

- 15.6.15 ~~16.6.15~~ Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.
- 15.6.16 ~~16.6.16~~ Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
- 15.6.17 ~~16.6.17~~ Where, during or as a result of a proceeding under section 25 of the *Code*, a Registrant has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.
- 15.6.18 ~~16.6.18~~ The outcomes of any inspections undertaken by an inspection program of the College established under subsection 95(1)(h) or (h.1) of the *Code*, including inspections of the nature referred to in subparagraph ~~16.10.1~~15.10.1.
- 15.6.19 ~~16.6.19~~ Information that is required to be kept in the Register in accordance with the By-Laws.
- 15.6.20 ~~16.6.20~~ Information that is required to be kept in the Register in accordance with the *RHPA Regulations*.

15.7 ~~16.7~~ Information to be kept in Register by RHPA Regulations - Registrants.

Under the *RHPA Regulations*, specifically, Ontario Regulation 261/18, subject to any exceptions or restrictions contained therein, the following information shall be contained in the Register, if known to the College, and must be available to the public:

- 15.7.1 ~~16.7.1~~ If there has been a finding of guilt against a Registrant under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and if none of the conditions in subparagraph ~~16.7.6~~15.7.6 have been satisfied:
- (a) a brief summary of the finding;
 - (b) a brief summary of the sentence; and
 - (c) if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.
- 15.7.2 ~~16.7.2~~ With respect to a Registrant, any currently existing conditions of release following a charge for an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) or subsequent to a finding of guilt and pending appeal or any variations to those conditions.
- 15.7.3 ~~16.7.3~~ If a Registrant has been charged with an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and the charge is outstanding:

- (a) the fact and content of the charge; and
- (b) the date and place of the charge.

15.7.4 ~~16.7.4~~ If a Registrant has been the subject of a disciplinary finding or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction:

- (a) the fact of the finding;
- (b) the date of the finding;
- (c) the jurisdiction in which the finding was made; and
- (d) the existence and status of any appeal.

15.7.5 ~~16.7.5~~ If a Registrant is currently licensed or registered to practise another profession in Ontario or a profession in another jurisdiction, the fact of that licensure or registration.

15.7.6 ~~16.7.6~~ The conditions referred to in paragraph ~~16.7.1~~15.7.1 are the following:

- (a) the Parole Board of Canada has ordered a record suspension in respect of the conviction;
- (b) a pardon in respect of the conviction has been obtained; and
- (c) the conviction has been overturned on appeal.

15.7.7 ~~16.7.7~~ Nothing in this paragraph ~~16.7~~15.7 shall be interpreted as authorizing the disclosure of identifying information about an individual other than a Registrant.

15.7.8 ~~16.7.8~~ For the purposes of this paragraph ~~16.7~~15.7, “identifying information” means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

15.8 ~~16.8~~ Additional Information to be kept in Register - Registrants.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs ~~16.13~~15.13 and ~~16.14~~15.14, the following additional information referable to Registrants will be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

15.8.1 ~~16.8.1~~ Any changes to each Registrant’s name which have been made in the Register since the Registrant was first issued a Certificate of Registration.

- 15.8.2 ~~16.8.2~~ Each Registrant's gender and registration number.
- 15.8.3 ~~16.8.3~~ The date when each Registrant's Certificate of Registration was first issued or, if the Registrant was licensed under Part VI of the *Health Disciplines Act*, the date when the Registrant was first issued a licence by the College.
- 15.8.4 ~~16.8.4~~ Where a person ceased to be a Registrant as a result of ~~his or her~~the person's resignation or death, the last calendar year during which the person was a Registrant.
- 15.8.5 ~~16.8.5~~ Where a Registrant holds a Certificate of Registration as a pharmacist, ~~intern~~pharmacy technician, pharmacist (emergency assignment), pharmacy technician (emergency assignment), intern or intern technician (~~following the date upon which the *Pharmacy Act Regulations* are amended to recognize intern technicians as a class of Certificates of Registration~~), the name and location of the university or college from which the Registrant received ~~his or her~~their degree in pharmacy or completed ~~his or her~~their pharmacy technician or intern technician program (as the case may be) and the year in which the degree was obtained or the program was completed.
- 15.8.6 ~~16.8.6~~ The classes of Certificate of Registration held or previously held by each Registrant, the date on which each was issued and, if applicable, the termination or expiration date of each.
- 15.8.7 ~~16.8.7~~ Where a Registrant holds a Certificate of Registration as a:
- ~~(a) pharmacist or pharmacist, a notation as to whether the Registrant is listed in Part A or Part B of the Register; and~~
 - ~~(b) pharmacy technician, following the date upon which the *Pharmacy Act Regulations* are amended to include a two (2) part register for pharmacy technicians,~~ a notation as to whether the Registrant is listed in Part A or Part B of the Register.
- 15.8.8 ~~16.8.8~~ Whether the Registrant has completed the necessary injection training requirements approved by the College.
- 15.8.9 ~~16.8.9~~ Where a Registrant is an officer or director of a Health Profession Corporation which holds a Certificate of Authorization, the name of the Health Profession Corporation and what position or title the Registrant holds with that corporation.
- 15.8.10 ~~16.8.10~~ Where a Registrant is an officer or director of a corporation which holds a Certificate of Accreditation, the name of the corporation and what position or title, if any, the Registrant holds with that corporation.

15.8.11 ~~16.8.11~~ Where a Registrant is a Designated Manager or Contact Person of a pharmacy, a notation of the name and location of each pharmacy at which the Registrant holds that designation.

~~16.8.12~~ Where a Registrant is a Narcotic Signer of a pharmacy, a notation of the name and location of each pharmacy at which the Registrant holds that authority.

15.8.12 ~~16.8.13~~ Where applicable, a summary of any restriction on a Registrant's right to practise:

- (a) resulting from an undertaking given by the Registrant to the College or an agreement entered into between the Registrant and the College; or
- (b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary shall include a description of the restriction, the date on which the restriction was imposed, the jurisdiction in which the restriction was made, and the existence and status of any appeal.

15.8.13 ~~16.8.14~~ Without affecting the requirement of paragraph ~~16.7~~15.7, where there has been a charge or finding of guilt against a Registrant of which the College is aware in respect of a federal, provincial and/or state offence in Canada or any other jurisdiction, that the Registrar believes is relevant to the Registrant's suitability to practise:

- (a) a brief summary of the charge or finding, as the case may be;
- (b) the date of the charge or finding, as the case may be;
- (c) the jurisdiction in which the charge was brought or finding of guilt was made; and
- (d) in the case of a finding of guilt, the existence and status of any appeal, unless, in the case of a finding of guilt the relevant legal authority has: (i) ordered a record suspension in respect of the conviction; (ii) issued a pardon in respect of the conviction; or (iii) the conviction has been overturned on appeal, in which case the information described in subparagraph ~~16.8.14~~15.8.13 will no longer be required.

15.8.14 ~~16.8.15~~ Without affecting the requirement of subparagraph ~~16.7.2~~15.7.2, a summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the Registrant in respect of a federal, provincial and/or state offence in Canada or any other jurisdiction of which the College is aware and that the Registrar believes is relevant to the Registrant's suitability to practise.

15.8.15 ~~16.8.16~~ Without affecting the requirement of subparagraph ~~16.7.5~~15.7.5, where the College is aware that a Registrant is currently licensed or registered to practise: (i) the profession in another jurisdiction; or (ii) another profession in Ontario or any other jurisdiction, with respect to such licence or registration:

- (a) the existence of the licence or registration;
- (b) the name of the granting organization; and
- (c) the jurisdiction in which it was granted;

15.8.16 ~~16.8.17~~ Where a Registrant's Certificate of Registration is subject to an interim order of the Inquiries, Complaints and Reports Committee, a notation of that fact, the nature of that order and its effective date.

15.8.17 ~~16.8.18~~ Without affecting the requirement of subparagraph ~~16.6.13~~15.6.13, where a Registrant's Certificate of Registration is suspended by the Registrar, the date upon which the suspension or revocation took effect and, for greater certainty, the reason for such suspension.

15.8.18 ~~16.8.19~~ Without affecting the requirement of subparagraph ~~16.6.6~~15.6.6, where a Registrant has any terms, conditions or limitations in effect on ~~his or her~~the Registrant's Certificate of Registration, the effective date of those terms, conditions and limitations.

15.8.19 ~~16.8.20~~ Where terms, conditions or limitations on a Registrant's Certificate of Registration have been varied or removed, the effective date of the variance or removal of those terms, conditions and limitations.

15.8.20 ~~16.8.21~~ Where a suspension of a Registrant's Certificate of Registration is lifted or otherwise removed, the effective date of the lifting or removal of that suspension.

15.8.21 ~~16.8.22~~ Where a Registrant's Certificate of Registration is reinstated, the effective date of the reinstatement.

15.8.22 ~~16.8.23~~ Where the Registrar confirms whether the College is investigating a Registrant because there is a compelling public interest in disclosing this information pursuant to subsection 36(1)(g) of the Act, the fact that the Registrant is under investigation.

15.8.23 ~~16.8.24~~ Where a complaint has been filed or an investigator has been appointed under subsection 75(1)(a) or subsection 75(1)(b) of the Code, and a panel of the Inquiries, Complaints and Reports Committee requires a Registrant to appear before a panel of the Committee to be cautioned:

- (a) a notation of that fact;

- (b) a summary of the caution;
- (c) the date of the panel's decision; and
- (d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.

15.8.24

~~16.8.25~~—Where a complaint has been filed or an investigator has been appointed under [subsection 75\(1\)\(a\)](#) or [subsection 75\(1\)\(b\)](#) of the *Code*, and a panel of the Inquiries, Complaints and Reports Committee takes other action requiring a Registrant to complete a specified continuing education or remediation program:

- (a) a notation of that fact;
- (b) a summary of the continuing education or remediation program;
- (c) the date of the panel's decision; and
- (d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.

15.8.25

~~16.8.26~~—Where an allegation of a Registrant's professional misconduct or incompetence has been referred to the Discipline Committee, where a Registrant has been referred by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act*, or where the Registrar has referred an application for reinstatement to the Discipline Committee under section 73 of the *Code* and the matter is outstanding:

- (a) the date of the referral;
- (b) a brief summary of each specified allegation;
- (c) the notice of hearing;
- (d) the anticipated date of the hearing, if the hearing date has been set or the next scheduled date for the continuation of the hearing if the hearing has commenced;
- (e) if the hearing is awaiting scheduling, a statement of that fact; and
- (f) if the hearing of evidence and arguments is completed and the parties are awaiting a decision of the Discipline Committee, a statement of that fact.

- 15.8.26 ~~16.8.27~~ Where the results of a disciplinary proceeding are contained in the Register, the date on which the panel of the Discipline Committee made the finding of professional misconduct or incompetence and the date on which the panel ordered any penalty.
- 15.8.27 ~~16.8.28~~ A summary of any reprimand given to a Registrant as part of the order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise ~~[without reference to the By-Laws]~~ available to the public under the *Code*.
- 15.8.28 ~~16.8.29~~ Without affecting the requirement of subparagraph ~~16.6.15~~ 15.6.15, where the question of a Registrant's capacity has been referred to the Fitness to Practise Committee and is outstanding,
- (a) a notation of that fact; and
 - (b) the date of the referral.
- 15.8.29 ~~16.8.30~~ Without affecting the requirement of subparagraph ~~16.7.4~~ 15.7.4, where the College is aware that a finding of professional misconduct or incompetence has been made against a Registrant outside of Ontario in respect of any profession:
- (a) a notation of that fact;
 - (b) the date of the finding and the name of the governing body that made the finding;
 - (c) a brief summary of the facts on which the finding was based;
 - (d) the penalty; and
 - (e) where the finding or penalty is under appeal, a notation of that fact, which notation shall be removed once the appeal is finally disposed of.
- 15.8.30 ~~16.8.31~~ Where a decision of a panel of the Discipline Committee has been published by the College with the Registrant's or former Registrant's name included after December 31, 1999:
- (a) a notation of that fact; and
 - (b) identification of, a link to, or a copy of the specific publication containing that decision.
- 15.8.31 ~~16.8.32~~ The language(s) in which the Registrant can provide professional services as reported by the Registrant.

15.8.32 ~~16.8.33~~ Any other information not otherwise referred to in subparagraph ~~16.6.20~~15.6.20, which the College and the Registrant have agreed shall be available to the public.

15.9 ~~16.9~~ Former Registrants.

15.9.1 ~~16.9.1~~ The term “Former Registrant” means those individuals whose registration with the College is revoked, suspended or rescinded (in which case, recognizing that such individual is deemed to have never held registration with the College) by the College or is otherwise resigned or terminated.

15.9.2 ~~16.9.2~~ Where the College is aware of such information, the information described in subparagraphs ~~16.6.12, 16.7.1 to 16.7.4, 16.8.14 to 16.8.16 and 16.8.30~~15.6.12, 15.7.1 to 15.7.4, 15.8.13 to 15.8.15 and 15.8.29 in respect of Former Registrants shall be kept in the Register and is designated as public pursuant to subsection 23(5) of the *Code*.

15.10 ~~16.10~~ Information to be kept in Register – Drug Preparation Premises.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs ~~16.13~~15.13 and ~~16.14~~15.14, the following information referable to Drug Preparation Premises shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

15.10.1 ~~16.10.1~~ The purpose (after January 1, 2016), outcome and status of inspections of Drug Preparation Premises (including conditions and reasons for fail results) carried out under the *Pharmacy Act Regulations*, including the relevant date.

15.10.2 ~~16.10.2~~ A summary of the details of a Change of Control of a Drug Preparation Premises received by the College in accordance with Article ~~18~~17.

15.10.3 ~~16.10.3~~ Any other information which the College and a designated Registrant for the Drug Preparation Premises have agreed shall be available to the public.

15.11 ~~16.11~~ Information to be Kept in Register – Health Profession Corporations.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs ~~16.13~~15.13 and ~~16.14~~15.14, the following information referable to Health Profession Corporations shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

15.11.1 ~~16.11.1~~ The Certificate of Authorization number of the Health Profession Corporation and the date upon which that Certificate was first issued.

15.11.2 ~~16.11.2~~ Where the Certificate of Authorization has been revoked, a notation of that fact, the date when the revocation occurred and a brief summary of the reasons for the revocation.

15.11.3 ~~16.11.3~~ Where the Certificate of Authorization was revised or a new Certificate of Authorization was issued to the Health Profession Corporation, a notation of that fact and the date when that occurred.

15.11.4 ~~16.11.4~~ The name, as set out in the College's Register, of each of the shareholders, officers and directors of the Health Profession Corporation who are Registrants and the title or office, if any, held by each.

For greater certainty, the information required by this paragraph shall not affect the requirement of subparagraph ~~16.6.3~~ 15.6.3.

15.12 ~~16.12~~ Information to be Kept in Register - Pharmacies.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs ~~16.13~~ 15.13 and ~~16.14~~ 15.14, the following information referable to pharmacies shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

15.12.1 ~~16.12.1~~ The pharmacy's name, address, telephone and fax number.

15.12.2 ~~16.12.2~~ The class of Certificate of Accreditation and Accreditation Number of the pharmacy.

15.12.3 ~~16.12.3~~ The date the pharmacy opened.

15.12.4 ~~16.12.4~~ The name of the Designated Manager or Contact Person of the pharmacy, as applicable.

15.12.5 ~~16.12.5~~ The purpose (after January 1, 2016), outcome and status of inspections of the pharmacy, including the relevant date. This subparagraph applies to the most current purpose (after January 1, 2016), outcome and status of any inspection conducted after July 1, 2013 and the purpose (after January 1, 2016), outcome and status of every inspection conducted thereafter.

15.12.6 ~~16.12.6~~ Any terms, conditions and limitations on the Certificate of Accreditation.

15.12.7 ~~16.12.7~~ Where terms, conditions or limitations on the Certificate of Accreditation have been varied or removed, the effective date of their variance or removal.

15.12.8 ~~16.12.8~~ Where the Certificate of Accreditation has been revoked or suspended, or has expired, a notation of that fact, the date when the revocation

or suspension or expiry occurred and a brief summary of the reasons for the revocation or suspension.

15.12.9 ~~16.12.9~~ Where a suspension of the Certificate of Accreditation has been lifted or otherwise removed, the effective date of its lifting or removal.

15.12.10 ~~16.12.10~~ Where the Certificate of Accreditation has been amended, a notation of that fact and the date when it occurred.

15.12.11 ~~16.12.11~~ A notation of every referral by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act* of the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, until the matter has been resolved, including:

- (a) the date of the referral;
- (b) a brief summary of each specified allegation; and
- (c) the anticipated date of the hearing, if the hearing date has been set, or the next scheduled date for the continuation of the hearing if the hearing has commenced.

15.12.12 ~~16.12.12~~ The result, including a synopsis of the decision, of every disciplinary proceeding against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, unless a panel of the Discipline Committee makes no finding with regard to the proceeding.

15.12.13 ~~16.12.13~~ Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.

15.12.14 ~~16.12.14~~ A summary of any reprimand given publicly after November 1, 2006 to a Designated Manager of the pharmacy as part of an order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise available to the public under the *Drug and Pharmacies Regulation Act* or the *Code*.

15.12.15 ~~16.12.15~~ Where a Certificate of Accreditation is subject to an interim order of the Discipline Committee, a notation of that fact, the nature of the order and its effective date.

15.12.16 ~~16.12.16~~ Where, during or as a result of a proceeding that was commenced pursuant to section 140 of the *Drug and Pharmacies Regulation Act*, a person or corporation ceases to operate a pharmacy and agrees never to operate a pharmacy again in Ontario, a notation of same.

15.12.17 ~~16.12.17~~ Where applicable, a summary of any restriction on a pharmacy's ability to operate:

- (a) resulting from an undertaking given to the College or an agreement entered into with the College; or
- (b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary of the restriction shall also include the source of the restriction.

15.12.18 ~~16.12.18~~ Where an order has been made under section 162 or section 162.1 of the *Drug and Pharmacies Regulation Act* against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, a notation of that fact including:

- (a) the date the order was made;
- (b) a summary of the order; and
- (c) where the order has been appealed, a notation that it is under appeal, until the appeal is finally disposed of.

15.12.19 ~~16.12.19~~ Where the Owner or operator of the pharmacy, the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation or the operator of the pharmacy is a corporation, the directors of the corporation, have been found guilty of an offence under section 165 or section 166 of the *Drug and Pharmacies Regulation Act*, a notation of that finding including:

- (a) the date the finding was made;
- (b) a summary of the finding of the court;
- (c) the sentence that the court imposed; and
- (d) where the finding or the sentence has been appealed, a notation that it is under appeal, until the appeal is finally disposed of.

15.12.20 ~~16.12.20~~ Where a trustee in bankruptcy, liquidator, assignee or personal representative of the person who owns or operates the pharmacy becomes authorized to own or operate the pharmacy pursuant to section 145 of the *Drug and Pharmacies Regulation Act*, a notation of that fact including the date the person commences to be so authorized and the date the person ceases to be so authorized.

15.12.21 ~~16.12.21~~ Where a person has permanently or temporarily (for a period exceeding three (3) days on which the pharmacy would ordinarily be open) closed the pharmacy, a notation of that fact and the date the pharmacy was permanently or temporarily closed.

15.12.22 ~~16.12.22~~ Any other information not otherwise referred to in this paragraph, which the College and the person who has been issued the Certificate of Accreditation have agreed shall be available to the public.

15.13 ~~16.13~~ Deletion of Information.

15.13.1 ~~16.13.1~~ Unless otherwise indicated, where the information described in paragraphs ~~16.6 to 16.12~~ 15.6 to 15.12 changes, the College may maintain the previous information on the Register, in addition to the new, changed information, as long as it may be relevant for the public to know in the opinion of the Registrar.

15.13.2 ~~16.13.2~~ Despite paragraphs ~~16.8~~ 15.8 to ~~16.12~~ 15.12, and subject to subparagraphs ~~16.13.3, 16.13.4 and 16.13.5~~ 15.13.3, 15.13.4 and 15.13.5, the College is not required to maintain and may delete from the Register information about a Registrant, a Drug Preparation Premises, a Health Profession Corporation, or a pharmacy once three (3) years have passed since the revocation, suspension or other termination of the Certificate of Registration, operation of the Drug Preparation Premises, Certificate of Authorization or Certificate of Accreditation as the case may be.

15.13.3 ~~16.13.3~~ Despite subparagraphs ~~16.13.2~~ 15.13.2 and ~~16.13.5~~ 15.13.5 and the *Code*, the College shall maintain on the Register all of the information about a Registrant and a pharmacy where the Register contains information about the Registrant, resulting from a direction or order of a Committee or resulting from an offence proceeding.

15.13.4 ~~16.13.4~~ The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs ~~16.8.13, 16.8.33, 16.12.17, 16.12.22 and 16.13.3~~ 15.8.12, 15.8.32, 15.12.17, 15.12.22 and 15.13.3 where the Registrar is satisfied that the information is no longer relevant for the public to know.

15.13.5 ~~16.13.5~~ The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs ~~16.8.24~~ 15.8.23 and/or ~~16.8.25~~ 15.8.24 where, after a review, the Inquiries, Complaints and Reports Committee has been required to remove or vary the appearance for a caution or a specified continuing education or remediation program. Where the original requirement to appear for a caution or to complete a specified continuing education or remediation program has been varied, the Registrar may enter a summary of the process leading up to and the results of the variation.

15.14 ~~16.14~~ Disclosure.

All of the information referred to in paragraphs ~~16.6~~15.6 to ~~16.12~~15.12 is designated as information that may be withheld from the public for the purposes of subsection 23(6) of the *Code*, such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.

ARTICLE 16 ~~ARTICLE 17~~**FILING OF INFORMATION BY REGISTRANTS, PHARMACIES AND HEALTH PROFESSION CORPORATIONS****16.1 ~~17.1~~ Filing of Information by Registrants.****16.1.1**

~~17.1.1~~ The College shall forward to each Registrant who holds a Certificate of Registration as a pharmacist or pharmacy technician each year, and may forward to any Registrant at any time, in a form approved by the Registrar, a request for information that includes, but is not limited to:

- (a) the Registrant's home address and home telephone number, being the address and telephone number of the principal Ontario residence of the Registrant or, if the Registrant does not have a residence in Ontario, the Registrant's principal residence and, where available, the Registrant's e-mail address;
- (b) where a Registrant is engaged in the practice of ~~pharmacy~~the profession, whether inside or outside of Ontario, the name, address, telephone number and facsimile number of each person or business for or through which the Registrant engages in the practice or, in the case of a Registrant whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the name, address, telephone number and facsimile number of each agency or other person or business for or through which the Registrant provides such services;
- (c) the Registrant's preferred address, preferred telephone number and where applicable, the Registrant's preferred e-mail address for communications from the College;
- (d) in the case of a Registrant who is required to possess personal professional liability insurance in accordance with Article ~~32~~32, information respecting the Registrant's personal professional liability insurance;
- (e) information respecting the Registrant's participation in the Quality Assurance Program;

- (f) information required to be contained in the Register pursuant to the *Code* and the By-Laws;
- (g) such other information as may be required to be provided to the College pursuant to the By-Laws, the Act, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act* or the regulations made under any of those Acts;
- (h) information that relates to the professional characteristics and activities of the Registrant that may assist the College in carrying out its objects;
- (i) information for the purpose of compiling statistical information to assist the College in fulfilling its objects; and
- (j) any other information that the College deems may assist it in carrying out its objects.

16.1.2 ~~17.1.2~~ Each Registrant shall fully and accurately respond to the request for information, and shall submit the information to the College, in the required form, by the deadline set out in the request for information to the Registrant.

16.1.3 ~~17.1.3~~ Where any information that a Registrant has provided to the College in response to a request under subparagraph ~~17.1.1~~16.1.1 has changed, the Registrant shall notify the College of the change within thirty (30) days of its effective date.

16.1.4 ~~17.1.4~~ In addition to the requirements in subparagraphs ~~17.1.2~~16.1.2 and ~~17.1.3~~16.1.3, a Registrant shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information that is required to be contained in the Register, or that the Registrant is required to provide to the College, pursuant to the *Code* or the By-Laws.

16.2 ~~17.2~~ Filing of Information by Applicants for a Certificate of Accreditation.

16.2.1 ~~17.2.1~~ Every applicant for a Certificate of Accreditation shall file the following information with the Registrar at least ~~30~~ (thirty 30) days before the date on which the applicant proposes to commence operation of the pharmacy:

- (a) the full name of the applicant and, where the applicant is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;
- (b) where the applicant is:

- (i) a corporation or partnership, the business address of the corporation or partnership; or
- (ii) an individual, the home address of the individual;
- (c) the name by which the pharmacy will be known to the public;
- (d) the location of the pharmacy;
- (e) the proposed date of the opening of the pharmacy;
- (f) such additional information as the College requires in its application form for issuance of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act* Regulations; and
- (g) any other information that the College deems may assist it in carrying out its objects.

16.2.2 ~~17.2.2~~ Every applicant for a Certificate of Accreditation shall provide such additional information as the College requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*.

16.2.3 ~~17.2.3~~ Every applicant for a Certificate of Accreditation shall, on or before the day the person commences to operate the pharmacy, notify the College of the name of the Designated Manager or Contact Person of the pharmacy, as applicable.

16.2.4 ~~17.2.4~~ Where any of the information that an applicant has provided to the College under subparagraph ~~17.2.1, 17.2.2 or 17.2.3~~ 16.2.1, 16.2.2 or 16.2.3 has changed, the applicant or Owner, as applicable, of the pharmacy shall provide notification of the change to the College within thirty (30) days of its effective date.

16.3 ~~17.3~~ Filing of Information by Pharmacies.

16.3.1 ~~17.3.1~~ In connection with the annual renewal of a Certificate of Accreditation, every Owner of a pharmacy shall provide the following information respecting the pharmacy to the College:

- (a) the full name of the Owner of the pharmacy and, where the Owner is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;
- (b) where the Owner is:

- (i) a corporation or partnership, the business address of the corporation or partnership; or
- (ii) an individual, the home address of the individual;
- (c) the name by which the pharmacy is known to the public;
- (d) the location of the pharmacy;
- (e) such additional information as the College requires in its application form for renewal of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*; and
- (f) any other information that the College deems may assist it in carrying out its objects.

16.3.2 ~~17.3.2~~ Where any of the information that an Owner of a pharmacy has provided to the College under subparagraph ~~17.3.1~~16.3.1 has changed, the Owner of the pharmacy shall provide notification of the change to the College within thirty (30) days of its effective date.

16.3.3 ~~17.3.3~~ In addition to the requirements in subparagraphs ~~17.3.1~~16.3.1 and ~~17.3.2~~16.3.2, every Owner of a pharmacy shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that the Owner of the pharmacy is required to provide to the College pursuant to the By-Laws, the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*.

16.4 ~~17.4~~ Filing of Information for Closing Pharmacies – Permanent Closures.

16.4.1 ~~17.4.1~~ Subject to subparagraph ~~17.4.2~~16.4.2, every person who permanently closes a pharmacy, shall, within seven (7) days of closing the pharmacy, notify the Registrar of the closing and within thirty (30) days of the closing shall file with the Registrar a signed statement setting out:

- (a) the date of closing;
- (b) the disposition of the drugs in stock in the pharmacy at the time of closing;
- (c) the disposition of the prescription files, drug registers and other records required to be kept under the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*; and

- (d) the date on which all signs and symbols relating to the practice of pharmacy either within or outside the premises were removed.

16.4.2 ~~17.4.2~~ Where a person permanently closes a remote dispensing location, the signed statement referred to in subparagraph ~~17.4.1~~16.4.1 need only set out the information in subparagraph ~~17.4.1~~16.4.1(a) and (d).

16.5 Filing of Information for Closing Pharmacies – Temporary Closures.

16.5.1 Every person who intends to temporarily close a pharmacy or does close a pharmacy for a period exceeding three (3) days on which the pharmacy would ordinarily be open, shall notify the Registrar of the date of the temporary closure as soon as the temporary closure becomes known and the anticipated re-opening date.

16.5.2 Every person who provides notice in accordance with subparagraph 16.5.1 shall notify the Registrar if the anticipated re-opening date changes, promptly following the change becoming known, and if the anticipated re-opening date will be later than the initial anticipated re-opening date, the notice must include information demonstrating that drugs in stock in the pharmacy and that prescription files, drug registers and other records required to be kept under the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations* are being securely maintained.

16.5.3 Temporary closures may not exceed three (3) months, unless otherwise approved by the Registrar. Any person who intends to temporarily close a pharmacy for greater than three (3) months, or who is extending a temporary closure for a period that will, in total, exceed three (3) months, shall notify the Registrar, and may be directed to complete the process described in paragraph 16.4.

16.6 ~~17.5~~ Filing of Information by Health Profession Corporations.

16.6.1 ~~17.5.1~~ The College shall forward to each Health Profession Corporation each year, in a form approved by the Registrar, a request for such information as the Health Profession Corporation is required to provide to the Registrar pursuant to applicable statutes and regulations.

16.6.2 ~~17.5.2~~ Every Health Profession Corporation shall fully and accurately respond to the request for information and shall submit the information to the College, in the required form, by the tenth day of March next following the forwarding of the request for information to the Health Profession Corporation.

16.6.3 ~~17.5.3~~ Where any information that a Health Profession Corporation has provided to the College in response to a request under subparagraph ~~17.5.1~~16.6.1 has changed, the Health Profession Corporation shall notify the College of the change within thirty (30) days of its effective date.

16.6.4 ~~17.5.4~~ Despite subparagraph ~~17.5.3~~16.6.3, a Health Profession Corporation shall notify the Registrar within ten (10) days of a change in the shareholders of the corporation.

16.6.5 ~~17.5.5~~ In addition to the requirements in subparagraphs ~~17.5.2, 17.5.3~~16.6.2, 16.6.3 and ~~17.5.4~~16.6.4, a Health Profession Corporation shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that is required to be contained in the Register, or that the Health Profession Corporation is required to provide to the College, pursuant to applicable statutes or regulations or the By-Laws.

ARTICLE 17 ~~ARTICLE 18~~ CHANGE OF CONTROL

17.1 ~~18.1~~ Change of Control.

17.1.1 ~~18.1.1~~ In the event that a Registrant engages in or supervises drug preparation activities at or in connection with a Drug Preparation Premises, the Registrant must notify the College in the event that the Registrant becomes aware that a Change of Control has occurred in respect of such Drug Preparation Premises.

17.1.2 ~~18.1.2~~ When used herein, the term “Change of Control” in respect of a Drug Preparation Premises means:

- (a) any transfer of all or substantially all of the assets of the owner of the Drug Preparation Premises;
- (b) any transfer of all or substantially all of the assets used in the operation of the Drug Preparation Premises;
- (c) any change in ownership of more than fifty percent (50%) of the shares of the owner of the Drug Preparation Premises;
- (d) any amalgamation, merger or consolidation of the owner of the Drug Preparation Premises with another entity;
- (e) any governance reorganization causing a change in fifty percent (50%) or more of the members of the board of directors of the owner of the Drug Preparation Premises; and
- (f) any dissolution, liquidation or winding-up of the owner of the Drug Preparation Premises,

in each case, by way of one (1) or a series of related transactions.

~~ARTICLE 18~~ **ARTICLE 19**
REGISTRANT FEES

18.1 ~~19.1~~ Application and Issuance Fees

18.1.1 ~~19.1.1~~ Every person, other than a person who already holds a Certificate of Registration, who wishes to apply for a Certificate of Registration of any class, shall pay an initial application fee due and payable immediately upon the College opening a registration file for such person.

18.1.2 ~~19.1.2~~ Every applicant for a Certificate of Registration of any class shall pay an application fee, due and payable upon the applicant submitting ~~his or her~~ their completed application to the Registrar.

18.1.3 ~~19.1.3~~ Every successful applicant for a Certificate of Registration shall pay an issuance fee which is the applicable annual fee.

18.2 ~~19.2~~ Examination Fee.

An applicant for a Certificate of Registration who wishes to write the examination in pharmaceutical jurisprudence approved by the College shall pay an examination fee.

18.3 ~~19.3~~ Annual Fees.

18.3.1 ~~19.3.1~~ Every person who holds a Certificate of Registration as a pharmacist or pharmacy technician shall pay an annual fee, except that in the year in which the person is first registered as a pharmacist or pharmacy technician, if the Certificate of Registration is issued on or after September 1, the fee will be fifty percent (50%) of the annual fee for that year.

18.3.2 ~~19.3.2~~ The annual fee must be paid on or before March 10, except that in the year in which a person is first registered, if the Certificate of Registration is issued after March 10, the annual fee must be paid on the date the person is registered.

18.3.3 ~~19.3.3~~ No later than thirty (30) days before the annual fee is due, the Registrar shall notify the Registrant of the amount of the fee and the day on which the fee is due.

18.3.4 ~~19.3.4~~ A Registrant who fails to pay an annual fee on or before the day on which the fee is due shall pay a penalty in addition to the annual fee.

18.3.5 In addition to the amounts set out in sections 18.3.1 and 18.3.2, and notwithstanding 18.3.3, any outstanding balance owing to the College in respect of any decision made by a committee and any fees payable under this bylaw, must be paid in addition to the annual fees, and failure to pay such amounts shall be treated as failure to pay the annual fees.

18.4 ~~19.4~~ Fee to Lift Suspension or for Reinstatement.

18.4.1 ~~19.4.1~~ Where a Registrant's Certificate of Registration has been suspended by the Registrar pursuant to section 24 of the Code for failing to pay a required fee, the fee that the Registrant shall pay for the lifting of the suspension in accordance with section 35(2) of Ontario Regulation 256/24 under the Pharmacy Act shall be: (a) the fee the Registrant failed to pay; (b) the annual fee for the year in which the suspension is to be lifted, if the Registrant has not already paid it; and (c) a penalty.

18.4.2 ~~19.4.2~~ Where a Registrant's Certificate of Registration has been suspended by the Registrar pursuant to the Pharmacy Act Regulations, the fee that the Registrant shall pay for the lifting of the suspension in accordance with section 35(1) of Ontario Regulation 256/24 under the Pharmacy Act shall be: (a) the annual fee for the year in which the suspension is to be lifted, if the Registrant has not already paid it; and (b) a penalty.

18.4.3 ~~19.4.3~~ A Registrant shall pay a reinstatement fee for the reinstatement of ~~his or her~~ the Registrant's Certificate of Registration.

18.5 ~~19.5~~ Other Fees.

18.5.1 ~~19.5.1~~ Where a person requests the Registrar to do anything that the Registrar is required or authorized to do, the person shall pay the fee set by the Registrar for doing so.

18.5.2 ~~19.5.2~~ Where, pursuant to the Pharmacy Act Regulations, a Registrant:

- (a) has undertaken remediation by order of the Quality Assurance Committee; and is required to undergo an assessment by an assessor appointed by the Quality Assurance Committee thereafter; and/or
- (b) ~~undergoes a practice review by an assessor~~ after the ~~remediation, and above assessment~~ is found by the Quality Assurance Committee to continue to have a deficiency in ~~his or her~~ the Registrant's knowledge, skills or judgment that requires correction; and
- ~~(c)~~ is ordered by the Quality Assurance Committee to undertake a further remediation and a further ~~practice review~~ assessment by an assessor after the further remediation,

the Registrant shall pay a fee for each such ~~further practice review~~ assessment by an assessor appointed by the Quality Assurance Committee, and for any additional ~~practice reviews~~ assessments that the Registrant undertakes thereafter.

18.5.3 ~~19.5.3~~ An applicant required to undertake the Practice Assessment of Competence at Entry (PACE), a ~~third and/or subsequent time practice assessment or a knowledge assessment~~ shall pay ~~at the applicable fee for such assessment(s)~~ as set out in the Fee Schedule.

18.5.4 ~~19.5.4~~ Registrants who engage in, or supervise, drug preparation activities at a Drug Preparation Premises shall, jointly and severally, be required to pay a fee for the inspection of the Drug Preparation Premises pursuant to the *Pharmacy Act Regulations*, including all activities related to the inspection.

18.5.5 A Registrant shall pay a cancellation fee/missed appointment fee for any cancellation or missing of a second or further practice assessment within less than six weeks of the scheduled assessment date without a reason acceptable by the Registrar.

~~ARTICLE 19~~ **ARTICLE 20** PHARMACY TRANSACTION FEES

19.1 ~~20.1~~ Application Fee.

19.1.1 ~~20.1.1~~ Subject to subparagraph ~~20.1.2~~ 19.1.2, an applicant for a Certificate of Accreditation to establish and operate a pharmacy of the community pharmacy class or hospital pharmacy class shall pay an application fee, due and payable upon the applicant submitting a completed application to the Registrar.

19.1.2 ~~20.1.2~~ Where an applicant who has acquired two (2) or more existing pharmacies of the community pharmacy class or hospital pharmacy class, applies for Certificates of Accreditation to establish and operate the pharmacies, the applicant shall pay an application fee for the first application and for each additional application.

19.2 ~~20.2~~ Issuance Fee.

19.2.1 ~~20.2.1~~ Every successful applicant for a Certificate of Accreditation of the community pharmacy class and the hospital pharmacy class shall pay an issuance fee.

19.2.2 ~~20.2.2~~ Every successful applicant for a Certificate of Accreditation to establish and operate a community pharmacy that permits the operation of remote dispensing locations shall pay an issuance fee. The fee will apply for each remote dispensing location to be operated, except that there will be no additional fee for the issuance of a Certificate of Accreditation that permits the operation of remote dispensing locations if the Certificate of Accreditation is issued to an applicant who has acquired or relocated an existing community pharmacy that permits the operation of remote dispensing locations.

19.2.3 ~~20.2.3~~ An applicant who has acquired or relocated an existing pharmacy shall pay an issuance fee for a Certificate of Accreditation to establish and operate a pharmacy.

19.3 ~~20.3~~ Fee for Amended Certificates - Remote Dispensing Locations.

19.3.1 ~~20.3.1~~ Every person who seeks to amend a Certificate of Accreditation to permit the operation of remote dispensing locations or additional remote dispensing location(s) shall pay an application fee for each remote dispensing location or additional remote dispensing location that is to be operated.

19.3.2 ~~20.3.2~~ Every successful applicant for an amended Certificate of Accreditation to permit the operation of remote dispensing locations or additional remote dispensing location(s) shall pay an issuance fee for each remote dispensing location or additional remote dispensing location that is to be operated.

19.3.3 ~~20.3.3~~ For greater certainty, subparagraphs ~~20.3.1~~19.3.1 and ~~20.3.2~~19.3.2 will only apply with respect to the issuance of a Certificate of Accreditation of the community pharmacy class.

19.4 ~~20.4~~ Renewal Fee.

Every person who holds a Certificate of Accreditation of the community pharmacy class or a Certificate of Accreditation of the hospital pharmacy class shall pay the applicable renewal fee on or before May 10 each year.

19.5 ~~20.5~~ Additional Renewal Fee.

An additional renewal fee will apply, and be due and payable on or before May 10 each year, for the renewal of a Certificate of Accreditation for each pharmacy that, within the twelve (12) months prior to the renewal, has undergone a re-inspection as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection. The additional renewal fee will apply for each re-inspection but will not apply where the re-inspection was pursuant to an order of the Discipline Committee.

19.6 Other Pharmacy-Related Fees.

19.6.1 An applicant for or holder of, as applicable, a Certificate of Accreditation shall pay a cancellation fee/missed appointment fee for any cancellation or missing of a second or further pharmacy operations assessment within less than six weeks of the scheduled assessment date without a reason acceptable by the Registrar.

19.6.2 Every person who holds a Certificate of Accreditation shall be required to pay a fee for any re-inspection (compliance audit) performed by an inspector appointed under paragraph 14.5.

~~ARTICLE 20~~ ~~ARTICLE 21~~
ARTICLE 20
 CERTIFICATE OF AUTHORIZATION FEES

20.1 ~~21.1~~ Application Fee.

An applicant for a Certificate of Authorization for a Health Profession Corporation shall pay an application fee.

20.2 ~~21.2~~ Renewal Fee.

20.2.1 ~~21.2.1~~ Every Health Profession Corporation that holds a Certificate of Authorization shall pay the applicable renewal fee each year.

20.2.2 ~~21.2.2~~ The renewal fee for a Certificate of Authorization must be paid on or before March 10 each year.

20.2.3 ~~21.2.3~~ No later than thirty (30) days before the annual renewal fee is due, the Registrar shall notify the Health Profession Corporation of the amount of the fee and the day on which it is due.

~~ARTICLE 20~~ ~~ARTICLE 22~~
ARTICLE 20
 APPLICATION OF FEES

21.1 ~~22.1~~ Application of Fees

21.1.1 ~~22.1.1~~ Unless otherwise indicated, the fees and penalties set out in Article 18, Article 19, Article 20, ~~Article 21~~ and Schedule B shall be effective as of the date set out in Schedule B.

21.1.2 ~~22.1.2~~ The fees and penalties prescribed in Article ~~19~~18, Article ~~20~~19 and Article ~~21~~20 are set out in Schedule B. All fees and penalties are subject to applicable taxes, which are payable in addition to the fees and penalties.

21.1.3 ~~22.1.3~~ On January 1 of each year ~~commencing in 2021~~, each fee prescribed in Article ~~19~~18, Article ~~20~~19, and Article ~~21~~20, and listed in Schedule B, will be increased by the percentage increase, if any, in the consumer price index for goods and services in Canada as published by Statistics Canada or any successor organization.

~~ARTICLE 20~~ ~~ARTICLE 23~~
ARTICLE 20
 CODE OF ETHICS

22.1 ~~23.1~~ Code of Ethics.

There shall be a Code of Ethics for Registrants, which is Schedule A to this By-Law.

~~ARTICLE 23~~ **ARTICLE 24**
MAKING, AMENDING AND REVOKING BY-LAWS

23.1 ~~24.1~~ Requirements.

23.1.1 ~~24.1.1~~ By-Laws may be made, repealed or amended by at least two-thirds of all Directors present at a meeting of the Board and eligible to vote.

23.1.2 ~~24.1.2~~ Amendments may be proposed by not fewer than three (3) Directors or by the Executive Committee.

23.1.3 ~~24.1.3~~ Proposed amendments shall be sent to the Registrar thirty (30) days in advance of the meeting at which the amendments will be voted on by the Directors.

23.1.4 ~~24.1.4~~ The Registrar shall, at least two (2) weeks before the meeting at which the amendments are to be considered, notify all Directors of the proposed amendments

23.2 ~~24.2~~ Transition to Amended By-Laws.

23.2.1 ~~24.2.1~~ 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 ~~24.3~~ Effective Date and Interpretation.

This By-Law 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, By-Law No. ~~56~~ 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 By-Law 6 and the replacement of it by this By-Law.

23.4 ~~24.4~~ Conflict.

If any By-Law is, at any time, found to be in conflict with the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, it will, to the extent of such conflict, be disregarded in favour of the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, as the case may be, and the Registrar shall, upon discovery of such conflict, prepare, for consideration by the Board, a proposed amendment, alteration or repeal of the offending By-Law which shall have the effect of removing from the By-Law anything inconsistent with any such Act.

PASSED by the Board and sealed with the corporate seal of the College the _____,
_____.

Chair (Corporate Seal)
Vice-Chair

SCHEDULE A

Ontario College of Pharmacists Code of Ethics

Role and Purpose of the Code of Ethics

One of the objects of the Ontario College of Pharmacists (OCP, the College), as outlined in the *Regulated Health Professions Act, Schedule 2, Health Professions Procedural Code* is to “develop, establish and maintain standards of professional ethics for members” of the profession.

The role and purpose of OCP’s Code of Ethics is to clearly articulate the ethical principles and standards which guide the practice of pharmacists and pharmacy technicians in fulfilling the College’s mandate to serve and protect the public by putting patients first.

Specifically, OCP's Code of Ethics supports the College in fulfilling its mandate by:

- Clearly articulating the ethical principles and standards by which pharmacists and pharmacy technicians are guided and under which they are accountable
- Serving as a resource for education, self-evaluation and peer review
- Serving as an educational resource for the public outlining the ethical obligations of the profession
- Providing a benchmark for monitoring and addressing the conduct of pharmacists and pharmacy technicians

Who does the Code of Ethics Apply to?

The Code of Ethics applies to all registrants of the College, in accordance with their scope of practice, including registered pharmacists, interns, intern technicians, [pharmacy technicians](#), [pharmacists \(emergency assignment\)](#) and pharmacy technicians [\(emergency assignment\)](#). The Code of Ethics is also relevant to all those who aspire to be registrants of the College.

The Code of Ethics is applicable in all [pharmacy professional](#) practice, education and research environments including non-traditional practice settings which may not involve a healthcare professional/patient relationship.

All registrants are responsible for applying the Code of Ethics requirements in the context of their own specific professional working environments.

Compliance with the Code of Ethics

The Standards listed in OCP’s Code of Ethics are not intended to provide an exhaustive or definitive list of ethical behaviours and attitudes required of registrants. Registrants do not justify

unethical behaviour by rationalizing that such behaviour is not expressly prohibited in a Standard of this Code.

- The College holds registrants accountable for adhering to the Code of Ethics and will inquire into allegations of a breach of the Code of Ethics and take appropriate action(s) in relation to the severity of the breach.

The Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines are companion documents and none of these should be read or applied in isolation of the other(s). It is not unusual for there to be duplication within these documents as requirements may be both ethical and legal.

All registrants of the College are required to affirm their understanding of and commitment to OCP's Code of Ethics by signing the Declaration of Commitment.

Understanding the Professional Role and Commitment of Healthcare Professionals

The most important feature or characteristic that distinguishes a healthcare professional from another type of professional is that: *healthcare professionals are committed, first and foremost, to the direct benefit of their patients and only secondarily to making a profit.* Pharmacists and pharmacy technicians are healthcare professionals.

What does being a healthcare professional require of pharmacists and pharmacy technicians?

In choosing to become a pharmacist or pharmacy technician we acknowledge our understanding and commitment to the professional role, recognizing it is not about us – our own personal or business interests – it is about the patient.

We appreciate that our patients are vulnerable and may often be limited by personal and circumstantial factors which enhance and reinforce this vulnerability and that inherent within the healthcare professional/patient relationship there is an imbalance of power with the healthcare professional holding that power.

Patients trust that as healthcare professionals we will respect and protect their vulnerability and maintain professional boundaries within the healthcare professional/patient relationship as we use our knowledge, skills and abilities to make decisions that enhance their health and well-being.

Where does this obligation come from?

When we become a regulated healthcare professional we implicitly enter into what is commonly referred to as a “*social contract with society*”.

This contract requires that we keep our promise to act in the best interest of our patients and place their well-being first and foremost. It requires that we recognize and remember that we have not simply chosen a profession but also a vocation, committing ourselves to help and benefit those entrusted to our care in a spirit of altruism, goodwill, sincerity and integrity.

In exchange for our promise society agrees to provide our profession with the autonomy to govern ourselves as a self-regulating profession with all the privileges and statuses afforded regulated healthcare professionals.

Ethical Principles that Govern Healthcare Practice

In fulfilling our professional promise to our patients and to society, healthcare professionals are guided by the following ethical principles of healthcare:

Beneficence (to benefit):

The first foundational principle that forms and guides our commitment to serve and protect the best interests of our patients establishes the fact that our primary role and function as healthcare professionals is to benefit our patients. We need to remember that our patients seek our care and services because they believe and trust that we will apply our knowledge, skills and abilities to help make them better.

Non maleficence (do no harm, and prevent harm from occurring):

The second foundational principle that guides our commitment to serve and protect the best interests of our patients addresses the reality that as we strive to benefit our patients we must be diligent in our efforts to do no harm and, whenever possible, prevent harm from occurring.

Respect for Persons/Justice:

The third foundational principle merges the principles of “Respect for Persons” and “Justice” which collectively guide our understanding of how we ought to treat our patients. Respect for persons acknowledges that all persons, as a result of their intrinsic humanity, are worthy of our respect, compassion and consideration. We demonstrate this when we respect our patients’ vulnerability, autonomy and right to be self-governing decision-makers in their own healthcare. The principle of “Justice” requires that we fulfill our ethical obligation to treat all patients fairly and equitably.

Accountability (Fidelity):

The fourth and final foundational principle directly ties us to our professional promise to be responsible fiduciaries of the public trust ensuring that we keep our promise to our patients and society to always and invariably act in their best interests and not our own. It is this principle that holds us accountable, not just for our own actions and behaviours, but for those of our colleagues as well.

Code of Ethics and Standards of Application

The Ontario College of Pharmacists Code of Ethics is founded on the core ethical principles of healthcare: beneficence, non-maleficence, respect for persons/justice and accountability (fidelity). Code requirements are articulated in the form of guiding ethical principles, general statements of application and standards that specify the behaviours and attitudes that are required of all registrants of the College as regulated healthcare professionals.

1. Principle of Beneficence

The ethical principle of “Beneficence” refers to the healthcare professional’s obligation to actively and positively serve and benefit the patient and society.

Application

Pharmacists and pharmacy technicians serve and benefit the patient and society’s best interests.

Standards

- 1.1 Registrants ensure that their primary focus at all times is the well-being and best interests of the patient.
- 1.2 Registrants utilize their knowledge, skills and judgment to actively make decisions that provide patient- centred care and optimize health outcomes for patients.
- 1.3 Registrants apply therapeutic judgment in order to assess the appropriateness of current or proposed medication therapy given individual patient circumstances.
- 1.4 Registrants seek information and ask questions of patients or their advocate to ascertain if the current or proposed medication provides the most appropriate therapy for the patient.
- 1.5 Registrants ensure that they consider relevant factors such as; age, mental capacity, lifestyle and living circumstances of the patient and adapt and tailor provision of care accordingly.
- 1.6 Registrants provide patients with the relevant and sufficient information they need in order to make more informed decisions about their healthcare.
- 1.7 Registrants ensure that information provided to patients is current and consistent with the standards of practice of the profession and best available evidence.
- 1.8 Registrants consider and take steps, when possible, to address factors that may be preventing or deterring patients from obtaining the pharmacy care or services required or from achieving the best possible health outcome.
- 1.9 Registrants prioritize care and services and provide adequate time to ensure that complex patients receive the care they need.
- 1.10 Registrants participate in consultation, communication and documentation with colleagues or other healthcare professionals to facilitate quality patient care.
- 1.11 Registrants make every reasonable effort to provide quality cost-effective pharmacy care and services to patients and society.

- 1.12 Registrants participate as appropriate and viable in public education programs that promote health and wellness and disease prevention.
- 1.13 Registrants strive to contribute to the development of the profession by participating in the education and mentoring of pharmacy students and interns, [intern technicians, pharmacists \(emergency assignment\), pharmacy technicians \(emergency assignment\)](#), pharmacists and pharmacy technicians.
- 1.14 Registrants, within their roles and expertise, strive to conduct, participate in or promote appropriate research practices that advance pharmacy knowledge and practice.
- 1.15 Registrants ensure that when conducting and/or participating in research initiatives they are scientifically and ethically approved by a research ethics board that meets current ethical research standards.
- 1.16 Registrants strive to facilitate positive change in the healthcare system by actively participating in healthcare policy review and development as it applies to the practice of [pharmacythe profession](#).

2. Principle of Non Maleficence

The ethical principle of “Non Maleficence” refers to the healthcare professional’s obligation to protect their patients and society from harm.

Application

Pharmacists and pharmacy technicians refrain from participating in behaviours that may harm patients or society and whenever possible prevent harm from occurring.

Standards

- 2.1 Registrants refrain from participating in behaviours/attitudes which could potentially result in harm and utilize their professional judgment to make every reasonable and conscientious effort to prevent harm to patients and society.
- 2.2 Registrants practise only within their scope of practice, recognize their limitations and when necessary, refer the patient to a colleague or other healthcare professional whose expertise can best address the patient’s needs.
- 2.3 Registrants disclose medical errors and “near misses” and share information appropriately to manage risk of future occurrences.
- 2.4 Registrants act with honesty and transparency if harm does occur and assume responsibility for disclosing this harm to the patient and initiating steps to mitigate the harm.

- 2.5 Registrants challenge the judgment of their colleagues or other healthcare professionals if they have good reason to believe that their decisions or actions could adversely affect patient care.
- 2.6 Registrants provide the patient with relevant and sufficient information regarding the potential harms identified in terms of risks and the most frequent and serious side effects associated with the medication therapy or pharmacy service.
- 2.7 Registrants ensure that when they are involved in the patient's transition from one healthcare provider or healthcare facility to another the relevant patient information is provided to the receiving healthcare provider or healthcare facility to ensure safe and effective transition of care.
- 2.8 Registrants provide only medications and health-related products that are from safe and proven sources, of good quality, and meet the standards required by law.
- 2.9 Registrants respect the patient's right to privacy and confidentiality and take every reasonable precaution to protect patient confidentiality by preventing unauthorized or accidental disclosure of confidential patient information.
- 2.10 Registrants ensure that the healthcare professional/patient relationship is not exploited by the registrant for any personal, physical, emotional, financial, social or sexual gain.
- 2.11 Registrants do not under any circumstances participate in sexual behaviour including, but not limited to:
 - (i) Sexual intercourse or other forms of sexual relations between the registrant and the patient;
 - (ii) Touching of a sexual nature, of the patient by the registrant; or
 - (iii) Behaviour or remarks of a sexual nature, by the registrant towards the patient.
- 2.12 Registrants do not under any circumstances participate in any form of harassment including, but not limited to:
 - (i) Bullying or intimidating;
 - (ii) Offensive jokes or innuendos;
 - (iii) Displaying or circulating offensive images or materials; or
 - (iv) Offensive or intimidating communications (phone calls, emails, text messages, etc.).

- 2.13 Registrants must, in circumstances where they are unwilling to provide a product or service to a patient on the basis of moral or religious grounds, ensure the following:
- (i) that the registrant does not directly convey their conscientious objection to the patient;
 - (ii) that the registrant participates in a system designed to respect the patient's right to receive products and services requested;
 - (iii) that there is an alternative provider available to enable the patient to obtain the requested product or service, which minimizes inconvenience or suffering to the patient.
- 2.14 Registrants may only consider ending the professional/patient relationship when the registrant has met the following conditions:
- (i) In ~~his/her~~the Registrant's judgement the professional/patient relationship is compromised and/or issues cannot be resolved;
 - (ii) Considers the condition of the patient;
 - (iii) Considers the availability of alternative services; and
 - (iv) Provides the patient with notice and sufficient opportunity to arrange alternate services.
- 2.15 Registrants assume responsibility for making reasonable efforts to ensure continuity of patient care when they are unable or unwilling to provide requested pharmacy services.
- 2.16 Registrants in emergency situations, including pandemics and other public health emergencies where the health of the patient or the public is at risk, have a duty to provide patient care within their professional competence and expertise.
- 2.17 Registrants maintain appropriate human resources to facilitate compliance with Standards of Practice and relevant legislation, policies and guidelines governing the practice of ~~pharmacy~~the profession and the operation of pharmacies to ensure that professional performance and the health of others in the work place are not compromised.
- 2.18 Registrants raise concerns to the appropriate authority if they reasonably believe human resources, policies, procedures, working conditions or the actions, professional performance or health of others may compromise patient care or public safety.
- 2.19 Registrants assign tasks only to those individuals who are competent and trained to do them.

- 2.20 Registrants ensure that they remain current with respect to professional knowledge and skills and are committed to continuous lifelong learning and professional improvement throughout their professional working life.

3. Principle of Respect for Persons/Justice

The ethical principle of Respect for Persons/Justice refers to the healthcare professional's dual obligations to respect and honour the intrinsic worth and dignity of every patient as a human being and to treat all patients fairly and equitably.

Application

Pharmacists and pharmacy technicians respect their patients as self-governing decision-makers in their healthcare and treat all patients fairly and equitably.

Standards

- 3.1 Registrants recognize and respect the vulnerability of patients.
- 3.2 Registrants respect and value the autonomy and dignity of patients.
- 3.3 Registrants practise patient-centred care and treat patients with sensitivity, caring, consideration and respect.
- 3.4 Registrants listen to patients to seek understanding of their needs, values and desired health goals and respect their right to be an active decision-maker in their healthcare.
- 3.5 Registrants respect the patient's values, customs and beliefs and their right to hold these as self-governing decision-makers.
- 3.6 Registrants respect the patient's right to privacy and do not disclose confidential information without the consent of the patient unless authorized by law or by the need to protect the welfare of the patient or the public.
- 3.7 Registrants seek only that information that is reasonable to make informed decisions about the patient's health and the treatment alternatives that align with the patient's treatment goals, unless otherwise authorized by law.
- 3.8 Registrants respect the patient's right to accept or refuse treatment and/or services offered, without prejudice.
- 3.9 Registrants respect the patient's right to choose a pharmacy and/or pharmacy professional and facilitate the patient's wish to change or transfer pharmacy care and services as requested.
- 3.10 Registrants obtain the patient's consent, implied or expressed, prior to the provision of pharmacy care or services.

- 3.11 Registrants respect the right of a competent minor to provide informed consent and make decisions about their healthcare.
- 3.12 Registrants recognize and respect the right of a legally authorized substitute decision-maker to make decisions on the incompetent patient's behalf.
- 3.13 Registrants recognize the known wishes/intentions of a patient who is not competent where those wishes/intentions, through a personal directive, were expressed before the person became incompetent.
- 3.14 Registrants ensure that their views about a patient's personal life, religious beliefs, and other morally irrelevant factors such as: race, gender, identity, sexual orientation, age, disability, marital status and any other factor(s), do not prejudice their opinion of the patient and affect the quality of service that they provide to the patient.
- 3.15 Registrants recognize the power imbalance inherent in the healthcare professional/patient relationship and assume responsibility for maintaining appropriate professional boundaries at all times.
- 3.16 Registrants provide fair and equitable access to pharmacy services and deliver consistent quality of care to all patients regardless of socio-economic status, culture, disease state or any other related factor that might unfairly bias patient care.
- 3.17 Registrants advocate for the fair treatment and fair distribution of resources for those in their care.
- 3.18 Registrants make fair decisions about the allocation of resources under their control based on the needs of persons, groups or communities to whom they are providing care and services.

4. Principle of Accountability (Fidelity)

The ethical principle of Accountability (Fidelity) refers to the healthcare professional's fiduciary duty to be a responsible and faithful custodian of the public trust.

Application

Pharmacists and pharmacy technicians maintain the public trust by ensuring that they act in the best interest of their patients and society.

In order to fulfill their fiduciary duty to maintain the public trust:

- A. Registrants practise within their scope of practice, in accordance with their Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines and only when competent to do so.

- B. Registrants refrain from participating in unethical business practices.
- C. Registrants avoid conflict of interest.

Standards

A. General Responsibilities

- 4.1 Registrants abide by the spirit of this Code which applies to the practice of the profession ~~of pharmacy~~ and the operation of pharmacies.
- 4.2 Registrants conduct themselves with personal and professional integrity at all times and ensure that they demonstrate good character and maintain good standing with the College.
- 4.3 Registrants ensure that they only practise when they are competent, with respect to both relevant knowledge and skill and physical, emotional and mental capacity, to do so.
- 4.4 Registrants assume responsibility for all decisions and actions they undertake in professional practice, including failure to make a decision and take appropriate action when necessary.
- 4.5 Registrants do not perform controlled acts under their scope of practice for an unethical or illegal purpose.
- 4.6 Registrants ensure that all professional documentation is accurately maintained in accordance with practice standards.
- 4.7 Registrants maintain confidentiality in creating, storing, accessing, transferring and disposing of records they maintain and control.
- 4.8 Registrants understand that their trust in the care provided by colleagues and other healthcare professionals must be balanced with critical evaluation.
- 4.9 Registrants must be diligent in identifying and responding to red flag situations that present in practice.
- 4.10 Registrants report professional incompetence or unethical behaviour by colleagues or other healthcare professionals to the appropriate regulatory authority.
- 4.11 Registrants take appropriate steps to prevent and report the misuse or abuse of substances by themselves, patients, colleagues, other healthcare professionals or other pharmacy employees.
- 4.12 Registrants do not practise under conditions which compromise their professional judgment and impede their ability to provide quality patient care and services.

- 4.13 Registrants participate in responsible and ethical communication and ensure that any comments or images communicated are not offensive and do not in any manner discredit the member or the profession.
- 4.14 Registrants ensure that when power imbalances exist in professional working relationships they do not exploit these relationships for personal, physical, emotional, financial, social or sexual gain.
- 4.15 Registrants co-operate in any inspection, assessment, review or audit conducted by the College or any other authorized person or organization and abide by any undertakings or restrictions placed on their practice as result of an investigation.
- 4.16 Registrants recognize that self-regulation of the profession is a privilege and that each pharmacist and pharmacy technician has a professional responsibility to merit this privilege by maintaining public trust and confidence in each registrant individually and the profession as a whole.

B. Participate in Ethical Business Practices

- 4.17 Registrants recognize that their patient's best interests must always override their own interests or the interests of the business which the registrant owns, has a financial interest in or is employed by.
- 4.18 Registrants only provide pharmacy care and services that are of good quality and intended to optimize the patient's health outcomes and do not compromise patient care for corporate or business interests or financial gain.
- 4.19 Registrants shall not provide pharmacy services, care or products where there is no potential benefit to the patient.
- 4.20 Registrants do not influence, persuade or pressure patients to accept pharmacy services in order to retain the patient's business.
- 4.21 Registrants shall not compromise their professional integrity in order to further institutional or business interests and promote financial gain to the detriment of the patient and public interest.
- 4.22 Registrants are honest in dealings with patients, colleagues, other healthcare professionals, the College, other organizations, service suppliers, and public or private payers related to the practice of the profession and to the operation of the pharmacy.
- 4.23 Registrants are transparent in the fees that they charge and ensure that these are communicated to patients in advance of the provision of the service or product provided.
- 4.24 Registrants do not submit charges to patients or to any third party drug payment plan for services that they know or ought to know are false and fraudulent.

- 4.25 Registrants do not participate in any practice that involves falsifying patient health records or registrant practice records.
- 4.26 Registrants must ensure that they do not participate in any form of advertising or promotion that contravenes this Code, Standards of Practice or relevant legislation, policies or guidelines, reflects poorly on the profession or breaches public trust and confidence.

C. Avoid Conflict of interest

Registrants need to proceed with caution and conscientiously exercise professional judgment in dealing with conflict of interest situations which they may encounter in practice but which are not explicitly addressed below.

- 4.27 Registrants avoid situations that are or may reasonably be perceived to construe a conflict of interest.
- 4.28 Registrants avoid dual relationships and other situations which may present a conflict of interest and potentially affect the registrant's ability to be impartial and unbiased in their decision-making.
- 4.29 Registrants declare any personal or professional interests and inform the relevant party(s) if they are involved in a real, perceived or potential conflict of interest and resolve the situation in the best interests of the patient and public safety as soon as possible.
- 4.30 Registrants involved in decision-making must disclose any relationship they are involved in that may influence or appear to others to influence their objectivity.
- 4.31 Registrants enter into relationships with industry which are appropriate and in compliance with this Code and which allow them to maintain their professional integrity and retain public trust and confidence.
- 4.32 Registrants do not provide rewards or incentives that have the potential to adversely influence patient decisions which may result in harm to the patient.
- 4.33 Registrants do not ask for or accept gifts, inducements or referrals that may affect or be perceived to affect their professional judgment.
- 4.34 Registrants ensure that they do not participate in referral programs with other Registrants or with members of other healthcare professions for the expressed purpose of benefiting financially.
- 4.35 Registrants limit their treatment of self and the members of their immediate family to minor conditions and emergency circumstances unless another appropriate healthcare professional is not readily available.

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SCHEDULE B
SCHEDULE OF FEES

[See attached]

Summary report:	
Litera Compare for Word 11.7.0.54 Document comparison done on 09/09/2024 6:34:13 PM	
Style name: Default Style	
Intelligent Table Comparison: Active	
Original filename: OCP By-Law 6 EDITABLE MASTER.docx	
Document Author:	
Modified DMS: iw://cloudimanage.com/CANADA/308421284/7	
Document Author: Sophie MacRae	
Changes:	
<u>Add</u>	1037
Delete	1063
Move From	4
<u>Move To</u>	4
<u>Table Insert</u>	0
Table Delete	0
<u>Table moves to</u>	0
Table moves from	0
Embedded Graphics (Visio, ChemDraw, Images etc.)	0
Embedded Excel	0
Format changes	0
Total Changes:	2108

**Ontario College of Pharmacists
Schedule of Fees**

All non-refundable fees and penalties are in Canadian Funds and are subject to Harmonized Sales Tax (HST).

Line		2024 Fees	HST	Total with tax
REGISTRANT FEES				
Application and Issuance Fees (18.1)				
1	Initial Application (pre-registration)* (18.1.1)	436.25	56.71	492.96
2	Application Fee - Payable upon submission of complete application (18.1.2)	109.35	14.22	123.57
3	Issuance Fee - Pharmacist A - New Applicant Registration, Mar 10 to Aug 31 (18.1.3)	872.45	113.42	985.87
4	Issuance Fee - Pharmacist A - New Applicant Registration, Sept 1 to Mar 09	436.25	56.71	492.96
5	Issuance Fee - Pharmacist B - New Applicant Registration, Mar 10 to Aug 31	436.25	56.71	492.96
6	Issuance Fee - Pharmacist B - New Applicant Registration, Sept 1 to Mar 09	218.70	28.43	247.13
7	Issuance Fee - Pharmacy Technician A - New Applicant Registration, Mar 10 to Aug 31	581.65	75.61	657.26
8	Issuance Fee - Pharmacy Technician A - New Applicant Registration, Sept 1 to Mar 09	290.85	37.81	328.66
9	Issuance Fee - Pharmacy Technician B - New Applicant Registration, Mar 10 to Aug 31	290.85	37.81	328.66
10	Issuance Fee - Pharmacy Technician B - New Applicant Registration, Sept 1 to Mar 09	145.40	18.90	164.30
Examination Fee: (18.2)				
11	Jurisprudence Exam - Pharmacist and Pharmacy Technician	200.00	26.00	226.00
Annual Fees: (18.3)				
12	Pharmacist - Part A	872.45	113.42	985.87
13	Pharmacist - Part B	436.25	56.71	492.96
14	Pharmacy Technician – Part A	581.65	75.61	657.26
15	Pharmacy Technician – Part B	290.85	37.81	328.66
Penalty for failure to pay renewal fee by the due date: (18.3.4)				
16	within 30 days	145.40	18.90	164.30
17	31 days or more	218.70	28.43	247.13
Fee to Lift Suspension or for Reinstatement (18.4)				
18	Penalty - Lift Suspension	218.70	28.43	247.13
19	Reinstatement	364.10	47.33	411.43
Other Fees: (18.5 and 19.6)				
20	Each Practice Assessment After Remediation	1,163.25	151.22	1,314.47
21	Each Practice Assessment of Competence at Entry (PACE) after the second attempt	1,163.25	151.22	1,314.47
22	Each Practice Assessment of Competence at Entry (PACE) of Registrant transferring from Part B to Part A	600.00	78.00	678.00
23	Drug Preparation Premises (DPP) Inspections	3,635.25	472.58	4,107.83
24	Late Cancellation/Missed Assessment fee	600.00	78.00	678.00
25	Pharmacy Re-inspection (Compliance Audit)	450.00	58.50	508.50
PHARMACY FEES				
Application Fees apply to Community and Hospital Class Pharmacies (19.1)				
26	Application Fee (includes Opening, Relocating, Acquisition and Amalgamation)	727.00	94.51	821.51
27	Application fee for Additional Pharmacies when acquiring more than one	73.30	9.53	82.83
Issuance Fee - Community Pharmacy: (19.2)				
28	Pharmacy Opening - Issuance May 10 - Nov 9	1,091.15	141.85	1,233.00
29	Pharmacy Opening - Issuance Nov 10 - May 9	545.55	70.92	616.47
30	Pharmacy Acquisition/Relocation - Issuance fee (per application)	364.10	47.33	411.43
Remote Dispensing Location Associated Fees (19.2.2, 19.3)				
31	New Opening with Remote Dispensing Location(s) - Issuance	1,091.15	141.85	1,233.00
32	Amended Certificates Remote Dispensing Location(s) - Application	364.10	47.33	411.43
33	Amended Certificates Remote Dispensing Location(s) - Issuance	1,091.15	141.85	1,233.00
Community Pharmacy Renewal and Reinspection (19.4, 19.5)				
34	Renewal	1,366.85	177.69	1,544.54
35	Reinspection	1,454.15	189.04	1,643.19
Issuance Fee - Hospital Pharmacy: (19.2)				
36	Pharmacy Opening - Issuance May 10 - Nov 9	5,089.35	661.62	5,750.97
37	Pharmacy Opening - Issuance Nov 10 - May 9	2,545.25	330.88	2,876.13
38	Acquisition/amalgamation/Relocation - Issuance (per application)	1,395.90	181.47	1,577.37
Hospital Pharmacy Renewal and Reinspection (19.4, 19.5)				
39	Renewal	5,089.35	661.62	5,750.97
40	Reinspection	1,454.15	189.04	1,643.19
HEALTH PROFESSION CORPORATION (20.1, 20.2)				
41	Certification of Authorization Application	1,454.15	189.04	1,643.19
42	Certificate of Authorization Renewal	436.25	56.71	492.96
ADMINISTRATION				
43	Duplicate Receipts	29.05	3.78	32.83
44	Duplicate Wall Certificate (8.5" x 11")	29.05	3.78	32.83
45	Large Wall Certificate/Duplicate Large Wall Certificate (17.5" x 23")	100.00	13.00	113.00
46	Jurisprudence Exam Late Fee (18.2)	73.30	9.53	82.83
47	Jurisprudence Exam Withdrawal Fee (18.2)	73.30	9.53	82.83
48	PACE Rescore Fee (18.5.3)	73.30	9.53	82.83
49	Returned Cheque	29.05	3.78	32.83

* pre-registration fee is valid for 5 years

ONTARIO COLLEGE OF PHARMACISTS

Effective [●], 2024

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

Fee

Version 7 – Enacted by the Board [●] 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

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BE IT ENACTED as a by-law of the **ONTARIO COLLEGE OF PHARMACISTS** as follows:

**ARTICLE 1
INTERPRETATION**

1.1 Definitions.

In this By-Law, and in all other By-Laws and resolutions of the College, unless the context otherwise requires:

- 1.1.1* **“Academic Director”** means a Director who serves on the Board by virtue of being a dean of a faculty of pharmacy of a university in Ontario or, where there is no office of dean, a person filling a similar office to that of a dean of a faculty of pharmacy of a university in Ontario;
- 1.1.2* **“Act”** means the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18;
- 1.1.3* **“Board”** means the board of directors of the College. For the purposes of the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Pharmacy Act Regulations*, and any other legislation or policy where the context requires, the Board means the Council of the College;
- 1.1.4* **“By-Law”** or **“By-Laws”** means the By-Laws of the College, as the same may be amended from time to time;
- 1.1.5* **“Certificate of Accreditation”** means a certificate of accreditation issued to a pharmacy by the Registrar pursuant to the *Drug and Pharmacies Regulation Act*;
- 1.1.6* **“Certificate of Authorization”** means a certificate of authorization issued to a health profession corporation by the College;
- 1.1.7* **“Certificate of Registration”** means a certificate of registration issued to a Registrant by the Registrar pursuant to the *Code*;
- 1.1.8* **“Chair”** means the chair of the Board and for the purpose of the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Pharmacy Act Regulations*, and any other legislation or policy where the context requires, means the President of the College, and “chair” means the chair of a Committee or the person presiding at a meeting of the Board, as the context requires;
- 1.1.9* **“Change of Control”** has the meaning given to it in subparagraph 17.1.2;
- 1.1.10* **“Code”** means the *Health Professions Procedural Code*, being Schedule 2 to the Act;
- 1.1.11* **“Code of Ethics”** means the Code of Ethics which is set out in Schedule A to this By-Law, as the same may be amended from time to time;

- 1.1.12 “**College**” means the Ontario College of Pharmacists;
- 1.1.13 “**Committee**” or “**Committees**” means a committee or committees of the College, whether a statutory committee or a standing or special committee;
- 1.1.14 “**Contact Person**” means the person designated as the contact person for a hospital pharmacy or institutional pharmacy pursuant to section 146.1 of the *Drug and Pharmacies Regulation Act*;
- 1.1.15 “**Deputy Registrar**” means the person who, from time to time, holds the title of Deputy Registrar of the College;
- 1.1.16 “**Designated Manager**” means the manager designated by the Owner of a pharmacy as required by section 146(1)(b) of the *Drug and Pharmacies Regulation Act*;
- 1.1.17 “**Director**” means a person elected or appointed to be a member of the Board;
- 1.1.18 “**Director Profile**” means the combination of patient populations served as set out in subparagraph 4.7.1, and knowledge, skills and experience as set out in subparagraph 4.7.2, that will be required of applicants who seek to be qualified as candidates for election to the Board, as determined by the Governance Committee;
- 1.1.19 “**Drug and Pharmacies Regulation Act**” means the *Drug and Pharmacies Regulation Act*, R.S.O. 1990, Chap. H.4;
- 1.1.20 “**Drug and Pharmacies Regulation Act Regulations**” means the regulations made under the *Drug and Pharmacies Regulation Act*;
- 1.1.21 “**Drug Preparation Premises**” means drug preparation premises as defined in the *Pharmacy Act Regulations*;
- 1.1.22 “**Elected Director**” means a Director elected to the Board in accordance with this By-Law;
- 1.1.23 “**Former Registrant**” has the meaning given to it in subparagraph 15.9.1;
- 1.1.24 “**Health Profession Corporation**” means a corporation incorporated under the *Business Corporations Act* (Ontario) that holds a Certificate of Accreditation;
- 1.1.25 “**Lay Committee Appointee**” means an individual appointed under this By-Law to serve as a member of a Committee who is neither a Director nor a Registrant;
- 1.1.26 “**Owner**” means an “owner” as defined in the *Drug and Pharmacies Regulation Act Regulations*;

- 1.1.27 “**Pharmacy Act**” means the *Pharmacy Act, 1991*, S.O. 1991, c.36;
- 1.1.28 “**Pharmacy Act Regulations**” means the regulations made under the *Pharmacy Act*;
- 1.1.29 “**Professional Advocacy Association**” means an organization whose principal mandate is to represent the interests of and advocate on behalf of pharmacies (community and hospital), pharmacists or pharmacy technicians, or a segment of them, including those registered in or practising in Canada. Examples of a Professional Advocacy Association include the Ontario Pharmacists Association, the Canadian Pharmacists Association, the Canadian Association of Pharmacy Technicians and Neighbourhood Pharmacy Association of Canada;
- 1.1.30 “**Professional Committee Appointee**” means a Registrant who is not a Director, who is appointed under this By-Law to serve as a member of a Committee;
- 1.1.31 “**Protecting Patients Act**” means the *Protecting Patients Act, 2017*, S.O. 2017, C.11;
- 1.1.32 “**Public Director**” means a Director appointed to the Board by the Lieutenant Governor-in-Council;
- 1.1.33 “**Register**” means the register required to be kept pursuant to the *Code*;
- 1.1.34 “**Registrant**” means a member of the College;
- 1.1.35 “**Registrar**” means the person who, from time to time, holds the title of Registrar and Chief Executive Officer of the College;
- 1.1.36 “**RHPA Regulations**” means the regulations made under the Act;
- 1.1.37 “**Standing Committee**” means a committee described in paragraph 7.3;
- 1.1.38 “**Statutory Committees**” means the Committees listed in section 10 of the *Code* as of the date of enactment of this By-Law, and the Accreditation Committee as required under the *Pharmacy Act*; and
- 1.1.39 “**Vice-Chair**” means the vice-chair of the Board and for the purpose of the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Pharmacy Act Regulations*, and any other legislation or policy where the context requires, means the Vice-President of the College.

1.2 Amendments.

Whenever reference is made in a By-Law to any statute or regulation, such reference shall be deemed to include any amendment to such statute or regulation, or any replacement statute or regulation, as may be made from time to time.

1.3 Committee Member / Committee Appointee

Whenever reference is made in a By-Law to a Committee member or a Committee Appointee, the terms shall be deemed to be interchangeable unless the context requires otherwise.

1.4 Interpretation

When used in a By-Law, unless the context otherwise requires, words importing the singular include the plural and vice versa and the pronouns “they”, “them” and “their” shall denote all genders. The insertion of headings in a By-Law is for convenience of reference only and shall not affect the interpretation thereof. Whenever the words “include”, “includes” or “including” are used in a By-Law, such words shall be deemed to be followed by the words “without limitation”.

ARTICLE 2 PROFESSIONAL LIABILITY INSURANCE

2.1 Insurance Requirements for a Certificate of Registration.

A Registrant who holds a Certificate of Registration as a pharmacist or pharmacy technician listed in Part A of the Register, pharmacist (emergency assignment), pharmacy technician (emergency assignment), intern or intern technician, must maintain personal professional liability insurance as follows:

- 2.1.1 **Limit of Liability.** The policy of insurance must contain limits of a minimum of \$2,000,000 per claim or per occurrence and \$4,000,000 in the annual aggregate.
- 2.1.2 **Definition of Insured Services.** The definition of Insured Services under the policy must include all professional services in the practice of the profession as regulated by the College.
- 2.1.3 **Retroactive Date.** The policy must not contain a retroactive date and must provide for full prior acts protection.
- 2.1.4 **Extended Reporting Period (ERP).** If the policy is a “claims made” policy, it must contain an extended reporting period provision for a minimum of three (3) years.
- 2.1.5 **Personal Professional Liability Insurance Coverage.** The policy must be issued in the name of the individual Registrant and provide that Registrant with mobility and coverage wherever in Ontario that Registrant practises.
- 2.1.6 **Legal Defence Payments.** Legal defence payments for regulatory proceedings or other legal proceedings potentially afforded by a personal professional liability policy must not erode the minimum limits of liability under the policy.

2.2 Evidence of Insurance.

A Registrant shall, upon the request of the Registrar, provide proof satisfactory to the Registrar of professional liability insurance in the required amounts and form, and a copy of the Registrant's professional liability insurance policy.

ARTICLE 3 RESTRICTION ON DIRECTORS AND COMMITTEE MEMBERS

3.1 Restriction on Directors.

A Director shall not be an employee of the College.

3.2 Restriction on Committee Members.

A member of a Committee shall not be an employee of the College.

ARTICLE 4 ELECTION OF DIRECTORS

4.1 Number of Elected Directors.

4.1.1 Subject to subparagraph 4.1.2, there shall be 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.

4.2 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 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.

4.5 Eligibility for Election.

- 4.5.1 A Registrant who holds a valid Certificate of Registration as a pharmacist or as a pharmacy technician is eligible to seek to be a candidate for election to the Board if the Registrant meets the following requirements:
- (a) the Registrant is not in default of payment of any fees prescribed in the By-Laws;
 - (b) the Registrant is not the subject of any disciplinary or incapacity proceeding;
 - (c) the Registrant has not been found to have committed an act of professional misconduct or to be incompetent by a panel of the Discipline Committee.
 - (d) the Registrant's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation
 - (e) The Registrant is not and has not within the three (3) years immediately preceding the election been, an employee, officer or director of a Professional Advocacy Association, except for Associations whose mission, vision and mandate are primarily to mitigate systemic barriers to access to the profession for diverse populations, marginalized groups and individuals with disabilities. Additionally, nothing in this clause will prevent a Registrant who serves on an association or organization to which they have been appointed by the Board as a representative of the College, from running for election to be an Elected Director;
 - (f) the Registrant has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the election;

- (g) where the Registrant was formerly a Director, but is not as of the date of the election a Director, it has been at least three (3) years since the Registrant was a Director;
- (h) the Registrant is not an adverse party in litigation against the College, the Board, a Committee or any of the College's officers, employees or agents;
- (i) the Registrant commits to devoting sufficient time in their schedule to participating in all required Board and Committee activities;
- (j) the Registrant has not, in the opinion of the Screening Committee, engaged in conduct unbecoming a Director; and
- (k) the Registrant is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the election, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection.

4.6 Notice of Election and Call for Applicants.

4.6.1 No later than May 15th in the year in which the election is to be held the Registrar shall notify each Registrant who is eligible to vote of the date of the election and the number of available positions on the Board. Such notification shall be by electronic mail, shall include a link to the Director Profile and application form for election and shall be addressed to each Registrant at their electronic address that is on file with the College. Such notice shall also be published on the website of the College.

4.7 Director Competencies.

4.7.1 The Board shall at all times comprise Elected Directors who collectively serve, or have experience working with, the following diverse patient populations:

- (a) patients served by rural community pharmacies;
- (b) patients served by urban community pharmacies;
- (c) patients treated at teaching hospitals;
- (d) patients treated at community hospitals;
- (e) patients located in northern/remote areas;
- (f) patients who identify as Indigenous;
- (g) patients with mental health and addictions needs; and

- (h) patients in long-term care.

4.7.2 The Board shall in addition at all times comprise Directors who collectively have the following knowledge, skills and experience:

- (a) experience in and understanding of the principles of protecting, and acting in, the public interest;
- (b) experience working with diverse populations, marginalized groups and people with disabilities;
- (c) experience serving on boards and/or committees;
- (d) experience in managing a broad range of risk;
- (e) experience in senior leadership roles in business, health care institutions, government and academia;
- (f) experience with human resource issues including, but not limited to, occupational health and safety, organizational structures and human resources oversight and compensation, recruiting and succession planning;
- (g) financial and/or accounting expertise, including the following: preparing, auditing, analyzing or evaluating financial statements and an understanding of generally accepted accounting principles;
- (h) ability to navigate electronic systems to access Board and Committee materials;
- (i) legal experience or familiarity with regulated professions, including overseeing regulations and setting standards for certification;
- (j) experience participating in, or leading, an organization in planning for its future including, but not limited to the following: analysis, environmental scans, strategy design, planning, implementation and evaluation; and
- (k) a strong grasp of issues surrounding diversity and inclusion.

4.8 Application Procedure.

4.8.1 A Registrant seeking to be a candidate for election as an Elected Director shall complete and return an application form no later than the deadline provided in the form. The application form shall be accompanied by three (3) reference letters in accordance with the instructions contained in the application form.

- 4.8.2 The application form shall include a signed affirmation by the applicant of their commitment to participate in pre-orientation activities aimed at understanding the obligations of a Director.
- 4.8.3 The Screening Committee shall review the applications against the eligibility requirements as set out in paragraph 4.5 and the Director Profile that the Governance Committee has announced for the election. Applicants who (a) meet the eligibility requirements in paragraph 4.5, and (b) serve or have experience with patient populations, and have knowledge, skill and experience, that are within the Director Profile, will be qualified as candidates for election.
- 4.8.4 If the Screening Committee requires additional information in order to assess whether an applicant meets the criteria in the Director Profile, the Screening Committee may require the applicant to participate in an interview in person or by electronic means.
- 4.8.5 An applicant may withdraw their application by notice of withdrawal delivered to the Registrar no later than July 1 in the year in which the election is to be held.
- 4.8.6 All applicants who have not withdrawn their application will be notified whether they are eligible and have been qualified as candidates for election.
- 4.8.7 In the event of a dispute about whether a Registrant is eligible or qualified as a candidate for election, the Governance Committee shall conduct an investigation and report its findings and recommendations to the Executive Committee. The Executive Committee shall rule and inform the candidate of its decision and reasons.
- 4.8.8 A person who has a direct interest in the result of an election dispute shall not participate in the investigation or consideration of such dispute.

4.9 Acclamation.

- 4.9.1 If, after the deadline referred to in subparagraph 4.8.5, the number of pharmacy technicians qualified as candidates for election is equal to the number of pharmacy technicians to be elected in that election, the Registrar shall declare those pharmacy technician candidate(s) to be elected by acclamation.
- 4.9.2 If, after the deadline referred to in subparagraph 4.8.5, the number of pharmacists qualified as candidates for election is equal to the number of pharmacists to be elected in that election, the Registrar shall declare those pharmacist candidate(s) to be elected by acclamation.
- 4.9.3 If, after the deadline referred to in subparagraph 4.8.5, the number of pharmacy technicians qualified as candidates for election is less than the number of pharmacy technicians to be elected in that election, the Registrar shall declare the qualified pharmacy technician candidate(s) to be elected by acclamation and

there will be a supplementary application, selection and election process held in accordance with paragraph 4.19 in order to fill any remaining vacancies.

4.9.4 If, after the deadline referred to in subparagraph 4.8.5, the number of pharmacists qualified as candidates for election is less than the number of pharmacists to be elected in that election, the Registrar shall declare the qualified pharmacist candidate(s) to be elected by acclamation and there will be a supplementary application, selection and election process held in accordance with paragraph 4.19 in order to fill any remaining vacancies.

4.9.5 In the event of acclamation pursuant to this paragraph 4.9 in an election in which candidates will be elected to terms of varying lengths, the Registrar shall determine by lot which successful candidate will serve for which length of term. However, if subparagraph 4.9.3 or 4.9.4 is applicable, the candidate(s) elected by acclamation will serve the longer of the available terms.

4.10 Registrar's Electoral Duties.

4.10.1 The Registrar shall supervise and administer the election of candidates and for the purpose of carrying out that duty, the Registrar shall:

- (a) appoint returning officers or scrutineers;
- (b) establish a deadline for the receipt of ballots;
- (c) establish reasonable safeguards to ensure that the person voting is entitled to vote;
- (d) ensure electronic communication and voting processes are reliable and secure;
- (e) establish procedures for the counting and verification of ballots; and
- (f) provide for the notification of all candidates and Registrants of the results of the election.

4.10.2 No later than twenty-one (21) days before the date of an election, the Registrar shall provide to every Registrant eligible to vote a list of the candidates, secure access to a ballot, and an explanation of the voting procedures as set out in this By-Law.

4.11 Scrutineers.

4.11.1 The Board shall, at the last regular Board meeting before an election, appoint two (2) or more persons to serve as scrutineers for the election.

4.11.2 The scrutineers will be reimbursed for their expenses as provided in Article 6 in accordance with a policy made by a resolution of the Board.

4.11.3 If a scrutineer is unable or unwilling to act, the Chair shall appoint a person as a replacement scrutineer.

4.12 Ballots.

4.12.1 The names of the candidates who have not withdrawn their candidacies by the deadline for so doing will appear on the ballot.

4.12.2 The Registrar shall prepare a list of the voting Registrants.

4.12.3 A Registrant who is eligible to vote and who does not receive, or loses, their secure access to a ballot may apply to the Registrar for replacement secure access to a ballot and the Registrar shall provide the Registrant with a replacement.

4.13 Voting.

4.13.1 A ballot shall clearly indicate the candidates of the voting Registrant's choice and shall be submitted so that it is received not later than 5:00 p.m. on the day of the election.

4.13.2 The scrutineers shall ascertain that each voting Registrant is eligible to vote according to the list prepared by the Registrar.

4.13.3 The scrutineers shall verify the votes at the head office of the College on the day following the election.

4.13.4 The verification of the votes by the scrutineers shall be conducted in such a manner that no person will know for whom any voting Registrant has voted.

4.13.5 The only persons permitted to be present during the verification will be the scrutineers, the Registrar, such staff of the College as the Registrar authorizes, and the candidates. A candidate may appoint one (1) person to represent the candidate at the verification.

4.13.6 If the scrutineers cannot agree on any matter relating to the verification, the matter shall be decided by the Registrar.

4.13.7 Upon completing the verification, the scrutineers shall prepare a return and file the return with the Registrar.

4.13.8 The successful pharmacist candidates in an election will be those with the highest and next highest number of votes and so on until the number of successful pharmacist candidates equals the number of pharmacists to be elected in that election.

4.13.9 The successful pharmacy technician candidate in an election where one pharmacy technician is to be elected will be the one with the highest number of votes. If more than one (1) pharmacy technician is to be elected in an election,

the successful pharmacy technician candidates will be those with the highest and next highest number of votes until all positions are filled.

4.13.10 Upon receiving the returns from the scrutineers, the Registrar shall declare the pharmacists who were successful in accordance with subparagraph 4.13.8 to be elected as Elected Directors and shall declare that the pharmacy technician or technicians who were successful in accordance with subparagraph 4.13.9 to be elected as Elected Director(s), and shall notify each candidate of the election results.

4.14 Number of Votes to be Cast.

4.14.1 In each annual election, each Registrant may vote for up to the number of pharmacy technician candidates as there are pharmacy technician vacancies on the Board and for up to the number of pharmacist candidates as there are pharmacist vacancies on the Board.

4.15 Tie Votes.

4.15.1 If there is a tie in an election of Elected Directors and it is necessary to break the tie to determine who will be the successful candidate, the Registrar shall break the tie, by lot, and then declare the candidate elected.

4.16 Delay of Election.

4.16.1 If, for whatever reason, including a public health emergency or other emergency, it would be impractical to hold an election in the time required by this By-Law, the Registrar with the consent of the Executive Committee may delay any or all of the following: the holding of the election, the notice of election, the call for applications, the deadline for applications, and all other timelines related to the election for such period of time as the Registrar and Executive Committee consider necessary to allow for an election to be held.

4.16.2 Notice of a decision under subparagraph 4.16.1 shall be given to each Registrant by electronic mail.

4.16.3 If an election of Directors is not held on the first Wednesday in August in a given year as a result of a delay pursuant to subparagraph 4.16.1:

- (a) all references in this By-Law to the date of that election, and all timelines that depend on the date of that election, shall be deemed for that year to refer to the date that the election is actually held (even if the election is held in the following year);
- (b) despite any other provision in this By-Law, the term of office of any Elected Director that would have expired at the first meeting of the Board after the August election in that year shall continue until the first meeting of the Board after the election is actually held, except

that any Director who has reached their maximum years on the Board will cease to hold office and the procedures set out in paragraph 4.18 will apply; and

- (c) the term of office of an Elected Director who is elected in an election that has been delayed shall commence at the first meeting of the Board after the election is actually held and shall continue until the end of the term of office that would have been held had the Elected Director been elected to that position on the Board in the applicable August election. For the purposes of subparagraphs 4.4.2 and 4.4.3, an Elected Director who is elected in an election that has been delayed shall be deemed to have served a full year as of the first meeting of the Board after the following election.

4.17 Conduct of Directors.

4.17.1 An Elected Director is automatically disqualified from sitting on the Board if the Elected Director:

- (a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or
- (b) is found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee.

4.17.2 Formal governance action may be taken against a Director where the Director:

- (a) fails, or does not make 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 nine (9) or more;
- (b) declare the eligible Registrant with the next highest number of votes in the election immediately prior to the vacancy who was not elected to be acclaimed to the vacant position; or
- (c) direct the Registrar to hold a by-election in accordance with this By-Law for an Elected Director who meets the criteria of the Director Profile for the election immediately prior to the vacancy, except if the by-election is held at the same time as an annual election, in which case the Director Profile developed for that annual election will apply.

4.18.3 If the position of an Elected Director becomes vacant more than twelve (12) months before the expiry of the term of office of that Elected Director, the Board shall:

- (a) declare the eligible Registrant with the next highest number of votes in the election immediately prior to the vacancy who was not elected to be acclaimed to the vacant position; or
- (b) direct the Registrar to hold a by-election in accordance with this By-Law for an Elected Director who meets the criteria of the Director Profile for the election immediately prior to the vacancy, except if the by-election is held at the same time as an annual election, in which case the Director Profile developed for that annual election will apply.

4.18.4 The provisions of this By-Law that apply to the conduct of elections apply to the conduct of by-elections, with all necessary modifications.

4.18.5 The term of office of an Elected Director acclaimed or elected in a by-election under subparagraph 4.18.2 or 4.18.3 will commence upon acclamation or election and continue until the term of office of the former Elected Director would have expired.

4.19 Supplementary Election Procedures.

4.19.1 If the Screening Committee fails to identify a sufficient number of applicants who are qualified as candidates for election by the deadline referred to in subparagraph 4.8.5, or if the number of eligible candidates is less than the number of Elected Directors to be elected, there shall be a supplementary election.

4.19.2 The provisions of this By-Law that apply to the conduct of elections shall apply to the conduct of supplementary elections, with all necessary modifications.

- 4.19.3 The term of office of an Elected Director elected in a supplementary election under paragraph 4.19 will commence upon acclamation or election and continue until the end of the term of office that would have been held had an Elected Director been elected to that position on the Board in the applicable August election.

ARTICLE 5 BOARD MEETINGS

5.1 Meetings of the Board.

- 5.1.1 The Board shall hold at least four (4) regular meetings in the one (1)-year period following each annual August election of Elected Directors. The first regular Board meeting shall take place within ninety (90) days following the August election. The dates for the remaining regular Board meetings shall be set no later than the first regular Board meeting following the August election.
- 5.1.2 The Chair may call a special meeting of the Board at any time, provided that seven (7) days' notice is given to each Director, the Registrants and the public, specifying the purpose of the meeting. However, less than seven (7) days' notice may be given where all Directors consent to the meeting being held with the lesser notice.¹
- 5.1.3 The College shall post on its website information regarding upcoming meetings of the Board, including:
- (a) the dates of those meetings;
 - (b) matters to be discussed at those meetings; and
 - (c) information and documentation that will be provided to Directors for the purpose of those meetings, provided that information and documentation related to any meeting or part of a meeting from which the public is excluded by the Board shall not be posted; and if the Registrar anticipates that the Board will exclude the public from the meeting or part of the meeting, the grounds for doing so.
- 5.1.4 Subject to subparagraphs 5.1.2 and 5.1.3, notice of any special meeting of the Board shall be sufficient if provided to each Director at the Director's specified email address as shown in the records of the College.
- 5.1.5 The Chair or, in the Chair's absence or failure to act, the Vice-Chair, shall call a special meeting of the Board upon the written request of two-thirds of the Directors. In the event that the Chair or Vice-Chair are both unable, or fail, to call a meeting of the Board, two-thirds of the Directors may call a meeting upon

¹ The notice requirements contained in s. 7 of the Code must still be complied with even where the meeting is closed to the public.

their written request delivered to the Registrar. Notice of the special meeting shall be given as set out in subparagraphs 5.1.2 to 5.1.4.

- 5.1.6 Meetings of the Board shall be held at the permanent office of the College, or at such other place or places as the Board may designate.
- 5.1.7 The quorum for the transaction of business at any meeting of the Board shall be a majority of Directors.
- 5.1.8 Unless specifically provided for otherwise in the By-Law, any question arising at any meeting of the Board shall be determined by a majority of votes of Directors present at the meeting and eligible to vote. In the event of a tie vote, the Chair shall break the tie with an additional vote.
- 5.1.9 At the regular meetings of the Board, the business shall include such matters as are set out in an agenda to be approved by the Board.
- 5.1.10 A Director may place any item that can properly be discussed by the Board on the Board agenda by making a notice of motion. Notices of all motions intended to be introduced shall be given in writing, seconded, and given to the Chair before being considered at a meeting of the Board on a day previous to the discussion or vote unless this requirement is dispensed with by a vote of at least two-thirds of all Directors present at the meeting and eligible to vote.
- 5.1.11 The Board may, from time to time, set or adopt Rules of Order to guide the conduct of Board meetings.

5.2 Meetings Held By Technological Means.

- 5.2.1 If two-thirds of all Directors, or of members of a Committee (as the case requires), who are eligible to vote consent thereto generally or in respect of a particular meeting, and each has adequate access, Directors or members of a Committee may participate in a meeting of, respectively, the Board or of a Committee, by means of such communications facilities as permits all persons participating in the meeting to communicate with each other simultaneously and instantaneously, and a Director or member of a Committee participating in such a meeting by such means is deemed to be present at the meeting.
- 5.2.2 At the outset of each meeting referred to in subparagraph 5.2.1, the Chair shall call roll to establish quorum and whenever votes are required. If the Chair is not satisfied that the meeting may proceed with adequate security and confidentiality, they shall adjourn the meeting to a predetermined date, time and place.

**ARTICLE 6
REMUNERATION AND EXPENSES**

6.1 Remuneration and Expenses.

When they are on official College business, Directors and Committee members, and participants in working groups and task forces, other than Public Directors, will be paid and / or reimbursed for expenses in accordance with a policy made by a resolution of the Board.

**ARTICLE 7
COMMITTEES OF THE COLLEGE**

7.1 Statutory Committees under the Act.

7.1.1 Pursuant to the Act, the College shall have the following Committees:

- (a) Executive Committee;
- (b) Registration Committee;
- (c) Inquiries, Complaints and Reports Committee;
- (d) Discipline Committee;
- (e) Fitness to Practise Committee;
- (f) Quality Assurance Committee; and
- (g) Patient Relations Committee.

7.1.2 Subject to subparagraph 7.1.3, the composition of the Committees referred to in subparagraphs 7.1.1(a) to 7.1.1(g) shall be as set out in this By-Law and the duties shall be as set out in the Act and the By-Law.

7.1.3 Upon the proclamation of section 5(2) of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this Article 7 as they relate to the Committees referred to in subparagraphs 7.1.1(a) to 7.1.1(g), shall be subject to the provisions of the *RHPA Regulations*, if any, that relate to such Committees, including, for example, provisions:

- (a) establishing the composition of such Committees;
- (b) establishing the qualifications, screening, appointment and terms of office of members of such Committees who are not Directors; and
- (c) governing the relationship between such provisions and the By-Law.

7.2 Statutory Committee under the Pharmacy Act.

Pursuant to the *Pharmacy Act*, the College shall have an Accreditation Committee, the composition of which is set out in this By-Law and the duties of which are set out in the *Drug and Pharmacies Regulation Act* and this By-Law.

7.3 Standing Committees.

In addition to the Statutory Committees, the College shall establish the following Standing Committees, the composition and duties of which are set out in this By-Law:

- 7.3.1 Finance and Audit Committee;
- 7.3.2 Screening Committee;
- 7.3.3 Governance Committee; and
- 7.3.4 Drug Preparation Premises Committee.

7.4 Appointment of Special Committees.

The Board may, from time to time, appoint such special Committees, task forces and working groups as it deems appropriate or necessary for the attainment of the objects of the College and the efficient conduct of its affairs. Every special Committee, task force or working group shall have specified terms of reference and a date upon which it shall dissolve.

7.5 Reporting of Committees.

All Committees shall report at least annually to the Board.

ARTICLE 8

COMPOSITION AND DUTIES OF STATUTORY AND STANDING COMMITTEES

8.1 Article Subject to RHPA Regulations.

Upon the proclamation of section 5(2) of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this Article 8 as they relate to the Committees referred to in subparagraphs 7.1.1(a) to 7.1.1(g), will be subject to the provisions of the *RHPA Regulations*, if any, that relate to such Committees.

8.2 Composition of the Executive Committee.

The Executive Committee shall be composed of:

- 8.2.1 the Chair and the Vice-Chair, and three (3) additional Directors, such that at least two (2) Directors are Elected Directors and at least two (2) Directors are Public Directors.

8.3 Chair of the Executive Committee.

The Chair shall be the chair of the Executive Committee.

8.4 Duties of the Executive Committee.

The Executive Committee shall:

- 8.4.1 in accordance with section 12 (1) of the *Code*, exercise all the powers and duties of the Board between Board meetings that, in the Committee's opinion, require attention, other than the power to make, amend or revoke a regulation or By-Law;
- 8.4.2 recommend to the Board proposals for changes to applicable statutes, regulations, By-Laws, College policies and standards of practice;
- 8.4.3 receive findings and recommendations from the Governance Committee pursuant to subparagraph 4.8.7, take such action in respect of the person who is the subject of the findings and recommendations as it deems appropriate, and report its decision to the Board;
- 8.4.4 ensure that the policies of the Board are carried out;
- 8.4.5 report its activities, decisions and recommendations through the Chair at each meeting of the Board; and
- 8.4.6 have the following authorities with respect to staff compensation:
 - (a) annually, establish guidelines for the awarding of salary increases to staff;
 - (b) at least annually, review compensation for the Registrar; and
 - (c) provide broad policy guidance to senior management on matters related to non-salary compensation and benefit programs for College staff.

8.5 Composition of the Registration Committee.

The Registration Committee shall be composed of:

- 8.5.1 two (2) Public Directors;
- 8.5.2 five (5) or more Professional Committee Appointees;
- 8.5.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees;
- 8.5.4 one (1) Academic Director; and

- 8.5.5 a representative of a pharmacy technician program in Ontario that has been accredited by the Canadian Council for Accreditation of Pharmacy Programs.

8.6 Duties of the Registration Committee.

8.6.1 The Registration Committee shall:

- (a) perform such functions as are assigned to it by statute or regulation; and
- (b) maintain familiarity with the accreditation standards that the Canadian Council for Accreditation of Pharmacy Programs sets for all pharmacy and pharmacy technician programs that it accredits.

8.6.2 The Registration Committee may be required by the Board from time to time in the Board's discretion to:

- (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
- (b) provide guidance to the Board on matters concerning registration, examinations and in-service training required prior to registration.

8.7 Composition of the Inquiries, Complaints and Reports Committee.

The Inquiries, Complaints and Reports Committee shall be composed of:

- 8.7.1 all of the Public Directors;
- 8.7.2 ten (10) or more Professional Committee Appointees; and
- 8.7.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.8 Duties of the Inquiries, Complaints and Reports Committee.

8.8.1 The Inquiries, Complaints and Reports Committee shall perform such functions as are assigned to it by statute or regulation.

8.8.2 The Inquiries, Complaints and Reports Committee may be required by the Board from time to time in the Board's discretion to:

- (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
- (b) provide guidance to the Board on matters concerning investigations, complaints and reports.

8.9 Composition of the Discipline Committee.

The Discipline Committee shall be composed of:

- 8.9.1 all of the Elected Directors;
- 8.9.2 all of the Public Directors except those who are on the Accreditation Committee;
- 8.9.3 ten (10) or more Professional Committee Appointees who are not on the Accreditation Committee; and
- 8.9.4 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees who are not on the Accreditation Committee.

8.10 Duties of the Discipline Committee.

- 8.10.1 The Discipline Committee shall perform such functions as are assigned to it by statute or regulation.
- 8.10.2 The Discipline Committee may be required by the Board from time to time in the Board's discretion to:
 - (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
 - (b) provide guidance to the Board on matters concerning discipline.

8.11 Composition of the Fitness to Practise Committee.

The Fitness to Practise Committee shall be composed of:

- 8.11.1 two (2) Public Directors;
- 8.11.2 two (2) or more Professional Committee Appointees; and
- 8.11.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.12 Duties of the Fitness to Practise Committee.

- 8.12.1 The Fitness to Practise Committee shall perform such functions as are assigned to it by statute or regulation.
- 8.12.2 The Fitness to Practise Committee may be required by the Board from time to time in the Board's discretion to:
 - (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

- (b) provide guidance to the Board on matters concerning fitness to practise.

8.13 Composition of the Quality Assurance Committee.

The Quality Assurance Committee shall be composed of:

- 8.13.1* two (2) Public Directors;
- 8.13.2* five (5) or more Professional Committee Appointees; and
- 8.13.3* at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.14 Duties of the Quality Assurance Committee.

8.14.1 The Quality Assurance Committee shall:

- (a) perform such functions as are assigned to it by statute or regulation; and
- (b) maintain a continuing review of the Quality Assurance Program.

8.14.2 The Quality Assurance Committee may be required by the Board from time to time in the Board's discretion to:

- (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
- (b) provide guidance to the Board on matters concerning quality assurance.

8.15 Composition of the Patient Relations Committee.

The Patient Relations Committee shall be composed of:

- 8.15.1* one (1) or more Professional Committee Appointees so long as the number of Professional Committee Appointees are fewer than the number of Lay Committee Appointees other than when there are temporary vacancies; and
- 8.15.2* two (2) or more Lay Committee Appointees.

8.16 Duties of the Patient Relations Committee.

8.16.1 The Patient Relations Committee shall perform such functions as are assigned to it by statute or regulation.

8.16.2 The Patient Relations Committee may be required by the Board from time in the Board's discretion to:

- (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
- (b) provide guidance to the Board on matters concerning patient relations.

8.17 Composition of the Accreditation Committee.

The Accreditation Committee shall be composed of:

- 8.17.1* two (2) Public Directors;
- 8.17.2* three (3) or more Professional Committee Appointees; and
- 8.17.3* at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.18 Duties of the Accreditation Committee.

- 8.18.1* The Accreditation Committee shall perform such functions as are assigned to it by statute or regulation.
- 8.18.2* The Accreditation Committee may be required by the Board from time to time in the Board's discretion to:
 - (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
 - (b) provide guidance to the Board on matters concerning accreditation.

8.19 Composition of the Finance and Audit Committee.

The Finance and Audit Committee shall be composed of:

- 8.19.1* two (2) or more Elected Directors; and
- 8.19.2* at the discretion of the Governance Committee, two (2) or more Lay Committee Appointees; and
- 8.19.3* at the discretion of the Governance Committee, one or more Public Directors.

8.20 Duties of the Finance and Audit Committee.

The Finance and Audit Committee shall:

- 8.20.1* review and recommend to the Board, the annual operating and capital budget for the College;
- 8.20.2* maintain a rolling two (2) year operating budget;

- 8.20.3 review quarterly financial statements and report to the Board significant deviations from budget;
- 8.20.4 meet with the auditor each year,
- (a) before the audit to review the timing and extent of the audit and to bring to the attention of the auditor any matter of which it considers the auditor should be made aware; and
 - (b) as shortly after the completion of the audit as is practical, in order to review and discuss with the auditor the financial statements and the auditor's report;
- 8.20.5 review and report to the Board on the effectiveness of the external audit function and any matter which the external auditor wishes to bring to the attention of the College;
- 8.20.6 make recommendations to the Board on the appointment or reappointment of the external auditor;
- 8.20.7 make recommendations to the Board regarding the management of the College's assets and liabilities and additions or improvements to the real property owned or operated by the College; and
- 8.20.8 recommend to the Board changes to applicable By-Laws, College policies and standards of practice.

8.21 Composition of the Screening Committee.

The Screening Committee shall be composed of:

- 8.21.1 the chair of the Governance Committee;
- 8.21.2 two (2) additional Directors, one (1) or more of whom shall be a Public Director; and
- 8.21.3 two (2) or more Lay Committee Appointees.

8.22 Duties of the Screening Committee.

The Screening Committee shall:

- 8.22.1 administer the process for screening applicants to be qualified as candidates for the Board in accordance with paragraph 4.8; and
- 8.22.2 review applications and recommend applicants to be appointed as Professional Committee Appointees or Lay Committee Appointees.

8.23 Composition of the Governance Committee.

The Governance Committee shall be composed of:

- 8.23.1 four (4) Directors, including one (1) or more of each of the following: a Public Director, a pharmacist Elected Director and a pharmacy technician Elected Director; and
- 8.23.2 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.24 Duties of the Governance Committee.

The Governance Committee shall:

- 8.24.1 assess the collective knowledge, skills and experience of the current Board in order to:
 - i) determine the competencies required in upcoming elections and develop the Director Profile; and
 - ii) consider and implement the succession strategy for the positions of Chair, Vice-Chair and member of the Executive Committee, in order to determine which Directors are qualified for the purpose of paragraph 11.1;
- 8.24.2 recommend a slate of appointees for Committees, including the chairs;
- 8.24.3 provide input to the processes for orientation of Directors and members of Committees;
- 8.24.4 provide input to the process for evaluating the performance of Committees, the Board as a whole, as well as individual Directors and Committee appointees;
- 8.24.5 identify and recommend opportunities for education, training, coaching and remediation of Directors and Committee members;
- 8.24.6 in the event of a dispute as set out in subparagraph 4.8.7, conduct an investigation and report findings and recommendations to the Executive Committee about whether a Registrant is eligible or qualified as a candidate for election; and
- 8.24.7 review and recommend By-Law amendments and Board policies for conformance with current legislative requirements and good governance best practices.

8.25 Composition of the Drug Preparation Premises Committee.

The Drug Preparation Premises Committee shall be composed of the same members as the Accreditation Committee. The chair of the Accreditation Committee shall be the chair of the Drug Preparation Premises Committee.

8.26 Duties of the Drug Preparation Premises Committee.

The Drug Preparation Premises Committee shall:

- 8.26.1 administer and govern the College's Drug Preparation Premises inspection program in accordance with the *Pharmacy Act Regulations*; and
- 8.26.2 deal with any other matters concerning the inspection of Drug Preparation Premises as directed by the Board.

8.27 Panels and Quorum of the Drug Preparation Premises Committee.

- 8.27.1 A panel shall be selected by the chair of the Drug Preparation Premises Committee from among the members of the Committee to determine the outcome of drug preparation premises inspections pursuant to Part XV of Ontario Regulation 256/24 under the Pharmacy Act.
- 8.27.2 A panel shall be composed of at least three persons, one of whom shall be a Public Director.
- 8.27.3 Three members of the Drug Preparation Premises Committee constitute a quorum.

ARTICLE 9 DUTIES OF OFFICERS

9.1 Duties of the Chair and the Vice-Chair.

- 9.1.1 The Chair shall:
 - (a) preside as chair at all meetings of the Board; and
 - (b) make all necessary rulings as to the order of business, subject to an appeal to the Directors present.
- 9.1.2 The Vice- Chair shall, in the event of the absence or inability of the Chair to act, perform the duties of the Chair.
- 9.1.3 In the event of the absence or inability of both the Chair and the Vice- Chair to act, the Directors present at a meeting of the Board may appoint one (1) of the other Directors to preside at any meeting of the Board.

- 9.1.4 In the event of the death, or disqualification, or inability to act of a permanent nature of the Chair or the Vice-Chair, the Board shall elect Directors to fill these vacancies according to the provisions of this By-Law for calling a meeting and electing the Chair and the Vice-Chair.
- 9.1.5 Where the Chair has lost the confidence of the Board, the Board may, on a notice of motion to that effect or at a special meeting of the Board, disqualify the Chair from office by a vote of at least two-thirds of the Directors present and eligible to vote.

ARTICLE 10 COMMITTEE APPOINTEES

10.1 Professional Committee Appointments.

- 10.1.1 The application form for appointment as a Professional Committee Appointee shall be made available on the College's website.
- 10.1.2 Subject to subparagraph 7.1.3, a Registrant is eligible for appointment to a Committee as a Professional Committee Appointee if the Registrant has completed and submitted an application form to the Screening Committee and on the date of the appointment:
- (a) the Registrant holds a valid Certificate of Registration as a pharmacist or as a pharmacy technician;
 - (b) the Registrant either practises or resides in Ontario;
 - (c) the Registrant is not in default of payment of any fees prescribed in this By-Law;
 - (d) the Registrant has not been found to have committed an act of professional misconduct or to be incompetent by a panel of the Discipline Committee;
 - (e) the Registrant is not the subject of any disciplinary or incapacity proceeding;
 - (f) the Registrant is not currently charged with nor has been found guilty of an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada);
 - (g) the Registrant has not, in the opinion of the Screening Committee, engaged in conduct unbecoming a Committee member;
 - (h) the Registrant's Certificate of Registration has not been revoked or suspended in the six (6) years preceding the date of the appointment;

- (i) the Registrant's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation;
- (j) the Registrant has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the appointment;
- (k) the Registrant does not have a conflict of interest in respect of the Committee to which they seek to be appointed;
- (l) the Registrant is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the appointment, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection; and
- (m) the Registrant is not, and has not within the three (3) years immediately preceding the election been, an employee, officer or director of a Professional Advocacy Association. For greater certainty, nothing in this clause will prevent a Registrant who serves on an association or organization to which they have been appointed by the Board as a representative of the College, from becoming a Professional Committee Appointee.

10.2 Lay Committee Appointees

10.2.1 The application form for appointment as a Lay Committee Appointee shall be made available on the College's website.

10.2.2 An individual is eligible for appointment to a Committee as a Lay Committee Appointee if the individual has completed and submitted an application form to the Screening Committee and on the date of the appointment:

- (a) the individual resides in Ontario;
- (b) the individual has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the appointment;
- (c) the individual has never been a Registrant;
- (d) the individual has not been found to have committed an act of professional misconduct or to be incompetent by a panel of an adjudicatory committee of any profession;
- (e) the individual is not the subject of any disciplinary or incapacity proceeding by a panel of an adjudicatory committee of any profession;

- (f) the individual is not currently charged with nor has been found guilty of an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada);
- (g) the individual has no direct or indirect ownership interest in a pharmacy other than holding shares on a publicly traded stock exchange;
- (h) the individual does not have a conflict of interest in respect of the Committee to which they seek to be appointed; and
- (i) the individual is not, and has not within the three (3) years immediately preceding the election been, an employee, officer or director of a Professional Advocacy Association, or any professional advocacy association of any health profession under the Act. For greater certainty, nothing in this clause will prevent an individual who serves on an association or organization to which the individual has been appointed by the Board as a representative of the College, from becoming a Lay Committee Appointee.

ARTICLE 11 ELECTION OF OFFICERS AND EXECUTIVE COMMITTEE

11.1 Election of the Chair, Vice-Chair and Executive Committee.

11.1.1 At the first regular meeting of the Board after each annual August election, the Governance Committee shall present a report of all eligible Directors who are willing to serve as and have been assessed by the Governance Committee to be qualified for the role of (a) Chair, (b) Vice-Chair, and (c) member of the Executive Committee.

11.1.2 The election of the Chair shall be conducted in the following manner:

- (a) The chair of the Governance Committee shall announce those who are willing to serve as and are qualified to be Chair. One qualification is that the Chair shall have served on the Board during the previous year.
- (b) Despite subparagraph 12.1.3, the chair of the Governance Committee shall not call for or permit the nomination of additional names from the floor.
- (c) If there is more than one (1) candidate, an election shall be held using electronic voting methods.
- (d) The candidate receiving the overall majority of votes cast will be elected. If there are three (3) or more candidates and no candidate has received an overall majority of votes, the candidate who

received the fewest votes will be removed from the ballot and the vote will be repeated until there are two (2) candidates remaining. The vote will then be repeated until one (1) of the candidates has an overall majority of votes. If three (3) votes result in a tie, the result will be determined by lot by the outgoing Chair.

11.1.3 The procedure outlined in subparagraph 11.1.2 will then be repeated for the office of Vice- Chair. One qualification is that the Vice-Chair shall have served on the Board during the previous year.

11.1.4 The Board shall elect the remaining members of the Executive Committee, in accordance with the composition requirements in paragraph 8.2. The election will be conducted in the following manner:

- (a) The chair of the Governance Committee shall announce those who are willing to serve as and are qualified to be on the Executive Committee.
- (b) The chair of the Governance Committee shall call for further interest from the floor, and those additional Directors who are interested in running for open positions on the Executive Committee shall be added as candidates for election.
- (c) Should there be a sufficient number of candidates so that there would only be a total of two (2) Elected Directors or a total of two (2) Public Directors on the Executive Committee, such candidate(s) shall be declared appointed.
- (d) Should the number of filled positions on the Executive Committee for either Elected Directors or Public Directors be less than two (2), elections shall be held, if necessary, so that there are two (2) filled positions in each category.
- (e) Should there be more than one (1) remaining candidate for the fifth and last position on the Executive Committee an election shall be held.
- (f) For any elections under this subparagraph 12.1.4, Directors shall mark their ballots for up to the number of candidates that matches the number of open positions in the category. The candidate who receives the fewest votes will then be removed from the ballot, and the voting will continue until the number of candidates remaining matches the number of open positions in the category, and such candidates shall be declared appointed. Directors may only cast one (1) vote per candidate on each ballot.

**ARTICLE 12
APPOINTMENTS TO COMMITTEES**

12.1 Appointments to Statutory and Standing Committees.

- 12.1.1* All Statutory Committee and Standing Committee appointments, with the exception of the Executive Committee and the Screening Committee, shall be made by the Board in accordance with this paragraph 12.1 at the first regular meeting of the Board after each annual August election, and shall be for a term that expires at the first regular meeting of the Board after the following election or at such longer time as it takes for the Board to approve the slate described in subparagraph 12.1.3.
- 12.1.2* At the first regular meeting of the Board after each annual August election, the Governance Committee shall present to the Board a slate of candidates, including recommendation for Committee chairs, for all Committees, other than the Executive Committee and the Screening Committee.
- 12.1.3* For each Committee to be formed at the first regular meeting of the Board after each annual August election except for the Executive Committee, the Board shall pass a resolution approving the slate, subject to any amendments by Board resolution. Once approved, each candidate on the slate shall be deemed to have been appointed to that Committee

12.2 Appointment of Screening Committee.

- 12.2.1* The Screening Committee for the election to the Board each year shall be appointed by the Board at the Board Meeting held in March in the year of the election. The members of the Screening Committee shall hold office for a term that expires at the first Board meeting following the election.

**ARTICLE 13
COMMITTEE PROCEDURES**

13.1 Disqualification, Vacancies and Term Limits of Committee Members.

- 13.1.1* A member of a Committee who is a Registrant is disqualified from sitting on the Committee if the member:
- (a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or
 - (b) is found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee.
- 13.1.2* The Board may disqualify a member of a Committee from sitting on the Committee if the member:

- (a) fails, without cause, to attend the orientation of members of Committees or three (3) consecutive meetings of the Committee or of a subcommittee of which they are a member;
- (b) fails, without cause, to attend a scheduled hearing or review conducted by a panel to which they were appointed;
- (c) repeatedly fails to make themselves available to participate in meetings or panels of a Committee or Committees on which the member sits;
- (d) ceases to either practise or reside in Ontario;
- (e) is in default of payment of any fees prescribed in the By-Laws;
- (f) becomes an employee, officer or director of a Professional Advocacy Association (however, for greater certainty, a member of a Committee will not be disqualified by reason of serving on an association or organization to which they have been appointed by the Board as a representative of the College);
- (g) engages in conduct or an omission that is reasonably regarded by the Board as being disgraceful, dishonourable, unprofessional or unbecoming a member of a Committee including material breaches of the provisions of the By-Laws, including the Schedules to the By-Laws, or the policies and procedures of the College in force at the relevant time;
- (h) in the case of a Director who sits on a Committee, ceases to be a Director;
- (i) in the case of a Professional Committee Appointee, no longer meets the eligibility requirements specified in subparagraph 10.1.2; or
- (j) in the case of a Lay Committee Appointee, no longer meets the eligibility requirements specified in subparagraph 10.2.2.

13.1.3 A person who is disqualified under subparagraph 13.1.1 or 13.1.2 from sitting on a Committee is thereby removed from the Committee and ceases to be a member of the Committee and, subject to subparagraph 13.1.5, the Chair shall appoint a successor as soon after the disqualification as is feasible.

13.1.4 The term of office of a person who is appointed as a successor to a Committee member under subparagraph 13.1.3 will commence upon the appointment and continue until the term of office of the member of the Committee who is being replaced would have expired.

13.1.5 A vacancy in the membership or chair of a Committee shall be filled by appointment made by the Chair. In the case of a vacancy in the membership of

a Committee, the Chair shall consult with the chair of the Committee before making the appointment.

- 13.1.6* Nothing in paragraph 13.1 prevents the Board, or the Executive Committee acting on its behalf, from adding members to or substituting members on a Committee at any time where one (1) or more members of the Committee cannot fulfill their role.

13.2 Quorum.

Unless specifically provided for otherwise under the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the regulations made under any of those Acts, or this By-Law, a majority of the members of a Committee constitutes a quorum for a meeting of a Committee.

13.3 Voting.

Unless specifically provided for otherwise under the Act, the *Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the regulations made under any of those Acts, or this By-Law, any question arising at any meeting of a Committee shall be determined by a majority of votes of members of the Committee present at the meeting and eligible to vote.

13.4 Committee Vacancies.

Where this By-Law requires a Committee to have a minimum number of persons by using the phrase “or more” or words of a similar meaning, a vacancy which reduces the number of members of the Committee below the minimum number will not affect the validity of any action or decision taken by the Committee or any panel of the Committee.

ARTICLE 14 BUSINESS OF THE COLLEGE

14.1 Seal.

The seal shall be the seal of the College.

14.2 Execution of Documents.

- 14.2.1* Deeds, mortgages, conveyances, powers of attorney, transfers and assignments of property of all kinds including without limitation transfers and assignment of shares, warrants, bonds, debentures or other securities (collectively the “instruments”) may be signed on behalf of the College by the Chair or Vice-Chair and any one (1) of the Registrar, the Deputy Registrar, and the persons holding the positions of director of conduct, director of corporate services, or director of quality, or their equivalent, provided that such instruments have been signed in accordance with any policy of the College regarding the execution of instruments then in effect, and further provided that no individual shall execute, acknowledge, or verify any instrument in more than one capacity. All instruments so signed shall be binding upon the College without any further

authorization or formality. In addition, the Board may from time to time direct by resolution the manner in which, and the person or persons by whom, any particular instrument or class of instruments may or shall be signed. Any signing officer may affix the corporate seal thereto.

14.2.2 Certificates of Registration, Certificates of Authorization and Certificates of Accreditation shall be signed by the Chair and the Registrar.

14.2.3 Contracts may be signed on behalf of the College in accordance with any policy of the Finance and Audit Committee regarding the execution of such contracts.

14.2.4 The signature of any individual, authorized to sign on behalf of the College may be written, printed, stamped, engraved, lithographed or otherwise mechanically reproduced or may be an electronic signature. Anything so signed shall be as valid as if it had been signed manually, even if that individual has ceased to hold office when anything so signed is issued or delivered, until the individual's authorization to sign on behalf of the College is revoked by resolution of the Board.

14.3 Banking and Finance.

14.3.1 The banking business of the College shall be transacted with such chartered banks, trust companies or other financial institutions as may, from time to time, be designated by or under the authority of the Board on recommendation of the Finance and Audit Committee. All such banking business, or any part thereof, shall be transacted on the College's behalf by one (1) or more officers and/or other persons as the Board may designate, direct, or authorize, from time to time, by resolution and to the extent therein provided.

14.3.2 Cheques drawn on the bank, trust or other similar accounts of the College, drafts drawn or accepted by the College, promissory notes given by it, acceptances, bills of exchange, orders for the payment of money and other instruments of a like nature, may be made, signed, drawn, accepted or endorsed, as the case may be, by any two (2) of the Registrar, the Deputy Registrar and the persons holding the positions of director of conduct, director of corporate services, and director of quality, or their equivalent, provided however that no individual shall execute, acknowledge, or verify any instrument in more than one (1) capacity.

14.4 Financial Year and Audit.

14.4.1 The financial year of the College is the calendar year ending December 31.

14.4.2 The Board shall appoint a chartered accountant or a firm of chartered accountants to audit the books and prepare a financial statement for each fiscal year, such appointment to be made at a Board meeting in the year for which the books are to be audited.

14.5 Inspectors.

The Registrar may from time to time, and within budgetary limits, appoint inspectors for the purposes of the *Drug and Pharmacies Regulation Act*, any such appointment to be reported to the Executive Committee and to the Board at the next regular meeting following the appointment. Inspectors so appointed will have such authority and shall perform such duties as are set out in the *Drug and Pharmacies Regulation Act* and such additional duties as may be prescribed by the Registrar.

14.6 Inspectors for the Purposes of Inspecting Drug Preparation Premises.

The Registrar may appoint inspectors for the purposes of the *Pharmacy Act Regulations*. Inspectors so appointed shall have such authority and shall perform such duties as are set out in the *Pharmacy Act Regulations*.

14.7 Grants.

14.7.1 The Board shall set aside, in the budget each year, such funds as are deemed necessary for the maintenance and operation of the Niagara Apothecary, in keeping with the agreement signed in respect thereof with the Ontario Heritage Trust.

14.7.2 The Board shall set aside in the budget each year such funds as are deemed appropriate for grants for any purpose that may tend to advance scientific knowledge or pharmacy education, or maintain or improve the standards of practice in the profession.

14.8 Funds.

14.8.1 The disbursement of funds of the College shall be as authorized in the annual budget approved by the Board for the fiscal year upon the recommendation of the Finance and Audit Committee. Funds not authorized under the budget shall be disbursed only after approval by the Board.

14.8.2 Investments of surplus funds shall be made in accordance with investment policies in effect from time to time approved by the Board on the recommendation of the Finance and Audit Committee. The securities of the College may be deposited for safekeeping and withdrawn, from time to time, with one (1) or more chartered banks, trust companies or other financial institutions in accordance with such investment policies.

14.9 College Membership.

The College may be a member of a national organization of bodies with similar functions.

14.10 Delegation of Powers and Duties.

14.10.1 The Registrar may, by written delegation, delegate any of the Registrar's powers and/or duties to any employee or officer of the College.

14.10.2 The Deputy Registrar is vested with and may exercise all the powers and perform all the duties of:

- (a) the Registrar in the event the Registrar is absent or is unable to act with the exception of those powers or duties, if any, that have been delegated by the Registrar in accordance with subparagraph 14.10.1; and
- (b) a delegate of the Registrar in the event that such delegate is absent or unable to act in respect of any powers or duties delegated to them by the Registrar in accordance with subparagraph 14.10.1.

ARTICLE 15 THE REGISTER

15.1 Registrant's Name.

A Registrant's name in the Register shall be:

15.1.1 the Registrant's name as provided in the documentary evidence used to support the Registrant's initial registration with any other given name commonly used by the Registrant, or such other name as is acceptable to the Registrar; or

15.1.2 a name other than as provided in subparagraph 15.1.1 where a written request is made by the Registrant and the Registrar is satisfied that the Registrant has legally changed their name and that the use of the name is not for an improper purpose,

and the Register may also include such other name that the Registrant commonly uses, as is acceptable to the Registrar.

15.2 Business Address and Telephone Number.

15.2.1 A Registrant's business address and business telephone number in the Register shall be, respectively, the address and telephone number of each location at which the Registrant practises in Ontario or, in the case of a Registrant whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the address and telephone number of each agency or other person or business for or through which the Registrant provides such services.

15.2.2 Where a Registrant does not practise in Ontario, the Registrant's business address and business telephone number in the Register shall be, respectively, the address designated by the Registrant as the Registrant's business address and the telephone number associated with that business address.

15.3 Information Regarding a Result.

When any provision of this Article 15 requires information regarding a “result” to be included in the Register, the term “result” shall have the same meaning as provided to it in the Code. Specifically, “result” when used in reference to:

- 15.3.1 a disciplinary proceeding, means the panel’s finding that the Registrant committed an act of professional misconduct or was incompetent, particulars of the grounds for the finding, a synopsis of the decision and the order made, including any reprimand, and where the panel has made no such finding, includes a notation that no such finding was made and the reason why no such finding was made; and
- 15.3.2 an incapacity proceeding, means the panel’s finding that the Registrant is incapacitated and the order made by the panel.

15.4 Publication Ban.

Notwithstanding any other provision herein, no action shall be taken under this Article 15 which violates a publication ban, and nothing in this Article 15 requires or authorizes the violation of a publication ban.

15.5 Disclosure of Information.

Notwithstanding any other provision herein, nothing in this Article 15 shall require or authorize the disclosure of information, including personal health information (as defined by subsection 23(10) of the *Code*) where such disclosure would lead to a violation of the *Code*, including subsections 23(8), 23(9) or 23(11) of the *Code*.

15.6 Information to be kept in Register by the Code - Registrants.

Under subsection 23(2) of the *Code*, but subject to the remaining subsections of section 23 of the *Code*, the following information must be contained in the Register and must be available to the public:

- 15.6.1 Each Registrant’s name, business address and business telephone number, and, if applicable, the name of every Health Profession Corporation of which the Registrant is a shareholder.
- 15.6.2 Where a Registrant is deceased, the name of the deceased Registrant and the date upon which the Registrant died, if known.
- 15.6.3 The name, business address and business telephone number of every Health Profession Corporation.
- 15.6.4 The names of the shareholders of each Health Profession Corporation who are Registrants.

- 15.6.5 Each Registrant's class of registration and specialist status (specialist status not applicable to the College).
- 15.6.6 The terms, conditions and limitations that are in effect on each Certificate of Registration.
- 15.6.7 A notation of every caution that a Registrant has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26(1) of the *Code*, and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26(1) of the *Code*.
- 15.6.8 A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the *Code* and has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.
- 15.6.9 A copy of the specified allegations against a Registrant for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the *Code* and that has not been finally resolved.
- 15.6.10 The result of every disciplinary and incapacity proceeding.
- 15.6.11 A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a Registrant has entered into with the College and that are in effect.
- 15.6.12 A notation of every finding of professional negligence or malpractice, which may or may not relate to the Registrant's suitability to practise, made against the Registrant, unless the finding is reversed on appeal.
- 15.6.13 A notation of every revocation or suspension of a Certificate of Registration.
- 15.6.14 A notation of every revocation or suspension of a Certificate of Authorization.
- 15.6.15 Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.
- 15.6.16 Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
- 15.6.17 Where, during or as a result of a proceeding under section 25 of the *Code*, a Registrant has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.

- 15.6.18 The outcomes of any inspections undertaken by an inspection program of the College established under subsection 95(1)(h) or (h.1) of the *Code*, including inspections of the nature referred to in subparagraph 15.10.1.
- 15.6.19 Information that is required to be kept in the Register in accordance with the By-Laws.
- 15.6.20 Information that is required to be kept in the Register in accordance with the *RHPA Regulations*.

15.7 Information to be kept in Register by RHPA Regulations - Registrants.

Under the *RHPA Regulations*, specifically, Ontario Regulation 261/18, subject to any exceptions or restrictions contained therein, the following information shall be contained in the Register, if known to the College, and must be available to the public:

- 15.7.1 If there has been a finding of guilt against a Registrant under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and if none of the conditions in subparagraph 15.7.6 have been satisfied:
- (a) a brief summary of the finding;
 - (b) a brief summary of the sentence; and
 - (c) if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.
- 15.7.2 With respect to a Registrant, any currently existing conditions of release following a charge for an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) or subsequent to a finding of guilt and pending appeal or any variations to those conditions.
- 15.7.3 If a Registrant has been charged with an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and the charge is outstanding:
- (a) the fact and content of the charge; and
 - (b) the date and place of the charge.
- 15.7.4 If a Registrant has been the subject of a disciplinary finding or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction:
- (a) the fact of the finding;
 - (b) the date of the finding;
 - (c) the jurisdiction in which the finding was made; and

(d) the existence and status of any appeal.

15.7.5 If a Registrant is currently licensed or registered to practise another profession in Ontario or a profession in another jurisdiction, the fact of that licensure or registration.

15.7.6 The conditions referred to in paragraph 15.7.1 are the following:

- (a) the Parole Board of Canada has ordered a record suspension in respect of the conviction;
- (b) a pardon in respect of the conviction has been obtained; and
- (c) the conviction has been overturned on appeal.

15.7.7 Nothing in this paragraph 15.7 shall be interpreted as authorizing the disclosure of identifying information about an individual other than a Registrant.

15.7.8 For the purposes of this paragraph 15.7, “identifying information” means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

15.8 Additional Information to be kept in Register - Registrants.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 15.13 and 15.14, the following additional information referable to Registrants will be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

15.8.1 Any changes to each Registrant’s name which have been made in the Register since the Registrant was first issued a Certificate of Registration.

15.8.2 Each Registrant’s gender and registration number.

15.8.3 The date when each Registrant’s Certificate of Registration was first issued or, if the Registrant was licensed under Part VI of the *Health Disciplines Act*, the date when the Registrant was first issued a licence by the College.

15.8.4 Where a person ceased to be a Registrant as a result of the person’s resignation or death, the last calendar year during which the person was a Registrant.

15.8.5 Where a Registrant holds a Certificate of Registration as a pharmacist, pharmacy technician, pharmacist (emergency assignment), pharmacy technician (emergency assignment), intern or intern technician, the name and location of the university or college from which the Registrant received their degree in pharmacy or completed their pharmacy technician or intern technician program (as the case may be) and the year in which the degree was obtained or the program was completed.

- 15.8.6* The classes of Certificate of Registration held or previously held by each Registrant, the date on which each was issued and, if applicable, the termination or expiration date of each.
- 15.8.7* Where a Registrant holds a Certificate of Registration as a pharmacist or pharmacy technician, a notation as to whether the Registrant is listed in Part A or Part B of the Register.
- 15.8.8* Whether the Registrant has completed the necessary injection training requirements approved by the College.
- 15.8.9* Where a Registrant is an officer or director of a Health Profession Corporation which holds a Certificate of Authorization, the name of the Health Profession Corporation and what position or title the Registrant holds with that corporation.
- 15.8.10* Where a Registrant is an officer or director of a corporation which holds a Certificate of Accreditation, the name of the corporation and what position or title, if any, the Registrant holds with that corporation.
- 15.8.11* Where a Registrant is a Designated Manager or Contact Person of a pharmacy, a notation of the name and location of each pharmacy at which the Registrant holds that designation.
- 15.8.12* Where applicable, a summary of any restriction on a Registrant's right to practise:
- (a) resulting from an undertaking given by the Registrant to the College or an agreement entered into between the Registrant and the College; or
 - (b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary shall include a description of the restriction, the date on which the restriction was imposed, the jurisdiction in which the restriction was made, and the existence and status of any appeal.
- 15.8.13* Without affecting the requirement of paragraph 15.7, where there has been a charge or finding of guilt against a Registrant of which the College is aware in respect of a federal, provincial and/or state offence in Canada or any other jurisdiction, that the Registrar believes is relevant to the Registrant's suitability to practise:
- (a) a brief summary of the charge or finding, as the case may be;
 - (b) the date of the charge or finding, as the case may be;
 - (c) the jurisdiction in which the charge was brought or finding of guilt was made; and

- (d) in the case of a finding of guilt, the existence and status of any appeal, unless, in the case of a finding of guilt the relevant legal authority has: (i) ordered a record suspension in respect of the conviction; (ii) issued a pardon in respect of the conviction; or (iii) the conviction has been overturned on appeal, in which case the information described in subparagraph 15.8.13 will no longer be required.

- 15.8.14* Without affecting the requirement of subparagraph 15.7.2, a summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the Registrant in respect of a federal, provincial and/or state offence in Canada or any other jurisdiction of which the College is aware and that the Registrar believes is relevant to the Registrant's suitability to practise.
- 15.8.15* Without affecting the requirement of subparagraph 15.7.5, where the College is aware that a Registrant is currently licensed or registered to practise: (i) the profession in another jurisdiction; or (ii) another profession in Ontario or any other jurisdiction, with respect to such licence or registration:
- (a) the existence of the licence or registration;
 - (b) the name of the granting organization; and
 - (c) the jurisdiction in which it was granted;
- 15.8.16* Where a Registrant's Certificate of Registration is subject to an interim order of the Inquiries, Complaints and Reports Committee, a notation of that fact, the nature of that order and its effective date.
- 15.8.17* Without affecting the requirement of subparagraph 15.6.13, where a Registrant's Certificate of Registration is suspended by the Registrar, the date upon which the suspension or revocation took effect and, for greater certainty, the reason for such suspension.
- 15.8.18* Without affecting the requirement of subparagraph 15.6.6, where a Registrant has any terms, conditions or limitations in effect on the Registrant's Certificate of Registration, the effective date of those terms, conditions and limitations.
- 15.8.19* Where terms, conditions or limitations on a Registrant's Certificate of Registration have been varied or removed, the effective date of the variance or removal of those terms, conditions and limitations.
- 15.8.20* Where a suspension of a Registrant's Certificate of Registration is lifted or otherwise removed, the effective date of the lifting or removal of that suspension.

- 15.8.21 Where a Registrant's Certificate of Registration is reinstated, the effective date of the reinstatement.
- 15.8.22 Where the Registrar confirms whether the College is investigating a Registrant because there is a compelling public interest in disclosing this information pursuant to subsection 36(1)(g) of the Act, the fact that the Registrant is under investigation.
- 15.8.23 Where a complaint has been filed or an investigator has been appointed under subsection 75(1)(a) or subsection 75(1)(b) of the *Code*, and a panel of the Inquiries, Complaints and Reports Committee requires a Registrant to appear before a panel of the Committee to be cautioned:
- (a) a notation of that fact;
 - (b) a summary of the caution;
 - (c) the date of the panel's decision; and
 - (d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.
- 15.8.24 Where a complaint has been filed or an investigator has been appointed under subsection 75(1)(a) or subsection 75(1)(b) of the *Code*, and a panel of the Inquiries, Complaints and Reports Committee takes other action requiring a Registrant to complete a specified continuing education or remediation program:
- (a) a notation of that fact;
 - (b) a summary of the continuing education or remediation program;
 - (c) the date of the panel's decision; and
 - (d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.
- 15.8.25 Where an allegation of a Registrant's professional misconduct or incompetence has been referred to the Discipline Committee, where a Registrant has been referred by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act*, or where the Registrar has referred an application for reinstatement to the Discipline Committee under section 73 of the *Code* and the matter is outstanding:
- (a) the date of the referral;
 - (b) a brief summary of each specified allegation;

- (c) the notice of hearing;
- (d) the anticipated date of the hearing, if the hearing date has been set or the next scheduled date for the continuation of the hearing if the hearing has commenced;
- (e) if the hearing is awaiting scheduling, a statement of that fact; and
- (f) if the hearing of evidence and arguments is completed and the parties are awaiting a decision of the Discipline Committee, a statement of that fact.

15.8.26 Where the results of a disciplinary proceeding are contained in the Register, the date on which the panel of the Discipline Committee made the finding of professional misconduct or incompetence and the date on which the panel ordered any penalty.

15.8.27 A summary of any reprimand given to a Registrant as part of the order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise available to the public under the *Code*.

15.8.28 Without affecting the requirement of subparagraph 15.6.15, where the question of a Registrant's capacity has been referred to the Fitness to Practise Committee and is outstanding,

- (a) a notation of that fact; and
- (b) the date of the referral.

15.8.29 Without affecting the requirement of subparagraph 15.7.4, where the College is aware that a finding of professional misconduct or incompetence has been made against a Registrant outside of Ontario in respect of any profession:

- (a) a notation of that fact;
- (b) the date of the finding and the name of the governing body that made the finding;
- (c) a brief summary of the facts on which the finding was based;
- (d) the penalty; and
- (e) where the finding or penalty is under appeal, a notation of that fact, which notation shall be removed once the appeal is finally disposed of.

- 15.8.30 Where a decision of a panel of the Discipline Committee has been published by the College with the Registrant's or former Registrant's name included after December 31, 1999:
- (a) a notation of that fact; and
 - (b) identification of, a link to, or a copy of the specific publication containing that decision.
- 15.8.31 The language(s) in which the Registrant can provide professional services as reported by the Registrant.
- 15.8.32 Any other information not otherwise referred to in subparagraph 15.6.20, which the College and the Registrant have agreed shall be available to the public.

15.9 Former Registrants.

- 15.9.1 The term "Former Registrant" means those individuals whose registration with the College is revoked, suspended or rescinded (in which case, recognizing that such individual is deemed to have never held registration with the College) by the College or is otherwise resigned or terminated.
- 15.9.2 Where the College is aware of such information, the information described in subparagraphs 15.6.12, 15.7.1 to 15.7.4, 15.8.13 to 15.8.15 and 15.8.29 in respect of Former Registrants shall be kept in the Register and is designated as public pursuant to subsection 23(5) of the *Code*.

15.10 Information to be kept in Register – Drug Preparation Premises.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 15.13 and 15.14, the following information referable to Drug Preparation Premises shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

- 15.10.1 The purpose (after January 1, 2016), outcome and status of inspections of Drug Preparation Premises (including conditions and reasons for fail results) carried out under the *Pharmacy Act Regulations*, including the relevant date.
- 15.10.2 A summary of the details of a Change of Control of a Drug Preparation Premises received by the College in accordance with Article 17.
- 15.10.3 Any other information which the College and a designated Registrant for the Drug Preparation Premises have agreed shall be available to the public.

15.11 Information to be Kept in Register – Health Profession Corporations.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 15.13 and 15.14, the following information referable to Health Profession Corporations

shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

- 15.11.1 The Certificate of Authorization number of the Health Profession Corporation and the date upon which that Certificate was first issued.
- 15.11.2 Where the Certificate of Authorization has been revoked, a notation of that fact, the date when the revocation occurred and a brief summary of the reasons for the revocation.
- 15.11.3 Where the Certificate of Authorization was revised or a new Certificate of Authorization was issued to the Health Profession Corporation, a notation of that fact and the date when that occurred.
- 15.11.4 The name, as set out in the College's Register, of each of the shareholders, officers and directors of the Health Profession Corporation who are Registrants and the title or office, if any, held by each.

For greater certainty, the information required by this paragraph shall not affect the requirement of subparagraph 15.6.3.

15.12 Information to be Kept in Register - Pharmacies.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 15.13 and 15.14, the following information referable to pharmacies shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

- 15.12.1 The pharmacy's name, address, telephone and fax number.
- 15.12.2 The class of Certificate of Accreditation and Accreditation Number of the pharmacy.
- 15.12.3 The date the pharmacy opened.
- 15.12.4 The name of the Designated Manager or Contact Person of the pharmacy, as applicable.
- 15.12.5 The purpose (after January 1, 2016), outcome and status of inspections of the pharmacy, including the relevant date. This subparagraph applies to the most current purpose (after January 1, 2016), outcome and status of any inspection conducted after July 1, 2013 and the purpose (after January 1, 2016), outcome and status of every inspection conducted thereafter.
- 15.12.6 Any terms, conditions and limitations on the Certificate of Accreditation.
- 15.12.7 Where terms, conditions or limitations on the Certificate of Accreditation have been varied or removed, the effective date of their variance or removal.

- 15.12.8 Where the Certificate of Accreditation has been revoked or suspended, or has expired, a notation of that fact, the date when the revocation or suspension or expiry occurred and a brief summary of the reasons for the revocation or suspension.
- 15.12.9 Where a suspension of the Certificate of Accreditation has been lifted or otherwise removed, the effective date of its lifting or removal.
- 15.12.10 Where the Certificate of Accreditation has been amended, a notation of that fact and the date when it occurred.
- 15.12.11 A notation of every referral by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act* of the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, until the matter has been resolved, including:
- (a) the date of the referral;
 - (b) a brief summary of each specified allegation; and
 - (c) the anticipated date of the hearing, if the hearing date has been set, or the next scheduled date for the continuation of the hearing if the hearing has commenced.
- 15.12.12 The result, including a synopsis of the decision, of every disciplinary proceeding against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, unless a panel of the Discipline Committee makes no finding with regard to the proceeding.
- 15.12.13 Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
- 15.12.14 A summary of any reprimand given publicly after November 1, 2006 to a Designated Manager of the pharmacy as part of an order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise available to the public under the *Drug and Pharmacies Regulation Act* or the *Code*.
- 15.12.15 Where a Certificate of Accreditation is subject to an interim order of the Discipline Committee, a notation of that fact, the nature of the order and its effective date.
- 15.12.16 Where, during or as a result of a proceeding that was commenced pursuant to section 140 of the *Drug and Pharmacies Regulation Act*, a person or

corporation ceases to operate a pharmacy and agrees never to operate a pharmacy again in Ontario, a notation of same.

15.12.17 Where applicable, a summary of any restriction on a pharmacy's ability to operate:

- (a) resulting from an undertaking given to the College or an agreement entered into with the College; or
- (b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary of the restriction shall also include the source of the restriction.

15.12.18 Where an order has been made under section 162 or section 162.1 of the *Drug and Pharmacies Regulation Act* against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, a notation of that fact including:

- (a) the date the order was made;
- (b) a summary of the order; and
- (c) where the order has been appealed, a notation that it is under appeal, until the appeal is finally disposed of.

15.12.19 Where the Owner or operator of the pharmacy, the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation or the operator of the pharmacy is a corporation, the directors of the corporation, have been found guilty of an offence under section 165 or section 166 of the *Drug and Pharmacies Regulation Act*, a notation of that finding including:

- (a) the date the finding was made;
- (b) a summary of the finding of the court;
- (c) the sentence that the court imposed; and
- (d) where the finding or the sentence has been appealed, a notation that it is under appeal, until the appeal is finally disposed of.

15.12.20 Where a trustee in bankruptcy, liquidator, assignee or personal representative of the person who owns or operates the pharmacy becomes authorized to own or operate the pharmacy pursuant to section 145 of the *Drug and Pharmacies Regulation Act*, a notation of that fact including the date the person commences to be so authorized and the date the person ceases to be so authorized.

- 15.12.21 Where a person has permanently or temporarily (for a period exceeding three (3) days on which the pharmacy would ordinarily be open) closed the pharmacy, a notation of that fact and the date the pharmacy was permanently or temporarily closed.
- 15.12.22 Any other information not otherwise referred to in this paragraph, which the College and the person who has been issued the Certificate of Accreditation have agreed shall be available to the public.

15.13 Deletion of Information.

- 15.13.1 Unless otherwise indicated, where the information described in paragraphs 15.6 to 15.12 changes, the College may maintain the previous information on the Register, in addition to the new, changed information, as long as it may be relevant for the public to know in the opinion of the Registrar.
- 15.13.2 Despite paragraphs 15.8 to 15.12, and subject to subparagraphs 15.13.3, 15.13.4 and 15.13.5, the College is not required to maintain and may delete from the Register information about a Registrant, a Drug Preparation Premises, a Health Profession Corporation, or a pharmacy once three (3) years have passed since the revocation, suspension or other termination of the Certificate of Registration, operation of the Drug Preparation Premises, Certificate of Authorization or Certificate of Accreditation as the case may be.
- 15.13.3 Despite subparagraphs 15.13.2 and 15.13.5 and the *Code*, the College shall maintain on the Register all of the information about a Registrant and a pharmacy where the Register contains information about the Registrant, resulting from a direction or order of a Committee or resulting from an offence proceeding.
- 15.13.4 The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs 15.8.12, 15.8.32, 15.12.17, 15.12.22 and 15.13.3 where the Registrar is satisfied that the information is no longer relevant for the public to know.
- 15.13.5 The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs 15.8.23 and/or 15.8.24 where, after a review, the Inquiries, Complaints and Reports Committee has been required to remove or vary the appearance for a caution or a specified continuing education or remediation program. Where the original requirement to appear for a caution or to complete a specified continuing education or remediation program has been varied, the Registrar may enter a summary of the process leading up to and the results of the variation.

15.14 Disclosure.

All of the information referred to in paragraphs 15.6 to 15.12 is designated as information that may be withheld from the public for the purposes of subsection 23(6) of the *Code*, such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.

**ARTICLE 16
FILING OF INFORMATION BY REGISTRANTS, PHARMACIES AND HEALTH
PROFESSION CORPORATIONS**

16.1 Filing of Information by Registrants.

16.1.1 The College shall forward to each Registrant who holds a Certificate of Registration as a pharmacist or pharmacy technician each year, and may forward to any Registrant at any time, in a form approved by the Registrar, a request for information that includes, but is not limited to:

- (a) the Registrant's home address and home telephone number, being the address and telephone number of the principal Ontario residence of the Registrant or, if the Registrant does not have a residence in Ontario, the Registrant's principal residence and, where available, the Registrant's e-mail address;
- (b) where a Registrant is engaged in the practice of the profession, whether inside or outside of Ontario, the name, address, telephone number and facsimile number of each person or business for or through which the Registrant engages in the practice or, in the case of a Registrant whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the name, address, telephone number and facsimile number of each agency or other person or business for or through which the Registrant provides such services;
- (c) the Registrant's preferred address, preferred telephone number and where applicable, the Registrant's preferred e-mail address for communications from the College;
- (d) in the case of a Registrant who is required to possess personal professional liability insurance in accordance with Article 2, information respecting the Registrant's personal professional liability insurance;
- (e) information respecting the Registrant's participation in the Quality Assurance Program;

- (f) information required to be contained in the Register pursuant to the *Code* and the By-Laws;
- (g) such other information as may be required to be provided to the College pursuant to the By-Laws, the Act, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act* or the regulations made under any of those Acts;
- (h) information that relates to the professional characteristics and activities of the Registrant that may assist the College in carrying out its objects;
- (i) information for the purpose of compiling statistical information to assist the College in fulfilling its objects; and
- (j) any other information that the College deems may assist it in carrying out its objects.

16.1.2 Each Registrant shall fully and accurately respond to the request for information, and shall submit the information to the College, in the required form, by the deadline set out in the request for information to the Registrant.

16.1.3 Where any information that a Registrant has provided to the College in response to a request under subparagraph 16.1.1 has changed, the Registrant shall notify the College of the change within thirty (30) days of its effective date.

16.1.4 In addition to the requirements in subparagraphs 16.1.2 and 16.1.3, a Registrant shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information that is required to be contained in the Register, or that the Registrant is required to provide to the College, pursuant to the *Code* or the By-Laws.

16.2 Filing of Information by Applicants for a Certificate of Accreditation.

16.2.1 Every applicant for a Certificate of Accreditation shall file the following information with the Registrar at least thirty (30) days before the date on which the applicant proposes to commence operation of the pharmacy:

- (a) the full name of the applicant and, where the applicant is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;
- (b) where the applicant is:
 - (i) a corporation or partnership, the business address of the corporation or partnership; or
 - (ii) an individual, the home address of the individual;

- (c) the name by which the pharmacy will be known to the public;
- (d) the location of the pharmacy;
- (e) the proposed date of the opening of the pharmacy;
- (f) such additional information as the College requires in its application form for issuance of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act* Regulations; and
- (g) any other information that the College deems may assist it in carrying out its objects.

16.2.2 Every applicant for a Certificate of Accreditation shall provide such additional information as the College requests or requires pursuant to the *Drug and Pharmacies Regulation Act* Regulations.

16.2.3 Every applicant for a Certificate of Accreditation shall, on or before the day the person commences to operate the pharmacy, notify the College of the name of the Designated Manager or Contact Person of the pharmacy, as applicable.

16.2.4 Where any of the information that an applicant has provided to the College under subparagraph 16.2.1, 16.2.2 or 16.2.3 has changed, the applicant or Owner, as applicable, of the pharmacy shall provide notification of the change to the College within thirty (30) days of its effective date.

16.3 Filing of Information by Pharmacies.

16.3.1 In connection with the annual renewal of a Certificate of Accreditation, every Owner of a pharmacy shall provide the following information respecting the pharmacy to the College:

- (a) the full name of the Owner of the pharmacy and, where the Owner is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;
- (b) where the Owner is:
 - (i) a corporation or partnership, the business address of the corporation or partnership; or
 - (ii) an individual, the home address of the individual;
- (c) the name by which the pharmacy is known to the public;
- (d) the location of the pharmacy;

- (e) such additional information as the College requires in its application form for renewal of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*; and
- (f) any other information that the College deems may assist it in carrying out its objects.

16.3.2 Where any of the information that an Owner of a pharmacy has provided to the College under subparagraph 16.3.1 has changed, the Owner of the pharmacy shall provide notification of the change to the College within thirty (30) days of its effective date.

16.3.3 In addition to the requirements in subparagraphs 16.3.1 and 16.3.2, every Owner of a pharmacy shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that the Owner of the pharmacy is required to provide to the College pursuant to the By-Laws, the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*.

16.4 Filing of Information for Closing Pharmacies – Permanent Closures.

16.4.1 Subject to subparagraph 16.4.2, every person who permanently closes a pharmacy, shall, within seven (7) days of closing the pharmacy, notify the Registrar of the closing and within thirty (30) days of the closing shall file with the Registrar a signed statement setting out:

- (a) the date of closing;
- (b) the disposition of the drugs in stock in the pharmacy at the time of closing;
- (c) the disposition of the prescription files, drug registers and other records required to be kept under the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*; and
- (d) the date on which all signs and symbols relating to the practice of pharmacy either within or outside the premises were removed.

16.4.2 Where a person permanently closes a remote dispensing location, the signed statement referred to in subparagraph 16.4.1 need only set out the information in subparagraph 16.4.1(a) and (d).

16.5 Filing of Information for Closing Pharmacies – Temporary Closures.

16.5.1 Every person who intends to temporarily close a pharmacy or does close a pharmacy for a period exceeding three (3) days on which the pharmacy would ordinarily be open, shall notify the Registrar of the date of the temporary closure

as soon as the temporary closure becomes known and the anticipated re-opening date.

16.5.2 Every person who provides notice in accordance with subparagraph 16.5.1 shall notify the Registrar if the anticipated re-opening date changes, promptly following the change becoming known, and if the anticipated re-opening date will be later than the initial anticipated re-opening date, the notice must include information demonstrating that drugs in stock in the pharmacy and that prescription files, drug registers and other records required to be kept under the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations* are being securely maintained.

16.5.3 Temporary closures may not exceed three (3) months, unless otherwise approved by the Registrar. Any person who intends to temporarily close a pharmacy for greater than three (3) months, or who is extending a temporary closure for a period that will, in total, exceed three (3) months, shall notify the Registrar, and may be directed to complete the process described in paragraph 16.4.

16.6 Filing of Information by Health Profession Corporations.

16.6.1 The College shall forward to each Health Profession Corporation each year, in a form approved by the Registrar, a request for such information as the Health Profession Corporation is required to provide to the Registrar pursuant to applicable statutes and regulations.

16.6.2 Every Health Profession Corporation shall fully and accurately respond to the request for information and shall submit the information to the College, in the required form, by the tenth day of March next following the forwarding of the request for information to the Health Profession Corporation.

16.6.3 Where any information that a Health Profession Corporation has provided to the College in response to a request under subparagraph 16.6.1 has changed, the Health Profession Corporation shall notify the College of the change within thirty (30) days of its effective date.

16.6.4 Despite subparagraph 16.6.3, a Health Profession Corporation shall notify the Registrar within ten (10) days of a change in the shareholders of the corporation.

16.6.5 In addition to the requirements in subparagraphs 16.6.2, 16.6.3 and 16.6.4, a Health Profession Corporation shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that is required to be contained in the Register, or that the Health Profession Corporation is required to provide to the College, pursuant to applicable statutes or regulations or the By-Laws.

**ARTICLE 17
CHANGE OF CONTROL**

17.1 Change of Control.

17.1.1 In the event that a Registrant engages in or supervises drug preparation activities at or in connection with a Drug Preparation Premises, the Registrant must notify the College in the event that the Registrant becomes aware that a Change of Control has occurred in respect of such Drug Preparation Premises.

17.1.2 When used herein, the term “Change of Control” in respect of a Drug Preparation Premises means:

- (a) any transfer of all or substantially all of the assets of the owner of the Drug Preparation Premises;
- (b) any transfer of all or substantially all of the assets used in the operation of the Drug Preparation Premises;
- (c) any change in ownership of more than fifty percent (50%) of the shares of the owner of the Drug Preparation Premises;
- (d) any amalgamation, merger or consolidation of the owner of the Drug Preparation Premises with another entity;
- (e) any governance reorganization causing a change in fifty percent (50%) or more of the members of the board of directors of the owner of the Drug Preparation Premises; and
- (f) any dissolution, liquidation or winding-up of the owner of the Drug Preparation Premises,

in each case, by way of one (1) or a series of related transactions.

**ARTICLE 18
REGISTRANT FEES**

18.1 Application and Issuance Fees

18.1.1 Every person, other than a person who already holds a Certificate of Registration, who wishes to apply for a Certificate of Registration of any class, shall pay an initial application fee due and payable immediately upon the College opening a registration file for such person.

18.1.2 Every applicant for a Certificate of Registration of any class shall pay an application fee, due and payable upon the applicant submitting their completed application to the Registrar.

- 18.1.3 Every successful applicant for a Certificate of Registration shall pay an issuance fee which is the applicable annual fee.

18.2 Examination Fee.

An applicant for a Certificate of Registration who wishes to write the examination in pharmaceutical jurisprudence approved by the College shall pay an examination fee.

18.3 Annual Fees.

- 18.3.1 Every person who holds a Certificate of Registration as a pharmacist or pharmacy technician shall pay an annual fee, except that in the year in which the person is first registered as a pharmacist or pharmacy technician, if the Certificate of Registration is issued on or after September 1, the fee will be fifty percent (50%) of the annual fee for that year.
- 18.3.2 The annual fee must be paid on or before March 10, except that in the year in which a person is first registered, if the Certificate of Registration is issued after March 10, the annual fee must be paid on the date the person is registered.
- 18.3.3 No later than thirty (30) days before the annual fee is due, the Registrar shall notify the Registrant of the amount of the fee and the day on which the fee is due.
- 18.3.4 A Registrant who fails to pay an annual fee on or before the day on which the fee is due shall pay a penalty in addition to the annual fee.
- 18.3.5 In addition to the amounts set out in sections 18.3.1 and 18.3.2, and notwithstanding 18.3.3, any outstanding balance owing to the College in respect of any decision made by a committee and any fees payable under this By-Law, must be paid in addition to the annual fees, and failure to pay such amounts shall be treated as failure to pay the annual fees.

18.4 Fee to Lift Suspension or for Reinstatement.

- 18.4.1 Where a Registrant's Certificate of Registration has been suspended by the Registrar pursuant to section 24 of the *Code* for failing to pay a required fee, the fee that the Registrant shall pay for the lifting of the suspension in accordance with section 35(2) of Ontario Regulation 256/24 under the Pharmacy Act shall be: (a) the fee the Registrant failed to pay; (b) the annual fee for the year in which the suspension is to be lifted, if the Registrant has not already paid it; and (c) a penalty.
- 18.4.2 Where a Registrant's Certificate of Registration has been suspended by the Registrar pursuant to the *Pharmacy Act Regulations*, the fee that the Registrant shall pay for the lifting of the suspension in accordance with section 35(1) of Ontario Regulation 256/24 under the Pharmacy Act shall be: (a) the annual fee

for the year in which the suspension is to be lifted, if the Registrant has not already paid it; and (b) a penalty.

18.4.3 A Registrant shall pay a reinstatement fee for the reinstatement of the Registrant's Certificate of Registration.

18.5 Other Fees.

18.5.1 Where a person requests the Registrar to do anything that the Registrar is required or authorized to do, the person shall pay the fee set by the Registrar for doing so.

18.5.2 Where, pursuant to the *Pharmacy Act Regulations*, a Registrant:

- (a) has undertaken remediation by order of the Quality Assurance Committee and is required to undergo an assessment by an assessor appointed by the Quality Assurance Committee thereafter; and/or
- (b) after the above assessment is found by the Quality Assurance Committee to continue to have a deficiency in the Registrant's knowledge, skills or judgment that requires correction and is ordered by the Quality Assurance Committee to undertake a further remediation and a further assessment by an assessor after the further remediation,

the Registrant shall pay a fee for each such assessment by an assessor appointed by the Quality Assurance Committee, and for any additional assessments that the Registrant undertakes thereafter.

18.5.3 An applicant required to undertake the Practice Assessment of Competence at Entry (PACE), a practice assessment or a knowledge assessment shall pay the applicable fee(s) as set out in the Fee Schedule.

18.5.4 Registrants who engage in, or supervise, drug preparation activities at a Drug Preparation Premises shall, jointly and severally, be required to pay a fee for the inspection of the Drug Preparation Premises pursuant to the *Pharmacy Act Regulations*, including all activities related to the inspection.

18.5.5 A Registrant shall pay a cancellation fee/missed appointment fee for any cancellation or missing of a second or further practice assessment within less than six weeks of the scheduled assessment date without a reason acceptable by the Registrar.

ARTICLE 19
PHARMACY TRANSACTION FEES

19.1 Application Fee.

19.1.1 Subject to subparagraph 19.1.2, an applicant for a Certificate of Accreditation to establish and operate a pharmacy of the community pharmacy class or hospital pharmacy class shall pay an application fee, due and payable upon the applicant submitting a completed application to the Registrar.

19.1.2 Where an applicant who has acquired two (2) or more existing pharmacies of the community pharmacy class or hospital pharmacy class, applies for Certificates of Accreditation to establish and operate the pharmacies, the applicant shall pay an application fee for the first application and for each additional application.

19.2 Issuance Fee.

19.2.1 Every successful applicant for a Certificate of Accreditation of the community pharmacy class and the hospital pharmacy class shall pay an issuance fee.

19.2.2 Every successful applicant for a Certificate of Accreditation to establish and operate a community pharmacy that permits the operation of remote dispensing locations shall pay an issuance fee. The fee will apply for each remote dispensing location to be operated, except that there will be no additional fee for the issuance of a Certificate of Accreditation that permits the operation of remote dispensing locations if the Certificate of Accreditation is issued to an applicant who has acquired or relocated an existing community pharmacy that permits the operation of remote dispensing locations.

19.2.3 An applicant who has acquired or relocated an existing pharmacy shall pay an issuance fee for a Certificate of Accreditation to establish and operate a pharmacy.

19.3 Fee for Amended Certificates - Remote Dispensing Locations.

19.3.1 Every person who seeks to amend a Certificate of Accreditation to permit the operation of remote dispensing locations or additional remote dispensing location(s) shall pay an application fee for each remote dispensing location or additional remote dispensing location that is to be operated.

19.3.2 Every successful applicant for an amended Certificate of Accreditation to permit the operation of remote dispensing locations or additional remote dispensing location(s) shall pay an issuance fee for each remote dispensing location or additional remote dispensing location that is to be operated.

- 19.3.3* For greater certainty, subparagraphs 19.3.1 and 19.3.2 will only apply with respect to the issuance of a Certificate of Accreditation of the community pharmacy class.

19.4 Renewal Fee.

Every person who holds a Certificate of Accreditation of the community pharmacy class or a Certificate of Accreditation of the hospital pharmacy class shall pay the applicable renewal fee on or before May 10 each year.

19.5 Additional Renewal Fee.

An additional renewal fee will apply, and be due and payable on or before May 10 each year, for the renewal of a Certificate of Accreditation for each pharmacy that, within the twelve (12) months prior to the renewal, has undergone a re-inspection as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection. The additional renewal fee will apply for each re-inspection but will not apply where the re-inspection was pursuant to an order of the Discipline Committee.

19.6 Other Pharmacy-Related Fees.

- 19.6.1* An applicant for or holder of, as applicable, a Certificate of Accreditation shall pay a cancellation fee/missed appointment fee for any cancellation or missing of a second or further pharmacy operations assessment within less than six weeks of the scheduled assessment date without a reason acceptable by the Registrar.
- 19.6.2* Every person who holds a Certificate of Accreditation shall be required to pay a fee for any re-inspection (compliance audit) performed by an inspector appointed under paragraph 14.5.

ARTICLE 20 CERTIFICATE OF AUTHORIZATION FEES

20.1 Application Fee.

An applicant for a Certificate of Authorization for a Health Profession Corporation shall pay an application fee.

20.2 Renewal Fee.

- 20.2.1* Every Health Profession Corporation that holds a Certificate of Authorization shall pay the applicable renewal fee each year.
- 20.2.2* The renewal fee for a Certificate of Authorization must be paid on or before March 10 each year.

- 20.2.3 No later than thirty (30) days before the annual renewal fee is due, the Registrar shall notify the Health Profession Corporation of the amount of the fee and the day on which it is due.

ARTICLE 21 APPLICATION OF FEES

21.1 Application of Fees

- 21.1.1 Unless otherwise indicated, the fees and penalties set out in Article 18, Article 19, Article 20 and Schedule B shall be effective as of the date set out in Schedule B.
- 21.1.2 The fees and penalties prescribed in Article 18, Article 19 and Article 20 are set out in Schedule B. All fees and penalties are subject to applicable taxes, which are payable in addition to the fees and penalties.
- 21.1.3 On January 1 of each year, each fee prescribed in Article 18, Article 19, and Article 20, and listed in Schedule B, will be increased by the percentage increase, if any, in the consumer price index for goods and services in Canada as published by Statistics Canada or any successor organization.

ARTICLE 22 CODE OF ETHICS

22.1 Code of Ethics.

There shall be a Code of Ethics for Registrants, which is Schedule A to this By-Law.

ARTICLE 23 MAKING, AMENDING AND REVOKING BY-LAWS

23.1 Requirements.

- 23.1.1 By-Laws may be made, repealed or amended by at least two-thirds of all Directors present at a meeting of the Board and eligible to vote.
- 23.1.2 Amendments may be proposed by not fewer than three (3) Directors or by the Executive Committee.
- 23.1.3 Proposed amendments shall be sent to the Registrar thirty (30) days in advance of the meeting at which the amendments will be voted on by the Directors.
- 23.1.4 The Registrar shall, at least two (2) weeks before the meeting at which the amendments are to be considered, notify all Directors of the proposed amendments

23.2 Transition to Amended By-Laws.

23.2.1 Where the By-Laws are amended, the changes should be interpreted in accordance with the following principles:

- (a) The amendments shall not affect the validity of any act done or right, privilege, obligation or liability acquired or incurred thereunder or the validity of any contract or agreement made pursuant to any such By-Law prior to such amendments;
- (b) The amendments shall be interpreted as forward looking altering the way in which the College shall conduct its affairs after the amendments are effective;
- (c) The amendments shall be deemed not to alter the composition of the Board or any Committee as constituted under the previous version of the By-Laws until their composition is changed to bring them into compliance with the amendments; and
- (d) A panel of any Committee as constituted at the time of the amendment may complete any pending matter before it despite not being properly constituted under the amendments and despite a new Committee being appointed in accordance with the amendments.

23.3 Effective Date and Interpretation.

This By-Law 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, 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 By-Law 6 and the replacement of it by this By-Law.

23.4 Conflict.

If any By-Law is, at any time, found to be in conflict with the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, it will, to the extent of such conflict, be disregarded in favour of the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, as the case may be, and the Registrar shall, upon discovery of such conflict, prepare, for consideration by the Board, a proposed amendment, alteration or repeal of the offending By-Law which shall have the effect of removing from the By-Law anything inconsistent with any such Act.

PASSED by the Board and sealed with the corporate seal of the College the _____,
_____.

Chair
(Corporate Seal)

Vice-Chair

SCHEDULE A

Ontario College of Pharmacists Code of Ethics

Role and Purpose of the Code of Ethics

One of the objects of the Ontario College of Pharmacists (OCP, the College), as outlined in the *Regulated Health Professions Act, Schedule 2, Health Professions Procedural Code* is to “develop, establish and maintain standards of professional ethics for members” of the profession.

The role and purpose of OCP’s Code of Ethics is to clearly articulate the ethical principles and standards which guide the practice of pharmacists and pharmacy technicians in fulfilling the College’s mandate to serve and protect the public by putting patients first.

Specifically, OCP’s Code of Ethics supports the College in fulfilling its mandate by:

- Clearly articulating the ethical principles and standards by which pharmacists and pharmacy technicians are guided and under which they are accountable
- Serving as a resource for education, self-evaluation and peer review
- Serving as an educational resource for the public outlining the ethical obligations of the profession
- Providing a benchmark for monitoring and addressing the conduct of pharmacists and pharmacy technicians

Who does the Code of Ethics Apply to?

The Code of Ethics applies to all registrants of the College, in accordance with their scope of practice, including registered pharmacists, interns, intern technicians, pharmacy technicians, pharmacists (emergency assignment) and pharmacy technicians (emergency assignment). The Code of Ethics is also relevant to all those who aspire to be registrants of the College.

The Code of Ethics is applicable in all professional practice, education and research environments including non-traditional practice settings which may not involve a healthcare professional/patient relationship.

All registrants are responsible for applying the Code of Ethics requirements in the context of their own specific professional working environments.

Compliance with the Code of Ethics

The Standards listed in OCP’s Code of Ethics are not intended to provide an exhaustive or definitive list of ethical behaviours and attitudes required of registrants. Registrants do not justify

unethical behaviour by rationalizing that such behaviour is not expressly prohibited in a Standard of this Code.

The College holds registrants accountable for adhering to the Code of Ethics and will inquire into allegations of a breach of the Code of Ethics and take appropriate action(s) in relation to the severity of the breach.

The Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines are companion documents and none of these should be read or applied in isolation of the other(s). It is not unusual for there to be duplication within these documents as requirements may be both ethical and legal.

All registrants of the College are required to affirm their understanding of and commitment to OCP's Code of Ethics by signing the Declaration of Commitment.

Understanding the Professional Role and Commitment of Healthcare Professionals

The most important feature or characteristic that distinguishes a healthcare professional from another type of professional is that: *healthcare professionals are committed, first and foremost, to the direct benefit of their patients and only secondarily to making a profit.* Pharmacists and pharmacy technicians are healthcare professionals.

What does being a healthcare professional require of pharmacists and pharmacy technicians?

In choosing to become a pharmacist or pharmacy technician we acknowledge our understanding and commitment to the professional role, recognizing it is not about us – our own personal or business interests – it is about the patient.

We appreciate that our patients are vulnerable and may often be limited by personal and circumstantial factors which enhance and reinforce this vulnerability and that inherent within the healthcare professional/patient relationship there is an imbalance of power with the healthcare professional holding that power.

Patients trust that as healthcare professionals we will respect and protect their vulnerability and maintain professional boundaries within the healthcare professional/patient relationship as we use our knowledge, skills and abilities to make decisions that enhance their health and well-being.

Where does this obligation come from?

When we become a regulated healthcare professional we implicitly enter into what is commonly referred to as a “*social contract with society*”.

This contract requires that we keep our promise to act in the best interest of our patients and place their well-being first and foremost. It requires that we recognize and remember that we have not simply chosen a profession but also a vocation, committing ourselves to help and benefit those entrusted to our care in a spirit of altruism, goodwill, sincerity and integrity.

In exchange for our promise society agrees to provide our profession with the autonomy to govern ourselves as a self-regulating profession with all the privileges and statuses afforded regulated healthcare professionals.

Ethical Principles that Govern Healthcare Practice

In fulfilling our professional promise to our patients and to society, healthcare professionals are guided by the following ethical principles of healthcare:

Beneficence (to benefit):

The first foundational principle that forms and guides our commitment to serve and protect the best interests of our patients establishes the fact that our primary role and function as healthcare professionals is to benefit our patients. We need to remember that our patients seek our care and services because they believe and trust that we will apply our knowledge, skills and abilities to help make them better.

Non maleficence (do no harm, and prevent harm from occurring):

The second foundational principle that guides our commitment to serve and protect the best interests of our patients addresses the reality that as we strive to benefit our patients we must be diligent in our efforts to do no harm and, whenever possible, prevent harm from occurring.

Respect for Persons/Justice:

The third foundational principle merges the principles of “Respect for Persons” and “Justice” which collectively guide our understanding of how we ought to treat our patients. Respect for persons acknowledges that all persons, as a result of their intrinsic humanity, are worthy of our respect, compassion and consideration. We demonstrate this when we respect our patients’ vulnerability, autonomy and right to be self-governing decision-makers in their own healthcare. The principle of “Justice” requires that we fulfill our ethical obligation to treat all patients fairly and equitably.

Accountability (Fidelity):

The fourth and final foundational principle directly ties us to our professional promise to be responsible fiduciaries of the public trust ensuring that we keep our promise to our patients and society to always and invariably act in their best interests and not our own. It is this principle that holds us accountable, not just for our own actions and behaviours, but for those of our colleagues as well.

Code of Ethics and Standards of Application

The Ontario College of Pharmacists Code of Ethics is founded on the core ethical principles of healthcare: beneficence, non-maleficence, respect for persons/justice and accountability (fidelity). Code requirements are articulated in the form of guiding ethical principles, general statements of application and standards that specify the behaviours and attitudes that are required of all registrants of the College as regulated healthcare professionals.

1. Principle of Beneficence

The ethical principle of “Beneficence” refers to the healthcare professional’s obligation to actively and positively serve and benefit the patient and society.

Application

Pharmacists and pharmacy technicians serve and benefit the patient and society’s best interests.

Standards

- 1.1 Registrants ensure that their primary focus at all times is the well-being and best interests of the patient.
- 1.2 Registrants utilize their knowledge, skills and judgment to actively make decisions that provide patient- centred care and optimize health outcomes for patients.
- 1.3 Registrants apply therapeutic judgment in order to assess the appropriateness of current or proposed medication therapy given individual patient circumstances.
- 1.4 Registrants seek information and ask questions of patients or their advocate to ascertain if the current or proposed medication provides the most appropriate therapy for the patient.
- 1.5 Registrants ensure that they consider relevant factors such as; age, mental capacity, lifestyle and living circumstances of the patient and adapt and tailor provision of care accordingly.
- 1.6 Registrants provide patients with the relevant and sufficient information they need in order to make more informed decisions about their healthcare.
- 1.7 Registrants ensure that information provided to patients is current and consistent with the standards of practice of the profession and best available evidence.
- 1.8 Registrants consider and take steps, when possible, to address factors that may be preventing or deterring patients from obtaining the pharmacy care or services required or from achieving the best possible health outcome.
- 1.9 Registrants prioritize care and services and provide adequate time to ensure that complex patients receive the care they need.
- 1.10 Registrants participate in consultation, communication and documentation with colleagues or other healthcare professionals to facilitate quality patient care.
- 1.11 Registrants make every reasonable effort to provide quality cost-effective pharmacy care and services to patients and society.
- 1.12 Registrants participate as appropriate and viable in public education programs that promote health and wellness and disease prevention.

- 1.13 Registrants strive to contribute to the development of the profession by participating in the education and mentoring of pharmacy students and interns, intern technicians, pharmacists (emergency assignment), pharmacy technicians (emergency assignment), pharmacists and pharmacy technicians.
- 1.14 Registrants, within their roles and expertise, strive to conduct, participate in or promote appropriate research practices that advance pharmacy knowledge and practice.
- 1.15 Registrants ensure that when conducting and/or participating in research initiatives they are scientifically and ethically approved by a research ethics board that meets current ethical research standards.
- 1.16 Registrants strive to facilitate positive change in the healthcare system by actively participating in healthcare policy review and development as it applies to the practice of the profession.

2. Principle of Non Maleficence

The ethical principle of “Non Maleficence” refers to the healthcare professional’s obligation to protect their patients and society from harm.

Application

Pharmacists and pharmacy technicians refrain from participating in behaviours that may harm patients or society and whenever possible prevent harm from occurring.

Standards

- 2.1 Registrants refrain from participating in behaviours/attitudes which could potentially result in harm and utilize their professional judgment to make every reasonable and conscientious effort to prevent harm to patients and society.
- 2.2 Registrants practise only within their scope of practice, recognize their limitations and when necessary, refer the patient to a colleague or other healthcare professional whose expertise can best address the patient’s needs.
- 2.3 Registrants disclose medical errors and “near misses” and share information appropriately to manage risk of future occurrences.
- 2.4 Registrants act with honesty and transparency if harm does occur and assume responsibility for disclosing this harm to the patient and initiating steps to mitigate the harm.
- 2.5 Registrants challenge the judgment of their colleagues or other healthcare professionals if they have good reason to believe that their decisions or actions could adversely affect patient care.

- 2.6 Registrants provide the patient with relevant and sufficient information regarding the potential harms identified in terms of risks and the most frequent and serious side effects associated with the medication therapy or pharmacy service.
- 2.7 Registrants ensure that when they are involved in the patient's transition from one healthcare provider or healthcare facility to another the relevant patient information is provided to the receiving healthcare provider or healthcare facility to ensure safe and effective transition of care.
- 2.8 Registrants provide only medications and health-related products that are from safe and proven sources, of good quality, and meet the standards required by law.
- 2.9 Registrants respect the patient's right to privacy and confidentiality and take every reasonable precaution to protect patient confidentiality by preventing unauthorized or accidental disclosure of confidential patient information.
- 2.10 Registrants ensure that the healthcare professional/patient relationship is not exploited by the registrant for any personal, physical, emotional, financial, social or sexual gain.
- 2.11 Registrants do not under any circumstances participate in sexual behaviour including, but not limited to:
 - (i) Sexual intercourse or other forms of sexual relations between the registrant and the patient;
 - (ii) Touching of a sexual nature, of the patient by the registrant; or
 - (iii) Behaviour or remarks of a sexual nature, by the registrant towards the patient.
- 2.12 Registrants do not under any circumstances participate in any form of harassment including, but not limited to:
 - (i) Bullying or intimidating;
 - (ii) Offensive jokes or innuendos;
 - (iii) Displaying or circulating offensive images or materials; or
 - (iv) Offensive or intimidating communications (phone calls, emails, text messages, etc.).
- 2.13 Registrants must, in circumstances where they are unwilling to provide a product or service to a patient on the basis of moral or religious grounds, ensure the following:
 - (i) that the registrant does not directly convey their conscientious objection to the patient;

- (ii) that the registrant participates in a system designed to respect the patient's right to receive products and services requested;
 - (iii) that there is an alternative provider available to enable the patient to obtain the requested product or service, which minimizes inconvenience or suffering to the patient.
- 2.14 Registrants may only consider ending the professional/patient relationship when the registrant has met the following conditions:
- (i) In the Registrant's judgement the professional/patient relationship is compromised and/or issues cannot be resolved;
 - (ii) Considers the condition of the patient;
 - (iii) Considers the availability of alternative services; and
 - (iv) Provides the patient with notice and sufficient opportunity to arrange alternate services.
- 2.15 Registrants assume responsibility for making reasonable efforts to ensure continuity of patient care when they are unable or unwilling to provide requested pharmacy services.
- 2.16 Registrants in emergency situations, including pandemics and other public health emergencies where the health of the patient or the public is at risk, have a duty to provide patient care within their professional competence and expertise.
- 2.17 Registrants maintain appropriate human resources to facilitate compliance with Standards of Practice and relevant legislation, policies and guidelines governing the practice of the profession and the operation of pharmacies to ensure that professional performance and the health of others in the work place are not compromised.
- 2.18 Registrants raise concerns to the appropriate authority if they reasonably believe human resources, policies, procedures, working conditions or the actions, professional performance or health of others may compromise patient care or public safety.
- 2.19 Registrants assign tasks only to those individuals who are competent and trained to do them.
- 2.20 Registrants ensure that they remain current with respect to professional knowledge and skills and are committed to continuous lifelong learning and professional improvement throughout their professional working life.

3. Principle of Respect for Persons/Justice

The ethical principle of Respect for Persons/Justice refers to the healthcare professional's dual obligations to respect and honour the intrinsic worth and dignity of every patient as a human being and to treat all patients fairly and equitably.

Application

Pharmacists and pharmacy technicians respect their patients as self-governing decision-makers in their healthcare and treat all patients fairly and equitably.

Standards

- 3.1 Registrants recognize and respect the vulnerability of patients.
- 3.2 Registrants respect and value the autonomy and dignity of patients.
- 3.3 Registrants practise patient-centred care and treat patients with sensitivity, caring, consideration and respect.
- 3.4 Registrants listen to patients to seek understanding of their needs, values and desired health goals and respect their right to be an active decision-maker in their healthcare.
- 3.5 Registrants respect the patient's values, customs and beliefs and their right to hold these as self-governing decision-makers.
- 3.6 Registrants respect the patient's right to privacy and do not disclose confidential information without the consent of the patient unless authorized by law or by the need to protect the welfare of the patient or the public.
- 3.7 Registrants seek only that information that is reasonable to make informed decisions about the patient's health and the treatment alternatives that align with the patient's treatment goals, unless otherwise authorized by law.
- 3.8 Registrants respect the patient's right to accept or refuse treatment and/or services offered, without prejudice.
- 3.9 Registrants respect the patient's right to choose a pharmacy and/or pharmacy professional and facilitate the patient's wish to change or transfer pharmacy care and services as requested.
- 3.10 Registrants obtain the patient's consent, implied or expressed, prior to the provision of pharmacy care or services.
- 3.11 Registrants respect the right of a competent minor to provide informed consent and make decisions about their healthcare.
- 3.12 Registrants recognize and respect the right of a legally authorized substitute decision-maker to make decisions on the incompetent patient's behalf.

- 3.13 Registrants recognize the known wishes/intentions of a patient who is not competent where those wishes/intentions, through a personal directive, were expressed before the person became incompetent.
- 3.14 Registrants ensure that their views about a patient's personal life, religious beliefs, and other morally irrelevant factors such as: race, gender, identity, sexual orientation, age, disability, marital status and any other factor(s), do not prejudice their opinion of the patient and affect the quality of service that they provide to the patient.
- 3.15 Registrants recognize the power imbalance inherent in the healthcare professional/patient relationship and assume responsibility for maintaining appropriate professional boundaries at all times.
- 3.16 Registrants provide fair and equitable access to pharmacy services and deliver consistent quality of care to all patients regardless of socio-economic status, culture, disease state or any other related factor that might unfairly bias patient care.
- 3.17 Registrants advocate for the fair treatment and fair distribution of resources for those in their care.
- 3.18 Registrants make fair decisions about the allocation of resources under their control based on the needs of persons, groups or communities to whom they are providing care and services.

4. Principle of Accountability (Fidelity)

The ethical principle of Accountability (Fidelity) refers to the healthcare professional's fiduciary duty to be a responsible and faithful custodian of the public trust.

Application

Pharmacists and pharmacy technicians maintain the public trust by ensuring that they act in the best interest of their patients and society.

In order to fulfill their fiduciary duty to maintain the public trust:

- A. Registrants practise within their scope of practice, in accordance with their Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines and only when competent to do so.
- B. Registrants refrain from participating in unethical business practices.
- C. Registrants avoid conflict of interest.

Standards

A. General Responsibilities

- 4.1 Registrants abide by the spirit of this Code which applies to the practice of the profession and the operation of pharmacies.
- 4.2 Registrants conduct themselves with personal and professional integrity at all times and ensure that they demonstrate good character and maintain good standing with the College.
- 4.3 Registrants ensure that they only practise when they are competent, with respect to both relevant knowledge and skill and physical, emotional and mental capacity, to do so.
- 4.4 Registrants assume responsibility for all decisions and actions they undertake in professional practice, including failure to make a decision and take appropriate action when necessary.
- 4.5 Registrants do not perform controlled acts under their scope of practice for an unethical or illegal purpose.
- 4.6 Registrants ensure that all professional documentation is accurately maintained in accordance with practice standards.
- 4.7 Registrants maintain confidentiality in creating, storing, accessing, transferring and disposing of records they maintain and control.
- 4.8 Registrants understand that their trust in the care provided by colleagues and other healthcare professionals must be balanced with critical evaluation.
- 4.9 Registrants must be diligent in identifying and responding to red flag situations that present in practice.
- 4.10 Registrants report professional incompetence or unethical behaviour by colleagues or other healthcare professionals to the appropriate regulatory authority.
- 4.11 Registrants take appropriate steps to prevent and report the misuse or abuse of substances by themselves, patients, colleagues, other healthcare professionals or other pharmacy employees.
- 4.12 Registrants do not practise under conditions which compromise their professional judgment and impede their ability to provide quality patient care and services.
- 4.13 Registrants participate in responsible and ethical communication and ensure that any comments or images communicated are not offensive and do not in any manner discredit the member or the profession.
- 4.14 Registrants ensure that when power imbalances exist in professional working relationships they do not exploit these relationships for personal, physical, emotional, financial, social or sexual gain.

- 4.15 Registrants co-operate in any inspection, assessment, review or audit conducted by the College or any other authorized person or organization and abide by any undertakings or restrictions placed on their practice as result of an investigation.
- 4.16 Registrants recognize that self-regulation of the profession is a privilege and that each pharmacist and pharmacy technician has a professional responsibility to merit this privilege by maintaining public trust and confidence in each registrant individually and the profession as a whole.

B. Participate in Ethical Business Practices

- 4.17 Registrants recognize that their patient's best interests must always override their own interests or the interests of the business which the registrant owns, has a financial interest in or is employed by.
- 4.18 Registrants only provide pharmacy care and services that are of good quality and intended to optimize the patient's health outcomes and do not compromise patient care for corporate or business interests or financial gain.
- 4.19 Registrants shall not provide pharmacy services, care or products where there is no potential benefit to the patient.
- 4.20 Registrants do not influence, persuade or pressure patients to accept pharmacy services in order to retain the patient's business.
- 4.21 Registrants shall not compromise their professional integrity in order to further institutional or business interests and promote financial gain to the detriment of the patient and public interest.
- 4.22 Registrants are honest in dealings with patients, colleagues, other healthcare professionals, the College, other organizations, service suppliers, and public or private payers related to the practice of the profession and to the operation of the pharmacy.
- 4.23 Registrants are transparent in the fees that they charge and ensure that these are communicated to patients in advance of the provision of the service or product provided.
- 4.24 Registrants do not submit charges to patients or to any third party drug payment plan for services that they know or ought to know are false and fraudulent.
- 4.25 Registrants do not participate in any practice that involves falsifying patient health records or registrant practice records.
- 4.26 Registrants must ensure that they do not participate in any form of advertising or promotion that contravenes this Code, Standards of Practice or relevant legislation, policies or guidelines, reflects poorly on the profession or breaches public trust and confidence.

C. Avoid Conflict of interest

Registrants need to proceed with caution and conscientiously exercise professional judgment in dealing with conflict of interest situations which they may encounter in practice but which are not explicitly addressed below.

- 4.27 Registrants avoid situations that are or may reasonably be perceived to construe a conflict of interest.
- 4.28 Registrants avoid dual relationships and other situations which may present a conflict of interest and potentially affect the registrant's ability to be impartial and unbiased in their decision-making.
- 4.29 Registrants declare any personal or professional interests and inform the relevant party(s) if they are involved in a real, perceived or potential conflict of interest and resolve the situation in the best interests of the patient and public safety as soon as possible.
- 4.30 Registrants involved in decision-making must disclose any relationship they are involved in that may influence or appear to others to influence their objectivity.
- 4.31 Registrants enter into relationships with industry which are appropriate and in compliance with this Code and which allow them to maintain their professional integrity and retain public trust and confidence.
- 4.32 Registrants do not provide rewards or incentives that have the potential to adversely influence patient decisions which may result in harm to the patient.
- 4.33 Registrants do not ask for or accept gifts, inducements or referrals that may affect or be perceived to affect their professional judgment.
- 4.34 Registrants ensure that they do not participate in referral programs with other Registrants or with members of other healthcare professions for the expressed purpose of benefiting financially.
- 4.35 Registrants limit their treatment of self and the members of their immediate family to minor conditions and emergency circumstances unless another appropriate healthcare professional is not readily available.

SCHEDULE B
SCHEDULE OF FEES

[\[See attached\]](#)

**Ontario College of Pharmacists
Schedule of Fees**

All non-refundable fees and penalties are in Canadian Funds and are subject to Harmonized Sales Tax (HST).

Line		2024 Fees	HST	Total with tax
REGISTRANT FEES				
Application and Issuance Fees (18.1)				
1	Initial Application (pre-registration)* (18.1.1)	436.25	56.71	492.96
2	Application Fee - Payable upon submission of complete application (18.1.2)	109.35	14.22	123.57
3	Issuance Fee - Pharmacist A - New Applicant Registration, Mar 10 to Aug 31 (18.1.3)	872.45	113.42	985.87
4	Issuance Fee - Pharmacist A - New Applicant Registration, Sept 1 to Mar 09	436.25	56.71	492.96
5	Issuance Fee - Pharmacist B - New Applicant Registration, Mar 10 to Aug 31	436.25	56.71	492.96
6	Issuance Fee - Pharmacist B - New Applicant Registration, Sept 1 to Mar 09	218.70	28.43	247.13
7	Issuance Fee - Pharmacy Technician A - New Applicant Registration, Mar 10 to Aug 31	581.65	75.61	657.26
8	Issuance Fee - Pharmacy Technician A - New Applicant Registration, Sept 1 to Mar 09	290.85	37.81	328.66
9	Issuance Fee - Pharmacy Technician B - New Applicant Registration, Mar 10 to Aug 31	290.85	37.81	328.66
10	Issuance Fee - Pharmacy Technician B - New Applicant Registration, Sept 1 to Mar 09	145.40	18.90	164.30
Examination Fee: (18.2)				
11	Jurisprudence Exam - Pharmacist and Pharmacy Technician	200.00	26.00	226.00
Annual Fees: (18.3)				
12	Pharmacist - Part A	872.45	113.42	985.87
13	Pharmacist - Part B	436.25	56.71	492.96
14	Pharmacy Technician – Part A	581.65	75.61	657.26
15	Pharmacy Technician – Part B	290.85	37.81	328.66
Penalty for failure to pay renewal fee by the due date: (18.3.4)				
16	within 30 days	145.40	18.90	164.30
17	31 days or more	218.70	28.43	247.13
Fee to Lift Suspension or for Reinstatement (18.4)				
18	Penalty - Lift Suspension	218.70	28.43	247.13
19	Reinstatement	364.10	47.33	411.43
Other Fees: (18.5 and 19.6)				
20	Each Practice Assessment After Remediation	1,163.25	151.22	1,314.47
21	Each Practice Assessment of Competence at Entry (PACE) after the second attempt	1,163.25	151.22	1,314.47
22	Each Practice Assessment of Competence at Entry (PACE) of Registrant transferring from Part B to Part A	600.00	78.00	678.00
23	Drug Preparation Premises (DPP) Inspections	3,635.25	472.58	4,107.83
24	Late Cancellation/Missed Assessment fee	600.00	78.00	678.00
25	Pharmacy Re-inspection (Compliance Audit)	450.00	58.50	508.50
PHARMACY FEES				
Application Fees apply to Community and Hospital Class Pharmacies (19.1)				
26	Application Fee (includes Opening, Relocating, Acquisition and Amalgamation)	727.00	94.51	821.51
27	Application fee for Additional Pharmacies when acquiring more than one	73.30	9.53	82.83
Issuance Fee - Community Pharmacy: (19.2)				
28	Pharmacy Opening - Issuance May 10 - Nov 9	1,091.15	141.85	1,233.00
29	Pharmacy Opening - Issuance Nov 10 - May 9	545.55	70.92	616.47
30	Pharmacy Acquisition/Relocation - Issuance fee (per application)	364.10	47.33	411.43
Remote Dispensing Location Associated Fees (19.2.2, 19.3)				
31	New Opening with Remote Dispensing Location(s) - Issuance	1,091.15	141.85	1,233.00
32	Amended Certificates Remote Dispensing Location(s) - Application	364.10	47.33	411.43
33	Amended Certificates Remote Dispensing Location(s) - Issuance	1,091.15	141.85	1,233.00
Community Pharmacy Renewal and Reinspection (19.4, 19.5)				
34	Renewal	1,366.85	177.69	1,544.54
35	Reinspection	1,454.15	189.04	1,643.19
Issuance Fee - Hospital Pharmacy: (19.2)				
36	Pharmacy Opening - Issuance May 10 - Nov 9	5,089.35	661.62	5,750.97
37	Pharmacy Opening - Issuance Nov 10 - May 9	2,545.25	330.88	2,876.13
38	Acquisition/amalgamation/Relocation - Issuance (per application)	1,395.90	181.47	1,577.37
Hospital Pharmacy Renewal and Reinspection (19.4, 19.5)				
39	Renewal	5,089.35	661.62	5,750.97
40	Reinspection	1,454.15	189.04	1,643.19
HEALTH PROFESSION CORPORATION (20.1, 20.2)				
41	Certification of Authorization Application	1,454.15	189.04	1,643.19
42	Certificate of Authorization Renewal	436.25	56.71	492.96
ADMINISTRATION				
43	Duplicate Receipts	29.05	3.78	32.83
44	Duplicate Wall Certificate (8.5" x 11")	29.05	3.78	32.83
45	Large Wall Certificate/Duplicate Large Wall Certificate (17.5" x 23")	100.00	13.00	113.00
46	Jurisprudence Exam Late Fee (18.2)	73.30	9.53	82.83
47	Jurisprudence Exam Withdrawal Fee (18.2)	73.30	9.53	82.83
48	PACE Rescore Fee (18.5.3)	73.30	9.53	82.83
49	Returned Cheque	29.05	3.78	32.83

* pre-registration fee is valid for 5 years

BOARD BRIEFING NOTE

MEETING DATE: September 15-16, 2024

FOR DECISION

From: Thomas Custers, Director, Corporate Services

Topic: 2025 Operational Plan

Issue/Description: Priorities and Direction for 2025

Public interest rationale: To achieve its mandate, the College must have sound operations. The Board guides those by setting the strategic direction and ensuring that resources are available to deliver on the College's strategic goals and statutory mandate of public protection.

Strategic alignment, regulatory processes, and actions: Ensuring that operations follow the Board's direction and are adequately funded supports the strategic plan and all regulatory activity.

Background & Key Considerations:

In 2024, the College began with the implementation of both its 2024-2028 Strategic Plan and the new Registrant Record System (RRS). Several unforeseen issues emerged that warranted the College to act immediately and expand the scope of some of the College's core work. These issues included concerns about compliance rates with the College's time-delayed safes policies and ongoing reports of pharmacy robberies, as well as concerns about the effects of corporate pressures raised by pharmacy professionals during a series of virtual town halls and an anonymous survey. Additionally, in June 2024, the Ministry of Health approved changes to the College's registration and quality assurance regulations that will come into effect on October 1, 2024. Finally, the Ministry of Health announced in July 2024 that it will explore further scope of practice expansion for Ontario's pharmacy professionals.

At the same time, the College is under increasing financial pressures that limit its ability to increase its capacity. In 2024, the College is facing a projected deficit of \$3.2M and continues to project a deficit for the next few years, which will significantly impact the College's reserve funds starting in 2025 (see Appendix).

In 2022, as part of the 2023 budget approval, the Board approved an increase of approximately 25 new positions with staggered dates throughout 2023. This staffing increase was due to several factors, including not adequately adjusting for the growth in registrant population and regulatory activities in the past, changes in the execution of regulatory activities, changes in scope of practice, the increasing complexity of matters that are becoming before the College. These regulatory pressures have affected several areas across the College, in particular Policy, Practice and Operations Advisors and Legal. In 2022, the College's headcount¹ was 162 (full-time and part-time staff). To date, the College's headcount is 182, an increase in headcount of 20 (12.3%). The biggest staff increases occurred in Pharmacy Operations, Quality Assurance and Registration. This resulted in a sharp increase the College's expense.

Examining the past 4-5 years, the number of active pharmacists and pharmacy technician registrants has increased between 2019 and 2023 by 2,292 (14.3%) and 845 (16.7%) respectively. The number of pharmacy sites has increased by 611 (13.4%).

Looking at the volume of core regulatory activities between 2019 and 2023 (see for details appendix):

- Registrations increased by 9.9% and pharmacy accreditations by 13.4%.

¹ Headcount includes full and part time staff, whereby any staff who is working part time is counted as 1

- Registrant practice assessments increased by 34.1%.
- Pharmacy assessments (community and hospital) decreased from 1,988 to 1,573 (-20.9%); however, since 2022, the number of assessments has increased again from 1,411 assessments (community and pharmacy) in 2022 to 1,573 in 2023 to a projected 1,640 in 2024.
- Trendlines for all categories of Intakes (complaints, Registrar’s investigations, general inquiries) have increased by 35.5% between 2019 and 2023.
- New complaints have flattened in recent years but are increasing again in 2024 (4.1% or 23 fewer complaints opened between 2019 and 2023; projected to increase by 1.6% from 526 in 2023 to 535 in 2024).
- New registrar’s investigations have trended downward in recent years but are increasing again in 2024 (43.2% or 54 fewer reports opened between 2019 and 2023; projected to increase by 70.4% from 71 in 2023 to 121 in 2024).

It should be noted that caution should be applied when comparing those volume rates over time as they do not reflect the increased complexity of the work, changes in processes, and the backlogs that existed prior to the staff increase (see Appendix 3 for more detail).

Furthermore, the College has contributed to 12 different regulation changes since 2020 whereas in the five years prior to that the College contributed only one. During the 10 years prior (2010-2020) the College contributed to six.²

As a result, the recent staff increases have been largely absorbed to manage the work associated with core regulatory activities and have not allowed for significant additional capacity to take on many new initiatives or priorities beyond the core work. The College will continue to look for efficiencies through process reviews (e.g., the College recently reviewed its complaints intake and investigation processes), automating manual activities (e.g., introducing a new payroll system) and ongoing assessment of the relevance of regulatory and operational activities to execute the College's mandate to protect the public effectively.

Finally, an unknown impact on next year’s staffing resources will be the outcome of the Government’s consultation on further expanding the scope of practice for Ontario’s pharmacy professionals.

Proposed 2025 priorities

Operating in a context that does not currently allow for capacity increases in 2025, the impact of the Board’s Zero Tolerance Statement on the College’s core work (e.g., including corporate pressures on Intakes and Investigations, which will subsequently translate to prosecutions and other legal enforcement measures), the impact of the RRS implementation on staff time, and the unknown outcome of the Ministry’s scope of practice expansion consultation, has led College staff to recommend a limited number of new priorities in 2025 to advance the College’s 2024-2028 Strategic Plan.

The recommended priorities for 2025 outlined below were identified through an iterative process of narrowing down priority initiatives based on urgency to act and available resources to execute, considering staff resources already used for core work and the priorities the College will need to (continue) execute.

² References: Legislative History for General Regulation 202/94 (under the *Pharmacy Act*): 750/94, 539/95, 280/96, 121/97, 98/98, 642/98, 548/99, [270/04](#), [451/10](#), [59/11](#), [302/12](#), [154/13](#), [225/13](#), [452/16](#), [126/20](#) (as am. by [766/21](#)), [742/20](#), [187/21](#), [766/21](#), [46/22](#), [460/22](#), [95/23](#), [179/23](#), [295/23](#), [385/23](#), [256/24](#).

Overview proposed 2025 priorities

STRATEGIC GOAL 1 – Pharmacy setting does not create barriers
<i>Priorities for 2025³</i>
I. Regulatory Programs: <i>Enforcement changes</i> <ul style="list-style-type: none">• Continue applying a zero-tolerance approach to Intakes and Investigations.• Investigate enforcement through other legal means. <i>Operational and practice assessment changes</i> <ul style="list-style-type: none">• Review operational assessment criteria and weighting, set expectations and assessment approach to support zero tolerance position.• Prepare to change assessment model to risk-based approach, reflecting zero tolerance approach for operational / practice assessments. II. Data Collection and Public Reporting <ul style="list-style-type: none">• Collect data regarding workplace practice and pharmacy professional well-being. III. Policy, Legislation and Regulations <ul style="list-style-type: none">• Complete research, including environmental scans, for ownership models, staffing ratios, clinic requirements, management of closed preferred provider networks and conflict of interest.• Provide evidence-based recommendations for regulatory options for the Board to consider. IV. Engagement and Outreach <ul style="list-style-type: none">• Operationalize the hotline model.• Continue regular registrant town halls.• Continue proactive media relations and social listening/engagement.
<i>Output / Outcome</i>
1) Standards of practice being met for every patient. 2) Pharmacy professionals having autonomy to use professional judgement and serve the best interests of every patient. 3) Pharmacy professional wellbeing having a positive impact on the delivery of safe, quality patient care."
STRATEGIC GOAL 2 – Effective communications in all interactions
<i>Priorities for 2025</i> <ul style="list-style-type: none">• Completing website renewal.• Visual identify update.
<i>Output / Outcome</i> <ul style="list-style-type: none">• College information is easy to locate/convenient, clear, timely, relevant and up to date.

³ Based on work done in 2024 to identify tactics the College will deploy to advance Strategic Goal 1 starting 2025 (was a 2024 priority)

STRATEGIC GOAL 3 – We have the resources

Through the 2023 reorganization, the College has established a mechanism to support surge capacity and will continue to look for opportunities to ensure it has the resources.

STRATEGIC GOAL 4 - Patients receive respectful, non-discriminatory care

Priorities for 2025

Build partnerships with Indigenous pharmacy professionals, patients, and their communities to progress towards reconciliation and Indigenous cultural competency in pharmacy practice and regulation while continuing the core work of identifying and removing barriers to equitable pharmacy care for all patients and regulation for all registrants

I. Engagement and Outreach

- Continue exploring partnership opportunities with the Indigenous Pharmacy Professionals of Canada, Ontario Indigenous pharmacy professionals, and Indigenous health service providers and patient groups.
- Establish a Guiding Circle of Indigenous minds with experiences as providers, patients, caregivers, and others to lead the College towards reconciliation.

II. Data Collection and Analysis

- Collect data on the composition of the pharmacy professional workforce, including Indigenous identity alongside other identity characteristics.
- Establish data agreements that respect the [OCAP Principles](#) (ownership, control, access, and possession) for data collected about Indigenous Peoples.

III. Policy Analysis

- Apply policy analysis tools to the policy review process that include equity-based analyses and embeds an Indigenous lens to assessing impact.

IV. Regulatory Programs

- Provide information to registrants that supports their practice with patient populations that experience inequitable care.

Output / Outcome

1. The College engages in reciprocal partnerships with Indigenous leaders, providers and patient groups that further reconciliation in pharmacy.
2. Standards and policies that regulate the practice of pharmacy and operations of pharmacies embed intersectional analyses with the review and development process.
3. Pharmacy professionals are supported in providing high-quality, safe, respectful pharmacy care to all patients.

OPERATIONAL – Non-strategic plan related initiatives

Priorities for 2025

- Continue Registrant Record System implementation.
- Maintain OCP staff engagement and culture.
- Expanding scope of practice for pharmacists (*pending Ministry of Health decision*).
- Implement mandatory training for compounding supervisors.

<i>Output / Outcome</i>
<ul style="list-style-type: none"> • New Registrant Record System implemented. • Maintaining OCP's high staff engagement scores, high retention rate/low turnover. • Pharmacists can treat additional common ailments, administering more vaccines, and perform more point-of-care testing and necessary safeguards are identified and put in place to support safe and effective scope expansion. • Established a process for identification of compounding supervisors and a mechanism created to declare completion of training

Staff are still in the midst of the 2025 budgeting process. The recommended budget will be brought to the Finance and Audit Committee in November 2024 for review and recommendation to the Board for approval in December. To date, it is envisioned that the execution of the proposed 2025 initiatives will require the following investments, subject to change based on the current budget discussions.

2025 Priority Initiative	Expected Investments
Strategic Goal 1	
I. Regulatory Programs: <i>Zero tolerance approach to Intakes & Investigations</i> <i>Other legal enforcement options</i> <i>Operational and practice assessment changes</i>	<ul style="list-style-type: none"> • Existing staff resources. • External investigator to help manage complex corporate pressure complaints/reports. • External legal support for zero-tolerance related matters.
II. Data Collection and Public Reporting	<ul style="list-style-type: none"> • Existing staff resources.
III. Policy, Legislation and Regulation	<ul style="list-style-type: none"> • Existing staff resources. • External consultancy/research support.
IV. Engagement and Outreach	<ul style="list-style-type: none"> • Existing staff resources.
Strategic Goal 2	
Completing website renewal	<ul style="list-style-type: none"> • Existing staff resources.
Visual identity update	<ul style="list-style-type: none"> • Existing staff resources.
Strategic Goal 4	
Develop partnerships with Indigenous communities	<ul style="list-style-type: none"> • Existing staff resources. • Engagement expenditures (hosting expenditures, participant reimbursement). • External support to help draft a report on findings of the College's current policy review and recommendations to include indigenous lens in College policy reviews.
Operational	
RSS Implementation	<ul style="list-style-type: none"> • External vendor. • Existing staff resources.

2025 Priority Initiative	Expected Investments
Maintain OCP staff engagement and culture	<ul style="list-style-type: none"> • Existing staff resources. • Continuous professional development (conferences). • No major organization-wide training initiatives planned for 2025.
Minor ailments expansion	<ul style="list-style-type: none"> • Existing staff resources.
Implement mandatory training for compounding supervisors	<ul style="list-style-type: none"> • Existing staff resources.

Personnel

No new positions are envisioned for 2025. The recruitment for new positions approved in July 2024 to address the need for strategic communications capacity has been paused pending the outcome of the 2025 budget given the financial pressures that are before us. However, continued investments will be made in staff training and skills development, where possible, from a budgetary perspective. The College is currently conducting a job evaluation and compensation review. This is done every four years to ensure we remain competitive relative to market standards in order to retain and attract talent. The outcome of the review may impact the College’s personnel costs. Furthermore, adjustment of inflationary cost of living increase per the Consumer Price Index. Furthermore, the costs of health benefits have recently increased by 14.1%.

Registrant Record System (RRS)

The implementation of the College’s RRS is delayed, with an update expected to live data in June 2025. As a consequence, parts of the costs associated with developing and implementing the new RRS are deferred to 2025. Furthermore, additional development and implementation costs may occur. The College is currently in conversations with the vendor about this. Finally, the delay requires the College to continue paying for its current licenses.

Other Notes

Budgeting for a regulator requires tolerance for factors beyond the control of the organization. These might include especially high costs associated with conduct matters (a sudden surge in discipline hearings or other legal costs) or significant directions from government requiring policy and regulation development (for example, change in scope of practice).

Staff is committed to continuing to look for opportunities to improve the organization's efficiency and use the resources wisely; however, fee increases may need to be considered in the near future.

Motion:

THAT the Board approves the priorities and direction for the 2025 Operational Plan.

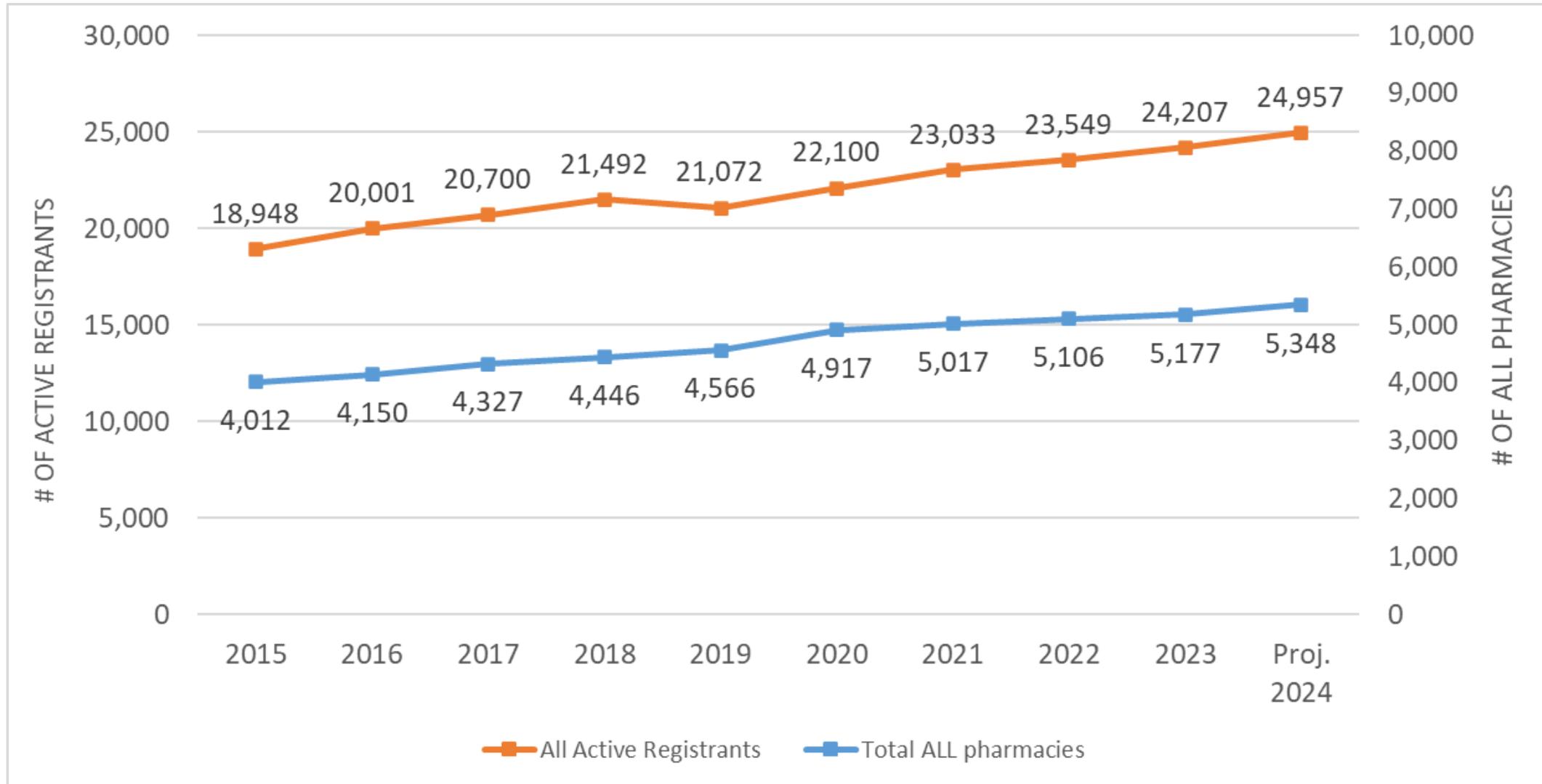
Attachments:

20.1 - 2025 Operational Plan Appendixes

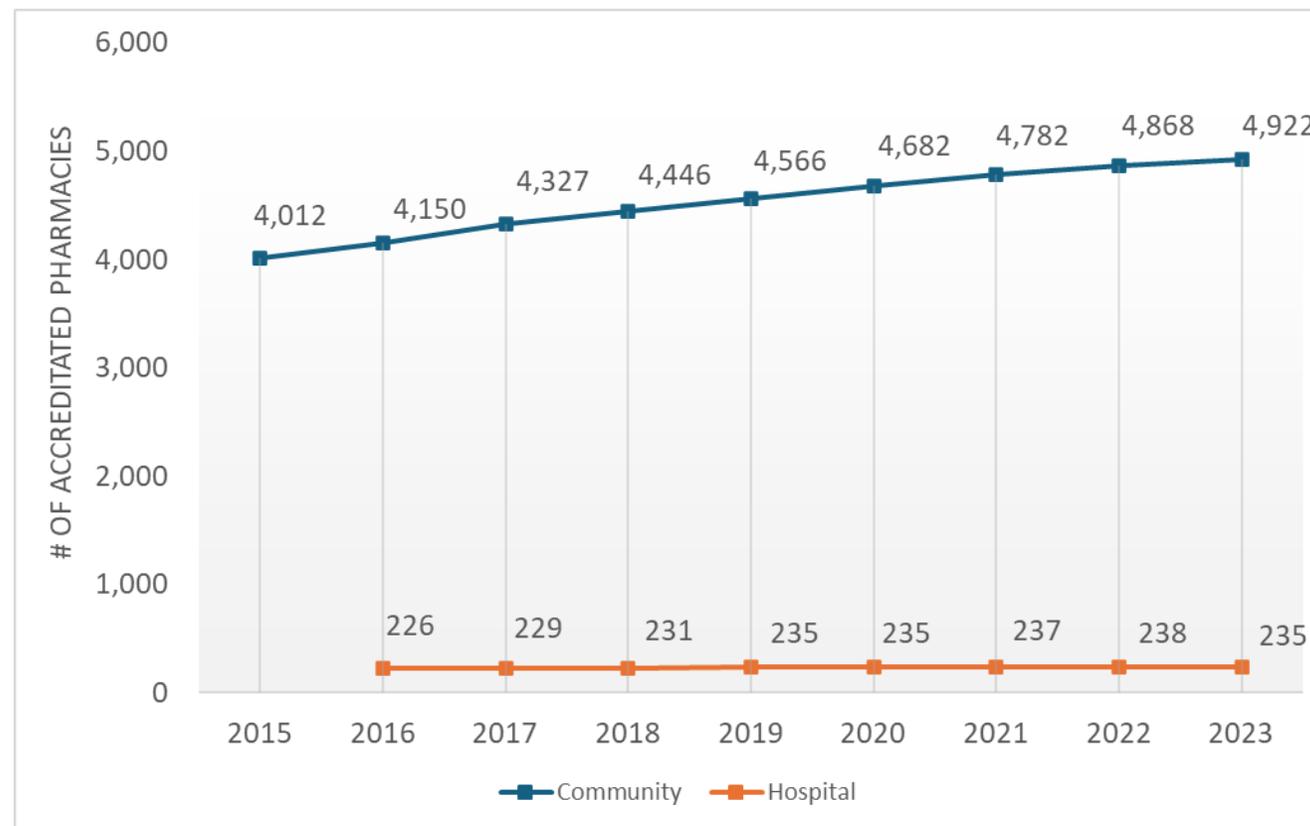
- Appendix 1: Trends in volume College core activities
- Appendix 2: Staffing trend
- Appendix 3: Expenditure trend & projection

Appendix 1 – Trends in volume College core activities

Trend in registrants and pharmacies (community & hospital)



Accredited pharmacies (community & hospital)



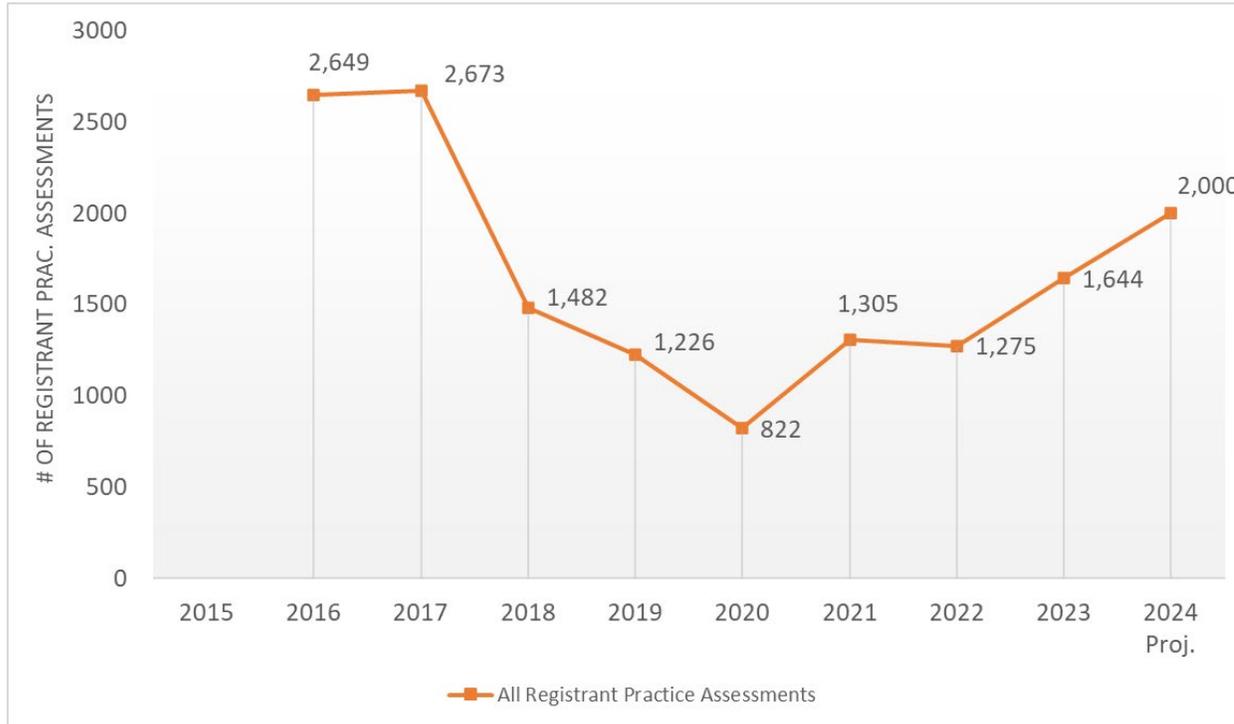
# of Accredited pharmacies per headcount (Pharmacy Operations Team)				
2019	2020	2021	2022	2023
285.4	289.2	313.6	300.4	246.5

* Ratios don't showcase the complexity of issues, changes in processes and increase in priorities.

** Headcount includes full and part time staff, whereby any staff who is working part time is counted as 1

*** The number of headcount captures the entire Pharmacy Operations Team; however, only parts of the team conduct the assessment. Other staff is involved in the accreditation of community and hospital pharmacies, and administration of the AIMS program.

Number of registrant practice assessments



Context

- The decision in 2017 to separate practice assessments from operational assessments resulted in the College no longer being able to conduct multiple practice assessments simultaneously.
- Post-COVID the number of assessments is gradually increasing again to 1,644 assessments in 2023 and a projected 2,000 assessments in 2024.
- Increase in assessments are due to:
 - Increase in practice advisors.
 - Addition of registrant types being assessed (pharmacy technicians, hospital pharmacists).
 - Work efficiencies the College continues to work on.
- Although the ratio of the number of assessments/headcount is lower in 2023 than in 2021, the College conducted more assessments while the staff was being tasked to support other priorities, such as:
 - Acting as content experts in sharing knowledge internally & externally
 - Support identifying College's 2024-2026 strategic goals and development of tactics to advance Strategic goal 1
 - Minor ailment additions

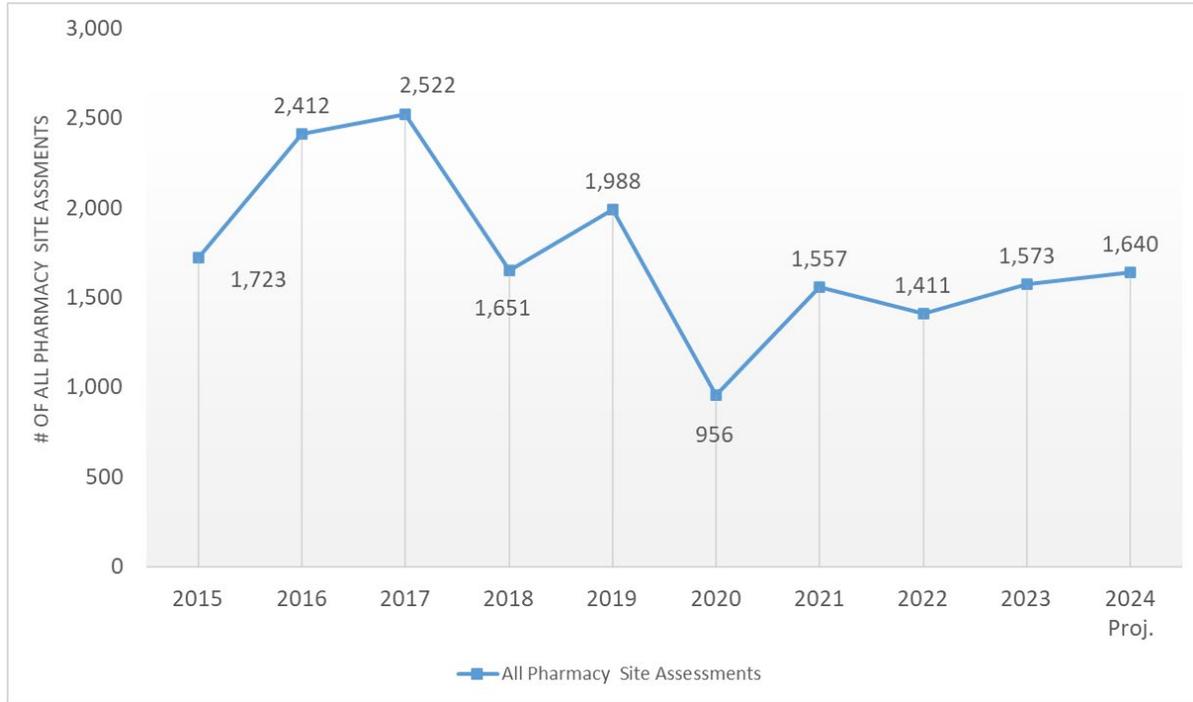
of registrant assessments per headcount (Quality Assurance Team)

2019	2020	2021	2022	2023
102.2	58.7	76.8	67.1	78.3

* Ratios don't showcase the complexity of issues, changes in processes and increase in priorities

** Headcount includes full and part time staff, whereby any staff who is working part time is counted as 1

Number of pharmacy assessments (community & hospital)



# of pharmacy assessments per headcount (Pharmacy Operations Team)				
2019	2020	2021	2022	2023
124.3	56.2	97.3	83.0	74.9

* Ratios don't showcase the complexity of issues, changes in processes and increase in priorities.

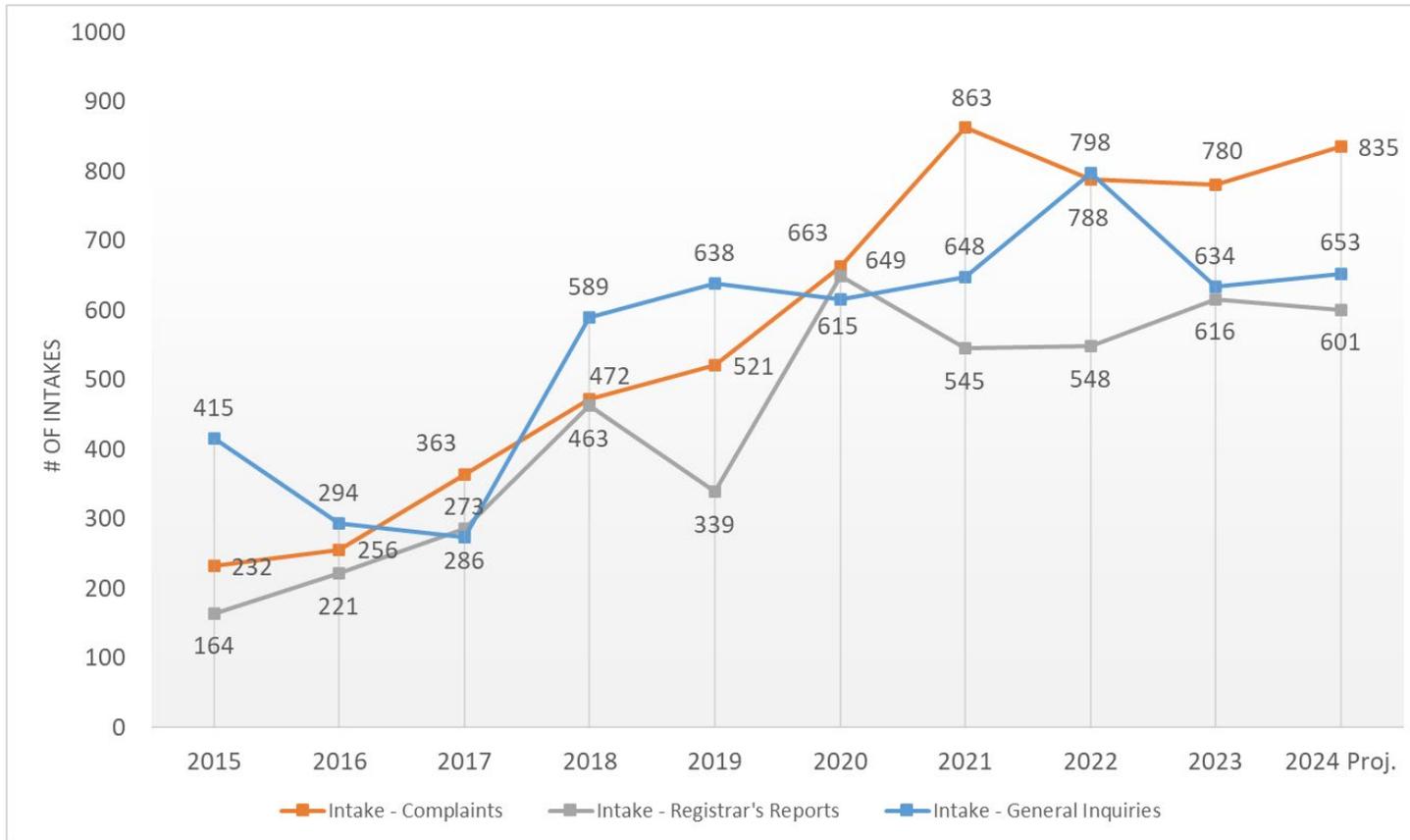
** Headcount includes full and part time staff, whereby any staff who is working part time is counted as 1

*** The number of headcount captures the entire Pharmacy Operations Team; however, only parts of the team conduct the assessment. Other staff is involved in the accreditation of community and hospital pharmacies, and administration of the AIMS program.

Context

- The reduction in pharmacy site assessments following 2017 results from a variety of factors that impact the available time the College's Operations Advisors have to conduct assessments:
 - Increased complexity of assessment work, for example:
 - Requirement to assess Drug Preparation Premises (DPPs)
 - Adoption of the NAPRA compounding standards
 - Incorporation of a random spot check of a narcotic
 - Critical role College's Operation Advisors in the Pharmacy Safety Initiative (TDS Audits)
 - AIMS standard
 - Central fill standard
 - Advisors involved in other emerging priorities , for example:
 - Module development.
 - Assisting with articles as subject matter experts.
 - Development of practice tools.
 - Staffing changes
 - Assessments take longer when pharmacies are not being assessed as frequently.
- Since 2022, the number of assessments has increased again, with a projected 1,640 assessments in 2024 (16.2% increase).

Intake volume (complaints, Registrar's reports & general inquiries)



Context

- **New Intakes:** Between 2019 and 2023, the College received an average of 1,929 new Intakes per year (including complaints, reports and general inquiries).
- Total new Intakes increased 29% from 2019 to 2020 (from 1498 to 1927) and have since remained above 2000 annually from 2021 to 2023, compared with prior 2015 – 2018 averages of 1007 annually.
- Many new Intakes are resolved at that stage, and do not therefore translate into investigations.

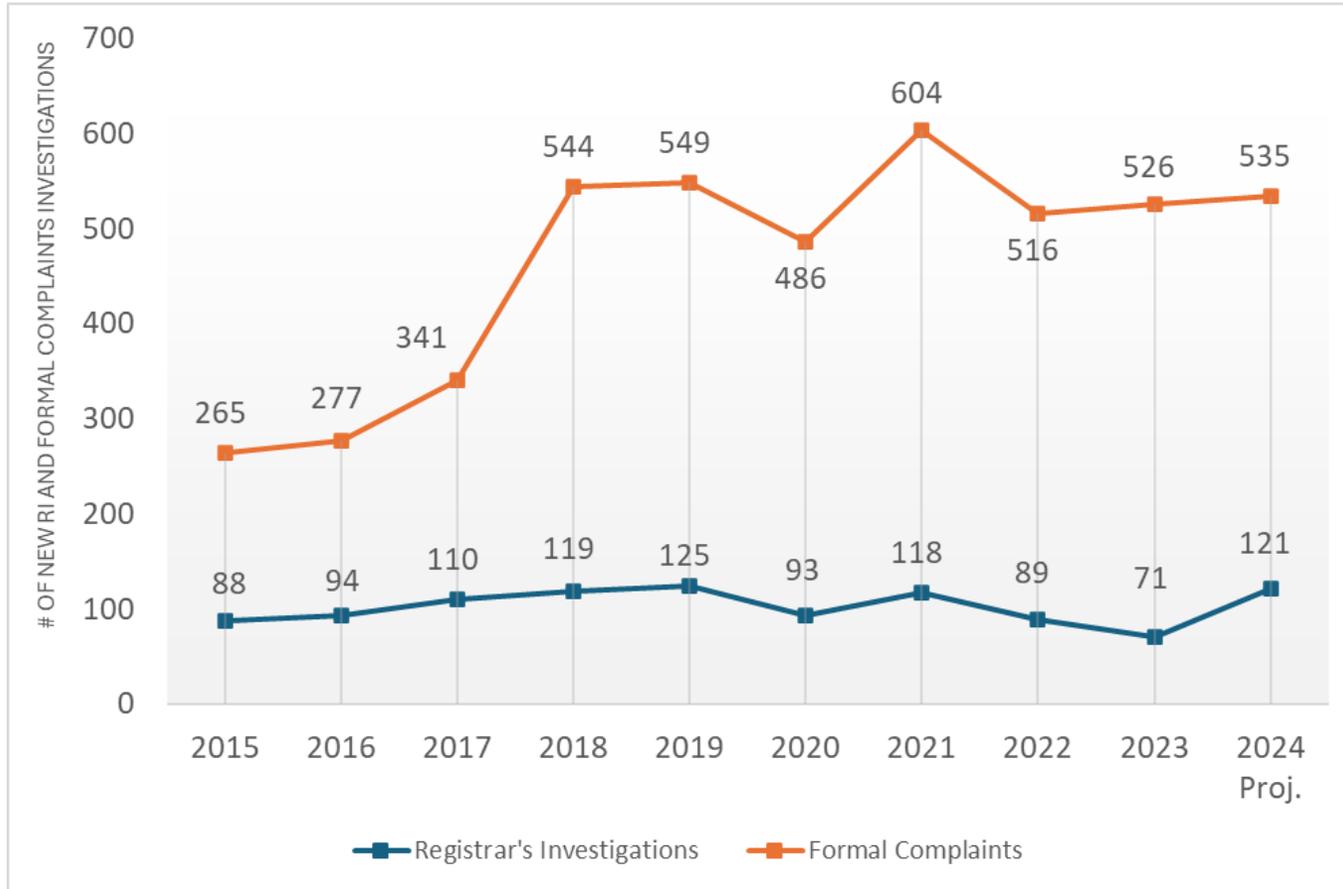
of Intakes per headcount (Conduct Operations Team)

2019	2020	2021	2022	2023
166.4	214.1	186.9	194.0	169.2

* Ratios don't showcase the complexity of issues, changes in processes and increase in priorities

** Headcount includes full and part time staff, whereby any staff who is working part time is counted as 1

New Registrar investigations and formal complaint investigations



Context

- **New Complaints:** Between 2019 and 2023, the College opened an average of 536 new complaints annually, compared with an average of 357 annually from 2015 – 2018. The long-term trendline is increasing, has flattened over the past 5 years, but is increasing again over 2024.
- **New Registrar's Investigations (RIs):** Between 2019 and 2023, the College opened an average of 93 new RIs annually, compared with an average of 103 between 2015 – 2018. The trendline is downward, due in part to more reports being resolved at the Intakes stage.
- Numbers do not fully reflect increasing complexity of files (especially of RIs), changes in processes, and evolving priorities.

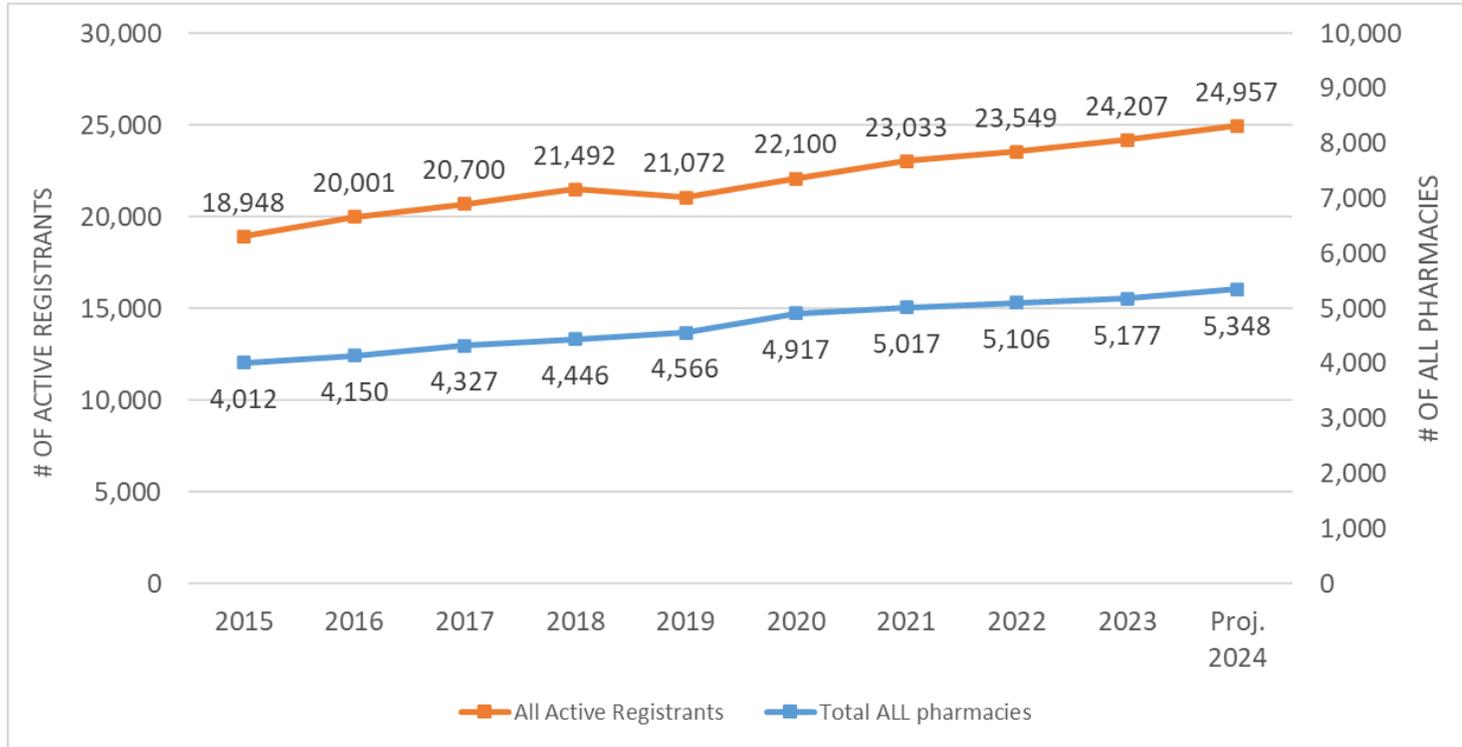
of new Complaints and Registrar's investigations per headcount (Investigations Team)

2019	2020	2021	2022	2023
37.4	27.6	35.4	28.8	26.3

* Ratios don't showcase the complexity of issues, changes in processes and increase in priorities

** Headcount includes full and part time staff, whereby any staff who is working part time is counted as 1

Summary



Context

- Except for 2019, the number of active registrants and pharmacies has continuously increased between 2019 and 2024 by a projected 18.2%.
- The ratio of active registrants and pharmacies per headcount has gradually decreased.
- The decrease in ratio largely reflects the shift in staff work due to emerging new priorities, changes in executing regulatory core functions and increased complexity due to the changing role and expectations of the pharmacy profession.
- Recognizing there is no real benchmark for the right staffing to registrants/pharmacies ratio, the college is continuing to look for opportunities to improve its efficiency and use the resources wisely.

Number of active registrants and pharmacies per headcount (All Staff)

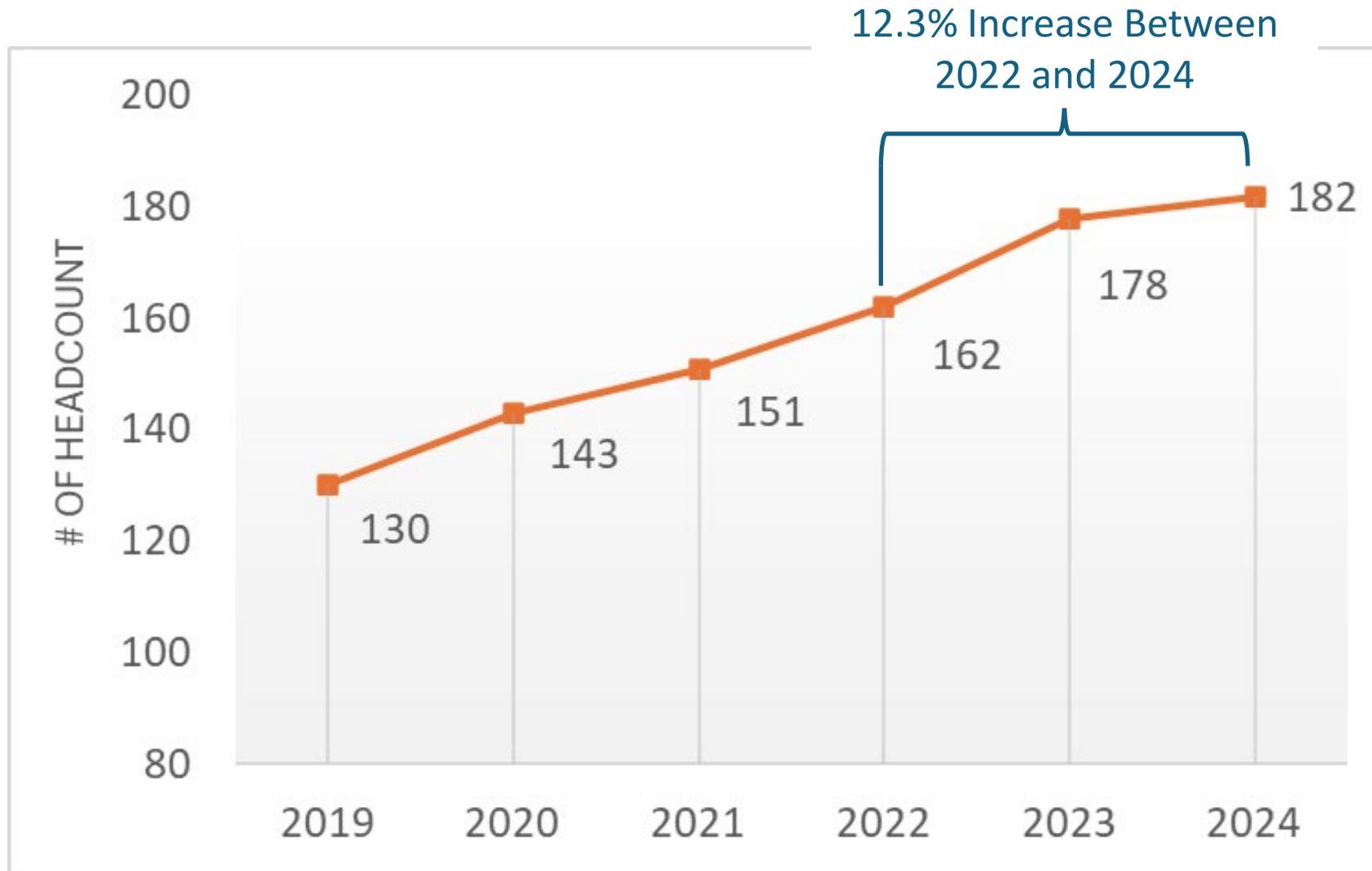
2019	2020	2021	2022	2023
197.2	188.9	185.8	176.9	165.1

* Ratios don't showcase the complexity of issues, changes in processes and increase in priorities

** Headcount includes full and part time staff, whereby any staff who is working part time is counted as 1

Appendix 2 – Staffing trend

College staff headcount increased by 40% from 2019 to 2024



**Headcount includes full and part time staff, whereby any staff who is working part time is counted as 1*

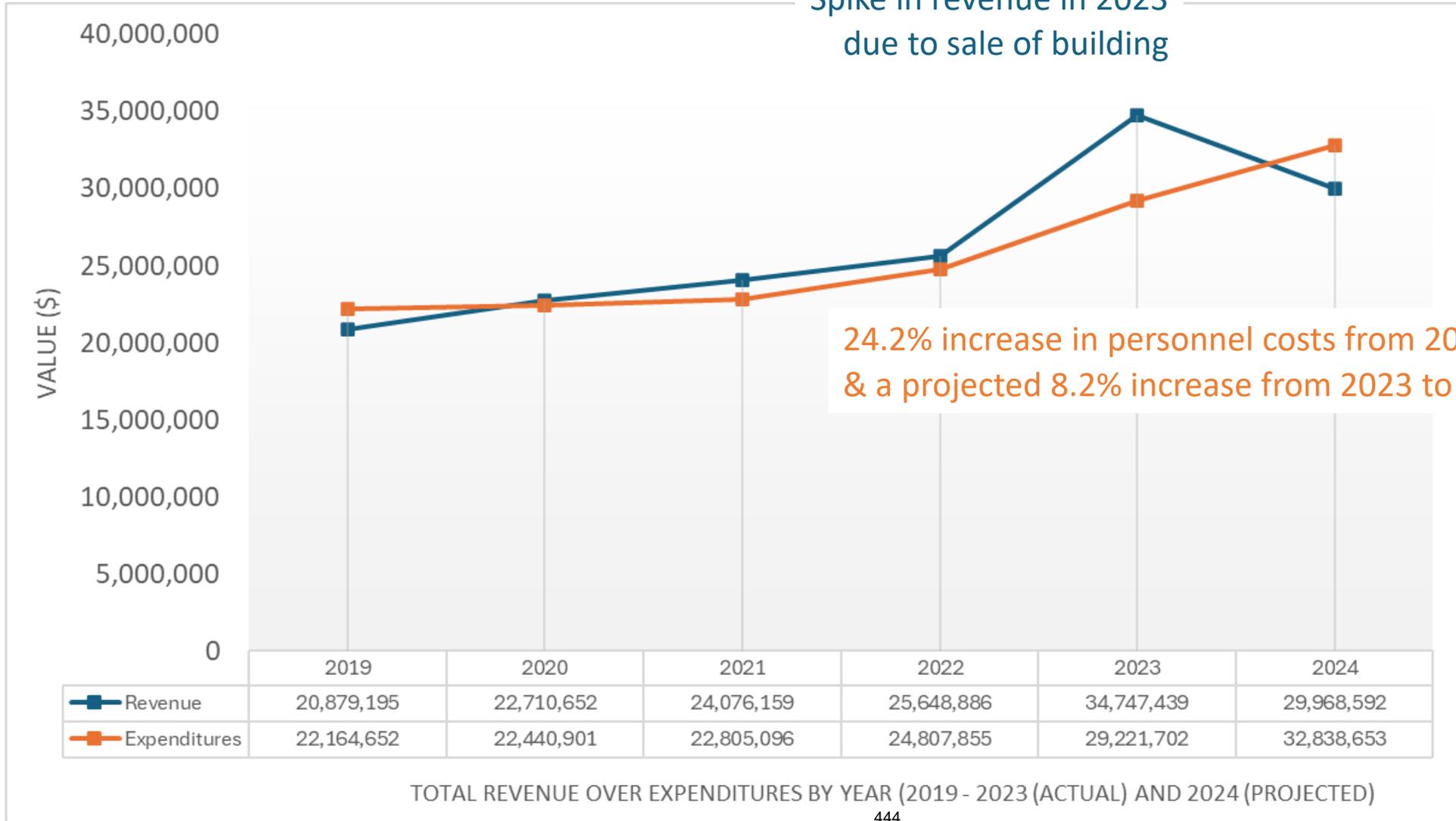
Appendix 3 – Expenditure trend & projection

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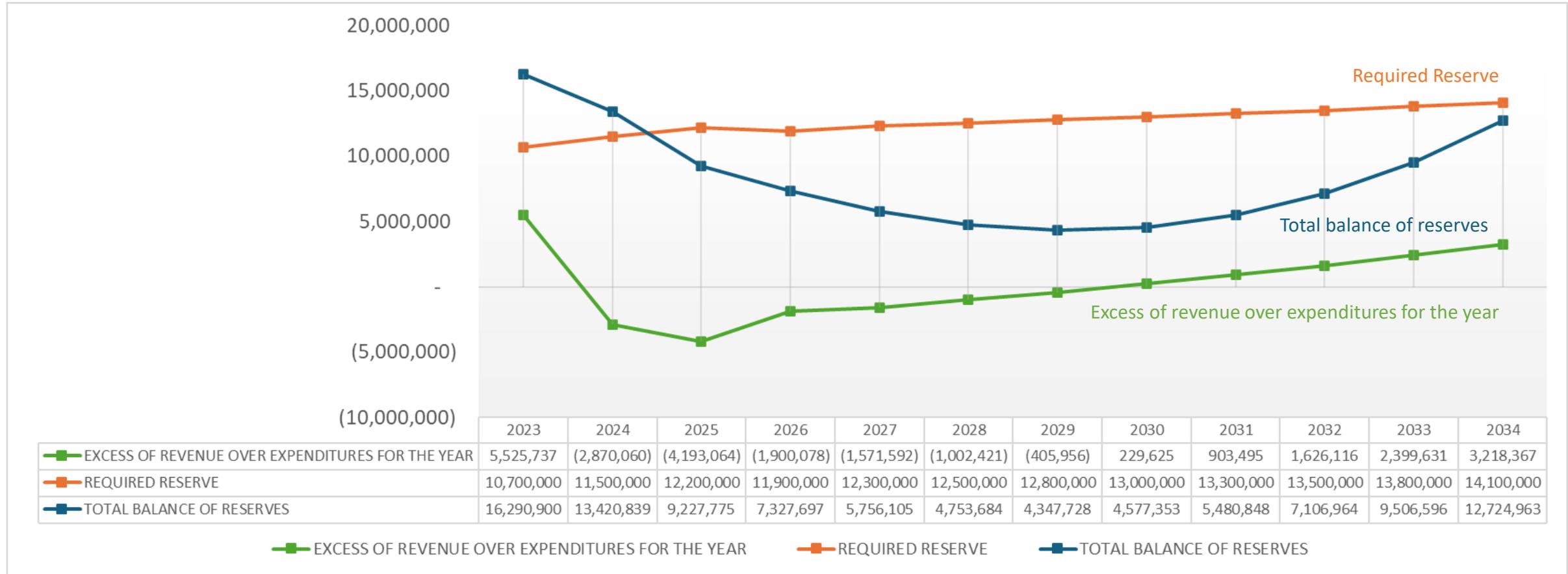
Recent staff increases contributed significantly to acceleration in College expenditures

Spike in revenue in 2023
due to sale of building

24.2% increase in personnel costs from 2022 to 2023
& a projected 8.2% increase from 2023 to 2024



College's reserves are projected to be below the threshold starting 2025



- Q3 projections are currently being updated, which may impact 2024 projections.
- Regarding 2025 projections, the College is currently developing the 2025 budget, which may include an additional ‘Ask’ for Board approval in December and will impact future projections.