Board of Directors Meeting Agenda

Monday, September 28, 2026
9:00 A.M. – 2:30 P.M.
MEETING LINK

Time	Topic	Purpose	Page No.
Opening Business			
9:00 a.m. 15 mins	**1. Welcome and Land Acknowledgement** A Land Acknowledgement will be offered by Board Director, Scott Ford.		
	2. Approval of Agenda The Board will be asked to approve the agenda.	Decision	1-5
	3. Declaration of Conflict of Interest Board Directors will be asked to declare any conflicts of interest in relation to agenda items under consideration.		
	4. Consent Agenda The Board uses a Consent Agenda to streamline the approval of routine items that are not anticipated to require discussion or debate. Board Directors will be asked to approve all items contained in the Consent Agenda through a single motion. Any item requiring further discussion will be removed and considered separately.	Decision	
	4.1 Minutes of Board Meeting – June 15, 2026		6-14
	4.2 Status of Board Action Items – June 2026 to September 2026 4.2.1 Appendix: Resolutions' Tracker		15-20
Board Governance			
9:15 a.m. 15 mins	**5. Chair's Final Report and Executive Committee Report** The 2025-2026 Board Chair, Doug Brown, will report on activities, decisions, and initiatives undertaken on behalf of the Ontario College of Pharmacists and present an update on the Executive Committee's activities.	Information	21-24
	5.1 June 2026 Board Meeting Evaluation Survey The Board will review the results of the 2026 Board Evaluation Survey.		25-26
	5.2 Board Annual Work Plan The Board will review its Annual Work Plan.		27-30

Committee Reports			
9:30 a.m. 60 mins	**6. Annual Committee Reports (September 2025 - September 2026)** Committee Chairs, with support from committee staff resources, will present their annual committee reports to the Board.		
	6.1 Accreditation Committee	Information	31-33
	6.2 Drug Preparation Premises Committee	Information	34-35
	6.3 Discipline Committee	Information	36-39
	6.4 Fitness to Practise Committee	Information	40-42
	6.5 Inquiries, Complaints, and Report Committee	Information	43-46
10:30 a.m. 20 mins	**BREAK (Board Group Photo and Individual Headshots (New Board Directors)**		
10:50 a.m. 70 mins	6.6 Patient Relations Committee	Information	47-50
	6.7 Quality Assurance Committee	Information	51-54
	6.8 Registration Committee	Information	55-58
	6.9 Finance and Audit Committee	Information	59-62
	6.10 Governance Committee	Information	63-65
	6.11 Screening Committee	Information	66-70
12:00 p.m. 60 mins	**LUNCH**		
Strategic and Organizational Oversight			
1:00 p.m. 20 mins	**7. Strategic Plan Refresh Update** The Registrar & CEO, Jay O'Neill will present the refreshed strategic plan summary for Board review and confirmation to proceed with operational plan development.	Discussion	71-76
1:20 p.m. 30 mins	**8. Registrar's Report (June - September 2026)** The Registrar's Report provides information to assist the Board in exercising its oversight function of college operations and updates relevant to the regulatory environment.	Information	77-85
	8.1 Regulation Status Table	Information	86-89
	8.2 College Dashboard: 2026 Q2 Results	Information	90-119
	8.3 Financial Report Q2 Results	Information	120-129
	8.4 Complaints and Reports Volume Report	Information	130-138
	8.5 Registrant Engagement Insights from 2026 Spring Regional Meetings	Information	139-147
	8.6 Appointment of Inspectors	Information	148
Board Governance			
1:50 p.m. 30 mins	**9. Election of the 2026-2027 Executive Committee** In accordance with Article 11 of By-Law 7B, the Board will elect the Executive Committee for the 2026-2027 Board year. Elections will be conducted in the following order: Board Chair, Vice-Chair, and then the remaining Executive Committee members.	Decision	149-202

2:10 p.m.	**In Camera** Motion to go in camera pursuant to Health Professions Procedural Code, subsections 7(2)(a)(e) for the Board to meet with the Registrar & CEO.		
2:30 p.m.	**Adjournment (see day 2 below)**		
2:45 p.m.	***Governance Committee meets to adjust Committee slate***		

Board of Directors Meeting Agenda

Tuesday, September 29, 2026
9:00 AM – 3:00 PM
MEETING LINK

Time	Topic	Purpose	Page No.
Board and Committee Governance			
9:00 a.m. 20 mins	**10. 2026-2027 Standing and Statutory Committee Slate** The Board will be asked to consider the approval of the Board and Committee slate for the coming year, as recommended by the Governance Committee.	Decision	203-205
Regulatory Oversight and Public Protection			
9:20 a.m. 20 mins	**11. Policy Revisions to align with the Controlled Substances Regulations** The Board will receive a summary of revisions to existing policy documents that align with the amendments Health Canada has made to the *Controlled Substances Regulations* under the *Controlled Drugs and Substances Act, 1996.* The Board will be asked to approve these changes to align with the effective date for the regulation amendments of October 1.	Decision	206-235
9:40 a.m. 30 mins	**12. Progress Update Following the Public Consultation on Proposed Amendments to the Standards of Operation for Pharmacies** The Board will receive an update on the completion of the 60-day public consultation on proposed amendments to the Standards of Operation for Pharmacies.	Information	236-252
10:10 a.m. 15 mins	**BREAK**		
10:25 a.m. 30 mins	**13. Mandatory Learning for Sore Throat (acute pharyngitis), Swimmers' Ear (otitis externa), and Administration of Buprenorphine** The Board will receive the results of the public consultation on the proposed mandatory learning requirements for acute pharyngitis, otitis externa, herpes zoster and administration of buprenorphine, including any recommended revisions to the associated guidelines and guidance. The Board will be asked to approve the final approach to these scope matters.	Decision	253-272

Accountability Fairness Collaboration Judiciousness Integrity Transparency

Financial and Risk Oversight			
10:55 a.m. 15 mins	**14. Appointment of Auditor for 2026** The Board will be asked to consider the approval of the auditor for the 2026 audit, as recommended by the Finance and Audit Committee.	Decision	273-274
11:10 a.m. 35 mins	**15. Review of Pharmacy Technician Fees** The Board will be asked to consider a recommendation from the Finance and Audit Committee regarding pharmacy technician fees.	Decision	275-286
11:45 a.m. 60 mins	**LUNCH**		
Governance Matters			
12:45 p.m. 15 mins	**16. Board Education and Development Plan** The Board will be asked to consider the approval of the Board Annual Education Plan for the 2026-2027 Board year, as recommended by the Governance Committee.	Decision	287-295
	17. Governance Policy and Framework Review The Board will consider the approval of the following governance documents and revised policies, as recommended by the Governance Committee. The Board will consider each policy separately.		
1:00 p.m. 20 mins	17.1 Governance Principles re: Collective Governance and Expected Norms	Decision	296-303
1:20 p.m. 20 mins	17.2 Policy 3.8 - Confidentiality and Privacy	Decision	304-320
1:40 p.m. 20 mins	17.3 Policy 3.9 – Conflict of Interest Protocols	Decision	321-343
2:00 p.m.	**In Camera** Motion to go in camera pursuant to Health Professions Procedural Code, subsections 7(2)(d)(e) for the Board to meet with the Registrar & CEO.		
3:00 p.m.	**Adjournment**		

Ontario College of Pharmacists
Putting patients first since 1871

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MINUTES OF A BOARD OF DIRECTORS MEETING
JUNE 15, 2026
9:30 A.M. TO 2:23 P.M.

Board of Directors
Jennifer Antunes
Simran Bal
Simon Boulis
Douglas Brown (Chair)
Leyland Brown
Akil Dhirani
Lisa Dolovich
Andrea Edginton
Scott Ford
Jae-Yon Jung
Adrienne Katz
James Killingsworth
Francis Michaud
Stephen Molnar
Danny Paquette
Ranjithkumar Paranivasagam
Siva Sivapalan (Vice-Chair)
Wilfred Steer
Cindy Wagg
Devinder Walia
Victor Wong

Regrets
Alain Stinzi

Management
Jay O'Neill, Registrar & CEO
Susan James, Director, Registration and Quality
Thomas Custers, Director, Corporate Services
Angela Bates, Director, Conduct
Christian Guerette, General Counsel and Chief Privacy Officer
Todd Leach, Director, Communications, Policy and Knowledge Mobilization

Staff
Nina Kang, Executive Assistant to Registrar & CEO
Allena Nguyen, Acting Administrator, Governance
Sharlene Rankin, Executive Assistant, Directors & Corporate Policy
Delia Sinclair Frigault, Manager, Equity & Strategic Policy
Rebecca Singh, Governance Administrator
Amy Vranchidis, Governance Lead (recorder)

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The Chair called the meeting to order at 9:30 a.m. and welcomed Board Directors, staff and observers.

The Chair recognized that June is National Indigenous History Month and Pride Month. Condolences were extended in recognition of recent losses among members of the Ontario Provincial Police and Toronto Police Service.

The Chair welcomed Patrick Gauch, recently appointed Public Director, and Rebecca Singh, Governance Administrator, to their first Board meeting. The Board acknowledged the resignation of Adnan Bodalbhai from the Accreditation and Drug Preparation Premises Committee and thanked him for his contributions to the College.

1. Land Acknowledgment

Jennifer Antunes provided the land acknowledgement as a demonstration of recognition and respect for the Indigenous peoples of Canada.

2. Approval of the Agenda

The Chair outlined several enhancements to the Board agenda format intended to support more effective meeting management, including the addition of meeting timelines, identification of the purpose of each agenda item, and page numbering.

MOTION:

THAT the Board approve the agenda for the June 15, 2026, Board meeting as presented.

Moved by: Jennifer Antunes
Seconded by: Wilf Steer

CARRIED.

3. Declaration of Conflicts of Interest

The Chair called for declarations of conflicts of interest. No conflicts of interest were declared.

4. Consent Agenda

The Chair noted that the consent agenda is used to approve routine items efficiently and that any item requiring discussion may be removed for separate consideration. The Chair also reminded the Board that, going forward, motions would be tabled at the outset of agenda items, with discussion to follow and voting to occur at the conclusion of discussion.

MOTION:

THAT the Board approve the consent agenda as presented:

- To approve the minutes of the March 23, 2026, meeting.
- To approve the Status of Board Action Items – September 2025 to June 2026

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- To approve the 2026-2027 Executive Committee and Board Meeting Dates as presented
- To approve the appointment of Zubin Austin and Wayne Hindmarsh to serve as Scrutineers for the 2026 Election

Moved by: Jaime Killingsworth
Seconded by: Victor Wong

CARRIED.

5. Chair's Report and Executive Committee Report

The Chair presented an overview of activities undertaken since the March Board meeting, including governance engagements and Board leadership activities.

a. March 2026 Board Meeting Evaluation Survey

Results of the March Board meeting evaluation survey were reviewed, and it was noted that there was a 100% participation rate. Directors noted the positive assessment of Board culture, public interest focus, and participation, while identifying agenda pacing and time management as areas for further improvement.

b. Draft Annual Board Work Plan

The Chair introduced the proposed 2026 Board Work Plan, noting that the document was intended to strengthen governance oversight by supporting strategic planning, accountability, and monitoring of Board priorities throughout the year.

MOTION:

THAT the Board approve the 2026 annual work plan, as presented.

Moved by: Jennifer Antunes
Seconded by: Scott Ford

CARRIED.

6. Finance and Audit Committee Report

Adrienne Katz, Finance and Audit Committee Chair, and Thomas Custers presented an update on Committee activities.

a. 2025 Audited Financial Statements

MOTION

THAT the Board approve the audited financial statements of the Ontario College of Pharmacists for the fiscal year ended December 31, 2025.

Moved by: Cindy Wagg

Seconded by: Francis Michaud

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The motion having been duly moved and seconded, the Board received the Committee's recommendation regarding the audited financial statements for the year ended December 31, 2025. Adrienne Katz reported that the external auditor had issued an unqualified opinion and identified no concerns relating to internal controls or auditor independence.

The motion was put to a vote and **CARRIED.**

The Board received a report from Dale Tinkham of Tinkham LLP. Mr. Tinkham confirmed the unqualified audit opinion and advised that the College remained in a strong financial position. He noted that no unadjusted audit errors had been identified and that recommendations from previous audits had either been addressed or were in progress.

b. Policy 4.12 - Investments and Supporting Investment Policy Statement and Procedure for Reserve Funds

MOTION: THAT the Board:

1. Approve the revised document titled "Investment Policy Statement and Investment Procedures", including consequential amendments to Board Policy 4.12 – Investments; and
2. Approve the revised document titled "Investment Reporting Template"

as presented.

Moved by: Simon Boulis

Seconded by: Jennifer Antunes

The motion having been duly moved and seconded, the Board considered recommendations from the Finance and Audit Committee regarding revisions to the Investment Policy Statement and Investment Procedures, related amendments to Board Policy 4.12, and a revised investment reporting template. The recommended changes were intended to enhance governance oversight, clarify reserve fund management, strengthen risk controls, and improve investment performance reporting.

The motion was put to a vote and **CARRIED.**

7. Governance Committee Report

Siva Sivapalan, Governance Committee Chair, presented an update on Committee activities.

a. Decision Framework: Clarifying Roles and Decision-Making Parameters of the Board, Executive Committee, Chair, Vice-Chair and Registrar & CEO

The Board reviewed the Decision-Making Framework intended to clarify governance roles and authorities.

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A correction was identified referencing Policy 3.13 rather than Policy 3.3.

Board Directors noted the importance of providing interpretive guidance on the meaning of "immediate" to support consistent application of the Guidance. Jay O'Neill, Registrar & CEO, highlighted that the Guidance document was a companion document, intended to provide this clarification. Directors discussed the balance between establishing clear governance guardrails for the Executive Committee and Chair while maintaining sufficient flexibility to address unforeseen circumstances. It was noted that the Governance Committee had carefully considered the challenge of defining "immediate" too narrowly and therefore developed guidance that provides direction without relying on an exhaustive list of examples.

MOTION: THAT the Board approve the document titled “Decision Framework: Clarifying Roles and Decision-Making Parameters of the Board, Executive Committee, Chair, Vice-Chair, and Registrar & CEO”, as amended.

Moved by: Cindy Wagg

Seconded by: Stephen Molnar

CARRIED.

b. Guidance for Executive Committee on Matters Requiring Immediate Attention

MOTION: THAT the Board approve the document titled “Guidance for the Executive Committee on Matters Requiring Immediate Attention”, including the consequential amendment to Article 8.4.1 of By-Law 7A, to include the word “immediate”, as presented.

Moved by: Simon Boulis

Seconded by: Jennifer Antunes

The motion having been duly moved and seconded, the Board reviewed guidance intended to clarify urgent decision-making processes and related bylaw amendments.

The motion was put to a vote and **CARRIED.**

The Board recessed at 10:30 a.m. and reconvened at 10:50 a.m.

8. Registrar’s Report – March to June 2026 – For Information

Jay O’Neill presented highlights from the Registrar’s Report, providing updates relevant to the Board’s oversight role, including system partner engagement and the status of the Registrant Records System (RRS). The Board received updates on organizational performance, registration and quality assurance initiatives, “As of Right” labour mobility changes, stakeholder engagement activities, and enterprise risks. It was noted that the College continues to make progress on key operational priorities and highlighted the completion of four regional engagement sessions with registrants.

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The Board discussed feedback received through recent regional engagement sessions and expressed strong support for continuing these initiatives. Directors noted the value of hearing directly from registrants and discussed opportunities to strengthen communication, engagement, and understanding of the College's public interest role.

The Board noted the increase in complaint and investigation volumes, emerging considerations related to artificial intelligence in pharmacy practice, and ongoing risks related to the RRS implementation.

8.1 Regulation Status Table

The Board received the Regulation Status Table.

8.2 College Dashboard: 2026 Q1 Results

Thomas Custers presented the Board with a summary of the College's Q1 2026 performance against the approved dashboard, to support its oversight of progress against the 2026 plan.

8.3 Financial Report Q1 Results

Thomas Custers presented the Q1 2026 financial results. The Board noted that the College's financial position remains stable and that first-quarter results were favourable compared to budget. Revenue exceeded budget primarily due to higher-than-anticipated pharmacy technician renewal volumes and stronger investment income, while expenditures were below budget largely due to the timing of planned activities and implementation delays. The Board was advised that many of the variances are timing-related and are expected to normalize over the remainder of the year. While increased legal and consulting costs remain a pressure, it is anticipated these costs can be offset through revenue gains and operational savings. The Board discussed pharmacy technician registration trends and the potential impact of changes to pharmacy technician education programs on future registration volumes and related revenue projections.

8.4 Mid-Year Risk Report

Thomas Custers presented the Mid-Year Risk Report, noting that the enterprise risk profile remains stable. No new risks were added and no risks de-escalated during this reporting period.

The Board discussed key enterprise risks, including cybersecurity, scope expansion readiness, emerging AI-related considerations, non-patient-specific compounding oversight, and increasing complaint and investigation volumes. Directors noted the growing need for guidance regarding AI use in pharmacy practice and requested future reporting on conduct caseload trends. The Board also discussed the potential need to revisit its risk appetite and tolerance statements to ensure continued alignment with the current regulatory environment. Jay O'Neill agreed to bring forward additional analysis on complaint and conduct trends in a future report.

The Board recessed for lunch at 12:05 p.m. and reconvened at 1:10 p.m.

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9. Providing Pharmacy Services to Animals – Draft Policy for Review

Todd Leach, Director, Communications, Policy & Knowledge Mobilization, and Delia Sinclair Frigault, Manager, Equity & Strategic Policy, presented the draft Providing Pharmacy Services to Animals Policy. They provided an overview of the policy's purpose, which is to clarify the role of pharmacy professionals in the provision of services to animals, establish practice expectations, and support safe care and continued access to veterinary medications.

MOTION: THAT the Board approve the draft document titled "Providing Pharmacy Services for Animals Policy", as set out in Appendix A, for public consultation, with circulation to registrants and system partners for a 60-day period.

Moved by: Jennifer Antunes

Seconded by: Ranjith Paranivasagam

The motion having been duly moved and seconded, the Board discussed several aspects of the draft policy, including expectations related to dispensing, pharmacist collaboration with veterinarians, access to medications, patient safety, affordability considerations, and pharmacists' professional accountability when providing services to animal patients.

Discussion focused on the proposed requirement for veterinary consultation when prescription modifications are required, including changes involving brand selection, and the potential implications for timely access to care and medication affordability. Directors also discussed the application of pharmacists' knowledge, skills, and judgment when providing services to animals and considered the unique clinical considerations associated with veterinary prescribing, including species-specific dosing and medication safety risks.

The Board noted differing perspectives regarding the balance between practice flexibility, patient safety, and accessibility of care. Directors emphasized the importance of obtaining broader feedback from veterinarians, pharmacists, pharmacy professionals with veterinary expertise, animal owners, and other stakeholders through the consultation process. The Board supported using the consultation to explore these issues further before considering the final policy.

Directors also discussed the planned consultation approach, including opportunities for targeted outreach to relevant stakeholder groups and how consultation feedback would inform any proposed revisions.

The Board acknowledged the value of the consultation process in obtaining further stakeholder feedback before the policy returns to the Board for final consideration.

The motion was put to a vote and **CARRIED.**

Andrea Edginton left the meeting at 2:13 p.m.

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10. Scope Expansion: Proposed Amendments to the Standards of Operation for Review

Todd Leach and Delia Sinclair Frigault presented proposed amendments to the *Standards of Operation for Pharmacies* to support the implementation of expanded scope of practice.

Management provided an overview of stakeholder engagement undertaken since the March Board meeting and outlined the proposed consultation approach, including targeted questions relating to access to information resources, physical space and privacy requirements, and staffing and workflow expectations.

MOTION: THAT the Board approve the draft document titled "Standards of Operation for Pharmacies", as set out in Appendix A, for public consultation, with circulation to registrants and system partners for a 60-day period.

Moved by: Jennifer Antunes

Seconded by: Stephen Molnar

The motion having been duly moved and seconded, the Board discussed the consultation methodology and a minor wording suggestion related to supporting the creation and maintenance of optimal pharmacy environments on page 191 of the Board materials.

The Board supported proceeding to public consultation and emphasized the importance of gathering implementation feedback from registrants and system partners before final consideration of the amendments.

The motion was put to a vote and **CARRIED.**

11. In camera

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

Moved by: Jennifer Antunes

Seconded by: Jaime Killingsworth

CARRIED.

The public portion of the meeting was adjourned at 2:23 p.m.

Doug Brown
Board Chair

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

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

Background: Below is a chronological summary of action items from previous Board meetings held between September 2025 and September 2026, listed from most recent to oldest. Completed items will remain on the tracker for one meeting cycle following their completion, after which they will be removed and archived.

Action items from the June 15, 2026, Board meeting will be finalized upon approval of minutes.

Summary of Action Items from the Board of Directors Meeting – June 15, 2026				
Meeting Item	**Description**	**Responsible**	**Timeframe**	**Comments**
Non-agenda item	Conduct follow-up email reminders and calls for non-responsive Board survey participants.	Board Chair	Complete	
7.1 Decision Framework: Clarifying Roles and Decision-Making Parameters of the Board, Executive Committee, Chair, Vice-Chair and Registrar and CEO	Correct the reference in the Decision-Making Framework from **Policy 3.13** to **Policy 3.3**.	Governance Lead	Complete	
8.4 Mid-Year Risk Report	Bring forward additional analysis on complaint and conduct trends in a future report.	Registrar & CEO and Director, Conduct	In progress	Complaints and Reports Volume Report to be included for the Board in September.
9. Providing Pharmacy Services for Animals – Draft Policy for Review	Launch a 60-day public consultation on the draft Providing Pharmacy Services for Animals Policy and circulate to registrants and system partners. Conduct targeted outreach and stakeholder engagement (including veterinarians, pharmacists, pharmacies with veterinary prescription experience , animal owners, and others as part of the animal services policy consultation.	Director, Communications, Policy and Knowledge Mobilization	In progress	Returning to the Board at an upcoming meeting, for final approval as early as December, 2026.

Summary of Action Items from the Board of Directors Meeting – June 15, 2026				
Meeting Item	**Description**	**Responsible**	**Timeframe**	**Comments**
10. Scope Expansion: Proposed Amendments to the Standards of Operations for Review	Launch a 60-day public consultation on the draft Standards of Operation for Pharmacies amendments related to scope expansion and circulate to registrants and system partners. Gather implementation feedback from registrants and system partners regarding the proposed Standards of Operation amendments and bring results forward for final consideration.	Director, Communications, Policy and Knowledge Mobilization	In progress	Returning to the Board for final approval December, 2026.

Summary of Action Items from the Board of Directors Meeting – March 23, 2026				
Meeting Item	**Description**	**Responsible**	**Timeframe**	**Comments**
Non-agenda item	Conduct follow-up email reminders and calls for non-responsive Board survey participants.	Board Chair	Complete	
7.3 Board Size and Term Limits	• Look into building capacity at the committee level and leadership development • Work on engagement with registrants	Governance Committee/Registrar & CEO	In progress	
8.1 Registrar's Update	• Conduct regional meetings to engage with registrants more directly	Registrar & CEO, Chair, Vice-Chair	In progress	4 additional regional meetings scheduled, as follows: • Toronto (Mon Oct 19 evening) – OCP Offices • Sudbury (Thurs Oct 22 evening) – United Steelworkers Hall • Toronto (Tues Oct 27 evening) - OCP Offices • Kingston (Mon Nov 2 evening) – Quality Inn & Conference Centre • Ancaster Hamilton (Thurs Nov 12 evening) – Marquis Gardens + pending AV quote
8.2 College Performance Dashboard – Key Performance Results for 2025	• Determine decision point on the number of open investigations	Director, Conduct	In progress	The Complaints and Reports Volume Report is scheduled for inclusion in the September Board package. This item duplicates an entry listed earlier in the document.

Summary of Action Items from the Board of Directors Meeting – March 23, 2026				
Meeting Item	**Description**	**Responsible**	**Timeframe**	**Comments**
12.2 Mandatory Learning for Sore Throat (acute pharyngitis), Swimmers' Ear (otitis externa), and Administration of Burprenorphine	• Provide opportunity for consultation respondents to weigh-in on the learning requirements specifically, as well as the use of self-declarations to manage compliance.	Director, Communications, Policy and Knowledge Mobilization	In progress	Update for the Board in June, with post-consultation recommendation coming to the Board in September
12.3 Proposed Amendments to the Standards of Operation	• Staff to work towards consultation to be brought back to the Board	Director, Communications, Policy and Knowledge Mobilization	Complete	Draft amendments coming to the Board in June for approval for the purposes of 60-day consultation.

Summary of Action Items from the Board of Directors Meeting – December 8, 2025				
Meeting Item	**Description**	**Responsible**	**Timeframe**	**Comments**
Non-agenda item	Conduct follow-up email reminders and calls for non-responsive Board survey participants.	Board Chair	Complete	
6.2. Goal 1, Business Pressures Survey Report	• Publish survey findings and highlights, January 2026 • Review findings to inform Goal 1 activities and future discussions with the Board • Identify adjustments to the survey tool for future deployment in 2026 • Share learnings with other provinces and vice versa	Director, Registration and Quality	In Progress	
9. College Performance Dashboard Measures for 2026	• Devise targets for each measure to present in March 2026 • Begin quarterly reports to the Board in June 2026 • Explore public trust or patient experience measures for 2027 • Enhanced reporting from committees to complement dashboard insights	Director, Corporate Services	In Progress	
12. Expanded Scope Regulations	<u>Mandatory Learning</u> • "Staff were asked to perform further analysis, including risk analysis. Also input from public consultation and a jurisdictional scan."	Director, Communications, Policy and Knowledge Mobilization	Complete	Summary of Findings from the Public Consultation on Proposed Learning Requirements for Specified Expanded Scope Activities, part of September Board materials.

Summary of Action Items from the Board of Directors Meeting – December 8, 2025				
Meeting Item	**Description**	**Responsible**	**Timeframe**	**Comments**
	• An annual declaration process should be revisited two to three years from now. <u>Standards of Operation</u> • "Consider full review of standards of operation and code of ethics in 2027."			

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

Summary of Action Items from the Board of Directors Meeting – September 15 and 16, 2025				
Meeting Item	**Description**	**Responsible**	**Timeframe**	**Comments**
12.1 Registrar's Update	Perform environmental scan of other Colleges' practices regarding mitigation strategies for low voter engagement.	Governance Lead	In Progress	
17. Reducing the Costs of Processing Credit Card Fees	Consider convenience fee for credit card payments for accreditation renewal time in 2026, which is a couple of months past Registrant renewal.	Director, Corporate Services	In Progress	Implementation of a convenience fee for accreditation renewal deferred as the online payment option (for pharmacies to pay no additional fee) will not be in place due to RRS go-live priority and required RADAR changes.

Resolutions from Board Meetings (June 2026)

Purpose: To present summaries of resolutions from the June 15, 2026, Board meeting.

Background: Below is a chronological summary of motions from the previous Board meeting. Completed items will remain on the tracker for one meeting cycle following their resolution, after which they will be removed and archived.

Summary of Motions from the Board of Directors Meeting – June 15, 2026		
Meeting Item	**Description**	**Outcome**
2. Approval of Agenda	**MOTION: THAT** the Board approve the agenda for the June 15, 2026, Board meeting as presented.	Carried
4. Consent Agenda	**MOTION**: **THAT** the Board of Directors approve the consent agenda as presented: • To approve the minutes of the March 23, 2026, meeting. • To approve the Status of Board Action Items – September 2025 to June 2026 • To approve the 2026-2027 Executive Committee and Board Meeting Dates as presented • To approve the appointment of Zubin Austin and Wayne Hindmarsh to serve as Scrutineers for the 2026 Election	Carried
5.b. Draft Annual Board Work Plan	**MOTION**: **THAT** the Board approve the 2026 annual work plan, as presented.	Carried
6. Finance and Audit Committee Report **2025 Audited Financial Statements**	**MOTION: THAT** the Board approve the audited financial statements of the Ontario College of Pharmacists for the fiscal year ended December 31, 2025.	Carried
Policy 4.12 - Investments and Supporting Investment Policy Statement and Procedure for Reserve Funds	**MOTION: THAT** the Board: 1. Approve the revised document titled “Investment Policy Statement and Investment Procedures”, including consequential amendments to Board Policy 4.12 – Investments; and 2. Approve the revised document titled “Investment Reporting Template” as presented.	Carried

Summary of Motions from the Board of Directors Meeting – June 15, 2026		
Meeting Item	**Description**	**Outcome**
7.1 Decision Framework: Clarifying Roles and Decision-Making Parameters of the Board, Executive Committee, Chair, Vice-Chair and Registrar & CEO	**MOTION: THAT** the Board approve the document titled "Decision Framework: Clarifying Roles and Decision-Making Parameters of the Board, Executive Committee, Chair, Vice-Chair, and Registrar & CEO", as amended.	Carried
7.2 Guidance for Executive Committee on Matters Requiring Immediate Attention	**MOTION: THAT** the Board approve the document titled "Guidance for the Executive Committee on Matters Requiring Immediate Attention", including the consequential amendment to Article 8.4.1 of By-Law 7A, to include the word "immediate", as presented.	Carried
9. Providing Pharmacy Services to Animals – Draft Policy for Review	**MOTION: THAT** the Board approve the draft document titled "Providing Pharmacy Services for Animals Policy", as set out in Appendix A, for public consultation, with circulation to registrants and system partners for a 60-day period.	Carried
10. Scope Expansion: Proposed Amendments to the Standards of Operation for Review	**MOTION: THAT** the Board approve the draft document titled "Standards of Operation for Pharmacies", as set out in Appendix A, for public consultation, with circulation to registrants and system partners for a 60-day period.	
14. In Camera	**MOTION**: **THAT** pursuant to Health Professions Procedural Code ss 7 (2)(c), (d), and (e), the Board of Directors ends the public session to go *in camera*.	Carried

Board Information Note

Meeting Date: September 2026

Topic: Chair's Final Report and Executive Committee Report

From: Douglas Brown, OCP Board Chair

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

College and Other External Partner Meetings:

Date	Meeting/Event
June 16	Strategic Planning Board Meeting
June 24	Governance Committee Meeting
July 13	Strategic Plan Working Group Meeting
July 22	Governance Committee Meeting
August 5	Strategic Planning Board Meeting
August 20	Governance Committee Meeting
August 24	Strategic Plan Working Group Meeting
August 30 – September 2	The International Pharmaceutical Federation (FIP) World Congress of Pharmacy and Pharmaceutical Sciences
September 9	Executive Committee Meeting
September 9	Finance and Audit Committee Meeting

June Board Meeting Evaluation

Included as a separate agenda item is the June 2026 Board Meeting Evaluation report (agenda item 5.1).

Following the June 2026 Board meeting, 17 of attending Directors completed the meeting evaluation survey, representing an 81% response rate. This level of participation reflects the Board's ongoing commitment to continuous improvement, accountability and effective governance. Directors are encouraged to continue to provide their feedback following the September Board meeting.

Feedback from the June 2026 survey was positive. Respondents unanimously agreed that Board discussions were respectful and inclusive, and that Board decisions aligned with the College's public interest mandate. Directors also agreed that discussions remained appropriately focused on the Board's strategic oversight role and that the meeting objectives were successfully achieved.

The Board meeting process received strong ratings. Directors reported having a clear understanding of the meeting objective, receiving sufficient background information to support informed decision-making, feeling supported and valued as Board members, and being comfortable sharing their perspectives openly. Respondents also indicated that disagreements were handled respectfully, participation was active and meaningful, action items were clearly assigned, and meetings were well organized and started on time.

The area generating the most constructive feedback related to maintaining an appropriate distinction between strategic and operational discussions. While most respondents (82%) indicated that discussions did not stray unnecessarily into operational matters, a small number of Directors (18%) identified opportunities to further strengthen the Board's focus on strategic governance. In addition, one respondent indicated that the time allocated to agenda items could be improved. These observations will be considered as part of ongoing efforts to enhance meeting effectiveness and optimize Board discussions.
The results of the survey will continue to inform ongoing improvements to Board meeting practices and support the Board's commitment to effective governance and continuous improvement.

Updates

Newly Elected Directors
I am pleased to welcome our newest elected directors, Megan Peck and Danielle Garceau.

Megan brings extensive governance, regulatory, and adjudicative experience to the Board. She has previously served on several Ontario College of Pharmacists committees, including the Discipline, Fitness to Practise, Finance and Audit, and Governance Review Committees.

Danielle has been actively involved in College governance since joining the Registration Committee in 2021 and has served as Chair of the Registration Committee since September 2024. Through these roles, she has contributed to regulatory oversight and decision-making related to the registration of pharmacists and pharmacy technicians in Ontario.

We are pleased to welcome Megan and Danielle to the Board and look forward to the valuable perspectives and expertise they will bring to their new roles.

Acting Dean Appointed
The Board welcomes Kelly Grindrod, Acting Dean University of the Waterloo School of Pharmacy who is stepping in during Andrea Edginton's six-month sabbatical from July 1 to December 31, 2026.

Under the *Pharmacy Act, 1991*, the Dean of each faculty of pharmacy in Ontario serves on the Board as an ex officio member. Following a review of the legislative requirements, it was determined that the Board seat is attached to the office of Dean rather than to the individual occupying the position. As a result, recognizing the University's formal designation of an Acting Dean supports continuity of faculty representation and ensures that academic and educational expertise remains represented at the Board table throughout the sabbatical period.

Executive Committee
The Executive Committee met on September 9, 2026, and discussed opportunities to enhance Board meeting effectiveness by balancing governance and compliance requirements with time for meaningful strategic discussion and decision-making. Members reviewed the upcoming Board agenda and supported streamlining committee reporting through written materials, with Committee Chairs and staff available to respond to questions as needed, reducing duplication and maximizing discussion time.

The Committee also considered opportunities to improve the timing and presentation of Board materials, including committee appointment information, to better support Board preparation and engagement.

In addition, members received updates related to the Strategic Plan refresh, emerging regulatory and practice issues, policy amendments required to align with federal legislative changes, complaint backlog remediation

efforts, and the Standards of Operation review, which has been deferred to December to allow for further analysis of stakeholder feedback.

Board Director Committee Activities (June 15-September 27)

The following chart provides an overview of the committee activities the Board Directors have participated in since the June Board Meeting. Information in the table is intended to provide an overall sense of workload and may not capture every activity. Staff continue to work on refining information-gathering precision for this report.

Director	Committee(s)	Meetings/Hearings
Jennifer Antunes	Discipline Finance and Audit Governance	 Sept 9 Jun 24;
Simran Bal	Discipline	Aug 13
Simon Boulis	Discipline Finance and Audit Strategic Plan Refresh Working Group	Jul 9, 21; Sep 2 Sept 9 Jul 13; Aug 24
Doug Brown *ex-officio	Discipline Executive Governance* Finance and Audit*	Jun 25 Sept 9 Jun 24; Jul 22; Aug 20 Sept 9
Akil Dhirani	Discipline Screening	Sep 14 Jun 22
Scott Ford	Discipline Strategic Plan Refresh Working Group	Jun 25; Aug 11 Jul 13; Aug 24
Siva Sivapalan	Discipline Executive Governance Screening	Jun 25; Aug 17 Sept 9 Jun 24; Jul 22; Aug 20 Jun 22; Aug 13
Wilf Steer	Discipline Finance and Audit Strategic Plan Refresh Working Group	Jul 20; Sep 1 Sept 9 Jul 13; Aug 24
Victor Wong	Discipline Executive Finance and Audit	Jun 25, 30; Aug 18; Sep 23, 24, 25 Sept 9 Sept 9
Leyland Brown	Accred/DPP ICRC	
Patrick Gauch	Discipline ICRC	Aug 13; Sep 14
Jae-Yon Jung	Discipline Fitness to Practise ICRC	Jun 25; Aug 13 Jun 23

Director	Committee(s)	Meetings/Hearings
Adrienne Katz	Discipline Executive Finance and Audit ICRC Strategic Plan Refresh Working Group	 Sept 9 Sept 9 Aug 13; Sept 16 Jul 13; Aug 24
James Killingsworth	Discipline ICRC Governance	Jun 25; Sep 1 Sept 10 Jun 24; Jul 22; Aug 20
Francis Michaud	Discipline Finance and Audit ICRC	Aug 13; Sep 1 Sept 9 Jun 30; Jul 28; Sept 15
Stephen Molnar	Accred/DPP Governance ICRC Quality Assurance	Jul 21; Sept 4 Jun 24; Jul 22 Aug 11 Sept 24
Danny Paquette	Discipline Fitness to Practise ICRC Registration	Jun 25, 29, 30; Jul 23, 29; Aug 17, 18; Sep 3, 8, 10, 14, 23, 24, 25 Jul 9; Aug 20; Sept 2 Jun 23, 26; Aug 28; Sept 21
Ranjithkumar Paranivasagam	Discipline ICRC	 Jul 23; Sept 17
Cindy Wagg	Discipline Executive Finance and Audit ICRC Quality Assurance Strategic Plan Refresh Working Group	Jun 23, 25, 29, 30; Jul 9, 10, 20, 21, 23, 29; Sep 2, 3, 8, 10, 14 Sept 9 Sept 9 Jul 7, 14; Sept 1 Jun 25; Aug 20 Jul 13; Aug 24
Devinder Walia	Discipline ICRC Registration Screening	Jun 19, 25; Jul 9, 21; Aug 17, 18, 25; Sep 2, 23, 24, 25 Jul 8; Aug 6, 19, 26; Sept 3 Jun 23; Jul 24 Jun 22; Aug 13
Kelly Grindrod	Registration	N/A
Lisa Dolovich	Registration	N/A
Alain Stintzi	Registration	N/A

Board Information Note

Meeting Date: September 2026

Topic: June 2026 Board Meeting Evaluation Survey

From: Douglas Brown, OCP Board Chair

Purpose: To provide the Board with a summary of the results of the June 2026 Board Meeting Evaluation for information and reflection, in support of continuous improvement of Board effectiveness and governance practices.

Public interest rationale: Regular evaluation of Board meetings supports effective governance by enabling the Board to assess its own performance, decision-making processes, and culture. By soliciting and reviewing feedback from Board Directors, the Board strengthens transparency, accountability, and continuous improvement in how it exercises oversight in the public interest. Strong Board effectiveness directly supports the College's ability to fulfill its public protection mandate.

Strategic alignment, regulatory processes, and actions: Board meeting evaluations are an established governance practice that support effective oversight and continuous improvement. Reviewing feedback on Board culture, facilitation, decision-making processes, and agenda management aligns with the Board's responsibility to ensure its governance practices remain effective, focused, and aligned with the College's strategic objectives. The feedback from the June 2026 evaluation will inform how the Chair, Committee Chairs, and management continue to refine meeting practices over time. No immediate action is required, and observations will be considered as part of ongoing governance improvement efforts.

Background: In accordance with Policy 3.2 – *Board Meeting Effectiveness Assessment Policy*, following each Board meeting, Board Directors are asked to complete a meeting evaluation. Following the June 2026 Board meeting, 17 Directors completed the meeting evaluation survey, representing an 81 % response rate from those in attendance.

Results: Overall, Board Directors viewed the June 2026 Board meeting positively, citing a strong Board culture, effective leadership by the Chair, alignment with the College's public interest mandate, and meaningful engagement in Board deliberations and decision-making. Board Directors also expressed strong support for the revised decision-item process, noting that it enhanced clarity, focus, and efficiency. While feedback was overwhelmingly positive, opportunities for improvement were identified with respect to agenda pacing and time allocation, particularly for governance-focused discussions and items scheduled later in the day.

Adequacy of Background Information: All Board Directors who completed the survey agreed that adequate background information was provided for each agenda item. Feedback indicated that meeting materials effectively supported Board Directors in preparing for discussions and decision-making.

Proposed action: *None*

Board Conduct

All Board Directors who completed the survey agreed that the Board was respectful and considerate of one another and of staff, and that diverse viewpoints were encouraged and considered. Feedback reflected a positive Board culture characterized by respectful dialogue, constructive engagement, and meaningful participation.

Proposed action: *None*

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

All Board Directors who completed the survey agreed that the Chair was effective in facilitating discussion, ensuring all viewpoints were heard, and guiding matters to a decision. Feedback reflected strong confidence in the Chair's ability to manage discussions effectively while maintaining focus and encouraging participation.

Proposed action: *None*

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

All Board Directors who completed the survey agreed that Board decisions were consistent with the College's mandate to serve and protect the public interest. Respondents indicated that public protection remained a central consideration throughout Board discussions and decision-making.

Proposed action: *None*

My peer participants actively participated in the discussion

All Board Directors who completed the survey agreed that peer participants actively contributed to Board discussions. Feedback reflected a collaborative environment in which Board Directors felt comfortable sharing perspectives and engaging in meaningful dialogue.

Proposed action: *None*

The time spent on each agenda item was appropriate

Ninety-four percent (94%) of Board Directors agreed that the time spent on agenda items was appropriate, while one respondent disagreed. Overall feedback was positive; however, this was the only area where less than unanimous agreement was received. Boards Directors identified opportunities to continue refining agenda pacing and time allocation to ensure sufficient opportunity for discussion while maintaining meeting efficiency.

Proposed action: *None*

Board Focus on Strategic Oversight

Most Board Directors (82%) indicated that Board discussions remained appropriately focused on strategic oversight and did not stray unnecessarily into operational matters. A small number of respondents (18%) identified limited instances where discussions became more operational in nature, suggesting there may be opportunities to further strengthen the Board's strategic focus in future meetings.

Proposed action: *None*

2026-2027 Board Work Plan

This Work Plan outlines the Board's annual statutory, fiduciary, and governance responsibilities under the *Regulated Health Professions Act*, *Pharmacy Act*, and College By-Law, and is structured to support the Board's primary role in overseeing regulatory performance and public protection.

Legend • **x** = agenda item	**Frequency definitions:** • **Standing** – every Board meeting • **Semi-Annual** – twice per year • **Annual** – once per year • **Periodic** – occasional (cycle-based) • **One-Time** – specific to this year • **Ad Hoc** – as required	The Board is responsible for overseeing the College's performance and ensuring accountability. The Board's role, composition, and authority are set out under the *Regulated Health Professions Act*, *Pharmacy Act* and *College By-Law* respectively. Board members have a fiduciary duty to act in good faith and in the best interests of the College, putting the College's mandate above all other interests when making decisions. The College's mandate is to regulate the pharmacy profession in the public interest.

Items identified as "approve," "appoint," or "elect" are Board decisions under By-Law No. 7A. Items identified as "receive and consider" reflect Board oversight responsibilities, informed by Committee reports.

Status
Red (at risk)
Amber (in Progress)
Green (Complete)
Ad-hoc/standing

Progress Notes; By-Law, Policy Citations

	September	December	March	June	2028	Frequency	Status	Notes / By-Law, Policy Citations
A. Strategic and Organizational Oversight (College's Functioning and Mandate)								
Is the College being governed well, strategically, and in alignment with its legislated objects and public interest mandate?								
Receive Registrar's Report • Registrar's Quarterly Update • College Performance Dashboard • 2024-2028 Strategic Plan	x	x	x	x		Standing		Policy 3.6; Article 8.24.4, 8.4.6
Receive Executive Committee report on Registrar & CEO performance evaluation and compensation outcomes (in-camera)		x				Annual	In progress (50%)	Article 7.5; 8.20
Approve Data Sharing Policy						One-Time		Board consideration date TBD
Approve 2024-2028 Strategic Plan Refresh		x				One-Time	In progress (75%)	Approval deferred to December
Development of new Strategic Plan (2028-2032/33)			x	x				
	September	**December**	**March**	**June**	**2028**	**Frequency**	**Status**	**Notes / By-Law Citations**
B. Financial & Risk Oversight								
Are the College's finances, risks, and resources being managed prudently?								
Receive Finance and Audit Committee Report, including matters requiring Board approval or direction	x	x	x	x		Standing		Article 8.20.3
Receive and consider quarterly financial statements, including explanation of significant variances (FAC report)	x	x	x	x		Standing		
Review 2027 budget assumptions and key financial risks to inform Board budget and operational plan deliberations	x					Standing		For Board consideration in September
Receive and consider Corporate Risk Register		x		x		Semi-Annual	Completed - June	
Develop and approve a Board risk appetite framework								Board consideration TBD.
Receive update on insurance coverage		x				Annual		Policy 4.6
Appoint or re-appoint external auditor, on recommendation of the Finance and Audit Committee	x					Annual	In progress (75%)	Article 8.20.6; 14.4.2
Approve audited financial statements and receive report on effectiveness of external audit function (FAC report)			x			Annual		Article 8.20.5; 14.4.2
Approve annual renewal fees, on recommendation of the Finance and Audit Committee (part of budget approval)	x	x				Annual	In progress	CPI-based
Approve annual renewal fees for Pharmacy Technician, on recommendation of the Finance and Audit Committee	x					Annual	In progress (75%)	
Approve annual operating and capital budget, on recommendation of the Finance and Audit Committee		x				Annual	In progress (50%)	Article 8.20.1; 14.8.1
Approve investment Policy Statement and Investment Procedures (including consequential amendments to Board) Policy 4.12 – Investments, on recommendation of the Finance and Audit Committee	x					Periodic	Complete	Article 14.8.2
Approve Reserve Funds Policy and receive oversight of surplus fund investments, on recommendation of the Finance and Audit Committee						Periodic		Article 14.8.2
Approve unbudgeted expenditures not authorized under the annual budget (as required)						Ad hoc		Article 14.8.1

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	September	December	March	June	2028		Status	Notes / By-Law Citations
C. Regulatory Oversight and Public Protection (General/Ad-hoc)								
Is the regulatory system working as intended to protect the public, and is the Board effectively overseeing regulatory performance and emerging risks?								
C1: Professional Standards & Ethics (Policy Role)								
Appointment of Inspectors, on recommendation of the Registrar & CEO.	x					Ad hoc	In progress (75%).	Board consideration in September. Articles 14.5 and 14.6 of By-Law and Section 148(1) of the *Drugs and Pharmacies Regulation Act*
Review and approve Code of Ethics amendments, as recommended by the Governance Committee						Ad hoc	Deferred.	Date for Board consideration TBD
Review and approve proposed amendments to the Standards of Operations		x				Ad hoc	In progress (75%)	public consultation – Board to receive update in September and will be asked to consider the approval in December
Review/approve Providing Services for Animal Patients Policy: Legal		x				Ad hoc	In progress (50%)	public consultation – Board to receive results in December
Review/approve mandatory learning requirements for acute pharyngitis, otitis externa, herpes zoster and administration of Sublocade, including any recommended revisions to the associated guidelines and guidance	x					Ad hoc	In progress (75%)	public consultation – Board to receive results in September
Review/approve policy revisions to align with the Controlled Substances Regulations	x						In progress (75%)	Regulation in effect October 1, 2026
C2: Regulatory Oversight (System Role)								
Receive and assess statutory committee annual reports, including performance trends, risks and implications for public protection.	x					Annual	In progress (75%)	• Article 7.5 of By-Law • Oversight of statutory regulatory functions under the *Regulated Health Professions Act* and *Pharmacy Act*
College Performance Measurement Framework (CPMF) Annual Report			x					CPMF was on hold for 2026
	September	**December**	**March**	**June**	**2028**		**Status**	**Notes / By-Law Citations**
D. Board Governance, Effectiveness and Capacity								
Is the governance system itself clear, compliant and functioning effectively to support good decision-making? These activities support the Board's effectiveness but are structured to ensure they do not displace the Board's primary oversight of regulatory performance and public protection.								
D1: Board and Committee Governance								
Appoint Screening Committee at the March Board meeting in election year, on recommendation of the Executive Committee			x			Annual	Complete for 2026	Article 12.2
Appoint Election Scrutineers for the annual Board election at the last Board meeting prior to the Election				x		Annual	Complete for 2026	Article 4.11
Approve Executive Committee and Board Meeting Dates				x		Annual	Complete for 2026	
Appoint new Board Directors	x					Annual/ad hoc	Complete	Election results announced Aug 7, 2026
Elect Chair, Vice-Chair and Executive Committee members, following Governance Committee assessment and report (at the first Board meeting after the August election)	x					Annual	In progress (75%)	To be addressed at September Board meeting. Article 11.1
*As required, decisions related to: • Filling Board vacancies • By-elections or acclamations						Ad hoc		Article 4.18, 4.19

2026-2027 Board Work Plan

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	September	December	March	June	2028	Frequency	Status	Notes / By-Law Citations
Receive Board Chair's Report and Executive Committee Report, including recommendations requiring Board approval, confirmation or decision	x	x	x	x		Standing		Article 8.4.5
Receive Governance Committee report, including recommendations requiring Board approval or decision	x	x	x	x		Standing		Article 7.5; 8.24
Approve slate of Committee chairs and members for statutory and standing committees, on recommendation of the Governance Committee	x					Annual	In progress (75%)	To be considered at September Board meeting. Article 12.1
	September	**December**	**March**	**June**	**2028**		**Status**	**Notes / By-Law Citations**
D2: Governance Framework & Policy								
Approve Governance Principles re Collective Governance and Expected Norms, on recommendation of the Governance Committee	x					One time	In progress (75%)	
Approve revisions to Policy 3.7 – Conduct of Directors and Committee Appointees and Sanctions Process, on recommendation of the Governance Committee			x	x		One time		Date for Board consideration TBD Article 4.17
Approve revisions to Appendix A to Policy 3.7 – Code of Conduct, on recommendation of the Governance Committee			x	x		One time		Date for Board consideration TBD
Approve Decision Framework for Board, Executive Committee, Chair, Vice-Chair and Registrar & CEO, on recommendation of the Governance Committee						One time	Complete	Approved by Board on June 15, 2026. Article 8.4; 14.10
Approve Guidance for Executive Committee on Matters Requiring Immediate Attention (including amendment to By-Law 7A), on recommendation of the Governance Committee						One time	Complete	Approved by Board on June 15, 2026. Article 8.4.1–8.4.5
Approve revisions to Policy 3.9 – Conflict of Interest Protocols, on recommendation of the Governance Committee						Periodic		Date for Board consideration TBD
Approve revisions to Policy 3.10 – Annual Attestations, on recommendation of the Governance Committee						Periodic		Date for Board consideration TBD
Approve revisions to Policy 3.12 - Board Meeting Rules of Order, on recommendation of the Governance Committee						Periodic		Date for Board consideration TBD
Approve revisions to Policy 3.13 – Meeting Agendas and Minutes, on recommendation of the Governance Committee						Periodic		Date for Board consideration TBD
Approve revisions to Policy 3.14 – Use of In-Camera Sessions Policy, on recommendation of the Governance Committee						Periodic		Date for Board consideration TBD
Approve revisions to onboarding/orientation of new Board Members (into 2027)						One time		Date for Board consideration TBD
Approve revisions to Board Competency Profile, Board Succession Planning/Elections options (into 2027)						Annual		Date for Board consideration TBD
Approve draft Committee Terms of Reference (into 2027) , on recommendation of the Governance Committee						One time		Date for Board consideration TBD
	September	**December**	**March**	**June**	**2028**		**Status**	**Notes / By-Law Citations**
D3. Board Effectiveness and Development								
Is the Board governing effectively today, and building the capacity required for effective oversight?								
Board Meeting Effectiveness Assessment (semi annually or more frequently at direction of Board Chair) - receive Governance Committee oversight of Board meeting effectiveness assessment and confirm next evaluation cycle	x	x	x	x		Standing	Complete	Policy 3.2; By-Law Article 8.24.4
Evaluation of Directors and the Board (semi annually) - receive and discuss Governance Committee summary of Board and Director evaluation outcomes and implications						Semi annual	**On hold – to be considered as part of broader**	Policy 3.3; By-Law Article 8.24.4 The Board Directors are currently evaluated as part of the Board survey (Policy 3.2)

2026-2027 Board Work Plan

This Work Plan outlines the Board's annual statutory, fiduciary, and governance responsibilities under the *Regulated Health Professions Act*, *Pharmacy Act*, and College By-Law, and is structured to support the Board's primary role in overseeing regulatory performance and public protection.

Evaluation of the Board Chair (every second meeting) - receive Governance Committee confirmation that Board Chair evaluation has been completed in accordance with policy						Semi annual	**governance improvements**	Policy 3.4; By-Law Article 8.24.4 The Board Chair is currently evaluated as part of the Board survey (Policy 3.2)
External Board evaluation support – into 2027						One time		Date for Board consideration TBD
Onboarding/orientation of new Board Members (into 2027), on recommendation of the Governance Committee						Annual		Date for Board consideration TBD Article 8.24.5
Confirm Board education priorities and schedule, informed by Governance Committee recommendations	**x**					Annual	In progress	

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Committee Annual Report

Accreditation Committee

September 2025 – September 2026

Committee Overview: The Accreditation Committee, typically working in panels, considers matters relating to the operation of pharmacies, 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 referred by the Registrar and determines the eligibility of the pharmacy. The committee may direct 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. The committee may choose one or more of the following outcomes for each pharmacy it reviews:

- **Conclude:** This occurs when the committee is of the view that the pharmacy has appropriately addressed the operational issues identified. Sometimes the committee will request that staff "short cycle" the next routine assessment to ensure that the pharmacy continues to maintain compliance with operational standards.
- **Reassessment:** The committee will direct staff to conduct a reassessment when they are not assured that the operational issues identified have been addressed. College by-laws require that pharmacies pay a fee for most reassessments required by the Accreditation Committee. Results of the reassessment are returned to the committee for further review.
- **Undertaking:** In certain circumstances, the 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 (e.g. complete a mentorship) or refrain from doing certain things (e.g. cease sterile compounding).
- **Refer to Discipline:** Where the 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* and its 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 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.

Committee Members: The Accreditation Committee is composed of two of the College Board's Public Directors and three or more Professional Committee Appointees. In 2025-2026, the Accreditation Committee's members were as follows:

Board Directors	
Public Directors	Leyland Brown (effective 2026-01-10), Elnora Magboo (until 2026-01-10), Stephen Molnar
Non-Board Members	
Professional Committee Appointees	Frank Hack (Chair), Adnan Bodalbhai (until 2026-05-25), Lori Chen, Agatha Dwilewicz, Nadia Filippetto, Wassim Houneini, Chintan Patel, Veronica Sales, Tracy Wiersema
Staff Resource	Katryna Spadafore

Committee Performance and Outcomes: One of the key ways the College fulfills its mandate to protect the public is by conducting routine assessments of pharmacies to ensure compliance with established standards. The process for escalation of pharmacies with operational deficiencies results in pharmacies with significant issues being referred to the Accreditation Committee. The committee makes its decisions geared toward public safety, with a goal of ensuring pharmacy standards are met.

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.

At its mid-year business meeting in May, the Accreditation Committee discussed developing a Decision-Making Tool to promote consistency and efficiency in panel decision making.

After ongoing issues with the committee's previous file-sharing platform, the Accreditation Committee successfully transitioned to SharePoint without disruption to committee activities.

Statistics:

Meetings	2025-2026 Count[1]	2024-2025 Count	2023-2024 Count
Virtual Meetings Panels of the Accreditation Committee meet via videoconference for 1-3 hour meetings to review pharmacy case files.	10	9	7
Teleconferences Short teleconferences are scheduled on an ad-hoc basis for matters that require discussion in between regularly scheduled panel meetings.	0	1	0
Business Meetings A business meeting is typically held mid-year for all members of the committee for orientation and discussion topics relevant to the full committee.	1	1	1

[1] [1] Includes meetings that have occurred as of August 14, 2026 and scheduled until the end of the Board year

Onboarding Meetings Orientation sessions for new committee members.	1	1	0

2025-2026 Activity[2]	
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 reassessments required.	**25**
Conclude	2
Conclude + Short Cycle	2
Reassessment	15
Defer (for Undertaking or Additional Information)	6
Refer to Discipline	0
Issuances and Renewals	**7**
Interim Orders Imposed	**0**

Note: During the reporting period, five pharmacies directed to be re-assessed by the Accreditation Committee permanently closed.

Challenges: On occasion, constituting panels has been a challenge with only two Public Directors on the committee.

Noteworthy Insights and Considerations: The committee has observed that they are seeing an increased volume in pharmacies not improving operations after several committee-ordered reassessments. The volume of pharmacies where the committee has requested legal advice to consider an interim order or referral to discipline has increased as a result.

The committee has requested that consideration be given to increasing the fee for Accreditation Committee-ordered reassessments when pharmacies continue to not achieve compliance with the standards.

Priorities for Next Year: As decided at the Accreditation Committee's mid-year business meeting, the committee will focus its attention on developing and piloting a new Decision-Making Tool.

[2] [2] As of August 14, 2026

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Committee Annual Report

Drug Preparation Premises Committee

September 2025 – September 2026

Committee Overview: The Drug Preparation Premises (DPP) Committee, typically working in panels, considers matters relating to the operation of drug preparation premises. 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.

Committee Members: The DPP Committee is composed of the same members as the College's Accreditation Committee, which includes two of the College Board's Public Directors and three or more Professional Committee Appointees. In 2025-2026, the DPP Committee's members were as follows:

Board Directors	
Public Directors	Leyland Brown (effective 2026-01-10) Elnora Magboo (until 2026-01-10) Stephen Molnar
Non-Board Members	
Professional Committee Appointees	Frank Hack (Chair) Adnan Bodalbhai (until 2026-05-25), Lori Chen, Agatha Dwilewicz Nadia Filippetto Wassim Houneini Chintan Patel Veronica Sales Tracy Wiersema
Staff Resource	Katryna Spadafore

Committee Performance and Outcomes: 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.

After ongoing issues with the committee's previous file-sharing platform, the DPP Committee successfully transitioned to SharePoint without disruption to committee activities.

Statistics:

Meetings	2025-2026 Count[i]	2024-2025 Count	2023-2024 Count
Virtual Meetings Panels of the Accreditation Committee meet via videoconference for 1-3 hour meetings to review pharmacy case files.	4	5	4
Business Meetings A business meeting is typically held mid-year for all members of the committee for orientation and discussion topics relevant to the full committee.	1	0	1
Onboarding Meetings Orientation sessions for new committee members.	1	1	0

2025-2026 Activity[ii]	
Pharmacy 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 committee reviews all assessment results. DPPs may be reviewed multiple times within the same Board year depending on the result of the previous assessment.	**5**
Pass	3
Pass with Conditions	0
Fail	0
Defer (for Undertaking or Reassessment)	2

Challenges: On occasion, constituting panels has been a challenge with only two Public Directors on the committee.

Noteworthy Insights and Considerations: A common theme that continues to emerge from the committee's work is DPPs that may be engaging in activities that appear to be manufacturing. Health Canada has been notified of the committee's concerns.

Priorities for Next Year: The committee's priorities for next year are to continue making decisions geared toward public safety when reviewing the results of DPP assessments.

[i] Includes meetings that have occurred as of August 14, 2026 and scheduled until the end of the Board year
[ii] As of August 14, 2026

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Committee Annual Report

Discipline Committee

September 2025 – September 2026

Committee Overview:

Role of the Committee

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. Many 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. The registrant may also present evidence to the panel, following which the panel will make 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.

Committee Members:

Board Directors	
Elected Directors	Jennifer Antunes, Simran Bal, Simon Boulis, Douglas Brown, Akil Dhirani, Scott Ford, Siva Sivapalan, Wilf Steer, and Victor Wong
Public Directors	Patrick Gauch (commencing May 20, 2026), Jae-Yon Jung, Adrienne Katz, James Killingsworth, Francis Michaud, Danny Paquette, Ranjithkumar Paranivasagm (commencing January 8, 2026), Cindy Wagg, and Devinder Walia
Non-Board Members	
Professional Committee Appointees	**Chris Aljawhiri (Chair)**, Ramy Banoub, Dina Dichek, Andrea Fernandes, Negeen Foroughian, Jillian Grocholsky, Chris Leung, Beth Li, Cory McGill, Megan Peck, Karen Riley, Zahra Sadikali, Jeannette Schindler, Connie Sellors, Laura Weyland, and David Windross
Lay Committee Appointees	Kathy Al-Zand, Jennifer Da Ponte, Rebecca Forte, Christine Henderson, Kim Lee, Sylvia Moustacalis, and Ravil Veli
Staff Resource	Genevieve Plummer

Committee Performance and Outcomes:

Did the Committee Successfully Fulfill Its Responsibilities This Year?

The Committee has successfully fulfilled its responsibilities this year, including its primary mandate to protect the public. The overarching goal of Discipline Committee proceedings is protection of the public, and as such, all decisions are made with this at the forefront.

The Committee continues to complete numerous hearings each year including releasing written decisions outlining the reasons for their decision, thereby providing transparency regarding their decision making and contributing to public confidence in the College's ability to regulate its registrants.

The Committee successfully transitioned to a new file sharing platform at the start of the Committee year.

Statistics:

Activity	2024-2025	2025-2026 (Scheduled)
Committee Meetings The Committee convened twice for a full day of training and discussion of relevant topics.	2	2
Pre-Hearing Conferences (PHCs) and Case Management Conferences (CMCs) PHCs and CMCs are an important first step in the discipline process as they are an opportunity for the College and the registrant to discuss the case with a member of the Discipline Committee, who will provide their candid opinion regarding the matter. The registrant's hearing is also scheduled and planned during PHCs and CMCs.	57	46
Uncontested or Partially Contested Hearings Held An uncontested hearing is held when the registrant admits the allegations and agrees on the supporting facts, and the registrant and College make joint submissions as to the appropriate sanction. In partially contested hearings, the majority of the matter is agreed upon, however, one or more elements are contested.	15	7
Contested Hearing Days Held A contested hearing is held when the registrant denies the allegations and the College and the registrant do not agree on the facts. The panel receives evidence and will reach a decision regarding the allegations, and if findings are made, the sanction. Most contested hearings take place over the course of multiple hearing days.	37 (Relating to 10 different hearings)	30 (Relating to 9 different hearings)
Oral Motions Heard Independent of the Hearing The College or the Registrant may bring a motion to request certain relief from the panel.	2	11

Written Hearing and Motion Decisions Released Following a motion or a hearing, the panel will provide their decision and the reasons for their decision in writing. Discipline Committee decisions are posted online on the legal database CanLII.	31	20 (As of August 1, 2026)

Challenges:

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.

Constituting panels for lengthy contested proceedings continues to be a challenge, particularly ensuring that the panel complies with composition and quorum requirements, and includes an individual with the requisite adjudicative competencies to act as the panel chair.

Noteworthy Insights and Considerations:

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 a concern to the Committee given the seriousness of these allegations. The Committee also receives a large number of referrals each year related to billing practices and is concerned that this continues to be the case.

The College may wish to consider messaging to the profession and any other steps that may be taken to educate registrants and to deter them from engaging in these types of misconduct.

Priorities for Next Year:

The Committee will continue to receive training regarding emerging issues that arise in discipline proceedings and ways in which complex cases can be managed throughout the pre-hearing conference and hearing processes.

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Committee Annual Report

Fitness to Practise Committee

September 2025 – September 2026

Committee Overview:

Role of the Committee
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.

Committee Members:

Board Directors	
Public Directors	Jae-Yon Jung and Danny Paquette
Non-Board Members	

Professional Committee Appointees	Adrian Bumstead, Lynn Covert, Dina Dichek, Andrea Fernandes, Megan Peck (from September 2025), Colette Raphael, Karen Riley, Zahra Sadikali, and Jeannette Schindler (Chair)
Lay Committee Appointees	Kathy Al-Zand
Staff Resource	Genevieve Plummer

Committee Performance and Outcomes:
The Committee contributes to the College's mandate to protect the public by providing an avenue to address issues relating to a registrant's health and to ensure that registrants are practising safely. While public protection remains the key consideration in all matters, the Committee also recognizes the unique nature of incapacity proceedings and provides an alternative pathway through the consent order process, which allows registrants to have their matter adjudicated without a formal hearing.

Over the past year the Committee received one new referral and held one pre-hearing conference. Although no matters came to the Committee for decision, the Committee received training and was prepared to address any matters that came before it.

Statistics:

Activity	2024 - 2025	2025 -2026
Committee Meeting The entire Committee convened for a full day of training and discussion of relevant topics.	1	1
Pre-Hearing Conferences Held PHCs are an opportunity for the College and the registrant to discuss the case with a member of the FTP Committee, who will provide their candid opinion regarding the matter. The possibility of reaching a resolution is explored, and if resolution is not possible, the registrant's hearing is scheduled and planned.	0	1
Consent Order Reviews Completed When the registrant and College enter into a Memorandum of Agreement (MOA), a panel will convene to review the MOA and proposed Consent Order. Through the MOA, both parties authorize the panel to issue a Consent Order finding the registrant to be incapacitated without a formal hearing.	0	0
Contested Hearings Held 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, what order should be made.	0	0

Challenges: Over the past two years no panels have been convened to consider a consent order or to hold a hearing. A challenge the Committee faces is ensuring that Committee members remain trained and motivated to continue on the Committee given the limited number of panels that are convened. An additional challenge relates to ensuring that matters that are referred to the Committee are brought to it for consideration within a reasonable time.

Noteworthy Insights and Considerations: The Committee has noted the prevalence of mental health and substance use issues within the general population of Ontario, as well as the unique challenges faced by pharmacists and pharmacy technicians. 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.

Priorities for Next Year: A priority for next year will be ensuring that Committee members remain trained and ready to consider any matters that come to it for decision.

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Committee Annual Report

Inquiries, Complaints and Reports Committee

September 2025 – September 2026

Committee Overview: 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, and consider relevant records and documents related to the case to determine an outcome.

Depending on the type of investigation, a panel of the ICRC can choose one or more of the following outcomes:

- **Take No Action:** The ICRC will take no action when they are of the opinion that registrant's conduct or actions were appropriate under the circumstances or where there is insufficient information to support taking action.
- **Advice/Recommendations:** The ICRC issues 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.
- **Specified Continuing Education or Remediation Program (SCERP):** The ICRC may require a registrant to complete a remediation program to address practice or conduct concerns and/or to upgrade skills and knowledge. A SCERP is a remedial measure intended to improve the registrant's practice within the areas of concern and prevent the registrant from having a similar experience in the future.
- **Oral Caution:** The ICRC will require a registrant to receive a caution in cases when the committee has significant concerns about a registrant's conduct or practice. Cautions are an opportunity for the ICRC to have a "face to face" discussion with the registrant about their concerns and to hear from them about practice changes they have made. Cautions are remedial in nature and are meant to improve the registrant's practice.
- **Undertaking:** The ICRC may request that a registrant enter into an undertaking with the College, which is a promise by a registrant to do certain things (e.g. permanently resign) or refrain from doing certain things (e.g. cease providing injections). If the undertaking is executed by the registrant, the ICRC may take no action in light of the protection of the public offered by the undertaking or choose another outcome depending on the nature of the file.
- **Refer to Discipline:** In a small fraction of investigations, the ICRC will refer specified allegations of professional misconduct and/or incompetence 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 practise professionally or competently.
- **Refer for Health Inquiries:** Where the investigation reveals that the registrant's conduct may be caused by an illness (e.g. substance use disorder), the panel may refer the matter to another panel of the ICRC to conduct health inquiries.

- **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.

Committee Members: The ICRC is composed of all of the College Board's Public Directors and ten or more Professional Committee Appointees. In 2025-2026, the ICRC's members were as follows:

Board Directors	
Public Directors	Leyland Brown, Patrick Gauch (effective 2026-06-09), Jae-Yon Jung, Adrienne Katz, Jamie Killingsworth, Elnora Magboo (until 2026-01-10), Francis Michaud, Stephen Molnar, Danny Paquette, Ranjithkumar Paranivasagam, Devinder Walia, Cindy Wagg
Non-Board Members	
Professional Committee Appointees	Chintan Patel (Chair), Ghazal Adnan, Elaine Akers, Derek Antwi, Heba BaniHani, Jaltarang Bhimani, Tanisha Campbell, Vickie Chang, Ashley Cunningham, Nneka Ezurike, Sajjad Giby, Michael Heffer, Wassim Houneini, Aline Huynh, Khaleda Kabir, Ankit Kansara, Tom Kontio, Elizabeth Kozyra, Kim Lamont, Chris Leung, Janet Leung, Lenda Mettry, Dean Miller, Alei Eldeen Mohamed, James Morrison, Saheed Rashid, Fatema Salem, Veronica Sales, Kaivan Shah, Ian Stewart, Frank Tee, Tirath Thakkar, Tracy Wiersema, Lisa-Kaye Williams, and Ali Zohouri
Staff Resource	Katryna Spadafore

Committee Performance and Outcomes: One of the key ways the College fulfills its mandate to serve the public interest is by managing the complaints resolution process and conducting investigations into registrants' conduct. As the screening committee responsible for reviewing all investigations, the ICRC makes decisions using a thorough, risk-based process. When registrants' conduct or the delivery of care falls below expectations of the profession, the ICRC takes appropriate action in the public interest.

As reflected in the committee's activities and performance measures, the ICRC effectively fulfilled its responsibilities this year. A key performance indicator of public protection monitored by the College's Board is the percentage of high- and moderate-risk complaints disposed of within 150 days. To date, the target of 30% has been consistently met during the 2025-2026 Board year.

Another key performance indicator of public protection is the percentage of 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's decision was reasonable. To date, 100% of HPARB decisions received confirmed the ICRC's decision during the 2025-2026 Board year.

Since 2020, if the ICRC requires a registrant to complete a SCERP to address practice or conduct concerns and/or to upgrade skills and knowledge, the registrant is required to participate in an ICRC post-remediation assessment (IPRA) upon completion of the SCERP to assess improvement. To date, 94% of registrants passed the IPRA during the 2025-2026 Board year.

After ongoing issues with the committee's previous file-sharing platform, the ICRC successfully transitioned to SharePoint without disruption to committee activities.

Statistics: Despite the volume of complaints and Registrar's reports managed through informal processing, the ICRC continued to require more meetings to address the volume of investigations files being opened:

Meetings	2025-2026 Count[1]	2024-2025 Count	2023-2024 Count
Virtual Meetings Panels of the ICRC meet via videoconference for half-day sessions to dispose of completed investigation files.	61	57	47
Teleconferences Short teleconferences are scheduled on an ad-hoc basis for matters that require discussion in between regularly scheduled panel meetings.	5	15	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.	11	10	13
Business Meetings 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	2	2
Onboarding Meetings Orientation sessions for new committee members or subject matter training.	3	2	3

[1] [1] Includes meetings that have occurred as of August 14, 2026 and scheduled until the end of the Board year

2026-2026 Activity[2]	
Files Reviewed Complaints, Registrar's investigations, and health inquiries where the ICRC has reviewed and rendered an outcome.	**639**
Take No Action	266
Take No Action + Undertaking	5
Advice/Recommendation	175
Advice/Recommendation + SCERP	101
Oral Caution	8
Oral Caution + SCERP	48
Refer to Discipline	34
Refer to Fitness to Practise	1
Withdrawn	1
Investigator Appointments Complaints or Registrar's investigations where the ICRC requests, approves, or receives notification of an appointment of investigators.	**158**
Oral Cautions Delivered	**44**
Interim Orders Imposed	**0**

Note: 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 impose an interim order.

Challenges:

The committee continued to fulfill its responsibilities during the reporting period even though increasing investigation volumes continue to place pressure on committee and operational resources. While all of the College's Public Directors are appointed to the ICRC, there has been turnover in appointments this Board year resulting in an increased workload to be shared by the more experienced Public Directors, while awaited new Public Directors to be appointed and onboarded.

Noteworthy Insights and Considerations:

The ICRC continues to review intakes and investigations relating to registrant compliance with the College's *Time-Delayed Safes Policy* (approved by the Board in March 2024).

The ICRC would like to continue building on its introductory human rights training and provide further Equity, Diversity and Inclusion (EDI) training to interested members.

It is anticipated that next year there will be an increase in the number of investigations requiring the ICRC's review. As a result, the percentage of high- and moderate-risk investigations that are disposed within 150/365 days will likely be impacted.

Priorities for Next Year:

Looking ahead, the ICRC's main focus will be managing the increasing volume of files requiring review.

[2] [2] As of August 13, 2026

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Committee Annual Report

Patient Relations Committee

September 2025 – September 2026

Committee Overview:

Role of the Committee (updated as of 2026): The Patient Relations Committee is responsible for administering and continuously improving the College's patient relations program, as required under the Regulated Health Professions Act, 1991. The Committee ensures the program meets all statutory requirements related to preventing and addressing sexual abuse of patients, including education, registrant guidance, staff training, public information, and the provision of funding for therapy and counselling.

In addition, the Committee advances the broader objective of enhancing relations between registrants and patients by promoting safe, ethical, and respectful care. This includes providing strategic advice and recommendations to the Board on policies, standards of practice, and other initiatives related to professional conduct, boundaries, human rights, and patient-centred care.

Through these functions, the Committee contributes to the prevention of harm, the promotion of patient safety, and the strengthening of trust in the profession.

Committee Members:

Board Directors	
Elected Directors	-
Public Directors	-
Non-Board Members	
Professional Committee Appointees	Ghazal Adnan, Saliman Joyian, Adrian Bumstead, Nikki Patel
Lay Committee Appointees	Ravil Veli (Chair), Kathy Al-Zand, Shelby Parente, Audrey Wubbenhorst, Saeed Walji
Staff Resource	Delia Sinclair Frigault

Committee Performance and Outcomes: Throughout the year, the Committee explored the evolution of its mandate and its role in enhancing patient relations. Members expressed broad support for maintaining sexual abuse prevention as the Committee's core statutory responsibility while considering how the Committee can contribute more proactively to matters affecting patient experience, including communication, equity, diversity and inclusion, and professional-patient relationships. These discussions identified an opportunity to further clarify the Committee's scope and establish a more strategic and consistent framework for future work.

Members supported a mandate that:

- Maintains sexual abuse prevention as the central focus
- Incorporates broader patient-relations considerations
    - Professional boundaries

  - Human rights and non-discrimination
  - Equity, diversity and inclusion (EDI)
  - Patient experience and communication
- Integrates stronger positive, proactive language and framing (e.g., promoting respectful care, rather than solely being reactive or compliance-based)
- Reflects both preventive and improvement-focused approaches

The updated Committee Mandate is listed under "**Role of the Committee**" within this report.

Patient Outreach: The Committee undertook a full review of patient-facing outreach materials related to the funding for therapy and counselling program. This was completed with the desired outcome of increasing accessibility and clarity, using a trauma-informed approach. This activity was informed by a brief environmental scan of materials available on websites of several Ontario health regulatory colleges.

Statistics:

- 1 orientation session was held for new members.
- 3 committee meetings were held virtually (2 hours each).
  - Quorum was achieved for each meeting. Regrets ranged from 1 to 3 members.

Matters considered at meetings:

- Funding for therapy program reports
- 2025 data insights from investigations
- Direction provided regarding committee scope and mandate statement
- Review of patient-facing funding program materials
- Review of annual report from external patient support, Dr. Ruth Gallop
- Preliminary steps towards development of a multi-year workplan

Investigations Statistics:

- From January 2025 to May 2026, there have been:
  - 19 total investigation files
  - 3 involved sexual abuse of a patient
  - 12 active files, 7 concluded (ICRC decisions)
- Three categories of investigation:
  - Boundary violations: Non-sexual inappropriate conduct (e.g., contacting patients socially)
  - Sexual harassment: Conduct involving non-patients
  - Sexual abuse: Conduct involving patients (as defined under legislation)

Funding program:

Since 2017:

- **41 patients** have been notified of their eligibility to receive funding for therapy/counselling.
- **11 patients** have chosen to participate in the program (**1** new request for funding in 2025).

- **Over $103,000** in funding has been provided to patients.
- Year-over-year trends remain consistent. The program participation rate is similar to the experiences of other health regulators.
- All patients who make an allegation of sexual abuse are notified of their eligibility as well as program details. Participation is entirely voluntary.
- A maximum of approximately $20,470 (updated in April 2026) is available per patient for up to five years, as established in regulation.

Challenges: The Committee did not experience any challenges this year in administering the Patient Relations Program (PRP) or meeting their mandate. The Committee took extra steps to explore and further define the scope of their work outside of the PRP, and will continue to develop a multi-year workplan for the next Committee year.

Regarding the challenges that patients face related to making complaints and accessing therapy and counselling funding, the following themes have been observed from patients across health regulatory Colleges:

- Patients often require clarification about the role of the College, complaint processes, and timelines.
- Many patients find the process stressful, lengthy, and difficult to navigate.
- Fear remains a major barrier to reporting. Some patients express concerns about privacy, safety and potential retaliation, leading some to decide not to proceed with a complaint.
- Patients frequently experience feelings of shame and self-blame and may require support to understand issues such as abuse of power and the legal framework under Ontario's *Regulated Health Professions Act* (RHPA).
- Overall, patients describe the regulatory complaint process as highly distressing, with lasting impacts on their personal lives, relationships, and careers.

The concerns identified are consistent across regulatory Colleges and highlight the ongoing challenge of making processes more accessible and supportive. The Committee identified the importance of trauma-informed approaches, the need to reduce barriers to access and improve clarity, the value of having a dedicated support contact for patients, and regular review of patient-facing materials.

Noteworthy Insights and Considerations: The Committee's discussions throughout the year reinforced the importance of a patient-centred approach to communication, accessibility, and prevention. Across several agenda items, members identified a common theme that patients often experience challenges understanding the College's role, the complaints and investigations process, available supports, and the scope of services pharmacists can provide. These observations highlighted opportunities to improve public-facing communications through plain language, accessible formats, and trauma-informed approaches that support trust and understanding.

The Committee also observed that communication remains a significant factor in the patient experience. Discussions emphasized the importance of supporting registrants with practical resources related to respectful communication, confidentiality, cultural safety, de-escalation, and managing difficult conversations. Members noted that many patient concerns arise not only from the outcome of an interaction, but from how information is communicated and how patients perceive their experience.

Reviews of conduct trends, patient support experiences, and funding program utilization reinforced the ongoing need for prevention-focused initiatives. The Committee recognized opportunities to use available data and patient feedback to identify emerging risks, inform educational resources, and strengthen awareness of professional boundaries, reporting obligations, and respectful care practices.

Finally, the Committee recognized the importance of ensuring that patient-relations initiatives remain responsive to evolving public expectations and healthcare system changes. Members identified continued opportunities to improve accessibility, strengthen patient understanding of regulatory processes, and support respectful, inclusive, and culturally safe care across the pharmacy profession.

Priorities for Next Year:

- Assessing current activities against legislative requirements, particularly in relation to sexual abuse prevention measures (education, guidelines, staff training, public information);
- Identifying gaps and opportunities across the patient relations spectrum, and the refreshed Strategic Plan priorities;
- Establishing clear priorities and goals, including both required and additional areas of focus; and,
- Developing a multi-year work plan.

These priorities align with future work to be conducted by the Governance Committee and Institute on Governance (IOG) around Committee terms of reference, roles and evaluation framework in 2027.

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Committee Annual Report

Quality Assurance Committee

September 2025 – September 2026

Committee Overview:

Role of the Committee

QAC Role and Responsibilities

The Quality Assurance Committee (QAC) 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 are 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 feeds into determining the ongoing professional development required.

The QAC 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 QAC review results of QA activities and can require those individuals whose knowledge, skill, and judgement have fallen below minimum practice standards (based on assessment results) to participate in remediation. Remediation focuses on the individual practice competence of the registrant, rather than broad topic remediation required by other statutory committees.

Committee Members:

Board Directors	
Elected Directors	
Public Directors	Stephen Molnar, Cindy Wagg
Non-Board Members	
Professional Committee Appointees	Karen Riley, Amber Farhat, Andrea Fernandes, Anna Cardozo, Annie Brooks, Eric Kam, Max Yaghchi, Mishka Danchuk-Lauzon, Pritesh Mistry
Lay Committee Appointees	
Staff Resource	Kristin Reid, Sachi Sharma, Deena Hamzawi, Christine Kuhn, Angela Tse

Committee Performance and Outcomes:

Did the Committee Successfully Fulfill Its Responsibilities This Year? As evidenced by the committee role and statistics below, the QAC successfully fulfilled its regulatory responsibilities this year. The QAC'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 is provided to patients by pharmacy professionals.

Statistics:

- Statistics relating to QAC considerations in the 2025 calendar year are provided in the College's 2025 annual report (pages 16- 17).
- 12 QAC Panels (October 2025-September 2026), 1 Orientation, 1 Full QAC Meeting
- 57 cases brought to the panels as of July 2026. This includes 26 cases for remediation and 16 cases for deferrals. Two registrants were moved to Part B.
    - This is compared to 71 cases for 2025 (up to July), of which 33 required remediation and 12 for deferrals granted.

Key Highlights from the QA Program Area in 2026:

- The Knowledge Assessment based on a random selection of Part A pharmacists was administered in May 2026.
- The number of Part A Pharmacists that completed the Unproctored Knowledge Assessment in May 2026 is **3814**.
- The **statistics for completed Practice assessments** for the period of **January 1, 2026, to June 30, 2026** are as follows:
    - Routine: Pharmacists 830, Pharmacy Technicians 186
    - Reassessments: Pharmacists 57, Pharmacy Technicians 31
    - Reassessment success rate (2026 Dashboard Measure):
        - Community Pharmacist:
            - Q1: 18/25 (72%)
            - Q2: 28/32 (88%)
        - Community Pharmacy Technician:
            - Q1: 24/24 (100%)
            - Q2: 7/7 (100%)
    - QA Assessments:
        - As a reassessment outcome: Pharmacists 11, Pharmacy Technicians 0
        - QA Assessments Completed: Pharmacists 14, Pharmacy Technicians 0
        - Post-Remediation Assessments: Pharmacists 3, Technicians 0

of Matters considered/dealt with

Types of Files considered	**2025**	**2026**
Registrants referred due to Self-Assessment Tool not completed	15	5
Registrants referred due to the Knowledge Assessment (unproctored) for 2024/2025 (2025/2026) not completed	1	0
Registrants referred due to assessment deferrals beyond 1 year	7	8
Registrants who did not pass a practice reassessment and underwent a QA assessment	11	19
Registrants referred due to unsuccessful in Knowledge Assessment (proctored)	20	7
Outcomes		
Note placed on registrant's file as incomplete Self-Assessment Tool	23	0
Knowledge Assessment (proctored) required for registrants that have not completed Knowledge Assessment (unproctored) for 2024/2025 (2025/2026)	0	0
Deferrals for assessments granted	12	16
QA Committee directed registrants to be moved to Part B of the registry	1	2
QA Committee directed assessments	18	8
Self-directed remediation	0	0
QA Committee directed required remediation	33	26
QAC Directed TCL's/Undertaking	3	3

Challenges: There were no challenges impacting the QAC's mandated work this year.

Noteworthy Insights and Considerations: The QAC and College staff continue to monitor information from our regulatory programs and changes in the pharmacy landscape to continue to evolve in step with the pharmacy practice

environment. This includes consideration of the impact that workplace pressures may have on the ability of registrants to meet their Standards of Practice. The QAC has continued its heightened focus on assessing public risk when making decisions and directing remediation. Specifically, when the College is aware of registrants who may be a risk to patient safety, the QAC must ensure that remediation is completed promptly, and that long delays in imposing restrictions on the registrant are minimized or eliminated.

The QAC has also prioritized collaboration and engagement with registrants when directing remediation and QA activities, to ensure that registrants are supported and provided the best opportunities to continue to evolve their practice to optimize patient care, while still ensuring patient safety. To that end, along with traditional remediation programs, the QAC has considered novel approaches to learning and assurance of competence. This includes requesting review of learning portfolios for registrants seeking longer-term deferrals (>1 year).

QA Program staff completed an evidence-based, data-informed review of risk factors that may impact patient care and could be used to select Part A registrants to participate in QA Activities. Risk factors may include the registrant's workplace environment, the type of services provided, past conduct, previous Quality Assurance Program outcomes, and the time elapsed since their last Quality Assurance Program activity. Further data analysis and regulatory risk framing are being finalized before bringing select recommendations to the Board of Directors. Once this work is finalized and selection criteria are approved, this information will be posted publicly and will allow the QA program to enhance its ability to focus on risk-based, right-touch regulation.

Priorities for Next Year: The QAC will continue to work with College staff to finalize and implement the risk-based selection process for QA activities in 2027. To support the College's commitment to quality improvement within our regulatory programs, the QAC and College staff will continue to analyze and review QA program effectiveness and areas of opportunity, as outlined in internal QA policy, and to align with strategic direction set out by the Board of Directors.

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Committee Annual Report

Registration Committee

September 2025 – September 2026

Committee Overview:

Role of the Committee: As set out in the Objects of the College, which are defined in the *Health Professions Procedural Code*, being Schedule 2 of the *Regulated Health Professions Act, 1991*, the College is responsible for developing, establishing, and maintaining standards of qualification for persons to be issued certificates of registration. This is accomplished through the work of the Registration Committee.

The role and duties of the Registration Committee are further defined throughout the *Health Professions Procedural Code, Ontario Regulation 256/24* under the *Pharmacy Act, 1991*, and the College's By-Law No. 7. The legislation also sets out the requirement that the College provide registration practices that are transparent, objective, impartial and fair. These practices are overseen by the Fairness Commissioner.

Within these parameters, the Registration Committee oversees the development of registration requirements and related policies. An overview of the core registration requirements is provided in the table below:

Requirements for All Classes	Additional Requirements for Pharmacists and Pharmacy Technicians
Language Proficiency (in English or French)	Education
Suitability to Register declaration (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 (Practice Assessment of Competence at Entry (PACE))
Required Fees Paid	

Note: There are currently four permanent classes of registration and two temporary classes (emergency assignment) of registration. The temporary classes of registration are not currently open. The requirements for each are posted on the College website.

Committee Members:

Board Directors	
Public Directors	Devinder Walia, Danny Paquette
Deans of Faculties of Pharmacy	Lisa Dolovich, Andrea Edginton (until June 30, 2026), Kelly Grindrod (as of July 1, 2026), Alain Stintzi
Non-Board Members	
Professional Committee Appointees	Kenny Chong, Andrea Fernandes, Danielle Garceau (Chair of the Committee), Cindy Giby, Beverly Miller, Nikki Patel, Craig Whistance-Smith
Lay Committee Appointees	Bernadette Santiago, Megan Sloan
Ontario Pharmacy Technician Program Representative	Angela Roach
Staff Resource	Greg Purchase Deborah Byer (until July 30, 2026) Quynh Caohuu (as of August 10, 2026)

Committee Performance and Outcomes:

Did the Committee Successfully Fulfill Its Responsibilities This Year? Based on historical performance and forward-looking risk factors, the College remains in the low-risk category according to the Fairness Commissioner's Risk-Informed Compliance Framework assessment. Over the spring and summer, the College participated in an updated assessment with the Fairness Commissioner. The results of this assessment, along with the College's updated rating, are expected to be received by the Fairness Commissioner in Fall 2026.

As evidenced by the statistics in the following section, 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.

Significant changes to registration practices over the past two years have led to changes in the number and type of Registration Panel referrals during this time period. Namely, a significant regulatory change in October 2024 removed the student class of registration and introduced the intern technician class of registration. Further, the replacement of structured practical training for pharmacy technician applicants with a practice assessment of competence at entry also occurred at the end of 2024. In addition, the closure of the emergency class of registration for pharmacy technicians occurred just before the start of this Board year. While it had less of an impact on the number and type of Registration Panel referrals, the introduction of "As of Right" legislation in January 2026 was also a significant change to a registration practice that the Committee had to familiarize themselves with.

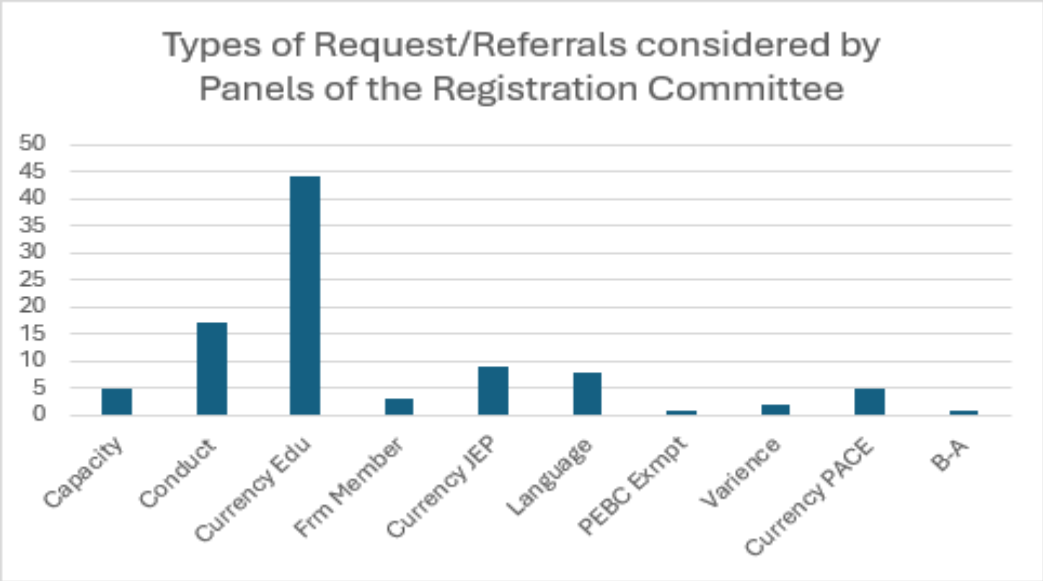
In addition to the Registration Panel meetings over the last year, the full Registration Committee met twice – once in November 2025 for a Registration Committee orientation and training, and again in June 2026. During the meeting in June 2026, a number of Registration Committee Policies were reviewed and approved. The Committee was also provided with operational updates affecting the College's PACE program as well as a presentation by the Fairness Commissioner surrounding his oversight role and how risk categories are assigned to Colleges.

Statistics:

Registration Panel Requests and Outcomes (September 2025 to July 2026*)

Number of panel meetings	12
Requests considered	95
Outcome – fully granted	70
Outcome – partially granted	11
Outcome – deferred	3
Outcome – withdrawn/met	1
Outcome - denied	8
Outcome – not considered	2

*Additional Panel meetings are scheduled for August 28 and September 21, 2026. Statistics for these Panel meetings are not reflected in these charts due to timing of report generation.



Additional statistics regarding the number of new registrations, registrant renewals, Jurisprudence, Ethics and Professionalism assessments, and PACE assessments are provided in the College's 2025 Annual Report: https://ocpinfo.com/ocp-resources/2025-annual-report/ Note that the Annual Report includes statistics based on the calendar year (January to December) not the Board Year (September to August).

Challenges: As noted previously and referenced above, legislative changes to the *Regulated Health Professions Act, 1991* prohibits Canadian experience, including the College's Structured Practical Training program, as a registration requirement. Accordingly, the College has transitioned to the PACE program for pharmacy technician applicants effective October 1, 2024. College staff have been regularly engaging with community and hospital partners to build an assessor pool across the province to ensure that pharmacy technician applicants are able to access PACE in a timely manner. This engagement has led to valuable feedback which has been used to make updates to the program in an effort to address any potential barriers to access. College staff are continuing to monitor the uptake of PACE and are positioned to address any future potential barriers that are presented.

Noteworthy Insights and Considerations: Significant changes to registration practices over the past number of years has highlighted the need for the Registration Committee and College staff to be agile when looking at how registration requirements are administered. In addition, changes to registration practices in other jurisdictions has highlighted some of the differences between jurisdictions and how they affect applicants when applying for registration. The Committee continues to monitor these changes and consider if any changes to our practices are warranted or required.

Priorities for Next Year: As alluded to above, the Registration Committee continues to monitor changes to registration practices, both in Ontario and in other jurisdictions. The Committee is committed to critically looking at registration policies in Ontario to ensure that practices continue to be fair, impartial, objective and transparent and to work with the Fairness Commissioner to implement any recommendations arising from the most recent Risk Informed Compliance Framework risk rating.

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Committee Annual Report

Finance and Audit Committee

September 2025 – September 2026

Committee Overview:

Role of the Committee: The Finance and Audit Committee (FAC) assists the Board in overseeing the College's financial management, audit activities, investments, reserves, enterprise risk management, and related governance policies. The Committee reviews the annual budget, monitors financial performance, oversees the external audit process, and makes recommendations to the Board on financial and governance matters.

The Committee's responsibilities support the Board's oversight obligations under Board Policies 4.4, 4.5, 4.6, 4.7, 4.10, and 4.12.

Committee Members:

Board Directors	
Elected Directors	Jennifer Antunes, Simon Boulis, Wilf Steer, Victor Wong, Douglas Brown (ex-officio)
Public Directors	Adrienne Katz (Chair), Francis Michaud, Cindy Wagg
Staff Resource	
Staff Resource	Thomas Custers, Jaime Dawkins

Committee Performance and Outcomes:

The Committee fulfilled its mandate by providing oversight of the College's finances, audit activities, investments, reserves, enterprise risks, and governance policies. Through its review and recommendations, the Committee supported sound financial stewardship, accountability, and organizational resilience.

Significant accomplishments included:

- Reviewed and recommended approval of the 2026 Operating and Capital Budget, supporting the College's strategic and financial objectives.
- Monitored quarterly financial results, forecasts, and investment performance and supported improvements to financial reporting for the Board and Committee.
- Reviewed the results of the 2025 external audit and recommended approval of the audited financial statements to the Board. The Committee also introduced and completed its first formal evaluation of the external auditor, including the implementation of Audit Quality Indicators (AQIs) to support a more structured and evidence-based assessment of audit quality.

- Recommended updates to the Investment Policy Statement and Reserve Funds Policy to strengthen governance, transparency, and oversight of reserve assets. The Committee also established performance benchmarks for the College's investment advisor.
- Recommended revisions to the Safe Disclosure (Whistleblower) Policy, including the implementation of an independent reporting channel to strengthen accountability and protections against reprisal.
- Provided oversight of major organizational initiatives, including implementation of the Registrant Records System (RRS), with ongoing monitoring of project risks, costs, timelines, and organizational readiness.
- Reviewed the Corporate Risk Register and provided oversight of key organizational risks, including cybersecurity, artificial intelligence, workforce capacity, operational transformation, and regulatory change.
- Completed a committee effectiveness review and initiated a formal self-assessment process to support continuous improvement in governance and oversight.

The Committee's work contributed to Strategic Goal 3 by supporting the financial capacity, governance structures, and operational resources needed to meet evolving regulatory and professional practice requirements.

Statistics: During the reporting period:

- Eight Committee meetings were held, including an orientation session for new members and a special meeting dedicated to the 2026 budget.
- Quarterly financial statements, forecasts, investment reports, audit materials, governance policies, and enterprise risk reports were reviewed.
- Recommendations were provided to the Board regarding the annual budget, audited financial statements, investment and reserve fund policies, and whistleblower policy enhancements.
- A formal external auditor evaluation process, including AQIs, was introduced and completed.
- A committee evaluation process and structured annual work plan were established.
- The College's 2025 year-end financial results improved from a budgeted deficit position to an actual surplus position after capital expenditures.
- Reserve and investment balances remained strong, exceeding $18 million at year-end.

Challenges: Several challenges required Committee attention during the reporting period.

Staffing vacancies within the Accounting team created capacity challenges during the reporting period. Despite these challenges, management effectively maintained operational and reporting requirements, enabling the Committee to continue fulfilling its mandate. The Committee also supported initiatives to further strengthen financial forecasting, planning, and reporting processes and is aware of management's plans to implement a new accounting system to support these improvements.

The Committee also monitored several significant organizational initiatives, including implementation of the Registrant Records System. Project complexity, data migration requirements, organizational readiness, and evolving timelines required ongoing oversight and risk management.

In addition, the Committee continued to oversee an increasingly complex risk environment that included cybersecurity, artificial intelligence, workforce pressures, operational transformation, and regulatory change. These risks require growing attention alongside the Committee's traditional financial oversight responsibilities.

Noteworthy Insights and Considerations:

Several themes emerged during the Committee's work that may be relevant to future Board planning and oversight.

Financial Reporting and Decision Support

The Committee observed the growing importance of timely, forward-looking financial information that supports strategic decision-making. Continued improvements to forecasting, planning, and performance reporting will enhance governance oversight and organizational accountability.

Enterprise Risk Oversight

Committee discussions reinforced that organizational risks increasingly extend beyond traditional financial matters. Cybersecurity, artificial intelligence, workforce capacity, and technology-enabled change will remain important areas of Board and Committee attention.

Investment Governance

The review of reserve funds and investment policies highlighted the importance of clear reserve fund objectives, meaningful performance measures, and transparent reporting to support effective oversight and decision-making.

Governance Development

Committee self-assessment activities and the introduction of a formal auditor evaluation process, including AQIs, reinforced the value of ongoing governance review, education, and continuous improvement practices.

Priorities for Next Year: The Finance and Audit Committee's priorities for the upcoming year include:

Financial Stewardship and Sustainability

- Monitor the College's financial position and progress toward long-term financial sustainability, including implementation of a two-year rolling budget approach.
- Review financial projections, budget assumptions, and strategic investments.
- Support development of the 2027 budget and related Board deliberations.

Audit and Financial Reporting

- Oversee completion of the 2026 audit cycle.

- Conduct a competitive procurement process for external audit services.
- Continue advancing financial reporting, forecasting, and planning practices.

Investment and Reserve Fund Oversight

- Implement and monitor the revised Investment Policy Statement and Reserve Funds Policy.
- Review investment performance benchmarks and reserve fund reporting.
- Monitor ongoing alignment between investment activities and policy objectives

Risk and Governance

- Continue oversight of the Corporate Risk Register and emerging organizational risks.
- Monitor risk trends, mitigation strategies, and key performance indicators.
- Support governance improvements arising from policy reviews and committee evaluations.

Committee Development

- Continue committee education and governance training initiatives to support ongoing development of financial, audit, risk, and governance competencies, while strengthening the Board's overall financial stewardship and oversight capabilities.
- Review annual committee effectiveness results.
- Advance governance and audit committee best practices

These priorities will support ongoing oversight of the College's financial stewardship, audit functions, investment governance, risk management, and organizational resilience in support of the College's strategic objectives.

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Committee Annual Report

Governance Committee

September 2025 – August 2026

Committee Overview:

Role of the Committee: In accordance with Article 8.24 of OCP By-Law No. 7B, the Governance Committee plays an important role in ensuring effective Board leadership and oversight. It is responsible for:

- Defining the competencies required for Board elections and implementing the succession strategy for the Chair, Vice Chair, and Executive Committee positions.
- Recommending candidates for Board committees and overseeing the orientation and ongoing training of Directors.
- Managing the evaluation process for individual Directors and the Board as a whole.
- Proposing amendments to By-Laws and recommending changes to Board policies to ensure alignment with legislative requirements and governance best practices.

Committee Members:

Board Directors	
Elected Directors	Siva Sivapalan, Chair, Jennifer Antunes, Douglas Brown, ex-officio
Public Directors	Jamie Killingsworth, Stephen Molnar
Non-Board Members	
Lay Committee Appointees	John Halligan, Christine Henderson, Sylvia Moustacalis
Staff Resources	Jay O'Neill, Registrar & CEO Christian Guerette, General Counsel and CPO Amy Vranchidis, Governance Lead Rebecca Singh, Governance Administrator

During the 2025-2026 Board year, the Governance Committee met 11 times:

2025: Nov 7, Nov 19, Dec 17

2026: Jan 23, Feb 27, Mar 11, Apr 2, May 29, June 24, July 22, Aug 20

Committee Performance and Outcomes:

Did the Committee Successfully Fulfill Its Responsibilities This Year?

The Committee successfully fulfilled its duties in the By-Law during a very busy Board year.

The Governance Committee's most significant achievements during the 2025-2026 Board year were:

1. Oversight of implementation of the Institute on Governance Review recommendations.
2. Review of Board competencies and development of the 2026 Director Profile.
3. Recommendation to increase Board size by two elected directors (one pharmacist and one pharmacy technician) and to extend elected director term limits from six to nine years, including consequential by-law amendments.
4. Development of a Decision Framework: Clarifying Roles and Decision-Making Parameters of the Board, Executive Committee, Chair, Vice-Chair and Registrar & CEO.
5. Development of Guidance for Executive Committee on Matters Requiring Immediate Attention and consequential by-law amendments.
6. Advancement of the following governance policies:

   Policy 3.7 – Conduct of Directors and Committee Appointees and Sanctions Process

   Policy 3.8 – Confidentiality and Privacy

   Policy 3.9 – Conflicts of Interest

   Policy 3.12 – Board Meeting Rules of Order

   Policy 3.13 – Meeting Agendas and Minutes
7. Development and recommendation of Statement of Principles re: Collective Governance and Expected Norms (September 2026)
8. Development and recommendation of the 2026-2027 Board Education and Development Plan (September 2026)
9. Development and recommendation of the 2026-2027 Board and Committee slate (September 2026)

Training and Development

- A successful hybrid full day Board and Committee orientation was held in October 2025 which included chair training, privacy and confidentiality training, and governance and training.
- The Governance Committee identified additional training and development for the Board including governance leadership workshops and individual coaching for select Board members, principles re: collective governance and expected norms training, and facilitative chair training for Executive Committee members, all of which was carried out.
- The Governance Committee has noted that orientation and training will be incredibly important in 2026-2027, with an increased focus on governance, role clarity and alignment with serving the public interest mandate.

Board of Director Elections

- The Committee supported the annual election process by reviewing the Board competencies survey (skills matrix) and affirming the election competencies and focus areas outlined in the 2026 Director Profile.
- The Committee also carefully reviewed the application process and recommended amendments to improve clarity and effectiveness.

- The Director Profile was shared with the Public Appointments Unit to communicate desired competencies for public director appointees.
- The Committee will revisit the elections process in 2026-2027 with additional recommendations to streamline and support competency-based recruitment.

Committee Slate Development: As part of the annual committee appointments review, staff conducted a comprehensive assessment of committee composition, anticipated vacancies, succession planning needs, and overall committee capacity. To support this review, surveys were distributed to current committee members to gauge interest in reappointment and identify interest in new committee opportunities. Staff also sought feedback from Committee Chairs and staff supports regarding committee effectiveness, succession planning considerations, and future appointment needs.

Based on this review, it was determined that the College has a sufficient pool of qualified and experienced Lay Committee Appointees (LCAs) and Professional Committee Appointees (PCAs) to meet anticipated committee appointment requirements for the upcoming year. Feedback received through the survey process demonstrated strong interest among current appointees in continuing their committee service, while Chair and staff feedback identified no significant committee capacity gaps or resourcing concerns.

Given the strong retention interest and the availability of qualified appointees, the Governance Committee concluded that undertaking a broader recruitment process would not represent an effective or necessary use of organizational resources at this time. As a result, no LCA or PCA recruitment was undertaken for the 2026-2027 appointment cycle. Staff will continue to monitor committee capacity, succession planning requirements, and future appointment needs.

Committee Appointments and Governance Improvements

- Following the Board of Directors election and the annual review of committee appointments, the Committee supported the development of the proposed 2026-2027 committee slate for Board approval. The slate will be finalized following the election of the Board Chair, Vice Chair, and Executive Committee at the September Board meeting.
- Input gathered from committee members, Committee Chairs, and staff through the annual survey process informed committee composition discussions and succession planning considerations for the upcoming appointment cycle.

2026-2027: Looking ahead to the new Board year, the Governance Committee will focus on completing the implementation of the governance review recommendations, including:

- governance by-law and policy updates;
- strengthening Board Competency Profile and succession planning;
- enhancing Board culture and onboarding/orientation;
- developing committee terms of reference; and
- supporting an external Board evaluation to advance governance effectiveness.

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Committee Annual Report

Screening Committee

March 2026 – August 2026

Committee Overview:

Role of the Committee: In accordance with Article 8.22 of OCP By-Law No. 7B, the Screening Committee (Committee) supports the College's elections by administering the process for screening applicants to be qualified as candidates for the Board of Directors election and recommending applicants to be appointed as Professional Committee Appointees and Lay Committee Appointees.

Committee Members:

Board Directors	
Elected Directors	Siva Sivapalan, Chair, Akil Dhirani
Public Directors	Devinder Walia
Non-Board Members	
Lay Committee Appointees	Jennifer Shin, Alexander Lim, Audrey Wubbenhorst
Staff Resources	Jay O'Neill, Registrar & CEO Amy Vranchidis, Governance Lead Rebecca Singh, Governance Administrator

Committee Performance and Outcomes:

Did the Committee Successfully Fulfill Its Responsibilities This Year?

- Reviewed and assessed Board election applications against established qualifications, competencies, and eligibility requirements.
- Applied a competency-based and public interest-focused approach to candidate screening.
- Reviewed 17 applications for the 2026 Board election, in consultation with a third-party consultant as part of the screening process, including pharmacist and pharmacy technician candidates.
- Determined which applicants met the qualifications and competencies required to stand for election.
- Identified candidates requiring additional review through interviews where further information or clarification was needed.
- The full Committee conducted two candidate interviews to support fair, transparent, and informed decision-making.
- Made final determinations regarding candidate eligibility to proceed in the election process.
- Reviewed and discussed the application of Board election eligibility requirements, including considerations related to professional practice experience and how these expectations are reflected in By-Law 7B, the Director Profile, and governance policies.

- Considered trends and observations emerging from recent Board election cycles, including changes in application volumes and the proportion of applicants meeting screening requirements.
- Supported transparent, objective, and defensible election screening processes consistent with the College's By-Law No. 7B and the Director Profile.
- Identified opportunities to strengthen future election and screening processes, including candidate recruitment, interview practices, and guidance related to the use of artificial intelligence in candidate applications.
- Recommended that the Governance Committee review the Director Profile and Board election eligibility criteria in By-Law 7B to determine whether additional clarity regarding professional practice expectations is warranted.

Screening Process and Criteria: The Committee conducted its work in accordance with Article 8.22 of By-Law No. 7B and applied Board-approved screening criteria to determine candidate eligibility.

Applications were assessed using a competency-based framework designed to support the Board's governance responsibilities and public interest mandate. Candidates were evaluated against:

- Eligibility requirements established in the College's governing documents;
- Required competencies and attributes identified in the Director Profile;
- Demonstrated governance, leadership, strategic thinking, and public interest orientation;
- Evidence provided through application materials; and
- Additional information obtained through interviews, where applicable.

To support objectivity and consistency, the Committee consulted with an independent third-party governance consultant during the screening process. Candidate interviews were conducted when additional information or clarification was required to assess a candidate's qualifications, experience, or responses. Final eligibility determinations were made by the Committee following consideration of all available information.

Statistics:

Metric	2024	2025	2026
Committee meetings held	1	2	2*
Board election applications reviewed	40	31	17
Board candidate interviews conducted	0	3	2
Board candidates qualified to stand for election	14 (11 Pharmacists; 3 Pharmacy Technicians)	16 (12 Pharmacists; 4 Pharmacy Technicians)	11
Board candidates not advanced	26**	15	7
Professional Committee Appointee (PCA) recruitment	No additional recruitment required	No additional recruitment required; election applicants provided sufficient pool of qualified candidates	N/A
Lay Committee Appointee (LCA) applications reviewed	N/A	13	N/A
LCA interviews conducted	N/A	3	N/A
LCA candidates recommended for Governance Committee consideration	N/A	7	N/A

* Does not include the candidate interviews (2) and debrief meeting.
** Excludes two pharmacy technician applicants who withdrew prior to screening.

The volume and scope of the Committee's work evolved between 2024 and 2026. In addition to screening Board election candidates, the Committee was responsible for Lay Committee Appointee recruitment in 2025, reviewing 13 applications and conducting three interviews to identify seven qualified candidates for Governance Committee consideration.

The Committee observed notable differences in Board candidate pools across recent election cycles. Total applications declined from 40 applicants in 2024 to 31 applicants in 2025 and 17 applicants in 2026. Despite this decrease, the proportion of applicants who met the screening requirements increased over the same period. In 2024, 14 of 40 applicants (35%) qualified to stand for election, compared with 16 of 31 applicants (52%) in 2025 and 11 of 17 applicants (65%) in 2026.

The Committee discussed a number of factors that may have contributed to these trends, including increased awareness of Board qualifications and competency expectations, greater self-selection by prospective candidates, and clearer communication regarding the requirements associated with Board service.

The Committee also noted differences in the use of candidate interviews. While no interviews were conducted in 2024, three interviews were conducted in 2025 and two interviews in 2026 where additional information or clarification was required. The Committee found that interviews provided valuable context that supplemented written applications and supported fair, consistent, and informed eligibility determinations.

This year, the Committee strengthened its review process through its consultation with an independent third-party governance consultant at its meeting in June and the participation of all Committee members in conducting the candidate interviews.

In addition to fulfilling its screening responsibilities, the Committee also engaged in discussions regarding the interpretation and application of Board eligibility requirements, the effectiveness of existing screening criteria, and opportunities to improve future candidate recruitment and election processes. These discussions informed recommendations for future consideration by the Governance Committee and Board.

Challenges:

Challenge	Consequences/Risks	Risk Mitigation
Evaluating candidate applications in an environment where artificial intelligence tools are increasingly being used to prepare written content.	• Difficulty assessing a candidate's authentic voice, experience, and competencies. • Potential advantage for candidates with greater access to AI tools. • Risk that application materials do not accurately reflect a candidate's abilities or understanding of governance responsibilities.	• Interviews or follow-up questions to validate information submitted in applications. • Provide guidance to candidates regarding acceptable use of AI in application materials.

	• Reduced confidence in the integrity and fairness of the screening process.	
Considering differing perspectives regarding the role of current professional practice experience in Board service where eligibility requirements are not explicitly addressed in governing documents.	• Inconsistent interpretation of eligibility requirements. • Risk of perceived bias or inequitable treatment of candidates. • Potential challenges to candidate eligibility decisions. • Uncertainty among future applicants regarding Board expectations.	• Recommend review of the College's By-law, specifically eligibility criteria and the Director Profile to clarify expectations regarding professional practice experience. • Communicate eligibility requirements and expectations clearly to prospective candidates.
Managing approval of prior meeting minutes following changes in Committee membership.	• Risk that members approving minutes were not present for the discussions being recorded. • Potential challenges regarding the accuracy or legitimacy of approved records. • Delays in approving minutes and maintaining official governance records.	• Provide draft minutes promptly (i.e. before the start of the new Board year)

Noteworthy Insights and Considerations:

- Candidate interviews provided valuable information that supplemented application materials and supported informed decision-making.
- The Committee reaffirmed the importance of competency-based screening practices grounded in transparency, consistency, and the public interest.
- Review of recent election cycles identified notable changes in both the volume and composition of candidate pools, with a higher proportion of applicants meeting screening requirements despite declining application numbers.
- Discussions regarding Board eligibility requirements highlighted the importance of ensuring expectations are clearly reflected in governing documents, policies, and candidate-facing materials to support consistent interpretation and application.
- The Committee identified an opportunity to review the Director Profile and election eligibility requirements to ensure expectations regarding professional practice and Board service are clearly reflected in governing documents.
- The growing use of artificial intelligence in application processes may warrant additional guidance and process enhancements in future election cycles.

- Maintaining clear and defensible screening criteria continues to be important in supporting confidence in the College's election processes.
- Ongoing monitoring of candidate pool trends may assist future recruitment efforts and support Board succession planning objectives.

Priorities for Next Year:

- Continue to administer a fair, transparent, and competency-based screening process for Board election candidates.
- Review opportunities to enhance candidate recruitment and awareness of Board service opportunities.
- Consider future improvements to election screening processes, including the use of interviews.
- Support Governance Committee consideration of potential updates to Board election eligibility requirements and the Director Profile.
- Review opportunities to provide clearer guidance regarding the use of artificial intelligence in candidate applications.
- Continue to promote objective, evidence-based decision-making in support of the College's public protection mandate.
- Strengthen governance processes that support the efficient operation of the Committee.

Board Information Note

Meeting Date: September 2026

Topic: Strategic Plan Refresh Update

From: Jay O'Neill, Registrar & CEO

Public Interest Rationale: Maintaining a current strategic guiding document is a critical part of aligning and prioritizing the College's work to meet its public protection mandate.

Strategic alignment, regulatory processes, and actions:
The Strategic Plan Refresh, approved by the Board on March 23, 2026, is nearing completion, with measures and operational planning remaining as the final step. Board confirmation that the revised goals and commitments are sufficiently complete will provide the foundation for developing an operational plan that advances the College's strategic priorities through 2028.

Background:
The Board approved the Strategic Plan Refresh based on a defined set of objectives and deliverables (noted below) focused on the strategic goals of the current plan. Consistent with the approved scope, the College's values and regulatory principles were not reviewed as part of this process and will be considered during the next comprehensive strategic planning process in 2028.

Objectives:

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

Outputs:

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

A phased approach (noted below) was used to complete this work, structured around existing Board meetings and two dedicated strategic planning sessions that allowed for focused discussion and maintenance of Board ownership of the strategic direction. Although staff were largely responsible for

completing the work, they were supported by a Board appointed Strategic Plan Working Group, comprised of five Board members (3 professional and 2 public directors), enabling greater collaboration between staff and Board and promoting stronger alignment around the strategic priorities and operational approach for execution. In addition, to facilitate the board sessions and help achieve the objectives of the Refresh, the College partnered with a small team from the management consulting firm, Optimus SBR.

Phased Approach:

Phase 1: Board Direction re- Approach/Scope Confirmation (March Board meeting)

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

Phase 3: Strategic Planning Session with Board (June 16)

Phase 4: Refinement & Synthesis (June – July)

Phase 5: Strategic Planning Session with Board (August 5)

Phase 6: Refreshed Plan with supporting operational outline for Board Consideration (December Board meeting)

It is notable that because this was a re-fresh, stakeholder input was not broadly gathered. We recognize that strategic plan development is significantly strengthened through robust environmental scanning and stakeholder input. Although the time- and scope-limited nature of this re-fresh will achieve the stated objectives, the College looks forward to a broader engagement process toward the conclusion of the remaining two-year period covered by the current plan.

Work completed to date:

Phases 1 through 5 of the Refresh effort have been completed, including the following activities and deliverables:

- Completion of a targeted environmental assessment, scoped to the nature of a 're-fresh' and serving as an addendum to the comprehensive environmental scan completed in 2023 to inform development of the current strategic plan. This included feedback gained directly from registrants through recent regional meetings.
- A current state assessment based on review of the strategic goals, including a summary of execution activities, identification of barriers, challenges and lessons learned for each goal and consolidated themes across all goals, as well as a condensed analysis of organizational strengths, weaknesses, opportunities and threats, focused on operations and current environmental factors.
- Two, full day, facilitated Board strategic planning sessions.
    - Session 1 included consideration of an approach to define the public interest through outcomes, two presentations from external experts in regulation, exploring a new evidence-driven and outcome focused regulatory model and research findings about how the public and registrants view and develop trust with the College, and facilitated activities to allow for exploration of environmental insights, testing strategic assumptions and providing direction on priorities and trade-offs. Session outputs

included proposed goal statements with corresponding “We will” commitment statements and expected outcomes.

- Session 2 focused on review, confirmation and shared understanding of synthesized and revised goal and commitment statements, followed by a ranking exercise to establish priorities and identify gaps or risks. Discussion also allowed for consideration of alignment with the insights and lessons learned from Session 1 and the Refresh objectives and outputs. The output from this Session included confirmed goal and commitment statements (see attachment 1), pending minor editing to address any issues with clarity or consistency of language and repetition/overlap.

- Completion of targeted communication with key system partners to share the proposed refresh changes and gain their insights before proceeding with finalizing the plan.

Notable Refresh changes:

Overall, the refresh does not materially alter the College's strategic direction; rather, it refines how the direction is articulated. The revised goals are broader and more outcome-focused, reducing reliance on specific objectives or issues that may evolve over time.

The addition of "We Will" commitments beneath each goal creates a line of sight between strategic outcomes and the actions required to achieve them, while providing flexibility to adapt priorities and initiatives as the regulatory and practice environment changes.

The following key changes can be observed:

- ***A shift from issue-specific goals to broader outcome statements.*** The revised goals describe desired future states, while the accompanying "We Will" commitments identify the activities and priorities that will support achievement of those outcomes.
- ***Greater emphasis on trust, engagement and accountability*****.** While communications was previously a standalone objective, the refreshed goal focuses more broadly on maintaining the trust and confidence of the public, registrants, government and stakeholders, with emphasis on engagement activities, particularly in Goal 2 but also embedded throughout the plan.
- ***Increased focus on organizational effectiveness and readiness.*** The refreshed goals place greater emphasis on data-informed decision-making, operational alignment, performance measurement, governance, strategic foresight and effective resource stewardship
- ***Expanded emphasis on leadership and influence.*** The previous goal focused primarily on equity and non-discrimination in pharmacy practice, whereas the revised goal positions the College as a regulatory leader that contributes to system-level improvements, innovation and positive patient outcomes.
- ***Preservation of Key Strategic Priorities*** The refresh was not intended to remove areas of focus that remain important to the College and its stakeholders, rather it positions them within a framework that provides flexibility to respond to emerging issues and opportunities.

Although current Goal 1 (Business Pressures and Professional Well-Being) has been reframed to focus more broadly on supporting pharmacy professionals to practise in accordance with standards and ethical expectations, the issues of workplace pressure in practice environments, business influences,

and professional well-being, remain as College priorities. Specific “We Will” commitments include working with pharmacy leaders and owners, setting operational expectations, assessing and monitoring professional well-being, identifying structural barriers to ethical practice, and using regulatory tools to promote practice environments that support professional judgment and patient care.

While current Goal 4 (Equity, Diversity and Inclusion) has been broadened from a specific focus on discrimination and equitable treatment to a broader leadership and system-influence objective, commitments related to respectful and equitable care have been retained. The refreshed goal includes commitments to promote regulatory and pharmacy practices that foster respectful and equitable care, advance EDI-related initiatives and guidance, and use the College's leadership role to influence positive patient outcomes.

The revised goals are intended to be durable strategic outcomes, while the "We Will" commitments provide transparency regarding the specific issues, priorities, and ways the College intends to advance its mandate. This approach is intended to enable distinction between long-term strategic direction and the activities used to achieve it, while preserving visibility of key stakeholder concerns such as professional practice environments, professional well-being, equitable care, and patient outcomes.

Next Steps:

The final phase of this work is for staff to finalize the operational plan that aligns with the strategic priorities and to confirm the expected outcomes and performance indicators that will enable the Board to monitor progress on execution of the plan. A Board session to consider the development of proposed outcomes and associated performance indicators is planned prior to the December Board meeting, at which time the Board will receive the three established outputs (articulation of the strategic priorities/goals, concise strategic plan summary, operational outline supporting the strategic priorities) and consider approval of the finalized plan.

Attachment:

7.1 Revised Strategic Goals and We Will Commitment Statements

Revised Strategic Goals and We Will Commitment Statements

Goal #1: Pharmacy professionals work in practice environments that allow them to practice within their full scope while meeting the expected standards of care and code of ethics.

To Achieve Success, We Will:
1.1 Work with pharmacy leaders and owners to understand and improve practices in high pressure environments that impede pharmacy professionals' ability to meet standards
1.2 Set standards of operation and policies to make clear regulatory expectations that support this goal
1.3 Assess professional well-being to understand and monitor if and how professional well-being is affecting achievement of this goal, to inform OCP's response
1.4 Use a data-informed approach to understand and address areas of structural concern within OCP's mandate that impedes achievement of this goal
1.5 Take an approach that uses a variety of regulatory tools for intervention and influence to promote ethical decision-making environments for pharmacy professionals to practice within

Goal #2: OCP is trusted by the public, registrants, government and other relevant stakeholders to regulate pharmacy practice in Ontario.

To Achieve Success, We Will:
2.1 Listen, learn and weigh the input from registrants, the public, and relevant system partners through engagement, collaboration and consultation, to inform the College's decision-making
2.2 Promote understanding of the College's role, mandate, and processes to support informed awareness among the public, registrants, and stakeholders
2.3 Communicate information through various channels in a manner that is timely, relevant and clear, using diversity of tools to meet audience needs and preferences
2.4 Be accountable by being accessible, timely, and transparent, and demonstrating ownership, follow-through, and results.
2.5 Monitor and measure our success for sustaining the trust of registrants, the public, government, and stakeholders
2.6 Leverage data, registrant and stakeholder input along with emerging trends to inform the development process for standards, polices and guidance
2.7 Provide timely practice guidance, education and knowledge translation that helps registrants understand and meet regulatory and practice expectations

Goal #3: The College has the expertise, resources, and is operationally aligned to meet its mandate.

To Achieve Success, We Will:
3.1 Make evidence-informed decisions, using data sourced internally and externally
3.2 Leverage emerging technologies, including AI, to strengthen analytical capacity and drive informed decision-making
3.3 Establish and maintain systems for knowledge management and organizational learning
3.4 Allocate human and financial resources to align with core mandate and strategic priorities, while leaving capacity to address unexpected issues and remain financially sustainable
3.5 Measure and regularly assess our programs and operations for efficacy and efficiency
3.6 Build capability for strategic foresight and risk identification and mitigation
3.7 Retain and engage the relevant expertise to effectively execute on the College's mandate
3.8 Promote a culture of development and continuous improvement by investing in professional development of the board, committee members, and staff
3.9 Continuously evaluate and strengthen our governance practices
3.10 Establish safe, secure, and stable technology systems

Goal #4 The College uses its regulatory role for broader system-level influence on pharmacy practice to positively impact patients.

To Achieve Success, We Will:
4.1 Promote pharmacy and regulatory practices that foster respect, diversity, inclusion and equitable care
4.2 Enable innovation to address changing environment through flexible regulatory approaches (e.g. sandbox; pilots) and prioritize desired outcomes to influence regulatory and pharmacy practices
4.3 Thoughtfully support or collaborate in research, relevant to OCP's mandate, that advances the College's regulatory, and/or broader pharmacy-related practices, and share the learnings
4.4 Analyze and share insights from OCPs own data to contribute to positive change
4.5 Use the College's leadership role in pharmacy to engage with partners on issues that impact patients' experience in their healthcare
4.6 Be future-focused, challenge assumptions, prioritize innovative approaches and engage with stakeholders and government partners on matters that affect the public interest in regulation and/or pharmacy
4.7 Establish a framework of regulatory outcomes and monitor the relevant indicators for impact on those desired outcomes
4.8 We will use a consistent, evidence-informed approach to decide where to focus our efforts, responding only to issues that align with our mandate, strategic priorities, and capacity to make a meaningful impact

Registrar's Report (June – September 2026)

Meeting Date: September 2026

From: Jay O'Neill, Registrar & CEO

REGISTRAR'S STRATEGIC OVERVIEW

This report is structured to provide the Board with a clear view of the external environment, operational performance, and key strategic implications affecting the Ontario College of Pharmacists' (the College) ability to fulfill its public interest mandate, and to support Board discussion and input on strategic priorities.

1. ENVIRONMENTAL SCANNING

1.1 External Regulatory Environment

The College continues to operate within a rapidly evolving regulatory environment, shaped by expanded mobility provisions ("As of Right"), ongoing scope of practice changes, and broader workforce and technology trends. These external factors are driving both current operational priorities and forward-looking strategic considerations and will inform the upcoming 2026 strategic plan refresh.

1.2 System Partner Engagement and intelligence

Registrar's Activity

Health Profession Regulators of Ontario (HPRO)

The Registrar and staff continue to participate in HPRO Board and committee activities to support sector-wide regulatory collaboration and improvement. The following meetings were attended during the reporting period:

- Board Bi-Weekly Meetings – June 23, July 7, Aug 4, and Sept 15, 2026.

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

National Association of Pharmacy Regulatory Authorities (NAPRA)

The Registrar and staff continue to participate in NAPRA Board and national forums to support pan-Canadian regulatory alignment and information sharing. These engagements provide insight into emerging trends, policy developments, and innovations affecting the practice and regulation of pharmacy across Canada.

College staff participate routinely in NAPRA meetings, including those attended by the Registrar since the last report:

- PRA Roundtable & Emerging Issues – July 28, Aug 25, and Sept 22, 2026.
- NAPRA Board Meetings – June 24, and July 21, 2026.

Among the items arising from work with NAPRA two that warrant noting are guidance on Artificial Intelligence (AI) and compounding entry-to-practice expectations for Pharmacy Technicians. Related to AI, NAPRA is exploring the development of AI principles for the profession as an anchor point in the adoption of new technology. Once these are complete OCP will have the option to review and consider whether the College wishes to adopt these principles in Ontario. Related to the technical skills for sterile and hazardous compounding for Pharmacy Technicians, NAPRA

has publicly consulted on changes to the entry to practice competencies and requirements for additional demonstration of these skills. Ontario has unique circumstances that will need to be considered when reviewing whether or how the College will adjust its current expectations and practices. For both of these subjects, as more information is available, the Board will receive full details and analysis from staff recommending OCP's path forward.

Other NAPRA Staff Activity

- NAPRA Compounding Standards Working Group – September 14, and September 28 (attended by Lap Chan)
- NAPRA Quality Assurance Information Sharing Group – September 17, 2026 (attended by Lap Chan, Kristin Reid, and Saira Lallani)

Other meetings involving the Registrar

- Office of the Fairness Commissioner (OFC) Meeting – OCP Responses to Risk Informed Compliance Framework – June 23, 2026 (attended by Greg Purchase, Susan James, and Jay O'Neill)
- Ontario Pharmacists Association (OPA) with CEO - meeting – July 10, 2026
- The Pharmacy Examining Board of Canada (PEBC) with President - meeting – July 14, 2026
- Canadian Generic Pharmaceutical Association (CGPA) with President - meeting – July 14, 2026
- The Canadian Council on Continuing Education in Pharmacy (CCCEP) with Executive Director - meeting – July 14, 2026
- Neighbourhood Pharmacies with CEO - meeting – July 27, 2026
- Ministry of Health meeting – Aug 4, 2026
- Ministry of Health quarterly meeting – Aug 24, 2026
- Neighbourhood Pharmacies quarterly meeting - Sept 3, 2026
- Ontario Pharmacists Association quarterly meeting – Sept 8, 2026

Other Staff/System Partner Activity

Governance Team

- HPRO Policy & Governance Network meeting – July 23, August 21 and September 18 (attended by Amy Vranchidis and Rebecca Singh)

Equity & Strategic Policy Team

- HPRO Citizen's Advisory Group Committee – Weekly Check-ins (Chair - Delia Sinclair Frigault)
- HPRO EDI Network – Bi-Weekly (Co-Chair Jacq Hixson-Vulpe)
- OPA Practice and Policy meeting – Monthly (Jane McKaig and Delia Sinclair Frigault)
- CVO meeting on Pharmacy Services to Animals policy consultation plan – August 6 (Delia Sinclair Frigault, Johanna Geraci, Melanie Zabawa)
- CPSO meeting on Safer Opioid Supply Prescribing and Dispensing – August 18 (Angela Bates, Delia Sinclair Frigault)
- Patient Relations Committee meeting – June 4 & August 10 (Delia Sinclair Frigault, Sharlene Rankin)

Practice, Engagement and Knowledge Mobilization Team:

- HPRO Practice Advisor Network, DVDRC sub-group monthly meeting (Jane McKaig)
- CVO Practice Advisory Services meeting – July 22, 2026 (Jane McKaig)
- CCCEP Board of Directors meeting – September 22, 2026 (Jane McKaig)

Registration Team:

- HPRO Registration Network Meeting – June 17, 2026 (attended by Greg Purchase)
- OFC Webinar – Best Practices for Addressing Registration Barriers and Delays – July 28, 2026 (attended by Greg Purchase and Susan James)

OCP External Presentations

Date	Presentation Topic	Primary Audience	Requesting/Host Organization
August 20, 2026	Introduction to the Profession Lecture	Pharmacy Students	University of Toronto
September 16, 2026	AIMS Program	Pharmacy students	University of Toronto - Leslie Dan Faculty of Pharmacy

2. KEY OPERATIONAL PROGRAM UPDATES

2.1 Overall Operational Performance (Q1 Snapshot)

College Dashboard: 2026 Q2 Results, Financial Report Q2 Results are provided in separate briefing notes for Board consideration.

2.2 Regulatory Program Updates

To provide Board members with insight into frontline regulatory programs across the College.

Examinations, Certificates and Registration

As previously reported, expanded "As of Right" provisions under Bill 56 came into effect on January 1, 2026. As of August 12, 2026, there are 27 out-of-province practitioners practicing in Ontario under the "As of Right" provisions, including 25 pharmacists and 2 pharmacy technicians. Most of these practitioners are registered in Manitoba (9 practitioners) or New Brunswick (7 practitioners). College staff continue to work with these individuals to complete full registration as quickly as possible. Of note, since January 1, 2026, an additional 34 practitioners who were practicing under "As of Right" provisions have been fully registered in Ontario. The College continues to monitor the utilization of this new registration practice closely and is working with these practitioners to support timely registration, including providing access to the College's Jurisprudence, Ethics and Professionalism Exam at times outside of the usual offerings and tracking applicant statuses closely as they move through the registration process.

The College has continued to participate in discussions with the Pharmacy Examining Board of Canada (PEBC) as part of consultations with regulators regarding development of their strategic priorities, which are also being refreshed in association with their leadership transition. The College welcomes the opportunity to provide feedback and consider the potential changes PEBC is exploring to modernize their assessment methodologies to serve the shared needs of pharmacy professionals and regulators for timely and fair assessment of qualifications.

In addition, the PEBC has recently announced changes to their certification pathway for International Pharmacy Graduates (IPGs) that will take effect in January 2027. IPGs will no longer be required to pass the PEBC Evaluation

Examination before being granted access to the PEBC Qualifying Examination, which is the two-part entry-to-practice examination. We anticipate that this will allow IPGs to register and enter practice more expeditiously and with less overall expense.

The College is aware that D'Youville University, which is headquartered in Buffalo, New York, has plans to open a campus in Oakville, Ontario to offer a 4-year PharmD program commencing in September 2027. D'Youville has informed the College that they have received consent to operate in Ontario from the Ministry of Colleges, Universities, Research Excellence and Security and will be seeking accreditation from the Canadian Council for Accreditation of Pharmacy Programs. The College will continue to work with D'Youville University as they continue to prepare for their first intake of 40 students.

Conduct

The Conduct Division continues to deal with a high volume of new Intakes, Complaints and Reports in 2026. Dispensing errors, confidentiality breaches, time-delayed safes and customer service issues continue to drive most of the volume for complaints and investigations. Volumes have steadily increased since 2022. The average number of complaints and reports opened per quarter was 152 in *2022*, 149 in *2023*, 175 in *2024*, 205 in *2025*, and 225 in Q1 *2026*. This represents an approximately 50% increase in overall volume while resources have remained static. The high volume of new complaints and reports is also causing high workloads for the Inquiries, Complaints and Reports Committee (ICRC).

The Inquiries, Complaints and Reports Committee held a mid-year meeting in May, which included basic training in human rights. The Accreditation and Drug Preparation Premises Committees' joint mid-year meeting was held in late May.

The Compliance Monitoring team oversees a high volume of files, including administration and oversight of Specified Continuing Education and Remediation Program (SCERPs), cautions, undertakings, interim orders, health monitoring files and Discipline Committee penalties. As part of that work, the team's Post-Remediation Advisor has carried out 37 post-remediation assessments (i.e., assessments following remediation completed under ICRC's SCERP directions) to date in 2026.

Conduct staff continue to explore opportunities to deploy artificial intelligence and automation to streamline processes and create efficiencies.

Professional Health Program

The Ontario Pharmacy Health Program (OPHP) is supported by Lifemark Health. Registrants may enter the OPHP on a self-directed, confidential basis, or may participate further to an OCP process such as an incapacity inquiry or Fitness to Practise referral. The OPHP provides monitoring to eligible registrants with various mental health conditions and substance use disorders. The OPHP typically monitors between 10 – 15 registrants at various stages of recovery.

Practice Assessment of Competence at Entry

As previously reported, College staff continue to engage with system partners, particularly hospital partners, related to the PACE program for pharmacy technician candidates to resolve potential barriers to implementation of the PACE program. As a result of this engagement work, and as previously reported to the Board, in mid-May 2026, the College adopted a new approach to manage conflict of interest and potential bias in hospital practice environments. Since the implementation of these changes, several additional hospital sites across the province have indicated their intention to allow PACE assessments at their facilities and have submitted the appropriate documentation to the College for review and approval. This has already shown an increase in the number of

hospital practitioners who have applied to become a PACE assessor and will translate to additional assessments being performed in hospital environments. College staff continue to monitor the volume of hospital-based practitioners that have applied to become PACE assessors and the volume of hospital-based PACE assessments occurring.

Medication Safety Program

The AIMS transition year remains on track. The Data Sharing Agreement (DSA) between pharmacies and ISMP Canada is now available, enabling community pharmacies in Ontario to execute agreements required to submit medication incident data to the National Incident Data Repository for Community Pharmacies (NIDR). As of September 3, 2026, 1130 or 23% of community pharmacies have an executed DSA with ISMP Canada.

To support registrants in preparing for implementation, the College has provided several resources, including guidance documents and a checklist, and is developing a series of e-learning modules. The modules will provide practical guidance on the key requirements of the AIMS Program and support pharmacies in integrating these practices into their operations. The modules are expected to be available by the end of the quarter.

The College continues to collaborate with incident management platform providers to support alignment with program requirements. To date, 15 platform providers have demonstrated their platforms to the College. As part of the implementation process, platforms will undergo testing with ISMP Canada to confirm successful submission of medication incident data to the NIDR.

Internally, work is underway to finalize operational processes to support implementation, including establishing data collection and monitoring processes, defining reporting requirements for platform providers, developing onboarding processes for new pharmacies, and updating assessment criteria and operational guidance to support the new program requirements following implementation.

Registrant engagement – regional meeting preliminary report

At the June 2026 Board meeting, it was shared that we had just completed four regional meetings in Ottawa, Mississauga, Barrie and Kitchener-Waterloo and were planning for additional meetings to be held in other communities this fall. Through a series of facilitated activities, polling and an open Q&A forum, the spring sessions focused on listening and understanding the views and perspectives of registrants as we begin to establish registrant engagement as a strategic and operational priority, as demonstrated in the draft updated Strategic Plan. A preliminary report based on the insights gleaned from the first four meetings is included as Attachment 8.5.

A final report for 2026 will be shared following the fall regional meetings in Toronto, Sudbury, Kingston and Hamilton. Dates, times and locations are now posted on our website and registration is expected to open by early September.

Narcotic dispensing practices

The College is aware of concerns shared by some municipalities, members of the public and through media stories involving certain practices that are primarily focused on dispensing prescribed medications for those with substance use disorders and the associated concerns about potential diversion of controlled substances after they have been dispensed to patients.

We recognize that the delivery of addictions services and the prevention of diversion is a province-wide priority that necessitates the involvement of a broad range of system partners including health, regulatory, law enforcement, addictions services and government. Accordingly, we have taken steps to gather information and engage with several stakeholders to assess the nature and impact of pharmacy services being provided within the

broader addictions landscape in Ontario and have increased our monitoring of pharmacies that are known to provide these types of services against established expectations of the profession.

We have prioritized a review of standards, policies, guidelines and other requirements to determine whether updated or new measures should be put in place to ensure the safe, effective and ethical delivery of care of these types of services, including but not limited to 'safer supply', as best practices and patient needs evolve. We have also engaged the Ministry of Health to obtain NMS data and insights that we believe may further support our inspection prioritization and policy review work and are collaborating with groups such as the Ontario Opioid Drug Observatory, part of the Ontario Drug Policy Research Network, whose goal is to bring together knowledge users, researchers and data to inform and evaluate opioid policy across Ontario.

Recently the College also received recommendations from the Office of the Chief Coroner related to the prescribing and dispensing practices in certain circumstances related to opioids and addiction treatment. These recommendations, made to both OCP and the College of Physicians and Surgeons of Ontario (CPSO), suggest coordinating a process of review and response. The College is in the process of initiating follow-up to these recommendations and expects to update the Board of our progress on this emerging priority over the coming months. It is anticipated that this work may result in potential recommendations involving updated expectations of pharmacies and pharmacy professionals and/or other supporting guidance that could be brought forward for consideration as early as December.

Any Willing Provider consultation

As you know, the College has been one of several system partners that the Ministry of Finance has been engaging as it develops the regulatory framework to advance the Any Willing Provider legislative changes that received Royal Assent late last year. These changes, in response to patient care concerns raised about restrictive Preferred Pharmacy Networks (PPNs), were intended to, among other things, make it possible for any pharmacy in Ontario to participate in an insurer network provided they are able and willing to meet established network terms. By doing so, patient choice, access and continuity of care with their pharmacy of choice would in theory largely be preserved; however, implementation details are needed to better assess whether such concerns are adequately addressed.

Although the concerns about PPNs have been a priority for the College over the past two years, the Board has deferred the consideration of any policy or other measures within the College's authority to respond to these concerns until such time that the details of the government's AWP implementation framework were available. During this time, the College has been able to continue to provide feedback to the government and ensure that any future decision made by the College would not conflict with any established legislative or regulatory scheme enacted by government.

We understand that the government continues its work and may be in a position to post a public consultation on proposed regulation amendments related to the AWP framework in the near future. Along with other stakeholders, the College has been able to provide feedback to the Ministry through their system partner engagement activities during this development process. The College greatly appreciates being given an opportunity to provide input to the government on this important file. We anticipate that the public consultation will draw significant feedback from stakeholders and the College will submit a response following a comprehensive analysis of the regulations once they are posted.

The Board will be provided an opportunity to inform the College's consultation response. College staff are currently exploring potential regulatory and operational options while we wait for specifics of the draft regulations and their relevance to our mandate.

Expanded Scope of Practice – Anticipated Next Steps

At the September Board meeting, we will be presenting learning requirements for specified expanded scope

activities for final decision following an open consultation and substantive analysis based on feedback received. The Board will also be provided with a progress update on the proposed amendments to the Standards of Operation as staff complete their analysis of consultation feedback. The full analysis and subsequent recommendation to the Board is expected to be presented at the December 2026 meeting.

College staff continue to engage with the Ministry of Health on the remaining elements of the expanded scope of practice regulation amendments submitted to government late last year. We anticipate that government approval of those outstanding regulation amendments will be received in the coming months and will keep the Board apprised of any updates as this work continues. Since the authorization of additional minor ailments and the administration of additional vaccines on July 1, the College has received less than five practice inquiries related to pharmacy technician and intern technician requirements for CPR and Frist Aid and vaccine administration.

The Board may recall that our regulation submission also included recommendations, at the request of the Minister, on point of care tests (POCT) and lab tests that would be appropriate to support pharmacist expanded scope authority safely and effectively. These were submitted as recommendations only as the College does not have the authority to make regulation changes to the *Lab and Specimens Collection Act* which would be required to enable this authority for pharmacies and pharmacists. The Ministry has been exploring possible amendments to the regulations under this Act, in consultation with the College, and we anticipate an update before the Ministry approves the remaining elements of the expanded scope regulation amendments submitted by the College in December 2025.

Finally, as a further update, the Board previously provided input on a broader update to the schedule of listed drugs relevant to the minor ailment prescribing regime in place since 2023, not just those relevant to the recent expansion of minor ailment prescribing authority. The intention is for us to work with the Ministry to update the drug lists, as approved by the Board, so that a regulation amendment specific to updating Schedule 4 can be submitted once the remaining minor ailment prescribing authority included in the College's December 2025 regulation submission have been approved by government and implemented, which is anticipated to occur in early 2027.

Non-Sterile Compounding Supervisor Training Course Recognized by CLEAR

The cross-departmental Compounding Supervisor Training Team has been selected to receive the **2026 CLEAR Regulatory Excellence Group Award**. This prestigious award recognizes a team, program, or agency that has made an outstanding contribution to occupational or professional regulation, regulatory processes, or consumer and public protection through exceptional leadership, innovation, and measurable impact beyond normal organizational expectations.

In 2023, the Ontario College of Pharmacists identified a significant regulatory concern: more than 20% of assessed pharmacies were not meeting key requirements of non-sterile compounding standards. Given the potential for compounding errors to result in patient harm, a comprehensive regulatory response was required.
To address this issue, the College developed a risk-based initiative focused on strengthening the knowledge and competency of non-sterile compounding supervisors.

Launched in February 2026, the **Non-Sterile Compounding Supervisor Training Course** consists of eight interactive modules and a final examination. Complementary risk assessment resources were also developed to help pharmacies accurately assess and document compounding risk levels. Together, these tools provide greater clarity of expectations, strengthen alignment between standards and practice, and support more consistent compliance

across the profession. Early participant feedback has been highly positive, with learners citing the course's practical applicability, clarity, and ease of implementation, as well as improved understanding of compounding standards and assessment expectations.

Congratulations to staff from various teams who were instrumental in the production of these resources, including Practice Engagement and Knowledge Mobilization which led this work, in collaboration with Communications, Policy, Information Technology, Pharmacy Operation Assessments and Quality Assurance.

2.3 Enterprise Initiatives

CRM (Registrant Records System) Implementation Update

Key developments since last report

- Management completed a formal implementation readiness assessment involving subject matter experts from across the organization. Based on the progress achieved to date, management determined that work should continue toward a planned November 16 implementation date while additional readiness evidence is gathered and evaluated.
- Significant progress has been achieved during the summer, including completion of the initial data migration and advancement of system, business readiness, and change management activities.
- Integrated business validation activities have been scheduled to assess end-to-end business processes and support final implementation readiness assessments.

Emerging risks and pressures

- While progress has been substantial, management continues to monitor risks related to implementation readiness, including data migration validation, business process validation, and overall operational stability at go-live.
- The project remains in a critical readiness period as key validation activities are completed, and management gathers evidence to support a final implementation decision.
- Contingency planning is continuing in parallel to ensure the current system can support the 2027 renewal cycle should implementation readiness not be achieved.

Strategic implications

- Management's approach continues to prioritize operational stability and regulatory continuity over adherence to a predetermined implementation date, with readiness assessments driving implementation decisions.
- A final implementation readiness review involving subject matter experts is planned following completion of key validation activities. Management expects to make a final go-live determination following this review and will provide an update to the Board at its September 28, 2026, meeting.
- Parallel contingency planning preserves operational flexibility and mitigates the risk of disruption to the 2027 renewal cycle while implementation readiness continues to be evaluated.

3. DISCUSSION AND STRATEGIC IMPLICATIONS

3.1 Strategic Performance Signals

OCP’s work during this reporting period continues to advance the four strategic goals outlined in the College’s 2024–2028 Strategic Plan.

3.1.1 Strategic Plan Refresh

Work on the Strategic Plan Refresh is progressing as planned. The Board Information Note included in this package (Agenda Item 7) provides an update on the work completed to date, key refinements to the strategic framework, and the next steps toward finalizing the refreshed plan and supporting operational outline.

OCP Board Elections

The election for the College's 2026 Board of Directors was held on August 5, 2026. The scrutineers appointed at the June Board meeting, Dr. Zubin Austin and Wayne Hindmarsh, met with the Registrar & CEO and the Governance Team on August 6 to verify the election results.

The two pharmacy technician positions were filled by acclamation. Jennifer Antunes (incumbent) and Danielle Garceau were elected to the Board. In the pharmacist election, nine candidates contested three available positions. Douglas Brown and Victor Wong, both incumbents, along with Megan Peck, were elected to the Board.

Attachments

8.1 Regulation Status Table

8.2 College Dashboard: 2026 Q2 Results

8.3 Financial Report Q2 Results

8.4 Complaints and Reports Volume Report

8.5 Registrant Engagement Insights from 2026 Spring Regional Meetings

8.6 Appointment of Inspectors

Ontario College of Pharmacists
Putting patients first since 1871

Attachment 8.1

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 August 2026)

Act/Regulation	Primary purpose for the proposed amendment	Date of Submission to MOH	Current Status	Next Steps	Other Comments
New Since Last Meeting					
Pharmacy Act, General Regulation (256/24) Expanded Scope	Minister of Health sent a letter (September 2025) requesting the College submit regulation amendments to enable 14 additional minor ailments, administering additional vaccines, and administering partial opioid agonists/antagonists.	The College submitted the proposed regulation amendments to the Minister of Health on December 10, 2025.	Addition of 9 minor ailments, and authorization of pharmacy professionals to administer more vaccines effective July 1, 2026. Implementation and communications complete.	Work on the Standards of Operation amendments, and learning requirements continues, in anticipation of additional expanded scope of practice in early 2027.	Board will be presented with consultation outcomes from the learning requirements and the Standards of Operation at the December Board meeting.
Recently Approved/Past Approvals					
Drugs and Pharmacies Regulation Act, General Regulation (264/16) As of Right	Ministry of Health sent letter (November 2025) requesting the College propose a regulation to amend O. Reg 264/16 to define a "person prescribed by the regulations" within the DPRA.	The College submitted the proposed regulation to amend O. Reg 264/16 to the Minister of Health on December 5, 2025	The Board reviewed the proposed regulation and provided their final approval at a special meeting that occurred December 4, 2025.	Staff are receiving and processing applications under As of Right legislation.	Updates on the number of applications processed are captured in the Registrar's Report.
Pharmacy Act, General regulation (202/94) - Registration and Quality Assurance sections	**Registration** – to add a pharmacy technician intern class and eliminate the student pharmacist class and language revisions to reflect modernization of regulatory approach.	February 2018	Approved June 2024	Effective as of Oct 1, 2024	Board approved the updated Supervision of Pharmacy Personnel policy at the September meeting. Policy has been in effect since Oct

	Quality Assurance – to include pharmacy technicians and align QA program with new Mode, including shift from declaration of practice hours to maintenance of competency to practice to standards				1, 2024.
Pharmacy Act, General regulation (202)94 – Controlled Acts	Expand scope to support the 2023-24 respiratory illness session by allowing: administration of respiratory syncytial virus (RSV)vaccine, pharmacy technicians to administer Schedule 3 vaccines, pharmacists to prescribe Tamiflu, removal of specific age restrictions for administration of vaccines, -Transition of authority for COVID-19 vaccine Paxlovid prescribing from the Regulated Health Professions Act (RHPA), Controlled Acts Regulation (107/96) to the Pharmacy Act, General Regulation (202/94).	August 31, 2023	Approved December 12, 2023	Effective as of December 12, 2023: -Part A pharmacists, registered pharmacy students, interns and pharmacy technicians are authorized to administer the RSV vaccine to patients five years of age and older. -Part A pharmacists are authorized to prescribe Oseltamivir (Tamiflu). -the current authority for pharmacists to prescribe Paxlovid transitioned from the Regulated Health Professions Act (RHPA), Controlled Acts Regulation (107/96) to the Pharmacy Act, General Regulation (202/94). -The authority for pharmacists and pharmacy	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.

				technicians to administer the COVID-19 vaccine will transition on April 1, 2024.	
Pharmacy Act, General regulation (202/94) Registration-Emergency Assignment Certificates	To achieve alignment of the emergency assignment certificate criteria with regulation 508/22 under the RHPA	June 15, 2023	Amending regulation (295/23) approved by government and filed on Aug 21, 2023	Implementation August 31, 2023	
Pharmacy Act, General regulation 202/94 – Controlled Acts (additional minor ailment prescribing)	To add six additional minor ailments to the pharmacy scope of practice.	April 14, 2023	Approved August 21st	Implementation October 1st, 2023	The OCP submission used lists of drugs for identification of prescribing authority parameters. This was a change from the previous approach which referred to categories of drugs identified by an American entity (the AHFS clinical drug information). The change was a result of intellectual property -based impediments to access to the AHFS information.
Pharmacy Act, General regulation 202/94 – Controlled Acts (Administration by injection and inhalation)	Enable administration of drugs for purposes beyond education and demonstration	November 2019	Approved May 15, 2023	Implementation July 1, 2023	College guidelines updated

Other					
Pharmacy Act (and all other Acts referencing the College)	Request to change the College name to "College of Pharmacy"	February 2019, Letter to the Minister of Health and June 2021 as part of response to governance consultation.	Minister responded that evidence and support that patients would benefit is required		
Regulated Health Professions Act and Pharmacy Act – government consultation on governance reform	Board supported: Reduction in Board size, separate Board and Statutory Committees, Competency Based elections, flexibility to investigate, continue 50/50 balance of professional and public directors, and eliminating academic directors	June 30, 2021 Response to government consultation through letter to Ministry	No further action from government to date	Dependent on government direction	
N/A - Advice to Government re - closed Preferred Provider networks	Board recommendation to government to consider negative impact of closed preferred provider networks: impact on patient choice and continuity of care.	January 2019 Letter to Minister of Health	N/A – no response expected, letter provided advice only	N/A – no response expected, letter provided advice only, Closed Provider Networks continue to be in existence	

Board Information Note

Meeting Date: September 2026

Topic: College Dashboard: 2026 Q2 Results

From: Thomas Custers, Director, Corporate Services

Purpose and action required: To provide the Board with the College's 2026 Q2 performance results against the approved dashboard. This is provided for information to support oversight; no decision or action is required.

Public interest rationale: To support the Board's oversight of the College's performance against its 2026 goals and uphold its accountability to the public.

Strategic alignment, regulatory processes, and actions: Performance reporting supports the Board's responsibility under Policy 2.1 (Role of the Board of Directors). The quarterly dashboard and accompanying information note enable the Board to monitor performance against approved targets, identify emerging risks, and oversee mitigation and course correction.

Background: Each year, the Board develops and approves a performance dashboard to support its oversight and evaluation of:

- progress toward annual performance targets
- risks that may impact achievement of those targets
- execution of key regulatory and operational activities

The Board approved the 2026 College Dashboard at its December 8, 2025, meeting and subsequently approved the associated performance targets at its March 23, 2026, meeting.

The 2026 Dashboard spans five domains: Public Protection, Strategic Progress, Organizational Capacity, Annual Operational Plan, Annual Performance Risks.

The 2026 Dashboard includes two types of measures:

- Performance measures: specific targets aligned with the College's strategic and operational goals for 2026.
- Monitoring measures: no targets and are intended to provide context and inform future strategic and operational planning.

College staff provide the Board with quarterly updates on dashboard results.

Analysis

I. Performance Summary

For detailed 2026 Q2 performance results, please refer to the full report (Attachment 8.2.1). Below is a summary.

Overall, Q2 results indicate continued progress against the 2026 annual plan, although some measures weakened compared to Q1. The most significant pressures relate to conduct workload and external legal expenditures. Current performance gaps are concentrated in a small number of areas – primarily reflecting increased complexity and volume in conduct related work, higher-than-budgeted external legal expenditures, and resource, timing, and dependency-related risks affecting a small number of annual operational priorities with potential completion risks arising from external dependencies and implementation-related factors. Management continues to monitor these areas and implement mitigation strategies and is confident the 2026 annual plan remains largely achievable.

Of the eleven performance measures reported:

- 4 measures are at or better than target.
- 1 measure is within 25% of target.
- 3 measures are outside the acceptable range (>25% variance).
- 3 measures are annual measures that have not yet been reported.

The dashboard (Appendix 8.2.1) presents detailed results by measure. The table below summarizes performance across domains.

Domain	Measures	At or Exceed Target	Within 25% of Target	Outside of Acceptable Range	Annual
Public Protection	3	2	-	1	-
Organizational Capacity	6	2	1	1	2
Strategic Progress	1	-	-	-	1
Annual Operational Plan	1	-	-	1	-

Measures not meeting target include:

- % of high- and Moderate-Risk Registrar's Inquiries Disposed Within 365 Days (*outside of acceptable range*)
- % Budget-to-Actual Variance (*within 25% of range*)
- External-to-Total Cost Ratio (*outside of acceptable range*)
- % of 2026 Operational Priorities on Track (*outside of acceptable range*)

Annual measures include:

- % Staff Engagement survey (overall)
- % Staff Engagement survey (inclusion)
- % Community Pharmacists indicating no Change Made to Address Business Pressures

Key insight*:* Current performance gaps are primarily driven by increased complexity and volume in conduct-related work, higher-than-budgeted external legal costs, and a small number of annual operational priorities particularly those affected by external dependencies. Of the eight measures assessed this quarter, four are at or better than target, one is within tolerance, and three are outside the acceptable range. The three measures outside the acceptable range reflect the pressures noted above and continue to be actively monitored and managed as planned activities progress and mitigation strategies are implemented.

II. Operational Priorities Progress

Six of eleven operational priorities are currently on track. Five priorities have potential completion risks due to external dependencies and implementation-related factors. Most priorities remain expected to be delivered in

2026, although the timing and scope of some initiatives may be affected by factors outside the College's direct control.

The 'Complaint Resolution' priority is reported separately in the dashboard, as its performance is directly reflected in an existing conduct performance measure and is therefore excluded from the calculation of the percentage of operational priorities on track.

On Track (6):

- AIMS (Assurance & Improvement in Medication Safety) Implementation
- Expanding Scope Implementation
- Workforce Pressure Feasibility Study (StaffWISE)
- Compounding Training Implementation
- Pharmacy Operations Standards of Practice Assessment Pilot
- Governance Improvements

Potential Risk of Completion (5):

- Preferred Pharmacy Network Proposals & Implementation
- Risk-Based QA Assessments
- Implement Registrant Records System
- Policy Refresh
- Practice Assessment of Competence at Entry (PACE) Program Evaluation

Key Insight: Operational plan execution risk is primarily driven by external dependencies, resource capacity, and emerging priorities. While several initiatives have potential completion risks, these risks remain manageable and primarily reflect external dependencies and implementation-related factors rather than broader execution concerns

III. Risk Profile

The Critical Performance Risk (CPR) is 38% (3 of 8 measures reported), reflecting the Preferred Pharmacy Network (PPN), Policy Refresh, and PACE priorities, which face potential completion risks due to external dependencies, project scope adjustments, and implementation timing considerations. These risks primarily relate to factors outside the College's direct control or deliberate adjustments in approach rather than fundamental execution challenges.

In addition, performance related to Registrar's Investigations and the External-to-Total Cost Ratio continues to present elevated risk due to sustained conduct workload pressures and higher-than-budgeted external legal expenditures. These areas are being actively monitored and managed through ongoing mitigation efforts.

Overall, risk levels have increased since Q1, reflecting a greater number of measures and operational priorities requiring attention; however, management believes the 2026 annual plan remains achievable and that risks remain understood and manageable.

IV. Monitoring Measures

Monitoring measures provide additional context on performance trends.

Domain	Monitoring Measures	Trending Positive	No Change in Trend	Trending Negative	Not Enough Data/Not Available
Public Protection	10	-	5	1	4
Organizational Capacity	1	-	-	-	1

The measure trending negative is 'Open investigation cases at month end,' which has continued to increase over the past year, reflecting sustained intake volumes and capacity pressures in investigations. This is being actively managed through prioritization of higher-risk cases, with lower-risk cases accumulating as a result, and will continue to be monitored and assessed (including potential impacts on the public and public trust), with consideration of capacity adjustments as needed.

Registrant Experience

Summaries from spring regional meetings with registrants are included in the September Board materials. Regional meetings scheduled for Toronto, Sudbury, Hamilton and Kingston will be completed this fall. Summaries from those meetings will be presented to the Board at the December 2026 meeting.

Key Insight: Monitoring results suggest no change across most areas, with emerging pressure in investigations driven by sustained intake volumes and capacity constraints; this is being actively managed through prioritization of higher-risk cases, with lower-risk cases accumulating as a result.

Conclusion

Q2 results indicate progress against the 2026 annual plan, with expected variability in early-stage execution. Performance is generally aligned with plan, with variances largely driven by timing, complexity, and dependency-related factors rather than underlying delivery challenges.

Several operational priorities have potential completion risks due to external dependencies, resource capacity, or project timing, but remain expected to be delivered or are being actively monitored.

Overall, performance remains on track, with risks understood and manageable. Management will continue to monitor progress and implement mitigation strategies to support delivery over subsequent quarters.

Next steps: Management continues to actively monitor performance and implement mitigation strategies, with the expectation that several measures will improve over subsequent quarters

Attachment:

8.2.1 - 2026 College Dashboard Report – Q2 Results

Ontario College of Pharmacists

Putting patients first since 1871

Attachment 8.2.1

2026 Board Dashboard – Q2 Results

Content

Item
Section 1 – Background
Section 2 – Dashboard Summary
Section 3 – Q2 Performance Results - Targeted Measures
Section 3 – Q2 Performance Results - Operational Plan Priorities
Section 3 – Q2 Performance Results - Monitoring Measures
Appendix 1 – How to Read the XmR Graphs

Section 1 – Background

2026 Board Dashboard Domains

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

Section 1 – Background

Type of Dashboard Measures



Performance Measure: Have specific targets aligned with the College's strategic and operational goals for 2026.



Monitoring Measure: Have no targets and are intended to provide context and information about the College's performance in areas not covered by the annual operational plan, to support future strategic and operational planning.

Section 2 – Dashboard Summary (Performance Measures)

Public Protection

	Performance Measures	YTD 2025	Q1	Q2	Q3	Q4	YTD	target	status
1	% High- and Moderate-Risk Complaints Disposed of Within 150 Days	50%	35%	50%			41%	30%	🟢
2	% High- and Moderate-Risk Registrar's Inquiries Disposed of Within 365 Days	74%	45%	18%			29%	55%	🔴
3	% HPARB Complaint Decisions Confirmed	91%	100%	100%			100%	90%	🟢

Organizational Capacity

	Performance Measures	YTD 2025	Q1	Q2	Q3	Q4	YTD	target	status
4	% Staff Engagement (Overall) ^	75%	-	-		-	-	64%	
5	% Staff Engagement (Inclusion) ^	91%	-	-		-	-	81%	
6	% Budget-to-Actual Variance	-10%	-4%	-6%			-6%	+/- 5%	🟡
7	% Variance from Required Reserve Balance	-	212%	202%			202%	+ Var**	🟢
8	Staff Cost Ratio	77%	77%	77%			77%	77%	🟢
9	External-to-Total Cost Ratio	3.7%	4.9%	7.2%			7.2%	4%	🔴

Strategic Progress

	Performance Measures	YTD 2025	Q1	Q2	Q3	Q4	YTD	target	status
10	% Community Pharmacists indicating no Changes Made to Address Business Pressures^^	61%	-	-	-		-	61%	

Annual Operational Plan

	Performance Measures	YTD 2025	Q1	Q2	Q3	Q4	YTD	target	status
11	% Annual Operational Priorities on Track (YTD)	-	64%	55%			55%	100%	🔴

LEGEND

- 🟢 At or better than target
- 🟡 Within 25% of target
- 🔴 Outside acceptable range (> 25% variance)

** Positive Variance

^Results will be available in Q3

^^Results will be available in Q4

Section 2 – Dashboard Summary (Monitoring Measures)

Public Protection

	Monitoring Measures	YTD 2025	Q1	Q2	Q3	Q4	YTD	trend analysis
12	Average Days Registrar Decision is Made After Receipt of Completed Registration Application	2.0	1.6	1.7			1.7	●
13	% Registrants who Take More than 6 Weeks to Secure a PACE Site	-	-	-			-	*
14	% Community Pharmacists who Pass Practice Reassessments After Coaching	77%	72%	88%			81%	●
15	% Community Technicians who pass Practice Reassessments After Coaching	86%	100%	100%			100%	*
16	Average Days Cycle Time for High-Risk Assessments in Community Pharmacies	410	370	417			393	●
17	Open Investigation Cases at month end	884	961	1,073			1,073	●
18	% Complaints Received for Informal Processing	18%	14%	11%			12%	*
19	% Registrar's Reports Received for Informal Processing	30%	8%	20%			14%	*
20	% Registrants who Pass the Post-ICRC Remediation Assessment	94%	96%	96%			96%	●
21	% Positive Media Sentiment	47%	15%	60%			34%	●

Organizational Capacity

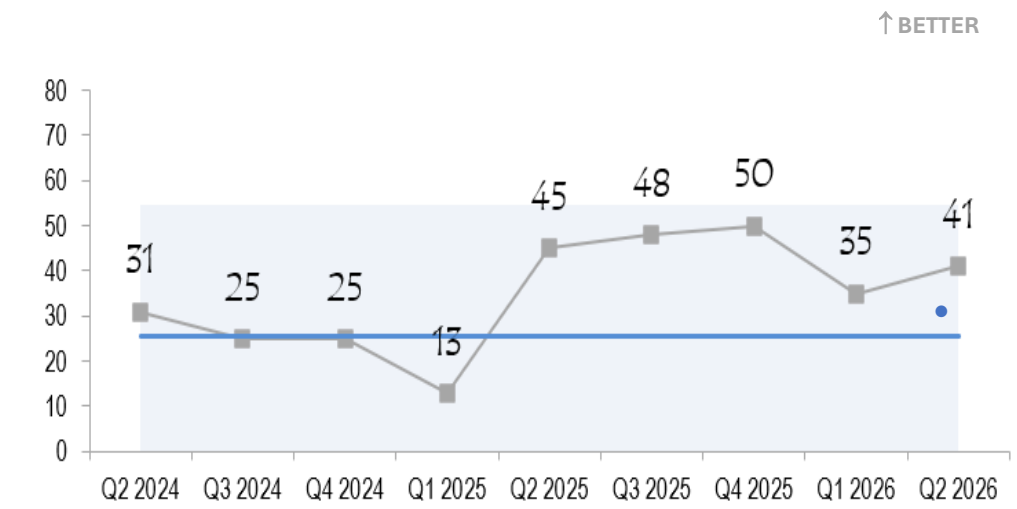
	Monitoring Measures	YTD 2025	Q1	Q2	Q3	Q4	YTD	trend analysis
22	% Registrant Satisfaction Score - Survey Questions of Effectiviness, Format, & Achievement of Objectives from Regional Meetings	-	-	90%	-	-	90%	*

LEGEND

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

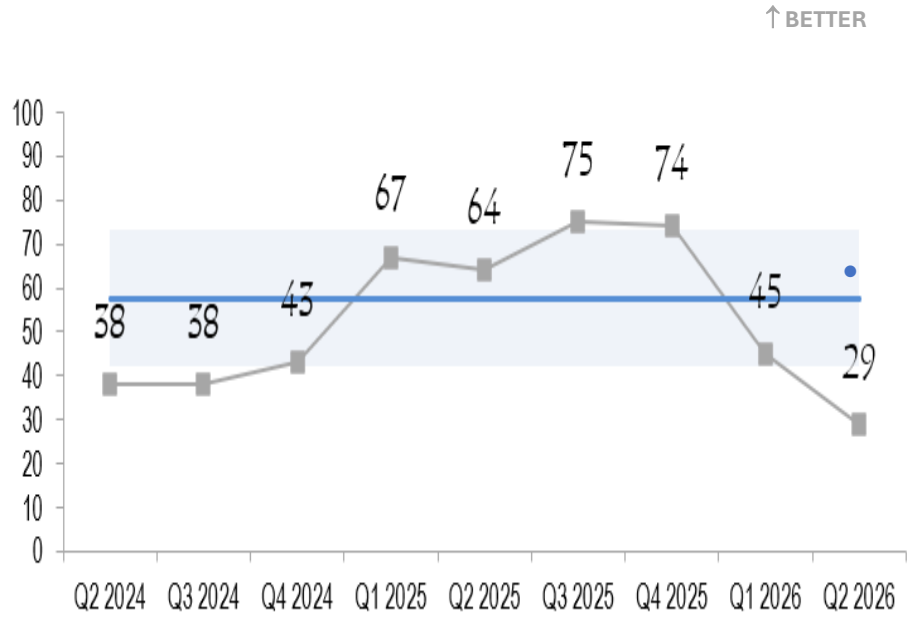
Section 3: Q2 Performance Results

Public Protection

Performance Measures			Q2	YTD	Target	Key Points	Implications / Actions
Conduct							
●	% High- and Moderate-Risk Complaints Disposed of Within 150 Days		50%	41%	30%	Currently meeting target	Continue prioritizing the timely investigation and disposition of high- and moderate-risk complaints to maintain performance above target despite record complaint volumes.

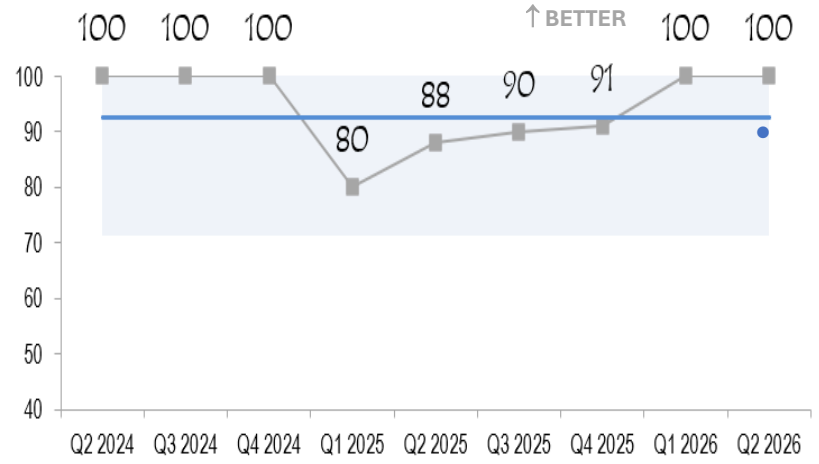
Section 3: Q2 Performance Results

Public Protection

Performance Measures			Q2	YTD	Target	Key Points	Implications / Actions
Conduct							
●	% High- and Moderate-Risk Registrar's Inquiries Disposed of Within 365 Days		18%	29%	55%	• More than triple the number of cases were referred to Discipline Committee (DC) than seen in a typical quarter. • The DC cases in this quarter involved multiple registrants per case.	• Performance remains below target due to a higher-than-usual volume of matters referred to the DC, which generally require additional procedural steps and longer processing times. • A number of matters involved multiple registrants and required coordinated processing, which increased timelines. • The complexity of several investigations contributed to longer disposition times.

Section 3: Q2 Performance Results

Public Protection

Performance Measures			Q2	YTD	Target	Key Points	Implications / Actions
Conduct							
●	% HPARB Complaint Decisions Confirmed		100%	100%	90%	• Currently meeting target. • 7 out of 7 decisions received in Q2 were confirmed by Health Professional Appeal and Review Board (HPARB).	• The College continues to monitor HPARB decisions to inform Inquiries, Complaints and Reports Committee (ICRC) education and support continuous improvement in complaint decision-making.

Section 3 – Q2 Performance Results

Organizational Capacity

<table>
<tr><th colspan="3">Performance Measures</th><th>YTD</th><th>Target</th><th>Key Points</th><th>Implications / Actions</th></tr>
<tr><td colspan="7">Financial Health</td></tr>
<tr><td></td><td>% Budget-to-Actual Variance</td><td><table><tr><th></th><th>2025 Q2 (YTD)</th><th>2025 Q3 (YTD)</th><th>2025 Q4 (YTD)</th><th>2026 Q1 (YTD)</th><th>2026 Q2 (YTD)</th></tr><tr><td>Result</td><td>-8%</td><td>-10%</td><td>-10%</td><td>-4%</td><td>-6%</td></tr></table></td><td>-6%</td><td>+/- 5%</td><td>• Variance of -6% is slightly outside the target tolerance range of +/- 5%.
• The favourable variance primarily reflects the timing of expenditures and other planned activities.
• Spending is expected to increase in later quarters as planned activities progress and timing-related variances normalize</td><td>• Continue monitoring expenditures and planned spending to maintain alignment with the approved budget.</td></tr>
<tr><td></td><td>% Variance from Required Reserve Balance</td><td><table><tr><th></th><th>2025 Q2 (YTD)</th><th>2025 Q3 (YTD)</th><th>2025 Q4 (YTD)</th><th>2026 Q1 (YTD)</th><th>2026 Q2 (YTD)</th></tr><tr><td>Result</td><td>+179%</td><td>+124%</td><td>+54%</td><td>+212%</td><td>+202%</td></tr></table></td><td>+202%</td><td>Positive Variance</td><td>• The unrestricted reserve balance remains above the required level.
• The variance reflects the timing of revenue collection and expenditures throughout the year.
• Reserve balances are expected to remain above the required level at year-end.</td><td>• Continue monitoring reserve levels and cash flow to ensure compliance with reserve requirements and support long-term financial sustainability.</td></tr>
</table>

Section 3 – Q2 Performance Results

Organizational Capacity

<table>
<tr><th colspan="3">Performance Measures</th><th>YTD</th><th>Target</th><th>Key Points</th><th>Implications / Actions</th></tr>
<tr><td colspan="7">Efficiency</td></tr>
<tr><td></td><td>Staff Cost Ratio*</td><td>
<table>
<tr><th></th><th>2025 Q2 (YTD)</th><th>2025 Q3 (YTD)</th><th>Q4 2025 (YTD)</th><th>2026 Q1 (YTD)</th><th>2026 Q2 (YTD)</th></tr>
<tr><td>Staff Cost</td><td>$11.5M</td><td>$16.9M</td><td>$22.9M</td><td>$5.5M</td><td>$11.4M</td></tr>
<tr><td>Results</td><td>75%</td><td>77%</td><td>77%</td><td>77%</td><td>77%</td></tr>
</table>
</td><td>77%</td><td>77%</td><td>• Currently meeting target.</td><td>• The staff cost ratio remains stable at 77%, consistent with recent quarters and aligned with target</td></tr>
<tr><td></td><td>External-to-Total Cost Ratio</td><td>
<table>
<tr><th></th><th>2025 Q2 (YTD)</th><th>2025 Q3 (YTD)</th><th>2025 Q4 (YTD)</th><th>2026 Q1 (YTD)</th><th>2026 Q2 (YTD)</th></tr>
<tr><td>External Costs</td><td>$658K</td><td>$828K</td><td>$1.1M</td><td>$351K</td><td>$1.1M</td></tr>
<tr><td>Results</td><td>4.0%</td><td>3.8%</td><td>3.7%</td><td>4.9%</td><td>7.2%</td></tr>
</table>
</td><td>7.2%</td><td>4%</td><td>• Currently not meeting target.
• Higher-than-budgeted external legal costs have increased the proportion of external expenditures relative to total costs.
• External legal costs continue to represent the most significant expenditure pressure in 2026.</td><td>• Continue monitoring external legal expenditures and identifying offsetting savings in other budget areas where appropriate.
• Utilize reserve balances in accordance with Board policy to manage the financial impact of unanticipated expenditure pressures, if required.</td></tr>
</table>

*Staff Cost Ratio = Total cost of staff divided by Operating Expenditures

Section 3 – Q2 Performance Results

Operational Plan Priorities

Performance Measures			YTD	Target	Key Points	Implications / Actions
Annual Operational Plan						
●	% Annual Operational Priorities on Track (YTD)	↑ BETTER Q1: Result 64%; Q2: Result 55%; Q3: ; Q4:	55%	100%	Six out of eleven operational priorities are “On Track”.	Slides 13 to 17 contain details of the status of all operational plan priorities.

NOTE: Data not suitable for XmR graph

Section 3 – Q2 Performance Results

Operational Plan Priorities

Title		Causes / Key Points	Implications / Actions
Annual Operational Plan			
●	**1)** PPN (Preferred Provider Network) Proposals & Implementation	• Awaiting information and update from the Ministry of Finance on draft regulations.	• Once there are draft regulations, the Ministry of Finance will conduct a public consultation, and the Board will be engaged on informing the College's response.

LEGEND

- ● On track to completion
- ● Potential Risk of completion
- ● At Risk of completion

Section 3 – Q2 Performance Results

Operational Plan Priorities

Title		Causes / Key Points	Implications / Actions
Annual Operational Plan			
●	**2)** Implement Registrant Records System (RRS)	**Key Points (see for details the Registrar's Report)**	
●	**3)** AIMS (Assurance & Improvement in Medication Safety) Implementation	• An agreement has been executed with ISMP Canada enabling submission of Ontario medication incident data to the National Incident Data Repository for Community Pharmacies (NIDR). • Engagement and implementation planning activities are progressing to support readiness for the 2027 program requirements. • Additional transition supports have been developed for registrants, including guidance materials and implementation tools.	• Continue implementation readiness activities with pharmacies, system providers, and ISMP Canada. • Finalize implementation resources and supporting materials for registrants. • Update assessment processes and tools to support implementation of the 2027 requirements.

Section 3 – Q2 Performance Results

Operational Plan Priorities

Title		Causes / Key Points	Implications / Actions
Annual Operational Plan			
●	**4)** Expanding Scope Implementation	• Effective July 1, additional minor ailments, Pharmacy Technician schedule 3 administration, and additional vaccine administration authority for pharmacy professionals are authorized by Ontario government • All relevant regulatory and clinical information to support expanded scope implementation available	• Awaiting additional authorization from Ministry of Health (MOH) for remainder of proposals (i.e., additional MAs, administration of buprenorphine, performing labs/POCTs).
●	**5)** Workforce Pressure Feasibility Study (StaffWISE)	• Consultants have completed the Workforce Pressure Feasibility Study and provided a draft report to the College for review. • Management is assessing the findings and recommendations to determine feasibility and potential implementation considerations.	• Review the study findings and recommendations. • Identify potential next steps and opportunities for future workforce-related initiatives.
●	**6)** Compounding Training Implementation (sterile)	• Work continues to advance the implementation approach for sterile compounding training requirements. • Progress has been made in refining implementation considerations. • Available CCCEP-accredited course offerings continue to be reviewed.	• Confirm policy approach to support implementation • Validate the proposed implementation model with internal subject matter experts.

Section 3 – Q2 Performance Results

Operational Plan Priorities

Title		Causes / Key Points	Implications / Actions
Annual Operational Plan			
🟡	**7)** Policy Refresh	• This project resulted in identifying and prioritizing a comprehensive assessment of the building blocks of the College's policy documents.	• Internal assessment completed with approach to be redefined; individual policy priorities will move forward to address immediate needs and gaps.
🟢	**8)** Pharmacy Operations SOP Assessment Pilot	• Pilot activities continue as planned. • Ongoing data collection is supporting the validation of the proposed assessment criteria and evaluation of the proposed revised operational assessment approach	• Continue phased data collection to support validation of the assessment criteria. • Review early findings to inform potential future implementation and refinement of the assessment approach.
🟢	**9)** Governance Improvements	• Governance Review implementation remains on track. • Key governance framework enhancements have been implemented to strengthen role clarity, accountability, and decision-making. • Board leadership development and governance capacity-building initiatives have been advanced.	• Continue implementing Governance Review recommendations. • Bring governance policy and governance framework updates forward for Board consideration during Q3 and Q4 2026. • Continue monitoring the effectiveness of governance improvements and Board processes

Section 3 – Q2 Performance Results

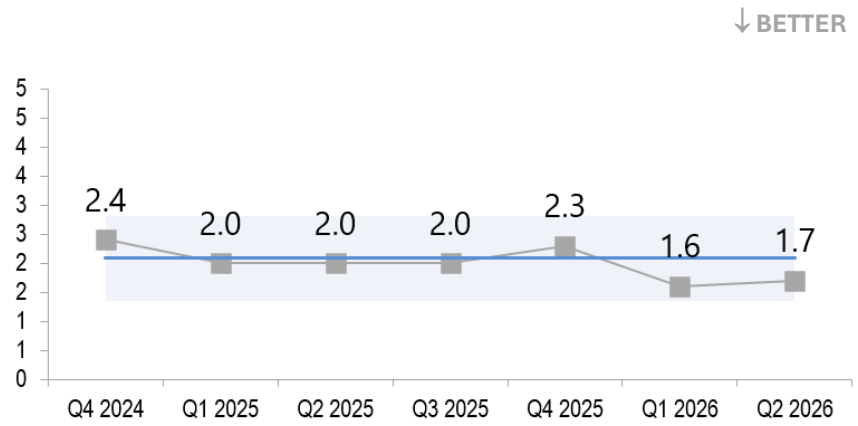
Operational Plan Priorities

Title		Causes / Key Points	Implications / Actions
Annual Operational Plan			
●	**10)** PACE Evaluation	• The project has not yet commenced. • Opportunities are being explored to align the evaluation with external partners to improve efficiency and leverage shared resources. • As a result, project timing is under review and may extend into 2027.	• Continue exploring opportunities for collaboration and alignment with partner organizations. • Develop and finalize the project plan once the approach and partnership opportunities have been confirmed.
●	**11)** Risk-Based QA Assessments	• The project remains in the planning stage (50% complete). • A shortlist of potential risk-based selection factors was presented to the Executive Team following an environmental scan, literature review, and analysis of internal OCP data. • Additional analysis is required to further assess regulatory risks and validate proposed risk factors.	• Continue data analysis and regulatory risk assessment activities. • Refine and validate risk factors to support development of a risk-based selection methodology.
■	**12)** Complaint Resolution*	• Currently meeting target. • Performance for this priority is measured through the "% High- and Moderate-Risk Complaints Disposed of Within 150 Days" indicator. • Despite a significant increase in complaint volume, the College continues to meet the established service standard for higher-risk complaints.	• Continue prioritizing the timely disposition of high- and moderate-risk complaints through risk-based case management.

**Performance for this priority is reported through the complaint disposition indicator and is excluded from the calculation of the percentage of Annual Operational Plan priorities on track.*

Section 4 – Q2 Monitoring Results

Public Protection

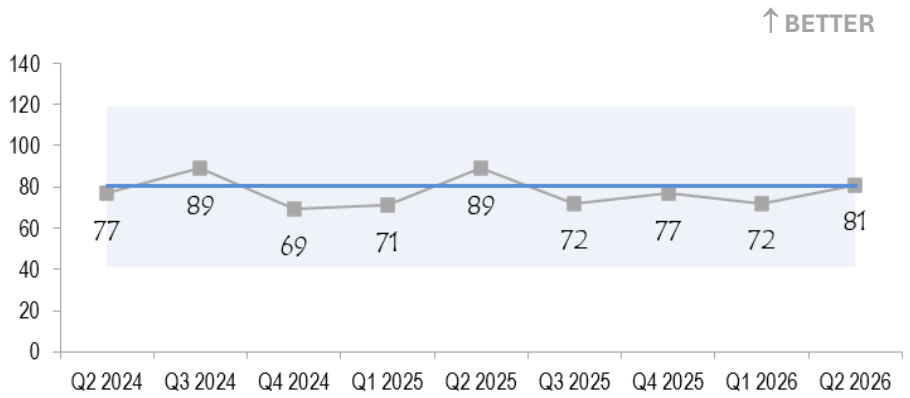
Monitoring Measures			Q2	YTD	Implications / Actions
Registration					
●	Average days Registrar Decision is Made After Receipt of Completed Registration Application		1.7	1.7	• Registration decisions continue to be made in a timely manner, with processing times remaining below two days (641 completed registration applications were approved in Q2).
*	% Registrants who Take More than 6 Weeks to Secure a PACE Site	Not Reported - insufficient valid survey responses	-	-	• Insufficient survey responses were received to produce a statistically reliable result. The measure will continue to be monitored, and results will only be reported where response rates support a reasonable margin of error.

LEGEND

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

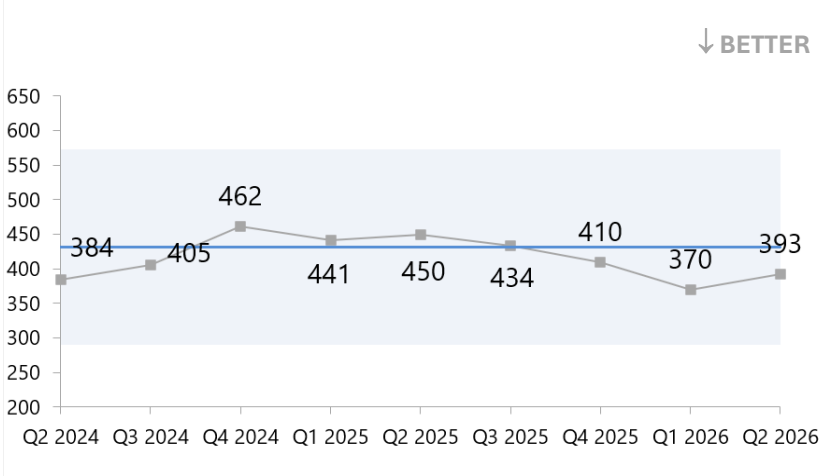
Section 4 – Q2 Monitoring Results

Public Protection

<table>
<tr><th colspan="2">Monitoring Measures</th><th>Q2</th><th>YTD</th><th>Implications / Actions</th></tr>
<tr><td colspan="5">Quality Assurance</td></tr>
<tr><td>●</td><td>% Community Pharmacists who Pass Practice Reassessments After Coaching</td><td> 
</td><td>88%</td><td>81%</td><td>• In Q2, 28 out of 32 community pharmacists passed reassessment after coaching, resulting in an 88% pass rate and remaining within the range observed in recent quarters.</td></tr>
<tr><td>*</td><td>% Community Technicians who Pass Practice Reassessments After Coaching</td><td>↑ BETTER
<table><tr><td></td><td>2025</td><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td>Result</td><td>90%</td><td>100%</td><td>100%</td><td></td><td></td></tr></table></td><td>100%</td><td>100%</td><td>• In Q2, all 7 community technicians undergoing reassessment after coaching successfully met the reassessment requirements.</td></tr>
</table>

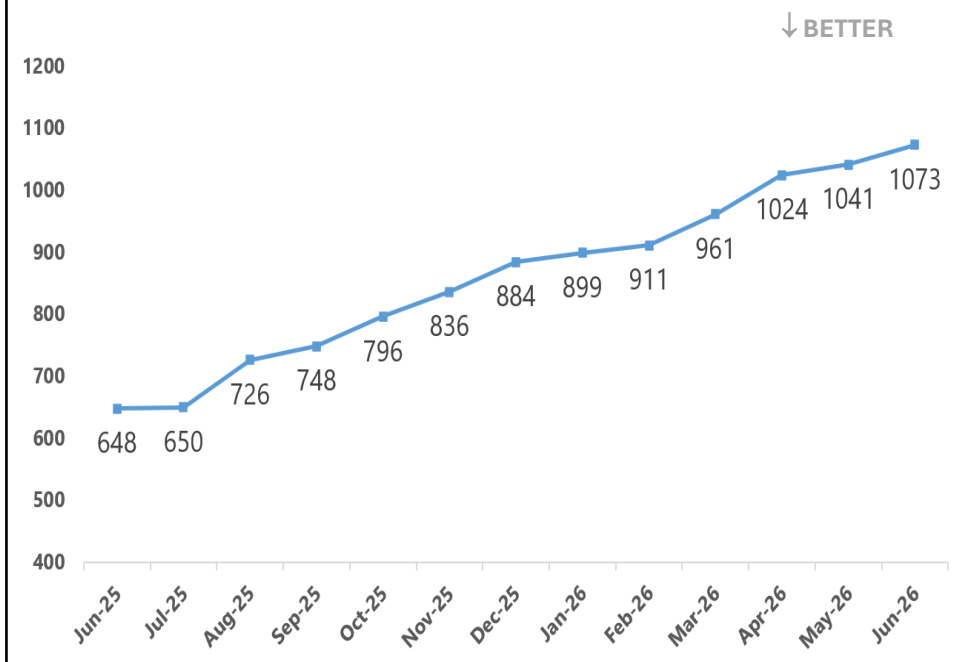
Section 4 – Q2 Monitoring Results

Public Protection

Monitoring Measures			Q2	YTD	Implications / Actions
Pharmacy Operations					
●	Average Days Cycle Time for High-Risk Assessments in Community Pharmacies		417	393	• Assessment frequency remains generally aligned with the intended annual assessment cycle, with timing varying based on operational scheduling and prioritization requirements.

Section 4 – Q2 Monitoring Results

Public Protection

Monitoring Measures			YTD	Implications / Actions
Conduct				
●	Open Investigation Cases at month end (YTD)		1,073	• Open investigation files increased to 1,073 as of June 30, 2026. • Complaint and Registrar's Investigation volumes continue to be significantly above historical levels. • Intake volumes in Q1 and Q2 2026 exceeded the same period in 2025, with complaints up 52% and Registrar's Investigations up 39%. • Higher-risk matters continue to be prioritized, resulting in the accumulation of lower-risk cases and growth in the overall investigation inventory. • Sustained high intake volumes and a growing investigation inventory continue to create capacity pressures and may inform future resource planning.

Section 4 – Q2 Monitoring Results

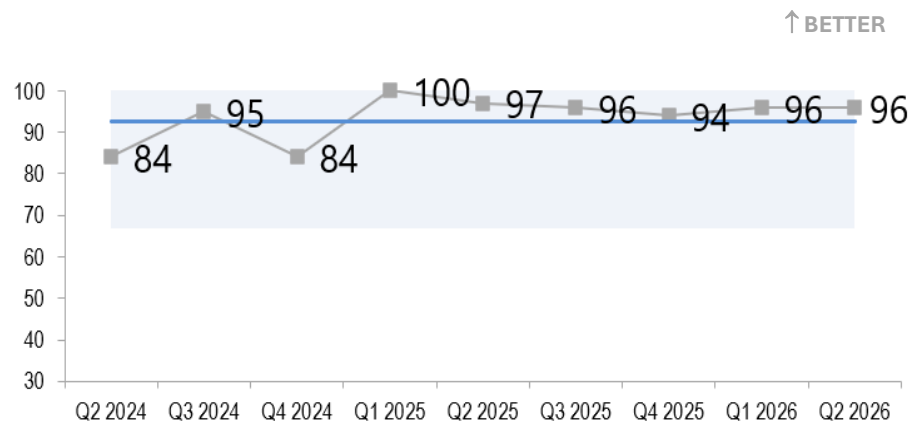
Public Protection

<table>
<tr><th colspan="3">Monitoring Measures</th><th>Q2</th><th>YTD</th><th>Implications / Actions</th></tr>
<tr><td colspan="6">Conduct</td></tr>
<tr><td>*</td><td>% Complaints Received for Informal Processing</td><td><table><tr><td>2023 (YTD)</td><td>2024 (YTD)</td><td>2025 (YTD)</td><td>2026 (Q1)</td><td>2026 (Q2)</td></tr><tr><td>15%</td><td>16%</td><td>18%</td><td>14%</td><td>12%</td></tr></table></td><td>11%</td><td>12%</td><td>• 26 complaint files were resolved through informal processing.
• Common themes included communication, customer service, and billing.
• The proportion of complaints eligible for informal processing decreased due to an increase in medium- and high-risk complaints.
• Overall complaint volumes increased, contributing to a lower percentage of complaints resolved through informal processing.</td></tr>
<tr><td>*</td><td>% Registrar’s Reports Received for Informal Processing*</td><td><table><tr><td>2025 (YTD)</td><td>2026 (Q1)</td><td>2026 (Q2)</td></tr><tr><td>30%</td><td>8%</td><td>20%</td></tr></table></td><td>20%</td><td>14%</td><td>• 9 Registrar's Report files were resolved through informal processing.
• Matters resolved through informal processing primarily involved lower-risk issues, including medication transfer processes, dispensing errors, and infection prevention practices.
• The proportion of Registrar's Reports resolved informally increased from Q1, reflecting the nature of matters received and assessed during the quarter.</td></tr>
</table>

**Data prior to 2025 for Registrar’s Reports Informal Processing is not available.*

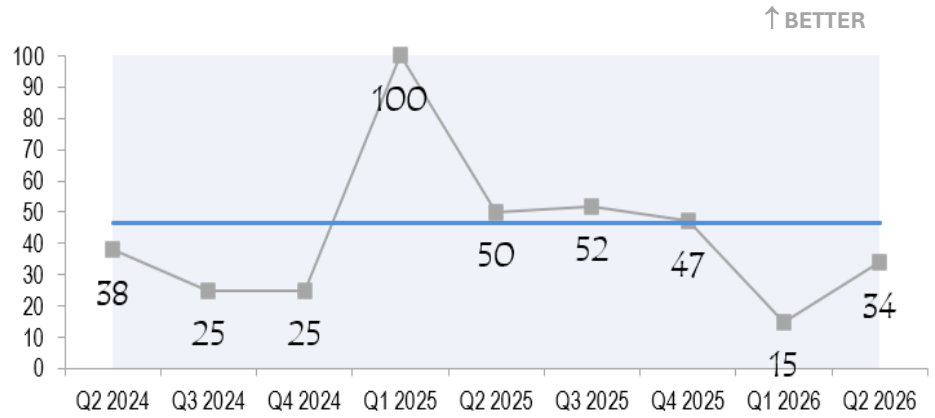
Section 4 – Q2 Monitoring Results

Public Protection

Monitoring Measures			Q2	YTD	Implications / Actions
Conduct					
●	% Registrants who Pass the Post-ICRC Remediation Assessment		96%	96%	• Twenty-three of 24 registrants passed their post-remediation assessment in Q2. • Overall, 45 of 47 registrants passed year-to-date. • Results remain consistent with recent reporting periods, with most registrants successfully demonstrating improvement following remediation.

Section 4 – Q2 Monitoring Results

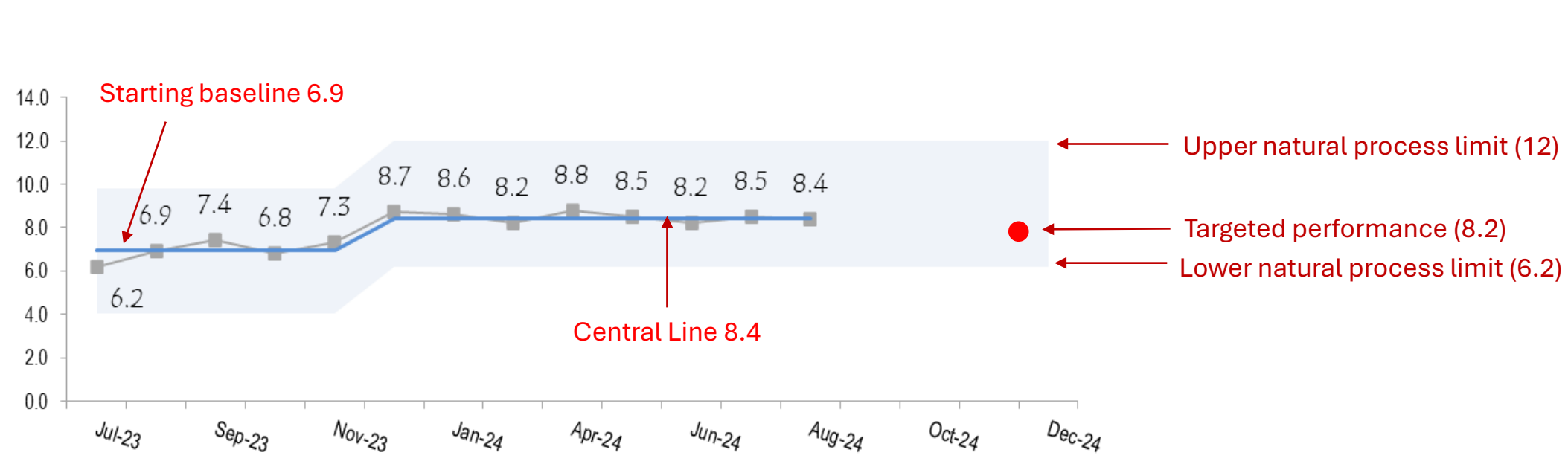
Public Protection & Organizational Capacity

Monitoring Measures			Q2	YTD	Implications / Actions
Public Trust					
●	% Positive Media Sentiment		60%	34%	• Positive media coverage in Q2 was primarily associated with OCP resources supporting expanded scope activities, AIMS implementation, and public consultations. • Media sentiment remains subject to variability based on the volume and nature of external coverage.
*	% Registrant Satisfaction Score – Survey Questions of Effectiveness, Format, & Achievement of Objectives from Regional Meetings	• Overall participant satisfaction was 90% across four regional meetings held in Ottawa, Kitchener-Waterloo, Barrie, and Mississauga. • Attendance averaged approximately 95 participants per meeting.	90%	-	• Feedback from the spring regional meetings has been summarized and shared with the Board. • Fall regional meetings are scheduled in Toronto, Sudbury, Hamilton, and Kingston beginning in October. • A final report summarizing 2026 regional engagement activities will be presented to the Board in December.

Appendix

- How to Read the XmR Graphs

How to Read the XmR Graphs* (for illustration purposes only)



- 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-reacting to changes in a measure that are small and easily dismissed but are caused by real changes we should know about (before they escalate)
- The chart's upper and lower natural process limits define the routine or normal variation for the performance measure.
- A starting “Baseline” is collected to calculate process limits and target value.
- Over time, the “Central Line” tracks the process and is recalculated when a shift in performance occurs. (as indicated in Dec 2023 above)
- Both baseline and central line are essentially the same and calculated as averages. The standard label used on the XmR is “Central Line”.

***XmR = (X) Average or Individual & (mR) moving Range**

Board Information Note

Meeting Date: September 2026

Topic: Internal Financial Statements, Updated Projections, and Investment Report for Q2

From: Thomas Custers, Director Corporate Services

Purpose and action required: To provide the Board with an overview of the College's financial performance for the six-month period ending June 30, 2026, including significant variances in budget, investment activity, and the projected full-year outlook.

Beginning with Q2 reporting, the Board is also receiving the College's Statement of Financial Position (balance sheet) and Statement of Cash Flows. These statements complement the Statement of Operations by providing information regarding liquidity, reserve balances, and the College's overall financial position.

Public interest rationale: Effective financial stewardship supports the College's ability to carry out its regulatory mandate in the public interest. Consistent with the governance framework established in By-Law 7B and supported by Board Policies (including 4.5, Policies and Procedures for Overseeing Financial Risk and 4.6, Board's Financial 'Check-List'), sound financial planning, monitoring, and oversight ensure resources are managed responsibly and are available to support regulatory activities, respond to emerging risks, and sustain operations over the long term. The prudent management of financial variances and investment balances reinforces transparency, accountability, and effective stewardship of resources, enabling the College to operate in a manner that maintains public trust and supports its public protection mandate.

Strategic alignment, regulatory processes, and actions: The review of the College's financial results supports alignment with By-Law 7B and the Board's governance policies, which together establish expectations for financial oversight, accountability, and effective resource management.

Financial performance is regularly monitored against the approved budget, with forecasting used to reflect emerging trends, timing differences, and operational variances. This enables informed decision-making and supports the Board and its committees in fulfilling their oversight responsibilities.

Investment activities are undertaken in accordance with the College's risk tolerance, liquidity requirements, and governance framework, ensuring that funds are preserved and available to support regulatory operations while generating stable and prudent returns.

Background: Through the first six months of 2026, financial results are ahead of budget. Total revenue exceeded budget by approximately $685K (2.2%), while expenditures were approximately $747K (4.7%) below budget. This position reflects higher investment income, discipline cost recoveries, increased examination-related revenue, and lower expenditures in several budget lines. These expenditures variances arise from a combination of factors, including the timing of certain activities, delays in specific initiatives, lower-than-anticipated activity levels in some areas, and personnel-related savings. The principal variances are discussed further under "Financial Results" and "Forecast and Outlook."

Current projections for the second half of the year indicate increased expenditure forecasts in several areas, primarily legal conduct, consulting activities, Quality Assurance, and communications initiatives. These expected increases are partially offset by lower personnel costs, reduced discipline committee expenditures, lower

investigation costs, and Information Systems expenditures Further details on the significant projected variances are provided under "Forecast and Outlook."

External legal costs continue to represent the most significant financial risk for 2026. The risk was identified in Q1, when legal conduct costs were projected to exceed budget by approximately $500K for the full year, primarily related to a complex, protracted contested matter. While this pressure is expected to remain, the overall legal conduct expenditure forecast has since increased by approximately $150K and is now projected to exceed budget by approximately $650K. The $150K increase primarily reflects higher projected costs for Inquiries, Complaints, and Reports Committee (ICRC) matters and appeals. This is due to certain ICRC matters involving novel and complex issues requiring additional external legal support, as well as lengthier than anticipated legal proceedings, resulting in higher costs per matter. Appeal-related activity has also increased. Based on information available to date, management believes the forecast reflects the expected cost of known matters; however, legal expenditures remain sensitive to case-specific developments and the timing and outcome of regulatory proceedings. Any potential additional costs arising from new matters or unforeseen developments cannot be reasonably estimated at this time.

Financial Results

- For the six-month period ended June 30, 2026, total revenue was approximately $31.1 million, exceeding budget by $685K (2.2%). Favourable variances were primarily attributable to higher investment income, discipline cost recoveries, examination-related revenues, and Health Profession Corporation fees (which are fees paid by professional corporations seeking or renewing Certificates of Authorization).
- Total expenditure was approximately $15.0 million, $747K (4.7%) below budget. Lower spending reflects several factors including deferred licensing costs related to the Registrant Records System (RRS), lower personnel costs, and lower spending on discipline committee and investigation-related activities. Approximately $267K of the favourable variance relates to expenditures deferred to 2027, primarily associated with capital software purchases, licensing costs, and discipline committee activities. The current year underspend is partially offset by higher external legal costs and communications initiatives, while variances in medication safety and examination-related activities primarily reflect timing differences and are expected to align with budget by year-end.
- Overall, the College remains in a strong operating position through the second quarter, with revenue exceeding budget and expenditures below budget. As discussed under "Forecast and Outlook," this favourable year-to-date position is not expected to fully carry through to year-end. The College is currently projecting a full-year deficit modestly larger than budgeted, driven primarily by external legal costs. The deficit will be funded by the unrestricted reserve fund, currently with a balance of $6.0M.

Forecast and Outlook

- Full-year revenue is projected at approximately $32.0 million, modestly above budget by approximately $65K, reflecting increased Health Profession Corporation revenues and discipline cost recoveries.
- Excluding legal expenditures, projected spending in several areas is expected to be at or below budget. Savings are primarily attributable to staff vacancies, deferred capital expenditures, lower information systems costs associated with delays in the RRS, lower discipline committee activity, reduced investigation-related costs resulting from a change in investigative priorities, and lower subscription costs.
- Theses savings are partially offset by increased expenditures related to Board strategic planning activities, regional engagement and communication initiatives, consulting support for OCP's Outcome-Based Collaborative Regulation initiative, and the review of a proposed remote dispensing location model, and Quality Assurance costs associated with transitioning to a new vendor.
- Despite favourable revenue results and savings in several expenditure categories, the College is projected to report a larger than budgeted deficit due primarily to higher external legal costs. These costs are driven by a complex contested matter, increased ICRC legal expenditures, and increased appeal-related activity.

- Based on current projections, the College is expected to report a year-end deficit of approximately $816K, compared with the budgeted deficit of approximately $503K, representing a projected increase in the deficit of approximately $313K.
- The projected year-end deficit remains modest relative to the College's overall net asset position and approved reserve balances and will not affect compliance with the minimum reserve balances established under Board Policy 4.12.

Financial Position and Cash Flow

- As of June 30, 2026, total assets were $41.6 million (June 2025: $38.7 million) and total liabilities were $8.4 million (June 2025: $8.0 million), resulting in net assets of $33.2 million compared with $30.7 million at June 30, 2025.
- Unrestricted net assets increased to approximately $22.1 million from $19.7 million a year earlier, reflecting the operating surplus recognized through the first half of the year. Internally restricted reserve balances totalled $11.1 million.
- Cash on hand was approximately $1.5 million at June 30, 2026, compared with $0.4 million at June 30, 2025. During the first six months of 2026, operating activities generated approximately $15.8 million in cash, while investing activities used approximately $16.9 million, primarily reflecting the reinvestment of renewal-related cash inflows into short- and long-term investments. As a result, cash decreased by approximately $1.0 million during the period. This pattern is consistent with the College's normal seasonal cycle of investing renewal-related cash inflows shortly after receipt.

Investment Results: Total investment balances increased during the first half of the year as renewal-related cash inflows were invested in short-term guaranteed investment certificates. During Q2:

- A new 12-month redeemable GIC of $2.0 million was opened at 2.45%. This investment was funded through surplus cash following the accreditation renewal period. In the later part of the period, there was a redemption of an existing GIC within the Operating Surplus Reserve pool to fund operations; accordingly, the overall short-term investment balance remained approximately $31.5 million
- Externally managed long-term investments increased from approximately $3.40 million in Q1 to $3.47 million, generating unrealized gains of approximately $65K during the quarter.
- The Operations Reserve Fund balance was approximately $10.17 million, exceeding the Board Policy minimum of $9.7 million. The Investigation and Hearings Reserve Fund balance was approximately $1.40 million, equal to its Board Policy minimum requirement

Risks and Considerations

- **Legal cost pressures:** External legal conduct costs are projected to remain significantly above budget due to a complex contested matter and increased appeal activity. The year-end projection is approximately $650K above budget. Management continues to monitor legal expenditures closely and will report any material change to the current projection.
- **Forecast uncertainty:** The year-end forecast reflects management's current assessment of known expenditure pressures, anticipated savings, and the expected timing of planned activities. As with any forecast, actual results may differ as expenditures are incurred and ongoing matters, including legal proceedings, continue to evolve.

Attachment:

8.3.1 - Q2 2026 Internal Financial Statements

ONTARIO COLLEGE OF PHARMACISTS
Statement of Operations
For The Period Ending June 30, 2026

	Jan to Jun Budget	Jan to Jun Actual	Jan to Jun Variance	% Actual to Budget		Jan to Jun Prior Year	% Actual to Prior Year	Full Year Budget	Full Year Projection	Projection to Budget Variance	% Projection to Budget Year End	
REVENUE												
Registrant fees												
Pharmacists	16,611,314	16,679,477	68,162	100%		15,958,517	105%	16,812,222	16,812,222	0	100%	
Pharmacy Technician	3,944,528	3,918,684	(25,844)	99%		3,723,615	105%	4,033,211	4,033,211	0	100%	
Community Pharmacy fees	7,510,686	7,633,159	122,474	102%		7,326,885	104%	7,768,621	7,768,621	0	100%	
Health Profession Corporation	202,439	242,223	39,784	120%	**(1)**	223,100	109%	202,439	242,223	39,784	120%	**(1)**
DPP Inspection Fees	11,346	11,346	(0)	100%		22,160	51%	22,692	22,692	0	100%	
Hospital Pharmacy Fees	1,262,618	1,285,018	22,400	102%		1,245,242	103%	1,265,141	1,285,018	19,876	102%	
Registration Fees												
Pharmacists:												
Pre-registration Fees	31,773	40,839	9,066	129%		32,357	126%	63,546	63,546	0	100%	
Pharmacists Application Fees	40,097	36,683	(3,414)	91%		22,276	165%	80,194	80,194	0	100%	
Studentship & Internship Application Fees	30,939	38,687	7,748	125%		33,422	116%	61,878	61,878	0	100%	
Examination Fees	85,043	134,674	49,631	158%	**(2)**	99,602	135%	170,086	170,086	0	100%	
	187,852	250,883	63,032	134%		187,658	134%	375,704	375,704	0	100%	
Pharmacy Technicians:												
Pre-registration Fees	115,745	136,632	20,887	118%	**(3)**	128,550	106%	231,489	231,489	0	100%	
PT Application Fees	50,903	67,926	17,023	133%	**(4)**	57,331	118%	101,806	101,806	0	100%	
Examination Fees	61,389	90,943	29,554	148%	**(5)**	70,017	130%	122,779	122,779	0	100%	
	228,037	295,501	67,464	130%		255,898	115%	456,074	456,074	0	100%	
Registration Fee to Lift Suspension	3,413	2,730	(683)	80%		5,333	51%	6,827	6,827	0	100%	
PACE Reassessment Fee - Pharmacists	2,459	3,631	1,172	148%		3,695	98%	4,917	4,917	0	100%	
Total Registration Fees and Income	421,761	552,745	130,984	131%		452,583	122%	843,522	843,522	0	100%	
Investment and Other Revenue												
Discipline Costs Recoveries	150,000	320,473	170,473	214%	**(6)**	214,000	150%	300,000	305,000	5,000	102%	
Investment Income	337,500	494,143	156,643	146%	**(7)**	487,879	101%	675,000	675,000	0	100%	
	487,500	814,616	327,116	167%		701,879	116%	975,000	980,000	5,000	101%	
TOTAL REVENUE	30,452,192	31,137,268	685,076	102%		29,653,981	105%	31,922,849	31,987,509	64,660	100%	
EXPENDITURES:												
Board & Committee Expenses												
Board	286,950	118,238	(168,712)	41%	**(8)**	80,898	146%	573,900	623,900	50,000	109%	
Committees:												
Accreditation	4,794	6,269	1,475	131%		4,785	131%	9,588	11,030	1,442	115%	
Discipline	244,797	195,860	(48,937)	80%	**(9)**	212,799	92%	489,593	448,976	(40,617)	92%	
Drug Preparation Premises	1,697	1,844	147	109%		725	254%	3,393	4,835	1,442	143%	
Executive	4,500	1,069	(3,431)	24%		55,385	2%	9,000	9,000	0	100%	
Finance & Audit	5,625	2,508	(3,118)	45%		2,175	115%	11,250	11,250	0	100%	
Fitness to Practise	10,119	295	(9,824)	3%		0	0%	20,238	17,238	(3,000)	85%	
Governance and Screening Committees	15,600	14,160	(1,440)	91%		21,460	66%	31,200	31,200	0	100%	
Inquiries, Complaints & Reports	55,748	50,000	(5,748)	90%		50,050	100%	111,495	111,495	0	100%	
Patient Relations	13,000	11,110	(1,890)	85%		8,425	132%	26,000	26,000	0	100%	
Quality Assurance	9,720	3,648	(6,072)	38%		2,465	148%	19,440	9,440	(10,000)	49%	

ONTARIO COLLEGE OF PHARMACISTS
Statement of Operations
For The Period Ending June 30, 2026

	Jan to Jun Budget	Jan to Jun Actual	Jan to Jun Variance	% Actual to Budget		Jan to Jun Prior Year	% Actual to Prior Year	Full Year Budget	Full Year Projection	Projection to Budget Variance	% Projection to Budget Year End	
Registration	15,737	7,964	(7,772)	51%		6,453	123%	31,473	31,473	0	100%	
Total Committee	381,335	294,727	(86,609)	77%		364,722	81%	762,670	711,938	(50,732)	93%	
Total Board and Committee	668,285	412,965	(255,320)	62%		445,620	93%	1,336,570	1,335,838	(732)	100%	
Personnel												
Salaries	9,653,153	9,090,507	(562,647)	94%		9,270,797	98%	19,830,331	19,590,219	(240,112)	99%	
Benefits	2,060,044	2,152,609	92,566	104%		2,051,621	105%	4,188,994	4,162,718	(26,276)	99%	
Personnel - Other	316,436	126,916	(189,520)	40%	(10)	183,840	69%	632,873	667,150	34,278	105%	
Total Personnel	12,029,633	11,370,032	(659,601)	95%		11,506,258	99%	24,652,198	24,420,087	(232,110)	99%	
Regulatory Programs												
Association Fees - NAPRA	76,848	76,848	0	100%		76,848	100%	153,696	153,696	0	100%	
Communication Initiatives	15,380	31,933	16,552	208%	(11)	14,061	227%	30,760	72,260	41,500	235%	(2)
Consulting - Regulatory	0	0	0	0%		0	0%	0	20,000	20,000	0%	(3)
Donations, Contributions and Grants	0	0	0	0%		0	0%	0	0	0	0%	
DPP Inspection	0	0	0	0%		0	0%	0	0	0	0%	
Election	6,950	0	(6,950)	0%		0	0%	13,900	13,900	0	100%	
Examinations, Certificates and Registrations	155,935	183,292	27,357	118%	(12)	97,494	188%	311,871	311,871	0	100%	
Government Relations	0	0	0	0%		0	0%	0	0	0	0%	
HIP / Investigation / Intake	66,000	6,277	(59,723)	10%	(13)	7,845	80%	132,000	93,450	(38,550)	71%	(4)
Legal Conduct - External	617,500	1,019,746	402,246	165%	(14)	595,220	171%	1,235,000	1,885,019	650,019	153%	(5)
Legal - Regulatory	72,500	10,284	(62,216)	14%	(15)	415	2478%	145,000	145,000	0	100%	
Practice Assessment of Competence at Entry	59,213	56,030	(3,182)	95%		67,897	83%	118,425	118,425	0	100%	
Practice Initiatives	31,000	23,621	(7,380)	76%		9,077	260%	62,000	48,988	(13,013)	79%	(6)
Medication Safety Programs	80,000	135,000	55,000	169%	(16)	738,498	18%	160,000	160,000	0	100%	
Professional Development / Remediation	2,750	2,216	(534)	81%		0	0%	5,500	5,500	0	100%	
Professional Health Program	51,000	42,955	(8,045)	84%		41,313	104%	102,000	102,000	0	100%	
Quality Assurance	100,225	105,306	5,081	105%		96,187	109%	200,450	284,225	83,775	142%	(7)
Total Regulatory Programs	1,335,301	1,693,509	358,208	127%		1,744,856	97%	2,670,602	3,414,333	743,731	128%	
Operations												
Association Fees - General	11,000	15,585	4,585	142%		2,787	559%	22,000	22,000	0	100%	
Audit	15,750	(9,975)	(25,725)	-63%	(17)	0	0%	31,500	21,525	(9,975)	68%	
Bank / Credit Card Charges	631,650	642,685	11,035	102%		601,781	107%	669,300	681,300	12,000	102%	
Consulting - Operations	170,540	180,565	10,025	106%		26,072	693%	341,080	461,800	120,720	135%	(8)
Courier / Delivery	3,675	806	(2,869)	22%		1,572	51%	7,350	7,350	0	100%	
Donations & Contributions - Other	0	0	0	0%		0	0%	0	0	0	0%	
Information Systems Leasing and Maintenance	326,804	245,419	(81,385)	75%	(18)	426,936	57%	653,607	599,552	(54,055)	92%	
Insurance - E & O	31,535	36,328	4,793	115%		20,272	179%	63,070	63,070	0	100%	
Legal - Operations	10,000	3,068	(6,933)	31%		9,445	32%	20,000	20,000	0	100%	
Niagara Apothecary									0			
Expenses	30,105	29,298	(807)	97%		29,009	101%	60,210	60,210	0	100%	
Sales, Grants and Donations	(13,000)	(9,555)	3,445	74%		(7,932)	120%	(26,000)	(26,000)	0	100%	

ONTARIO COLLEGE OF PHARMACISTS
Statement of Operations
For The Period Ending June 30, 2026

	Jan to Jun Budget	Jan to Jun Actual	Jan to Jun Variance	% Actual to Budget		Jan to Jun Prior Year	% Actual to Prior Year	Full Year Budget	Full Year Projection	Projection to Budget Variance	% Projection to Budget Year End	
Office Services - Equipment Leasing & Maintenance	8,000	3,027	(4,973)	38%		6,895	44%	16,000	16,000	0	100%	
Postage	1,350	1,314	(36)	97%		979	134%	2,700	2,700	0	100%	
Property									0			
Expenses	142,478	125,042	(17,435)	88%		117,854	106%	284,955	284,955	0	100%	
Rental Income	0	(2,194)	(2,194)	0%		(680)	323%	0	0	0	0%	
Publications (Annual Report & Pharmacy Connection)	6,000	4,624	(1,376)	77%		4,543	102%	12,000	12,000	0	100%	
Subscriptions	35,252	26,246	(9,007)	74%		39,420	67%	70,505	68,505	(2,000)	97%	
Supplies and stationery	17,687	12,498	(5,190)	71%		12,195	102%	35,375	35,375	0	100%	
Telecommunications	117,622	104,358	(13,265)	89%		103,375	101%	235,245	230,157	(5,088)	98%	
Travel	195,977	142,719	(53,258)	73%	**(19)**	157,597	91%	391,954	391,954	0	100%	
Total Operations	1,742,425	1,551,855	(190,570)	89%		1,552,120	100%	2,890,850	2,952,452	61,602	102%	
TOTAL CASH EXPENDITURES	15,775,644	15,028,360	(747,284)	95%		15,248,854	99%	31,550,219	32,122,709	572,490	102%	
EXCESS OF REVENUE OVER EXPENSES BEFORE CAPITAL EXPENDITURES	14,676,548	16,108,908	1,432,360	7%		14,405,127	112%	372,630	(135,200)	(507,830)	-2%	
Deduct: Capital Expenditures	(438,002)	(127,715)	310,287	29%	**(20)**	(253,160)	50%	(876,004)	(681,004)	195,000	78%	**(9)**
EXCESS OF REVENUE OVER EXPENSES AFTER CAPITAL EXPENDITURES	14,238,546	15,981,193	1,742,647	112%		14,151,967	113%	(503,374)	(816,204)	(312,830)	162%	
EXCESS OF REVENUE OVER EXPENSES BEFORE AMORTIZATION*		16,108,908	1,432,360	0%		14,405,127	112%			(507,830)	0%	
Deduct: Amortization*		0	0	0%		0	0%			0	0%	
EXCESS OF REVENUE OVER EXPENSES AFTER AMORTIZATION*		16,108,908	1,432,360	0%		14,405,127	112%			(507,830)	0%	

*Includes gain/(loss) on disposal of fixed assets

Notes on Statement:

- Comments on variances provided if variance is 15% of budget and the amount is greater than $10,000

- Except for renewals, credit card charges, salaries and benefits, budget is based on one quarter of the annual budget

- Salaries and benefits are based on actual pay periods (13 pay periods from January to June)

	Jan to Jun Budget	Jan to Jun Actual	Jan to Jun Variance		Full Year Budget	Full Year Projection	Projection to Budget Variance		Comments
REVENUE									
Registrant fees									
Health Profession Corporation Registration Fees	202,439	242,223	39,784	**(1)**	202,439	242,223	39,784	**(1)**	Includes fees from new Certificates of Authorization not included in the approved budget. Revenue is projected to remain above budget at year-end.
Pharmacists:									
Examination Fees	85,043	134,674	49,631	**(2)**	170,086	170,086	0		More exam offerings as well as higher attendance than anticipated in the first half of the year. Revenue is expected to align with budget by year-end due to the timing of exam offerings.
Pharmacy Technicians:									
Pre-registration Fees	115,745	136,632	20,887	**(3)**	231,489	231,489	0		Higher pre-registration activity than anticipated. Revenue is expected to align with budget by year-end.
PT Application Fees	50,903	67,926	17,023	**(4)**	101,806	101,806	0		Higher application volumes than anticipated in the first half of the year. Total fees earned is expected to align with budget by year-end.
Examination Fees	61,389	90,943	29,554	**(5)**	122,779	122,779	0		Higher examination volumes and attendance than anticipated in the first half of the year. Revenue is expected to align with budget by year-end due to the timing of exam offerings.
Investment and Other Revenue									
Discipline Costs Recoveries	150,000	320,473	170,473	**(6)**	300,000	305,000	5,000		Includes recoveries related to two significant contested matters. Revenue is projected to remain above budget at year-end.
Investment Income	337,500	494,143	156,643	**(7)**	675,000	675,000	0		Higher interest income earned on elevated cash balances during the renewal period. Due to market uncertainty, year-end investment income is still projected to align with budget.
EXPENDITURES:									
Board & Committee Expenses									
Board	286,950	118,238	(168,712)	**(8)**	573,900	623,900	50,000		Board orientation, training, and strategic planning activities are scheduled for later in the year. Costs are projected to exceed budget due to unbudgeted expenses related to the strategic plan refresh.
Committees:									
Discipline	244,797	195,860	(48,937)	**(9)**	489,593	448,976	(40,617)		Fewer hearing and independent legal counsel costs were incurred than anticipated. Costs are projected below budget due to deferred contested hearings and lower hearing activity. The projected current-year underspend is expected to be incurred in 2027 as these hearings proceed.
Personnel									
Personnel - Other	316,436	126,916	(189,520)	**(10)**	632,873	667,150	34,278		Staff development and engagement activities are scheduled for later in the year. Higher recruitment activity is expected to result in costs exceeding budget by year-end.
Regulatory Programs									
Communication Initiatives	15,380	31,933	16,552	**(11)**	30,760	72,260	41,500	**(2)**	Regional meeting costs were not included in the approved budget. Additional activities planned for the remainder of the year are expected to increase the year-end variance. The projected overspend is partially offset by website development costs deferred to 2027.
Consulting - Regulatory	0	0	0		0	20,000	20,000	**(3)**	Unbudgeted consulting support is expected to be required to review a remote dispensing location proposal. Costs are projected to exceed budget by year-end.
Examinations, Certificates and Registrations	155,935	183,292	27,357	**(12)**	311,871	311,871	0		Higher examination activity and candidate volumes than anticipated. Costs are expected to align with budget by year-end.
HIP / Investigation / Intake	66,000	6,277	(59,723)	**(13)**	132,000	93,450	(38,550)	**(4)**	Investigation priorities shifted, resulting in lower external forensic and investigation costs. Costs are projected to remain below budget at year-end.
Legal Conduct - External	617,500	1,019,746	402,246	**(14)**	1,235,000	1,885,019	650,019	**(5)**	Higher legal costs related to a complex contested matter, higher ICRC legal costs per matter, and increased appeal activity. Costs are projected to exceed budget by year-end.
Legal - Regulatory	72,500	10,284	(62,216)	**(15)**	145,000	145,000	0		Lower use of external legal services than anticipated in the first half of the year. Costs are expected to align with budget by year-end.
Practice Initiatives	31,000	23,621	(7,380)		62,000	48,988	(13,013)	**(6)**	Costs are currently below budget due to lower spending on EDI and engagement activities. Costs are projected to remain below budget at year-end.
Medication Safety Programs	80,000	135,000	55,000	**(16)**	160,000	160,000	0		Includes up-front implementation costs associated with transitioning the medication safety program. Costs are expected to align with budget by year-end.
Quality Assurance	100,225	105,306	5,081		200,450	284,225	83,775	**(7)**	Costs will exceed budget due to unexpected expenses related to transitioning to a new vendor.
Operations									
Audit	15,750	(9,975)	(25,725)	**(17)**	31,500	21,525	(9,975)		Includes an adjustment for audit fees over-accrued in the prior year. Costs are projected to remain below budget at year-end.
Consulting - Operations	170,540	180,565	10,025		341,080	461,800	120,720	**(8)**	Current spending is generally in line with budget. Unbudgeted consulting support to modernize the College's regulatory delivery model and to fund a workforce platform initiative is expected to result in costs exceeding budget by year-end. The projected overspend is partially offset by deferred support costs related to the Registrant Records System.
Information Systems Leasing and Maintenance	326,804	245,419	(81,385)	**(18)**	653,607	599,552	(54,055)		Delayed implementation of the Registrant Records System has deferred related licensing and support costs. Costs are projected to remain below budget at year-end, with the deferred expenditures expected to be incurred in 2027.
Travel	195,977	142,719	(53,258)	**(19)**	391,954	391,954	0		Assessment-related travel is expected to increase later in the year. Costs are projected to align with budget by year-end.
Capital Expenditures	438,002	127,715	(310,287)	**(20)**	876,004	681,004	(195,000)	**(9)**	Software purchases and building upgrades have been deferred or completed below budget. Capital spending is projected to remain below budget at year-end, with the deferred expenditures expected to be incurred in 2027.

ONTARIO COLLEGE OF PHARMACISTS
Statement of Financial Position
As at June 30, 2026

	June 30, 2026	June 30, 2025
ASSETS		
Current		
Cash	1,501,917	448,798
Investments	31,500,000	30,000,000
Accounts Receivable (short term)	626,921	789,726
Prepaid Expenses	293,929	687,052
	33,922,767	31,925,575
Accounts Receivable (long term)	22,904	23,420
Long Term Investments	3,472,680	3,268,346
Property and Equipment	4,188,070	3,493,642
	7,683,654	6,785,407
TOTAL ASSETS	**41,606,421**	**38,710,982**
LIABILITIES		
Current		
Accounts payable and accrued liabilities	1,507,424	1,459,717
Deferred revenue	6,871,742	6,601,044
	8,379,166	8,060,761
NET ASSETS		
Internally restricted	11,100,000	11,000,000
Unrestricted	22,127,255	19,650,221
	33,227,255	30,650,221
TOTAL LIABILITIES AND NET ASSETS	**41,606,421**	**38,710,982**
Check	0	0

ONTARIO COLLEGE OF PHARMACISTS
Statement of Cash Flows

For the Period Ended	June 30, 2026	June 30, 2025
Cash flows provided from (used in) operating activities		
Excess of revenues over expenses (expenses over revenues) for the period	16,108,908	14,405,127
Items not requiring a cash outlay		
Amortization	0	0
Change in unrealized gain on long term investments	99,538	10,768
	16,208,446	14,415,895
Changes in non-cash working capital balances:		
Accounts receivable	41,199	58,125
Prepaid expenses	(54,660)	(247,424)
Accounts payable and accrued liabilities	(317,585)	(428,380)
Deferred revenue	(46,596)	(16,384)
	15,830,804	13,781,832
Cash provided from (used in) investing activities		
Redemption (purchase) of investments (net)	(16,722,989)	(14,671,487)
Building renovations, purchase of furniture, equipment, and computer software	(127,715)	(253,160)
	(16,850,704)	(14,924,647)
Change in cash year-to-date	(1,019,900)	(1,142,815)
Cash, beginning of year	2,518,041	1,591,613
Cash, end of period	1,498,141	448,798
	(0)	(0)

Ontario College of Pharmacists
Investment Statement
For the period ended June 30, 2026

Attachment 8.3.1

						Q1 2026					Q2 2026				
		Date Invested	Original Investment	Maturity Date	Balance at 12-31-2025	New Investment	Matured or Redeemed	Gain / Loss ($)****	Gain / Loss (%)	Balance at 03-31-2026	New Investment	Matured or Redeemed	Gain / Loss ($)	Gain / Loss (%)	Balance at 06-30-2026
Cash															
Business Premium Savings Account					$ 2,523,082					$ 2,393,087					$ 1,501,917
Total Business Premium Savings Account					**$ 2,523,082**					**$ 2,393,087**					**$ 1,501,917**
Operating Cash Investment Pool															
GIC (12 month, redeemable, 2.60%)	Account - 9376-079	03/13/2025	$ 16,000,000	3-12-2026	$ 10,000,000	$ -	$ 10,000,000			$ -	$ -	$ -			$ -
GIC (12 month, redeemable, 2.50%)***	Account - 933-2893	03/20/2026	$ 26,500,000	03/19/2027	$ -	$ 19,800,000	$ -			$ 19,800,000	$ -	$ 2,000,000			$ 17,800,000
GIC (12 month, redeemable, 2.50%)	Account - 933-1962	03/30/2026	$ 3,600,000	03/29/2027	$ -	$ 3,600,000	$ -			$ 3,600,000	$ -	$ -			$ 3,600,000
GIC (12 month, redeemable, 2.45%)	Account - 932-5570	05/28/2026	$ 2,000,000	05/27/2027	$ -	$ -	$ -			$ -	$ 2,000,000	$ -			$ 2,000,000
Total Operating Surplus Reserve					**$ 10,000,000**	**$ 23,400,000**	**$ 10,000,000**			**$ 23,400,000**	**$ 2,000,000**	**$ 2,000,000**			**$ 23,400,000**
Investigation and Hearings Reserve Fund*															0
GIC (12 month, redeemable, 2.20%)	Account - 934-1298	12/23/2025	$ 5,000,000	12/22/2026	$ 5,000,000	$ -	$ 5,000,000			$ -					$ -
GIC (12 month, redeemable, 2.50%)	Account - 933-1970	03/30/2026	$ 1,400,000	03/29/2027	$ -	$ 1,400,000	$ -			$ 1,400,000					$ 1,400,000
Total Investigation and Hearing Reserve Fund										**$ 1,400,000**					**$ 1,400,000**
Operations Reserve Fund**															
GIC (12 month, redeemable, 2.50%)***	Account - 933-2893	03/20/2026	$ 26,500,000	03/19/2027	$ -	$ 6,700,000				$ 6,700,000	$ -	$ -			$ 6,700,000
Managed Long-Term Investments			$ 3,000,000		$ 3,349,229	$ -		**$ 34,108**	1.02%	$ 3,398,279	$ -	$ -	$ 65,430	1.93%	$ 3,472,680
Total Operations Reserve Fund					**$ 3,349,229**					**$ 10,098,279**					**$ 10,172,680**
For Financial Statements															
Cash					$ 2,523,082					$ 2,393,087					$ 1,501,917
Short Term Investments					$ 15,000,000					$ 31,500,000					$ 31,500,000
Long Term Investments					$ 3,349,229					$ 3,398,279					$ 3,472,680
Total Cash and Investments					**$ 20,872,311**					**$ 37,291,366**					**$ 36,474,597**

Notes:
*** 2026 minimum balance required of $1.4M**
**** 2026 minimum balance required of $9.7M**
*****Investment is split between two fund categories**
******Gain/Loss is the total increase in investment value net of interest income, dividend income, and fees**

Board Information Note

Meeting Date: September 2026

Topic: Complaints and Reports Volume Report

From: Angela Bates, Director, Conduct

Purpose and action required: At its June 2026 meeting, the Board requested further information regarding growing volumes of new Complaints and Reports[1], and the approach to addressing the associated risks. This note provides an overview of volume trends, associated enterprise risks and impacts on operations within Conduct, and key points from a more detailed operational management action plan. The Board is asked to review the update for information only. No Board decision is required.

Public interest rationale: The effective and timely management and disposition of Complaints and Reports are fundamental to the College's mandate to protect the public.

Strategic alignment, regulatory processes, and actions: In addition to advancing the College's public protection mandate, effective management of increasing volumes of new Complaints and Reports is essential to supporting confidence in the regulatory process, as well as timely, fair, and risk-based decision-making. This includes efficient case management processes, adequate resources, capacity planning, continuous process improvement, technology-enabled tools, quality oversight, and effective governance.

Executive summary: Since late 2024, the College has experienced sustained increases in volumes of new Complaints and Reports, resulting in growing works-in-progress across Intakes, Complaints Investigations, Resolutions, and ICRC[2] decision-making processes. These increases exceed staff capacity to manage cases in a timely manner.

These pressures have resulted in increased enterprise risk by creating challenges in meeting service expectations, statutory timelines, and public protection objectives.

At its June 2026 meeting, the Board considered information about the growing volumes of Complaints and Reports received by the College in recent years, and asked staff to produce a note updating the Board with respect to case volumes, works-in-progress, and strategies for addressing risks associated with increasing volumes.

[1] "Complaint" refers to concerns received, often from patients/families, about the care or conduct of a registrant. "Reports" refer to information generally received from those acting in an official capacity, such as an employer filing notice of termination for professional misconduct, or a police officer reporting criminal charges against a registrant.

[2] Inquiries, Complaints and Reports Committee

College staff have conducted a thorough analysis of data from across the Conduct functions to determine the most significant pressure points. This evaluation revealed these key findings:

1. Increases in incoming volumes of new Complaints and Reports exceed staff capacity to process cases in a timely manner, particularly for Complaints.
2. Once investigations are complete, the capacity of ICRC to consider cases in a timely manner has proven challenging because of rising volumes along with legislative and logistical constraints.
3. Issuing decisions and reasons by the ICRC in a timely manner is difficult due to rising volumes and staff processing limitations.

Management has drafted an action plan that in summary focuses on the following:

- process improvements and expanded use of technology-enabled automation;
- increased use of early resolution approaches;
- targeted staffing enhancements;
- revising the ICRC schedule to include more meetings, as possible; and
- exploring opportunities for legislative modernization.

Ongoing monitoring will be completed through regular operational and enterprise risk reporting.

Discussion:

A. Themes

The following themes summarize the key governance and operational implications arising from the relevant data:

- Increasing case volumes drive accumulating works-in-progress, backlogs, and delays.
- Ongoing case volume increases pose an accumulating enterprise risk to the College. Each year that sees a growing number of works-in-progress and growing backlogs increases the risk posed to the organization over time.
- There are limits to the staff's processing capacity. Even considering gains from process improvements and technology-enabled automation initiatives, cases accumulate whenever higher volumes received exceed processing capacity.
- Staffing levels were established to manage lower case volumes and were not adjusted to manage sustained volume growth.
- By implementing a series of mitigating actions (including process improvements, technology-enabled automation improvements, expanded resolution programs, additional training and targeted staffing increases, as well as potential legislative amendments), the College can reduce the accumulating risk posed by the increased volume in cases.

B. Enterprise risk

The accumulation of works-in-progress, and the attendant issues of increased workload, backlogs and delays represent risk to the College. Specifically, these issues give rise to risks such as:

Regulatory Compliance/Legal

- While few timelines are specified under legislation, an important deadline is 150 days to dispose of Complaints. This applies to all Complaints, regardless of risk rating.
- Given that most new matters received are Complaints, and that the College processes its matters in accordance with risk, the central problem is meeting legislative timelines while also prioritizing case management in accordance with risk and complexity.
- In Canada's legal system, delays are viewed as being unfair. Although time limits have not been prescribed for administrative proceedings delay can still be argued.

Public Protection Mandate

- Any delay in managing higher-risk cases could represent a risk to public safety, in that registrants whose matters ought to be dealt with expeditiously may continue to practise without restriction if investigation into their care or conduct is delayed.
- When prioritizing medium- and high-risk matters, it is possible that matters triaged as low-risk are deprioritized when the actual risk level is not evident, thereby raising risk to the public interest. A focus on certain categories of cases above others also means that systems issues that merit attention from the regulator may be missed.

Reputational

- All stakeholders engaged in College activities such as Intakes, Resolutions, and Investigations have an expectation that the College will manage these cases in an effective, expeditious manner.
- Damage to the College's reputation can take place when Conduct matters are not disposed of in an optimal way.

C. Conclusions

Conclusion 1: Since late 2024, the College has experienced sustained increases in volumes of new Complaints and Reports, resulting in growing works-in-progress across Intakes, Complaints Investigations, Resolutions and ICRC decision-making processes. These increases exceed staff capacity to manage cases in a timely manner.

Intakes

The primary issue is that new Complaint and Report volumes have increased significantly since late 2024, particularly in 2025 and 2026.

These increases first appear as increases in new Intakes. The graphic below illustrates the growing volume of new Intakes received in consecutive quarters between 2022 and the present. From the same period in 2025 to 2026 alone, there has been an increase of 36% in new Intakes.

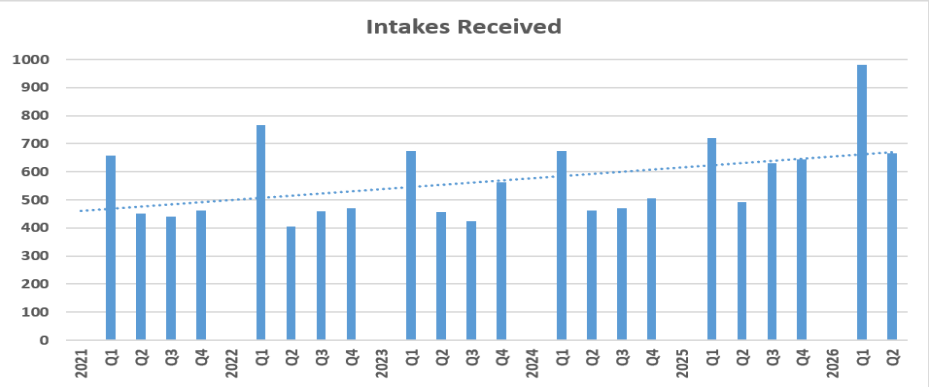
Note that each year, the Intakes team receives a spike of new inquiries relating to annual renewal declarations in March, which may in turn lead to additional work.

The Intakes team received approximately 2,500 new intakes in 2025, including phone calls, emails, letters, faxes, and online complaint forms. The number of new Intakes for 2026 is trending higher, i.e., 36% higher than this time last year.

The increase in new cases received at Intakes will generally translate into more subsequent activity. Rising Intakes volumes are passed along the various stages of the Conduct process. The number of Intakes that have proceeded to become Investigations is historically about 25%, and it appears likely this will remain consistent for 2026. The 36% increase in new Intakes from 2025 to 2026 will translate into a higher number of new Investigations being opened although this is not being amplified or mitigated by any change in the proportion of Intakes being referred for investigation.

At this point, it is not precisely clear what factors are driving increases in new Intakes. Many other regulators are experiencing similar increases so we cannot conclude at present that it is anything specific to the practice or business of pharmacy behind growing case volumes.

Figure 1.0 - Intakes Received



Complaints

As case volumes have risen, workloads have increased at every stage of the Conduct process while resources have remained largely unchanged. This disparity has created an accumulation of works-in-progress, leading to backlogs, longer processing times, and challenges meeting service standards and legislative timelines.

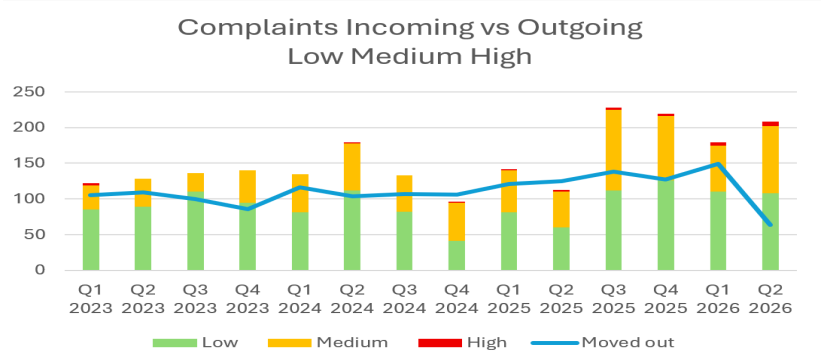
By volume alone, Complaints represent the bulk of new cases in Investigations. In prior years, the average number of new Complaints was approximately 500; however, in 2025, that number has increased to approximately 700, and is projected to be at least 700 for 2026.

While they tend to be less complex and lower risk compared with Registrar's Investigations, the College's options for managing Complaints are constrained under legislation, which requires that the College "shall" investigate all Complaints, with some exceptions[3]. In addition, the legislation requires participation of a Public Director on ICRC panels, providing an additional processing constraint.

[3] Legislation requires all Complaints to be investigated unless resolved by way of Alternative Dispute Resolution ("ADR"); or declared frivolous, vexatious, moot or otherwise an abuse of process ("F&V"); or unless the Complainant requests the Registrar to approve withdrawal of the Complaint ("Withdrawal").

Because of various process improvements already implemented, Complaints staff have increased their productivity during this time. However, the capacity of existing staff to absorb the additional Complaints work – especially in light of the stringent KPI (150 days for all medium- and high-risk Complaints) - is not sufficient to process cases in a timely and effective way with the increased volume of workload.

Figure 1.1 – Complaints Incoming vs. Outgoing 2022 - 2026

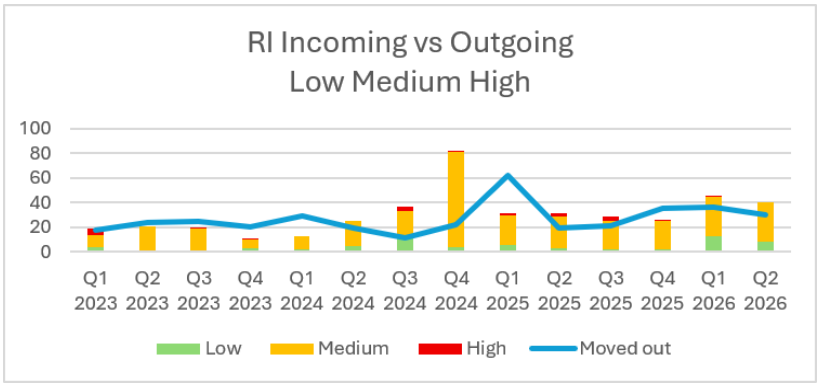


The above graph illustrates the increase in Complaints works-in-progress in recent years, with the blue line representing the number of Complaints closed by resolution or ICRC disposition during the same period. Prior to late 2025, staff were able to manage the growing case numbers by moving more cases to closure, but by late 2025, a backlog of Complaints files was evident, involving low, moderate, and high-risk Complaints.

Registrar's Investigations (RIs)

Through 2024, 2025 and 2026, the number of new Registrar's Investigations (RIs)[4] increased to over 100 new RIs per year, a significant increase for these kinds of Investigations, which are generally more complex and labour-intensive than Complaints Investigations. This increase has largely been due to special enforcement efforts relating to business pressures and time-delayed safes. During this time, productivity of Investigators has increased due to process improvements, and the fact that many RIs were similar in nature (time-delayed safes, business pressures). The backlog of RIs is less than for Complaints.

Figure 1.2 - Registrar's Investigations – Incoming vs. Outgoing: 2022 – 2026



[4] Registrar's Investigations (RIs) are based on reports received at Intakes (e.g.. Mandatory reports of termination due to professional misconduct).

Strategies to Address Delays in Complaints Processing

Delays can arise at any stage of the process, but are often associated with waiting for records, extensions in time for the registrant to respond, novel legal and procedural tactics, and awaiting prosecutorial viability assessments (PVAs). However, processing time inevitably slows when staff have higher caseloads. It is much more difficult to effectively manage 100 files at once than 50. While Complaints & Resolutions Officers (CROs) have increased their output per month using process improvements, their processing capacity remains less than the number of new Complaints received per month.

Several strategies are being planned to address the problem of accumulating Complaints works-in-progress and delays. In summary, these include:

- **Proactive Case Management Practices**: Reinforce best practices in managing Investigations, including investigative planning and frequent file reviews with management.
- **Process Improvements**: Staff from across Intakes, Complaints and Registrar's Investigations have implemented several process improvements, resulting in improved performance. Such work should continue.
- **Technology-enabled Automation**: Staff intend to implement automation of some key tasks, such as memorandum-drafting and redactions. This should have the effect of freeing time for more complex tasks.
- **Expanded Resolutions**: Early Complaints Resolutions do not require investigation, or an ICRC decision, thereby resulting in overall efficiencies and timeline improvements.
- **Staff Capacity**: Additional training and specialization will assist staff to better manage Intakes, Resolutions, and Investigations. As well, given the disparity between growing volumes of new cases and staffing levels, management plans to budget for 1-2 additional staff to better manage Complaint volumes.
- Legislative Amendments: The current legislative scheme requires that all Complaints, with few exceptions, must be investigated, which provides little discretion to otherwise manage low-risk matters.

Conclusion 2: Once investigations are complete, the capacity of ICRC to consider cases in a timely manner, has proven to be challenging because of rising volumes along with legislative and logistical constraints.

The chart below illustrates the wait times for completed cases to be considered by the ICRC in 2026; that is, once a Complaints or Registrar's Investigation is completed, it is forwarded to ICRC support staff to assign to an upcoming panel for review and decision. This timeline (between submission of completed Investigation to the date considered and disposed of by ICRC) is included in the 150-day and 365-day KPIs.

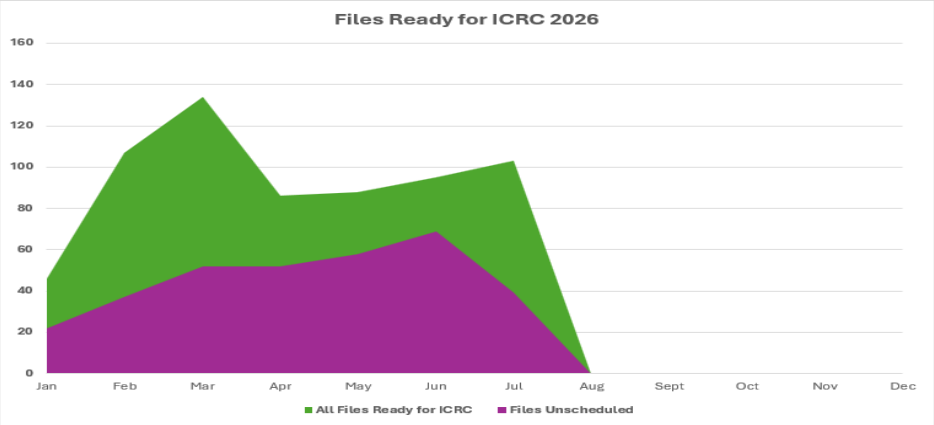
Some wait period is to be expected, to allow sufficient lead time for ICRC panels to review cases and prepare for meetings. However, where cases are otherwise not being worked on by staff, this represents an opportunity to reduce lead times.

The green shape in the chart below represents the number of cases that were available to be listed this year, while the purple shape represents the number of cases actually listed. The gap is significant.

The ICRC meets on average about 60 times annually, in pre-set panels. To address the volume, a higher number of meetings will be needed in 2026. As a secondary effort, a review of how cases are managed within single panel meetings may be warranted.

The statutory requirement for each ICRC panel includes a minimum of one Public Director of the Board. This requirement represents a built-in constraint to the number of panel meetings that can be scheduled within a year as Public Directors of the Board also sit on other statutory committees and carry many Board-related work responsibilities.

Figure 2.0 – Files Ready (for listing) for ICRC: 2026



Strategies to Address Delays in ICRC Listing Times

Planned strategies to minimize delays in ICRC listing times include:

- **Technology-enabled automation**: Several tasks relating to ICRC work could potentially be automated.
- **Expanded Complaints (and Reports) Resolution**: When Complaints are resolved, they are not investigated and do not require ICRC consideration or decision, thereby streamlining the overall process and reducing timelines.
- **Address Staffing**: Management will be budgeting additional staff resources to support ICRC work.
- **Identify & Request Legislative Changes**: Current legislation requires the participation of at least one Public Director on each ICRC panel. This acts as a constraint, as Public Directors have several other duties, however there may be alternative solutions that still achieve having the public voice critical to this process.
- **Attempt to schedule additional ICRC meetings to reduce listing times**. As noted above, the statutory requirement to include a Public Director on each ICRC panel limits the availability of these ICRC members for panels.

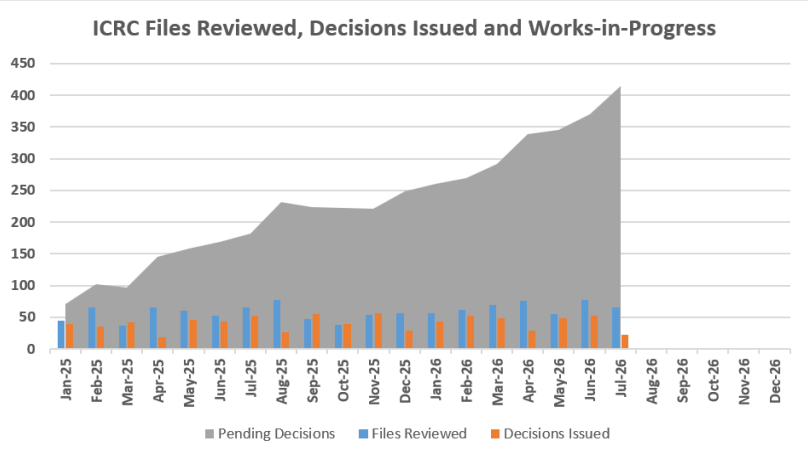
Conclusion 3: Issuing decisions and reasons by the ICRC in a timely manner is difficult due to rising volumes and staff processing limitations.

The graphic below shows the primary source of significant delay in issuing ICRC decisions, specifically, the decision crafting activity itself. This period is included in the 150-day and 365-day timelines. Decision Writers help support the ICRC by monitoring ICRC discussions and decisions, and crafting decisions and reasons to reflect the ICRC's work. With a small decision writing team tasked with managing increasing volumes, works-in-progress have increased dramatically over a year resulting in delays.

The grey area in the chart below reflects the number of decisions awaiting drafting (i.e., works-in-progress) and shows how much these have increased over a short time frame.
This period is especially critical for Complainants and Registrants awaiting decisions, i.e., service expectations. The parties are aware their Investigations are concluded and have been considered by ICRC, making any further delays frustrating.

It should be noted that ICRC support staff also support the Accreditation and Drug Preparation Premises Committees, which partly limits time available for ICRC work. This team is also relatively small, which means that any capacity changes in staff resources (e.g., from temporary leaves or turnover) increases the impact of growing volumes of cases before ICRC.

Figure 3.0 - ICRC Files Reviewed, Decisions Issued and Works-in-Progress



Strategies for Reducing ICRC Decision Timelines
With such significant increases in work-in-progress, several strategies are needed to restore workflow.

These include:

- **Technology-enabled automation**: Several tasks relating to ICRC decision-crafting could potentially be automated.
- **Expanded Complaints (and Reports) Resolution**: When Complaints are resolved, they are not investigated and do not require ICRC consideration or decision, thereby streamlining the overall process and reducing timelines.

- Addressing Staff Capacity: management will be budgeting additional staff resources to support ICRC, including decision-crafting.

Conclusion: The recent increases in new Intakes volumes have also increased numbers of Complaints and Reports to be processed, with a disproportionate impact on Complaints. In turn, this has caused increased pressures on ICRC pre-meeting listing times, and post-meeting decision timelines. This represents both operational and enterprise risks for the College. While process improvements and productivity gains have helped mitigate some impacts, current volumes have exceeded historical capacity assumptions and have resulted in growing works-in-progress across Conduct processes.

Management has developed a draft action plan to address these pressures through improvements, technology and automation initiatives, enhanced resolution approaches, targeted staffing adjustments, and longer-term legislative considerations. Management will monitor progress and provide the Board with an update on implementation outcomes and key performance indicators in 2027.

Next steps: College staff will refine and begin implementation of its action plan.

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If you build it, they will come.

Registrant engagement insights from 2026 Spring Regional Meetings

Meetings summary	p2
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Strategic planning polling insights	p4
Tabletop exercise summaries	p5
Overall common themes	p7
8 key opportunities for OCP	p8
Next steps	p10



Updated August 10, 2026
Prepared by: Todd Leach, Director, Communications, Policy & Knowledge Mobilization
Supported by: Sharlene Rankin, Executive Assistant

AI was utilized in a limited capacity in the production of this report.

Summary

The College hosted a series of regional meetings in four communities across the province throughout May and June. These in-person meetings are part of the College's renewed commitment to registrant engagement, focused on hearing from as many registrants as possible and engaging in meaningful discussion on how we can better engage and work collaboratively on matters of interest to OCP and the profession.

The meetings were facilitated using live-polling, audience interaction and table-top exercises designed to better understand current registrant perspectives and attitudes on the realities of the profession and top-of-mind interests, as well as to hear feedback on ways we can improve registrant engagement, including elections/voting rates.

The information contained in this brief report is a snapshot of the feedback collected through the meetings held to date as the College considers a refresh to its five-year strategic plan and strategic priorities. A complete report will be published following a series of additional regional meetings this fall.



Key finding

Registrants want a more human, transparent, and responsive relationship with the College, grounded in trust, practical support, and meaningful involvement in decisions that affect their practice and that are relevant to the profession and patient care overall.

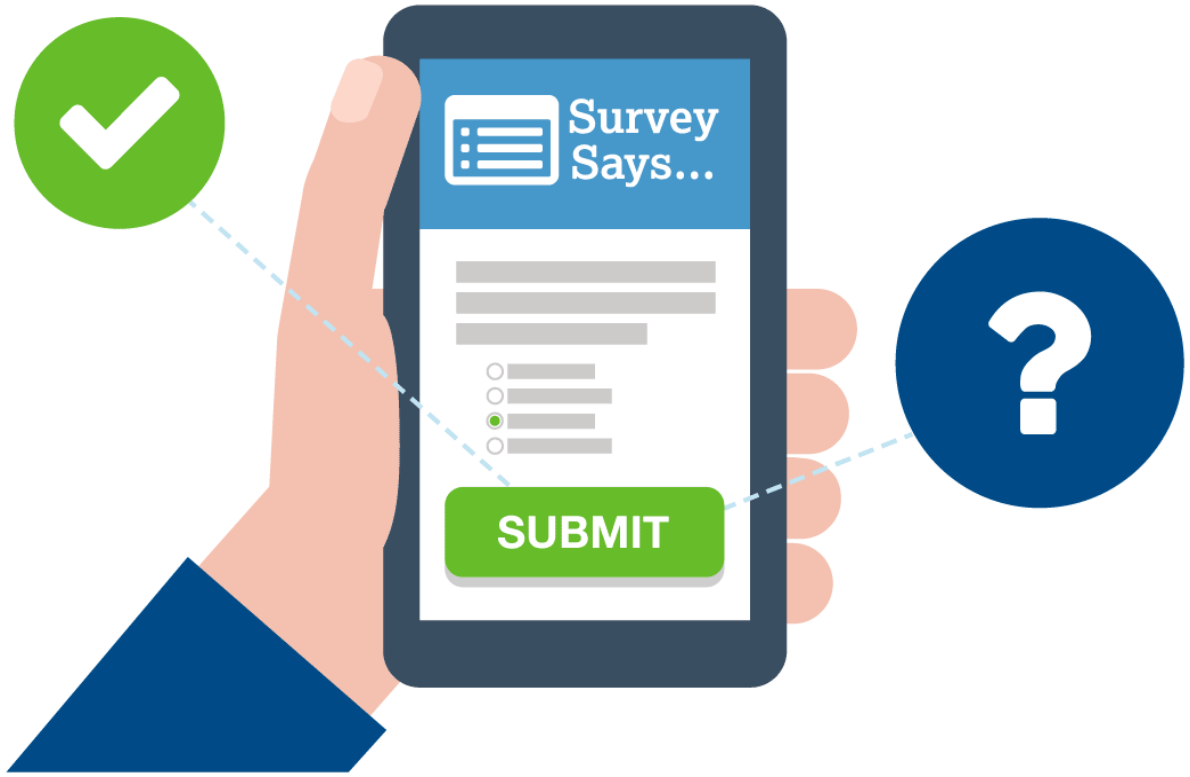
89 OVERALL SATISFACTION SCORE (%)

	Agree / Strongly Agree				
	Barrie	*Mississauga*	*KW*	*Ottawa*	*TOTAL AVG*
Venue and location	82.8%	83.4%	88%	94%	88%
Timing, meeting length	93.1%	95.8%	72%	94%	89%
Meeting successfully supported listening, learning, collaboration	93.1%	91.7%	92%	97%	94%
Enough opportunity to share feedback	93.1%	83.3%	88%	80.6%	84%

The spring regional meetings were a strong success. Registrants overwhelmingly valued the opportunity for direct dialogue with OCP, felt heard and respected, and supported the interactive meeting format. Participants appreciated the opportunity to be heard and valued the respectful, interactive format. The strongest themes centred on the need for ongoing engagement, greater transparency, stronger communication about how feedback will be used, and continued attention to broader practice environment challenges.

Going forward, registrants would like to see sustained opportunities for dialogue and clearer reporting on actions resulting from their input. Average attendance at each meeting was approximately 90 participants.

Meeting participants took part in online/mobile polling to start the sessions aimed at establishing a baseline understanding of registrant views on a number of topics prior to engaging in subsequent discussions. Polling results are found here →



Average poll response

Rate your agreement

***1**=strongly disagree*

***5** = strongly agree*

3.1 Average agreement when asked about whether they trust the College

3.9 Agree College is perceived to be focused mainly on complaints and discipline

3.3 Agree College effectively communicates with registrants

2.4 Agree College listens to / considers input from the profession

3.8 Agree College interactions with registrants are respectful

38% Confidence in explaining the role and work of the College

Question not in the 1-5 scale

4.0 Agree College acts in the public interest

What the polling specifically revealed about registrant perceptions and thoughts on our strategic plan

What shifts have had the biggest impact?

PPNs, corporate pressures

Expanded scope, minor ailments

Workforce strain, inconsistency with other provinces

Doctor shortages, drug shortages, economic changes, post COVID environment

Emerging technology – virtual services and use of AI

Patient safety, need for access to care close to home

Increased workload and staffing challenges (burnout, staffing shortages, long shifts and no breaks)

Need for clinical data access (ClinicalConnect)

Financial pressures (fees, reimbursement)

AIMS changes and implications for pharmacies, staff

What are the top public interest priorities the College should focus on or strengthen?

Quality of care patients are receiving; patient safety

Educate public, manage expectations, where to get care

Scope for technicians, minor ailments, injections, support pharmacists to ensure competencies for minor ailments

Bill numbers/remuneration – trying to save healthcare crisis at pharmacy prof expense, healthcare system gaps

Corporate pressures, mental support, adequate staffing

Inter-professional communication

Clinical viewer access

Preventative health

Streamlining documentation

AI in pharmacy

What do you need to help you deliver safe and ethical care?

Stronger support, safeguards and training for registrants with expanded scope

Access to tools (clinical data and continuing education resources and supports)

Clear, practical, and consistent guidance (less vague and less “use professional judgement”)

Action on PPNs, corporate pressures and staffing concerns (e.g., adequate staffing and working conditions, support pharmacy professional wellbeing and mental health)

Better collaboration, communication and responsiveness

More balanced and supportive, less punitive tone in complaints processes/regulatory approach

Improve public education on pharmacy professional role

Strengthen patient safety and ethical oversight



Where we focused our collaborative engagement

Tabletop collaborative exercises and interactive discussions were used to understand registrant perspectives based on a series of prompts. The following are the most noted feedback/comments/suggestions associated with each engagement prompt.

What meaningful engagement means

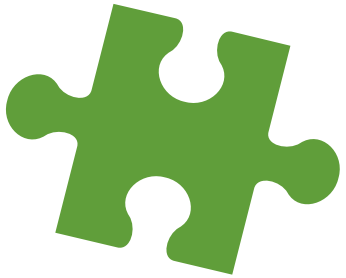
- Listening and learning from the profession
- Timelier and clearer opportunities to provide input
- Meeting and interacting in person / two-way communication that also helps build relationships and break down barriers
- Respecting the diverse roles, backgrounds, practice areas, needs of the profession (pharmacists and pharmacy technicians)
- Greater/timelier support, guidance and clarity of/access to information from the College
- Less threatening persona from OCP with a more supportive tone
- Demonstrating how input is applied to decisions – greater transparency

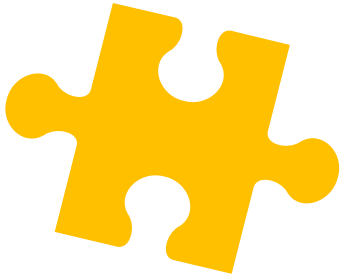
What issues/topics/activities registrants want to be engaged in and influence

- Scope of practice
- Clarity of policies and expectations
- Assessments, discipline and coaching approaches
- Workload and practice environment pressures
- PPNs
- Fees, value and financial transparency to registrants
- Policy input and decision-making involvement, timeliness/relevance of policy updates
- Support, guidance and resources
- System advocacy and College role clarity, understanding where they diverge and converge
- Regulatory burden and efficiency
- Community and professional recognition

What can be done to improve election engagement and reduce barriers to involvement

- Clarity of roles, expectations and responsibilities
- Details on compensation and incentives
- Awareness of Board and Committee work, decisions and impact
- Reducing complexity of the application, election and voting process
- Training and preparation opportunities for those interested in exploring roles
- Improved communication and promotion of elections overall
- Trust and perceived relevance of governance function and decisions
- Regional accessibility/representation
- Visibility/knowledge of candidates
- Transparency and fairness in governance





How registrants would like us to engage them

- More in person and local/regional opportunities
- Consistency and predictability of engagement activities
- Leveraging partnerships with other groups including associations
- Surveys and clear feedback loops
- Multi-channel communication including more social media and webinars, interactive engagement (including online)
- Clear, simple, practical communication
- Stronger support/coaching through assessments and complaints processes
- Inclusion and representation from various registrant types and practice areas
- Direct access to staff and leadership
- System-level collaboration and engagement
- Collaborate with other organization networks to expand engagements cost effectively

Other ways to engage and keep registrants informed

- Optimize communication channels
- Increase in person and interactive engagements including meetings, polls, and surveys (provided that we close the loop)
- Regular virtual updates including recordings of sessions/offerings (e.g. town halls, webinars, Board meetings)
- Make information more concise and easier to find (in all forms of communication from the College)
- Increase transparency of Board meetings and decisions
- Tailor information, guidance and support to profession types



Overall common themes from spring regional meetings

OCP needs to listen and engage effectively and consistently.

Registrants were overwhelmingly positive and receptive to the College reigniting in person engagements, and it was clear at every session that direct engagement with the profession is vital to being an effective and trusted regulator. They are ready to see change and to contribute in a meaningful way.

Registrants struggle to trust OCP, see it as threatening and tonally harsh, and not interested in registrant views or needs.

Meeting participants provided several examples of where they had difficulty trusting the College, from decisions that we make (or don't), to the way we approach complaints (including the timelines), to how we support and provide information to registrants in their daily practice.

Improved responsiveness, guidance and clarity of information are needed from the College on everything, everywhere.

Meeting participants routinely shared that they are looking to the College to help them do the right thing, and that includes helping them get the information they need to provide great care and prevent running afoul of the College. We're not consistently meeting their needs and it is a source of frustration.

Respect for diverse roles, perspectives, practice areas, and realities of the experience of the profession is a must.

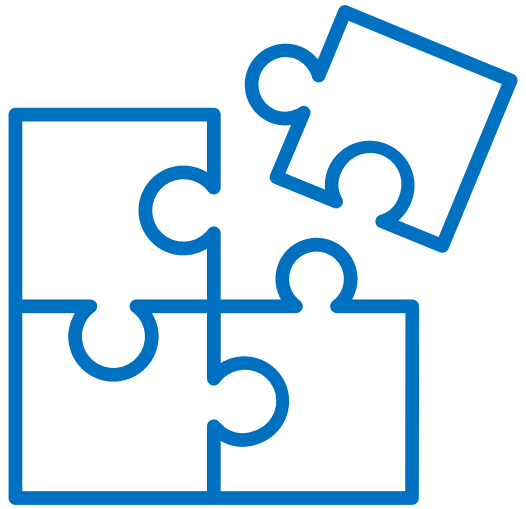
Registrants feel that the College may not respect that registrants can practice in different settings and have different roles, and that a 'one size fits all approach' to decisions, policies, guidance, priorities, support and information isn't always appropriate. Pharmacy technicians too feel under-valued in their role. Student engagement and involvement was also raised frequently.

There is a significant lack of understanding of the College role, how we go about our work (including how we use fees), and our functional areas and decisions.

Participants didn't always understand the division of responsibilities between the College and advocacy bodies and often were unaware of the number and nature of committees that are fundamental to our self-governing regulatory model, leaving them uninformed (and misinformed) in what and how we do things, and unengaged in governance generally.

OCP is relied upon to support the needs of the profession, connecting professional needs to public interest/patient safety concerns such as business pressures and PPNs.

It is clear that registrants look to the College to support their wellbeing and professional autonomy and identity when facing pressures placed on them by others, not just owners/operators but also patients. Time constraints, lack of breaks, and pressure to do more, despite the importance of expanded scope in recognizing the competency and skill of pharmacists and pharmacy technicians, continues to be a top worry for some (depending on the role of the individual in the pharmacy). Reducing administrative or other time burdens was also a common request, with documentation requirements cited often.

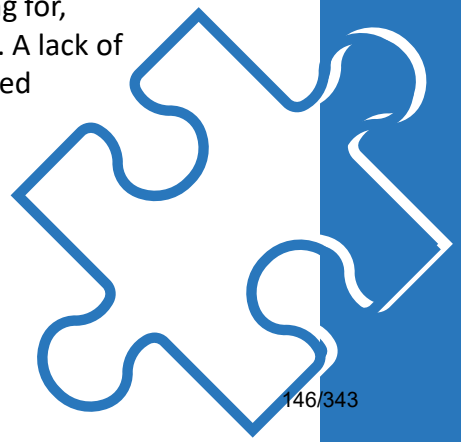


As registrants support continued expansion of scopes of practice, they want to ensure the profession is adequately recognized for their unique contributions and roles (including pharmacy technicians).

There is consistent support for additional expanded scope of practice generally. Pharmacy technicians also participated in the sessions and shared common views ranging from an ability to take on additional scope of practice, to the College doing more to ensure pharmacy technicians are able to fully contribute in community pharmacy while being recognized (professionally and in the College's name) for their unique professional identity. As scope continues to grow and as emerging practices gain momentum such as AI, timely and clear support and guidance to the profession become even more important.

Election engagement and involvement are challenged by a lack of awareness/understanding and perceived complexity of processes, while expressing consistent interest in regional representation or improved candidate communication.

Registrants cited several fundamental challenges rooted in a limited understanding of the College itself as well as how it is governed. Additionally, registrants expressed difficulty in participating in elections if they don't have a relationship with or have enough information to trust the person they are voting for, exposing opportunities to do more with candidate communication. A lack of 'regional representation' was also frequently raised as well as limited awareness amongst some participants on the basics of voting and election procedures, eligibility criteria, time commitments for those interested in running for election to the Board or to participate on a committee.



8 Key Opportunities for OCP

1. **Nothing about us without us**: adopt registrant engagement as a priority, focusing on two-way exchange and relationship building early and often.
2. **Guidance that meets needs**: enhance the delivery and access to clear, timely and practical guidance.
3. **Focus on fundamentals**: demystify the College and its programs, governance, procedures and operations.
4. **Put me in coach, I'm ready to play**: strengthen support and coaching for the profession in all interactions.
5. **Be the pestle and mortar**: diversify communication and learning approaches, respecting unique needs and realities of the profession.
6. **Consistency and predictability drives trust**: create structured practice/policy/guidance input channels and take action on long-standing irritants.
7. **Professional experience matters**: reducing burden while supporting the profession is what registrants are looking for.
8. **Shift away from the negative**: evolve the tone of our exchanges and communication and promote remediation over punishment

- [ ] Host fall 2026 regional meetings
  - [x] *Meetings scheduled*
- [ ] Final report to Board December 2026
  - [x] *Preliminary report published*
- [x] Incorporate insights and opportunities for improvement into strategic plan and operational plan activities
- [x] Looking ahead to continuation of a regional meeting style program in 2027



Board Information Note

Meeting Date: September 2026

Topic: Appointment of Inspectors

From: Jay O'Neill, Registrar & CEO

Purpose and action required: To inform the Board of the individuals currently appointed as Inspectors pursuant to section 148(1) of the *Drug and Pharmacies Regulation Act* (DPRA), in accordance with Articles 14.5 and 14.6 of By-law 7B.

No action or decision is required. This information note is provided to fulfill the reporting requirement under By-law 7B, which requires the Registrar to report Inspector appointments to the Executive Committee and the Board at the next regular meeting following appointment.

The following individuals are currently appointed as inspectors* for the College:

Angela Bates
Nicole Bruder
Charles Chan
Lap Kei Chan
Kelly Crotty
Peter Gdyczynski
Tania Guiboche
Andrew Hui
Gurjit Husson
Robert Ip
Susan James
Sushil Khan
Jimmy Le
Shelina Manji
Joshua Martell
Karen Matthew Tong Michelle Nagy
Braden Nguyen
Ijeoma Onyegbula
Nga Pham
Ruth Schunk
Brittney Shaw
Lisa Simpson
Sanjeet (Sonia) Sohal
Geoffrey Sokolowski
Jovana Tomic
Rosemaria Torchia

* "Inspectors" as referenced under the *DPRA*, are also referred to as Operations Advisors in the field and by the College. Investigators who conduct investigations under s. 75 of the *Regulated Health Professions Act* are also included in this list.

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

Background: Articles 14.5 and 14.6 of By-law 7B authorize the Registrar, within approved budgetary limits, to appoint Inspectors for the purposes of the *DPRA*. The By-law further requires that any such appointments be reported to the Executive Committee and the Board at the next regular meeting following the appointment.

Inspectors appointed under the *DPRA* exercise the powers and perform the duties prescribed by the legislation, as well as any additional duties assigned by the Registrar.

Next steps: No further action is required by the Board. Any future appointments of Inspectors made by the Registrar pursuant to Articles 14.5 and 14.6 of By-law 7B will be reported to the Executive Committee and Board in accordance with the reporting requirements set out in the By-law.

Board Information Note

Meeting Date: September 2026

Topic: Election of the 2026-2027 Executive Committee

From: Chair, Governance Committee

Purpose and action required: Annual election and appointment of Chair, Vice-Chair, and three additional Directors to the Executive Committee.

Procedural note: As Siva Sivapalan is a candidate for election to the position of Board Chair and Executive Committee membership, Jamie Killingsworth will present this item and chair the Board's Executive Committee election process on behalf of the Governance Committee.

Public interest rationale: The College's governance framework incorporates the principle of competency-based appointments and elections to support effective oversight and informed decision-making. Appointing Board Directors with the appropriate knowledge, skills, and experience helps ensure decisions are made in the public interest and supports the College's public protection mandate.

Strategic alignment, regulatory processes, and actions: The Governance Committee's review and assessment of candidates supports the College's governance framework and succession planning processes. By recommending qualified candidates to the Board, the Committee helps ensure the Executive Committee has the appropriate mix of competencies, experience, and representation required to exercise its delegated authority on behalf of the Board and support the College's mandate to protect the public.

Background: In accordance with Article 8.2.1 of By-Law No. 7B, the Executive Committee is comprised of five members: the Chair, the Vice-Chair, and three additional Directors, such that at least two are Elected Directors and at least two are Public Directors.

In accordance with section 12 of the Health Professions Procedural Code:

> **Executive Committee's exercise of Council's powers:**
> 12 (1) Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by- law.
>
> **Report to Council:**
> (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.

The Governance Committee is responsible for reviewing expressions of interest and assessing candidates against the qualifications and competencies established in Board Policy 1.6. 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 Board Directors are willing to serve as Chair or Vice Chair and have been assessed by the Governance Committee to be qualified to fulfill these roles and serve on the Executive Committee in accordance with the criteria set out in Board Policy 1.6:

Chair Candidates

- Douglas Brown
- Siva Sivapalan

Vice-Chair Candidates

- Douglas Brown
- Adrienne Katz

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

Public Directors

- Adrienne Katz
- Cindy Wagg

Elected Directors

- Douglas Brown
- Simon Boulis
- Victor Wong

Next steps: In accordance with Article 11.1 of By-Law 7B, the Board shall hold elections for all Executive Committee positions. Consistent with Article 11.1.2(b), no additional nominations for Chair or Vice-Chair will be accepted from the floor. Pursuant to Article 11.1.4(b), additional nominations for Executive Committee Director positions may be accepted from the floor during the election process.

Attachments:

9.1 Candidate Profiles

- Adrienne Katz, Public Director
- Cindy Wagg, Public Director
- Douglas Brown, Elected Director
- Simon Boulis, Elected Director
- Siva Sivapalan, Elected Director
- Victor Wong, Elected Director

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Candidate Profile: Adrienne Katz

Director Category: Public Director

Position Sought: Vice-Chair

Current OCP Leadership Experience: Chair, Finance & Audit Committee; Executive Committee member; Co-Chair, Search Committee; Acting Chair and Acting Vice-Chair experience.

#11

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Friday, July 31, 2026 1:16:28 PM
Last Modified:	Friday, July 31, 2026 1:34:19 PM
Time Spent:	00:17:50
IP Address:	142.188.9.48

Page 2: Respondent Information

Q1

Personal Information

First name	**Adrienne**
Last name	**Katz**

Q2

I am currently a:

Public Board Director

Page 3: Committee Appointment(s)

Q3

As an Elected Board Director, I am expressing interest in being appointed to the following committee(s):

Not applicable, I am a Public Board Director

Q4

As an Appointed Public Board Director, I am expressing interest in being appointed to the following committee(s):

Finance and Audit Committee,

Governance Committee

Q5

Please rank your committee preferences (if more than one selected)

Accreditation Committee/Drug Preparation Premises Committee	**6**
Discipline Committee	**3**
Finance and Audit Committee	**1**
Fitness to Practise Committee	**5**
Governance Committee	**2**
Inquiries, Complaints & Reports Committee	**4**
Patient Relations Committee	**7**
Quality Assurance Committee	**8**
Registration Committee	**9**
Screening Committee	**10**

Page 4: Committee Chair

Q6

I am interested in being considered for appointment/reappointment as Committee Chair for the following committee(s):

Finance and Audit Committee

Q7

Please rank your committee preferences (if more than one selected)

Accreditation Committee/Drug Preparation Premises Committee	**3**
Discipline Committee	**4**
Finance and Audit Committee	**1**
Fitness to Practise Committee	**5**
Governance Committee	**2**
Inquiries, Complaints & Reports Committee	**6**
Patient Relations Committee	**7**
Quality Assurance Committee	**8**
Registration Committee	**9**
Screening Committee	**10**

Q8

Brief statement and biography

I was appointed to the Board of the Ontario College of Pharmacists in March 2022 as a Public Director and have served on the Finance & Audit Committee as both a member and Chair. In this role, I have supported the Board's fiduciary responsibilities through sound financial oversight, thoughtful questioning, clear reporting, and collaborative decision-making. During my tenure as Chair, the Committee has navigated significant financial and operational matters, strengthened key policies, introduced Audit Quality Indicators, supported the development of a two-year operating budget, and established Committee and Chair evaluation processes. I have also worked closely with Committee members and staff to develop focused agendas, encourage constructive debate, ensure all voices are heard, and provide clear recommendations to the Board.

I hold a BA and MBA from McGill University and have more than 20 years of leadership experience as a Partner at Creative Equity Partners. My professional experience in strategy, digital development, technology, and analytics, together with governance education through the Institute of Corporate Directors' Audit Committee Effectiveness program, Facilitative Chair training, and executive governance coaching, has strengthened my ability to understand complex information, identify emerging risks, manage competing priorities, and support responsible stewardship of the College's resources in the public interest. Together, these experiences position me to provide continuity, sound oversight, and thoughtful leadership in continuing to serve as Chair of the Finance & Audit Committee.

Q9

Upload Statement and Biography (Optional)Please note: Only PDF, DOC, DOCX, JPG, JPEG files are supported.

ChairFAC_AdrienneKatz_2026.pdf (634.5KB)

Page 5: Election of Officers and Executive Committee

Q10

I am interested in being considered for election to the Executive Committee.

Yes

Page 6: Board Chair and Vice Chair

Q11

I am interested in being considered for:

Vice Chair

Q12

Please provide a brief biography highlighting your governance, professional, leadership, and board experience relevant to the role.

I was appointed to the Board of the Ontario College of Pharmacists in March 2022 as a Public Director and have served on a broad range of committees including the Executive Committee, Finance & Audit Committee (Chair), Governance Review Committee, Search Committee (Co-Chair), Fitness to Practise Committee, Discipline Committee, Inquiries, Complaints and Reports Committee, and the Strategic Plan Working Group. I am one of the longest-serving members on the Executive Committee and have also served as Acting Vice-Chair and Acting Chair when required, including presiding over a number of complex motions and sensitive matters.
Through these roles, initiatives, and responsibilities, I have developed an integrated and well-rounded understanding of the College's regulatory responsibilities and public interest mandate, and strengthened my ability to facilitate thoughtful, collaborative, and principled decision-making focused on shared objectives. I have contributed to significant leadership and governance transitions, including the recruitment of the College's Registrar & CEO, the Governance Review, strengthening the College's financial processes, position, and reporting, and the development of clear and measurable strategic priorities.
Professionally, I hold a BA and MBA from McGill University and have more than 20 years of leadership experience as Co-Founder and Partner at Creative Equity Partners. My work spans strategy, technology, analytics, AI, and communications. This experience has strengthened my ability to understand complex issues, identify emerging risks, manage competing priorities, and work collaboratively with diverse teams to support sound decision-making.

Q13

Please describe how your experience, skills, and leadership attributes align with the expectations of the role(s) for which you are expressing interest.In your response, you may wish to address:Governance and board leadership experienceStrategic thinking and decision-making abilitiesExperience chairing meetings or facilitating discussionsCollaborative leadership and relationship-building skillsCommitment to the College's public interest mandateOther qualifications relevant to the position

Respondent skipped this question

Q14

Optional: Upload Biography and Statement

ViceChair_AdrienneKatz_2026.pdf (634.4KB)

Q15

Confirmation

I confirm that I have reviewed Board Policies 1.6, 2.3, and 2.4 and understand the expectations associated with the Board Chair and/or Vice Chair role.

,

I understand that my biography and statement may be included in Board materials.

Thank you for the opportunity to put my name forward for the role of Vice-Chair.

I was appointed to the Board in March 2022 as a Public Director and have valued the opportunity to work alongside many of you, as well as dedicated staff, while serving on a broad range of committees including: Executive, Finance & Audit (Chair), Governance Review, Search (Co-Chair), Discipline, Inquiries, Complaints & Reports, Fitness to Practise, and the Strategic Plan Working Group. Collectively, these experiences have given me a well-rounded and integrated perspective on the College's regulatory responsibilities, and the importance of strong governance in maintaining public and registrant confidence while delivering on the College's public interest mandate.

Colleagues who have served with me will agree that I ask the appropriate, and sometimes difficult questions necessary for our work. I collaborate effectively with Board members and staff, have demonstrated a sustained commitment to the College, and have mentored several directors, both formally and informally, to help prepare them to govern in the public interest and within our statutory framework.

I have strengthened my governance and leadership skills through the Facilitative Chair Certificate, the Institute of Corporate Directors' Audit Committee Effectiveness course, and Governance Leadership Coaching. I consider it a responsibility to apply and share this learning to strengthen the Board as a whole.

My experience as Chair of the Finance & Audit Committee and Co-Chair of the Search Committee has strengthened my ability to facilitate sound decision-making, work in partnership with Board members and staff, simplify complex information, and identify emerging risks. As Acting Vice-Chair and Acting Chair at the Board level presiding over complex motions and sensitive materials, I encouraged diverse perspectives and healthy debate, kept discussions on time and on task and grounded in the College's mandate. These experiences have prepared me to continue to support the Chair, collaborate with the Chair and Registrar to identify issues and priorities, and assume the Chair's responsibilities when required.

During my tenure, I have contributed to several significant transitions. As a member of the Executive Committee, I supported the leadership transition following the departure of the former Registrar. As Co-Chair of the Search Committee, I helped guide the recruitment and appointment of our current Registrar. I also contributed to the Governance Review Committee, whose recommendations are now being implemented, and currently serve on the Strategic Plan Working Group, helping to ensure that the College's near-term objectives are clear, measurable, and actionable. This work has been supported by my role as Chair of the Finance & Audit Committee, working together to stabilize the College's finances and strengthen longer-term planning.

As one of the longest-serving members of the Executive Committee, I bring continuity and institutional knowledge during an important period of transition. My professional experience as Co-Founder and Partner of Creative Equity Partners specializing in strategy, analytics, technology, and communication provides additional perspective as the College navigates evolving regulatory, operational, and technological challenges.

Thank you for considering my interest. As a Public Director, I would welcome the opportunity to serve as Vice-Chair and bring my governance experience, broad committee perspective, collaborative leadership style, and strong commitment to public protection to the role.

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
> Committee work: Executive, Finance & Audit (Chair), Governance Review, Strategic Plan, Screening (Co-Chair), Discipline, ICRC (Inquiries, Complaints & Reports Committee), Fitness to Practise

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

Audit Committee Effectiveness
Institute of Corporate Directors

Training, Certifications, Coaching
> Facilitative Chair Certification, Governance Leadership Training, Executive Governance Coaching, Trauma Informed Care Training

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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

CERTIFICATE

OF COMPLETION

Adrienne Katz

has completed to satisfaction

The Facilitative Chair on **June 5, 2025**

Professional Development Hours: 7 hours



Michael Goldman
President

FACILITATION FIRST

Certificate of Completion

This certificate is presented to

Adrienne Katz

for successful completion of

The Institute of Corporate Directors
Audit Committee Effectiveness
Short Course

Tuesday, February 10, 2026

ICD Continuing Education Units Earned: 8

RAHUL K. BHARDWAJ, LL.B, ICD.D	SHANNON HUNT	STEVE SPOONER, FCPA, FCA, ICD.D
President & CEO,	Vice-President, Education,	National Academic Director,
Institute of Corporate Directors	Institute of Corporate Directors	Audit Committee Effectiveness

INSTITUTE OF CORPORATE DIRECTORS
THINK BEYOND THE BOARDROOM.

INSTITUT DES ADMINISTRATEURS DE SOCIÉTÉS
PENSER AU-DELÀ DE LA SALLE DU CONSEIL.

Ontario College of Pharmacists
Putting patients first since 1871

Candidate Profile: Cindy Wagg

Director Category: Public Director

Position Sought: Member of the Executive Committee

Current OCP Leadership Experience: Current member of the Executive Committee; Board Director for more than five and a half years; co-chair of the Search Committee, service on the Quality Assurance, Finance and Audit, Inquiries, Complaints and Reports Committee (ICRC), Discipline, Executive, and Strategic Plan Refresh Committees.

#13

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Friday, August 07, 2026 2:11:28 PM
Last Modified:	Friday, August 07, 2026 2:14:56 PM
Time Spent:	00:03:27
IP Address:	70.24.159.128

Page 2: Respondent Information

Q1

Personal Information

First name	**Cindy**
Last name	**Wagg**

Q2

I am currently a:

Public Board Director

Page 3: Committee Appointment(s)

Q3

As an Elected Board Director, I am expressing interest in being appointed to the following committee(s):

Respondent skipped this question

Q4

As an Appointed Public Board Director, I am expressing interest in being appointed to the following committee(s):

Finance and Audit Committee,

Quality Assurance Committee

Q5

Please rank your committee preferences (if more than one selected)

Accreditation Committee/Drug Preparation Premises Committee	**1**
Discipline Committee	**2**
Finance and Audit Committee	**4**
Fitness to Practise Committee	**3**
Governance Committee	**5**
Inquiries, Complaints & Reports Committee	**6**
Patient Relations Committee	**7**
Quality Assurance Committee	**8**
Registration Committee	**9**
Screening Committee	**10**

Page 4: Committee Chair

Q6

I am interested in being considered for appointment/reappointment as Committee Chair for the following committee(s):

Respondent skipped this question

Q7

Please rank your committee preferences (if more than one selected)

Respondent skipped this question

Q8

Brief statement and biography

Respondent skipped this question

Q9

Upload Statement and Biography (Optional)Please note: Only PDF, DOC, DOCX, JPG, JPEG files are supported.

Respondent skipped this question

Page 5: Election of Officers and Executive Committee

Q10

I am interested in being considered for election to the Executive Committee.

Yes

Page 6: Board Chair and Vice Chair

Q11

I am interested in being considered for:

Neither position

Q12

Please provide a brief biography highlighting your governance, professional, leadership, and board experience relevant to the role.

Respondent skipped this question

Q13

Please describe how your experience, skills, and leadership attributes align with the expectations of the role(s) for which you are expressing interest.In your response, you may wish to address:Governance and board leadership experienceStrategic thinking and decision-making abilitiesExperience chairing meetings or facilitating discussionsCollaborative leadership and relationship-building skillsCommitment to the College's public interest mandateOther qualifications relevant to the position

Respondent skipped this question

Q14

Optional: Upload Biography and Statement

Respondent skipped this question

Q15

Confirmation

Respondent skipped this question

To my fellow Board members, welcome.

I have expressed my interest in the position of Executive Committee Member. For the past year and a quarterI have been in this role and would like to continue. I have been an OCP Board member for just over five and a half years and in this time I've served on various committees such as QA, Finance, ICRC, Discipline, Executive and more recently the Special Committee for the Strategic Plan Refresh.

My role as a public member and several years of OCP Board experience puts me in a unique position to contribute to the current perspective of the Executive Committee's responsibilities. The Executive Committee's function is to address urgent matters between Board meetings and facilitate decision making on critical issues. First and foremost this Committee represents your voice as a whole and I look forward to serving you.

I believe that my career demonstrates a high degree of adaptability, as evidenced by my ability to excel in administrative, technical, and governance roles across private, public, and regulatory sectors. My willingness to learn new technologies, develop policies, and engage with a wide range of stakeholders highlights my versatility and capacity to thrive in diverse professional environments.

I invite you to consider my summary of qualifications included in your package.

Thank you for your consideration.

Cindy Wagg

SUMMARY OF QUALIFICATIONS

Industry Range and Role Diversity

Private Sector: Over 25 years as Executive Assistant at Pamela Ennis & Associates Inc. (industrial psychology), plus roles at Landmark Consulting (Executive Recruitment) and C. ITOH.

Technology/Healthcare: Customer Service/Training Representative at Dictaphone Canada, providing technical training and support to hospitals, doctors' offices, and legal businesses.

Public Sector: Manager, Case Work at the Legislative Assembly of Ontario; Recruitment Officer and Poll Operations Manager at Elections Canada.

Regulatory/Board Governance: Public Board Director at the Ontario College of Pharmacists, serving on multiple committees.

Transferable Skills and Administrative Excellence: Consistently managed complex office operations, from executive scheduling and client liaison to financial reporting and procurement, regardless of industry.

Technical Adaptability: Self-taught in various computer programs (MYOB, MS Word, Excel, WordPerfect, PowerPoint), and sole Canadian representative for technical health equipment installation and training at Dictaphone Canada.

Stakeholder Engagement: Demonstrated strong interpersonal skills, working with senior executives, government officials, healthcare professionals, and clients from diverse backgrounds.

Policy and Procedure Development: Compiled policies, procedures, and training manuals for clients in technology and healthcare settings, showing the ability to translate complex information for different audiences.

Regulatory and Governance Experience: Adapted to the regulatory environment as a board director, contributing to Quality Assurance, Finance, ICRC and Discipline committees.

Adaptability: Transitioned from long-term private sector executive support to public sector case management and election operations, quickly learning new protocols and compliance requirements. Shifted from administrative roles to technical training and client support, mastering new products and teaching others. Successfully navigated the demands of both small business environments and large public organizations, adjusting communication and workflow styles as needed.

Ontario College of Pharmacists
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Candidate Profile: Douglas Brown

Director Category: Elected Director

Position Sought: Board Chair or Vice-Chair

Current OCP Leadership Experience: Current Board Chair; former Chair, Finance & Audit Committee; member of Executive, Governance and Discipline Committees.

#12

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Wednesday, July 22, 2026 4:07:13 PM
Last Modified:	Friday, July 31, 2026 3:34:01 PM
Time Spent:	Over a week
IP Address:	172.82.49.44

Page 2: Respondent Information

Q1

Personal Information

First name	**Douglas**
Last name	**Brown**

Q2 **Elected Board Director**

I am currently a:

Page 3: Committee Appointment(s)

Q3 **Finance and Audit Committee**

As an Elected Board Director, I am expressing interest in being appointed to the following committee(s):

Q4 **Respondent skipped this question**

As an Appointed Public Board Director, I am expressing interest in being appointed to the following committee(s):

Q5

Please rank your committee preferences (if more than one selected)

Accreditation Committee/Drug Preparation Premises Committee	**4**
Discipline Committee	**5**
Finance and Audit Committee	**1**
Fitness to Practise Committee	**6**
Governance Committee	**2**
Inquiries, Complaints & Reports Committee	**7**
Patient Relations Committee	**8**
Quality Assurance Committee	**9**
Registration Committee	**10**
Screening Committee	**3**

Page 4: Committee Chair

Q6

I am interested in being considered for appointment/reappointment as Committee Chair for the following committee(s):

Governance Committee

Q7

Please rank your committee preferences (if more than one selected)

Accreditation Committee/Drug Preparation Premises Committee	**9**
Discipline Committee	**3**
Finance and Audit Committee	**1**
Fitness to Practise Committee	**6**
Governance Committee	**2**
Inquiries, Complaints & Reports Committee	**10**
Patient Relations Committee	**5**
Quality Assurance Committee	**8**
Registration Committee	**7**
Screening Committee	**4**

Q8

Brief statement and biography

I have chaired the Finance & Audit Committee and was Chair of the Board of Directors for the past 2 years.
Biography Attached

Q9

Upload Statement and Biography (Optional)Please note: Only PDF, DOC, DOCX, JPG, JPEG files are supported.

Bio 2026.pdf (56.8KB)

Page 5: Election of Officers and Executive Committee

Q10

I am interested in being considered for election to the Executive Committee.

Yes

Page 6: Board Chair and Vice Chair

Q11

I am interested in being considered for:

Both Board Chair and Vice Chair

Q12

Please provide a brief biography highlighting your governance, professional, leadership, and board experience relevant to the role.

I have served as Board Chair for the last 2 years and served as a director for 6 years. I am only putting my name forward in the unlikely circumstance that no other qualified candidates come forward.

Q13

Please describe how your experience, skills, and leadership attributes align with the expectations of the role(s) for which you are expressing interest.In your response, you may wish to address:Governance and board leadership experienceStrategic thinking and decision-making abilitiesExperience chairing meetings or facilitating discussionsCollaborative leadership and relationship-building skillsCommitment to the College's public interest mandateOther qualifications relevant to the position

Respondent skipped this question

Q14

Optional: Upload Biography and Statement

Bio 2026.pdf (56.8KB)

Q15

Confirmation

I confirm that I have reviewed Board Policies 1.6, 2.3, and 2.4 and understand the expectations associated with the Board Chair and/or Vice Chair role.

,

I understand that my biography and statement may be included in Board materials.

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 36 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 Leslie 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 2020, he joined the Board of Directors of the Ontario College of Pharmacists and participated in various committee roles, including Finance & Audit, Governance an Executive Committees. In 2024, he was elected Chair of the Board and currently fulfills that role.

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 Executive Committees. He has served as Chair of the Board of Directors for the past 2 years.

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.

Ontario College of Pharmacists
Putting patients first since 1871

Candidate Profile: Simon Boulis

Director Category: Elected Director

Position Sought: Member of the Executive Committee

Current OCP Leadership Experience: Discipline Committee; Finance and Audit Committee and Strategic Plan Refresh Working Group.

#14

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Wednesday, August 12, 2026 8:09:58 AM
Last Modified:	Wednesday, August 12, 2026 8:38:01 AM
Time Spent:	00:28:02
IP Address:	172.226.16.48

Page 2: Respondent Information

Q1

Personal Information

First name	**Simon**
Last name	**Boulis**

Q2

I am currently a:

Elected Board Director

Page 3: Committee Appointment(s)

Q3

As an Elected Board Director, I am expressing interest in being appointed to the following committee(s):

Finance and Audit Committee,

Governance Committee

Q4

As an Appointed Public Board Director, I am expressing interest in being appointed to the following committee(s):

Not applicable, I am an Elected Board Director

Q5

Please rank your committee preferences (if more than one selected)

Accreditation Committee/Drug Preparation Premises Committee	**4**
Discipline Committee	**5**
Finance and Audit Committee	**2**
Fitness to Practise Committee	**6**
Governance Committee	**1**
Inquiries, Complaints & Reports Committee	**8**
Patient Relations Committee	**7**
Quality Assurance Committee	**3**
Registration Committee	**9**
Screening Committee	**10**

Page 4: Committee Chair

Q6

I am interested in being considered for appointment/reappointment as Committee Chair for the following committee(s):

Finance and Audit Committee,

Governance Committee

Q7

Please rank your committee preferences (if more than one selected)

Accreditation Committee/Drug Preparation Premises Committee	**3**
Discipline Committee	**4**
Finance and Audit Committee	**2**
Fitness to Practise Committee	**5**
Governance Committee	**1**
Inquiries, Complaints & Reports Committee	**6**
Patient Relations Committee	**7**
Quality Assurance Committee	**8**
Registration Committee	**9**
Screening Committee	**10**

Q8

Respondent skipped this question

Brief statement and biography

Q9

Upload Statement and Biography (Optional)Please note: Only PDF, DOC, DOCX, JPG, JPEG files are supported.

SOI - Chair, Finance & Audit and Governance - Simon Boulis 2.pdf (200.9KB)

Page 5: Election of Officers and Executive Committee

Q10

I am interested in being considered for election to the Executive Committee.

Yes

Page 6: Board Chair and Vice Chair

Q11

I am interested in being considered for:

Neither position

Q12

Please provide a brief biography highlighting your governance, professional, leadership, and board experience relevant to the role.

Respondent skipped this question

Q13

Please describe how your experience, skills, and leadership attributes align with the expectations of the role(s) for which you are expressing interest.In your response, you may wish to address:Governance and board leadership experienceStrategic thinking and decision-making abilitiesExperience chairing meetings or facilitating discussionsCollaborative leadership and relationship-building skillsCommitment to the College's public interest mandateOther qualifications relevant to the position

Respondent skipped this question

Q14

Optional: Upload Biography and Statement

SOI - Executive Committee - Simon Boulis 2.pdf | Removed. File didn't pass scan

Q15

Confirmation

I confirm that I have reviewed Board Policies 1.6, 2.3, and 2.4 and understand the expectations associated with the Board Chair and/or Vice Chair role.

,

I understand that my biography and statement may be included in Board materials.

Simon Boulis, R.Ph., CDE
MScPhm Candidate, University of Toronto

Re: Expression of Interest – Executive Committee, Election (Board Year 2026–2027)

Dear Fellow Directors,

I am putting my name forward for election to the Executive Committee. Entering my third year on the Board, I am ready to take on the added responsibility this role carries — providing responsive, balanced, and forward-thinking governance between Board meetings, and representing the Board's direction when time-sensitive issues arise.

Over my first two years, I served on the Finance and Audit Committee, where I worked collaboratively with fellow committee members and staff as the Board returned from roughly three million dollars over budget to a balanced position through disciplined review and oversight. I made it a priority to bring the practising pharmacist's perspective to the Preferred Provider Network discussions, speaking to the implications for patient safety, professional autonomy, and continuity of care across the system. I also had the privilege of contributing to the Board's Strategic Plan Refresh Working Group, helping shape the College's forward-looking priorities.

To strengthen my contribution this term, I completed the Facilitative Chair course and the Audit Committee Effectiveness course, deepening my understanding of the College's fiscal framework and strengthening my ability to lead discussion, build consensus, and keep a room focused on outcomes.

The perspective I bring to the Board is grounded in firsthand experience across the full spectrum of pharmacy practice. I have worked in hospital pharmacy, own and operate multiple community pharmacies alongside a dedicated team, and have most recently begun a clinical rotation in paediatric oncology at SickKids as part of my Master of Science in Pharmacy at the University of Toronto. This breadth of experience keeps my governance work grounded in the realities of patient care, professional practice, and the public interest.

I bring energy and commitment to every Board meeting, coming prepared, engaged, and focused on advancing the College's mandate to protect the public interest. I value working collaboratively with both public and professional Directors, recognizing that our different perspectives strengthen Board decision-making. I draw on my experience as a practising pharmacist and, when asked, am pleased to serve as a subject-matter resource to colleagues where a practitioner's perspective adds value.

I would be honoured to serve on the Executive Committee and contribute steady, principled, and collaborative leadership as the Board continues to advance its work in service of the public interest.

Sincerely,

Simon Boulis, R.Ph., CDE
MScPhm Candidate, University of Toronto
Board Director, Ontario College of Pharmacists



SIMON BOULIS

RPh, B.Sc. (Pharm), CDE, MScPhm Candidate

Clinical Pharmacist / Pharmacy Director

Niagara Falls, Ontario

PROFESSIONAL PROFILE

Pharmacy owner-operator and clinical pharmacist with 13+ years of progressive leadership across community, hospital outpatient, and academic settings. Founder and Director of LiveWell Pharmacies, a three-location independent group serving the Niagara region with a Level C hazardous non-sterile compounding hub, on-site diabetes and INR clinics, BHRT programs, and a CAN Prevent cardiovascular risk clinic. Former Pharmacy Manager of McMaster Children's Hospital Outpatient Pharmacy, with full P&L, SOP, formulary, and quality-system accountability. Currently a paediatric oncology clinical pharmacist at The Hospital for Sick Children (SickKids) and completing an MScPhm in Pediatric Oncology at the University of Toronto. Sitting Board Director with the Ontario College of Pharmacists and active PACE Assessor. Known for building clinically integrated outpatient services, scaling specialized programs profitably, and aligning frontline pharmacy delivery with regulatory, financial, and patient-experience standards.

CORE COMPETENCIES

- Outpatient & Ambulatory Pharmacy Operations
- Multi-Site Pharmacy Ownership & P&L Leadership
- Clinical Service Design (Cardiovascular, Diabetes, BHRT)
- Level C Hazardous Non-Sterile Compounding Programs
- Pharmacy SOPs, Formulary & Medication Safety
- Regulatory Compliance & Practice Assessment (OCP)
- Strategic Planning, Budgeting & Capital Proposals
- Supply Chain Negotiation & Inventory Management
- Interprofessional & Shared-Care Collaboration
- Staff Recruitment, Coaching & Preceptorship
- Quality Improvement & Risk Management
- Health Equity, Policy & Governance

PROFESSIONAL EXPERIENCE

Paediatric Oncology Clinical Pharmacist

Jul 2026 – Present

The Hospital for Sick Children (SickKids) — Toronto, ON

- Provide specialized clinical pharmacy care to paediatric oncology patients as part of the interprofessional team at Canada's leading paediatric academic health-sciences centre.
- Contribute to medication management, supportive care, and safe chemotherapy delivery, bridging advanced hospital practice with community-pharmacy transitions of care.

Founder, Owner & Director of Pharmacy Operations

Feb 2019 – Present

LiveWell Pharmacies (3 locations) — Niagara Falls, ON

Founded an independent community pharmacy group from a single Niagara Falls location in 2019 and scaled to three integrated sites by 2022. Hold full accountability for clinical service design, financial performance, regulatory compliance, staffing, and patient outcomes across all locations.

- Built and scaled a three-location pharmacy group serving the Niagara region, with a unifying vision of individualized, evidence-based pharmaceutical care anchored in respect, competency and excellence.
- Established a centralized Level C hazardous non-sterile compounding hub that supplies regional pharmacy partners and supports complex personalized therapies (BHRT, pain, dermatology, pediatrics).

- Designed and operationalized in-pharmacy clinical programs: HbA1c, creatinine and INR point-of-care testing; Certified Diabetes Educator on site; medication review and chronic disease follow-up clinics.
- Launched a comprehensive Bioidentical Hormone Replacement Therapy (BHRT) program for men and women, including hormone-level assessment, individualized compounding, and longitudinal monitoring focused on metabolic, cognitive and quality-of-life outcomes.
- Stood up a travel and immunization clinic; administered 1,700+ COVID-19 vaccines plus a full panel of travel vaccines under a specialist travel-physician directive.
- Partnered with Niagara Heart and local primary care/cardiology practices to deliver an integrated weight-management and cardiovascular prevention pathway for high-risk patients.
- Lead all financial operations: budgeting, capital planning, payroll, supplier and wholesaler negotiations (preferred generic, specialty, and consumable contracts), AP/AR oversight, and monthly P&L review against budget.
- Author and maintain pharmacy SOPs aligned with NAPRA, OCP and provincial standards for dispensing, compounding, cold-chain, controlled substances and narcotic reconciliation.
- Recruit, develop and retain pharmacists, technicians and assistants; act as preceptor for pharmacy students and IPGs; foster a coaching culture focused on clinical confidence and customer experience.
- Co-organize and host the annual LiveWell Swing Against Cancer charity golf tournament — raised up to $100,000 across the 2024 and 2025 events for cancer-related causes.

Clinical Pharmacist Lead — CAN Prevent Cardiovascular Risk Clinic

Apr 2025 – Present

LiveWell Pharmacies — Niagara Falls, ON

- Lead a community-based secondary-prevention clinic for patients with established atherosclerotic cardiovascular disease (ASCVD), grounded in current Canadian Cardiovascular Society lipid and risk-reduction guidelines.
- Conduct comprehensive risk assessments integrating patient history, lipid and renal labs, BP, lifestyle factors and full medication reconciliation.
- Optimize and initiate guideline-directed pharmacotherapy (statin intensification, ezetimibe, PCSK9 add-on candidacy, antiplatelets, RAS-inhibitors, SGLT2/GLP-1 where indicated).
- Coordinate shared-care plans with primary care, cardiology and endocrinology through structured referral and follow-up workflows.
- Track clinical outcomes and adherence metrics to demonstrate program value to referring physicians and payers.

Pharmacy Manager — Outpatient & Urgent Care Pharmacy

Dec 2017 – Jan 2019

McMaster Children's Hospital, Hamilton Health Sciences — Hamilton, ON

Director-level outpatient pharmacy leadership role within a tertiary pediatric academic hospital. Full operational, financial, human-resources and quality accountability for the McMaster Children's Hospital outpatient pharmacy and Urgent Care site.

- Held full HR responsibility for direct reports, including pharmacy staff and learners on the McMaster outpatient and Urgent Care sites.
- Provided strategic direction for the expansion of pharmacy ambulatory and retail services and improvements to the patient experience.
- Worked as part of the Pharmacy Management team on strategic planning, annual operating and capital budgets, and decision-making across the broader pharmacy program.
- Reviewed monthly income and expense statements, ensured compliance with budget, and implemented strategies to improve patient experience and revenue performance.
- Developed and implemented the departmental strategic plan in alignment with hospital and program priorities.
- Coordinated the development and review of pharmacy SOPs, policies, procedures and drug information bulletins; contributed to hospital-wide policy development.
- Established new SOPs to meet evolving NAPRA standards for sterile and non-sterile compounding.
- Represented Pharmacy on corporate medication-safety and quality-improvement initiatives, including Pharmacy Sustainability and inpatient discharge restructuring committees.
- Oversaw pharmacy inventory: drug-shortage management, procurement, receiving, invoice approvals, drug utilization review and formulary management.
- Led supply-chain contract negotiations for the retail pharmacies, including preferred generic, wholesale and specialty/medical-supply contracts; managed AP/AR escalations with suppliers.
- Initiated educational opportunities and actively supported staff to precept pharmacy students, residents, MBA students and other learners.

- Maintained an active dispensing role and good standing with the Ontario College of Pharmacists; provided cross-coverage for peer Pharmacy Managers as required.

Pharmacy Manager *Feb 2015 – Dec 2017*

Walmart Canada — Stores #1107 (Waterdown) and #125 (Stratford), ON

- Managed all aspects of high-volume retail pharmacy operations, including dispensing accuracy, inventory, scheduling and patient counselling.
- Drove store-level KPIs (script volume, MedsCheck, vaccinations, professional services revenue) while maintaining full regulatory and corporate compliance.
- Coached and developed pharmacy team members, including new graduates and IPGs entering the workforce.

Full-Time Pharmacist *Dec 2012 – Feb 2015*

Shoppers Drug Mart — Stores #242, #2122, #257, #221, Victoria, BC

- Delivered comprehensive pharmaceutical care across multiple store formats including a Medical Centre location.
- Provided medication therapy management, MedsCheck reviews, immunizations, and minor-ailment prescribing within BC scope of practice.

EDUCATION

Master of Science in Pharmacy (MScPhm) — Pediatric Oncology *Sept 2024 – May 2028 (in progress)*

Leslie Dan Faculty of Pharmacy, University of Toronto · The Hospital for Sick Children (SickKids)

Supervisor: L. Lee Dupuis, RPh, PhD — research focused on supportive care and community-pharmacy integration for pediatric oncology patients.

Bachelor of Science in Pharmaceutical Sciences (5-year program) *Sept 2001 – May 2006*

Tanta University — Tanta, Egypt

LICENSURE & CERTIFICATIONS

- **Registered Pharmacist (Part A) —** Ontario College of Pharmacists — in good standing
- **Pharmacist Evaluating Examinations Board of Canada (PEBC) —** Qualifying Exam Parts I & II — Nov 2012
- **Jurisprudence Examinations —** Ontario (2014); British Columbia (2012)
- **Certified Diabetes Educator (CDE) —** Initial 2017; recertified 2023
- **Injection Certification —** 2013
- **Advanced Compounding Credentials —** The Science of Pharmaceutical Compounding (2021); Essential Elements of Personalized Analgesic Medications (2023)
- **BHRT Credentials —** Personalized Hormone Restoration Therapy (2023); Mastering the Protocol for Optimization of Hormone Replacement Therapy (2024)
- **Research Ethics —** TCPS 2: CORE 2022 — Ethical Conduct for Research Involving Humans
- **Board Governance Training —** The Facilitative Chair, Facilitation First (2026); Audit Committee Effectiveness (ACE), 2026

PROFESSIONAL GOVERNANCE & SERVICE

Board Director, Ontario College of Pharmacists (OCP) — *2024 – 2027*

Active in regulatory governance, policy development, and modernization of pharmacy practice in Ontario; participate in committee work shaping standards, registration and quality assurance. Contributed to the Board's Strategic Plan Refresh Working Group and to the work of the Finance and Audit Committee.

Member, Regional Cardiovascular Advisory Board — *Apr 2026 – Present*

Contribute pharmacy and community-care perspective to a regional advisory board focused on cardiovascular care pathways, secondary prevention strategy, and integration of community pharmacy into cardiology shared-care models.

PACE Assessor, Ontario College of Pharmacists — *2022 – Present*

Conduct comprehensive practice assessments of registered pharmacists across diverse practice settings, providing structured feedback aligned with OCP standards.

Mentor, PharmaSEE Mentorship Program — *University of Toronto, Leslie Dan Faculty of Pharmacy · 2024 – 2026*

Mentor PharmD students transitioning into clinical and entrepreneurial pharmacy careers.

Mentor & Tutor, International Pharmacy Graduates (IPGs) — *2015 – 2018*

Coached new IPGs through PEBC qualifying examinations and integration into Canadian pharmacy practice.

INVITED PRESENTATIONS & CONTINUING EDUCATION

2026 — Closing the Denosumab Gap
Accredited continuing-education program (1.0 CEU); CCCEP accreditation in progress. Author and faculty.

Apr 2026 — Pharmaceutical Care at a Distance in Paediatric Oncology
CSAP Symposium, Leslie Dan Faculty of Pharmacy, University of Toronto.

Apr 2026 — Breaking the Bone Barriers
Pharmacist Association of the Niagara Peninsula (PANP), White Oaks Conference Resort.

Feb 2026 — Advancing Diabetes Management with Dexcom G7 in Pharmacy
Continuing Education Event, Pharmacist Association of the Niagara Peninsula.

Nov 2025 — Avoid the Pain: How to Use Topical Anesthetics
Continuing Education Event, Pharmacist Association of the Niagara Peninsula.

Oct 2025 — ACT NOW — No More Kidneying Around
Continuing Education Dinner, Pharmacist Association of the Niagara Peninsula.

Apr 2025 — Cardiovascular Disease and Dyslipidemia: A Focus on Secondary Prevention
CE Sunday, Pharmacist Association of the Niagara Peninsula.

Apr 2025 — Improving Pediatric Oncology Support through Community Pharmacy Partnerships
CSAP Symposium, Leslie Dan Faculty of Pharmacy, University of Toronto.

PUBLICATIONS & AUTHORED EDUCATIONAL PROGRAMS

Integrating Denosumab Biosimilars into Community Osteoporosis Care: Clinical Equivalence, Access Optimization & Health System Sustainability

Authored continuing-education program developed for CCCEP accreditation (2026); author and faculty. Addresses biosimilar clinical equivalence, switching and rebound-fracture prevention, and pharmacist-led access and system stewardship.

COMMUNITY & VOLUNTEER LEADERSHIP

- Founder & Organizer — LiveWell Swing Against Cancer Charity Golf Tournament (2024, 2025); raised up to $100,000 for cancer-related causes.
- Active community-health speaker for the Pharmacist Association of the Niagara Peninsula and local primary-care groups.
- Long-standing mentor for International Pharmacy Graduates and PharmD trainees.

PROFESSIONAL MEMBERSHIPS

- Ontario College of Pharmacists (OCP)
- Canadian Society of Hospital Pharmacists (CSHP)
- Canadian Pharmacists Association (CPhA)
- Ontario Pharmacists Association (OPA)
- Canadian Association of Pharmacy in Oncology (CAPhO)

REFERENCES

Professional and academic references available upon request.

Ontario College of Pharmacists
Putting patients first since 1871

Candidate Profile: Sivajanan Sivapalan

Director Category: Elected Director

Position Sought: Board Chair

Current OCP Leadership Experience: Current Vice-Chair of the Board; Current Chair, Governance Committee; Member of the Executive Committee; former member of Finance & Audit, Discipline, Screening, Search, and ICRC Committees.

#10

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Thursday, July 30, 2026 10:55:57 AM
Last Modified:	Thursday, July 30, 2026 11:07:59 AM
Time Spent:	00:12:01
IP Address:	192.65.233.106

Page 2: Respondent Information

Q1

Personal Information

First name	**Sivajanan**
Last name	**Sivapalan**

Q2 **Elected Board Director**

I am currently a:

Page 3: Committee Appointment(s)

Q3 **No preference (flexible)**

As an Elected Board Director, I am expressing interest in being appointed to the following committee(s):

Q4 **Not applicable, I am an Elected Board Director**

As an Appointed Public Board Director, I am expressing interest in being appointed to the following committee(s):

Q5 **Respondent skipped this question**

Please rank your committee preferences (if more than one selected)

Page 4: Committee Chair

Q6 **Governance Committee**

I am interested in being considered for appointment/reappointment as Committee Chair for the following committee(s):

Q7

Please rank your committee preferences (if more than one selected)

Respondent skipped this question

Q8

Brief statement and biography

I strongly support leadership succession and would welcome the opportunity for other Directors/Committee members to assume committee chair roles as part of the Board's ongoing development. I have expressed my willingness to continue serving as Governance Committee Chair if the Board believes my experience would assist in maintaining continuity and advancing the College's governance priorities.

Q9

Upload Statement and Biography (Optional)Please note:
Only PDF, DOC, DOCX, JPG, JPEG files are supported.

Respondent skipped this question

Page 5: Election of Officers and Executive Committee

Q10

I am interested in being considered for election to the Executive Committee.

Yes

Page 6: Board Chair and Vice Chair

Q11

I am interested in being considered for:

Board Chair

Q12

Please provide a brief biography highlighting your governance, professional, leadership, and board experience relevant to the role.

I am submitting my expression of interest to serve as Board Chair. With seven years of experience as an elected member of the College Board, I have developed a deep understanding of its governance structures, strategic priorities, and public interest mandate. I have participated on a number of committees as a Board Director, including the Executive, Governance, Finance and Audit, ICRC, Screening, Search and Discipline committees. This wide-ranging committee work has equipped me with the insight and experience required to lead effectively at the Board level.
As Chair of the Governance Committee, I believe I have demonstrated leadership, strategic thinking, and a commitment to upholding the College’s public protection mandate. Together with our staff partners, I had the privilege of leading the Governance Committee’s work for the last 2 years. I have been able to work to examine structural issues in our governance framework and work on a path forward that balances renewal with continuity and safeguards the Board’s long-term capacity to govern effectively. I believe this kind of strategic, forward-looking thinking is essential to the College’s leadership readiness and institutional resilience.

Q13

Please describe how your experience, skills, and leadership attributes align with the expectations of the role(s) for which you are expressing interest.In your response, you may wish to address:Governance and board leadership experienceStrategic thinking and decision-making abilitiesExperience chairing meetings or facilitating discussionsCollaborative leadership and relationship-building skillsCommitment to the College's public interest mandateOther qualifications relevant to the position

Serving as Vice-Chair over the past year has further strengthened my Board leadership experience, providing valuable insight into supporting the Chair, facilitating effective governance, and helping the Board navigate complex strategic issues. With one of the broadest ranges of committee experience at the Board table, I seek to bring deep institutional knowledge of the College’s governance processes, policies, decision-making history, and statutory functions and duties.

Q14

Optional: Upload Biography and Statement

Board Chair Statement 2026-combined.pdf (425.7KB)

Q15

Confirmation

I confirm that I have reviewed Board Policies 1.6, 2.3, and 2.4 and understand the expectations associated with the Board Chair and/or Vice Chair role.

,

I understand that my biography and statement may be included in Board materials.

Dear Peers, Friends and Colleagues,

I am submitting my expression of interest to serve as Board Chair. With seven years of experience as an elected member of the College Board, I have developed a deep understanding of its governance structures, strategic priorities, and public interest mandate. I have participated on a number of committees as a Board Director, including the Executive, Governance, Finance and Audit, ICRC, Screening, Search and Discipline committees. This wide-ranging committee work has equipped me with the insight and experience required to lead effectively at the Board level.

As Chair of the Governance Committee, I believe I have demonstrated leadership, strategic thinking, and a commitment to upholding the College's public protection mandate. Together with our staff partners, I had the privilege of leading the Governance Committee's work for the last 2 years. I have been able to work to examine structural issues in our governance framework and work on a path forward that balances renewal with continuity and safeguards the Board's long-term capacity to govern effectively. I believe this kind of strategic, forward-looking thinking is essential to the College's leadership readiness and institutional resilience.

As a Primary Care and Community Pharmacist with 17 years of direct patient care experience, I bring a deep understanding of patient care across diverse clinical settings. My practice has spanned hospital-based services, leadership in community pharmacy, and collaborative work in an interdisciplinary primary care team alongside our medical, nursing, physiotherapy, mental health, and dietician colleagues. I have extensive experience in chronic disease management, medication optimization, and complex healthcare interventions in diabetes, cardiovascular disease, and chronic pain. I serve as a clinical preceptor for PharmD students from the University of Toronto and the University of Waterloo, and have also mentored future pharmacy technicians from Niagara and Lambton Colleges. Many of you have seen how the application of this clinical lens has strengthened our regulatory discussions, helping ensure our decisions remain grounded in evidence-based care that prioritizes patient safety and access.

I am committed to fostering the culture of integrity, trust, and collaboration you expect. Many of you have seen firsthand how I work constructively with both elected and public Directors, engaging in respectful, evidence-informed dialogue that supports strong, principled decision-making. I have built collegial and productive relationships across the Board and with senior staff. I believe this spirit of cooperation and mutual respect is essential to maintaining a high-functioning Board and a resilient organization.

With one of the broadest ranges of committee experience at the Board table, I seek to bring deep institutional knowledge of the College's governance processes, policies, decision-making history, and statutory functions and duties. I have consistently supported new Directors in understanding the Board's work, committee structures, and the broader context behind our policies. I believe this kind of knowledge transfer is vital to building continuity, leadership readiness, and a culture of collective accountability.

Serving as Vice-Chair over the past year has further strengthened my Board leadership experience, providing valuable insight into supporting the Chair, facilitating effective governance, and helping the Board navigate complex strategic issues. I would be deeply honoured and privileged to serve the Board in the role of Chair, to help guide our institutional stewardship and strategic governance, and importantly to support all Directors in their steadfast commitment to serving the public interest.

Sincerely

Siva Sivapalan R.Ph.
Primary Care and Community Pharmacist

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

Community and Primary Care Pharmacist



Qualification Profile

Primary Care and Community Pharmacist with comprehensive experience across a spectrum of clinical care. Clinical preceptor, guiding pharmacy students through their professional development. Proven leader in multi-disciplinary healthcare teams. Holds advanced training in Human Resources Management and Health Governance. Brings a breadth of governance and oversight experience as an elected board member at the Ontario College of Pharmacists, serving as Chair of the Governance Committee and participating in key committees such as Executive, Finance and Audit, Screening, Search, ICRC, and Discipline.

PHARMACY LEADERSHIP EXPERIENCE

Ontario College of Pharmacists Member of Council/Board Member, Toronto, Ontario [September 2019 – Present]
•Fulfills governance and oversight responsibilities as an Elected Professional member of the board.
•Serves on and has served on the following Standing and Statutory Committees: Governance, Finance and Audit, Executive, ICRC, Discipline, Screening, CEO/Registrar Search
•Current Chair of the Governance Committee

P4T Mentor - Government of Canada Foreign Credential Recognition program and NAPRA [January 2022 – December 2022]
•Introduce international pharmacy graduates to the pharmacy environment in Canada.
•Coach and prepare to successfully complete their formal training and assessment.

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.

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.

WORK 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 - Beamsville's Community Pharmacy, Beamsville, Ontario [August 2023 – Present]
•Provide individualized clinical services including medication reviews, deprescribing consultations, and vaccine administration.
•Serve as a local resource for drug therapy questions and collaborate with prescribers to resolve medication-related problems.
•Support integration of pharmacy services into community health initiatives through education and outreach.

Community Pharmacist/Associate Owner – Shoppers Drug Mart, Beamsville, Ontario [September 2011 – January 2023]
•Commitment to delivering the highest level of patient care.
•Motivated and inspired my team to do and be their best.
•Actively managed and oversaw 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]
•Liaised with town to bring forth issues that affect local commerce and trade, and foster economic development.
•Built 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

Community and Primary Care Pharmacist

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 – GovernanceTraining forRegulated 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]
Facilitation First– The Facilitative Chair [2025]

VOLUNTARY WORK

Gillian's Place WestNiagara Ambassador [2013 – 2023]
•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

Implementinga 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

Ontario College of Pharmacists
Putting patients first since 1871

Candidate Profile: Victor Wong

Director Category: Elected Director

Position Sought: Member of the Executive Committee

Current OCP Leadership Experience: Current elected Director serving a second term; member of the Executive Committee, Finance & Audit Committee, Discipline Committee, and Screening Committee.

#6

COMPLETE

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Started:	Friday, July 24, 2026 5:42:20 PM
Last Modified:	Friday, July 24, 2026 6:04:25 PM
Time Spent:	00:22:05
IP Address:	70.50.84.215

Page 2: Respondent Information

Q1

Personal Information

First name	**Victor**
Last name	**Wong**

Q2

I am currently a:

Elected Board Director

Page 3: Committee Appointment(s)

Q3

As an Elected Board Director, I am expressing interest in being appointed to the following committee(s):

Finance and Audit Committee,

Governance Committee

Q4

As an Appointed Public Board Director, I am expressing interest in being appointed to the following committee(s):

Not applicable, I am an Elected Board Director

Q5

Please rank your committee preferences (if more than one selected)

Accreditation Committee/Drug Preparation Premises Committee	**3**
Discipline Committee	**4**
Finance and Audit Committee	**1**
Fitness to Practise Committee	**5**
Governance Committee	**2**
Inquiries, Complaints & Reports Committee	**6**
Patient Relations Committee	**7**
Quality Assurance Committee	**8**
Registration Committee	**9**
Screening Committee	**10**

Page 4: Committee Chair

Q6

I am interested in being considered for appointment/reappointment as Committee Chair for the following committee(s):

Not interested in a Committee Chair position

Q7

Please rank your committee preferences (if more than one selected)

Respondent skipped this question

Q8

Brief statement and biography

Respondent skipped this question

Q9

Upload Statement and Biography (Optional)Please note: Only PDF, DOC, DOCX, JPG, JPEG files are supported.

Respondent skipped this question

Page 5: Election of Officers and Executive Committee

Q10

I am interested in being considered for election to the Executive Committee.

Yes

Page 6: Board Chair and Vice Chair

Q11

I am interested in being considered for:

Neither position

Q12

Please provide a brief biography highlighting your governance, professional, leadership, and board experience relevant to the role.

Respondent skipped this question

Q13

Please describe how your experience, skills, and leadership attributes align with the expectations of the role(s) for which you are expressing interest.In your response, you may wish to address:Governance and board leadership experienceStrategic thinking and decision-making abilitiesExperience chairing meetings or facilitating discussionsCollaborative leadership and relationship-building skillsCommitment to the College's public interest mandateOther qualifications relevant to the position

Respondent skipped this question

Q14

Optional: Upload Biography and Statement

Respondent skipped this question

Q15

Confirmation

I confirm that I have reviewed Board Policies 1.6, 2.3, and 2.4 and understand the expectations associated with the Board Chair and/or Vice Chair role.

,

I understand that my biography and statement may be included in Board materials.

A) Statement of Interest to the Executive Committee, Ontario College of Pharmacists

Dear Peers, Friends, and Colleagues,

It has been a privilege to serve on the Board of the Ontario College of Pharmacists and, over the past year, to contribute through the Executive, Finance and Audit, and Discipline Committees. I am expressing my interest in continuing to serve on the Executive Committee because I believe I can contribute meaningfully to strong governance, thoughtful decision-making, and the College's mandate to serve and protect the public.

I bring more than 20 years of experience across pharmacy practice, healthcare leadership, professional regulation, national credentialing, consulting, and industry. I have worked as a community pharmacist and pharmacy owner, hospital pharmacist, Director of Pharmacy Operations, healthcare strategy consultant, and strategic pharmacy leader. These experiences have given me a broad view of the healthcare system and an understanding of the clinical, regulatory, operational, financial, and organizational implications of the decisions we make.

My governance experience extends beyond the College. I currently serve on the Canadian Veterinary Medical Association's National Examining Board and previously spent more than 15 years with the Pharmacy Examining Board of Canada, including five years as Chief Examiner and five years as Chief Administrator. These roles required judgment on matters involving professional standards, competency, procedural fairness, organizational risk, financial stewardship, and public trust.

I believe effective governance requires both constructive challenge and collaboration. I am prepared to ask difficult questions, test assumptions, and bring an independent perspective while remaining open to different views and supporting the collective decisions of the Board. I approach complex issues by grounding discussion in the College's mandate, considering the evidence and risks, and focusing on what will best serve the public over the long term.

The coming years will require the College to navigate significant change: expanding scopes of practice, evolving models of pharmacy care, new technologies, changing public and registrant expectations, and increasing complexity across the healthcare system. I believe the Board must respond with regulatory approaches that are proportionate, evidence-informed, forward-looking, and firmly anchored in public protection.

My PharmD, MBA, and Master of Finance complement my experience with clinical, strategic, and financial perspectives. More importantly, my work across different parts of healthcare has taught me to look beyond any single stakeholder or sector and consider the system as a whole.

If selected to continue serving on the Executive Committee, I would bring preparation, independent judgment, financial and strategic discipline, and a collaborative approach to Board leadership. I would seek to help the Executive Committee ask the right questions, support effective governance, strengthen the Board's decision-making, and ensure that the College remains focused on the purpose that must guide all of our work: protecting the public and maintaining trust in pharmacy practice and regulation in Ontario.

Sincerely,

Victor Wong RPh, BScPhm, PharmD, MBA, MFin

B) Biography

My experience extends from being a pharmacist, a healthcare leader, to a governance professional with more than 20 years of experience across frontline pharmacy practice, pharmacy ownership and operations, national professional credentialing, healthcare and life sciences consulting, and strategic partnerships within the pharmaceutical sector. Throughout my career, I have worked at the intersection of patient care, professional regulation, healthcare operations, organizational strategy, and system transformation. This breadth of experience has given me a strong appreciation for the complexity of pharmacy practice and for the responsibility of regulatory organizations to make balanced, evidence-informed decisions in the public interest.

I currently serve as an elected Director on the Board of the Ontario College of Pharmacists and recently elected into my second term. During my tenure, I have served on the Executive Committee, Finance and Audit Committee, Discipline Committee, and Screening Committee. Through these roles, I have participated in governance and regulatory deliberations concerning matters such as expanded scope of practice, professional judgment, pharmacy practice standards, financial stewardship, corporate influence on practice, and the evolving models through which pharmacy care is delivered in Ontario. I have also had the opportunity to engage with fellow Directors, College leadership, registrants, health professionals, policymakers, and other stakeholders while maintaining focus on the College's statutory mandate to serve and protect the public.

My governance experience extends beyond pharmacy regulation. I serve as a member of the Canadian Veterinary Medical Association's National Examining Board, where I contribute to national policy and standards related to professional credentialing, certification, examination, and pathways to practice. This work involves consideration of complex issues involving fairness, public protection, professional competency, access to the profession, and the defensibility of regulatory and credentialing decisions. I also serve on its Appeals Committee. Additionally, I have previously been the Chair of the National Professional Practice Committee at Shoppers Drug Mart responsible for advancing patient care initiatives.

Previously, I spent more than 15 years with the Pharmacy Examining Board of Canada, progressing from Assessor and Standardized Patient to Track Coordinator, Chief Examiner, and ultimately Chief Administrator. As Chief Administrator, I was responsible for national examination operations, budget development, staff oversight, quality assurance, and the integrity and security of national pharmacist licensure examinations. Earlier, as Chief Examiner, I led examination case development, standard-setting, and quality assurance processes designed to ensure that national licensure assessments were fair, clinically relevant, rigorous, and defensible. These experiences strengthened my understanding of professional regulation, procedural fairness, accountability, risk management, and the importance of maintaining public confidence in systems that determine professional competence.

My professional leadership experience has similarly spanned a range of healthcare environments. I spent many years as a community pharmacist and pharmacy owner/operator, leading teams of more than 100 employees and managing complex clinical, operational, financial, and human-resource responsibilities. I subsequently served as Director of Pharmacy Operations for Loblaw Companies Limited, with responsibility for a large pharmacy operation

and full P&L accountability. In that role, I was required to balance financial and operational objectives with professional standards, regulatory obligations, patient safety, and quality of care.

I have also worked in healthcare and life sciences consulting, advising government, health-system, and provider organizations on strategy, healthcare transformation, workforce, operational improvement, clinical service planning, financing, digital health, and organizational design. That experience strengthened my ability to analyze complex systems, synthesize diverse perspectives, structure difficult problems, assess trade-offs, and translate complex information into clear recommendations for senior decision-makers.

In my current professional role, I work in strategic pharmacy partnerships within the pharmaceutical sector, where I lead and contribute to cross-functional initiatives involving pharmacy, vaccines, healthcare strategy, digital transformation, and innovation. I also chair a cross-functional working group involving commercial, medical, sales, and field colleagues, requiring structured facilitation, alignment across differing perspectives, clear accountability, and escalation of strategic issues to senior leadership.

My academic background includes a Doctor of Pharmacy, Master of Business Administration, and Master of Finance. Together, these provide me with complementary clinical, strategic, organizational, and financial perspectives that I draw upon in governance discussions.

C) Relevant Experience, Skills, and Leadership Attributes

I believe my experience and leadership approach align well with the responsibilities of the Executive Committee. I would bring direct College governance experience, broader regulatory and credentialing expertise, strategic and financial judgment, and a collaborative leadership style grounded in the College's public-interest mandate.

Governance and board leadership. During my term on the College Board, I have served on the Executive, Finance and Audit, Discipline, and Screening Committees. These roles have strengthened my understanding of regulatory governance, fiduciary responsibility, financial stewardship, professional accountability, and the importance of maintaining the appropriate distinction between Board oversight and operational management. My governance perspective is strengthened by service on the CVMA National Examining Board and more than 15 years with PEBC, including as Chief Examiner and Chief Administrator. Those roles required decisions involving professional standards, competency, procedural fairness, risk, quality assurance, and public confidence.

Strategic thinking and decision-making. My career has consistently required me to make decisions where evidence is incomplete, interests differ, and trade-offs are unavoidable. My approach is to clarify the mandate, identify the material issues and risks, test assumptions, consider stakeholder and public impact, and focus discussion on the decision that best advances the organization's purpose. As a healthcare consultant, I advised government and health-system organizations on strategy, transformation, workforce, financing, clinical services, and organizational design. As a Director of Pharmacy Operations, I balanced patient care, regulatory obligations, workforce, financial performance, and operational execution. These experiences have strengthened my ability to move between strategic and practical considerations without losing sight of the broader objective.

Chairing and facilitation. I have extensive experience leading teams and facilitating discussions across different professional perspectives. This includes serving as Chair of a professional practice committee, leading national examination activities through PEBC, and currently chairing a cross-functional group involving commercial, medical, sales, and field colleagues. My approach is to create clarity around the question being considered, ensure relevant perspectives are heard, surface disagreement constructively, and move the group toward a well-reasoned decision. I believe effective chairs facilitate rather than dominate and create the conditions for the Board to exercise its collective judgment.

Collaborative leadership. My career has required me to work across pharmacy, healthcare, government, regulation, consulting, and industry. I value constructive challenge and do not equate collaboration with consensus. I am comfortable questioning assumptions, expressing a different view, changing my position when presented with stronger evidence, and supporting the Board's collective decision once appropriate deliberation has occurred.

Public-interest mandate. I view the College's mandate to serve and protect the public as the foundation for Board and Executive Committee decisions. During my Board service, I have contributed to discussions involving expanded scope, professional judgment, pharmacy standards, financial stewardship, and the changing environment in which pharmacy care is delivered. I approach regulatory issues by trying to understand: What risk to the public are we addressing? What evidence supports the proposed approach? Is the response proportionate?

What unintended consequences could arise? Can it be implemented effectively? And, how will we know whether it has worked?

I would bring continuity from my current Executive Committee service, breadth of experience across healthcare and regulation, financial literacy, strategic discipline, and independent judgment. Additionally, my PharmD provides clinical grounding, while my MBA and Master of Finance strengthen my ability to assess organizational, strategic, and financial issues. If selected to continue serving, I would approach the role with preparation, independence, collegiality, and respect for the responsibilities of both the Board and College leadership. My objective would be to help the Executive Committee ask the right questions, strengthen Board decision-making, support effective governance, and keep the College firmly focused on its mandate to serve and protect the public.

VICTOR WONG, PharmD, MBA, MFin, RPh

PROFESSIONAL SUMMARY

Pharmacy regulator, healthcare strategist, and community pharmacist with over two decades of experience spanning frontline practice, corporate leadership, national credentialing, and public-sector consulting. Currently serves as a Director on the Board of the Ontario College of Pharmacists, with active service on the Executive, Finance and Audit, Discipline, and Screening Committees. Brings a multi-disciplinary lens to regulatory governance, grounded in clinical practice (PharmD), business and financial rigour (MBA, MFin), and direct experience across community, hospital, corporate, government, and international health system contexts. Committed to public-interest decision-making, equitable access to pharmacy care, and the protection of professional judgment in an evolving regulatory landscape.

PROFESSIONAL EXPERIENCE

GSK May 2026 – Present

Sr. Manager, Strategic Pharmacy Partnerships Mississauga, ON

- Lead strategic pharmacy partnerships for GSK Canada's vaccines, respiratory, and oncology Business Units, shaping national retail pharmacy channel strategy across a multi-brand vaccines portfolio
- Chair Pharmacy Catalyst, a bi-weekly cross-functional working group (sales, marketing, medical, field) driving execution against the BU's #1 commercial priority; own RAID tracking and SteerCo reporting to senior leadership
- Develop 2027 Plan forecasts for priority brands through the pharmacy channel, informing brand planning and resource allocation
- Translated key account engagements into executive-facing strategic recommendations and decks
- Built a weighted scoring matrix to prioritize digital and AI opportunities across Canadian retail pharmacy; authored strategy materials for the VP of Digital

KPMG Canada, National Healthcare and Life Sciences Practice Sep 2023 – May 2026

Manager (Oct 2025 – Present); Senior Consultant (Sep 2023 – Sep 2025) Toronto, ON

Healthcare strategy, operational excellence, care system redesign, transactions and financing, health workforce, and digital health advisory to Canadian and international government and provider clients.

Representative client engagements:

- National Ministry of Health - pharmacy sector reform, supply chain, workforce, and financing.
- Digital health crown corporation - digital strategy, workforce, commercial analysis, partnerships, and divestiture.
- Provincial Department of Seniors and Long-Term Care - workforce optimization, change management, and implementation.
- Provincial health authority - long-range clinical services plan.
- Academic multisite hospital - organizational restructuring of clinical support and procurement.

- National health insurance agency - clinical formulary review, legislation, financing, and contracts.

Loblaw Companies Limited Aug 2021 – Sep 2023

Director, Pharmacy Operations Ontario, Canada

- Oversight and management of pharmacy operations for one of Canada's largest food and healthcare retailers, including full P&L accountability for an operation generating annual revenues exceeding $60 million.
- Led a national inventory management program that delivered annual shrinkage reductions exceeding $1 million while strengthening operational and compliance controls.
- Elevated patient-experience metrics by over 20% year-over-year through workflow redesign, professional services optimization, and team development.
- Delivered substantial year-over-year EBIT growth while balancing commercial performance with the College's standards of practice and patient-care obligations.

Decoy Therapeutics Inc. Oct 2021 – May 2022

New Product Strategic Development Cambridge, Massachusetts, USA

- Contributed to the strategic development of broad-spectrum antiviral candidates targeting current (COVID-19) and emerging viral threats.
- Led market research, sizing, and commercial modelling, and contributed to market access strategy including comparative effectiveness, health economics, and burden-of-illness analyses.

Shoppers Drug Mart Jun 2003 – Aug 2021

Owner / Operator (Franchisee) Jun 2008 – Aug 2021

- Owner-operator of multiple Toronto-based locations (#856, #895) within Canada's leading retail pharmacy chain, with a workforce of over 100 employees and annual revenues exceeding $15 million.
- Built diverse pharmacy teams reflective of the communities served, with deliberate focus on language, cultural background, and lived experience to strengthen patient trust, disclosure, and continuity of care.
- Established psychological safety and structured listening practices to ensure frontline staff voices informed clinical and operational decisions.
- Executed a go-to-market strategy for clinical professional services that delivered over 300% year-over-year growth in service revenue while maintaining clinical appropriateness and documentation integrity.

Chair, Professional Practice Committee Jan 2014 – Jan 2016

PEERS Franchisee Representative Jan 2010 – Jan 2014

Pharmacy Manager (Jan – Jun 2008); Pharmacist (Jun 2006 – Jan 2008); Pharmacy Student (Jun 2003 – Jun 2006)

St. Michael's Hospital Jul 2006 – Sep 2008

Staff Pharmacist Toronto, Ontario, Canada

- Acute care pharmacy practice covering pre-surgical admissions and inpatient services in a downtown teaching hospital serving a complex, diverse, and frequently underserved patient population.

Wyeth Pharmaceuticals Canada Jun 2006 – Jun 2008

Manager, Pricing Richmond Hill, Ontario, Canada

- Developed and executed pricing strategies across new and established product portfolios, with analysis of margin impact, competitive positioning, and market dynamics.

GOVERNANCE, BOARD, AND LICENSING EXPERIENCE

Ontario College of Pharmacists Dec 2024 – Present

Director, Board of Directors Ontario, Canada

- Contribute to the strategic direction and governance of Ontario's pharmacy regulator, ensuring accountability, transparency, and alignment with regulatory best practices in service of public safety and trust.
- Engage in deliberations on expanded scope of practice, Preferred Pharmacy Networks, corporate influence on professional judgment, and the standards governing the delivery of pharmacy care across the province.
- Engage with diverse stakeholders, including registrants, healthcare professionals, policymakers, and the public, to inform regulatory decisions and uphold the College's mandate to serve and protect the public interest.
- As a member of the Finance and Audit Committee, contributed to the College returning to a balanced budget and a positive fiscal outlook; as a member of the Discipline Committee, contributed to the application of the College's standards in cases that matter most for public protection.
  - Executive Committee Sep 2025 – Present
  - Finance and Audit Committee Sep 2025 – Present
  - Discipline Committee Jan 2025 – Present
  - Screening Committee Mar 2025

Canadian Veterinary Medical Association, National Examining Board Jan 2024 – Present

Board Member Ottawa, Ontario, Canada

- Develop and implement national policies and standards governing veterinary credentialing and certification across Canada.
- Contributed to the Limited Licensure Pathway Beta, an initiative designed to expand equitable access to the veterinary profession for internationally trained practitioners through re-examination of credentialing assumptions and recognition of prior learning.
- Provide strategic input on issues affecting veterinary medicine at a national level and oversee examination and certification processes.
  - Appeals Committee Jan 2024 – Present

The Pharmacy Examining Board of Canada (PEBC) Jan 2008 – Jul 2023

Chief Administrator Jan 2018 – Jul 2023

- Provided national leadership and oversight to the certification authority for pharmacists in Canada, including budget development, exam delivery operations, staff supervision, and quality assurance for the semi-annual Qualifying Exam Part II (OSCE).
- Accountable for the integrity, security, and standards of national licensure examinations across multiple Canadian sites.

Chief Examiner Jan 2013 – Jan 2018

- Led examination case development, standard-setting, and quality assurance processes ensuring fairness, defensibility, and clinical relevance of national licensure assessments.

Track Coordinator May 2011 – Jan 2013

Assessor & Standardized Patient Jan 2008 – May 2011

ACADEMIC APPOINTMENT

Leslie Dan Faculty of Pharmacy, University of Toronto May 2014 – May 2023
Clinical Preceptor

- Mentored PharmD students through experiential clinical rotations, supporting development of clinical reasoning, professional judgment, and patient-centred practice.

EDUCATION

Master of Finance (MFin) 2022 – 2023
Smith School of Business, Queen's University

Master of Business Administration (MBA) 2020 – 2022
Rotman School of Management, University of Toronto

Advanced Therapies, Health Stream — CDL Advanced 2021 – 2022
Creative Destruction Lab

Doctor of Pharmacy (PharmD) 2009 – 2013
CU Anschutz Skaggs School of Pharmacy and Pharmaceutical Sciences

Industrial Pharmacy Residency Program 2006 – 2007
University of Toronto — Specializations: New Products Strategic Planning; Health Economics & Pricing

Bachelor of Science in Pharmacy (BScPhm) 2002 – 2006
Leslie Dan Faculty of Pharmacy, University of Toronto

Bachelor of Science (BSc) 2001 – 2002
University of St. Michael's College, University of Toronto

PROFESSIONAL REGISTRATION

Registered Pharmacist — Ontario College of Pharmacists Part A (Credential ID 604362, issued June 2006)

HONOURS & AWARDS

- Arbor Award, University of Toronto (2025) — the University's highest honour for exceptional and longstanding volunteer service.
- KPMG Spotlight Award, Q1 2025.
- Preceptor of the Year, University of Toronto Faculty of Pharmacy (2017).

- 1st Place, Rotman Healthcare Analytics Case Competition (2020).
- Finalist, Manulife New Product Challenge: Market for Self-Control (2021).

SELECTED PUBLICATIONS

- Wong, V. (2025). Safety and tolerability in the selection of COCs: What the pharmacist needs to know. Pharmacy Practice + Business.
- Sihota, A., et al. (2024). A future-forward influenza immunization model of care for high-risk patients in pharmacies: A Canadian consensus. Canadian Pharmacists Journal.
- Wong, V. (2024). Understanding the importance of estrogen in combined oral contraceptives: A closer look at estetrol and ethinylestradiol. Pharmacy Practice + Business.
- Wong, V. (2023). Maximizing influenza vaccinations in older adults (Updated). Pharmacy Practice + Business.
- Wong, V., & Zheng, T. (2022). Maximizing influenza vaccinations in older adults. Pharmacy Practice + Business.
- Wong, V., et al. (2021). A pharmacist's guide to menstrual migraine. Pharmacy Practice + Business.
- Wong, V., & Au, K. (2020). Exploring acute migraine treatments for adults. Pharmacy Practice + Business.
- Wong, V., & Wang, L. (2017). Iron deficiency anemia. Pharmacy Practice + Business.
- Wong, V., & Wang, L. (2016). Managing head lice: An overview for pharmacists. Pharmacy Practice + Business.

Board Decision Note

Meeting Date: September 2026

Topic: 2026-2027 Standing and Statutory Committee Slate

From: Chair, Governance Committee

Purpose and action required: The Board is asked to consider the approval of the 2026-2027 Standing and Statutory Committee slate, including committee chair appointments, in accordance with Article 8.24.2 of the College's By-Law No. 7B.

Please note: The Governance Committee is scheduled to meet on the afternoon of September 28, 2026 to finalize its recommended committee slate following consideration of the results of the Executive Committee election process. As Executive Committee appointments may have implications for committee membership and chair assignments, the final recommended slate will not be circulated in advance of the meeting package and will instead be provided to Board Directors on the morning of September 29, 2026.

MOTION: **THAT** the Board approve the slate of candidates presented by the Governance Committee to serve on College committees for a term that expires at the first regular meeting of the Board following the next regular election.

Public interest rationale: Standing and statutory committees play a critical role in carrying out the College's regulatory responsibilities and supporting the Board in fulfilling its mandate to serve and protect the public. Thoughtful committee appointments that reflect organizational needs and support diverse perspectives help promote effective oversight, decision-making, and accountability in the public interest. As set out in Board Policy 1.7, the outgoing committee chairs were consulted on the proposed slate.

Strategic alignment, regulatory processes, and actions: The committee appointment process supports the College's governance framework and succession planning objectives by promoting an appropriate balance of competencies, experience, diversity, and continuity across committees.

Background: The Governance Committee is responsible for recommending appointments to the College's standing and statutory Committees for Board approval at the first regular Board meeting following the annual Board election. In accordance with Article 11 of By-Law No. 7B, the Executive Committee (including the Chair and Vice-Chair) is elected separately by the Board at that meeting following a qualifications assessment conducted by the Governance Committee. The Screening Committee follows a distinct process and is appointed by the Board in March of the election year to oversee the Board candidate and Professional Committee Appointee (PCA) and Lay Committee Appointee (LCA) recruitment/screening process.

No PCA or LCA recruitment process was conducted for the 2026-2027 Board and committee year. As a result, the proposed slate has been developed from the existing pool of Board Directors, PCAs, and LCAs, through consideration of expressions of interest for reappointment or appointment to additional committees, together with feedback from committee chairs and staff resources regarding committee

effectiveness, engagement, and succession planning considerations.

In developing its recommendations, the Governance Committee undertook a comprehensive review of:

- expressions of interest submitted by current Board Directors, PCAs, and LCAs seeking reappointment or additional committee assignments;
- committee composition and statutory requirements;
- committee chair and staff resource feedback regarding committee effectiveness and engagement;
- continuity and succession planning considerations;
- committee-specific operational and competency needs; and
- identified vacancies and development opportunities.

The Committee also reviewed supporting materials, committee appointment profiles, expressions of interest, committee chair evaluations, staff evaluations, and committee composition requirements.

Following its deliberations, the Governance Committee determined that the recommended appointments appropriately balance:

- continuity of knowledge and experience;
- leadership development and succession planning;
- diversity of perspectives and backgrounds;
- committee-specific expertise and operational needs;
- equitable distribution of committee assignments; and
- compliance with applicable by-law requirements; number of appointees needed to form adjudicatory panels; no member of Discipline Committee can serve on Accreditation Committee.

Accordingly, the Governance Committee recommends the proposed 2026-2027 Standing and Statutory Committee Slate for Board approval.

Key Features of the Recommended Slate: The Governance Committee's recommended slate includes:

- appointments required to maintain committee composition requirements established under By-Law No. 7B;
- the appointment of newly elected Board Directors Danielle Garceau and Megan Peck to the Discipline Committee in accordance with Article 8.9.1;
- targeted cross-appointments and membership changes intended to support committee effectiveness, continuity, and future leadership development; and
- recommended appointments to address vacancies within the Registration Committee, including committee leadership recommendations.

Governance and Succession Planning Considerations: In making its recommendations, the Governance Committee considered current and future leadership needs across the Board and committee structure,

including succession planning, committee workload, continuity of governance expertise, and alignment with applicable by-law and governance requirements.

The recommended committee chair appointments are intended to support effective committee oversight while creating opportunities for leadership development and succession within the Board's governance framework.

Next Steps: Subject to Board approval, committee appointees will be notified of their committee assignments and committee memberships will take effect on September 30, 2026.

Board Decision Note

Meeting Date: September 2026

Topic: Policy Revisions to Align with the New *Controlled Substances Regulations*

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

Purpose and action required: In line with Board Policy 4.3 which outlines the Board's role in approving standards and regulatory policy direction, the Board is asked to approve the proposed Policy and Guideline amendments as presented. The amendments are conforming in nature in that they update references and language to align with legislative change and do not introduce new requirements or expectations for registrants. As the amendments do not introduce new requirements or expectations for registrants, public consultation is not recommended prior to implementation.

MOTION: **THAT** the Board approve the proposed revisions to the following documents as presented:

- Centralized Prescription Processing (Central Fill) Policy (Attachement 11.3);
- Distribution of Medication Samples Policy (Attachment 11. 4);
- Time Delayed Safes Policy (Attachment 11.5);
- Designated Manager: Medication Procurement and Inventory Management Policy (Attachment 11.6); and,
- Pharmacist Prescribing: Initiating, Adapting and Renewing Prescriptions Guideline (Attachment 11.7).

Public interest rationale: The public relies on the College to continuously assess changes in the federal and provincial legislative frameworks that govern pharmacy practice and operations, and update relevant policies, resources, and information that that College shares in a timely manner to ensure compliance and alignment between federal and provincial legislative and regulatory requirements.

Strategic alignment, regulatory processes, and actions: Each provincial jurisdiction must assess the scope of the impact the new federal *Controlled Substances Regulations* will have on the management of controlled substances within their borders. The College is responsible for identifying consequential impacts of any changes to federal legislation on provincial regulatory and legal requirements.

Background:

- On October 1, 2026, Health Canada's new ***Controlled Substances Regulations*** (CSR) will come into effect, creating a single, modernized framework for regulating controlled substances. Multiple existing federal regulations and exemptions will be consolidated into one framework to improve clarity, consistency and harmonization across substance categories. Subsequently, several federal regulations and exemptions, including Health Canada's subsection 56 (1) exemption from the *Controlled Drugs and Substances Act*, will be revoked or repealed.
- In anticipation of these changes, College staff have reviewed all references to the *CSR* and have prepared revised College documents, including practice fact sheets, policies, guidelines, and jurisprudence resources. A complete list of these documents can be found in Attachment 11.1.

- Of these, five policies have been identified as needing revisions to incorporate the new legislative references and remove reference to the existing section 56 exemption. In line with Policy 4.3, found in the Board of Director's Policy Booklet, the Board is responsible for reviewing and approving any new or revised policies that affect pharmacy practice. A summary of the reasons for the revisions can be found in Appendix 11.2.
- To support registrants in understanding the changes that will affect how they practice, the College has provided an Information Hub that summarizes the changes, provides resources, and responds to anticipated questions. College Practice Consultants are monitoring the practice inquiries received to inform the development of any additional FAQs to add to the webpage.
- The focused review of these policies and associated documents was prioritized given the upcoming changes to the CSR regulations. The College remains committed to updating its policies to ensure they are up to date, clear and relevant and anticipates bringing updated and/or new policy documents to the Board routinely in the coming year.

Analysis:

- As part of the assessment of references to the *CSR*, College staff identified that the Centralized Prescription Processing (Central Fill) Policy required the addition of a specific section on **Requirements for Prescriptions for Controlled Substances.** These capture the legal and regulatory requirements within the *CSR* that registrants must comply with, and do not articulate new expectations proposed by the College.
- In addition to the *CSR*-specific revisions, a further change is being proposed to rectify an inaccurate statement identified in 2022 when this policy was initially identified as being out-of-date and needing review. This policy is still awaiting completion of a full review as the College works through outcomes of an analysis of drug preparation activities, but a change is being proposed to clarify language around consent that has caused confusion amongst pharmacy operators. The current policy uses the term "informed consent" incorrectly, and a change is proposed to rectify this by referencing the language of the *Personal Health Information Protection Act, 2004 (PHIPA).*
- **Current policy statement under "Responsibilities of the Originating Pharmacies":**
    - *"Ensuring that the patient or the patient's agent has provided informed consent [emphasis added] to the fact that the prescription will be processed by a central fill pharmacy and that there will be transfer of personal health information. This consent is documented and current and maintained by the originating pharmacy."*
- **Issues identified with this statement:**
    - *"Informed" consent has a legal definition under the Health Care Consent Act, related to consent to treatment and not the handling of personal health information.*
    - *The applicable legislation, the Personal Health Information Protection Act, 2004 (PHIPA), is about "implied" and "express" consent.*
    - *The term "informed" consent in this context is used to articulate what is better described as "express" consent.*
- The *Information and Privacy Commissioner of Ontario* has been consulted and has determined that the central fill model can rely on the patient's assumed implied consent as this action is considered to occur within the patient's circle of care. Implied consent must still be 'knowledgeable'; for instance: the patient understands the purpose of the collection, use or disclosure of their personal health information and knows they can withdraw consent.
- Therefore, the policy language of "informed consent" is not accurate in this instance. The patient or their agent does not need to provide informed consent for the prescription being processed by a central fill pharmacy or for the transfer of personal health information. This is because what the patient or their agent

is consenting to is the sharing of personal health information as part of the patient's circle of care, and not to treatment specifically.

- The change to the policy removes the requirement for informed consent and clarifies that patients need to be informed that a central fill service is being used by the originating pharmacy, and that they have the right to change, withhold, or withdraw their consent at the originating pharmacy if they do not wish for their prescriptions to be processed by a central fill service.
- Because of the complexities associated with this policy review, it's not currently known when the full review of the policy will be completed. Therefore, staff are proposing that the Board consider making this one change to the policy to clarify the existing privacy requirements alongside the changes to comply with existing legislative and regulatory requirements associated with the new *CSR* and *PHIPA.*

Policy Review Process: Consultations

- Public consultation on policy is a standard part of the policy review process, as it meets procedural fairness requirements that have established norms to consult those that are affected by a policy change to learn about the insights and concerns they have with the proposed change. This is the established norm across health profession regulators when establishing new expectations.
- Minor changes to existing policy documents do not typically warrant public consultation if they are not establishing new expectations for registrants. In this case, the proposed changes are to align with legislative and associated regulatory requirements, as clarified by the IPC, and are presented as housekeeping amendments accordingly. No provincial regulation amendments are required at this time.
- Therefore, staff are seeking Board direction to proceed with approval given the housekeeping nature of the proposed changes and the legislation they are based on. Should the Board consider changes to any or all of these documents as warranting consultation, it will result in a period of misalignment between provincial policies and guidance and the federal regulations until such time that they are brought back for approval by the Board. However, given the nature of the amendments, the residual risk to the public associated with a brief lapse in this alignment is minimal. Clear communication would be needed for registrants to understand their obligations in the meantime.

Next Steps: If the Board approves the Motion as presented, College staff will ensure the changes are effective as of October 1, to align with the effective date of the new *Controlled Substances Regulations.* Information will be communicated to registrants through eConnect and the College's website will be updated accordingly.

Attachments:

11.1 Summary of all revised documents

11.2 Table of policy changes proposed

11.3 Central Fill Policy (REVISED)

11.4 Distribution of Medication Samples Policy (REVISED)

11.5 Time Delayed Safes Policy (REVISED)

11.6 Designated Manager – Medication Procurement and Inventory Management Policy (REVISED)

11.7 Pharmacist Prescribing: Initiating, Adapting and Renewing Prescriptions Guideline (REVISED)

Summary of Revised Documents and Resources

Category	Title	Revision
e-Learning modules	Application in Practice: The CDSA Subsection 56(1) Class Exemption	Retired
	Controlled Drugs and Substances Act & Narcotics Safety and Awareness Act	Removed for full review
	Controlled Substance Reconciliation	Updated
	Drug and Pharmacies Regulation Act	Updated
	Food and Drugs Act	Retired
	Pharmacy Technician Scope of Practice	Updated
	Regulated Health Professions Act and Pharmacy Act	Updated
Fact Sheets	Controlled Substances: Destruction of Unserviceable Stock and Post-Consumer Returns	Updated
	Controlled Substances: Sales Pursuant to an Order	Updated, renamed
	Controlled Substances: Purchase & Sales Records	Updated
	Controlled Substances: Reporting Loss or Theft	Updated
	Controlled Substances: Security and Reconciliation	Updated
	Delivery of Prescriptions	Updated
	Forgery: Management and Reporting of Fraudulent Prescriptions	Updated
	Forgery: Tips for Identifying Fraudulent Prescriptions	Updated
	Prescription Expiry	Updated
	Prescription Refills, Part-Fills and Intervals	Updated
	Prescription Transfers	Updated
Policies & Guidelines	Centralized Prescription Processing (Central Fill)	Updated
	Designated Manager – Medication Procurement and Inventory Management	Updated
	Distribution of Medication Samples	Updated
	Time-Delayed Safes	Updated
	Pharmacist Prescribing: Initiating, Adapting & Renewing Prescriptions	Updated
Jurisprudence	Legal Authority for Scope of Practice/Authorized Acts Chart	Updated
	Prescription Regulation Summary Chart	Updated
Pharmacy Operations	Community Pharmacy Closing Statement	Updated
	Community Pharmacy Assessment Criteria	Updated
	Hospital Pharmacy Assessment Criteria	Updated

Summary of Policy Revisions to Align with the *Controlled Substances Regulations*

Changes to the documents, and the rationale for making the changes, are described in the table below. Note that the changes were made to ensure the documents accurately reflect the requirements for registrants established by the new *Controlled Substances Regulations* (which take effect on October 1, 2026) and are not new requirements established by the College. In addition to the changes described in the table, each policy was updated to align with the current policy template format, and include:

- The order of subtopics
- The format of endnotes
- The addition of a revision history
- Current legislative references

Distribution of Medication Samples Policy		
Section	**Change**	**Rationale**
Schedule I samples	Specifies that certain drugs cannot be distributed as samples.	Reflects requirements in the *Food and Drugs Regulations*
Schedule II samples	Replaces "narcotic substances" with "low-dose codeine products"	Reflects the requirements in the *Controlled Substances Regulations*
Designated Manager – Medication Procurement and Inventory Management Policy		
Section	**Change**	**Rationale**
Definitions	Revisions to the definitions of controlled substance and narcotic	Aligns with the definitions within the *Controlled Substances Regulations*
Pharmacist Prescribing: Initiating, Adapting and Renewing Prescriptions Guideline		
Section	**Change**	**Rationale**
Adapting and Renewing a Prescription	Removed the restriction that pharmacists cannot adapt or renew prescriptions for controlled substances or monitored drugs	Reflects the amended requirements of the *Controlled Substances Regulations*
	Added that prescriptions for controlled substances can only be renewed or adapted within 2 years from the day on which it was received	
Appendix A	Deleted the reference to s56 exemption.	The exemption will be revoked when the new *Controlled Substances Regulations* comes into effect.

Time-Delayed Safes Policy		
Section	**Change**	**Rationale**
Definitions	Definition of narcotic changed	Aligns with the definition within the *Controlled Substances Regulations*
Storage of Narcotics	Clarifies that for consumer waste in the Ontario Medication Return Program must be stored in a location accessible to only those with authorized access	Reflects the *Controlled Substances Regulations* requirement
Centralized Prescription Processing (Central Fill) Policy		
Section	**Change**	**Rationale**
Definitions	Definition of controlled substances changed	Aligns with the *Controlled Substances Regulations*
Responsibilities of Both Pharmacies	Deleted prohibition against using centralized prescription processing for controlled substances	It is not a prohibition under the *Controlled Substances Regulations*
Responsibility of the Originating Pharmacy	Removes requirement that informed consent must be provided for using a central fill pharmacy and replaces it with the requirement that consent be obtained in accordance with the *Personal Health Information Protection Act* (PHIPA)	Informed consent has a legal definition under the *Health Care Consent Act* (HCCA), and is specifically about consent to treatment. However, the policy as currently written requires informed consent from a patient when a central fill pharmacy is being used which is not required under the HCCA. This section has been corrected to ensure pharmacy professionals are not held to a higher standard than the law requires. Instead, requirements under the *Personal Health Information and Protection Act* (PHIPA) have been included to make registrants aware of their obligations regarding sharing personal health information when using central fill.
Requirements for Prescriptions for Controlled Substances	This is a new section	Added to set out the requirements related to what is articulated in the *Controlled Substances Regulations*

POLICY

Centralized Prescription Processing (Central Fill) Policy

~~*This policy is under review. This webpage will be updated once the policy has completed the review process and any relevant changes are made.*~~

Introduction

Centralized prescription processing (central fill) refers to a service one pharmacy provides to another where the central fill pharmacy processes a request from an originating pharmacy to prepare a drug order. Medications packaged by a central fill pharmacy are dispensed by the originating pharmacy pursuant to a prescription. Each participating pharmacy is required to be accredited by the Ontario College of Pharmacists.

Definitions

Originating pharmacy: The patient contact pharmacy accredited by the Ontario College of Pharmacists that uses a central fill pharmacy to prepare and package prescription orders for the purposes of dispensing and provision of patient care by the originating pharmacy.

Central fill pharmacy: A pharmacy accredited by the Ontario College of Pharmacists acting as an agent of the originating pharmacy to prepare and package prescription orders on the originating pharmacy's direction.

Controlled substance: A substance set out in Schedules I, II, III, IV, or Part 1 of V of the federal *Controlled Drug and Substances Act*. Where applicable, this policy specifically applies to the controlled substances named in Schedule 1 (narcotics), Schedule 2 (controlled drugs) and Schedule 3 (targeted substances) under the *Controlled Substances Regulations*.

Policy

Registrants are obligated to protect the health, safety and well-being of patients. There must be transparent and auditable policies and procedures when using a central fill process to support patient safety.

Responsibilities of Both Pharmacies

1. Pharmacists, pharmacy technicians, pharmacy managers and owners are required to:
    - Maintain the Standards of Practice and comply with the Code of Ethics and all federal and provincial legislative requirements.
    - Ensure the security of all data transmission to protect the privacy, confidentiality and integrity of patient information.

DRAFT

- Ensure accurate labelling that is compliant with legislative requirements.
- Ensure accurate record keeping that is compliant with legislative requirements and the Record Retention, Disclosure, and Disposal Guideline.
- Maintain a mechanism for tracking the prescription drug order through the stages of the drug preparation and patient care process, including documentation of the responsible registrant.
- Maintain a continuous quality assurance program with the participation of both pharmacies. At a minimum the program must monitor the quality and integrity of the process to ensure patient safety and confidentiality, maintain and support patient care, and resolve identified problems.

2. The prescription or auxiliary label must clearly show that the medication was prepared and packaged by a central fill pharmacy and not by the originating pharmacy including the date of preparation and packaging and the transaction/prescription number used for cross referencing at the central fill pharmacy.
3. The central fill pharmacy must have the same ownership as the originating pharmacy or a legally binding contract with the originating pharmacy. Documentation will include the services to be provided and the roles, responsibilities and accountabilities of each party in fulfilling the terms of the contract.
    - If the two pharmacies have common ownership, this agreement may take the form of a corporate policy.
    - The agreement will be signed by the owner and Designated Manager of both the central fill and originating pharmacy.
    - A new agreement will be signed within 7 days upon change of ownership or Designated Manager.
    - The agreement will be available to the Ontario College of Pharmacists upon request.
4. The owner/Designated Manager must provide notice of the provision or utilization of central fill services to the Ontario College of Pharmacists within 7 days upon entering into an agreement using the Central Fill Notification Form.
5. ~~Drugs listed in the Controlled Drugs and Substances Act (CDSA) and regulations (i.e. narcotics, controlled drugs, and benzodiazepines and other targeted substances) cannot be processed by centralized prescription processing.~~[1]
6. It is important for both the central fill and originating pharmacy to have documented policies and procedures. Items to consider may include the following:
    - How patient confidentiality and the privacy of personal health information will be maintained according to the requirements of provincial and/or federal privacy legislation;
    - The mechanism for auditing each step in the drug preparation and patient care process, including how the individual responsible for each step in the process is identified;
    - The procedures to ensure that all pharmacies involved in dispensing the prescription order will be identified on the prescription or auxiliary label;
    - How the central fill pharmacy will process the records of requests received from the originating pharmacy and maintain them for the purposes of filing and record keeping. All records will be maintained for a minimum of ten years at the central fill pharmacy;

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- The process to establish effective two-way communication between pharmacies on pertinent patient or prescription information.

Responsibility of the Originating Pharmacy

1. Receiving the prescription from the patient or the patient's agent and providing the medication and other pharmacy services to the patient or the patient's agent.
2. Providing patient care and ensuring the best patient outcomes.
3. Maintaining all documentation relating to the prescription and patient and accountability for the prescription authority.
4. Ensuring the overall processing of prescriptions as required by the DPRA and meeting the terms of the agreement with the central fill pharmacy including but not limited to prescription order entry and filing and storing of all documentation relating to the prescription and the patient for a minimum of ten years as per record keeping requirements.
5. Ensuring there is a method of identifying which prescriptions were transmitted to the central fill pharmacy for processing.
6. Meeting the Standards of Practice for registrants on all prescriptions including but not limited to collecting and documenting all relevant patient information, performing the patient assessment, reviewing all prescriptions for appropriateness, identifying and resolving drug therapy problems, providing all patient education and information and performing monitoring and follow-up. All interactions with the patient, the patient's agent and health care professionals are the responsibility of the originating pharmacy.
7. ~~Ensuring that the patient or the patient's agent has provided informed consent to the fact that the prescription will be processed by a central fill pharmacy and that there will be transfer of personal health information. This consent is documented and current and maintained by the originating pharmacy.~~
7. Disclosing patient information in compliance with the *Personal Health Information Protection Act (PHIPA*), and prominently displaying a notice or making a written statement readily available to inform patients about:
    - The assumption of implied consent (i.e., within the circle of care) for the transfer of personal health information (PHI) to the Central Fill pharmacy for prescription processing.
    - How to expressly (verbally or in writing) change, withhold or withdraw their consent at the originating pharmacy.

Responsibility of the Central Fill Pharmacy

1. Ensuring the preparation of prescriptions as required by the DPRA and meeting the terms of the agreement with the originating pharmacy including but not limited to the accuracy of labelling, packaging, processing and record keeping of the drug product preparation.
2. Maintaining all records associated with the processing of prescriptions for a minimum of ten years as per record keeping requirements.
3. Ensuring the safety and integrity of the drug product until received by the originating pharmacy. There must be an established process in place that gives assurance to the originating pharmacy of this integrity.

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Requirements for Prescriptions for Controlled Substances

1. A pharmacist at the central fill pharmacy may sell or provide a quantity of controlled substance to a pharmacist at the originating pharmacy, without needing a dealer's license from Health Canada, for the purpose of preparing an existing prescription received by the originating pharmacy.
2. This arrangement requires the pharmacist at the originating pharmacy to first provide a **signed and dated** written order to the pharmacist at the central fill pharmacy containing the following information:

    - Their name
    - The name and municipal address of their pharmacy
    - The name of the pharmacist at the central fill pharmacy
    - Name and municipal address of the central fill pharmacy
    - The assigned prescription number, if applicable

    And, with respect to the controlled substance, it's:

    - Name and, if applicable, brand name and Drug Identification Number (DIN)
    - Dosage form
    - Strength
    - Quantity, including the number of containers and if applicable, number of units per container
        - Must match the amount on the prescription
3. Documents regarding this sale or provision must be kept separately, in sequence as to date and number, for a minimum of 2 years, by the pharmacist at the Central Fill pharmacy.

~~**Published:** September 2005~~
~~**Revised:** September 2014~~

Legislative References

- *Controlled Drugs and Substances Act, 1996*
    - *Controlled Substances Regulations*
- ~~Narcotic Control Regulations, s45~~
- ~~Food and Drug Regulations; Part G.03.014~~
- Drug and Pharmacies Regulation Act
- *Personal Health Information Protection Act, 2004* (PHIPA)
- ~~Benzodiazepines and Other Targeted Substances Regulations, s55~~

Additional References

- Model Standards of Practice for Pharmacists
- Model Standards of Practice for Pharmacy Technicians
- Documentation Guidelines

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- Record Retention, Disclosure, and Disposal Guidelines
- Record Retention, Disclosure, and Disposal Guidelines
- Releasing Personal Health Information Fact Sheet
- Model Standards for Pharmacy Compounding of Non-Sterile Preparations

~~**College Contact: Pharmacy Practice**~~

External References

- Frequently Asked Questions: Personal Health Information Protection Act
- Circle of Care: Sharing Personal Health Information for Health-Care Purposes

Implementation

Published: October 1, 2026
Version #: 2.2

Revision History

Version #	Date	Action
1.0	September 2005	Policy approved by Council
2.0	September 2014	Title, format change; content revisions; added clarification from Health Canada re: controlled substances
2.1	April 2020 to June 2022 inclusive	Temporary amendment during COVID-19 pandemic to allow direct-to-patient and cross-jurisdictional delivery.
2.2	October 2026	Update to align with the *Controlled Substances Regulations* and the *Personal Health Information and Protection Act.*

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POLICY

Distribution of Medication Samples Policy

Definitions

A medication sample is defined as a trial package of medication distributed to the pharmacist without cost. It is the responsibility of the pharmacy manager to ensure that there is clear documentation regarding the origin and distribution trail (provenance) of the sample so that he/she is able to fulfill the obligation to ensure the integrity of the medication dispensed, and that it is of acceptable standard and quality.

Schedule I samples

Schedule I drugs require a prescription for sale and are provided to the public by the pharmacist following the diagnosis and professional intervention of a practitioner. As such, any samples of Schedule I drugs can only be provided pursuant to a prescription. Controlled substances (narcotics, controlled drugs, and targeted substances) and drugs containing cannabis cannot be distributed as samples. Where a drug sample is dispensed, a pharmacist:

- may not charge the patient for the sample.
- may charge a professional fee.
- must communicate to the patient that a medication sample was used in dispensing.
- will label as per s. 156 of the *Drug and Pharmacies Regulation Act*. In addition, record documentation to reflect that a sample was dispensed.

Schedule II samples

Schedule II ~~narcotic substances~~ low-dose codeine products may not be provided as drug samples. ~~[Reference: *Narcotic Control Regulations*, Section 70].~~ Schedule II drug samples ~~(non-narcotic)~~ may be provided to the public at no charge. The distribution must be done however, in compliance with the conditions for sale for Schedule II items as set out in “Canada’s National Drug Scheduling System” and with the labelling requirements under the Regulations to the *Food and Drugs Act* without further packaging or labelling.

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Schedule III samples

The Schedule III sample can only be provided to the public within a pharmacy when a pharmacist is present. The Schedule III sample may be provided at no charge and with the labelling requirements under the Regulations to the *Food and Drugs Act* without further packaging or labelling.

Unscheduled drug samples

Unscheduled drugs can be sold without professional supervision and are available from any retail outlet. Accordingly, sampling of these products does not fall under the purview of the Ontario College of Pharmacists.

Legislative References

- *Drug and Pharmacies Regulation Act, 1990*
  - *O. Reg. 264/16*
- *Controlled Drugs and Substances Act, 1996* (CDSA)
  - *Controlled Substances Regulations*
- *Food and Drugs Act*, s.14
  - *Food and Drug Regulations*, C.01.001 (1), C.01.048
  - *Natural Health Products Regulations*, s103.4

Published: ~~March 2005~~ October 2026
~~**Revised:** June 2006~~
Version #: 2.1

Version #	Date	Action
1.0	October 1995	Position statement on Purchasing or Bartering Drug Samples approved by Council
2.1	October 2026	Updated to reflect new Controlled Substances Regulations.

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POLICY

Time-Delayed Safes Policy

Scope Statement

This policy applies to all accredited community pharmacies and remote dispensing locations with a dispensary. It does not apply to accredited hospital pharmacies or remote dispensing locations with an automated pharmacy system.

Purpose

This policy articulates the College's expectations of the Designated Manager (DM) with respect to meeting the Standards of Accreditation and Standards of Operation for the storage of narcotics. It should be read and applied in conjunction with the above standards and the Designated Manager – Medication Procurement and Inventory Management Policy.

The Standards of Accreditation require every pharmacy to have the necessary equipment to ensure the safe and appropriate storage of drugs. The Standards of Operation dictate that controlled substances must be stored and managed according to national guidelines and provincial requirements.

Definitions

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

Narcotic: Any product or preparation which contains a drug ~~named~~ set out in ~~the~~ Schedule 1 to the federal ~~*Narcotic Control Regulations*~~ *Controlled Substances Regulations* (CSR).

Remote Dispensing Location: A place where drugs are dispensed or sold by retail to the public under the supervision of a pharmacist who is not physically present. (O. Reg. 264/16)

Time-delayed safe: A safe that is constructed of solid metal and contains an integrated electronic locking mechanism with a time-delayed release.

Policy

Storage of Narcotics

All narcotics must be secured in a time-delayed safe located inside the dispensary. This includes unusable inventory awaiting local destruction or return to a licensed dealer.

- The safe must be secured in place, preferably to the floor, or of a size and weight that it cannot easily be removed.
- Exclusions:
    - Exempted ("Low-Dose") Codeine Preparations that may be sold without a prescription.
    - Prepared prescriptions awaiting pick up.

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- Post-consumer waste in the Ontario Medication Return Program, provided that the collection container is in a secure location to which only authorized pharmacy personnel have access.

The **time-delayed release must be set to a minimum of five minutes**.

- Longer times may be warranted depending on the location of the pharmacy and law enforcement response times.

The use of override codes, keys, or other methods to bypass the time-delay are **strictly prohibited**.

- Access to safe codes should be restricted to as few employees as possible.

The door of the time-delayed safe must **always remain closed and locked**, opened only to:

- Retrieve stock to fill a prescription or perform a physical count.
- Return stock after filling a prescription or performing a physical count.
- Put away stock immediately upon receipt of an order from a wholesaler.

Temperature-sensitive narcotics must be stored in a locked refrigerator or in a refrigerator inside a locked room.

Signage

Prominent signage provides a consistent, province-wide deterrent message that the additional security measure of a time-delayed safe is in place. The following OCP-approved signs are required to be clearly displayed where they are readily visible to the public:





Community Pharmacy:

- At each public entrance, the College's 11" x 17" 'Narcotics Secured in a Time-Delayed Safe' sign.
- At the area(s) where a patient should approach the dispensary, the College's 8.5" x 11" *or* 11" x 17" 'Narcotics Secured in a Time-Delayed Safe' sign.
- Printing and posting guidelines
    - 11"x17" (English | French)
    - 8.5"x11″ (English | French)

Remote Dispensing Location with a dispensary:

- At each public entrance, the College's 11" x 17" 'No Narcotics on Site' sign
- At the area(s) where a patient should approach the dispensary, the College's 8.5" x 11" *or* 11" x 17" 'No Narcotics on Site' sign.
    - Checklist for Opening a Remote Dispensing Location for a Dispensary staffed by a Pharmacy Technician

Signs must be **printed in colour** and securely fastened in place. Damaged, faded, worn or illegible signs must be replaced promptly.

Exceptional Situations

Community pharmacies that do not have a safe which conforms to the specifications above must have a secure room or vault with walls and a door meeting Health Canada Directive on Physical Security Requirements *security level – 3* or higher. Entrance doors to the pharmacy must remain locked at all times. There must be at least one door with a time-delayed lock, or at least two secured doors in sequence which take at least 5 minutes to bypass, between the exterior entrance(s) to the building and the narcotic storage area.

Community pharmacies with a Dealer's License issued by Health Canada[1] must have a vault meeting Health Canada Directive on Physical Security Requirements *security level – 3* or higher. These pharmacies may post the 11" x17" signage so it is visible immediately after entering the accredited area.

There are no exceptions for community pharmacies based on their business model or location (e.g., not open to the public, situated in non-residential areas, not on the ground floor of a building, "mail-order" or delivery only, do not have or intend to have narcotics inventory).

Personnel Training

The DM is responsible for establishing written standard operating procedures and for the training and supervision of pharmacy personnel involved in handling narcotics.

Pharmacy personnel, and staff who work in a clinic or other business with a pharmacy on the premises, should receive training on the standards operating procedures, covering topics such as:

- Operation of the time-delayed safe
- Expectations for proper use and signage outlined in this policy
- What to do in the event of an armed robbery
- Reporting of suspicious activity
- Keeping sensitive information about the pharmacy confidential

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Legislative References

- *Drug and Pharmacies Regulation Act*, 1990
    - *O. Reg. 264/16*
- *Controlled Drugs and Substances Act*, 1996
    - ~~*Narcotic Control Regulations*~~ *Controlled Substances Regulations*

Additional References

- Designated Manager – Medication Procurement and Inventory Management
- Health Canada – Controlled Substances Guidance for Community Pharmacists: Security, Inventory Reconciliation and Record-Keeping (Jan 2023)

Implementation

Published: ~~April 1, 2025~~ October 2026
Version #: 1.20

College Contact: Pharmacy Practice

Revision History

Version #	Date	Action
1.00	March 25 2024	New policy published
1.10	April 1 2025	Amended to remove rescinded policies
1.20	October 1 2026	Updated to align with *Controlled Substances Regulations*

References

[1] Health Canada's Office of Controlled Substances establishes national guidelines and oversees compliance and enforcement activities related to narcotics under federal legislation.

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POLICY

Designated Manager – Medication Procurement and Inventory Management Policy

Purpose

This policy articulates the College's expectations of the Designated Manager (DM) with respect to the development of policies and standard operating procedures related to the procurement and management of drugs in community pharmacies.

Introduction

As defined in the *Drug and Pharmacies Regulation Act, 1990* (DPRA) the DM is the pharmacist designated by the owner of the pharmacy, in information provided to the College, as the pharmacist responsible for managing the community pharmacy. The DM is a pharmacist in Part A of the Register who is responsible for the human resources management in a pharmacy, including the supervision of both professional and lay staff.

The DM's responsibilities are equal to that of the person, or the directors of a corporation, who have been issued a certificate of accreditation to ensure that the pharmacy conforms to the requirements set out in legislation and regulations. Where a panel of the Accreditation Committee believes a DM has contravened the provisions of the DPRA, the Committee may refer allegations of proprietary misconduct against the DM for breaches of the DPRA to the Discipline Committee which can make a finding of proprietary misconduct against the DM.

The DM has the same professional practice obligations as all registered pharmacists, and in addition to these, the DM has authority and accountability over decisions affecting the operation of a community pharmacy. It is the responsibility of the DM to actively and effectively participate in the day-to-day management of the pharmacy.

Definitions

Cold Chain: A temperature-controlled supply chain for drugs that require a specific temperature range during distribution and storage from the time of manufacture to administering to an individual. The cold chain includes all of the materials, equipment and procedures used to maintain the required temperature range.

Controlled substance: ~~A drug named in the federal *Controlled Drug and Substances Act* (CDSA), Schedules I, II, III, IV, V. These drugs are also listed in the schedules to the~~

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~~regulations as narcotics, controlled drugs, benzodiazepines and other targeted substances.~~ A substance set out in Schedules I, II, III, IV, or Part 1 of V of the federal *Controlled Drug and Substances Act*. For the purpose of this policy, it refers to the substances named in Schedule 1 (narcotics), Schedule 2 (controlled drugs) and Schedule 3 (targeted substances) under the *Controlled Substances Regulations*.

Narcotic: substance set out in ~~Any product or preparation which contains a drug named in the~~ Schedule 1 under the *Controlled Substances Regulations*. ~~to the federal *Narcotic Control Regulations* (NCR)~~. For the purpose of this policy, it does not include Exempted ("Low-Dose") Codeine Preparations that may be sold without a prescription.

Remote Dispensing Location: A place where drugs are dispensed or sold by retail to the public under the supervision of a pharmacist who is not physically present. Refer to the College's guidance on the Operation of a Remote Dispensing Location.

Policy

The DM is accountable for the overall operation of the pharmacy including supervision of staff, facilities, equipment, and supplies. The DM is also responsible for the supervision of all aspects of the operation of remote dispensing locations, if any.

The DM is responsible for meeting the Standards of Operation ensuring that only registrants with the Ontario College of Pharmacists perform the controlled acts permitted according to the terms, limits, and conditions of their certificates of registration.

- A pharmacist must be present at all times that the pharmacy is open.
- It is the responsibility of the DM to ensure that staff members whose duties include procurement and inventory management are appropriately trained, and that record-keeping and documentation systems are in place, as required in legislation and regulation.

The DM must ensure that inventory is appropriately managed, and while they may not be directly in charge of medication distribution and supply, the DM is accountable for ensuring that all related standards are met.

- The DM ensures that there are policies and standard operating procedures in place to maintain safe and effective medication procurement and inventory management.

It is the responsibility of the DM to ensure that the layout of the pharmacy conforms to legal requirements and that the placement of non-prescription products conforms to the provisions outlined in the legislation and regulations.

Procurement

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An effective procurement process ensures the availability of drugs that are appropriate to the patient's circumstances, at recognizable standards of quality. The DM ensures that all drugs purchased for use or sale are of an acceptable standard and quality and are approved for sale in Canada.

The DM ensures that the policies and procedures for procurement comply with federal and provincial legislation.

The DM ensures there are appropriate policies and procedures in place to manage the cold chain in product delivery, once the pharmacy takes custody of the product, to ensure product quality and efficacy and thus patient safety.

- Where a cold chain is required, the DM ensures that products are received and stored within their appropriate temperature ranges and that the cold chain is not broken, in accordance with the College's Protecting the Cold Chain Guideline

Inventory Management

Inventory management is to be executed in a manner which protects patient safety through the identification and disposal of outdated, deteriorated, recalled, obsolete, or hazardous drugs using the most appropriate methods.

The DM ensures that policies and procedures are in place to guarantee the proper storage of all inventories that are not offered for sale immediately.

- The DM ensures that such products are stored in an area that is clean and organized with appropriate temperature, light, humidity, ventilation, regulation, security, and safety.

The DM ensures there is a method for identifying drugs that are outdated, deteriorated, recalled, obsolete, or hazardous, and that such products are disposed of in a safe, legal, and environmentally sound manner.

The DM ensures that drugs are located in the area of the pharmacy appropriate to their drug classification and that storage areas are only accessed by designated personnel who are appropriately trained, including in a remote dispensing location with a dispensary.

Controlled Substances (Narcotics, Controlled Drugs, and Targeted Substances)

The DM ensures that policies and procedures are in place and takes reasonable steps to ensure the security of controlled substances in the pharmacy's inventory.

- The DM ensures and oversees a physical count and reconciliation of all narcotics, controlled drugs and targeted substances is conducted regularly, at least once every six months, and that the results of the inventory count are retained in the pharmacy's records for a two-year period in a readily retrievable format.

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    - The DM investigates where shortages or losses occur. Whenever losses of controlled substances are discovered, the DM ensures that such losses are reported to Health Canada

- The DM ensures that all narcotics are securely locked in a time-delayed safe, as set out in the Time-Delayed Safes Policy
    - Although not mandatory, the DM is responsible for determining whether controlled drugs and targeted substances are secured within the time-delayed safe based on the unique circumstances of their pharmacy. Alternatively, storage in a safe without a time-delay mechanism is strongly encouraged.

Record-keeping

The DM ensures that procedures are in place to maintain the records required by federal and provincial legislation governing the procurement, movement, and sale of drugs in a manner that is secure, auditable, traceable, and allows for their easy retrieval.

Remote Dispensing – Additional Requirements

Where the certificate of accreditation of the pharmacy permits the operation of (a) remote dispensing location(s), the DM shall supervise inventory management by establishing, implementing, and monitoring the use of, policies and procedures for the safe and appropriate storage of drugs as required by the Standards of Operation and regulations. This includes:

- Regularly inspecting the location to ensure proper storage conditions and the integrity of drugs are being maintained.
- Ensuring that any automated pharmacy systems in use are loaded by the DM or their delegate, in a manner that is accurate and traceable.

The DM ensures that systems are in place to track the movement of drugs between and among the pharmacy and its remote dispensing locations.

- Where a cold chain is required, the DM ensures that products are received and stored within their appropriate temperature ranges and that the cold chain is not broken, in accordance with the College's Protecting the Cold Chain Guideline.

Legislative References

- ~~Ontario~~ *Drug and Pharmacies Regulation Act*, 1990 (DPRA)
    - ~~and Regulations~~ O. Reg. 264/16
- Federal *Controlled Drugs and Substances Act*, 1996 (CDSA)
    - *Controlled Substances Regulations*

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- ~~*Narcotic Control Regulations* (NCR, s42, 43, 63)~~
- ~~*Benzodiazepine and Other Targeted Substances Regulations* (BOTSR, s72)~~

- ~~Federal *Food and Drug Regulations*, (C.R.C., c.870) *Part G* (FDR, G03.012, G03.013, G05.004)~~

Additional References

- Controlled Substances: Purchase & Sales Record Requirements (Federal) Fact Sheet
- Protecting the Cold Chain Guideline
- Operation of a Remote Dispensing Location Guidance
- Time-Delayed Safes Policy

Implementation

Published: ~~March 2024~~ October 2026
Version #: 2.3
~~**College Contact:** Pharmacy Practice~~

Revision History

Version #	Date	Action
1.0	2011	Newly developed policy
2.0	2014	Policy Reviewed
2.1	2023	Policy updated to include storage requirements for narcotics.
2.2	2024	Policy revised to reference Time-Delayed Safe Policy for narcotic storage requirements.
2.3	October 2026	Updated to reflect the *Controlled Substances Regulations* coming into effect.

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GUIDELINE

Pharmacist Prescribing: Initiating, Adapting and Renewing Prescriptions Guideline

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Purpose

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

Definitions

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

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

Guideline

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

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

Initiating a Prescription[1]

Pharmacists are authorized to prescribe the following:

- **Varenicline tartrate** and/or **bupropion hydrochloride** for smoking cessation.

- A **drug listed in Column 3 of** Schedule 4 to *O. Reg. 256/24* for the associated minor ailment in Column 1.
    - Publicly funded minor ailment services must be provided in accordance with Ministry of Health requirements.

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

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

Adapting or Renewing a Prescription[2]

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

- Obtain a copy of the prescription directly from the dispensing pharmacy.
- Have verbal confirmation about the prescription from a pharmacist at the dispensing pharmacy.
- Have access to the medical record that contains information about the prescription.
- Prescriptions for a controlled substance (narcotic, controlled drug and/or targeted substance) can only be renewed within 2 years from the day on which the pharmacist received it.[3]

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

- ~~*Refer to Appendix A for information on Health Canada's Controlled Drugs and Substances Act (CDSA) subsection 56(1) class exemption*, **in effect until September 2026.**~~

Adapting

- Pharmacists may adapt a prescription based upon the individual circumstances of the patient by altering **the dose, dosage form, regimen or route of administration** to address the patient's unique needs and circumstances.
- Adapting a prescription does not include therapeutic substitution; refer to Appendix A for more information.

Renewing

- Pharmacists may renew a prescription for the purpose of continuity of care.
- Pharmacists can only renew a quantity of the drug that does not exceed the lesser of:

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- The quantity that was originally prescribed, including any refills that were authorized by the prescriber; or
- A twelve (12) month supply.

Before prescribing, pharmacists must:

1. Assess the patient

The pharmacist determines that the therapy is safe and appropriate by evaluating the risks and benefits, considering the patient's health status and unique circumstances.

To inform their decision-making, the pharmacist should gather the available and relevant information necessary for this assessment, including (but not limited to):

- Patient records (e.g., pharmacy profile, electronic health records).
- Past medical history (e.g., medical conditions, medications or natural health products, allergies, intolerances).
- Current medical history (e.g., indication/diagnosis, medications, signs and symptoms).
- Physical characteristics (e.g., age, weight, height, pregnancy, lactation status).
- Results of physical assessment, laboratory, point-of-care, or other tests.
- Lifestyle (e.g., nutrition, exercise, substance use) and socioeconomic factors.
- Anything reasonable to identify possible drug therapy problems, contraindications, or precautions.
- For more information, please refer to the Patient Assessment Practice Topic.

Community pharmacies are strongly encouraged to enrol in one of the provincial clinical viewers (ConnectingOntario or ClinicalConnect) at no cost through Ontario Health.

- Viewers provide a dynamic, near real-time view of patient's health information (e.g., laboratory test results, dispensed medications covered by Ontario Drug Benefit, a history of publicly funded professional services) to enhance clinical decision making.

2. Assess their competency

The pharmacist must only prescribe when they can do so competently and safely by:

- Possessing sufficient knowledge, skill and judgment respecting the drug[i].
- Having sufficient understanding of the condition of the patient[i].
- Having the resources necessary to meet their professional obligations and standards of practice.
- Being of sound physical, emotional and mental capacity.

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- Addressing gaps or learning opportunities, identified through self- and/or peer-assessment, with continuing education and/or additional training.

Prior to prescribing for a minor ailment, the pharmacist must complete the mandatory OCP Orientation for Minor Ailments Prescribing e-Learning module and is expected to critically **evaluate information from relevant, evidence-based sources to inform their clinical decision-making.**

3. Assess the environment

Physical assessments must take place in an environment that is clean, safe, private, and comfortable for the patient, in a way that protects their confidentiality and dignity.

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

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

4. Obtain informed consent to treatment[4]

Prior to initiating a prescription, the pharmacist must receive informed consent from the patient or their authorized agent.

Under the *Health Care Consent Act*, consent to treatment is informed if, before giving it, the person received:

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

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

- Consent is contingent on an individual's capacity to understand why and for what the consent is being sought.
- There is no minimum age of consent in Ontario.
- Consent may be express or implied.
    - Express consent may be provided by the patient in writing or provided verbally and documented by the pharmacist.

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- The pharmacist may determine that implied consent is provided, based on the patient's action(s) or inaction in the circumstances at hand.

After deciding to prescribe, pharmacists must:

5. Issue the Prescription

The following information must be recorded on the prescription[5]:

- Name and address of the patient.
- Name, strength (where applicable), and quantity of the prescribed drug.
- Directions for the use of the drug, including dose, frequency, route of administration, and any special instructions.
- Name, address, telephone number, and College registration number of the pharmacist issuing the prescription.
- Date the prescription was issued.
- Number of refills authorized, if applicable.

6. Communicate & Educate

At the time of initiating, adapting or renewing a prescription, **the pharmacist must advise the patient or their authorized agent that they are entitled to the prescription and may take it to a pharmacy of their choice for dispensing[2].**

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

- Communicate the rationale for their decision(s) (to prescribe, to refer, etc.).
- Educate the patient on their treatment plan including any monitoring and/or follow-up required.
- Collaborate with colleagues and other health care professionals to facilitate quality patient care.

7. Document & Notify

Document

When prescribing, the pharmacist must document in the patient record:

- If applicable, reference to, or a copy of, the original prescription being renewed or adapted including the name and contact information of the prescriber[6].
- A copy of the prescription taken by the patient or their authorized agent[vi], if applicable.
- The rationale for the decision to initiate, adapt or renew the prescription (patient assessment, clinical guidelines consulted, etc.).
- Results of any laboratory or other tests considered[vi].

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- Confirmation that informed consent was received.
- Follow-up and monitoring plan.
- Any other relevant details and/or recommendations.
- The date that the original prescriber (and primary care provider if different) were notified, if applicable, and the method by which the notification occurred[vi].

Pharmacists are expected to adhere to the College's Documentation Guideline. which describes how to meet the Standards of Practice for documentation (e.g., patient assessment, monitoring, follow up).

- Documentation sent to other HCPs should be concise and include pertinent details respecting the pharmacist's initiation, renewal or, if appropriate, adaptation of the prescription to ensure that the patient record is complete in all locations.
- Documentation requirements for the provision of publicly funded services are established by the Ministry of Health.

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

Notify

The pharmacist must notify the primary care provider or prescriber within a reasonable time after initiating[i] or renewing a prescription[1].

- Notification of the prescriber is also required if a pharmacist has adapted a prescription in a manner that is clinically significant in the individual circumstances of the patient, or necessary to support the patient's care [ii].
- If the patient's primary health care provider is different from the original prescriber, they should also be notified in a reasonable time to ensure continuity of care[ii].
- Notification requirements for the provision of publicly funded services are established by the Ministry of Health.

Legislative References

- *Controlled Substances Regulations*
- *Health Care Consent Act*
- *Pharmacy Act*
    - PART VII.3, O. Reg. 256/24

Additional References

- E-learning module: Impact of Using a Clinical Viewer in Community Pharmacies
- Minor Ailments Resources

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- Medical Directives and the Delegation of Controlled Acts Policy
- Patient Assessment Practice Topic
- Pharmacy Connection article – 5 Things Pharmacy Professionals Should Know About Informed Consent

External References

- Clinical viewers: ConnectingOntario and ClinicalConnect
- Ministry of Health Executive Officer Notices
- Public Health Ontario Influenza Resources

Implementation

Published: October ~~1, 2024~~ 2026
Version #: 7.0
~~**College Contact**: Pharmacy Practice~~

Revision History

Version #	Date	Action
1.0	October 2012	Expanded Scope of Practice Orientation Manual.
2.0	February 2018	Guideline extracted from manual.
3.0	December 2020	Review, reformatting and inclusion of scope changes from O. Reg 202/94.
4.0	December 2022	Revised to include prescribing exemption for Paxlovid™ in O. Reg. 107/96.
5.0	January 2023	Revised to include prescribing for minor ailments.
6.0	December 2023	Addition of 'pharmacist prescribing' to title; addition of prescribing nirmatrelvir/ritonavir and oseltamivir to O. Reg. 202/94; minor content revisions.
7.0	October 2024	Under the definition of 'pharmacy professional', student removed from definition of pharmacist

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Version #	Date	Action
7.10	October 2026	Updated to reflect new *Controlled Substances Regulations* coming into effect.

~~**Appendix A: Controlled Drugs and Substances Act (CDSA) Exemption**~~

~~Health Canada has issued a Controlled Drugs and Substances Act (CDSA) subsection 56(1) class exemption to permit pharmacists to adapt and/or renew prescriptions for controlled substances for the purposes of facilitating continuation of treatment. The quantity prescribed/dispensed cannot exceed the amount originally authorized. Pharmacy interns and pharmacy students are not named in this exemption.~~

~~Additional Resource: E-learning module – Application in Practice: The Controlled Drugs and Substances Act Subsection 56(1) Class Exemption~~

Appendix A~~B~~: Therapeutic Substitution

Therapeutic substitution is defined in O. Reg. 256/24 as "the substitution of a drug that contains chemically different active ingredients that are considered to be therapeutically equivalent." Therefore, the drug prescribed cannot be changed.

Pharmacists should exercise caution when changing the route of administration; an adaptation should not alter the pharmacokinetics or pharmacodynamics of the prescribed treatment if it leads to a clinically significant change of its therapeutic effect.

~~1. O. Reg. 256/24, s51~~

~~2. O. Reg. 256/24, s52~~

~~3. *Health Care Consent Act*, PART II~~

~~4. O. Reg. 256/24, s53~~

~~5. O. Reg. 256/24 s54~~

[1] O. Reg. 256/24, s51
[2] O. Reg. 256/24, s52
[3] Controlled Substances Regulations, s 101
[4] *Health Care Consent Act*, PART II
[5] O. Reg. 256/24, s53
[6] O. Reg. 256/24 s54

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Board Information Note

Meeting Date: September 2026

Topic: Progress Update Following the Public Consultation on Proposed Amendments to the Standards of Operation for Pharmacies

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

Purpose and action required: To provide the Board with an update on the College's review of feedback received through the 60-day public consultation on proposed amendments to the Standards of Operation for Pharmacies, and to outline the next steps towards presenting final amendments to the Board for approval later this year.

Background:

- Following a request to the College made by the Minister of Health in December 2025, the College submitted draft regulatory amendments to Ontario Regulation 256/24 under the *Pharmacy Act, 1991*, to the Minister authorizing additional expanded scope of practice for pharmacy professionals.
- The provincial government approved a subset of those expanded scope activities which came into force on July 1, 2026. The remaining expanded scope activities in our original regulatory submission, including assessment and prescribing for acute pharyngitis, otitis externa, herpes zoster and onychomycosis, and administration of injectable buprenorphine by pharmacists, are pending government approval. The College expects these activities to be authorized sometime in early 2027.
- At its December 2025 meeting, the Board of Directors directed staff to review the Standards of Operation for Pharmacies and propose amendments that would support safe and effective implementation of expanded scope of practice. In June 2026, the Board approved draft amendments to the Standards of Operation for Pharmacies, as set out in **Appendix A**, for public consultation.

Progress:

- The consultation was held for 60 days from June 17 to August 15, 2026. Registrants, system partners, and members of the public were informed of the consultation and invited to comment through established communication channels and online forms. A survey created to support gathering more focused feedback from respondents was also initiated at the same time. In accordance with our typical practices, targeted outreach to key system partners and respondents of interest was conducted to encourage participation in the consultation and further inform our understanding of system partner and respondent perspectives.
- Of the 287 total responses to the consultation, there were 35 comments posted directly to the consultation website, 247 survey responses, and 5 response submissions from system partners. Most (88%) of the individual responses received were from pharmacists, and 43% of the responses to the survey were from designated managers. Through the survey, more than 400 open-text comments were made.
- System partner responses were received from the Canadian Association of Pharmacy for the Environment, Neighbourhood Pharmacy Association of Canada, Ontario Pharmacists Association, OnPharm-United and Rx Law (individual system partner responses are available on the consultation webpage).
- A preliminary assessment of feedback received to date reinforces the importance of conducting a thorough and

thoughtful review of all perspectives received through the consultation before comprehensive findings, and any impacts on the proposed amendments, can be presented to the Board. System partner feedback was particularly robust and must be thoroughly reviewed and considered to ensure that final amendments presented to the Board are consistently achievable.

- It is important that any amendments to the Standards of Operation for Pharmacies will meaningfully support current and future scope of practice expansion, especially considering the current trajectory of change for the profession. Therefore, a carefully considered implementation approach needs to be developed in tandem with final amended Standards, up to and including the identification of supplementary tools and resources that may be required to promote the effective and consistent application of any amended Standards once in force.
- A complete report on the consultation findings, along with final recommendation(s), will be presented to the Board at the December 2026 meeting.

Next steps: The College will complete a comprehensive analysis and summary of the consultation findings, determine appropriate options to present to the Board that respond to the findings, and bring a thoughtful and reasonable implementation plan for discussion and approval at the December 2026 Board of Directors meeting.

DRAFT: Not for Circulation

Ontario College of Pharmacists

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STANDARDS OF OPERATION FOR PHARMACIES

STANDARDS OF OPERATION

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INTRODUCTION 4
PRINCIPLES 5
GOVERNANCE AND LEGAL COMPLIANCE 6

Pharmacies are operated in compliance with the law, according to the requirements set by the College, and in keeping with the Code of Ethics.

MANAGEMENT AND EMPLOYEE RELATIONS 7

Pharmacy Professionals ~~Members~~ are empowered to exercise independent authority within their scope of practice to optimize patient care, fulfill professional obligations, and protect the health, safety and wellbeing of patients and the public.

PHARMACY PREMISES 8

The pharmacy environment is appropriate for the services provided, and organized and maintained to support patient, public and staff safety.

DELIVERING SERVICES 9

Policies and procedures are developed and implemented to support service delivery in accordance with accepted policies, guidelines and standards of professional practice.

EQUIPMENT AND TECHNOLOGY 10

The equipment and technology used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients, the public and staff.

INFORMATION MANAGEMENT 12

Pharmacy professionals have access to the information systems and technological support that enables them to meet the standards of practice of the profession.

SAFE MEDICATION MANAGEMENT SYSTEM AND QUALITY IMPROVEMENT 13

The pharmacy has implemented a safe medication management system and quality improvement program to support patient safety.

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TERMS (Continued on next page)

Accredited Pharmacy: A pharmacy that has applied to the College and been granted a certificate of accreditation that permits the owner to operate a pharmacy.

Automated Pharmacy System: An automated pharmacy system is a mechanical system that performs operations or activities with respect to the storage and packaging of drugs or medications, and with respect to their dispensing or distribution directly to patients.

Cold Chain: A cold chain is a temperature-controlled supply chain. A cold chain is mandatory where products require a given temperature range during distribution and storage. Products that have not been maintained at the appropriate temperature are considered to be unsafe for distribution and sale.

Contact Person: The person(s) designated in a hospital pharmacy or an institutional pharmacy as the contact with the College.

Designated Manager: The pharmacist designated by the owner(s), in information provided to the College, as responsible for managing the pharmacy. The designated manager carries the same liability for the operation of the pharmacy as the owner(s).

Equipment: Healthcare devices used for diagnosis, monitoring, or treatment over an extended period, generally requiring greater investment, ongoing maintenance, and in some cases specialized training to operate safely and effectively.

Governance: There are clear definitions within the practice location of the rules, practices and processes in which the pharmacy is managed. Governance includes outlining the roles and accountabilities of the people involved in providing and managing pharmacy services.

Hospital Pharmacy Administrator: The person with oversight of the hospital pharmacy operation who is accountable for ensuring that all systems required to provide safe and effective pharmacy services are in place. The Administrator is not required to be a member of the College.

Medication Incident: A Medication Incident is defined as any preventable event that may cause or lead to inappropriate medication use or patient harm. Medication incidents may be related to professional practice, drug products, procedures, or systems, and include prescribing, order communication, product labelling/packaging/nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.

Owner: The person or persons, who own the pharmacy, and where the owner is or includes a corporation, includes each director of the corporation. Every owner is responsible for ensuring the pharmacy is operated according to the law.

Pharmacy Professional ~~Member~~: A regulated health professional registered with the College.

Pharmacy Services: ~~A framework of a services that augment drug therapy, including enhanced medication related services, expanded patient care services and core dispensing services.~~ Patient care activities provided by a pharmacy professional within the scope of practice of pharmacy and the authorized acts of the profession, as defined in the *Pharmacy Act.*

Pharmacy Staff: All individuals who perform activities, tasks, or functions within a pharmacy or that support the operation of a pharmacy, regardless of their employment status, professional designation, or level of regulation. This includes regulated pharmacy professionals and non-regulated personnel who contribute to the delivery of pharmacy services or the functioning of the pharmacy environment.

Remote Dispensing Location: A remote dispensing location means a place where drugs are

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dispensed or sold by retail to the public and that is operated by, but is not at the same location as, a pharmacy whose certificate of accreditation permits its operation.

TERMS (continued)

Risk Assessment and Management: Risk assessment and management systems are those which provide a structured approach to identifying and managing errors associated with an area of practice that is high risk and, therefore, has a greater potential for patient harm. Examples of high risk practices include compounding, dispensing methadone, high volume dispensing, and dispensing blister packs; these are all practices that may be associated with a greater than normal risk to patient safety.

Supplies: Consumable items intended for immediate or short-term use that support assessment, treatment, or patient care, are typically simple to use, have limited durability, and require frequent replacement or disposal.

Safe Medication Practices: Safe medication practices prevent and reduce medication errors through established policies and procedures and continuous quality improvement. Components of a safe medication practice include providing access to current medication information, systems to identify high alert medications and procedures to store, count, administer, and dispose of medications. Wherever possible, an independent double check is used to verify products against prescriptions, and to check repackaged and labelled medications and volumes for reconstituted preparations prior to release.

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INTRODUCTION

The purpose of the Standards of Operation for Pharmacies is ~~to facilitate the creation of the optimal environment for the safe and effective practice of pharmacy and~~ to support the regulation of pharmacies in Ontario within the context of the outcome-based regulations under the *Drug and Pharmacies Regulation Act, 1990 (DPRA).*

The standards apply to all accredited pharmacies to facilitate the creation and sustaining of the optimal environment for the safe and effective practice of pharmacy and should be read in conjunction with the requirements established through legislation, College policies and guidelines, Standards of Practice for Pharmacists and Pharmacy Technicians, and the Code of Ethics. Members of the College, hospital pharmacy administrators, owners and directors, including non-pharmacist directors, are responsible for meeting these standards.

The College holds pharmacists, pharmacy technicians, designated managers, directors (on behalf of corporations), and hospital administrators (on behalf of hospitals) fully accountable where professional obligations, expectations and responsibilities are not met, and equally enforces the clearly outlined responsibilities accorded to each role.

All regulated health professionals working in the pharmacy should be familiar with these standards, and pharmacists and pharmacy technicians must understand that they are expected to raise concerns with the management of the pharmacy if they believe these standards are not being met and/or there is a perceived risk to patients related to pharmacy operations.

These standards address topics related to:

- Governance and legal compliance;
- Management and employee relations;
- Pharmacy premises and environment;
- Delivering services;
- Equipment and technology;
- Information management; and
- Quality improvement and medication safety.

The pharmacy environment includes the premises of the pharmacy along with the equipment, systems and staffing required to protect against and mitigate risks associated with the delivery of services, and as importantly, the culture established by the management of the pharmacy to support pharmacy professionals to meet the standards of professional practice.

In a hospital, the College has oversight over any location deemed to be a pharmacy in the regulations, anywhere drugs are compounded, dispensed or supplied for hospital patients, and any other location where drugs are stored or supplied from. In the case of the hospital pharmacy, access is secured and drug storage areas are protected with the appropriate security measures.

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PRINCIPLES

This document is organized according to principles and standards. The principles provide the foundation on which the outcomes outlined in regulations to the *Drug and Pharmacies Regulation Act* are met.

GOVERNANCE AND LEGAL COMPLIANCE:

Pharmacies are operated in compliance with the law, according to the requirements set by the College, and in keeping with the Code of Ethics.

MANAGEMENT AND EMPLOYEE RELATIONS:

Pharmacy professionals ~~Members~~ are empowered to exercise independent authority within their scope of practice to optimize patient care, fulfill professional obligations, and protect the health, safety and wellbeing of patients and the public.

PHARMACY PREMISES:

The pharmacy environment is appropriate for the services provided, and organized and maintained to support patient and staff safety.

DELIVERING SERVICES:

Policies and procedures are developed and implemented to support service delivery in accordance with accepted policies, guidelines and standards of professional practice.

EQUIPMENT AND TECHNOLOGY:

The equipment and technology used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients, the public and staff.

INFORMATION MANAGEMENT:

Pharmacy professionals have access to the information systems and technological support that enables them to meet the standards of practice of the profession.

SAFE MEDICATION MANAGEMENT SYSTEM AND QUALITY IMPROVEMENT:

The pharmacy has implemented a safe medication management system and quality improvement program to support patient safety.

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GOVERNANCE AND LEGAL COMPLIANCE

Pharmacies are operated in compliance with the law, according to the requirements set by the College, and in keeping with the Code of Ethics.

STANDARDS

The pharmacy is in compliance with relevant legislation and regulations governing pharmacy accreditation, services and operations, privacy and security that are applicable in Ontario.

Pharmacies must also ensure that provincial and national standards, and all requirements established by the College are met by the pharmacy and/or support professional practice.

Option for new standards:

Pharmacy staff are supported by policies, procedures, training, and monitoring practices to provide pharmacy services in a manner that respects a person's dignity and abides by provincial human rights legislation.

Pharmacy services are delivered in a manner that is compliant with the relevant provincial legislation on accessibility for persons with disabilities and associated regulations, including considering and accommodating the patient's physical, cognitive, and sensory abilities; level of health literacy; and level of digital literacy up to the point of undue hardship.

Owners, shareholders, officers and directors, whether or not they are registered with the College, understand their responsibilities and liabilities in regard to the operation and accreditation of the pharmacy.

The designated manager/hospital administrator understands their role and responsibilities with respect to the accreditation and management of the pharmacy, including medication procurement and inventory management, supervision of pharmacy personnel, and required signage.

Pharmacy staff ~~members~~ receive orientation and have access to the policies and procedures established by the owner and/or designated manager and understand their responsibilities to maintain the standards of accreditation.

Mechanisms are in place that allow feedback and concerns about the pharmacy, services and staff to be raised, and these are taken into account and action taken where appropriate.

Additional Resources

Code of Ethics
Policy – Medication Procurement and Inventory Management
Policy – Supervision of Pharmacy Personnel
Guidance – Accreditation and Operation of a Pharmacy

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MANAGEMENT AND EMPLOYEE RELATIONS

Pharmacy professionals ~~Members~~ are empowered to exercise independent authority within their scope of practice to optimize patient care, fulfill professional obligations, and protect the health, safety and wellbeing of patients and the public.

STANDARDS

All pharmacy staff ~~members~~ are oriented to the regulatory framework that governs both the place and the practice of pharmacy.

~~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.~~

Options to replace above standard (lines 44-45):

The pharmacy is staffed at all times with the number of qualified and trained staff required for pharmacy professionals to maintain the standards of practice while providing pharmacy services.

The pharmacy workflow is managed to permit pharmacy professionals adequate time to maintain the standards of practice and to support pharmacy professional wellbeing.

The pharmacy is operated within a culture of openness, honesty and learning. Staff and management roles, responsibilities and accountabilities are understood and accepted.

Pharmacy staff ~~members~~ and trainees are provided with the appropriate level of supervision or delegation.

Pharmacy professionals employed have the skills, qualifications and competence to provide patient care and optimize health outcomes for patients.

Pharmacy professionals are provided access to the resources and training necessary to support patient outcomes.

Management ensures that pharmacy professionals comply with their professional and legal obligations and are empowered to exercise professional judgement in the interests of patients and the public.

Incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff.

Pharmacy professionals are empowered to provide feedback and raise concerns about how pharmacy services are organized and delivered.

Additional Resources

Code of Ethics
Standards of Practice
- Standards of Practice for Pharmacists
- Standards of Practice for Pharmacy Technicians

Policy – Medical Directives and the Delegation of Controlled Acts
Policy – Opioid Policy
Policy – Supervision of Pharmacy Personnel

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PHARMACY PREMISES

The pharmacy environment is appropriate for the services provided, and organized and maintained to support patient, public and staff safety.

STANDARDS

The pharmacy is designed, constructed and maintained to ensure the integrity and the safe and appropriate storage of all drugs and medications; including, the proper conditions of sanitation, temperature, light, humidity, ventilation, segregation and security.

The pharmacy is designed to permit optimal work flow management, mitigate risk, support patient care and maintain safe and effective drug distribution while providing healthcare and services to patients.

Option to replace lines 99-100 below:

The pharmacy premises meet the requirements outlined in provincial accessibility legislation and associated regulations, supporting patient's right to access pharmacy services and the human rights of all pharmacy staff and patients.

The pharmacy is designed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services.

Option to expand lines 92-93 above:
The pharmacy has a separate and distinct area for patient consultation where the provision of pharmacy services may take place without being overheard by others and which respects the privacy needs of each patient. This includes both acoustical and visual privacy, as appropriate for the pharmacy service provided and determined to be acceptable by the patient.

~~The public areas of the pharmacy meet legislated standards for accessibility for persons with disabilities.~~

~~There is a program to ensure the regular cleaning of the pharmacy, including all premises, furniture, equipment and appliances, and automated pharmacy systems, if any.~~

Option to replace above standard (lines 101-102):

Procedures are in place that ensure appropriate infection prevention and control practices are occurring. This includes cleaning the premises, furniture, equipment and appliances, and automated pharmacy systems, if any, on a regular and as needed basis.

Controlled ~~drugs and~~ substances are stored and managed according to national ~~guidelines~~ and provincial requirements.

There is a program for the safe return and disposal of prescription drugs according to national and provincial guidelines.

Additional Resources

Code of Ethics
Standards for Pharmacy Compounding
- Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations

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- Standards for Pharmacy Compounding of Hazardous Sterile Preparations
- Standards for Pharmacy Compounding of Non-Sterile Preparations

Standards of Practice

- Standards of Practice for Pharmacists
- Standards of Practice for Pharmacy Technicians

Policy – Time Delayed Safes

Guideline – Administering a Substance by Injection

Guideline – Administering a Substance by Inhalation

Guidance – Accreditation and Operation of a Pharmacy

- Checklist – Opening a New Pharmacy
- Required Reference Guide for Ontario Pharmacies (Pharmacy Library)

Guidance – Operation of a Remote Dispensing Location (RDL)

- Checklist – Opening a RDL Dispensary staffed by a Pharmacy Technician
- Checklist – Opening a RDL with an Automated Pharmacy System (APS)

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DELIVERING SERVICES

Policies and Procedures are developed and implemented to support service delivery in accordance with accepted policies, guidelines and standards of professional practice.

STANDARDS

The dispensary is secure and safeguarded from unauthorized access and drugs are located in the area of the pharmacy consistent with the appropriate drug schedule classification. ~~to support optimal practice.~~

Procedures are in place to maintain safe and effective procurement and inventory management. Medicines and medical devices are:

- Obtained from a reputable source
- Safe and fit for purpose
- Stored securely
- Safeguarded from unauthorized access
- Supplied to the patient safely
- Disposed of safely and securely

Equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who receive pharmacy services.

Option to replace 151-153:

~~Pharmacy staff members receive the appropriate training to deliver specialized services, such as sterile compounding for example, and the pharmacy is constructed to address any risks to staff or the public associated with pharmacy practice.~~

Pharmacy staff are trained on operational processes and procedures commensurate with their role and the pharmacy services provided.

Option to shift lines 156-158 away from practice focus to operations focus:

~~All services are~~ The pharmacy workflow enables pharmacy professionals to deliver pharmacy services to patients based on a review and assessment of patients' unique circumstances and provided in a patient-centred way to respect dignity and therapeutic outcomes.

Patients are provided the information needed to make decisions about their health and health care.

~~Documentation and record-keeping requirements are established and all of the required records are kept and maintained.~~

Option to replace above standard (lines 160-161):

Procedures are in place that enable pharmacy professionals to document the care and services provided in a timely and consistent manner, and include:

- Training requirements for how to use the pharmacy's records management system
- Protocols regarding who must document, the information that must be documented, and options for managing delays in documenting information

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The pharmacy has the clinical decision support tools, reference databases, and patient health information sufficient to allow pharmacy professionals to exercise independent authority within their scope of practice to provide patient care.

Additional Resources (Continued on next page)

Code of Ethics

Standards for Pharmacy Compounding

- Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations
- Standards for Pharmacy Compounding of Hazardous Sterile Preparations
- Standards for Pharmacy Compounding of Non-Sterile Preparations

Standards of Practice

- Standards of Practice for Pharmacists
- Standards of Practice for Pharmacy Technicians

Policy – Faxed Transmission of Prescriptions

Policy – Opioid Policy

Policy – Operating Internet Sites

Guideline – Administering a Substance by Injection

Guideline – Administering a Substance by Inhalation

Guideline – Documentation

Guideline – Record Retention, Disclosure and Disposal

Guidance – Accreditation and Operation of a Pharmacy

- Checklist – Opening a New Pharmacy
- Required Reference Guide for Ontario Pharmacies (Pharmacy Library)

Guidance – Operation of a Remote Dispensing Location

- Checklist – Opening a RDL Dispensary staffed by a Pharmacy Technician
- Checklist – Opening a RDL with an Automated Pharmacy System (APS)

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EQUIPMENT AND TECHNOLOGY

The equipment, supplies, and technology used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients, the public and staff.

STANDARDS

The pharmacy has the appropriate ~~layout,~~ equipment, supplies, and technology to support the delivery of pharmacy services.

The pharmacy has the facilities, systems and equipment needed to meet the requirements established in legislation, and to safeguard the health, safety and wellbeing of patients and the public, including:

- Facilities for washing utensils and sterilizing equipment;
- ~~Specialized equipment for the practice of pharmacy;~~ The necessary equipment for the pharmacy services provided;
- ~~Adequate work space;~~ Workspaces that are adequate and appropriate for the services provided;
- Hand-washing facilities for employees;
- Secure and temperature appropriate storage facilities.

~~Equipment is calibrated and certified as required supported documentation.~~

Option to expand and clarify line 214:

Procedures are in place to facilitate the safe and effective use of equipment and supplies, in accordance with their intended purpose, and include:

- Maintenance, calibration, and certification of equipment as per manufacturer instructions or other supporting documentation
- Documentation of equipment maintenance, calibration, and certification that is available and readily retrievable

Additional Resources

Standards for Pharmacy Compounding
- Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations
- Standards for Pharmacy Compounding of Hazardous Sterile Preparations
- Standards for Pharmacy Compounding of Non-Sterile Preparations

Policy – Medication Procurement and Inventory Management
Policy – Protecting the Cold Chain
Guidance – Accreditation and Operation of a Pharmacy
- Checklist – Opening a New Pharmacy

Guidance – Operation of a Remote Dispensing Location
- Checklist – Opening a RDL Dispensary staffed by a Pharmacy Technician
- Checklist – Opening a RDL with an Automated Pharmacy System (APS)

DRAFT

INFORMATION MANAGEMENT

Pharmacy professionals have access to the information systems and technological support that enables them to meet the standards of practice of the profession.

STANDARDS

The information technology deployed at the pharmacy meets the minimum standards for national technical, functional and administrative requirements outlined in national standards for pharmacy practice management systems.

Pharmacy professionals are able to access references and resources as required to support the delivery of patient care.

The personal health information of patients and those who receive pharmacy services is protected through the implementation of both administrative and technical safeguards.

Option to clarify lines 250-253:

Procedures are in place for the management of patient records, including an ~~The pharmacy has an~~ established schedule for the retention, retrieval and destruction of information.

The pharmacy has technology necessary for the storage and retrieval of all documents associated with the practice of pharmacy at that location.

Additional Resources

Code of Ethics
Policy – Centralized Prescription Processing (Central Fill)
Policy – Operating Internet Sites
Guideline – Record Retention, Disclosure and Disposal
Guidance – Accreditation and Operation of a Pharmacy
- Checklist – Opening a New Pharmacy
- Required Reference Guide for Ontario Pharmacies (Pharmacy Library)

Guidance – Operation of a Remote Dispensing Location
- Checklist – Opening a RDL Dispensary staffed by a Pharmacy Technician
- Checklist – Opening a RDL with an Automated Pharmacy System (APS)

Pharmacy Practice Management System Requirements
- Pharmacy Practice Management Systems Supplemental Requirements

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SAFE MEDICATION MANAGEMENT SYSTEM AND QUALITY IMPROVEMENT:

The Pharmacy has implemented a safe medication management system and quality improvement program to support patient safety.

STANDARDS

Pharmacy services are effectively managed and delivered to support patient safety, according to requirements established by the College. Quality improvement practices include a process for detecting, recording, analysing, correcting and sharing lessons learned from medication incidents.

The community pharmacy has implemented the Medication Safety Program in a manner that supports pharmacy professionals in meeting the requirements under the supplemental Standard of Practice.

In hospitals, the organization supports pharmacy professionals in meeting the requirements under the Supplemental Standard of Practice by reporting incidents involving medications to the safety incident management system.

Pharmacy professionals are aware of obligations to report adverse reactions involving medications, including prescription and non-prescription medications, natural health products, and vaccines, and are supported to do so.

Additional Resources

Code of Ethics
Standards of Practice
- Standards of Practice for Pharmacists
- Standards of Practice for Pharmacy Technicians
- Supplemental Standard of Practice

Policy – Medication Procurement and Inventory Management
Guidance – Accreditation and Operation of a Pharmacy
- Checklist – Opening a New Pharmacy

Pharmacy Safety Self-Assessment (PSSA).
- Pharmacy Safety Self-Assessment User Guide

IMPLEMENTATION

Published: TBD
Version #: 2.00

Revision History

Version #	Date	Action
1.00	September 2018	Standards of Operation for Pharmacies initial release.
2.00	Date TBD	Several standards revised, and new standards added to support the implementation of expanded scope of practice.

DRAFT

Board Decision Note

Meeting Date: September 2026

Topic: Mandatory Learning for Sore Throat (acute pharyngitis), Swimmers' Ear (otitis externa), and Administration of Buprenorphine

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

Purpose and action required: The Board is asked to consider the findings and analysis from the public consultation on the proposed learning requirements for the specified expanded scope activities and consider approval of the:

- the revised *Guidance for Engaging in Specified Expanded Scope Activities; and*
- the proposed amendments to the existing annual declaration statements for Part A pharmacists.

MOTION: **THAT** the Board approve the revised draft *Guidance for Engaging in Specified Expanded Scope Activities*, as a temporary measure to ensure consistent understanding of knowledge and competence expectations to support this new scope, to be reassessed by the Board in two years, as the activities transition to standard practice; and

THAT the Board approve the proposed amendments to the existing annual declaration statements for Part A pharmacists.

Issue: Following the analysis of feedback received through an open consultation, the Board is asked to finalize the College's approach for addressing its approach in implementing knowledge expectations for specific elements that are part of the expansion of scope of practice originally submitted to the government in late 2025.

Public interest rationale: The College is responsible for assuring the public that they can expect quality, safe and ethical care from their pharmacy professionals as their scopes of practice expand, for establishing learning expectations that may be required to achieve this goal and for ensuring that any new expectations are communicated to registrants in a clear and timely manner.

Strategic alignment, regulatory processes, and actions: The College regulates the profession of pharmacy by holding pharmacy professionals accountable to established practice standards that promote safe and quality pharmacy care. It is within the College's authority and public interest mandate, principally under the *Regulated Health Professions Act (RHPA), 1991,* and objects of the College defined within the *Health Professions Procedural Code,* to establish practice expectations as the delivery of pharmacy care in Ontario evolves.

Background:

- Following a request to the College made by the Minister of Health, in December 2025 the College submitted draft regulatory amendments to Ontario Regulation 256/24 under the Pharmacy Act, 1991, to the Minister authorizing additional expanded scope of practice for pharmacy professionals.
- The provincial government approved a subset of those expanded scope activities which came into force on July 1, 2026. The remaining expanded scope activities in our original regulatory submission, including assessment and prescribing for acute pharyngitis, otitis externa, acute insomnia, herpes zoster and onychomycosis, and administration of injectable buprenorphine by pharmacists, are pending government

approval. The College expects these activities to be authorized sometime in early 2027.

- In March 2026, the Board approved an open consultation on Proposed Learning Requirements for Specified Expanded Scope Activities. These requirements were proposed following the Board's previous direction to identify safeguards relevant to the safe implementation of expanded-scope and which were informed by thorough policy, jurisdictional and risk analyses. As a reminder, learning requirements were not proposed for certain outstanding scope yet to be approved by government (e.g. acute insomnia) based on the aforementioned analyses.
- The consultation was held for 60 days from April 1 to May 31, 2026. Registrants, system partners, and members of the public were informed of the consultation and invited to comment through the College's primary communication channels. Targeted outreach to key system partners was also conducted. Of the 107 total comments received through the consultation, 101 comments were received via the consultation page, and six system partners submitted a response to the consultation inbox directly. Most individual responses received were from pharmacists. A summary of the consultation analysis can be found in Attachment 12.1.
- For clarity, learning requirements are the detailed knowledge and skills expectations within the draft guidance document (Attachment 12.2), and the self-declaration was proposed as the compliance mechanism to ensure registrants were aware and made themselves accountable to the specific learning requirements before engaging in these specific activities.

Overview of consultation findings:

- With respect to system partner feedback, the pharmacy system partner feedback differed in nature from non-pharmacy system feedback. Non-pharmacy system partner feedback was supportive of both the self-declaration mechanism and detailed learning requirements for the proposed activities.
- Among the pharmacy system partners, there was opposition to activity-specific self-declarations, arguing that existing professional, ethical, and quality assurance frameworks already require pharmacists to assess their competence and pursue necessary learning. Notably, some of the system partners did not necessarily decouple the concepts of self-declaration as a compliance mechanism from the learning requirements as detailed in the draft guidance. Therefore, most of the pharmacy system partners also opposed the level of detail of learning requirements in the draft guidance, with respect to content they felt was foundational pharmacist knowledge.
- The majority of individual pharmacist respondents generally supported required learning and mechanisms to ensure preparedness. Although there was no significant feedback on the draft guidance itself from most consultation respondents, Speech-Language and Audiology Canada (SAC) in particular suggested additional details regarding learning requirements related to otitis externa, and OPA suggested clarifying some terminology.
- There was overall support for otoscope training that is both virtual and in-person. It was noted by system partners and pharmacist respondents that virtual training should remain an acceptable option, recognizing that in-person training would create barriers to access to care, limit uptake, and be disproportionately more difficult for those practicing in rural and remote areas to acquire.
- Many respondents also raised concerns that have previously been shared with the College and were beyond the specific consultation topic. However, the prevalence of these comments were significant enough to warrant inclusion in the summary document and suggests that these are persistent issues and concerns, including workload, business pressures, inadequate staffing, compensation concerns, physical infrastructure, expectations and misunderstanding among the public and other health professions regarding the roles of pharmacy professionals, and the pace of scope expansion.

Recommendations – see consultation summary and College response for further details

Amend the approach to self-declaration

- The College has assessed that the intent behind the original proposal can be achieved without the need for distinct self-declarations for each activity. It is nevertheless important for the College to still consider what regulatory tools or processes may be needed to promote registrant recognition of the more complex activities being authorized, and that they reflect on their knowledge, skills and abilities prior to engaging in these activities.
- The current regulatory programs and processes set very clear expectations for the profession regarding continually assessing one's competence and continuing professional development. Given the expansion of scope of practice of the profession since 2023 (and earlier for specific activities in response to the pandemic) and given the government's sustained focus on maximizing the scopes of practice of regulated health professions to help promote timely access to quality care, it is reasonable to conclude that pharmacy scope of practice will continue to evolve for the foreseeable future.
- Acknowledging the current and future evolution of the profession as it takes on broader and more complex scopes of practice, the College has instead proposed moving forward with an amendment to the *existing declaration statements* currently required of pharmacy professionals upon registration or annual renewal. This approach enables a broader applicability as scope of practice further evolves and still enables the College to build in an expectation related to engaging in new or complex expanded scope activities with greater flexibility.

Current Declaration Statement	Amended Declaration Statement
I acknowledge that I am required to participate in self-assessment and continuing professional development activities and maintain a portfolio of such activities to ensure that I can maintain the Standards of Practice of the Profession and provide optimal patient care.	*I acknowledge that I am required to assess my knowledge, skills and competence regularly and participate in continuing professional development, as needed and as my scope of practice evolves, and maintain a portfolio of such activities to ensure that I meet the Standards of Practice and provide optimal patient care.*
I declare that I remain competent to provide safe, quality care to patients, which meets the Standards of Practice, Code of Ethics, and optimizes patient care.	*I declare that I remain competent in my areas of practice to provide safe, quality care to patients, which meets the Standards of Practice, Code of Ethics and optimizes patient care.*

Amend learning requirement guidance to support the shift in the proposed declaration approach

- At its March 2026 meeting, the Board approved the draft learning requirements based on a comprehensive assessment stemming from previous Board direction which determined that any potential risk or clinical complexity of specific expanded scope activities would be best managed by establishing learning requirements to ensure consistency across the province amongst the 16,000 pharmacists who choose to engage in these activities as they, over time, become standard practice. Within two years of establishing this expectation, the College would re-evaluate these requirements.

- It is important to emphasize that those who assess that they have already acquired the necessary learning such as through formal academic training or professional development would not be required to do anything further, but to declare they are competent in these practices. Having put forward an alternative to the original declaration proposal as noted above, it remains appropriate and in keeping with the Board's original direction to maintain the intention but to express them in guidance as "learning expectations".

- Doing so maintains the College's desire to establish guidance that sets out a registrant's obligation to assess themselves against specific learning expectations, complete any professional development they assess is needed to achieve this expectation and practice within their competencies, but without a specific requirement

to declare each of these competencies separately.

Next steps: The directions received from the Board of Directors are related to scope of practice activities that are anticipated but not yet approved by the Ministry of Health. Therefore, while general amendments to the existing self-declarations may be able to proceed if approved by the Board, implementation of approved Guidance is subject to the government's approval of the associated expanded scope activities. Once authorized, the College would work to establish a reasonable timeline for implementation.

Attachments:

13.1 Summary of Findings from the Public Consultation on Proposed Learning Requirements for Specified Expanded Scope Activities

13.2 Engaging in Specified Expanded Scope of Practice Activities Guidance

Summary of Findings from the Public Consultation on Proposed Learning Requirements for Specified Expanded Scope Activities

Background

In March 2026, the Ontario College of Pharmacists' (OCP) Board of Directors approved an open consultation on Proposed Learning Requirements for Specified Expanded Scope Activities. These requirements were related to expanded scope of practice changes for the authorization to prescribe for acute pharyngitis, otitis externa, herpes zoster and the administration of buprenorphine extended release. The consultation also included a proposed self-declaration for having completed the required learning. These requirements were some of the safeguards the Board has discussed to date to support safe implementation of expanded scope activities. Members of the profession, system partners, and the public were invited to comment through open consultation.

Public Consultation Process

The consultation was held for 60 days from April 1 to May 31, 2026. Registrants, system partners, and members of the public were informed of the consultation through the College's primary communication channels as well as targeted outreach to key system partners.

The College received a total of 107 responses to the consultation. There were 101 comments received on the consultation page, and six system partners submitted a response to the consultation inbox directly. There were two comments not posted as they did not meet the posting guidelines and are not part of the total count. Respondents included four pharmacy technicians, four members of the public, and four respondents identifying as 'other', with the remaining 89 responses from those who identified themselves as pharmacists.

System Partner Engagement

Six system partners, listed below, submitted responses to the consultation:

- The Leslie Dan Faculty of Pharmacy (LDFP)
- The Neighbourhood Pharmacy Association of Canada (NPAC)
- The Ontario Pharmacists Association (OPA)
- The Otolaryngology-Head and Neck Surgery section of the Ontario Medical Association
- PharmaChoice Canada
- Speech-Language & Audiology Canada (SAC)

Summary of System Partner Comments

Value of Self-Declaration

Among the system partner responses, four were from system partners representing the pharmacy profession. Among them, there was a shared view that self-declaration is unnecessary and administratively duplicative, given the existing regulatory framework that exists for the profession.

Several expressed that the College's existing professional and ethical framework, including the Quality Assurance Program, Standards of Practice, and Code of Ethics to which pharmacists are bound, already serves the same purpose that is intended by a self-declaration.

The LDFP also expressed this view of the proposed self-declaration, but only with respect to new graduates of their program, noting that throughout the program, graduates will have acquired the knowledge, skills, and abilities needed to engage in these activities.

Conversely, there were two system partners, the SAC and the otolaryngology-head and neck surgery section of the OMA, who were supportive of self-declaration and noted that it alone may not be sufficient, suggesting that external/third party evaluation, continuing education requirements, and a standardized curriculum may be needed. While comments from the OMA branch were applicable to all the expanded scope activities, the SAC's feedback was specifically limited to otitis externa.

Learning Requirements and the Draft Guidance

NPAC, OPA, and Pharma Choice noted that pharmacists, as with other self-regulated health professionals, understand their legal authority, continuously assess their own competence, and seek out continuing professional development when needed. However, there was also acknowledgement that relative to this expansion of scope, it is important that registrants review relevant learning expectations and ensure they are competent before taking on these new activities.

Pharma Choice agreed with the learning requirements as laid out in the draft guidance but reiterated that such learning requirements should exist as guidance only and not trigger a mandatory self-declaration. Similar to Pharma Choice, NPAC indicated agreement with establishing requirements in policies or guidelines (from OCP's perspective, the draft guidance would fall under this description) and reiterated that compliance could be ensured through existing regulatory mechanisms. However, NPAC and OPA felt the learning requirements provided in the draft guidance were too detailed. While both acknowledged there were specific clinical considerations and assessment techniques that were novel (e.g., otoscope use), they felt that foundational clinical knowledge should not necessarily be included as requirements. OPA also noted that certain parameters should be defined more explicitly, so it is clear to registrants what 'past experiential learning' means, for instance.

Among the non-pharmacy system partners, SAC agreed with the learning requirements included in the draft guidance, and offered additional detail related to otitis externa specifically. And the OMA branch did not specifically mention the draft guidance but highlighted the importance of pharmacists being able to distinguish these conditions from others, utilizing the appropriate tools to do so (e.g., lab testing, otoscopy). The OMA branch also reiterated their discomfort with pharmacists managing shingles of the face or eye.

The College values the input from all system partners, and considers individual registrant comments from the consultation, and past Board discussions related to assessment of risk when proposing a way forward that is balanced and addresses the spectrum of viewpoints.

Otoscopy Training

OPA and Pharma Choice noted the importance of otoscopy training, in the context of otitis externa assessment requiring a novel skill or assessment technique. They noted that virtual training should remain an acceptable option, recognizing that in-person training would create barriers to access to care, and be disproportionately more difficult for those practicing in rural and remote areas to acquire.

NPAC acknowledged that certain conditions do require becoming familiar with a new assessment technique, or disease-specific clinical considerations; however, their comment was made in the context of the underlying expectations that registrants will independently address their own knowledge or skill gaps. NPAC did not specifically speak to the need for virtual training options but suggested the otoscopy training requirements should be detailed in one of the College's policy tools.

The non-pharmacy system partners both expressed the importance of proficient otoscopy use in managing otitis externa. SAC provided additional details regarding learning requirements for assessing and differentiating conditions of the ear.

Other Shared or Notable Comments

In addition to the above key themes that specifically addressed the consultation's purposes, other common or notable comments included the following:

- Respondents noted that the concept of 'higher risk' and 'clinically complex' may have been conflated by the College. System partners noted there may be unintended consequences to referring to these activities as 'higher risk', such as erosion of the public's trust in pharmacists.
- Respondents suggested that the College should remain neutral with respect to naming drug products. Several system partners noted that while Sublocade is currently the only available injectable buprenorphine product, that more options may be available in future. Continuing to specify a brand, or a training resource specific to a brand, risks the integrity and long-term applicability of College resources and communication materials.
- One system partner noted that the public and other regulators continue to lack a full understanding of the '*rigorous clinical competencies pharmacy professionals already possess'* and encouraged the College to engage in such public awareness efforts.
- Another noted that collaboration with the pharmacy sector on the process of implementing expanded scope activities will facilitate alignment between operational and training capacity, and that the College should ensure that any requirements put forth are done in a manner that provides registrants with an adequate and reasonable timeframe for implementation.

Summary of Individual Respondent Comments

Most individual comments received were from those who identified themselves as pharmacists (n=89). Key response themes are described below.

Support for learning requirements or self-declaration

There were 43 pharmacist respondents who specifically expressed opinions on learning requirements and self-declaration. Among these, 33 (out of 43; 77%) indicated support for mandatory or additional learning for these expanded scope activities, 23 indicated support for the self-declaration mechanism (either by specifically stating this or indirectly by alluding to 'mandatory' training), and 10 indicated agreement with additional learning and training for the expanded scope activities, but not specifically self-declaration. Of note, no comments were made related to the draft guidance itself.

- In relation to the required learning, these 33 respondents who were in support felt:
    - In person training is not feasible and virtual training should be an option (n=5)
    - There is a financial and administrative burden to pharmacies and pharmacists for completing this training, and that they hoped there would be paid time off or supplemental funding for training (n=4)

- These respondents also expressed concerns that have been raised with the College in the past and are described further in the section below entitled 'Other Comments'.

Not supportive of required learning or self-declaration

Among pharmacist respondents who specifically responded to either supporting or not supporting the idea of learning requirements and self-declaration, 10 felt that mandatory learning requirements were not needed, and that pharmacists already have the knowledge, skills, abilities, competence and professional judgment to engage in these activities, and to seek out continuing professional development opportunities independently, as required. Similar to many of the comments heard from system partners, these respondents felt that as a trusted health profession, pharmacists already have the professional obligation to identify their own learning needs, and to only engage in activities once they have the knowledge, skills, abilities, and competence to do so, and also that such requirements do not exist for other regulated health professions when scope of practice changes.

Comments specific to expansion of scope

A significant portion of pharmacist respondents did not comment on the consultation topic specifically but instead commented on their disagreement with the additional expanded scope activities (n=27; 30%). Among these 27 respondents, the following specific concerns were raised:

- Feeling that the College is focusing on the wrong topics, and that instead of further expanding scope, that issues related to workload, staffing, business pressures, the pharmacy technician role in community pharmacy, and compensation should be addressed first (n=14)

- Certain expanded scope activities should not move forward including otitis externa, acute pharyngitis, ailments involving antibiotics, and the administration of injectable buprenorphine (n=5). These individuals felt that these specific activities carry more complexity than what should be considered a 'minor ailment'.
- Feeling that pharmacists are being used as 'cheap labour' and expected to function as physicians (n=4)
- That further expansion of scope increases the risk of medication errors (n=2)

Conversely, a small portion of respondents (n=6) who also did not specifically comment on the consultation topic simply expressed general support for the expansion of scope. Among these respondents, some noted they wanted scope of practice to expand even more, while also raising concerns related to compensation, expectations of the public, and the need to keep participation in expanded scope activities voluntary.

Other Comments

As noted already, comments from pharmacists were related to the consultation topic (required learning and self-declaration), to scope expansion in general, or related to other concerns that have been raised previously to the College. Although unrelated to the consultation topic at hand, the prevalence of these comments suggests they should be included in this summary. Prevalent comments raised were related to:

- Continued concerns related to workload, business pressures, and inadequate staffing (n=23)
- Insufficient compensation for additional work and scope of practice (n=19)
- The need for adequate and appropriate physical spaces in the community pharmacy to be able to take on expanded scope of practice activities (n=15)
- The need to address public expectation and demands by educating the public on the pharmacist role, as well as educating other professions about the pharmacist role and training (n=13)
- The need for a distinct certification of pharmacists or licensure of pharmacies to distinguish the various tiers of practice scope and service provision (n=3)

Non-pharmacist respondents

Among the comments received from four pharmacy technicians, none were related to the consultation at hand. Comments included a disagreement with administration of injectable buprenorphine by pharmacists, and with pharmacy technicians administering more vaccines, a request to expand scope further for pharmacy technicians, and concerns regarding compensation.

Among the four members of the public who responded, comments were supportive of the expansion of scope in general, with only one specifically noting that learning requirements and a self-declaration are appropriate measures for the College to implement. Another commented on the need for financial support, staffing and workload adjustments, and appropriate compensation to support implementation of mandatory learning requirements.

The four comments among those identifying as 'Other', included one who was in support of the learning requirements, and suggested that pharmacies are staffed according to pharmacists' autonomous practice decisions (i.e., choosing to engage in expanded scope activities versus not). While the other three did not feel that mandatory learning nor self-declaration would be needed noting pharmacists' '*extensive university level education, national board examinations, and ongoing continuing professional development requirements to maintain licensure*.' These individuals felt that mandatory learning requirements and self-declarations can create barriers to care, and that mandating training, especially in-person training, imposes financial and administrative burdens.

OCP response to feedback

The College has reviewed and considered all the feedback received through the consultation. A response along with post-consultation recommendations and proposed next steps are included below. In drafting this response, the College considered not only the consultation feedback, but also past discussions with the Board and system partners, the mandate of the College to protect the public interest, and principles of risk-based (responding to areas of defined or potential risk) and right-touch (proportionality) regulation.

Most individual submissions were made by pharmacy professionals and pharmacy system partners, which is a common response pattern to the College's consultations on any topic. The College appreciates the importance of feedback from a broader range of system partners as well as from members of the public and will continue to look at ways to promote robust contributions to consultations in the future.

Self-Declaration

The consultation analysis revealed that pharmacy system partners and a subset of the individual consultation respondents expressed that self-declaration is administratively duplicative given the existing regulatory framework, including existing declaration devices and quality assurance activities, and opposed self-declaration of the mandated learning requirements that were the subject of the consultation. Most of these same system partners also opposed the learning requirements generally. Conversely, there was support from non-pharmacy system partners and several pharmacist respondents for the concept of required learning and associated self-declaration to ensure pharmacists reflect on their practice and acquire necessary learning.

After considering this feedback and previous inputs related to self-declaration, including deliberations at the Board prior to the approval to proceed with the consultation, and in consideration of the recommended adjustment to Guidance as outlined below, the College has determined that distinct self-declarations for each activity is not needed to achieve the intended benefits to patients and the profession. It is nevertheless important for the College to still consider what regulatory tools or processes may be needed to promote registrant recognition of the more complex activities being authorized, and that they reflect on their knowledge, skills and abilities prior to engaging in these activities.

The current regulatory programs and processes set very clear expectations for the profession regarding continually assessing one's competence and continuing professional development. Given the expansion of scope of practice of the profession since 2023 (and earlier for specific activities in response to the pandemic) and given the government's sustained focus on identifying ways to maximize the scopes of practice of regulated health professions in Ontario to help promote timelier access to quality care, it is reasonable to conclude that pharmacy professional scope of practice will continue to evolve for the foreseeable future. This will further result in a higher degree of pharmacy professional involvement in the delivery of a wider range of services provided to Ontarians, who must continue to be assured that these services are delivered ethically and safely at all times.

Acknowledging the current and future evolution of the profession as it takes on broader and more complex scopes of practice, the College has instead proposed moving forward with an amendment to the *existing declaration statements* currently required of pharmacy professionals upon registration or annual renewal. While the College carefully considered whether the current statements should stand, the intent of these amendments reinforces the importance of continually assessing one's competencies and skills especially as they are authorized to take on expanded scopes of practice presently and in the future.

Since this annual declaration is a routine requirement of all Part A pharmacy professionals, there is no additional administrative burden associated with these amendments. Instead, this approach enables a broader applicability as scope of practice further evolves, acknowledges the concerns regarding potential redundancy of new self-declarations, and still enables the College to build in an explicit expectation related to engaging in new or complex expanded scope activities with greater flexibility.

Current Declaration Statement	Amended Declaration Statement
I acknowledge that I am required to participate in self-assessment and continuing professional development activities and maintain a portfolio of such activities to ensure that I can maintain the Standards of Practice of the Profession and provide optimal patient care.	I acknowledge that I am required to assess my knowledge, skills and competence regularly and participate in continuing professional development, as needed and as my scope of practice evolves, and maintain a portfolio of such activities to ensure that I meet the Standards of Practice and provide optimal patient care.
I declare that I remain competent to provide safe, quality care to patients, which meets the Standards of Practice, Code of Ethics, and optimizes patient care.	I declare that I remain competent in my areas of practice to provide safe, quality care to patients, which meets the Standards of Practice, Code of Ethics and optimizes patient care.

This approach also acknowledges that longer-term opportunities may exist in updating components of the College's existing quality assurance activities to address new expectations as scope of practice further expands, which was a common theme among system partner consultation respondents.

Post-consultation recommendation:
Amend the existing self-declaration statements as reflected.

Learning Requirements

Learning requirements were detailed for otitis externa, acute pharyngitis, herpes zoster, and administration of injectable buprenorphine in the draft guidance Requirements for Engaging in Specific Minor Ailments.

Consultation feedback was mixed. The analysis revealed that, while many consultation submissions supported establishing learning requirements to support this expanded scope including many of the individual respondents who self-identified as pharmacy professionals, all but one of the pharmacy

system partners that submitted responses felt the guidance was overly detailed and/or that inclusion of what they viewed as foundational knowledge as a learning requirement would potentially lead to future decisions to establish additional learning requirements related to other skills and competencies that also may be viewed as foundational. Those who opposed the learning requirements being established in this way objected to them on the basis that they are already universal and non-novel competencies and thus do not justify being established as a mandated requirement. System partner respondents also referred to their assessment of other provincial jurisdictions where similar scope is already authorized without a learning requirement established.

When first proposed, the learning requirements were based on the College's assessment of the complexities and associated potential risks associated with these specific minor ailment conditions and activities. This assessment was complemented by a jurisdictional review and analysis of the existing scopes of practice and any established learning expectations as these were implemented. The details of these assessments, performed in accordance with overall Board direction to consider where learning requirements may need to be established, can be found in the meeting materials in a number of Board meetings going back to late 2024, and more recently since December 2025.

At its March 2026 meeting, the Board approved the draft learning requirements based on this assessment which determined that any potential risk or clinical complexity of specific expanded scope activities would be best managed by establishing learning requirements to ensure consistency across the province amongst the 16,000 pharmacists who may choose to engage in these activities as they, over time, become standard practice. Within two years of establishing this expectation, the College would then re-evaluate these requirements.

It is important to emphasize that no additional learning would be required by those who already have the competencies to practice in these areas, such as those acquired through formal academic training or professional development. In these situations, registrants would simply indicate their competency through the amended declarations, satisfying the obligation to meet the defined learning expectations set out by the College. Those who have not yet acquired the competencies to perform the specific practices safely and effectively would be expected to take the necessary learning in order to satisfy the amended declaration statements.

Doing so maintains the College's desire to establish guidance that sets out a registrant's obligation to assess themselves against specific learning expectations, complete any professional development they assess is needed to achieve this expectation and practice within their competencies, but without a specific requirement to declare each of these competencies separately. Implemented in this way, this approach achieves the following:

- <u>Consistency</u>
  Expanded prescribing authorities are available to pharmacists regardless of when they entered practice. Proceeding with stated learning expectations supports a consistent standard of care across a profession with diverse practice and education backgrounds and experience. Those who determine that they have already acquired these learning expectations through continuing professional development or academic training would consider this objective met.

As official guidance documents are important tools the College uses to reinforce practice expectations, and as an amended existing declaration would still be required, this assures the public that they can rely on consistently high quality and competent care from their pharmacy professionals as they take on this new scope.

- Self-assessment support for registrants
  Learning expectations expressed in this way under a guidance instrument also assists pharmacy professionals in identifying and addressing potential gaps in knowledge. This directly supports their existing obligation to routinely assess their skills and competencies related to the practice in which they are engaged. As many of the respondents and system partners indicated the need to utilize existing quality assurance mechanisms, establishing these as expectations instead of defacto requirements is an appropriate risk-based and right-touch regulatory solution that considers valuable consultation feedback and maintains the objective behind the original direction set by the Board.

Post-consultation recommendation:
Amend the draft Guidance so that these learning requirements are expressed as "learning expectations" to support the promotion of consistency in pharmacy practice and registrant self-assessment of their competency before engaging in these practice activities. These would not be tied to the completion of any individual learning declaration but would instead be relevant to the amended general self-declarations stated above and subject to monitoring through the College's well-established quality assurance activities.

Amend the name of the document to "Guidance for Engaging in Specified Expanded Scope Activities" and make other editorial changes for clarity based on consultation feedback.

Schedule a review of this Guidance for consideration by the Board in two years, or earlier subject to future expansion of the profession's scope of practice.

Otoscopy Training

After reviewing the consultation feedback and considering previous inputs from system partners and the profession, the College recommends that both in person and virtual training options are reasonable ways for registrants to become trained in otoscopy use. This decision considers the impact of accessibility of in-person training programs across the province on uptake, as well as the feasibility for continuing professional development providers to offer in-person training.

Some consultation respondents emphasized that proficiency in otoscopy comes with hands-on experience and learning from those who are experienced in otoscopy. Accordingly, while registrants should choose the training format that best suits their needs, the College emphasizes the need for registrants to assess their competencies against learning expectations before engaging in this practice and should consider hands-on learning opportunities, either through established training programs or by collaborating with interprofessional health care provider colleagues to gain the proficiency and comfort with otoscopy that is needed before engaging in this activity.

Post-consultation recommendation:
Maintain otoscopy training as an expectation for otitis externa and confirm that in-person and virtual formats of training delivery are acceptable.

The College's Role

There continues to be a need to clarify some misconceptions for the profession itself, as well as for the public and other health care professions, related to the College's role. These include:

1. Confusion on whether the College directly develops and delivers clinical resources or continuing education materials
2. Confusion over whether pharmacy professionals are required to deliver specific services under their expanded scope authority
3. A lack of clarity and understanding of the public-interest role of the College relative to the role of other organizations such as professional associations including a perception that the College has a role to play in advocating for the profession or influencing compensation/remuneration
4. Uncertainty about the College's role in public education related to pharmacy services and the profession.

Post-consultation recommendation:
Continue to explore ways for the College to engage the profession, develop and disseminate relevant resources for registrants, health system partners and the public, and promote public awareness of the role of the College and of the profession as a trusted healthcare provider.

Description of Expanded Scope Activities

The College acknowledges that when the consultation launched, the activities were described in the consultation posting as "higher risk". This was inconsistent with past characterization of these activities, during discussions with the Board of Directors for example, as "more clinically complex". Following the launch of the consultation, the language within the consultation posting was adjusted.

Post-consultation recommendation:
Confirm changes to communication and related resources to reflect this feedback, and consider same for future consultations.

Use of Specific Drug Brand Names

Although Sublocade is currently the only injectable buprenorphine medication available and approved in Canada, the College acknowledges the concerns raised with regard to mentioning a specific brand name when discussing injectable buprenorphine. The intention of including the brand name to date was to support clarity and specificity of the medication being discussed, however, the College acknowledges the limitations and potential risks of mentioning a specific brand and will only refer to 'injectable buprenorphine' moving forwards. Similarly, the College acknowledges the potential risks and limitations of referring to a specific manufacturer's training program and will revise the language related to this in

the draft guidance.

Post-consultation recommendation:
Confirm changes to discontinue the use of the brand name in this instance and consider feedback in future consultations where specific medications are involved.

Additional Concerns

With the expansion of scope in recent years, the College has consistently heard concerns from the profession related to their workload, working conditions, staffing issues, and compensation. The College has ongoing work to address some of these concerns.

Post-consultation recommendation:
Share insights from the consultation internally and in consideration of future work related to Strategic Goal One.

Next Steps

The content of this consultation, summary document and any decisions from the Board of Directors are related to scope of practice activities that are anticipated but not yet approved by the Ministry of Health (i.e., acute pharyngitis, otitis externa, herpes zoster and administration of injectable buprenorphine). Therefore, while general amendments to the existing self-declarations may be able to proceed once approved by the Board, implementation of approved Guidance is subject to the government's approval of the associated expanded scope activities. Once authorized, the College will work to establish a reasonable timeline for implementation.

Guidance for Engaging in Specified Expanded Scope Activities

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Version #: 1.00

Background

Pharmacy professionals have varying levels of experience, training, knowledge and skill with respect to different clinical activities. The type and extent of education and training among pharmacy professionals also varies depending on when they were trained (i.e., pharmacy education has evolved over time) and where they were trained (i.e., domestic vs. international pharmacy programs differ). When new activities are introduced to the Ontario pharmacy professional's scope of practice, it is important for the College to 'level-set' any specific knowledge or skill expectations across the profession, especially when certain expanded scope activities may potentially be new or more complex. Doing so is aligned with the College's public protection mandate by supporting consistency in the level and quality of care being provided.

From 2026-2027, the scope of practice expanded for pharmacy professionals. As part of the expansion, some activities were identified through a risk analysis to be potentially more clinically complex, including:

- Assessment and management by pharmacists of:
    - Acute pharyngitis
    - Otitis externa
    - Herpes zoster
- Administration of injectable buprenorphine extended release by pharmacists

Given the greater clinical complexity surrounding these activities, it is important that pharmacists ensure they have the necessary knowledge, skills, and abilities with respect to these activities prior to engaging in them.

Expectations for Engaging in Specified Expanded Scope of Practice Activities

The following expectations describe at a minimum the knowledge and skills pharmacists should have before they engage in these activities. Pharmacists are encouraged to reflect on the knowledge, skills, abilities, and competence they possess, acquired through education and training (CCAP programs, CCCEP accredited courses), or experiential learning (i.e., work or other hands-on experience). Continuing education opportunities should be explored and pursued to address any identified gaps. Please refer to the **Continuing Education Links for Pharmacists and Pharmacy Technicians** webpage for links to continuing education provider websites to access current CE resources and courses.

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1. Assessment and Prescribing for Acute Pharyngitis

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

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

2. Assessment and Prescribing for Otitis Externa

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

- The pathophysiology, clinical presentation and risk factors
- The differential diagnoses, including for example, differentiation between otitis externa and otitis media, differentiation from localized inflammation caused by dermatological conditions, and common ear pathologies of the middle and external ear
- The red flags for referral, and the importance of timely referral to primary care providers or advising patients to follow up with other health care providers, such as an audiologist

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- Infection prevention and control principles (that consider the community pharmacy environment, and workflow demands)
- Non-pharmacological and pharmacological treatment options
- Prescribing decisions (selection of antimicrobials; application of antimicrobial stewardship principles) based on current clinical guidelines
- Monitoring and the follow-up parameters, including interdisciplinary care plans as appropriate
- How to perform physical assessments for otitis externa, including having attended virtual and/or in-person training on otoscope use *(Note: hands-on experience is encouraged to acquire proficiency in otoscopy, but how and to what extent to acquire that experience remains at the discretion of registrants)*

3. Assessment and Prescribing for Herpes Zoster

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

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

4. Administration of Injectable Buprenorphine

Any registrant who administers injectable buprenorphine must have acquired learning, through a manufacturer's certification course or other opioid agonist therapy training that includes:

- How to safely administer injectable buprenorphine subcutaneously, including any warnings, precautions or specific protocols

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- Monitoring and follow-up parameters, especially understanding protocols for managing adverse events

Revision History

Version #	Date	Action
1.00	TBD	Developed to support expanded scope of practice activities in 2027. **Note:** This guidance document is subject to change, as scope of practice evolves over time.

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Board Decision Note

Meeting Date: September 29, 2026

Topic: Appointment of Auditor

From: Chair, Finance and Audit Committee

Purpose and Action Required: The Board is asked to approve the appointment of the College's external auditor for the fiscal year ending December 31, 2026, based on the recommendation of the Finance and Audit Committee (FAC).

MOTION: **THAT** the Board appoint Tinkham LLP Chartered Professional Accountants as the College's external auditor for the audit of the financial statements for the fiscal year ending December 31, 2026.

Public interest rationale: Annual independent external audits are a key component of the College's accountability framework and support public confidence in the College's financial stewardship. Conducted in accordance with Canadian accounting standards for not-for-profit organizations, the audit provides reasonable assurance that the College's financial statements are free from material misstatement and fairly present the organization's financial position and results.

The appointment of a qualified and independent external auditor supports transparency, accountability, and public trust in the College's governance and financial management.

Strategic alignment, regulatory processes, and actions: Sound financial oversight is foundational to the College's ability to fulfill its regulatory mandate and strategic priorities. The appointment of an experienced and independent external auditor supports the Board's governance responsibilities and reinforces the College's commitment to accountability, integrity, and transparency.

Background: Tinkham LLP Chartered Professional Accountants was first appointed as the College's external auditor in 2017 and has been reappointed annually since that time.

In 2021, the FAC conducted a competitive market review of audit services. Following a request for proposals process involving firms with regulatory sector experience, the FAC recommended Tinkham LLP based on its demonstrated expertise, service quality, and overall value.

In 2023, the College adopted CPA Canada leading practice guidance to conduct a market review of audit services every five years, unless circumstances warrant an earlier review.

Analysis and considerations: The next market review was originally scheduled for 2026. In March 2026, the FAC recommended deferring the review to 2027 due to organizational priorities and staff resource constraints. This one-year deferral is not expected to affect audit quality, independence, or oversight effectiveness.

To strengthen oversight and inform the future procurement process, the FAC implemented a formal auditor performance evaluation following completion of the 2025 audit. Results presented to the Board through the FAC report in June 2026 indicated that Tinkham LLP met or exceeded expectations across key performance areas, including:

- Audit quality and delivery;
- Professionalism and responsiveness;

- Knowledge of the regulatory environment; and
- Auditor independence and objectivity.

In support of audit independence and alignment with leading practices, Tinkham LLP will rotate the audit partner and engagement team members for the 2026 audit engagement.

Based on the positive performance assessment, continuity of service, sector expertise, and planned safeguards supporting auditor independence, the FAC recommends the reappointment of Tinkham LLP for the 2026 audit.

Risk considerations: The Board has a responsibility to ensure the independence, effectiveness, and quality of the external audit function.

Potential risks associated with long-standing auditor appointments are being mitigated through:

- Periodic market reviews of audit services;
- Ongoing annual performance evaluations;
- Committee oversight of auditor independence; and
- Rotation of the audit partner and engagement team.

The planned market review in 2027 will provide an additional opportunity to assess market competitiveness and future audit service requirements.

Financial implications: The appointment of Tinkham LLP will support the completion of the annual external audit within the approved operating budget. No significant financial impacts are anticipated as a result of this recommendation.

Next steps: Subject to Board approval, College staff will notify Tinkham LLP of its appointment as external auditor for the fiscal year ending December 31, 2026, and proceed with engagement planning for the 2026 audit. The Finance and Audit Committee will continue its oversight of the external audit process and auditor performance, and a market review of audit services will be undertaken in 2027 in accordance with the College's procurement and auditor oversight practices.

Board Decision Note

Meeting Date: September 2026

Topic: Review of Pharmacy Technician Fees

From: Chair, Finance and Audit Committee

Purpose and action required: To provide the Board with the results of a comprehensive review of pharmacy technician fees, including financial, affordability, benchmarking, and sustainability considerations. The review was undertaken in response to feedback from pharmacy technicians regarding fee levels and payment timelines and considered these concerns alongside the College's responsibility to maintain a financially sustainable regulatory framework.

Given the potential implications of fee changes for College revenues, reserve adequacy, and long-term financial sustainability, staff are seeking the Board's consideration of the Finance and Audit Committee's recommendation.

MOTION: **THAT** pharmacy technician fees and the current CPI-based fee adjustment methodology remain unchanged at this time, and that a future, fulsome consideration of fee levels and fee structures occur following development of the College's next comprehensive strategic plan and updated multi-year financial forecasts.

Public interest rationale: The College is responsible for establishing fees that support its ability to fulfill its statutory mandate while maintaining public confidence in the fairness, transparency, and sustainability of its regulatory framework. Reviewing pharmacy technician fees helps ensure that fee levels appropriately support public protection, regulatory effectiveness, and continued access to the profession without creating unnecessary barriers to registration or ongoing practice.

Strategic alignment, regulatory processes, and actions: This review supports the College's commitment to financial sustainability, prudent stewardship of registrant funds, evidence-informed decision-making, and effective regulation in the public interest. The analysis considers the relationship between fee revenues, the cost of regulation, reserve adequacy, registrant affordability, and long-term financial sustainability, all of which support the Board's oversight responsibilities for financial risk and resource management.

Background:

- At the March 2026 Board meeting, the Board directed staff to undertake a comprehensive review of pharmacy technician fees and return with an analysis and fee structure options for future consideration. This was in response to feedback from pharmacy technicians regarding the annual fee amount and payment timeline.
- Pharmacy technician fees account for 12% of the College's revenue. The current annual renewal fee for pharmacy technicians in the Part A register is $683.80 and supports the delivery of regulatory activities including registration, quality assurance, investigations and discipline, policy development, registrant engagement, governance, and corporate support services.
- Since pharmacy technicians became a regulated profession in 2010, renewal fees remained unchanged until 2018. To address rising operating costs, fees for pharmacy technicians, pharmacists, and pharmacies were increased by 25% over 2019 and 2020. Concurrently, the by-laws were amended to establish annual inflation-

based fee adjustments. Since 2021, fee adjustments have generally been based on changes in the Consumer Price Index (CPI) in accordance with the College's fee-setting methodology.

- In directing staff to conduct this review, the Board sought information to assist in answering four key questions:
    1. Are pharmacy technician fees aligned with the cost of regulation?
    2. How do OCP fees compare to peer regulators and comparable professions?
    3. Are current fees reasonable and affordable?
    4. What would be the implications of changing fees?

The objective of the review is to assess whether current pharmacy technician fees remain appropriate, sustainable, and aligned with the College's regulatory responsibilities.

Analysis:

Question 1: Are Pharmacy Technician Fees Aligned with the Cost of Regulation?

Based on the allocation methodology used in this review, pharmacy technician registration and renewal fee revenues recovered, on average, approximately 91% of attributed regulatory costs between 2016 and 2026, resulting in an estimated funding gap of approximately 9% over the period. Detailed results are provided in Appendix 1.

The analysis was based on available operational and financial information. Wherever feasible, activity-based allocation methods were used for investigations, hearings, registration activities, jurisprudence examinations, and quality assurance assessments. Shared corporate functions and governance-related costs were allocated based on the proportion of pharmacy technicians relative to the total population of pharmacists, pharmacy technicians, and pharmacies regulated by the College. As with any cost allocation exercise, the results reflect the allocation methodologies applied.

Question 2: How Do OCP Fees Compare to Peers?

Provincial Comparison

Ontario's annual pharmacy technician fee falls within the national range and ranks near the middle of comparable jurisdictions when assessed relative to median technician income. Registrant volume is one of several factors that can influence fee levels across jurisdictions. However, the analysis in Appendix 1 indicates that the costs attributed to regulating pharmacy technicians exceeded fee revenues over the period reviewed. In contrast, pharmacy technician fees are among the highest when compared to similar professions in Ontario. While cross-profession comparisons provide useful context, fee levels are influenced by factors such as profession size, regulatory mandate, scope of practice, and complaint and discipline activity, and should therefore be interpreted with caution. Additional details are provided in Appendices 1 through 3.

Question 3: Are Current Fees Reasonable and Affordable?

Affordability findings are mixed. Pharmacy technician earnings have increased more rapidly than fees over the same period. However, licensing fees remain a higher proportion of income than for several comparator Ontario professions. The analysis is based on publicly available labour market data, including median income estimates, and reflects broad trends across the profession; actual incomes vary among pharmacy technicians and individual affordability may differ. Affordability may also vary significantly based on practice setting, employment status, geographic location, and individual circumstances. Additional analysis is provided in Appendices 4 through 6.

Question 4: What Would Be the Implications of Changing Fees?

The modelled scenarios suggest that the financial implications of fee changes vary considerably depending on the approach taken. More modest changes have a relatively limited effect on projected revenues and reserve balances, while larger fee reductions result in materially lower revenues, increased reliance on reserves, and reduced financial flexibility. Results should be interpreted cautiously given uncertainty regarding future priorities and funding requirements. See Appendix 7 for more details.

Other Fee Structure Considerations

The review found that most regulators consider a combination of (see Appendix 8 for more details):

- Cost recovery
- Reserve adequacy
- Jurisdictional benchmarking
- Financial sustainability
- Strategic and regulatory priorities
- Inflationary pressures

This review has focused primarily on fee levels rather than fundamental changes to the fee structure itself. A broader review of OCP's overall fee methodology and fee structures could be considered separately in the future if desired.

Governance and Risk Considerations: Key risks associated with reducing pharmacy technician fees include increased reliance on reserve balances, reduced flexibility to respond to future regulatory initiatives, and reduced capacity to absorb unforeseen expenditure pressures. Conversely, maintaining the current fee methodology may result in continued concerns from some pharmacy technicians regarding affordability, perceived fairness relative to income, and the overall cost of registration. These considerations should continue to be monitored as part of future reviews of fee levels and structures. The Board must balance these considerations within the context of the College's public protection mandate and long-term financial sustainability.

Recommendation: Based on the analysis, the key findings are as follows:

- Pharmacy technician fees do not currently recover the full costs attributed to regulating the profession.
- Ontario's fees remain broadly comparable to those charged by other pharmacy regulators across Canada.
- Pharmacy technician fees represent a relatively higher percentage of income than several comparable Ontario health professions.
- The analysis did not identify evidence of a clear relationship between fee increases and workforce participation trends. However, the available data does not permit conclusions regarding causation.
- Reducing or freezing fees would reduce future revenues and increase reliance on existing reserve balances.

The review identified legitimate concerns regarding the relative affordability of fees for some pharmacy technicians, particularly when compared with several other Ontario health professions. At the same time, the analysis found that current fee levels remain broadly comparable to those charged by pharmacy regulators in other Canadian jurisdictions and are estimated to recover most, but not all, attributed regulatory costs.

While the review identified affordability considerations that warrant ongoing monitoring, the overall findings support maintaining the current fee methodology at this time. Pharmacy technician fees remain broadly comparable to those charged by other pharmacy regulators, have generally remained stable relative to income over time, and do not fully recover attributed regulatory costs. Although fee freezes and reductions were modelled as

part of the review, these options would further reduce the cost-recovery ratio and increase reliance on reserves. Broader questions regarding fee levels and fee structures would be more appropriately considered through future strategic planning and updated multi-year financial forecasts.

Given that the College's next comprehensive strategic plan has not yet been developed, future funding requirements remain uncertain. It is recommended to maintain the current fee methodology, including CPI-based annual adjustments, at this time. Future consideration of fee levels and fee structures should occur during the development of the College's next comprehensive strategic plan and updated multi-year financial forecasts, at which time the Board will be better positioned to assess funding requirements, reserve adequacy, affordability considerations, and the principles that should guide fee levels and fee structures across pharmacists, pharmacy technicians, and pharmacies.

Next steps: Following the Board's decision, staff will implement the Board's direction regarding pharmacy technician fees. As part of the future strategic planning and financial forecasting cycle, staff will, seek the Board's direction on the scope and approach of a broader review of fee levels and fee structures.

Appendices:

Summary

Board Question	Main Finding
1. **Are Pharmacy technician fees aligned with the cost of regulation?**	No, fees recover on average approximately 91% of attributed costs
2. **How do OCP fees compare to peer regulators and comparable professions?**	Middle of the range among Canadian pharmacy regulators; higher than several comparable Ontario health professional regulators
3. **Are current fees reasonable and affordable?**	Evidence is mixed, though they have remained stable to income
4. **What would be the implications of changing fees?**	Impacts vary by scenario, with fee reductions and fee freezes resulting in lower revenues, increased reliance on reserves, and reduced financial flexibility over time

Appendix 1

Are pharmacy technician fees aligned with the cost of regulation?

This appendix compares revenues generated from pharmacy technician fees with costs attributed to regulating the profession. The analysis includes both direct regulatory activities and allocated shared corporate costs to assess the degree to which technician fees recover the costs associated with regulation.

The analysis indicates that pharmacy technician fee revenue has generally been below attributed regulatory costs, with cost recovery ranging from 83% to 98% over the period reviewed.

Attributed regulatory costs include both direct costs associated with regulating pharmacy technicians and an allocation of shared corporate services that support all regulated classes. Direct costs (i.e. those specifically involving pharmacy technicians) include activities such as registration, quality assurance, investigations, discipline, jurisprudence examinations, and pharmacy technician-specific initiatives. Shared organizational costs include functions such as administration, technology, communications and engagement, policy, regulatory oversight, property management, and information management.

Shared organizational costs were allocated based on the proportion of pharmacy technicians relative to the total number of pharmacists, pharmacy technicians, and pharmacies regulated by the College. Wherever available, costs within regulatory programs were allocated using activity-based measures reflecting pharmacy technician utilization or involvement. This approach is intended to attribute costs based on actual regulatory activity where available, while allocating shared organizational costs using a consistent registrant-based methodology.

Year	Revenue	Attributed Regulatory Costs	Surplus/ (Deficit)	Cost Recovery Ratio	Pharmacy Technician Volume	Average Cost per pharmacy Technician
2016	1,943,331	1,989,202	(45,871)	98%	4,286	$464.12
2017	1,999,075	2,159,253	(160,178)	93%	4,597	$469.71
2018	2,102,609	2,372,631	(270,022)	89%	4,841	$490.11
2019	2,454,728	2,795,278	(340,550)	88%	5,052	$553.30
2020	2,730,418	2,870,009	(139,591)	95%	5,194	$552.56
2021	3,033,585	3,132,645	(99,060)	97%	5,471	$572.59
2022	3,220,260	3,397,779	(177,519)	95%	5,688	$597.36
2023	3,573,386	4,119,418	(546,032)	87%	5,895	$698.80
2024	3,933,210	4,739,948	(806,738)	83%	6,206	$778.83
2025	4,210,377	4,662,872	(452,495)	90%	6,452	$722.70
2026*	4,490,496	5,051,955	(561,459)	89%	6,533	$773.30

** 2026 figures are based on the approved budget

Appendix 2

How Do Ontario Pharmacy Technician Fees Compare to Other Canadian Jurisdictions?

This appendix compares pharmacy technician renewal fees, income levels, and key professional requirements across Canadian provinces where pharmacy technicians are regulated. The purpose is to assess Ontario's position relative to peer regulators. Median income data was obtained from the Government of Canada's Job Bank wage reports.

Province	2026 Fee (incl. GST/ HST)	Annual Fee as % of Median Income	Fee as a Percentage of Income	Ongoing Professional Requirements***			
				Professional Liability Insurance	Professional Development/ Continuing Competence Program	CPR and/or First Aid Training	Injection Training
NS	934.80	53,404	1.75%	Mandatory	Mandatory	Conditional	Conditional
NL	980.16	57,380	1.71%	Mandatory	Mandatory	N/A	Conditional
SK	904.05	52,936	1.71%	Mandatory	Mandatory	Conditional	Conditional
PE	655.50	44,466	1.47%	Mandatory	Mandatory	N/A	N/A
BC**	901.60	65,770	1.37%	Mandatory	Mandatory	Conditional	Conditional
ON	683.80	56,116	1.22%	Mandatory	Mandatory	Conditional	Conditional
NB	681.95	57,660	1.18%	Mandatory	Mandatory	Conditional	Conditional
AB	633.15	56,753	1.12%	Mandatory	Mandatory	N/A	N/A
MB	211.05	59,754	0.35%	Mandatory	Mandatory	N/A	N/A

*Quebec is omitted as pharmacy technicians are not licensed by Ordre des Pharmaciens du Quebec

**Excludes special fee of $45 charged for 2026-2027 renewal year

***Note: Professional requirements were assessed qualitatively to identify whether material differences exist across jurisdictions. Costs were not quantified due to significant variation in frequency, provider, and individual practice circumstances.

Definitions:
Mandatory – Required to maintain the applicable registration or practice.
Conditional – Required only when performing a particular activity or when specific circumstances apply.
N/A (Not applicable) – No requirement is noted

Appendix 3

How Do Pharmacy Technician Fees Compare to Similar Ontario Health Professions?

This appendix compares annual registration fees and fee levels relative to income across selected Ontario regulated health professions with comparable technical, clinical, and regulatory characteristics.

Profession	2026 Fee	Median Income 2026	Fee as a Percentage of Income 2026
Pharmacy Technicians	683.80	$55,016	1.2%
Medical Radiation and Imaging Technologists	615.85	$93,600	0.7%
Physicians Assistants	480.25	$91,374	0.5%
Dental Hygienists	468.95	$91,520	0.5%
Nurses	415.84	$87,360	0.5%
Medical Laboratory Technologists	384.20	$87,360	0.4%

Appendix 4

Have Pharmacy Technician Fees Become More or Less Affordable Over Time?

This appendix compares annual renewal fees with median pharmacy technician income across Canadian jurisdictions over time. The purpose is to assess whether the fee level relative to income has increased, decreased, or remained stable.

Annual license fee by province (including GST/HST)

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
AB	502.95	509.25	509.25	509.25	523.95	533.40	571.20	585.90	600.60	616.35	633.15
BC	432.32	520.80	539.84	551.04	580.16	603.68	631.68	726.88	837.76	901.60	956.48
MB	-	-	-	58.50	109.72	157.50	157.50	157.50	173.25	191.10	211.05
NB	575.00	575.00	575.00	575.00	592.25	592.25	598.00	598.00	632.50	649.75	681.95
NL*	-	-	-	-	-	-	-	-	-	912.63	980.17
NS	-	689.70	701.10	718.20	741.00	752.40	792.30	845.88	888.17	912.00	934.80
ON	452.00	452.00	452.00	508.50	565.00	569.52	594.61	634.44	657.26	667.77	683.80
PE	517.50	517.50	517.50	517.50	552.00	552.00	575.00	575.00	592.25	592.25	655.50
SK	525.00	525.00	561.75	803.25	819.00	832.65	874.65	945.00	988.05	1,008.00	904.05

*****The College was unable to obtain historical fees for Newfoundland and Labrador prior to 2025

Median salary of pharmacy technicians across Canada– 2016 – 2026

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
AB	47,424	49,920	52,000	47,424	47,840	45,760	46,800	48,984	55,640	55,640	56,753
BC	43,680	41,600	37,440	43,680	41,184	39,520	42,640	43,680	52,000	64,480	65,770
MB				40,976	37,440	39,520	39,520	38,896	45,552	58,240	59,754
NB	39,520	41,309	35,360	39,520	35,360	37,440	37,440	38,480	46,363	56,035	57,660
NL										56,035	57,380
NS		37,440	35,048	40,560	33,800	33,280	33,280	37,440	39,520	52,000	53,404
ON	37,710	40,560	39,936	37,710	43,680	41,600	41,600	41,600	46,592	55,016	56,116
PE	29,806	30,551	29,536	29,806	32,136	36,608	35,880	37,440	37,440	43,680	44,466
SK	41,600	41,600	41,184	41,600	37,440	37,440	39,520	41,080	41,600	52,000	52,936

Cost of license fee as a percentage of income

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	Average Annual Change in Fee Level
AB	1.1%	1.0%	1.0%	1.1%	1.1%	1.2%	1.2%	1.2%	1.1%	1.1%	1.1%	0.012%
BC	1.0%	1.3%	1.4%	1.3%	1.4%	1.5%	1.5%	1.7%	1.6%	1.4%	1.5%	0.039%
MB				0.1%	0.3%	0.4%	0.4%	0.4%	0.4%	0.3%	0.4%	0.019%
NB	1.5%	1.4%	1.6%	1.5%	1.7%	1.6%	1.6%	1.6%	1.4%	1.2%	1.2%	-0.027%
NL												
NS		1.8%	2.0%	1.8%	2.2%	2.3%	2.4%	2.3%	2.2%	1.8%	1.8%	0.001%
ON	1.2%	1.1%	1.1%	1.3%	1.3%	1.4%	1.4%	1.5%	1.4%	1.2%	1.2%	0.017%
PE	1.7%	1.7%	1.8%	1.7%	1.7%	1.5%	1.6%	1.5%	1.6%	1.4%	1.5%	-0.034%
SK	1.3%	1.3%	1.4%	1.9%	2.2%	2.2%	2.2%	2.3%	2.4%	1.9%	1.7%	0.079%

Appendix 5

How Have Pharmacy Technician Fees Changed Relative to Income?

This appendix compares changes in annual renewal fees and median pharmacy technician income since 2010 to assess whether fee growth has outpaced earnings growth.

Year	Annual Fee	Median Salary of Pharmacy Technician	Cumulative annual Percentage change in Median salary	Fee Growth Relative to Income Growth
2010	452.00	33,786		
2011	452.00	34,759	2.9%	-2.9%
2012	452.00	35,585	5.3%	-5.3%
2013	452.00	35,792	5.9%	-5.9%
2014	452.00	36,382	7.7%	-7.7%
2015	452.00	36,972	9.4%	-9.4%
2016	452.00	37,710	11.6%	-11.6%
2017	452.00	40,560	20.1%	-20.1%
2018	452.00	39,936	18.2%	-18.2%
2019	508.50	37,710	11.6%	0.9%
2020	565.00	43,680	29.3%	-4.3%
2021	569.52	41,600	23.1%	2.9%
2022	594.61	41,600	23.1%	8.4%
2023	634.44	41,600	23.1%	17.2%
2024	657.26	46,592	37.9%	7.5%
2025	667.77	55,016	62.8%	-15.1%
2026	683.80	56,116	66.1%	-14.8%

Appendix 6

Is There Evidence That Fees Are Affecting Workforce Participation?

This appendix reviews pharmacy technician registration and renewal trends to identify whether patterns exist that may suggest fees are influencing entry into or participation in the profession.

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Active registrants	4,286	4,597	4,841	5,052	5,194	5,471	5,688	5,895	6,206	6,452
New Registrants	501	392	333	337	268	403	443	431	519	441
Resignations	24	41	48	80	88	94	157	147	142	151
Resignations as % of New Registrants	4.8%	10.5%	14.4%	23.7%	32.8%	23.3%	35.4%	34.1%	27.4%	34.2%

Note: Registration and renewal trends are intended to provide contextual insight and should not be interpreted as establishing cause and effect.

Appendix 7

What Would Be the Financial Impact of Potential Fee Changes?

This appendix models the projected financial impact of selected fee scenarios on College revenues and reserve balances. The analysis is intended to illustrate the financial trade-offs and long-term sustainability implications associated with potential fee changes rather than recommend a specific option.

The scenarios presented below are illustrative only and were selected to demonstrate the potential financial implications of a range of fee reduction approaches. They are not intended to represent the only options available for Board consideration. The projected reserve balances should not be interpreted as indicating that a particular scenario is financially preferable, as future priorities and funding requirements may differ from the assumptions used in the analysis.

Reserve Surplus as at December 31, 2025: $6.02M

Scenario*	Annual Revenue Impact**	5-Year Impact on Revenue	Projected Reserve Surplus (2031)***
Maintain CPI increase	No impact to projected revenue	N/A	$9.0M
Reduce annual fee by 20%	$917K in 2027, increasing annually by 6%	$5.2 million decrease	$2.4M
Reduce annual fee by 10%	$500K in 2027, increasing annually by 6%	$2.8 million decrease	$4.7M
Freeze annual fee for 5 years (no CPI increases)	$83K in 2027, increasing by approximately $100K	$1.4 million decrease	$6.1M

*The fee reduction scenarios are illustrative and were selected to evaluate the financial implications of potential Board options. The 20% reduction reflects a fee level that would more closely align the pharmacy technician fee level with that of comparable Ontario health professions when measured relative to income (approximately 1% of income or less). The 10% reduction represents a moderate alternative that provides partial fee relief while maintaining a higher degree of cost recovery.

** Assumes registrant growth and expenditure patterns generally remain consistent with historical trends and does not reflect future initiatives arising from the College's next strategic plan.

***Target reserve values include 4 to 6 months of prior operating expenses in the Operations Reserve Fund, plus 1 to 1.5 times the approved external legal costs budget in the Investigations and Hearing Reserve Fund.

Appendix 8

How Do Other Pharmacy Regulators Determine and Adjust Fees?

Province	Cost Recovery / Budget-Based	Reserve Funding Targets	Benchmarking Against Other Jurisdictions	Multi-Year Financial Planning	Inflation / CPI / Cost of Living Adjustments	Fee Stabilization	Strategic / Regulatory Initiative Funding
AB	Yes	Yes	Yes	Yes	Yes	Yes	Yes
BC	Not specified	Yes	Not specified	Not specified	Not specified	Not specified	Yes
MB	Yes	Yes	Yes	Not specified	Not specified	Yes	Yes
NB	Yes	Not specified	Not specified	Not specified	Not specified	Not specified	Not specified
NS	Yes	Yes	Yes	Not specified	Yes	Yes	Yes
ON	Yes	Yes	Yes	No	Yes	Yes	Yes
PE	Yes	Not specified	Yes	Not specified	Yes	Not specified	Not specified
SK	Yes	Yes	Yes	Yes	Yes	Not specified	Not specified

Board Decision Note

Meeting Date: September 2026

Topic: Board Education and Development Plan

From: Chair, Governance Committee

Purpose and action required: The Board is asked to review and approve the proposed Board Education and Development Plan for the 2026-2027 Board year.

The Governance Committee reviewed the proposed Plan at its August 20, 2026 meeting and recommends its approval.

MOTION: **THAT** the Board approve the Board Education and Development Plan for the 2026-2027 year.

Public interest rationale: An informed and continuously developing Board is better equipped to fulfill its fiduciary, strategic, and regulatory responsibilities. Ongoing Board education strengthens oversight, supports effective decision-making, enhances governance effectiveness, and reinforces public confidence in the College's ability to fulfill its public protection mandate.

Background and strategic alignment: The IOG Governance Report identified opportunities to strengthen governance culture, Board effectiveness, and director development. While the College maintains policies governing Board and committee education, leadership development, and training evaluation, the Governance Review highlighted the importance of adopting a more coordinated and strategic approach to Board learning and development.

In response, staff have developed a proposed Board Education and Development Plan for consideration by the Board in September 2026.

The proposed Plan is intended to support implementation of the Governance Review recommendations by providing an integrated framework for Board orientation, ongoing education, leadership development, and evaluation of learning outcomes.

The Plan builds upon and operationalizes the College's existing policy framework, including:

- Policy 5.1 – Training, Education and Development for the Board and Committees;
- Policy 5.2 – Training for Chairs, Vice-Chairs, and Committee Chairs; and
- Policy 5.3 – Evaluation of Training.

The proposed Plan does not replace existing policies; rather, it provides a practical framework for implementing those policies in a coordinated and consistent manner that supports continuous improvement, Board effectiveness, and Governance Review implementation. It is intended to serve as the Board's annual roadmap for education and development activities while providing flexibility to address emerging governance issues, regulatory changes, and strategic priorities as they arise.

The Plan also supports expectations under the Ministry of Health's College Performance Measurement Framework[1] (CPMF), which requires ongoing education and development for Board Directors.

Governance Committee recommendation: At its August 20, 2026 meeting, the Governance Committee reviewed the proposed Board Education and Development Plan and recommended that it be brought forward to the Board for approval.

In making this recommendation, the Committee was satisfied that the Plan:

- supports implementation of the IOG Governance Review recommendations;
- aligns with the College's existing education, leadership development, and training evaluation policies;
- addresses current and emerging governance development needs;
- provides an appropriate framework for onboarding, continuing education, leadership development, and succession planning; and
- includes mechanisms to evaluate learning effectiveness and support continuous improvement.

In its discussion, the Committee noted several opportunities that may further strengthen implementation of the Plan over time. These included incorporating subject matter experts to provide education on emerging public health, regulatory, and professional practice issues; ensuring flexibility to address evolving governance and strategic priorities; expanding access to external governance education resources; and continuing to enhance onboarding, leadership development, and succession planning initiatives. The Committee was satisfied that the proposed framework provides an appropriate foundation to support these objectives while maintaining flexibility to adapt to future learning needs.

Questions for the Board: In considering approval of the Plan, Board Directors are invited to reflect on the following:

- Does the proposed Plan provide an appropriate framework to support the Board's ongoing development and effectiveness?
- Does the Plan appropriately balance foundational governance education, emerging issues, leadership development, and continuous learning?

Next steps: Subject to the Board's approval, the Plan will guide Board orientation, education, leadership development, and evaluation activities during the 2026-2027 Board year. Progress and learning outcomes will be monitored through existing reporting and evaluation processes, with updates provided to the Governance Committee and Board as appropriate. As part of ongoing implementation, staff will continue to identify opportunities to incorporate emerging governance, public health, regulatory, and strategic topics into Board education programming and will explore additional governance and leadership development resources to support directors throughout their Board tenure.

Attachment

16.1 – Draft Board Education and Development Plan (2026–2027)

[1] The CPMF requires ongoing training for Board Directors (measure 1.2(c)).

DRAFT Board Education and Development Plan (2026-2027)

This Plan outlines the Board's annual education and development priorities for the 2026-2027 Board year.

Purpose: The Board Education and Development Plan (Plan) establishes the Board's annual approach to education, development, governance culture, and continuous improvement. The Plan supports implementation of the Institute on Governance (IOG) Governance Report recommendations and aligns with the College's existing education, leadership development, and training evaluation policies. It is intended to strengthen the effectiveness of Board Directors, committee chairs, and future governance leaders while supporting the College's public protection mandate.

Alignment with the Institute on Governance Review: The Plan serves as a key mechanism for implementing the governance improvement themes identified through the IOG Governance Review. Education, leadership development, and governance capacity-building activities are designed to support continuous improvement in the following areas:

Theme 1: Clarifying Roles and Decision-Making Boundaries
The Board will strengthen understanding of the respective roles, responsibilities, and authorities of the Board, Committees, Board Chair, Registrar & CEO, and College staff. Learning activities will reinforce governance versus operational responsibilities, decision-making accountabilities, delegation principles, and public-interest governance.

Theme 2: Strengthening Oversight and Evaluation
The Board will enhance its ability to oversee strategy, organizational performance, risk, and governance effectiveness through education focused on performance monitoring, enterprise risk management, regulatory oversight, governance evaluation, and continuous improvement.

Theme 3: Enhancing Board Culture and Governance Capacity
The Board will foster a culture of respect, collaboration, constructive challenge, and continuous learning while strengthening governance competencies and leadership capacity among Board Directors, committee chairs, and future governance leaders.

Theme 4: Improving Transparency and Accountability
The Board will promote ethical conduct, accountability, transparency, and public trust through education related to fiduciary responsibilities, conflict of interest management, regulatory decision-making, governance reporting, and public-interest stewardship.

Guiding Principles

Board education and development activities will:

- Support effective governance and public protection.
- Reinforce fiduciary, statutory, and ethical responsibilities.
- Strengthen governance culture, accountability, and Board effectiveness.
- Promote continuous learning throughout a director's governance lifecycle.
- Support leadership development and succession planning.
- Provide opportunities for both collective and individual learning.
- Incorporate evaluation and feedback mechanisms to support continuous improvement.

DRAFT Board Education and Development Plan (2026-2027)

This Plan outlines the Board's annual education and development priorities for the 2026-2027 Board year.

- Incorporate subject matter expertise and external perspectives to enhance understanding of emerging issues affecting professional regulation and public protection.
- Maintain flexibility to address evolving governance, regulatory, public health, and strategic priorities throughout the Board year.

2026-2027 Learning Priorities: The Board's education priorities for the 2026-2027 Board year are to strengthen:

1. Governance leadership and Board effectiveness.
2. Strategic oversight and performance monitoring.
3. Enterprise risk management and regulatory oversight.
4. Artificial intelligence and technology governance.
5. Governance culture, collaboration, and respectful challenge.
6. Leadership succession planning and committee chair development.
7. Regulatory and legislative awareness.
8. Continuous improvement through governance evaluation and reflection.
9. Emerging public health, professional practice, and health system issues affecting the College's public protection mandate.

Orientation Day: The Orientation Day program is designed to provide Board Directors and committee members with a foundational understanding of their governance, regulatory, and fiduciary responsibilities while reinforcing a public-interest approach to decision-making. Key learning themes include:

Public Interest Governance and Regulatory Oversight

- Understanding the role of the College within Ontario's health regulatory framework
- Applying a public-interest lens to governance and regulatory decision-making
- Recognizing emerging risks, trends, and challenges affecting professional regulation
- Exploring current and emerging public health, health system, and professional practice issues relevant to pharmacy regulation and public protection.

Roles, Responsibilities, and Accountability

- Clarifying the distinct roles of the Board, statutory committees, committee members, and staff
- Understanding fiduciary duties, governance responsibilities, and accountability expectations
- Distinguishing between governance and adjudicative functions.

Regulatory Decision-Making and Administrative Law

- Applying principles of procedural fairness, impartiality, and reasonableness.
- Strengthening confidence in fair, transparent, and defensible decision-making. Ethics, Conduct, Privacy, and Confidentiality
- Navigating conflicts of interest, confidentiality obligations, and privacy requirement

DRAFT Board Education and Development Plan (2026-2027)

This Plan outlines the Board's annual education and development priorities for the 2026-2027 Board year.

- Exercising sound judgment in complex or ambiguous situations
- Understanding ethical expectations for governors and committee members

Governance Effectiveness and Board Culture

- Building effective governance behaviours and relationships
- Fostering psychological safety, respectful challenge, and constructive dialogue
- Asking strategic questions and contributing positively to Board and committee deliberations
- Understanding the College's strategic priorities and regulatory direction
- Exploring enterprise risks, external pressures, and emerging issues

Committee Knowledge and Leadership Development

- Developing practical understanding of committee mandates and operations
- Supporting committee chair effectiveness and governance leadership
- Building capacity for future governance and leadership roles

Committee Onboarding

Committee-specific onboarding will be provided to support Board Directors and committee appointees in understanding committee mandates, responsibilities, statutory requirements, and governance expectations.

Mid-Term Appointments

Board Directors appointed/elected between annual orientation sessions will participate in a personalized orientation program with the Board Chair, Registrar & CEO and governance staff, covering governance fundamentals, confidentiality, privacy, conflicts of interest, fiduciary obligations, and College operations.

Leadership Development and Succession Planning

Consistent with the College's commitment to governance excellence, the Board will support the ongoing development of current and future governance leaders.

Leadership development opportunities may include:

- Board Chair, Vice-Chair, and Committee Chair development
- Facilitative leadership and meeting management training
- Governance-focused educational programming and conferences

The objective is to strengthen governance leadership capacity across Board and committees while supporting continuity and the transfer of institutional knowledge.

Leadership development activities may also be made available to Board Directors who have expressed interest in future Board, Vice-Chair, Chair, or Committee Chair leadership roles to support governance succession planning and leadership readiness.

DRAFT Board Education and Development Plan (2026-2027)

This Plan outlines the Board's annual education and development priorities for the 2026-2027 Board year.

Education Framework

Board development activities are organized across five complementary streams:

1. **Orientation and Onboarding**

   Supporting new Board Directors and committee members in developing foundational governance/regulatory knowledge.

2. **Ongoing Board Education**

   Education integrated into Board meetings and governance discussions to strengthen ongoing oversight and decision-making.

3. **Board-Wide Learning Opportunities**

   Voluntary learning opportunities, including Lunch & Learn sessions, governance workshops, conferences, webinars, and external education programs.

4. **Emerging Issues and External Expertise**

   The Board may periodically receive education from external subject matter experts on emerging issues relevant to the College's mandate, including public health trends, professional practice developments, health system challenges, technology and innovation, and regulatory best practices. These sessions are intended to supplement governance education by enhancing directors' understanding of the broader environment in which the College operates.

5. **Leadership Development**

   Targeted development opportunities for the Board Chair, Vice-Chair and committee chairs.

Institute of Corporate Directors Membership

The College will maintain an organizational membership with the Institute of Corporate Directors (ICD) to provide Board Directors with access to governance resources and professional development opportunities.

Membership benefits include the ICD Digital Resource Centre, BoardInfo research services, Director Journal, the *BE IT RESOLVED* podcast series, board recruitment resources, the ICD Directors Register, webinars, publications, and other governance-focused learning opportunities. These resources will complement the Board Education and Development Plan and support continuous governance development and Board effectiveness.

Board Directors may also be encouraged to participate in governance-focused webinars, conferences, educational programs, and other learning opportunities that align with individual development goals, governance competencies, and leadership succession objectives. These opportunities may complement formal Board education activities and support the development of governance expertise throughout a director's tenure.

DRAFT Board Education and Development Plan (2026-2027)

This Plan outlines the Board's annual education and development priorities for the 2026-2027 Board year.

Governance Review Education Crosswalk

IOG Governance Review Theme	Learning Priorities	Educational Activities
Clarifying Roles and Decision-Making Boundaries	Governance leadership, regulatory awareness, committee effectiveness	Orientation, governance fundamentals, roles and responsibilities, decision-making, Chair development
Strengthening Oversight and Evaluation	Strategic oversight, performance monitoring, enterprise risk management, governance evaluation	Board education sessions, risk oversight training, strategic planning, governance assessments
Enhancing Board Culture and Governance Capacity	Governance culture, collaboration, respectful challenge, leadership succession	Board retreats, governance workshops, mentorship, Chair and Vice-Chair development
Improving Transparency and Accountability	Public-interest governance, ethics, accountability, regulatory decision-making	Ethics training, conflict of interest education, administrative law, governance reporting

DRAFT Board Education and Development Plan (2026-2027)

This Plan outlines the Board's annual education and development priorities for the 2026-2027 Board year.

Legend	
Orientation Day – Annual – Board and committee members	**Purpose:** The Board Education and Development Plan establishes the Board's annual approach to education, leadership development, governance culture, and continuous improvement. The Plan supports implementation of the Institute on Governance (IOG) Governance Review recommendations and aligns with the College's existing education, leadership development, and training evaluation policies. It is intended to strengthen the effectiveness of Board Directors, Committee Chairs, and future governance leaders while supporting the College's public protection mandate.
Board Education – Tied to Board Meeting – all Board Directors	
Board Education - Adhoc	
Lunch and Learn – 4-5 times per year. Voluntary – sign-up.	

Board Annual Education Calendar

Timing	Activity	Topic/Objective(s)	Format	Lead
October, 2026	Insights Self-Assessment Survey	To provide Board Directors who did not participate in the 2026 Insights Discovery assessment with an understanding of the tool and its purpose, and to complete the evaluator in preparation for the December 8 Board workshop, where individual preferences, strengths, and team dynamics will be explored.	Virtual/self-learning	Institute on Governance (Francois)
October 15, 2026	Board Orientation Day	Comprehensive Board Director and Committee Member Orientation	Full-day in-person	Board Chair, Registrar & CEO, College staff, and external speakers
October 15, 2026	Orientation Day Session (Board Directors only)	Strategic Plan Refresh Workshop - Input on Performance Indicators for Goals	1-hour in-person	Registrar & CEO and Optimus SBR
November Lunch & Learn (date TBD)	Lunch & Learn #1	Organizational Program, Services and Impact: Intake process	60 mins virtual (optional attendance)	Senior Leadership/Staff
December 8, 2026	Board Education Session	Pulse Check: AI in Regulation	60 mins in-person	Carole Piovesan, INQ Consulting (TBD)
December 8, 2026	Board Education Session	Governance Leadership Workshop (Insights) – Board Directors	Six-hours in-person	Institute on Governance (Francois)
February Lunch & Learn (date TBD)	Lunch & Learn #2	From Idea to Implementation: Regulation Development, Consultation, Engagement, and Amendment Processes	60 mins virtual (optional attendance)	Senior Leadership/Staff
March Board Meeting (March 22)	Board Education Session	Governance Review Implementation Check-In	60 mins in-person	Registrar & CEO and Institute on Governance
April Lunch & Learn (date TBD)	Lunch & Learn #3	Enterprise Risk Management and Risk Appetite in Regulatory Organizations	60 mins virtual (optional attendance)	Registrar & CEO and Director of Corporate Services/ External Consultant
June Board Meeting	Board Education Session	Board Effectiveness, Evaluation, Continuous Improvement and Education Planning for the Upcoming Board Year	90 mins in-person	Facilitator TBD: Institute on Governance or Regulator's Practice
August (optional) Lunch & Learn (date TBD)	Lunch & Learn #4	Indigenous Health Equity Through a Regulatory Lens	60 mins virtual (optional attendance)	External Facilitator
TBD	Board Education Session	Emerging Public Health or Professional Practice Issue Affecting Pharmacy Regulation	TBD	External Facilitator

Note: The Board Education and Development Plan is intended to provide a structured framework for Board learning and development throughout the 2026-2027 Board year. Educational priorities and topics may be adjusted during the year to reflect emerging governance needs, changes in the regulatory environment, organizational priorities, Governance Committee direction, and evolving risks affecting the College and the broader health regulatory sector.

Additional Professional Development Opportunities – Placeholder for Future Topics

- Financial Oversight and Literacy (September 2027 Board meeting)

DRAFT Board Education and Development Plan (2026-2027)

This Plan outlines the Board's annual education and development priorities for the 2026-2027 Board year.

Committee Chair Annual Education Calendar

Timing	Activity	Topic/Objective(s)	Format	Lead
October 15, 2026	Board Orientation Day	Comprehensive Board Director and Committee Orientation	Full-day in-person	Board Chair, Registrar & CEO, College staff, and external speakers
October/November – date TBD	Committee Chair/Committee Staff Support Training	Current committee chairs	Half-day virtual	TBD
March/April – date TBD	Committee Chair Training	Current Committee Chairs	60 mins virtual	TBD

Board Decision Note

Meeting Date: September 2026

Topic: Statement of Principles on Collective Board Governance and Expected Norms

From: Chair, Governance Committee

Purpose and Action Required: As part of implementing the recommendations from the Institute on Governance's (IOG's) report of the Governance Review, the Board is asked to approve the proposed Statement of Principles on Collective Board Governance and Expected Norms (the "Statement").

MOTION: **THAT** the Board approve the Statement of Principles on Collective Board Governance and Expected Norms, as presented.

Public interest rationale: Establishing clear principles and expected norms for collective Board governance serves the public interest by strengthening the Board's ability to make consistent, fair, and evidence informed decisions in fulfilment of the College's public interest mandate. The Statement reinforces accountability, integrity, and effective governance by clarifying how Board Directors deliberate, challenge, decide, and act as a collective governing body.

Strategic alignment, regulatory processes, and actions: The Statement supports the Board's commitment to governance excellence, accountability, and public confidence. By articulating shared expectations for Board conduct and decision-making, it promotes consistent governance practices, constructive deliberation, and disciplined oversight of the College's regulatory responsibilities.

Background: The Statement is a direct outcome of the Governance Review commissioned by the Board in 2024 and conducted by the Institute on Governance (IoG). A key finding of the review was the need to further clarify and reinforce principles of collective governance and the limits of individual Board Director authority. Upon receiving the final Governance Review Report at its September 2025 meeting, the Board assigned oversight of implementation of the review's recommendations to the Governance Committee, consistent with its responsibilities under Article 8.24 of By-Law No. 7B. As part of this work, the Governance Committee participated in a facilitated discussion with IoG at its January 23, 2026 meeting, focused specifically on the recommendation to clarify collective governance principles and expected norms.

The Governance Committee subsequently worked with the IoG to develop the attached Statement. Drafts were reviewed and refined through Governance Committee discussions held throughout 2026. In addition, the Board participated in a governance education session on June 16, 2026, focused on applying the proposed principles and expected norms in practice, including their use in Board deliberations, decision-making, and the management of differing perspectives. Feedback and insights from that discussion informed the final refinements to the Statement, culminating in the version now presented for Board approval.

Description of the Statement: The Statement establishes a common understanding of how the Board governs collectively and the behaviours expected of Board Directors in carrying out their responsibilities. The document includes:

Part I – Principles of Collective Board Governance
Outlines eight core principles that articulate how the Board governs collectively, including public-interest focus, one-Board-voice decision-making, inclusive deliberation, evidence-based judgment, accountability, and continuous improvement.

Part II – Expected Norms
Affirms that the detailed Expected Norms serve as the practical behaviours that give effect to the Principles in day-to-day Board and Committee work.

Part III – Implementation and Reinforcement
Sets out how the Statement will be embedded into Board practices, including orientation, annual reaffirmation, self-evaluation, and ongoing reinforcement by the Chair and Committee Chairs.

Appendix A – Board and Committee Expected Norms
Provides clear behavioural expectations related to respect, inclusivity, healthy debate, preparation, avoidance of pre-positioning, trust, real-time accountability, and continuous practice.

Relationship to Existing Governance Framework: The Statement is deliberately designed to complement, not replace, existing governance instruments, including:

- applicable legislation and regulations;
- OCP By-Law No. 7B;
- the Board of Directors Policy Manual;
- Board and Committee mandates; and
- the Code of Conduct and Conflict of Interest framework.

It clarifies expectations around *how* the Board works together within that framework, rather than introducing new legal or policy obligations.

Risks and Considerations: Without a formally adopted statement of governance principles and norms, there is a risk of inconsistent expectations regarding collective governance, Board conduct, and decision-making practices. Adoption of the Statement provides a common foundation that supports effective governance, stronger Board culture, and continuity across changes in Board membership.

Questions for the Board's consideration: In considering approval of the Statement, Board Directors are invited to reflect on the following:

1. Does the Statement reflect the Board's shared understanding of effective collective governance?
2. Do Board Directors feel the Statement will support the Board culture it seeks to foster, including respectful challenge, inclusivity, accountability, and evidence-informed decision-making?
3. Are Board Directors comfortable approving the Statement as a foundational governance document for the Board?

Next Steps: Subject to the Board's approval, the Statement will be:

1. Incorporated into Board and committee orientation/education.
2. Included in annual Board reaffirmation processes.
3. Reinforced through ongoing governance education and leadership practices by the Board Chair, Vice-Chairs, and Committee Chairs.

Attachment:

17.1.1 Statement of Principles on Collective Board Governance and Expected Norms

Statement of Principles on Collective Board Governance and Expected Norms

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Purpose

This Statement sets out the principles that guide how the Board of Directors of the Ontario College of Pharmacists (OCP) governs collectively in the public interest, and the expected norms that support effective Board and Committee deliberations.

It is intended to:

- provide a clear, shared foundation for collective Board governance;
- complement OCP's existing governance policies, bylaws, and mandates; and
- support consistent Board culture and practice through clear behavioural expectations.

Scope

This Statement applies to:

- the Board of Directors;
- Board Committees; and
- Board member interactions with one another and with staff in the lead-up to meetings, during meetings, and following meetings.

Relationship to Other Governance Documents

This Statement is to be read together with OCP's governance framework, including applicable legislation, regulations, bylaws, Board policies, and Board and Committee mandates.

Nothing in this Statement replaces legal or policy obligations. It is intended to support and strengthen how those obligations are carried out in practice.

Part I - Principles of Collective Board Governance

Principle 1: Public Interest and Mandate

The Board governs in the public interest and exercises its authority within OCP's statutory and policy framework.

Principle 2: Collective Governance and Collective Accountability

The Board governs as a collective body. Individual directors do not exercise Board authority unless expressly authorized by the Board, bylaws, or policy.

Directors are individually responsible for fulfilling their duties and collectively accountable for Board decisions, conduct, and governance performance.

Principle 3: One Board Voice

The Board encourages full, respectful, and informed deliberation before decisions are made. Once a decision is made, the Board speaks with one voice in accordance with OCP policy and protocol.

Principle 4: Role Clarity and Role Discipline

Effective governance requires clear roles and disciplined adherence to them.

The Board commits to respecting:

- the Board's collective authority;
- Committee mandates and delegated responsibilities;
- the distinction between governance and operations; and
- the role of the Registrar and staff in organizational management.

Principle 5: Inclusive Deliberation and Respectful Challenge

The Board values inclusive deliberation, informed inquiry, and respectful challenge as strengths of good governance.

All directors should be able to ask questions, test assumptions, and contribute perspectives without fear of dismissal or disrespect.

Principle 6: Evidence-Based Decision-Making

The Board makes decisions using relevant evidence, sound analysis, and informed judgment, grounded in OCP's mandate and the public interest.

Principle 7: Accountability, Transparency, and Fairness

The Board takes ownership of its decisions and is accountable within OCP's governance framework, including accountability to the Minister and the public.

The Board is committed to transparency to the fullest extent appropriate, while respecting legal, privacy, confidentiality, and in camera obligations.

The Board also affirms fairness, consistency, and the expectation that no individual director is above Board rules or processes.

Principle 8: Continuous Improvement and Governance Culture

Strong governance requires both sound policies and a culture that consistently puts them into practice.

The Board commits to ongoing reflection, reinforcement of expectations, and continuous improvement in how it governs collectively.

Part II - Expected Norms

The Board adopts the Expected Norms in Appendix A as the practical behaviours that support the Principles in this Statement.

All directors are expected to respect and strive to live these norms in Board and Committee work.

Part III - Implementation and Reinforcement

To support consistent application of this Statement, the Board will integrate it into Board practices through:

- orientation for new directors;
- periodic discussion and reflection on Board culture and expectations;
- annual reaffirmation;
- Board and Committee self-evaluation processes; and
- ongoing reinforcement by the Chair and Committee Chairs.

The Board recognizes that governance culture is built through consistent day-to-day conduct and accountability in practice.

Appendix A - Board and Committee Expected Norms

Purpose

The Board of Directors of the Ontario College of Pharmacists has committed to the following Board and Committee meeting norms. All Board Directors are expected to respect and strive to live these norms when participating in OCP Board and Committee meetings, as well as when engaging with other Board directors or staff in the lead-up to meetings.

These norms support the Board's Statement of Principles on Collective Board Governance and Expected Norms.

1. Respect

The Board is committed to demonstrating respect for all Board directors and staff at all times by actively listening and valuing differing perspectives, not interrupting when others are speaking, and being open to different ideas. Directors are expected to:

- critique ideas, not people;
- communicate respectfully in and outside meetings; and
- remain open to changing their minds in light of better information or argument.

2. Inclusivity

The Board strives to ensure everyone is welcomed and heard by creating a safe space for different voices and perspectives and encouraging all Board members to share their perspectives.

Active engagement in deliberations by all Board members is expected. Both the content and tone of deliberations matter.

Directors are expected to help create a psychologically safe environment, including for newer members who may be asking clarifying questions.

3. Healthy Debate

Sharing different perspectives leads to better decisions. The Board expects Board members to ask questions, test assumptions, seek clarity when needed, and be open to exploring alternatives.

Disagreeing or providing a challenge function can add significant value to Board deliberations, but acting in a confrontational or otherwise aggressive manner is not acceptable.

Directors are expected to disagree without being disagreeable.

4. Evidence-Based Deliberation

The Board focuses on facts, data, and experience in its deliberations and decision-making. Personal feelings are not fact or evidence and are not part of Board deliberations and decision-making.

Directors are expected to:

- distinguish evidence from preference;
- ground comments in the issue before the Board; and
- focus on Board-level implications and outcomes.

5. Preparation and Efficient Use of Time

Board and Committee agendas are full. The Board is committed to making the best use of Board members' time by ensuring the Board's time is focused first and foremost on deliberations and decision-making. This requires that all Board members come fully prepared to meetings.

Directors are expected to:

- review materials in advance;
- avoid using meeting time to read briefing materials; and
- keep comments focused and relevant.

Where materials are circulated in advance, presentations should be brief and designed to support deliberation and decision-making.

6. No Pre-Positioning

Board deliberations and decisions take place at the Board table with the benefit of full, frank, and respectful discussion among all board members.

Board members may engage in conversations with one another regarding board matters in advance of meetings in order to learn, seek clarification, or share perspectives. However, vote-gathering, coalition building, or in any other way seeking to pre-determine voting outcomes before a meeting is not acceptable.

7. Trust, Collegiality, and Trustworthiness

Trust is foundational to effective governance. Trustworthiness is demonstrated through consistent behaviour.
Directors are expected to:

- behave as supportive peers;
- foster trust and teamwork;
- provide and receive feedback in good faith; and
- model the standards expected of a public-interest regulator.

8. Self-Monitoring and Real-Time Accountability

The Board is responsible not only for what it decides, but for how it decides.
Directors are expected to:

- be attentive to the quality of Board process and culture;
- respectfully raise concerns when norms are not being upheld;
- accept reminders and feedback from the Chair and colleagues; and
- support ongoing self-evaluation of Board and Committee performance.

9. Reinforcement and Continuous Practice

These norms should be introduced with discussion and reflection, reinforced through orientation and annual affirmation, and supported by feedback mechanisms.

The Board recognizes that governance culture is built through consistent day-to-day behaviour and micro behaviours, not policy text alone.

Board Decision Note

Meeting Date: September 2026

Topic: Policy 3.8 – Confidentiality and Privacy

From: Chair, Governance Committee

Purpose and action required: The Board is asked to approve, the revised Policy 3.8 – Confidentiality and Privacy, on recommendation of the Governance Committee (Committee).

The revised Policy is being presented as part of a broader governance reform implementation initiative conducted in partnership with the Institute on Governance (IoG). The Committee identified opportunities to strengthen the current policy, reviewed a comprehensive redraft prepared by College staff, and recommended several refinements. Following its review, the Committee was satisfied that the revised Policy reflects leading governance practices and is recommending it for Board approval.

This note outlines the Committee's review process, summarizes the key elements of the revised Policy, and explains the rationale for the proposed changes.

MOTION: **THAT** the Board approve revised Policy 3.8 Confidentiality and Privacy.

Public interest rationale: Confidentiality is a statutory obligation for all individuals involved in the governance of the College under section 36 of the *Regulated Health Professions Act, 1991* (RHPA). The College is entrusted with significant volumes of personal and sensitive information about registrants, complainants, patients, and others. A clear, practical policy that Board Directors and Committee Appointees can readily apply protects that information, supports the College's statutory compliance, and maintains public trust in the College's governance and decision-making.

Strategic alignment, regulatory processes, and actions: The revised Policy supports implementation of the Governance Review recommendations and reinforces the Board's legal, fiduciary, and governance obligations by:

- clarifying expectations regarding confidentiality and privacy responsibilities;
- supporting sound risk management practices, including for modern information-handling risks;
- improving consistency across governance policies and related governance instruments; and
- aligning the Policy with current governance and privacy best practices and with the College's operational privacy program.

Background: what the Governance Committee did: Policy 3.8 was last revised in March 2021. It is the governance foundation for the confidentiality and privacy obligations of Board Directors and Committee Appointees, and the base on which related requirements – in-camera proceedings, annual attestations, orientation, and the College's operational privacy framework are built out. The Committee's work proceeded in three steps.

Identifying what needed to change.

At its June 24, 2026 meeting, the Committee reviewed the current policy against the IoG report and the College's current practices. It found that the policy no longer served its purpose well and identified the following issues:

a) it ran confidentiality and privacy together as if they were one concept;

b) it described the statutory duty but gave Directors little practical guidance on how to meet it day to day;

c) it was silent on modern risks such as personal devices, personal email, and artificial intelligence tools;

d) it had no process for reporting and responding to a breach other than referral to the conduct policy; and

e) it contained stale organizational references, including naming the Director of Finance and Administration as Privacy Officer.

The Committee therefore directed that the policy be reworked to address the aforementioned issues.

Reviewing the redraft.

At its July 2026 meeting, the Committee reviewed a complete redraft prepared by staff to address each of those findings, together with a redline against the current policy. The Committee was satisfied with the structure and substance of the redraft and requested a small number of refinements which are described below.

Recommending the revised Policy: The refinements have been made. The Committee recommends that the Board approve the revised Policy as attached.

Relationship to Policy 3.7: Policy 3.7 (Conduct of Board Directors and Committee Appointees) is the third policy in this group and remains before the Governance Committee; its recommendation is expected to come to the Board at a subsequent meeting. Policy 3.8 refers to Policy 3.7 wherever a serious breach would be dealt with as a conduct matter, and operates with the current Policy 3.7 in the meantime. The revised Policy 3.7 will introduce a resolution-first process for concerns about conduct, and the Board can expect it to align with the proportionate approach already reflected in this Policy. Any consequential updates to cross-references will be brought forward with Policy 3.7.

What the revised Policy does, and why: The revised Policy is a substantial rewrite. The attached redline (Attachment 17.3.1) shows every change against the current policy, with short annotations explaining the substantive ones. The main features are as follows.

1. Guiding principles placed at the front of the Policy

Consistent with the IoG's emphasis on culture and "soft wiring" over rules alone, the Policy opens with four principles that frame everything that follows: confidentiality as a starting point; confidentiality where required, transparency where possible; a reporting culture, not a blame culture; and proportionate response. Directors are more likely to apply a policy well when they understand the reasoning behind it.

2. Confidentiality and privacy separated and defined

The Policy is reorganized into Part A – Confidentiality (the statutory duty under section 36 of the RHPA) and Part B – Privacy (the handling of personal information under the College's Privacy Code). A new Definitions section introduces the terms Confidential Information, Personal Information, Confidentiality Breach, Privacy Breach, and Privacy Officer so that the two concepts, and the obligations attached to each, are distinct and consistent throughout.

3. Clear scope and alignment with related instruments

The Policy is confirmed as the general confidentiality and privacy policy for the Board and its committees, operating in tandem with the In-Camera policy (Policy 3.14) rather than duplicating it. It cross-references Policy 3.7 (Conduct), the Code of Conduct, the Conflict-of-Interest policy (Policy 3.9), the annual attestations under Policy 3.10, and the College's Privacy Code and overall Privacy Framework, so that one consistent approach applies across the organization where possible.

4. Practical expectations for day-to-day conduct

The current policy stated the duty; but the revised Policy tells Directors and Committee Appointees what it looks like in practice. This involves things such as:

a) not discussing College information with family, colleagues, employers, or other registrants;

b) keeping in-camera matters in camera;

c) directing media, government, and stakeholder inquiries to the appropriate College channel;

d) not using information for personal benefit;

e) recognizing that the duty continues after a term ends; and

f) consulting the Privacy Officer whenever in doubt.

5. Modern information-handling risks addressed

New expectations cover the risks that did not exist, or were not front of mind, when the policy was last revised such as:

a) accessing and storing Board materials only through College-provided or approved systems;

b) not forwarding materials to personal email or personal storage;

c) safeguards for personal devices;

d) not entering College information into artificial intelligence tools unless approved by the College; and

e) secure storage, return, and destruction of physical materials.

6. A reporting culture and a proportionate breach process

This is the most significant substantive change. The current policy treats every confidentiality breach as a conduct matter under Policy 3.7. Experience in the College's operational privacy program is that most breaches are honest mistakes, and that a punitive approach discourages the prompt reporting on which protection of information depends. The revised Policy therefore:

a) requires prompt reporting of any actual or suspected breach, including one's own, to the Privacy Officer (or to the CEO & Registrar where the Privacy Officer is conflicted);

b) handles most breaches operationally through containment, assessment, notification where warranted, and remediation; and

c) reserves referral to Policy 3.7 for serious situations, using stated indicators such as deliberate or reckless disclosure, personal benefit, concealment, repetition, or significant harm. The Privacy Officer assesses seriousness in the first instance and advises the Governance Committee Chair where a referral appears warranted.

7. Statutory duty restated and organizational references corrected

The statutory duty under subsection 36(1) of the RHPA, its continuation after a term ends, and the penalties for breach are restated plainly. The General Counsel and Chief Privacy Officer is designated as the College's Privacy Officer, replacing the outdated reference to the Director of Finance and Administration, and other stale content is removed.

Refinements requested by the Governance Committee: On reviewing the redraft, the Committee asked for the following refinements, all of which are reflected in the attached version:

- *Plainer language*. The redraft described information as "presumptively" confidential subject to "prescribed" exceptions. The Committee considered this legal phrasing unnecessary for a Director-facing policy. "Presumptive confidentiality" has been replaced with "confidentiality as a starting point" as the first guiding principle, and references to "prescribed" exceptions have been simplified.
- *Tracking the statute*. The definition of Confidential Information now refers to information obtained "in the course of carrying out their duties", which follows the language of subsection 36(1) of the RHPA, in place of "governing or administering the College".
- *The statutory exceptions in one place*. The Committee wanted Directors to have the complete list of circumstances in which the RHPA permits disclosure, without cluttering the body of the Policy. The Policy now refers to the statutory exceptions in subsection 36(1) and a new Appendix A reproduces them in full, together with the related statutory limitations. The Appendix also makes clear that decisions to disclose under an exception are made by the College through its established processes, and that Directors should consult the Privacy Officer before relying on any exception.

Governance Committee recommendation: The Governance Committee has reviewed the revised Policy 3.8 – Confidentiality and Privacy, as refined, and recommends that the Board approve the Policy as presented.

The revised Policy gives Board Directors and Committee Appointees a clearer, more practical, and more complete statement of their confidentiality and privacy obligations. It strengthens accountability, aligns the governance policy with the College's operational privacy program, addresses contemporary information-handling risks, and adopts a proportionate approach that protects information by encouraging reporting rather than discouraging it. Its approval advances implementation of the Governance Review.

Next Steps: Subject to Board approval:

1. The revised Policy 3.8 will come into effect immediately and will be incorporated into the College's governance framework and policy manual;
2. The annual confidentiality and privacy acknowledgement under Policy 3.10 will be updated to reflect the revised Policy; and
3. Staff will update related orientation, training, and guidance materials for Board Directors and Committee Appointees, including guidance on the handling of Board and committee materials.

Attachments:

17.3.1 Policy 3.8 – Confidentiality and Privacy (redline – revisions compared against current Policy 3.8, with annotations)

17.3.2 Policy 3.8 – Confidentiality and Privacy (clean copy of the revised Policy, including Appendix A)

Policy 3.8 Confidentiality and Privacy

REDLINE – Proposed Policy 3.8 rewrite compared against current Policy 3.8 (approved March 21, 2021). Deletions from the current policy are shown in ~~red strikethrough~~; insertions are shown in blue underline; green annotations explain the substantive changes. Reflects the refinements requested by the Governance Committee. Prepared to accompany the draft

Purpose:

This ~~policy~~Policy sets out the confidentiality and privacy obligations of all Board Directors and Committee Appointees ~~to preserve the confidentiality and privacy of~~regarding information that comes to them in their roles ~~within~~at the College, and how potential breaches are reported and addressed.

This Policy addresses general confidentiality and privacy obligations. Requirements specific to in-camera proceedings are set out in the College's In-Camera policy, which operates in tandem with this Policy.

> *Annotation: Scope clarified – this Policy sets the general confidentiality and privacy obligations; requirements specific to in-camera proceedings are set out in the In-Camera policy (Policy 3.14), which operates in tandem with this Policy.*

Application:

This ~~policy~~Policy applies to:

- **All Board Directors and Committee Appointees**, both during and after their term of service.

~~Policy:~~

~~As a professional regulatory body, the College is a custodian of considerable personal and other information, some of which may come to the attention of Board Directors and Committee Appointees during the course of their association with the College, and which must, for the most part, be kept confidential. In accordance with s. 36(1) of the Regulated Health Professions Act, the statutory duty of confidentiality does not end when a Board Director or Committee Appointee's role within the College ends, but it continues.~~

~~In s. 36 (1) of the RHPA, there are a number of included exceptions listed, where information that would otherwise be considered confidential can be disclosed under prescribed circumstances. In addition, the Ontario government more recently set out new expectations that, unless there is a compelling reason to keep something private- ie. where confidentiality is required under law- the Colleges should be placing such information into the public domain.~~

~~Member privacy is important to the College, and OCP is committed to protecting and safeguarding the personal information provided by its registrants. Accordingly, the College has developed a Privacy Policy,~~

Definitions:

"Confidential Information" means all information obtained by an individual in the course of carrying out their duties, in any form (written, oral, electronic, or observed). Under subsection 36(1) of the Regulated Health Professions Act, 1991 (RHPA), such information is confidential unless an exception applies or the information is already properly in the public domain. Confidential Information includes, without limitation, in-camera proceedings and materials, information about registrants and complaints, legal advice, personnel matters, and unpublished Board and Committee materials and deliberations.

"Personal Information" means information about an identifiable individual, including registrants, complainants, patients, staff, and members of the public.

"Confidentiality Breach" means the unauthorized disclosure of Confidential Information.

"Privacy Breach" means the collection, use, disclosure, retention, or loss of Personal Information other than as authorized, including accidental loss or misdirection.

"Privacy Officer" means the College's General Counsel and Chief Privacy Officer (CPO), who administers the College's Privacy Code and privacy program.

> *Annotation: New Definitions section. Confidentiality and privacy are distinct legal concepts and are now defined separately, with the Privacy Officer identified.*

Guiding Principles:

Confidentiality as a starting point. Information obtained in a College governance role is confidential unless a legal exception applies or disclosure has been authorized.

Confidentiality where required; transparency where possible. The College also has an obligation to be transparent about its activities. Where there is no compelling reason – such as a legal requirement of confidentiality – to keep information private, the College's orientation is toward placing information in the public domain. Decisions about what is shared publicly are made by the College through its established processes, not by individual Directors or Appointees.

A reporting culture, not a blame culture. The College's privacy program is built on transparency, inclusion, and cooperation. Prompt reporting of breaches – including one's own honest mistakes – is expected, valued, and treated non-punitively. This approach produces better protection of information than a punishment-based system in which people hesitate to report.

Proportionate response. Most breaches are honest, minor mistakes and are handled operationally through containment, remediation, and learning. Formal conduct processes and associated sanctions are to be reserved for the most serious situations.

> *Annotation: New Guiding Principles, placed at the front of the Policy, including a non-punitive reporting culture. Following Governance Committee review, the plain-language framing "confidentiality as a starting point" replaces "presumptive confidentiality", and references to "prescribed" exceptions have been simplified.*

Part A – Confidentiality:

~~Every person involved in the governance and administration of the College are subject to stringent duties of confidentiality. As noted, the main provision, found in subsection 36(1) of the RHPA, operates on the basis that all information obtained by individuals governing or administering the College is presumptively confidential, except in prescribed circumstances. Breach of this provision can lead to prosecution, and the imposition of fines of up to $50,000.00 (subsection 40 (2) and (3) of the RHPA). Despite this extensive duty of confidentiality, the College also has a competing obligation to be transparent about its activities and to make public certain information about its registrants and its processes.~~

The Statutory Duty

Every person involved in the governance and administration of the College is subject to a stringent duty of confidentiality under subsection 36(1) of the RHPA. This duty:

- applies to all information obtained in the course of one's duties, subject only to the exceptions set out in subsection 36(1), which are reproduced in Appendix A (for example, where disclosure is required in connection with the administration of the governing legislation, or is otherwise authorized);
- **continues after a Board Director or Committee Appointee's role at the College ends** – the duty does not expire with the term; and
- is enforceable by prosecution, with fines of up to $50,000 on conviction (subsections 40(2) and (3) of the RHPA).

While the statute provides for significant penalties, the outcome sought by the legislation is the preservation of confidentiality. The College pursues that outcome primarily through education, sound information-

handling practices, and a culture of prompt reporting and remediation, reserving enforcement mechanisms for the most serious situations (see "Reporting and Responding to Breaches" below).

> *Annotation: Statutory duty carried forward from the current policy, with the post-term continuation emphasized. The statutory exceptions are now collected in Appendix A rather than described in the body of the Policy. Enforcement mechanisms are reserved for the most serious situations.*

Practical Expectations

Board Directors and Committee Appointees shall:

- not disclose or discuss Confidential Information outside of Board or Committee proceedings, including with family, friends, colleagues, employers, professional associations, or other registrants;
- disclose Confidential Information only where one of the statutory exceptions in subsection 36(1) of the RHPA applies – the exceptions are listed in full in Appendix A – or where disclosure has otherwise been authorized by the College;
- keep what is said in camera, in camera, and follow the College's In-Camera policy for those proceedings;
- direct external inquiries (including from media, government, or stakeholders) to the appropriate College channel rather than commenting on College matters personally, unless authorized to speak for the College;
- not use Confidential Information for personal benefit or the benefit of any other person or organization;
- maintain these obligations after their term of service ends; and
- consult the Privacy Officer whenever in doubt about whether information may be shared.

Information Handling and Modern Risks

Board Directors and Committee Appointees shall protect College information in all formats and settings, and in particular shall:

- where required, access and store Board and Committee materials only through College-provided or College-approved systems, and not forward them to personal email accounts or personal storage services;
- follow and apply current/updated OCP guidance related to board work and various committee work on printing, downloading or storing materials as may be provided by OCP from time to time;
- apply appropriate safeguards when using personal devices to access College systems (such as passcodes and up-to-date software), and report a lost or compromised device promptly;
- not enter Confidential Information or Personal Information into artificial intelligence tools or other external services unless the tool has been approved by the College for that use;
- take reasonable care with physical materials, including secure storage and secure destruction or return of materials when no longer needed or at the end of a term; and
- avoid discussing or displaying Confidential Information in public or unsecured settings.

> *Annotation: New practical and modern-risk expectations – handling information outside meetings, external inquiries, AI tools, personal devices, and College guidance on materials. A new expectation cross-references the statutory exceptions in Appendix A.*

Part B – Privacy:

As a professional regulatory body, the College is a custodian of considerable Personal ~~information~~Information. Personal Information collected and handled by the College is subject to the ~~provisions of the~~ College's Privacy Code, which sets out the College's policies and procedures ~~for ensuring~~

~~the safeguarding of personal information, in accordance with the following ten principles: Accountability; Identifying Purposes; Consent; Limiting Collection; Limiting Use, Disclosure or Retention; Accuracy; Safeguards; Openness; Individual Access; and Challenging Compliance~~.

The Privacy Code ~~is~~and the College's privacy program are administered by the College's ~~Director of Finance~~General Counsel and ~~Administration~~Chief Privacy Officer. This governance-level Policy is aligned with, ~~who also serves~~and operates as part of, the College's overall Privacy ~~Officer~~Framework; there is one consistent approach across the organization.

> *Annotation: Privacy Officer reference corrected to the General Counsel & Chief Privacy Officer, and the Policy aligned with the College's overall Privacy Framework so that one consistent approach applies across the organization.*

Board Directors and Committee Appointees shall collect, use, and access Personal Information only to the extent necessary to perform their College roles, and shall handle it in accordance with the Privacy Code and this Policy.

~~Breaches related to confidentiality are dealt with under the provisions of Policy 3.7, Code of Conduct for Board Directors and Committee Appointees and the corresponding sanctions processes.~~

Reporting and Responding to Breaches:

Report Promptly – Without Fear

Any Board Director or Committee Appointee who becomes aware of an actual or suspected Confidentiality Breach or Privacy Breach, including their own, shall report it promptly to the Privacy Officer (or, where the Privacy Officer is conflicted, to the CEO & Registrar). Early reporting is the single most important step in limiting harm.

How Most Breaches Are Handled

Most breaches are honest mistakes. They are reported, contained, assessed, and remediated operationally through the College's privacy program – the same way privacy incidents are handled on the operational side of the College. This ordinarily involves:

- containment of the breach and recovery of information where possible;
- assessment of the nature of the information and the risk of harm;
- notification of affected individuals or others, where warranted; and
- remediation and learning, including any adjustments to practices, guidance, or training.

A breach handled in this way is not a conduct matter. Routine breaches are not treated as automatic 'infractions' of the Code of Conduct, and good-faith reporting will never be penalized. Treating honest mistakes punitively discourages reporting and undermines the very outcome – the protection of information – that the law and this Policy exist to achieve.

When a Breach Becomes a Conduct Matter

A breach may be referred to the processes under Policy 3.7 (conduct of Board Directors and Committee Appointees) and, in the most serious cases, may engage associated sanctions only where the seriousness of the situation warrants it. Indicators of seriousness include one or more of the following:

- the disclosure was deliberate, or reckless where obvious and significant risk existed;
- the information was used or disclosed for personal benefit, or to harm or disadvantage another person or the College;
- the individual concealed the breach or failed to report it after becoming aware of it;
- the conduct is repeated, particularly after guidance, training, or a prior remediation; or

- the breach caused, or risked, significant harm to individuals or to the College's ability to fulfill its public interest mandate.

The Privacy Officer will assess seriousness in the first instance and will advise the Governance Committee Chair where a referral under Policy 3.7 appears warranted. Escalation is the exception, reserved for egregious or repeated situations involving significant infractions; the ordinary route for breaches is operational remediation as described above.

> *Annotation: New breach framework – operational containment and remediation is the default; referral to Policy 3.7 is reserved for deliberate, repeated, or high-harm situations.*

Annual Acknowledgements:

Each year, Board Directors and Committee Appointees ~~are requested to~~ confirm their understanding of their confidentiality and privacy obligations through signed acknowledgements (see ~~policy~~Policy 3.10, Annual Attestations).

Related Instruments:

- Policy 3.7 – Conduct of Board Directors and Committee Appointees, as amended from time to time
- The Code of Conduct for Board Directors and Committee Appointees (see Policy 3.7)
- Conflict of Interest policy (Policy 3.9)
- In-Camera policy (Policy 3.14)
- The College's Privacy Code and overall Privacy Framework

Amendment: The Board may amend this policy.
Approval Date: ~~March 21, 2021~~[pending Board approval]
Last Review: ~~March 21, 2021~~[2026]
Last Revision: ~~March 21, 2021~~[DRAFT – 2026]
Next Review Date: ~~XXX~~[XXXX]

> ▸ *Annotation: New Appendix A reproduces the statutory exceptions in subsection 36(1) of the RHPA in full, so that the body of the Policy can refer to them without restating them.*

Appendix A – Statutory Exceptions to Confidentiality (RHPA, subsection 36(1))

Subsection 36(1) of the Regulated Health Professions Act, 1991 (RHPA) requires every Board Director and Committee Appointee to keep confidential all information that comes to their knowledge in the course of their duties, and prohibits communicating that information to any other person except in the circumstances the subsection sets out. Those statutory exceptions, together with the related limitations that qualify them, are reproduced below so that the full list is available in one place.

The exceptions describe when disclosure is permitted by law; they do not authorize individual Board Directors or Committee Appointees to decide on their own that an exception applies. Decisions about disclosure under an exception are made by the College through its established processes. Board Directors and Committee Appointees should consult the Privacy Officer before relying on any exception.

Duty of confidentiality and statutory exceptions

36 (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the Drug and Pharmacies Regulation Act and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

(a) to the extent that the information is available to the public under this Act, a health profession Act or the Drug and Pharmacies Regulation Act;

(b) in connection with the administration of this Act, a health profession Act or the Drug and Pharmacies Regulation Act, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;

(c) to a body that governs a profession inside or outside of Ontario;

(d) as may be required for the administration of the Drug Interchangeability and Dispensing Fee Act, the Healing Arts Radiation Protection Act, the Health Insurance Act, the Health Protection and Promotion Act, the Independent Health Facilities Act, the Laboratory and Specimen Collection Centre Licensing Act, the Fixing Long-Term Care Act, 2021, the Retirement Homes Act, 2010, the Ontario Drug Benefit Act, the Coroners Act, the Controlled Drugs and Substances Act (Canada) and the Food and Drugs Act (Canada);

(d.1) for a prescribed purpose, to a public hospital that employs or provides privileges to a member of a College, where the College is investigating a complaint about that member or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in regulations made under section 43;

(d.2) for a prescribed purpose, to a person other than a public hospital who belongs to a class provided for in regulations made under section 43, where a College is investigating a complaint about a member of the College or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in the regulations;

(e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;

(f) to the counsel of the person who is required to keep the information confidential under this section;

(g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;

(h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;

(i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons;

(j) with the written consent of the person to whom the information relates; or

(k) to the Minister in order to allow the Minister to determine,

(i) whether the College is fulfilling its duties and carrying out its objects under this Act, a health profession Act, the Drug and Pharmacies Regulation Act or the Drug Interchangeability and Dispensing Fee Act, or

(ii) whether the Minister should exercise any power of the Minister under this Act, or any Act mentioned in subclause (i).

Related limitations on the exceptions (RHPA, subsections 36(1.1) to 36(1.6))

(1.1) Clauses (1) (c) and (d) do not apply with respect to reports required under section 85.1 or 85.2 of the Code.

(1.2) In clause (1) (e), "law enforcement proceeding" means a proceeding in a court or tribunal that could result in a penalty or sanction being imposed.

(1.3) No person or member described in subsection (1) shall disclose, under clause (1) (e), any information with respect to a person other than a member.

(1.4) Nothing in clause (1) (e) shall require a person described in subsection (1) to disclose information to a police officer unless the information is required to be produced under a warrant.

(1.5) Information disclosed under clause (1) (g) shall be limited to the fact that an investigation is or is not underway and shall not include any other information.

(1.6) Information disclosed to the Minister under clause (1) (k) shall only be used or disclosed for the purpose for which it was provided to the Minister or for a consistent purpose.

Source: Regulated Health Professions Act, 1991, S.O. 1991, c. 18, s. 36, as consolidated on Ontario e-Laws. In this Appendix, "the Code" means the Health Professions Procedural Code (Schedule 2 to the RHPA). This extract is provided for convenience; in the event of any discrepancy, the statute as consolidated on e-Laws governs.

Policy 3.8 Confidentiality and Privacy

DRAFT – Reviewed by the Governance Committee and recommended to the Board for approval.

Purpose:

This Policy sets out the confidentiality and privacy obligations of all Board Directors and Committee Appointees regarding information that comes to them in their roles at the College, and how potential breaches are reported and addressed.

This Policy addresses general confidentiality and privacy obligations. Requirements specific to in-camera proceedings are set out in the College's In-Camera policy, which operates in tandem with this Policy.

Application:

This Policy applies to:

- **All Board Directors and Committee Appointees**, both during and after their term of service.

Definitions:

"Confidential Information" means all information obtained by an individual in the course of carrying out their duties, in any form (written, oral, electronic, or observed). Under subsection 36(1) of the Regulated Health Professions Act, 1991 (RHPA), such information is confidential unless an exception applies or the information is already properly in the public domain. Confidential Information includes, without limitation, in-camera proceedings and materials, information about registrants and complaints, legal advice, personnel matters, and unpublished Board and Committee materials and deliberations.

"Personal Information" means information about an identifiable individual, including registrants, complainants, patients, staff, and members of the public.

"Confidentiality Breach" means the unauthorized disclosure of Confidential Information.

"Privacy Breach" means the collection, use, disclosure, retention, or loss of Personal Information other than as authorized, including accidental loss or misdirection.

"Privacy Officer" means the College's General Counsel and Chief Privacy Officer (CPO), who administers the College's Privacy Code and privacy program.

Guiding Principles:

Confidentiality as a starting point. Information obtained in a College governance role is confidential unless a legal exception applies or disclosure has been authorized.

Confidentiality where required; transparency where possible. The College also has an obligation to be transparent about its activities. Where there is no compelling reason – such as a legal requirement of confidentiality – to keep information private, the College's orientation is toward placing information in the public domain. Decisions about what is shared publicly are made by the College through its established processes, not by individual Directors or Appointees.

A reporting culture, not a blame culture. The College's privacy program is built on transparency, inclusion, and cooperation. Prompt reporting of breaches – including one's own honest mistakes – is expected, valued, and treated non-punitively. This approach produces better protection of information than a punishment-based system in which people hesitate to report.

Proportionate response. Most breaches are honest, minor mistakes and are handled operationally through containment, remediation, and learning. Formal conduct processes and associated sanctions are to be reserved for the most serious situations.

Part A – Confidentiality:

The Statutory Duty

Every person involved in the governance and administration of the College is subject to a stringent duty of confidentiality under subsection 36(1) of the RHPA. This duty:

- applies to all information obtained in the course of one's duties, subject only to the exceptions set out in subsection 36(1), which are reproduced in Appendix A (for example, where disclosure is required in connection with the administration of the governing legislation, or is otherwise authorized);
- **continues after a Board Director or Committee Appointee's role at the College ends** – the duty does not expire with the term; and
- is enforceable by prosecution, with fines of up to $50,000 on conviction (subsections 40(2) and (3) of the RHPA).

While the statute provides for significant penalties, the outcome sought by the legislation is the preservation of confidentiality. The College pursues that outcome primarily through education, sound information-handling practices, and a culture of prompt reporting and remediation, reserving enforcement mechanisms for the most serious situations (see "Reporting and Responding to Breaches" below).

Practical Expectations

Board Directors and Committee Appointees shall:

- not disclose or discuss Confidential Information outside of Board or Committee proceedings, including with family, friends, colleagues, employers, professional associations, or other registrants;
- disclose Confidential Information only where one of the statutory exceptions in subsection 36(1) of the RHPA applies – the exceptions are listed in full in Appendix A – or where disclosure has otherwise been authorized by the College;
- keep what is said in camera, in camera, and follow the College's In-Camera policy for those proceedings;
- direct external inquiries (including from media, government, or stakeholders) to the appropriate College channel rather than commenting on College matters personally, unless authorized to speak for the College;
- not use Confidential Information for personal benefit or the benefit of any other person or organization;
- maintain these obligations after their term of service ends; and
- consult the Privacy Officer whenever in doubt about whether information may be shared.

Information Handling and Modern Risks

Board Directors and Committee Appointees shall protect College information in all formats and settings, and in particular shall:

- where required, access and store Board and Committee materials only through College-provided or College-approved systems, and not forward them to personal email accounts or personal storage services;
- follow and apply current/updated OCP guidance related to board work and various committee work on printing, downloading or storing materials as may be provided by OCP from time to time;

- apply appropriate safeguards when using personal devices to access College systems (such as passcodes and up-to-date software), and report a lost or compromised device promptly;
- not enter Confidential Information or Personal Information into artificial intelligence tools or other external services unless the tool has been approved by the College for that use;
- take reasonable care with physical materials, including secure storage and secure destruction or return of materials when no longer needed or at the end of a term; and
- avoid discussing or displaying Confidential Information in public or unsecured settings.

Part B – Privacy:

As a professional regulatory body, the College is a custodian of considerable Personal Information. Personal Information collected and handled by the College is subject to the College's Privacy Code, which sets out the College's policies and procedures.

The Privacy Code and the College's privacy program are administered by the College's General Counsel and Chief Privacy Officer. This governance-level Policy is aligned with, and operates as part of, the College's overall Privacy Framework; there is one consistent approach across the organization.

Board Directors and Committee Appointees shall collect, use, and access Personal Information only to the extent necessary to perform their College roles, and shall handle it in accordance with the Privacy Code and this Policy.

Reporting and Responding to Breaches:

Report Promptly – Without Fear

Any Board Director or Committee Appointee who becomes aware of an actual or suspected Confidentiality Breach or Privacy Breach, including their own, shall report it promptly to the Privacy Officer (or, where the Privacy Officer is conflicted, to the Registrar & CEO). Early reporting is the single most important step in limiting harm.

How Most Breaches Are Handled

Most breaches are honest mistakes. They are reported, contained, assessed, and remediated operationally through the College's privacy program – the same way privacy incidents are handled on the operational side of the College. This ordinarily involves:

- containment of the breach and recovery of information where possible;
- assessment of the nature of the information and the risk of harm;
- notification of affected individuals or others, where warranted; and
- remediation and learning, including any adjustments to practices, guidance, or training.

A breach handled in this way is not a conduct matter. Routine breaches are not treated as automatic 'infractions' of the Code of Conduct, and good-faith reporting will never be penalized. Treating honest mistakes punitively discourages reporting and undermines the very outcome – the protection of information – that the law and this Policy exist to achieve.

When a Breach Becomes a Conduct Matter

A breach may be referred to the processes under Policy 3.7 (conduct of Board Directors and Committee Appointees) and, in the most serious cases, may engage associated sanctions only where the seriousness of the situation warrants it. Indicators of seriousness include one or more of the following:

- the disclosure was deliberate, or reckless where obvious and significant risk existed;

- the information was used or disclosed for personal benefit, or to harm or disadvantage another person or the College;
- the individual concealed the breach or failed to report it after becoming aware of it;
- the conduct is repeated, particularly after guidance, training, or a prior remediation; or
- the breach caused, or risked, significant harm to individuals or to the College's ability to fulfill its public interest mandate.

The Privacy Officer will assess seriousness in the first instance and will advise the Governance Committee Chair where a referral under Policy 3.7 appears warranted. Escalation is the exception, reserved for egregious or repeated situations involving significant infractions; the ordinary route for breaches is operational remediation as described above.

Annual Acknowledgements:

Each year, Board Directors and Committee Appointees confirm their understanding of their confidentiality and privacy obligations through signed acknowledgements (see Policy 3.10, Annual Attestations).

Related Instruments:

- Policy 3.7 – Conduct of Board Directors and Committee Appointees, as amended from time to time
- The Code of Conduct for Board Directors and Committee Appointees (see Policy 3.7)
- Conflict of Interest policy (Policy 3.9)
- In-Camera policy (Policy 3.14)
- The College's Privacy Code and overall Privacy Framework

Amendment: The Board may amend this policy.
Approval Date: [pending Board approval]
Last Review: [2026]
Last Revision: [DRAFT – 2026]
Next Review Date: [XXXX]

Appendix A – Statutory Exceptions to Confidentiality (RHPA, subsection 36(1))

Subsection 36(1) of the Regulated Health Professions Act, 1991 (RHPA) requires every Board Director and Committee Appointee to keep confidential all information that comes to their knowledge in the course of their duties, and prohibits communicating that information to any other person except in the circumstances the subsection sets out. Those statutory exceptions, together with the related limitations that qualify them, are reproduced below so that the full list is available in one place.

The exceptions describe when disclosure is permitted by law; they do not authorize individual Board Directors or Committee Appointees to decide on their own that an exception applies. Decisions about disclosure under an exception are made by the College through its established processes. Board Directors and Committee Appointees should consult the Privacy Officer before relying on any exception.

Duty of confidentiality and statutory exceptions

36 (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the Drug and Pharmacies Regulation Act and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

(a) to the extent that the information is available to the public under this Act, a health profession Act or the Drug and Pharmacies Regulation Act;

(b) in connection with the administration of this Act, a health profession Act or the Drug and Pharmacies Regulation Act, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;

(c) to a body that governs a profession inside or outside of Ontario;

(d) as may be required for the administration of the Drug Interchangeability and Dispensing Fee Act, the Healing Arts Radiation Protection Act, the Health Insurance Act, the Health Protection and Promotion Act, the Independent Health Facilities Act, the Laboratory and Specimen Collection Centre Licensing Act, the Fixing Long-Term Care Act, 2021, the Retirement Homes Act, 2010, the Ontario Drug Benefit Act, the Coroners Act, the Controlled Drugs and Substances Act (Canada) and the Food and Drugs Act (Canada);

(d.1) for a prescribed purpose, to a public hospital that employs or provides privileges to a member of a College, where the College is investigating a complaint about that member or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in regulations made under section 43;

(d.2) for a prescribed purpose, to a person other than a public hospital who belongs to a class provided for in regulations made under section 43, where a College is investigating a complaint about a member of the College or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in the regulations;

(e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;

(f) to the counsel of the person who is required to keep the information confidential under this section;

(g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;

(h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;

(i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons;

(j) with the written consent of the person to whom the information relates; or

(k) to the Minister in order to allow the Minister to determine,

(i) whether the College is fulfilling its duties and carrying out its objects under this Act, a health profession Act, the Drug and Pharmacies Regulation Act or the Drug Interchangeability and Dispensing Fee Act, or

(ii) whether the Minister should exercise any power of the Minister under this Act, or any Act mentioned in subclause (i).

Related limitations on the exceptions (RHPA, subsections 36(1.1) to 36(1.6))

(1.1) Clauses (1) (c) and (d) do not apply with respect to reports required under section 85.1 or 85.2 of the Code.

(1.2) In clause (1) (e), "law enforcement proceeding" means a proceeding in a court or tribunal that could result in a penalty or sanction being imposed.

(1.3) No person or member described in subsection (1) shall disclose, under clause (1) (e), any information with respect to a person other than a member.

(1.4) Nothing in clause (1) (e) shall require a person described in subsection (1) to disclose information to a police officer unless the information is required to be produced under a warrant.

(1.5) Information disclosed under clause (1) (g) shall be limited to the fact that an investigation is or is not underway and shall not include any other information.

(1.6) Information disclosed to the Minister under clause (1) (k) shall only be used or disclosed for the purpose for which it was provided to the Minister or for a consistent purpose.

Source: Regulated Health Professions Act, 1991, S.O. 1991, c. 18, s. 36, as consolidated on Ontario e-Laws. In this Appendix, "the Code" means the Health Professions Procedural Code (Schedule 2 to the RHPA). This extract is provided for convenience; in the event of any discrepancy, the statute as consolidated on e-Laws governs.

Board Decision Note

Meeting Date: September 2026

Topic: Policy 3.9 – Conflicts of Interest

From: Chair, Governance Committee

Purpose and action required: The Board is asked to approve the revised Policy 3.9 – Conflicts of Interest (Policy 3.9) and its Conflicts of Interest Guidance Tool, on recommendation of the Governance Committee (Committee).

The revised Policy is being presented as part of a wider governance reform implementation initiative conducted in coordination with the Institute on Governance (IoG). The Committee identified the areas of the current policy that needed improvement, reviewed a complete redraft prepared by staff on that basis, requested a number of refinements, and is recommending approval by the Board of the revised Policy as presented. This note explains what the Committee did, what the revised Policy does, and why.

MOTION: **THAT** the Board approve revised Policy 3.9 Conflicts of Interest, including the Conflicts of Interest Guidance Tool.

Public interest rationale: A robust conflict of interest framework is fundamental to public confidence in the College's governance and regulatory decision-making. Directors and Committee Appointees must be able to recognize, disclose, and appropriately manage actual, apparent, and potential conflicts so that decisions are made in the public interest and free from inappropriate influence. A policy that is clear enough to be applied without a lawyer, and that treats disclosure as good governance rather than an admission, protects both the individual and the integrity of the College's decisions.

Strategic alignment, regulatory processes, and actions: The revised Policy supports implementation of the Governance Review recommendations and reinforces the Board's fiduciary and governance responsibilities by:

- establishing clear expectations regarding independence, objectivity, transparency, and accountability in decision-making;
- improving alignment with the Code of Conduct, Policy 3.7 (Conduct), Policy 3.8 (Confidentiality and Privacy), Policy 3.10 (Annual Attestations), and the By-Laws;
- supporting a culture of early, stigma-free disclosure and sound governance judgment; and
- giving Directors and Committee Appointees practical tools to identify, disclose, and manage conflicts.

Background: what the Governance Committee did: Policy 3.9 was first approved in March 2021 and last revised in June 2025, when only the Guidance Tool was updated. The Committee's work proceeded in three steps.

Identifying what needed to change. At its April 2, 2026 meeting, the Committee reviewed the current policy against the IoG report and the College's experience in applying it, and identified the following issues:

- the policy did not define what a conflict of interest is, or distinguish actual, apparent, and potential conflicts;
- conflict determinations were inconsistent, in part because Fiduciaries could consult several different people and received different advice;
- there was no framework for deciding whether an interest actually amounts to a conflict, and the Guidance Tool was not tied to the policy;

- the process for raising a concern about another Fiduciary offered no protection against retaliation and no safeguard against the process being misused;
- conflict of interest education was not built into the Director and Committee Appointee lifecycle; and
- there was no named custodian of conflict records and no reporting of trends to support oversight.

The Committee also emphasized that the Policy should support a governance culture grounded in trust, transparency, proportionality, procedural fairness, and ready access to confidential advice. It directed that the policy be reworked to address these issues.

Reviewing the redraft: At its July 22, 2026 meeting, the Committee reviewed a complete redraft prepared by staff to address each of those findings, together with a redline against the current policy. The Committee was satisfied with the structure and substance of the redraft and requested a number of refinements, which are described below.

Recommending the revised Policy.

The refinements have been made. The Committee recommends that the Board approve the revised Policy and Guidance Tool as attached.

Relationship to Policy 3.7: Policy 3.7 (Conduct of Board Directors and Committee Appointees) is the third policy in this group and remains before the Governance Committee; its recommendation is expected to come to the Board at a subsequent meeting. Policy 3.9 refers to Policy 3.7 wherever a failure to disclose, or a concern raised in bad faith, would be dealt with as a conduct matter, and operates with the current Policy 3.7 in the meantime. The revised Policy 3.7 will introduce a resolution-first process for concerns about conduct, and the Board can expect it to align with the proportionate approach already reflected in this Policy. Any consequential updates to cross-references will be brought forward with Policy 3.7.

What the revised Policy does, and why: The revised Policy is a substantial rewrite. The attached redline (Attachment 17.4.1) shows every change against the current policy, with short annotations explaining the substantive ones. The main features are as follows.

1. Guiding principles placed at the front of the Policy
Consistent with the IoG's emphasis on culture and "soft wiring" over rules alone, the Policy opens with nine principles: the public interest comes first; perception matters; disclosure is a strength, not an admission; when in doubt, disclose; responses are proportionate; confidential advice is always available; determinations are consistent and fair; concerns are raised and handled in good faith; and competence is built throughout the term. The principles state expressly that having a conflict is not misconduct – failing to disclose or manage one is.

2. Conflicts of interest defined
The current policy never says what a conflict of interest is. The revised Policy defines it, distinguishes actual, apparent, and potential conflicts, and sets a materiality threshold so that trivial or remote interests, or interests shared with all registrants, are not treated as conflicts. It then answers two questions in order: what kind of interest is involved – financial, personal, or professional – and whether it is held directly by the Fiduciary or indirectly through a closely connected person or organization. The definitions also make clear that holding views about pharmacy practice or public policy is not, on its own, a conflict.

3. The eleven standards of conduct carried forward, with targeted updates
The standards Directors already know are retained. Targeted updates broaden the gifts standard to anyone with a regulatory matter before the College and replace the fixed $30 threshold with "nominal value" plus a duty to seek advice; extend the participation and declaration standards to relationships with, and funding from, academic

institutions, healthcare organizations, advocacy groups, research bodies, and commercial entities; and add practical direction for a Fiduciary who is approached by someone dealing with the College.

4. A four-question framework for deciding whether a conflict exists
Fiduciaries and decision makers work through four questions – interest, materiality, perception, and management – and treat any uncertain situation as a conflict until determined otherwise. The same framework is applied to common scenarios in the Guidance Tool, so the tool and the policy now speak the same language.

5. One pathway for advice, disclosure, determination, and recusal
The General Counsel is the primary point of contact for confidential advice, with the existing options (Board Chair, committee Chair, Registrar & CEO) preserved. Recusal is defined fully – leave the room, virtual or in person, and make no attempt to influence the matter before, during, or after the meeting. New criteria set out when a matter is escalated from a committee to the Board.

6. Raising concerns about another Fiduciary, with safeguards
The duty to raise a concern is retained and given its own section. Concerns are handled confidentially, proportionately, and consistently with Policy 3.7. No one is penalized for raising a concern in good faith; raising one in bad faith, or using an allegation to gain advantage in Board or committee business, is itself a conduct matter.

7. Education, records, and oversight
Conflict of interest learning is embedded across the Fiduciary lifecycle: onboarding for all new Fiduciaries, annual scenario-based refreshers drawn (in anonymized form) from the College's own experience, and ongoing access to advice. The General Counsel Office keeps a confidential record of inquiries, declarations, determinations, and outcomes, and reports anonymized trends to the Governance Committee annually so that the training, the Guidance Tool, and the policy itself keep improving. Annual declarations and affiliation lists continue under Policy 3.10.

8. A reorganized Guidance Tool

The Guidance Tool (Appendix 1) keeps every existing scenario and is regrouped into five themes, with a single conflict rating (Yes / No / Depends) and a guidance-and-action column so every scenario tells the reader what to do. New scenarios cover hospitality at third-party events, the interests of closely connected persons, vendor relationships with the College, matters affecting a Fiduciary's own pharmacy or employer, and institutional relationships and funding.

Refinements requested by the Governance Committee: On reviewing the redraft, the Committee asked for the following refinements, all of which are reflected in the attached version:

- Definitions that explain themselves. The redraft defined "Direct Interest" and "Indirect Interest" as the two categories of interest. The Committee found that those labels do not tell a reader what they contain, and that what the policy is really concerned with is financial, personal, and professional interests – any of which may be held directly or indirectly. The definitions now name the kind of interest first and use "direct" and "indirect" only to describe how it is held, with a residual category so that nothing falls through a gap.
- Professional and institutional relationships. The Committee asked that relationships with, and funding from, academic institutions, healthcare organizations, advocacy groups, research bodies, and commercial entities be expressly captured, applying equally to all Fiduciaries. These now appear in the definition of a professional interest, in Standards 6 and 7, and in a new Guidance Tool scenario.
- Beliefs are not conflicts. To avoid any suggestion that Directors must be without views, the Conflict of Interest definition now states that holding views about pharmacy practice or public policy is not, on its

own, a conflict; a personal commitment becomes one only where it is so strongly held that it cannot be set aside in the public interest, as Standard 6 already provided.

- Practical direction when approached. Standard 9 ("don't switch sides") now tells a Fiduciary who is approached by someone dealing with the College to decline to advise and to direct the person to the appropriate College staff or resources, or to independent advice.

Governance Committee recommendation: The Governance Committee has reviewed the revised Policy 3.9 – Conflicts of Interest and its Guidance Tool, as refined, and recommends that the Board approve them.

The revised Policy provides Board Directors and Committee Appointees a clear definition of a conflict of interest, a practical framework for deciding whether one exists, a single pathway for advice and disclosure, and safeguards for those who raise concerns. It aligns the conflict of interest framework with the College's other governance policies and closes the loop between experience, training, and policy review. Approval of the revised Policy and Guidance Tool supports continued implementation of the Governance Review recommendations.

Next Steps: Subject to Board approval:

1. The revised Policy 3.9 and Guidance Tool will take effect immediately and will be incorporated into the College's governance framework and policy manual.
2. The annual declaration and affiliation-disclosure process under Policy 3.10 will be updated to reflect the revised Policy.
3. Staff will update orientation, training, and guidance materials, and will establish the confidential record and annual trend report to the Governance Committee.

Attachments:

17.3.1 Policy 3.9 – Conflicts of Interest (redline – revisions compared against current Policy 3.9, with annotations)

17.3.2 Policy 3.9 – Conflicts of Interest (clean copy of the revised Policy, including the Guidance Tool as Appendix 1)

Policy 3.9 Conflicts of Interest

REDLINE – Proposed Policy 3.9 compared against current Policy 3.9 (approved March 21, 2021). Deletions from the current policy are shown in ~~red strikethrough~~; insertions are shown in blue underline; green annotations explain the substantive changes; comparison notes are in grey. Reflects the refinements requested by the Governance Committee. Prepared to

Purpose:

~~The purpose of this~~ This policy ~~is to articulate~~ sets out the expectations on Board ~~members~~ Directors and Committee appointees ("Fiduciaries") to ~~avoid, and~~ identify, avoid where ~~that is not~~ possible, ~~to~~ disclose, and ~~where necessary, to declare any appearance of, or actual~~ manage actual, apparent, and potential conflicts of interest. It is designed to support a Board culture in which early disclosure is expected, valued, and free of stigma, and in which conflicts are addressed consistently, proportionately, and in the public interest.

Footnote 1 of the current policy (Ontario Office of the Integrity Commissioner / O. Reg. 381/07; Code of Conduct; RHPA) is absorbed into the new "Relationship to Other Governance Documents" section at the end of the policy.

> ‣ *Annotation: Purpose reframed from avoid/disclose/declare mechanics to the outcome the Governance Committee emphasized – early disclosure without stigma, proportionate and consistent handling, and the public interest first.*

Application:

This policy applies to:

- **All Board Directors and Committee appointees**

Certain obligations continue to apply to former Fiduciaries after their term ends (see Standard 10).

Definitions:

Conflict of Interest: A circumstance in which a Fiduciary has a Material Interest – whether financial, personal, or professional, and whether direct or indirect – that could improperly influence, or could reasonably be perceived by an informed member of the public to influence, the Fiduciary's judgment in carrying out their duties to the College. Holding views about pharmacy practice or public policy is not, on its own, a conflict of interest; a personal commitment becomes a conflict only where it is so strongly held that it cannot be set aside in the public interest (see Standard 6). A conflict may be:

- Actual – the interest is engaged by a matter before the Fiduciary;
- Apparent – a reasonable, informed member of the public could conclude that the interest might influence the Fiduciary, whether or not it actually does; or
- Potential – the interest could develop into an actual or apparent conflict as a matter proceeds.

Interest: Any financial, personal, professional, or other interest that could reasonably be seen to influence a Fiduciary's judgment, including without limitation:

- **Financial interest** – employment, ownership, investment, remuneration, a gift or other benefit, or any other economic advantage or disadvantage;
- **Personal interest** – a family, close personal, or other significant relationship with a person or organization affected by a matter; and
- **Professional interest** – a role, affiliation, loyalty, or prospect of advancement or advantage in respect of another organization, whether or not it can be measured in money, including an

employer, academic institution, healthcare organization, professional association, advocacy group, research body, or commercial entity.

Direct Interest: An Interest held personally by the Fiduciary – for example, their own employment, business, financial holdings, or professional role.

Indirect Interest: An Interest that arises through a person or organization closely connected to the Fiduciary – such as a spouse, child, close friend, business partner, or employer, or an organization with which the Fiduciary or their organization has a significant relationship (including one that solicits or receives significant funding from an entity with a matter before the College) – where that Interest could reasonably be seen to influence the Fiduciary. Whether an Interest is direct or indirect does not change whether it must be disclosed; it is one of the circumstances considered in determining whether a conflict exists.

Decision-maker: A Board Director or Committee appointee of the College tasked with assessing a declared conflict of interest.

Material Interest: An interest significant enough that it could reasonably be seen to affect judgment. An interest that is trivial, remote, or shared broadly with all registrants or the public at large is not, on its own, a conflict of interest.

Fiduciary: A Board Director or Committee appointee of the College.

> ‣ *Annotation: New Definitions section: actual, apparent, and potential conflicts; the kinds of interest (financial, personal, professional) and whether they are held directly or indirectly; and a materiality threshold. Following Governance Committee review, the definitions were restructured so that the kind of interest is named first and "direct" or "indirect" describes how it is held; the professional and institutional relationships raised by the Committee were added; and the Conflict of Interest definition now distinguishes holding views from being improperly influenced. Mirrors the Definitions-first structure adopted across the revised governance policies.*

Guiding Principles:

The College's approach to conflicts of interest is anchored in the following principles, which guide the interpretation and application of this policy:

1. The public interest comes first. Fiduciaries owe their duty to the College and its public interest mandate – not to the profession, an employer, an association, or any other interest.
2. Perception matters. Conflicts are assessed through the eyes of a reasonable, informed member of the public. An appearance of conflict can damage confidence in the College as much as an actual one.
3. Disclosure is a strength, not an admission. Declaring an interest is an act of good governance that protects both the Fiduciary and the College. No stigma attaches to a declaration: having a conflict is not misconduct; failing to disclose or manage one is.
4. When in doubt, disclose. Uncertain situations should be raised early and treated as conflicts until determined otherwise.
5. Responses are proportionate. Most conflicts are managed simply, through disclosure and, where needed, recusal. The response is scaled to the nature and materiality of the interest.
6. Confidential advice is always available. Fiduciaries may seek advice from OCP's General Counsel at any time without triggering any formal process.
7. Determinations are consistent and fair. Conflicts are assessed against a common framework, recorded, and informed by past determinations.

8. Concerns are raised and handled in good faith. Concerns about another Fiduciary's conflict are raised respectfully, handled confidentially where required, and never met with retaliation. The conflict-of-interest process must never be used as a means to gain advantage over a colleague.

9. Competence is built and maintained throughout the term of office and beyond. Understanding of conflict-of-interest obligations is developed through onboarding and strengthened through ongoing education, regular refreshers, and Annual Declarations by Fiduciaries.

> ‣ *Annotation: New Guiding Principles section moves culture to the front of the policy, consistent with the principles-first structure adopted across the revised governance policies, and captures the Committee's emphasis on culture, trust, proportionality, access to confidential advice, and avoiding stigma or misuse of conflict allegations.*

~~**Policy Summary:**~~ **Standards of Conduct:**

Whether a situation constitutes a conflict of interest depends upon all the circumstances. The following ~~principles provide guidance on~~ standards describe how Fiduciaries are expected to avoid and address conflicts of interest.

The eleven principles in the current "Policy Summary" are retained in substance as Standards 1–11; only the changes shown below are proposed.

1. *Don't benefit self, spouse, or children* – Fiduciaries should not use their positions to directly or indirectly benefit themselves, their spouse or children. Preventing disadvantages to themselves, their spouse or children is a form of "benefit". In some circumstances this expectation applies to others like close friends, colleagues, and ~~employers.~~ employers (see the definition of Indirect Interest).

2. *Don't disclose College information* – Fiduciaries should not disclose or use any information obtained through their involvement with the College without ~~authorization.~~ authorization (see Policy 3.8 – Confidentiality and Privacy). Authorization would typically come from a College leader or entity (e.g., Registrar & CEO, Board) applying the RHPA criteria. However, in some circumstances the RHPA itself would authorize direct disclosure (e.g., a discipline panel issuing reasons for decision).

3. *Don't accept gifts* – Fiduciaries should not accept gifts from anyone who (1) interacts with (2) does business with or (3) wants to do business ~~with~~ or has any regulatory matter before the College. Fiduciaries may be able to accept gifts of nominal value ~~($30.00 or less)~~ that are given as an expression of courtesy or hospitality (e.g., refreshments at a meeting). When in doubt, the Fiduciary should report the gift to the Registrar & ~~CEO.~~ CEO and seek advice.

4. *Be cautious before engaging in outside activity* – Fiduciaries should not engage in activities (including business, employment, or volunteer) outside their College roles if doing so would influence or conflict with their role and duties for the College. For example, Fiduciaries ~~can not~~ should not have a leadership role in a professional advocacy association. Where an outside activity is unavoidable (e.g., employment in a pharmacy role for professional members), a Fiduciary should be particularly alert to disclosing the role when engaging in a College activity that might create a conflict.

5. *Don't give preferential treatment* – Fiduciaries should not give preferential treatment to anyone and take steps to avoid creating the appearance that such treatment is being given. For example, special treatment can include inappropriately providing private access to advocacy groups to discuss upcoming College decisions.

6. *Be cautious before participating in decisions* – Fiduciaries should disclose if they or someone closely connected to them (including an organization with which they have a significant relationship – see Indirect Interest) could benefit from, or be disadvantaged by, a decision. Similarly, caution should be exercised if the participation includes consideration of the interests of the profession or an advocacy

group over the public interest. Also, if a Fiduciary has a strongly held personal belief that cannot be set aside, they should not participate. Inappropriate participation could include providing information, expressing opinions or voting.

7. *Declare financial* and other significant *interests* – Fiduciaries should disclose ~~financial interests~~ financial, personal, or professional interests – including, but not limited to, significant relationships with, or funding from, academic institutions, healthcare organizations, advocacy groups, research bodies, or commercial entities – which may cause the appearance of or an actual conflict of interest.

8. *Don't seek preferential treatment* – Fiduciaries must not seek preferential treatment from the College. This duty is particularly acute where the Fiduciary is a professional member acting in their role as a regulated person (e.g., responding to a complaint).

9. *Don't switch sides* – Fiduciaries acting on behalf of the College must not assist or advise those dealing with the College (e.g., in a regulatory proceeding, negotiation, or other transaction). Where a Fiduciary is approached by someone dealing with the College, they should decline to advise and instead direct the person to the appropriate College staff or resources, or suggest that they obtain independent advice.

~~10.~~ Apply these ~~principles~~ standards after leaving – Former Fiduciaries have a continuing obligation to respect these ~~principles.~~ standards. Some obligations, such as not disclosing or using confidential information without authorization, are permanent. Other obligations, such as ~~participating in~~ taking on a leadership role in a professional association or lobbying the Ontario government on College-related issues, would apply for a reasonable period (e.g., at least twelve months).

~~11.~~ There are additional restrictions – The above ~~principles~~ standards are not exhaustive. Fiduciaries should be alert to unusual circumstances that create an apparent or actual conflict of interest (e.g., running for public office relevant to the activities of the College).

> ▸ *Annotation: Standards 1–11 carry forward the existing principles with targeted edits: cross-references to the Indirect Interest definition (Standard 1) and Policy 3.8 (Standard 2); Standard 3 broadened to anyone with a regulatory matter before the College, with the fixed $30.00 threshold replaced by "nominal value" plus a duty to seek advice; Standards 6 and 7 extended, at the Committee's request, to relationships with and funding from academic institutions, healthcare organizations, advocacy groups, research bodies, and commercial entities; Standard 9 now directs a Fiduciary who is approached to redirect the person to College staff or independent advice; a grammar fix in Standard 10; and "principles" renamed "standards" to distinguish them from the Guiding Principles.*

Determining Whether a Conflict Exists:

When considering whether an interest gives rise to a conflict, Fiduciaries and decision makers should work through the following questions:

1. Interest – Do I, or does someone closely connected to me, have an interest – financial, personal, or professional, and whether direct or indirect – in the matter?
2. Materiality – Is the interest more than trivial or remote? Is it distinct from interests shared by all registrants or the public generally?
3. Perception – Could a reasonable, informed member of the public conclude that the interest might influence my judgment, even if I am confident it would not?
4. Management – Can the situation be addressed through disclosure and mitigation or recusal, or does it require a determination by the Committee or the Board?

If the answer to any question is uncertain, the situation should be disclosed and treated as a conflict until determined otherwise. The Conflicts of Interest Guidance Tool (Appendix 1) applies this framework to common scenarios.

> *Annotation: New four-question framework (interest – materiality – perception – management) gives Directors and decision makers practical criteria for determining whether a conflict exists, and anchors the revised Guidance Tool to the policy itself.*

~~Procedure:~~ Disclosure, Determination, and Recusal:

Where a Fiduciary believes there is any potential for a conflict of interest in their role, they should:

- ~~Consult with the appropriate person which, depending on the circumstances, could include the Board Chair and/or the Chair of the committee upon which they serve and/or the Registrar & CEO.~~
- Seek advice early. The General Counsel is the primary point of contact for confidential conflict of interest advice. A Fiduciary may also consult the Board Chair, the Chair of the committee upon which they serve, or the Registrar & CEO.

> *Annotation: Responds to the concern that multiple consultation points led to inconsistent advice: a single primary contact for confidential advice, with the existing consultation options preserved.*

- Declare the interest. If ~~there remains~~ any doubt remains about whether the Fiduciary may have a conflict, disclose the information to the Board or the Committee at the earliest opportunity, and the Board or Committee may collectively decide. Where there is uncertainty, it is usually best to treat the potential conflict of interest as a conflict of interest.
- Accept the ~~Board's~~ determination of the Board or the ~~Committee's determination~~ Committee as to whether there is ~~an~~ a conflict of interest or the appearance of ~~a conflict.~~ one.
- ~~Where there appears to be a conflict of interest, leave the room (virtual or in person) and not take part in any discussion of, or vote on, the matter.~~
- ~~Where there appears to be a conflict of interest, not attempt in any way to influence the discussion of, or vote on, the matter.~~
- Recuse fully. Where there appears to be a conflict of interest, leave the room (virtual or in person), take no part in any discussion of, or vote on, the matter, and make no attempt – before, during, or after the meeting – to influence the discussion or the vote.

> *Annotation: The fourth and fifth bullets of the current procedure are merged into a single recusal requirement; the prohibition on influence is extended to conduct outside the meeting.* Annotation: *The fourth and fifth bullets of the current procedure are merged into a single recusal requirement; the prohibition on influence is extended to conduct outside the meeting*

A matter should be escalated to the Board, rather than resolved at the committee level, where the conflict involves the Board Chair, is recurring or structural in nature, raises questions about a Fiduciary's continued eligibility to serve, or has significant implications for the College's reputation.

> *Annotation: New escalation criteria make clear when a matter leaves the committee level and goes to the Board.*

All declarations of ~~conflicts~~ conflict of interest ~~(or determination~~ (and any determination, after discussion, that ~~there is~~ no conflict ~~of interest after discussion) should be~~ exists) are recorded in the minutes of the meeting.

Raising Concerns About Another Fiduciary:

> *Annotation: The duty to report concerns about another Fiduciary, currently embedded in the Procedure section, is moved into its own section and expanded with handling safeguards*

Where a Fiduciary has information suggesting that another Fiduciary ~~has~~ may have an ~~appearance of a~~ actual or apparent conflict of interest, they must disclose the concern to ~~the~~ an appropriate ~~person (i.e.,~~ person: the Board ~~Chair and/or~~ Chair, the Chair of the Governance ~~Committee and/or~~ Committee, the Chair of the committee upon which they ~~serve and/or~~ serve, the Registrar & ~~CEO and/or legal counsel).~~ CEO, or the General Counsel.

Concerns are handled in a manner consistent with Policy 3.7, and in particular:

- Confidentially – the concern, and the identity of those involved, are shared only with those who need to know to address it (see Policy 3.8);
- Respectfully and proportionately – in most cases, a conversation and clarification will resolve the matter; formal steps are reserved for concerns that cannot be resolved informally; and
- Without retaliation – no Fiduciary will be penalized or disadvantaged for raising a concern in good faith, even if no conflict is ultimately found.

Raising a concern in bad faith or using a conflict of interest allegation as a means to gain advantage in Board or committee business, is itself a conduct matter and may be addressed under Policy 3.7.

> *Annotation: Safeguards against misuse and stigma: confidentiality, proportionate, resolution-first handling consistent with Policy 3.7, anti-retaliation protection for good-faith reporters, and an explicit consequence for allegations made in bad faith.*

Annual Declarations and Affiliations:

Fiduciaries ~~are requested to~~ confirm their understanding of their duty to avoid and address conflicts of interest through signed acknowledgements annually. They ~~are~~ also ~~requested to~~ provide a list of the organizations with which they are affiliated each year and ~~to~~ update any changes to that list ~~immediately.~~ immediately (see ~~3.10)~~ Policy 3.10). The annual declaration is a checkpoint, not a substitute for the ongoing duty to disclose conflicts as they arise.

Education Across the Fiduciary Lifecycle:

Conflict of interest expectations are embedded throughout a Fiduciary's term via:

- Onboarding and orientation – all new Fiduciaries receive conflict of interest training, including an introduction to this policy and the Guidance Tool, before or shortly after beginning their duties;
- Annual refreshers – conflict of interest concepts are revisited annually for the Board and committees, using scenario-based learning drawn (in anonymized form) from the College's own experience; and
- Ongoing support – Fiduciaries are encouraged to raise questions as they arise, using the confidential advice pathway in this policy.

> *Annotation: New section embeds conflict of interest expectations across the full Director and Committee Appointee lifecycle, formalizing the onboarding approach already in use and the Committee's preference for scenario-based training.*

Oversight, Records, and Trend Analysis:

> *Annotation: The confidentiality-and-trends paragraph in the current Procedure section is moved here and expanded.*

~~Documentation~~ The General Counsel Office maintains a confidential record of ~~any inquires as well as the outcome/decisions will be~~ conflict-of-interest inquiries, declarations, determinations, and outcomes. Documentation is kept confidential and ~~will be used to identify trends and consider precedence for any future decisions. Additionally, the trends observed will be~~ is used to ~~augment the training and guidance provided to new Board Directors and Committee Appointees.~~ promote consistency with past determinations.

Anonymized trends are reported to the Governance Committee annually. The Committee uses them to identify systemic issues, inform updates to training and the Guidance Tool, and recommend policy improvements to the Board.

> ‣ *Annotation: A named custodian (the General Counsel Office), a defined annual reporting cycle to the Governance Committee, and a closed learning loop back into training, the Guidance Tool, and policy review.*

Relationship to Other Governance Documents:

This policy operates alongside, and should be read with:

- the Code of Conduct for Board Directors and Committee Appointees (see Policy 3.7), including the obligations to avoid and declare conflicts and to place the interests of the College above other interests;
- Policy 3.7, as amended from time to time, which governs how conduct concerns (including failures to disclose and bad-faith allegations) are addressed;
- Policy 3.8 – Confidentiality and Privacy, which governs the information-handling obligations engaged by conflict-of-interest matters;
- Policy 3.10, which governs the annual affiliation disclosures referenced above; and
- By-Law 7A, Article 4, section 4.17 (Conduct of Directors) and applicable provisions of the Regulated Health Professions Act, 1991.

In developing this policy, the College considered the principles applied by the Ontario Office of the Integrity Commissioner under Ontario Regulation 381/07 and recognized governance best practices, including the maintenance of a register of interests declared and recorded as they arise.

> ‣ *Annotation: New section maps how the policy interlocks with the Code of Conduct, Policies 3.7/3.8/3.10, By-Law 7A s. 4.17 and the RHPA. The closing sentence absorbs current footnote 1 and the register-of-interests best-practice note.*

~~*Best practice, according to Harry Cayton, is that 'All Boards should keep and publish a register of interests and any new interests should be declared and recorded at the start of each meeting. The importance of identifying and reporting conflicts of interest extends to committees and disciplinary panels. Failure to declare any personal or professional or financial knowledge or relationship may result in a failure of probity or even in disciplinary proceedings a miscarriage of justice. (* See for example An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, PSA 2018)~~

The Cayton best-practice block is removed as commentary; its operative substance (a maintained register of interests, declared and recorded as they arise) is carried into the Annual Declarations section and the closing sentence above.

Amendment: The Board may amend this policy.
First Approval Date: March 21, 2021
Last Review: December 12, 2022
Last Revision: June 9, 2025
(Updates to guidance tool only)
Proposed Revision: September 2026 (draft for Board consideration)

Next Review Date: XXXX

Appendix 1 – Conflicts of Interest Guidance Tool

> ‣ *Annotation: The Guidance Tool has been substantially reorganized, so a cell-by-cell redline is not practical. All existing scenarios and their guidance are retained; the changes are structural and additive, summarized below. The full revised tool appears as Appendix 1 to the clean draft.*

How to use this tool: This tool applies the four-question framework in this policy (interest, materiality, perception, management) to common scenarios. It offers guidance, not adjudication: the outcome in any individual case depends on all the circumstances, and Fiduciaries should seek confidential advice from OCP's General Counsel where a situation is uncertain or is not addressed below. The tool is reviewed annually and updated to reflect trends and past determinations.

Summary of changes to the tool:

- A "How to use this tool" preamble (above) tying the tool to the policy's four-question framework and the confidential advice pathway.
- Scenarios regrouped into five thematic sections: (A) Association and Advocacy Relationships; (B) Speaking, Education, and Publications; (C) Professional Profile and Communications; (D) Gifts, Hospitality, and Benefits; (E) Elections, Appointments, and College Decisions.
- The "Yes / No / Maybe" columns are consolidated into a single conflict rating (Yes / No / Depends) paired with a merged "Guidance and suggested action" column, so every scenario – not only the ambiguous ones – tells the reader what to do.
- Five new scenarios: hospitality at conferences and third-party events; matters involving the interests of a closely connected person; business or vendor relationships with the College; and matters affecting the Fiduciary's own pharmacy, employer, or business model (applying the materiality test to distinguish shared registrant interests from distinct or disproportionate ones); and, at the Governance Committee's request, roles with or significant funding from academic institutions, healthcare organizations, research bodies, or commercial entities that have a matter before the College.
- An annual review commitment, so trends and determinations reported under this policy feed back into the tool.

> ‣ *Annotation: Tool improvements provide clearer determination criteria; address undue influence from corporate professional associations and corporate employers through the new employer, vendor, and materiality scenarios; add the institutional-relationship scenario requested by the Committee; and respond to the IoG's observation that acknowledged principles were not always matched by practice – every row now ends in a concrete action.*

Policy 3.9 Conflicts of Interest

DRAFT – Reviewed by the Governance Committee and recommended to the Board for approval.

Purpose:

This policy sets out the expectations on Board Directors and Committee appointees ("Fiduciaries") to identify, avoid where possible, disclose, and manage actual, apparent, and potential conflicts of interest. It is designed to support a Board culture in which early disclosure is expected, valued, and free of stigma, and in which conflicts are addressed consistently, proportionately, and in the public interest.

Application:

This policy applies to:

- **All Board Directors and Committee appointees**

Certain obligations continue to apply to former Fiduciaries after their term ends (see Standard 10).

Definitions:

Conflict of Interest: A circumstance in which a Fiduciary has a Material Interest – whether financial, personal, or professional, and whether direct or indirect – that could improperly influence, or could reasonably be perceived by an informed member of the public to influence, the Fiduciary's judgment in carrying out their duties to the College. Holding views about pharmacy practice or public policy is not, on its own, a conflict of interest; a personal commitment becomes a conflict only where it is so strongly held that it cannot be set aside in the public interest (see Standard 6). A conflict may be:

- **Actual** – the interest is engaged by a matter before the Fiduciary;
- **Apparent** – a reasonable, informed member of the public could conclude that the interest might influence the Fiduciary, whether or not it actually does; or
- **Potential** – the interest could develop into an actual or apparent conflict as a matter proceeds.

Interest: Any financial, personal, professional, or other interest that could reasonably be seen to influence a Fiduciary's judgment, including without limitation:

- **Financial interest** – employment, ownership, investment, remuneration, a gift or other benefit, or any other economic advantage or disadvantage;
- **Personal interest** – a family, close personal, or other significant relationship with a person or organization affected by a matter; and
- **Professional interest** – a role, affiliation, loyalty, or prospect of advancement or advantage in respect of another organization, whether or not it can be measured in money, including an employer, academic institution, healthcare organization, professional association, advocacy group, research body, or commercial entity.

Direct Interest: An Interest held personally by the Fiduciary – for example, their own employment, business, financial holdings, or professional role.

Indirect Interest: An Interest that arises through a person or organization closely connected to the Fiduciary – such as a spouse, child, close friend, business partner, or employer, or an organization with which the Fiduciary or their organization has a significant relationship (including one that solicits or receives significant funding from an entity with a matter before the College) – where that Interest could

reasonably be seen to influence the Fiduciary. Whether an Interest is direct or indirect does not change whether it must be disclosed; it is one of the circumstances considered in determining whether a conflict exists.

Decision-maker: A Board Director or Committee appointee of the College tasked with assessing a declared conflict of interest.

Material Interest: An interest significant enough that it could reasonably be seen to affect judgment. An interest that is trivial, remote, or shared broadly with all registrants or the public at large is not, on its own, a conflict of interest.

Fiduciary: A Board Director or Committee appointee of the College.

Guiding Principles:

The College's approach to conflicts of interest is anchored in the following principles, which guide the interpretation and application of this policy:

1. **The public interest comes first.** Fiduciaries owe their duty to the College and its public interest mandate – not to the profession, an employer, an association, or any other interest.
2. **Perception matters.** Conflicts are assessed through the eyes of a reasonable, informed member of the public. An appearance of conflict can damage confidence in the College as much as an actual one.
3. **Disclosure is a strength, not an admission.** Declaring an interest is an act of good governance that protects both the Fiduciary and the College. No stigma attaches to a declaration: having a conflict is not misconduct; failing to disclose or manage one is.
4. **When in doubt, disclose.** Uncertain situations should be raised early and treated as conflicts until determined otherwise.
5. **Responses are proportionate.** Most conflicts are managed simply, through disclosure and, where needed, recusal. The response is scaled to the nature and materiality of the interest.
6. **Confidential advice is always available.** Fiduciaries may seek advice from OCP's General Counsel at any time without triggering any formal process.
7. **Determinations are consistent and fair.** Conflicts are assessed against a common framework, recorded, and informed by past determinations.
8. **Concerns are raised and handled in good faith.** Concerns about another Fiduciary's conflict are raised respectfully, handled confidentially where required, and never met with retaliation. The conflict-of-interest process must never be used as a means to gain advantage over a colleague.
9. **Competence is built and maintained throughout the term of office and beyond.** Understanding of conflict-of-interest obligations is developed through onboarding and strengthened through ongoing education, regular refreshers, and Annual Declarations by Fiduciaries.

Standards of Conduct:

Whether a situation constitutes a conflict of interest depends upon all the circumstances. The following standards describe how Fiduciaries are expected to avoid and address conflicts of interest.

1. *Don't benefit self, spouse, or children* – Fiduciaries should not use their positions to directly or indirectly benefit themselves, their spouse or children. Preventing disadvantages to themselves, their

spouse or children is a form of "benefit". In some circumstances this expectation applies to others like close friends, colleagues, and employers (see the definition of Indirect Interest).

2. *Don't disclose College information* – Fiduciaries should not disclose or use any information obtained through their involvement with the College without authorization (see Policy 3.8 – Confidentiality and Privacy). Authorization would typically come from a College leader or entity (e.g., Registrar & CEO, Board) applying the RHPA criteria. However, in some circumstances the RHPA itself would authorize direct disclosure (e.g., a discipline panel issuing reasons for decision).

3. *Don't accept gifts* – Fiduciaries should not accept gifts from anyone who (1) interacts with (2) does business with or (3) wants to do business or has any regulatory matter before the College. Fiduciaries may be able to accept gifts of nominal value that are given as an expression of courtesy or hospitality (e.g., refreshments at a meeting). When in doubt, the Fiduciary should report the gift to the Registrar & CEO and seek advice.

4. *Be cautious before engaging in outside activity* – Fiduciaries should not engage in activities (including business, employment, or volunteer) outside their College roles if doing so would influence or conflict with their role and duties for the College. For example, Fiduciaries should not have a leadership role in a professional advocacy association. Where an outside activity is unavoidable (e.g., employment in a pharmacy role for professional members), a Fiduciary should be particularly alert to disclosing the role when engaging in a College activity that might create a conflict.

5. *Don't give preferential treatment* – Fiduciaries should not give preferential treatment to anyone and take steps to avoid creating the appearance that such treatment is being given. For example, special treatment can include inappropriately providing private access to advocacy groups to discuss upcoming College decisions.

6. *Be cautious before participating in decisions* – Fiduciaries should disclose if they or someone closely connected to them (including an organization with which they have a significant relationship – see Indirect Interest) could benefit from, or be disadvantaged by, a decision. Similarly, caution should be exercised if the participation includes consideration of the interests of the profession or an advocacy group over the public interest. Also, if a Fiduciary has a strongly held personal belief that cannot be set aside, they should not participate. Inappropriate participation could include providing information, expressing opinions or voting.

7. *Declare financial and other significant interests* – Fiduciaries should disclose financial, personal, or professional interests – including, but not limited to, significant relationships with, or funding from, academic institutions, healthcare organizations, advocacy groups, research bodies, or commercial entities – which may cause the appearance of or an actual conflict of interest.

8. *Don't seek preferential treatment* – Fiduciaries must not seek preferential treatment from the College. This duty is particularly acute where the Fiduciary is a professional member acting in their role as a regulated person (e.g., responding to a complaint).

9. *Don't switch sides* – Fiduciaries acting on behalf of the College must not assist or advise those dealing with the College (e.g., in a regulatory proceeding, negotiation, or other transaction). Where a Fiduciary is approached by someone dealing with the College, they should decline to advise and instead direct the person to the appropriate College staff or resources, or suggest that they obtain independent advice.

10. Apply these standards after leaving – Former Fiduciaries have a continuing obligation to respect these standards. Some obligations, such as not disclosing or using confidential information without

authorization, are permanent. Other obligations, such as taking on a leadership role in a professional association or lobbying the Ontario government on College-related issues, would apply for a reasonable period (e.g., at least twelve months).

11. There are additional restrictions – The above standards are not exhaustive. Fiduciaries should be alert to unusual circumstances that create an apparent or actual conflict of interest (e.g., running for public office relevant to the activities of the College).

Determining Whether a Conflict Exists:

When considering whether an interest gives rise to a conflict, Fiduciaries and decision makers should work through the following questions:

1. **Interest** – Do I, or does someone closely connected to me, have an interest – financial, personal, or professional, and whether direct or indirect – in the matter?
2. **Materiality** – Is the interest more than trivial or remote? Is it distinct from interests shared by all registrants or the public generally?
3. **Perception** – Could a reasonable, informed member of the public conclude that the interest might influence my judgment, even if I am confident it would not?
4. **Management** – Can the situation be addressed through disclosure and mitigation or recusal, or does it require a determination by the Committee or the Board?

If the answer to any question is uncertain, the situation should be disclosed and treated as a conflict until determined otherwise. The Conflicts of Interest Guidance Tool (Appendix 1) applies this framework to common scenarios.

Disclosure, Determination, and Recusal:

Where a Fiduciary believes there is any potential for a conflict of interest in their role, they should:

- **Seek advice early.** The General Counsel is the primary point of contact for confidential conflict of interest advice. A Fiduciary may also consult the Board Chair, the Chair of the committee upon which they serve, or the Registrar & CEO.
- **Declare the interest.** If any doubt remains about whether the Fiduciary may have a conflict, disclose the information to the Board or the Committee at the earliest opportunity, and the Board or Committee may collectively decide. Where there is uncertainty, it is usually best to treat the potential conflict of interest as a conflict of interest.
- **Accept the determination** of the Board or the Committee as to whether there is a conflict of interest or the appearance of one.
- **Recuse fully.** Where there appears to be a conflict of interest, leave the room (virtual or in person), take no part in any discussion of, or vote on, the matter, and make no attempt – before, during, or after the meeting – to influence the discussion or the vote.

A matter should be escalated to the Board, rather than resolved at the committee level, where the conflict involves the Board Chair, is recurring or structural in nature, raises questions about a Fiduciary's continued eligibility to serve, or has significant implications for the College's reputation.

All declarations of conflict of interest (and any determination, after discussion, that no conflict exists) are recorded in the minutes of the meeting.

Raising Concerns About Another Fiduciary:

Where a Fiduciary has information suggesting that another Fiduciary may have an actual or apparent conflict of interest, they must disclose the concern to an appropriate person: the Board Chair, the Chair of the Governance Committee, the Chair of the committee upon which they serve, the Registrar & CEO, or the General Counsel.

Concerns are handled in a manner consistent with Policy 3.7, and in particular:

- **Confidentially** – the concern, and the identity of those involved, are shared only with those who need to know to address it (see Policy 3.8);
- **Respectfully and proportionately** – in most cases, a conversation and clarification will resolve the matter; formal steps are reserved for concerns that cannot be resolved informally; and
- **Without retaliation** – no Fiduciary will be penalized or disadvantaged for raising a concern in good faith, even if no conflict is ultimately found.

Raising a concern in bad faith or using a conflict of interest allegation as a means to gain advantage in Board or committee business, is itself a conduct matter and may be addressed under Policy 3.7.

Annual Declarations and Affiliations:

Fiduciaries confirm their understanding of their duty to avoid and address conflicts of interest through signed acknowledgements annually. They also provide a list of the organizations with which they are affiliated each year and update any changes to that list immediately (see Policy 3.10). The annual declaration is a checkpoint, not a substitute for the ongoing duty to disclose conflicts as they arise.

Education Across the Fiduciary Lifecycle:

Conflict of interest expectations are embedded throughout a Fiduciary's term via:

- **Onboarding and orientation** – all new Fiduciaries receive conflict of interest training, including an introduction to this policy and the Guidance Tool, before or shortly after beginning their duties;
- **Annual refreshers** – conflict of interest concepts are revisited annually for the Board and committees, using scenario-based learning drawn (in anonymized form) from the College's own experience; and
- **Ongoing support** – Fiduciaries are encouraged to raise questions as they arise, using the confidential advice pathway in this policy.

Oversight, Records, and Trend Analysis:

The General Counsel Office maintains a confidential record of conflict-of-interest inquiries, declarations, determinations, and outcomes. Documentation is kept confidential and is used to promote consistency with past determinations.

Anonymized trends are reported to the Governance Committee annually. The Committee uses them to identify systemic issues, inform updates to training and the Guidance Tool, and recommend policy improvements to the Board.

Relationship to Other Governance Documents:

This policy operates alongside, and should be read with:

- the Code of Conduct for Board Directors and Committee Appointees (see Policy 3.7), including the obligations to avoid and declare conflicts and to place the interests of the College above other interests;
- Policy 3.7, as amended from time to time, which governs how conduct concerns (including failures to disclose and bad-faith allegations) are addressed;
- Policy 3.8 – Confidentiality and Privacy, which governs the information-handling obligations engaged by conflict-of-interest matters;
- Policy 3.10, which governs the annual affiliation disclosures referenced above; and
- By-Law 7A, Article 4, section 4.17 (Conduct of Directors) and applicable provisions of the Regulated Health Professions Act, 1991.

In developing this policy, the College considered the principles applied by the Ontario Office of the Integrity Commissioner under Ontario Regulation 381/07 and recognized governance best practices, including the maintenance of a register of interests declared and recorded as they arise.

Amendment: The Board may amend this policy.
First Approval Date: March 21, 2021
Last Review: December 12, 2022
Last Revision: June 9, 2025
(Updates to guidance tool only)
Proposed Revision: September 2026 (draft for Board consideration)
Next Review Date: XXXX

Appendix 1 – Conflicts of Interest Guidance Tool

How to use this tool: This tool applies the four-question framework in this policy (interest, materiality, perception, management) to common scenarios. It offers guidance, not adjudication: the outcome in any individual case depends on all the circumstances, and Fiduciaries should seek confidential advice from OCP's General Counsel where a situation is uncertain or is not addressed below. The tool is reviewed annually and updated to reflect trends and past determinations.

A. Association and Advocacy Relationships

Scenario	Conflict?	Guidance and suggested action
Member of an association	**No**	Membership alone is not a conflict. Record the membership on the annual affiliations list and be alert to specific matters where the association's interests are engaged.
Staff member, officer, or director of a professional advocacy association	**Yes**	Incompatible with a Fiduciary role (see By-Law 7A, s. 4.17.2(e)). Does not apply where the Board has appointed the Fiduciary to the body as a representative of the College.
Sitting on a committee of an advocacy body	**Depends**	Generally avoid where any part of the committee's mandate involves advocacy. May be appropriate where the committee serves a clear public interest purpose. Consult the College before accepting the appointment.
Attendance at association events	**No**	Attendance as a participant is acceptable. Avoid roles at the event that could suggest College representation or endorsement of advocacy positions.
Actively advocating for the profession	**Yes**	Incompatible with the public interest mandate. This is not balanced or cured by also referencing advocacy for the public.

B. Speaking, Education, and Publications

Scenario	Conflict?	Guidance and suggested action
Speaking at association-sponsored events	**Depends**	Start from the assumption that the conflict must be avoided rather than managed; the risk rises with the individual's influence on College decision-making (e.g., Board Chair or a Committee Chair). Apparent conflict will be present where the speaker is paid (or payment would be assumed); the topic is outside the speaker's recognized expertise; the topic is one the advocacy body has promoted and the College is silent on, is considering, or may need to consider; or the presentation could benefit the individual's business. Permission may be given where the speaker has recognized pre-existing expertise; the association and the College align or have a publicly declared partnership

Scenario	Conflict?	Guidance and suggested action
		on the subject; the topic is one the College has published on; the individual's role is below Board or Committee Chair level and unrelated to decisions they would be involved in; and the topic is not current advocacy work, current College work, or a current political issue.
Speaking about your work at the College or on behalf of the College	**No – but see Policy 1.2**	Generally not a conflict issue; rather, public discussion of the College's affairs is reserved to the Board's authorized spokespersons (the Registrar & CEO and the Board Chair) under Policy 1.2. Where it would benefit the College, seek approval from the Board Chair and have the message or presentation prepared or reviewed by relevant staff.
Providing OCP-mandated education	**Yes**	Even in the absence of payment, the individual will appear to derive a personal benefit. Exception: education provided in an academic setting, where the bona fides of the individual's and the institution's expertise may mitigate the reputational risk.

C. Professional Profile and Communications

Scenario	Conflict?	Guidance and suggested action
Inclusion of College role on CV, LinkedIn, or published biographies	**No**	May reflect facts but should avoid self-promotion. If the materials are used to solicit business, this may call into question motives for working with OCP and objectivity of decision-making (see the Code of Conduct).
Inclusion of College role in business or enterprise professional materials	**Yes**	Reporting the fact of College engagement is permitted, but where the connection provides a significant business advantage, the business and College roles may be in conflict and will nearly always require closer scrutiny.
Inclusion of OCP role in signatures on non-OCP correspondence	**Yes**	Except for correspondence directly related to College business, including College appointments in signatures is inappropriate because it would appear the individual is representing the College.
Inclusion of Association role on CV, LinkedIn, or published biographies	**Depends**	Acceptable where published information clearly indicates that the association and College roles are non-contemporaneous.
Reference to advancing or advocating for the profession in any published materials	**Yes**	Information under a Fiduciary's control must not indicate a desire to promote, advance, or advocate for the profession. This is not balanced by also referencing advocacy for the public.

D. Gifts, Hospitality, and Benefits

Scenario	Conflict?	Guidance and suggested action
Acceptance of gifts or payment from anyone associated with College business	**Yes**	Decline. Items of nominal value given as courtesy or hospitality (e.g., refreshments at a meeting) may be acceptable. When in doubt, report the gift to the Registrar & CEO for advice.
Hospitality at conferences or third-party events	**Depends**	Ordinary hospitality made available to all attendees is generally acceptable. Targeted or more-than-nominal hospitality from anyone who interacts, does business, or seeks to do business with the College should be declined and reported.
Acceptance of awards	**No**	Generally acceptable. Disclose where the awarding body has matters before the College or where acceptance could suggest endorsement of an advocacy position.

E. Elections, Appointments, and College Decisions

Scenario	Conflict?	Guidance and suggested action
Endorsement by a sitting Board member of any electoral candidate to the Board of Directors	**Yes**	No endorsements. For greater clarity: no social media exchanges (e.g., liking, commenting, or posting) and no verbalized recommendation or endorsement of a candidate.
Participating in a matter involving the business, employer, or financial interests of a spouse, child, or other closely connected person	**Yes**	Disclose and recuse. Indirect interests held through closely connected persons are treated the same way as the Fiduciary's own interests.
Holding a role with, or your organization soliciting or receiving significant funding from, an academic institution, healthcare organization, research body, or commercial entity that has a matter before the College	**Depends**	Disclose the relationship or funding before participating. Where the matter could benefit or disadvantage that entity in a distinct way, expect to recuse. This applies equally to all Fiduciaries, elected or appointed.
A business or vendor relationship with the College (held by the Fiduciary or a closely connected person)	**Yes**	Disclose immediately and recuse from any related procurement, contract, or oversight decision.
Participating in a matter that affects your own pharmacy, employer, or business model	**Depends**	Apply the materiality principle: interests shared equally with all registrants or pharmacies generally (e.g., across-the-board fee changes) are ordinarily not conflicts. A matter with a distinct or disproportionate impact on the

Scenario	Conflict?	Guidance and suggested action
		Fiduciary's own practice, employer, or corporate affiliation must be disclosed, and the Fiduciary should expect to recuse.