

OCP Strategic Plan 2024-2028

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



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

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

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

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





Ontario College of Pharmacists

Putting patients first since 1871

OUR PROMISE TO YOU

OCP SERVICE CHARTER

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

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

Let us know how we're doing.

ocpinfo.com/servicecharter

PARTNERSHIPS

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

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

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

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

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

We provide input into relevant government and health system consultations.

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

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

CULTURE

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

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

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

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

All staff, Board and Committee members complete EDI training.

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

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

LEADERSHIP & INNOVATION

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

We are committed to innovation and regulatory best practices.

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

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

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

PUBLIC PROTECTION

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

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

RIGHT-TOUCH

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

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

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

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

TRANSPARENCY

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

We are clear regarding regulatory requirements.

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

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

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

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

PERSON-FOCUSED

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

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

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

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

RISK-BASED

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

We make decisions based on the available evidence.

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

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

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

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

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



Accountability



Fairness



Collaboration



Judiciousness



Integrity



Transparency

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



Board of Directors Meeting Agenda

MONDAY JULY 8, 2024

9:30 AM – 5:00 PM

[MEETING LINK](#)

1. **Welcome and Land Acknowledgment**

2. **Chair's Report**

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

3. **Declaration of Conflict of Interest**

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

4. **Consent Agenda – For Decision**

The Board uses a Consent Agenda when approval of items is predicted. This is to improve meeting efficiency.

4.1 Minutes of the Board Meeting - March 25, 2024

4.2 ACC By-law Change

4.3 Language Proficiency Requirements for Registration

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

The Registrar's Report provides information to assist the Board in exercising its oversight function of College operations and updates relevant to the regulatory environment.

5.1 Registrar's Update March – April 2024

5.2 Registrar's Update May – June 2024

5.3 College Performance Dashboard– Key performance results for Q1

5.4 Mid-Year Risk Report

5.5 Financial Report Q1 Results

6. **Appointment of the Scrutineers - For Decision**

The Registrar and CEO, Shenda Tanchak will ask the Board to approve scrutineers for the upcoming election.

BREAK



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Fairness



Collaboration



Judiciousness



Integrity



Transparency

7. **Human Rights Policy - For Decision**

The Equity, Diversity & Inclusion Manager, Delia Sinclair Frigault will ask the Board to approve a Human Rights Policy to clarify and consolidate the College's expectations of registrants when it comes to practising pharmacy in compliance with existing federal and provincial human rights legislation requiring non-discrimination in health service provision.

8. **Emergency Assignment Class of Registration Policy – For Decision**

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

The Board is also being asked to, if approved, apply this policy to consider initiating the closure of the currently open Emergency Assignment Classes of registration for pharmacists and pharmacy technicians.

9. **Governance Committee Report – For Information**

The Governance Committee Chair, Sara Ingram will provide the Board with an update of the Governance Committee's activities in relation to the ongoing Governance Investigation.

10. **Appointment of Special Committee to Receive Results of Governance Investigation – For Decision**

College Counsel, Erica Richler will explain the purpose of and governance framework for an independent investigation and options for managing receipt of the independent investigator's report.

Shenda Tanchak will present a recommendation that a committee be appointed to receive the report.

LUNCH

Strategic Goal #1: Regardless of pharmacy setting, management and business exigencies do not compromise the health and well-being of pharmacy professionals or impede their ability to adhere to the Standards of Practice and Code of Ethics.

11. **Preferred Provider Networks – For Decision**

Guest Speaker Amy Miller of Waterloo Ontario will provide the patient's experience on the impact of PPNs.

The Director, Policy, Engagement and Strategy Implementation, Katya Masnyk will present a draft position statement on Preferred Provider Networks for Board consideration.



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

The Director, Registration and Quality, Susan James will provide the Board with the results of the Feasibility impact and analysis to develop an approach. We will be including the PPNs in Goal #1 and any ideas on how to address.

13. ***In Camera*** –

Motion to go *in camera* to discuss Discipline Committee matters and the 2024 operational plan, pursuant to *Health Professions Procedural Code s. 7 (2)(b) and (d)*.

14. **Discipline Committee Recommendations – For Decision**

The Board will be asked to consider revisions to the Discipline Committee’s practices and processes.

15. **Revised 2024 Budget – For Decision**

The Board will be asked to approve increasing the 2024 budget to support initiatives required by the Board’s declaration of zero tolerance for business practices that compromise the ability of pharmacy professionals to deliver effective care.

MEETING ADJOURNMENT



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Fairness



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Judiciousness



Integrity



Transparency

BOARD BRIEFING NOTE

MEETING DATE: July 8, 2024

FOR INFORMATION

From: James Morrison, OCP Board Chair

Topic: Chair's Report

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

College and Other Stakeholder Meetings:

- Induction to the Profession of Pharmacy Ceremony - Leslie Dan Faculty of Pharmacy (U of T) - March 27, 2024
- TDS Press Conference - April 10, 2024
- Discipline Contested Hearing - April 11, 2024
- CPSO Governance and Nominating Committee Presentation - April 23, 2024
- Governance Committee Meeting - April 29, 2024
- Finance and Audit Committee Meeting - May 6, 2024
- NAPRA Board Meeting - May 7-8, 2024
- White Coat Ceremony – School of Pharmacy U of W - May 13, 2024
- Discipline Committee Meeting – May 23, 2024
- Executive Committee Meeting - May 27, 2024
- Discipline Contested Hearing – June 4, 2024

March Board Meeting Evaluation

Attached is the March 2024 Board Meeting Evaluation report.

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

Updates

Between Board meetings the Chair continues to support Director's questions on emerging issues, communicate important updates to the Board, and inform College staff on matters of importance in the pharmacy environment.

Leading up to the call for election candidates the Chair responded to several inquiries from interested pharmacists and technicians wanting to further understand the role of the Board and its priorities.

Board Director's Interactions with Registrants

This is the first meeting at which we are publishing the Financial Reports. Registrants may contact you to ask questions about OCP spending. Many of us are approached by registrants from time to time with questions related to OCP activity. I would remind you that it is never appropriate for you to speak on behalf of the OCP.

If the question is about the College generally and the information can be found on the website, we encourage you to share information. For example, how to apply to run for a Board election or what will be on the Board agenda.

You are also encouraged to answer questions relating to your personal experience as a Board member. Most other matters, such as questions about registration applications, OCP budget, items on the Board agenda or concerns about backlogs should be directed to Shenda Tanchak who will then assign it to the appropriate staff. If in doubt, direct the registrant to contact me or Shenda Tanchak.

It is important that registrants do not see you as a representative of OCP. This contributes to the confusion about the College’s mandate and the Board’s role.

2025 Board and Executive Committee Meeting Schedule

Executive BOARD	Monday, March 3, 2025 Monday, March 24, 2025	Executive BOARD	Wednesday, September 8, 2025 Monday, September 22, 2025 Tuesday, September 23, 2025
Executive BOARD	Monday, May 26, 2025 Monday, June 09, 2025	Executive BOARD	Monday, November 24, 2025 Monday, December 8, 2025

Board Director Committee Activities (March 26-June 10)

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

Director	Committee(s)	Meetings/Hearings
Jennifer Antunes	Discipline	April 24, 25, 26, May 13, 28
Connie Beck	Discipline Finance and Audit Governance	April 8, 12, May 1, 23 May 6 April 17, 29
Doug Brown	Discipline Finance and Audit	May 16, 23 May 6
Billy Cheung	Discipline	April 19, 23
Andrea Fernandes	Discipline Finance and Audit	May 6
Sara Ingram	Discipline Executive Governance	April 9, 10, 15, 16, 22, May 8, 28, 29, 23 May 27 April 17, 29
James Morrison *ex-officio	Discipline Executive Finance and Audit* Governance*	April 11, May 23, June 4 May 27 May 6 April 29
Siva Sivapalan	Discipline Executive Governance	May 9, 23 May 27 April 29
Wilf Steer	Discipline Finance and Audit	April 2, 11, May 29, June 4 May 6
Randy Baker	Discipline Fitness to Practice ICRC Registration	April 2, May 1, 8, 16 April 4 (x2), 23, May 2, 22 May 31
Adrienne Katz	Discipline Executive Finance and Audit ICRC	May 23 May 27 May 6 May 2

Elnora Magboo	Accred/DPP ICRC	May 7, 16 May 2, 23
Stephen Molnar	Accred/DPP ICRC Quality Assurance	May 7, 16 April 12, May 2 March 19, April 16, May 21
Dan Stapleton	Discipline Finance and Audit ICRC	April 8, May 23 April 15, May 14, 30
Cindy Wagg	Discipline ICRC Quality Assurance	April 2, 24, 25, 26, May 9, 13, 16, 23, 28, 29 April 9*, 30, May 2 Jan 16, Mar 19, April 16
Devinder Walia	Discipline ICRC Governance Registration	April 8, 11, 12, May 23, June 4 March 27, 28, April 16, 18, 30, May 2, 9 April 17, 29 May 2, April 26
Shari Wilson	Discipline ICRC	May 16, 23 April 25
Nadirah Nazeer	Discipline ICRC	May 16, 23 April 12, 18, April 30, June 4
Andrea Edginton	Registration	N/A
Lisa Dolovich	Registration	N/A
Alain Stintzi New as of April 1	Registration	N/A

Attachments:

- 2.1 - March 2024 Board Meeting Evaluation report
- 2.2 - Letter sent to CPSO regarding Physicians' Communications and Actions on Pharmacists' Services
- 2.3 - OCP Workplace Practices Report 2024

BOARD BRIEFING NOTE

MEETING DATE: July 8, 2024

FOR INFORMATION

From: Shenda Tanchak, Registrar and CEO

Topic: March 2024 Board Meeting Evaluation

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

Results:

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

Board Meeting

Adequacy of Board Package

- All Board members were confident the reports included in the Board package were sufficient to fulfil their duty of overseeing the College.

Proposed action: *None.*

Board Conduct

- All Board members felt the Board was respectful and considerate of each other.
- One Board member commented that “one director made unsupported allegations that in their view were manipulative and unfounded.”
- Another Board member felt validated when the Registrar and CEO acknowledged their personal experience with Preferred Provider Networks (PPNs) even though it was a very different opinion than those being shared at the table.

Proposed action: *None.*

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

Most Board members felt the Chair was effective in managing the meeting. Several felt this topic worthy of comment including:

- The Chair “was very effective in managing a very full agenda with some very big topics and decisions to be made. Well done.”

- “I thought James did a great job managing and allowing all directors the opportunity to speak.”
- “The chair did a great job in steering the conversation away from operational.”

Action: Care will continue to be paid to meeting agenda order and volume of materials.

Was the brainstorming session related to corporate pressures in pharmacies a valuable use of Board time?

All but one Board member felt the brainstorming session on corporate pressures was a good use of Board time.

The following comments were noted from around the table:

- “More information about the topic/structure of the brainstorming section (in advance) would have been helpful.”
- “I’m not sure what the expected outcome was for the corporate brainstorming session and what will be happening subsequently to this discussion.”
- “I was encouraged to hear Registrant's experiences and I am sure it advanced my understanding of the issue(s) being reviewed.”
- “In general, yes. There are times though when I feel that in our desire to serve the public interest, we tend to pile up so many expectations on our professional members who have limitations too and can buckle down under the pressures we levy on them. I apologize if this perspective should be coming from their advocacy group. Where I am coming from is that ultimately, we cannot "squeeze blood from turnips" as an old idiomatic expression goes. I'm glad that we have started to pay attention on the members' issues, particularly, ongoing pressures they face from their employers/head office/corporate bosses/franchise owners to bring more profits in unethical ways.”

Action: None

Board Retreat

At the Board Retreat, was the background information and time allotted for the discussion about board competencies sufficient?

16 Board members felt sufficient background information and time was allotted for the discussion on Board competencies.

4 Board members felt background information and/or time was insufficient. The following comments were received:

- “It would be great to have had some review of the composition and role of both the Governance and Executive committees before engaging in the discussion. To me this would have additional clarity to the discussion.”

At the Board Retreat, are you satisfied that the outcome of the discussion about selection of the Executive Committee, Chair and Vice Chair was adequately supported with information and time for discussion?

14 Board members were satisfied with the outcome of this discussion.

6 were not and commented as follows:

- “The last session about selection of the executive committee, chair and vice chair was a bit confusing in terms of process and options used to stimulate discussion. I appreciate that we were also at the end of a busy few days.”
- “I think the discussion about selection became very complex....not sure we all landed in the same spot - although fully understand and appreciate we did land in the 'further explore' - which works. Hopefully the Board provided enough feedback for the staff.”
- “The Board discussion on selection of the Chair and Vice Chair ended up likely needing more time, since there still seemed to be unresolved issues for some board members.”
- “The Board is composed of members with differing backgrounds, experiences and opinions they hold, sometimes, drawing from their impressions. I appreciate that we spent considerable time discussing the manner of selecting the Executive Committee as well as the Chair and Vice Chair. Animated and at times almost contentious, it was a democratic exercise that I hope has served a useful purpose for directors concerned.”

Action: *No recommendations at this time.*



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Ontario College of Pharmacists
483 Huron Street
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June 28, 2024

Dr. Ian Preyra
Board Chair
College of Physicians and Surgeons of Ontario
80 College Street
Toronto, ON M5G 2Z2
Email: boardchair@cpso.on.ca

Dear Dr. Preyra,

Re: Physicians' Communications and Actions re: Pharmacists' Services

As you may recall, I recently reached out to you to discuss the concerns of the Ontario College of Pharmacists (OCP) regarding comments being made and actions taken by some physicians in response to pharmacist services such as MedsCheck reviews and minor ailment prescribing.

The OCP is concerned that this conduct is continuing, and appears to be worsening in the absence of regulatory intervention. I write today to express our deepening consternation, and to request a meeting with you in order to work collaboratively towards a solution.

We acknowledge that in some settings, pharmacists are subject to targets for such services, and the broader issue of corporate pressures is currently a strategic focus for the OCP. We also appreciate that physicians are busy practitioners.

Having said that, MedsCheck reviews are a valuable health care service and government program, a requirement of which is that the pharmacist share their reviews with prescribers. Further, pharmacists can also now prescribe for a range of minor ailments. In the course of doing so, and as participants in patients' circle of care, pharmacists provide documentation to patients' physicians regardless of whether any additional action is required.

The OCP is aware of specific examples of communications and actions taken by some physicians toward pharmacists and patients regarding these services. For example, some physicians have advised pharmacists that they do not want to receive documentation of MedsChecks or minor ailments that do not require further action. Physicians have threatened to charge the pharmacy or the patient for reviewing such documentation, and even to terminate services for patients. These particular examples have taken place against the backdrop of public statements made by physicians on social media that denigrate pharmacists' expanded scope of practice.

The OCP is concerned about both the specific examples referred to above and these ongoing public statements. As you are aware, the intentions of the Ministry of Health in providing expanded scope to non-medical health professionals are to increase accessibility of care to patients, especially given constraints in primary care services, and to promote interprofessional collaboration to deliver

comprehensive, coordinated and timely patient care.

Given this context, the OCP would not expect physicians to respond to pharmacists' expanded scope with vindictive comments and actions aimed at specific pharmacists and patients, or with derogatory public statements that can undermine the perceived value of such services.

As a consequence of our concerns, we are hoping to mitigate the possible harm such conduct may cause. In the spirit of inter-College collaboration, we would welcome the opportunity to meet with you to discuss the OCP's concerns, and hopefully arrive at a mutually satisfactory resolution.

Thank you for your anticipated cooperation.

Sincerely,

A handwritten signature in black ink that reads "James Morrison". The signature is written in a cursive style with a large, prominent initial "J".

James Morrison
Board Chair
Ontario College of Pharmacists

Cc Nancy Whitmore, Registrar and CEO, College of Physicians and Surgeons of Ontario



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UNDER STRESS AND DURESS

*The prevalence and impact of corporate influence on
pharmacy professional autonomy and wellbeing:
An analysis of OCP registrant survey and town hall responses*



June 2024



Message from the Registrar and CEO

OCP, the regulator of Ontario's pharmacies, pharmacists and pharmacy technicians, has heard from registrants over the past several years about their concerns over demands and expectations placed on them to provide services at higher and higher volumes, with what appeared to be less of a focus on patient interests and more on profit.

In March 2024 we set out, through a survey and virtual town hall meetings, to more fully understand directly from pharmacy professionals whether they had experienced, or were experiencing, pressures from corporate ownership to provide services in conditions that they felt might require them to compromise their professional obligations.

What we heard is compelling. Registrants told us that not only are corporate pressures real, but they were also prevalent throughout the province, they were impacting the quality of care they want to provide to their patients, they were antithetical to the essence of healthcare professionals, and they were having an impact on their wellbeing and mental health.

The feedback we received from pharmacy professionals also showed frustration with a system that has not acted well or quickly enough to address these concerns. But what we heard also reminded me of why pharmacy professionals are one of the most trusted healthcare professionals. That pharmacists and pharmacy technicians have come forward to share their experiences with us is a testament to their desire to bring about change so that they can continue to provide the kind of care that they want to deliver as healthcare professionals, and that Ontarians deserve.

This report, "Under Stress and Duress", is a deeper analysis of the feedback we heard through our registrant survey and town halls, which was initially shared with the Board in March 2024 and led to the Board's declaration of zero-tolerance for corporate pressures in pharmacy. The additional quantitative and qualitative analyses included in this report provide insights that bring to life – with power and clarity – what we've been hearing over the past several years.

This information, along with ongoing insights being shared from the profession since March 2024 is instrumental in our work to act against business practices that get in the way of pharmacists and pharmacy technicians meeting their professional and ethical obligations.

I want to thank the thousands of pharmacy professionals who bravely shared their experiences with us. Their willingness to call attention to the issue of corporate pressures demonstrates their commitment to patient-centred care and to fulfilling their important role as trusted members of their patients' healthcare teams.

Shenda Tanchak
Registrar and CEO

FORWARD:

Pharmacy Professionals are increasingly concerned about corporate pressures

Over the past several years, registrants – primarily those within the community pharmacy sector that work at corporate-owned pharmacies – have expressed concerns about an increasingly stressful workplace environment that does not consistently allow them to deliver the kind of care they want to provide to their patients as healthcare professionals or allow them to work in a way that supports their wellbeing.

In 2020, OCP worked with system partners including pharmacy staff, owners/operators and patients, to develop a set of shared accountability principles intended to help promote a pharmacy practice environment for professionals that enabled them to consistently deliver quality, ethical care to their patients. However, despite the development of these principles, it was becoming increasingly apparent that the concerns expressed previously by pharmacists and pharmacy technicians had not abated.

In 2023, OCP developed a new strategic plan that established new organizational values and regulatory principles, as well as a set of four new strategic goals that would guide its work through to 2028. The first of these goals was aimed at addressing the ongoing concern of corporate pressure on pharmacy professionals. Strategic Goal 1 states: *“Regardless of pharmacy setting, management and business exigencies do not compromise the health and well-being of pharmacy professionals or impede their ability to adhere to the Standards of Practice and Code of Ethics.”*



A TIPPING POINT, AND AN OPPORTUNITY

As OCP began to map out the research needed to move forward with this first strategic goal, a groundswell of concerns from pharmacy professionals throughout the province in early 2024, prompted initially by specific concerns about corporate-driven pressure to achieve volume targets for MedsCheck reviews, compelled OCP to accelerate its work on Strategic Goal 1.

To promptly determine the prevalence of corporate pressures on pharmacists and the impact these pressures have on the profession and patients, a series of information-gathering strategies were initiated targeting pharmacists and pharmacy technicians throughout the province. In March 2024, OCP launched an anonymous registrant survey and a series of virtual town hall meetings that allowed participants to provide OCP with open, direct and honest input regarding their experience with corporate pressures in community pharmacy without fear of potential employer reprisal for sharing concerns with us.

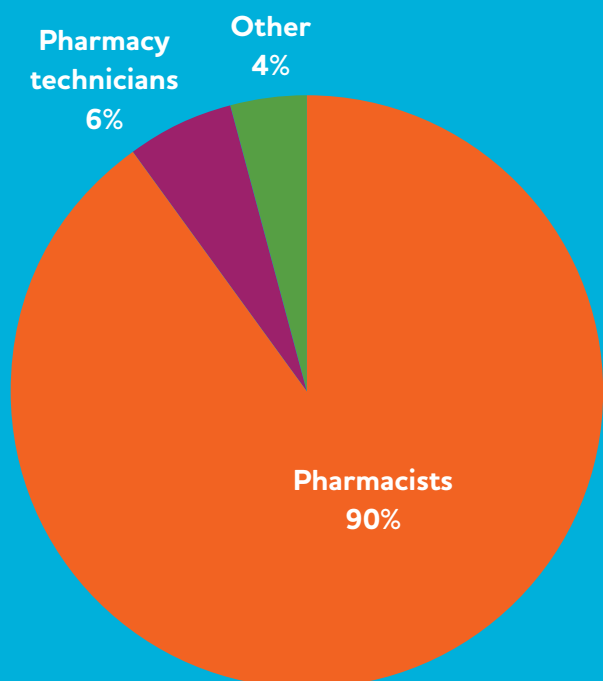
The anonymous survey generated 4,310 responses. After removing 21 responses that were fully incomplete, a final total of 4,289 responses were received and used in OCP's analyses. Of those, 90% were from registered pharmacists, 6% from pharmacy technicians, and 4%

from "other" (e.g., pharmacy students, pharmacy assistants). Approximately one-third of all pharmacy professionals in Ontario currently working for a corporate owned pharmacy responded to the survey. The survey also attracted comments from over 1600 respondents, many of which touched on multiple issues. As a result, we received a substantial amount of rich data for the survey's qualitative analysis.

OCP also hosted four one-hour virtual town halls which attracted approximately 1,300 participants who provided almost 2,600 complete written comments and more than 100 verbal comments. No demographic data was collected.

No other series of surveys or town halls in OCP's recent history has generated more participation from pharmacy professionals than these recent activities.

REGISTRANT SURVEY RESPONSES



4289

Registrant survey responses

4300

Comments received through the registrant survey and town halls

FINDINGS, PART 1: Quantitative Analysis (Survey)



HOW MANY REGISTRANTS ARE AFFECTED?

Eighty-five percent of those registrants who responded to our survey indicated that they are **either currently experiencing or have previously experienced** workplace practices that include direction or pressure to complete an activity in a limited timeframe or to a certain target number or dollar amount (practice quotas). Seventy percent of respondents indicated that they are **currently experiencing** these workplace pressures.

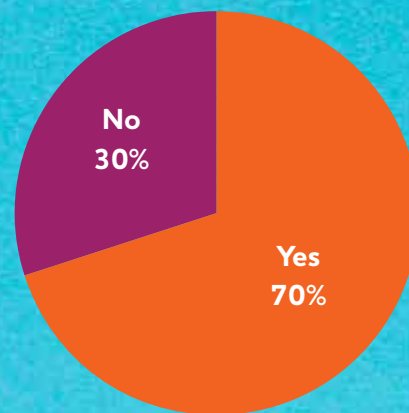
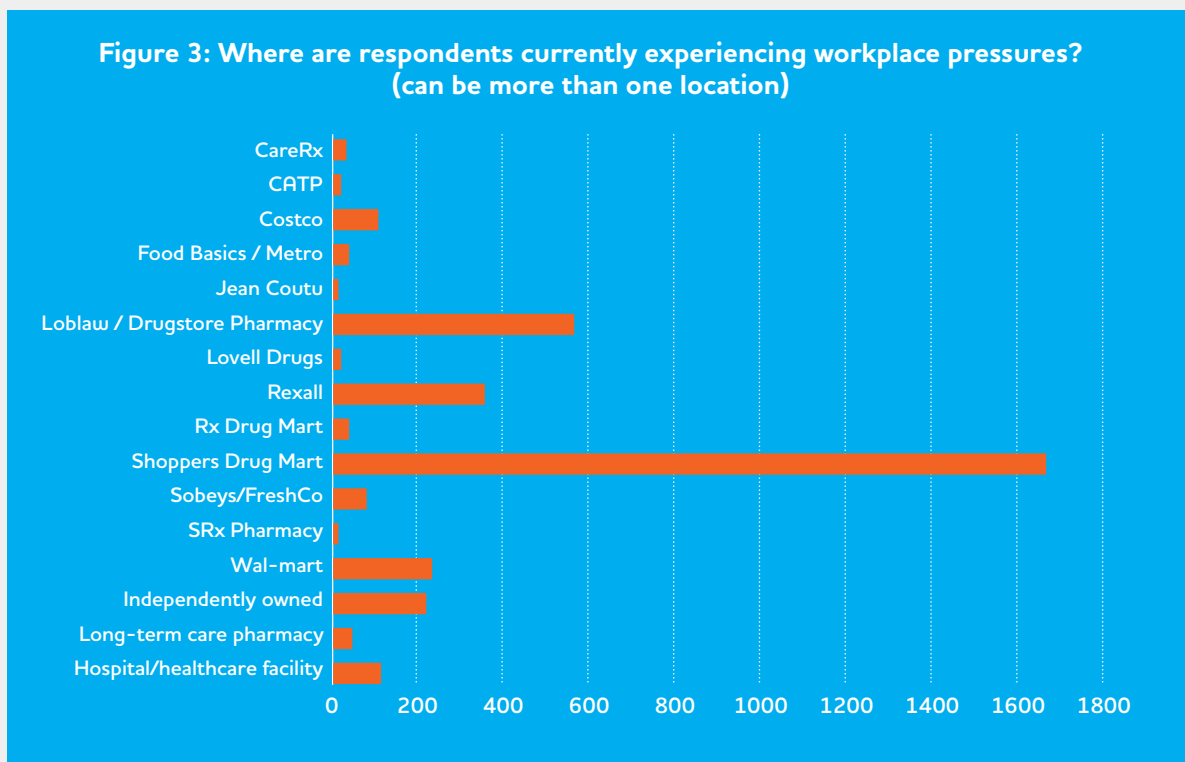
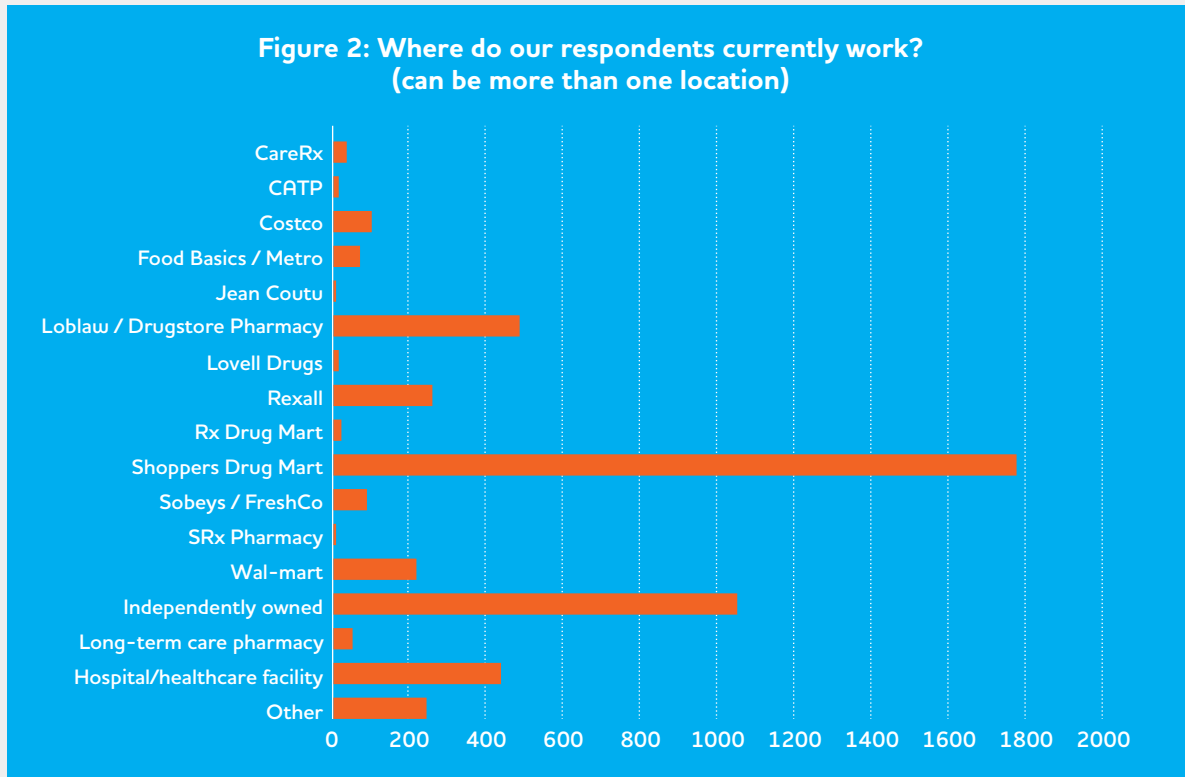


Figure 1: Respondents who report currently experiencing workplace pressures

WHERE IS THIS HAPPENING?

CURRENTLY

The following figures show absolute numbers of where all survey respondents currently practice (Figure 2). For those respondents indicating they currently experience workplace pressures, we asked them to tell us where they are currently experiencing them (Figure 3). Respondents were allowed to indicate more than one place of work or location of workplace pressure.



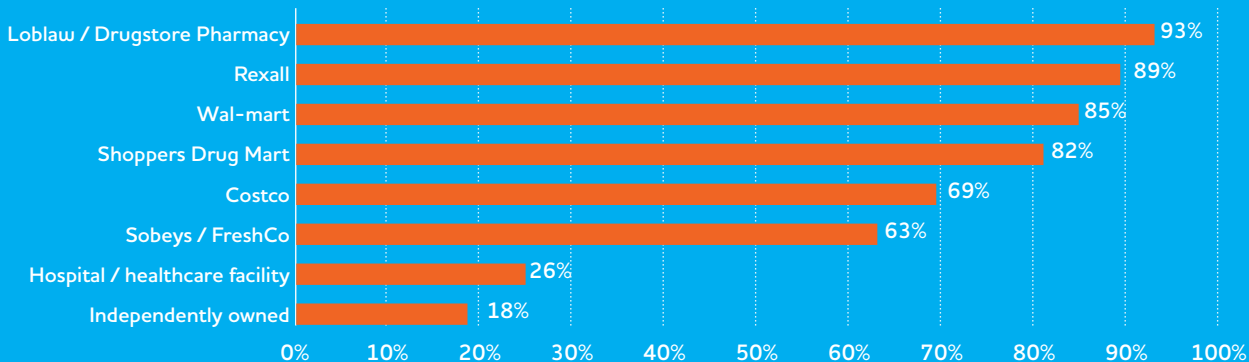
Key points that stand out when comparing these figures:

- The highest number of survey respondents (1781) indicated they currently work at a Shoppers Drug Mart, followed by Independently owned pharmacies (1051) and Loblaw Drugstore/Pharmacy (474).
- A high number of those who work at Shoppers Drug Mart, Loblaw/Drugstore Pharmacy and Rexall are currently experiencing workplace pressures – reflecting, at least in part, the high number of survey responses from pharmacists working at these locations.
- Conversely, a much lower number of those that work at independent pharmacies and hospital/healthcare facilities are currently experiencing workplace pressures.

To get a clearer picture as to whether certain workplaces are over-represented among those pharmacies where workplace pressures occur, we completed an analysis based on rates (percentages), rather than on absolute numbers.

Figure 4 depicts the percentage of respondents who are experiencing workplace pressures for each place of practice. To create an accurate percentage, for this particular analysis responses indicating multiple workplaces (n=915) were removed.¹ In addition, workplaces with fewer than 40 respondents were removed. Thus, CareRx (21), CATP (8), Food Basics Metro (30), Jean Coutu (7), Long-term care pharmacy (27), Lovell Drugs (13), Rx Drug Mart (15) and SRx Pharmacy (7) are not reported².

Figure 4: Percentage of respondents indicating experience of workplace pressures at select pharmacies out of the total number of respondents who indicate currently working at that pharmacy (multiple places of work removed)



Based on the subset of responses in our registrant survey where more than 40 respondents indicated a corporate pharmacy as their primary place of work, the top four corporate-owned pharmacies where workplace pressures are occurring are (in order):

1. Loblaw / Drugstore Pharmacy"
2. Rexall
3. Wal-Mart and
4. Shopper's Drug Mart.

We also heard from many respondents experiencing workplace pressures at Costco and Sobeys pharmacies, but their proportions were significantly lower than the highest four noted above. Pharmacy professionals responding to our survey who work at hospital/healthcare facility pharmacies or at independently owned pharmacies reported the lowest percentages of workplace pressures. Additional research is needed to understand whether the workplace pressures being experienced at each type of pharmacy are similar or different.

¹ Please see the methodological note in Appendix 1 for greater detail.

² Corporate pharmacies with low responses (such as CareRx or Jean Coutou) would disproportionately skew the findings of where most workplace pressures are taking place – especially since the low number of respondents from these pharmacies reflected very low percentages of the total number of Ontario pharmacists working there (not shown).

WHERE IS THIS HAPPENING?

PREVIOUSLY

In addition to what pharmacy professionals are currently experiencing in practice, we also wanted to understand whether certain Pharmacy professionals had **previously** experienced workplace pressures and where, and possibly changed jobs/workplaces for this reason.

Table 1: Distribution of responses indicating when workplace pressures were previously experienced

When asked when these workplace pressures were experienced, most respondents (48%) indicated they experienced them within the last two years.

TIMEFRAME	PERCENT OF RESPONDENTS
Within the last 2 years	48%
3 to 5 years ago	30%
6 to 10 years ago	16%
More than 10 years ago	6%

Figure 6: Where did respondents previously experience these workplace pressures? (can be more than one location)

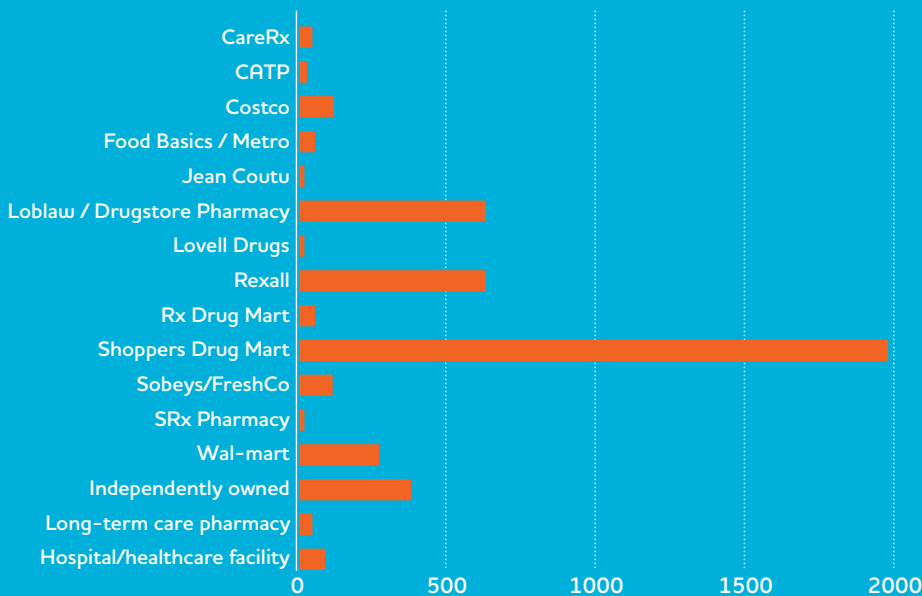


Figure 6 shows the absolute numbers of pharmacies where respondents previously experienced workplace pressures. Similar to the figures regarding current experience, Figure 6 shows that a high number of those who previously worked at Shoppers Drug Mart, Loblaw/ Drugstore Pharmacy and Rexall experienced workplace pressures while working there.

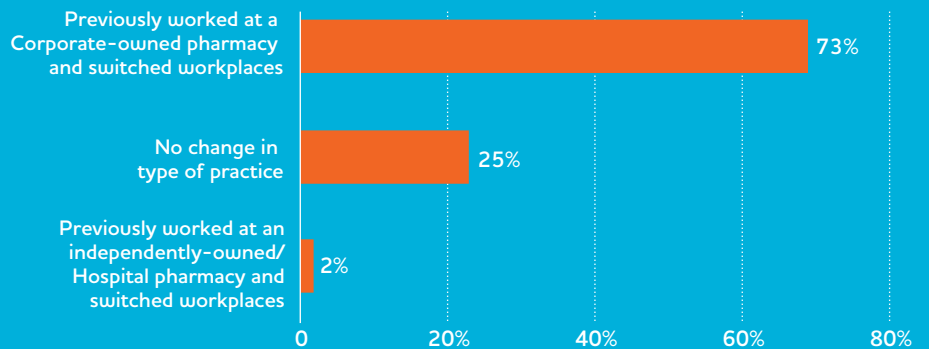
Figure 7 shows the previous workplace of those who indicated they previously experienced workplace pressures and are no longer experiencing them³ and whether that respondent changed workplaces. Those with multiple workplaces were excluded in this analysis. Only those with a single workplace previously and currently were included, resulting in a total denominator of 537.

In this sample,

73%

of respondents who were previously employed at a corporate workplace and reported they are no longer experiencing workplace pressures have switched to a different type of workplace.

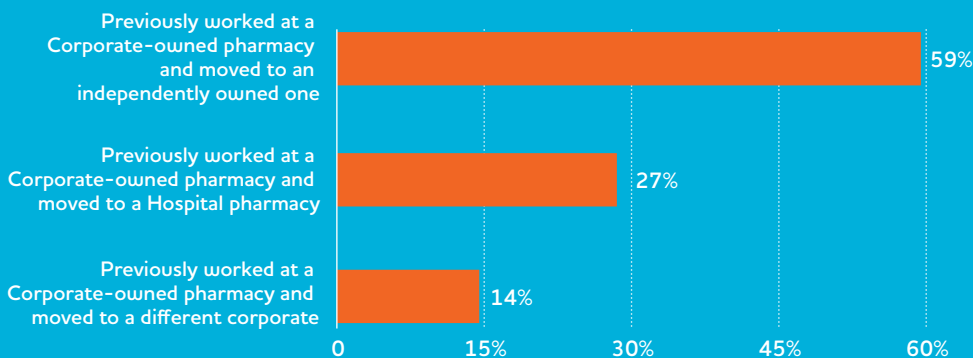
Figure 7: Percent distribution of practice location changes of those who previously experienced, but are not currently experiencing workplace pressures (one workplace)



Greater detail on where these respondents switched to is shown below in Figure 8. It is important to note that the reason(s) for switching workplaces are generally multiple and varied. The existence of workplace pressures correlates with the switch in 75%⁴ of this sample's response, but it did not necessarily cause it.

The next figure (Figure 8) shows a breakdown of the top bar in Figure 7: those who previously worked at corporate owned pharmacies, identifying the type of practice to which these respondents moved. Eighty-six percent of respondents in this group left corporate pharmacies for independently owned or hospital pharmacies, compared to only 14% moving from one corporate pharmacy to another. Though the overall number of responses is low, it confirms an important trend that the College has been hearing about anecdotally.

Figure 8: Percent distribution of current practice location of respondents no longer experiencing work pressures, who previously worked at a corporate owned pharmacy and experienced workplace pressures there (one workplace only)



86%

of respondents in this group left corporate pharmacies for independently owned or hospital pharmacies, compared to **only 14% moving** from one corporate pharmacy to another.

³ "yes" to previously experiencing workplace pressures (question 6) and "no" to currently experiencing workplace pressures (question 2).

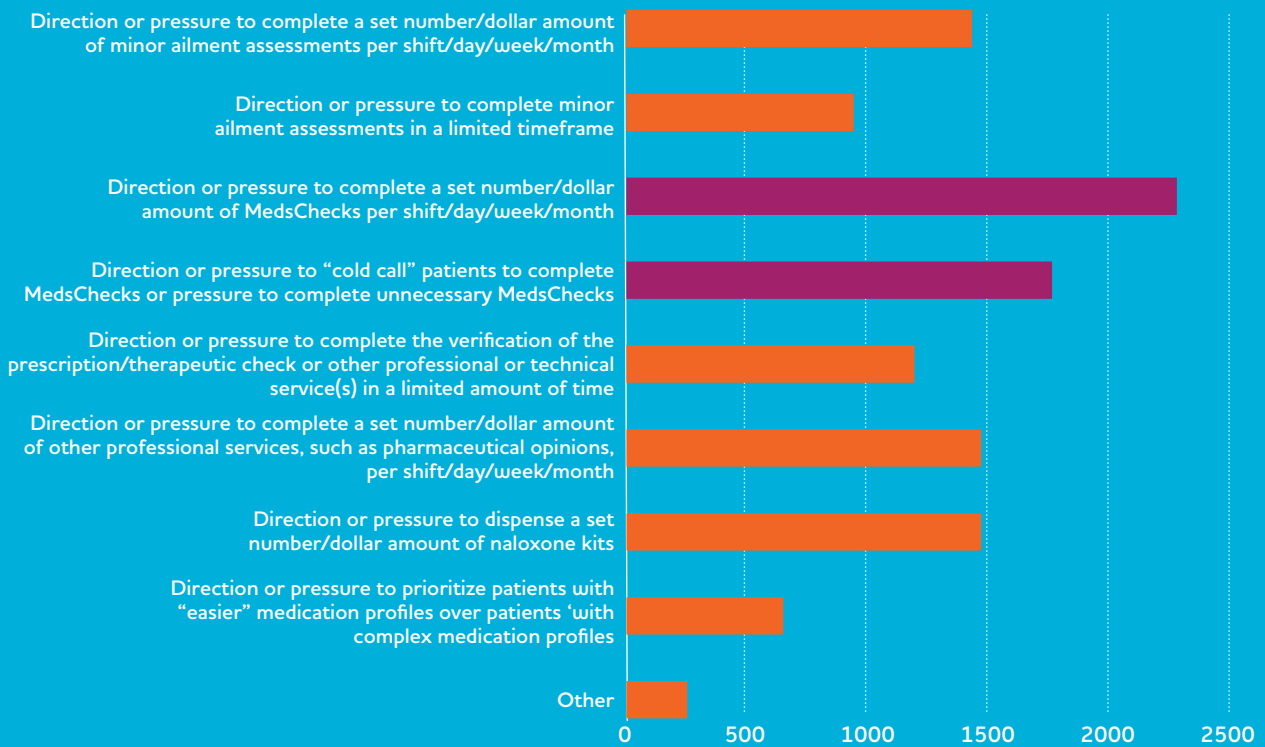
⁴ 73% switched away from corporates and 2% switched away from independent owned pharmacies.

WHAT TYPE OF WORKPLACE PRACTICES / PRESSURES ARE BEING EXPERIENCED?

The following figure shows respondent answers to various types of workplace practices being experienced. MedsChecks-related pressures are the most common. Taken together, MedsChecks pressures (to complete certain number or dollar amount plus direction to complete MedsChecks “cold calls”) are mentioned in over 4,000 responses (purple bars combined).

In second place, we see three workplace pressures that take place in almost equal frequency: other professional services (such as pharmaceutical opinions), pressures to dispense naloxone kits and pressures to complete a set number or dollar amount of minor ailment assessments.

Figure 9: Types of workplace practices experienced by those respondents who report currently experiencing pressures (choose all that apply)



With respect to workplace pressures that relate to completing an activity in a limited timeframe, minor ailments stood out. Just over one-third of respondents experiencing minor ailment time pressures told us they were instructed to complete minor ailment assessments in under five minutes. An additional 50% of this group indicated that minor ailment assessments were to be completed in five to ten minutes (not shown).

34.2%

instructed to complete minor ailment assessments in **under five minutes**

WHAT ARE THE LIMITATIONS TO THE SURVEY?

It is important to note that there are a number of limitations with this type of survey. This was an online survey where people self-selected to participate. Because of this, data needed to be interpreted with caution as response bias exists and findings may not generalize to all pharmacy professionals or to all pharmacy locations.

Aggregate data can also hide regional or local variations. Because we did not ask for specific pharmacy locations within a corporate entity or banner, we are not able to comment on individual-level data. Not all Shoppers Drug Mart, Loblaw / Drugstore Pharmacy or Rexall locations will experience the same type or amount of corporate pressure.

Aggregate data can also only be used to identify trends or patterns, not to explain their underlying causes. We can observe that those respondents who previously experienced corporate pressures at their pharmacy but are not currently experiencing them, are also frequently

the same respondents whose data indicate changes in practice locations. Interpreting the causes of these moves is beyond the scope of this survey or the data that was collected at this time.

Additionally, just over 20% of responses reflected pressures experienced six years ago or longer. These experiences may differ from corporate pressures that have taken place more recently. Finally, we were not able to complete a demographic or geographic analysis of responses to learn whether important sub-trends exist because of the large number of missing data.



FINDINGS, PART 2: Qualitative Analysis

While the quantitative analysis of survey responses provided a way to consider respondent experiences in a standardized way, greater depth and illustrative details of personal respondent experiences came out in the free-text comments respondents voluntarily provided. While the average time to complete the survey questions alone was approximately 5 minutes, often less, we saw that respondents were spending an average of 13 minutes or more in completing surveys. The additional minutes came from the time and effort respondents put into telling us their stories and sharing their thoughts with us.

The survey comments were supplemented by additional insights shared by approximately 1,300 participants who attended the virtual town halls. Board and staff members observing the town halls were struck particularly by the depth of emotion in participant commentary and the urgency with which they brought forward their concerns.

The qualitative analysis below provides a unique opportunity to hear directly from practicing pharmacy professionals and document what they see in their daily lives. Their words help clearly illustrate the types of workplace pressures they are experiencing, the effect of workplace pressures on their health, and their hopes for the future of the profession. Together, the survey and town hall comments build a compelling story of the challenges currently being experienced by practicing pharmacy professionals.



Content Analysis and identification of dominant themes — Methods

A total of 1,619 respondents provided free-text comments in the registrant survey, many of which were quite lengthy and touched on multiple issues. Over 2,600 written comments and over 100 oral comments were submitted by participants over the four virtual town hall sessions. After removing procedural or technical comments, we analyzed thousands of distinct remarks from the surveys and 2,600 complete comments from the town halls for themes.

Content analysis for dominant themes was completed using an iterative process and, because of time constraints, with the help of artificial intelligence (AI) using ChatGPT4.0. Analysis allowed for the identification of multiple themes per comment, as needed. Initial AI analyses were completed for survey and town hall data

separately and findings were compared. Because of the degree of overlap in our findings, we subsequently completed a second analysis where AI matched survey and town hall comments to the themes pre-identified in the independent analyses. These are identified and presented in greater detail below with illustrative examples.

Finally, we used AI to identify any outstanding content unique to either the survey or town halls that did not fit with previously emerging themes. We comment on these findings separately. In general, in both the town halls and the survey, respondents speak of being increasingly frustrated and concerned about the impact of business pressures on their wellbeing and their ability to provide quality, safe care.

DOMINANT THEMES – WHAT WE HEARD FROM REGISTRANTS

THEME	SURVEY COMMENTS	TOWN HALL COMMENTS
Corporate / Volume / Revenue Pressure	500	600
Role as Healthcare Professionals Undermined	450	550
Quality of Care is Affected	480	500
Pharmacy Professional Well-being is at Risk	400	450
Ethical Concerns and Professional Integrity	350	
Impact on Patient Relationships	300	
Regulatory Oversight and Support	270	
Desire for Systemic Change	256	
Lack of Support and Resources		200
Communication and Transparency		197

While preliminary themes from the town halls were shared in March 2024, a more detailed analysis of the dominant themes emerging from the content analysis are presented below, together with their frequencies in the survey and town halls⁵.

⁵ Respondent comments were frequently lengthy and often raised multiple themes. As a result, the category totals across all themes, exceed the original comment count. This reflects the complex interplay of issues facing pharmacists, as many comments encapsulate several concerns simultaneously.



Corporate/Volume/Revenue Pressure

What we heard:

- Pressures placed on pharmacy professionals are real and they are pervasive within a number of corporate owned pharmacies.
- The concerns initially raised about MedsChecks were a symptom of a broader concern about pressure to perform various services.
- The pressure to perform services, meet targets, business plans and other metrics can take different forms but all contribute to putting pressure on registrants to perform services that get in the way of their professional autonomy.



Example Comments:

We're constantly pushed to hit revenue targets, regardless of patient needs.

There's an unwritten rule that your job security depends on meeting sales targets.

My performance review is 90% based on sales and revenue metrics.

The pressure to push services on patients is relentless.

I feel more like a salesperson than a pharmacist due to corporate pressures.

We have targets for everything, from flu shots to wellness checks, regardless of necessity.

Corporate sends weekly emails pressuring us to increase our numbers.

It's all about how many items we can bill for, not patient outcomes.

I didn't study pharmacy to be pressured into sales.

Management prioritizes sales skills over pharmaceutical knowledge.

We are compromising on our professional integrity for sales.

Role as Healthcare Professionals Undermined

What we heard:

- Pressures placed on pharmacy professionals are getting in the way of their autonomy as healthcare professionals, thus eroding their own professional identity and public trust in their role.
- Registrants are feeling less like healthcare professionals and more like sales or customer service staff who are being compelled to focus less on quality and patient-centred care and more on volumes and profit.
- Decisions being made by corporate ownership or influenced through complex ownership structures are discordant with the knowledge, skills and judgement of pharmacists and pharmacy technicians.
- The newest members of the profession are also being used to participate in high-volume activities in order to meet business or volume targets.



Example Comments:

I feel like my clinical judgment is second to corporate directives.

We're seen as revenue generators rather than healthcare providers.

Our professional autonomy is eroded by constant sales-focused directives.

It's disheartening to see our professional recommendations overridden by sales goals.

The push to sell diminishes the trust patients have in us.

Corporate goals are prioritizing quick transactions over thorough patient consultations.

The role of a pharmacist is being reduced to that of a mere vendor.

We are routinely asked to compromise our professional standards for the sake of profitability.

Our ability to make professional decisions is being eroded.

Decisions about patient care should be made by healthcare professionals, not accountants.

Our autonomy is compromised by business-driven policies.

Quality of Care is Affected

What we heard:

- Registrants are concerned that lack of time to perform services and care properly, and understaffing within the pharmacies, may lead to greater risk of medication incidents and other mistakes that can have an impact on patients.
- Concerns that the overwork and overwhelm can lead to suboptimal care and patient experiences that wind up being the subject of a complaint to the College that otherwise might not have been the case.
- Registrants are feeling overworked and overwhelmed with demands being placed on them by business owners and influencers, creating no capacity to safely take on further scope of practice.



Example Comments:

We can't provide quality care when we're constantly under the gun to increase numbers.

Errors have increased due to the pressure to process a higher volume of prescriptions.

Patients are not getting the attention they deserve because we're stretched too thin.

High stress levels from meeting targets can lead to mistakes and poor patient interactions.

The lack of time for proper patient consultation is a direct result of corporate demands.

We're forced to cut corners to keep up with the workload imposed by corporate.

Patient care is becoming a tick-box exercise rather than a thoughtful process.

Quality control is difficult to maintain when your primary metric is speed.

Our work environment does not support high-quality healthcare.

Patient education suffers because we don't have time to discuss their medications in depth.

Pharmacy Professional Well-being is at Risk

What we heard:

- Registrants are fearful of, or have experienced, repercussions for speaking out or raising their concerns legitimately and appropriately with pharmacy business decision makers, leading to reprimands or loss of employment.
- Those who experience pressures to perform services and meet business, volume or other targets are under such immense pressure that it is impacting their mental health and overall wellbeing, with several reporting experiences with extreme stress, depression, anxiety and exhaustion.
- The fear of burnout, of making mistakes, of losing their jobs and of having to make a choice between quality care and their livelihoods is becoming too much to bear for many.



Example Comments:

Mental exhaustion from work is becoming a serious issue.

Work pressures are causing anxiety and depression among staff.

The intense workload is negatively impacting my health.

The mental toll of constantly being pushed to do more is overwhelming.

Many pharmacists are considering career changes due to the deteriorating work conditions.

I've seen many pharmacists leave the profession due to stress and dissatisfaction.

Burnout is common, and many pharmacists feel unsupported and undervalued.

Stress levels are through the roof with no relief in sight.

I feel like I'm at breaking point with the stress from trying to meet these unrealistic targets.

Workload is unmanageable and it's taking a toll on my health.

The relentless pressure is causing serious burnout among my colleagues and me.

I've never felt more stressed and less supported in my career.

Ethical Concerns and Professional Integrity

What we heard:

- Professionals are feeling undervalued and undermined when faced with upholding professional standards when business practices, expectations and policies seemingly encourage unethical practices.
- Concerns about ethical responsibilities and obligations that pharmacy professionals must adhere to are not supported or promoted by those driving business decisions.
- Registrants are being pressured to perform services that effectively eliminate their professional autonomy to make decisions in the best interests of their patients.



Example Comments:

I am pressured to provide services that aren't always necessary, which conflicts with my professional integrity.

I worry about the ethical implications of pushing unnecessary products on vulnerable patients.

I'm concerned about the long-term damage to our profession's reputation due to these practices.

I never thought I'd have to choose between keeping my job and staying true to my ethical principles.

I feel like we're slowly being turned into salespeople rather than healthcare providers.

The erosion of ethical standards in our profession due to corporate pressures is alarming.

Facing ethical dilemmas has become a daily occurrence due to conflicting interests.

It's hard to uphold professional standards when corporate policies encourage bending the rules.

Impact on Patient Relationships

What we heard:

- Patient trust is a cornerstone of pharmacy care; pharmacy professionals are feeling that the patient-provider relationship is being eroded by decisions that don't keep patients' best interests at heart.
- Pharmacists and pharmacy technicians are important members of a patient's healthcare team; pressures that legitimize volume over quality create unnecessary tension with patients and with other healthcare providers.



Example Comments:

The trust between us and our patients erodes when they sense we're just pushing services.

Our relationships with patients suffer because we're seen as sales agents first.

Patients are starting to notice that our interactions are more transactional.

It's becoming harder to maintain meaningful patient relationships with all these quotas.

I worry about losing patient trust as corporate strategies prioritize profits over care.

We're losing the personal touch that once defined the pharmacist-patient relationship.

Patients feel they're being treated like walking wallets rather than individuals with healthcare needs.

Our professional advice is overshadowed by the push to sell, and patients are noticing.

Increasingly, our interactions with patients are dictated by sales goals, not healthcare needs.

Regulatory Oversight and Support

What we heard:

- Respondents to the survey and town hall expressed frustration over the perceived lack of support and oversight from regulatory bodies, professional associations and government.
- Pharmacy professionals report feeling pulled in different directions – to meet professional expectations and standards and meet business targets expected of them to remain employed.
- More regulatory levers are needed to address the concerns of corporate pressures that conflict with pharmacy professional autonomy.



Example Comments:

Regulators need to step in and address the unsustainable work conditions imposed by corporations.

We need stronger advocacy from our professional organizations against corporate pressures.

Regulators should be more proactive in ensuring our workplaces adhere to ethical practices.

I wish our regulatory body would do more to shield us from profit-driven exploitation.

Regulatory bodies need to enforce rules that protect pharmacists from being overworked and under-supported.

There's a disconnect between the ideals promoted by our regulators and the reality in corporate pharmacies.

Regulations that would genuinely protect pharmacists from exploitation are needed but lacking.

I'm disappointed by the lack of robust regulatory response to clear ethical breaches in pharmacy practices.

Regulatory oversight is inadequate when it comes to checking the power of big pharmacy chains.

More stringent regulations and checks are needed to prevent corporate from undermining pharmacy practice.

Desire for Systemic Change

What we heard:

- There is a strong desire for changes within the healthcare system that promote pharmacy professional wellbeing, protect their autonomy as healthcare professionals and prioritize patient-centred care decisions and delivery.



Example Comments:

We need a revolution in pharmacy practice to put patient care back at the center.

A shift towards more ethical practices is essential for the future of pharmacy.

There should be more focus on pharmacists' well-being in the system's design.

Systemic changes are necessary to shift focus from profit to patient health.

Systemic changes would help restore the trust patients have in pharmacy.

Major changes are needed to realign pharmacy practices with healthcare values.

We must advocate for systemic reforms that support pharmacists as healthcare providers.

We need policies that support ethical practice over corporate profits.

We need a system where pharmacists can thrive professionally without compromising on care.

Lack of Support and Resources or Adequate Communication/Transparency

What we heard:

- Staffing and human resources pressures were commonly referenced as one of the major stressors for pharmacy professional burnout and the delivery of suboptimal care.
- Employment standards within the province should be changed to ensure pharmacy professionals receive adequate breaks during their shifts.
- The concerns about insufficient resources in pharmacies leads to concerns about ongoing capacity to take on providing additional services to their patients.
- A lack of communication, proper systems, and concerns about transparency of decision making involving pharmacy were common sources of frustration.



Example Comments:

There's never enough people on shift to handle the workload.

Decisions are made at the top with no input from us and minimal communication until changes are already implemented.

We need more resources to do our jobs effectively.

We often find out about changes too late to adapt properly.

We're always playing catch-up because there aren't enough hands.

Lack of proper equipment makes our work harder than it needs to be.

Insufficient training on new systems is frustrating.

We need more support to deal with daily challenges.

The lack of staff is making it unsafe at times.

We're stretched too thin to provide quality care.

Decisions affecting us are made without any discussion with us.

Conclusion

The report documents and shares what we heard directly from registrants across the province through an online survey and a series of virtual town halls. The concerns they have raised are compelling as the analysis reinforces what OCP reported initially to the Board in March 2024: **pharmacy professionals are expressing that they are under stress and duress and that corporate influence on pharmacy professional autonomy is compromising the delivery of ethical, quality patient care and their wellbeing.**

OCP will continue to refer to the comments shared by survey and town hall respondents, and to the ongoing feedback and insights being shared by registrants since the Board formally established zero tolerance for business practices that compromise the ability of pharmacists and pharmacy technicians to deliver safe and effective care to their patients.

Progress on our activities to respond to these pressures will be reported routinely through OCP's regular communications channels and at each public Board meeting.

IT IS TIME TO ACT.



APPENDIX 1:

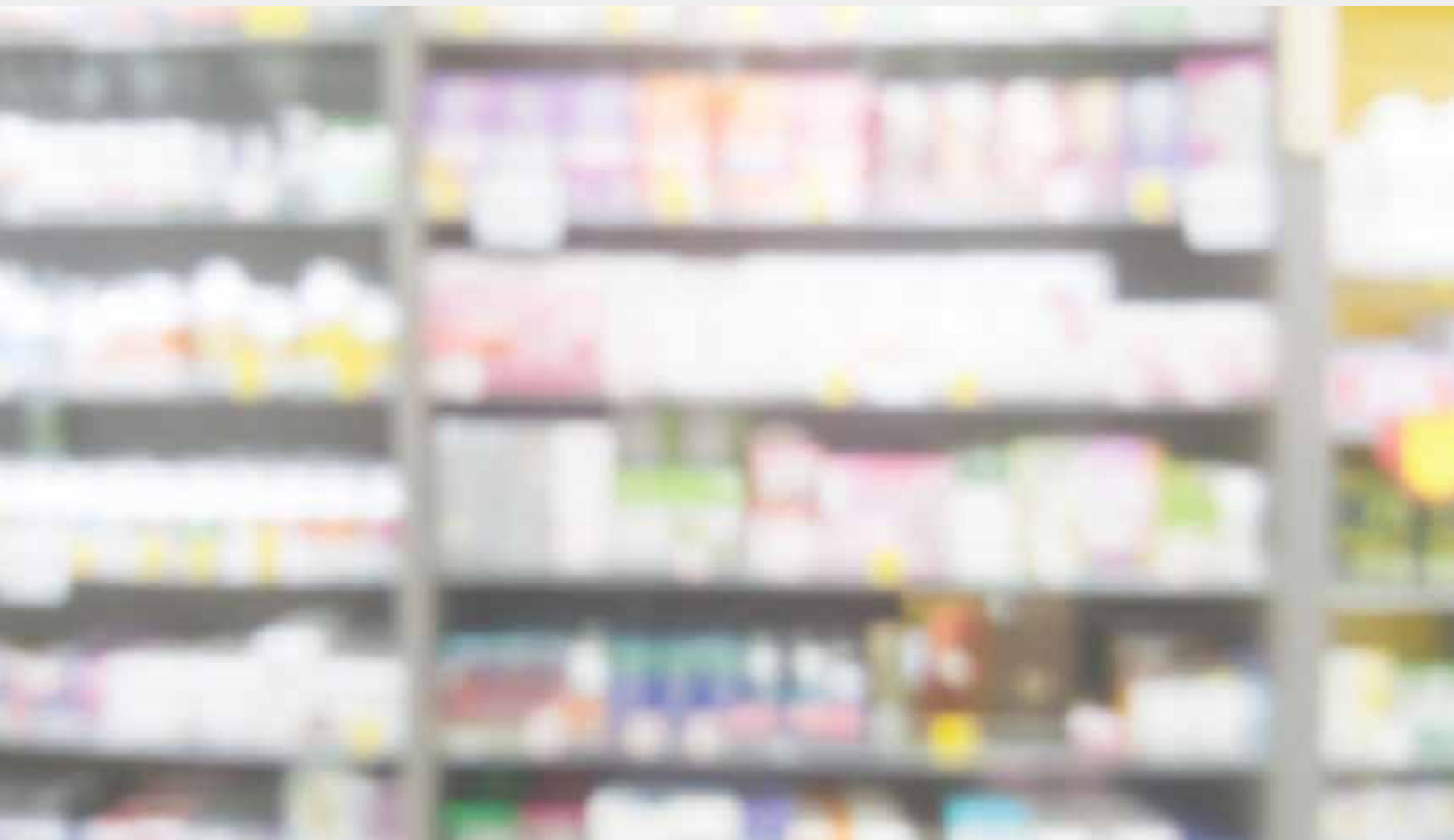
Methodological note on figure 4 – Percent of respondents indicating workplace pressures out of the number of respondents who indicated they currently work at that pharmacy

Previously released data were only able to include absolute numbers of respondents by pharmacy of current practice and absolute numbers of respondents who are experiencing workplace pressures. We felt it important to create rates (percentages) of workplace pressures by pharmacy type to better understand whether respondent experiences differed according to where they worked.

To create a rate, we needed to remove 915 respondents with multiple workplaces (20% of the total). Without doing so, we might be wrongly attributing workplace pressure experiences to the wrong pharmacy (for

example, a respondent who works both at a Rexall pharmacy and a Costco pharmacy or at a Rexall pharmacy and an independent pharmacy might tell us they are experiencing workplace pressures, but we wouldn't know at which pharmacy those workplace pressures are taking place. Removing multiple workplaces allows us to correlate experience of workplace pressures with a single workplace).

The 915 respondents whose answers were removed for this one analysis were slightly different from the full sample of respondents but not in a way that changes the overall interpretation of the data.



Policy 3.9

Conflicts of Interest

Purpose:

The purpose of this policy is to articulate the expectations on Board members and Committee appointees (“Fiduciaries”) to avoid, and where that is not possible, to disclose, and where necessary, to declare any appearance of, or actual conflicts of interest.¹

Application:

This policy applies to:

- **All Board Directors and Committee appointees**

Policy Summary:

Whether a situation constitutes a conflict of interest depends upon all the circumstances. The following principles provide guidance on how 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.

2. *Don't disclose College information* - Fiduciaries should not disclose or use any information obtained through their involvement with the College without authorization. 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 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.

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.

¹ When developing this document, the College considered the principles followed by the Ontario Office of the Integrity Commissioner in Ontario Regulation 381/07. The Code of Conduct for Fiduciaries of the College is also relevant here. Some provisions in the *Regulated Health Professions Act*, or [RHPA](#), also have some application to Fiduciaries of the College.

6. *Be cautious before participating in decisions* - Fiduciaries should disclose if they or someone closely connected to them 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 interests* - Fiduciaries should disclose financial interests 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).

10. *Apply these principles after leaving* - Former Fiduciaries have a continuing obligation to respect these principles. Some obligations, such as not disclosing or using confidential information without authorization, are permanent. Other obligations, such as participating in a leadership 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 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).

Procedure:

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.²
- If there remains any doubt about whether the Fiduciary may have a conflict, disclose the information to the Board or the Committee 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 or the Committee's determination as to whether there is an appearance of a conflict.
- 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.

All declarations of conflicts of interest (or determination that there is no conflict of interest after discussion) should be recorded in the minutes of the meeting.

Where a Fiduciary has information suggesting that another Fiduciary has an appearance of a conflict of interest, they must disclose the concern to the appropriate person (i.e., the Board Chair and/or the Chair of

the Governance Committee and/or the Chair of the committee upon which they serve and/or the Registrar & CEO and/or legal counsel).

Documentation of any inquiries as well as the outcome/decisions will be kept confidential and will be used to identify trends and consider precedence for any future decisions. Additionally, the trends observed will be used to augment the training and guidance provided to new Board Directors and Committee Appointees.

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. (see 3.10)

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](#))

Amendment: The Board may amend this policy.
First Approval Date: March 21, 2021
Last Review: December 12, 2022
Last Revision: December 12, 2022
Next Review Date: XXXX



**Ontario College
of Pharmacists**

Putting patients first since 1871

**MINUTES OF A
BOARD OF DIRECTORS MEETING
HELD IN TORONTO, ONTARIO
MARCH 25, 2024
9:30 A.M. TO 5:00 P.M.**

OCP Board of Directors

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

Management

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

Staff

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

The meeting was called to order at 9:31 a.m. The Chair, James Morrison, welcomed all Board Directors, staff and observers, and welcomed back Lisa Dolovich from her working sabbatical. He introduced the three new Public Directors, Shari Wilson, Stephen Molnar and Nadirah Nazeer. The Chair acknowledged former Board Director Gene Szabo's passing and took a few moments to express gratitude for his contributions to the Board.

1. Land Acknowledgement

The Chair opened the meeting with a land acknowledgement.

2. Declaration of Conflict

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

3. Minutes of the December 11, 2023, Board Meeting – For Decision

MOTION: THAT The Board approve the Minutes of the December 11, 2023 Board meeting as presented.

Moved by: Doug Brown

Seconded by: Billy Cheung

Carried

4. Chair's Report – For Information

James Morrison provided a summary of activities undertaken since the December meeting. He highlighted that it is mandatory for the Board of Directors to complete the meeting evaluation survey. The Chair recognized March as Pharmacy Appreciation Month and thanked all of Ontario's hard-working Pharmacy professionals for all they do to serve their patients across the province.

5. Registrar's Report – For Information

Shenda Tanchak, Registrar and CEO, provided her report.

6. College Dashboard Targets – For Decision

Director, Corporate Services, Thomas Custers sought the Board's approval on the proposed targets for the 2024 College performance dashboard and provided an update on progress towards the 2024 strategic and operational

MOTION: THAT the Board approve the 2024 College Dashboard targets as presented.

Moved by: Andrea Edgington

Seconded by: Jennifer Antunes

Carried.

7. Audited Financial Statement – For Decision

Finance and Audit Committee Chair (FAC) Doug Brown was joined by Tinkham LLP Chartered Professional Accountant Partner, Michael Rooke and Principal, Michele Tkachenko to present the audited financial statements for 2023.

MOTION: THAT The Board of Directors approve the attached Audited Financial Statements for the operations of the Ontario College of Pharmacists for 2023 as prepared by management and audited by Tinkham LLP Chartered Professional Accountants as presented.

Moved by: Connie Beck

Seconded by: Andrea Edgington

Carried.

8. Finance and Audit Committee: Changes to Board Policy 4.12 – Investments – For Decision

Finance and Audit Committee Chair presented recommended changes to the Investment Policy which allow more flexibility and potentially yield a higher return on investment.

MOTION: THAT the Board of Directors approve the proposed changes to *Board Policy 4.12 - Investments* and the supporting *Investment Policy Statement and Procedures for Reserve Funds*:

- expanding the fixed income investment timeline options; and
- consolidating investment categories, as presented.

Moved by: Billy Cheung

Seconded by: Connie Beck

Carried.

9. Time-Delayed Safes – Revised Policy – For Decision

Director of Policy, Engagement and Strategy, Katya Masnyk presented recommended revisions to the previously approved Time-Delayed Safes Policy.

ACTION: Impact of Time-Delayed Safes Policy to be monitored as part of operations and reported back to the Board in March 2025. Reviews to be built into individual and pharmacy assessments.

After further discussion, the Board Chair tabled the following:

MOTION: THAT the Board approve the updated Time-Delayed Safes Policy as presented.

Moved by: Devinder Walia

Seconded by: Jennifer Antunes

Carried.

10. OCP Approved Training for Compounding Supervisors – For Decision

Special Projects Manager, Sandra Winkelbauer, presented briefing material highlighting key aspects of compounding standards.

MOTION: THAT the Board make OCP Approved Training mandatory for new compounding supervisors and compounding supervisors in pharmacies where standards are not met.

Moved by: Jennifer Antunes

Seconded by: Cindy Wagg

Carried.

11. Discipline Committee Review Project – Phase II – For Information

Director of Conduct, Angela Bates, provided an update on the review of the processes related to the Discipline Tribunal.

12. Motion to go *in camera* pursuant to the Health Professions Procedural Code, subsections 7(2)(b) and (c).

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

Moved by: Siva Sivapalan

Seconded by: Cindy Wagg

Carried.

13. Changes to Accreditation Committee Composition By-law – For Decision

The Board Chair outlined the barriers the College is encountering in forming quorum at the committee level based on the requirement that Public Directors sit on the Accreditation Committee. The tabled motion, which replaces Public Directors with Lay Committee Appointees, allows the Board to better serve the public by freeing up the availability of Public Directors to serve more frequently on Discipline Committee hearing panels, thereby reducing delays in addressing concerns that potentially expose the public to risk.

MOTION: THAT the Board of Directors direct the Governance Committee to develop by-law amendments, including a change to Article 9.17. Recognizing that the Drug Preparation Premises Committee and the Accreditation Committee have identical membership, the Governance Committee will additionally develop an amendment to Article 9.27.2 to align with the new 9.17.

Moved by: Jennifer Antunes

Seconded by: Dan Stapleton

Carried.

1. Proposed Amendment to Election Eligibility Requirements – For Decision

Sara Ingram, Vice Chair of the Board and Chair of the Governance Committee, proposed a by-law change that would remove a barrier preventing pharmacy professionals who have served in advocacy associations in the last three years whose mandate supports Equity Diversity and Inclusion within pharmacy practice.

MOTION: THAT By-law 5.7.1 (f) be amended as follows (changes in red font and italics):

The Registrant is not and has not within the three (3) years immediately preceding the election been an employee, officer or director of a Professional Advocacy Association, except for Associations whose mission, vision and mandate are primarily to mitigate systemic barriers to access to the pharmacy profession for diverse populations, marginalized groups and individuals with disabilities. Additionally, nothing in this clause will prevent a Registrant who serves on an association or organization to which they have been appointed by the Board as a representative of the College from running for election to be an Elected Director.

Moved by: Billy Cheung

Seconded by: Siva Sivapalan

Carried.

14. Executive Committee Election – For Decision

MOTION THAT: Effective immediately, Randy Baker be appointed to the Executive Committee and serve until September 16, 2024.

Moved by: Stephen Molnar

Seconded by: Jennifer Antunes

Carried.

15. Board Composition Requirements for 2024 Elections – For Decision

MOTION: THAT The Board approves the Governance Committee recommendation for the 2024 election: availability of at least one to three days a month is mandatory for all applicants. Furthermore, candidates with competency in financial oversight and those from diverse populations, marginalized groups, and individuals with disabilities, and/or those with experience working with diverse populations will be particularly encouraged to apply.

Moved by: Billy Cheung

Seconded by: Dan Stapleton

Carried.

16. Appointment of the 2024 Screening Committee – For Approval

MOTION: THAT the Board approve the Executive Committee recommended appointments for the 2024 Screening Committee as follows:

- Governance Committee Chair – Sara Ingram
- Public Director – Dan Stapleton
- Public Director – Shari Wilson
- Lay Committee Appointee – David Collie
- Lay Committee Appointee – Megan Sloan

Moved by: Jennifer Antunes
Seconded by: Elnora Magboo
Carried.

17. Strategic Goal Recommendations and Brainstorming

17.1 Preferred Provider Networks – For Decision

College staff presented the Board of Directors with an update on the potential patient risk associated with an increased prevalence of Preferred Provider Networks (PPNs).

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

Moved by: Jennifer Antunes
Seconded by: Wilf Steer
Carried.

18.2 Corporate Influence on Pharmacists/Patient Safety – For Discussion

Background information was provided about pharmacy ownership models, results from a recent registrant survey and a series of town halls and a brief environmental scan. This was followed by a brainstorming session through which Board Directors convened in small groups to discuss a specific aspect of the issue. Each group then returned to the Board meeting and provided a list of ideas about how to approach addressing the identified concerns.

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

Moved by: Jennifer Antunes
Seconded by: Cindy Wagg
Carried.

Vera Patterson
Governance Coordinator

James Morrison
Board Chair

FOR DECISION

From: Shenda Tanchak, Registrar and CEO

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

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

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

9.17 Composition of the Accreditation Committee

The Accreditation Committee shall be composed of:

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

9.17.2 three (3) or more Professional Committee Appointees.

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

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

FOR DECISION

From: Greg Purchase, Manager, Registration

Topic: Language Proficiency Requirements at Registration for All Applicants Policy

Issue/Description: The Board is being asked to approve the attached *draft* Language Proficiency Requirements at Registration for All Applicants Policy, which sets out the requirements for applicants to demonstrate sufficient language proficiency to meet the standards of practice of the profession and provide quality patient care. This policy serves to update the current policy and encompasses an updated National Association of Pharmacy Regulatory Authorities (NAPRA) Language Proficiency Requirement Policy (“NAPRA Policy”), additional components to reflect additional regulatory requirements related to language proficiency testing, and to amalgamate three current language proficiency policies into a single policy.

Public interest rationale: The Ontario College of Pharmacists’ primary duty is to regulate the pharmacy profession to serve and protect the public interest. This includes registering individuals that can speak, read, write and comprehend English or French with sufficient fluency to provide quality patient care, including communicating effectively with patients and other health care partners. While fulfilling this duty, the College is also obligated to abide by regulatory requirements related to language proficiency testing, prevent unnecessary barriers to registration, and to provide applicants and other partners with clear, relevant and up-to-date information about registration requirements.

Strategic alignment, regulatory processes, and actions: The information contained in this document supports activities to bring the College into compliance with regulations regarding language proficiency requirements for applicants. In addition, approval of the attached *draft* policy will align requirements with other pharmacy regulatory authorities across Canada through the adoption of the NAPRA Policy.

Background:

- The current Language Proficiency Requirements at Registration for All Applicants Policy indicates that the College applies the language proficiency standards established by NAPRA. The currently accepted NAPRA language proficiency requirements for pharmacists were approved in 2006 (and amended in 2014) and for pharmacy technicians were approved in 2009. These requirements are quite dated and include objective language proficiency tests that are no longer available.
- In 2022, NAPRA began work to update their language proficiency requirements and published the updated NAPRA Policy in early 2024 (which is applicable to both pharmacists and pharmacy technicians).
- In addition, on January 1, 2023, *Ontario Regulation 508/22* under the *Regulated Health Professions Act, 1991* came into force and specified that “an applicant for registration satisfies a College’s English or French language proficiency testing requirement if the applicant demonstrates, within two years before the date of making the application, English or French language proficiency at a level satisfactory to the College on a test that is approved under the *Immigration and Refugee Protection Act* (Canada) for use in assessing language proficiency”.
- The recent publishing of the updated NAPRA Policy and the coming into force of the language proficiency requirements in *O.Reg. 508/22* precipitated the need to update the College’s language proficiency policy.
- In addition, to improve the clarity of registration processes and information provided to applicants, College staff took this opportunity to update and amalgamate three language proficiency policies into a single policy.
- The Board is being asked to approve the attached *draft* Language Proficiency Requirements at Registration for All Applicants Policy to come into effect on September 1, 2024. All other pharmacy regulatory authorities

across Canada have agreed to aim for this implementation date of the NAPRA Policy, where possible.

Analysis:

- *Ontario Regulation 202/94* under the *Pharmacy Act, 1991* specifies the requirements for issuance of a certificate of registration in any class, including that the applicant must have the ability to speak, read, write and comprehend English or French with sufficient fluency to practise the profession¹. The requirements to demonstrate the above are set out in the *draft* Language Proficiency Requirements at Registration for All Applicants Policy.
- In updating their language proficiency policy, NAPRA followed a very robust policy review process, that followed industry standards for establishing and validating language proficiency requirements for licensing purposes. Representatives from this College, pharmacy regulatory authority members of NAPRA, and external language proficiency experts participated in a working group to develop the NAPRA Policy. The comprehensive process used by NAPRA to establish appropriate requirements necessary for safe and effective practice provides assurance that applicants in Ontario have the necessary level of language proficiency.
- Given the College must accept any tests that are approved under the *Immigration and Refugee Protection Act (Canada)*, and the tests approved can vary, the attached *draft* policy allows for recognition of any tests currently accepted under the Act at a level equivalent to the requirements set in the NAPRA Policy, as determined using NAPRA and Government of Canada accepted equivalency charts.
- The new *draft* policy incorporates two existing language proficiency policies as follows:
 - French Language Proficiency Assessment Tests at Registration: This policy was necessary to provide additional options to the French language test included in the previous NAPRA language proficiency standards, as that test was discontinued in 2020. The policy is no longer required because the new NAPRA Policy includes an available French test (Test d'évaluation de français – TEF), and the College will also accept Test de connaissance du français - TCF as a test approved under the *Immigration and Refugee Protection Act (Canada)*.
 - Extending the Validity of Language Proficiency Test Scores: Elements of this policy are included in the *draft* policy attached and clarifies that this is a method for applicants to continue to demonstrate language proficiency as they continue working on registration requirements.

Motion:

THAT the Board approve the attached DRAFT Language Proficiency Requirements at Registration for All Applicants Policy with an implementation date of September 1, 2024 and in doing so, revoke the *French Language Proficiency Assessment Tests at Registration Policy* and the *Extending the Validity of Language Proficiency Test Scores Policy*.

Next Steps:

If approved by the Board, the Language Proficiency Requirements at Registration for All Applicants Policy will be posted to the College's website with a note indicating that this new policy will come into effect on September 1, 2024. Partners, including educational institutions, NAPRA, and other pharmacy regulatory authorities across Canada will be informed of this new policy and communication will be provided to all other partners using the College's usual communication tools.

Attachments:

- 4.3a - DRAFT Language Proficiency Requirements at Registration for All Applicants Policy

¹ This language is taken from the amended O.Reg. 202/94 which is expected to be made law and in effect as of October 1, 2024.

Language Proficiency Requirements at Registration for All Applicants Policy

Purpose:

This policy sets out the language proficiency requirements approved by the Board of Directors that demonstrate an applicant's ability to speak, read, write and comprehend English or French with sufficient fluency to practise the profession.

Application:

This policy applies to:

- All **applicants** who apply for a certificate of registration in any class.

Policy:

1. The College adopts and applies the National Association of Pharmacy Regulatory Authorities' ("NAPRA") Language Proficiency Requirement Policy (the "NAPRA Policy") that was approved by the NAPRA Board of Directors and published in February 2024.
2. The College also accepts any test that is approved under the *Immigration and Refugee Protection Act (Canada)* for the purposes of assessing language proficiency and that is not already an accepted test under the NAPRA Policy, referenced above. The minimum acceptable scores for these tests will be equivalent to the requirements set in the NAPRA Policy and determined using language equivalency charts used by NAPRA and the Government of Canada.
3. All language proficiency test scores are valid for two years from the date of the test. The Registrar may apply the criteria described in this policy to extend, for a period of no more than one year from the original expiry date (i.e., to a maximum total validity of three years from the date of the test), the validity of an applicant's language proficiency test scores if they expired during completion of the requirements for a subsequent certificate of registration.
4. The College also accepts current licensure as a pharmacist or pharmacy technician in another Canadian province or territory as evidence of language proficiency.

Procedure:

An applicant will note on their application for a certificate of registration:

- a) If they are a graduate of a program accredited by the Canadian Council for the Accreditation of Pharmacy Programs ("CCAPP") and located in Canada or a pharmacist education program accredited by the Accreditation Council for Pharmacy Education ("ACPE") and located in the United States;
- b) The name and date of the language proficiency test taken;
- c) If they are currently licensed as a pharmacist or pharmacy technician in another Canadian province or territory;
or
- d) If they have graduated from a high school, CEGEP (general and professional teaching college in Québec), community college, private career college or university program located in Canada, if the program was of at least three years' duration and was provided in English or French, with successful completion of three consecutive English or French language courses.

If an applicant indicates they meet the language proficiency requirements through pathway a), b), or c) above, College staff will directly verify the applicant's graduation, language proficiency test results, or licensure registration and record or attach this information in the applicant's file. If an applicant indicates they meet the language proficiency requirements through pathway d), they must arrange for their school, school board, college, or university to provide, **directly to OCP**¹, an original or true copy of a transcript or letter confirming that the applicant graduated from the school or program. College staff will verify the information submitted and attach to the applicant's file.

¹ Documentation can be submitted via email to registrantservices@ocpinfo.com or via surface mail to the College's office.

An applicant will have met the College's language proficiency requirements if they successfully demonstrate they satisfy one of the criteria above.

If an applicant indicates that their previously accepted language proficiency test scores have expired while they were completing the requirements for a subsequent certificate of registration, the Registrar may extend the validity of the applicant's scores for a period of no more than one year from the original expiry date (i.e.: to a maximum total validity of three years from the date of the test), where:

- The applicant has, within the previous year, successfully completed the required practice-based assessment or the Qualifying Examination of the Pharmacy Examining Board of Canada to become registered as a pharmacist or pharmacy technician;
- The original test scores met the minimum acceptable scores as outlined in the NAPRA language proficiency requirements document in effect on the date of the test or as outlined above for any test approved under the *Immigration and Refugee Protection Act (Canada)*;
- The original test scores have expired within the past year; and
- In the opinion of the Registrar, there is no other reason to question the applicant's ability to speak, read, write and comprehend English or French with sufficient fluency to practise the profession.

If the College's language proficiency requirements are not met through any of the above methods, an applicant may choose to have their language proficiency considered, if applicable, under the criteria established in the College's Non-Objective Evidence of Language Proficiency Policy or have their application referred to a panel of the Registration Committee.

From: Shenda Tanchak, Registrar and CEO

Topic: Registrar's Report, March 26 to April 30, 2024

GOVERNANCE

Board Membership

I am pleased to report that Cindy Wagg and Randy Baker have been reappointed to the Board until March 26, 2027 and [Alain Stintzi](#), Interim Director of the School of Pharmaceutical Sciences at the University of Ottawa, has joined the Board.

Jean Pierre Eskander's appointment has lapsed and we are waiting to receive notice of appointment of a new Public Director. We are hoping to provide orientation to Dr. Stintzi and our new Public Director together.

You may be interested to know that the Chair has appointed Christine Henderson to the Discipline Committee as a Lay Committee Member as of April 15, 2024

Governance Committee

It would seem disingenuous not to recognize that Governance Committee is presently seized with consideration of whether Board member Siva Sivapalan's role in the lawsuit against Shoppers Drug Mart presents a conflict of interest with his role as a Board director. You have already received notice of this from Sara Ingram, Governance Committee Chair. Any questions you may have should be directed to Sara.

Siva will continue in his usual role, including Committee appointments, until this matter is resolved, with due regard to potential conflicts of interest on each agenda, as usual.

Our By-law offers clear procedural guidance in this difficult situation. I know we all look forward to a hasty resolution.

Committees Governance Review Project

OCP does not have Terms of Reference for its committees, which makes it difficult for those who are not currently involved with the College to find and understand information about each Committee. In addition, the lack of Terms of Reference across the committees has resulted in inconsistencies between the committees, potential drift from mandate, the risk of lack of accountability to the OCP Board, and lack of clarity as to the distinctions between operational and governance activities.

In addition, there is a chronic problem with constituting quorum and there is an opportunity to improve committee functioning through modernization to comply with governance best practices.

You will recall that a review of all committees has been underway and was expected to be completed in time for approval at the September Board meeting for implementation in conjunction with new committee appointments. Due to staff turnover and the competing priority of the accelerated focus on Strategic Goal One (related to corporate pressures), it is looking unlikely that it will be possible to adhere to the original schedule. The Governance Committee has considered Terms of Reference for ICRC, QAC and Accreditation Committee. Further consultation is required before recommendations about these committees are brought forward. If possible, they will be on the June Board agenda. We will continue to work through the committees and some associated policies, such as the role of the Board and committee Chairs and consideration of term duration and term limits for all Committees. All matters will be brought to the Board as soon as possible.

Regulatory Activity

We understand the long-awaited amendment to the Pharmacy Act, General Regulation (202/94) should be passed before the June Board meeting. As you will recall, this revision will add a pharmacy technician intern class (which should help to alleviate some health human resource shortages, especially in hospitals) and eliminate the student pharmacist class. It will also make our quality assurance program compulsory for pharmacy technicians (it has been voluntary to date) and make some revisions to our quality assurance program for all, including eliminating a practice hours requirement in favour of a requirement to maintain competency.

At the time of writing, we anticipate the revisions to become effective in October.

The date of submission of these regulations was February 2018. OCP has been maintaining current processes, awaiting final approval of the changes. Over the next handful of months, in addition to carrying on business under the current rules, new processes, supporting materials, database and staff training will be developed.

Emergency Assignment (EA) Registration

As you are aware, the EA Registration category fast-tracks registration for Pharmacy Technicians and Pharmacists in times of emergency. Certificates of registration in this category are time-limited and these registrants must practice under supervision. The expectation is that when the emergency ends, the certificates are no longer renewed or issued and these registrants, many of whom will have been working towards fulfilling their regular registration requirements in the interim, will transition to full registration or another class of registration as applicable. Staff are drafting a policy establishing the criteria to declare or end states of emergency for Board consideration in June. In the meantime, the Registrar has extended access to existing EA registration certificate holders until May 23, 2024, and continues to accept new applications for EA registration for pharmacists and pharmacy technicians to support workforce challenges that remain in some practice locations.

As of April 29, 2024, there are 416 active EA registrants, which is composed of 289 EA pharmacists and 127 EA pharmacy technicians.

Media

Media coverage of College activities and priorities has been significant since the last Board meeting, with the vast majority of coverage related to time-delayed safes in community pharmacy and corporate pressures on community pharmacists (Strategic Goal 1).

Building awareness about a critical time-delayed safes milestone to help deter robberies

Experience in other jurisdictions showed that the benefit to time-delayed safes in deterring pharmacy robberies is tied to broad public awareness about their use. On April 10, James Morrison joined members of Toronto Police, Peel Regional Police and the Ontario Association of Chiefs of Police at a press conference announcing that all 4,900+ community pharmacies were reporting the installation and use of time-delayed safes.

This represented a significant milestone, one which allowed OCP and its partners to reach out proactively to media to help spread the word about the use of time-delayed safes as a robbery deterrent and to educate the public about the increasing display of signage indicating their use in pharmacies throughout Ontario. Supporting the College's message was the significant update shared by Toronto Police which reported an 82% drop in pharmacy robberies so far in 2024 compared to the same timeframe last year. Peel Regional Police also reported a drop in robberies following implementation of the time-delayed safe mandate.

Media coverage of the press conference and the important messages conveyed by the College and its policing and pharmacy partners was substantial, with more than 173 media hits/stories generating a potential reach of over 136 million in just three days. Some media coverage was sustained for about a week after the press conference, and social reach also continued well into April. College staff will continue to identify and leverage ways to sustain the awareness momentum through social media and other channels to reinforce public messaging and will continue to reach out to pharmacies that have not yet declared the use of approved time-delayed safe signage.

Below is a sampling of the secured media coverage flowing from the press conference. It is not exhaustive and does not include broadcast/radio coverage unless it is published online.

Date	Title	Source	Link
April 10, 2024	Toronto police say time-delayed safes now in all pharmacies across Ontario	Toronto Star	https://www.thestar.com/news/gta/toronto-police-say-time-delayed-safes-now-in-all-pharmacies-across-ontario/article_3847a39a-f737-11ee-b108-db00c9b8f5d9.html
April 10, 2024	Pharmacy robberies down 82% thanks to new tech: Toronto police	CBC News (web)	https://www.cbc.ca/news/canada/toronto/time-delayed-safes-toronto-ontario-1.7169293
April 10, 2024	Police say pharmacy robberies plummeted in Toronto after this special safe was mandated	CP24 (web)	https://www.cp24.com/news/police-say-pharmacy-robberies-plummeted-in-toronto-after-this-special-safe-was-mandated-1.6841374
April 10, 2024	Special safes led to a dramatic drop in pharmacy robberies in Toronto: police	CTV News Toronto (web)	https://toronto.ctvnews.ca/special-safes-led-to-a-dramatic-drop-in-pharmacy-robberies-in-toronto-police-1.6841407
April 10, 2024	How time-delayed safes impacted pharmacy robberies	CTV News Toronto (broadcast)	https://toronto.ctvnews.ca/video/c2901142-how-time-delayed-safes-impacted-pharmacy-robberies

April 10, 2024	Toronto pharmacy heists drop 82% since time-delayed safes implemented	Toronto Sun	https://torontosun.com/news/local-news/toronto-pharmacy-heists-drop-82-since-time-delayed-safes-implemented
April 10, 2024	Toronto pharmacy robberies drop sharply after narcotics secured in time-delayed safes	Global News (web)	https://globalnews.ca/news/10414218/ontario-pharmacy-robberies-time-delayed-safes/
April 10, 2024	All Ontario pharmacies using time-delayed safes to help curb risk of robberies	CityNews Toronto (web)	https://toronto.citynews.ca/2024/04/10/ontario-pharmacies-time-delayed-safes-robberies/
April 10, 2024	Police credit time-delayed safes for drop in pharmacy robberies	City News (broadcast)	https://www.youtube.com/watch?v=3_W51XkcGf4
April 10, 2024	Time-delayed pharmacy safes immediately reduce robberies	Canadian Healthcare Network	https://www.canadianhealthcarenetwork.ca/time-delayed-pharmacy-safes-immediately-reduce-robberies
April 10, 2024	Ontario pharmacies are fending off robbers by using time-delayed safes to lock up drugs	Now Toronto	https://nowtoronto.com/news/ontario-pharmacies-are-using-time-delayed-safes-to-lock-up-drugs/
April 10, 2024	Pharmacies across Ontario now using time-delayed safes to curb robbery risk	Durham Radio News	https://www.durhamradionews.com/archives/182689
April 10, 2024	Precious time lost translating into far fewer pharmacy robberies : Police	Zoomer Radio (web)	https://zoomerradio.ca/news/2024/04/10/precious-time-lost-translating-into-far-fewer-pharmacy-robberies-police/
April 10, 2024	Time-delayed safes for securing narcotics now fully implemented in all community pharmacies in Toronto and across Ontario	Toronto Police Service (press release)	https://www.tps.ca/media-centre/news-releases/59331/
April 10, 2024	Partnership Reduces Robberies	Toronto Police Service (press release)	https://www.tps.ca/media-centre/stories/partnership-reduces-robberies/
April 10, 2024	Time-delayed safes for securing narcotics now fully implemented in all Ontario community pharmacies	Ontario Association of Chiefs of Police (press release)	https://www.oacp.ca/en/news/time-delayed-safes-for-securing-narcotics-now-fully-implemented-in-all-ontario-community-pharmacies.aspx
April 10, 2024	News Conference OACP Event with Ontario College of Pharmacists / Hold up	Toronto Police Service (livestream)	https://www.youtube.com/watch?v=TdavKs9FLwo
April 11, 2024	New safes meant to prevent drug robberies won't stop everyone: Mississauga pharmacist	Insauga.com	https://www.insauga.com/new-safes-meant-to-prevent-drug-robberies-wont-stop-everyone-mississauga-pharmacist/

Engaging media to support positive change related to corporate pressures on pharmacy staff

At its last meeting, the Board considered the actions taken by the College in response to the groundswell of concerns from pharmacy professionals about corporate pressures to conduct MedsCheck reviews and other services. The Board declared zero-tolerance of corporate pressures that impede delivery of quality care and a series of next steps in response to concerns about the impact of closed Preferred Provider Networks (PPNs) on patient care.

Since then, the College has engaged, proactively and reactively, in a series of media stories about corporate pressures on community pharmacy professionals and PPNs and the steps that we are beginning to take in response to those concerns. Exploring proactive media opportunities is

increasingly a key strategy to bring needed public attention to these issues and the College's response to them to help influence positive change in the pursuit of Strategic Goal 1.

The following related stories have been published/broadcast since mid-February, with a significant number of those flowing from the outcome of the March 25 Board meeting. Please note that this list is not exhaustive as it does not capture all broadcast stories (radio and TV) unless they are published online.

Date	Title	Source	Link
February 16, 2024	Between a 'quota' and a hard place: Many pharmacists tell us they increasingly face mandatory targets on clinical services	Canadian Healthcare Network	https://www.canadianhealthcarenetwork.ca/between-quota-and-hard-place-many-pharmacists-tell-us-they-increasingly-face-mandatory-targets
February 16, 2024	Manulife reversed its pharmacy deal with Loblaw's Shoppers Drug Mart – so what?	Globe and Mail	https://www.theglobeandmail.com/business/commentary/article-manulife-reversed-its-pharmacy-deal-with-loblaws-shoppers-drug-mart-so/
February 16, 2024	Exclusive deals between insurance companies and pharmacies becoming more prevalent in Canada	Globe and Mail	https://www.theglobeandmail.com/business/article-exclusive-deals-between-insurance-companies-and-pharmacies-becoming/
February 18, 2024	Shoppers Drug Mart accused of unethical billing practices	Canada HealthWatch	https://canadahealthwatch.ca/2024/02/18/shoppers-drug-mart-accused-of-unethical-billing-practices
February 26, 2024	Alarming growth in 'patient steering': CPhA calls on Canada to regulate PPN arrangements	Canadian Healthcare Network	https://www.canadianhealthcarenetwork.ca/alarming-growth-patient-steering-cpha-calls-canada-regulate-ppn-arrangements
February 27, 2024	Corporate pharmacies profiting from unnecessary checkups, family docs say	The Trillium	https://www.thetrillium.ca/insider-news/health/corporate-pharmacies-profiting-from-unnecessary-checkups-family-docs-say-8363582
February 28, 2024	Ontario to probe whether MedsCheck program 'being used appropriately'	The Trillium	https://www.thetrillium.ca/insider-news/health/ontario-to-probe-whether-medscheck-program-being-used-appropriately-8370699
February 28, 2024	Shoppers Drug Mart staff pressured to bill unnecessary medication reviews, pharmacists say	CBC News Network (broadcast)	https://www.youtube.com/watch?v=LRCN3-cZPxQ
February 28, 2024	Corporate pressure led Shoppers Drug Mart staff to bill for unnecessary medication reviews, pharmacists say	CBC News (web)	https://www.cbc.ca/news/canada/ontario-medcheck-shoppers-drug-mart-pressure-1.7126811
February 28, 2024	Pharmacy association lodges Competition Bureau complaint over Express Scripts fees	Globe and Mail	https://www.theglobeandmail.com/business/article-pharmacy-association-lodges-competition-bureau-complaint-over-express/
March 1, 2024	Shoppers Drug Mart billing Ontario for unnecessary checks, former employees say	CBC News: The National (broadcast)	https://www.youtube.com/watch?v=xGgRdYWjVY
March 1, 2024	Shoppers Drug Mart is being called out for alleged sketchy billing practices	BlogTO	https://www.blogto.com/city/2024/02/shoppers-drug-marts-sketchy-billing-practices/

March 1, 2024	Speak up: Ontario regulator wants to hear about pharmacists' experiences with clinical services targets	Canadian Healthcare Network	https://www.canadianhealthcarenetwork.ca/speak-ontario-regulator-wants-hear-about-pharmacists-experiences-clinical-services-targets
March 11, 2024	Manulife drug plan members continue to face barriers when trying to fill prescriptions at pharmacies of their choice	Globe and Mail	https://www.theglobeandmail.com/business/article-manulife-drug-plan-members-continue-to-face-barriers-when-trying-to/
March 12, 2024	Why are Manulife patients still being sent to Bayshore HealthCare and Loblaw-owned pharmacies?	Canadian Healthcare Network	https://www.canadianhealthcarenetwork.ca/why-are-manulife-patients-still-being-sent-bayshore-healthcare-and-loblaw-owned-pharmacies
March 12, 2024	Corporate pressure harming patient care, pharmacists tell regulator	The Trillium	https://www.thetrillium.ca/insider-news/health/corporate-pressure-harming-patient-care-pharmacists-tell-regulator-8432321
March 13, 2024	The question of quotas: As pharmacists wait for answers, Ontario's Health Ministry responds with the status quo	Canadian Healthcare Network	https://www.canadianhealthcarenetwork.ca/question-quotas-pharmacists-wait-answers-ontarios-health-ministry-responds-status-quo
March 14, 2024	People in Ontario are raging about Shoppers Drug Mart and Galen Weston again	BlogTO	https://www.blogto.com/city/2024/03/ontario-raging-shoppers-drug-mart-galen-weston/
March 14, 2024	Shoppers Drug Mart says it doesn't have medication review targets, but records show it does	CBC News (web)	https://www.cbc.ca/news/canada/toronto/shoppers-drug-mart-medication-review-targets-1.7142626
March 15, 2024	Follow-Up CBC Report Outlines Corporate Pressure Exerted by Shoppers Drug Mart	Gardiner Roberts	https://www.grllp.com/blog/follow-up-cbc-report-outlines-corporate-pressure-exerted-by-shoppers-drug-mart-631
March 19, 2024	Telus Health only reimbursing employee drug prescriptions filled through its virtual pharmacy	CBC News (web)	https://www.cbc.ca/news/business/telus-health-employees-must-use-companys-virtual-pharmacy-1.7134413
March 25, 2024	Ontario College of Pharmacists seeks restrictions on exclusive deals with insurers	Globe and Mail	https://www.theglobeandmail.com/business/article-ontario-insurers-pharmacies-ppns/
March 26, 2024	Zero tolerance for business practices that impede pharmacy professionals' ability to deliver effective care	Cision (press release)	https://www.newswire.ca/news-releases/zero-tolerance-for-business-practices-that-impede-pharmacy-professionals-ability-to-deliver-effective-care-860817148.html
March 26, 2024	College of Pharmacists says corporate pressures are compromising safe and effective care	Ottawa Citizen	https://ottawacitizen.com/news/local-news/college-of-pharmacists-says-corporate-pressure-are-compromising-safe-and-effective-care
March 26, 2024	College of Pharmacists says corporate pressures are compromising safe and effective care	Ottawa Sun	https://ottawasun.com/news/local-news/college-of-pharmacists-says-corporate-pressure-are-compromising-safe-and-effective-care
March 26, 2024	'Counsel has been retained': Ontario college takes zero-tolerance stance against corporate pressure on pharmacists	Canadian Healthcare Network	https://www.canadianhealthcarenetwork.ca/counsel-has-been-retained-ontario-college-takes-zero-tolerance-stance-against-corporate-pressure

March 27, 2024	Now You Know With Rob Snow (Interview with Shenda Tanchak)	CityNews Radio (live radio)	https://vancouver.citynews.ca/2024/03/27/now-you-know-with-rob-snow-march-27-2024-episode-80/
March 27, 2024	Ontario regulator exploring legal options to address allegations of corporate pressure at pharmacies	CBC News (web)	https://www.cbc.ca/news/canada/pharmacists-medscheck-pressure-college-of-pharmacists-investigating-1.7157550
March 28, 2024	'Zero tolerance': Ontario College of Pharmacists mulls next steps on MedsChecks quotas	The Trillium	https://www.thetrillium.ca/insider-news/health/zero-tolerance-ontario-college-of-pharmacists-mulls-next-steps-on-medschecks-quotas-8518385
April 4, 2024	Shoppers Drug Mart to be investigated over sketchy practices pushed by corporate	BlogTO	https://www.blogto.com/city/2024/04/shoppers-drug-mart-investigated-sketchy-practices/
April 5, 2024	Prairie pharmacists get questioned on quotas	Canadian Healthcare Network	https://www.canadianhealthcarenetwork.ca/prairie-pharmacists-get-questioned-quotas
April 7, 2024	Don't dispense with drug competition	Globe and Mail	https://www.theglobeandmail.com/opinion/editorials/article-dont-dispense-with-drug-competition/
April 8, 2024	Provinces signal growing backlash against exclusive deals between insurers and pharmacies	Globe and Mail	https://www.theglobeandmail.com/business/article-provinces-signal-growing-backlash-against-exclusive-deals-between/
April 15, 2024	Pharmacists at Shoppers file proposed lawsuit against Loblaw, alleging unethical corporate practices	Globe and Mail	https://www.theglobeandmail.com/business/article-pharmacists-file-proposed-lawsuit-against-shoppers-alleging-practices/
April 15, 2024	Shoppers Drug Mart faces proposed class action for alleged 'unethical corporate practices'	CBC News Toronto (web)	https://www.cbc.ca/news/canada/toronto/proposed-class-action-shoppers-drug-mart-1.7174313
April 15, 2024	Shoppers pharmacy owners launch class-action lawsuit	CBC News (broadcast)	https://www.cbc.ca/player/play/video/9.4204109
April 16, 2024	Proposed class-action lawsuit against Shoppers Drug Mart alleges 'unsafe and unethical corporate practices'	CTV News Toronto (web)	https://toronto.ctvnews.ca/mobile/proposed-class-action-lawsuit-against-shoppers-drug-mart-alleges-unsafe-and-unethical-corporate-practices-1.6849507?cache=/7.395151
April 16, 2024	Pharmacists file proposed class action against Shoppers Drug Mart alleging "unethical corporate practices"	Daily Hive	https://dailyhive.com/canada/shoppers-drug-mart-class-action-unethical-corporate-practices
April 16, 2024	Quotas in pharmacy: Initial survey findings in Saskatchewan are 'aligned' with Ontario's results	Canadian Healthcare Network	https://www.canadianhealthcarenetwork.ca/quotas-pharmacy-initial-survey-findings-saskatchewan-are-aligned-ontarios-results
April 17, 2024	Shoppers faces proposed class action over claims company is 'abusive' to pharmacists	Global News (web)	https://globalnews.ca/news/10429363/shoppers-drug-mart-lawsuit-pharmacists/
April 17, 2024	Shoppers Drug Mart faces class-action suit by pharmacist over 'unsafe and unethical' corporate practices	Toronto Star	https://www.thestar.com/business/shoppers-drug-mart-faces-class-action-suit-by-pharmacist-over-unsafe-and-unethical-corporate-practices/article_551b5f8c-fccf-11ee-b361-57e46a734dbb.html

April 17, 2024	Proposed class-action suit against Shoppers and Loblaw claims terminated owners were berated and 'perp walked' out of their stores	Canadian Healthcare Network	https://www.canadianhealthcarenetwork.ca/proposed-class-action-suit-against-shoppers-and-loblaw-claims-terminated-owners-were-berated-and
April 18, 2024	Three moves the OCP is making around preferred provider networks	Canadian Healthcare Network	https://www.canadianhealthcarenetwork.ca/three-moves-ocp-making-around-preferred-provider-networks
April 19, 2024	'I'm surprised it hasn't done it': OCP could be doing these three things right now to address corporate pressures in pharmacy: lawyer	Canadian Healthcare Network	https://www.canadianhealthcarenetwork.ca/im-surprised-it-hasnt-done-it-ocp-could-be-doing-these-three-things-right-now-address-corporate
April 24, 2024	Ont. teacher says she's being forced to switch pharmacies to maintain medication coverage	CTV News Kitchener (web)	https://kitchener.ctvnews.ca/ont-teacher-says-she-s-being-forced-to-switch-pharmacies-to-maintain-coverage-for-medication-1.6860683
April 29, 2024	Metro Morning – Interview with Shenda Tanchak	CBC Radio Toronto (live radio)	Metro Morning – April 29, 2024, episode
April 29, 2024	Ontario's MedsCheck program could see changes amid allegations of improper use	CBC News Toronto (web)	https://www.cbc.ca/news/canada/toronto/ontario-medscheck-program-redesign-1.7186143 Changes could be coming to Ontario's MedsCheck program (video with Shenda's interview) - YouTube

OPERATIONS

Complaints Resolutions

The Complaints and Investigations team is working to increase the percentage of complaints it resolves. Earlier resolution can be appropriate from the perspective of risk management, compassionate regulation, more quickly being able to address the concerns raised by individual members of the public and operational efficiency. We evaluate new complaints to determine suitability for resolution where there is reason to believe that patient exposure to risk is low and early intervention will prevent recurrence of a problem, if one was identified. This shift in approach may encompass more complex cases such as confidentiality breaches or business issues. Resolution may be achieved by providing information to complainants which may assuage their concerns, and meetings with registrants to discuss practice change and to reinforce learning. The Registrar is required to approve all complaints withdrawals as a double check that the wish of the parties to bring an end to the matter is not at the cost of the broader public interest.

There are two factors that may limit the increase in resolutions that we were expecting in 2024:

1. Given the OCP's new Zero Tolerance position on corporate pressures, we are more closely scrutinizing new complaints and reports, which may not be resolved if they appear to involve issues of corporate pressure.
2. There has been an increase in the number of medium risk files so far in 2024. The first three months of 2024 saw an average of 23 medium risk files a month, compared to an average of 17 medium risk files a month in 2023. Medium risk files generally include dispensing errors or more concerning business practices. They are typically not eligible for resolution due to the greater risk to public safety, compared to low-risk files which generally focus on communication concerns.

We will continue to monitor our progress.

EDI Team Update

The EDI team have completed an analysis of policy, operations, and governance priorities and identified policy options that will be brought to the Board for consideration in June. As part of this work, we will be proposing a policy requiring respectful and non-discriminatory care for all patients.

We have been working with subject matter experts to develop practice-based information to support registrants in meeting their legal and ethical obligations when providing care to marginalized and equity-denied patients, are developing internal skills and capacity through an annual training program, and building partnerships with organizations that provide pharmacy and other medical services to equity-denied patients to better understand the ways we can positively impact the patient experience across these patient groups.

Following the Board's direction in December to recognize Indigenous cultural humility and reconciliation as a distinct focus within the College's comprehensive EDI Strategy, we have been monitoring the work of the Ontario Human Rights Commission as they work to develop human rights policy guidance for health providers to address Indigenous-specific discrimination in Ontario's healthcare system.

We expect to provide the Board with regular updates on our progress in achieving strategic goal four as part of our EDI Strategy.

Strategic Goal 1

We anticipate publishing the analyzed results of our registrant survey and Town Halls by mid-May. Through our various communications channels, we hope to share results from similar surveys conducted in Saskatchewan and British Columbia as well.

In response to the Board's declaration of zero tolerance for business practices that impede pharmacy professionals' ability to deliver effective care, a variety of activities are under way. This high-level update will give you an idea of the breadth of the work. As the work progresses, some of it will come to you for direction, approval or discussion at Board meetings. Other elements will be included in reports.

Regulatory Programs – activities under way

Committees

The Accreditation Committee, Quality Assurance Committee and the Inquiries, Complaints and Reports Committee all have midyear meetings in the spring. At these meetings, we will be providing an overview of the information presented to the Board relating to corporate pressures and the Board's Zero Tolerance Statement. We will discuss the role of each Committee in enforcing zero tolerance, including the range of remedies available to them.

Conduct

We have engaged external counsel to offer advice related to initiating and conducting investigations of individuals engaged in corporate direction-setting and are considering appropriate

investigators, investigative plans and timelines. We are also reconsidering our threshold for investigating reports of all conduct related to services known to be subject to corporate pressures.

Accreditation

We are reviewing our criteria for pharmacy accreditation, as well as our processes for reviewing applications for accreditation and renewal. We are exploring whether and how to consider the conduct and character of all directors and the contents of contracts and leasing arrangements that may restrict the autonomy of the pharmacy owner. Another avenue of exploration is the potential conflict of interest where the entity seeking accreditation requires staff or others to receive their pharmacy services from that pharmacy.

Quality Assurance

We are reviewing our criteria and processes for pharmacy and pharmacist assessment. Our intention is to obtain information specifically related to performance of activities affected by corporate pressures to ensure that they are being conducted in keeping with professional expectations and, if not, the cause of the dereliction.

Policy, Legislation and Regulation – primarily in planning stage

Identification of the most feasible and valuable policy and legislative levers for change will require thorough information-gathering (through environmental scanning, research, consultation, and data analysis). An important aspect of this work will be evaluating what others have done to identify approaches most likely to have an impact. Some things may move forward more quickly than others. All decisions will require Board consideration.

We will consider policy options to reinforce expectations of autonomous decision-making for pharmacists. These could include restrictions on the use of the word ‘clinic’ in association with care delivery, development of standards related to preservation of autonomy through employment or pharmacy operations-related contracts, publication of ‘performance’ data at the individual pharmacy or corporate level, and consideration of development of staffing to service ratio requirements.

We are identifying data-gathering mechanisms to support our ability to make evidence-based policy decisions: including different data collection and coding within the College, compulsory provider experience survey data and partnerships with other organizations.

We will be considering the implications of the legislation governing franchises, insurance companies, retail sales and employment standards, and others as may be identified together with the DPRA (including the exemption from the requirement for pharmacist ownership for corporations operating before 1954), and the Pharmacy Act (including the professional misconduct regulations).

We will explore the role of the regulator with respect to pharmacy funding, which we know has a critical influence on patient decisions and patient care.

Other

We have seconded a pharmacy staff member to part time social media monitoring and reporting to identify trends in real time and provide a line of communication with the registrants to correct inaccurate assumptions and to encourage those with evidence of corporate pressure to share it with the College.

We are seeking to establish an OCP 'hotline' to collect information from and provide resources and advice to registrants.

We have had meetings or sent invitations to meet with the top four corporations identified as exerting pressure that impedes pharmacy professionals' ability to provide quality care: Shoppers Drug Mart, Loblaw, Rexall and Walmart. The purpose of these meetings is to provide the corporations with an update on our activities and hear from them whether and what changes they intend to make.

We are also meeting regularly with other pharmacy regulators to share resources, ideas, and data, hoping to leverage our common goals to reduce individual workload and scale our activities.

A Shift in How OCP Regulates

We have talked about becoming increasingly a risk-based regulator. Our survey and Town Halls provided us with irrefutable evidence of a risk that we had previously failed to adequately evaluate in terms of patient impact and scale of the problem. Moreover, the risk itself, which is to the wellbeing and autonomy of registrants, might previously have been thought to be outside our jurisdiction. Today, however, evidence is continuing to emerge that demonstrates a direct threat to patient safety.

Historically, OCP and most other health regulators have been mostly reactive or guidance-focused: following entry to practice, we have responded to reports and complaints. We have drafted policies, guidelines, and standards with a view to risk prevention. Our Quality Assurance programs have offered practice support, with an increasing effort to identify potential risk areas and focus on these.

Responding to risk with significant action is not new to OCP. Our AIMS program and regulation of hospital pharmacies were both regulatory responses to tragic medication error. They both required tremendous resources to plan and implement, although they have now become embedded OCP programs.

What I think the current situation has demonstrated is that there is a more proactive and assertive role for the regulator. As demonstrated in this case, communications can be seen as a strategic tool for information-gathering. Had we been monitoring and engaging with social media and had we been using a disciplined risk assessment methodology; we might have acted sooner. In terms of our internal data-gathering and mining capacity, we have far to go: we don't yet have systems and processes in place to adequately/consistently/efficiently mine the data from assessments, for example. Now that we are seized with the risk, we are exploring disciplinary approaches no college has used to date. We are looking at legislation we have never considered to be within our purview. We are taking a different approach to media relations and discussions with partners. We are taking

a more strategic approach to attempting to affect change in areas which are outside of our legislative authority but within our patient protection mandate.

The complexity and extent of the activity summarized above is significant and not possible without additional staff. We are presently recruiting several short-term positions to support the initiatives described above. Sustaining our capacity to proactively identify emerging risk and look beyond our statutory authority for mitigation will require more than a project-based staffing approach, especially requiring investments in communications, but with additional infrastructure staff in a few other areas.

The Finance Committee will be notified of the budgetary implications of the work related to zero tolerance and the shift in our regulatory approach at its upcoming meeting. We anticipate bringing a detailed explanation to the Board at its June meeting where we expect we will seek approval of additional spending. Since the majority of the additional cost will relate to staffing, you should expect this discussion to take place *in camera*.

Horizon Scan

Elimination of Board Elections at the Pharmacy regulators in Manitoba and Saskatchewan.

The College of Pharmacists Manitoba (CPhM) has adopted an appointment process to select pharmacy professional council members each year. Following a call for applications, the Appointments Committee will select the number of pharmacy professionals required to fill vacant seats on Council. A slate of appointees is then presented for Council confirmation. The CPhM Council has one pharmacy technician, six pharmacists and four public representatives appointed by the Minister responsible for health.

The Saskatchewan College of Pharmacy Professionals (SCPP) has also moved to an appointments process, following a change to its governing legislation. Members are selected by a Human Resources and Governance Committee, following a gap analysis of the existing Council's collective skills and attributes.

Pharmacy Examining Board of Canada (PEBC)¹

PEBC continues to demonstrate a commitment to evolution and security in the execution of its examination mandate.

Among other initiatives, it has increased access to the evaluation examination for internationally educated pharmacists, improved security and piloted a virtual performance examination.

More details about PEBC's activities can be found attached (Attachment 1).

¹ *The purpose of the Pharmacy Examining Board is to assess qualifications for pharmacists and pharmacy technicians on behalf of participating provincial regulatory authorities. The Board evaluates qualifications, develops and administers examinations including a national Qualifying Examination, and issues Certificates of Qualification*

Bill 171, Enhancing Professional Care for Animals Act, 2024

This Act, which is entering the final stages of approval, will replace the *Veterinarians Act* with the new *Veterinary Professionals Act, 2024*.

The stated goal of the legislation is to better define the scope of practice for veterinary medicine and align oversight of the veterinary profession with other self-governing regulated professions.

The proposed legislation has caused concern among some registrants who fear that their ability to sell, dispense and compound medicines for animals will be curtailed under the new legislation. The legislation stipulates that only members of the Veterinary College will be permitted to carry out authorized activities (including compounding, dispensing and selling medications). It then goes on to say that registrants of our College will be permitted to carry out 'prescribed' authorized acts. The regulations will set out which authorized acts pharmacy professionals may carry out.

OCP has been consulted during the development of the legislation and has had an opportunity to discuss it with the College of Veterinarians as well as representatives from the Ministry of Agriculture. We have been reassured that the intention of the legislation is to preserve the status quo for pharmacists. We will continue to engage as the legislation is approved and the regulation consultation begins.

N E W S

L E T T E R

PEBC UPDATE

Vol. 28 No. 1 April 2024



1963-2023

*Celebrating 60 years**Célébrons les 60 ans*

2024 Annual Board Meeting Summary

The Pharmacy Examining Board of Canada held its 2024 Annual Board Meeting on March 23, 2024 in Toronto. Standing Committees met over three days preceding this meeting. The following are highlights of issues addressed and recommendations made by the Board of Directors. For further information, you may contact Board appointees, the President, Harriet Davies, or the Registrar-Treasurer, Dr. John Pugsley.

Board Appointments

New appointments to the Board of Directors, taking effect at the close of the Annual Board Meeting are:

Michael Davis – Saskatchewan College of Pharmacy Professionals

Jane Hilliard – Ontario College of Pharmacists

Philippe Lepicier – Ordre des pharmaciens du Québec

2024-2025 Executive Committee

Officers

President – Harriet Davies

Vice-President – Gabriella Wong

Past-President – Dr. Terri Schindel

Executive Members

Dale Cooney

Taggarty Norris

2024 Strategic Plan

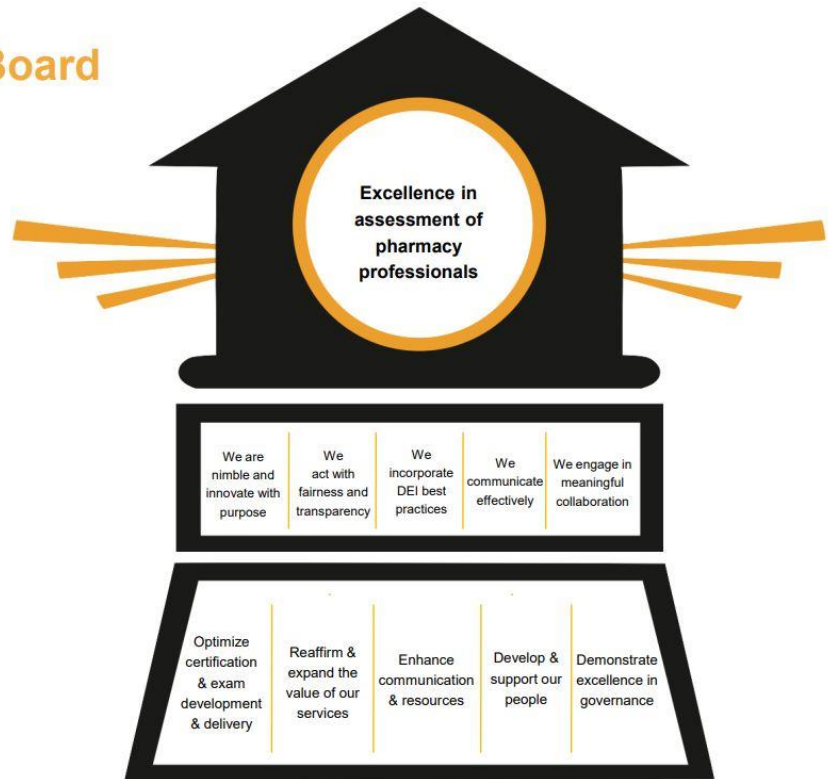
PEBC conducted a strategic planning session at the 2023 Mid-Year Board Meeting. OnePage Plans facilitated the session using an innovative “Lighthouse Model”. The Strategic Plan was subsequently finalized at the end of December 2023. The Board received an update on strategic plan projects being implemented in 2024.

Pharmacy Examining Board of Canada

Guiding Light

Values

Focus Areas



2023 PEBC Statistics

PEBC Pharmacist Register:

There were 1461 names added to the Pharmacist Register as the result of examinations in 2023.

Pharmacist Qualifying Examination:

A total of 2390 candidates took the Qualifying Examination-Part I (MCQ) in 2023, compared to 2203 in 2022. A total of 1990 candidates took the Qualifying Examination-Part II (OSCE), compared to 1942 in 2022.

There was a total of 32 candidates assessed for non-certification purposes.

Pharmacist Evaluating Examination:

A total of 2140 candidates took the Pharmacist Evaluating Examination in 2023 compared to 1770 in 2022.

Pharmacist Document Evaluation:

A total of 2883 applicants in 2023 were ruled acceptable for admission into the Evaluating Examination, compared to 2231 in 2022.

PEBC Pharmacy Technician Register:

There were 777 names added to the Pharmacy Technician Register by examination in 2023, bringing the total to 13,725 since 2009.

Pharmacy Technician Qualifying Examination:

A total of 1214 candidates took the Qualifying Examination-Part I (MCQ) in 2023, compared to 1108 in 2022 and 1149 took the Qualifying Examination-Part II (OSPE), compared to 1093 in 2022.

Committee on Examinations

The Committee on Examinations (COE) made several recommendations to the Board that were approved, and the COE received several updates on projects in progress and administrations of examinations:

Pharmacist Evaluating Examination

Increase in the Frequency of the Pharmacist Evaluating Exam Administrations

In view of PEBC's 2024 strategic plan focus area to *Optimize Certification and Exam Development & Delivery* through decreasing the transit time to the first attempt on the Pharmacist Evaluating Examination and in recognition of the current workforce shortage which has elevated that need to allow candidates to have quicker access to the Pharmacist Evaluating Examination, the Committee on Examinations (COE) recommended that the Board of Directors approve a motion to offer an additional sitting of the Pharmacist Evaluating Examination in October 2024 and to increase the frequency to four times yearly (January, March, June and October) in 2025 from twice yearly. The Board of Directors approved this motion. Unsuccessful candidates will not be eligible to apply for the exam that immediately follows the one they just completed. For example, if a candidate is unsuccessful on the June 2024 administration, the next exam they would be eligible to take would be January 2025. This is due to the timing of the release of the results and the subsequent exam application deadline, as well as the importance of the candidate using the time to better prepare for their next attempt.

Shortening the Length of the Pharmacist Evaluating Examination

The COE reviewed the results of a PEBC research study conducted by Prometric to explore the impact on the reliability and consistency of pass-fail decisions on shortening the exam from the current length of 200 questions. The study supported a shorter examination and therefore, the COE recommended to the Board of Directors that PEBC reduce the length of the exam to **150 questions** starting with the October 2024 sitting. The Board of Directors approved this motion. The length of the testing time will also be reduced proportionally (~ 3 hours).

Linear-on-the-Fly Testing (LOFT)

PEBC successfully administered the November 2023 Pharmacist Qualifying Examination Part I (MCQ) via LOFT to approximately 1000 candidates. This strategic initiative has enhanced the security of the exam administration by delivering unique exam forms to each candidate.

In doing so, LOFT minimizes the possibility that candidates can meaningfully share exam content with other candidates taking the exam across the exam window and reduces item exposure.

Virtual Performance Examination (VPE) Pilot

As previously communicated, PEBC delivered a VPE pilot aimed to adapt the current in-person examination to a virtual delivery format, providing candidates with a similar opportunity to demonstrate their knowledge, skills and abilities to our gold-standard, in-person examinations.

The objectives of PEBC's VPE pilot were to determine:

- Whether a virtual exam is an appropriate measure of competence for pharmacists
- If candidate performance in the virtual format is comparable to the in-person exam
- How the virtual experience compares to the in-person exam for all participants (candidates and exam personnel); and
- PEBC's ability to scale up the delivery of virtual exams for all candidates in the future.

The pilot exam was held on Sunday, June 25, 2023. Four tracks were delivered simultaneously with two sessions through the day (AM and PM). Ninety-two candidates, representing the Canadian reference group and international first-time test takers participated in the virtual pilot.

At the March 2024 Annual Board and Committee meetings, the COE received a Virtual Performance Examination Pilot Examination Report and the Board received a presentation on the Pilot.

Data analyses were completed on the following:

Interactive Station Performance Data

The performance results were inconclusive on whether the VPE was comparable to the in-person OSCE. With respect to reliability, the VPE demonstrated comparable results to the in-person OSCE. In some respects, there were performance differences between the VPE and the in-person OSCE. The primary reason for the inconclusiveness was due to the sample size obtained for the VPE, especially with the smaller than expected size of the reference group. Regarding validity, the exam blueprint was not entirely representative, where certain competencies were not included. This was due to the virtual platform's inability to deliver non-interactive stations in VPE, resulting in their omission. Therefore, the pass-fail comparisons need to be treated with caution.

Post-VPE Feedback Survey Data for Candidates, Assessors, and SPs

The post-VPE survey results were generally positive. Overall, most participants had a "positive" or "very positive" experience. Although many participants felt that the VPE interactions felt authentic, that the VPE could adequately assess their competence, skills, and knowledge, and that they supported PEBC in transitioning to VPE; if given a choice, more than half of the candidates preferred the in-person OSCE.

Incident Reports by Assessors and SPs

Results from examining the incident reports identified a high number of technology-related incidents.

Follow-up and Next Steps for the VPE:

Overall, the use of VPE for the assessment of competence has demonstrated potential and PEBC is committed to working through to find ways to incorporate virtual delivery in the future. PEBC has identified the functionality that the platform vendor will need to implement to enhance the logistics of exam delivery and provide a more stable experience for our exam participants. PEBC will also need to simplify assessment processes related to content development and scoring to facilitate valid and reliable assessments in the virtual modality.

Pharmacist and Pharmacy Technician Qualifying Examination – Part II (OSCE/OSPE)

PEBC continues to follow some modifications in response to the COVID-19 pandemic, including the ongoing use of face masks, and vaccination requirements (when required by the venue provider). In the future, PEBC will consider whether mandatory masking remains a permanent part of the delivery of the performance exams.

Diversity/Equity/Inclusion (DEI) in Exam Development

In view of PEBC's 2024 strategic plan focus area to *Optimize Certification and Exam Development & Delivery* through training of Subject Matter Experts (SMEs) in principles of DEI, the COE received information on the work that is being undertaken to develop a training session for SME exam development teams and PEBC staff to support the incorporation of DEI principles into the development of assessment content for the MCQ and performance exams. PEBC will seek out a consultant who can deliver the virtual workshops in 2024.

PEBC Programmatic Review

The COE received updates on two key 2023 priorities from the PEBC Programmatic Review related to:

- Re-evaluation of the eligibility criteria for the Document Evaluation process
- Review of the Pharmacist Evaluating Examination blueprint in the context of the updated curricula in Canadian, CCAPP-accredited entry-level PharmD programs

Re-evaluation of the Eligibility Criteria for the Document Evaluation Process

One of the recommendations of the Programmatic Review was to re-evaluate the eligibility criteria for the Document Evaluation (DE) to reflect that the current eligibility is based on substantial comparability with the Canadian, CCAPP-accredited BSc. pharmacy programs and the transition to a PharmD degree that would be completed in 2024. An Advisory Committee was constituted and met four times with a focus to make recommendations to the Committee on Examinations on how to update the eligibility criteria.

The Committee was comprised of:

- Suzanne Solven, Registrar – College of Pharmacists of British Columbia
- Susan James, Director, Competence – Ontario College of Pharmacists
- Bev Zwicker, Registrar – Nova Scotia College of Pharmacists
- Zubin Austin, Professor, Leslie Dan Faculty of Pharmacy, University of Toronto
- Suzanne Len, PEBC Board Director
- Mahmoud Suleiman, PEBC Deputy Registrar
- John Pugsley, PEBC Registrar – Treasurer

Some of the recommendations from the Advisory Committee were considered by the COE at the March 2024 meeting. Further consideration of other recommendations will be made later in 2024.

The COE considered the recommendation from the Advisory Committee that PEBC consider additional education beyond the first professional degree. PEBC has historically had a minimum 4-year program requirement and while a strong majority of programs are of this duration or longer, there are situations of candidates who completed a shorter program followed by further relevant education, for example, a post-graduate degree in clinical pharmacy. In such cases, these candidates with relevant education are not captured by the current 4-year program requirement. The Advisory Committee recommended elimination of the minimum 4-year requirement and the consideration of additional relevant education beyond the first professional pharmacy degree, as required. The COE recommended that the By-Laws Committee adopt a change to PEBC's Examination Regulations regarding the qualifications for admission into the Pharmacist Evaluating Examination to include consideration for a post-professional degree in pharmacy. The Board approved this motion.

Pharmacist Evaluating Examination Blueprint Update

PEBC is in the process of updating the Pharmacist Evaluating Examination blueprint to reflect the curricula of the Canadian entry-level PharmD programs. The new blueprint is expected to reduce emphasis on the Biomedical Sciences area and add further content that is not currently being assessed. This is expected to result in a reduction of the length of

the exam (further to what has been approved at the Annual Board Meeting on March 23, 2024). The COE will be presented with the new blueprint in the coming months for approval, and implementation will occur the following year to allow for advanced notification to the candidates and the development / pretesting of new content. PEBC will explore the potential of utilizing LOFT for the Pharmacist Evaluating Examination following implementation of the new blueprint.

Public Relations Committee

The Public Relations Committee reviewed a report of public relations activities and web site statistics. PEBC has presented updates and educational sessions to various stakeholders this past year.

PEBC Sponsorship of Awards for Research and Innovations in Assessment of Competence

- PEBC/AFPC awarded one award:
 - 2023 – Janice Yeung, UBC Faculty of Pharmaceutical Sciences, for her project: “Assessing Pharmacy Student Performance on Practicum Using a Novel Rubric Based on the Dreyfus Model of Skill Acquisition in the Entry-to-Practice PharmD Program”
- PEBC/CPTEA awarded one award:
 - 2023 – Ginny Crawley, Nova Scotia Community College Pharmacy Technician Program, for her project: “Join Pharmacy Session: Interprofessional Collaboration”

Publications/Research and Conference Presentations

Ottawa 2024 Conference on the Assessment of Competence in Medicine and the Healthcare Professions, Melbourne, Australia, February 2024:

“Development of a Virtual Performance Examination (OSCE) for Pharmacist Certification - a Pilot Study”, Salma Satchu, Karen Fung, Mahmoud Suleiman, Yuen Chu, John Pugsley

Ottawa 2024 Conference on the Assessment of Competence in Medicine and the Healthcare Professions, Melbourne, Australia, February 2024:

“Fighting Fire with Fire: Leveraging Technology to Enhance the Security of High Stakes Examinations”, Mahmoud Suleiman Tara Leslie, Karen Fung

Ottawa 2024 Conference on the Assessment of Competence in Medicine and the Healthcare Professions, Melbourne, Australia, February 2024:

“Virtual Standard Setting: Strategies and Considerations”, Karen Fung, Salma Satchu, John Pugsley

Board Meetings

The next Board and Committee Meetings will be held on October 17-19, 2024 (Mid-Year Meeting). The date of the next Annual Meeting is set for March 22, 2025, with Committee Meetings preceding.

FOR INFORMATION

From: Shenda Tanchak, Registrar and CEO

Topic: Registrar's Update, May 1 to June 10, 2024

Sad Staff News

I am deeply saddened to share news that one of our staff members Vicky Clayton-Jones passed away on May 25th. Vicky was a member of the OCP family for more than 20 years, giving fully of herself and supporting the needs of preceptors/assessors, registration applicants and everyone she connected with at OCP with kindness, humour and passion. We will miss her dearly.

General Operations

Business Practices

This quarter has been dominated by work related to advancing activities to support enforcement of OCP's position of zero tolerance for business practices that compromise the ability of pharmacy professionals to deliver safe and effective care to patients. This will be the subject of a report from Susan James so I will not repeat it here apart from reporting that, together with Susan James and/or Christian Guerrette, I will have met with leadership from the following organizations as follows

- Shopper's Drug Mart – April 9
- Rexall – May 31
- Walmart – June 4
- Loblaw – June 4

These corporations had the highest rate of pharmacists and pharmacy technicians (above 80%) reporting concerns about corporate pressure.

Physician Response to Expanded Scope

Another pharmacy environmental issue has been presenting increasing issues. In conjunction with the last expansion of pharmacy scope of practice, we began to hear concerns about resistant actions by physicians. The reports, of which we have a short list, primarily relate to requests not to send medication review forms, including threats to invoice the pharmacy or patients for reviewing them. We have also heard stories of doctors threatening to terminate patients who receive prescriptions from pharmacists. The incidents of this type of behaviour are likely significantly higher than our records demonstrate because pharmacists are unlikely to come forward at the risk of damaging their relationship with their patients' physicians or to risk putting their patients in harm's way. However, we have enough information to be concerned about the potential negative impact on interprofessional care, patient wellbeing and costs to the health system.

Subsection 3(1)9 of the *Regulated Health Professions Procedural Code* establishes the following College object: "To promote inter-professional collaboration with other health professional colleges." By the time of the Board meeting, we will have notified the College of Physicians and Surgeons of this concern, sought a meeting with the College of Family Physicians and notified the Ministry of Health of this potential disruption in system functioning.

Board Elections

The call for candidates for Board of Directors elections commenced April 29 and concluded May 17. This year, we

received applications from 128 individuals with 32 applicants successfully submitting complete application packages. This is a dramatic increase in engagement. In 2023, there were 26 applications, with 18 complete and in 2022, there were 15 applications, with 12 complete.

All applications will be screened for eligibility and demonstration of the required competencies before candidates are announced.

Regulatory Activity

Regulations Update

In late April the Minister of Health announced a new regulation, the Designated Drugs and Substances Regulation, made under the Midwifery Act, 1991. The regulation sets out an expanded list of drugs midwives can prescribe and substances that midwives can administer by injection or inhalation on a midwife's own authority within the scope of midwifery practice. The regulation came into effect on May 3, 2024.

We have attached a table summarizing the status of OCP's outstanding and recently approved regulation amendments (Attachment 5.2a)

System Partner Engagement: March 26, 2024 to date

Registrar's Activity

Health Professional Regulators of Ontario (HPRO)

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

I am a member of the Management Committee and the Treasurer for HPRO. In that capacity I have attended, or someone has attended on my behalf the following meetings:

- Board Bi-Weekly – April 2, 16 & 30, 2024
- Management Committee Meeting with Rubicon – April 17, 2024
- Treasurer and Executive Director Mtg – April 24 & May 30, 2024
- Management Committee Meeting – May 3, 2024
- Chair, Vice-Chair and ED Meeting with Ministry of Health – May 3, 2024
- Board Meeting with GR Consultants – Rubicon – May 14, 2024
- Board Meeting – June 3, 2024

NAPRA (National Association of Pharmacy Regulatory Authorities)

The Registrars of all Pharmacy Regulators in Canada, together with three appointed external representatives and a representative from the Canadian Armed Forces, are members of the NAPRA Board. Our meetings keep us aware of events, trends, changes in legislation that affect the practice of pharmacy across Canada. We work together to identify risk and best practices.

I am also a member of the NAPRA Governance Committee. I have attended, or someone has attended on my behalf, the following NAPRA meetings since my last report.

- Board Meeting – March 26, 2024 (Susan James attended due to Board Retreat)
- Board Governance Workshop Interview on review of Consensus Decision-Making – March 28, 2024
- PRA Roundtable & Emerging Issues – April 9, May 8 & June 4, 2024
- Board Meeting – May 7-8, 2024
- Cross-Jurisdictional Roundtable – May 23, 2024 (Susan James attended due to schedule conflict)

Other

- Ministry of Health Meeting – April 2, 2024

- Ontario Pharmacists Association (OPA) Meeting – April 2, 2024
- College of Veterinarians of Ontario Meeting – April 3, 2024
- Alberta College of Pharmacists Meeting – April 3, 2024
- Royal College of Dental Surgeons of Ontario – April 5, 2024
- Shopper Drug Mart Meeting – April 9, 2024
- Time Delayed Safe Press Conference with Ontario Association of Chiefs of Police and Toronto Police – April 10, 2024
- Competition Bureau Meeting – April 12 & 19, 2024
- OCP Corporate Pressures Presentation at the OPA Board Meeting, with Katya Masnyk – April 17, 2024
- MPP/OCP Meds check Discussion – April 18, 2024
- Whole Health Conference – April 20, 2024
- College of Physicians and Surgeons of Ontario - Governance and Nominating Committee Presentation – April 23, 2024
- CLEAR Regional Symposium – Panel Discussion on The Interim Advantage: Leveraging Temporary Leadership for Lasting Impact – May 3, 2024 **see photo below*
- Brainstorm Session Re: Review & Assess Impacts of Business Metrics on Patient Safety at College of Pharmacists of British Columbia with Nova Scotia College of Pharmacists, Newfoundland & Labrador Pharmacy Board and Saskatchewan College of Pharmacy Professionals– May 28, 2024
- Pharmasave Webinar - May 29, 2024
- OPA Meeting – May 30, 2024
- Rexall Meeting – May 31, 2024
- Walmart Meeting – June 4, 2024
- Loblaw Meeting, June 4, 2024
- Transforming Primary Care in Canada – A CPhA Summit – June 6, 2024



Other Staff Engagement Activity

- Canadian Pharmacist Association – March 21, 2024 (Katya Masnyk & Judy Chong)
 - The purpose was to discuss partner engagement strategy.
- PACE Working Group with Hospital Partners meeting #1– April 8, 2024 (Melanie Sebastianelli, Julie Koehne, & Debra Moy)
 - The purpose was to introduce PACE to the hospital environment and seek ideas, further engagement opportunities, and to address questions and concerns.

- Ontario Branch Canadian Society of Hospital Pharmacists – April 9, 2024 (Judy Chong)
 - The purpose was to provide an update on policy development and the consultation process.
- Ontario Hospital Association and Ontario Provincial Pharmacy Directors – April 10, 2024 (Katya Masnyk, Susan James, Kristin Reid & Judy Chong)
 - The purpose was to provide an update on policy development, consultation process and Part A and Part B pharmacy technicians.
- NAPRA Compounding Standards Working Group – April 11, 2024 (Sandra Winkelbauer)
 - The purpose is to revise and update the compounding standards for Canadian pharmacists and pharmacy technicians.
- PACE Working Group with Hospital Partners meeting #2 – April 17, 2024 (Melanie Sebastianelli & Debra Moy)
 - The purpose was to introduce PACE to the hospital environment and seek ideas, further engagement opportunities, and to address questions and concerns.
- Ontario Health – Cancer Care Ontario – April 24, 2024 (Judy Chong)
 - The purpose was to provide an update on policy development and the consultation process.
- University of Ottawa and OCP – May 6, 2024 (Greg Purchase & Logan Grant)
 - The purpose was to introduce OCP staff to the University of Ottawa PharmD program and their use of the OPPCAT during student’s experiential learning.
- NAPRA Pharmacy Technician Information Sharing Group (Greg Purchase)
 - The purpose was to discuss issues specific to the registration of pharmacy technicians that the PRAs across the country were experiencing and share advice and/or problem-solve together.
- NAPRA Competencies Working Group – May 16, 2024 (Sandra Winkelbauer)
 - The purpose is to update the professional competencies for Canadian pharmacists and pharmacy technicians at entry to practice.
- Project Advisory Committee – Workforce Planning for Ontario Pharmacists and Pharmacy Technicians – May 16, 2024 (Sandra Winkelbauer)
 - The purpose is to develop an evidence-based workforce planning tool for pharmacists and pharmacy technicians in Ontario that is evidence-based, sustainable, equitable, and detailed.
- Health Canada Natural and Non-prescription Health Products Directorate Consultation – April 6, 2024 (Lap Chan)
 - The purpose was for Health Canada to meet collectively with representatives from the provincial/territorial pharmacy regulatory authorities to discuss the advancement of a federal interim order related the sale of single-ingredient ephedrine and pseudoephedrine in pharmacies.
- Focus group – Practice Assessment Process and Tool Review – April 5, 2024 (Debra Moy; Sandra Winkelbauer)
- PACE information meetings with London Health Sciences Centre – May 28, 2024 (Melanie Sebastianelli & Debra Moy)
 - The purpose was to educate and address questions and concerns regarding PACE in hospitals.
- PACE information meeting with Grand River Regional Hospital - June 4, 2024 (Melanie Sebastianelli and Debra Moy)
 - The purpose was to educate and address questions and concerns regarding PACE in hospitals.
- PACE information meeting with Brampton Civic Hospital – June 4, 2024 (Melanie Sebastianelli & Debra Moy)
 - The purpose was to educate and address questions and concerns regarding PACE in hospitals.
- PACE information meeting with Etobicoke General Hospital - June 6, 2024 (Melanie Sebastianelli and Debra Moy)
 - The purpose was to educate and address questions and concerns regarding PACE in hospitals.
- [Ontario Opioid Drug Observatory](#) Steering Committee Meeting – April 23, 2024 (Melanie Zabawa)
 - The purpose is to provide project updates from knowledge users and researchers focused on informing and evaluating opioid policy across Ontario.
- Health Standards Organization (HSO) Medication Management Technical Committee (TC) - (Judy Chong)
 - The purpose is to develop a new edition of the CAN/HSO 3001:2019 Medication Management National Standard of Canada. The new edition of the standard will include prescribing, preparing, storing, dispensing, administering, monitoring effects and disposing of medications.

- Infection Prevention and Control (IPAC) Knowledge Translation and Exchange (KTE) Regulatory College Working Group - (Judy Chong)
 - The purpose is to support Ontario's IPAC knowledge and practice among regulated health professionals.

You will have noted the frequency of Debra Moy's name in the engagement activities listed above. Debra retires at the end of June. She has made a terrific contribution while working at OCP and we will miss her.

OCP Presentations

- PHM322 Continuous Quality Improvement in Hospital Pharmacy Practice to 3rd Year U of T pharmacy students – April 2, 2024 (Judy Chong)
- CCAPP Q&A to Fanshawe College students – April 10, 2024 (Deanna Yee)
- Role of OCP and Introduction to the Profession to U of T IPG Program students – April 19, 2024 (Anita Arzoomanian & Angela Bates)
- CCAPP Q&A to CTS Students – April 25, 2024 (Melanie Sebastianelli)
- Impact of Regulation and QA Changes to Pharmacy Technicians Conference – May 4, 2024 (Melanie Sebastianelli, Julie Koehne & Melody Wardell)
- Registration to U of T IPG Program students -- May 14, 2024 (Melanie Sebastianelli & Deanna Yee)
- CCAPP Q&A to Sheridan College students – May 17, 2024 (Melanie Sebastianelli)
- OHPMS (Ontario Hospital Pharmacy Management Seminar) presentation – May 27th : upcoming reg change, the PACE program for technicians and Part A versus Part B (Kristin Reid)
- Prevent and Navigate Complaints to U of W 2nd year pharmacy students – June 4, 2024 (Peter Gdyczynski)
- Making the Move from student to pharmacist – Learning from OCP's Practice Advisors – presentation to 4th year U of T pharmacy students – April 3, 2024 (Jessie Reid, Julia Sovran, Marina Pinder, Julie Hoang and Kate Kelly)
- Pharmacy Technician Practice Assessments – What to Expect and More – Pharmacy Technician Conference April 13, 2024 (Travis Spencer)
- Upcoming Changes – Registration and Quality Assurance Regulation Changes: Implications for Hospital practice. May 27th at CSHP Hospital Pharmacy Directors Conference Deerhurst. (Kristin Reid)

Horizon Scan

Nicotine pouches

A new buccal (oral) pouch delivery format for nicotine (Zonnic®) has been approved for marketing in Canada as nicotine replacement therapy (NRT) for smoking cessation.

[Recent news articles](#) and anti-smoking/health organizations have raised concerns that the different flavors and attractive packaging of these pouches make them susceptible to inappropriate use by adolescents under the age of 18, putting them at risk of nicotine addiction.

- Products with 4mg or less of nicotine per dose are considered natural health products according to Health Canada, which can be sold anywhere and advertised directly to consumers.
- There are no legal repercussions should a retail store sell these products to minors.

[Quebec](#) has strongly encouraged pharmacists to keep nicotine pouches behind the counter and [British Columbia](#) amended regulations so that nicotine pouches are under Schedule II (must be behind the pharmacy counter and sold by a pharmacist). These are the only 2 provinces that have put in place regulatory measures to restrict the sale of nicotine pouches.

[Health Canada](#) has indicated they will explore regulatory measures.

By the time of the Board meeting, OCP staff will have met with Health Canada. Unless a satisfactory regulatory approach is identified during this meeting, we will review regulatory and/or legislative options and will report back in September.

Regulating the sale of single-entity Ephedrine and Pseudoephedrine in Ontario – nothing is changing

The announcement that as of June 28, 2024, [NAPRA](#) will be removing single-entity pseudoephedrine and ephedrine from the National Drug Schedules (NDS) has caused some confusion.

Subsection 3(7) of [O. Reg. 264/16](#), which is under the [Drug and Pharmacies Regulation Act, 1990](#) identifies single-entity pseudoephedrine and ephedrine as “drugs” in Ontario so the NDS change will have no impact in our jurisdiction: Pseudoephedrine and ephedrine can be sold only by a pharmacist, intern, registered pharmacy student or pharmacy technician who is supervised by a pharmacist who is physically present.

OPERATIONS

Registrant Records System (RRS)

After finalizing the requirements and the design phase, the vendor (KPMG) began the development phase at the end of March 2024. Unfortunately, this phase faces delays as the development moves more slowly than expected. We are actively addressing this concern and exploring solutions to get the project back on track to ensure successful deployment, with the understanding that the earlier targeted go-live date of mid-September is no longer feasible.

KPMG will be taking a two-week pause in development to complete the technical design of the entire solution. During this gap, we expect to receive an updated project schedule by mid-June, which will outline a more realistic end date.

Furthermore, although the budgetary impact is difficult to predict, at this point, there will be additional costs in 2024 beyond what is budgeted. The expectation is that, because of the delays, we will need to maintain our current RRS into 2025.

Policies for Registrants Under Review/Development

The following policies that apply to registrants are currently in the process of development or review:

- Due to changes in practice that started before the pandemic, the [Centralized Prescription Processing \(Central Fill\) Policy](#) is being reviewed to determine if changes to the Policy, such as allowing Central Fill pharmacies to mail dispensed medications directly to patients, would negatively impact patient safety. Next steps include conducting an updated jurisdictional scan and an analysis of data and evidence to determine options for this policy. This policy was last reviewed in 2014 and is overdue for an update. It has been prioritized for a review. We anticipate the policy will come before the Board for approval in Spring 2025.
- Internal teams have raised concerns about operational and enforcement issues with the [Drug Preparation Premises \(DPP\) Framework](#). The Framework will be reviewed to ensure expectations are clear and the Framework provides the appropriate level of guidance. Next steps include a jurisdictional scan and an analysis of data and evidence to determine options for this Framework. We anticipate this will come to the Board for consideration in December.
- Questions and concerns have been raised on whether the use of the term “clinic” should be restricted for pharmacies. From a public interest perspective, use of the term may be confusing to patients who may expect something more than the same pharmacy services offered at a pharmacy not purporting to be a clinic. A policy analysis of whether there is potential risk in use of the term “pharmacy clinic” will be conducted and brought forward to the Board for consideration. We anticipate this will come before the Board in September.

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 June 10, 2024)

Act/Regulation	Primary purpose for the proposed amendment	Date of Submission to MOH	Current Status	Next Steps	Other Comments
Outstanding Submissions					
Pharmacy Act, General regulation (202/94) - Registration and Quality Assurance sections	<p>Registration – to add a pharmacy technician intern class and eliminate the student pharmacist class and language revisions to reflect modernization of regulatory approach.</p> <p>Quality Assurance – to include pharmacy technicians and align QA program with new Mode, including shift from declaration of practice hours to maintenance of competency to practice to standards.</p>	February 2018	I. In final stage of government approval process.	Government approval and filing of regulation.	OCP has advised MOH of the need for pharmacy technician intern class to address workforce challenges/short ages - particularly in hospital. Corresponding changes for class of certificates are approved in the <i>Drug and Pharmacies Regulation Act</i> (Section 149 (1)) pending approval of these <i>Pharmacy Act</i> changes.

Pharmacy Act, General Regulation (202/94) Expanded Scope	Minister of Health sent a letter (March 10, 2023) requesting the College make recommendations regarding further minor ailments, including those that require additional scope recommendations	October 30, 2023 Board recommendations (approved at Sept Board meeting) were provided to the Minister.	Response under review by the Minister/ Ministry	Awaiting further direction from the Minister or Ministry regarding drafting of regulatory changes to support the recommendations.	
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Recently Approved

Pharmacy Act, General regulation (202)94 – Controlled Acts	Expand scope to support the 2023-24 respiratory illness session by allowing: <ul style="list-style-type: none"> - administration of respiratory syncytial virus (RSV)vaccine, - pharmacy technicians to administer Schedule 3 vaccines, - pharmacists to prescribe Tamiflu, - removal of specific age restrictions for administration of vaccines, -Transition of authority for COVID-19 vaccine Paxlovid prescribing from the <i>Regulated Health Professions Act (RHPA), Controlled Acts Regulation (107/96)</i> to the 	August 31, 2023	Approved December 12, 2023	Effective as of December 12, 2023: <ul style="list-style-type: none"> - Part A pharmacists, registered pharmacy students, interns and pharmacy technicians are authorized to administer the RSV vaccine to patients five years of age and older. - Part A pharmacists are authorized to prescribe Oseltamivir (Tamiflu). - the current authority for pharmacists to prescribe Paxlovid transitioned from the <i>Regulated Health Professions Act (RHPA), Controlled Acts</i> 	The Ministry did not include the proposed changes to remove age restrictions for vaccine administration or to allow pharmacy technicians to administer Schedule 3 drugs in the final version of the regulation. No rationale for removal was provided.
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	<i>Pharmacy Act, General Regulation (202/94).</i>			<i>Regulation (107/96) to the Pharmacy Act, General Regulation (202/94).</i> - The authority for pharmacists and pharmacy technicians to administer the COVID-19 vaccine will transition on April 1, 2024.	
Pharmacy Act, General regulation (202/94) Registration - Emergency Assignment Certificates	To achieve alignment of the emergency assignment certificate criteria with regulation 508/22 under the RHPA	June 15, 2023	Amending regulation (295/23) approved by government and filed on Aug 21, 2023	Implementation August 31, 2023	
Pharmacy Act, General regulation 202/94 – Controlled Acts (additional minor ailment prescribing)	To add six additional minor ailments to the pharmacy scope of practice.	April 14, 2023	Approved August 21st	Implementation October 1 st , 2023	The OCP submission used lists of drugs for identification of prescribing authority parameters. This was a change from the previous approach which referred to categories of drugs identified by an American entity (the AHFS clinical drug information).

					The change was a result of intellectual property -based impediments to access to the AHFS information.
Pharmacy Act, General regulation 202/94 – Controlled Acts (Administration by injection and inhalation)	Enable administration of drugs for purposes beyond education and demonstration	November 2019	Approved May 15, 2023	Implementation July 1, 2023	College guidelines updated
Other					
Pharmacy Act (and all other Acts referencing the College)	Request to change the College name to “College of Pharmacy”	February 2019, Letter to the Minister of Health and June 2021 as part of response to governance consultation.	Minister responded that evidence and support that patients would benefit is required		
Regulated Health Professions Act and Pharmacy Act – government consultation on governance reform	Board supported: Reduction in Board size, separate Board and Statutory Committees, Competency Based elections, flexibility to investigate, continue 50/50 balance of professional and public directors, and eliminating academic directors	June 30, 2021 Response to government consultation through letter to Ministry	No further action from government to date	Dependent on government direction	

<p>N/A - Advice to Government re - closed Preferred Provider networks</p>	<p>Board recommendation to government to consider negative impact of closed preferred provider networks: impact on patient choice and continuity of care.</p>	<p>January 2019 Letter to Minister of Health</p>	<p>N/A – no response expected, letter provided advice only</p>	<p>Closed Provider Networks continue to be in existence</p>	
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FOR INFORMATION

From: Thomas Custers, Director, Corporate Services

Topic: College Performance Dashboard– Key performance results for Q1

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

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

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

Background:

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

Analysis:

- The 2024 College Dashboard has:
 - **Fourteen performance measures**, two relate to how well the College is progressing towards its strategic and operational goals ('Strategic Priorities' domain), and twelve address if the College is optimally resourced to execute its mandate both now and, in the future, while maintaining compliance with applicable policies, laws, and regulations ('Operational Capacity' domain).
 - **Five monitoring measures**, four of which relate to if the College is effectively executing its regulatory functions ('Regulatory Competence' domain), and one measure related to the 'Operational Capacity' domain.

Q1 Performance Results

- In Q1, five of the 14 performance measures are tracking to the 2024 target, while two measures are currently not tracking to their target; however, at this point, the College still expects to meet them. Three measures are at risk of not meeting their target. There are no Q1 results currently available for the four measures. These measures are only being measured once a year.

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

- The score on the two measures in the '**Strategic Priorities' domain** reflects the number of goals (initiatives) that are "on track" versus the total number of initiatives:

Measure	# of Goals				Target	Q1 Performance
	Total	On Track	At Risk	Off Track		
% of 2024 strategic goals on track ¹	6	5	1	-	100%	83%
% of 2024 operational goals on track	12	8	3	1	100%	67%

- Under the '**Organizational Capacity' domain**, two measures are at risk of not meeting their target. These are the 'percentage click rate of phishing campaigns' and the 'percentage of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel when asked.'
- There are a variety of reasons why the College is currently making less progress than planned on the goals related to those measures. The attached report outlines them more fully.

Q1 Results on Monitoring Measures

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

Attachment:

- 5.3a - Q1 2024 College Dashboard Report

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



Ontario College
of Pharmacists

Putting patients first since 1871

Attachment 5.3a

2024 Board Dashboard – Q1 Results

Content

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Section 3 – Results Q1 Performance Measures	7
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Section 1 – Background

2024 Board Dashboard Domains

Regulatory Competence

Is the College effectively executing its regulatory functions?

Strategic Priorities

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

Organizational Capacity

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

Risk Management*

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

* To come later in 2024

Section 1 – Background

Type of Dashboard Measures



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



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

Section 2 – Dashboard Summary (Performance Measures)



Strategic Priorities				
Strategic Goals		actual	target	status
1	% of 2024 strategic goals on track	83%	100%	●
Operations		actual	target	status
2	% of 2024 operational goals on track	67%	100%	●

Organizational Capacity				
People and Culture		actual	target	status
3	Average rating (1-10) of staff likely to recommend the College to a qualified friend or family member as a great place to work.	8.6	8.2	●
4	Average rating (1-7) of staff that feels OCP supports them in having the right skills to be successful in their current role.	5.6	6.5	●
5	% of staff engagement (inclusion)	-	80%	-
6	% of staff engagement (culture)	-	78%	-
7	% voluntary turnover rate	1.0%	3.8%	●
Finance		actual	target	status
8	% of variance of operating annual budget to year end actuals	-	+/- 5%	-
Technology		actual	target	status
9	% of up-time of business-critical information systems	100.0%	99.9%	●
10	% click rate of phishing campaigns	8.0%	4.7%	●
Compliance		actual	target	status
11	% of CPMF standards fully met	-	83%	-
Governance		actual	target	status
12	% of Board Directors voluntary contributing at each Board meeting	100%	100%	●
13	% of Board Directors report receiving appropriate information to exercise oversight role	100%	100%	●
14	% of Board Directors indicating availability to sit on a Discipline Committee contested or uncontested Hearing panel, when asked	39%	85%	●

PERFORMANCE LEGEND

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

Section 2 – Dashboard Summary (Monitoring Measures)



Regulatory Competence		
Registration		actual trend analysis
15	% of Registrar decisions made within 30 days after receiving the complete application	100% ↔
Quality Assurance		actual trend analysis
16	Average days cycle time for high risk assessments	393 ↔
Conduct		actual trend analysis
17	90th percentile disposal business days of formal complaint	322 ↔
18	90th percentile disposal business days of Registrar's investigation	496 ↔

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

LEGEND

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

Section 3 – Results Q1 Performance Measures*

2024 Strategic Goals



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

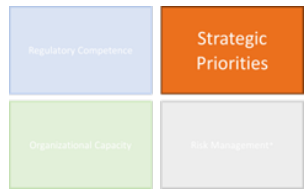
*Timeline: April – May 2024

Goal Status On Track At Risk Off Track

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

Section 3 – Results Q1 Performance Measures

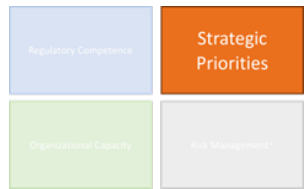
Details Update 2024 Strategic Goals



2024 Strategic Goals		Key point/Cause/Response	Milestones Next Reporting Period
●	Identified tactics the College will deploy to advance Strategic Goal 1 starting 2025.	Key Points: <ul style="list-style-type: none"> Following Board brainstorming session, and zero tolerance statement approved at the March 25, 2024 meeting, identification of activities for immediate action initiated. 	<ul style="list-style-type: none"> Report of findings from the workplace practices survey and town halls published. Report on feasibility analysis of Board brainstorming ideas published. Resources for research, environmental scanning work engaged.
●	OCP Website Refresh	Cause: <ul style="list-style-type: none"> Unexpected delay in contract negotiation phase by about 4 weeks. Contract is now signed. Response: <ul style="list-style-type: none"> Working with vendor to finalize the workplan schedule to determine what impact, if any, it will have on the deliverable go-live date which is now anticipated to be late January 2025. 	<ul style="list-style-type: none"> Workplan and go-live schedules finalized. Completed the research phase.
●	OCP Brand refresh	Key Points: <ul style="list-style-type: none"> Contract signed and initiated 	<ul style="list-style-type: none"> Completed the research phase. Go-live milestone will be connected to the website go-live.
●	Update all OCP communication materials to ensure the information that is shared is precise, understandable & accurate	Key Points: <ul style="list-style-type: none"> Post initiation phase, mapping out how to approach planning and engagement with teams, and how to align with other priorities such as website and brand refresh. 	<ul style="list-style-type: none"> Workplan for 2024 priorities identified and confirmed. This is a multi-year goal.

Section 3 – Results Q1 Performance Measures

Details Update 2024 Strategic Goals



2024 Strategic Goals	Key Points/Cause/Response	Milestones Next Reporting Period
<ul style="list-style-type: none"> ● Establish a prioritized list of high impact activities to be implemented starting in 2024. 	<p>Key Points</p> <ul style="list-style-type: none"> • Policy options assessed – non-discrimination in pharmacy care policy prioritized. • Skill development training program: Needs identified, RFP for consultant to co-develop train-the-trainer program with EDI/HR teams. • Patient feedback mechanism sustained through Citizen Advisory Group transition from the College of Physicians and Surgeons of Ontario (CPSO) to a committee of the Health Profession Regulators of Ontario (HPRO). OCP chairs this committee. • Removal of eligibility barriers and update of application form to support diversification efforts during Board election period. 	<ul style="list-style-type: none"> • Draft policy finalized for Board consideration. • Training program development underway. • Equity data management policy drafted, processes for data collection defined. • Suite of illustrative case studies developed to support implementation of the Human Rights policy.

Section 3 – Results Q1 Performance Measures*

2024 Operational Goals

Regulatory Competence	Strategic Priorities
Organizational Capacity	Risk Management

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

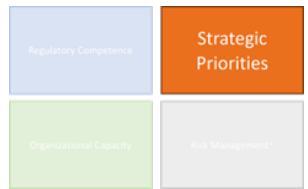
*Timeline: April – May 2024

Status	On Track	At Risk	Off Track
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Stage	Not Yet Started (NS)	Initiation (I)	Planning (P)	Execution (E)	Complete (C)
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Section 3 – Results Q1 Performance Measures

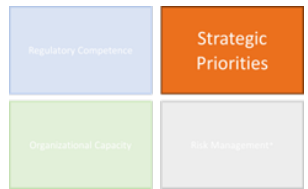
Details Update 2024 Operational Goals



2024 Operational Goals		Key Points/Cause/Response	Milestones Next Reporting Period
●	Implement Registrant Records System (RRS)	<p>Cause</p> <ul style="list-style-type: none"> Delays in development, and this impacts the go-live date for the system. There is no impact to project scope, but the schedule is delayed. <p>Response</p> <ul style="list-style-type: none"> Vendor to pause development after finishing the current project deliverable to develop a detailed estimate of remaining work. Based on the work remaining, a new project schedule will be issued. 	<ul style="list-style-type: none"> Updated project schedule.
●	SharePoint Phase II implementation	<p>Key Points</p> <ul style="list-style-type: none"> Providing post implementation support to all staff to ensure enhanced user adoption. Creating a roadmap for the next projects (e.g., intranet migration, replacing HPRM, external file sharing) to implement on the SharePoint platform. 	<ul style="list-style-type: none"> Roadmap for SharePoint projects. Plan for implementing retention rules.
●	Data Governance Framework	<p>Cause</p> <ul style="list-style-type: none"> Competing priorities as staff are working on various initiatives and addressing emerging internal and external requests. <p>Response</p> <ul style="list-style-type: none"> Prioritize, and subsequently adjust scope for 2025. 	<ul style="list-style-type: none"> Updated project schedule. Developed and implemented a data-sharing policy and process, including a standardized data-sharing agreement template.
●	Build first components of a data warehouse	<p>Cause</p> <ul style="list-style-type: none"> Building data warehouse depends on implementation of RRS. <p>Response</p> <ul style="list-style-type: none"> Move to 2025. 	<ul style="list-style-type: none"> None.

Section 3 – Results Q1 Performance Measures

Details Update 2024 Operational Goals



2024 Operational Goal		Key Points/Cause/Response	Milestones Next Reporting Period
●	Implement a more efficient registration process & enhanced approach to QA	<p>Key Points</p> <ul style="list-style-type: none"> Ministry has provided the College with an “almost final” draft of the updated regulation for review and asked about desired implementation date. Working towards October 1st implementation. 	<ul style="list-style-type: none"> Updated registration policies associated with implementation of the new regulation for Board approval in September.
●	Implement a revised program to conduct pharmacists' assessments more efficient & effective	<p>Key Points</p> <ul style="list-style-type: none"> Solicited feedback from pharmacists who have undergone the Practice Assessment on the process and improvement opportunities. Solicited feedback from pharmacists who have NOT undergone the Practice Assessment on their impressions of the process. 	<ul style="list-style-type: none"> Developed a summary of the results of the feedback groups and recommend changes to the assessment.
●	Implement policies to improve patient safety for sterile, non-sterile & hazardous compounding	<p>Key Points</p> <ul style="list-style-type: none"> Started with initial planning for knowledge translation tools for risk assessment. 	<ul style="list-style-type: none"> Plan in place for developing compounding supervisor module for non-sterile compounding (OCP Approved Training - Non-sterile Compounding Module for Compounding Supervisors posted on website – target Dec. 31, 2024).
●	Transitioned Structured Practical Training (SPT) Program to Practice Assessment of Competence at Entry (PACE) for intern technicians	<p>Key Points</p> <ul style="list-style-type: none"> Technology, resource and support documents are almost completed/ finalized. Conducted engagement sessions (hospitals, LTC homes, community) Finalize transition planning from SPT to PACE. 	<ul style="list-style-type: none"> Assessor recruitment. Assessor training.

Section 3 – Results Q1 Performance Measures

Details Update 2024 Operational Goals



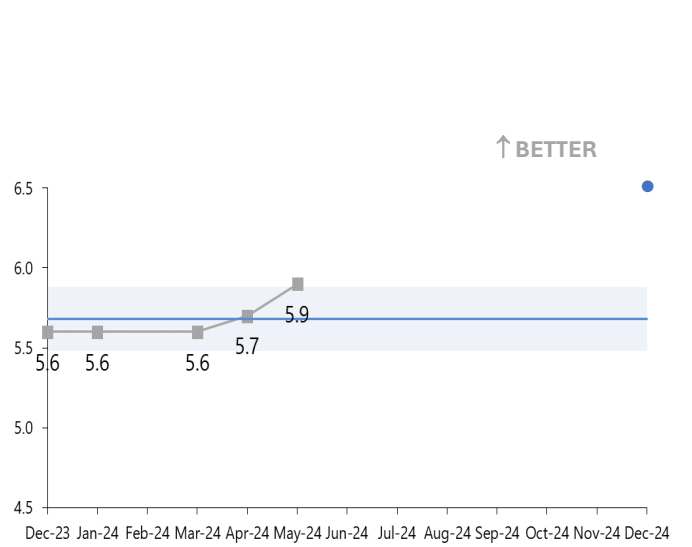
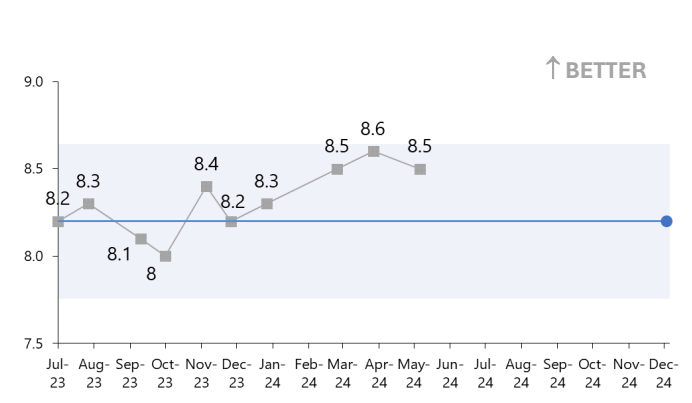
2024 Operational Goal		Key Points/Cause/Response	Milestones Next Reporting Period
●	Develop recommendations for future AIMS program	Key Points <ul style="list-style-type: none"> Identified measures for program evaluation Developing recommendations for adopting/adapting NAPRA Model Standards of Practice Environmental scan of Medication Incident Reporting (MIR) and Continuous Quality Improvement (CQI) Programs in other provinces 	<ul style="list-style-type: none"> Developing updates for the supplemental Standard of Practice. Exploring options. Establishing data strategy.
●	Discipline Committee review – Phase II	Key Points <ul style="list-style-type: none"> Hearings process review completed. Business case re: options is completed, and Board briefing note will be discussed at the June 10, 2024 meeting. 	<ul style="list-style-type: none"> In Q4 work will commence on prioritizing and implementing areas for improvement identified in the hearings process review. Commencing implementation of Board’s decision
●	Implement Practice Risk-Based Framework	Cause <ul style="list-style-type: none"> Delay in transfer of responsibilities for this project and identification of project lead. Resources shifted to supporting Goal #1. Response <ul style="list-style-type: none"> Clarification sought with OCP Directors & Leadership Team. 	<ul style="list-style-type: none"> Development work to be completed by end of Q3. Guidance documentation to be completed by end of Q4.

Section 3 – Results Q1 Performance Measures

Details Update People & Culture Measures



Performance Measures		Actual	YTD	Target	Cause	Response
●	Average rating (1-10) of staff likely to recommend the College to a qualified friend or family member as a great place to work	8.5*	8.5	8.2	-	No action. Exceeding target.
●	Average rating (1-7) of staff that feels OCP supports them in having the right skills to be successful in their current role	5.9*	5.7	6.5	<ul style="list-style-type: none"> The target is a stretch target and might not be fully achieved by the end of 2024. Although survey results went up over the last two months, it is too early to say whether the various training initiatives to date have already led to improvements on this measure. Result may also be impacted by staff seeing this question as a proxy for internal opportunities; given our turnover rate and the organization's size, it is challenging to provide growth opportunities. 	<ul style="list-style-type: none"> Continue encouraging staff to enroll in training programs. Continue to identify staff-specific or organization-wide staff needs and provide required support/training.



*63 Staff responded

Section 3 – Results Q1 Performance Measures

Details Update People & Culture Measures (Cont'd)



Performance Measures		Actual	YTD	Target	Cause	Response														
●	<p>Voluntary turnover rate</p> <table border="1"> <caption>Voluntary Turnover Rate Data</caption> <thead> <tr> <th>Quarter</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>Q1 2023</td> <td>4.0</td> </tr> <tr> <td>Q2 2023</td> <td>2.3</td> </tr> <tr> <td>Q3 2023</td> <td>1.1</td> </tr> <tr> <td>Q4 2023</td> <td>2.2</td> </tr> <tr> <td>Q1 2024</td> <td>1.0</td> </tr> <tr> <td>Q4 2024</td> <td>3.8</td> </tr> </tbody> </table>	Quarter	Rate (%)	Q1 2023	4.0	Q2 2023	2.3	Q3 2023	1.1	Q4 2023	2.2	Q1 2024	1.0	Q4 2024	3.8	1%	1%	3.8%	-	No action. Exceeding target.
Quarter	Rate (%)																			
Q1 2023	4.0																			
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Q4 2024	3.8																			

Section 3 – Results Q1 Performance Measures

Details Update Technology Measures



Performance Measures			Actual	YTD	Target	Cause	Response																		
●	% of up-time of business-critical information systems	<table border="1"> <caption>% of up-time of business-critical information systems</caption> <thead> <tr> <th>Quarter</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>Q1 2023</td><td>100</td></tr> <tr><td>Q2 2023</td><td>100</td></tr> <tr><td>Q3 2023</td><td>100</td></tr> <tr><td>Q4 2023</td><td>100</td></tr> <tr><td>Q1 2024</td><td>100</td></tr> <tr><td>Q2 2024</td><td>-</td></tr> <tr><td>Q3 2024</td><td>-</td></tr> <tr><td>Q4 2024</td><td>99.9</td></tr> </tbody> </table>	Quarter	Value (%)	Q1 2023	100	Q2 2023	100	Q3 2023	100	Q4 2023	100	Q1 2024	100	Q2 2024	-	Q3 2024	-	Q4 2024	99.9	100%	100%	99.9%	-	No action. Exceeding target.
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Quarter	Value (%)																								
Q1 2023	9																								
Q2 2023	1																								
Q3 2023	1																								
Q4 2023	5																								
Q1 2024	8																								
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Q3 2024	-																								
Q4 2024	4.7																								

Section 3 – Results Q1 Performance Measures

Details Update Governance Measures



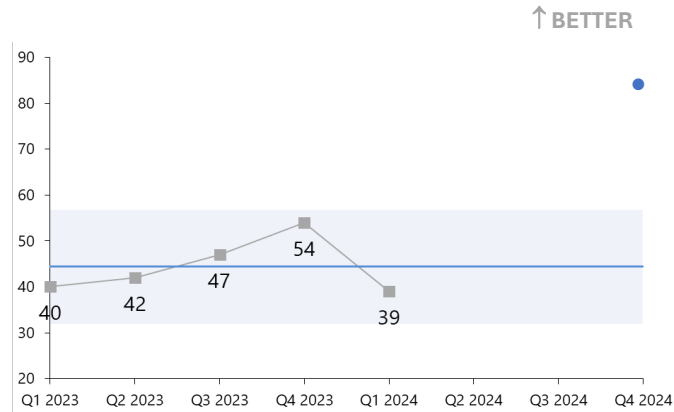
Performance Measures		Actual	YTD	Target	Cause	Response																
●	% of Board Directors voluntarily contributing at each Board meeting	100%	100%	100%	-	No action. Meeting target																
	<table border="1"> <caption>Data for % of Board Directors voluntarily contributing at each Board meeting</caption> <thead> <tr> <th>Quarter</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>Q4 2022</td><td>98</td></tr> <tr><td>Q1 2023</td><td>100</td></tr> <tr><td>Q2 2023</td><td>100</td></tr> <tr><td>Q3 2023</td><td>100</td></tr> <tr><td>Q4 2023</td><td>95</td></tr> <tr><td>Q1 2024</td><td>100</td></tr> <tr><td>Q4 2024</td><td>100</td></tr> </tbody> </table>	Quarter	Value (%)	Q4 2022	98	Q1 2023	100	Q2 2023	100	Q3 2023	100	Q4 2023	95	Q1 2024	100	Q4 2024	100					
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Q1 2024	100																					
Q4 2024	100																					

Section 3 – Results Q1 Performance Measures

Details Update Governance Performance Measures



Performance Measures		Actual	YTD	Target	Cause	Response
●	<p>% of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel, when asked</p>	39%	39%	85%	<ul style="list-style-type: none"> • Constituting panels for some of the hearings was challenging when conflicts were considered in addition to availability. A particular challenge related to appointing a Panel Chair for the hearings. • Many Board Directors have professional responsibilities, as well as work on other Committees, that prevent them from being available for hearings. 	<ul style="list-style-type: none"> • Further evaluation as to what constitutes a conflict to reduce the number of Board Directors unable to sit on the panel due to conflicts if they are otherwise available for the hearing. • More Committee members are being asked to be Panel Chairs to increase the number of individuals who can fill this role and to share the workload associated with it. • Identification and evaluation of additional options to address this issue is being considered as part of the Discipline Committee Review Project. • Considering By-law changes to the quorum requirements for the Accreditation Committee will allow additional Public Directors to sit on the Discipline Committee.



Section 4 – Results Q1 Monitoring Measures

Details Update Registration Measures

Performance Measures		Actual	YTD	Comments																		
↔	<p>% of Registrar decisions made within 30 days after receiving the completed application.</p> <table border="1"> <caption>Chart Data: % of Registrar decisions made within 30 days after receiving the completed application</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q1 2023</td><td>96</td></tr> <tr><td>Q2 2023</td><td>100</td></tr> <tr><td>Q3 2023</td><td>100</td></tr> <tr><td>Q4 2023</td><td>100</td></tr> <tr><td>Q1 2024</td><td>100</td></tr> <tr><td>Q2 2024</td><td>100</td></tr> <tr><td>Q3 2024</td><td>100</td></tr> <tr><td>Q4 2024</td><td>100</td></tr> </tbody> </table>	Quarter	Percentage	Q1 2023	96	Q2 2023	100	Q3 2023	100	Q4 2023	100	Q1 2024	100	Q2 2024	100	Q3 2024	100	Q4 2024	100	100%	100%	<ul style="list-style-type: none"> As of Q2 2023, Decisions are consistently completed in 30 days or less.
Quarter	Percentage																					
Q1 2023	96																					
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Q3 2023	100																					
Q4 2023	100																					
Q1 2024	100																					
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Section 4 – Results Q1 Monitoring Measures

Details Update Quality Assurance Measures

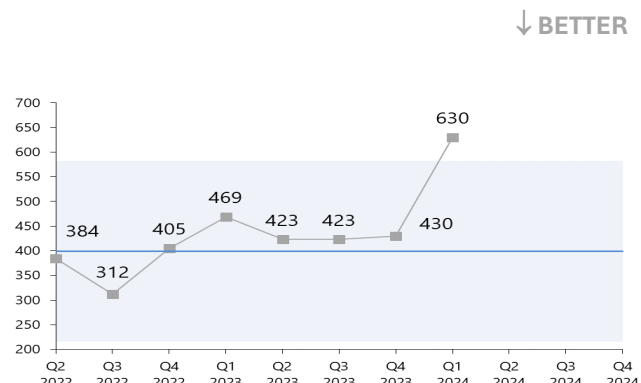
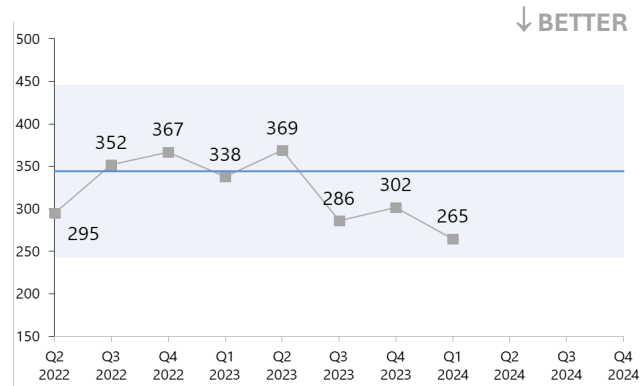


Performance Measures		Actual	YTD	Comments												
↔	<p>Average cycle time between assessments for community pharmacies in highest risk category, measured in average days</p> <table border="1"> <caption>Line Chart Data: Average Cycle Time (Days)</caption> <thead> <tr> <th>Quarter</th> <th>Average Cycle Time (Days)</th> </tr> </thead> <tbody> <tr> <td>Q1 2023</td> <td>469</td> </tr> <tr> <td>Q2 2023</td> <td>522</td> </tr> <tr> <td>Q3 2023</td> <td>360</td> </tr> <tr> <td>Q4 2023</td> <td>414</td> </tr> <tr> <td>Q1 2024</td> <td>393</td> </tr> </tbody> </table>	Quarter	Average Cycle Time (Days)	Q1 2023	469	Q2 2023	522	Q3 2023	360	Q4 2023	414	Q1 2024	393	393	393	<ul style="list-style-type: none"> This measure that was introduced in 2023 as a performance measure. Reducing the cycle time between assessments allows pharmacy sites to address identified operational issues sooner than later. The College undertook various improvement initiatives in 2023. The last 3 quarters below the baseline may indicate improved performance, however, more measure points are needed. Recognizing that, moving forward, the performance on this measure may be impacted by having shifted some College staff resources to assist with the Time Delayed Safe implementation and to support the upcoming Corporate Pressure Hotline.
Quarter	Average Cycle Time (Days)															
Q1 2023	469															
Q2 2023	522															
Q3 2023	360															
Q4 2023	414															
Q1 2024	393															

Section 4 – Results Q1 Monitoring Measures

Details Update Conduct Measures

Monitoring Measures		Actual	YTD	Comments
↔	90th percentile disposal of complaints, expressed in business days.	265	265	<ul style="list-style-type: none"> Illustrates the maximum length of time in which 9 out of 10 formal complaints are being disposed by the College. The last 3 quarters below the baseline may indicate that the performance has improved. However, more measure points are needed to confirm that an improvement in the level of performance has happened.
↔	90th percentile disposal of a Registrar’s Investigation in business days.	630	630	<ul style="list-style-type: none"> No trend at present however, Q1 is beyond the upper natural process limit, signaling that something out of the norm has happened. In this instance, the spike is attributed to the disposal of 6 related case files out of 35 in total, all with a disposal time of 623 business days. The six registrants asked for extensions and there were other delays that were beyond the College’s control. As this seems to be a one-time event, the College will continue to monitor but not react to it.



Appendix

- Measurement Definitions
- How to Read the Graphs

Dashboard Measures: Performance



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

Dashboard Measures: Performance *(Cont'd)*



Measure	Definition	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY (PEOPLE & CULTURE)		
Average rating of staff that feels OCP supports them in having the right skills to be successful in their current role	<ul style="list-style-type: none"> • Monthly staff survey question: “OCP is supporting me in having the right skills to succeed in my current role” on a scale from 1 (strongly disagree) to 7 (strongly agree). • The average rating is calculated by the sum of all ratings divided by the number of staff who responded. 	<ul style="list-style-type: none"> • Ensuring staff have the right skills to be successful in their current job will help them to be more effective and efficient. Furthermore, a culture that is known to promote staff learning and development helps improve employee engagement and retention. To that end, staff development continues to be a priority for 2024.
% of staff engagement (inclusion)	<ul style="list-style-type: none"> • Staff survey score that is based on a range of questions related to whether a staff experience discrimination, bullying or harassment and whether a staff experiences an inclusive environment and is comfortable being themselves at OCP. • The survey is conducted annually by an external organization. 	<ul style="list-style-type: none"> • The College performed exceptionally well on this measure in 2023 (88%). As ‘inclusion’ is a critical organizational driver affecting a staff’s overall engagement and speaks to the College’s EDI commitment, the College will continue undertaking efforts in 2024 related to inclusion as needed to maintain its performance on this measure. • Reporting on this measure will demonstrate the impact of the College’s internal HR Equity, Diversity, and Inclusion activities in maintaining an inclusive organization.

Dashboard Measures: Performance *(Cont'd)*



Measure	Definition	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY (PEOPLE & CULTURE)		
% of staff engagement (culture)	<ul style="list-style-type: none"> Staff survey score that is based on a range of questions related to whether staff identify with OCP’s values, sees a fit with OCP’s culture, whether OCP has a friendly atmosphere, whether OCP’s policies and processes create a positive working environment, how OCP manages performance and encourages staff to contribute as much as possible. The survey is conducted annually by an external organization. 	<ul style="list-style-type: none"> Like ‘inclusion,’ ‘culture’ is critical to overall engagement. The College improved significantly its performance on this measure (78% in 2023 vs. 64% in 2022). Recognizing its importance, the College aims to maintain last year’s performance, with improvements being made on an as-needed basis identified through the engagement surveys or recommendations from the College’s internal Culture Advisory group. Reporting on this measure will demonstrate the impact of the College’s activities in maintaining its performance on this measure.
Voluntary staff turnover rate	<ul style="list-style-type: none"> The number of staff who left OCP voluntarily divided by the average number of employees for that quarter of the year multiplied by 100. 	<ul style="list-style-type: none"> Generally, high turnover rates signal a problem – with the organization’s culture, its compensation and benefits structure, individual managers, training and career progression paths, and more. Replacement costs for talent include recruiting, onboarding, training, loss of productivity and, if turnover is high, a decrease in overall staff morale. Reporting on this measure will demonstrate the College’s success in preventing high voluntary staff turnover. Planned activities for 2024 that may positively impact retention include an organization-wide job evaluation and salary review, the College’s ongoing efforts to ensure an inclusive and healthy workplace culture and continue investing in staff training and development.

Dashboard Measures: Performance *(Cont'd)*



Measure	Definition	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY (FINANCE)		
% of variance of annual operating budget to year end actuals	<ul style="list-style-type: none"> The total actual operating expenditures for the year divided by the total budgeted operating expenditures, multiplied by 100. 	<ul style="list-style-type: none"> Compares the College's actual performance to budget, illuminating the accuracy of budget planning to revenue and cost. For example, if the annual spend was 95% of budget, the % of variance reported would be -5%. This would indicate the College under spent. A significant underspend may be a signal that the College is delayed in achieving its goals or has not benefited fully from the resources available, potentially resulting in poorer outcomes. Overspending could indicate a lack of prudence in seeking out cost-effective options.
DOMAIN: ORGANIZATIONAL CAPACITY (TECHNOLOGY)		
% of up-time of business-critical information systems	<ul style="list-style-type: none"> Shows the percentage of network and host server availability within AGT (agreed service time), i.e., systems have been running continuously without restarting between 7 am to 7 pm, excluding scheduled maintenance. 	<ul style="list-style-type: none"> Provides a snapshot of the College's performance in ensuring its IT systems perform robustly and reliably, whether it is the hardware, software, network infrastructure, human factors, compliance with Service Level Agreements.
% click rate of phishing campaigns	<ul style="list-style-type: none"> Shows the percentage of staff who clicked on a simulated phishing link or attack. 	<ul style="list-style-type: none"> Employees can pose the biggest cyber security risk due to opening malicious emails. This measure indicates the College's level of vulnerability to phishing attempts and the effectiveness of activities surrounding awareness training and cyber security risk prevention.

Dashboard Measures: Performance *(Cont'd)*



Measure	Definition	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY (COMPLIANCE)		
% of CPMF Standards fully met	<ul style="list-style-type: none"> Is calculated by number of Standards 'met' divided by the total number of Standards (for which Colleges must state whether it has either 'met,' 'partially met,' or 'not met,' the respective Standard) multiplied by 100. A Standard is met when the College meets all the requirements associated with a Standard. 	<ul style="list-style-type: none"> The CPMF is a self-assessment tool required annually by the Ministry of Health. It measures college performance against a set of standards which set expectations for performance by Ontario's 26 health regulatory colleges. Meeting those standards provides the public, ministry, and other partners with the confidence that the College is well-positioned to execute its mandate effectively now and in the future.
DOMAIN: ORGANIZATIONAL CAPACITY (GOVERNANCE)		
% of Board Directors voluntarily contributing at each Board meeting	<ul style="list-style-type: none"> At the meeting, staff tracks whether Board Directors actively participate in the meeting. 	<ul style="list-style-type: none"> The purpose of this measure is to ensure that the OCP Board is creating an environment that encourages equal participation by all. It measures the % of Board Directors providing input without being called upon individually during Board meetings.
% of Board Directors report receiving appropriate information to exercise oversight role	<ul style="list-style-type: none"> The data for this measure comes from the Board Meeting Evaluation that is being conducted after each meeting. It includes the question: "Were the materials appropriate to exercise your oversight role?" 	<ul style="list-style-type: none"> Knowing the % of Board Directors indicating that the meeting materials are appropriate to exercise their oversight role is critical to ensure that OCP Board Directors receive the information they need to effectively execute their oversight role and make informed decisions in accordance with the College's values and regulatory principles.

Dashboard Measures: Performance *(Cont'd)*



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

Dashboard Measures: Monitoring



Measure	Definition	Rationale and Understanding this Measure
DOMAIN: REGULATORY COMPETENCE (REGISTRATION)		
% of Registrar decisions made within 30 days after receiving the completed application.	<ul style="list-style-type: none"> Number of applications completed within 30 days or less out of the total applications completed. 	<ul style="list-style-type: none"> The College is required to make a timely decision to register an applicant or refer the application to the Registration Committee.
QUALITY		
Average cycle time between assessments for community pharmacies in highest risk category, measured in average days	<ul style="list-style-type: none"> Average number of days between current calendar assessment date to the previous assessment date for sterile compounding pharmacies classified as "high risk". 	<ul style="list-style-type: none"> If pharmacies providing high risk services fail to meet standards, patients are exposed to a high risk of harm. Ensuring ongoing compliance with standards is core to ensuring patient safety. A measure of the time between assessments will provide information that will help us refine and test our assessment model and resourcing needs.

Dashboard Measures: Monitoring



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

*

Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

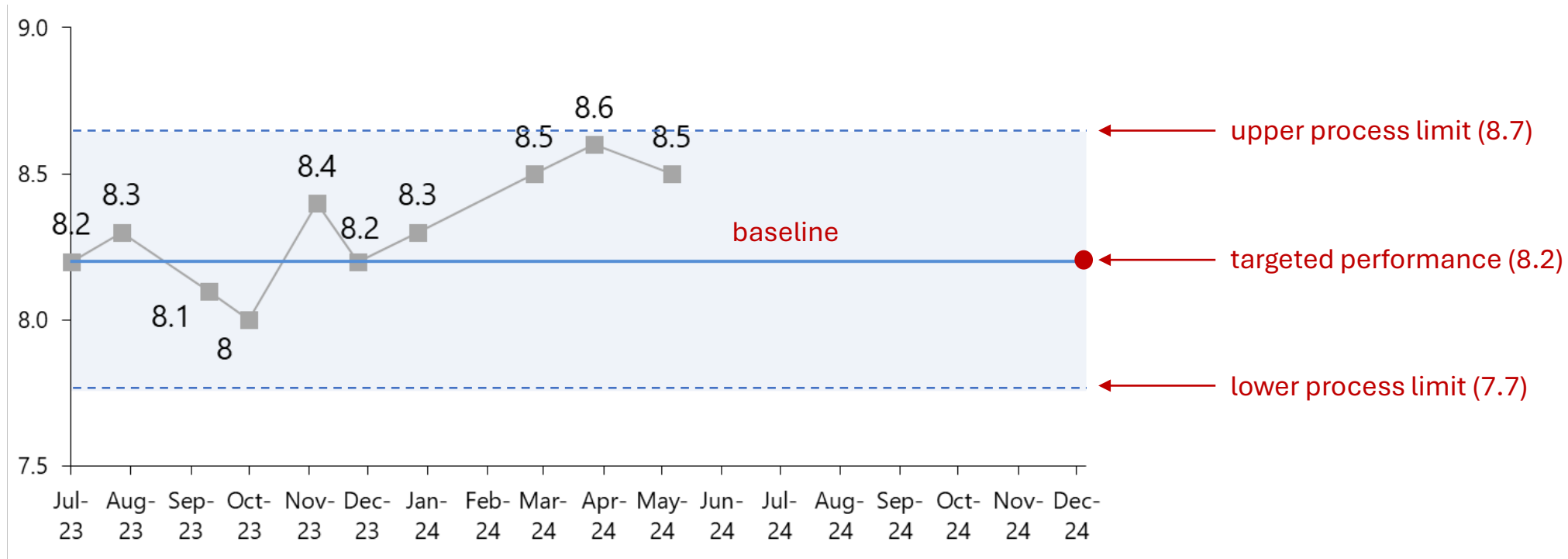
Registrar Investigation: The Registrar can appoint an investigator if there are reasonable and probable grounds to believe that a registrant has committed an act of professional misconduct or is incompetent (upon approval from the Investigations, Complaints, and Reports Committee).

Dashboard Measures: Monitoring *(Cont'd)*



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

How to Read the XmR Graphs* (for illustration purpose alone)



- Performance or values will always differ from one month or quarter to another, and the only way to see which ones are worthy of a response (or explanation) is to show them in what is called an XmR Chart. Showing the results in this format prevents us from:
 - Over-reacting to differences in our measure values that are not caused by real change but rather caused by natural random variation.
 - Under-react to changes in a measure that are small and easily dismissed but are caused by real changes we should know about (before they escalate)
- The chart's upper and lower process limits define the routine or normal variation for the performance measure.

BOARD BRIEFING NOTE

MEETING DATE: July 8, 2024

FOR INFORMATION

From: Thomas Custer, Director, Corporate Services

Topic: Mid-Year Risk Report

Issue: Risk Management Dashboard - Update on key risks and mitigation activities

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

Strategic alignment, regulatory processes, and actions: Ensuring risks are identified and mitigated effectively strengthens trust and confidence in the College's capacity to address emerging issues and to strive for regulatory excellence.

Background:

- The College has a Risk Register and an enterprise risk management program in place. The Risk Register helps the College identify, analyse, and manage potential threats that may affect the College's business processes and could prevent the College from fulfilling its statutory mandate and achieving its strategic goals and objectives.
- The College reviews emerging risks continuously throughout the year and prioritizes work effort to mitigate top risks.
- Each risk reported on the College Risk Register has one or more mitigation strategies executed by staff, led by a risk owner.
- The Board's oversight role and responsibilities in risk management are (1) to assess and confirm the Board's risk tolerance level and (2) to assess the College's response to key risks, including monitoring the College's risk management plan and Risk Register (Policy 4.4 [Board's Oversight Role in Risk Management](#)).
- At the September 2022 Board Meeting, the Board approved the College's risk appetite statements and ratings for seven outcomes to define the level of risk the Board is willing to accept before the College needs to undertake action to reduce the risk.
- A summary of the top risks and the progress the College has made towards mitigating identified risks is provided to inform the Board regarding the College's current risk status.

Analysis of Status Quo:

- At mid-year, there have been no changes in the top risks identified, nor have there been any changes in the risk ratings since the 2023 year-end assessment:

Top Organizational Risks	2024 Mid-Year Risk Rating
1. IT Infrastructure disruption/failure	Medium
2. Loss of business continuity	Low
3. Cyberattacks on OCP information, data, and financial assets	Medium
4. Failure to resource core regulatory functions, meet public mandate and regulatory benchmarks	Medium

- The assessment of risk ratings was conducted using a rating tool that considers both the potential impact on the College's operations and the likelihood of the risk occurring.
- Although there have been no changes in the risk ratings, the College continues to complete the mitigation strategies to address the identified risks. Since the 2023 year-end risk assessment, the College has completed the organization-wide migration to SharePoint to reduce the risk of IT infrastructure disruption/failure (1) and developed a cybersecurity protocol to help reduce the risk of cyberattacks on OCP information, data, and financial assets (3).
- Since some mitigation strategies, such as the cybersecurity protocol, still need to be implemented, and other strategies are still underway, College staff have decided to maintain the current risk ratings at this time.
- The mitigation strategy associated with the risk of inconsistent and undocumented work processes (2) is still on hold due to implementation of the new Registrant Records System (RRS) and other emerging priorities.

Next Steps:

- Continue implementing mitigation strategies, regularly assess their impact, and adjust as necessary.
- Simultaneously, consistently monitor identified risks, identify new ones, and review emerging risks in alignment with the College's risk appetite statements.

Attachment:

- 5.4a - 2024 Mid-Year Risk Dashboard



Ontario College
of Pharmacists

Putting patients first since 1871

Attachment 5.4a

2024 Mid-Year Risk Dashboard

2024 Mid Year Risk Dashboard

2024 Top Organizational Risks	2024 Mid-Year Risk Rating	2023 Year End Risk Rating	Mitigation Strategies	Implementation Status Mitigation Strategies	
1. IT Infrastructure Disruption/Failure	MEDIUM (6) ¹	MEDIUM (9)	3	1	2
2. Loss of Business Continuity (People and Process)	LOW (3)	LOW (3)	2	1	1
3. Cyberattacks on OCP information, data & financial assets	MEDIUM (8)	MEDIUM (8)	5	1	4
4. Failure to resource core regulatory functions, and meet public mandate and regulatory benchmarks	MEDIUM (6)	MEDIUM (6)	4	3	1

¹ Risk assessment rating of high, medium or low is determined by the product of likelihood x potential impact score

■ Implemented
 ■ Underway
 ■ Overdue
 ■ On Hold
 ■ Not Started

1. Risk of IT Infrastructure Disruption/Failure

2024 MID YEAR STATUS

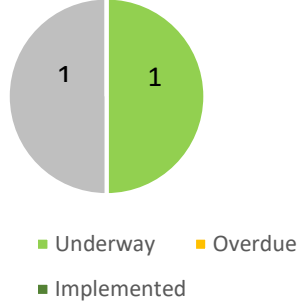
Risk Description	Risk Categories	Risk Impact Score (1-5)	Risk Likelihood Score (1-5)	2023 Year End Risk-Level (Impact x Likelihood)	Progress Status of Risk Response(s)
<ul style="list-style-type: none"> IT infrastructure does not support high availability, ease of maintenance and scalability to meet the growing needs of the College. 	<ul style="list-style-type: none"> ✓ Public Protection ✓ Information and Communications 	Moderate (3)	Possible (3)	MEDIUM (9)	3 Mitigation Strategies ■ Not start ■ Underway ■ Overdue ■ On Hold ■ Implemented

RISK TREATMENT SUMMARY

Mitigation Strategies Underway	1) The College upgraded its network's reliability and continues to migrate to a cloud-based model as per Technology Roadmap. 2) Implementation of new Registrant Records System (RRS) is targeted for late fall 2024.
Mitigation Strategy Implemented	1) Initial implementation of SharePoint (Phase I) across the entire organization completed.

2. Risk of Loss of Business Continuity

2024 MID YEAR STATUS

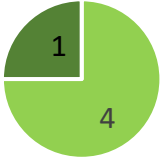
Risk Description	Risk Categories	Risk Impact Score (1-5)	Risk Likelihood Score (1-5)	2023 Year End Risk-Level (Impact x Likelihood)	Progress Status of Risk Response(s)
<ul style="list-style-type: none"> • High staff turnover and disengagement • Vacancies add additional burden on existing staff compounding work pressures • Inconsistent and undocumented work processes make coverage for vacant roles and on-boarding new staff difficult 	<ul style="list-style-type: none"> ✓ Public Protection ✓ People and Culture ✓ Information and Communications ✓ Finance and Efficiency 	Moderate (3)	Rare (1)	LOW (3)	2 Mitigation Strategies 

RISK TREATMENT SUMMARY

Mitigation Strategy Started	1) As outlined in more detail in the Q1 College Dashboard, the turnover rate is low and staff engagement surpassed industry standards; however, the College still sees opportunities for improvement around staff feeling supported in having the right skills to be successful in their current role to help bolster future low turnover and having an engaged staff
Mitigation Strategy On Hold	1) The mitigation strategy related to the risk of inconsistent and undocumented work processes has currently been placed on hold due to implementation of the new Registrant Records System (RRS) and emerging priorities.

3. Risk of Cyberattacks on OCP Information, Data & Financial Assets

2024 MID YEAR STATUS

Risk Description	Risk Categories	Risk Impact Score (1-5)	Risk Likelihood Score (1-5)	2023 Year End Risk-Level (Impact x Likelihood)	Progress Status of Risk Response(s)
<ul style="list-style-type: none"> Cyberattacks (e.g., ransomware, malware, fraud, phishing attacks and breaches) have increased by 400% during the pandemic. 	<ul style="list-style-type: none"> ✓ Reputation ✓ Information and Communications ✓ Finance & Efficiency 	High (4)	Unlikely (2)	MEDIUM (8)	5 Mitigation Strategies  <ul style="list-style-type: none"> Not start Underway Overdue On Hold Implemented

RISK TREATMENT SUMMARY

Mitigation Strategy Implemented

- 100% of critical security patches are updated daily to all end-user system, all applicable Operating System (OS) patches are up-to-date; Multi-factor authentication (MFA) applied to all College staff and user of Citrix.

Mitigation Strategies Underway

- Implementing a new phishing attack simulation that will give staff immediate feedback to a phishing test whether they passed or failed and running staff awareness campaigns on detecting and addressing phishing attacks.
- Conducting a third-party audit and penetration testing using a new vendor to find weaknesses in our current infrastructure based on the latest cyberattack trends.
- Starting June, implementing the newly created cybersecurity protocol (cybersecurity policy, incident response plan, and runbooks) that was finalized in Q1.
- Setting up the newest set of internal IT controls based on best practices.

4. Risk of Failure to Resource Core Regulatory Functions & Meet Public Mandate & Regulatory Benchmarks

2024 MID YEAR STATUS					
Risk Description	Risk Categories	Risk Impact Score (1-5)	Risk Likelihood Score (1-5)	2023 Year End Risk-Level (Impact x Likelihood)	Progress Status of Risk Response(s)
<ul style="list-style-type: none"> Failure to properly resource core regulatory operations (i.e., ensure that the necessary resources are engaged in appropriate work with an acceptable workload), resulting in increased organizational risk. 	<ul style="list-style-type: none"> ✓ Public Protection ✓ Regulation & Compliance ✓ Reputation 	Moderate (3)	Unlikely (2)	MEDIUM (6)	<p>4 Mitigations</p> <p>■ Not start ■ Underway ■ Overdue ■ On Hold ■ Implemented</p>

RISK TREATMENT SUMMARY

<p>Mitigation Strategies Implemented</p>	<ol style="list-style-type: none"> Additional staff resources in the Quality and Conduct divisions have been filled. Feedback on workload has been positive, and processing timelines have improved. High-risk Investigations: The College has implemented a risk assessment tool to ensure that all higher-risk Intakes and Investigations matters are properly prioritized and resourced. The College continues to apply and refine its risk-based, right-touch approach to operations assessments.
<p>Mitigation strategy Underway</p>	<ol style="list-style-type: none"> The College continues to develop and refine a risk-based framework for managing practice assessments.

ONTARIO COLLEGE OF PHARMACISTS
Statement of Operations
For The Period Ending March 31, 2024

	Jan to Mar Budget	Jan to Mar Actual	Over/(Under) Budget	% Actual to Budget	Jan to Mar Prior Year	% Actual to Prior Year	Full Year Budget
REVENUE							
Registrant fees							
Pharmacists	15,231,783	15,200,170	-31,613	99.79 %	14,361,063	105.84 %	15,570,268
Pharmacy Technician	3,332,835	3,378,193	45,358	101.36 %	3,117,342	108.37 %	3,434,088
Community Pharmacy fees	2,460,548	2,541,418	80,870	103.29 %	2,302,403	110.38 %	7,181,957
Health Profession Corporation	191,223	176,375	-14,848	92.24 %	173,404	101.71 %	228,304
DPP Inspection Fees	5,453	7,271	1,818	133.33 %	3,509	207.20 %	21,812
Hospital Pharmacy Fees	603,068	624,277	21,208	103.52 %	591,585	105.53 %	1,183,045
Registration Fees							
Pharmacists:							
Pre-registration Fees	61,511	27,063	-34,449 (1)	44.00 %	27,372	98.87 %	246,045
Pharmacists Application Fees	20,230	22,635	2,406	111.89 %	28,710	78.84 %	80,919
Studentship & Internship Application Fees	26,490	32,606	6,116	123.09 %	22,683	143.75 %	105,960
Examination Fees	33,249	20,875	-12,375 (2)	62.78 %	27,423	76.12 %	132,998
	<u>141,480</u>	<u>103,179</u>	<u>-38,302</u>	<u>72.93 %</u>	<u>106,187</u>	<u>97.17 %</u>	<u>565,922</u>
Pharmacy Technicians:							
Pre-registration Fees	48,642	41,008	-7,634	84.30 %	32,398	126.57 %	194,568
PT Application Fees	9,158	12,466	3,308	136.12 %	9,302	134.02 %	36,632
Examination Fees	18,539	23,085	4,547	124.53 %	17,718	130.30 %	74,154
	<u>76,338</u>	<u>76,559</u>	<u>220</u>	<u>100.29 %</u>	<u>59,417</u>	<u>128.85 %</u>	<u>305,354</u>
Registration Fee to Lift Suspension	711	0	-711	0.00 %	0	0.00 %	2,843
PACE Reassessment Fee - Pharmacists	0	1,163	1,163	0.00 %	0	0.00 %	0
Total Registration Fees and Income	<u>218,530</u>	<u>180,900</u>	<u>-37,629</u>	<u>82.78 %</u>	<u>165,604</u>	<u>109.24 %</u>	<u>874,119</u>
Investment and Other Revenue							
Discipline Costs Recoveries	87,500	302,836	215,336 (3)	346.10 %	125,017	242.24 %	350,000
Investment Income	168,750	362,243	193,493 (4)	214.66 %	160,965	225.04 %	675,000
	<u>256,250</u>	<u>665,079</u>	<u>408,829</u>	<u>259.54 %</u>	<u>285,982</u>	<u>232.56 %</u>	<u>1,025,000</u>
TOTAL REVENUE	<u>22,299,690</u>	<u>22,773,683</u>	<u>473,993</u>	<u>102.13 %</u>	<u>21,000,894</u>	<u>108.44 %</u>	<u>29,518,592</u>
EXPENDITURES:							
Board & Committee Expenses							
Board	38,941	20,648	-18,293 (5)	53.02 %	70,544	29.27 %	155,765
Committees:							
Accreditation	1,448	628	-820	43.39 %	721	87.19 %	5,791
Discipline	103,462	93,430	-10,032	90.30 %	77,256	120.94 %	413,848
Drug Preparation Premises	774	48	-726	6.25 %	578	8.37 %	3,098
Executive	2,835	447	-2,388	15.76 %	718	62.23 %	11,340
Finance & Audit	1,781	1,178	-603	66.14 %	848	138.83 %	7,123
Fitness to Practise	1,566	16	-1,551	1.00 %	290	5.40 %	6,265
Governance and Screening Committees	4,008	1,944	-2,064	48.49 %	3,754	51.77 %	16,032
Inquiries, Complaints & Reports	26,244	21,137	-5,107	80.54 %	19,311	109.46 %	104,978
Patient Relations	6,364	3,794	-2,570	59.62 %	6,851	55.38 %	25,456
Quality Assurance	2,332	858	-1,473	36.81 %	1,443	59.49 %	9,327
Registration	7,700	3,544	-4,156	46.03 %	1,845	192.03 %	30,799
Total Committee	<u>158,514</u>	<u>127,024</u>	<u>-31,490</u>	<u>80.13 %</u>	<u>113,614</u>	<u>111.80 %</u>	<u>634,056</u>
Total Board and Committee	<u>197,455</u>	<u>147,673</u>	<u>-49,782</u>	<u>74.79 %</u>	<u>184,158</u>	<u>80.19 %</u>	<u>789,821</u>
Personnel							
Salaries	4,338,387	4,250,016	-88,370	97.96 %	3,850,161	110.39 %	19,160,662
Benefits	880,255	950,411	70,156	107.97 %	828,047	114.78 %	3,737,379
Personnel - Other	225,197	159,470	-65,727 (6)	70.81 %	174,509	91.38 %	900,789
Total Personnel	<u>5,443,839</u>	<u>5,359,897</u>	<u>-83,942</u>	<u>98.46 %</u>	<u>4,852,717</u>	<u>110.45 %</u>	<u>23,798,830</u>

ONTARIO COLLEGE OF PHARMACISTS
Statement of Operations
For The Period Ending March 31, 2024

	Jan to Mar Budget	Jan to Mar Actual	Over/(Under) Budget	% Actual to Budget	Jan to Mar Prior Year	% Actual to Prior Year	Full Year Budget
Regulatory Programs							
Association Fees - NAPRA	36,595	36,595	0	100.00 %	34,852	105.00 %	146,378
Communication Initiatives	62,500	40,792	-21,708 (7)	65.27 %	3,629	1,123.93 %	250,000
DPP Inspection	125	0	-125	0.00 %	0	0.00 %	500
Election	1,500	0	-1,500	0.00 %	0	0.00 %	6,000
Examinations, Certificates and Registrations	67,849	64,052	-3,797	94.40 %	55,005	116.45 %	271,397
HIP / Investigation / Intake	16,250	2,504	-13,746 (8)	15.41 %	779	321.37 %	65,000
Legal Conduct - External	310,000	320,216	10,216	103.30 %	229,612	139.46 %	1,240,000
Legal - Regulatory	8,750	134	-8,617	1.53 %	1,634	8.17 %	35,000
Practice Assessment of Competence at Entry	28,411	21,530	-6,880	75.78 %	19,731	109.12 %	113,643
Practice Initiatives	39,451	955	-38,496 (9)	2.42 %	9,803	9.74 %	157,806
Medication Safety Programs	373,627	334,906	-38,721	89.64 %	328,963	101.81 %	1,494,509
Professional Development / Remediation	694	0	-694	0.00 %	0	0.00 %	2,777
Professional Health Program	23,750	25,638	1,888	107.95 %	21,313	120.29 %	95,000
Quality Assurance	45,783	38,311	-7,472	83.68 %	29,074	131.77 %	183,134
Total Regulatory Programs	1,015,286	885,632	-129,654	87.23 %	734,395	120.59 %	4,061,144
Operations							
Association Fees - General	5,000	12,590	7,590	251.80 %	0	0.00 %	20,000
Audit	8,470	0	-8,470	0.00 %	0	0.00 %	33,880
Bank / Credit Card Charges	450,625	442,062	-8,563	98.10 %	416,660	106.10 %	658,500
Consulting - Operations	115,075	281,691	166,616 (10)	244.79 %	108,416	259.83 %	460,300
Courier / Delivery	1,688	608	-1,080	36.01 %	577	105.24 %	6,750
Information Systems Leasing and Maintenance	206,661	169,633	-37,028 (11)	82.08 %	169,018	100.36 %	826,645
Insurance - E & O	1,965	1,962	-3	99.85 %	1,862	105.36 %	7,860
Legal - Operations	11,250	0	-11,250 (12)	0.00 %	2,517	0.00 %	45,000
Niagara Apothecary							
Expenses	13,450	5,520	-7,930	41.04 %	9,288	59.43 %	53,800
Sales, Grants and Donations	-5,500	0	5,500	0.00 %	0	0.00 %	-22,000
Office Services - Equipment Leasing & Maintenance	4,000	3,307	-693	82.68 %	3,564	92.80 %	16,000
Postage	1,062	976	-86	91.89 %	582	167.89 %	4,250
Property							
Expenses	71,225	61,382	-9,843	86.18 %	101,171	60.67 %	284,900
Rental Income	0	0	0	0.00 %	-495	0.00 %	0
Publications (Annual Report & Pharmacy Connection)	2,130	1,539	-591	72.27 %	1,304	118.05 %	8,520
Subscriptions	17,486	16,129	-1,357	92.24 %	6,546	246.39 %	69,945
Supplies and stationery	5,772	1,803	-3,970	31.23 %	6,930	26.01 %	23,090
Telecommunications	70,842	54,381	-16,461 (13)	76.76 %	53,647	101.37 %	283,368
Travel	81,395	57,645	-23,750 (14)	70.82 %	49,028	117.58 %	325,580
Total Operations	1,062,597	1,111,228	48,631	104.58 %	930,615	119.41 %	3,106,388
TOTAL CASH EXPENDITURES	7,719,177	7,504,430	-214,747	97.22 %	6,701,885	111.97 %	31,756,183
EXCESS OF REVENUE OVER EXPENSES BEFORE CAPITAL EXPENDITURES							
	14,580,513	15,269,253	688,740	104.72 %	14,299,008	106.79 %	-2,237,591
<i>Deduct: Capital Expenditures</i>	<i>-343,800</i>	<i>-1,000</i>	<i>342,800 (15)</i>	<i>0.29 %</i>	<i>-41,690</i>	<i>2.40 %</i>	<i>-1,375,200</i>
EXCESS OF REVENUE OVER EXPENSES AFTER CAPITAL EXPENDITURES							
	<u>14,236,713</u>	<u>15,268,253</u>	<u>1,031,540</u>	<u>107.25 %</u>	<u>14,257,318</u>	<u>107.09 %</u>	<u>-3,612,791</u>
EXCESS OF REVENUE OVER EXPENSES BEFORE AMORTIZATION							
		15,269,253			14,299,008	106.79 %	
<i>Deduct: Amortization</i>		<i>-358</i>			<i>0</i>	<i>0.00 %</i>	
EXCESS OF REVENUE OVER EXPENSES AFTER AMORTIZATION*							
		<u>15,268,895</u>			<u>14,299,008</u>	<u>106.78 %</u>	

*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 (6 pay periods in Q1)

	Jan to Mar Budget	Jan to Mar Actual	Over/(Under) Budget	Comments
REVENUE				
Registration Fees				
Pharmacists:				
Pre-registration Fees	61,511	27,063	-34,449	(1) Volume to increase as more students register in late fall.
Examination Fees	33,249	20,875	-12,375	(2) A high volume of International Pharmacy Graduate (IPG) candidates, originally scheduled to take the February 2024 jurisprudence examination, took the exam in October 2023.
Investment and Other Revenue				
Discipline Costs Recoveries	87,500	302,836	215,336	(3) Includes a significant cost recovery ordered at the conclusion of a long-standing discipline case.
Investment Income	168,750	362,243	193,493	(4) In addition to higher interest rates being held, more interest earned with higher cash balances at time of renewals.
EXPENDITURES:				
Board & Committee Expenses				
Board	38,941	20,648	-18,293	(5) Board events and training to occur later in the year.
Committees:				
Personnel				
Personnel - Other	225,197	159,470	-65,727	(6) HR initiative (job evaluation and salary review) to occur mid-year. Fewer employees attended professional development conferences in Q1.
Regulatory Programs				
Communication Initiatives	62,500	40,792	-21,708	(7) Engagement initiatives and planned website improvements to begin in Q2.
HIP / Investigation / Intake	16,250	2,504	-13,746	(8) Fewer independent medical examinations of registrant(s) ordered by the Health Inquiry Panel (HIP).
Practice Initiatives	39,451	955	-38,496	(9) Several initiatives to be carried out later in the year.
Operations				
Consulting - Operations	115,075	281,691	166,616	(10) Most consultancy costs for implementing the new Registrant Records System (RRS) were incurred in advance of construction, leading to the majority of the annual budgeted expenses being recognized in Q1.
Information Systems Leasing and Maintenance	206,661	169,633	-37,028	(11) Licensing costs for new RRS system expected to be incurred from Q3.
Legal - Operations	11,250	0	-11,250	(12) Increased use of internal legal counsel to address legal operational matters pertaining to contract review.
Telecommunications	70,842	54,381	-16,461	(13) Fewer expense submissions in Q1.
Travel	81,395	57,645	-23,750	(14) Travel arising from in-person assessments planned for Q2 and later.
Capital Expenditures	343,800	1,000	-342,800	(15) Building of new RRS started at the end of Q1.

Investments as of March 31, 2024

	Date Invested	Original Investment	Maturity Date	Balance as of 2023-12-31	Q1 New Investment	Q1 Partial Redemption	Q1 Change in Market value	Balance as of 2024-03-31	Purpose
Business Premium Savings Account (BPSA)				5,436,166			0	930,917	Fund to cover operating expenses in the current fiscal year
Short term investment 365 days @4.95%, redeemable before maturity	2023-09-07	17,000,000	2024-09-05	2,000,000		-500,000	0	1,500,000	
Short term investment 365 days @5.11%, redeemable before maturity	2023-12-15	9,600,000	2024-12-13	9,600,000			0	9,600,000	
Short term investment 12 months @5.69%, not redeemable before maturity	2023-12-15	5,000,000	2024-12-15	5,000,000			0	5,000,000	Short-term investments for Reserve Funds
Short term investment 365 days @5.12%, redeemable before maturity	2024-02-13	4,000,000	2025-02-11	0	4,000,000		0	4,000,000	
Short term investment 365 days @4.96%, redeemable before maturity	2024-03-14	9,900,000	2025-03-13	0	9,900,000		0	9,900,000	
Managed investments (Cash, short-term, fixed income, and equities)	2024-01-06	3,000,000	N/A	0	3,000,000		64,299	3,064,299	Short and long-term investments for Reserve Funds
Total				22,036,166	16,900,000	-500,000	64,299	33,995,216	

Reserve Funds as of March 31, 2024

	Description	Balance as of 2023-12-31	Balance as of 2024-03-31	Policy Expectation
Investigations and Hearings Reserve Fund	Designated to cover external legal costs for the conduct of inquiries, discipline hearings, fitness to practice hearings and appeals which exceed annual budget provisions for those activities.	1,300,000	1,300,000	Calculated annually based on caseload assignment at year end
Contingency Reserve Fund	Designated to provide for extraordinary expenses that exceed or fall outside of the provisions of the College's operating budget and to fund the College's obligations in extreme circumstances as determined and approved by the Board of Directors.	9,400,000	9,400,000	Not less than 4 months of operating expenses
Total		10,700,000	10,700,000	

BOARD BRIEFING NOTE

MEETING DATE: July 8, 2024

FOR DECISION

From: Shenda Tanchak, Registrar and CEO

Topic: Appointment of Scrutineers

Issue/Description: The OCP By-law 5.12.1 requires the Registrar and CEO to appoint two or more Scrutineers to support the Registrar in fulfilling their electoral duties.

Background:

- Each year Scrutineers are appointed to support the Registrar in fulfilling their electoral duties by ascertaining the eligibility of each voting Registrant and verifying the votes following the elections.
- The Registrar has selected Zubin Austin and Wayne Hindmarsh who have previously served in this capacity to serve as Scrutineers.

Motion: THAT the Board approves the appointment of Zubin Austin and Wayne Hindmarsh to serve as Scrutineers for the 2024 Elections.

Next steps: The Scrutineers will provide the Board with a report on the fulfillment of their appointment after the election.

FOR DECISION

From: Delia Sinclair Frigault, Equity, Diversity, & Inclusion Manager
Katya Masnyk, Director of Policy, Engagement and Strategy Implementation

Topic: New Practice Policy - Human Rights

Issue: The results of internal assessments, environmental scans, and literature reviews indicate that more needs to be done to clarify and consolidate the College's expectations of registrants when it comes to practising pharmacy in compliance with existing federal and provincial human rights legislation requiring non-discrimination in health service provision. The Board is asked to approve a new Human Rights policy to close this gap.

Public interest rationale:

Health professionals have a fiduciary responsibility to their patients, and the public expects that health professionals will practice their profession in a manner that respects their human rights.

Strategic alignment, regulatory processes, and actions:

Ensuring that patients can access pharmacy services and receive the care they need in a manner that is free from discrimination is central to the College's mandate of regulating the practice of pharmacy in the public interest. The current strategic plan makes this clear by stating that the College will "use its regulatory influence to ensure that all patients are treated with respect and without discrimination via positive changes in pharmacy practice."

What is the problem?

- The College is aware that a patient's experience of pharmacy care is influenced by many factors, and that the existence of bias and the human tendency to stereotype results in some patients experiencing inequitable access and/or negative experiences when accessing pharmacy care.
- The literature shows that some patients are more likely to experience inequitable access to pharmacy care. These patients include those who live with stigmatized medical conditions (e.g. HIV/AIDS, Hep C, Opioid dependency), those who are Indigenous, those who are racialized, those who are 2SLGBTQ+, those whose first language is not English, those who live with a disability, those living in rural and remote areas of the province, and those who are unhoused or are of limited financial means. ^{1, 2, 3, 4, 5, 6, 7}
- Practice insights gathered from the Registrant Reference Group align with these findings. These registrants have indicated that although there is provincial legislation, because the College has not clearly outlined its expectations of registrants in meeting the legislative requirements within the practice of pharmacy, there may be confusion amongst pharmacy professionals on what is expected and how to comply when balancing

¹ Cénat, J. M. (2024). Racial discrimination in healthcare services among Black individuals in Canada as a major threat for public health: its association with COVID-19 vaccine mistrust and uptake, conspiracy beliefs, depression, anxiety, stress, and community resilience. *Public Health*, 230, 207–215. <https://doi.org/10.1016/j.puhe.2024.02.030>

² In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care. <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf>. accessed May 26, 2024.

³ Rainbow Health Ontario - [Racialized 2SLGBTQ Health: An evidence review and practical guide designed for healthcare providers and researchers](#)

⁴ Ontario HIV Treatment Network - [Barriers to accessing health care among transgender individuals](#)

⁵ Cénat, J. M., Dromer, É., Darius, W. P., Dalexis, R. D., Furyk, S. E., Poisson, H., Bekarkhanechi, F. M., Shah, M., Diao, D. G., Gedeon, A. P., Lebel, S., & Labelle, P. R. (2022). Incidence, factors, and disparities related to cancer among Black individuals in Canada: A scoping review. *Cancer*, 129(3), 335–355. <https://doi.org/10.1002/cncr.34551>

⁶ Gunn, B. (n.d.). Ignored to Death: Systemic Racism in the Canadian Healthcare System. Retrieved May 30, 2024, from <https://www.ohchr.org/sites/default/files/Documents/IPeoples/EMRIP/Health/UniversityManitoba.pdf>

⁷ National Collaborating Centre for Indigenous Health. (n.d.). Understanding Indigenous Health Inequalities Through a Social Determinations Model. Retrieved May 30, 2024, from https://www.nccih.ca/Publications/Lists/Publications/Attachments/10373/Health_Inequalities_EN_Web_2022-04-26.pdf

competing human rights.

- Additionally, the College's current [Professional Obligations when Declining to Provide a Pharmacy Product or Service for Reasons of Conscience or Religion guideline](#) was last updated in 2016. Since then, the Ontario Court of Appeal has further clarified that due to the fiduciary responsibility that health professionals have for their patients, the requirement for an effective referral is a reasonable balance between a health professional's freedom of conscience and religion (protected under the *Canadian Charter of Rights and Freedoms*) and a patient's right to access timely health care. The Ontario Court of Appeal ruling upholds that in these instances, the interest of the patient prevails over the interest of the provider.⁸

Problem statement: Inequities exist in how patients experience pharmacy care, and the College has not clearly set expectations for registrants to practice in a manner that upholds patient human rights. Additionally, the College's current guideline should be improved to capture the existing case law regarding how to balance human rights when there is an irreconcilable conflict between a patient's and provider's rights.

Does this issue warrant a regulatory response?

- Using the principles of right-touch regulation, a regulatory response is warranted if the risk of harm to patients is high.
- The College's Practice-based Risk Framework (draft) (Appendix C) has identified personal characteristics of patients as one domain that must be examined when establishing risk of harm. Significant literature supports a conclusion that human rights violations based on protected grounds (e.g., sex, race, ability, gender diversity) have a high risk of harm to the patient⁹ – both during immediate encounters and related to ongoing mistrust of the health system. This supports a strong regulatory response.

Evidence Regarding Risk of Harm

- Harm is experienced along a continuum. At the most severe end of the risk continuum related to the violation of a patient's human rights is the potential for medical harm if a patient cannot access their medication or other pharmacy product or service in a timely manner due to discrimination. In extreme cases, this could result in death or severe harm (e.g. if a medical complication arises from lack of access or if the experience results in patient self-harm).
- Additional harm that patient's experience when confronted with discrimination include:
 - Delays in accessing treatment because the patient must find another provider.
 - Distrust of the profession (which can also expand to distrust of health care providers generally) leading to patients not seeking care when needed or attempting to self-medicate/self-treat.
 - Mental anguish from feeling judged, uncared for, devalued or dehumanized.
 - Continued interaction with a disrespectful provider if there are no other providers available, resulting in long-term negative effects on that patient's mental health and non-compliance with treatment regimens.

What options exist to address this problem?

1. Status Quo – the College relies on federal and provincial human rights legislation only and continues to refer complainants to the Ontario Human Rights Commission to adjudicate human rights complaints.

Pros

- No operational changes needed. Continue business as usual.

Cons

- Relies on patient navigating two separate and distinct complaints processes, which is burdensome and may result in patients opting not to file a complaint. Without complaints filed, the regulatory process cannot move forward and unethical/discriminatory practice is likely to continue.

⁸ See para. 187 [Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario](#), 2019 ONCA 393.

⁹ See footnotes 1-7

2. Policy response – the College develops a policy that clearly articulates the College’s expectations of registrants to practice in compliance with existing Human Rights legislation and clarifies the process for managing objections related to conscience or religion.

Pros

- Within our mandate as the policy will clearly outline the application of human rights and accessibility legislation to the practice of pharmacy. The expectations in the policy synthesize the existing legislation and ethical requirements, while applying recent case law to assist registrants in meeting their existing obligations.
- Provides the College with a clear mechanism to hold registrants accountable if they practice in discriminatory ways that results in a complaint.
- Is the fastest option to clarify existing responsibilities and may be a good step while considering additional changes to misconduct regulations.
- Aligned with the policy responses enacted by other Ontario health regulatory authorities.
- Clarity for the public on what they can expect from pharmacy professionals.
- Serves as the cornerstone of additional EDI initiatives that depend on a strong EDI policy foundation. This is in keeping with the College’s values and strategic goals.

Cons

- Minor operational implications as part of implementation (e.g. Minor changes to operational assessments to assess existence of procedure for managing conscientious objections. Developing communications materials and practice support tools.)

3. Legislative response – the College seeks to clarify that discriminatory actions when providing pharmacy care is professional misconduct and seeks a Misconduct Regulation change.

Pros

- Provides clear direction to those adjudicating matters what is and is not professional misconduct.

Cons

- Dependent on government action;
- Not directly within our control and will take time to pass and implement, resulting in delays.

Is the creation of a new policy an appropriate regulatory response?

- Health profession regulators that are leading in the EDI space use regulatory tools, such as the development of practice policies, to specifically address the importance of non-discrimination, upholding human rights, and reducing systemic barriers to move towards an inclusive and equitable environment for all (Appendix B).
- The College currently manages this issue through a general requirement within the Standards of Practice for registrants to practice within the province’s legislative framework. The application of human rights legislation is often complex, and understanding how to apply these legislative requirements to the practice of pharmacy has not been previously outlined. The current approach favours ambiguity over clarity.
- By developing this policy, the College provides clear direction to registrants on their existing legal and ethical obligations while also creating a clearer understanding to the public as to the standards of care they should expect to receive from pharmacy professionals in Ontario.
- By providing clarity and direction through this policy, the College is “using its regulatory authority and influence to drive positive change in pharmacy practice towards ensuring patients are treated with respect and without discrimination” (Strategic Goal 4).

Implementation Considerations

- The proposed new Human Rights policy would replace all previous guidance, guidelines, fact sheets and any other references and resources that the College has previously provided on the matter of human rights and pharmacy practice. The College's website will need some updating.
- The Human Rights policy may require additional changes to operational assessment standards.
- Staff will implement a change management plan to ensure registrants, the public, staff and committees are aware of the policy and its implications.
- Data will need to be collected and monitored to assist with understanding the effect of the policy, the scope of inquiries and complaints received related to the issue and for Board reporting purposes.

Summary

What is the problem? There are patients that experience disrespectful and discriminatory pharmacy care and the College has not clearly articulated its expectations of registrants in providing care that upholds patients' human rights.

Does this issue warrant a regulatory response? Yes, using the principles of right-touch regulation, a regulatory response is warranted if the risk of harm to patients is high. Discriminating against a patient based on the legislated protected grounds is illegal, unethical, and a risk to patient safety and quality care.

What options exist to address this problem?

- Status Quo – continue to rely on the Code of Ethics, the Human Rights Code and AODA.
- Policy Response – Approval of the draft Human Rights policy
- Legislative Response – Seek amendments to the Misconduct Regulations under the *Pharmacy Act* to add discrimination against patients as professional misconduct

Is the creation of a new policy an appropriate regulatory response? Yes, the expectations for registrants set out in this policy rest on the existing legal and ethical duties to provide pharmacy services to patients in a manner that upholds their human rights and does not limit access to care or result in discrimination.

What is the best option to address this problem? Option 2 (synthesizing the existing obligations into one practice policy) best responds to the issue in a timely manner, is within our mandate, and provides both the public and registrants with clarity on the application of existing legislation and the relevant ethical obligations to the practice of pharmacy.

Recommendation:

It is recommended that the Board:

- a) approve the draft Human Rights policy;
- b) retire the current Professional Obligations when Declining to Provide a Pharmacy Product or Service for Reasons of Conscience or Religion guideline, as the content of the guideline is reflected in the new Human Rights policy; and,
- c) update any existing references to the Professional Obligations when Declining to Provide a Pharmacy Product or Service for Reasons of Conscience or Religion guideline and replace with a reference to the Human Rights policy.

Motion: THAT the Board approve the Human Rights policy, as presented.

Next steps:

By approving the Human Rights policy, the Board directs staff to retire the Professional Obligations when Declining to Provide a Pharmacy Product or Service for Reasons of Conscience or Religion guideline, and post the final Human Rights policy to the College's website. The Board also directs staff to consider possible changes to operational standards that clearly reflect the policy's requirement for the creation of a procedure to manage conscientious objections.

Attachments:

- 7.1 - Appendix A - Human Rights Policy
- 7.2 – Appendix B - Jurisdictional Scan
- 7.3 – Appendix C - Risk Framework

APPENDIX A

Human Rights Policy

Approved: **TBD**

Effective Date: Immediately

Version #: 1.00

PURPOSE:

The purpose of this policy is two-fold:

- 1) To articulate the College's expectations of pharmacy professionals to meet the legal and ethical requirements to provide pharmacy products and services in a respectful, inclusive, and non-discriminatory manner in accordance with accessibility and human rights legislation.
- 2) To articulate the College's expectations regarding effective referral that balances the pharmacy professional's rights to conscientious objection, while confirming patients' rights to access pharmacy products and services in a respectful and timely manner.

SCOPE:

This policy applies to all pharmacy professionals, regardless of practice setting or registration classification, and upholds existing legislation, and the College's Standards of Practice and practice policies.

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). (DPR, [Standards of Operation](#))

Discrimination: An act, communication, or decision that results in the unfair treatment of an individual or group, for example, by excluding them, imposing a burden on them, or denying them a right, privilege, benefit, or opportunity enjoyed by others. Discrimination may be direct and intentional; it may also be indirect and unintentional, where rules, practices, or procedures appear neutral but have the impact of disadvantaging certain groups of people. (Ontario Human Rights Commission's [glossary of terms](#), CPSO [Human Rights in the Provision of Health Services](#) policy)

Effective Referral: Taking action to ensure a patient is connected with another registrant, other health-care professional, or agency that is available and accessible to the patient, in a timely manner so that the patient does not experience an adverse clinical outcome. (CPSO [Human Rights in the Provision of Health Services](#) policy, [Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario](#), 2019 ONCA39)

APPENDIX A

Hospital Pharmacy Administrator (HPA): 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 registrant of the College. ([Standards of Operation](#))

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

Protected grounds under the Human Rights Code: The Ontario Human Rights Code prohibits actions that discriminate against people based on protected grounds in protected social areas (including goods, services, and facilities, such as hospitals and health services). The protected grounds include age; ancestry, colour, race; citizenship; ethnic origin; place of origin; creed; disability; family status; marital status; gender identity, gender expression; receipt of public assistance; record of offences; sex (incl. pregnancy); and sexual orientation.¹

POLICY:

Pharmacy professionals are required to act in their patients’ best interests and provide an environment where the rights, autonomy, dignity, and diversity of all people are respected.

All expectations articulated within this policy flow from the fundamental freedoms protected within the Canadian Charter of Rights and Freedoms (the Charter), the human rights that are protected within the Ontario Human Rights Code and the duties outlined in the Accessibility for Ontarians with Disabilities Act, 2005.

The [Standards of Practice](#) for Pharmacists and Pharmacy Technicians require pharmacy professionals to treat others with sensitivity, respect, and empathy and to demonstrate a caring, empathetic, and professional attitude when practicing their profession.

Providing Pharmacy Services

Patients can expect that their human rights will be upheld when accessing pharmacy services. This includes feeling safe and respected within the registrant-patient relationship to optimize the trust necessary to effectively provide care to patients.

To facilitate building and maintaining trust, registrants must not:

- a) express personal moral judgments in a manner that is demeaning towards patients’ identity, beliefs, expression, or characteristics, or the pharmacy services that patients are considering;

¹ For more information on the protected grounds and protected social areas under the Human Rights Code, see the [Ontario Human Rights Commission’s website](#).

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- b) rely on or promulgate stereotypes² associated with one or more aspects of the patient's identity to determine their needs or make treatment/service decisions;
- c) refuse or delay the provision of health services because the registrant believes the patient's own actions or inactions have contributed to their condition;
- d) promote or impose their own spiritual, secular, or religious beliefs when interacting with patients.

The Duty to Provide Services Free from Discrimination

Discrimination in pharmacy care violates human rights and accessibility legislation, the principles of beneficence, respect, non-maleficence as outlined in the [Code of Ethics](#), and presents a risk of harm to patients. The College recognizes that discriminatory behaviour can encompass a broad continuum, ranging from unintentional behaviour that negatively affects a patient, to conduct taken with reckless disregard for the dignity of the patient, to deliberate discriminatory behaviour.

Registrants have a duty to provide pharmacy services to patients that is free from discrimination by complying with the relevant legal requirements stipulated in the [Ontario Human Rights Code](#) and the [Accessibility for Ontarians with Disabilities Act, 2005](#).

- The Human Rights Code has primacy over all other provincial legislation, including the [Substitute Decisions Act, 1992](#); [Health Care Consent Act, 1996](#); [Mental Health Act](#); and the [Accessibility for Ontarians with Disabilities Act, 2005](#). This means that if there is a conflict between the Human Rights Code and another provincial law, the Human Rights Code prevails unless the other law includes a specific exception.
- Section 1 of the Ontario Human Rights Code reads: Every person has a right to equal treatment with respect to services³, goods and facilities, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex (incl. pregnancy), sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

Registrants must not discriminate, either directly or indirectly, based on a protected ground under the Human Rights Code when making decisions relating to the provision of pharmacy services, including when:

- a) deciding to accept or refuse a patient;
- b) deciding to provide information to a patient;
- c) deciding to provide or limit a pharmacy service⁴, including dispensing a drug or product according to a valid prescription;
- d) deciding to provide a clinical or effective referral;

² See Ontario Human Rights Commission's [glossary of terms](#)

³ The Ontario Human Rights Commission has clarified that services include health services - https://www.ohrc.on.ca/en/social_areas/goods_services_facilities

⁴ Pharmacy Act s. 3, 4.

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- e) deciding to end the registrant-patient relationship⁵.

Should a registrant be advised that through their words or actions they are unintentionally perpetuating bias or discrimination, it is the College's expectation that the registrant will cease the behaviour immediately upon being made aware of it.

The Duty to Accommodate

Registrants must comply with their legal duty to accommodate⁶ the needs of patients arising from protected grounds under the Human Rights Code in a manner that respects the patient's dignity, autonomy, privacy, and confidentiality.

In so doing, registrants must explore and implement accommodation measures up to the point where these measures would:

- a) subject the registrant to undue hardship (e.g., excessive cost, health or safety concerns); or
- b) significantly interfere with the legal rights of others.

Managing Conscientious Objections

The College acknowledges that registrants have the right to limit the products and services they provide in their practice for reasons of conscience or religion. The Court of Appeal for Ontario has confirmed that where an irreconcilable conflict arises between a physician's interest and a patient's interest, as a result of physicians' professional obligations and fiduciary duty owed to their patients, the interest of the patient prevails.⁷ The basis of this decision rests on health professionals having a fiduciary responsibility to their patients, which would thereby extend the application of this ruling to the pharmacy profession.

- While the Charter entitles a health care professional to limit the health products and services they provide for reasons of conscience or religion, this choice cannot directly or indirectly impede access to these products or services for existing patients, nor those seeking to become patients.⁸
- Limiting access to pharmacy products and services on the basis of conscience or religion does not permit registrants to discriminate on the basis of a protected ground under the Human Rights Code when deciding whether to provide a product or service to a patient that they would normally provide to other patients.

The [Code of Ethics](#) (the Code) outlines the ethical principles and standards that pharmacy professionals are accountable to in practice. In a circumstance where a registrant declines to

⁵ See the College's [Ending the Pharmacists-Patient Relationship](#) guideline

⁶ See, Ontario Human Rights Commission policies - https://www.ohrc.on.ca/en/our_work/policies_guidelines

⁷ See para. 187 *Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario*, 2019 ONCA 393.

⁸ See para. 187 *Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario*, 2019 ONCA 393.

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provide a product or service due to a conscientious objection, they are required to meet the expectations outlined in standard 2.13 of the Code.

2.13: Registrants must, in circumstances where they are unwilling to provide a product or service to a patient on the basis of moral or religious grounds, ensure the following:

- i. That the registrant does not convey (directly or indirectly) their conscientious objection to the patient;
- ii. That the registrant participates in a system designed to respect the patient's right to receive products and services requested;
- iii. That there is an alternative provider available to enable the patient to obtain the requested product or service, which minimizes inconvenience or suffering to the patient.

The Duty to Respect Health Care Access Rights

Designated Managers (DM) in community pharmacies and Hospital Pharmacy Administrators (HPA) must ensure that there is a procedure in place that enables patients to access products and services in a timely manner if a member of the pharmacy team has a conscientious objection to providing a product or service to a patient.

- Objecting pharmacy professionals have a responsibility to inform their Designated Manager/Hospital Pharmacy Administrator or other appropriate manager of their conscientious objection and follow the procedure that is in place to respect a patient's right to receive pharmacy products and services.

When objecting to provide a pharmacy product or service on the basis of conscience or religion, registrants must:

- a) inform their DM/HPA/Manager of their conscientious objection;
- b) participate in the procedure that the DM has put in place that provides a timely effective referral to a non-objecting, available and accessible provider;
- c) make reasonable efforts to ensure continuity of patient care when the registrant is unable or unwilling to provide the requested pharmacy products or services;
- d) ensure that a patient's right to receive pharmacy products and services is respected;
- e) provide respectful and effective care in an emergency, where it is necessary to prevent imminent harm, even where the care conflicts with their conscience or religious beliefs.

Objecting registrants must not:

- a) impede a patient's access to care;
- b) convey or impose any personal moral judgement about a patient's identity, beliefs, expression, or characteristics;
- c) withhold information about the existence of any treatment because it conflicts with their conscience or religious beliefs.

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LEGISLATIVE REFERENCES:

- The [Canadian Charter of Rights and Freedoms](#)
- The [Ontario Human Rights Code](#)
- The [Accessibility for Ontarians with Disabilities Act](#)
- The [Drug and Pharmacies Regulation Act, 1990](#) and [Regulations](#) (DPRA)

ADDITIONAL REFERENCES:

- Ending the pharmacist-patient relationship guideline
[Ending the Pharmacist Patient Relationship - OCPInfo.com](#)
- Ontario Human Rights Commission Glossary of Terms
<https://www.ohrc.on.ca/en/teaching-human-rights-ontario-guide-ontario-schools/appendix-1-glossary-human-rights-terms>

IMPLEMENTATION

College Contact: Pharmacy Practice

Revision History

Version #	Date	Action
1.00	TBD	New; Incorporates Professional Obligations when Declining to Provide a Pharmacy Product or Service due to Conscience or Religion Guideline

APPENDIX B – Jurisdictional Scan

A jurisdictional scan to understand the actions of pharmacy, and other select regulators, across Canada was conducted. The majority of pharmacy regulators rely on their Codes of Ethics as a key method of abiding by their provincial¹² human rights legislative requirements. The following table provides a high-level understanding of the different provincial pharmacy regulators and how they integrate human rights into their work.

Pharmacy Regulatory Authority	Guidance/ Action(s)	Source
Prince Edward Island	Relies on Code of Ethics - Principle 1: Always Put the Patient First Outlines how to care for patients with respect and dignity	PEICP Code of Ethics (pg 6)
Nov Scotia	Relies on Code of Ethics - Value III: Respect for Autonomy Registrants honour the autonomy, values, and dignity of each patient.	NSCP Code of Ethics (pg 2)
New Brunswick	Mention of Human Rights in Care through education opportunities	NBCP Equity, Diversity, and Inclusion
Manitoba	Supporting documentation for ethics in pharmacy practice – “Statement IX Pharmacists shall respect the rights of patients to receive healthcare. Obligations: Recognize personal limitations and refer patients to other health care professionals as needed. Ensure continuity of care by providing pharmacy care for a patient until it is no longer required or wanted or until another suitable health care professional has assumed responsibility for their care.* Arrange practice to ensure that patients are able to obtain services from another pharmacist or pharmacy in a reasonable time frame if unable to provide the pharmacy service or unwilling to provide the service due to conscientious objection.”	Explanatory Document: Applying the Code of Ethics in Pharmacy Practice (Pg 11)
Saskatchewan	Mention of Human Rights in Care through education opportunities	Cultural Safety and Harm Reduction Training: Equity, Diversity, Inclusion, and Cultural Safety
Alberta	Draft Standards of Practice for Pharmacists and Pharmacy Technicians	Person-centredness is at the heart of ACP’s draft Standards of

¹ Due to the difference between how the provinces and territories regulate pharmacy care, this jurisdictional scan did not include any of the territories or Newfoundland and Labrador as they regulate through pharmacy boards.

² Due to language barriers, Quebec has not been included in this scan.

	<ul style="list-style-type: none"> • meaningfully involve patients in decision-making processes related to their care, • genuinely care for the well-being of each patient and act in the patient’s best interests, • develop positive and trusting relationships with every patient, • work with each patient to support their care and advocate on their behalf, • respect the privacy and autonomy of every patient, • respect the dignity and rights of every patient without prejudice, and have strong communication skills and are active listeners. 	Practice for Pharmacists and Pharmacy Technicians
British Columbia (2022)	Under Ministry direction, all health regulators in the province were required to revise their regulatory processes to include cultural humility and prioritize address anti-Indigenous specific racism within their professions. The BC College of Pharmacists amended the their by laws to include Schedule F Part 7, “Indigenous Cultural Safety, Humility, and Anti-Racism Practice Standard”. The development of a new practice standard was informed by the BC College of Physiotherapists and the College of Midwives and Nurses changes to their practice standards. These changes were precipitated by In Plain Sight Report	Health Professions Act - BYLAWS Schedule F Part 7 – Indigenous Cultural Safety, Humility, and Anti-racism Practice Standard

To better understand those leading in this space, the following non-pharmacy examples are presented.

Regulators Demonstrating Systemic Change	Guidance/ Action(s)	Source
Washington Medical Commission (2022)	Released a policy statement and framework which created a standard of care to provide healthcare free from discrimination, as well as demarking discrimination as “unprofessional conduct” Policy Statement: Discrimination in health care violates the standard of care and presents a risk of harm to patients and is unprofessional conduct under RCW	Discrimination in Health Care

	<p>18.130.180(4). The Washington Medical Commission (WMC) recognizes that discriminatory behavior can encompass a broad continuum of behavior, ranging from unintentional behavior, to conduct taken with reckless disregard for the dignity of the patient, to deliberate discriminatory behavior. The Washington Medical Commission is committed to establish and maintain an environment for patients and practitioners free of discrimination. The WMC sets the expectation for all licensees that everyone shall be treated with dignity, respect and provided with equal opportunities in the healthcare delivery system. For further discussion, see the WMC Position Statement “Racism in all its forms is a public health issue”.¹ To mitigate the impacts of discrimination and promote a culture of inclusion, the WMC adopts this policy to consistently apply the included framework to reports of discrimination</p> <p>Framework: Discrimination violates the standard of care and is unprofessional conduct. If discriminatory behavior is identified in a report or investigation, the WMC will take appropriate action based on the severity of the conduct. Discrimination types include but are not limited to the following: (protected classes)</p>	
<p>College of Physiotherapists and College of Midwives and Nurses - British Columbia (2022)</p>	<p>In response to the In Plain Sight Report and direction provided by the BC Ministry of Health, both Colleges were leaders in developing the Indigenous Cultural safety, Humility, and Anti-Racism Practice.</p> <p>Core concepts of the Standard include - Core-concepts & principles</p> <ul style="list-style-type: none"> • Self-reflective practice (it starts with me) • Building knowledge through education • Anti-racist practice (taking action) • Creating safe health care experiences • Person-led care (relational care) • Strengths based and trauma-informed practice (looking below the surface) 	<p>Launch of CPTBC’s Practice Standard: Indigenous Cultural Safety, Humility and Anti-Racism (2022)</p> <p>College of Nurses and Midwives Practice Standards - Indigenous Cultural Safety, Cultural Humility, and Anti-Racism (2022)</p>

	Follow up guidelines, progress reports, and commitments to action have been released by the College of Nurses and Midwives.	
Ontario College of Social Workers and Social Services Workers (2023)	<p>Revised the Code of Ethics and Practice Standards for both social workers and social service workers.</p> <p>Code of Ethics - 10) A College registrant takes an anti-racist and anti-oppressive stance in their work, and commits to fostering diversity, equity, inclusion and belonging in all aspects of their practice (pg 1)</p> <p>Scope of Practice for Social Work The scope of practice of the profession of social work means the assessment, diagnosis, treatment and evaluation of individual, interpersonal and societal problems using social work knowledge, skills, interventions and strategies, to assist individuals, couples, families, groups, organizations and communities to enhance psychosocial and social functioning and/or reduce systemic barriers and promote equity, inclusion and belonging. This includes...(pg 5)</p> <p>Scope of Practice for Social Service Workers The scope of practice of the profession of social service work means the assessment, treatment, and evaluation of individual, interpersonal and societal problems using social service work knowledge, skills, interventions and strategies, to assist individuals, couples, families, groups, organizations and communities to enhance social functioning and/or to reduce systemic barriers and promote equity, inclusion and belonging. This includes...(pg 7)</p> <p>Principle 2: Competence and Integrity 2.2.14 College registrants shall promote equity, inclusion and belonging in their work with clients and shall advocate for social change that challenges systemic oppression and seeks to eliminate implicit bias. College registrants shall approach all aspects of their work with humility (including cultural humility) and recognize how privilege and power imbalances affect policies and practice and impact clients. (pg 13)</p>	Revised Standard of Practice 2023
College of	Revised the “Professional Obligations and Human	Human Rights in the

<p>Physicians and Surgeons Ontario (2023)</p>	<p>Rights Policy” to the “Human Rights in the Provision of Health Services Policy”. The revised policies outlines that the provision of health services must uphold human rights legislation in Ontario as a key tool in providing safe, inclusive, and accessible healthcare – specifically explores conflicts based on religious beliefs and states when care must be provided.</p> <p>Key sections include</p> <ul style="list-style-type: none">• Providing Safe, Inclusive, and Accessible Health Services<ul style="list-style-type: none">○ The Duty to Provide Services Free from Discrimination○ The Duty to Accommodate• Health Services that Conflict with Physicians’ Conscience or Religious Beliefs	<p>Provision of Health Services Policy</p>
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APPENDIX C - College’s Practice-Based Risk Framework (Draft)



1

DIMENSION	ADD	SOURCE
Changes to pharmacy practice (macro level)	Changes in scope to other professions (midwives, NP), not properly equipped – no EMR, clinical viewers	
Factors related to pharmacy professional (training, KES, Comms, demographics, mental/physical challenges, previous complaint)	Lack of KES on EDI/Queer/trans/indigenous health	
Factors related to drug being dispensed (controlled substances, high risk drugs, cancer)		
Factors related to patient (frail, senior, pediatric, mental illness, addictions)	Lower SES (can’t afford), language barrier	
Factors related to interaction w/patient (no proper assess, dispensing errors, adverse events, documentation, compounding)	Failed to ask about side effects	
Business practices (privacy breach, loss of \$ info, racism, lack of accommodation for disabilities, safety/robberies, approp equipment/staffing)	Lack of secure comms (texts), clinical viewers not being used	
System issues (transitions of care, access, systemic racism)	Hierarchy in healthcare, lack of trust by others	2

FOR DECISION

From: Greg Purchase, Manager, Registration

Topic: Emergency Assignment Class of Registration Policy

Issue/Description: The Board is being asked to approve the attached Opening and Closing the Emergency Assignment Class(es) of Registration Policy, which sets out the criteria the Board must consider before declaring that there are emergency circumstances in place to warrant the issuance of certificates of registration as pharmacists (emergency assignment) and/or pharmacy technicians (emergency assignment). The Board is also being asked to, if approved, apply this policy to consider initiating the closure of the currently open Emergency Assignment Classes of registration for pharmacists and pharmacy technicians.

Public interest rationale: The Ontario College of Pharmacists' primary duty is to regulate the pharmacy profession to serve and protect the public interest. This includes ensuring that the people of Ontario have access to adequate numbers of qualified, skilled and competent pharmacy professionals, including during emergency circumstances. When fulfilling its legislated obligations, the College needs to balance workforce needs with appropriate registration requirements to ensure safe and competent practice.

Strategic alignment, regulatory processes, and actions: The information contained in this document supports activities to bring the College into compliance with regulations regarding certificates of registration in the emergency assignment classes. In addition, the information contained in this document will allow the Board to assess whether emergency circumstances are still in effect to permit the continued issuance of emergency assignment certificates of registration.

Background:

- On March 21, 2021, amendments to *Ontario Regulation 202/94* under the *Pharmacy Act, 1991*, were made to include two emergency classes of registration, namely pharmacist (emergency assignment) and pharmacy technician (emergency assignment). These two new classes of registration were included in direct response to the workforce challenges resulting from the impact of the COVID-19 pandemic, including increased pressures on pharmacy professionals and the pharmacy workforce, and interruptions in the regular registration processes as a result of public health restrictions.
- In 2022, under Bill 106, the *Pandemic and Emergency Preparedness Act*, all Ontario health regulatory Colleges were required to propose regulations to create an "emergency class" certificate of registration. As indicated above, the College already had emergency class certificates of registration in place since 2021. However, the Ministry of Health notified the College that revisions to *O.Reg. 202/94* were required to comply with the new requirements.
- Accordingly, on August 31, 2023, amendments were made to the regulation effectively changing the process to open or close the emergency assignment classes of registration, requiring that the Council (Board) "must have determined, after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency certificates of registration".
- With this Briefing Note, the Board is being asked to make two decisions:
 1. Approve the attached *draft* Opening and Closing the Emergency Assignment Class(es) of Registration Policy; and
 2. If approved, apply the policy to decide whether to approve the recommendation to close the emergency assignment classes of registration.

Analysis:

1. Approval of the *draft* Opening and Closing the Emergency Assignment Class(es) of Registration Policy

- Under Bill 106, the *Pandemic and Emergency Preparedness Act*, all 26 health regulatory colleges in Ontario have made the required amendments to their registration regulations. Ten colleges have also approved an emergency class policy setting out the criteria to be considered to initiate emergency circumstances, and several other colleges are in the process of developing such a policy.
- The attached draft policy serves as a guide for the Board to determine when there are emergency circumstances to warrant the issuance of emergency assignment certificates, as well as setting out the requirements for continuous assessment of emergency circumstances and indicating when it is appropriate to cease the issuance of such certificates.
- Approved policies from other colleges were reviewed and considered in the development of the draft policy. The approach taken in each of those policies was to define criteria at a high level with non-specific requirements.
- In developing this College's draft policy, a similar approach was followed to afford the Board the ability to act in cases of unforeseen and unpredictable circumstances affecting the supply of pharmacy professionals, such as another global health pandemic, or in the event of more localized provincial, regional or municipal emergencies, such as natural disasters.
- The criteria also encompass interruptions to the usual registration pathways or delays in the College's ability to process applications and allows the Board to act to maintain the supply of pharmacy professionals in such situations.
- Over time, as the College gains more experience with the emergency assignment classes of registration, the criteria may evolve to be more specific and/or include additional considerations.

2. Application of the Opening and Closing the Emergency Assignment Class(es) of Registration Policy to close the Emergency Assignment Classes of Registration.

a) Considering the criteria in the Policy to close the Emergency Assignment Classes

- The College has been issuing both pharmacist and pharmacy technician emergency assignment certificates of registration since March 2021 and continues to do so to date. The College is currently the only health regulatory College in Ontario that has open emergency classes of registration.
- According to the Policy, there are 6 criteria for consideration by the Board to open the emergency assignment class(es). The Board is being asked to consider these criteria to determine that the emergency circumstances that gave rise to issuance of emergency assignment certificates have ended and to close the emergency assignment classes of registration. The 6 criteria are as follows:
 1. *There must be a current or imminent threat to the supply of pharmacists and/or pharmacy technicians to adequately service the needs of the public.*
 - While the College does not have a true mechanism to predict the supply of pharmacy professionals required in the future, the College is not aware of any current or imminent threats to the supply. In addition, the number of pharmacists and pharmacy technicians being added to the register has been increasing consistently over the recent years, as shown in *Figure 1*, indicating that supply of professionals does not seem to be a concern.
 2. *An emergency situation, which has negatively impacted the public or the healthcare system, is or will impact the supply or demand of pharmacists and/or pharmacy technicians.*
 - The College is not aware of any current emergency situations that are having an impact or are likely to have an impact on the supply of pharmacy professionals. The COVID-19 pandemic, which precipitated the introduction of the emergency assignment classes of registration, is no longer considered a provincial emergency.

3. *There is a significant interruption to a specific registration pathway or to the College's ability to process applications, which warrants immediate regulatory intervention.*
 - The College is not aware of any interruptions to any components of the registration pathways. The public health restrictions originally imposed due to the COVID-19 pandemic that created interruptions in the availability of the national qualifying exam have been resolved, as have any lingering backlogs of applicants awaiting access to this exam. In addition, the College's Service Charter requires staff to complete new registrations within 30 days and data gathered since January 1, 2024, indicates that this is occurring 100% of the time.
4. *Emergency circumstances, which could include localized municipal/regional emergencies or provincial emergencies such as human-caused hazards, natural hazards, etc., have occurred and require immediate action.*
 - The College is not aware of any current emergency circumstances, either municipal, regional, or provincial.
5. *Activating the Emergency Assignment Class(es) will fully or partially remedy the threat to the supply and/or demand of pharmacists and/or pharmacy technicians.*
 - The College is of the opinion that there is currently no threat to the supply and/or demand of pharmacy professionals.
6. *Considering all the circumstances, it is in the public interest for the College to activate the Emergency Assignment Class(es) of pharmacists and/or pharmacy technicians.*
 - The College believes, for the reasons specified above, that the public interest will not be impacted by the closure of registration for Emergency Assignment Classes of pharmacists and pharmacy technicians.

b) Transition of existing Emergency Assignment certificate holders to another class

- As per *O.Reg. 202/94*, should the Board decide to close the emergency assignment classes, pharmacist (emergency assignment) certificates of registration will automatically expire after three months. During this time, individuals holding an emergency assignment certificate of registration may apply for a certificate of registration in another class (including intern or full pharmacist certificate of registration) and are exempt from paying the application fee to do so.
- Pharmacy technician (emergency assignment) certificates of registration will automatically expire after 1 year should the Board decide to close this class. Individuals holding an emergency assignment certificate of registration may also apply for a certificate of registration in another class (currently only the full pharmacy technician certificate of registration is available) and are also exempt from paying the application fee to do so. Of note, the College submitted registration regulation amendments to the Government of Ontario in 2018 which includes the creation of a pharmacy technician intern class. This amendment, once approved, will provide pharmacy technicians (emergency assignment) with another class of registration for transition. It is expected that these proposed registration regulation amendments will be passed in 2024, still providing the emergency assignment certificate holders with enough time to transition to either an intern technician certificate or full pharmacy technician certificate before their emergency assignment certificate of registration expires.
- As of May 8, 2024, there are 269 pharmacist (emergency assignment) registrants. However, only 103 of these registrants have reported a place of practice (reporting is a requirement if practicing), indicating that almost 62% of these registrants are not practicing the profession using their emergency assignment certificate (see *Figure 2a*). Of those that have reported a place of practice, 64 (62%) of these registrants currently hold another certificate of registration (either student or intern) and another 15 (15%) registrants are immediately

eligible for either a full certificate of registration as a pharmacist or an intern certificate. The remaining 24 (23%) registrants have outstanding registration requirements to meet to obtain their full certificate of registration (see *Figure 2b*). Thirteen of these 24 registrants would be eligible for an intern certificate once currency of education has been demonstrated. In summary, current data indicates that, of the 103 emergency assignment pharmacists that have reported a place of practice, 79 of these can either continue practicing immediately using an alternate certificate of registration or could do so as soon as an application is received and processed by College staff.

- As of May 8, 2024, there are 103 pharmacy technician (emergency assignment) registrants. However, only 35 of these registrants have reported a place of practice, indicating that 66% of these registrants are not practicing the profession (see *Figure 3a*). Of those that have reported a place of practice, 9 are immediately eligible for a full certificate of registration as a pharmacy technician. 21 registrants would be eligible for an intern technician certificate once this class is available later in 2024 (see *Figure 3b*).

Motion:

1. **THAT** the Board approve the attached DRAFT Opening and Closing the Emergency Assignment Class(es) of Registration Policy pursuant to paragraph 1 of subsection 15.1(1) and 18.1(1) of *O.Reg. 202/94* under the *Pharmacy Act, 1991*.

2. **THAT** the Board declare that the emergency circumstances that gave rise to the issuance of the emergency assignment certificates of registration for pharmacists (emergency assignment) and pharmacy technicians (emergency assignment) pursuant to subsections 15.1 and 18.1 of *O.Reg 202/94* under the *Pharmacy Act, 1991*, respectively, has ended and registration of emergency assignment certificates of registration will be closed immediately.

Next Steps:

If approved, the *Opening and Closing the Emergency Assignment Class(es) of Registration Policy* will be posted to the College's website and communicated publicly. In addition, if the Board declares that the emergency has ended and decides to close the currently open Emergency Assignment Classes of Registration, College staff will inform current emergency assignment applicants and registrants and manage the transition of those individuals affected to other classes, as applicable.

Attachments:

- 8.1 - DRAFT Opening and Closing the Emergency Assignment Class(es) of Registration Policy
- 8.2 - Appendix A - Registrant Data Charts (Figures 1, 2a, 2b, 3a, 3b)

Opening and Closing the Emergency Assignment Class(es) of Registration Policy

Purpose:

This policy sets out the expectations on how the Board will determine when to open and close the Emergency Assignment Class(es) of Registration.

Application:

This policy applies to:

- The **Board of Directors**, who will consider the following criteria before deciding to open or close the Emergency Assignment Class(es) of Registration.

Policy:

On August 31, 2023, *Ontario Regulation 202/94* under the *Pharmacy Act, 1991* was amended to enable the Minister of Health or Council (Board of Directors) to permit the opening (and closing) of Emergency Assignment Classes of registration for pharmacists and/or pharmacy technicians. When opening the Emergency Assignment Class(es), *O.Reg. 202/94* states the following requirements must be met to issue a certificate of registration to a pharmacy professional:

“...the Council must have determined, after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency certificates of registration.”

O.Reg. 202/94 also states the expectations associated with closing the Emergency Assignment Class(es) of registration and transitioning existing certificate holders to other classes when the Minister of Health or the Board have declared the emergency circumstances have ended.

This policy describes the criteria that must be considered for the Board of Directors to declare that there are emergency circumstances to warrant the issuance of certificates of registration as pharmacists (emergency assignment) and/or pharmacy technicians (emergency assignment) as well as the procedure for opening and closing the Emergency Assignment Class(es) of registration.

Procedure:

Opening the Emergency Assignment Class(es):

The Board of Directors must consider each of the following criteria when deciding whether an emergency circumstance exists to open the Emergency Assignment Class(es) to register pharmacists and/or pharmacy technicians in the respective Emergency Assignment Class:

1. There must be a current or imminent threat to the supply of pharmacists and/or pharmacy technicians to adequately service the needs of the public.
2. An emergency situation, which has negatively impacted the public or the healthcare system, is or will impact the supply and/or demand of pharmacists and/or pharmacy technicians.
3. There is a significant interruption to a specific registration pathway or to the College’s ability to process applications, which warrants immediate regulatory intervention.

4. Emergency circumstances, which could include localized municipal/regional emergencies or provincial emergencies such as human-caused hazards, natural hazards, etc., have occurred and require immediate action.
5. Activating the Emergency Assignment Class(es) will fully or partially remedy the threat to the supply and/or demand of pharmacists and/or pharmacy technicians.
6. Considering all the circumstances, it is in the public interest for the College to activate the Emergency Assignment Class(es) of pharmacists and/or pharmacy technicians.

College staff will prepare a Briefing Note for the Board of Directors to consider whether emergency circumstances exist, and if it is in the public interest that the College issue emergency certificates of registration. Once the Board of Directors have determined that an Emergency Assignment Class should be opened, they will consider a motion to do so, including the date it will take effect. If the motion passes, College staff will begin to accept applications as per *O.Reg. 202/94*.

Continuous Assessment:

Once an Emergency Assignment Class has been opened, the Registrar will monitor the situation and provide updates to the Board of Directors. The status of the emergency circumstances will be assessed at each regularly scheduled board meeting while the Emergency Assignment Class(es) is (are) active.

Closing the Emergency Assignment Class(es):

Once there is sufficient information to indicate that the emergency circumstances may have been rectified, College staff will prepare a Briefing Note for the Board of Directors to consider closing the Emergency Assignment Class(es). Where the Board of Directors determines that the criteria set out above are no longer in effect, or that it is otherwise no longer in the public interest for the College to issue and/or renew certificates of registration in the open Emergency Assignment Class(es), the Board will consider a motion to close the Emergency Assignment Class(es), including the effective date. If the motion passes, the emergency will be considered resolved and the Emergency Assignment Class(es) will be closed as of the effective date. Once closed, new applications for Emergency Assignment certificates of registration will not be processed and College staff will manage the transition for existing Emergency Assignment certificate holders according to the timelines set out in *O. Reg. 202/94*.

Appendix A: Registrant Data Charts

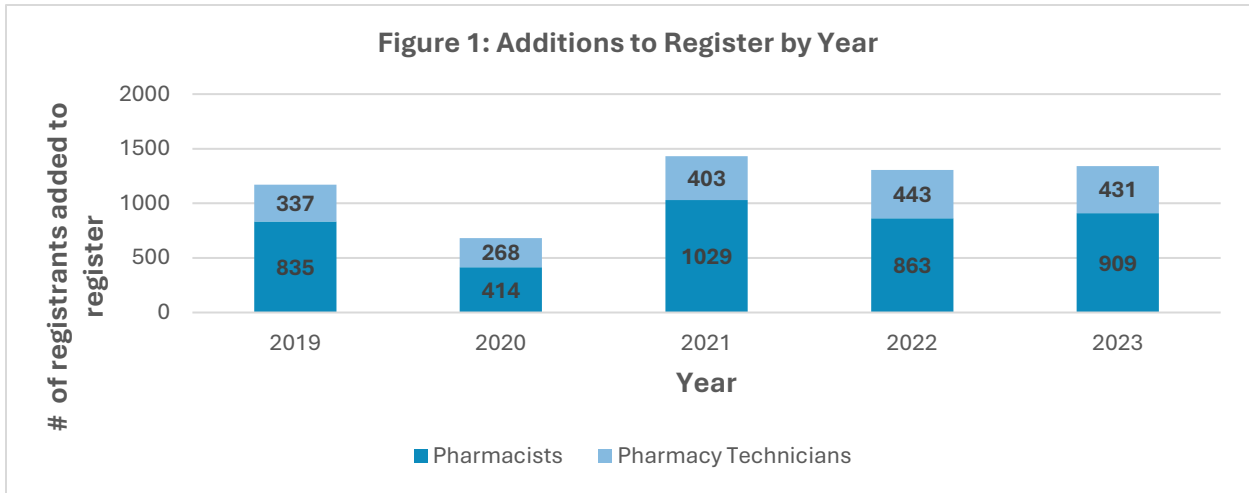
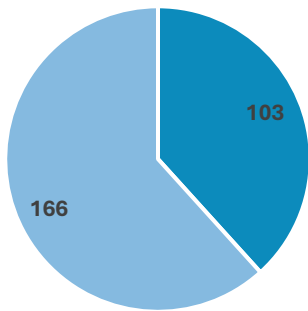
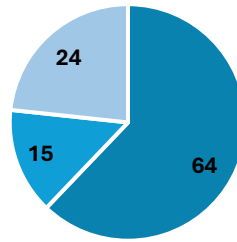


Figure 2a: EA Pharmacists (n=269)



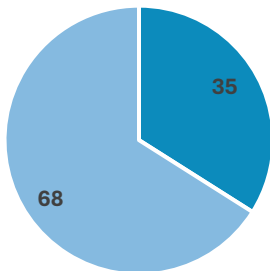
- At least 1 place of practice reported
- No place of practice reported

Figure 2b: EA Pharmacists that have reported a place of practice (n=103)



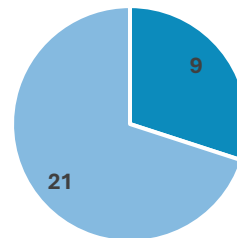
- Also hold student/intern certificate
- Immediately eligible for intern or full certificate
- Outstanding requirements remaining

Figure 3a: EA Pharmacy Technicians (n=103)



- At least 1 place of practice reported
- No place of practice reported

Figure 3b: EA Pharmacy Technicians that have reported a place of practice (n=35)



- Immediately eligible for full certificate
- Eligible for intern technician certificate (once available)

Governance Committee Report, Investigation April – July 2024

Background:

Governance Committee's Role in relation to Board Member Conduct

Board Policy 3.7 - all concerns related to the conduct of a Board Director should be brought to the attention of either the Board Chair, the Registrar & CEO or the Board Vice-Chair who shall bring the concern or complaint to the Governance Committee or if the Governance Committee is unable to address the concern or complaint, the Executive Committee may appoint another Committee to fulfill the Governance Committee's duties or perform such duties itself. The individual who is the subject of the concern or complaint will be notified by the Chair of the Governance Committee or other Committee.

Policy 3.7 sets out the following procedure relating to third party investigations:

- (a) if the Governance Committee or other Committee, after any inquiry it deems appropriate, concludes that the concern or complaint warrants formal investigation, it shall appoint an independent third party, such as a retired Judge or a senior lawyer who does not otherwise act for the College, to conduct the investigation. In addition to any other investigative steps, the independent third party shall notify the Director of his or her right to retain a lawyer and shall provide an opportunity for the Director to respond to the concern or complaint;
- (b) as soon as feasible, the independent third party shall report the results of the investigation in writing to the Governance Committee or other Committee and to the Director. The report shall include the independent third party's findings of fact and his or her opinion as to whether grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 of the By-Laws have been met and, if so, the apparent significance of the breach;
- (c) if the Governance Committee or other Committee determines that formal governance action is warranted it shall be placed on the agenda of the next regular Board meeting unless a special meeting is called before then to address the matter. Participation in the investigation and referral process does not render the members of the Governance Committee or other Committee ineligible to participate and vote on the matter at the Board;
- (d) before the Board decides whether to take formal governance action, the Director shall be afforded an opportunity to address the Board for a period of no less than one (1) hour. The Director shall not take part in the deliberation or vote;
- (e) the Board shall determine in accordance with subparagraph 5.19.3 of the By-Laws whether grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 have been met and, if so, whether the breach warrants the imposition of a governance sanction; and
- (f) where the Board determines that grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 have not been met and that formal governance action is not warranted, the Board may direct the College to reimburse the Director for all or part of the Director's legal expenses.

On March 25, 2024, the Board of the Ontario College of Pharmacists considered and adopted a motion declaring zero tolerance for business practices that impede pharmacists' ability to provide service.

On April 11th, a proposed class action lawsuit was filed against Shoppers Drug Mart and its parent company Loblaw with a Board member named as the plaintiff.

On April 15th, the Governance Chair, Board Chair, Registrar and CEO and General Counsel met to discuss whether the lawsuit presented a conflict of interest concern. The Chairs recommended it be brought to the attention of the Governance Committee.

On April 17th, the Governance Committee, excluding the Board member under investigation and the Board Chair who attends the Governance Committee meetings *ex officio*, met to consider whether the Board member's involvement in the lawsuit and the timing of it posed a conflict of interest. Upon consideration, the Governance Committee concluded that the concern warranted formal investigation and required the appointment of an independent third party to conduct the investigation.

On April 18, the Governance Committee Chair notified the Board that the Governance Committee had directed the College to appoint an independent investigator and advised them that no conclusions had been made as to whether the concerns were valid.

The Governance Committee anticipated that the Investigator's report would be received at the end of May, in time for the Governance Committee to review it and make a recommendation about whether next steps were required in time to add it to the agenda for the June Board meeting.

On April 29th, the Governance Committee met to deal with regular business, as previously scheduled and did not discuss this matter.

On May 16, in anticipation of receiving the investigator's report, a Governance Committee meeting was scheduled for Monday June 3. This meeting was subsequently cancelled.

May 29 to June 10 It was initially anticipated that the investigation would be completed by the end of May. An issue arose at the end of May regarding the timing for the Board member's counsel to provide written submissions to the investigator. The Governance Committee considered this on June 10 and agreed that counsel should be given more time to provide submissions to the investigator and agreed with their request for an extension until July 2. The College now expects to receive the investigator's report on July 15, 2024.

On June 10, the Committee was also advised that the Board member under investigation had raised a concern about a conflict of interest due to the Chair of the Governance Committee's work history with Shopper's Drug Mart. The Committee agreed to consider the concern about whether the Chair of the Governance Committee was in a conflict of interest at the next meeting, which was to be scheduled for the following week.

On June 14, the Chair of the Governance Committee wrote to the other members of the Governance Committee indicating that while the Committee had planned to meet early in the following week for an update on the investigation and to consider the concern about the Chair's own conflict of interest, the Chair was recommending postponement of the meeting for two reasons: because no additional information had been received regarding the investigation and because it would not be possible to achieve quorum (with only two members of the Governance Committee being able to determine whether the Chair of the Governance Committee was in a conflict of interest). The Chair suggested that the Governance Committee consider using its discretion to add two Lay Committee Appointees to the Committee and sought agreement with this recommendation by June 17.

Had the Governance Committee agreed, the matter would have been brought to the attention of the Executive Committee to seek appointment of the two new members. The Governance Committee would have met on June 24 to consider, along with usual business, the concern from the Board member under investigation about the Chair of the Governance Committee's conflict of interest.

On June 17, one of the Governance Committee members raised a concern that the issue of appointment of LCAs raised conflict of interest concerns for certain of both Governance and Executive Committee members and requested a meeting to discuss next steps. Agreement was not reached to appoint LCAs to the Committee.

At this point, it was impossible for the Governance Committee to achieve quorum for any further decisions relating to the investigation, rendering it unable to address the concern. No meeting was scheduled since no decision was possible. The Governance Committee Chair reported the impasse to the Board Chair.

The June 24 Governance Committee meeting was cancelled.

BOARD BRIEFING NOTE

MEETING DATE: July 8, 2024

FOR DECISION

From: Shenda Tanchak, Registrar and CEO

Topic: Appointment of Special Committee to Receive Results of Governance Investigation

Issue/Description:

The Governance Committee (GC) is presently unable to act due to a lack of quorum. The College requires a properly constituted committee to receive and review an investigation report expected to be received on July 15.

The Board has the authority to appoint a new Special Committee under the by-law, article 8.4 and the governance policies.

Having a new Special Committee made up of all or mostly non-Board directors will maximize an impartial and fair consideration of the investigation report and remove potential issues that face the current GC. The committee that reviews the report performs a screening function; its role is limited, and it does not make a decision about the outcome.

Background:

Quorum Issues

Governance Committee

In April, OCP's Governance Committee retained an independent third-party investigator to investigate whether a Board director's role in a lawsuit against Shoppers Drug Mart might conflict with his role as a Board Director. See also the Governance Committee report to the Board.

OCP's Governance policy 3.7 "articulate(s) the process for remediation or, where necessary, sanctions for a breach of the Code of Conduct". This policy says that concerns shall be brought to the Governance Committee, or if the Governance Committee is unable to address the concern or complaint, the Executive Committee may appoint another Committee. The Governance Committee received this concern, and to date no other committee has been involved.

The Governance Committee is comprised of four members in compliance with the By-law requirement for four Directors, including at least one Public Director, one elected pharmacist Director, and one elected pharmacy technician Director. One of the members is the Board director under investigation.

To achieve quorum, Committees require a majority of members to participate in decisions. The Board director who is the subject of the investigation is not able to participate in discussions related to the investigation because of the conflict of interest this would pose.

As reported by the Governance Committee, the Board director who is the subject of the investigation has raised a concern about whether the Chair of the Governance Committees in a position of conflict of interest concerning the investigation. This concern cannot be addressed by the Governance Committee because the Committee cannot attain quorum for the decision.

Does this mean the Governance Committee is unable to address the original concern or complaint?

Under By-law 9.23.2, at its own discretion, the Governance Committee may determine that it requires one or more Lay Committee Appointees (LCA's) in addition to the required membership. However, members of the Governance Committee have objected to the Committee being able to make this decision, based on the conflict of interest assertions currently identified.

The Board has authority to add members to the Governance Committee if it's the Board's preference that the Governance Committee should review the investigation report. By-law article 14.1.6 says: "Nothing in paragraph 14.1 prevents the Board, or the Executive Committee acting on its behalf, from adding members to or substituting members on a Committee at any time where one (1) or more members of the Committee cannot fulfill their role"

If the Board chose to do that, then the GC would have quorum to be able to decide the issue of whether the Governance Committee Chair has a conflict of interest with her role on GC. Note, however, that GC declined to add members when this question was put to them.

Executive Committee

Could the Executive Committee make the determination of whether the GC Chair is in a conflict of interest and potentially restore the Governance Committee quorum?

The Executive Committee is comprised of the Chair, who has declared a conflict of interest with respect to the investigation, the Board director under investigation, the Governance Committee Chair and two others. Accordingly, three members of the Executive Committee are in a position of conflict of interest with respect to the question of whether the Governance Committee Chair has a conflict of interest, and this Committee also cannot form a quorum.

Objections have also been raised to the Executive Committee's involvement in considering potential LCAs for the Governance Committee and to appointing another Committee to address the concern.

The result is that the Governance Committee is at a standstill and the Executive Committee is unable to take carriage of this matter.

Board

Could the Board make the determination of whether the GC Chair is in a conflict of interest and potentially restore the Governance Committee quorum?

Governance policy 3.9 says "If there remains any doubt about whether the Fiduciary may have a conflict, disclose the information to the Board or the Committee 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 or the Committee's determination as to whether there is an appearance of a conflict"

When the concern relates to whether a committee member is in a conflict of interest on the committee, the determination should be made by that committee; when the concern is about whether a Board director is in conflict, the determination should be made by the Board.

Clarifying the role of the Committee that must address the concern

The only responsibilities identified for the Governance or Executive Committee in this context are as follows.¹

Policy 3.7

II. (I) Inform the Director that the concern is significant (sic) to warrant next steps; and outline the process to be followed for investigating a concern or complaint of a serious nature including the following steps, where appropriate:

- a. if the Governance Committee or other Committee, after any inquiry it deems appropriate, concludes that the concern or complaint warrants formal investigation, it shall appoint an independent third party, such as a retired Judge or a senior lawyer who does not otherwise act for the College, to conduct the investigation;
- b. as soon as feasible, the independent third party shall report the results of the investigation in writing to the Governance Committee or other Committee and to the Director. The report shall include the independent third party's findings of fact and his or her opinion as to whether grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 of the By-Laws have been met and, if so, the apparent significance of the breach; The report shall include the independent third party's findings of fact and his or her opinion as to whether grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 of the By-Laws have been met and, if so, the apparent significance of the breach;
- c. if the Governance Committee or other Committee determines that formal governance action is warranted it shall be placed on the agenda of the next regular Board meeting... Participation in the investigation and referral process does not render the members of the Governance Committee or other Committee ineligible to participate and vote on the matter at the Board.

Our Governance policy does not anticipate any additional duties for the committee responsible for addressing the concern. This is likely deliberate to preserve the independence of the investigator and the ability of the committee members to participate in the Board decision, if the Board is called upon to make a decision.

In this situation, the Governance Committee was asked to provide direction relating to extending the time for receipt of the investigation report in response to a request from legal counsel for the Board director under investigation. The Governance Committee has not received any information about what has been collected during the investigation, and the Governance Committee has not yet received the investigator's report (expected July 15).

Identifying the appropriate committee to consider the investigation report and whether to refer the matter to the Board

Governance Committee

As set out above, given the current membership of the Governance Committee, quorum issues have been recurring.

Membership on the Committee by the individual under investigation may also suggest a closeness of association that could create the appearance of bias.

¹ Please note that what is reproduced here is only an excerpt. Board directors may wish to read the rest of the policy.

The Governance Committee has not attained a level of knowledge or background information that would give it an advantage in dealing with this matter. The Board must put the best interests of the College ahead all other interests, and that includes the interests of individual committee members to remain involved in a committee.

A Newly Created Investigation Review Committee

Some members of the Governance Committee have raised concerns that members of the Executive Committee are in a position of conflict with respect to the creation of a new Committee. Accordingly, there is now an outstanding issue of conflict of interest to resolve if this Committee were to move forward to consider this decision.

The Board may create a special Committee under article 8.4 of the by-law and policy 2.5:

“The Board may, from time to time, appoint special Committees, task forces and working groups as it deems appropriate or necessary for the attainment of the objects of the College and the efficient conduct of its affairs.”

For the purposes of this discussion, this committee will be referred to as the “Governance Investigation Review Committee.”

Committee Terms of Reference and Composition

Draft Governance Review Committee Terms of Reference are appended for Board consideration (see Appendix 1).

The Governance Investigation Review Committee should have an odd number of members to facilitate a decision in case of disagreement. To ensure an ongoing focus on the public interest and objectivity in the decision-making, and in the absence of a requirement for any clinical knowledge, it may be desirable that a majority of the Committee be members of the public.

To ease meeting scheduling and limit exposure to the potential for the risk of the appearance of bias or conflict of interest in the decision-making, the Committee should have three members.

The Committee should have specific and limited duties and terminate upon completion of the duties.

This matter has been challenging for the Board, and, especially considering the media and social media attention, it is desirable to reduce the risk of the appearance of bias or conflict of interest to the greatest extent possible.

Members of the Executive and Governance Committees have worked closely with the Board director under investigation even before this issue arose and have been either engaged in conversations about the investigation or been identified as or asserted to have a conflict of interest. The risk of continued assertions of bias or conflict of interest is reduced if members of the Executive and Governance Committees are not appointed to the Governance Investigation Review Committee.

All members of the Board have a relationship with their Board director colleague, and many have engaged in interactions associated with this matter. All Board director have received email communications relating to the investigation. Board director participation is therefore not recommended and appointments, if any, should be scrutinized with care.

The two options below are offered to reduce the risk of further quorum issues, to assure fairness, demonstrate neutrality and integrity and to protect the reputation of the College and the Board.

Option One: Arm's Length Committee - 2 LCAs and 1 Professional Committee Appointee (PCA)

The risk of the appearance of conflict of interest or the fact of conflict of interest is highest with Board directors. Given the contentious nature of this matter, the best option to reduce the risk of potential conflicts of interest and the related quorum issues, as well as to demonstrate fairness and neutrality to the member under investigation, the other members of the Board and our system partners would be to appoint non-Board directors.

Calling on LCAs and PCAs to populate this committee would provide the benefit of their having been through the OCP application, screening and orientation processes. They would be familiar with OCP's mandate and understand the importance of this matter, but not be directly connected with the Board or the Board director under investigation.

Selected LCAs and PCAs should not have connections with the Board director under investigation, including a personal or professional relationship, being directly connected with a corporate pharmacy entity or running in the current college election.

Option Two: 2 LCAs and 1 Professional Board Director

An alternative option is to appoint one professional member of the Board, while retaining two LCAs. There is a higher risk of conflict of interest or the appearance of a conflict of interest with this option. There is no obvious benefit to having a Board director involved in the decision.

The Board representative on the Committee should not be in a role that might be seen to conflict with the investigation in any way, as outlined above. Other considerations are areas of practice or expressions of opinions or beliefs which might also be seen to pose the impression of conflict of interest.

Decision Requested

1. Does the Board wish to create a Governance Investigation Review Committee to receive and review the investigation report and determine whether formal governance action is warranted?
 - a. If not, does the Committee endorse the Governance Committee retaining carriage of this matter?
2. If the Board wishes to proceed with a Governance Investigation Review Committee as proposed,
 - a. Does it select an arm's length composition or the appointment of a professional Board director?
 - b. If the Board wishes to appoint a new Committee, does the Board approve the attached Terms of Reference for the Committee in accordance with the composition direction referred to in paragraph b, above?

Committee Slate

Our By-Law does not detail how members of special committees should be screened. Although it is not within the Screening Committee's mandate, given that Committee's composition and experience, and given the pressing time concerns related to this matter, the Chair asked the Screening Committee to consider candidates for a proposed Governance Investigation Review Committee at its meeting on June 21, 2024, and identify a slate of candidates, and alternates, to recommend to the Board.

The Screening Committee made the following recommendations for a special committee slate, should one be appointed.²

LCA's

Recommended Appointees

- Ravil Veli is a former public member of the OCP Board. He left the Board before the Board director under investigation was elected and does not know him. He is the CEO of the North Bay Public Library. He is a member of OCP's Discipline Committee.
- Aditi Agnihotri works as a part time adjudicator at Tribunals Ontario, Social Benefits Tribunal and the Landlord Tenant Board. She works part time at the College of Physicians and Surgeons of Ontario as an investigator and decisions writer. She is a member of OCP's Discipline Committee.

Recommended Alternate

- Megan Sloan is a Clinical Manager at the Children's Hospital of Eastern Ontario and a former President of the Council of the College of Nurses of Ontario. She chairs OCP's Screening Committee (but recused herself from this decision at the meeting).

PCAs

Recommended Appointee

- Chris Leung is a former OCP Council President and served on the OCP Council for nine years. He currently works for the Ontario Ministry of Health as a Senior Drugs and Therapeutics Advisor. His term with OCP did not overlap with that of the Board director under investigation. Chris serves on OCP's Discipline and Inquiries, Reports and Complaints Committees.

Recommend Alternate

- David Windross is the retired Vice President, External Affairs of Teva Canada, one of the largest manufacturers of pharmaceuticals in Canada. He has extensive Board experience and is a member of OCP's Discipline Committee.

Board Director Appointee

Recommended Appointee

- Lisa Dolovich is a Professor and Dean of the Leslie Dan Faculty of Pharmacy at the University of Toronto. She is on OCP's Board not by virtue of election, but because the deans of all pharmacy faculties are on our Board.

Recommend Alternate

- Andrea Fernandes has been an elected director of the Board since September 2022. She is the Pharmacy Manager at Ontario Shores Centre for Mental Health Sciences, a public teaching hospital.

Decision Requested:

If the Board appoints a special Committee, does the Board approve the slate appropriate for the option selected?

² Relevant minutes from the Screening Committee meeting are available upon request.

Appendix One

Governance Investigation Review Committee Terms of Reference

Authority

The Governance Investigation Review Committee is appointed by the Board of Directors under the authority of article 8.4 of the by-law and Governance Policy 2.5.

Mandate, Duties and Powers

This Committee shall fulfill the role of the Governance Committee or Other Committee set out in Governance Policy 3.7. This Committee shall receive and review the report by an independent third party of the results of a governance investigation initiated in April 2024.

The report shall include the independent third party's findings of fact and his opinion as to whether grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 of the By-Laws have been met and, if so, the apparent significance of the breach.

Based on the report of the independent third party, and no other investigation or information, this Committee shall determine whether formal governance action is warranted and provide the Board with a report of its decision.

Composition

The Committee is appointed by the Board and shall have a minimum of three members, two of whom are Lay Committee Appointees (LCA) and one of whom is a <Professional Committee Appointee (PCA)> or <Professional Board Director>.

The Board shall also identify one alternate LCA and one alternate <PCA> or <Professional Board Director> who shall replace initially appointed committee members as required by the Committee to carry out its duties.

Term of Appointment

The term of the Governance Investigation Review Committee automatically expires upon receipt of its report by the Board of Directors.

Chair

The Chair of the Committee shall be selected by the members of the Committee at its first meeting.

Meetings and Quorum

The Committee shall meet a minimum of one time. Meetings can also be convened by the Chair as required to complete the Committee's duties.

Meetings may be held in any manner that allows all participants to communicate with each other simultaneously and instantaneously. [By-Law 6.2.1]

Decision-Making

Questions or motions may be decided by a majority of votes cast at the meeting (including the presiding officer at the meeting). If there is not majority, the question is deemed to have been defeated. [By-Law 14.3]

Reporting

The Committee reports to the Board.

Resources

The Committee's administration is supported by OCP staff.

Compensation

Committee members are compensated for committee work and travel time and are reimbursed for expenses incurred in the conduct of committee business, in accordance with section 7.1 of the By-Law.

Annual Board and Committee Attestation

Each member of the Committee must sign an Annual Board and Committee Attestation in the form provided by OCP, which requires committee members to comply with, among other things, conflict of interest, confidentiality obligations and OCP Code of Conduct.

BOARD BRIEFING NOTE

MEETING DATE: July 8, 2024

FOR DECISION

From: Katya Masnyk, Director, Policy, Engagement and Strategy Implementation

Topic: Preferred Provider Networks (PPNs)

Issue/Description: The Board is asked to approve a position statement regarding the OCP's response to closed PPNs and other payer-directed care models¹.

Public Interest Rationale: The potential risks to patient safety and wellbeing associated with closed PPN practices, or other corporate self-insurance arrangements that limit pharmacy options, include limiting patient choice and respect for patient autonomy, increasing patient inequities, disruption of continuity of care and limiting access to care.

Strategic Alignment, Regulatory Processes, and Actions: Providing direction and guidance on PPN and other payer-directed care practices is aligned with the College's 2024-2028 strategic goal #1: "Regardless of pharmacy setting, management and business exigencies do not compromise the health and well-being of pharmacy professionals or impede their ability to adhere to the Standards of Practice and Code of Ethics." It is also aligned with strategic goal #4: The College uses its regulatory influence to ensure that all patients are treated with respect and without discrimination via positive changes in pharmacy practice."

Background:

- A Briefing Note on PPNs was provided at the March 25, 2024, Board meeting (see Attachment 1). An analysis of the need for a regulatory response was provided following the "right touch regulation" format adopted from the Professional Standards Authority², which led to the conclusions that PPNs present risk of harm to patients (specifically affecting patient autonomy, equity, and comprehensive care. Infringement on freedom of choice, disruption of continuity of care, and limited access to care were also noted). These risks are not currently being addressed by other health system partners, and there is a lack of clear oversight over the agreements between insurance companies and pharmacies. It was determined that a regulatory response is warranted, and a collaborative response with partners is likely beneficial.
- The Board committed to a series of steps in response to these concerns, including in the short term, drafting a formal **position statement** (highlighting ethical and equity issues associated with PPNs, addressing the impacts on patient safety, quality of care, and continuity of care through an equity and ethics lens), and in the longer term, proposing **regulatory changes** to Professional Misconduct and Conflict of Interest regulations, as well as Proprietary Misconduct.
- The OCP continues to hear concerns from registrants and the public about these models and that a strong regulatory response is needed. The issue of PPNs is aligned with the broader issue involving corporate influence over pharmacy professionals. The OCP has a zero-tolerance policy for business practices that

¹ For the purposes of this Briefing Note, the use of the term "closed PPNs" includes 1) non-public agreements between an insurance company, a health benefit provider and a service provider (pharmacy or group of pharmacies), 2) self-insurance models that limit employee/patient choice of pharmacy, 3) Pharmacy Benefit Managers (PBMs) that restrict pharmacy choice, or 4) any other model or benefit plan where the payer places limits on where an employee/patient can obtain their prescription medications.

² <https://www.professionalstandards.org.uk/publications/right-touch-regulation>. Accessed May 26, 2024.

compromise the ability of pharmacy professionals to provide safe and effective care for their patients³ and the position statement on closed PPNs that has been drafted provides evidence of the OCP's clear intention to act and take these issues seriously.

Analysis:

Position Statement

The following position statement has been drafted, serving as the OCP's public declaration that will be the foundation for additional regulatory work:

- **Closed PPNs (and other payer-directed care models) pose potential risk of harm to patients, contravene established ethical principles guiding the profession and conflict with standards of quality patient care. As Ontario's pharmacy regulator, the OCP has no tolerance for any payment or reimbursement models involving pharmacies and pharmacy professionals that put patients at risk, disregard patient autonomy, or that get in the way of a pharmacy professional's duty to put patient interests first.**

Rationale

- Closed PPNs that restrict a patient's choice of pharmacy and disregard respect for patient autonomy violate requirements under the OCP's Code of Ethics and impact the ability of registrants to provide quality care according to the Standards of Practice.
 - The OCP is concerned that closed PPNs put patients in a compromised position, being forced to choose between their preferred and trusted pharmacy, and their ability to pay for medications. This creates an unethical system that disproportionately affects the most marginalized and vulnerable populations of Ontario – arguably, those individuals who most need a well-established and trusting relationship with their pharmacist. This runs counter to the OCP's commitments to equity, diversity, and inclusion (EDI) and high-quality patient care.
 - The OCP is also concerned that participation in a closed PPN or other payer-directed care model places participating pharmacies and pharmacy professionals in a conflict of interest where business/profit motivations are in direct conflict or can reasonably be perceived to be in a conflict with the best interests of pharmacy patients. This runs counter to established Standards of Practice and Regulation.
- Therefore, the OCP stands firm in its position that closed PPNs do not serve the public interest and is prepared to use its regulatory influence and to partner with others, as appropriate, to protect patients from harm.

Regulatory Basis

This statement has been drafted based on the OCP's legislated commitments in the [Regulated Health Professions Act](#) including the requirement to (among other things):

- regulate the practice of the profession;
- maintain standards of professional ethics;
- develop, establish, and maintain standards to promote the ability of members to respond to changes in practice environments and other emerging issues; and
- fulfill its duty to serve and protect the public interest.

The OCP has several levers through which these expectations are met, and closed PPNs and other payer-directed care models threaten compliance with many of them:

- The OCP's **Standards of Practice** outline the minimum standards that all registered pharmacists and pharmacy

³ At its March 25, 2024 meeting, the OCP Board approved a position statement in response to concerns raised by pharmacy professionals who reported growing corporate influence on their decisions as healthcare professionals. The Board approved the following position statement: ***"OCP has zero tolerance for business practices that compromise the ability of pharmacists and pharmacy technicians to deliver safe and effective care to their patients."***

technicians must meet. The NAPRA Model Standards of Practice for Pharmacists⁴ include the expectation that Pharmacists, when providing patient care, maintain the patient's best interest as the core of all activities.

➔ *Registrants operating in business models such as closed PPNs may not have the patient's best interests in mind.*

- The OCP's **Code of Ethics** expects registrants to respect patient autonomy and their right to be active decision-makers in their care. It expects them to make decisions that provide patient-centered care and optimize health outcomes for patients. It expects them to provide fair and equitable access to pharmacy services and deliver consistent quality of care to all patients regardless of socio-economic status, culture, disease state or any other related factor that might unfairly bias patient care. The Code of Ethics expects registrants to consider and take steps to address factors that may be preventing or deterring patients from obtaining pharmacy care or from achieving the best possible health outcomes. They must make every reasonable and conscientious effort to prevent harm to patients and society. They must also maintain public trust by ensuring that they act in the best interest of their patients and society, by refraining from participating in unethical business practices, and by avoiding conflict of interest.
 - ➔ *Closed PPNs create situations where pharmacy professionals cannot abide by the expectations outlined in the Code of Ethics.*
- **Informed Consent** principles have been enshrined in regulation and legislation, as required under O. Reg 202/94 under the *Pharmacy Act*, and the *Health Care Consent Act (HCCA)*.
 - ➔ *Although consent to participate in a PPN is assumed to be provided by the patient/employee when accepting employer health benefits, this consent is rarely if ever "informed" as the implications on patient choice and autonomy are generally not explicitly reviewed. Further, true informed consent is not ethically or morally possible when the employee/patient has no other feasible option.*
- **Conflict of Interest statements** are documented in the OCPs Professional Misconduct and Conflict of Interest Regulation (O. Reg. 130/17) and in the General Regulation under the Drug and Pharmacies Regulation Act which addresses proprietary misconduct (DPRA, O. Reg 264/16).
 - ➔ *The business/profit motivations associated with PPNs are in direct conflict or can reasonably be perceived to be in conflict with the best interests of pharmacy patients.*
- The OCP's **Strategic Plan** has a foundational **commitment to Equity, Diversity, and Inclusion** (outlined in the values, regulatory principles, and goals).
 - ➔ *The equity concerns associated with closed PPNs run counter to the OCP's commitments to EDI.*
- The OCP's **Strategic Plan** also includes the goal that management and business exigencies do not compromise the health and well-being of pharmacy professionals or impede their ability to adhere to the Standards of Practice and Code of Ethics.
 - ➔ *Closed PPNs are an example of a business practice that poses risk of harm to patients, and the OCP has articulated a zero-tolerance policy to such practices.*

Recommendation: It is recommended that the Board approve the motion below.

⁴ The College has adopted the Standards of Practice developed by the National Association of Pharmacy Regulatory Authorities (NAPRA) as the standards governing the practice of pharmacy in Ontario.

Motion: THAT the Board adopts the following position:

- Closed PPNs (and other payer-directed care models) pose potential risk of harm to patients, contravene established ethical principles guiding the profession and conflict with standards of quality patient care. As Ontario's pharmacy regulator, the OCP has no tolerance for any payment or reimbursement models involving pharmacies and pharmacy professionals that put patients at risk, disregard patient autonomy, or that get in the way of a pharmacy professional's duty to put patient interests first.

Next Steps: Policy analysis will be conducted to further explore the extent that PPNs and other payer-directed care models, present equity and ethical concerns and risk to patient harm, and to develop options for the optimal regulatory response(s). Ensuring that all patients are treated with respect and without discrimination is a key priority for the OCP, and this is the lens that will be applied to determine the appropriate regulatory response.



BOARD BRIEFING NOTE

MEETING DATE: March 25, 2024

FOR DECISION

From: Katya Masnyk, Director, Policy, Engagement and Strategy Implementation

Topic: Preferred Provider Networks (PPNs)

Issue/Description: The Board is asked to provide direction on a possible regulatory response to address risks of patient harm associated with PPN practices.

Public interest rationale: The potential risks to patient safety and wellbeing associated with PPN practices include limiting patient choice and autonomy, increasing patient inequities, disruption of continuity of care and limiting access to care.

Strategic alignment, regulatory processes, and actions: Providing direction and guidance on PPN practices is aligned with the College's 2024-2028 strategic goal #1: "Regardless of pharmacy setting, management and business exigencies do not compromise the health and well-being of pharmacy professionals or impede their ability to adhere to the Standards of Practice and Code of Ethics."

Background:

Preferred Provider Networks (PPNs) are contractual agreements between a specific payer (e.g. insurance companies, employers, etc.) and a group of providers (e.g. pharmacies) to provide services (e.g. dispensing prescriptions) to patients. Terms and conditions surrounding access to prescription drugs within a PPN is determined by contractual agreements between insurance companies and pharmacies. There are two types of PPNs – closed and open:

- Closed PPN – Insurance companies set the terms and conditions with a limited group of pharmacies and contractual agreements are not transparent.
- Open PPN – Eligibility to join the PPN is broader and conditions to join are transparent to pharmacies.
- Note: Regardless of whether it is an open or closed PPN, patients can choose a pharmacy outside of the PPN but the patient must pay a higher copay or deductible for prescriptions.

From a patient safety and quality of care perspective, closed PPNs have the potential to cause greater harm because they limit access and choice to a much larger degree than open PPNs.

During the December 2018 College Board meeting, background and concerns about PPNs were raised and discussed for decision (see Attachment 18.1a). The main points highlighted during the Board meeting included:

- The College does not have any legislative or regulatory jurisdiction over the practices of employers, insurance companies or pharmaceutical manufacturers.
 - Since PPNs are established by employers who negotiate and purchase group benefits plans from third parties on behalf of their patients, the College does not have the regulatory mechanism to restrict the

use of PPNs.

- A thorough policy analysis on the potential risk of harm PPNs may have on the public identified three core issues: Freedom of choice, disruption of continuity of care, and limited access to care.
 - Since disruption of continuity of care and limiting access to care are risks to patient safety, these two issues were analyzed further. The conclusion was both issues could be managed within the College’s existing regulatory framework.

During the 2018 discussion, the Board concluded that the College did not have the authority to intervene in the negotiation of PPN agreements between pharmacy owners and insurance providers. At the time, the Board directed the CEO and Registrar to raise Board concerns to the Minister of Health (see Attachment 18.1b). Despite the submission of this letter, no further action from the government was taken.

Since December 2018, PPN arrangements in the pharmaceutical sector have continued, bringing to light how PPNs are limiting patient choice, fragmenting care and limiting timely access to pharmacy services. While PPNs have been a topic of discussion and debate across pharmacy regulatory authorities, an updated 2024 jurisdictional scan concluded there have been no changes to the provincial or territorial regulatory oversight of PPNs since 2018 (see Table 1). Only three provinces have established a regulatory response: Nova Scotia through their Code of Ethics, Quebec through legislation, and Ontario through regulation.

Table 1: 2024 Jurisdictional scan of Canadian Pharmacy Regulatory Authorities on Regulatory Response to PPNs		
Province	Has a regulatory response been established to prohibit PPNs?	Regulatory Response
Alberta	No	
British Columbia	No	
Manitoba	No	
New Brunswick	No	
Newfoundland & Labrador	No	
Nova Scotia	Yes	In the NSCP Code of Ethics , under Value III, Respect for Autonomy (third bullet point) it reads: <i>Registrants only enter into or engage in any arrangements, agreements or businesses that protect a patient’s right to safe, accessible and professional health care services.</i>
Ontario	Yes	The Professional Misconduct and Conflict of Interest regulation under the <i>Pharmacy Act, 1991</i> in Ontario states: 2. (1) The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code: Business Practices 22. Entering into any agreement that restricts a person’s choice of a pharmacist without the consent of the person.
Prince Edward Island	No	
Quebec	Yes	In The Act respecting prescription drug insurance (chapter A-29.01) in Quebec: 42.2.1. No group insurance contract or employee benefit plan may restrict a beneficiary’s freedom to choose a pharmacist.
Saskatchewan	No	

The most recent agreement between Shoppers Drug Mart and Manulife in January 2024, which has since been reversed, emphasized concerns raised about specialty drugs becoming less accessible to those in rural or remote

regions and/or for patients enrolled in Manulife who didn't live near a Shoppers Drug Mart⁵. These concerns have continued to highlight whether additional regulatory measures providing stronger oversight over PPN practices is warranted.

Analysis:

As a risk-based regulator, a decision regarding the College's regulatory response is based on a consideration of several key elements: the potential risk of harm to patients (likelihood and impact), current legislative frameworks and a consideration of whether others are also involved.

Is there a risk of harm to patients?

In addition to the problem described and risks identified in the December 2018 Briefing Note to the Board, which included infringement on freedom of choice, disruption of continuity of care, and limited access to care, two additional risks to patient harm are being considered:

1) Patient Autonomy and Equity

PPNs limit patients' choices of pharmacists and pharmacy. Additionally, ethical and equity issues are raised when patients are forced to use specific pharmacies within the PPN, limiting patient autonomy – the right of patients to make decisions about their own health care. Patients are making decisions to cut ties with their current pharmacist to ensure their essential prescription drugs are covered. Even though employers may argue that it is the patient's "choice" to sever ties, patients are making the choice out of financial need, not due to informed decisions about the quality of care they receive.

This creates an issue of equity. Those who can afford to pay the additional copay or deductible to receive care from their preferred pharmacist outside of their PPN are able to express patient autonomy and true consent – but at a price. Patients forced to receive pharmacy services within the PPN because of their financial circumstances, need to navigate restrictions on access (e.g. shipping requirements, rather than direct in-person access or travel a further distance to visit a preferred pharmacy). These restrictions result in inequities for those who can't afford to stay with their preferred pharmacist – the very group who may need ease of access most.

2) Comprehensive Care

Pharmacists play a significant role in the patient's circle of care and over the past several years, have expanded their scope of practice to provide health services beyond dispensing. Pharmacists are playing an increased role as primary care providers, especially in more rural or remote areas, where primary care physicians or nurse practitioners are difficult to access. For these patients, pharmacists are essential health care providers. Fracturing the patient-provider relationship by mandating insurance company PPNs significantly impacts the delivery of comprehensive primary care. Research (Bes et al., 2017) has shown that PPNs have negative effects on the patient-provider relationship, such as lower trust and satisfaction when patients are restricted in their choice of provider⁶. Lower trust can lead to ineffective communication between patient and providers, which leads to poor patient outcomes and can impact patient safety⁷. With communication breakdowns being a leading source of medical errors, fracturing the patient-provider relationship points to a potential risk of patient harm.

Conclusion: The risks posed by PPNs which impact patient autonomy, equity and comprehensive care are at risk of harming patients.

⁵ Benchetrit, Jenna. "Manulife-Loblaw deal raises questions over ties between insurance companies, big drug retailers." CBC News. Is a <https://www.cbc.ca/news/business/manulife-loblaw-deal-deliver-specialty-drugs-1.7098861>

⁶ Bes et al. Selective contracting and channelling patients to preferred providers: A scoping review. Health Policy 121 (2017) 504–514. <http://dx.doi.org/10.1016/j.healthpol.2017.03.008>

⁷ Agency for Healthcare Research and Quality. Shared Decisionmaking To Improve Patient Safety, Education, and Empowerment. September 2016. Pub. No. 16-0053-1-EF. <https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/shareddec-1.pdf>

Are the risks currently managed? Can they be solved locally?

Since the College does not have the regulatory mechanism to directly oversee PPNs, is there another external group handling these additional risks? Associations such as the Canadian Pharmacists Association (CPhA) and the Ontario Pharmacist Association (OPA) have issued [position statements](#) and [papers](#) on how PPNs compromise quality and accessibility of health care for patients. While they have called for restricting the formation of certain PPNs to allow for fair competition among pharmacies, there is no oversight over agreements between insurance companies and pharmacies. [Media reports](#) have highlighted how the terms and conditions of these agreements vary widely and remain private. As a result, associations are also calling for regulatory action to address the risks PPNs pose to patients.

The [Professional Misconduct and Conflict of Interest regulation, O. Reg. 130/17](#) under the *Pharmacy Act, 1991* includes s. 2(1)22, which states: “Entering into any agreement that restricts a person’s choice of a pharmacist without the consent of the person” is considered professional misconduct. From a legal perspective, it can be argued that patients “provide consent” to joining the insurance company’s PPN, including any terms and conditions, in order to participate in their employer’s group benefits plan. However, as analyzed above, from an ethical and equity perspective, this is not true consent. Patients with financial limitations have no real option of opting out of the PPN⁸.

Conclusion: The risks posed by PPNs are not being managed by another entity, thus a regulatory response is warranted.

What are OCP’s regulatory options?

To address the risks PPNs pose to patient harm, several regulatory options exist:

1. **Status Quo:** As recommended in the December 2018 Briefing Note to the Board, continue to communicate the College’s concerns about the impact of closed PPNs on the risks to patient safety and suggest government encourages employers and insurance companies to support open PPN models only.

Benefit – Aligned with the Board’s decision in 2018

Risk – Doesn’t address the risks to patient safety as discussed above

2. **Issue a Position Statement:** The Board can issue a position statement that highlights the ethical and equity issues that PPNs create, including the impacts on patient safety, quality of care and continuity of care.

Benefit –

- Rests squarely within the College’s mandate and existing legislative framework.
- Can be done within a short period of time and without additional funding.
- Provides confirmation to patients and the public that the College recognizes the quality-of-care issues raised by PPNs.
- Can be used as the foundational cornerstone for additional long-term work (i.e., could be step 1 of a comprehensive, phased approach).

Risk –

- Position statements do not have enforcement consequences associated with them.
- May influence broader Government Relations strategy if the government takes a different approach to PPNs.

3. **Integrate approach to PPNs with project work related to Strategic Goal #1 of the 2024-2028 Strategic Plan:** Given the impact PPNs have on the management and business practices of community pharmacies, there are opportunities to align next steps with the work associated with managing the practice environment. These

⁸ This is known as a “Hobson’s choice” where true “choice” is not possible because one of the possible choices (e.g., purchasing needed drugs outside the PPN) is highly undesirable.

next steps would be shared in conjunction with work plans related to Strategic Goal #1. This would also increase Government Relations efforts behind Strategic Goal #1 and PPN agreements.

Benefit –

- An aligned approach with an existing strategic goal would prioritize PPNs and ensure it is incorporated and coordinated with broader initiatives.
- Allows additional time to explore stronger enforcement options.

Risk –

- Longer timeline: Outcomes and next steps associated with addressing PPNs may not occur for the next few years as the College develops and implements project work related to Strategic Goal #1.
- A focus on PPNs within Strategic Goal 1 may take resources away from other Strategic Goal 1 priorities.

4. Submit amendments to the Professional Misconduct and Conflict of Interest regulation (*O.Reg.130/17*), similar to Quebec’s legislation: This requires regulatory amendments and public consultation, College Board approval and Ontario government approval.

Benefit –

- Strongest regulatory response - makes it very clear that PPNs are restricted under regulations
- Clearly within the jurisdiction of the College.
- Based on existing precedent set with [loyalty points](#) when they were added to the professional misconduct regulations in 2004.

Risk –

- Timeline: amending misconduct regulations is a lengthy process.
- The final decision rests with the Ontario government and is outside the control of the College.

Operational implications

A number of key operational and financial implications exist:

- Depending on the option(s) selected, this work will be prioritized over other policy initiatives, which will impact the workload and timelines of initiatives being led by the Strategic Policy and Communications departments.
- If other initiatives identified need to move forward in addition to next steps associated with PPNs, will the Board consider adding funds to support additional resources?
- Additional funds or resources may be requested to support any Government Relations efforts as this is not part of the current budget.
- If Option 1 (status quo) is selected, the ongoing issue for both Conduct and Legal departments is the current ambiguity around PPNs makes it challenging to investigate and prosecute these cases, and these cases can be resource intensive.
- If Option 4 (amendments to Professional Misconduct and Conflict of Interest regulation) is selected and approved by the government, this will likely result in an increase in investigations and prosecutions relating to PPNs.

Recommendation: Move forward with a phased, multi-modal approach that includes options 2 through 4:

- Short-term: Issue a position statement, which will be reviewed and brought for approval during the June 2024 Board Meeting.
- Medium term: Integrate approach to PPNs with project work related to Strategic Goal #1 and continue to explore stronger regulatory responses.
- Long-term: Develop and propose amendments to the Professional Misconduct and Conflict of Interest regulations.

Motion: That the Board provides direction to College Management to move forward with a phased, multi-modal approach to addressing PPNs, including short-, medium-, and long-term regulatory responses, as described in the recommendation above.

Next Steps:

If approved, College staff will move forward with developing a draft position statement on PPNs for the Board’s review and approval with the goal of issuing the position statement shortly after the June 2024 Board Meeting. Plans to incorporate PPNs into Strategic Goal #1 will be shared with and discussed during future Board meetings. College staff will seek advice from the Ministry of Health on proposing amendments to *O. Reg. 130/17*.

Attachments:

- 18.1a – December 2018 Council Briefing Note on Preferred Provider Networks
- 18.1b – January 2019 Letter to Minister Elliott on Preferred Provider Networks

FOR INFORMATION

From: Susan James, Director Registration and Quality

Topic: Feasibility Report of Actions Identified to Address Corporate Pressure

Issue/Description: At the March 2024 Board meeting, after hearing the results of information gathering activities confirming corporate pressures exist and are impacting the wellbeing of pharmacy professionals and their ability to provide the level of quality care they wish for their patients, the Board generated ideas that could be taken to address the concerns. This report provides the Board with a summary of the feasibility analysis of these ideas and the progress toward implementation of associated actions.

Public interest rationale:

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

Strategic alignment, regulatory processes, and actions:

The work associated with addressing corporate pressure and other business practices that impact the well-being of pharmacy professionals, or their ability to provide quality care is aligned with the College's 2024 – 2028 strategic goal #1: *Regardless of pharmacy setting, management and business exigencies do not compromise the health and well-being of pharmacy professionals or impede their ability to adhere to the Standards of Practice and Code of Ethics.*

Background:

- Over the last several years, the Ontario College of Pharmacists (OCP, the College) has been hearing about concerning workplace practices that interfere with registrants' ability to meet the standards of patient care and/or create a work environment that has negative impact on their well-being, and to address this issue, as part of its' 2024- 2028 Strategic plan, established Goal #1.
- To address this goal, many initiatives will be implemented over the next four years, starting immediately. Specific measures will be established to assess the effectiveness and impact of each initiative, with the expected collective result that business metrics will not impede: (1) standards of practice being met for every patient; (2) pharmacy professionals having autonomy to use professional judgement and serve the best interests of every patient; and (3) pharmacy professionals having a positive experience in the delivery of patient care.
- In early 2024, following escalating media reports about corporate pressures to meet performance expectations associated with professional pharmacy services, the College escalated its' plan to address the strategic goal related to business practices. Immediate action was taken to gather information directly from pharmacy professionals to understand the extent and impact of concerns reported in the media.
- The College invited pharmacy professionals to share their experience regarding corporate pressures in a workplace practices survey and during four Town Hall sessions, hosted virtually. The outcome of these information gathering activities provided confirmation that corporate pressure exists and is impacting the wellbeing of pharmacy professionals and their ability to provide the level of quality care they wish for their patients.
- Equipped with the insights from these interventions, the Board engaged in a brainstorming exercise at their March 2024 meeting to identify potential actions to address the concerns immediately acted by confirming their position that *"The College has zero tolerance for any business practices that impede pharmacy*

professionals' ability to provide effective and safe care to their patients."

Analysis:

- An initial list of over 100 ideas was generated by the Board and College staff, with new ideas continuing to be identified during ongoing discussions with interested parties. It is expected that this process of idea generation and assessment of the likelihood they can be done and will achieve the desired result will be iterative.
- The first stage of the process involved sorting all ideas into themes, filtering out comments from actions, and collapsing overlapping or repetitive ideas into one action. The next stage focused on classifying each idea in accordance with criteria that would identify actions that could be implemented immediately or in the near term on the basis they are within our regulatory authority, we know what to do and have existing resources to move forward. Classification of the remaining actions included identification of the need for further research, additional resources and/or external partners.
- Through the classification process some actions were identified as falling outside of the College's authority and having questionable alignment with the scope or mandate of a regulator; these ideas were not ranked but may be considered in future if necessary.
- This first stage of feasibility analysis resulted in the following ranking of ideas/actions:
 - **Highly feasible:** within regulatory authority, know what to do, and within existing resources.
 - **Feasible:** within regulatory authority, know what to do, but require additional resources to move ahead.
 - **Possibly feasible:** within regulatory authority, but need more research on what to do, and may require additional resources, and if needed, external partners are willing
 - **Minimally feasible:** not within regulatory authority, but within our mandate, need more research into what to do and will require additional resources and support from external partners
 - **Other:** not within regulatory authority, questionable alignment with scope or mandate
- Appendix 1 provides a summary of the ideas/actions, listed by theme along with the feasibility ranking, and, where prioritized for implementation, the stage of execution: not yet started, initiation, planning, execution.
- Actions supporting the Board's Zero Tolerance position were prioritized and where staff resources could be secured planning and execution was able to start immediately, although additional resource will be required for full implementation and long-term sustainability. Some actions, ranked as possibly feasible or minimally feasible, require research prior to determining an approach for implementation. In a number of cases these have been initiated because research activities were already included in the 2024 operational plan for Strategic Goal 1.
- There are also some actions that require external partners for the College to achieve the desired outcome. Some of these partners, such as other pharmacy regulators, have already expressed their desire to work with the College, and where resources or research are not required, implementation has begun. Other actions will require research and resources prior to seeking out partnerships that will be required, such as government support for legislative changes.

Next Steps:

- While considerable progress has been made following the Board's discussion and generation of ideas to address this issue, it remains a complex process that will be multi-pronged and addressed in phases over the course of the 4-year strategic plan. It will also require a well-orchestrated approach and continuous observation of the immediate and longer-term impact. Project management, timely and transparent communication, and monitoring of the individual and cumulative impact of each action will be key to its success.
- A comprehensive project plan is in development, along with the identification of specific measures that will be used to assess the degree of progress toward the intended results. Regular progress updates will be broadly communicated, and the Board will be engaged throughout the process to make specific decisions about new policies, standards, legislative and regulatory approaches that will be needed to effect the required change

Attachment:

- 12.1 Feasibility Rating and Status of Work on Identified Actions

Feasibility Rating and Status of Work on Identified Actions

Identified Idea/Action	Feasibility rating (Highly Feasible, Feasible, Possibly Feasible, Minimally Feasible)	Level of Execution (not yet started, initiation, planning, execution)	Comments and Related Action
REGULATORY PROGRAMS			
<i>I. Enforcement Changes</i>			
<ul style="list-style-type: none"> Conduct Framework re - Zero Tolerance Approach - application to investigations and Committee adjudications 	Highly Feasible	Execution	Training: ICRC, AC/ DPPC, QA, Discipline Committee informed about Board's Zero Tolerance position. Framework being applied at Intakes and Investigations – early follow-up on key case categories and expanded scope to associates, directors in addition to DM in investigations.
<ul style="list-style-type: none"> Enforcement through other legal means and stricter sanctions for individuals and corporations under the HPPC and DPRA 	Highly Feasible	Planning	Available avenues identified and currently working towards pursuing discipline and legal enforcement options.
<i>II. Pharmacy Accreditation Changes</i>			
<ul style="list-style-type: none"> Develop process/mechanism to assess director character at application and renewal 	Highly Feasible	Initiation	Enforcement of Section 8. 1 (4) and (5) of DPRA Regulation - belief that applicants and directors will operate the pharmacy with decency, honesty and integrity.
<ul style="list-style-type: none"> Establish process to assess if corporate entity meets accreditation standards 	Feasible	Initiation	
<ul style="list-style-type: none"> Consider conflict of interest related to corporate services 	Feasible	Initiation	Research initiated
<i>III. Operational and Practice Assessment Changes</i>			

Highly feasible: within regulatory authority, know what to do, and within existing resources.

Feasible: within regulatory authority, know what to do, but require additional resources to move ahead.

Possibly feasible: within regulatory authority, but need more research on what to do, and may require additional resources, and if needed, external partners are willing

Minimally feasible: not within regulatory authority, but within our mandate, need more research into what to do and will require additional resources and support from external partners

Other: not within regulatory authority, questionable alignment with scope or mandate

Not Yet Started: No work has been undertaken yet.

Initiation: You're still in the process of defining what needs to be done to achieve the goal of this priority (e.g., research, scope, resources, role and responsibilities).

Planning: You're in the process of determining the steps to achieve the goals of the priority – the "how" of completing this priority.

Execution: You're in the process of executing the activities.

<ul style="list-style-type: none"> Review assessment criteria and weighting, set expectations and assessment approach to support zero tolerance position 	Highly Feasible	Initiation	Establish "evidence" to demonstrate meeting requirements under DPRA 142
<ul style="list-style-type: none"> Change assessment model to risk-based approach, reflect zero tolerance statement in risk model 	Highly Feasible	Initiation	
<ul style="list-style-type: none"> Change practice assessment process to encompass all patients 	Feasible	Initiation	
DATA COLLECTION AND PUBLIC REPORTING			
<ul style="list-style-type: none"> Consider compulsory completion of provider experience indicators and workplace practices through survey at annual renewal 	Possibly Feasible	Not yet started	
<ul style="list-style-type: none"> Re-engage work on patient reported experience measures, review indicators, establish data collection methodology 	Minimally Feasible	Not yet started	Engage public/patient representatives (e.g. Citizens Advisory Group, Patient Interest organizations)
<ul style="list-style-type: none"> Explore data sharing with partners 	Possibly Feasible	Initiation	National data sharing with other PRAs
<ul style="list-style-type: none"> Collect/analyze AIMS data by corporate groups 	Possibly Feasible	Not yet started	
<ul style="list-style-type: none"> Share data publicly 	Highly Feasible	Execution	Publishing workplace practices survey and town halls report Shared results with large corporates
<ul style="list-style-type: none"> Public Register changes – assessment data, identify risks 	Feasible	Not yet started	
<ul style="list-style-type: none"> Share data with corporates (assessments, AIMS) 	Possibly Feasible	Not yet started	Share aggregate level data

Highly feasible: within regulatory authority, know what to do, and within existing resources.

Feasible: within regulatory authority, know what to do, but require additional resources to move ahead.

Possibly feasible: within regulatory authority, but need more research on what to do, and may require additional resources, and if needed, external partners are willing

Minimally feasible: not within regulatory authority, but within our mandate, need more research into what to do and will require additional resources and support from external partners

Other: not within regulatory authority, questionable alignment with scope or mandate

Not Yet Started: No work has been undertaken yet.

Initiation: You're still in the process of defining what needs to be done to achieve the goal of this priority (e.g., research, scope, resources, role and responsibilities).

Planning: You're in the process of determining the steps to achieve the goals of the priority – the "how" of completing this priority.

Execution: You're in the process of executing the activities.

• Signage in pharmacies to show assessment outcomes - (e.g., colour coding like <i>Dine Safe</i> - could include signage in pharmacies)	Possibly Feasible	Not yet started	
• Partner / enable research to provide data that informs performance correlated to corporation (ODPRN – gets us access to ICES data)	Minimally Feasible	Not yet started	
LEGISLATION AND REGULATION CHANGES			
• Revise funding models	Minimally Feasible	Not yet started	Consider restricting waiving of dispensing fees
• Restrict lease agreements, franchise model agreements/provisions that impact/restrict professional autonomy	Minimally Feasible	Initiation	Research initiated - use of clinics and approaches to protect autonomy Consider use of fines for practices that restrict autonomy/create undue pressure for performance targets
• Change Pharmacy ownership requirements, Pre-54 Charters	Minimally Feasible	Initiation	Research initiated
• ESA requirements (research required)	Minimally Feasible	Not yet started	
• Set staffing requirements/ratios linked with professional services	Minimally Feasible	Initiation	Research initiated
ENGAGEMENT AND OUTREACH			
• Corporate pressures tipline/ hotline	Feasible	Planning/Execution	Short term resource identified; sustained resources required
• Social media monitoring/network engagement role	Highly Feasible	Execution	Short term resource identified; sustained resources required
• Develop mechanisms/resources to support/empower professionals	Possibly Feasible	Not yet started	Include review of OPHP terms/program, engage with existing Peer Groups

Highly feasible: within regulatory authority, know what to do, and within existing resources.

Feasible: within regulatory authority, know what to do, but require additional resources to move ahead.

Possibly feasible: within regulatory authority, but need more research on what to do, and may require additional resources, and if needed, external partners are willing

Minimally feasible: not within regulatory authority, but within our mandate, need more research into what to do and will require additional resources and support from external partners

Other: not within regulatory authority, questionable alignment with scope or mandate

Not Yet Started: No work has been undertaken yet.

Initiation: You're still in the process of defining what needs to be done to achieve the goal of this priority (e.g., research, scope, resources, role and responsibilities).

Planning: You're in the process of determining the steps to achieve the goals of the priority – the “how” of completing this priority.

Execution: You're in the process of executing the activities.

• Proactive media relations on emerging priorities	Highly Feasible	Execution	Sustained resources required
• Communications and engagement strategy	Highly Feasible	Planning/Execution	
Preferred Provider Network (PPNs) ¹			
• Create Position Statement	Highly Feasible	Execution	Prepared for July Board meeting
• Prohibit Closed PPNs – research conflict of interest provision, other approaches to restrict PPNs	Possibly Feasible	Initiation	Research initiated
• Collaborate with association of insurers to gain access to insurers/send communications	Possibly Feasible	Not yet started	
OTHER - not ranked yet			
• Revise Retail Sales Act (adjust percentage of floor space for non-pharmacy)			
• Rate your pharmacy/pharmacist			
• Request Ontario Drug Benefit audit			
• Prohibit / change pharmacy ability to sell non-health items			
• Advocacy associations to leverage issue on behalf of professionals working in corporations			
• Mandate membership with associations (e.g. OPA) to amplify bargaining power			

¹ For the purposes of this Briefing Note, the use of the term “closed PPNs” includes 1) non-public agreements between an insurance company, a health benefit provider and a service provider (pharmacy or group of pharmacies), 2) self-insurance models that limit employee/patient choice of pharmacy, 3) Pharmacy Benefit Managers (PBMs) that restrict pharmacy choice, or 4) any other model or benefit plan where the payer places limits on where an employee/patient can obtain their prescription medications.

Highly feasible: within regulatory authority, know what to do, and within existing resources.

Feasible: within regulatory authority, know what to do, but require additional resources to move ahead.

Possibly feasible: within regulatory authority, but need more research on what to do, and may require additional resources, and if needed, external partners are willing

Minimally feasible: not within regulatory authority, but within our mandate, need more research into what to do and will require additional resources and support from external partners

Other: not within regulatory authority, questionable alignment with scope or mandate

Not Yet Started: No work has been undertaken yet.

Initiation: You’re still in the process of defining what needs to be done to achieve the goal of this priority (e.g., research, scope, resources, role and responsibilities).

Planning: You’re in the process of determining the steps to achieve the goals of the priority – the “how” of completing this priority.

Execution: You’re in the process of executing the activities.

BOARD BRIEFING NOTE
MEETING DATE: July 8, 2024

FOR DECISION

From: Angela Bates, Director, Conduct and Shenda Tanchak, Registrar and CEO

Topic: Discipline Committee Review – Phase II

Issue/Description: Discipline Committee Recommendations

Public interest rationale: The effective and efficient operations of the OCP's statutory committees are necessary for the College to achieve its public protection mandate.

Strategic alignment, regulatory processes, and actions: The Discipline Committee considers allegations of professional misconduct and incompetence. Referrals of allegations to the Discipline Committee are serious by nature, as other concerns are dealt with through remedial outcomes. As such, the Discipline Committee's mandate is firmly aligned with the broader public protection mandate of the OCP.

Background: There have been a number of recent developments in the regulatory landscape, in particular relating to discipline tribunals, that make it prudent to examine the practices and processes of the OCP's Discipline Committee.

First, The Ministry of Health has implemented the College Performance Management Framework (CPMF), which obligates colleges to self-assess and report against the benchmarks set out in the CPMF. Domain 1 of the CPMF requires colleges to focus on good governance. Domain 6 deals with Suitability to Practice and includes benchmarks for Discipline Committee. Periodic audits of College Committees help ensure that the practices and processes of Committees are consistent with applicable regulatory requirements and governance policies and best practices, and demonstrate effectiveness and efficiency to support the Committees' mandates.

As well, tribunal best practices in the professional regulation context have evolved to include the incorporation of professional adjudicative expertise into tribunal work, and the need to ensure independence from the prosecutorial function.

The OCP undertook an external review of its Discipline Committee practices and processes in 2023, which identified possible areas for improvement:

- Relationship between the OCP and the Discipline Committee
- Constitution of Discipline Committee panels
- Pre-hearing and Case Management Conferences
- Management of complex proceedings
- Discipline Committee decisions and reasons
- Training of Discipline Committee members

In 2024, the OCP also undertook a detailed internal process review of the hearings area, which resulted in proposed improvements as well.

An analysis of these reviews has resulted in four proposed options for revision of the OCP's Discipline Committee.

Options:

- Option 1: Maintain Current Practices (with Modifications)
- Option 2: Enhanced Training of PHC Presiding Officers, DC Members and Panel Chairs
- Option 3: Appointment of 2 – 3 Independent Professional Adjudicators to DC
- Option 4: Participation in the Health Professions Discipline Tribunal (HPDT)

Recommendation: It is recommended that the OCP engage with the Health Professions Discipline Tribunal (Option 4) to provide adjudicative and administrative services to the Discipline Committee.

FOR DECISION

From: Thomas Custers, Director, Corporate Services

Topic: Revised 2024 Budget

Issue/Description: Increase 2024 Budget to execute Strategic Goal #1 and strengthen the College's strategic communications capacity

Public interest rationale: The College has been granted the authority to self-regulate the profession in the public interest. The objectives of the College are prescribed in legislation, and each year, priorities are set, and activities planned to meet those objectives. Fees are collected from the profession to fund those activities. The operating and capital budget is the financial reflection of the operating plan, setting out how the available funds are allocated to the various programs and services that ensure that the profession adheres to high standards aimed at serving and protecting the public interest.

Strategic alignment, regulatory processes, and actions: Ensuring that operations are adequately funded, supports the strategic and operating plan and all regulatory activity.

Background:

- The Board reviewed and approved the 2024 budget at its December 11, 2023, meeting.
- Recently identified emerging risks that may impact the delivery of patient-focused care or interfere in the decision-making autonomy of a pharmacy professional thereby negatively affecting their ability to deliver safe and effective care, resulted in several Board decisions at the March 2024 meeting. These included the Zero Tolerance position statement and the decision to undertake a series of steps in response to concerns expressed regarding Preferred Provide Networks (PPN).
- The resulting Board direction accelerated the need to undertake various activities, particularly related to the College's 2024-2028 Strategic Goals not foreseen in the 2024 plan. This has created pressures as the College had identified other priorities for 2024 that cannot be put on hold.
- Furthermore, the emerging risks also revealed the need to strengthen the College's strategic communications capacity:
 - To proactively monitor and engage within social media/forums, strengthen media relations and discussions with partners, and purposefully engage registrants.
 - To adequately, consistently, and more efficiently mine data to inform decision-making and timelier, relevant strategies.

Analysis:

Additional Investments:

- To effectively address the emerging priorities and to strengthen the College's strategic communications capacity, the College anticipates the following additional investments for 2024:

- Three additional permanent Communications staff to spearhead public outreach, coordinate and manage heightened activities.
 - Temporary support to increase the College's investigative capabilities.
 - Temporary additional external legal counsel and support.
 - Temporary consultancy/research support to help accelerate the activities related to the College's 2024-2028 Strategic Goal 1.
- Although the College has found some offsets for the additional investments by finding savings and reprioritization, additional investments for 2024 totaling \$267,967 are needed.

Recommendation:

The Board approves increasing the 2024 budget by **\$267,967** to enable pursuit of the execution of the Board's Zero-Tolerance position statement and build the structural capacity for a new regulatory approach, which will require ongoing investments beyond 2024.

If approved, the increase in the 2024 budget will come from the College's reserves.