OCP Strategic Plan *2024-2028*

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

- Accountability
- Fairness
- Collaboration
- Judiciousness
- Integrity
- Transparency

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.

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.

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

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

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

Person-focused: We will act with fairness and compassion towards all participating in our processes.

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

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.*

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.
2. The College effectively provides members of the public, registrants and other partners with clear, relevant, up-to-date information.
3. The College has the expertise and resources to address immediate demands caused by changes in the regulatory or practice environment.
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.

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.

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.

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.

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

Board of Directors Meeting Agenda

MONDAY December 9, 2024
9:30 AM – 5:00 PM
MEETING LINK

1. **Welcome and Land Acknowledgement**
   A Land Acknowledgement will be offered.

2. **Approval of Agenda**
   The Board will be asked to approve the agenda for the December 9-10 Board Meeting.

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

4. **Minutes of Board Meetings – For Decision**
   The Board will consider the minutes of the August 6, September 5, September 12, September 15-16 and November 6th meetings for revision or approval.

5. **Chair's Report – For Information**
   The Chair, Doug Brown, will report on activities, decisions, and initiatives undertaken on behalf of the Ontario College of Pharmacists.

6. **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.

   6.1 Registrar's Update September - December 2024
   6.2 College Performance Dashboard – Key performance results for Q3
   6.3 Risk Management Report – Update on key risks and mitigation activities
   6.4 Financial Report Q3 Results

7. **By-Law Consultation – For Decision**
   Susan James will present the feedback from the 60-day public consultation of proposed By-Law No. 7 by-law consultations for Board consideration.

BREAK

8. **Regulatory Exemption for Pharmacy under the Veterinary Professionals – For Decision**
   College staff are seeking direction from the Board of Directors regarding the potential development of a policy on expectations for pharmacy professionals engaging in the practice of veterinary pharmacy.

9. **Strategic Plan (2024-2028) and 2025 Operational Plan - Updated – For Decision**
   Thomas Custers will provide an update on OCP activities around each Strategic Goal and ask the board to approve the Strategic Plan Priorities for 2025.

LUNCH

10. **College Performance Dashboard Measures for 2025 – For Decision**
    Thomas Custers will ask the Board to approve the 2025 Performance Dashboard Measures.

11. ***In Camera***
    Motion to go in camera pursuant to Health Professions Procedural Code s 7 (2)(b)
    financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public.

12. **2025 Operating and Capital Budget – For Decision**
    Finance and Audit Committee Chair, Wilf Steer, along with Thomas Custers will ask the board to approve the proposed 2025 budget.

13. **Remuneration Policy and Summary of Allowable Expenses – For Decision**
    Finance and Audit Committee Chair, Wilf Steer, will ask the Board to review and approve housekeeping amendments primarily to align with changes in processing procedures for remuneration claims.

BREAK

14. ***In Camera***
    Motion to go in camera pursuant to Health Professions Procedural Code s 7 (2)(e)
    instructions will be given to or opinions received from the solicitors for the College.

15. **Regulatory Options for Preferred Provider Networks – For Decision**
    Acting Registrar, Susan James will present an Evidence Brief on risk of harm to patients and an analysis of regulatory options for consideration by the Board.

16. **Revised Practice Policy - Human Rights – For Decision**
    Manager of Equity and Strategic Policy, Delia Sinclair Frigault will present a revised Human Rights Policy for Board consideration.

ADJOURNMENT

Board of Directors Meeting Agenda

TUESDAY December 10, 2024

9:30 AM – 5:00 PM

MEETING LINK

17. **Promoting Safe and Effective Implementation of Expanded Scope of Practice – For Information**
    Manager of Equity and Strategic Policy, Delia Sinclair Frigault and Senior Strategic Policy Advisor Jennifer Leung will present options and lead a discussion with the Board for consideration of safeguards to support safe implementation of minor ailment prescribing and other expansions of scope.

BREAK

18. ***In Camera***
    Motion to go in camera pursuant to Health Professions Procedural Code, subsections 7(2)(b) *financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public*

19. **Governance Review Scope – For Decision**
    The Board will be asked to approve the scope of the Request for Proposal for the Governance Review.

LUNCH

20. **Policy Refresh and Projected Practice Policy Reviews - For Information**
    Manager of Equity and Strategic Policy, Delia Sinclair Frigault will present the results of a comprehensive review of existing OCP practice policies and a proposal for bringing all policies up to date.

21. **Practice Assessment for Competence at Entry for Pharmacy Technicians – For Information**
    Greg Purchase, Manager of Registration will provide the Board with a presentation on the implementation of PACE for Pharmacy Technicians.

22. ***In Camera***
    Motion to go in camera pursuant to Health Professions Procedural Code, subsections 7(2)(d) personnel matters or property acquisitions will be discussed.

ADJOURNMENT

Ontario College of Pharmacists

Putting patients first since 1871

MINUTES OF A
BOARD OF DIRECTORS MEETING
HELD VIRTUALLY
AUGUST 6, 2024
6:00 P.M. TO 9:00 P.M.

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

Regrets
Dan Stapleton

1. **Land Acknowledgement**
   The meeting was opened with a land acknowledgement.

2. **Declaration of Conflict**
   The Chair called for declarations of conflict of interest.

3. ***In Camera***

   Pursuant to Health Professions Procedural Code s7 (2)(d)

   The Board met to discuss a personnel matter.

Adjournment

There being no further business, the meeting was adjourned.

MINUTES OF A
BOARD OF DIRECTORS MEETING
HELD VIA MS TEAMS
SEPTEMBER 5, 2024
9:00 A.M. TO 12:00 P.M.

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

Regrets
Alain Stintzi

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

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

The meeting was called to order at 9:31 a.m. The Chair, James Morrison, welcomed all Board Directors, staff and observers.

1. Land Acknowledgement
Doug Brown opened the meeting with a land acknowledgement.

As the subject of the new motion, James Morrison asked Sara Ingram to Chair the new motion and left the meeting.

Motion THAT: the following motion be added to the agenda for discussion following Agenda Item 2.

Motion THAT: James Morrison be removed from the position of Chair of the Board, effective immediately, due to violations of the Board's Code of Conduct under Policy 3.7 and failure to adhere to good governance practices as outlined.

Moved by: Jennifer Antunes
Seconded by: Siva Sivapalan
Carried.

2. Declaration of Conflicts of Interest

James Morrison Declared a conflict with the Deliberations to Remove the Chair

Lisa Dolovich declared a relationship with some Board Directors who have affiliations with the University of Toronto and indicated an intention to remove herself from any discussion she felt created a conflict of interest.

2b. Removal of the Board Chair

The Board considered the member's motion to remove the Chair.

Motion THAT: James Morrison be removed from the position of Chair of the Board, effective immediately, due to violations of the Board's Code of Conduct under Policy 3.7 and failure to adhere to good governance practices as outlined.

Moved by: Jennifer Antunes
Seconded by: Siva Sivapalan
Deferred

Motion THAT: Pursuant to the Health Professional Procedure Code HPPC s 7(2)(e), the Board move in camera.

Moved by: Siva Sivapalan
Seconded by: Jennifer Antunes

3. Adjournment

Having determined that the meeting time had been exhausted, the Vice-Chair adjourned the meeting at 12:15pm. The Board Directors will be canvassed to find time for another meeting.

Vera Patterson
Governance Coordinator

James Morrison
Board Chair

MINUTES OF A
BOARD OF DIRECTORS MEETING
HELD VIA MS TEAMS
SEPTEMBER 12, 2024
1:00 P.M. TO 4:00 P.M.

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

Regrets
Alain Stintzi
Nadirah Nazeer

Guest
Esi Codjoe, Turnpenny Milne, Independent Legal Counsel
Erica Richler, Steinecke Maciura LeBlanc

Management
Susan James, Acting Registrar and Director, Registration and Quality
Thomas Custers, COO & Director, Corporate Services
Angela Bates, Director, Conduct
Christian Guerette, General Counsel and Chief Privacy Officer
Todd Leach, Director, Communications
Katya Masnyk, Director, Policy, Engagement and Strategy Implementation
Greg Purchase, Manager, Registration

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

The meeting was called to order at 1:00 p.m. The Chair, James Morrison, welcomed all Board Directors, staff and observers.

1. Land Acknowledgement

Lisa Dolovich opened the meeting with a land acknowledgement.

2. Declaration of Conflicts of Interest

James Morrison Declared a conflict with the item continued from the previous agenda "Removal of the Chair".

Sara Ingram declared a conflict with Item 4 – if it is a decision item indicating she would stay in the meeting to hear a procedural report.

3. Board Chair Removal

Jennifer Antunes withdrew her motion to have James Morrison removed from the position of Chair of the Board. This was seconded by Siva Sivapalan and the motion was duly withdrawn.

4. Update from Interim Governance Chair

This item was a private member's motion brought to the July 8th Board meeting and carried over to today's agenda.

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

Moved by: Siva Sivapalan
Seconded by: Doug Brown
Carried

During debate Sara Ingram and Siva Sivapalan both raised concerns around the process used to decide their conflicts of interest. The Board attempted to come to an agreement on what discussion was appropriate for the Board to engage in. Esi Codjoe offered to provide legal advice, and the Board deferred this matter until their return from in camera.

Motion THAT: Pursuant to Health Profession Procedural Code 7(2)(e) the Board go in camera.

Moved by: Siva Sivapalan
Seconded by: Devinder Walia
Carried

The Board went in camera at 2:05 pm and returned to the public meeting at 3:00 pm.

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

Carried

Interim Governance Committee Chair, Ravil Veli, along with Erica Richler of Steinecke Maciura LeBlanc provided a brief update on the alleged conflict of Sara Ingram. This update was followed by discussion about the possibility of procedural unfairness to Sara as well as procedural unfairness to Siva Sivapalan with regards to his conflict-of-interest investigation.

Board Directors explored the possibility that the difference in procedure was racially motivated.

5. Governance Review Proposal

With little meeting time left, a motion was introduced to defer the Governance Review Proposal to the next Board Meeting agenda.

MOTION: THAT the Governance Review Proposal be deferred to the September 15-16 Board agenda and the meeting be adjourned.

Moved by: Sara Ingram
Seconded by: Stephen Molnar
Carried

The meeting was adjourned at 4:00pm.

Vera Patterson
Governance Coordinator

James Morrison
Board Chair

MINUTES OF A
BOARD OF DIRECTORS MEETING
HELD IN TORONTO, ONTARIO
SEPTEMBER 15-16, 2024
9:00 A.M. TO 5:00 P.M.

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

Regrets:
Alain Stintzi

Management
Susan James, Acting Registrar and Director, Registration and Quality
Thomas Custers, Acting CEO & Director, Corporate Services
Angela Bates, Director, Conduct
Christian Guerette, General Counsel and Chief Privacy Officer
Todd Leach, Director, Communications
Katya Masnyk, Director, Policy, Engagement and Strategy Implementation

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

The meeting was called to order at 9:00 a.m. The Chair, James Morrison, welcomed all Board Directors, staff and observers.

1. Land Acknowledgement

Andrea Fernandes opened the meeting with a land acknowledgement.

2. Appointment of New Directors

The Board Chair congratulated Siva Sivapalan and Wilf Steer on their re-election to the Board of Directors and welcomed Simon Boulis who has been elected to serve his first term. Lisa Dolovich, Andrea Edgington and Alain Stintzi were recognized as the current Deans of Faculties of Pharmacy from across the province.

Motion: THAT The Board approves the appointment of Simon Boulis, Lisa Dolovich, Andrea Edginton, Siva Sivapalan, Wilfred Steer and Alain Stintzi to the Board of Directors.

Move by: Jennifer Antunes
Seconded by: Elnora Magboo
Carried

3. Declaration of Conflicts of Interest

Sara Ingram declared a conflict with the election of Board Chair for the 2024-2025 Board year and designated Ravil Veli to represent the Governance Committee for this portion of the election process.

4. Minutes of the July 8 and August 9 Board Meetings

The Board considered the minutes of previous meetings and moved to adopt them.

Motion: THAT The Board approves the minutes of the July 8th and August 9th meetings as presented.

Moved by: Lisa Dolovich
Seconded by: Doug Brown
Carried

5. Governance Review Proposal

Sara Ingram Chaired the meeting while James Morrison introduced his briefing note detailing the benefits of engaging in a Governance Review.

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

Moved by: James Morrison

Seconded by: Lisa Dolovich
Carried

6. Chair's Report

Board Chair, James Morrison, provided a report on activities undertaken on behalf of the College between July and September 2024.

7. Registrar's Report

The Acting Registrar, Susan James, provided a report which included an update on expansion of scope and preferred provider network consultations.

8. 2024-2025 Executive Committee Elections

Connie Beck, Doug Brown, and Sara Ingram expressed interest in running for the Board Chair vacancy. Pursuant to Article 12 of OCP by-laws, each was given 5 minutes to briefly address the Board.

Following speeches the Board cast electronic votes.

Motion: THAT The Board approves the appointment of Doug Brown as Chair of the Ontario College of Pharmacists Board of Directors for the 2024 - 2025 Board year.

Moved by: Connie Beck
Seconded by: Devinder Walia
Carried

Connie Beck, Jennifer Antunes ran for the position of Vice-Chair of the Board and were given an opportunity to briefly address the Board. Following speeches the Board cast electronic votes.

**JP Eskander withdrew his application to be considered for the Board Vice-Chair position.*

Motion: THAT The Board approves the appointment of Connie Beck as Vice-Chair of the Ontario College of Pharmacists Board of Directors for the 2024 - 2025 Board year.

Moved by: Devinder Walia
Seconded by: Cindy Wagg
Carried

Public Directors: Adrienne Katz, Nadirah Nazeer, Cindy Wagg and Shari Wilson expressed interest in serving on the Executive Committee and were provided with an opportunity to address the Board.

All candidates wanting to serve on the Executive Committee who had not yet been elected were given an opportunity to vie for the remaining position.

Motion: THAT the Board appoint JP Eskander, Adrienne Katz and Siva Sivapalan to the Ontario College of Pharmacists Executive Committee for the 2024 – 2025 Board year.

Moved by: Lisa Dolovich
Seconded by: Doug Brown
Carried

Acting Registrar, Susan James presented outgoing Board Chair James Morrison with an engraved gavel to commemorate his time with the Ontario College of Pharmacists.

In his acceptance speech, James announced that effective end of day September 16the he would be resigning from the Ontario College of Pharmacists Board of Directors.

The chair position was surrendered to incoming Chair Doug Brown.

9. In Camera – Health Professional Procedural Code s 7 (2)(e)

Motion: THAT pursuant to the Health Professional Procedural Code s 7 (2)(e) the board pause the public portion of the meeting and move *in camera.*

Moved by: Randy Baker
Seconded by: James Morrison
Carried

10. Accreditation Committee Composition By-Law Change

The Board discussed amending the by-law governing the Composition of the Accreditation Committee to replace Public Directors with lay committee members. Other recommendations to mitigate the challenges staff was experiencing in convening meetings including use of a different scheduling methodology and/or software.

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

Moved by: Randy Baker
Seconded by: James Morrison
Defeated

11. Registration Related Resolutions for Ontario Regulation 256/24

Changes to Ontario Regulations necessitate the College to respond by rescinding current registration related resolutions and replace them with resolutions in alignment with the new Ontario regulation.

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

Moved by: Jennifer Antunes
Seconded by: Siva Sivapalan
Carried

12. Registration Related Resolutions for Ontario Regulation 256/24

Changes to Ontario Regulations necessitate the College to respond by tabling a motion to approve a new Supervision of Pharmacy Personnel Policy to align with the registration and quality assurance changes in the Ontario Regulation.

Motion: THAT the Board approves the Supervision of Pharmacy Personnel Policy, as presented.

Moved by: JP Eskander
Seconded by: Lisa Dolovich
Carried

13. 2024-2025 Committee Slate - For Decision

In accordance with OCP by-law 9.24.2, the Governance Committee proposed a comprehensive slate of committee appointees to serve in the various Ontario College of Pharmacists standing and statutory committees.

Motion: THAT The Board approves the slate of candidates presented by the Governance Committee to serve on the College Committees for a term that expires at the first regular meeting of the Board following the next regular election.

Moved by: Stephen Molnar
Seconded by: Jennifer Antunes
Carried.

In response to James Morrison's resignation from the Board, effective 5:00pm September 16th, the Board examined the various options provided by OCP by-laws with regards to this new vacancy.

Motion THAT: the Board declares the eligible registrant with the next highest number of votes in August 2024 be acclaimed to the vacant position.

Moved by: Stephen Molnar
Seconded by: Cindy Wagg
Carried

The Chair Adjourned the meeting for the day. Items 15 and 16 were deferred to September 15th.

16. Committee Reports – For Information

The College's 12 committee Chairs and resource staff presented their annual reports detailing their accomplishments and challenges over the past 12 months.

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

Motion: THAT pursuant to the Health Professional Procedural Code s 7 (2)(d) the Board pause the public portion of the meeting and move *in camera.*

Moved by: Jennifer Antunes
Seconded by: Devinder Walia
Carried.

18. By-Law Changes – For Decision

Motion: THAT the Board approves the circulation of College By-Law No 7 for public consultation.

Moved by: Jennifer Antunes
Seconded by: Siva Sivapalan
Carried.

While Board Chair Doug Brown presented items 19, 14 and 15 for the Board's consideration, Board Vice-Chair Connie Beck acted as Chair.

19. 2025 Operational Plan – For Decision

Siva Sivapalan recused himself from this discussion

Motion: THAT pursuant to the Health Professional Procedural Code s 7 (2)(b) the Board pause the public portion of the meeting and move *in camera.*

Moved by: Cindy Wagg
Seconded by: Devinder Walia
Carried.

Following the *in camera* discussion, the Board debated the financial capacity of the College to pursue the 2025 Operational Plan priorities. Some members felt that pursuing all of the priorities would create a deficit which they felt was not desirable. Other members voiced that a short-term deficit followed by a surplus was palatable.

Across the Board, the consensus was that additional financial information was required – including the cost of the new commitment to engage in a Governance Review - but that approving the 2025 Operational Plan in principle was appropriate.

Motion: THAT the Board approves the priorities and direction for the 2025 Operational Plan.

Moved by: JP Eskander
Seconded by: Andrea Fernandes

Carried

14. Changes to the Investment Policy

The Chair of the Finance and Audit Committee asked the Board to consider amending the current investment Policy to allow for diversification of guaranteed investment certificates (GICs) and to ensure conflicts of interest with investments were avoided by setting a percentage threshold for directly held investments in relation to the entire investment portfolio.

Motion: THAT the Board approves the recommendations of the Finance and Audit Committee to update the Investment Policy Statement and Procedure of Reserve Funds which supports Board Policy 4.12 - Investments:

To remove clause 2.3 and insert the amendment proposed above regarding guaranteed investment certificates (GICs).

To include a conflict-of-interest clause that the College may hold direct investments in companies with pharmacy operations, provided these operations are not part of the company's 'core' business and that the total investment in such companies does not exceed 5% of the entire investment portfolio.

Moved by: Jennifer Antunes
Seconded by: Wilf Steer
Carried

15. Appointment of the Auditor for 2024 – For Decision

The Board discussed the annual appointment of an auditor.

Motion: THAT the Board appoint Tinkham LLP Chartered Professional Accountants as auditor for 2024.

Moved by: Cindy Wagg
Seconded by: Devinder Walia
Carried

20. Adjournment

Having reached the end of the agenda, the meeting was adjourned.

Vera Patterson
Governance Coordinator

Doug Brown
Board Chair

MINUTES OF A
BOARD OF DIRECTORS MEETING
HELD VIA MS TEAMS
NOVEMBER 6, 2024
8:30 A.M. TO 11:30 A.M.

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

Guest:
Anna Matas, partner, St. Lawrence Barristers

Regrets
Andrea Edginton
Shari Wilson

Management
Susan James, Acting Registrar and Director, Registration and Quality
Thomas Custers, Acting CEO & Director, Corporate Services
Angela Bates, Director, Conduct
Christian Guerette, General Counsel and Chief Privacy Officer
Katya Masnyk, Director, Policy, Engagement and Strategy Implementation

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

The meeting was called to order at 8:31 a.m. The Chair, Doug Brown, welcomed all Board Directors, staff and observers.

1. Land Acknowledgement

Nadirah Nazeer opened the meeting with a land acknowledgement.

Doug welcomed new Director Megan Peck, who was acclaimed to the Board in September to fill the vacancy created by James Morrison's resignation.

Megan thanked the Chair for his warm welcome and expressed her eagerness to serve and to learn from the current Directors.

Danny Paquette, who was appointed to the Ontario College of Pharmacists in October by the Public Appointments Office was also welcomed to the Board of Directors.

Danny thanked the Chair for is warm welcome and expressed looking forward to working with the board of directors.

2. Approval of the Agenda

The Chair proposed that the agenda be amended such that items Governance Review Committee – Terms of Reference and *in camera* take place in reverse order as Legal Counsel was not be able to stay for the entire meeting.

Motion: THAT the board approve the amended agenda of the November 6th, 2024 meeting.

Moved by: Jennifer Antunes
Seconded by: Davinder Walia
Carried.

3. Declaration of Conflicts of Interest

No Conflicts of interest were declared.

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

The Board moved in camera with legal counsel

Motion THAT: Pursuant to the Health Professional Procedure Code HPPC s 7(2)(d), the Board move in camera.

Moved by: Siva Sivapalan
Seconded by: Jennifer Antunes
Carried

5. Governance Review Committee – Terms of Reference – For Decision

The Governance Committee Chair asked the Board to consider the draft terms of reference for the Governance Review Committee.

Director JP Eskander proposed the title of Chair be amended so that there were two Co-chairs to the committee.

Vice-Chair Connie Beck requested that the committee's name be amended throughout the terms of reference to appear as the Governance Review Committee.

Motion: THAT the Board approve the Draft Terms of Reference for the Governance Review Committee as presented.

Moved by: Devinder Walia
Seconded by: Wilfred Steer.
Carried.

Following the approval of the Terms of Reference, Director Sara Ingram resigned from the Governance Review Committee.

6. Adjournment
Having reached the end of the agenda, the meeting was adjourned.

Vera Patterson	**Doug Brown**
Governance Coordinator	**Board Chair**

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BOARD BRIEFING NOTE

MEETING DATE: December 9-10, 2024

FOR INFORMATION

From: Doug Brown, OCP Board Chair

Topic: Chair's Report

Background: In addition to regular bi-weekly meetings and phone calls with the Acting Registrar and the bi-weekly check-ins with the Ministry of Health, listed below are the meetings I attended on behalf of the College during the reporting period.

College and Other External Partner Meetings:

- Executive Committee Meeting – September 19
- Executive Committee Meeting – September 24
- Discipline Hearing (Uncontested) – September 27
- Finance and Audit Committee Meeting – September 30
- Executive Committee Meeting – October 2
- Governance Committee Meeting – October 9
- Executive Committee Meeting – October 15
- Governance Committee Meeting – October 16
- New Board Director Orientation – October 17
- Board and Committee Orientation for Danny Paquette – October 21
- Governance Committee Meeting – October 23
- Finance and Audit Committee Meeting – October 28
- Executive Committee Meeting – October 30
- Executive Committee Meeting – November 4
- Special Board of Directors Meeting – November 6
- Discipline Committee Meeting– November 7
- Lunch and Learn - Board Performance Measures – November 12
- New Board Director Orientation for Jamie Killingsworth– November 13
- Governance Committee Meeting – November 13
- Executive Committee Meeting – November 13
- Board Governance Workshop – November 15
- Discipline Motion (Contested) – November 18
- Executive Committee Meeting – November 25
- Finance and Audit Committee Meeting – November 25
- Executive Committee Meeting – December 1

September Board Meeting Evaluation

Attached is the September 2024 Board Meeting Evaluation report (Attachment 5.1).

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

The Chair would like to welcome our newest directors, Megan Peck, Danny Paquette and Jamie Killingsworth to their first scheduled Board meeting of the year. Megan, an elected director, and Danny and Jamie, publicly appointed directors, bring unique and important skill sets to our Board which will help us fulfill our public interest mandate. We look forward to their important contribution to our work.

On October 21st the College had its very first in-person Board and Committee Orientation Day. Approximately 20 directors, 7 lay committee appointees and 62 professional committee appointees met together and spent the day learning about topics supporting their work on the Board and in various committees. In many cases, this is the only opportunity that directors and committee members can interact face-to-face and get to know one another, sharing their experience in working with the College. Feedback on the day was very positive.

The College held a highly successful Governance Workshop for Board Directors on November 15th that provided valuable guidance with our fiduciary duties, expectations of directors and procedural guidelines for effective meetings to assist us with our work. The level of engagement of the directors was impressive, and our presenter was able to address many of the governance issues that were of interest to the Board. This was one of several elements we are utilizing to achieve our goal for a fulsome governance review for our organization.

Registrant Records System (RRS)

At its October 2nd meeting, the Executive Committee approved an additional expenditure of $300,000, with a $75,000 contingency, to finalize the implementation of the College's Registrant Records System. This approval is conditional on a satisfactory meeting with a KPMG representative.

The Finance and Audit Committee (FAC) introduced this motion after holding a special meeting on September 30th. Given the urgency of the situation, FAC approved a second motion requesting that the Executive Committee consider its recommendation to approve the additional expenditure and contingency, provided there is a satisfactory meeting with a representative from KPMG.

The meeting between FAC and the representative from KPMG took place on October 28th.

Board Director Committee Activities (Sept 16-Dec 6)

The following chart below provides an overview of the committee activities which the Board Directors participated in since the September 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 Governance	Oct 24, 25 Oct 9, 16, 23, Nov 13, Dec 5
Connie Beck	Discipline Executive *Observed Finance and Audit *Observed Governance Review Committee	Sept 23, 24, Nov 1, Nov 7, Dec 4 Sept 19, 24, Oct 2, 15, 30, Nov 4, 13, 25, Dec 1 Oct 28 Nov 29, Dec 4
Simon Boulis	Discipline Finance and Audit *Observed Governance	Nov 4, Nov 5, Nov 7 Oct 28, Nov 25 Oct 9

Doug Brown	Discipline Executive *Observed Finance and Audit *Observed Governance	Sept 27, Nov 7, Nov 18 Sept 19, 24, Oct 2, 15, 30, Nov 4, 13, 25, Dec 1 Sept 30, Oct 28, Nov 25 Oct 9, 16, 23, Nov 13,
Andrea Fernandes	Discipline Finance and Audit Governance	Nov 4, Nov 7 Sept 30, Oct 28, Nov 25 Oct 9, 16, 23, Nov 13, Dec 5
Sara Ingram	Discipline	Sept 17, Oct 17, Oct 29, Nov 7, Nov 13, Nov 27
Megan Peck	Discipline Finance and Audit Governance Review Committee	Nov 4, Nov 5, Nov 7, Dec 5 Nov 25 Nov 29, Dec 4
Siva Sivapalan	Discipline Executive Governance	Nov 7 Sept 19, 24, Oct 2, 15, 30, Nov 4, 13, 25, Dec 1 Oct 9, 16, 23, Nov 13, Dec 5
Wilf Steer	Discipline Finance and Audit	 Sept 30, Oct 28, Nov 25
JP Eskander	Accred/DPP Executive Finance and Audit ICRC	Dec 5 Sept 19, 24, Oct 2, 15, 30, Nov 4, 13, 25, Dec 1 Sept 30, Oct 28, Nov 25 Nov 22, 27
Adrienne Katz	Discipline Executive ICRC Governance Review Committee	Sept 27, Nov 4, Nov 7 Sept 19, 24, Oct 2, 15, 30, Nov 4, 13, 25, Dec 1 Nov 27, Dec 4 Nov 29, Dec 4
James Killingsworth *Appointed Oct 17	Discipline ICRC *Observed Governance Review Committee	 Nov 27 Nov 29, Dec 4
Elnora Magboo	Accred/DPP ICRC	Oct 3, Nov 12, Dec 5 Nov 21, 27
Stephen Molnar	Discipline Governance ICRC Governance Review Committee	Nov 4, Nov 5, Nov 7 Oct 9, 16, 23, Nov 13, Dec 5 Nov 26, 27 Nov 29, Dec 4
Nadirah Nazeer	Discipline Fitness to Practise ICRC Quality Assurance	Nov 4, Nov 7 Nov 5, Nov 27
Danny Paquette	Discipline ICRC Registration	Nov 4, Nov 5, Nov 7, Dec 4, Dec 5 Nov 22, 27 Nov 19, 29

Cindy Wagg	Discipline Finance and Audit ICRC Quality Assurance	Oct 24, 25, Nov 7, Dec 4 Sept 30, Oct 28, Nov 25 Oct 17, Nov 27 Sept 17, Oct 17, Nov 28
Devinder Walia	Discipline ICRC Registration	Sept 23, 24, Oct 24, 25, Nov 1, Nov 7, Dec 5 Oct 10, 31, Nov 6, 14, 27, Dec 3 Sept 27, Oct 30, Nov 4, 19, 29
Shari Wilson *Term expires Dec 7	Discipline Finance and Audit Fitness to Practise ICRC Governance Review Committee	Sept 27, Nov 7 Sept 30, Oct 28, Nov 25 Oct 29, Nov 27 Nov 29, Dec 4
Andrea Edginton	Registration	Nov 19
Lisa Dolovich	Registration	Nov 19
Alain Stintzi	Registration	Nov 19

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BOARD BRIEFING NOTE

MEETING DATE: December 9-10,2024

FOR INFORMATION

From: Susan James, Acting Registrar

Topic: September 2024 Board Meeting Evaluation

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

Results:
Overall, the meeting was productive despite a few challenges that were brought forward. The meeting was successful in terms of completing the agenda items and ensuring the fiduciary duties in the public interest were achieved. The following summary highlights responses that reinforce current practices or identify opportunities for improvement.

Board Meeting

Adequacy of Background Information
Thirteen Board members were confident the reports included in the Board package provided adequate background information for each agenda item. While two felt background information was lacking.

Proposed action: *None*

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

- "It seemed that everyone was able to voice their opinion, even if view points were different. That was nice to be part of again."
- "It was a much more positive experience than other recent meetings. Note - there were no Notices of Motion and the fact that the sessions were in person may also lead to a more respectful environment."
- "Just for one public board member that left abruptly after making unfounded accusations in public. Such behavior can undermine public trust in the board's integrity and its ability to govern effectively. Publicly aired conflicts can signal deeper issues with the board's ability to work together for the publics benefit. It's crucial for board members to maintain professionalism and address conflicts privately to preserve public confidence."

Proposed action: *None*

Was the Chair effective in allowing all views to be heard while bringing the matter to a decision?
All 15 Board members reported that the Chair was effective in managing the meeting. Two Directors felt this topic worthy of comment including:

- "The chair was very respectful and actually encouraging of everyone's views at the table. I appreciated this. I really felt Doug wasn't attempting to be overly efficient in getting through matters (even though finished on time) which I found to be very respectful"
- "James was inclusive as always and Doug demonstrated leadership when he assumed the Chair. Any subsequent comments will reflect the transition into the new Governance leadership team (post elections)"

Proposed action: *None*

The time spent on each agenda item was appropriate

Fourteen Board members felt the appropriate time was spent on each agenda item. One member commented that:

> "No disagreements … perhaps excess time was spent on individual items, however at the end of the top day meeting, all items were covered effectively and the meeting ended early."

Proposed action: *None*

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

All responding Board members felt the decisions that the Board made were consistent with the College's mandate to put the public interest first.

- "I felt so, although I felt certain comments and information items (in committee reports) were editorialized in order to convey opinions that were more about personal feelings and agendas not necessarily related to the public interest mandate. Just my view."
- "For the first time in many months, there were a few decisions made consistent with the public interest."
- "It was the first board meeting in quite awhile where I felt that some of the College's work, directed at ensuring protection of the public, was addressed and discussed."

Proposed action: *None*

My peer participants actively participated in the discussion

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

BOARD BRIEFING NOTE

MEETING DATE: December 9-10, 2024

FOR INFORMATION

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

Topic: Registrar's Update, September 17 to December 6, 2024

REGULATORY ACTIVITY

Regulations Update

We have attached the table summarizing the status of OCP's outstanding and recently approved regulation amendments (Attachment 6.1a). We do not have any outstanding regulations at this time.

External Consultations

- *NAPRA submission to Health Canada on their notice of intent to modernize the CDSA for practitioners, December 1, 2024*. Feedback was provided that there should be no restrictions in the federal requirements for the pharmacist as a practitioner as this would enable each province or territory to determine permitted activities within their jurisdiction. OCP will be included in the NAPRA submission.
- *Health Canada consultation on draft good manufacturing practices guide for natural health products*. OCP staff reviewed this consultation and determined that it was not within the College's mandate and, therefore, a response has not been submitted.
- As previously shared with the Board, OCP staff submitted a response to the *Ministry of Health's recent consultation on advancing the pharmacy sector in Ontario*. The development of our submission was informed by previous Board discussion and decisions related to expansion of minor ailments and other scope of practice considerations, namely from the October 2023 letter sent to the Minister with the Board's recommendations and subsequent Board updates. We anticipate that the government may move forward quickly. This item is on the agenda for further Board discussion at the December meeting.
- Also shared with the Board previously was our response to *the Ministry of Finance's consultation on the impacts of pharmacy Preferred Provider Networks on Ontario's employer sponsored drug insurance sector*. The development of submission relied on the establishment of a zero-tolerance position earlier this year and was a broader response that focused on the concerns related to this issue that have been identified and discussed previously with the Board over the past year. This item is on the agenda for further Board discussion at the December meeting.

Leadership Changes in Pharmacy Regulatory Environment

The Alberta College of Pharmacy is welcoming a new Registrar, Bill Wilsey, who will assume his position on January 1, 2025 following the retirement of Greg Eberhart at the end of this year. Greg has been the Registrar since 1990, providing leadership within the pharmacy regulatory environment, provincially, nationally and internationally during his tenure. Bill is also a pharmacist with many years of hospital and community practice experience and has held multiple leadership positions within pharmacy in Alberta.

This fall, the Executive Director of the Ordre Des Pharmaciens Du Quebec. Manon Lambert, announced her retirement, effective June 2025 after serving 20 years in her role with the Ordre. Manon has also been a strong leader within the pharmacy regulatory environment in Canada, and within the broader healthcare system in Quebec.

The retirement of these two long standing members of the Board of Directors of the National Association of Pharmacy Regulatory Authorities (NAPRA) will bring a loss of historical background, expertise and leadership in the pharmacy regulatory environment, yet also enabling the introduction of new leaders with new perspectives and ideas.

Modernization of the Veterinarians Act in Ontario
College staff have met with representatives of the College of Veterinarians of Ontario (CVO) as the CVO develops draft regulations under the new *Veterinarians Act in Ontario* . The new Act received Royal Assent on June 6, 2024 and will come into force upon proclamation (other than those sections relating to transitional matters, which came into force upon Royal Assent). Regulations will include an exemption to *the Act* for pharmacists who dispense medications to animals. We anticipate that the CVO will release their draft regulations for broad consultation in the spring of 2025.

The CVO anticipates the exemption for pharmacists to include several conditions, such as requirements that pharmacists dispense in response to a prescription by a veterinarian and that medications that are dispensed be clearly labeled, "for veterinary purposes only." The CVO has also asked OCP to consider drafting a Standard of Practice related to the training required for those pharmacists who choose to dispense medications for animals. This matter will be discussed at the December 2024 Board meeting.

Regulation of Physician Assistants in Ontario
As previously reported, the College of Physicians and Surgeons of Ontario (CPSO) will begin registering Physician Assistants (PAs) as of January 6. 2025. All PAs in Ontario must be registered with CPSO by April 1, 2025 to continue practicing with the title of "physician assistant" in the province.

PAs are healthcare professionals who provide a broad range of medical services within healthcare teams under the supervision of a physician. However, PAs are not authorized to perform any controlled acts (such as prescribing) independently. As such, PAs will only be able to prescribe medications through medical directives or direct orders and with appropriate supervision by a physician. Prescriptions being reviewed by pharmacy professionals will continue to be under the name of a medical doctor, and not the PA. From April 1, 2025 onwards, should any questions arise in the course of pharmacy practice regarding a PA's identity or registration status, pharmacy professionals will be able to check the new PA register on CPSO's website, which will be separate from the register for physicians.

College of Pharmacists of British Columbia (CPBC)
The CPBC introduced a new poster "What You Can Expect from Your Pharmacy Visit" which must be displayed in all licensed pharmacies open to the public. As described on the CPBC website the poster outlines some of the responsibilities and duties of pharmacy teams, empowering clients to be active participants in their healthcare and understand what to expect from their pharmacy visits. The College has reported a positive response from the public and will be completing an evaluation of this initiative in the future.

SYSTEM PARTNER ENGAGEMENT: SEPT 16, 2024 TO DATE

Registrar's Activity

Health Professional Regulators of Ontario (HPRO)
The Registrars from all 26 health regulatory colleges in Ontario form the Board of HPRO, which brings regulators together to promote ongoing regulatory improvement that supports the public interest. College staff have maintained our involvement with HPRO, including attendance at the following meetings:

- Board Bi-Weekly meetings – September 17, October 1, 29
- Board Meeting with Allison Henry and Stephen Chang re - New Quarterly Data Reporting Requirements and More – October 15
- Board Meeting – October 28
- EDI Network Meetings – Biweekly on Fridays
- HPRO Citizen Advisory Group Quarterly Meeting, public engagement on expanded scope – Nov 2

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. The meetings keep us aware of events, trends, and changes in legislation and regulations that affect the practice of pharmacy across Canada.

The Acting Registrar and other staff representatives continue to attend NAPRA meetings, including these below since the last report:

- PRA Roundtable & Emerging Issues – September 24, October 22, 2024
- Cross-Jurisdictional Roundtable – October 1, 2024
- Sterile Compounding Information Sharing Group – October 24, 2024
- Board Meeting and in-depth Roundtable discussions– October 2, November 5-6, 2024
- Registration & Licensure Information Sharing Group – November 12, 2024
- Non-sterile Compounding Information Sharing Group – November 21, 2024
- NAPRA PRA working group meeting – National Drug Schedules Modernization Project Phase 1B - September 25, 2024

Other meetings involving the Registrar

- Ministry of Health – Touch Base Meetings with Health Workforce Regulatory Oversight Branch – September 16, 19, October 2, 16, 30, November 13
- Ontario Pharmacists Association Quarterly Meeting – October 8
- Canadian Council of Continuing Education for Pharmacy (CCCEP): Exploring the alignment of CCCEP's mandate and regulator needs - October 17, 2024
- Annual College discussion with the Office of the Fairness Commissioner – re- our annual Fair Registration Practices report – October 24, 2024

Other Staff / System Partner Activity

- Ontario Regulators for Access Consortium (ORAC) – September 25, 2024
    - Regular meeting to discuss common issues and themes amongst Ontario regulators mainly related to fair registration practices.
- University of Ottawa and OCP – October 1, 2024
    - Regular meeting to further introduce OCP to the University of Ottawa PharmD program and the use of OCP's OPPCAT during experiential learning.
- Engagement meeting with Ontario Hospital Pharmacy Directors' Forum – September 30, 2024. Discussion about barriers to scope of practice in hospital pharmacy and the implementation of PACE for pharmacy technician applicants.
- Discussion with Diana Miles, Ontario Law Society re: Governance Reviews - Sept 30
- Meeting with Ministry of Finance re: PPN consultation - Oct 1
- Discussion of risk-based assessment framework with College of Massage Therapists of Ontario - Oct 3
- Discussion re: corporate pressures with Royal College of Dental Surgeons of Ontario - Oct 4, Nov 12
- Cannabis Discussion with Dr. Régis Vaillancourt, Vice-President of pharmacy affairs, BCE Pharma, Guillaume Lefèvre, Senior Director, Government Affairs & Stakeholders Engagement, Sandoz Canada, and Sebastien Desormeau, Vice-President Operations, EXKA Inc. – Oct 8, 2024
- Ongoing Policy discussions with OPA - Oct 8, Nov 7, and Nov 21
- Counsel Public Affairs and OCP re: government consultations – Oct 8, 2024
- OPEN Summit – Oct 9-10, 2024
- CCAPP Accreditation Visit at Fleming College – October 16–17, 2024
- Accreditation Canada discussion of point of care testing - Oct 23, 2024
- Follow-up engagement meeting with Ontario Hospital Pharmacy Directors' Forum – October 28, 2024
    - Follow-up discussion about the implementation of PACE for pharmacy technician applicants in hospital settings.

- CCAPP Accreditation Visit at Georgian College – October 29–30, 2024
- CCAPP Accreditation Visit at Anderson College – November 19-20, 2024
- Engagement meeting with Huron Perth Healthcare Alliance – November 21, 2024
    - Follow-up discussion about the implementation of PACE for pharmacy technician applicants in hospital settings.
- Close out meetings for Compounding Advisory and Hospital Practice Advisory Groups – Nov 28
- Council on Licensure, Enforcement and Regulation (CLEAR) International Symposium – December 3-5, 2024
- Following Performance Measurement Process (PuMP) training over the last year, several OCP staff have proceeded to achieve PuMP certification.

OCP External Presentations

Date	Presentation Topic	Primary Audience	Requesting/Host Organization
18-Sep-24	AIMS	Univ. of Toronto Students	University of Toronto
19-Sep-24	Identifying and Responding to Risk	International regulators	CLEAR conference
05-Oct-24	Different Roles/Opportunities for Pharmacy Technicians	Hospital Pharmacy	Trillium Health Partners
07-Oct-24	Registration Requirements - IPGs	International Pharmacists	Employment Pathways in Canada
08-Oct-24	CCAPP and Q & A	Centennial Students	Centennial College
09-Oct-24	Role of OCP, Intro to Profession	U of T - IPG-CPS 1 Class	IPG Program
09-Oct-24	Health Human Resources - Impact of Practice Environment	Industry and system partners	OPEN Summit
30-Oct-24	Registration Requirements	Pharmacy Students	University of Ottawa
31-Oct-24	Registration Requirements - IPGs	International Pharmacists	Active Engagement & Integration Project (AEIP) of SUCCESS
06-Nov-24	Registration Requirements – IPG Students	International Pharmacists Applicants	University of Toronto
11-Nov-24	PACE, Priority Policy Issues	Hospital Pharmacy Leaders	CSHP Ontario Branch
19-Nov-24	Data Reports & Recommendations	Pharmacy Education Program Directors	University of Toronto
27-Nov-24	Data Reports & Recommendations	Pharmacy Education Program Directors	University of Toronto - IPG
27-Nov-24	Prevent & Navigate Complaints	Pharmacy Technician Students	St. Clair College
02-Dec-24	Data Reports & Recommendations	Pharmacy Education Program Directors	University of Waterloo
03-Dec-24	OCP / CCAPP Q&A	Conestoga First Year Students	Conestoga College
05-Dec-24	Data Reports & Recommendations	Pharmacy Education Program Directors	University of Ottawa

HORIZON SCAN

Pharmacy Examining Board of Canada (PEBC)

The PEBC Board update for November 2024 is included for information (Attachment 6.1b). Of note, the PEBC Board recently completed a governance review of their structures, procedures, and practices and are in the process of planning and implementing the recommendations of this review. The OCP appointee to the PEBC Board will be sitting on the committee tasked with overseeing the implementation of the recommendations.

Cannabis Act

The federal government has been undertaking legislation review of the Cannabis Act possibly signalling a policy shift. In the evolving landscape of medical cannabis there is an opportunity for pharmacists to prescribe, dispense and compound cannabis for medical purposes. The College has engaged with partners to monitor this emerging issue.

OPERATIONS

Progress update on Strategic Goal #1

In March 2024, following the establishment of our zero-tolerance statement on corporate pressures, College leadership committed to providing a progress update on our work related to Strategic Goal #1 at every Board meeting and that we would use this information to keep our system partners and registrants informed of our work on a routine basis. The Strategic Goal 1 Progress Update can be found as Attachment 6.1c to the Registrar's Report.

Registrant Records System (RRS)

The Executive Committee has approved a budget increase, providing the necessary resources to align with the revised project timeline. Consequently, the overall project status is now back on track. The vendor has completed 90% of the development work and is on schedule to finish all development by December 20, 2024. Following the development phase, the vendor will conduct two months of internal testing in early 2025. This will be succeeded by a six-week User Acceptance Testing (UAT) phase, during which subject matter experts and business users will verify that the system meets operational requirements. As the development phase wraps up, key responsibilities will transition from the vendor to the College's internal project team. The project team is currently monitoring several key risks, including:

Risks	Health Check	Comments
Budget	G	• With the approved budget increase and the near completion of the development phase, College staff do not foresee any further challenges.
Schedule	G	• Project is on track
Resources	Y	• Staff availability: A key risk to successful implementation is the impact on business resources, as staff must balance their involvement in User Acceptance Testing (UAT) and end-user training with other existing priorities. The project team will closely monitor this situation and keep the Executive Team informed to re-prioritize if necessary. • Data Migration: While there is adequate time in the project plan to complete data migration, any delays could negatively affect data quality at go-live and College operations. • Test Script Creation and Validation for UAT: Staffing challenges may delay the creation and validation of test scripts. This could result in insufficient test cases and potential system issues after go-live. • End-User Training Materials: There is not enough time after UAT to develop comprehensive user guides for end users. While the training materials will be sufficient to train staff for go-live, complete user guides will take longer to produce. As a consequence, staff may struggle to navigate the system and perform their tasks effectively after go-live. A continuous support model is being developed by the project team.

Change Management	Y	• New platform is not a rebuild of the current system, and different steps are required to complete a business process. This may result in staff frustration and impact staff using the system effectively, including correctly inputting the information, which may negatively impact College operations. This challenge is heightened by the teleworking environment and the adjustment to new ways of working. Informed by best practices and the experience of past IT initiatives at OCP, the project team is developing a change management and support plan.

Quality Assurance program update

The QA Committee continued with its focus on a risk-based, right-touch approach to administering the QA program, including using their full regulatory powers under the Pharmacy Act. It is important for registrants to understand their obligations to participate in the QA program, as a requirement to maintain their part A license. To that end, 37 pharmacists who were selected in early 2024, but who failed to participate or engage in the mandatory knowledge assessment (KA) exam (including failure to correspond with the College) were moved to part B of the register in September 2024. The QA Committee continues to work with these registrants to ensure they are competent to provide patient care and meet the requirements of the QA regulations, so that they can move back to part A of the register if they so choose.

Preparing registrants for practice assessments – leveraging new tools to promote efficiency

The QA practice advisor team, in collaboration with the professional development and remediation (PDR) team, created an online information module to educate and prepare community pharmacists for their routine practice assessment when they are selected. This module is interactive, short, and engaging and replaces the need for individual phone calls between each registrant and a practice advisor, while still ensuring registrants are adequately prepared for their practice assessments.

A small pilot with select community pharmacists was trialed early in 2024. Registrants reported that the module prepared them well for the practice assessment, that the information was timely and the platform was easy to navigate overall. Based on this early success, use of the module has rolled out to all community pharmacists. Early results and feedback indicate that use of this technology has reduced the administrative burden on practice advisors significantly, allowing them to focus more time on conducting practice assessments and engaging in other core work at the College.

Status Update regarding closure of Emergency Assignment Certificates

Since the College announced the closure of registration for Emergency Assignment Certificates, the College has continued to receive correspondence from numerous individuals and partners expressing concern, in particular the Pharmacist (Emergency Assignment) class, in which all certificates expired on November 10, 2024.

In response, the College continues to provide clarification to individuals about the purpose of emergency assignment registration and the policy for closing or opening this registration pathway. Information about how emergency assignment certificate holders can transition to another class of registration, including intern or pharmacist has been provided through several forums, including our usual communication platforms and our website. In addition, targeted communications were sent directly to emergency assignment certificate holders to support them in transitioning to another class of registration.

In an effort to minimize the impact of this closure, College staff worked to accelerate the delivery of Jurisprudence, Ethics, and Professionalism exam results for emergency class registrants who needed these results to complete their final registration requirement to move to another class, and expedited application processing for pharmacists holding emergency assignment certificate registration.

At the time the Board closed the pharmacist emergency assignment class (August 9, 2024), there were 422 Pharmacist (Emergency Assignment) certificate holders. All except 84 of these individuals have transitioned to another class of registration.

Communications audit themes and findings – CQI opportunities

Earlier in the year, the College undertook a third-party audit of our formal registrant-focused communications to see whether we were meeting our goal of effectively providing registrants with clear, timely and relevant information. Registrants were invited to participate in a series of focus groups and to complete a written survey to help us identify which communications channels are the most useful, what content is the most relevant and areas we could improve on and make more efficient.

Following the last update to the Board, we've summarized key findings, overall trends and themes, and respondents' preferences and we will be using this information starting in 2025 to make ongoing enhancements and improvements to ensure our registrant-focused communications remain effective, efficient and support our strategic goals and legislated responsibilities.

Website renewal – improving access, navigability and relevance for registrants and other audience

Based on direct and insightful feedback from registrants (the top users of the site), staff and other stakeholders, the College initiated a project to enhance the website experience for registrants and other users of the website while maintaining its relevance to members of the public. The focus of the website renewal project, supported by an external expert vendor with extensive experience in the regulatory space and in line with our strategic goals, is to improve access to information that audiences need and ensure that the information on our website is easy to search and find. Our intention is to reduce the number of clicks to get to important information and enhance the overall search and navigability of the site while strengthening the site's role as a primary communication resource and hub. The site is moving into the design phase, and testing is scheduled for mid/late Q1 2025.

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 Nov 26, 2024)

Act/Regulation	Primary purpose for the proposed amendment	Date of Submission to MOH	Current Status	Next Steps	Other Comments
Outstanding Submissions					
Pharmacy Act, General Regulation (202/94) Expanded Scope	Minister of Health sent a letter (March 10, 2023) requesting the College make recommendations regarding further minor ailments, including those that require additional scope recommendations	October 30, 2023 Board recommendations (approved at Sept Board meeting) were provided to the Minister.	Minister has completed a consultation on the proposed expanded scope amendments. College submitted consultation response on Oct 20, 2024	Awaiting government response/ direction following the consultation period.	At the December meeting the Board will explore options for potential safeguards related to the different activities being proposed.
Recently Approved					
Pharmacy Act, General regulation (202/94) - Registration and Quality Assurance sections	**Registration** – to add a pharmacy technician intern class and eliminate the student pharmacist class and language revisions to reflect modernization of regulatory approach. **Quality Assurance** – to include pharmacy technicians and	February 2018	Approved June 2024	Effective as of Oct 1, 2024	Board approved the updated Supervision of Pharmacy Personnel policy at the September meeting. Policy has been in effect since Oct 1.

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

	Regulation (202/94).			*General Regulation* (202/94). - 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 1st, 2023	The OCP submission used lists of drugs for identification of prescribing authority parameters. This was a change from the previous approach which referred to categories of drugs identified by an American entity (the AHFS clinical drug information). The change was a result of

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

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

N E W S
L E T T E R
PEBC UPDATE

1963-2023
Celebrating 60 years
Célébrons les 60 ans

2024 Mid-Year Board Meeting Summary

The Pharmacy Examining Board of Canada held its Mid-Year Board Meeting on October 18-19, 2024 in Toronto. Three standing committees met via web conferencing or in-person prior to this meeting. The following are highlights of topics 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.

2024-2025 Executive Committee

Officers

President – Harriet Davies
Vice-President – Gabriella Wong
Past-President – Dr. Terri Schindel

Executive Members

Dale Cooney
Taggarty Norris

Committee on Examinations

The Committee on Examinations (COE) met in June and September prior to the Mid-Year Board Meeting. The COE made recommendations to the Executive Committee and Board that were approved, and the COE was provided with several updates on projects in progress:

Pharmacist Evaluating Examination Blueprint

PEBC recently reviewed the blueprint of the Pharmacist Evaluating Examination (EE). The EE is designed to assess the foundational knowledge and practice skills of candidates to determine if it is comparable to a graduate from of a Canadian-accredited program (previously a Bachelor of Pharmacy, more recently the Doctor of Pharmacy degree).

In preparation to update the blueprint, a review of the curricula of all English-language Canadian pharmacy programs was completed to determine how they compared to the current EE blueprint. Findings of the review and several recommendations from a Working Group were presented to the COE. Recommendations included removal of the Biomedical Sciences portion from the blueprint, adjustments within the Pharmaceutical Sciences portion of the exam, an increase within the Pharmacy Practice portion for the subcategories of Patient Care Process and Collaborative Patient Care. The new blueprint can be found here.

Revised Length and Duration

When the revised blueprint is implemented for the June 2025 sitting of the Evaluating Exam, the number of items will be reduced to 140 in total (reduced from 150). This reduction in the length of the exam is primarily a result of the elimination of the subject area of Biomedical Sciences. The exam will still consist of two sections, with 84 minutes allocated to each section to complete 70 questions.

Review of the Evaluation Process for International Pharmacy Graduates

PEBC is reviewing its certification process for international pharmacist candidates to ensure the necessity and relevance of each of the steps. A framework is being developed with the intent of streamlining the path through PEBC's certification pathway for groups of candidates who may be exempted from the Pharmacist Evaluating Examination. PEBC expects that the framework could be implemented by the second half of 2025 and PEBC will also look at the future direction of the Evaluating Examination

Pharmacist and Pharmacy Technician Qualifying Examination - Process for Blueprint Update

The foundation of PEBC's Pharmacist and Pharmacy Technician Qualifying Examination blueprints is the NAPRA professional competencies for entry-to-practice. Pharmacy subject matter experts (SMEs) use the competencies to guide the development of exam content that is reflective of current practice. In late October 2024, NAPRA released the revised competencies and the updating of the exam blueprints will help to ensure that the competencies measure the most important practice activities at entry-to-practice.

Preparation work at PEBC will begin this fall for the adaptation of the updated NAPRA entry to practice competencies for pharmacy professionals and the development and implementation of a new blueprint for the Qualifying Exams with the support of external measurement consultants, SMEs, and pharmacy practitioners. A large-scale practice analysis study which will involve national surveys of practising pharmacists and pharmacy technicians will be undertaken and PEBC will need the support of the provincial regulatory authorities, provincial and national pharmacy organizations and practising professionals for the success of this important practice analysis survey.

The new blueprint is expected to be implemented for administration in May 2026 for the Pharmacist Qualifying Examination and September 2026 for the Pharmacy Technician Qualifying Examination. Following these exams, standard setting will occur for each Part of the exams based on the new blueprints for the two professions to determine their respective passing standards.

Exploring Simplification of Performance Exam Development, Delivery and Scoring Processes

PEBC's performance exams, OSCE and OSPE, play an important role in the assessment of competence for higher order activities such as communication skills, critical thinking and ethical decision-making. As the exams have been in place for many years, PEBC is considering how these exams can be improved. One key area that is being explored is how to increase access to these exams, given recent trends that reinforce the need for increased exam capacity – both in terms of overall candidate numbers and frequency of exam delivery.

To better support increased access to the exam, PEBC has identified a need for more simplified processes in the way our exams are structured – specifically, the scoring framework. This will enable more streamlined station-writing, assessor training and post-exam quality assurance. Additionally, the need for a less complex (and shorter) scoring framework was identified as key enabler for possible future adaptation to a virtual exam delivery model.

Over the next 12-24 months, PEBC will be undertaking a project to create a new scoring system that will continue to uphold its high standards of validity and reliability and will allow PEBC to expand exam delivery.

Governance Review

As part of the PEBC 2024 Strategic Plan, the PEBC Board of Directors struck a Governance Review Committee to engage and oversee external consultants to conduct a comprehensive review of PEBC's governance structures, procedures and and practices. The objective was to identify ways that PEBC can work to improve and modernize how it is governed.

The review has now been completed and the report and recommendations were presented to the Board at the Mid-Year Meeting. As a result of the report, the Board of Directors have established a new committee to oversee the planning, management, and implementation of the consultants' recommendations over the next few years.

Strategic Planning Update For 2025

PEBC conducted a strategic plan update session at the 2024 Mid-Year Board Meeting. OnePagePlans facilitated the session using the PEBC adopted and innovative "Lighthouse Model". The Board and senior Staff re-affirmed the values and focus areas identified in the 2024 Strategic Plan. Specific projects or tasks are currently being identified to complete the Lighthouse for 2025 and will be finalized later this fall.

Board Meetings

The date of the Annual Meeting is set for March 22, 2025, with Committee Meetings preceding. PEBC is also looking to increase the frequency of its meetings and may schedule another Board meeting prior to the March 2025 Annual Meeting.

Goal 1 Feasibility Ratings and Quarterly Progress Reporting: December 2024

The College has committed to publishing regular progress updates on the work associated with Strategic Goal #1, including reports included with regularly scheduled Board meetings. At the summer and fall 2024 Board meetings earlier this year, Board Directors were provided with feasibility and status reports of actionable initiatives the College would begin to implement this year. Together, this format is being used to report on our quarterly Goal 1 progress.

The work associated with this strategic goal has been categorized into four areas for reporting and tracking purposes: Regulatory Programs, Data Collection and Public Reporting, Legislation and Regulation Changes and Engagement and Outreach. Progress since the last report on the initiatives undertaken in each of these categories is reported below.

Reporting to registrants and system partners through routine College communication tools and future Town Halls is included in the 2025 operations plan for Strategic Goal #1. Project management reporting tools, including performance metrics showcasing results and impact of defined interventions remain in early stages of development due to prioritization of activities that could be undertaken within existing resources and because of other competing demands on staff time. Development of project management activities and performance metrics will be shared with the Board, registrants and other partners as part of the 2025 progress reports.

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 Since the Last Update**
REGULATORY PROGRAMS			
I. Enforcement Changes			
• Conduct Framework re - Zero Tolerance Approach - application to investigations and Committee adjudications	Highly Feasible	Execution	*What is being done?* The framework is actively being applied at Intakes and Investigations to screen incoming information for possible relevance to corporate pressures. Since the establishment of the zero-tolerance statement on corporate pressures in March 2024, 59 related investigation files have been opened, and several additional files have been sent to the Intakes team for processing to determine whether to proceed to an investigation. *Why is this important?* Moving forward with investigations that include information about corporate pressure is a concrete way

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Other: not within regulatory authority, questionable alignment with scope or mandate

			that the College is demonstrating zero tolerance and fulfilling its mandate. Although this process takes some time and is confidential, the College expects that it ultimately will have an impact on decision-makers that are behind the proliferation of corporate pressures in pharmacy.
• Enforcement through other legal means and sanctions for individuals and corporations under the HPPC and DPRA	Highly Feasible	Execution	*What is being done?* Legal analysis on the application of Health Professions Procedural Code and Drug and Pharmacies Regulation Act provisions is being thoroughly conducted as matters come before the College. *Why is this important?* The College is looking at different ways to take appropriate legal action to respond to corporate pressures in pharmacy and to use all possible tools in order to take decisive and meaningful discipline/legal action within its mandate and authority.
II. Pharmacy Accreditation Changes			
• Develop process/mechanism to assess director character at application and renewal	Highly Feasible	Execution	*What is being done?* A self-declaration for pharmacy directors/director liaisons has been developed. Starting in 2025, pharmacist directors of pharmacies will be required to declare that business exigencies / metrics will not compromise patient care. For pharmacy accreditation applications, all pharmacist directors of pharmacies will have to make this declaration. For pharmacy annual renewal in 2025, the liaison director will make this declaration for themselves and on behalf of other pharmacist directors. For 2026, with the introduction of the new CRM (the College's primary registrant database), an annual declaration from every pharmacist director is being considered. Initial communication regarding this requirement has been sent to pharmacy directors/liaisons and designated managers. *Why is it important?* This declaration is key to both informing all pharmacist directors of the importance of ensuring that business

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			metrics do not compromise patient care AND obtaining a record of agreement regarding zero tolerance. This information, along with any evidence to the contrary such as complaints, anonymous tips etc., will be used to initiate assessments of pharmacies and/or investigations.
• Establish process to assess if corporate entity meets accreditation standards	Feasible	Initiation	Research / jurisdictional scan conducted regarding contracts / leasing agreements that restrict professionals' autonomy. Further work on this initiative to be determined. This will include work as part of renewals process for pharmacies.
• Consider conflict of interest related to corporate services	Feasible	Initiation	Research / jurisdictional scan conducted. Further work on this initiative to be determined. This is, however, being actively assessed as new cases forward.
III. Operational and Practice Assessment Changes			
• Review assessment criteria and weighting, set expectations and assessment approach to support zero tolerance position	Highly Feasible	Execution	*What is being done?* Operational assessment criteria are being evaluated to implement specific measurable criteria and thresholds that will identify specific pharmacies where business metrics are compromising patient care. The next milestone in this project, targeted for March 31, 2025, is to identify specific measurable criteria, that will allow pharmacy operations advisors to determine if a pharmacy is meeting the standards of operation, as evidenced in an operational assessment. *Why is this important?* For an assessment to be effective in identifying and addressing pharmacies where business metrics are compromising patient care, the assessment must be able to differentiate between pharmacies where this is occurring and where it isn't. For this differentiation to be defensible, evidence-based criteria and thresholds have to be identified, communicated to pharmacy professionals and implemented. This work is also

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			important in establishing the groundwork for risk-based selection for pharmacy assessments.
• Change assessment model to risk-based approach, reflect zero tolerance statement in risk model	Highly Feasible	Initiation / On Hold	Dependency: Risk-based selection is dependent on having the effective assessment criteria established, as mentioned above.
• Change practice assessment process to encompass all patients	Feasible	Not yet started	
DATA COLLECTION AND PUBLIC REPORTING			
• Consider compulsory completion of provider experience indicators and workplace practices through survey at annual renewal	Possibly Feasible	Execution	*What is being done?* A survey similar to the workplace practices survey conducted in March 2024 and focusing on pharmacy professional well-being will be conducted in 2025. This survey will be voluntary and anonymous. A national databank of survey questions is currently being collated with other pharmacy regulators. Data will be reported at Board meetings and through OCP's annual report. *Why is this important?* Following the College's work on corporate pressures, other jurisdictions conducted surveys similar to OCP's workplace practices survey. In order to fortify the evidence and validate information across the country, common survey questions are required. A national databank of survey questions enables comparison of the aggregate data collected, while at the same time providing the opportunity for provinces to customize their surveys.
• Re-engage work on patient reported experience measures, review indicators, establish data collection methodology	Minimally Feasible	Not yet started	
• Explore data sharing with partners	Possibly Feasible	Initiation	As noted above, a national databank of survey questions is being collated to enable sharing of data.

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• Collect/analyze AIMS data by corporate groups	Possibly Feasible	Not yet started	
• Share data publicly	Highly Feasible	Execution	*What is being done?* Progress on strategic Goal 1 is being shared at every Board meeting and updates are additionally provided to registrants and the public through the College's communication channels. This includes newsletters, website posts and, in time, the College's annual report (published every spring). Reported data will include aggregate reporting of specific activities such as the number of tips received through mechanisms such as our anonymous online reporting tool, formal complaints and reports, and the number of investigations that have been initiated. Outcomes of investigations that are publicly disclosed will be posted on our public register. *Why is this important?* Sharing data publicly helps build trust in the College's commitment to taking action within its mandate. By being transparent about our activities, we also demonstrate greater accountability. The data can encourage those with concerns to come forward by showing them that the information they share will be considered by the College and can make an impact.
• Public Register changes – assessment data, identify risks	Feasible	Not yet started	
• Share data with corporates (assessments, AIMS)	Possibly Feasible	Not yet started	
• Analyze AIMS data by corporate ownership	Possibly Feasible	Not yet started	
• Signage in pharmacies to show assessment outcomes - (e.g., colour coding like *Dine Safe* - 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	

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LEGISLATION AND REGULATION CHANGES			
• Revise funding models	Minimally Feasible	Not yet started	
• Restrict lease agreements, franchise model agreements/provisions that impact/restrict professional autonomy	Minimally Feasible	Initiation	*What is being done?* Research, including environmental scans, has been initiated in a number of areas including ownership models, staffing ratios, clinic requirements, management of closed preferred provider networks and conflict of interest. The expectation is that the research will lead to evidence-based recommendations for the Board to consider. *Why is this important?* Being thorough and judicious in the review of various regulatory options including experiences of others in different jurisdictions promotes greater confidence in the appropriateness of potential interventions and will lead to better informed analyses and subsequent Board consideration of legislative or regulation changes.
• Change Pharmacy ownership requirements, Pre- 54 Charters	Minimally Feasible	Initiation	See above.
• ESA requirements (research required)	Minimally Feasible	Not yet started	
• Set staffing requirements/ratios linked with professional services	Minimally Feasible	Initiation	See above.
ENGAGEMENT AND OUTREACH			
• Corporate pressures tipline/ hotline	Feasible	Execution	*What is being done?* The hotline was introduced in summer 2024 and yielded approximately 60 inquiries/calls. Of those, a small number demonstrated grounds for an investigation. On October 1, a new anonymous corporate pressures reporting form was launched, replacing the hotline, and has already yielded 54 submissions (as of Nov 1) and of those, close to half are already being processed through Intakes. The online form will continue to be aggressively promoted. Common themes emerging from the reporting tool and hotline calls include: quotas for services such as MedsChecks, vaccines, Naloxone kits, central fill; challenges

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			meeting quotas when labour hours are being reduced; job security concerns for those who come forward. *Why is this important?* Provides an opportunity (other than the formal complaints or reports process) for registrants to provide specific details regarding corporate pressures that could be used to initiate an investigation. At least one other pharmacy college (BC) is preparing to initiate a similar function, and we have shared our experiences with them as they prepare to do so. This demonstrates the cross-Canada interest of pharmacy regulators to share experiences and learnings as a number of them take on the concerns related to corporate/business pressures in pharmacy following our initial work earlier in 2024.
• Social media monitoring/network engagement	Highly Feasible	Execution	*What is being done?* The College continues to monitor social media comments and sentiment based on channels it has access to (engagement is limited with existing resources) and uses the information to support subsequent direction or actions related to Goal 1. *Why is this important?* Monitoring social media comments enables the College to keep track of/determine trends or themes related to corporate pressures that it ought to be aware of in a timelier manner for quicker and meaningful responses where appropriate.
• Develop mechanisms/resources to support/empower professionals	Possibly Feasible	Not yet started	
• Proactive media relations on emerging priorities	Highly Feasible	Execution	*What is being done?* The College continues to respond to inquiries and identify opportunities to engage directly with the media on specific milestones and decisions once made. Roughly half of the media engagements in 2024 year to date have been related to corporate pressure related topics.

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			Why is this important? Media will continue to play an important role in helping to influence the necessary changes to respond to corporate pressures concerns and to help demonstrate and promote sustained public interest behind this focus.
• Communications and engagement strategy	Highly Feasible	Planning/Execution	*What is being done?* The College hosted its last series of town halls specific to corporate pressures in August 2024. The 2025 operational plan includes a continuation of the town hall program along with additional steps that will be taken to engage with registrants directly through other meetings and related opportunities. A comprehensive communication and engagement plan is being developed to support all Goal 1 activities in 2025. *Why is this important?* Communication and engagement in 2024 related to Goal 1 was nimble and highly responsive to the emerging priorities and focus on the decisions to make Goal 1 actions a priority for this year. The experience demonstrated the need to continue to share updates openly and transparently and engage directly with registrants and system partners on these issues. It also emphasized the need to effectively map out high priority activities in 2025 where engagement and information-sharing will be critical to success.
Preferred Provider Network (PPNs) [1]			
• Create Position Statement	Highly Feasible	Execution	Complete
• Prohibit Closed PPNs – research conflict of interest provision, other approaches to restrict PPNs	Possibly Feasible	Initiation	Research / jurisdictional scan conducted. Further work on this initiative to be determined.
• Collaborate with association of insurers to gain access to insurers/send communications	Possibly Feasible	Not yet started	
OTHER - not ranked yet			

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• 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.

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Ontario College of Pharmacists
Putting patients first since 1871

BOARD BRIEFING NOTE

MEETING DATE: December 9-10, 2024

FOR INFORMATION

From: Thomas Custers, Director, Corporate Services

Topic: College Performance Dashboard – Key performance results for Q3

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 achieved 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:**
        - Have specific targets aligned with the College's strategic and operational goals for 2024.
    - **Monitoring measures:**
        - No targets.
        - Purpose: To offer context and information about the College's performance in areas not included in the College's annual operation plan, to support future strategic and operational planning.
- The College provides quarterly updates to the Board regarding the measures outlined in the 2024 College Dashboard. Please refer to the attached report for more detailed information on the results, including achievements and ongoing strategies to overcome obstacles in meeting the targets.

Analysis:

- The 2024 College Dashboard has:
  - 14 performance measures:
    - Strategic Priorities Domain: 2 measures track progress toward strategic and operational goals in 2024 operational plan.
    - Operational Capacity Domain: 12 measures to evaluate if the College has the necessary resources and is compliant with relevant policies, laws, and regulations.
  - 5 monitoring measures**:**
    - Regulatory Competence Domain: 4 measures on the College executing its regulatory functions.
    - Operational Capacity Domain: 1 measure (financial health).

Q3 Performance Analysis

A. Advance 2024-2028 Strategic Goals (6 initiatives)

- Status Breakdown:
  - On Track: 3 initiatives
    - 1 for Strategic Goal 1 (identify tactics for implementation starting in 2025)
    - 2 for Strategic Goal 2 (refresh website, update OCP communications materials)
  - At Risk:
    - 1 initiative for Strategic Goal 4 (establish high-impact EDI activities for implementation starting 2024)
  - On Hold:
    - 1 initiative for Strategic Goal 2 (OCP brand refresh)
  - Completed in Q1: 1 initiative for Strategic Goal 3 (implementation new organizational structure)
- Q3 Performance Rate: 75% (excluding Q1 completed)

See the attached Q3 College Dashboard for details on the status of the 2024 priority initiatives aimed at advancing the College's 2024-2028 Strategic Plan, slides #8-9.

B. Operational Goals (12 initiatives)

- Status Breakdown:
  - Completed in Q3: 2 initiatives
    - New registration and Quality Assurance (QA) regulation implementation
    - Transition to Practice Assessment of Competence at Entry (PACE) for pharmacy technicians
  - On Track: 4 initiatives
    - Registrant Records System (new timeline: June 2025)
    - Implement compounding policies
    - Recommendations for future AIMS (Assurance and Improvement in Medication Safety) program
    - Discipline Committee review – Phase II

- At Risk: 1 initiative
  - SharePoint implementation phase II
- Off Track: 1 initiative
  - Data governance framework
- Completed in Q2: 1 initiative
  - Revised pharmacists' assessment program
- On hold since Q2: 3 initiatives
  - Data warehouse
  - Recommendations to strengthen governance
  - Implement practice-based risk framework

- Q3 Performance Rate: 75% (excluding Q2 completion and on-hold initiatives)

See the attached Q3 College Dashboard for details on the status of the 2024 operational priority initiatives, slides #11-14.

Table 1: Overview Status 2024 Strategic and Operational Goals (Initiatives)

Status of Goals	Total	On track			At risk			Off track			Complete			On Hold		
		Q1	*Q2*	*Q3*	*Q1*	*Q2*	*Q3*	*Q1*	*Q2*	*Q3*	*Q1*	*Q2*	*Q3*	*Q1*	*Q2*	*Q3*
# of Strategic Goals	6	4	4	3	1	1	1	-	-	-	1	-	1	-	-	1
# of Operational Goals	12	8	6	4	3	1	1	1	1	1	-	1	3	-	3	3

Table 2: Overview quarterly results to date on performance measures in 'Strategic Priorities' domain

Performance Measure	Target	Met target[1]			Within 25% of target[1]			More than 25% beyond target[1]			YTD[2]
		Q1	*Q2*	*Q3*	*Q1*	*Q2*	*Q3*	*Q1*	*Q2*	*Q3*	
% of 2024 strategic goals on track	100%	-	-	-	83%	80%	75%	-	-	-	67%
% of operational goals on track[1]	100%	-	-	-	-	78%	75%	67%	-	-	58%

[1] Excludes 'Completed in Q1 or Q2' or 'On Hold' goals (initiatives) excluded.
[2] Includes also all 'Completed' and 'On Hold'

C. Organizational Capacity Performance Measures (12 total)

- Meeting Target (5 measures)
- Not Meeting Target (3 measures):
  - Staff support rating
  - Board Directors' Discipline Committee availability
  - Board Directors' information adequacy

  The attached Q3 College Dashboard outlines the reason why the College is making less progress in improving its performance on those measures (slides #15, #18, #19-20).
- Annual reporting measures (4):
  - 2 staff engagement measures (reported in Q2)
  - College Performance Measurement Framework (CPMF) standards met (Year-End-Reporting)
  - Budget variance (Year-End-Reporting)

<u>Q3 Monitoring Measures Results (5 Measures)</u>

1. Measures with change in trends (2 measures – Regulatory Competence domain)

   A. Positive Trend:
   - Measure: 90th percentile disposal time for formal complaints
   - Change: Average decreased from 344 to 288 business days
   - Trend started: Q3 2023

   B. Negative Trend:
   - Measure: 90th percentile disposal time for Registrar's Investigations
   - Change: Average increased from 399 to 488 business days
   - Trend started: Q4 2022
2. Measures with Stable Trends (2 measures)
   - Regulatory Competence domain (% Registrar decisions made within 30 days after receiving the complete application; average days cycle time for high risk assessments)
   - No significant changes observed
3. Pending Measure (1 measure)
   - Measure: Reserve balance to required reserve ratio
   - Status: Data will be available at Q4 end

See the attached Q3 College Dashboard for detailed analysis, slides #21-23.

Attachment:

- 6.2a - Q3 2024 College Dashboard Report

Ontario College of Pharmacists
Putting patients first since 1871

Attachment 6.2a

2024 Board Dashboard – Q3 Results

Content

Section 1 – Background

2024 Board Dashboard Domains

Regulatory Competence

Is the College effectively executing its regulatory functions?

Strategic Priorities

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

Organizational Capacity

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

Risk Management*

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

* To come later in 2025

Section 1 – Background

Type of Dashboard Measures

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

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

Section 2 – Dashboard Summary (Performance Measures)

Strategic Priorities

	Strategic Goals	Q1	Q2	actual	target	status
1	% of 2024 strategic goals on track	83%	80%	75%	100%	🟡
	Operations			actual	target	status
2	% of 2024 operational goals on track	67%	78%	75%	100%	🟡

Organizational Capacity

	People and Culture	Q1	Q2	actual	target	status
3	Average rating (1-10) of staff likely to recommend the College to a qualified friend or family members as a great place to work	8.6	8.3	8.3	8.2	🟢
4	Average rating (1-7) of staff that feels OCP supports them in having the right skills to be successful in their current role	5.6	5.7	5.8	6.5	🟡
5	% of staff engagement (inclusion)	-	90%	-	80%	☑
6	% of staff engagement (culture)	-	83%	-	78%	☑
7	% voluntary turnover rate	1.0%	1.2%	1.2%	3.8%	🟢
	Finance	Q1	Q2	actual	target	status
8	% of variance of operating annual budget to year end actuals	-	-	-	+/- 5%	-
	Technology	Q1	Q2	actual	target	status
9	% of up-time of business-critical information systems	100.0%	100.0%	100.0%	99.9%	🟢
10	% click rate of phishing campaigns	8.0%	1.0%	1.0%	4.7%	🟢
	Compliance	Q1	Q2	actual	target	status
11	% of CPMF standards fully met	-	-	-	83%	-
	Governance	Q1	Q2	actual	target	status
12	% of Board Directors voluntary contributing at each Board meeting	100%	100%	100%	100%	🟢
13	% of Board Directors report receiving appropriate information…	100%	100%	83%	100%	🟡
14	% of Board Directors indicating availability to sit on a Discipline Committee Hearing panel…	39%	67 47%	49%	85%	🔴

Note:
Strategic goals (initiatives) completed in previous quarters or put on hold in previous or current quarters are removed from calculating the quarterly performance.

	Q1	Q2	Actual
Strategic Goals			
Numerator	5	4	3
Denominator	6	5	4
Operational Goals			
Numerator	8	7	6
Denominator	12	9	8

PERFORMANCE MEASURES 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		Q1	Q2	actual	trend analysis
15	% of Registrar decisions made within 30 days after receiving the complete application	100%	100%	100%	●
Quality Assurance		Q1	Q2	actual	trend analysis
16	Average days cycle time for high risk assessments	393	384	405	●
Conduct		Q1	Q2	actual	trend analysis
17	90th percentile disposal business days of formal complaint	265	293	296	●
18	90th percentile disposal business days of Registrar's investigation	630	525	601	●

Organizational Capacity					
Finance		Q1	Q2	actual	trend analysis
19	% of reserve fund balance to required reserve amount per college reserve policy	-	-	-	-

MONITORING MEASURES LEGEND

- ● Trending positive
- ● No change in trend
- ● Trending negative
- \- Not applicable (no results this quarter)

Section 3 – Performance Goal Results

2024 Strategic Goals

2024 Strategic Goals (to advance 2024-2028 OCP Strategic Plan)	Status	Stage
STRATEGIC GOAL 1 (Pharmacy setting doesn't create barriers)		
1. Identified tactics the College will deploy to advance Strategic Goal 1 starting 2025.		E
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.		E
3. OCP Brand refresh	On Hold	
4. Update OCP communication materials to ensure the information that is shared is precise, understandable & accurate		E
STRATEGIC GOAL 3 (We have the resources)		
5. Finalize implementation new organizational structure	**Completed in Q1**	
STRATEGIC GOAL 4 (Patients receive respect/no discrimination)		
6. Establish a prioritized list of high impact activities to be implemented starting in 2024.		E

***Timeline: Ending October 2024**

Goal Status On Track | At Risk | Off Track

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

Section 3 – Performance Goal results

Details Update 2024 Strategic Goals

2024 Strategic Goals		Key point/Cause/Response	Milestones Next Reporting Period
●	Identified tactics the College will deploy to advance Strategic Goal 1 starting 2025 (Goal 1)	See addendum Registrar's Report for details.	
●	OCP Website Refresh (Goal 2)	**Key Points** • Work proceeding according to the project plan with external vendor. • Information architecture and improved search, navigation elements reviewed and approved. • Currently in the design ideation, development and execution phase.	• Next phase will be on full site design and build, content review and content migration. • Following completion of that phase, we will begin the staging and testing phase before moving to go live. (next reporting period)
○	OCP Brand refresh (Goal 2)	**Key Points** ON HOLD • Prudent that any such refresh properly consider and include broader Board engagement. • Need to re-establish its priority for the College by reevaluating whether it is necessary to achieve the College mandate or serve the public interest and should further explore government appetite for support prior to further work in this area.	• None

Section 3 – Performance Goal Results

Details Update 2024 Strategic Goals

2024 Strategic Goals		Key Points/Cause/Response	Milestones Next Reporting Period
●	Update all OCP communication materials to ensure the information that is shared is precise, understandable & accurate (Goal 2)	**Key Points** • Based on the results of a communications audit, decisions made on where to focus on improving core communications tools and how to introduce/evolve other ways to inform and engage registrants to be worked into ongoing quality improvement efforts and communication plans starting in 2025. • Website content review will include reflection of clear language principles and will integrate with other changes such as the policy review underway by the Policy division.	• Anticipate ongoing improvements and shifts to plain language and clearer information incrementally, with ongoing focus on CQI and impact, effectiveness and cost efficiency. This work will be ongoing, and predict hat specific enhancements to existing channels will be implemented by Q2.
●	Establish a prioritized list of high impact activities to be implemented starting in 2024 (Goal 4)	**Cause** • Staff training has been delayed as Managers determined there is no capacity available. • Review of Human Rights policy at June board meeting delayed. • Demographic data collection plan adapted to use another mechanism because RSS project will not be ready for 2025 annual review. **Response** • A modified training schedule is being developed. • Human Rights policy is included in December meeting agenda. • The board decision on whether to collect demographic data will be brought forward to the board at a future date	• Staff Training: Facilitation guide and curriculum developed. • Data: Demographic data collection status. • Practice Policies: Human Rights policy status.

Section 3 – Performance Goal Results

2024 Operational Goals

2024 Operational Goals	Status	Stage
7. Implement Registrant Records System (RRS)		E
8. SharePoint phase II implementation		E
9. Develop and implement a data governance framework.		I
10. Build first components of a data warehouse	On Hold	
11. Implement a more efficient registration process & enhanced approach to QA (Registration & QA Regulation Implementation)	Completed in Q3	
12. Implement a revised program to conduct pharmacists' assessments more efficient & effective	Completed in Q2	
13. Implement policies to improve patient safety for sterile, non-sterile & hazardous compounding		E
14. Transitioned Structured Practical Training (SPT) Program to Practice Assessment of Competence at Entry (PACE) for intern technicians.	Completed in Q3	
15. Develop recommendations for future AIMS program		P
16. Develop recommendations to strengthen & sustain effective governance	On Hold	
17. Discipline Committee review – Phase II		E
18. Implement a practice-based risk framework to review & prioritize all College regulatory activities	On Hold	

***Timeline: Ending October 2024**

Status On Track | At Risk | Off Track

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

Section 3 – Performance Goal Results

Details Update 2024 Operational Goals

2024 Operational Goals		Key Points/Cause/Response	Milestones Next Reporting Period

●	Implement Registrant Records System (RRS)	**Key Points**
		• Updated project schedule is approved with key project milestones:
		  • User acceptance training (UAT): March 10, 2025, for 6 weeks and Go-Live June 9, 2025.
		• Internal project workstreams to prepare for UAT and go-live have restarted. These include:
		  • Data Migration, testing and test scripts, training and change management.
			• Development will be completed by December 2024.
			• The focus will shift to testing and UAT preparation.

●	SharePoint Phase II implementation	**Key Points & Cause** • Drafting of document naming and file folder structure policy and guidelines for review by the Management Team and Executive Team - due to emerging other priorities, this might not happen in time to implement naming and file folder structure policy in 2024. • Migration of the on-premise intranet to SharePoint online in progress. • User adoption activities in progress – Lunch and Learns on topics identified by staff.	• Approval of document naming and folder structure policy and guideline. • Communication of approved document naming and folder structure policy, guidelines and best practices to all staff. • Proof of concept for implementation of data retention rules.
●	Data Governance Framework	**Cause** • Competing priorities as staff are working on various initiatives and addressing emerging internal and external requests. **Response:** • Prioritize, and subsequently adjust scope for 2025.	• Project scope and objectives to be finalized and approved. • Project workplan to be finalized and approved.
○	Build first components of a data warehouse	**Key Points** ON HOLD • This project has dependency on the installation of the new RRS and will be placed on hold until a date for re-start can be established in 2025.	• n/a

Section 3 – Performance Goal Results

Details Update 2024 Operational Goals

2024 Operational Goal		Key Points/Cause/Response	Milestones Next Reporting Period
☑	Implement a more efficient registration process & enhanced approach to QA	**Key Points** • This project has been completed. Regulation amendments successfully implemented effective October 1, 2024.	• COMPLETED
☑	Implement a revised program to conduct pharmacists' assessments more efficient & effective	**Key Points** • This project was completed in Q2.	• COMPLETED
●	Implement policies to improve patient safety for sterile, non-sterile & hazardous compounding	**Key Points** • "Idea" document from SMEs (subject matter experts) completed. • Target dates for website publication adjusted. • Risk assessment e-learning module initiated.	• Risk assessment FAQs posted to website. • Risk assessment e-learning module completed.
☑	Transitioned Structured Practical Training (SPT) Program to Practice Assessment of Competence at Entry (PACE) for intern technicians	**Key Points** • This project has been completed. PACE for pharmacy technician applicants successfully launched early October 2024. SPT program is winding down with current candidates expected to finish the program by the end of this year.	• COMPLETED

Section 3 – Performance Goal Results

Details Update 2024 Operational Goals

2024 Operational Goal		Key Points/Cause/Response	Milestones Next Reporting Period
●	Develop recommendations for future AIMS program	**Key Points** • Developing updates for the supplemental Standard of Practice. • National scan of medication incident reporting and continuous quality improvement (MIR/CQI) programs. • Exploring MIR/CQI options and models. MIR – Medication incident reporting CQI – Continuous quality improvement	• Establishing data strategy and model for future AIMS Program
O	Develop recommendations to strengthen & sustain effective governance	**Key Points** ON HOLD • Due to other emerging priorities, this work is deferred to a future date. (TBD)	• n/a
●	Discipline Committee review – Phase II	**Key Points** • Options and recommendations developed.	• To be brought forward to the Board for consideration and decision.

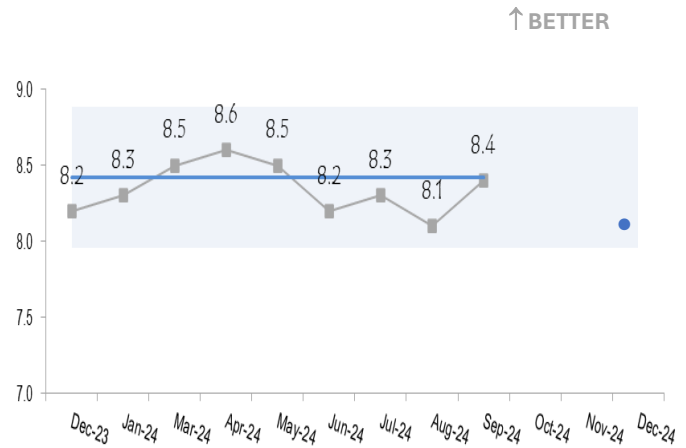
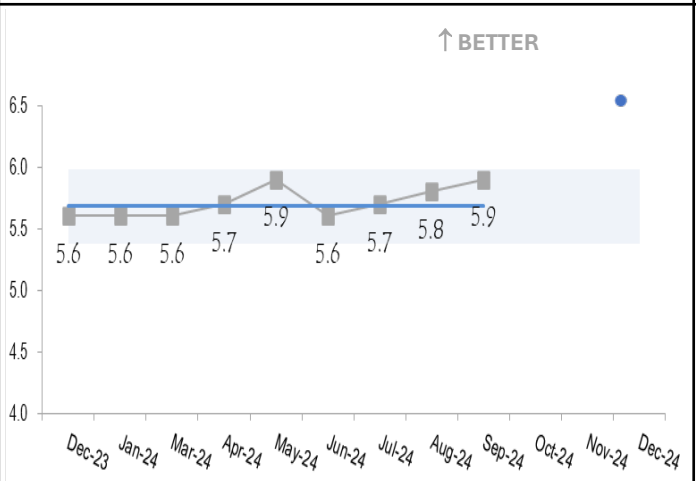
Section 3 – Performance Goal Results

Details Update 2024 Operational Goals

2024 Operational Goal		Key Points/Cause/Response	Milestones Next Reporting Period
○	Implement Practice Risk-Based Framework	**Cause** • Due to limited funding for external consulting assistance and the need to prioritize RRS implementation and Strategic Goal 1 work, this work has been deferred. **Response** ON HOLD • Postponed due to other priorities as well as the need for extra resources on expertise the College currently does not have. However, the model/framework to date will be used to help inform the strategic policy work and College continues to apply risk-based, right-touch regulation principles to key activities such as practice, pharmacy assessments, and DPP assessments.	• n/a

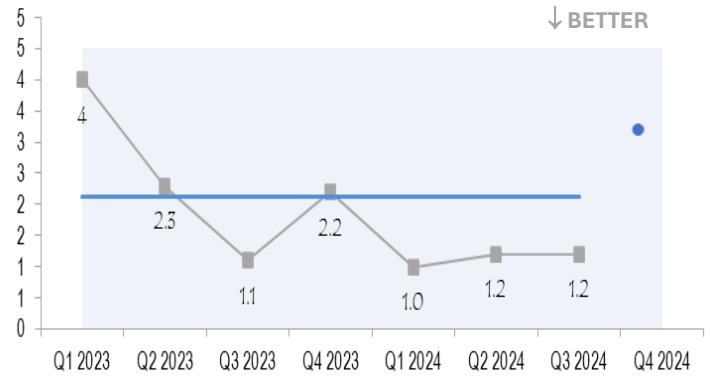
Section 3 – Results Q3 Performance Measures

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		8.3	8.4	8.2	-	No action, meeting 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	• Although there has been an increase in the average rating since June, there are not enough data points yet to determine whether the College's performance has changed. • The target is a stretch target and might not be fully achieved by the end of 2024.	• Continue encouraging staff to enroll in training programs. • Continue to identify staff-specific or organization-wide staff needs and provide required support/training.

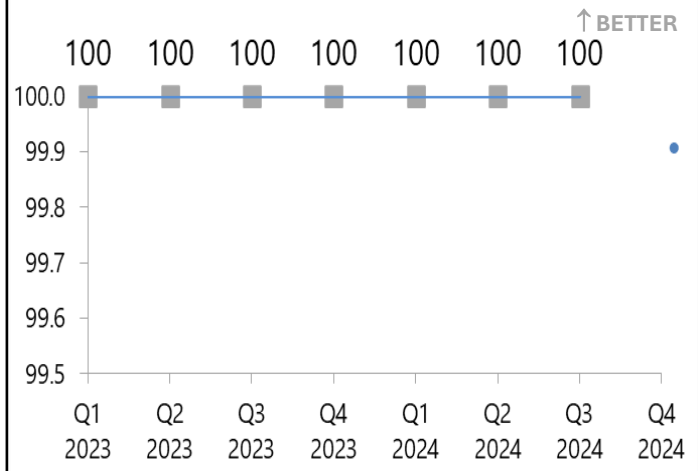
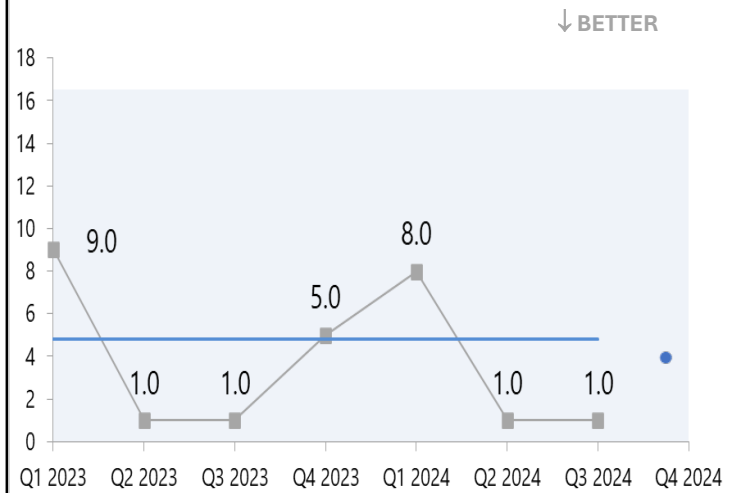
Section 3 – Results Q3 Performance Measures

Details Update People & Culture Measures *(Cont'd)*

Performance Measures			Actual	YTD	Target	Cause	Response
☑	% of staff engagement (inclusion)	See 'Results of 2024 OCP Employee Engagement Survey' Board agenda item	90%	-	80%	Reported at the September 16th Board meeting. This survey is conducted annually in the 2nd quarter.	
☑	% of staff engagement (culture)	See 'Results of 2024 OCP Employee Engagement Survey' Board agenda item	83%	-	78%	Reported at the September 16th Board meeting. This survey is conducted annually in the 2nd quarter.	
●	Voluntary turnover rate		1.2%	1.1%	3.8%	-	• No action, meeting target.

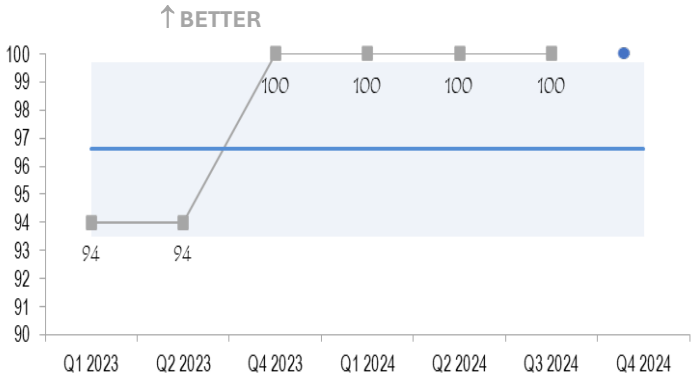
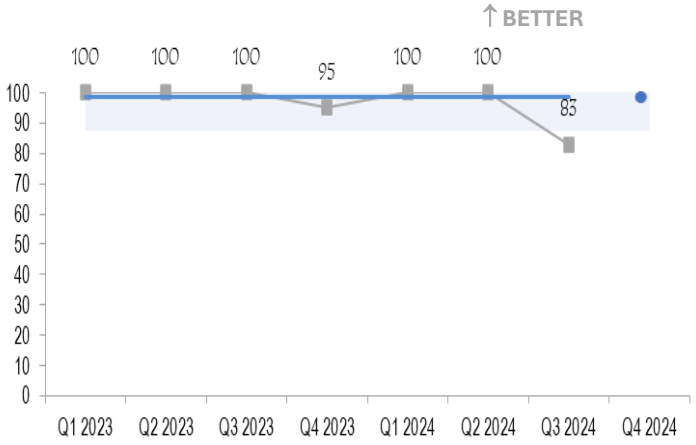
Section 3 – Results Q3 Performance Measures

Details Update Technology Measures

Performance Measures			Actual	YTD	Target	Cause	Response
●	% of up-time of business-critical information systems		100%	100%	99.9%	-	• No action, meeting target.
●	% click rate of phishing campaigns		1.0%	3.3%	4.7%	-	• No action, meeting target.

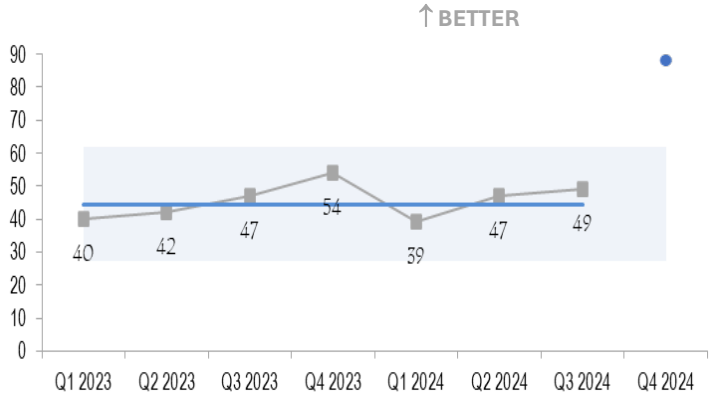
Section 3 – Results Q3 Performance Measures

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.
●	% of Board Directors report receiving appropriate information to exercise oversight role		83%	94%	100%	Survey results indicate: • Need for more detail including referencing to respective legislation/ regulation where applicable. • Information not always comprehensive or clear enough to understand the agenda item.	• College staff will provide the additional needed information and clarity.

Section 3 – Results Q3 Performance Measures

Details Update Governance Performance Measures

Performance Measures			Actual	YTD	Target	Cause	Response
●	% of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel, when asked		49%	45%	85%	• Constituting panels for an increasing number of contested hearings continues to be challenging when conflicts and Code requirements are considered (see next slide for overview availability)	• Starting with the September poll, a more formal process was instituted for obtaining poll responses whereby a deadline to reply to the poll is set. This is followed by a reminder email to all Committee members who did not respond by the deadline, with a final deadline for response being given. In the past follow up was done in a less structured manner.

For Context Only: Availability to Sit On Discipline Committee (Q3)

	July								September							
	Elected Members				Public Members				Elected Members				Public Members			
	Asked	*RR*	*Av.*	*Conflict*	*Asked*	*RR*	*Av.*	*Conflict*	*Asked*	*RR*	*Av.*	*Conflict*	*Asked*	*RR*	*Av.*	*Conflict*
Uncontested Hearings																
• Hearing #1	9	5	4	0	8	6	6	3								
Contested Hearings																
• Hearing #1	9	5	1	0	8	6	4	0								
• Hearing #2	9	5	3	0	8	6	3	0								
• Hearing #3									9	7	5	1	6	6	5	1
• Hearing #4									9	7	5	1	6	6	3	0
• Hearing #5									9	7	5	2	6	6	4	1
• Hearing #6									9	7	2	0	6	6	4	1

Av. = Available; RR = Response Received

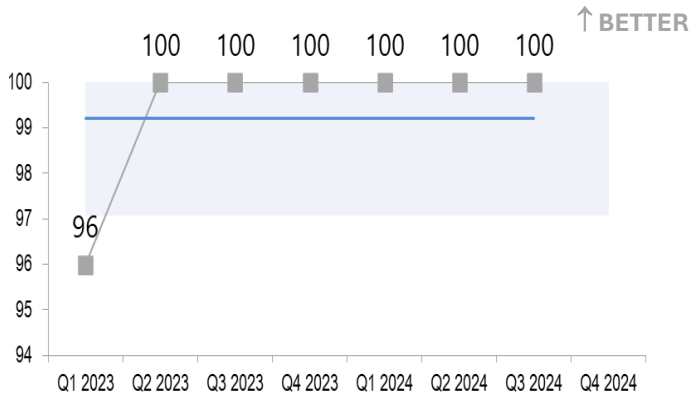
The Code requires that one Elected Director and two Public Directors be appointed to all hearing panels. Quorum requires only one Public Director (and no Elected Director).

"Available" refers to a Director's ability to attend all scheduled hearing days. The number of “available” Directors includes Directors who may be conflicted and are not permitted to sit on the panel. The Code prohibits any individuals who sat on the ICRC panels in the matter from sitting on the discipline hearing panel. Conflicts can also arise when a registrant has multiple prior or concurrent ICRC investigations and/or discipline hearings, and the subject matter of the prior matters would conflict an individual from sitting on the hearing that is being canvassed. Additionally, personal or professional relationships with the registrant can also constitute a conflict.

The above data does not reflect if the same or different Directors are available or conflicted for the hearings, thereby meaning that an individual Director could be appointed to more than one of hearings canvassed in a period. The data also does not reflect the level of experience of the available Directors, which is a factor in panel appointments to ensure that the panel has the knowledge and experience required for the particular hearing.

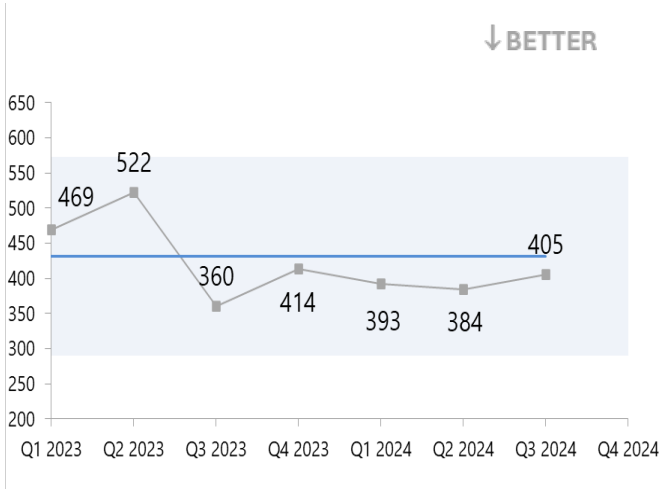
Section 4 – Results Q3 Monitoring Measures

Details Update Registration & QA Measures

Monitoring Measures			Actual	YTD	Comments
●	% of Registrar decisions made within 30 days after receiving the completed application.		100%	100%	• Decisions are consistently completed in 30 days or less.

Section 4 – Results Q3 Monitoring Measures

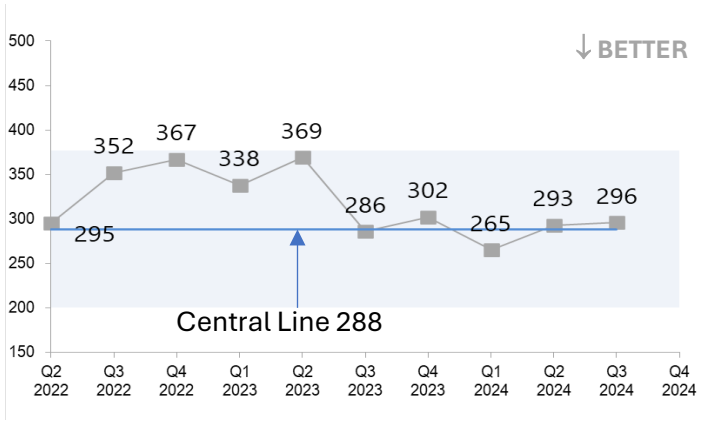
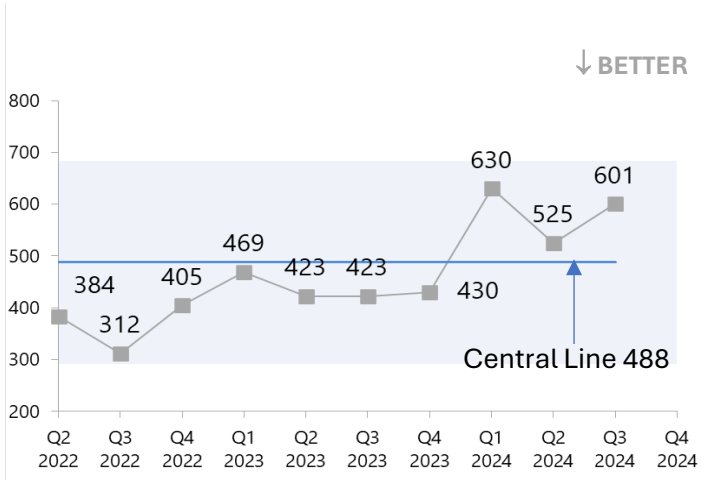
Details Update Registration & QA Measures

Monitoring Measures			Actual	YTD	Comments
●	Average cycle time between assessments for community pharmacies in highest risk category*, measured in average days		405	394	• This measure was introduced in 2023 as a performance metric. By reducing the cycle time between assessments, pharmacy sites can address identified operational issues sooner. • The last five quarters falling below the central line may suggest a change; however, no specific improvement initiatives have been implemented to enhance the College's performance on this measure. This could simply be a case of random variation. • To determine if there is an actual improvement, we need to see eight points below the central line – the current results are too close to the central line, meaning we need to identify more data points to determine a trend. • College staff will continue to monitor and investigate the causes of these changes and assess whether further actions are necessary to ultimately reduce the cycle time to 365 days.

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

Section 4 – Results Q3 Monitoring Measures

Details Update Conduct Measures

Monitoring Measures			Actual	YTD	Comments
●	90th percentile disposal of complaints in business days.		296	293	• Shows the maximum time the College takes to dispose 90% of formal complaints nine out of ten times. • The College's performance improved in this area - between Q3 2023 and Q3 2024, on average, nine out of ten formal complaints were resolved in 288 days compared to 344 days prior. This is a positive shift in the Central line.
●	90th percentile disposal of a Registrar's Investigation in business days.		601	604	• Shows the maximum time the College takes to dispose 90% of Registrar's Investigations (RIs) nine out of ten times. • The College's performance has declined in this area - between Q4 2022 and Q3 2024, on average, nine out of ten RIs were resolved in 488 days compared to 399 days prior. This is a negative shift in the Central Line. • Three cases added a significant amount of time that skewed the Q3 results, involving waiting for a report from Health Canada. Given all 3 were related, the decision was made to process them together which added delays. • Five cases were of a complex nature involving multiple registrants, and a delay in locating a suitable subject matter expert. • The 90th percentile measure is sensitive to the longest disposed cases.

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	• 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.	• 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	• The number of 2024 operational goals that are "on track" divided by the total number of 2024 operational goals multiplied by 100.	• 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	• 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.	• 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	• 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.	• 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)	• 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.	• 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)	• 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.	• 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	• The number of staff who left OCP voluntarily divided by the average number of employees for that quarter of the year multiplied by 100.	• 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	• The total actual operating expenditures for the year divided by the total budgeted operating expenditures, multiplied by 100.	• 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	• 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.	• 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	• Shows the percentage of staff who clicked on a simulated phishing link or attack.	• 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	• 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.	• 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	• At the meeting, staff tracks whether Board Directors actively participate in the meeting.	• 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	• 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?"	• 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	• College staff canvasses Board Director availability to sit on hearings.	• 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.	• Number of applications completed within 30 days or less out of the total applications completed.	• 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	• Average number of days between current calendar assessment date to the previous assessment date for sterile compounding pharmacies classified as "high risk".	• 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.	• 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.	• 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.	• 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.	

*

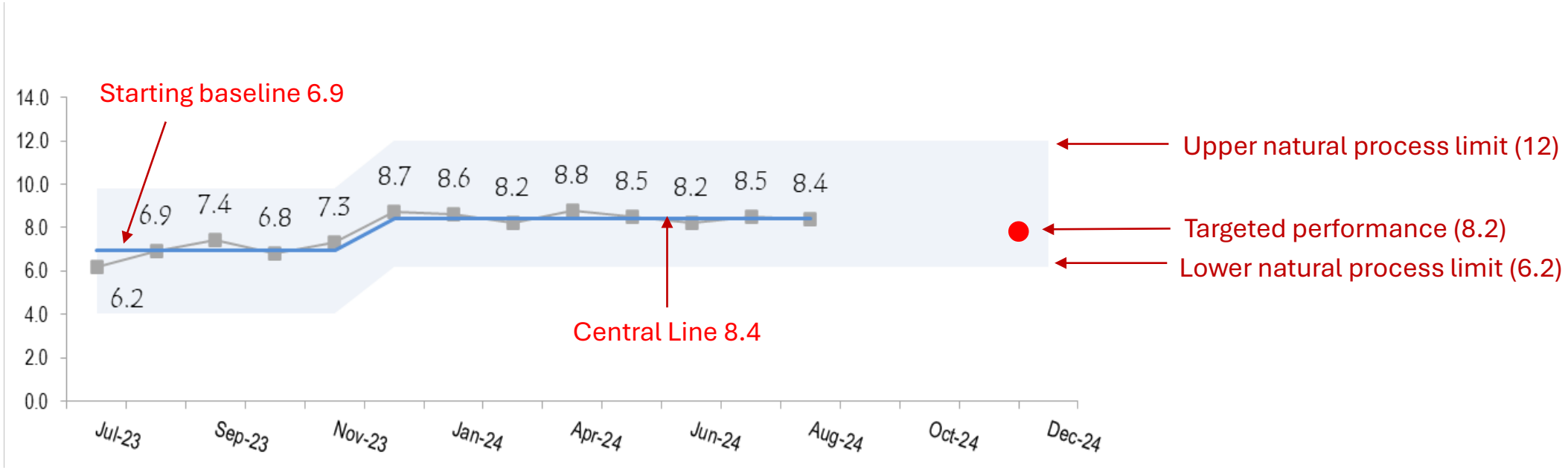
Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

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	• 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 natural process limits define the routine or normal variation for the performance measure.
- A starting “Baseline” is collected to calculate process limits and target value.
- Over time, the “Central Line” tracks the process and is recalculated when a shift in performance occurs. (as indicated in Dec 2023 above)
- Both baseline and central line are essentially the same and calculated as averages. The standard label used on the XmR is “Central Line”.

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

Ontario College of Pharmacists
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BOARD BRIEFING NOTE

MEETING DATE: December 9-10, 2024

FOR INFORMATION

From: Thomas Custer, Director, Corporate Services

Topic: 2024 Year-End Risk Report

Issue: Risk Management Report – 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:

- At year-end, there have been no changes in the top risks identified, nor have there been any changes in the risk ratings since the 2024 mid-year assessment:

Top Organizational Risks	2024 Year-End 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 evaluates both the potential impact on the College's operations and the likelihood of the risks occurring.

- **IT Infrastructure Disruption/Failure**: The migration to a cloud-based model is nearing completion, aimed at enhancing stability, security, and collaboration across functions. SharePoint Phase 1 has been finalized, and Phase 2 is currently underway. Staff members continue to receive training on effectively using the cloud environment. Additionally, the development of the new Registrant Records System (RRS) is progressing as planned, with a Go-Live date set for June 2025.
- **Loss of Business Continuity**: Voluntary turnover remains below industry standards, supported by efforts to enhance workplace culture and address employee pressures. Employee engagement is monitored through ongoing surveys and follow-ups, with recent annual results shared at the September Board meeting.
- **Cyberattacks on OCP Information, Data, and Financial Assets**: As of Q3 2024, the College has achieved a 99% completion rate for security awareness training and a 96.7% pass rate on simulated phishing tests. The transition from KnowBe4 to Microsoft 365 Attack Simulation Training has streamlined processes, enabling prompt responses and actionable insights. The development of an Artificial Intelligence (AI) policy is underway to establish clear guidelines for the appropriate use of AI tools and technologies within the College. In Q3 2024, comprehensive cybersecurity penetration testing was conducted in partnership with TELUS as the external vendor. Both internal and external systems were assessed, and the results, including severity levels and recommended actions, were shared with OCP staff. Remediation efforts are actively being implemented to further enhance the security of OCP's IT infrastructure.
- **Failure to resource core regulatory functions meet public mandate and regulatory benchmarks**: Conduct investigations have been identified as a priority as part of the early work on Strategic Goal 1. These efforts are adequately resourced, with additional funding allocated in mid-2024 to retain external investigators and counsel to support novel investigations. Resourcing will continue to be monitored into 2025 to ensure alignment with strategic priorities and risk mitigation efforts.

Next steps:

- Continue implementing mitigation strategies and regularly assess their effectiveness, adjusting as needed. At the same time, consistently monitor identified risks, detect any new ones, and review emerging risks in accordance with the College's risk appetite statements.
- Continue revising the risk management program at the beginning of 2025 to enhance its effectiveness in identifying and addressing risks while ensuring alignment between strategy execution and risk management.

Attachment:

- 6.3a - 2024 Year-End Risk Dashboard

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Attachment 6.3a
2024 Year-End Risk Dashboard

2024 Year-End Risk Dashboard

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

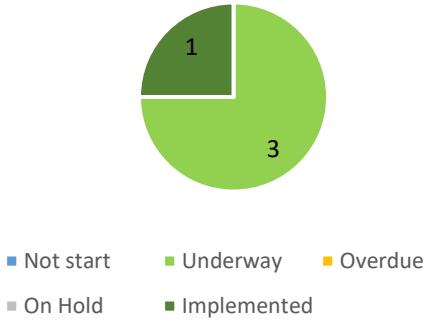
[1] Risk assessment rating of high, medium or low is determined by the product of likelihood x potential impact score

Implemented | Underway | Overdue | On Hold | Not Started

1. Risk of IT Infrastructure Disruption/Failure

2024 YEAR-END STATUS

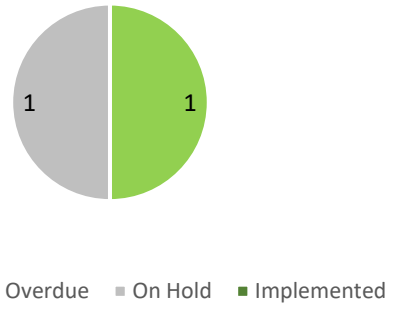
Risk Description	Risk Categories	Risk Impact Score (1-5)	Risk Likelihood Score (1-5)	2024 Year-End Risk-Level (Impact x Likelihood)	Progress Status of Risk Response(s)
• **IT infrastructure does not support high availability, ease of maintenance and scalability to meet the growing needs of the College.**	✓ Public Protection ✓ Information and Communications	Moderate (3)	Possible (2)	MEDIUM (6)	4 Mitigation Strategies



RISK TREATMENT SUMMARY

Mitigation Strategies Underway	1) Implementation of new Registrant Records System (RRS) is targeted for June 2025. 2) Implementation of SharePoint (Phase 2) is underway. 3) The cloud migration is nearly complete, but some systems (RADAR, HPRM, Hedgehog) and file servers remain onsite pending a replacement strategy linked to RADAR.
Mitigation Strategy Implemented	1) Initial implementation of SharePoint (Phase I) across the entire organization completed.

2. Risk of Loss of Business Continuity

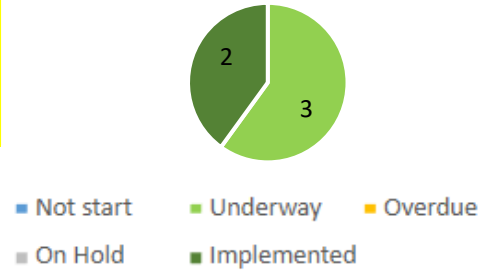
2024 YEAR-END STATUS					
Risk Description	**Risk Categories**	**Risk Impact Score (1-5)**	**Risk Likelihood Score (1-5)**	**2024 Year-End Risk-Level (Impact x Likelihood)**	**Progress Status of Risk Response(s)**
• **Staff disengagement** • **Vacancies add additional burden on existing staff compounding work pressures** • **Inconsistent and undocumented work processes make coverage for vacant roles and on-boarding new staff difficult**	✓ 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 **Underway**	1) As outlined in more detail in the recent 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 YEAR-END STATUS

Risk Description	Risk Categories	Risk Impact Score (1-5)	Risk Likelihood Score (1-5)	2024 Year-End Risk-Level (Impact x Likelihood)	Progress Status of Risk Response(s)
• **Cyberattacks (e.g., ransomware, malware, fraud, phishing attacks and breaches) have increased by 400% during the pandemic.**	✓ Reputation ✓ Information and Communications ✓ Finance & Efficiency	High (4)	Unlikely (2)	MEDIUM (8)	5 Mitigation Strategies

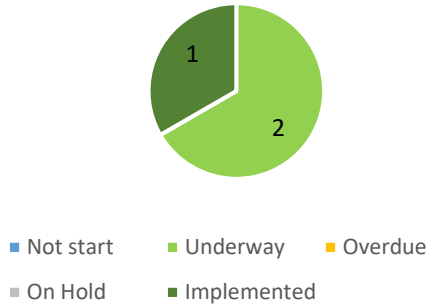


RISK TREATMENT SUMMARY

Mitigation Strategy **Implemented**	1) Security Awareness Training: YTD completion rate (Q3 2024): 99%YTD pass rate on simulated phishing tests (Q3 2024): 96.7%. Replaced KnowBe4 and transitioned to Microsoft 365 Attack Simulation Training. 2) MFA implemented for all committee and board members as of this year.
Mitigation Strategies **Underway**	1) Artificial intelligence (AI) policy currently in the works to define guidelines and boundaries for how AI tools and technologies can be used within the College. 2) Cyber Security Penetration testing was conducted in Q3 of this year. Both internal and external testing was performed and reported back with recommendations. Action has been taken to further strengthen the security of all OCP IT assets. 3) The cybersecurity policy and incident response runbooks have been developed and are ready for implementation.

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

2024 YEAR-END STATUS					
Risk Description	**Risk Categories**	**Risk Impact Score (1-5)**	**Risk Likelihood Score (1-5)**	**2024 Year-End Risk-Level (Impact x Likelihood)**	**Progress Status of Risk Response(s)**
• **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.**	✓ Public Protection ✓ Regulation & Compliance ✓ Reputation	Moderate (3)	Unlikely (2)	MEDIUM (6)	3 Mitigations



RISK TREATMENT SUMMARY	
Mitigation Strategies **Underway**	1) Ensuring resources to advance Strategic Goal 1 and uphold the Board's Zero Tolerance statement through conduct frameworks, investigations, enforcement, assessments, and policy work. 2) The College continues to apply risk-based, right-touch regulation principles to key activities such as practice, pharmacy assessments, and DPP assessments. For example, it sets internal cycle times based on the risk of activities in the pharmacy (operations assessments) and measures and reports on progress to track and monitor outcomes.
Mitigation strategy **Implemented**	1) Additional staff positions to strengthen core regulatory functions in Quality and Conduct Divisions.

ONTARIO COLLEGE OF PHARMACISTS
Statement of Operations
For The Period Ending September 30, 2024

	Jan to Sep Budget	Jan to Sep Actual	Over (Under) Budget	% Actual to Budget		Jan to Sep Prior Year	% Actual to Prior Year	Full Year Budget	Full Year Projection	Over (Under) Budget	% Projection to Budget Year End
REVENUE											
Registrant fees											
Pharmacists	15,513,086	15,528,089	15,002	100.10 %		14,663,823	105.89 %	15,570,268	15,572,688	2,420	100.02 %
Pharmacy Technician	3,422,039	3,523,313	101,274	102.96 %		3,235,262	108.90 %	3,434,088	3,551,224	117,136	103.41 %
Community Pharmacy fees	7,073,652	7,151,131	77,479	101.10 %		6,715,653	106.48 %	7,181,957	7,149,027	-32,930	99.54 %
Health Profession Corporation	215,943	214,329	-1,615	99.25 %		192,774	111.18 %	228,304	218,125	-10,179	95.54 %
DPP Inspection Fees	16,359	14,541	-1,818	88.89 %		17,545	82.88 %	21,812	14,541	-7,271	66.67 %
Hospital Pharmacy Fees	1,183,045	1,202,063	19,018	101.61 %		1,139,266	105.51 %	1,183,045	1,201,228	18,183	101.54 %
Registration Fees											
Pharmacists:											
Pre-registration Fees	184,534	65,889	-118,645	35.71 %	(1)	131,874	49.96 %	246,045	85,941	-160,104	34.93 %
Pharmacists Application Fees	60,689	18,241	-42,448	30.06 %	(2)	72,638	25.11 %	80,919	85,402	4,483	105.54 %
Studentship & Internship Application Fees	79,470	86,502	7,032	108.85 %		63,951	135.26 %	105,960	75,561	-30,399	71.31 %
Examination Fees	99,748	117,209	17,461	117.50 %	(3)	129,128	90.77 %	132,998	117,206	-15,792	88.13 %
	424,441	287,841	-136,601	67.82 %		397,591	72.40 %	565,922	364,110	-201,812	64.34 %
Pharmacy Technicians:											
Pre-registration Fees	145,926	212,018	66,092	145.29 %	(4)	162,150	130.75 %	194,568	286,616	92,049	147.31 %
PT Application Fees	27,474	30,834	3,360	112.23 %		32,002	96.35 %	36,632	67,688	31,055	184.78 %
Examination Fees	55,616	84,153	28,538	151.31 %	(5)	69,787	120.59 %	74,154	84,187	10,033	113.53 %
	229,015	327,004	97,989	142.79 %		263,939	123.89 %	305,354	438,491	133,137	143.60 %
Registration Fee to Lift Suspension	2,132	8,092	5,960	379.48 %		1,689	479.15 %	2,843	7,873	5,030	276.92 %
PACE Reassessment Fee - Pharmacists	0	2,327	2,327	0.00 %		4,491	51.80 %	0	2,327	2,327	0.00 %
Total Registration Fees and Income	655,589	625,263	-30,326	95.37 %		667,710	93.64 %	874,119	812,800	-61,318	92.99 %
Investment and Other Revenue											
Discipline Costs Recoveries	262,500	354,500	92,000	135.05 %	(6)	216,017	164.11 %	350,000	403,221	53,221	115.21 %
Investment Income	506,250	1,222,473	716,223	241.48 %	(7)	739,458	165.32 %	675,000	1,380,244	705,244	204.48 %
	768,750	1,576,973	808,223	205.13 %		955,475	165.05 %	1,025,000	1,783,465	758,465	174.00 %
TOTAL REVENUE	28,848,464	29,835,703	987,239	103.42 %		27,587,508	108.15 %	29,518,592	30,303,099	784,506	102.66 %
EXPENDITURES:											
Board & Committee Expenses											
Board	189,934	191,672	1,738	100.91 %		114,183	167.86 %	253,245	489,783	236,538	193.40 %
Committees:											
Accreditation	4,343	2,963	-1,380	68.22 %		2,858	103.67 %	5,791	4,786	-1,005	82.64 %
Discipline	310,386	301,210	-9,176	97.04 %		219,415	137.28 %	413,848	426,878	13,030	103.15 %
Drug Preparation Premises	2,323	1,216	-1,107	52.33 %		880	138.07 %	3,098	2,153	-944	69.51 %
Executive	8,505	11,778	3,273	138.49 %		2,314	509.03 %	11,340	30,298	18,958	267.19 %
Finance & Audit	5,342	3,530	-1,812	66.09 %		2,142	164.84 %	7,123	5,305	-1,817	74.48 %
Fitness to Practise	4,699	4,518	-181	96.15 %		1,526	296.12 %	6,265	8,891	2,626	141.93 %
Governance and Screening Committees	12,024	12,481	457	103.80 %		10,095	123.64 %	16,032	37,226	21,194	232.20 %
Inquiries, Complaints & Reports	78,733	58,350	-20,383	74.11 %	(8)	70,353	82.94 %	104,978	82,735	-22,242	78.81 %
Patient Relations	19,092	12,490	-6,602	65.42 %		17,560	71.13 %	25,456	20,450	-5,006	80.33 %
Quality Assurance	6,995	3,949	-3,047	56.45 %		5,704	69.22 %	9,327	7,208	-2,118	77.29 %
Registration	23,099	7,157	-15,942	30.98 %	(9)	10,340	69.22 %	30,799	18,347	-12,452	59.57 %
Total Committee	475,542	419,642	-55,900	88.24 %		343,187	122.28 %	634,056	644,278	10,223	101.61 %
Total Board and Committee	665,476	611,313	-54,162	91.86 %		457,369	133.66 %	887,301	1,134,061	246,760	127.81 %
Personnel											
Salaries	14,063,289	13,596,017	-467,272	96.68 %		12,769,431	106.47 %	19,604,568	19,208,226	-396,342	97.98 %
Benefits	2,748,707	2,741,908	-6,799	99.75 %		2,505,180	109.45 %	3,766,360	3,649,760	-116,600	96.90 %
Personnel - Other	675,592	379,186	-296,406	56.13 %	(10)	432,831	87.61 %	900,789	687,496	-213,293	76.32 %
Total Personnel	17,487,587	16,717,110	-770,477	95.59 %		15,707,442	106.43 %	24,271,717	23,545,482	-726,236	97.01 %
Regulatory Programs											
Association Fees - NAPRA	109,784	109,784	0	100.00 %		104,555	105.00 %	146,378	146,378	0	100.00 %
Communication Initiatives	187,500	121,717	-65,783	64.92 %	(11)	13,871	877.47 %	250,000	229,140	-20,860	91.66 %
DPP Inspection	375	0	-375	0.00 %		0	0.00 %	500	0	-500	0.00 %
Election	4,500	7,627	3,127	169.49 %		5,667	134.60 %	6,000	6,930	930	115.50 %
Examinations, Certificates and Registrations	203,548	174,377	-29,171	85.67 %		175,860	99.16 %	271,397	275,031	3,634	101.34 %
Government Relations	0	0	0	0.00 %		0	0.00 %	0	0	0	0.00 %
HIP / Investigation / Intake	48,750	22,201	-26,549	45.54 %	(12)	18,718	118.61 %	65,000	42,726	-22,274	65.73 %
Legal Conduct - External	1,042,500	990,231	-52,269	94.99 %		774,616	127.84 %	1,390,000	1,205,906	-184,094	86.76 %
Legal - Regulatory	26,250	19,309	-6,941	73.56 %		17,894	107.91 %	35,000	60,000	25,000	171.43 %
Practice Assessment of Competence at Entry	85,232	67,149	-18,083	78.78 %	(13)	62,287	107.81 %	113,643	93,339	-20,303	82.13 %
Practice Initiatives	118,354	29,755	-88,600	25.14 %	(14)	43,693	68.10 %	157,806	79,754	-78,052	50.54 %
Medication Safety Programs	1,120,882	1,000,026	-120,856	89.22 %		986,070	101.42 %	1,494,509	1,399,759	-94,750	93.66 %
Professional Development / Remediation	2,083	0	-2,083	0.00 %		0	0.00 %	2,777	2,777	0	100.00 %
Professional Health Program	71,250	59,874	-11,376	84.03 %	(15)	64,142	93.35 %	95,000	73,615	-21,385	77.49 %
Quality Assurance	137,350	132,120	-5,230	96.19 %		77,871	169.66 %	183,134	178,258	-4,876	97.34 %
Total Regulatory Programs	3,158,358	2,734,170	-424,187	86.57 %		2,345,244	116.58 %	4,211,144	3,793,614	-417,530	90.09 %

ONTARIO COLLEGE OF PHARMACISTS
Statement of Operations
For The Period Ending September 30, 2024

	Jan to Sep Budget	Jan to Sep Actual	Over (Under) Budget	% Actual to Budget		Jan to Sep Prior Year	% Actual to Prior Year	Full Year Budget	Full Year Projection	Over (Under) Budget	% Projection to Budget Year End
Operations											
Association Fees - General	15,000	14,886	-114	99.24 %		3,109	478.82 %	20,000	14,565	-5,435	72.82 %
Audit	25,410	16,390	-9,020	64.50 %		0	0.00 %	33,880	28,700	-5,180	84.71 %
Bank / Credit Card Charges	640,775	615,477	-25,298	96.05 %		584,821	105.24 %	658,500	630,748	-27,752	95.79 %
Consulting - Operations	345,225	431,179	85,954	124.90 %	(16)	221,831	194.37 %	460,300	480,546	20,246	104.40 %
Courier / Delivery	5,063	2,377	-2,686	46.95 %		3,052	77.88 %	6,750	5,311	-1,439	78.68 %
Donations & Contributions - Other	0	0	0	0.00 %		0	0.00 %	0	0	0	0.00 %
Information Systems Leasing and Maintenance	601,234	494,903	-106,330	82.31 %	(17)	442,692	111.79 %	801,645	695,473	-106,172	86.76 %
Insurance - E & O	5,895	5,866	-29	99.51 %		5,600	104.75 %	7,860	8,596	736	109.36 %
Legal - Operations	33,750	938	-32,813	2.78 %	(18)	80,792	1.16 %	45,000	8,000	-37,000	17.78 %
Niagara Apothecary											
Expenses	40,350	50,825	10,475	125.96 %	(19)	52,008	97.73 %	53,800	61,048	7,248	113.47 %
Sales, Grants and Donations	-16,500	-22,166	-5,666	134.34 %		-19,772	112.11 %	-22,000	-24,800	-2,800	112.73 %
Office Services - Equipment Leasing & Maintenance	12,000	9,997	-2,003	83.31 %		10,067	99.30 %	16,000	13,343	-2,657	83.39 %
Postage	3,187	1,140	-2,047	35.77 %		3,934	28.98 %	4,250	3,102	-1,148	72.99 %
Property											
Expenses	213,675	190,114	-23,561	88.97 %		267,910	70.96 %	284,900	269,220	-15,680	94.50 %
Rental Income	0	0	0	0.00 %		-1,485	0.00 %	0	0	0	0.00 %
Publications (Annual Report & Pharmacy Connection)	6,390	6,204	-186	97.09 %		6,571	94.41 %	8,520	9,572	1,052	112.35 %
Subscriptions	52,459	44,328	-8,131	84.50 %		40,825	108.58 %	69,945	57,063	-12,882	81.58 %
Supplies and stationery	17,317	10,545	-6,773	60.89 %		19,508	54.05 %	23,090	15,445	-7,645	66.89 %
Telecommunications	212,526	151,061	-61,465	71.08 %	(20)	172,840	87.40 %	283,368	241,479	-41,889	85.22 %
Travel	244,185	246,633	2,448	101.00 %		238,761	103.30 %	325,580	355,878	30,298	109.31 %
Total Operations	2,457,941	2,270,696	-187,246	92.38 %		2,133,062	106.45 %	3,081,388	2,873,288	-208,100	93.25 %
TOTAL CASH EXPENDITURES	23,769,362	22,333,289	-1,436,073	93.96 %		20,643,117	108.19 %	32,451,550	31,346,445	-1,105,105	96.59 %
EXCESS OF REVENUE OVER EXPENSES BEFORE CAPITAL EXPENDITURES	5,079,102	7,502,414	2,423,312	147.71 %		6,944,390	108.04 %	-2,932,958	-1,043,346	1,889,612	35.57 %
Deduct: Capital Expenditures	-710,850	-374,756	336,095	52.72 %	(21)	-106,715	351.17 %	-947,800	-717,206	230,594	75.67 %
EXCESS OF REVENUE OVER EXPENSES AFTER CAPITAL EXPENDITURES	4,368,252	7,127,658	2,759,406	163.17 %		6,837,675	104.24 %	-3,880,758	-1,760,552	2,120,206	45.37 %
EXCESS OF REVENUE OVER EXPENSES BEFORE AMORTIZATION		7,502,414				6,944,390	108.04 %				
Deduct: Amortization		0				0	0.00 %				
EXCESS OF REVENUE OVER EXPENSES AFTER AMORTIZATION*		7,502,414				6,944,390	108.04 %				

ONTARIO COLLEGE OF PHARMACISTS
Statement of Operations
For The Period Ending September 30, 2024

	Jan to Sep Budget	Jan to Sep Actual	Over (Under) Budget		Comments
REVENUE					
Registration Fees					
Pharmacists:					
Pre-registration Fees	184,534	65,889	-118,645	(1)	*Delay in the timing of pre-registration activities, influenced by the recent regulatory changes and the elimination of the student class. Pre-registration will now occur after students graduate.*
Pharmacists Application Fees	60,689	18,241	-42,448	(2)	*With the extension of the temporary emergency class, more than expected application fees were not required to be paid. The lowered revenue also represents a large volume of refunds issued to pharmacists in the temporary class that had paid application fees in the prior months.*
Examination Fees	99,748	117,209	17,461	(3)	*Payment for all 2024 jurisprudence examinations held substantially complete by end of September. Revenue to align more closely with budget by the end of the year.*
Pharmacy Technicians:					
Pre-registration Fees	145,926	212,018	66,092	(4)	*Continued upward trend in registration for the pharmacy technician license.*
Examination Fees	55,616	84,153	28,538	(5)	*Reflective of a higher demand for the pharmacy technician license, in addition to full-year examination payment received.*
Investment and Other Revenue					
Discipline Costs Recoveries	262,500	354,500	92,000	(6)	*Includes a significant cost recovery ordered at the conclusion of a long-standing discipline case.*
Investment Income	506,250	1,222,473	716,223	(7)	*Higher interest rates on short-term investments maintained throughout the year in addition to higher cash flow resulting from the delay in significant capital investments.*
EXPENDITURES:					
Board & Committee Expenses					
Inquiries, Complaints & Reports	78,733	58,350	-20,383	(8)	*More meetings held virtually than expected.*
Registration	23,099	7,157	-15,942	(9)	*Mid-year committee meeting cancelled due to focus on other priorities such as regulatory amendments.*
Personnel					
Personnel - Other	675,592	379,186	-296,406	(10)	*Fewer employees participated in professional development training. Employee engagement activities to occur later in the year, though expected to come under budget.*
Regulatory Programs					
Communication Initiatives	187,500	121,717	-65,783	(11)	*Some costs related to website refresh deferred to 2025. Planned in-person meetings were instead facilitated virtually.*
HIP / Investigation / Intake	48,750	22,201	-26,549	(12)	*Fewer independent medical examinations of registrant(s) ordered by the Health Inquiry Panel (HIP) as well as implementation of alternative and less costly resolution methods.*
Practice Assessment of Competence at Entry	85,232	67,149	-18,083	(13)	*Fewer participants than anticipated in the PACE assessor training program.*
Practice Initiatives	118,354	29,755	-88,600	(14)	*Hospital Pharmacy initiatives did not proceed as expected. In addition, EDI initiatives were delayed and expected to continue into 2025.*
Professional Health Program	71,250	59,874	-11,376	(15)	*Fewer than expected registrants enrolled in Professional Health Program.*
Operations					
Consulting - Operations	345,225	431,179	85,954	(16)	*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 earlier in the year. In addition, more consulting expenses than projected for communication initiatives.*
Information Systems Leasing and Maintenance	601,234	494,903	-106,330	(17)	*Deferral of licensing fees for planned projects, such as the new Registrant Records System (RRS) and data warehouse, to 2025.*
Legal - Operations	33,750	938	-32,813	(18)	*Legal operational matters mainly addressed in house.*
Niagara Apothecary					
Expenses	40,350	50,825	10,475	(19)	*Increased inventory costs for merchandise sold on-site.*
Telecommunications	212,526	151,061	-61,465	(20)	*Fewer employee expense submissions along with switch to a lower cost internet provider.*
Capital Expenditures	-710,850	-374,756	336,095	(21)	*Development completion of new RRS delayed to 2025. Planned building improvements deferred.*

Investments as of September 30, 2024

	Date Invested	Original Investment	Maturity Date	Balance as of 2023-12-31	Q1 New Investment	Q1 Partial Redemption	Q1 Change in Market value	Q2 Full/Partial Redemption to Cash	Q2 Change in Market value	Q3 Full/Partial Redemption to Cash	Q3 Change in Market value	Balance as of 2024-09-30	Purpose
Business Premium Savings Account (BPSA)				5,436,166			0		0		0	818,697	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	0			0	
Short term investment 365 days @5.11%, redeemable before maturity	2023-12-15	9,600,000	2024-12-13	9,600,000			0		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		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		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	-500,000	0	-5,000,000		4,400,000	
Managed investments (Cash, short-term, fixed income, and equities)	2024-01-06	3,000,000	N/A	0	3,000,000		64,299		32,417		75,246	3,171,962	Short and long-term investments for Reserve Funds
Total				**22,036,166**	**16,900,000**	**-500,000**	**64,299**	**-2,000,000**	**32,417**	**-5,000,000**	**75,246**	**26,990,659**	

Reserve Funds as of June 30, 2024

	Description	Balance as of 2023-12-31	Balance as of 2024-09-30	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: **December 9-10, 2024**

FOR DECISION

From: Susan James, Acting Registrar

Topic: By-Law Consultation - Feedback from the 60-day public consultation of proposed By-Law No. 7.

Issue/Description: Revisions to By-Law No. 6 were brought to the September 16, 2024 Board meeting where it was approved for a 60-day public consultation. The results of the consultation have been analyzed and are ready for review and decision by the Board of Directors.

Public Interest Rationale: Updating by-laws is essential for fulfilling the College's public protection mandate by helping establish the current responsibilities of registrants, Board Directors, Committee appointees and staff, and providing a framework for decision-making and dispute resolution.

Strategic Alignment, Regulatory Processes, And Actions: By-laws are foundational to the College's mandate and serve as an adjunct to the legislation defining the authority, scope and regulatory obligations of the College. The authority to make by-laws related to the administrative and internal affairs of the College is set out in Section 94 of the *Health Professions Procedural Code*.

Background:

- Revisions to By-Law No. 6 were presented at the September 16, 2024 Board meeting.
- Notable revisions to By-Law No. 6 reflect changes in the new *General Regulation (O. Reg. 256/24*) under the *Pharmacy Act, 1991,* changes to administrative fees, requiring that pharmacy closures of more than three days be reported to the Registrar, and removing the requirement that the pharmacist *authorized to order/receive controlled substances* be posted to the public register. More details about the revisions are included in the September 16, 2024 briefing note and the Summary of Proposed Changes to By-Law No. 6 [Version 6B].
- Other revisions were made that do not change the intent of the By-Law or propose new provisions such as deleting outdated references and bringing the document in line with the College's style guide.
- After presenting the proposed revisions, the Board moved to circulate By-Law No. 7 for a 60-day public consultation, in accordance with Section 94 of the *Health Professions Procedural Code* requiring that by-laws related to registrant fees and the collection and publication of registrant information must be circulated to registrants at least 60 days prior to Board approval. All changes were to be brought back to the Board for a final decision regarding approving By-Laws No. 7.
- The public consultation was posted on the College's website on September 24, 2024, and included a brief introduction to the proposed changes, the September 16 briefing note, a summary chart of proposed changes, a draft of proposed By-Law No. 7 with tracked changes, and a draft of the proposed By-Law without tracked changes.
- Feedback provided in response to the consultation was reviewed by staff and posted in accordance with the College's posting guidelines.
- The consultation closed November 22, 2024, and the responses were analyzed by staff.

Analysis:
Comments were received by the College during the 60-day consultation period through the open consultation web page and through outreach to system partners. Registrants, system partners, and members of the public were

informed of the consultation through the College's formal communication channels including newsletters, the website and social posts. The Ontario Pharmacists Association (OPA) included a note about the consultation in their October 30 Professional Practice Update to their membership. Targeted outreach to system partners was also conducted.

Feedback
There were 16 responses in total, all of which are posted on the public consultation page. Fourteen registrants responded with the breakdown as follows:

- Pharmacists: 12
- Pharmacy Technicians: 1
- Pharmacy Assistants: 1

Two organizations responded, including the Ontario Pharmacists Association.

There were not enough responses to conduct a quantitative analysis, so responses were categorized qualitatively. Responses that posed questions, recommendations or concerns specific to the By-Law revisions were included in the analysis. When a respondent addressed more than one section of the By-Law, each comment was captured under the relevant category. For that reason, there were more responses than respondents. All comments remain publicly available on the consultation page.

Findings:

Harmonization with General Regulation (O. Reg 256/24) under the Pharmacy Act, 1991

Analysis:
There was one response in support of harmonization and a suggestion made to include pharmacy technician students to the list of individuals that registrants should strive to participate in educating and mentoring under Schedule A – Ontario College of Pharmacists Code of Ethics: Standards (s. 1.13)

College Response - The College is not revising the Code of Ethics at this time but this suggestion will be included when the Code of Ethics is reviewed.

Gender inclusive language
Analysis:
There were responses that were supportive and unsupportive of this approach to the language in the By-Law. However, most of the unsupportive responses expressed concerns about using gender neutral language during clinical care rather than for the ByLaw.

College Response - The By-Law is an organizational document related to the College's operations and is drafted in accordance with the College's style guide.

Recommendation - No changes to the By-Law are required based on these comments.

Narcotic signer status being removed from the public register

Analysis:
Responses to removing the Narcotic Signer status (i.e., the pharmacist authorized to order/receive controlled substances) from the public register were supportive and there was no disagreement with this change to the By-Law. Two respondents wondered how organizations were to know who is responsible for signing narcotics once this change is made.

College Response – Information about changes to the By-Law will be communicated to registrants and other affected system partners, including the changes to this provision. It is the responsibility of the pharmacist to ensure that they do not sign for narcotics when they are not authorized to do so.

Recommendation – No changes to the By-Law are required based on these comments.

Fee Changes

Analysis:

Require payments of outstanding cost orders/fees as a condition of registration renewal
One comment was supportive, and one comment recommended that the College put provisions in place to outline exceptional circumstances, and the supporting evidence that would be required to substantiate the claim, that would be eligible for deferral of payment or other arrangements (e.g., installment payments).

College response - Exceptional circumstances can be managed on a case-by-case basis without details in the By-Law.

Recommendation – No changes to the By-Law are required based on these comments.

Introduce a cost recovery associated with a second or further instance of registrant cancellation of routine practice or operational assessments less than six weeks prior to the scheduled assessment date without reasonable cause
There was concern expressed in one response that "without reasonable cause" does not cover the full range of potential situations where registrants may need to cancel an assessment without giving the College six weeks' notice.

College Response – The wording of the By-Law is "a reason acceptable by the Registrar" which means there is room for interpretation whereby the Registrar may consider reasons on a case-by-case basis in the event of a cancellation due to an emergency. Leaving room for Registrar discretion allows flexibility for responding to emerging situations in practice in a way that creating a detailed list of all situations does not.

Recommendation – No changes to the By-Law are required based on these comments.

Introduce a cost recovery for costs associated with additional assessments or inspections resulting from noncompliance with policies or standards
Two responses expressed concern that charging fees for non-compliance assessments might be a way for the College to increase revenue and that such fees penalize registrants.

College Response – The intention is not to penalize registrants or to generate a source of revenue but rather to charge an administrative fee for the costs incurred by the College beyond what is included in their registration fees. Other healthcare regulators also charge fees for subsequent assessments. For example, the College of Physicians and Surgeons of Ontario (CPSO) charges for Quality Assurance Committee assessments after the first reassessment.

Recommendation - No changes to the By-Law are required based on these comments.

Address the increased cost of administering the Jurisprudence, Ethics and Professionalism Exam for all applicants
Two respondents were concerned that the increased fees for this exam should be required only after the College had explored options for lowering the cost of administering it.

College Response – The annual cost of administering the Jurisprudence, Ethics and Professional exam through computer-based testing has tripled since the pre-pandemic period, rising from an average of $53,000 to $162,000.

The increase in the fee for the exam reflects increasing administrative costs for the College and is in line with the low end of fees charged by other regulatory colleges.

Recommendation - No changes to the By-Law are required based on these comments.

Introduce a fee for registrants who are required to complete an assessment to support a request to transfer from Part B to Part A of the register.

Concerns of two types were expressed:

1. There was a concern that the College was implementing fees for routine assessments.
2. There was concern that the assessment fee for the transition from Part B to Part A could be a barrier for pharmacy technicians wanting to change registration classes.

College Response

1. The College is not introducing fees for routine assessments but only fees for assessments for registrants transitioning from Part B to Part A of the register.
2. The College's duty includes assuring the competence of pharmacy professionals and the move from Part B to Part A requires an assessment of competence. The fees for Part B pharmacy technicians are lower than Part A and do not include the required assessments. This aligns with the approach for pharmacists.

Recommendation - No changes to the By-Law are required based on these comments.

Quality improvement

Analysis:

Temporary pharmacy closures on the public register

There was concern expressed that requiring pharmacies to report short closures of between three days and three months could result in an administrative burden for both pharmacies and the College.

College Response – The public and other system partners rely on the College's public register to reflect the current information about whether a pharmacy is open or closed. While permanent closures are noted, the need was identified to have information about temporary closures. Posting temporary closures ensures the College can respond to identified risks when such closures take place and provides the public with the information required to support informed decision-making about where to access pharmacy care.

Recommendation - No changes to the By-Law are required based on these comments

Considerations

No concerns were identified during the public consultation about proposed By-Law No. 7 that require further amendments.

Editorial changes were made and are identified in tracked changes (see attached). These revisions do not change the meaning or intent of the By-Laws.

The consultation highlighted the need to clearly communicate any changes being implemented, particularly the changes to fees. As usual practice, revisions to the By-Law will be communicated to registrants and other affected system partners, with particular emphasis on the changes to the fee provisions.

Conclusion

Based on the analysis of the consultation feedback, no substantive changes are being recommended to By-Law No.7. Implementing By-Law No. 7 will help establish the responsibilities of staff and registrants and ensure the College's processes reflect current practice and recent regulatory changes.

MOTION:

THAT the Board approves the College's By-Law No. 7 as amended (see attached).

NEXT STEPS:

That By-Law No. 7 comes into force on the date it is approved by the Board and By-Law No. 6 is repealed in accordance with Article 23.3 of the By-Law.

ATTACHMENTS:

- 7.1 - Proposed By-Law No. 7 with administrative edits
- 7.2 - Proposed By-Law No. 7

ONTARIO COLLEGE OF PHARMACISTS

Effective [●], 2024

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

Version 7 – Enacted by the Board [●] to replace all prior by-laws, including By-Law 6

Version 6B – Amended by the Board March 25, 2024

Version 6B – Approved by the Board June 14, 2021

Replaces By-law Version 6A approved by the Board on April 22, 2020

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BE IT ENACTED as a by-law of the **ONTARIO COLLEGE OF PHARMACISTS** as follows:

ARTICLE 1
INTERPRETATION

1.1 Definitions.

In this By-Law, and in all other By-Laws and resolutions of the College, unless the context otherwise requires:

1.1.1 **"Academic Director"** means a Director who serves on the Board by virtue of being a dean of a faculty of pharmacy of a university in Ontario or, where there is no office of dean, a person filling a similar office to that of a dean of a faculty of pharmacy of a university in Ontario;

1.1.2 "**Act**" means the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18;

1.1.3 "**Board**" means the board of directors of the College. For the purposes of the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Pharmacy Act Regulations*, and any other legislation or policy where the context requires, the Board means the Council of the College;

1.1.4 "**By-Law**" or "**By-Laws**" means the By-Laws of the College, as the same may be amended from time to time;

1.1.5 "**Certificate of Accreditation**" means a certificate of accreditation issued to a pharmacy by the Registrar pursuant to the *Drug and Pharmacies Regulation Act*;

1.1.6 "**Certificate of Authorization**" means a certificate of authorization issued to a health profession corporation by the College;

1.1.7 "**Certificate of Registration**" means a certificate of registration issued to a Registrant by the Registrar pursuant to the *Code*;

1.1.8 "**Chair**" means the chair of the Board and for the purpose of the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Pharmacy Act Regulations*, and any other legislation or policy where the context requires, means the President of the College, and "chair" means the chair of a Committee or the person presiding at a meeting of the Board, as the context requires;

1.1.9 "**Change of Control**" has the meaning given to it in subparagraph 17.1.2;

1.1.10 "**Code**" means the *Health Professions Procedural Code*, being Schedule 2 to the Act;

1.1.11 "**Code of Ethics**" means the Code of Ethics which is set out in Schedule A to this By-Law, as the same may be amended from time to time;

1.1.12 "**College**" means the Ontario College of Pharmacists;

1.1.13 "**Committee"** or **"Committees**" means a committee or committees of the College, whether a statutory committee or a standing or special committee;

1.1.14 "**Contact Person**" means the person designated as the contact person for a hospital pharmacy or institutional pharmacy pursuant to section 146.1 of the *Drug and Pharmacies Regulation Act*;

1.1.15 "**Deputy Registrar**" means the person who, from time to time, holds the title of Deputy Registrar of the College;

1.1.16 "**Designated Manager**" means the manager designated by the Owner of a pharmacy as required by section 146(1)(b) of the *Drug and Pharmacies Regulation Act*;

1.1.17 "**Director**" means a person elected or appointed to be a member of the Board;

1.1.18 "**Director Profile**" means the combination of patient populations served as set out in subparagraph 4.7.1, and knowledge, skills and experience as set out in subparagraph 4.7.2, that will be required of applicants who seek to be qualified as candidates for election to the Board, as determined by the Governance Committee;

1.1.19 "**Drug and Pharmacies Regulation Act**" means the *Drug and Pharmacies Regulation Act*, R.S.O. 1990, Chap. H.4;

1.1.20 "**Drug and Pharmacies Regulation Act Regulations**" means the regulations made under the *Drug and Pharmacies Regulation Act*;

1.1.21 "**Drug Preparation Premises**" means drug preparation premises as defined in the *Pharmacy Act Regulations*;

1.1.22 "**Elected Director**" means a Director elected to the Board in accordance with this By-Law;

1.1.23 "**Former Registrant**" has the meaning given to it in subparagraph 15.9.1;

1.1.24 "**Health Profession Corporation**" means a corporation incorporated under the *Business Corporations Act* (Ontario) that holds a Certificate of Accreditation;

1.1.25 "**Lay Committee Appointee**" means an individual appointed under this By-Law to serve as a member of a Committee who is neither a Director nor a Registrant;

1.1.26 "**Owner**" means an "owner" as defined in the *Drug and Pharmacies Regulation Act Regulations*;

1.1.27 "**Pharmacy Act**" means the *Pharmacy Act*, *1991*, S.O. 1991, c.36;

1.1.28 "**Pharmacy Act Regulations**" means the regulations made under the *Pharmacy Act*;

1.1.29 "**Professional Advocacy Association**" means an organization whose principal mandate is to represent the interests of and advocate on behalf of pharmacies (community and hospital), pharmacists or pharmacy technicians, or a segment of them, including those registered in or practising in Canada. Examples of a Professional Advocacy Association include the Ontario Pharmacists Association, the Canadian Pharmacists Association, the Canadian Association of Pharmacy Technicians and Neighbourhood Pharmacy Association of Canada;

1.1.30 "**Professional Committee Appointee**" means a Registrant who is not a Director, who is appointed under this By-Law to serve as a member of a Committee;

1.1.31 "**Protecting Patients Act**" means the *Protecting Patients Act, 2017*, S.O. 2017, C.11;

1.1.32 "**Public Director**" means a Director appointed to the Board by the Lieutenant Governor-in-Council;

1.1.33 "**Register**" means the register required to be kept pursuant to the *Code*;

1.1.34 "**Registrant**" means a member of the College;

1.1.35 "**Registrar**" means the person who, from time to time, holds the title of Registrar and Chief Executive Officer of the College;

1.1.36 "**RHPA Regulations**" means the regulations made under the Act;

1.1.37 **"Standing Committee"** means a committee described in paragraph 7.3;

1.1.38 "**Statutory Committees**" means the Committees listed in section 10 of the *Code* as of the date of enactment of this By-Law, and the Accreditation Committee as required under the *Pharmacy Act*; and

1.1.39 "**Vice-Chair**" means the vice-chair of the Board and for the purpose of the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Pharmacy Act*

Regulations, and any other legislation or policy where the context requires, means the Vice-President of the College.

1.2 Amendments.

Whenever reference is made in a By-Law to any statute or regulation, such reference shall be deemed to include any amendment to such statute or regulation, or any replacement statute or regulation, as may be made from time to time.

1.3 Committee Member / Committee Appointee

Whenever reference is made in a By-Law to a Committee member or a Committee Appointee, the terms shall be deemed to be interchangeable unless the context requires otherwise.

1.4 Interpretation

When used in a By-Law, unless the context otherwise requires, words importing the singular include the plural and vice versa and the pronouns "they", "them" and "their" shall denote all genders. The insertion of headings in a By-Law is for convenience of reference only and shall not affect the interpretation thereof. Whenever the words "include", "includes" or "including" are used in a By-Law, such words shall be deemed to be followed by the words "without limitation".

ARTICLE 2
PROFESSIONAL LIABILITY INSURANCE

2.1 Insurance Requirements for a Certificate of Registration.

A Registrant who holds a Certificate of Registration as a pharmacist or pharmacy technician listed in Part A of the Register, pharmacist (emergency assignment), pharmacy technician (emergency assignment), intern or intern technician, must maintain personal professional liability insurance as follows:

2.1.1 **Limit of Liability**. The policy of insurance must contain limits of a minimum of $2,000,000 per claim or per occurrence and $4,000,000 in the annual aggregate.

2.1.2 **Definition of Insured Services**. The definition of Insured Services under the policy must include all professional services in the practice of the profession as regulated by the College.

2.1.3 **Retroactive Date**. The policy must not contain a retroactive date and must provide for full prior acts protection.

2.1.4 **Extended Reporting Period (ERP)**. If the policy is a "claims made" policy, it must contain an extended reporting period provision for a minimum of three (3) years.

2.1.5 **Personal Professional Liability Insurance Coverage**. The policy must be issued in the name of the individual Registrant and provide that Registrant with mobility and coverage wherever in Ontario that Registrant practises.

2.1.6 **Legal Defence Payments**. Legal defence payments for regulatory proceedings or other legal proceedings potentially afforded by a personal professional liability policy must not erode the minimum limits of liability under the policy.

2.2 Evidence of Insurance.

A Registrant shall, upon the request of the Registrar, provide proof satisfactory to the Registrar of professional liability insurance in the required amounts and form, and a copy of the Registrant's professional liability insurance policy.

ARTICLE 3
RESTRICTION ON DIRECTORS AND COMMITTEE MEMBERS

3.1 Restriction on Directors.

A Director shall not be an employee of the College.

3.2 Restriction on Committee Members.

A member of a Committee shall not be an employee of the College.

ARTICLE 4
ELECTION OF DIRECTORS

4.1 Number of Elected Directors.

4.1.1 Subject to subparagraph 4.1.2, there shall be nine (9) Elected Directors, of whom two (2) shall be pharmacy technicians.

4.1.2 In the event that the number of Public Directors exceeds nine (9), the Board may increase the number of Elected Directors to be elected at the next annual August election to correspond to the number of Public Directors. Any such additional Elected Directors shall be pharmacists.

4.1.3 If the number of Public Directors is subsequently reduced, the Board may reduce the number of Elected Directors to be elected at the next annual August election to equal the number of Public Directors then-appointed.

4.2 Voting Eligibility.

Every Registrant who holds a valid Certificate of Registration as a pharmacist or a pharmacy technician, who practises or resides in Ontario, and who is not in default of payment of the annual fee, is entitled to vote in an election of Directors.

4.3 Election Date.

An election of Elected Directors will be held on the first Wednesday in August of every year, for the number of positions on the Board that are then available.

4.4 Terms of Office.

4.4.1 The term of office of an Elected Director will be three (3) years, commencing at the first meeting of the Board after the election.

4.4.2 No Elected Director who was first elected in the November 2020 election or any subsequent election may serve as a Director for more than six (6) consecutive years.

4.4.3 No Director who was a member of Council prior to November 2020 may serve for more than nine (9) consecutive years (inclusive of years of service prior to November 2020).

4.4.4 If an Elected Director reaches the end of their maximum service prior to the end of their term, the Elected Director will cease to hold office and the procedures set out in paragraph 4.18 will apply.

4.5 Eligibility for Election.

4.5.1 A Registrant who holds a valid Certificate of Registration as a pharmacist or as a pharmacy technician is eligible to seek to be a candidate for election to the Board if the Registrant meets the following requirements:

(a) the Registrant is not in default of payment of any fees prescribed in the By-Laws;

(b) the Registrant is not the subject of any disciplinary or incapacity proceeding;

(c) the Registrant has not been found to have committed an act of professional misconduct or to be incompetent by a panel of the Discipline Committee.

(d) the Registrant's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation

(e) The Registrant is not and has not within the three (3) years immediately preceding the election been, an employee, officer or director of a Professional Advocacy Association, except for Associations whose mission, vision and mandate are primarily to mitigate systemic barriers to access to the profession for diverse populations, marginalized groups and individuals with disabilities. Additionally, nothing in this clause will prevent a Registrant who

serves on an association or organization to which they have been appointed by the Board as a representative of the College, from running for election to be an Elected Director;

(f) the Registrant has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the election;

(g) where the Registrant was formerly a Director, but is not as of the date of the election a Director, it has been at least three (3) years since the Registrant was a Director;

(h) the Registrant is not an adverse party in litigation against the College, the Board, a Committee or any of the College's officers, employees or agents;

(i) the Registrant commits to devoting sufficient time in their schedule to participating in all required Board and Committee activities;

(j) the Registrant has not, in the opinion of the Screening Committee, engaged in conduct unbecoming a Director; and

(k) the Registrant is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the election, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection.

4.6 Notice of Election and Call for Applicants.

4.6.1 No later than May 15th in the year in which the election is to be held the Registrar shall notify each Registrant who is eligible to vote of the date of the election and the number of available positions on the Board. Such notification shall be by electronic mail, shall include a link to the Director Profile and application form for election and shall be addressed to each Registrant at their electronic address that is on file with the College. Such notice shall also be published on the website of the College.

4.7 Director Competencies.

4.7.1 The Board shall at all times comprise Elected Directors who collectively serve, or have experience working with, the following diverse patient populations:

(a) patients served by rural community pharmacies;

(b) patients served by urban community pharmacies;

(c) patients treated at teaching hospitals;

(d) patients treated at community hospitals;

(e) patients located in northern/remote areas;

(f) patients who identify as Indigenous;

(g) patients with mental health and addictions needs; and

(h) patients in long-term care.

4.7.2 The Board shall in addition at all times comprise Directors who collectively have the following knowledge, skills and experience:

(a) experience in and understanding of the principles of protecting, and acting in, the public interest;

(b) experience working with diverse populations, marginalized groups and people with disabilities;

(c) experience serving on boards and/or committees;

(d) experience in managing a broad range of risk;

(e) experience in senior leadership roles in business, health care institutions, government and academia;

(f) experience with human resource issues including, but not limited to, occupational health and safety, organizational structures and human resources oversight and compensation, recruiting and succession planning;

(g) financial and/or accounting expertise, including the following: preparing, auditing, analyzing or evaluating financial statements and an understanding of generally accepted accounting principles;

(h) ability to navigate electronic systems to access Board and Committee materials;

(i) legal experience or familiarity with regulated professions, including overseeing regulations and setting standards for certification;

(j) experience participating in, or leading, an organization in planning for its future including, but not limited to the following: analysis, environmental scans, strategy design, planning, implementation and evaluation; and

(k) a strong grasp of issues surrounding diversity and inclusion.

4.8 Application Procedure.

4.8.1 A Registrant seeking to be a candidate for election as an Elected Director shall complete and return an application form no later than the deadline provided in the form. The application form shall be accompanied by three (3) reference letters in accordance with the instructions contained in the application form.

4.8.2 The application form shall include a signed affirmation by the applicant of their commitment to participate in pre-orientation activities aimed at understanding the obligations of a Director.

4.8.3 The Screening Committee shall review the applications against the eligibility requirements as set out in paragraph 4.5 and the Director Profile that the Governance Committee has announced for the election. Applicants who (a) meet the eligibility requirements in paragraph 4.5, and (b) serve or have experience with patient populations, and have knowledge, skill and experience, that are within the Director Profile, will be qualified as candidates for election.

4.8.4 If the Screening Committee requires additional information in order to assess whether an applicant meets the criteria in the Director Profile, the Screening Committee may require the applicant to participate in an interview in person or by electronic means.

4.8.5 An applicant may withdraw their application by notice of withdrawal delivered to the Registrar no later than July 1 in the year in which the election is to be held.

4.8.6 All applicants who have not withdrawn their application will be notified whether they are eligible and have been qualified as candidates for election.

4.8.7 In the event of a dispute about whether a Registrant is eligible or qualified as a candidate for election, the Governance Committee shall conduct an investigation and report its findings and recommendations to the Executive Committee. The Executive Committee shall rule and inform the candidate of its decision and reasons.

4.8.8 A person who has a direct interest in the result of an election dispute shall not participate in the investigation or consideration of such dispute.

4.9 Acclamation.

4.9.1 If, after the deadline referred to in subparagraph 4.8.5, the number of pharmacy technicians qualified as candidates for election is equal to the number of pharmacy technicians to be elected in that election, the Registrar

shall declare those pharmacy technician candidate(s) to be elected by acclamation.

4.9.2 If, after the deadline referred to in subparagraph 4.8.5, the number of pharmacists qualified as candidates for election is equal to the number of pharmacists to be elected in that election, the Registrar shall declare those pharmacist candidate(s) to be elected by acclamation.

4.9.3 If, after the deadline referred to in subparagraph 4.8.5, the number of pharmacy technicians qualified as candidates for election is less than the number of pharmacy technicians to be elected in that election, the Registrar shall declare the qualified pharmacy technician candidate(s) to be elected by acclamation and there will be a supplementary application, selection and election process held in accordance with paragraph 4.19 in order to fill any remaining vacancies.

4.9.4 If, after the deadline referred to in subparagraph 4.8.5, the number of pharmacists qualified as candidates for election is less than the number of pharmacists to be elected in that election, the Registrar shall declare the qualified pharmacist candidate(s) to be elected by acclamation and there will be a supplementary application, selection and election process held in accordance with paragraph 4.19 in order to fill any remaining vacancies.

4.9.5 In the event of acclamation pursuant to this paragraph 4.9 in an election in which candidates will be elected to terms of varying lengths, the Registrar shall determine by lot which successful candidate will serve for which length of term. However, if subparagraph 4.9.3 or 4.9.4 is applicable, the candidate(s) elected by acclamation will serve the longer of the available terms.

4.10 Registrar's Electoral Duties.

4.10.1 The Registrar shall supervise and administer the election of candidates and for the purpose of carrying out that duty, the Registrar shall:

(a) appoint returning officers or scrutineers;

(b) establish a deadline for the receipt of ballots;

(c) establish reasonable safeguards to ensure that the person voting is entitled to vote;

(d) ensure electronic communication and voting processes are reliable and secure;

(e) establish procedures for the counting and verification of ballots; and

(f) provide for the notification of all candidates and Registrants of the results of the election.

4.10.2 No later than twenty-one (21) days before the date of an election, the Registrar shall provide to every Registrant eligible to vote a list of the candidates, secure access to a ballot, and an explanation of the voting procedures as set out in this By-Law.

4.11 Scrutineers.

4.11.1 The Board shall, at the last regular Board meeting before an election, appoint two (2) or more persons to serve as scrutineers for the election.

4.11.2 The scrutineers will be reimbursed for their expenses as provided in Article 6 in accordance with a policy made by a resolution of the Board.

4.11.3 If a scrutineer is unable or unwilling to act, the Chair shall appoint a person as a replacement scrutineer.

4.12 Ballots.

4.12.1 The names of the candidates who have not withdrawn their candidacies by the deadline for so doing will appear on the ballot.

4.12.2 The Registrar shall prepare a list of the voting Registrants.

4.12.3 A Registrant who is eligible to vote and who does not receive, or loses, their secure access to a ballot may apply to the Registrar for replacement secure access to a ballot and the Registrar shall provide the Registrant with a replacement.

4.13 Voting.

4.13.1 A ballot shall clearly indicate the candidates of the voting Registrant's choice and shall be submitted so that it is received not later than 5:00 p.m. on the day of the election.

4.13.2 The scrutineers shall ascertain that each voting Registrant is eligible to vote according to the list prepared by the Registrar.

4.13.3 The scrutineers shall verify the votes at the head office of the College on the day following the election.

4.13.4 The verification of the votes by the scrutineers shall be conducted in such a manner that no person will know for whom any voting Registrant has voted.

4.13.5 The only persons permitted to be present during the verification will be the scrutineers, the Registrar, such staff of the College as the Registrar authorizes,

and the candidates. A candidate may appoint one (1) person to represent the candidate at the verification.

4.13.6 If the scrutineers cannot agree on any matter relating to the verification, the matter shall be decided by the Registrar.

4.13.7 Upon completing the verification, the scrutineers shall prepare a return and file the return with the Registrar.

4.13.8 The successful pharmacist candidates in an election will be those with the highest and next highest number of votes and so on until the number of successful pharmacist candidates equals the number of pharmacists to be elected in that election.

4.13.9 The successful pharmacy technician candidate in an election where one pharmacy technician is to be elected will be the one with the highest number of votes. If more than one (1) pharmacy technician is to be elected in an election, the successful pharmacy technician candidates will be those with the highest and next highest number of votes until all positions are filled.

4.13.10 Upon receiving the returns from the scrutineers, the Registrar shall declare the pharmacists who were successful in accordance with subparagraph 4.13.8 to be elected as Elected Directors and shall declare that the pharmacy technician or technicians who were successful in accordance with subparagraph 4.13.9 to be elected as Elected Director(s), and shall notify each candidate of the election results.

4.14 Number of Votes to be Cast.

4.14.1 In each annual election, each Registrant may vote for up to the number of pharmacy technician candidates as there are pharmacy technician vacancies on the Board and for up to the number of pharmacist candidates as there are pharmacist vacancies on the Board.

4.15 Tie Votes.

4.15.1 If there is a tie in an election of Elected Directors and it is necessary to break the tie to determine who will be the successful candidate, the Registrar shall break the tie, by lot, and then declare the candidate elected.

4.16 Delay of Election.

4.16.1 If, for whatever reason, including a public health emergency or other emergency, it would be impractical to hold an election in the time required by this By-Law, the Registrar with the consent of the Executive Committee may delay any or all of the following: the holding of the election, the notice of election, the call for applications, the deadline for applications, and all other

timelines related to the election for such period of time as the Registrar and Executive Committee consider necessary to allow for an election to be held.

4.16.2 Notice of a decision under subparagraph 4.16.1 shall be given to each Registrant by electronic mail.

4.16.3 If an election of Directors is not held on the first Wednesday in August in a given year as a result of a delay pursuant to subparagraph 4.16.1:

(a) all references in this By-Law to the date of that election, and all timelines that depend on the date of that election, shall be deemed for that year to refer to the date that the election is actually held (even if the election is held in the following year);

(b) despite any other provision in this By-Law, the term of office of any Elected Director that would have expired at the first meeting of the Board after the August election in that year shall continue until the first meeting of the Board after the election is actually held, except that any Director who has reached their maximum years on the Board will cease to hold office and the procedures set out in paragraph 4.18 will apply; and

(c) the term of office of an Elected Director who is elected in an election that has been delayed shall commence at the first meeting of the Board after the election is actually held and shall continue until the end of the term of office that would have been held had the Elected Director been elected to that position on the Board in the applicable August election. For the purposes of subparagraphs 4.4.2 and 4.4.3, an Elected Director who is elected in an election that has been delayed shall be deemed to have served a full year as of the first meeting of the Board after the following election.

4.17 Conduct of Directors.

4.17.1 An Elected Director is automatically disqualified from sitting on the Board if the Elected Director:

(a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or

(b) is found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee.

4.17.2 Formal governance action may be taken against a Director where the Director:

(a) fails, or does not make themself available, without cause, to attend three (3) consecutive meetings of the Board;

(b) fails, or does not make themself available, without cause, to attend three (3) consecutive meetings of a Committee of which the Director is a member, or fails without cause to attend a scheduled hearing or review conducted by a panel to which the Director was appointed;

(c) fails, or does not make themself available, without cause, to attend Director education and evaluation activities hosted by the College from time to time;

(d) is in default of payment of any fees prescribed in the By-Laws;

(e) is or becomes an employee, officer or director of a Professional Advocacy Association (however, for greater certainty, a Director shall not be disqualified by reason of serving on an association or organization to which the Director has been appointed by the Board as a representative of the College);

(f) in the case of an Academic Director who is a Registrant,

(i) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or

(ii) is found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee;

(g) initiates litigation against the College, the Board, a Committee or any of the College's officers, employees or agents; or

(h) engages in conduct or an omission that is reasonably regarded by the Board as being disgraceful, dishonourable, unprofessional or unbecoming a Director.

4.17.3 In the event of a concern or complaint regarding the conduct of a Director, the Board shall follow the procedures it has established from time to time. A formal governance sanction under subparagraph 4.17.4 requires approval by two-thirds of Directors present at the meeting and eligible to vote.

4.17.4 The formal governance sanction imposed by the Board may include one or more of the following:

(i) censure of the Director verbally or in writing;

(ii) disqualification of an Elected Director from the Board;

(iii) where the Director is a Public Director, sending a copy of the independent third party's report and the Board's determination to the Ministry of Health; or

(iv) where the Director is an Academic Director, sending a copy of the independent third party's report and the Board's determination to the applicable Ontario university.

4.17.5 An Elected Director who is disqualified from sitting on the Board is thereby removed from the Board and ceases to be a Director.

4.18 Filling of Vacancies.

4.18.1 Upon the proclamation of section 30 of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this paragraph 4.18 will be subject to any provisions of the *RHPA Regulations* respecting the filling of vacancies arising on the Board.

4.18.2 If the position of an Elected Director becomes vacant not more than twelve (12) months before the expiry of the term of office of that Elected Director, the Board may:

(a) leave the position vacant, if the number of Elected Directors remaining on the Board is nine (9) or more;

(b) declare the eligible Registrant with the next highest number of votes in the election immediately prior to the vacancy who was not elected to be acclaimed to the vacant position; or

(c) direct the Registrar to hold a by-election in accordance with this By-Law for an Elected Director who meets the criteria of the Director Profile for the election immediately prior to the vacancy, except if the by-election is held at the same time as an annual election, in which case the Director Profile developed for that annual election will apply.

4.18.3 If the position of an Elected Director becomes vacant more than twelve (12) months before the expiry of the term of office of that Elected Director, the Board shall:

(a) declare the eligible Registrant with the next highest number of votes in the election immediately prior to the vacancy who was not elected to be acclaimed to the vacant position; or

(b) direct the Registrar to hold a by-election in accordance with this By-Law for an Elected Director who meets the criteria of the Director Profile for the election immediately prior to the vacancy,

except if the by-election is held at the same time as an annual election, in which case the Director Profile developed for that annual election will apply.

4.18.4 The provisions of this By-Law that apply to the conduct of elections apply to the conduct of by-elections, with all necessary modifications.

4.18.5 The term of office of an Elected Director acclaimed or elected in a by-election under subparagraph 4.18.2 or 4.18.3 will commence upon acclamation or election and continue until the term of office of the former Elected Director would have expired.

4.19 Supplementary Election Procedures.

4.19.1 If the Screening Committee fails to identify a sufficient number of applicants who are qualified as candidates for election by the deadline referred to in subparagraph 4.8.5, or if the number of eligible candidates is less than the number of Elected Directors to be elected, there shall be a supplementary election.

4.19.2 The provisions of this By-Law that apply to the conduct of elections shall apply to the conduct of supplementary elections, with all necessary modifications.

4.19.3 The term of office of an Elected Director elected in a supplementary election under paragraph 4.19 will commence upon acclamation or election and continue until the end of the term of office that would have been held had an Elected Director been elected to that position on the Board in the applicable August election.

ARTICLE 5
BOARD MEETINGS

5.1 Meetings of the Board.

5.1.1 The Board shall hold at least four (4) regular meetings in the one (1)-year period following each annual August election of Elected Directors. The first regular Board meeting shall take place within ninety (90) days following the August election. The dates for the remaining regular Board meetings shall be set no later than the first regular Board meeting following the August election.

5.1.2 The Chair may call a special meeting of the Board at any time, provided that seven (7) days' notice is given to each Director, the Registrants and the public, specifying the purpose of the meeting. However, less than seven (7)

days' notice may be given where all Directors consent to the meeting being held with the lesser notice.[1]

5.1.3 The College shall post on its website information regarding upcoming meetings of the Board, including:

(a) the dates of those meetings;

(b) matters to be discussed at those meetings; and

(c) information and documentation that will be provided to Directors for the purpose of those meetings, provided that information and documentation related to any meeting or part of a meeting from which the public is excluded by the Board shall not be posted; and if the Registrar anticipates that the Board will exclude the public from the meeting or part of the meeting, the grounds for doing so.

5.1.4 Subject to subparagraphs 5.1.2 and 5.1.3, notice of any special meeting of the Board shall be sufficient if provided to each Director at the Director's specified email address as shown in the records of the College.

5.1.5 The Chair or, in the Chair's absence or failure to act, the Vice-Chair, shall call a special meeting of the Board upon the written request of two-thirds of the Directors. In the event that the Chair or Vice- Chair are both unable, or fail, to call a meeting of the Board, two-thirds of the Directors may call a meeting upon their written request delivered to the Registrar. Notice of the special meeting shall be given as set out in subparagraphs 5.1.2 to 5.1.4.

5.1.6 Meetings of the Board shall be held at the permanent office of the College, or at such other place or places as the Board may designate.

5.1.7 The quorum for the transaction of business at any meeting of the Board shall be a majority of Directors.

5.1.8 Unless specifically provided for otherwise in the By-Law, any question arising at any meeting of the Board shall be determined by a majority of votes of Directors present at the meeting and eligible to vote. In the event of a tie vote, the Chair shall break the tie with an additional vote.

5.1.9 At the regular meetings of the Board, the business shall include such matters as are set out in an agenda to be approved by the Board.

5.1.10 A Director may place any item that can properly be discussed by the Board on the Board agenda by making a notice of motion. Notices of all motions intended to be introduced shall be given in writing, seconded, and given to the

[1] The notice requirements contained in s. 7 of the Code must still be complied with even where the meeting is closed to the public.

Chair before being considered at a meeting of the Board on a day previous to the discussion or vote unless this requirement is dispensed with by a vote of at least two-thirds of all Directors present at the meeting and eligible to vote.

5.1.11 The Board may, from time to time, set or adopt Rules of Order to guide the conduct of Board meetings.

5.2 Meetings Held By Technological Means.

5.2.1 If two-thirds of all Directors, or of members of a Committee (as the case requires), who are eligible to vote consent thereto generally or in respect of a particular meeting, and each has adequate access, Directors or members of a Committee may participate in a meeting of, respectively, the Board or of a Committee, by means of such communications facilities as permits all persons participating in the meeting to communicate with each other simultaneously and instantaneously, and a Director or member of a Committee participating in such a meeting by such means is deemed to be present at the meeting.

5.2.2 At the outset of each meeting referred to in subparagraph 5.2.1, the Chair shall call roll to establish quorum and whenever votes are required. If the Chair is not satisfied that the meeting may proceed with adequate security and confidentiality, they shall adjourn the meeting to a predetermined date, time and place.

ARTICLE 6
REMUNERATION AND EXPENSES

6.1 Remuneration and Expenses.

When they are on official College business, Directors and Committee members, and participants in working groups and task forces, other than Public Directors, will be paid and / or reimbursed for expenses in accordance with a policy made by a resolution of the Board.

ARTICLE 7
COMMITTEES OF THE COLLEGE

7.1 Statutory Committees under the Act.

7.1.1 Pursuant to the Act, the College shall have the following Committees:

(a) Executive Committee;

(b) Registration Committee;

(c) Inquiries, Complaints and Reports Committee;

(d) Discipline Committee;

(e) Fitness to Practise Committee;

(f) Quality Assurance Committee; and

(g) Patient Relations Committee.

7.1.2 Subject to subparagraph 7.1.3, the composition of the Committees referred to in subparagraphs 7.1.1(a) to 7.1.1(g) shall be as set out in this By-Law and the duties shall be as set out in the Act and the By-Law.

7.1.3 Upon the proclamation of section 5(2) of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this Article 7 as they relate to the Committees referred to in subparagraphs 7.1.1(a) to 7.1.1(g), shall be subject to the provisions of the *RHPA Regulations*, if any, that relate to such Committees, including, for example, provisions:

(a) establishing the composition of such Committees;

(b) establishing the qualifications, screening, appointment and terms of office of members of such Committees who are not Directors; and

(c) governing the relationship between such provisions and the By-Law.

7.2 Statutory Committee under the Pharmacy Act.

Pursuant to the *Pharmacy Act*, the College shall have an Accreditation Committee, the composition of which is set out in this By-Law and the duties of which are set out in the *Drug and Pharmacies Regulation Act* and this By-Law.

7.3 Standing Committees.

In addition to the Statutory Committees, the College shall establish the following Standing Committees, the composition and duties of which are set out in this By-Law:

7.3.1 Finance and Audit Committee;

7.3.2 Screening Committee;

7.3.3 Governance Committee; and

7.3.4 Drug Preparation Premises Committee.

7.4 Appointment of Special Committees.

The Board may, from time to time, appoint such special Committees, task forces and working groups as it deems appropriate or necessary for the attainment of the objects of the College and the efficient conduct of its affairs. Every special Committee, task force or working group shall have specified terms of reference and a date upon which it shall dissolve.

7.5 Reporting of Committees.

All Committees shall report at least annually to the Board.

ARTICLE 8
COMPOSITION AND DUTIES OF STATUTORY AND STANDING COMMITTEES

8.1 Article Subject to RHPA Regulations.

Upon the proclamation of section 5(2) of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this Article 8 as they relate to the Committees referred to in subparagraphs 7.1.1(a) to 7.1.1(g), will be subject to the provisions of the *RHPA Regulations*, if any, that relate to such Committees.

8.2 Composition of the Executive Committee.

The Executive Committee shall be composed of:

8.2.1 the Chair and the Vice-Chair, and three (3) additional Directors, such that at least two (2) Directors are Elected Directors and at least two (2) Directors are Public Directors.

8.3 Chair of the Executive Committee.

The Chair shall be the chair of the Executive Committee.

8.4 Duties of the Executive Committee.

The Executive Committee shall:

8.4.1 in accordance with section 12 (1) of the *Code*, exercise all the powers and duties of the Board between Board meetings that, in the Committee's opinion, require attention, other than the power to make, amend or revoke a regulation or By-Law;

8.4.2 recommend to the Board proposals for changes to applicable statutes, regulations, By-Laws, College policies and standards of practice;

8.4.3 receive findings and recommendations from the Governance Committee pursuant to subparagraph 4.8.7, take such action in respect of the person who is the subject of the findings and recommendations as it deems appropriate, and report its decision to the Board;

8.4.4 ensure that the policies of the Board are carried out;

8.4.5 report its activities, decisions and recommendations through the Chair at each meeting of the Board; and

8.4.6 have the following authorities with respect to staff compensation:

(a) annually, establish guidelines for the awarding of salary increases to staff;

(b) at least annually, review compensation for the Registrar; and

(c) provide broad policy guidance to senior management on matters related to non-salary compensation and benefit programs for College staff.

8.5 Composition of the Registration Committee.

The Registration Committee shall be composed of:

8.5.1 two (2) Public Directors;

8.5.2 five (5) or more Professional Committee Appointees;

8.5.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees;

8.5.4 one (1) Academic Director; and

8.5.5 a representative of a pharmacy technician program in Ontario that has been accredited by the Canadian Council for Accreditation of Pharmacy Programs.

8.6 Duties of the Registration Committee.

8.6.1 The Registration Committee shall:

(a) perform such functions as are assigned to it by statute or regulation; and

(b) maintain familiarity with the accreditation standards that the Canadian Council for Accreditation of Pharmacy Programs sets for all pharmacy and pharmacy technician programs that it accredits.

8.6.2 The Registration Committee may be required by the Board from time to time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning registration, examinations and in-service training required prior to registration.

8.7 Composition of the Inquiries, Complaints and Reports Committee.

The Inquiries, Complaints and Reports Committee shall be composed of:

8.7.1 all of the Public Directors;

8.7.2 ten (10) or more Professional Committee Appointees; and

8.7.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.8 Duties of the Inquiries, Complaints and Reports Committee.

8.8.1 The Inquiries, Complaints and Reports Committee shall perform such functions as are assigned to it by statute or regulation.

8.8.2 The Inquiries, Complaints and Reports Committee may be required by the Board from time to time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning investigations, complaints and reports.

8.9 Composition of the Discipline Committee.

The Discipline Committee shall be composed of:

8.9.1 all of the Elected Directors;

8.9.2 all of the Public Directors except those who are on the Accreditation Committee;

8.9.3 ten (10) or more Professional Committee Appointees who are not on the Accreditation Committee; and

8.9.4 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees who are not on the Accreditation Committee.

8.10 Duties of the Discipline Committee.

8.10.1 The Discipline Committee shall perform such functions as are assigned to it by statute or regulation.

8.10.2 The Discipline Committee may be required by the Board from time to time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning discipline.

8.11 Composition of the Fitness to Practise Committee.

The Fitness to Practise Committee shall be composed of:

8.11.1 two (2) Public Directors;

8.11.2 two (2) or more Professional Committee Appointees; and

8.11.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.12 Duties of the Fitness to Practise Committee.

8.12.1 The Fitness to Practise Committee shall perform such functions as are assigned to it by statute or regulation.

8.12.2 The Fitness to Practise Committee may be required by the Board from time to time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning fitness to practise.

8.13 Composition of the Quality Assurance Committee.

The Quality Assurance Committee shall be composed of:

8.13.1 two (2) Public Directors;

8.13.2 five (5) or more Professional Committee Appointees; and

8.13.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.14 Duties of the Quality Assurance Committee.

8.14.1 The Quality Assurance Committee shall:

(a) perform such functions as are assigned to it by statute or regulation; and

(b) maintain a continuing review of the Quality Assurance Program.

8.14.2 The Quality Assurance Committee may be required by the Board from time to time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning quality assurance.

8.15 Composition of the Patient Relations Committee.

The Patient Relations Committee shall be composed of:

8.15.1 one (1) or more Professional Committee Appointees so long as the number of Professional Committee Appointees are fewer than the number of Lay Committee Appointees other than when there are temporary vacancies; and

8.15.2 two (2) or more Lay Committee Appointees.

8.16 Duties of the Patient Relations Committee.

8.16.1 The Patient Relations Committee shall perform such functions as are assigned to it by statute or regulation.

8.16.2 The Patient Relations Committee may be required by the Board from time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning patient relations.

8.17 Composition of the Accreditation Committee.

The Accreditation Committee shall be composed of:

8.17.1 two (2) Public Directors;

8.17.2 three (3) or more Professional Committee Appointees; and

8.17.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.18 Duties of the Accreditation Committee.

8.18.1 The Accreditation Committee shall perform such functions as are assigned to it by statute or regulation.

8.18.2 The Accreditation Committee may be required by the Board from time to time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning accreditation.

8.19 Composition of the Finance and Audit Committee.

The Finance and Audit Committee shall be composed of:

8.19.1 two (2) or more Elected Directors; and

8.19.2 at the discretion of the Governance Committee, two (2) or more Lay Committee Appointees; and

8.19.3 at the discretion of the Governance Committee, one or more Public Directors.

8.20 Duties of the Finance and Audit Committee.

The Finance and Audit Committee shall:

8.20.1 review and recommend to the Board, the annual operating and capital budget for the College;

8.20.2 maintain a rolling two (2) year operating budget;

8.20.3 review quarterly financial statements and report to the Board significant deviations from budget;

8.20.4 meet with the auditor each year,

(a) before the audit to review the timing and extent of the audit and to bring to the attention of the auditor any matter of which it considers the auditor should be made aware; and

(b) as shortly after the completion of the audit as is practical, in order to review and discuss with the auditor the financial statements and the auditor's report;

8.20.5 review and report to the Board on the effectiveness of the external audit function and any matter which the external auditor wishes to bring to the attention of the College;

8.20.6 make recommendations to the Board on the appointment or reappointment of the external auditor;

8.20.7 make recommendations to the Board regarding the management of the College's assets and liabilities and additions or improvements to the real property owned or operated by the College; and

8.20.8 recommend to the Board changes to applicable By-Laws, College policies and standards of practice.

8.21 Composition of the Screening Committee.

The Screening Committee shall be composed of:

8.21.1 the chair of the Governance Committee;

8.21.2 two (2) additional Directors, one (1) or more of whom shall be a Public Director; and

8.21.3 two (2) or more Lay Committee Appointees.

8.22 Duties of the Screening Committee.

The Screening Committee shall:

8.22.1 administer the process for screening applicants to be qualified as candidates for the Board in accordance with paragraph 4.8; and

8.22.2 review applications and recommend applicants to be appointed as Professional Committee Appointees or Lay Committee Appointees.

8.23 Composition of the Governance Committee.

The Governance Committee shall be composed of:

8.23.1 four (4) Directors, including one (1) or more of each of the following: a Public Director, a pharmacist Elected Director and a pharmacy technician Elected Director; and

8.23.2 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.24 Duties of the Governance Committee.

The Governance Committee shall:

8.24.1 assess the collective knowledge, skills and experience of the current Board in order to:

i) determine the competencies required in upcoming elections and develop the Director Profile; and

ii) consider and implement the succession strategy for the positions of Chair, Vice-Chair and member of the Executive Committee, in order to determine which Directors are qualified for the purpose of paragraph 11.1;

8.24.2 recommend a slate of appointees for Committees, including the chairs;

8.24.3 provide input to the processes for orientation of Directors and members of Committees;

8.24.4 provide input to the process for evaluating the performance of Committees, the Board as a whole, as well as individual Directors and Committee appointees;

8.24.5 identify and recommend opportunities for education, training, coaching and remediation of Directors and Committee members;

8.24.6 in the event of a dispute as set out in subparagraph 4.8.7, conduct an investigation and report findings and recommendations to the Executive Committee about whether a Registrant is eligible or qualified as a candidate for election; and

8.24.7 review and recommend By-Law amendments and Board policies for conformance with current legislative requirements and good governance best practices.

8.25 Composition of the Drug Preparation Premises Committee.

The Drug Preparation Premises Committee shall be composed of the same members as the Accreditation Committee. The chair of the Accreditation Committee shall be the chair of the Drug Preparation Premises Committee.

8.26 Duties of the Drug Preparation Premises Committee.

The Drug Preparation Premises Committee shall:

8.26.1 administer and govern the College's Drug Preparation Premises inspection program in accordance with the *Pharmacy Act Regulations*; and

8.26.2 deal with any other matters concerning the inspection of Drug Preparation Premises as directed by the Board.

8.27 Panels and Quorum of the Drug Preparation Premises Committee.

8.27.1 A panel shall be selected by the chair of the Drug Preparation Premises Committee from among the members of the Committee to determine the outcome of drug preparation premises inspections pursuant to Part XV of Ontario Regulation 256/24 under the Pharmacy Act.

8.27.2 A panel shall be composed of at least three persons, one of whom shall be a Public Director.

8.27.3 Three members of the Drug Preparation Premises Committee constitute a quorum.

ARTICLE 9
DUTIES OF OFFICERS

9.1 Duties of the Chair and the Vice-Chair.

9.1.1 The Chair shall:

(a) preside as chair at all meetings of the Board; and

(b) make all necessary rulings as to the order of business, subject to an appeal to the Directors present.

9.1.2 The Vice- Chair shall, in the event of the absence or inability of the Chair to act, perform the duties of the Chair.

9.1.3 In the event of the absence or inability of both the Chair and the Vice- Chair to act, the Directors present at a meeting of the Board may appoint one (1) of the other Directors to preside at any meeting of the Board.

9.1.4 In the event of the death, or disqualification, or inability to act of a permanent nature of the Chair or the Vice-Chair, the Board shall elect Directors to fill these vacancies according to the provisions of this By-Law for calling a meeting and electing the Chair and the Vice-Chair.

9.1.5 Where the Chair has lost the confidence of the Board, the Board may, on a notice of motion to that effect or at a special meeting of the Board, disqualify the Chair from office by a vote of at least two-thirds of the Directors present and eligible to vote.

ARTICLE 10
COMMITTEE APPOINTEES

10.1 Professional Committee Appointments.

10.1.1 The application form for appointment as a Professional Committee Appointee shall be made available on the College's website.

10.1.2 Subject to subparagraph 7.1.3, a Registrant is eligible for appointment to a Committee as a Professional Committee Appointee if the Registrant has completed and submitted an application form to the Screening Committee and on the date of the appointment:

(a) the Registrant holds a valid Certificate of Registration as a pharmacist or as a pharmacy technician;

(b) the Registrant either practises or resides in Ontario;

(c) the Registrant is not in default of payment of any fees prescribed in this By-Law;

(d) the Registrant has not been found to have committed an act of professional misconduct or to be incompetent by a panel of the Discipline Committee;

(e) the Registrant is not the subject of any disciplinary or incapacity proceeding;

(f) the Registrant is not currently charged with nor has been found guilty of an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada);

(g) the Registrant has not, in the opinion of the Screening Committee, engaged in conduct unbecoming a Committee member;

(h) the Registrant's Certificate of Registration has not been revoked or suspended in the six (6) years preceding the date of the appointment;

(i) the Registrant's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation;

(j) the Registrant has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the appointment;

(k) the Registrant does not have a conflict of interest in respect of the Committee to which they seek to be appointed;

(l) the Registrant is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the appointment, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection; and

(m) the Registrant is not, and has not within the three (3) years immediately preceding the election been, an employee, officer or director of a Professional Advocacy Association. For greater certainty, nothing in this clause will prevent a Registrant who serves on an association or organization to which they have been appointed by the Board as a representative of the College, from becoming a Professional Committee Appointee.

10.2 Lay Committee Appointees

10.2.1 The application form for appointment as a Lay Committee Appointee shall be made available on the College's website.

10.2.2 An individual is eligible for appointment to a Committee as a Lay Committee Appointee if the individual has completed and submitted an application form to the Screening Committee and on the date of the appointment:

(a) the individual resides in Ontario;

(b) the individual has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the appointment;

(c) the individual has never been a Registrant;

(d) the individual has not been found to have committed an act of professional misconduct or to be incompetent by a panel of an adjudicatory committee of any profession;

(e) the individual is not the subject of any disciplinary or incapacity proceeding by a panel of an adjudicatory committee of any profession;

(f) the individual is not currently charged with nor has been found guilty of an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada);

(g) the individual has no direct or indirect ownership interest in a pharmacy other than holding shares on a publicly traded stock exchange;

(h) the individual does not have a conflict of interest in respect of the Committee to which they seek to be appointed; and

(i) the individual is not, and has not within the three (3) years immediately preceding the election been, an employee, officer or director of a Professional Advocacy Association, or any professional advocacy association of any health profession under the Act. For greater certainty, nothing in this clause will prevent an individual who serves on an association or organization to which the individual has been appointed by the Board as a representative of the College, from becoming a Lay Committee Appointee.

ARTICLE 11
ELECTION OF OFFICERS AND EXECUTIVE COMMITTEE

11.1 Election of the Chair, Vice-Chair and Executive Committee.

11.1.1 At the first regular meeting of the Board after each annual August election, the Governance Committee shall present a report of all eligible Directors who are willing to serve as and have been assessed by the Governance Committee to be qualified for the role of (a) Chair, (b) Vice-Chair, and (c) member of the Executive Committee.

11.1.2 The election of the Chair shall be conducted in the following manner:

(a) The chair of the Governance Committee shall announce those who are willing to serve as and are qualified to be Chair. One qualification is that the Chair shall have served on the Board during the previous year.

(b) Despite subparagraph 12.1.3, the chair of the Governance Committee shall not call for or permit the nomination of additional names from the floor.

(c) If there is more than one (1) candidate, an election shall be held using electronic voting methods.

(d) The candidate receiving the overall majority of votes cast will be elected. If there are three (3) or more candidates and no candidate has received an overall majority of votes, the candidate who

received the fewest votes will be removed from the ballot and the vote will be repeated until there are two (2) candidates remaining. The vote will then be repeated until one (1) of the candidates has an overall majority of votes. If three (3) votes result in a tie, the result will be determined by lot by the outgoing Chair.

11.1.3 The procedure outlined in subparagraph 11.1.2 will then be repeated for the office of Vice- Chair. One qualification is that the Vice-Chair shall have served on the Board during the previous year.

11.1.4 The Board shall elect the remaining members of the Executive Committee, in accordance with the composition requirements in paragraph 8.2. The election will be conducted in the following manner:

(a) The chair of the Governance Committee shall announce those who are willing to serve as and are qualified to be on the Executive Committee.

(b) The chair of the Governance Committee shall call for further interest from the floor, and those additional Directors who are interested in running for open positions on the Executive Committee shall be added as candidates for election.

(c) Should there be a sufficient number of candidates so that there would only be a total of two (2) Elected Directors or a total of two (2) Public Directors on the Executive Committee, such candidate(s) shall be declared appointed.

(d) Should the number of filled positions on the Executive Committee for either Elected Directors or Public Directors be less than two (2), elections shall be held, if necessary, so that there are two (2) filled positions in each category.

(e) Should there be more than one (1) remaining candidate for the fifth and last position on the Executive Committee an election shall be held.

(f) For any elections under this subparagraph 12.1.4, Directors shall mark their ballots for up to the number of candidates that matches the number of open positions in the category. The candidate who receives the fewest votes will then be removed from the ballot, and the voting will continue until the number of candidates remaining matches the number of open positions in the category, and such candidates shall be declared appointed. Directors may only cast one (1) vote per candidate on each ballot.

ARTICLE 12
APPOINTMENTS TO COMMITTEES

12.1 Appointments to Statutory and Standing Committees.

12.1.1 All Statutory Committee and Standing Committee appointments, with the exception of the Executive Committee and the Screening Committee, shall be made by the Board in accordance with this paragraph 12.1 at the first regular meeting of the Board after each annual August election, and shall be for a term that expires at the first regular meeting of the Board after the following election or at such longer time as it takes for the Board to approve the slate described in subparagraph 12.1.3.

12.1.2 At the first regular meeting of the Board after each annual August election, the Governance Committee shall present to the Board a slate of candidates, including recommendation for Committee chairs, for all Committees, other than the Executive Committee and the Screening Committee.

12.1.3 For each Committee to be formed at the first regular meeting of the Board after each annual August election except for the Executive Committee, the Board shall pass a resolution approving the slate, subject to any amendments by Board resolution. Once approved, each candidate on the slate shall be deemed to have been appointed to that Committee

12.2 Appointment of Screening Committee.

12.2.1 The Screening Committee for the election to the Board each year shall be appointed by the Board at the Board Meeting held in March in the year of the election. The members of the Screening Committee shall hold office for a term that expires at the first Board meeting following the election.

ARTICLE 13
COMMITTEE PROCEDURES

13.1 Disqualification, Vacancies and Term Limits of Committee Members.

13.1.1 A member of a Committee who is a Registrant is disqualified from sitting on the Committee if the member:

(a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or

(b) is found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee.

13.1.2 The Board may disqualify a member of a Committee from sitting on the Committee if the member:

(a) fails, without cause, to attend the orientation of members of Committees or three (3) consecutive meetings of the Committee or of a subcommittee of which they are a member;

(b) fails, without cause, to attend a scheduled hearing or review conducted by a panel to which they were appointed;

(c) repeatedly fails to make themself available to participate in meetings or panels of a Committee or Committees on which the member sits;

(d) ceases to either practise or reside in Ontario;

(e) is in default of payment of any fees prescribed in the By-Laws;

(f) becomes an employee, officer or director of a Professional Advocacy Association (however, for greater certainty, a member of a Committee will not be disqualified by reason of serving on an association or organization to which they have been appointed by the Board as a representative of the College);

(g) engages in conduct or an omission that is reasonably regarded by the Board as being disgraceful, dishonourable, unprofessional or unbecoming a member of a Committee including material breaches of the provisions of the By-Laws, including the Schedules to the By-Laws, or the policies and procedures of the College in force at the relevant time;

(h) in the case of a Director who sits on a Committee, ceases to be a Director;

(i) in the case of a Professional Committee Appointee, no longer meets the eligibility requirements specified in subparagraph 10.1.2; or

(j) in the case of a Lay Committee Appointee, no longer meets the eligibility requirements specified in subparagraph 10.2.2.

13.1.3 A person who is disqualified under subparagraph 13.1.1 or 13.1.2 from sitting on a Committee is thereby removed from the Committee and ceases to be a member of the Committee and, subject to subparagraph 13.1.5, the Chair shall appoint a successor as soon after the disqualification as is feasible.

13.1.4 The term of office of a person who is appointed as a successor to a Committee member under subparagraph 13.1.3 will commence upon the appointment and continue until the term of office of the member of the Committee who is being replaced would have expired.

13.1.5 A vacancy in the membership or chair of a Committee shall be filled by appointment made by the Chair. In the case of a vacancy in the membership of a Committee, the Chair shall consult with the chair of the Committee before making the appointment.

13.1.6 Nothing in paragraph 13.1 prevents the Board, or the Executive Committee acting on its behalf, from adding members to or substituting members on a Committee at any time where one (1) or more members of the Committee cannot fulfill their role.

13.2 Quorum.

Unless specifically provided for otherwise under the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the regulations made under any of those Acts, or this By-Law, a majority of the members of a Committee constitutes a quorum for a meeting of a Committee.

13.3 Voting.

Unless specifically provided for otherwise under the Act, the *Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the regulations made under any of those Acts, or this By-Law, any question arising at any meeting of a Committee shall be determined by a majority of votes of members of the Committee present at the meeting and eligible to vote.

13.4 Committee Vacancies.

Where this By-Law requires a Committee to have a minimum number of persons by using the phrase "or more" or words of a similar meaning, a vacancy which reduces the number of members of the Committee below the minimum number will not affect the validity of any action or decision taken by the Committee or any panel of the Committee.

ARTICLE 14
BUSINESS OF THE COLLEGE

14.1 Seal.

The seal shall be the seal of the College.

14.2 Execution of Documents.

14.2.1 Deeds, mortgages, conveyances, powers of attorney, transfers and assignments of property of all kinds including without limitation transfers and assignment of shares, warrants, bonds, debentures or other securities (collectively the "instruments") may be signed on behalf of the College by the Chair or Vice-Chair and any one (1) of the Registrar, the Deputy Registrar, and the persons holding the positions of director of conduct, director of corporate services, or director of quality, or their equivalent, provided that

such instruments have been signed in accordance with any policy of the College regarding the execution of instruments then in effect, and further provided that no individual shall execute, acknowledge, or verify any instrument in more than one capacity. All instruments so signed shall be binding upon the College without any further authorization or formality. In addition, the Board may from time to time direct by resolution the manner in which, and the person or persons by whom, any particular instrument or class of instruments may or shall be signed. Any signing officer may affix the corporate seal thereto.

14.2.2 Certificates of Registration, Certificates of Authorization and Certificates of Accreditation shall be signed by the Chair and the Registrar.

14.2.3 Contracts may be signed on behalf of the College in accordance with any policy of the Finance and Audit Committee regarding the execution of such contracts.

14.2.4 The signature of any individual, authorized to sign on behalf of the College may be written, printed, stamped, engraved, lithographed or otherwise mechanically reproduced or may be an electronic signature. Anything so signed shall be as valid as if it had been signed manually, even if that individual has ceased to hold office when anything so signed is issued or delivered, until the individual's authorization to sign on behalf of the College is revoked by resolution of the Board.

14.3 Banking and Finance.

14.3.1 The banking business of the College shall be transacted with such chartered banks, trust companies or other financial institutions as may, from time to time, be designated by or under the authority of the Board on recommendation of the Finance and Audit Committee. All such banking business, or any part thereof, shall be transacted on the College's behalf by one (1) or more officers and/or other persons as the Board may designate, direct, or authorize, from time to time, by resolution and to the extent therein provided.

14.3.2 Cheques drawn on the bank, trust or other similar accounts of the College, drafts drawn or accepted by the College, promissory notes given by it, acceptances, bills of exchange, orders for the payment of money and other instruments of a like nature, may be made, signed, drawn, accepted or endorsed, as the case may be, by any two (2) of the Registrar, the Deputy Registrar and the persons holding the positions of director of conduct, director of corporate services, and director of quality, or their equivalent, provided however that no individual shall execute, acknowledge, or verify any instrument in more than one (1) capacity.

14.4 Financial Year and Audit.

14.4.1 The financial year of the College is the calendar year ending December 31.

14.4.2 The Board shall appoint a chartered accountant or a firm of chartered accountants to audit the books and prepare a financial statement for each fiscal year, such appointment to be made at a Board meeting in the year for which the books are to be audited.

14.5 Inspectors.

The Registrar may from time to time, and within budgetary limits, appoint inspectors for the purposes of the *Drug and Pharmacies Regulation Act*, any such appointment to be reported to the Executive Committee and to the Board at the next regular meeting following the appointment. Inspectors so appointed will have such authority and shall perform such duties as are set out in the *Drug and Pharmacies Regulation Act* and such additional duties as may be prescribed by the Registrar.

14.6 Inspectors for the Purposes of Inspecting Drug Preparation Premises.

The Registrar may appoint inspectors for the purposes of the *Pharmacy Act Regulations*. Inspectors so appointed shall have such authority and shall perform such duties as are set out in the *Pharmacy Act Regulations*.

14.7 Grants.

14.7.1 The Board shall set aside, in the budget each year, such funds as are deemed necessary for the maintenance and operation of the Niagara Apothecary, in keeping with the agreement signed in respect thereof with the Ontario Heritage Trust.

14.7.2 The Board shall set aside in the budget each year such funds as are deemed appropriate for grants for any purpose that may tend to advance scientific knowledge or pharmacy education, or maintain or improve the standards of practice in the profession.

14.8 Funds.

14.8.1 The disbursement of funds of the College shall be as authorized in the annual budget approved by the Board for the fiscal year upon the recommendation of the Finance and Audit Committee. Funds not authorized under the budget shall be disbursed only after approval by the Board.

14.8.2 Investments of surplus funds shall be made in accordance with investment policies in effect from time to time approved by the Board on the recommendation of the Finance and Audit Committee. The securities of the College may be deposited for safekeeping and withdrawn, from time to time, with one (1) or more chartered banks, trust companies or other financial institutions in accordance with such investment policies.

14.9 College Membership.

The College may be a member of a national organization of bodies with similar functions.

14.10 Delegation of Powers and Duties.

14.10.1 The Registrar may, by written delegation, delegate any of the Registrar's powers and/or duties to any employee or officer of the College.

14.10.2 The Deputy Registrar is vested with and may exercise all the powers and perform all the duties of:

(a) the Registrar in the event the Registrar is absent or is unable to act with the exception of those powers or duties, if any, that have been delegated by the Registrar in accordance with subparagraph 14.10.1; and

(b) a delegate of the Registrar in the event that such delegate is absent or unable to act in respect of any powers or duties delegated to them by the Registrar in accordance with subparagraph 14.10.1.

ARTICLE 15
THE REGISTER

15.1 Registrant's Name.

A Registrant's name in the Register shall be:

15.1.1 the Registrant's name as provided in the documentary evidence used to support the Registrant's initial registration with any other given name commonly used by the Registrant, or such other name as is acceptable to the Registrar; or

15.1.2 a name other than as provided in subparagraph 15.1.1 where a written request is made by the Registrant and the Registrar is satisfied that the Registrant has legally changed their name and that the use of the name is not for an improper purpose,

and the Register may also include such other name that the Registrant commonly uses, as is acceptable to the Registrar.

15.2 Business Address and Telephone Number.

15.2.1 A Registrant's business address and business telephone number in the Register shall be, respectively, the address and telephone number of each location at which the Registrant practises in Ontario or, in the case of a Registrant whose practice consists of providing temporary or relief services

and who maintains no permanent place of practice, the address and telephone number of each agency or other person or business for or through which the Registrant provides such services.

15.2.2 Where a Registrant does not practise in Ontario, the Registrant's business address and business telephone number in the Register shall be, respectively, the address designated by the Registrant as the Registrant's business address and the telephone number associated with that business address.

15.3 Information Regarding a Result.

When any provision of this Article 15 requires information regarding a "result" to be included in the Register, the term "result" shall have the same meaning as provided to it in the Code. Specifically, "result" when used in reference to:

15.3.1 a disciplinary proceeding, means the panel's finding that the Registrant committed an act of professional misconduct or was incompetent, particulars of the grounds for the finding, a synopsis of the decision and the order made, including any reprimand, and where the panel has made no such finding, includes a notation that no such finding was made and the reason why no such finding was made; and

15.3.2 an incapacity proceeding, means the panel's finding that the Registrant is incapacitated and the order made by the panel.

15.4 Publication Ban.

Notwithstanding any other provision herein, no action shall be taken under this Article 15 which violates a publication ban, and nothing in this Article 15 requires or authorizes the violation of a publication ban.

15.5 Disclosure of Information.

Notwithstanding any other provision herein, nothing in this Article 15 shall require or authorize the disclosure of information, including personal health information (as defined by subsection 23(10) of the *Code*) where such disclosure would lead to a violation of the *Code*, including subsections 23(8), 23(9) or 23(11) of the *Code*.

15.6 Information to be kept in Register by the Code - Registrants.

Under subsection 23(2) of the *Code*, but subject to the remaining subsections of section 23 of the *Code*, the following information must be contained in the Register and must be available to the public:

15.6.1 Each Registrant's name, business address and business telephone number, and, if applicable, the name of every Health Profession Corporation of which the Registrant is a shareholder.

15.6.2 Where a Registrant is deceased, the name of the deceased Registrant and the date upon which the Registrant died, if known.

15.6.3 The name, business address and business telephone number of every Health Profession Corporation.

15.6.4 The names of the shareholders of each Health Profession Corporation who are Registrants.

15.6.5 Each Registrant's class of registration and specialist status (specialist status not applicable to the College).

15.6.6 The terms, conditions and limitations that are in effect on each Certificate of Registration.

15.6.7 A notation of every caution that a Registrant has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26(1) of the *Code*, and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26(1) of the *Code*.

15.6.8 A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the *Code* and has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.

15.6.9 A copy of the specified allegations against a Registrant for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the *Code* and that has not been finally resolved.

15.6.10 The result of every disciplinary and incapacity proceeding.

15.6.11 A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a Registrant has entered into with the College and that are in effect.

15.6.12 A notation of every finding of professional negligence or malpractice, which may or may not relate to the Registrant's suitability to practise, made against the Registrant, unless the finding is reversed on appeal.

15.6.13 A notation of every revocation or suspension of a Certificate of Registration.

15.6.14 A notation of every revocation or suspension of a Certificate of Authorization.

15.6.15 Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.

15.6.16 Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.

15.6.17 Where, during or as a result of a proceeding under section 25 of the *Code*, a Registrant has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.

15.6.18 The outcomes of any inspections undertaken by an inspection program of the College established under subsection 95(1)(h) or (h.1) of the *Code*, including inspections of the nature referred to in subparagraph 15.10.1.

15.6.19 Information that is required to be kept in the Register in accordance with the By-Laws.

15.6.20 Information that is required to be kept in the Register in accordance with the *RHPA Regulations*.

15.7 Information to be kept in Register by RHPA Regulations - Registrants.

Under the *RHPA Regulations*, specifically, Ontario Regulation 261/18, subject to any exceptions or restrictions contained therein, the following information shall be contained in the Register, if known to the College, and must be available to the public:

15.7.1 If there has been a finding of guilt against a Registrant under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and if none of the conditions in subparagraph 15.7.6 have been satisfied:

(a) a brief summary of the finding;

(b) a brief summary of the sentence; and

(c) if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.

15.7.2 With respect to a Registrant, any currently existing conditions of release following a charge for an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) or subsequent to a finding of guilt and pending appeal or any variations to those conditions.

15.7.3 If a Registrant has been charged with an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and the charge is outstanding:

(a) the fact and content of the charge; and

(b) the date and place of the charge.

15.7.4 If a Registrant has been the subject of a disciplinary finding or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction:

(a) the fact of the finding;

(b) the date of the finding;

(c) the jurisdiction in which the finding was made; and

(d) the existence and status of any appeal.

15.7.5 If a Registrant is currently licensed or registered to practise another profession in Ontario or a profession in another jurisdiction, the fact of that licensure or registration.

15.7.6 The conditions referred to in paragraph 15.7.1 are the following:

(a) the Parole Board of Canada has ordered a record suspension in respect of the conviction;

(b) a pardon in respect of the conviction has been obtained; and

(c) the conviction has been overturned on appeal.

15.7.7 Nothing in this paragraph 15.7 shall be interpreted as authorizing the disclosure of identifying information about an individual other than a Registrant.

15.7.8 For the purposes of this paragraph 15.7, "identifying information" means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

15.8 Additional Information to be kept in Register - Registrants.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 15.13 and 15.14, the following additional information referable to Registrants will be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

15.8.1 Any changes to each Registrant's name which have been made in the Register since the Registrant was first issued a Certificate of Registration.

15.8.2 Each Registrant's gender and registration number.

15.8.3 The date when each Registrant's Certificate of Registration was first issued or, if the Registrant was licensed under Part VI of the *Health Disciplines Act*, the date when the Registrant was first issued a licence by the College.

15.8.4 Where a person ceased to be a Registrant as a result of the person's resignation or death, the last calendar year during which the person was a Registrant.

15.8.5 Where a Registrant holds a Certificate of Registration as a pharmacist, pharmacy technician, pharmacist (emergency assignment), pharmacy technician (emergency assignment), intern or intern technician, the name and location of the university or college from which the Registrant received their degree in pharmacy or completed their pharmacy technician or intern technician program (as the case may be) and the year in which the degree was obtained or the program was completed.

15.8.6 The classes of Certificate of Registration held or previously held by each Registrant, the date on which each was issued and, if applicable, the termination or expiration date of each.

15.8.7 Where a Registrant holds a Certificate of Registration as a pharmacist or pharmacy technician, a notation as to whether the Registrant is listed in Part A or Part B of the Register.

15.8.8 Whether the Registrant has completed the necessary injection training requirements approved by the College.

15.8.9 Where a Registrant is an officer or director of a Health Profession Corporation which holds a Certificate of Authorization, the name of the Health Profession Corporation and what position or title the Registrant holds with that corporation.

15.8.10 Where a Registrant is an officer or director of a corporation which holds a Certificate of Accreditation, the name of the corporation and what position or title, if any, the Registrant holds with that corporation.

15.8.11 Where a Registrant is a Designated Manager or Contact Person of a pharmacy, a notation of the name and location of each pharmacy at which the Registrant holds that designation.

15.8.12 Where applicable, a summary of any restriction on a Registrant's right to practise:

(a) resulting from an undertaking given by the Registrant to the College or an agreement entered into between the Registrant and the College; or

(b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary shall include a description of the restriction, the date on which the restriction was imposed, the jurisdiction in which the restriction was made, and the existence and status of any appeal.

15.8.13 Without affecting the requirement of paragraph 15.7, where there has been a charge or finding of guilt against a Registrant of which the College is aware in respect of a federal, provincial and/or state offence in Canada or any other jurisdiction, that the Registrar believes is relevant to the Registrant's suitability to practise:

(a) a brief summary of the charge or finding, as the case may be;

(b) the date of the charge or finding, as the case may be;

(c) the jurisdiction in which the charge was brought or finding of guilt was made; and

(d) in the case of a finding of guilt, the existence and status of any appeal, unless, in the case of a finding of guilt the relevant legal authority has: (i) ordered a record suspension in respect of the conviction; (ii) issued a pardon in respect of the conviction; or (iii) the conviction has been overturned on appeal, in which case the information described in subparagraph 15.8.13 will no longer be required.

15.8.14 Without affecting the requirement of subparagraph 15.7.2, a summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the Registrant in respect of a federal, provincial and/or state offence in Canada or any other jurisdiction of which the College is aware and that the Registrar believes is relevant to the Registrant's suitability to practise.

15.8.15 Without affecting the requirement of subparagraph 15.7.5, where the College is aware that a Registrant is currently licensed or registered to practise: (i) the profession in another jurisdiction; or (ii) another profession in Ontario or any other jurisdiction, with respect to such licence or registration:

(a) the existence of the licence or registration;

(b) the name of the granting organization; and

(c) the jurisdiction in which it was granted;

15.8.16 Where a Registrant's Certificate of Registration is subject to an interim order of the Inquiries, Complaints and Reports Committee, a notation of that fact, the nature of that order and its effective date.

15.8.17 Without affecting the requirement of subparagraph 15.6.13, where a Registrant's Certificate of Registration is suspended by the Registrar, the date upon which the suspension or revocation took effect and, for greater certainty, the reason for such suspension.

15.8.18 Without affecting the requirement of subparagraph 15.6.6, where a Registrant has any terms, conditions or limitations in effect on the Registrant's Certificate of Registration, the effective date of those terms, conditions and limitations.

15.8.19 Where terms, conditions or limitations on a Registrant's Certificate of Registration have been varied or removed, the effective date of the variance or removal of those terms, conditions and limitations.

15.8.20 Where a suspension of a Registrant's Certificate of Registration is lifted or otherwise removed, the effective date of the lifting or removal of that suspension.

15.8.21 Where a Registrant's Certificate of Registration is reinstated, the effective date of the reinstatement.

15.8.22 Where the Registrar confirms whether the College is investigating a Registrant because there is a compelling public interest in disclosing this information pursuant to subsection 36(1)(g) of the Act, the fact that the Registrant is under investigation.

15.8.23 Where a complaint has been filed or an investigator has been appointed under subsection 75(1)(a) or subsection 75(1)(b) of the *Code*, and a panel of the Inquiries, Complaints and Reports Committee requires a Registrant to appear before a panel of the Committee to be cautioned:

(a) a notation of that fact;

(b) a summary of the caution;

(c) the date of the panel's decision; and

(d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.

15.8.24 Where a complaint has been filed or an investigator has been appointed under subsection 75(1)(a) or subsection 75(1)(b) of the *Code*, and a panel of the Inquiries, Complaints and Reports Committee takes other action requiring a Registrant to complete a specified continuing education or remediation program:

(a) a notation of that fact;

(b) a summary of the continuing education or remediation program;

(c) the date of the panel's decision; and

(d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.

15.8.25 Where an allegation of a Registrant's professional misconduct or incompetence has been referred to the Discipline Committee, where a Registrant has been referred by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act*, or where the Registrar has referred an application for reinstatement to the Discipline Committee under section 73 of the *Code* and the matter is outstanding:

(a) the date of the referral;

(b) a brief summary of each specified allegation;

(c) the notice of hearing;

(d) the anticipated date of the hearing, if the hearing date has been set or the next scheduled date for the continuation of the hearing if the hearing has commenced;

(e) if the hearing is awaiting scheduling, a statement of that fact; and

(f) if the hearing of evidence and arguments is completed and the parties are awaiting a decision of the Discipline Committee, a statement of that fact.

15.8.26 Where the results of a disciplinary proceeding are contained in the Register, the date on which the panel of the Discipline Committee made the finding of professional misconduct or incompetence and the date on which the panel ordered any penalty.

15.8.27 A summary of any reprimand given to a Registrant as part of the order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise available to the public under the *Code*.

15.8.28 Without affecting the requirement of subparagraph 15.6.15, where the question of a Registrant's capacity has been referred to the Fitness to Practise Committee and is outstanding,

(a) a notation of that fact; and

(b) the date of the referral.

15.8.29 Without affecting the requirement of subparagraph 15.7.4, where the College is aware that a finding of professional misconduct or incompetence has been made against a Registrant outside of Ontario in respect of any profession:

(a) a notation of that fact;

(b) the date of the finding and the name of the governing body that made the finding;

(c) a brief summary of the facts on which the finding was based;

(d) the penalty; and

(e) where the finding or penalty is under appeal, a notation of that fact, which notation shall be removed once the appeal is finally disposed of.

15.8.30 Where a decision of a panel of the Discipline Committee has been published by the College with the Registrant's or former Registrant's name included after December 31, 1999:

(a) a notation of that fact; and

(b) identification of, a link to, or a copy of the specific publication containing that decision.

15.8.31 The language(s) in which the Registrant can provide professional services as reported by the Registrant.

15.8.32 Any other information not otherwise referred to in subparagraph 15.6.20, which the College and the Registrant have agreed shall be available to the public.

15.9 Former Registrants.

15.9.1 The term "Former Registrant" means those individuals whose registration with the College is revoked, suspended or rescinded (in which case, recognizing that such individual is deemed to have never held registration with the College) by the College or is otherwise resigned or terminated.

15.9.2 Where the College is aware of such information, the information described in subparagraphs 15.6.12, 15.7.1 to 15.7.4, 15.8.13 to 15.8.15 and 15.8.29 in respect of Former Registrants shall be kept in the Register and is designated as public pursuant to subsection 23(5) of the *Code*.

15.10 Information to be kept in Register – Drug Preparation Premises.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 15.13 and 15.14, the following information referable to Drug Preparation Premises shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

15.10.1 The purpose (after January 1, 2016), outcome and status of inspections of Drug Preparation Premises (including conditions and reasons for fail results) carried out under the *Pharmacy Act Regulations*, including the relevant date.

15.10.2 A summary of the details of a Change of Control of a Drug Preparation Premises received by the College in accordance with Article 17.

15.10.3 Any other information which the College and a designated Registrant for the Drug Preparation Premises have agreed shall be available to the public.

15.11 Information to be Kept in Register – Health Profession Corporations.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 15.13 and 15.14, the following information referable to Health Profession Corporations shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

15.11.1 The Certificate of Authorization number of the Health Profession Corporation and the date upon which that Certificate was first issued.

15.11.2 Where the Certificate of Authorization has been revoked, a notation of that fact, the date when the revocation occurred and a brief summary of the reasons for the revocation.

15.11.3 Where the Certificate of Authorization was revised or a new Certificate of Authorization was issued to the Health Profession Corporation, a notation of that fact and the date when that occurred.

15.11.4 The name, as set out in the College's Register, of each of the shareholders, officers and directors of the Health Profession Corporation who are Registrants and the title or office, if any, held by each.

For greater certainty, the information required by this paragraph shall not affect the requirement of subparagraph 15.6.3.

15.12 Information to be Kept in Register - Pharmacies.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 15.13 and 15.14, the following information referable to pharmacies shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

15.12.1 The pharmacy's name, address, telephone and fax number.

15.12.2 The class of Certificate of Accreditation and Accreditation Number of the pharmacy.

15.12.3 The date the pharmacy opened.

15.12.4 The name of the Designated Manager or Contact Person of the pharmacy, as applicable.

15.12.5 The purpose (after January 1, 2016), outcome and status of inspections of the pharmacy, including the relevant date. This subparagraph applies to the most current purpose (after January 1, 2016), outcome and status of any inspection conducted after July 1, 2013 and the purpose (after January 1, 2016), outcome and status of every inspection conducted thereafter.

15.12.6 Any terms, conditions and limitations on the Certificate of Accreditation.

15.12.7 Where terms, conditions or limitations on the Certificate of Accreditation have been varied or removed, the effective date of their variance or removal.

15.12.8 Where the Certificate of Accreditation has been revoked or suspended, or has expired, a notation of that fact, the date when the revocation or suspension or expiry occurred and a brief summary of the reasons for the revocation or suspension.

15.12.9 Where a suspension of the Certificate of Accreditation has been lifted or otherwise removed, the effective date of its lifting or removal.

15.12.10 Where the Certificate of Accreditation has been amended, a notation of that fact and the date when it occurred.

15.12.11 A notation of every referral by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act* of the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, until the matter has been resolved, including:

(a) the date of the referral;

(b) a brief summary of each specified allegation; and

(c) the anticipated date of the hearing, if the hearing date has been set, or the next scheduled date for the continuation of the hearing if the hearing has commenced.

15.12.12 The result, including a synopsis of the decision, of every disciplinary proceeding against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, unless a panel of the Discipline Committee makes no finding with regard to the proceeding.

15.12.13 Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.

15.12.14 A summary of any reprimand given publicly after November 1, 2006 to a Designated Manager of the pharmacy as part of an order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise available to the public under the *Drug and Pharmacies Regulation Act* or the *Code*.

15.12.15 Where a Certificate of Accreditation is subject to an interim order of the Discipline Committee, a notation of that fact, the nature of the order and its effective date.

15.12.16 Where, during or as a result of a proceeding that was commenced pursuant to section 140 of the *Drug and Pharmacies Regulation Act*, a person or corporation ceases to operate a pharmacy and agrees never to operate a pharmacy again in Ontario, a notation of same.

15.12.17 Where applicable, a summary of any restriction on a pharmacy's ability to operate:

(a) resulting from an undertaking given to the College or an agreement entered into with the College; or

(b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary of the restriction shall also include the source of the restriction.

15.12.18 Where an order has been made under section 162 or section 162.1 of the *Drug and Pharmacies Regulation Act* against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, a notation of that fact including:

(a) the date the order was made;

(b) a summary of the order; and

(c) where the order has been appealed, a notation that it is under appeal, until the appeal is finally disposed of.

15.12.19 Where the Owner or operator of the pharmacy, the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation or the operator of the pharmacy is a corporation, the directors of the corporation, have been found guilty of an offence under section 165 or section 166 of the *Drug and Pharmacies Regulation Act*, a notation of that finding including:

(a) the date the finding was made;

(b) a summary of the finding of the court;

(c) the sentence that the court imposed; and

(d) where the finding or the sentence has been appealed, a notation that it is under appeal, until the appeal is finally disposed of.

15.12.20 Where a trustee in bankruptcy, liquidator, assignee or personal representative of the person who owns or operates the pharmacy becomes authorized to own or operate the pharmacy pursuant to section 145 of the *Drug and Pharmacies Regulation Act*, a notation of that fact including the date the person commences to be so authorized and the date the person ceases to be so authorized.

15.12.21 Where a person has permanently or temporarily (for a period exceeding three (3) days on which the pharmacy would ordinarily be open) closed the pharmacy, a notation of that fact and the date the pharmacy was permanently or temporarily closed.

15.12.22 Any other information not otherwise referred to in this paragraph, which the College and the person who has been issued the Certificate of Accreditation have agreed shall be available to the public.

15.13 Deletion of Information.

15.13.1 Unless otherwise indicated, where the information described in paragraphs 15.6 to 15.12 changes, the College may maintain the previous information on the Register, in addition to the new, changed information, as long as it may be relevant for the public to know in the opinion of the Registrar.

15.13.2 Despite paragraphs 15.8 to 15.12, and subject to subparagraphs 15.13.3, 15.13.4 and 15.13.5, the College is not required to maintain and may delete from the Register information about a Registrant, a Drug Preparation Premises, a Health Profession Corporation, or a pharmacy once three (3) years have passed since the revocation, suspension or other termination of the Certificate of Registration, operation of the Drug Preparation Premises, Certificate of Authorization or Certificate of Accreditation as the case may be.

15.13.3 Despite subparagraphs 15.13.2 and 15.13.5 and the *Code*, the College shall maintain on the Register all of the information about a Registrant and a pharmacy where the Register contains information about the Registrant, resulting from a direction or order of a Committee or resulting from an offence proceeding.

15.13.4 The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs 15.8.12, 15.8.32, 15.12.17, 15.12.22 and 15.13.3 where the Registrar is satisfied that the information is no longer relevant for the public to know.

15.13.5 The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs 15.8.23 and/or 15.8.24 where, after a review, the Inquiries, Complaints and Reports Committee has been required to remove or vary the appearance for a caution or a specified continuing education or remediation program. Where the original requirement to appear for a caution or to complete a specified continuing education or remediation program has been varied, the Registrar may enter a summary of the process leading up to and the results of the variation.

15.14 Disclosure.

All of the information referred to in paragraphs 15.6 to 15.12 is designated as information that may be withheld from the public for the purposes of subsection 23(6) of the *Code*, such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.

ARTICLE 16
FILING OF INFORMATION BY REGISTRANTS, PHARMACIES AND HEALTH PROFESSION CORPORATIONS

16.1 Filing of Information by Registrants.

16.1.1 The College shall forward to each Registrant who holds a Certificate of Registration as a pharmacist or pharmacy technician each year, and may forward to any Registrant at any time, in a form approved by the Registrar, a request for information that includes, but is not limited to:

(a) the Registrant's home address and home telephone number, being the address and telephone number of the principal Ontario residence of the Registrant or, if the Registrant does not have a residence in Ontario, the Registrant's principal residence and, where available, the Registrant's e-mail address;

(b) where a Registrant is engaged in the practice of the profession, whether inside or outside of Ontario, the name, address, telephone number and facsimile number of each person or business for or through which the Registrant engages in the practice or, in the case of a Registrant whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the name, address, telephone number and facsimile number of each agency or other person or business for or through which the Registrant provides such services;

(c) the Registrant's preferred address, preferred telephone number and where applicable, the Registrant's preferred e-mail address for communications from the College;

(d) in the case of a Registrant who is required to possess personal professional liability insurance in accordance with Article 2, information respecting the Registrant's personal professional liability insurance;

(e) information respecting the Registrant's participation in the Quality Assurance Program;

(f) information required to be contained in the Register pursuant to the *Code* and the By-Laws;

(g) such other information as may be required to be provided to the College pursuant to the By-Laws, the Act, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act* or the regulations made under any of those Acts;

(h) information that relates to the professional characteristics and activities of the Registrant that may assist the College in carrying out its objects;

(i) information for the purpose of compiling statistical information to assist the College in fulfilling its objects; and

(j) any other information that the College deems may assist it in carrying out its objects.

16.1.2 Each Registrant shall fully and accurately respond to the request for information, and shall submit the information to the College, in the required form, by the deadline set out in the request for information to the Registrant.

16.1.3 Where any information that a Registrant has provided to the College in response to a request under subparagraph 16.1.1 has changed, the Registrant

shall notify the College of the change within thirty (30) days of its effective date.

16.1.4 In addition to the requirements in subparagraphs 16.1.2 and 16.1.3, a Registrant shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information that is required to be contained in the Register, or that the Registrant is required to provide to the College, pursuant to the *Code* or the By-Laws.

16.2 Filing of Information by Applicants for a Certificate of Accreditation.

16.2.1 Every applicant for a Certificate of Accreditation shall file the following information with the Registrar at least thirty (30) days before the date on which the applicant proposes to commence operation of the pharmacy:

(a) the full name of the applicant and, where the applicant is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;

(b) where the applicant is:

(i) a corporation or partnership, the business address of the corporation or partnership; or

(ii) an individual, the home address of the individual;

(c) the name by which the pharmacy will be known to the public;

(d) the location of the pharmacy;

(e) the proposed date of the opening of the pharmacy;

(f) such additional information as the College requires in its application form for issuance of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act* Regulations; and

(g) any other information that the College deems may assist it in carrying out its objects.

16.2.2 Every applicant for a Certificate of Accreditation shall provide such additional information as the College requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*.

16.2.3 Every applicant for a Certificate of Accreditation shall, on or before the day the person commences to operate the pharmacy, notify the College of the name of the Designated Manager or Contact Person of the pharmacy, as applicable.

16.2.4 Where any of the information that an applicant has provided to the College under subparagraph 16.2.1, 16.2.2 or 16.2.3 has changed, the applicant or Owner, as applicable, of the pharmacy shall provide notification of the change to the College within thirty (30) days of its effective date.

16.3 Filing of Information by Pharmacies.

16.3.1 In connection with the annual renewal of a Certificate of Accreditation, every Owner of a pharmacy shall provide the following information respecting the pharmacy to the College:

(a) the full name of the Owner of the pharmacy and, where the Owner is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;

(b) where the Owner is:

(i) a corporation or partnership, the business address of the corporation or partnership; or

(ii) an individual, the home address of the individual;

(c) the name by which the pharmacy is known to the public;

(d) the location of the pharmacy;

(e) such additional information as the College requires in its application form for renewal of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*; and

(f) any other information that the College deems may assist it in carrying out its objects.

16.3.2 Where any of the information that an Owner of a pharmacy has provided to the College under subparagraph 16.3.1 has changed, the Owner of the pharmacy shall provide notification of the change to the College within thirty (30) days of its effective date.

16.3.3 In addition to the requirements in subparagraphs 16.3.1 and 16.3.2, every Owner of a pharmacy shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that the Owner of the pharmacy is required to provide to the College pursuant to the By-Laws, the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*.

16.4 Filing of Information for Closing Pharmacies – Permanent Closures.

16.4.1 Subject to subparagraph 16.4.2, every person who permanently closes a pharmacy, shall, within seven (7) days of closing the pharmacy, notify the Registrar of the closing and within thirty (30) days of the closing shall file with the Registrar a signed statement setting out:

(a) the date of closing;

(b) the disposition of the drugs in stock in the pharmacy at the time of closing;

(c) the disposition of the prescription files, drug registers and other records required to be kept under the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*; and

(d) the date on which all signs and symbols relating to the practice of pharmacy either within or outside the premises were removed.

16.4.2 Where a person permanently closes a remote dispensing location, the signed statement referred to in subparagraph 16.4.1 need only set out the information in subparagraph 16.4.1(a) and (d).

16.5 Filing of Information for Closing Pharmacies – Temporary Closures.

16.5.1 Every person who intends to temporarily close a pharmacy or does close a pharmacy for a period exceeding three (3) days on which the pharmacy would ordinarily be open, shall notify the Registrar of the date of the temporary closure as soon as the temporary closure becomes known and the anticipated re-opening date.

16.5.2 Every person who provides notice in accordance with subparagraph 16.5.1 shall notify the Registrar if the anticipated re-opening date changes, promptly following the change becoming known, and if the anticipated re-opening date will be later than the initial anticipated re-opening date, the notice must include information demonstrating that drugs in stock in the pharmacy and that prescription files, drug registers and other records required to be kept under the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations* are being securely maintained.

16.5.3 Temporary closures may not exceed three (3) months, unless otherwise approved by the Registrar. Any person who intends to temporarily close a pharmacy for greater than three (3) months, or who is extending a temporary closure for a period that will, in total, exceed three (3) months, shall notify the Registrar, and may be directed to complete the process described in paragraph 16.4.

16.6 Filing of Information by Health Profession Corporations.

16.6.1 The College shall forward to each Health Profession Corporation each year, in a form approved by the Registrar, a request for such information as the Health Profession Corporation is required to provide to the Registrar pursuant to applicable statutes and regulations.

16.6.2 Every Health Profession Corporation shall fully and accurately respond to the request for information and shall submit the information to the College, in the required form, by the tenth day of March next following the forwarding of the request for information to the Health Profession Corporation.

16.6.3 Where any information that a Health Profession Corporation has provided to the College in response to a request under subparagraph 16.6.1 has changed, the Health Profession Corporation shall notify the College of the change within thirty (30) days of its effective date.

16.6.4 Despite subparagraph 16.6.3, a Health Profession Corporation shall notify the Registrar within ten (10) days of a change in the shareholders of the corporation.

16.6.5 In addition to the requirements in subparagraphs 16.6.2, 16.6.3 and 16.6.4, a Health Profession Corporation shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that is required to be contained in the Register, or that the Health Profession Corporation is required to provide to the College, pursuant to applicable statutes or regulations or the By-Laws.

ARTICLE 17
CHANGE OF CONTROL

17.1 Change of Control.

17.1.1 In the event that a Registrant engages in or supervises drug preparation activities at or in connection with a Drug Preparation Premises, the Registrant must notify the College in the event that the Registrant becomes aware that a Change of Control has occurred in respect of such Drug Preparation Premises.

17.1.2 When used herein, the term "Change of Control" in respect of a Drug Preparation Premises means:

(a) any transfer of all or substantially all of the assets of the owner of the Drug Preparation Premises;

(b) any transfer of all or substantially all of the assets used in the operation of the Drug Preparation Premises;

(c) any change in ownership of more than fifty percent (50%) of the shares of the owner of the Drug Preparation Premises;

(d) any amalgamation, merger or consolidation of the owner of the Drug Preparation Premises with another entity;

(e) any governance reorganization causing a change in fifty percent (50%) or more of the members of the board of directors of the owner of the Drug Preparation Premises; and

(f) any dissolution, liquidation or winding-up of the owner of the Drug Preparation Premises,

in each case, by way of one (1) or a series of related transactions.

ARTICLE 18
REGISTRANT FEES

18.1 Application and Issuance Fees

18.1.1 Every person, other than a person who already holds a Certificate of Registration, who wishes to apply for a Certificate of Registration of any class, shall pay an initial application fee due and payable immediately upon the College opening a registration file for such person.

18.1.2 Every applicant for a Certificate of Registration of any class shall pay an application fee, due and payable upon the applicant submitting their completed application to the Registrar.

18.1.3 Every successful applicant for a Certificate of Registration shall pay an issuance fee which is the applicable annual fee.

18.2 Examination Fee.

An applicant for a Certificate of Registration who wishes to write the examination in pharmaceutical jurisprudence approved by the College shall pay an examination fee.

18.3 Annual Fees.

18.3.1 Every person who holds a Certificate of Registration as a pharmacist or pharmacy technician shall pay an annual fee, except that in the year in which the person is first registered as a pharmacist or pharmacy technician, if the Certificate of Registration is issued on or after September 1, the fee will be fifty percent (50%) of the annual fee for that year.

18.3.2 The annual fee must be paid on or before March 10, except that in the year in which a person is first registered, if the Certificate of Registration is issued

after March 10, the annual fee must be paid on the date the person is registered.

18.3.3 No later than thirty (30) days before the annual fee is due, the Registrar shall notify the Registrant of the amount of the fee and the day on which the fee is due.

18.3.4 A Registrant who fails to pay an annual fee on or before the day on which the fee is due shall pay a penalty in addition to the annual fee.

18.3.5 In addition to the amounts set out in sections 18.3.1 and 18.3.2, and notwithstanding 18.3.3, any outstanding balance owing to the College in respect of any decision made by a committee and any fees payable under this bylaw, must be paid in addition to the annual fees, and failure to pay such amounts shall be treated as failure to pay the annual fees.

18.4 Fee to Lift Suspension or for Reinstatement.

18.4.1 Where a Registrant's Certificate of Registration has been suspended by the Registrar pursuant to section 24 of the *Code* for failing to pay a required fee, the fee that the Registrant shall pay for the lifting of the suspension in accordance with section 35(2) of Ontario Regulation 256/24 under the Pharmacy Act shall be: (a) the fee the Registrant failed to pay; (b) the annual fee for the year in which the suspension is to be lifted, if the Registrant has not already paid it; and (c) a penalty.

18.4.2 Where a Registrant's Certificate of Registration has been suspended by the Registrar pursuant to the *Pharmacy Act Regulations*, the fee that the Registrant shall pay for the lifting of the suspension in accordance with section 35(1) of Ontario Regulation 256/24 under the Pharmacy Act shall be: (a) the annual fee for the year in which the suspension is to be lifted, if the Registrant has not already paid it; and (b) a penalty.

18.4.3 A Registrant shall pay a reinstatement fee for the reinstatement of the Registrant's Certificate of Registration.

18.5 Other Fees.

18.5.1 Where a person requests the Registrar to do anything that the Registrar is required or authorized to do, the person shall pay the fee set by the Registrar for doing so.

18.5.2 Where, pursuant to the *Pharmacy Act Regulations*, a Registrant:

(a) has undertaken remediation by order of the Quality Assurance Committee and is required to undergo an assessment by an assessor appointed by the Quality Assurance Committee thereafter; and/or

(b) after the above assessment is found by the Quality Assurance Committee to continue to have a deficiency in the Registrant's knowledge, skills or judgment that requires correction and is ordered by the Quality Assurance Committee to undertake a further remediation and a further assessment by an assessor after the further remediation,

the Registrant shall pay a fee for each such assessment by an assessor appointed by the Quality Assurance Committee, and for any additional assessments that the Registrant undertakes thereafter.

18.5.3 An applicant or a Registrant required to undertake the Practice Assessment of Competence at Entry (PACE), a practice assessment or a knowledge assessment shall pay ~~the~~any applicable fee(s) as set out in the Fee Schedule.

18.5.4 Registrants who engage in, or supervise, drug preparation activities at a Drug Preparation Premises shall, jointly and severally, be required to pay a fee for the inspection of the Drug Preparation Premises pursuant to the *Pharmacy Act Regulations*, including all activities related to the inspection.

18.5.5 A Registrant shall pay a cancellation fee/missed appointment fee for any cancellation or missing of a second or further practice assessment within less than six weeks of the scheduled assessment date without a reason acceptable by the Registrar.

ARTICLE 19
PHARMACY TRANSACTION FEES

19.1 Application Fee.

19.1.1 Subject to subparagraph 19.1.2, an applicant for a Certificate of Accreditation to establish and operate a pharmacy of the community pharmacy class or hospital pharmacy class shall pay an application fee, due and payable upon the applicant submitting a completed application to the Registrar.

19.1.2 Where an applicant who has acquired two (2) or more existing pharmacies of the community pharmacy class or hospital pharmacy class, applies for Certificates of Accreditation to establish and operate the pharmacies, the applicant shall pay an application fee for the first application and for each additional application.

19.2 Issuance Fee.

19.2.1 Every successful applicant for a Certificate of Accreditation of the community pharmacy class and the hospital pharmacy class shall pay an issuance fee.

19.2.2 Every successful applicant for a Certificate of Accreditation to establish and operate a community pharmacy that permits the operation of remote dispensing locations shall pay an issuance fee. The fee will apply for each remote dispensing location to be operated, except that there will be no additional fee for the issuance of a Certificate of Accreditation that permits the operation of remote dispensing locations if the Certificate of Accreditation is issued to an applicant who has acquired or relocated an existing community pharmacy that permits the operation of remote dispensing locations.

19.2.3 An applicant who has acquired or relocated an existing pharmacy shall pay an issuance fee for a Certificate of Accreditation to establish and operate a pharmacy.

19.3 Fee for Amended Certificates - Remote Dispensing Locations.

19.3.1 Every person who seeks to amend a Certificate of Accreditation to permit the operation of remote dispensing locations or additional remote dispensing location(s) shall pay an application fee for each remote dispensing location or additional remote dispensing location that is to be operated.

19.3.2 Every successful applicant for an amended Certificate of Accreditation to permit the operation of remote dispensing locations or additional remote dispensing location(s) shall pay an issuance fee for each remote dispensing location or additional remote dispensing location that is to be operated.

19.3.3 For greater certainty, subparagraphs 19.3.1 and 19.3.2 will only apply with respect to the issuance of a Certificate of Accreditation of the community pharmacy class.

19.4 Renewal Fee.

Every person who holds a Certificate of Accreditation of the community pharmacy class or a Certificate of Accreditation of the hospital pharmacy class shall pay the applicable renewal fee on or before May 10 each year.

19.5 Additional Renewal Fee.

An additional renewal fee will apply, and be due and payable on or before May 10 each year, for the renewal of a Certificate of Accreditation for each pharmacy that, within the twelve (12) months prior to the renewal, has undergone a re-inspection as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection. The additional renewal fee will apply for each re-inspection but will not apply where the re-inspection was pursuant to an order of the Discipline Committee.

19.6 Other Pharmacy-Related Fees.

19.6.1 An applicant for or holder of, as applicable, a Certificate of Accreditation shall pay a cancellation fee/missed appointment fee for any cancellation or

missing of a second or further pharmacy operations assessment within less than six weeks of the scheduled assessment date without a reason acceptable by the Registrar.

19.6.2 Every person who holds a Certificate of Accreditation shall be required to pay a fee for any re-inspection (compliance audit) performed by an inspector appointed under paragraph 14.5.

ARTICLE 20
CERTIFICATE OF AUTHORIZATION FEES

20.1 Application Fee.

An applicant for a Certificate of Authorization for a Health Profession Corporation shall pay an application fee.

20.2 Renewal Fee.

20.2.1 Every Health Profession Corporation that holds a Certificate of Authorization shall pay the applicable renewal fee each year.

20.2.2 The renewal fee for a Certificate of Authorization must be paid on or before March 10 each year.

20.2.3 No later than thirty (30) days before the annual renewal fee is due, the Registrar shall notify the Health Profession Corporation of the amount of the fee and the day on which it is due.

ARTICLE 21
APPLICATION OF FEES

21.1 Application of Fees

21.1.1 Unless otherwise indicated, the fees and penalties set out in Article 18, Article 19, Article 20 and Schedule B shall be effective as of the date set out in Schedule B.

21.1.2 The fees and penalties prescribed in Article 18, Article 19 and Article 20 are set out in Schedule B. All fees and penalties are subject to applicable taxes, which are payable in addition to the fees and penalties.

21.1.3 On January 1 of each year, each fee prescribed in Article 18, Article 19, and Article 20, and listed in Schedule B, will be increased by the percentage increase, if any, in the consumer price index for goods and services in Canada as published by Statistics Canada or any successor organization.

ARTICLE 22
CODE OF ETHICS

22.1 Code of Ethics.

There shall be a Code of Ethics for Registrants, which is Schedule A to this By-Law.

ARTICLE 23
MAKING, AMENDING AND REVOKING BY-LAWS

23.1 Requirements.

23.1.1 By-Laws may be made, repealed or amended by at least two-thirds of all Directors present at a meeting of the Board and eligible to vote.

23.1.2 Amendments may be proposed by not fewer than three (3) Directors or by the Executive Committee.

23.1.3 Proposed amendments shall be sent to the Registrar thirty (30) days in advance of the meeting at which the amendments will be voted on by the Directors.

23.1.4 The Registrar shall, at least two (2) weeks before the meeting at which the amendments are to be considered, notify all Directors of the proposed amendments

23.2 Transition to Amended By-Laws.

23.2.1 Where the By-Laws are amended, the changes should be interpreted in accordance with the following principles:

(a) The amendments shall not affect the validity of any act done or right, privilege, obligation or liability acquired or incurred thereunder or the validity of any contract or agreement made pursuant to any such By-Law prior to such amendments;

(b) The amendments shall be interpreted as forward looking altering the way in which the College shall conduct its affairs after the amendments are effective;

(c) The amendments shall be deemed not to alter the composition of the Board or any Committee as constituted under the previous version of the By-Laws until their composition is changed to bring them into compliance with the amendments; and

(d) A panel of any Committee as constituted at the time of the amendment may complete any pending matter before it despite not being properly constituted under the amendments and despite a

new Committee being appointed in accordance with the amendments.

23.3 Effective Date and Interpretation.

This By-Law shall come into force and effect on the date that it is approved by the Board. Upon this By-Law coming into force and effect, By-Law No. 6 shall hereby be repealed. The principles of interpretation in subparagraph 23.2.1 with respect to amendments shall apply, *mutatis mutandis*, to the repeal of By-Law 6 and the replacement of it by this By-Law.

23.4 Conflict.

If any By-Law is, at any time, found to be in conflict with the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, it will, to the extent of such conflict, be disregarded in favour of the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, as the case may be, and the Registrar shall, upon discovery of such conflict, prepare, for consideration by the Board, a proposed amendment, alteration or repeal of the offending By-Law which shall have the effect of removing from the By-Law anything inconsistent with any such Act.

PASSED by the Board and sealed with the corporate seal of the College the _____, _____.

Chair (Corporate Seal)
Vice-Chair

SCHEDULE A

Ontario College of Pharmacists
Code of Ethics

Role and Purpose of the Code of Ethics

One of the objects of the Ontario College of Pharmacists (OCP, the College), as outlined in the *Regulated Health Professions Act, Schedule 2*, *Health Professions Procedural Code* is to "develop, establish and maintain standards of professional ethics for members" of the profession.

The role and purpose of OCP's Code of Ethics is to clearly articulate the ethical principles and standards which guide the practice of pharmacists and pharmacy technicians in fulfilling the College's mandate to serve and protect the public by putting patients first.

Specifically, OCP's Code of Ethics supports the College in fulfilling its mandate by:

- Clearly articulating the ethical principles and standards by which pharmacists and pharmacy technicians are guided and under which they are accountable
- Serving as a resource for education, self-evaluation and peer review
- Serving as an educational resource for the public outlining the ethical obligations of the profession
- Providing a benchmark for monitoring and addressing the conduct of pharmacists and pharmacy technicians

Who does the Code of Ethics Apply to?

The Code of Ethics applies to all registrants of the College, in accordance with their scope of practice, including registered pharmacists, interns, intern technicians, pharmacy technicians, pharmacists (emergency assignment) and pharmacy technicians (emergency assignment). The Code of Ethics is also relevant to all those who aspire to be registrants of the College.

The Code of Ethics is applicable in all professional practice, education and research environments including non-traditional practice settings which may not involve a healthcare professional/patient relationship.

All registrants are responsible for applying the Code of Ethics requirements in the context of their own specific professional working environments.

Compliance with the Code of Ethics

The Standards listed in OCP's Code of Ethics are not intended to provide an exhaustive or definitive list of ethical behaviours and attitudes required of registrants. Registrants do not justify

unethical behaviour by rationalizing that such behaviour is not expressly prohibited in a Standard of this Code.

The College holds registrants accountable for adhering to the Code of Ethics and will inquire into allegations of a breach of the Code of Ethics and take appropriate action(s) in relation to the severity of the breach.

The Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines are companion documents and none of these should be read or applied in isolation of the other(s). It is not unusual for there to be duplication within these documents as requirements may be both ethical and legal.

All registrants of the College are required to affirm their understanding of and commitment to OCP's Code of Ethics by signing the Declaration of Commitment.

Understanding the Professional Role and Commitment of Healthcare Professionals

The most important feature or characteristic that distinguishes a healthcare professional from another type of professional is that: *healthcare professionals are committed, first and foremost, to the direct benefit of their patients and only secondarily to making a profit*. Pharmacists and pharmacy technicians are healthcare professionals.

What does being a healthcare professional require of pharmacists and pharmacy technicians?

In choosing to become a pharmacist or pharmacy technician we acknowledge our understanding and commitment to the professional role, recognizing it is not about us – our own personal or business interests – it is about the patient.

We appreciate that our patients are vulnerable and may often be limited by personal and circumstantial factors which enhance and reinforce this vulnerability and that inherent within the healthcare professional/patient relationship there is an imbalance of power with the healthcare professional holding that power.

Patients trust that as healthcare professionals we will respect and protect their vulnerability and maintain professional boundaries within the healthcare professional/patient relationship as we use our knowledge, skills and abilities to make decisions that enhance their health and well-being.

Where does this obligation come from?

When we become a regulated healthcare professional we implicitly enter into what is commonly referred to as a "*social contract with society*".

This contract requires that we keep our promise to act in the best interest of our patients and place their well-being first and foremost. It requires that we recognize and remember that we have not simply chosen a profession but also a vocation, committing ourselves to help and benefit those entrusted to our care in a spirit of altruism, goodwill, sincerity and integrity.

In exchange for our promise society agrees to provide our profession with the autonomy to govern ourselves as a self-regulating profession with all the privileges and statuses afforded regulated healthcare professionals.

Ethical Principles that Govern Healthcare Practice

In fulfilling our professional promise to our patients and to society, healthcare professionals are guided by the following ethical principles of healthcare:

Beneficence (to benefit):

The first foundational principle that forms and guides our commitment to serve and protect the best interests of our patients establishes the fact that our primary role and function as healthcare professionals is to benefit our patients. We need to remember that our patients seek our care and services because they believe and trust that we will apply our knowledge, skills and abilities to help make them better.

Non maleficence (do no harm, and prevent harm from occurring):

The second foundational principle that guides our commitment to serve and protect the best interests of our patients addresses the reality that as we strive to benefit our patients we must be diligent in our efforts to do no harm and, whenever possible, prevent harm from occurring.

Respect for Persons/Justice:

The third foundational principle merges the principles of "Respect for Persons" and "Justice" which collectively guide our understanding of how we ought to treat our patients. Respect for persons acknowledges that all persons, as a result of their intrinsic humanity, are worthy of our respect, compassion and consideration. We demonstrate this when we respect our patients' vulnerability, autonomy and right to be self-governing decision-makers in their own healthcare. The principle of "Justice" requires that we fulfill our ethical obligation to treat all patients fairly and equitably.

Accountability (Fidelity):

The fourth and final foundational principle directly ties us to our professional promise to be responsible fiduciaries of the public trust ensuring that we keep our promise to our patients and society to always and invariably act in their best interests and not our own. It is this principle that holds us accountable, not just for our own actions and behaviours, but for those of our colleagues as well.

Code of Ethics and Standards of Application

The Ontario College of Pharmacists Code of Ethics is founded on the core ethical principles of healthcare: beneficence, non-maleficence, respect for persons/justice and accountability (fidelity). Code requirements are articulated in the form of guiding ethical principles, general statements of application and standards that specify the behaviours and attitudes that are required of all registrants of the College as regulated healthcare professionals.

1. Principle of Beneficence

The ethical principle of "Beneficence" refers to the healthcare professional's obligation to actively and positively serve and benefit the patient and society.

Application

Pharmacists and pharmacy technicians serve and benefit the patient and society's best interests.

Standards

1.1 Registrants ensure that their primary focus at all times is the well-being and best interests of the patient.

1.2 Registrants utilize their knowledge, skills and judgment to actively make decisions that provide patient- centred care and optimize health outcomes for patients.

1.3 Registrants apply therapeutic judgment in order to assess the appropriateness of current or proposed medication therapy given individual patient circumstances.

1.4 Registrants seek information and ask questions of patients or their advocate to ascertain if the current or proposed medication provides the most appropriate therapy for the patient.

1.5 Registrants ensure that they consider relevant factors such as; age, mental capacity, lifestyle and living circumstances of the patient and adapt and tailor provision of care accordingly.

1.6 Registrants provide patients with the relevant and sufficient information they need in order to make more informed decisions about their healthcare.

1.7 Registrants ensure that information provided to patients is current and consistent with the standards of practice of the profession and best available evidence.

1.8 Registrants consider and take steps, when possible, to address factors that may be preventing or deterring patients from obtaining the pharmacy care or services required or from achieving the best possible health outcome.

1.9 Registrants prioritize care and services and provide adequate time to ensure that complex patients receive the care they need.

1.10 Registrants participate in consultation, communication and documentation with colleagues or other healthcare professionals to facilitate quality patient care.

1.11 Registrants make every reasonable effort to provide quality cost-effective pharmacy care and services to patients and society.

1.12 Registrants participate as appropriate and viable in public education programs that promote health and wellness and disease prevention.

1.13 Registrants strive to contribute to the development of the profession by participating in the education and mentoring of pharmacy students and interns, intern technicians, pharmacists (emergency assignment), pharmacy technicians (emergency assignment), pharmacists and pharmacy technicians.

1.14 Registrants, within their roles and expertise, strive to conduct, participate in or promote appropriate research practices that advance pharmacy knowledge and practice.

1.15 Registrants ensure that when conducting and/or participating in research initiatives they are scientifically and ethically approved by a research ethics board that meets current ethical research standards.

1.16 Registrants strive to facilitate positive change in the healthcare system by actively participating in healthcare policy review and development as it applies to the practice of the profession.

2. Principle of Non Maleficence

The ethical principle of "Non Maleficence" refers to the healthcare professional's obligation to protect their patients and society from harm.

Application

Pharmacists and pharmacy technicians refrain from participating in behaviours that may harm patients or society and whenever possible prevent harm from occurring.

Standards

2.1 Registrants refrain from participating in behaviours/attitudes which could potentially result in harm and utilize their professional judgment to make every reasonable and conscientious effort to prevent harm to patients and society.

2.2 Registrants practise only within their scope of practice, recognize their limitations and when necessary, refer the patient to a colleague or other healthcare professional whose expertise can best address the patient's needs.

2.3 Registrants disclose medical errors and "near misses" and share information appropriately to manage risk of future occurrences.

2.4 Registrants act with honesty and transparency if harm does occur and assume responsibility for disclosing this harm to the patient and initiating steps to mitigate the harm.

2.5 Registrants challenge the judgment of their colleagues or other healthcare professionals if they have good reason to believe that their decisions or actions could adversely affect patient care.

2.6 Registrants provide the patient with relevant and sufficient information regarding the potential harms identified in terms of risks and the most frequent and serious side effects associated with the medication therapy or pharmacy service.

2.7 Registrants ensure that when they are involved in the patient's transition from one healthcare provider or healthcare facility to another the relevant patient information is provided to the receiving healthcare provider or healthcare facility to ensure safe and effective transition of care.

2.8 Registrants provide only medications and health-related products that are from safe and proven sources, of good quality, and meet the standards required by law.

2.9 Registrants respect the patient's right to privacy and confidentiality and take every reasonable precaution to protect patient confidentiality by preventing unauthorized or accidental disclosure of confidential patient information.

2.10 Registrants ensure that the healthcare professional/patient relationship is not exploited by the registrant for any personal, physical, emotional, financial, social or sexual gain.

2.11 Registrants do not under any circumstances participate in sexual behaviour including, but not limited to:

(i) Sexual intercourse or other forms of sexual relations between the registrant and the patient;

(ii) Touching of a sexual nature, of the patient by the registrant; or

(iii) Behaviour or remarks of a sexual nature, by the registrant towards the patient.

2.12 Registrants do not under any circumstances participate in any form of harassment including, but not limited to:

(i) Bullying or intimidating;

(ii) Offensive jokes or innuendos;

(iii) Displaying or circulating offensive images or materials; or

(iv) Offensive or intimidating communications (phone calls, emails, text messages, etc.).

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

(i) that the registrant does not directly convey their conscientious objection to the patient;

(ii) that the registrant participates in a system designed to respect the patient's right to receive products and services requested;

(iii) that there is an alternative provider available to enable the patient to obtain the requested product or service, which minimizes inconvenience or suffering to the patient.

2.14 Registrants may only consider ending the professional/patient relationship when the registrant has met the following conditions:

(i) In the Registrant's judgement the professional/patient relationship is compromised and/or issues cannot be resolved;

(ii) Considers the condition of the patient;

(iii) Considers the availability of alternative services; and

(iv) Provides the patient with notice and sufficient opportunity to arrange alternate services.

2.15 Registrants assume responsibility for making reasonable efforts to ensure continuity of patient care when they are unable or unwilling to provide requested pharmacy services.

2.16 Registrants in emergency situations, including pandemics and other public health emergencies where the health of the patient or the public is at risk, have a duty to provide patient care within their professional competence and expertise.

2.17 Registrants maintain appropriate human resources to facilitate compliance with Standards of Practice and relevant legislation, policies and guidelines governing the practice of the profession and the operation of pharmacies to ensure that professional performance and the health of others in the work place are not compromised.

2.18 Registrants raise concerns to the appropriate authority if they reasonably believe human resources, policies, procedures, working conditions or the actions, professional performance or health of others may compromise patient care or public safety.

2.19 Registrants assign tasks only to those individuals who are competent and trained to do them.

2.20 Registrants ensure that they remain current with respect to professional knowledge and skills and are committed to continuous lifelong learning and professional improvement throughout their professional working life.

3. Principle of Respect for Persons/Justice

The ethical principle of Respect for Persons/Justice refers to the healthcare professional's dual obligations to respect and honour the intrinsic worth and dignity of every patient as a human being and to treat all patients fairly and equitably.

Application

Pharmacists and pharmacy technicians respect their patients as self-governing decision-makers in their healthcare and treat all patients fairly and equitably.

Standards

3.1 Registrants recognize and respect the vulnerability of patients.

3.2 Registrants respect and value the autonomy and dignity of patients.

3.3 Registrants practise patient-centred care and treat patients with sensitivity, caring, consideration and respect.

3.4 Registrants listen to patients to seek understanding of their needs, values and desired health goals and respect their right to be an active decision-maker in their healthcare.

3.5 Registrants respect the patient's values, customs and beliefs and their right to hold these as self-governing decision-makers.

3.6 Registrants respect the patient's right to privacy and do not disclose confidential information without the consent of the patient unless authorized by law or by the need to protect the welfare of the patient or the public.

3.7 Registrants seek only that information that is reasonable to make informed decisions about the patient's health and the treatment alternatives that align with the patient's treatment goals, unless otherwise authorized by law.

3.8 respect the patient's right to accept or refuse treatment and/or services offered, without prejudice.

3.9 Registrants respect the patient's right to choose a pharmacy and/or pharmacy professional and facilitate the patient's wish to change or transfer pharmacy care and services as requested.

3.10 Registrants obtain the patient's consent, implied or expressed, prior to the provision of pharmacy care or services.

3.11 Registrants respect the right of a competent minor to provide informed consent and make decisions about their healthcare.

3.12 Registrants recognize and respect the right of a legally authorized substitute decision-maker to make decisions on the incompetent patient's behalf.

3.13 Registrants recognize the known wishes/intentions of a patient who is not competent where those wishes/intentions, through a personal directive, were expressed before the person became incompetent.

3.14 Registrants ensure that their views about a patient's personal life, religious beliefs, and other morally irrelevant factors such as: race, gender, identity, sexual orientation, age, disability, marital status and any other factor(s), do not prejudice their opinion of the patient and affect the quality of service that they provide to the patient.

3.15 Registrants recognize the power imbalance inherent in the healthcare professional/patient relationship and assume responsibility for maintaining appropriate professional boundaries at all times.

3.16 Registrants provide fair and equitable access to pharmacy services and deliver consistent quality of care to all patients regardless of socio-economic status, culture, disease state or any other related factor that might unfairly bias patient care.

3.17 Registrants advocate for the fair treatment and fair distribution of resources for those in their care.

3.18 Registrants make fair decisions about the allocation of resources under their control based on the needs of persons, groups or communities to whom they are providing care and services.

4. Principle of Accountability (Fidelity)

The ethical principle of Accountability (Fidelity) refers to the healthcare professional's fiduciary duty to be a responsible and faithful custodian of the public trust.

Application

Pharmacists and pharmacy technicians maintain the public trust by ensuring that they act in the best interest of their patients and society.

In order to fulfill their fiduciary duty to maintain the public trust:

A. Registrants practise within their scope of practice, in accordance with their Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines and only when competent to do so.

B. Registrants refrain from participating in unethical business practices.

C. Registrants avoid conflict of interest.

Standards

A. General Responsibilities

4.1 Registrants abide by the spirit of this Code which applies to the practice of the profession and the operation of pharmacies.

4.2 Registrants conduct themselves with personal and professional integrity at all times and ensure that they demonstrate good character and maintain good standing with the College.

4.3 Registrants ensure that they only practise when they are competent, with respect to both relevant knowledge and skill and physical, emotional and mental capacity, to do so.

4.4 Registrants assume responsibility for all decisions and actions they undertake in professional practice, including failure to make a decision and take appropriate action when necessary.

4.5 Registrants do not perform controlled acts under their scope of practice for an unethical or illegal purpose.

4.6 Registrants ensure that all professional documentation is accurately maintained in accordance with practice standards.

4.7 Registrants maintain confidentiality in creating, storing, accessing, transferring and disposing of records they maintain and control.

4.8 Registrants understand that their trust in the care provided by colleagues and other healthcare professionals must be balanced with critical evaluation.

4.9 Registrants must be diligent in identifying and responding to red flag situations that present in practice.

4.10 Registrants report professional incompetence or unethical behaviour by colleagues or other healthcare professionals to the appropriate regulatory authority.

4.11 Registrants take appropriate steps to prevent and report the misuse or abuse of substances by themselves, patients, colleagues, other healthcare professionals or other pharmacy employees.

4.12 Registrants do not practise under conditions which compromise their professional judgment and impede their ability to provide quality patient care and services.

4.13 Registrants participate in responsible and ethical communication and ensure that any comments or images communicated are not offensive and do not in any manner discredit the member or the profession.

4.14 Registrants ensure that when power imbalances exist in professional working relationships they do not exploit these relationships for personal, physical, emotional, financial, social or sexual gain.

4.15 Registrants co-operate in any inspection, assessment, review or audit conducted by the College or any other authorized person or organization and abide by any undertakings or restrictions placed on their practice as result of an investigation.

4.16 Registrants recognize that self-regulation of the profession is a privilege and that each pharmacist and pharmacy technician has a professional responsibility to merit this privilege by maintaining public trust and confidence in each registrant individually and the profession as a whole.

B. Participate in Ethical Business Practices

4.17 Registrants recognize that their patient's best interests must always override their own interests or the interests of the business which the registrant owns, has a financial interest in or is employed by.

4.18 Registrants only provide pharmacy care and services that are of good quality and intended to optimize the patient's health outcomes and do not compromise patient care for corporate or business interests or financial gain.

4.19 Registrants shall not provide pharmacy services, care or products where there is no potential benefit to the patient.

4.20 Registrants do not influence, persuade or pressure patients to accept pharmacy services in order to retain the patient's business.

4.21 Registrants shall not compromise their professional integrity in order to further institutional or business interests and promote financial gain to the detriment of the patient and public interest.

4.22 Registrants are honest in dealings with patients, colleagues, other healthcare professionals, the College, other organizations, service suppliers, and public or private payers related to the practice of the profession and to the operation of the pharmacy.

4.23 Registrants are transparent in the fees that they charge and ensure that these are communicated to patients in advance of the provision of the service or product provided.

4.24 Registrants do not submit charges to patients or to any third party drug payment plan for services that they know or ought to know are false and fraudulent.

4.25 Registrants do not participate in any practice that involves falsifying patient health records or registrant practice records.

4.26 Registrants must ensure that they do not participate in any form of advertising or promotion that contravenes this Code, Standards of Practice or relevant legislation, policies or guidelines, reflects poorly on the profession or breaches public trust and confidence.

C. Avoid Conflict of interest

Registrants need to proceed with caution and conscientiously exercise professional judgment in dealing with conflict of interest situations which they may encounter in practice but which are not explicitly addressed below.

4.27 Registrants avoid situations that are or may reasonably be perceived to construe a conflict of interest.

4.28 Registrants avoid dual relationships and other situations which may present a conflict of interest and potentially affect the registrant's ability to be impartial and unbiased in their decision-making.

4.29 Registrants declare any personal or professional interests and inform the relevant party(s) if they are involved in a real, perceived or potential conflict of interest and resolve the situation in the best interests of the patient and public safety as soon as possible.

4.30 Registrants involved in decision-making must disclose any relationship they are involved in that may influence or appear to others to influence their objectivity.

4.31 Registrants enter into relationships with industry which are appropriate and in compliance with this Code and which allow them to maintain their professional integrity and retain public trust and confidence.

4.32 Registrants do not provide rewards or incentives that have the potential to adversely influence patient decisions which may result in harm to the patient.

4.33 Registrants do not ask for or accept gifts, inducements or referrals that may affect or be perceived to affect their professional judgment.

4.34 Registrants ensure that they do not participate in referral programs with other Registrants or with members of other healthcare professions for the expressed purpose of benefiting financially.

4.35 Registrants limit their treatment of self and the members of their immediate family to minor conditions and emergency circumstances unless another appropriate healthcare professional is not readily available.

SCHEDULE B

SCHEDULE OF FEES

[See attached]

Summary report: Litera Compare for Word 11.9.1.1 Document comparison done on 28/11/2024 4:56:16 PM	
Style name: Default Style	
Intelligent Table Comparison: Active	
Original DMS: iw://cloudimanage.com/CANADA/308421284/7	
Document Author: Sophie MacRae	
Modified DMS: iw://cloudimanage.com/CANADA/308421284/8	
Document Author: Sophie MacRae	
Changes:	
Add	17
~~Delete~~	16
~~Move From~~	0
Move To	0
Table Insert	0
~~Table Delete~~	0
Table moves to	0
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Embedded Graphics (Visio, ChemDraw, Images etc.)	0
Embedded Excel	0
Format changes	0
Total Changes:	33

Ontario College of Pharmacists

Schedule of Fees

All non-refundable fees and penalties are in Canadian Funds and are subject to Harmonized Sales Tax (HST).

Line		2024 Fees	HST	Total with tax
	REGISTRANT FEES			
	Application and Issuance Fees (18.1)			
1	Initial Application (pre-registration)* (18.1.1)	436.25	56.71	**492.96**
2	Application Fee - Payable upon submission of complete application (18.1.2)	109.35	14.22	**123.57**
3	Issuance Fee - Pharmacist A - New Applicant Registration, Mar 10 to Aug 31(18.1.3)	872.45	113.42	**985.87**
4	Issuance Fee - Pharmacist A - New Applicant Registration, Sept 1 to Mar 09 (18.1.3)	436.25	56.71	**492.96**
5	Issuance Fee - Pharmacist B - New Applicant Registration, Mar 10 to Aug 31 (18.1.3)	436.25	56.71	**492.96**
6	Issuance Fee - Pharmacist B - New Applicant Registration, Sept 1 to Mar 09 (18.1.3)	218.70	28.43	**247.13**
7	Issuance Fee - Pharmacy Technician A - New Applicant Registration, Mar 10 to Aug 31 (18.1.3)	581.65	75.61	**657.26**
8	Issuance Fee - Pharmacy Technician A - New Applicant Registration, Sept 1 to Mar 09 (18.1.3)	290.85	37.81	**328.66**
9	Issuance Fee - Pharmacy Technician B - New Applicant Registration, Mar 10 to Aug 31 (18.1.3)	290.85	37.81	**328.66**
10	Issuance Fee - Pharmacy Technician B - New Applicant Registration, Sept 1 to Mar 09 (18.1.3)	145.40	18.90	**164.30**
	Examination Fee (18.2)			
11	Jurisprudence Exam - Pharmacist and Pharmacy Technician (18.2)	200.00	26.00	**226.00**
	Annual Fees (18.3)			
12	Pharmacist - Part A	872.45	113.42	**985.87**
13	Pharmacist - Part B	436.25	56.71	**492.96**
14	Pharmacy Technician - Part A	581.65	75.61	**657.26**
15	Pharmacy Technician - Part B	290.85	37.81	**328.66**
	Penalty for failure to pay renewal fee by the due date (18.3.4)			
16	within 30 days	145.40	18.90	**164.30**
17	31 days or more	218.70	28.43	**247.13**
	Fee to Lift Suspension or for Reinstatement (18.4)			
18	Penalty - Lift Suspension (18.4.1, 18.4.2)	218.70	28.43	**247.13**
19	Reinstatement (18.4.3)	364.10	47.33	**411.43**
	Other Fees (18.5 and 19.6)			
20	Each Assessment After Remediation (18.5.2)	1,163.25	151.22	**1,314.47**
21	Each Practice Assessment of Competence at Entry (PACE) by and Applicant after the second attempt (18.5.3)	1,163.25	151.22	**1,314.47**
22	Each Assessment or Practice Assessment of Competence at Entry (PACE) of a Registrant transferring from Part B to Part A (18.5.3)	600.00	78.00	**678.00**
23	Drug Preparation Premises (DPP) Inspections (18.5.4)	3,635.25	472.58	**4,107.83**
24	Late Cancellation/Missed Assessment fee (18.5.5, 19.6.1)	600.00	78.00	**678.00**
25	Pharmacy Re-inspection (Compliance Audit) (19.6.2)	450.00	58.50	**508.50**
	PHARMACY FEES			
	Application Fees apply to Community and Hospital Class Pharmacies (19.1)			
26	Application Fee (includes Opening, Relocating, Acquisition and Amalgamation) (19.1.1)	727.00	94.51	**821.51**
27	Application fee for Additional Pharmacies when acquiring more than one (19.1.2)	73.30	9.53	**82.83**
	Issuance Fee - Community Pharmacy: (19.2)			
28	Pharmacy Opening - Issuance May 10 - Nov 9 (19.2.1)	1,091.15	141.85	**1,233.00**
29	Pharmacy Opening - Issuance Nov 10 - May 9 (19.2.1)	545.55	70.92	**616.47**
30	Pharmacy Acquisition/Relocation - Issuance fee (per application) (19.2.3)	364.10	47.33	**411.43**
	Remote Dispensing Location Associated Fees (19.2.2, 19.3)			
31	New Opening with Remote Dispensing Location(s) - Issuance (19.2.2)	1,091.15	141.85	**1,233.00**
32	Amended Certificates Remote Dispensing Location(s) - Application (19.3.1)	364.10	47.33	**411.43**
33	Amended Certificates Remote Dispensing Location(s) - Issuance (19.3.2)	1,091.15	141.85	**1,233.00**
	Community Pharmacy Renewal and Reinspection (19.4, 19.5)			
34	Renewal	1,366.85	177.69	**1,544.54**
35	Reinspection	1,454.15	189.04	**1,643.19**
	Issuance Fee - Hospital Pharmacy: (19.2)			
36	Pharmacy Opening - Issuance May 10 - Nov 9 (19.2.1)	5,089.35	661.62	**5,750.97**
37	Pharmacy Opening - Issuance Nov 10 - May 9 (19.2.1)	2,545.25	330.88	**2,876.13**
38	Acquisition/amalgamation/Relocation - Issuance (per application) (19.2.3)	1,395.90	181.47	**1,577.37**
	Hospital Pharmacy Renewal and Reinspection (19.4, 19.5)			
39	Renewal	5,089.35	661.62	**5,750.97**
40	Reinspection	1,454.15	189.04	**1,643.19**
	HEALTH PROFESSION CORPORATION (20.1, 20.2)			
41	Certification of Authorization Application (20.1)	1,454.15	189.04	**1,643.19**
42	Certificate of Authorization Renewal (20.2)	436.25	56.71	**492.96**
	ADMINISTRATION			
43	Duplicate Receipts	29.05	3.78	**32.83**
44	Duplicate Wall Certificate (8.5" x 11")	29.05	3.78	**32.83**
45	Large Wall Certificate/Duplicate Large Wall Certificate (17.5" x 23")	100.00	13.00	**113.00**
46	Jurisprudence Exam Late Fee (18.2)	73.30	9.53	**82.83**
47	Jurisprudence Exam Withdrawal Fee (18.2)	73.30	9.53	**82.83**

Ontario College of Pharmacists

Schedule of Fees

All non-refundable fees and penalties are in Canadian Funds and are subject to Harmonized Sales Tax (HST).

Line		2024 Fees	HST	Total with tax
48	PACE Rescore Fee (18.5.3)	73.30	9.53	**82.83**
49	Returned Cheque	29.05	3.78	**32.83**

** pre-registration fee is valid for 5 years*

ONTARIO COLLEGE OF PHARMACISTS

Effective [●], 2024

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

Version 7 – Enacted by the Board [●] to replace all prior by-laws, including By-Law 6

Version 6B – Amended by the Board March 25, 2024

Version 6B – Approved by the Board June 14, 2021

Replaces By-law Version 6A approved by the Board on April 22, 2020

TABLE OF CONTENTS

BE IT ENACTED as a by-law of the **ONTARIO COLLEGE OF PHARMACISTS** as follows:

ARTICLE 1
INTERPRETATION

1.1 Definitions.

In this By-Law, and in all other By-Laws and resolutions of the College, unless the context otherwise requires:

1.1.1 **"Academic Director"** means a Director who serves on the Board by virtue of being a dean of a faculty of pharmacy of a university in Ontario or, where there is no office of dean, a person filling a similar office to that of a dean of a faculty of pharmacy of a university in Ontario;

1.1.2 "**Act**" means the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18;

1.1.3 "**Board**" means the board of directors of the College. For the purposes of the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Pharmacy Act Regulations*, and any other legislation or policy where the context requires, the Board means the Council of the College;

1.1.4 "**By-Law**" or "**By-Laws**" means the By-Laws of the College, as the same may be amended from time to time;

1.1.5 "**Certificate of Accreditation**" means a certificate of accreditation issued to a pharmacy by the Registrar pursuant to the *Drug and Pharmacies Regulation Act*;

1.1.6 "**Certificate of Authorization**" means a certificate of authorization issued to a health profession corporation by the College;

1.1.7 "**Certificate of Registration**" means a certificate of registration issued to a Registrant by the Registrar pursuant to the *Code*;

1.1.8 "**Chair**" means the chair of the Board and for the purpose of the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Pharmacy Act Regulations*, and any other legislation or policy where the context requires, means the President of the College, and "chair" means the chair of a Committee or the person presiding at a meeting of the Board, as the context requires;

1.1.9 "**Change of Control**" has the meaning given to it in subparagraph 17.1.2;

1.1.10 "**Code**" means the *Health Professions Procedural Code*, being Schedule 2 to the Act;

1.1.11 "**Code of Ethics**" means the Code of Ethics which is set out in Schedule A to this By-Law, as the same may be amended from time to time;

1.1.12 "**College**" means the Ontario College of Pharmacists;

1.1.13 "**Committee"** or **"Committees**" means a committee or committees of the College, whether a statutory committee or a standing or special committee;

1.1.14 "**Contact Person**" means the person designated as the contact person for a hospital pharmacy or institutional pharmacy pursuant to section 146.1 of the *Drug and Pharmacies Regulation Act*;

1.1.15 "**Deputy Registrar**" means the person who, from time to time, holds the title of Deputy Registrar of the College;

1.1.16 "**Designated Manager**" means the manager designated by the Owner of a pharmacy as required by section 146(1)(b) of the *Drug and Pharmacies Regulation Act*;

1.1.17 "**Director**" means a person elected or appointed to be a member of the Board;

1.1.18 "**Director Profile**" means the combination of patient populations served as set out in subparagraph 4.7.1, and knowledge, skills and experience as set out in subparagraph 4.7.2, that will be required of applicants who seek to be qualified as candidates for election to the Board, as determined by the Governance Committee;

1.1.19 "**Drug and Pharmacies Regulation Act**" means the *Drug and Pharmacies Regulation Act*, R.S.O. 1990, Chap. H.4;

1.1.20 "**Drug and Pharmacies Regulation Act Regulations**" means the regulations made under the *Drug and Pharmacies Regulation Act*;

1.1.21 "**Drug Preparation Premises**" means drug preparation premises as defined in the *Pharmacy Act Regulations*;

1.1.22 "**Elected Director**" means a Director elected to the Board in accordance with this By-Law;

1.1.23 "**Former Registrant**" has the meaning given to it in subparagraph 15.9.1;

1.1.24 "**Health Profession Corporation**" means a corporation incorporated under the *Business Corporations Act* (Ontario) that holds a Certificate of Accreditation;

1.1.25 "**Lay Committee Appointee**" means an individual appointed under this By-Law to serve as a member of a Committee who is neither a Director nor a Registrant;

1.1.26 "**Owner**" means an "owner" as defined in the *Drug and Pharmacies Regulation Act Regulations*;

1.1.27 "**Pharmacy Act**" means the *Pharmacy Act*, *1991*, S.O. 1991, c.36;

1.1.28 "**Pharmacy Act Regulations**" means the regulations made under the *Pharmacy Act*;

1.1.29 "**Professional Advocacy Association**" means an organization whose principal mandate is to represent the interests of and advocate on behalf of pharmacies (community and hospital), pharmacists or pharmacy technicians, or a segment of them, including those registered in or practising in Canada. Examples of a Professional Advocacy Association include the Ontario Pharmacists Association, the Canadian Pharmacists Association, the Canadian Association of Pharmacy Technicians and Neighbourhood Pharmacy Association of Canada;

1.1.30 "**Professional Committee Appointee**" means a Registrant who is not a Director, who is appointed under this By-Law to serve as a member of a Committee;

1.1.31 "**Protecting Patients Act**" means the *Protecting Patients Act, 2017*, S.O. 2017, C.11;

1.1.32 "**Public Director**" means a Director appointed to the Board by the Lieutenant Governor-in-Council;

1.1.33 "**Register**" means the register required to be kept pursuant to the *Code*;

1.1.34 "**Registrant**" means a member of the College;

1.1.35 "**Registrar**" means the person who, from time to time, holds the title of Registrar and Chief Executive Officer of the College;

1.1.36 "**RHPA Regulations**" means the regulations made under the Act;

1.1.37 **"Standing Committee"** means a committee described in paragraph 7.3;

1.1.38 "**Statutory Committees**" means the Committees listed in section 10 of the *Code* as of the date of enactment of this By-Law, and the Accreditation Committee as required under the *Pharmacy Act*; and

1.1.39 "**Vice-Chair**" means the vice-chair of the Board and for the purpose of the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Pharmacy Act Regulations*, and any other legislation or policy where the context requires, means the Vice-President of the College.

1.2 Amendments.

Whenever reference is made in a By-Law to any statute or regulation, such reference shall be deemed to include any amendment to such statute or regulation, or any replacement statute or regulation, as may be made from time to time.

1.3 Committee Member / Committee Appointee

Whenever reference is made in a By-Law to a Committee member or a Committee Appointee, the terms shall be deemed to be interchangeable unless the context requires otherwise.

1.4 Interpretation

When used in a By-Law, unless the context otherwise requires, words importing the singular include the plural and vice versa and the pronouns "they", "them" and "their" shall denote all genders. The insertion of headings in a By-Law is for convenience of reference only and shall not affect the interpretation thereof. Whenever the words "include", "includes" or "including" are used in a By-Law, such words shall be deemed to be followed by the words "without limitation".

ARTICLE 2
PROFESSIONAL LIABILITY INSURANCE

2.1 Insurance Requirements for a Certificate of Registration.

A Registrant who holds a Certificate of Registration as a pharmacist or pharmacy technician listed in Part A of the Register, pharmacist (emergency assignment), pharmacy technician (emergency assignment), intern or intern technician, must maintain personal professional liability insurance as follows:

2.1.1 **Limit of Liability**. The policy of insurance must contain limits of a minimum of $2,000,000 per claim or per occurrence and $4,000,000 in the annual aggregate.

2.1.2 **Definition of Insured Services**. The definition of Insured Services under the policy must include all professional services in the practice of the profession as regulated by the College.

2.1.3 **Retroactive Date**. The policy must not contain a retroactive date and must provide for full prior acts protection.

2.1.4 **Extended Reporting Period (ERP)**. If the policy is a "claims made" policy, it must contain an extended reporting period provision for a minimum of three (3) years.

2.1.5 **Personal Professional Liability Insurance Coverage**. The policy must be issued in the name of the individual Registrant and provide that Registrant with mobility and coverage wherever in Ontario that Registrant practises.

2.1.6 **Legal Defence Payments**. Legal defence payments for regulatory proceedings or other legal proceedings potentially afforded by a personal professional liability policy must not erode the minimum limits of liability under the policy.

2.2 Evidence of Insurance.

A Registrant shall, upon the request of the Registrar, provide proof satisfactory to the Registrar of professional liability insurance in the required amounts and form, and a copy of the Registrant's professional liability insurance policy.

ARTICLE 3
RESTRICTION ON DIRECTORS AND COMMITTEE MEMBERS

3.1 Restriction on Directors.

A Director shall not be an employee of the College.

3.2 Restriction on Committee Members.

A member of a Committee shall not be an employee of the College.

ARTICLE 4
ELECTION OF DIRECTORS

4.1 Number of Elected Directors.

4.1.1 Subject to subparagraph 4.1.2, there shall be nine (9) Elected Directors, of whom two (2) shall be pharmacy technicians.

4.1.2 In the event that the number of Public Directors exceeds nine (9), the Board may increase the number of Elected Directors to be elected at the next annual August election to correspond to the number of Public Directors. Any such additional Elected Directors shall be pharmacists.

4.1.3 If the number of Public Directors is subsequently reduced, the Board may reduce the number of Elected Directors to be elected at the next annual August election to equal the number of Public Directors then-appointed.

4.2 Voting Eligibility.

Every Registrant who holds a valid Certificate of Registration as a pharmacist or a pharmacy technician, who practises or resides in Ontario, and who is not in default of payment of the annual fee, is entitled to vote in an election of Directors.

4.3 Election Date.

An election of Elected Directors will be held on the first Wednesday in August of every year, for the number of positions on the Board that are then available.

4.4 Terms of Office.

4.4.1 The term of office of an Elected Director will be three (3) years, commencing at the first meeting of the Board after the election.

4.4.2 No Elected Director who was first elected in the November 2020 election or any subsequent election may serve as a Director for more than six (6) consecutive years.

4.4.3 No Director who was a member of Council prior to November 2020 may serve for more than nine (9) consecutive years (inclusive of years of service prior to November 2020).

4.4.4 If an Elected Director reaches the end of their maximum service prior to the end of their term, the Elected Director will cease to hold office and the procedures set out in paragraph 4.18 will apply.

4.5 Eligibility for Election.

4.5.1 A Registrant who holds a valid Certificate of Registration as a pharmacist or as a pharmacy technician is eligible to seek to be a candidate for election to the Board if the Registrant meets the following requirements:

(a) the Registrant is not in default of payment of any fees prescribed in the By-Laws;

(b) the Registrant is not the subject of any disciplinary or incapacity proceeding;

(c) the Registrant has not been found to have committed an act of professional misconduct or to be incompetent by a panel of the Discipline Committee.

(d) the Registrant's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation

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

(f) the Registrant has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the election;

(g) where the Registrant was formerly a Director, but is not as of the date of the election a Director, it has been at least three (3) years since the Registrant was a Director;

(h) the Registrant is not an adverse party in litigation against the College, the Board, a Committee or any of the College's officers, employees or agents;

(i) the Registrant commits to devoting sufficient time in their schedule to participating in all required Board and Committee activities;

(j) the Registrant has not, in the opinion of the Screening Committee, engaged in conduct unbecoming a Director; and

(k) the Registrant is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the election, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection.

4.6 Notice of Election and Call for Applicants.

4.6.1 No later than May 15th in the year in which the election is to be held the Registrar shall notify each Registrant who is eligible to vote of the date of the election and the number of available positions on the Board. Such notification shall be by electronic mail, shall include a link to the Director Profile and application form for election and shall be addressed to each Registrant at their electronic address that is on file with the College. Such notice shall also be published on the website of the College.

4.7 Director Competencies.

4.7.1 The Board shall at all times comprise Elected Directors who collectively serve, or have experience working with, the following diverse patient populations:

(a) patients served by rural community pharmacies;

(b) patients served by urban community pharmacies;

(c) patients treated at teaching hospitals;

(d) patients treated at community hospitals;

(e) patients located in northern/remote areas;

(f) patients who identify as Indigenous;

(g) patients with mental health and addictions needs; and

(h) patients in long-term care.

4.7.2 The Board shall in addition at all times comprise Directors who collectively have the following knowledge, skills and experience:

(a) experience in and understanding of the principles of protecting, and acting in, the public interest;

(b) experience working with diverse populations, marginalized groups and people with disabilities;

(c) experience serving on boards and/or committees;

(d) experience in managing a broad range of risk;

(e) experience in senior leadership roles in business, health care institutions, government and academia;

(f) experience with human resource issues including, but not limited to, occupational health and safety, organizational structures and human resources oversight and compensation, recruiting and succession planning;

(g) financial and/or accounting expertise, including the following: preparing, auditing, analyzing or evaluating financial statements and an understanding of generally accepted accounting principles;

(h) ability to navigate electronic systems to access Board and Committee materials;

(i) legal experience or familiarity with regulated professions, including overseeing regulations and setting standards for certification;

(j) experience participating in, or leading, an organization in planning for its future including, but not limited to the following: analysis, environmental scans, strategy design, planning, implementation and evaluation; and

(k) a strong grasp of issues surrounding diversity and inclusion.

4.8 Application Procedure.

4.8.1 A Registrant seeking to be a candidate for election as an Elected Director shall complete and return an application form no later than the deadline provided in the form. The application form shall be accompanied by three (3) reference letters in accordance with the instructions contained in the application form.

4.8.2 The application form shall include a signed affirmation by the applicant of their commitment to participate in pre-orientation activities aimed at understanding the obligations of a Director.

4.8.3 The Screening Committee shall review the applications against the eligibility requirements as set out in paragraph 4.5 and the Director Profile that the Governance Committee has announced for the election. Applicants who (a) meet the eligibility requirements in paragraph 4.5, and (b) serve or have experience with patient populations, and have knowledge, skill and experience, that are within the Director Profile, will be qualified as candidates for election.

4.8.4 If the Screening Committee requires additional information in order to assess whether an applicant meets the criteria in the Director Profile, the Screening Committee may require the applicant to participate in an interview in person or by electronic means.

4.8.5 An applicant may withdraw their application by notice of withdrawal delivered to the Registrar no later than July 1 in the year in which the election is to be held.

4.8.6 All applicants who have not withdrawn their application will be notified whether they are eligible and have been qualified as candidates for election.

4.8.7 In the event of a dispute about whether a Registrant is eligible or qualified as a candidate for election, the Governance Committee shall conduct an investigation and report its findings and recommendations to the Executive Committee. The Executive Committee shall rule and inform the candidate of its decision and reasons.

4.8.8 A person who has a direct interest in the result of an election dispute shall not participate in the investigation or consideration of such dispute.

4.9 Acclamation.

4.9.1 If, after the deadline referred to in subparagraph 4.8.5, the number of pharmacy technicians qualified as candidates for election is equal to the number of pharmacy technicians to be elected in that election, the Registrar shall declare those pharmacy technician candidate(s) to be elected by acclamation.

4.9.2 If, after the deadline referred to in subparagraph 4.8.5, the number of pharmacists qualified as candidates for election is equal to the number of pharmacists to be elected in that election, the Registrar shall declare those pharmacist candidate(s) to be elected by acclamation.

4.9.3 If, after the deadline referred to in subparagraph 4.8.5, the number of pharmacy technicians qualified as candidates for election is less than the number of pharmacy technicians to be elected in that election, the Registrar shall declare the qualified pharmacy technician candidate(s) to be elected by acclamation and

there will be a supplementary application, selection and election process held in accordance with paragraph 4.19 in order to fill any remaining vacancies.

4.9.4 If, after the deadline referred to in subparagraph 4.8.5, the number of pharmacists qualified as candidates for election is less than the number of pharmacists to be elected in that election, the Registrar shall declare the qualified pharmacist candidate(s) to be elected by acclamation and there will be a supplementary application, selection and election process held in accordance with paragraph 4.19 in order to fill any remaining vacancies.

4.9.5 In the event of acclamation pursuant to this paragraph 4.9 in an election in which candidates will be elected to terms of varying lengths, the Registrar shall determine by lot which successful candidate will serve for which length of term. However, if subparagraph 4.9.3 or 4.9.4 is applicable, the candidate(s) elected by acclamation will serve the longer of the available terms.

4.10 Registrar's Electoral Duties.

4.10.1 The Registrar shall supervise and administer the election of candidates and for the purpose of carrying out that duty, the Registrar shall:

(a) appoint returning officers or scrutineers;

(b) establish a deadline for the receipt of ballots;

(c) establish reasonable safeguards to ensure that the person voting is entitled to vote;

(d) ensure electronic communication and voting processes are reliable and secure;

(e) establish procedures for the counting and verification of ballots; and

(f) provide for the notification of all candidates and Registrants of the results of the election.

4.10.2 No later than twenty-one (21) days before the date of an election, the Registrar shall provide to every Registrant eligible to vote a list of the candidates, secure access to a ballot, and an explanation of the voting procedures as set out in this By-Law.

4.11 Scrutineers.

4.11.1 The Board shall, at the last regular Board meeting before an election, appoint two (2) or more persons to serve as scrutineers for the election.

4.11.2 The scrutineers will be reimbursed for their expenses as provided in Article 6 in accordance with a policy made by a resolution of the Board.

4.11.3 If a scrutineer is unable or unwilling to act, the Chair shall appoint a person as a replacement scrutineer.

4.12 Ballots.

4.12.1 The names of the candidates who have not withdrawn their candidacies by the deadline for so doing will appear on the ballot.

4.12.2 The Registrar shall prepare a list of the voting Registrants.

4.12.3 A Registrant who is eligible to vote and who does not receive, or loses, their secure access to a ballot may apply to the Registrar for replacement secure access to a ballot and the Registrar shall provide the Registrant with a replacement.

4.13 Voting.

4.13.1 A ballot shall clearly indicate the candidates of the voting Registrant's choice and shall be submitted so that it is received not later than 5:00 p.m. on the day of the election.

4.13.2 The scrutineers shall ascertain that each voting Registrant is eligible to vote according to the list prepared by the Registrar.

4.13.3 The scrutineers shall verify the votes at the head office of the College on the day following the election.

4.13.4 The verification of the votes by the scrutineers shall be conducted in such a manner that no person will know for whom any voting Registrant has voted.

4.13.5 The only persons permitted to be present during the verification will be the scrutineers, the Registrar, such staff of the College as the Registrar authorizes, and the candidates. A candidate may appoint one (1) person to represent the candidate at the verification.

4.13.6 If the scrutineers cannot agree on any matter relating to the verification, the matter shall be decided by the Registrar.

4.13.7 Upon completing the verification, the scrutineers shall prepare a return and file the return with the Registrar.

4.13.8 The successful pharmacist candidates in an election will be those with the highest and next highest number of votes and so on until the number of successful pharmacist candidates equals the number of pharmacists to be elected in that election.

4.13.9 The successful pharmacy technician candidate in an election where one pharmacy technician is to be elected will be the one with the highest number of votes. If more than one (1) pharmacy technician is to be elected in an election,

the successful pharmacy technician candidates will be those with the highest and next highest number of votes until all positions are filled.

4.13.10 Upon receiving the returns from the scrutineers, the Registrar shall declare the pharmacists who were successful in accordance with subparagraph 4.13.8 to be elected as Elected Directors and shall declare that the pharmacy technician or technicians who were successful in accordance with subparagraph 4.13.9 to be elected as Elected Director(s), and shall notify each candidate of the election results.

4.14 Number of Votes to be Cast.

4.14.1 In each annual election, each Registrant may vote for up to the number of pharmacy technician candidates as there are pharmacy technician vacancies on the Board and for up to the number of pharmacist candidates as there are pharmacist vacancies on the Board.

4.15 Tie Votes.

4.15.1 If there is a tie in an election of Elected Directors and it is necessary to break the tie to determine who will be the successful candidate, the Registrar shall break the tie, by lot, and then declare the candidate elected.

4.16 Delay of Election.

4.16.1 If, for whatever reason, including a public health emergency or other emergency, it would be impractical to hold an election in the time required by this By-Law, the Registrar with the consent of the Executive Committee may delay any or all of the following: the holding of the election, the notice of election, the call for applications, the deadline for applications, and all other timelines related to the election for such period of time as the Registrar and Executive Committee consider necessary to allow for an election to be held.

4.16.2 Notice of a decision under subparagraph 4.16.1 shall be given to each Registrant by electronic mail.

4.16.3 If an election of Directors is not held on the first Wednesday in August in a given year as a result of a delay pursuant to subparagraph 4.16.1:

(a) all references in this By-Law to the date of that election, and all timelines that depend on the date of that election, shall be deemed for that year to refer to the date that the election is actually held (even if the election is held in the following year);

(b) despite any other provision in this By-Law, the term of office of any Elected Director that would have expired at the first meeting of the Board after the August election in that year shall continue until the first meeting of the Board after the election is actually held, except

that any Director who has reached their maximum years on the Board will cease to hold office and the procedures set out in paragraph 4.18 will apply; and

(c) the term of office of an Elected Director who is elected in an election that has been delayed shall commence at the first meeting of the Board after the election is actually held and shall continue until the end of the term of office that would have been held had the Elected Director been elected to that position on the Board in the applicable August election. For the purposes of subparagraphs 4.4.2 and 4.4.3, an Elected Director who is elected in an election that has been delayed shall be deemed to have served a full year as of the first meeting of the Board after the following election.

4.17 Conduct of Directors.

4.17.1 An Elected Director is automatically disqualified from sitting on the Board if the Elected Director:

(a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or

(b) is found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee.

4.17.2 Formal governance action may be taken against a Director where the Director:

(a) fails, or does not make themself available, without cause, to attend three (3) consecutive meetings of the Board;

(b) fails, or does not make themself available, without cause, to attend three (3) consecutive meetings of a Committee of which the Director is a member, or fails without cause to attend a scheduled hearing or review conducted by a panel to which the Director was appointed;

(c) fails, or does not make themself available, without cause, to attend Director education and evaluation activities hosted by the College from time to time;

(d) is in default of payment of any fees prescribed in the By-Laws;

(e) is or becomes an employee, officer or director of a Professional Advocacy Association (however, for greater certainty, a Director shall not be disqualified by reason of serving on an association or organization to which the Director has been appointed by the Board as a representative of the College);

(f) in the case of an Academic Director who is a Registrant,

(i) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or

(ii) is found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee;

(g) initiates litigation against the College, the Board, a Committee or any of the College's officers, employees or agents; or

(h) engages in conduct or an omission that is reasonably regarded by the Board as being disgraceful, dishonourable, unprofessional or unbecoming a Director.

4.17.3 In the event of a concern or complaint regarding the conduct of a Director, the Board shall follow the procedures it has established from time to time. A formal governance sanction under subparagraph 4.17.4 requires approval by two-thirds of Directors present at the meeting and eligible to vote.

4.17.4 The formal governance sanction imposed by the Board may include one or more of the following:

(i) censure of the Director verbally or in writing;

(ii) disqualification of an Elected Director from the Board;

(iii) where the Director is a Public Director, sending a copy of the independent third party's report and the Board's determination to the Ministry of Health; or

(iv) where the Director is an Academic Director, sending a copy of the independent third party's report and the Board's determination to the applicable Ontario university.

4.17.5 An Elected Director who is disqualified from sitting on the Board is thereby removed from the Board and ceases to be a Director.

4.18 Filling of Vacancies.

4.18.1 Upon the proclamation of section 30 of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this paragraph 4.18 will be subject to any provisions of the *RHPA Regulations* respecting the filling of vacancies arising on the Board.

4.18.2 If the position of an Elected Director becomes vacant not more than twelve (12) months before the expiry of the term of office of that Elected Director, the Board may:

(a) leave the position vacant, if the number of Elected Directors remaining on the Board is nine (9) or more;

(b) declare the eligible Registrant with the next highest number of votes in the election immediately prior to the vacancy who was not elected to be acclaimed to the vacant position; or

(c) direct the Registrar to hold a by-election in accordance with this By-Law for an Elected Director who meets the criteria of the Director Profile for the election immediately prior to the vacancy, except if the by-election is held at the same time as an annual election, in which case the Director Profile developed for that annual election will apply.

4.18.3 If the position of an Elected Director becomes vacant more than twelve (12) months before the expiry of the term of office of that Elected Director, the Board shall:

(a) declare the eligible Registrant with the next highest number of votes in the election immediately prior to the vacancy who was not elected to be acclaimed to the vacant position; or

(b) direct the Registrar to hold a by-election in accordance with this By-Law for an Elected Director who meets the criteria of the Director Profile for the election immediately prior to the vacancy, except if the by-election is held at the same time as an annual election, in which case the Director Profile developed for that annual election will apply.

4.18.4 The provisions of this By-Law that apply to the conduct of elections apply to the conduct of by-elections, with all necessary modifications.

4.18.5 The term of office of an Elected Director acclaimed or elected in a by-election under subparagraph 4.18.2 or 4.18.3 will commence upon acclamation or election and continue until the term of office of the former Elected Director would have expired.

4.19 Supplementary Election Procedures.

4.19.1 If the Screening Committee fails to identify a sufficient number of applicants who are qualified as candidates for election by the deadline referred to in subparagraph 4.8.5, or if the number of eligible candidates is less than the number of Elected Directors to be elected, there shall be a supplementary election.

4.19.2 The provisions of this By-Law that apply to the conduct of elections shall apply to the conduct of supplementary elections, with all necessary modifications.

4.19.3 The term of office of an Elected Director elected in a supplementary election under paragraph 4.19 will commence upon acclamation or election and continue until the end of the term of office that would have been held had an Elected Director been elected to that position on the Board in the applicable August election.

ARTICLE 5
BOARD MEETINGS

5.1 Meetings of the Board.

5.1.1 The Board shall hold at least four (4) regular meetings in the one (1)-year period following each annual August election of Elected Directors. The first regular Board meeting shall take place within ninety (90) days following the August election. The dates for the remaining regular Board meetings shall be set no later than the first regular Board meeting following the August election.

5.1.2 The Chair may call a special meeting of the Board at any time, provided that seven (7) days' notice is given to each Director, the Registrants and the public, specifying the purpose of the meeting. However, less than seven (7) days' notice may be given where all Directors consent to the meeting being held with the lesser notice.[1]

5.1.3 The College shall post on its website information regarding upcoming meetings of the Board, including:

(a) the dates of those meetings;

(b) matters to be discussed at those meetings; and

(c) information and documentation that will be provided to Directors for the purpose of those meetings, provided that information and documentation related to any meeting or part of a meeting from which the public is excluded by the Board shall not be posted; and if the Registrar anticipates that the Board will exclude the public from the meeting or part of the meeting, the grounds for doing so.

5.1.4 Subject to subparagraphs 5.1.2 and 5.1.3, notice of any special meeting of the Board shall be sufficient if provided to each Director at the Director's specified email address as shown in the records of the College.

5.1.5 The Chair or, in the Chair's absence or failure to act, the Vice-Chair, shall call a special meeting of the Board upon the written request of two-thirds of the Directors. In the event that the Chair or Vice- Chair are both unable, or fail, to call a meeting of the Board, two-thirds of the Directors may call a meeting upon

[1] The notice requirements contained in s. 7 of the Code must still be complied with even where the meeting is closed to the public.

their written request delivered to the Registrar. Notice of the special meeting shall be given as set out in subparagraphs 5.1.2 to 5.1.4.

5.1.6 Meetings of the Board shall be held at the permanent office of the College, or at such other place or places as the Board may designate.

5.1.7 The quorum for the transaction of business at any meeting of the Board shall be a majority of Directors.

5.1.8 Unless specifically provided for otherwise in the By-Law, any question arising at any meeting of the Board shall be determined by a majority of votes of Directors present at the meeting and eligible to vote. In the event of a tie vote, the Chair shall break the tie with an additional vote.

5.1.9 At the regular meetings of the Board, the business shall include such matters as are set out in an agenda to be approved by the Board.

5.1.10 A Director may place any item that can properly be discussed by the Board on the Board agenda by making a notice of motion. Notices of all motions intended to be introduced shall be given in writing, seconded, and given to the Chair before being considered at a meeting of the Board on a day previous to the discussion or vote unless this requirement is dispensed with by a vote of at least two-thirds of all Directors present at the meeting and eligible to vote.

5.1.11 The Board may, from time to time, set or adopt Rules of Order to guide the conduct of Board meetings.

5.2 Meetings Held By Technological Means.

5.2.1 If two-thirds of all Directors, or of members of a Committee (as the case requires), who are eligible to vote consent thereto generally or in respect of a particular meeting, and each has adequate access, Directors or members of a Committee may participate in a meeting of, respectively, the Board or of a Committee, by means of such communications facilities as permits all persons participating in the meeting to communicate with each other simultaneously and instantaneously, and a Director or member of a Committee participating in such a meeting by such means is deemed to be present at the meeting.

5.2.2 At the outset of each meeting referred to in subparagraph 5.2.1, the Chair shall call roll to establish quorum and whenever votes are required. If the Chair is not satisfied that the meeting may proceed with adequate security and confidentiality, they shall adjourn the meeting to a predetermined date, time and place.

ARTICLE 6
REMUNERATION AND EXPENSES

6.1 Remuneration and Expenses.

When they are on official College business, Directors and Committee members, and participants in working groups and task forces, other than Public Directors, will be paid and / or reimbursed for expenses in accordance with a policy made by a resolution of the Board.

ARTICLE 7
COMMITTEES OF THE COLLEGE

7.1 Statutory Committees under the Act.

7.1.1 Pursuant to the Act, the College shall have the following Committees:

(a) Executive Committee;

(b) Registration Committee;

(c) Inquiries, Complaints and Reports Committee;

(d) Discipline Committee;

(e) Fitness to Practise Committee;

(f) Quality Assurance Committee; and

(g) Patient Relations Committee.

7.1.2 Subject to subparagraph 7.1.3, the composition of the Committees referred to in subparagraphs 7.1.1(a) to 7.1.1(g) shall be as set out in this By-Law and the duties shall be as set out in the Act and the By-Law.

7.1.3 Upon the proclamation of section 5(2) of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this Article 7 as they relate to the Committees referred to in subparagraphs 7.1.1(a) to 7.1.1(g), shall be subject to the provisions of the *RHPA Regulations*, if any, that relate to such Committees, including, for example, provisions:

(a) establishing the composition of such Committees;

(b) establishing the qualifications, screening, appointment and terms of office of members of such Committees who are not Directors; and

(c) governing the relationship between such provisions and the By-Law.

7.2 Statutory Committee under the Pharmacy Act.

Pursuant to the *Pharmacy Act*, the College shall have an Accreditation Committee, the composition of which is set out in this By-Law and the duties of which are set out in the *Drug and Pharmacies Regulation Act* and this By-Law.

7.3 Standing Committees.

In addition to the Statutory Committees, the College shall establish the following Standing Committees, the composition and duties of which are set out in this By-Law:

7.3.1 Finance and Audit Committee;

7.3.2 Screening Committee;

7.3.3 Governance Committee; and

7.3.4 Drug Preparation Premises Committee.

7.4 Appointment of Special Committees.

The Board may, from time to time, appoint such special Committees, task forces and working groups as it deems appropriate or necessary for the attainment of the objects of the College and the efficient conduct of its affairs. Every special Committee, task force or working group shall have specified terms of reference and a date upon which it shall dissolve.

7.5 Reporting of Committees.

All Committees shall report at least annually to the Board.

ARTICLE 8
COMPOSITION AND DUTIES OF STATUTORY AND STANDING COMMITTEES

8.1 Article Subject to RHPA Regulations.

Upon the proclamation of section 5(2) of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this Article 8 as they relate to the Committees referred to in subparagraphs 7.1.1(a) to 7.1.1(g), will be subject to the provisions of the *RHPA Regulations*, if any, that relate to such Committees.

8.2 Composition of the Executive Committee.

The Executive Committee shall be composed of:

8.2.1 the Chair and the Vice-Chair, and three (3) additional Directors, such that at least two (2) Directors are Elected Directors and at least two (2) Directors are Public Directors.

8.3 Chair of the Executive Committee.

The Chair shall be the chair of the Executive Committee.

8.4 Duties of the Executive Committee.

The Executive Committee shall:

8.4.1 in accordance with section 12 (1) of the *Code*, exercise all the powers and duties of the Board between Board meetings that, in the Committee's opinion, require attention, other than the power to make, amend or revoke a regulation or By-Law;

8.4.2 recommend to the Board proposals for changes to applicable statutes, regulations, By-Laws, College policies and standards of practice;

8.4.3 receive findings and recommendations from the Governance Committee pursuant to subparagraph 4.8.7, take such action in respect of the person who is the subject of the findings and recommendations as it deems appropriate, and report its decision to the Board;

8.4.4 ensure that the policies of the Board are carried out;

8.4.5 report its activities, decisions and recommendations through the Chair at each meeting of the Board; and

8.4.6 have the following authorities with respect to staff compensation:

(a) annually, establish guidelines for the awarding of salary increases to staff;

(b) at least annually, review compensation for the Registrar; and

(c) provide broad policy guidance to senior management on matters related to non-salary compensation and benefit programs for College staff.

8.5 Composition of the Registration Committee.

The Registration Committee shall be composed of:

8.5.1 two (2) Public Directors;

8.5.2 five (5) or more Professional Committee Appointees;

8.5.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees;

8.5.4 one (1) Academic Director; and

8.5.5 a representative of a pharmacy technician program in Ontario that has been accredited by the Canadian Council for Accreditation of Pharmacy Programs.

8.6 Duties of the Registration Committee.

8.6.1 The Registration Committee shall:

(a) perform such functions as are assigned to it by statute or regulation; and

(b) maintain familiarity with the accreditation standards that the Canadian Council for Accreditation of Pharmacy Programs sets for all pharmacy and pharmacy technician programs that it accredits.

8.6.2 The Registration Committee may be required by the Board from time to time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning registration, examinations and in-service training required prior to registration.

8.7 Composition of the Inquiries, Complaints and Reports Committee.

The Inquiries, Complaints and Reports Committee shall be composed of:

8.7.1 all of the Public Directors;

8.7.2 ten (10) or more Professional Committee Appointees; and

8.7.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.8 Duties of the Inquiries, Complaints and Reports Committee.

8.8.1 The Inquiries, Complaints and Reports Committee shall perform such functions as are assigned to it by statute or regulation.

8.8.2 The Inquiries, Complaints and Reports Committee may be required by the Board from time to time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning investigations, complaints and reports.

8.9 Composition of the Discipline Committee.

The Discipline Committee shall be composed of:

8.9.1 all of the Elected Directors;

8.9.2 all of the Public Directors except those who are on the Accreditation Committee;

8.9.3 ten (10) or more Professional Committee Appointees who are not on the Accreditation Committee; and

8.9.4 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees who are not on the Accreditation Committee.

8.10 Duties of the Discipline Committee.

8.10.1 The Discipline Committee shall perform such functions as are assigned to it by statute or regulation.

8.10.2 The Discipline Committee may be required by the Board from time to time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning discipline.

8.11 Composition of the Fitness to Practise Committee.

The Fitness to Practise Committee shall be composed of:

8.11.1 two (2) Public Directors;

8.11.2 two (2) or more Professional Committee Appointees; and

8.11.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.12 Duties of the Fitness to Practise Committee.

8.12.1 The Fitness to Practise Committee shall perform such functions as are assigned to it by statute or regulation.

8.12.2 The Fitness to Practise Committee may be required by the Board from time to time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning fitness to practise.

8.13 Composition of the Quality Assurance Committee.

The Quality Assurance Committee shall be composed of:

8.13.1 two (2) Public Directors;

8.13.2 five (5) or more Professional Committee Appointees; and

8.13.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.14 Duties of the Quality Assurance Committee.

8.14.1 The Quality Assurance Committee shall:

(a) perform such functions as are assigned to it by statute or regulation; and

(b) maintain a continuing review of the Quality Assurance Program.

8.14.2 The Quality Assurance Committee may be required by the Board from time to time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning quality assurance.

8.15 Composition of the Patient Relations Committee.

The Patient Relations Committee shall be composed of:

8.15.1 one (1) or more Professional Committee Appointees so long as the number of Professional Committee Appointees are fewer than the number of Lay Committee Appointees other than when there are temporary vacancies; and

8.15.2 two (2) or more Lay Committee Appointees.

8.16 Duties of the Patient Relations Committee.

8.16.1 The Patient Relations Committee shall perform such functions as are assigned to it by statute or regulation.

8.16.2 The Patient Relations Committee may be required by the Board from time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning patient relations.

8.17 Composition of the Accreditation Committee.

The Accreditation Committee shall be composed of:

8.17.1 two (2) Public Directors;

8.17.2 three (3) or more Professional Committee Appointees; and

8.17.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.18 Duties of the Accreditation Committee.

8.18.1 The Accreditation Committee shall perform such functions as are assigned to it by statute or regulation.

8.18.2 The Accreditation Committee may be required by the Board from time to time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning accreditation.

8.19 Composition of the Finance and Audit Committee.

The Finance and Audit Committee shall be composed of:

8.19.1 two (2) or more Elected Directors; and

8.19.2 at the discretion of the Governance Committee, two (2) or more Lay Committee Appointees; and

8.19.3 at the discretion of the Governance Committee, one or more Public Directors.

8.20 Duties of the Finance and Audit Committee.

The Finance and Audit Committee shall:

8.20.1 review and recommend to the Board, the annual operating and capital budget for the College;

8.20.2 maintain a rolling two (2) year operating budget;

8.20.3 review quarterly financial statements and report to the Board significant deviations from budget;

8.20.4 meet with the auditor each year,

(a) before the audit to review the timing and extent of the audit and to bring to the attention of the auditor any matter of which it considers the auditor should be made aware; and

(b) as shortly after the completion of the audit as is practical, in order to review and discuss with the auditor the financial statements and the auditor's report;

8.20.5 review and report to the Board on the effectiveness of the external audit function and any matter which the external auditor wishes to bring to the attention of the College;

8.20.6 make recommendations to the Board on the appointment or reappointment of the external auditor;

8.20.7 make recommendations to the Board regarding the management of the College's assets and liabilities and additions or improvements to the real property owned or operated by the College; and

8.20.8 recommend to the Board changes to applicable By-Laws, College policies and standards of practice.

8.21 Composition of the Screening Committee.

The Screening Committee shall be composed of:

8.21.1 the chair of the Governance Committee;

8.21.2 two (2) additional Directors, one (1) or more of whom shall be a Public Director; and

8.21.3 two (2) or more Lay Committee Appointees.

8.22 Duties of the Screening Committee.

The Screening Committee shall:

8.22.1 administer the process for screening applicants to be qualified as candidates for the Board in accordance with paragraph 4.8; and

8.22.2 review applications and recommend applicants to be appointed as Professional Committee Appointees or Lay Committee Appointees.

8.23 Composition of the Governance Committee.

The Governance Committee shall be composed of:

8.23.1 four (4) Directors, including one (1) or more of each of the following: a Public Director, a pharmacist Elected Director and a pharmacy technician Elected Director; and

8.23.2 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.24 Duties of the Governance Committee.

The Governance Committee shall:

8.24.1 assess the collective knowledge, skills and experience of the current Board in order to:

i) determine the competencies required in upcoming elections and develop the Director Profile; and

ii) consider and implement the succession strategy for the positions of Chair, Vice-Chair and member of the Executive Committee, in order to determine which Directors are qualified for the purpose of paragraph 11.1;

8.24.2 recommend a slate of appointees for Committees, including the chairs;

8.24.3 provide input to the processes for orientation of Directors and members of Committees;

8.24.4 provide input to the process for evaluating the performance of Committees, the Board as a whole, as well as individual Directors and Committee appointees;

8.24.5 identify and recommend opportunities for education, training, coaching and remediation of Directors and Committee members;

8.24.6 in the event of a dispute as set out in subparagraph 4.8.7, conduct an investigation and report findings and recommendations to the Executive Committee about whether a Registrant is eligible or qualified as a candidate for election; and

8.24.7 review and recommend By-Law amendments and Board policies for conformance with current legislative requirements and good governance best practices.

8.25 Composition of the Drug Preparation Premises Committee.

The Drug Preparation Premises Committee shall be composed of the same members as the Accreditation Committee. The chair of the Accreditation Committee shall be the chair of the Drug Preparation Premises Committee.

8.26 Duties of the Drug Preparation Premises Committee.

The Drug Preparation Premises Committee shall:

8.26.1 administer and govern the College's Drug Preparation Premises inspection program in accordance with the *Pharmacy Act Regulations*; and

8.26.2 deal with any other matters concerning the inspection of Drug Preparation Premises as directed by the Board.

8.27 Panels and Quorum of the Drug Preparation Premises Committee.

8.27.1 A panel shall be selected by the chair of the Drug Preparation Premises Committee from among the members of the Committee to determine the outcome of drug preparation premises inspections pursuant to Part XV of Ontario Regulation 256/24 under the Pharmacy Act.

8.27.2 A panel shall be composed of at least three persons, one of whom shall be a Public Director.

8.27.3 Three members of the Drug Preparation Premises Committee constitute a quorum.

ARTICLE 9
DUTIES OF OFFICERS

9.1 Duties of the Chair and the Vice-Chair.

9.1.1 The Chair shall:

(a) preside as chair at all meetings of the Board; and

(b) make all necessary rulings as to the order of business, subject to an appeal to the Directors present.

9.1.2 The Vice- Chair shall, in the event of the absence or inability of the Chair to act, perform the duties of the Chair.

9.1.3 In the event of the absence or inability of both the Chair and the Vice- Chair to act, the Directors present at a meeting of the Board may appoint one (1) of the other Directors to preside at any meeting of the Board.

9.1.4 In the event of the death, or disqualification, or inability to act of a permanent nature of the Chair or the Vice-Chair, the Board shall elect Directors to fill these vacancies according to the provisions of this By-Law for calling a meeting and electing the Chair and the Vice-Chair.

9.1.5 Where the Chair has lost the confidence of the Board, the Board may, on a notice of motion to that effect or at a special meeting of the Board, disqualify the Chair from office by a vote of at least two-thirds of the Directors present and eligible to vote.

ARTICLE 10
COMMITTEE APPOINTEES

10.1 Professional Committee Appointments.

10.1.1 The application form for appointment as a Professional Committee Appointee shall be made available on the College's website.

10.1.2 Subject to subparagraph 7.1.3, a Registrant is eligible for appointment to a Committee as a Professional Committee Appointee if the Registrant has completed and submitted an application form to the Screening Committee and on the date of the appointment:

(a) the Registrant holds a valid Certificate of Registration as a pharmacist or as a pharmacy technician;

(b) the Registrant either practises or resides in Ontario;

(c) the Registrant is not in default of payment of any fees prescribed in this By-Law;

(d) the Registrant has not been found to have committed an act of professional misconduct or to be incompetent by a panel of the Discipline Committee;

(e) the Registrant is not the subject of any disciplinary or incapacity proceeding;

(f) the Registrant is not currently charged with nor has been found guilty of an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada);

(g) the Registrant has not, in the opinion of the Screening Committee, engaged in conduct unbecoming a Committee member;

(h) the Registrant's Certificate of Registration has not been revoked or suspended in the six (6) years preceding the date of the appointment;

(i) the Registrant's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation;

(j) the Registrant has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the appointment;

(k) the Registrant does not have a conflict of interest in respect of the Committee to which they seek to be appointed;

(l) the Registrant is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the appointment, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection; and

(m) the Registrant is not, and has not within the three (3) years immediately preceding the election been, an employee, officer or director of a Professional Advocacy Association. For greater certainty, nothing in this clause will prevent a Registrant who serves on an association or organization to which they have been appointed by the Board as a representative of the College, from becoming a Professional Committee Appointee.

10.2 Lay Committee Appointees

10.2.1 The application form for appointment as a Lay Committee Appointee shall be made available on the College's website.

10.2.2 An individual is eligible for appointment to a Committee as a Lay Committee Appointee if the individual has completed and submitted an application form to the Screening Committee and on the date of the appointment:

(a) the individual resides in Ontario;

(b) the individual has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the appointment;

(c) the individual has never been a Registrant;

(d) the individual has not been found to have committed an act of professional misconduct or to be incompetent by a panel of an adjudicatory committee of any profession;

(e) the individual is not the subject of any disciplinary or incapacity proceeding by a panel of an adjudicatory committee of any profession;

(f) the individual is not currently charged with nor has been found guilty of an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada);

(g) the individual has no direct or indirect ownership interest in a pharmacy other than holding shares on a publicly traded stock exchange;

(h) the individual does not have a conflict of interest in respect of the Committee to which they seek to be appointed; and

(i) the individual is not, and has not within the three (3) years immediately preceding the election been, an employee, officer or director of a Professional Advocacy Association, or any professional advocacy association of any health profession under the Act. For greater certainty, nothing in this clause will prevent an individual who serves on an association or organization to which the individual has been appointed by the Board as a representative of the College, from becoming a Lay Committee Appointee.

ARTICLE 11
ELECTION OF OFFICERS AND EXECUTIVE COMMITTEE

11.1 Election of the Chair, Vice-Chair and Executive Committee.

11.1.1 At the first regular meeting of the Board after each annual August election, the Governance Committee shall present a report of all eligible Directors who are willing to serve as and have been assessed by the Governance Committee to be qualified for the role of (a) Chair, (b) Vice-Chair, and (c) member of the Executive Committee.

11.1.2 The election of the Chair shall be conducted in the following manner:

(a) The chair of the Governance Committee shall announce those who are willing to serve as and are qualified to be Chair. One qualification is that the Chair shall have served on the Board during the previous year.

(b) Despite subparagraph 12.1.3, the chair of the Governance Committee shall not call for or permit the nomination of additional names from the floor.

(c) If there is more than one (1) candidate, an election shall be held using electronic voting methods.

(d) The candidate receiving the overall majority of votes cast will be elected. If there are three (3) or more candidates and no candidate has received an overall majority of votes, the candidate who

received the fewest votes will be removed from the ballot and the vote will be repeated until there are two (2) candidates remaining. The vote will then be repeated until one (1) of the candidates has an overall majority of votes. If three (3) votes result in a tie, the result will be determined by lot by the outgoing Chair.

11.1.3 The procedure outlined in subparagraph 11.1.2 will then be repeated for the office of Vice- Chair. One qualification is that the Vice-Chair shall have served on the Board during the previous year.

11.1.4 The Board shall elect the remaining members of the Executive Committee, in accordance with the composition requirements in paragraph 8.2. The election will be conducted in the following manner:

(a) The chair of the Governance Committee shall announce those who are willing to serve as and are qualified to be on the Executive Committee.

(b) The chair of the Governance Committee shall call for further interest from the floor, and those additional Directors who are interested in running for open positions on the Executive Committee shall be added as candidates for election.

(c) Should there be a sufficient number of candidates so that there would only be a total of two (2) Elected Directors or a total of two (2) Public Directors on the Executive Committee, such candidate(s) shall be declared appointed.

(d) Should the number of filled positions on the Executive Committee for either Elected Directors or Public Directors be less than two (2), elections shall be held, if necessary, so that there are two (2) filled positions in each category.

(e) Should there be more than one (1) remaining candidate for the fifth and last position on the Executive Committee an election shall be held.

(f) For any elections under this subparagraph 12.1.4, Directors shall mark their ballots for up to the number of candidates that matches the number of open positions in the category. The candidate who receives the fewest votes will then be removed from the ballot, and the voting will continue until the number of candidates remaining matches the number of open positions in the category, and such candidates shall be declared appointed. Directors may only cast one (1) vote per candidate on each ballot.

ARTICLE 12
APPOINTMENTS TO COMMITTEES

12.1 Appointments to Statutory and Standing Committees.

12.1.1 All Statutory Committee and Standing Committee appointments, with the exception of the Executive Committee and the Screening Committee, shall be made by the Board in accordance with this paragraph 12.1 at the first regular meeting of the Board after each annual August election, and shall be for a term that expires at the first regular meeting of the Board after the following election or at such longer time as it takes for the Board to approve the slate described in subparagraph 12.1.3.

12.1.2 At the first regular meeting of the Board after each annual August election, the Governance Committee shall present to the Board a slate of candidates, including recommendation for Committee chairs, for all Committees, other than the Executive Committee and the Screening Committee.

12.1.3 For each Committee to be formed at the first regular meeting of the Board after each annual August election except for the Executive Committee, the Board shall pass a resolution approving the slate, subject to any amendments by Board resolution. Once approved, each candidate on the slate shall be deemed to have been appointed to that Committee

12.2 Appointment of Screening Committee.

12.2.1 The Screening Committee for the election to the Board each year shall be appointed by the Board at the Board Meeting held in March in the year of the election. The members of the Screening Committee shall hold office for a term that expires at the first Board meeting following the election.

ARTICLE 13
COMMITTEE PROCEDURES

13.1 Disqualification, Vacancies and Term Limits of Committee Members.

13.1.1 A member of a Committee who is a Registrant is disqualified from sitting on the Committee if the member:

(a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or

(b) is found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee.

13.1.2 The Board may disqualify a member of a Committee from sitting on the Committee if the member:

(a) fails, without cause, to attend the orientation of members of Committees or three (3) consecutive meetings of the Committee or of a subcommittee of which they are a member;

(b) fails, without cause, to attend a scheduled hearing or review conducted by a panel to which they were appointed;

(c) repeatedly fails to make themself available to participate in meetings or panels of a Committee or Committees on which the member sits;

(d) ceases to either practise or reside in Ontario;

(e) is in default of payment of any fees prescribed in the By-Laws;

(f) becomes an employee, officer or director of a Professional Advocacy Association (however, for greater certainty, a member of a Committee will not be disqualified by reason of serving on an association or organization to which they have been appointed by the Board as a representative of the College);

(g) engages in conduct or an omission that is reasonably regarded by the Board as being disgraceful, dishonourable, unprofessional or unbecoming a member of a Committee including material breaches of the provisions of the By-Laws, including the Schedules to the By-Laws, or the policies and procedures of the College in force at the relevant time;

(h) in the case of a Director who sits on a Committee, ceases to be a Director;

(i) in the case of a Professional Committee Appointee, no longer meets the eligibility requirements specified in subparagraph 10.1.2; or

(j) in the case of a Lay Committee Appointee, no longer meets the eligibility requirements specified in subparagraph 10.2.2.

13.1.3 A person who is disqualified under subparagraph 13.1.1 or 13.1.2 from sitting on a Committee is thereby removed from the Committee and ceases to be a member of the Committee and, subject to subparagraph 13.1.5, the Chair shall appoint a successor as soon after the disqualification as is feasible.

13.1.4 The term of office of a person who is appointed as a successor to a Committee member under subparagraph 13.1.3 will commence upon the appointment and continue until the term of office of the member of the Committee who is being replaced would have expired.

13.1.5 A vacancy in the membership or chair of a Committee shall be filled by appointment made by the Chair. In the case of a vacancy in the membership of

a Committee, the Chair shall consult with the chair of the Committee before making the appointment.

13.1.6 Nothing in paragraph 13.1 prevents the Board, or the Executive Committee acting on its behalf, from adding members to or substituting members on a Committee at any time where one (1) or more members of the Committee cannot fulfill their role.

13.2 Quorum.

Unless specifically provided for otherwise under the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the regulations made under any of those Acts, or this By-Law, a majority of the members of a Committee constitutes a quorum for a meeting of a Committee.

13.3 Voting.

Unless specifically provided for otherwise under the Act, the *Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the regulations made under any of those Acts, or this By-Law, any question arising at any meeting of a Committee shall be determined by a majority of votes of members of the Committee present at the meeting and eligible to vote.

13.4 Committee Vacancies.

Where this By-Law requires a Committee to have a minimum number of persons by using the phrase "or more" or words of a similar meaning, a vacancy which reduces the number of members of the Committee below the minimum number will not affect the validity of any action or decision taken by the Committee or any panel of the Committee.

ARTICLE 14
BUSINESS OF THE COLLEGE

14.1 Seal.

The seal shall be the seal of the College.

14.2 Execution of Documents.

14.2.1 Deeds, mortgages, conveyances, powers of attorney, transfers and assignments of property of all kinds including without limitation transfers and assignment of shares, warrants, bonds, debentures or other securities (collectively the "instruments") may be signed on behalf of the College by the Chair or Vice-Chair and any one (1) of the Registrar, the Deputy Registrar, and the persons holding the positions of director of conduct, director of corporate services, or director of quality, or their equivalent, provided that such instruments have been signed in accordance with any policy of the College regarding the execution of instruments then in effect, and further provided that no individual shall execute, acknowledge, or verify any instrument in more than one capacity. All instruments so signed shall be binding upon the College without any further

authorization or formality. In addition, the Board may from time to time direct by resolution the manner in which, and the person or persons by whom, any particular instrument or class of instruments may or shall be signed. Any signing officer may affix the corporate seal thereto.

14.2.2 Certificates of Registration, Certificates of Authorization and Certificates of Accreditation shall be signed by the Chair and the Registrar.

14.2.3 Contracts may be signed on behalf of the College in accordance with any policy of the Finance and Audit Committee regarding the execution of such contracts.

14.2.4 The signature of any individual, authorized to sign on behalf of the College may be written, printed, stamped, engraved, lithographed or otherwise mechanically reproduced or may be an electronic signature. Anything so signed shall be as valid as if it had been signed manually, even if that individual has ceased to hold office when anything so signed is issued or delivered, until the individual's authorization to sign on behalf of the College is revoked by resolution of the Board.

14.3 Banking and Finance.

14.3.1 The banking business of the College shall be transacted with such chartered banks, trust companies or other financial institutions as may, from time to time, be designated by or under the authority of the Board on recommendation of the Finance and Audit Committee. All such banking business, or any part thereof, shall be transacted on the College's behalf by one (1) or more officers and/or other persons as the Board may designate, direct, or authorize, from time to time, by resolution and to the extent therein provided.

14.3.2 Cheques drawn on the bank, trust or other similar accounts of the College, drafts drawn or accepted by the College, promissory notes given by it, acceptances, bills of exchange, orders for the payment of money and other instruments of a like nature, may be made, signed, drawn, accepted or endorsed, as the case may be, by any two (2) of the Registrar, the Deputy Registrar and the persons holding the positions of director of conduct, director of corporate services, and director of quality, or their equivalent, provided however that no individual shall execute, acknowledge, or verify any instrument in more than one (1) capacity.

14.4 Financial Year and Audit.

14.4.1 The financial year of the College is the calendar year ending December 31.

14.4.2 The Board shall appoint a chartered accountant or a firm of chartered accountants to audit the books and prepare a financial statement for each fiscal year, such appointment to be made at a Board meeting in the year for which the books are to be audited.

14.5 Inspectors.

The Registrar may from time to time, and within budgetary limits, appoint inspectors for the purposes of the *Drug and Pharmacies Regulation Act*, any such appointment to be reported to the Executive Committee and to the Board at the next regular meeting following the appointment. Inspectors so appointed will have such authority and shall perform such duties as are set out in the *Drug and Pharmacies Regulation Act* and such additional duties as may be prescribed by the Registrar.

14.6 Inspectors for the Purposes of Inspecting Drug Preparation Premises.

The Registrar may appoint inspectors for the purposes of the *Pharmacy Act Regulations*. Inspectors so appointed shall have such authority and shall perform such duties as are set out in the *Pharmacy Act Regulations*.

14.7 Grants.

14.7.1 The Board shall set aside, in the budget each year, such funds as are deemed necessary for the maintenance and operation of the Niagara Apothecary, in keeping with the agreement signed in respect thereof with the Ontario Heritage Trust.

14.7.2 The Board shall set aside in the budget each year such funds as are deemed appropriate for grants for any purpose that may tend to advance scientific knowledge or pharmacy education, or maintain or improve the standards of practice in the profession.

14.8 Funds.

14.8.1 The disbursement of funds of the College shall be as authorized in the annual budget approved by the Board for the fiscal year upon the recommendation of the Finance and Audit Committee. Funds not authorized under the budget shall be disbursed only after approval by the Board.

14.8.2 Investments of surplus funds shall be made in accordance with investment policies in effect from time to time approved by the Board on the recommendation of the Finance and Audit Committee. The securities of the College may be deposited for safekeeping and withdrawn, from time to time, with one (1) or more chartered banks, trust companies or other financial institutions in accordance with such investment policies.

14.9 College Membership.

The College may be a member of a national organization of bodies with similar functions.

14.10 Delegation of Powers and Duties.

14.10.1 The Registrar may, by written delegation, delegate any of the Registrar's powers and/or duties to any employee or officer of the College.

14.10.2 The Deputy Registrar is vested with and may exercise all the powers and perform all the duties of:

(a) the Registrar in the event the Registrar is absent or is unable to act with the exception of those powers or duties, if any, that have been delegated by the Registrar in accordance with subparagraph 14.10.1; and

(b) a delegate of the Registrar in the event that such delegate is absent or unable to act in respect of any powers or duties delegated to them by the Registrar in accordance with subparagraph 14.10.1.

ARTICLE 15
THE REGISTER

15.1 Registrant's Name.

A Registrant's name in the Register shall be:

15.1.1 the Registrant's name as provided in the documentary evidence used to support the Registrant's initial registration with any other given name commonly used by the Registrant, or such other name as is acceptable to the Registrar; or

15.1.2 a name other than as provided in subparagraph 15.1.1 where a written request is made by the Registrant and the Registrar is satisfied that the Registrant has legally changed their name and that the use of the name is not for an improper purpose,

and the Register may also include such other name that the Registrant commonly uses, as is acceptable to the Registrar.

15.2 Business Address and Telephone Number.

15.2.1 A Registrant's business address and business telephone number in the Register shall be, respectively, the address and telephone number of each location at which the Registrant practises in Ontario or, in the case of a Registrant whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the address and telephone number of each agency or other person or business for or through which the Registrant provides such services.

15.2.2 Where a Registrant does not practise in Ontario, the Registrant's business address and business telephone number in the Register shall be, respectively, the address designated by the Registrant as the Registrant's business address and the telephone number associated with that business address.

15.3 Information Regarding a Result.

When any provision of this Article 15 requires information regarding a "result" to be included in the Register, the term "result" shall have the same meaning as provided to it in the Code. Specifically, "result" when used in reference to:

15.3.1 a disciplinary proceeding, means the panel's finding that the Registrant committed an act of professional misconduct or was incompetent, particulars of the grounds for the finding, a synopsis of the decision and the order made, including any reprimand, and where the panel has made no such finding, includes a notation that no such finding was made and the reason why no such finding was made; and

15.3.2 an incapacity proceeding, means the panel's finding that the Registrant is incapacitated and the order made by the panel.

15.4 Publication Ban.

Notwithstanding any other provision herein, no action shall be taken under this Article 15 which violates a publication ban, and nothing in this Article 15 requires or authorizes the violation of a publication ban.

15.5 Disclosure of Information.

Notwithstanding any other provision herein, nothing in this Article 15 shall require or authorize the disclosure of information, including personal health information (as defined by subsection 23(10) of the *Code*) where such disclosure would lead to a violation of the *Code*, including subsections 23(8), 23(9) or 23(11) of the *Code*.

15.6 Information to be kept in Register by the Code - Registrants.

Under subsection 23(2) of the *Code*, but subject to the remaining subsections of section 23 of the *Code*, the following information must be contained in the Register and must be available to the public:

15.6.1 Each Registrant's name, business address and business telephone number, and, if applicable, the name of every Health Profession Corporation of which the Registrant is a shareholder.

15.6.2 Where a Registrant is deceased, the name of the deceased Registrant and the date upon which the Registrant died, if known.

15.6.3 The name, business address and business telephone number of every Health Profession Corporation.

15.6.4 The names of the shareholders of each Health Profession Corporation who are Registrants.

15.6.5 Each Registrant's class of registration and specialist status (specialist status not applicable to the College).

15.6.6 The terms, conditions and limitations that are in effect on each Certificate of Registration.

15.6.7 A notation of every caution that a Registrant has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26(1) of the *Code*, and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26(1) of the *Code*.

15.6.8 A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the *Code* and has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.

15.6.9 A copy of the specified allegations against a Registrant for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the *Code* and that has not been finally resolved.

15.6.10 The result of every disciplinary and incapacity proceeding.

15.6.11 A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a Registrant has entered into with the College and that are in effect.

15.6.12 A notation of every finding of professional negligence or malpractice, which may or may not relate to the Registrant's suitability to practise, made against the Registrant, unless the finding is reversed on appeal.

15.6.13 A notation of every revocation or suspension of a Certificate of Registration.

15.6.14 A notation of every revocation or suspension of a Certificate of Authorization.

15.6.15 Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.

15.6.16 Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.

15.6.17 Where, during or as a result of a proceeding under section 25 of the *Code*, a Registrant has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.

15.6.18 The outcomes of any inspections undertaken by an inspection program of the College established under subsection 95(1)(h) or (h.1) of the *Code*, including inspections of the nature referred to in subparagraph 15.10.1.

15.6.19 Information that is required to be kept in the Register in accordance with the By-Laws.

15.6.20 Information that is required to be kept in the Register in accordance with the *RHPA Regulations*.

15.7 Information to be kept in Register by RHPA Regulations - Registrants.

Under the *RHPA Regulations*, specifically, Ontario Regulation 261/18, subject to any exceptions or restrictions contained therein, the following information shall be contained in the Register, if known to the College, and must be available to the public:

15.7.1 If there has been a finding of guilt against a Registrant under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and if none of the conditions in subparagraph 15.7.6 have been satisfied:

(a) a brief summary of the finding;

(b) a brief summary of the sentence; and

(c) if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.

15.7.2 With respect to a Registrant, any currently existing conditions of release following a charge for an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) or subsequent to a finding of guilt and pending appeal or any variations to those conditions.

15.7.3 If a Registrant has been charged with an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and the charge is outstanding:

(a) the fact and content of the charge; and

(b) the date and place of the charge.

15.7.4 If a Registrant has been the subject of a disciplinary finding or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction:

(a) the fact of the finding;

(b) the date of the finding;

(c) the jurisdiction in which the finding was made; and

(d) the existence and status of any appeal.

15.7.5 If a Registrant is currently licensed or registered to practise another profession in Ontario or a profession in another jurisdiction, the fact of that licensure or registration.

15.7.6 The conditions referred to in paragraph 15.7.1 are the following:

(a) the Parole Board of Canada has ordered a record suspension in respect of the conviction;

(b) a pardon in respect of the conviction has been obtained; and

(c) the conviction has been overturned on appeal.

15.7.7 Nothing in this paragraph 15.7 shall be interpreted as authorizing the disclosure of identifying information about an individual other than a Registrant.

15.7.8 For the purposes of this paragraph 15.7, "identifying information" means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

15.8 Additional Information to be kept in Register - Registrants.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 15.13 and 15.14, the following additional information referable to Registrants will be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

15.8.1 Any changes to each Registrant's name which have been made in the Register since the Registrant was first issued a Certificate of Registration.

15.8.2 Each Registrant's gender and registration number.

15.8.3 The date when each Registrant's Certificate of Registration was first issued or, if the Registrant was licensed under Part VI of the *Health Disciplines Act*, the date when the Registrant was first issued a licence by the College.

15.8.4 Where a person ceased to be a Registrant as a result of the person's resignation or death, the last calendar year during which the person was a Registrant.

15.8.5 Where a Registrant holds a Certificate of Registration as a pharmacist, pharmacy technician, pharmacist (emergency assignment), pharmacy technician (emergency assignment), intern or intern technician, the name and location of the university or college from which the Registrant received their degree in pharmacy or completed their pharmacy technician or intern technician program (as the case may be) and the year in which the degree was obtained or the program was completed.

15.8.6 The classes of Certificate of Registration held or previously held by each Registrant, the date on which each was issued and, if applicable, the termination or expiration date of each.

15.8.7 Where a Registrant holds a Certificate of Registration as a pharmacist or pharmacy technician, a notation as to whether the Registrant is listed in Part A or Part B of the Register.

15.8.8 Whether the Registrant has completed the necessary injection training requirements approved by the College.

15.8.9 Where a Registrant is an officer or director of a Health Profession Corporation which holds a Certificate of Authorization, the name of the Health Profession Corporation and what position or title the Registrant holds with that corporation.

15.8.10 Where a Registrant is an officer or director of a corporation which holds a Certificate of Accreditation, the name of the corporation and what position or title, if any, the Registrant holds with that corporation.

15.8.11 Where a Registrant is a Designated Manager or Contact Person of a pharmacy, a notation of the name and location of each pharmacy at which the Registrant holds that designation.

15.8.12 Where applicable, a summary of any restriction on a Registrant's right to practise:

(a) resulting from an undertaking given by the Registrant to the College or an agreement entered into between the Registrant and the College; or

(b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary shall include a description of the restriction, the date on which the restriction was imposed, the jurisdiction in which the restriction was made, and the existence and status of any appeal.

15.8.13 Without affecting the requirement of paragraph 15.7, where there has been a charge or finding of guilt against a Registrant of which the College is aware in respect of a federal, provincial and/or state offence in Canada or any other jurisdiction, that the Registrar believes is relevant to the Registrant's suitability to practise:

(a) a brief summary of the charge or finding, as the case may be;

(b) the date of the charge or finding, as the case may be;

(c) the jurisdiction in which the charge was brought or finding of guilt was made; and

(d) in the case of a finding of guilt, the existence and status of any appeal, unless, in the case of a finding of guilt the relevant legal authority has: (i) ordered a record suspension in respect of the conviction; (ii) issued a pardon in respect of the conviction; or (iii) the conviction has been overturned on appeal, in which case the information described in subparagraph 15.8.13 will no longer be required.

15.8.14 Without affecting the requirement of subparagraph 15.7.2, a summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the Registrant in respect of a federal, provincial and/or state offence in Canada or any other jurisdiction of which the College is aware and that the Registrar believes is relevant to the Registrant's suitability to practise.

15.8.15 Without affecting the requirement of subparagraph 15.7.5, where the College is aware that a Registrant is currently licensed or registered to practise: (i) the profession in another jurisdiction; or (ii) another profession in Ontario or any other jurisdiction, with respect to such licence or registration:

(a) the existence of the licence or registration;

(b) the name of the granting organization; and

(c) the jurisdiction in which it was granted;

15.8.16 Where a Registrant's Certificate of Registration is subject to an interim order of the Inquiries, Complaints and Reports Committee, a notation of that fact, the nature of that order and its effective date.

15.8.17 Without affecting the requirement of subparagraph 15.6.13, where a Registrant's Certificate of Registration is suspended by the Registrar, the date upon which the suspension or revocation took effect and, for greater certainty, the reason for such suspension.

15.8.18 Without affecting the requirement of subparagraph 15.6.6, where a Registrant has any terms, conditions or limitations in effect on the Registrant's Certificate of Registration, the effective date of those terms, conditions and limitations.

15.8.19 Where terms, conditions or limitations on a Registrant's Certificate of Registration have been varied or removed, the effective date of the variance or removal of those terms, conditions and limitations.

15.8.20 Where a suspension of a Registrant's Certificate of Registration is lifted or otherwise removed, the effective date of the lifting or removal of that suspension.

15.8.21 Where a Registrant's Certificate of Registration is reinstated, the effective date of the reinstatement.

15.8.22 Where the Registrar confirms whether the College is investigating a Registrant because there is a compelling public interest in disclosing this information pursuant to subsection 36(1)(g) of the Act, the fact that the Registrant is under investigation.

15.8.23 Where a complaint has been filed or an investigator has been appointed under subsection 75(1)(a) or subsection 75(1)(b) of the *Code*, and a panel of the Inquiries, Complaints and Reports Committee requires a Registrant to appear before a panel of the Committee to be cautioned:

(a) a notation of that fact;

(b) a summary of the caution;

(c) the date of the panel's decision; and

(d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.

15.8.24 Where a complaint has been filed or an investigator has been appointed under subsection 75(1)(a) or subsection 75(1)(b) of the *Code*, and a panel of the Inquiries, Complaints and Reports Committee takes other action requiring a Registrant to complete a specified continuing education or remediation program:

(a) a notation of that fact;

(b) a summary of the continuing education or remediation program;

(c) the date of the panel's decision; and

(d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.

15.8.25 Where an allegation of a Registrant's professional misconduct or incompetence has been referred to the Discipline Committee, where a Registrant has been referred by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act*, or where the Registrar has referred an application for reinstatement to the Discipline Committee under section 73 of the *Code* and the matter is outstanding:

(a) the date of the referral;

(b) a brief summary of each specified allegation;

(c) the notice of hearing;

(d) the anticipated date of the hearing, if the hearing date has been set or the next scheduled date for the continuation of the hearing if the hearing has commenced;

(e) if the hearing is awaiting scheduling, a statement of that fact; and

(f) if the hearing of evidence and arguments is completed and the parties are awaiting a decision of the Discipline Committee, a statement of that fact.

15.8.26 Where the results of a disciplinary proceeding are contained in the Register, the date on which the panel of the Discipline Committee made the finding of professional misconduct or incompetence and the date on which the panel ordered any penalty.

15.8.27 A summary of any reprimand given to a Registrant as part of the order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise available to the public under the *Code*.

15.8.28 Without affecting the requirement of subparagraph 15.6.15, where the question of a Registrant's capacity has been referred to the Fitness to Practise Committee and is outstanding,

(a) a notation of that fact; and

(b) the date of the referral.

15.8.29 Without affecting the requirement of subparagraph 15.7.4, where the College is aware that a finding of professional misconduct or incompetence has been made against a Registrant outside of Ontario in respect of any profession:

(a) a notation of that fact;

(b) the date of the finding and the name of the governing body that made the finding;

(c) a brief summary of the facts on which the finding was based;

(d) the penalty; and

(e) where the finding or penalty is under appeal, a notation of that fact, which notation shall be removed once the appeal is finally disposed of.

15.8.30 Where a decision of a panel of the Discipline Committee has been published by the College with the Registrant's or former Registrant's name included after December 31, 1999:

(a) a notation of that fact; and

(b) identification of, a link to, or a copy of the specific publication containing that decision.

15.8.31 The language(s) in which the Registrant can provide professional services as reported by the Registrant.

15.8.32 Any other information not otherwise referred to in subparagraph 15.6.20, which the College and the Registrant have agreed shall be available to the public.

15.9 Former Registrants.

15.9.1 The term "Former Registrant" means those individuals whose registration with the College is revoked, suspended or rescinded (in which case, recognizing that such individual is deemed to have never held registration with the College) by the College or is otherwise resigned or terminated.

15.9.2 Where the College is aware of such information, the information described in subparagraphs 15.6.12, 15.7.1 to 15.7.4, 15.8.13 to 15.8.15 and 15.8.29 in respect of Former Registrants shall be kept in the Register and is designated as public pursuant to subsection 23(5) of the *Code*.

15.10 Information to be kept in Register – Drug Preparation Premises.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 15.13 and 15.14, the following information referable to Drug Preparation Premises shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

15.10.1 The purpose (after January 1, 2016), outcome and status of inspections of Drug Preparation Premises (including conditions and reasons for fail results) carried out under the *Pharmacy Act Regulations*, including the relevant date.

15.10.2 A summary of the details of a Change of Control of a Drug Preparation Premises received by the College in accordance with Article 17.

15.10.3 Any other information which the College and a designated Registrant for the Drug Preparation Premises have agreed shall be available to the public.

15.11 Information to be Kept in Register – Health Profession Corporations.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 15.13 and 15.14, the following information referable to Health Profession Corporations

shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

15.11.1 The Certificate of Authorization number of the Health Profession Corporation and the date upon which that Certificate was first issued.

15.11.2 Where the Certificate of Authorization has been revoked, a notation of that fact, the date when the revocation occurred and a brief summary of the reasons for the revocation.

15.11.3 Where the Certificate of Authorization was revised or a new Certificate of Authorization was issued to the Health Profession Corporation, a notation of that fact and the date when that occurred.

15.11.4 The name, as set out in the College's Register, of each of the shareholders, officers and directors of the Health Profession Corporation who are Registrants and the title or office, if any, held by each.

For greater certainty, the information required by this paragraph shall not affect the requirement of subparagraph 15.6.3.

15.12 Information to be Kept in Register - Pharmacies.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 15.13 and 15.14, the following information referable to pharmacies shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

15.12.1 The pharmacy's name, address, telephone and fax number.

15.12.2 The class of Certificate of Accreditation and Accreditation Number of the pharmacy.

15.12.3 The date the pharmacy opened.

15.12.4 The name of the Designated Manager or Contact Person of the pharmacy, as applicable.

15.12.5 The purpose (after January 1, 2016), outcome and status of inspections of the pharmacy, including the relevant date. This subparagraph applies to the most current purpose (after January 1, 2016), outcome and status of any inspection conducted after July 1, 2013 and the purpose (after January 1, 2016), outcome and status of every inspection conducted thereafter.

15.12.6 Any terms, conditions and limitations on the Certificate of Accreditation.

15.12.7 Where terms, conditions or limitations on the Certificate of Accreditation have been varied or removed, the effective date of their variance or removal.

15.12.8 Where the Certificate of Accreditation has been revoked or suspended, or has expired, a notation of that fact, the date when the revocation or suspension or expiry occurred and a brief summary of the reasons for the revocation or suspension.

15.12.9 Where a suspension of the Certificate of Accreditation has been lifted or otherwise removed, the effective date of its lifting or removal.

15.12.10 Where the Certificate of Accreditation has been amended, a notation of that fact and the date when it occurred.

15.12.11 A notation of every referral by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act* of the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, until the matter has been resolved, including:

(a) the date of the referral;

(b) a brief summary of each specified allegation; and

(c) the anticipated date of the hearing, if the hearing date has been set, or the next scheduled date for the continuation of the hearing if the hearing has commenced.

15.12.12 The result, including a synopsis of the decision, of every disciplinary proceeding against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, unless a panel of the Discipline Committee makes no finding with regard to the proceeding.

15.12.13 Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.

15.12.14 A summary of any reprimand given publicly after November 1, 2006 to a Designated Manager of the pharmacy as part of an order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise available to the public under the *Drug and Pharmacies Regulation Act* or the *Code*.

15.12.15 Where a Certificate of Accreditation is subject to an interim order of the Discipline Committee, a notation of that fact, the nature of the order and its effective date.

15.12.16 Where, during or as a result of a proceeding that was commenced pursuant to section 140 of the *Drug and Pharmacies Regulation Act*, a person or

corporation ceases to operate a pharmacy and agrees never to operate a pharmacy again in Ontario, a notation of same.

15.12.17 Where applicable, a summary of any restriction on a pharmacy's ability to operate:

(a) resulting from an undertaking given to the College or an agreement entered into with the College; or

(b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary of the restriction shall also include the source of the restriction.

15.12.18 Where an order has been made under section 162 or section 162.1 of the *Drug and Pharmacies Regulation Act* against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, a notation of that fact including:

(a) the date the order was made;

(b) a summary of the order; and

(c) where the order has been appealed, a notation that it is under appeal, until the appeal is finally disposed of.

15.12.19 Where the Owner or operator of the pharmacy, the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation or the operator of the pharmacy is a corporation, the directors of the corporation, have been found guilty of an offence under section 165 or section 166 of the *Drug and Pharmacies Regulation Act*, a notation of that finding including:

(a) the date the finding was made;

(b) a summary of the finding of the court;

(c) the sentence that the court imposed; and

(d) where the finding or the sentence has been appealed, a notation that it is under appeal, until the appeal is finally disposed of.

15.12.20 Where a trustee in bankruptcy, liquidator, assignee or personal representative of the person who owns or operates the pharmacy becomes authorized to own or operate the pharmacy pursuant to section 145 of the *Drug and Pharmacies Regulation Act*, a notation of that fact including the date the person commences to be so authorized and the date the person ceases to be so authorized.

15.12.21 Where a person has permanently or temporarily (for a period exceeding three (3) days on which the pharmacy would ordinarily be open) closed the pharmacy, a notation of that fact and the date the pharmacy was permanently or temporarily closed.

15.12.22 Any other information not otherwise referred to in this paragraph, which the College and the person who has been issued the Certificate of Accreditation have agreed shall be available to the public.

15.13 Deletion of Information.

15.13.1 Unless otherwise indicated, where the information described in paragraphs 15.6 to 15.12 changes, the College may maintain the previous information on the Register, in addition to the new, changed information, as long as it may be relevant for the public to know in the opinion of the Registrar.

15.13.2 Despite paragraphs 15.8 to 15.12, and subject to subparagraphs 15.13.3, 15.13.4 and 15.13.5, the College is not required to maintain and may delete from the Register information about a Registrant, a Drug Preparation Premises, a Health Profession Corporation, or a pharmacy once three (3) years have passed since the revocation, suspension or other termination of the Certificate of Registration, operation of the Drug Preparation Premises, Certificate of Authorization or Certificate of Accreditation as the case may be.

15.13.3 Despite subparagraphs 15.13.2 and 15.13.5 and the *Code*, the College shall maintain on the Register all of the information about a Registrant and a pharmacy where the Register contains information about the Registrant, resulting from a direction or order of a Committee or resulting from an offence proceeding.

15.13.4 The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs 15.8.12, 15.8.32, 15.12.17, 15.12.22 and 15.13.3 where the Registrar is satisfied that the information is no longer relevant for the public to know.

15.13.5 The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs 15.8.23 and/or 15.8.24 where, after a review, the Inquiries, Complaints and Reports Committee has been required to remove or vary the appearance for a caution or a specified continuing education or remediation program. Where the original requirement to appear for a caution or to complete a specified continuing education or remediation program has been varied, the Registrar may enter a summary of the process leading up to and the results of the variation.

15.14 Disclosure.

All of the information referred to in paragraphs 15.6 to 15.12 is designated as information that may be withheld from the public for the purposes of subsection 23(6) of the *Code*, such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.

ARTICLE 16
FILING OF INFORMATION BY REGISTRANTS, PHARMACIES AND HEALTH PROFESSION CORPORATIONS

16.1 Filing of Information by Registrants.

16.1.1 The College shall forward to each Registrant who holds a Certificate of Registration as a pharmacist or pharmacy technician each year, and may forward to any Registrant at any time, in a form approved by the Registrar, a request for information that includes, but is not limited to:

(a) the Registrant's home address and home telephone number, being the address and telephone number of the principal Ontario residence of the Registrant or, if the Registrant does not have a residence in Ontario, the Registrant's principal residence and, where available, the Registrant's e-mail address;

(b) where a Registrant is engaged in the practice of the profession, whether inside or outside of Ontario, the name, address, telephone number and facsimile number of each person or business for or through which the Registrant engages in the practice or, in the case of a Registrant whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the name, address, telephone number and facsimile number of each agency or other person or business for or through which the Registrant provides such services;

(c) the Registrant's preferred address, preferred telephone number and where applicable, the Registrant's preferred e-mail address for communications from the College;

(d) in the case of a Registrant who is required to possess personal professional liability insurance in accordance with Article 2, information respecting the Registrant's personal professional liability insurance;

(e) information respecting the Registrant's participation in the Quality Assurance Program;

(f) information required to be contained in the Register pursuant to the *Code* and the By-Laws;

(g) such other information as may be required to be provided to the College pursuant to the By-Laws, the Act, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act* or the regulations made under any of those Acts;

(h) information that relates to the professional characteristics and activities of the Registrant that may assist the College in carrying out its objects;

(i) information for the purpose of compiling statistical information to assist the College in fulfilling its objects; and

(j) any other information that the College deems may assist it in carrying out its objects.

16.1.2 Each Registrant shall fully and accurately respond to the request for information, and shall submit the information to the College, in the required form, by the deadline set out in the request for information to the Registrant.

16.1.3 Where any information that a Registrant has provided to the College in response to a request under subparagraph 16.1.1 has changed, the Registrant shall notify the College of the change within thirty (30) days of its effective date.

16.1.4 In addition to the requirements in subparagraphs 16.1.2 and 16.1.3, a Registrant shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information that is required to be contained in the Register, or that the Registrant is required to provide to the College, pursuant to the *Code* or the By-Laws.

16.2 Filing of Information by Applicants for a Certificate of Accreditation.

16.2.1 Every applicant for a Certificate of Accreditation shall file the following information with the Registrar at least thirty (30) days before the date on which the applicant proposes to commence operation of the pharmacy:

(a) the full name of the applicant and, where the applicant is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;

(b) where the applicant is:

(i) a corporation or partnership, the business address of the corporation or partnership; or

(ii) an individual, the home address of the individual;

(c) the name by which the pharmacy will be known to the public;

(d) the location of the pharmacy;

(e) the proposed date of the opening of the pharmacy;

(f) such additional information as the College requires in its application form for issuance of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act* Regulations; and

(g) any other information that the College deems may assist it in carrying out its objects.

16.2.2 Every applicant for a Certificate of Accreditation shall provide such additional information as the College requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*.

16.2.3 Every applicant for a Certificate of Accreditation shall, on or before the day the person commences to operate the pharmacy, notify the College of the name of the Designated Manager or Contact Person of the pharmacy, as applicable.

16.2.4 Where any of the information that an applicant has provided to the College under subparagraph 16.2.1, 16.2.2 or 16.2.3 has changed, the applicant or Owner, as applicable, of the pharmacy shall provide notification of the change to the College within thirty (30) days of its effective date.

16.3 Filing of Information by Pharmacies.

16.3.1 In connection with the annual renewal of a Certificate of Accreditation, every Owner of a pharmacy shall provide the following information respecting the pharmacy to the College:

(a) the full name of the Owner of the pharmacy and, where the Owner is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;

(b) where the Owner is:

(i) a corporation or partnership, the business address of the corporation or partnership; or

(ii) an individual, the home address of the individual;

(c) the name by which the pharmacy is known to the public;

(d) the location of the pharmacy;

(e) such additional information as the College requires in its application form for renewal of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*; and

(f) any other information that the College deems may assist it in carrying out its objects.

16.3.2 Where any of the information that an Owner of a pharmacy has provided to the College under subparagraph 16.3.1 has changed, the Owner of the pharmacy shall provide notification of the change to the College within thirty (30) days of its effective date.

16.3.3 In addition to the requirements in subparagraphs 16.3.1 and 16.3.2, every Owner of a pharmacy shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that the Owner of the pharmacy is required to provide to the College pursuant to the By-Laws, the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*.

16.4 Filing of Information for Closing Pharmacies – Permanent Closures.

16.4.1 Subject to subparagraph 16.4.2, every person who permanently closes a pharmacy, shall, within seven (7) days of closing the pharmacy, notify the Registrar of the closing and within thirty (30) days of the closing shall file with the Registrar a signed statement setting out:

(a) the date of closing;

(b) the disposition of the drugs in stock in the pharmacy at the time of closing;

(c) the disposition of the prescription files, drug registers and other records required to be kept under the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*; and

(d) the date on which all signs and symbols relating to the practice of pharmacy either within or outside the premises were removed.

16.4.2 Where a person permanently closes a remote dispensing location, the signed statement referred to in subparagraph 16.4.1 need only set out the information in subparagraph 16.4.1(a) and (d).

16.5 Filing of Information for Closing Pharmacies – Temporary Closures.

16.5.1 Every person who intends to temporarily close a pharmacy or does close a pharmacy for a period exceeding three (3) days on which the pharmacy would ordinarily be open, shall notify the Registrar of the date of the temporary closure

as soon as the temporary closure becomes known and the anticipated re-opening date.

16.5.2 Every person who provides notice in accordance with subparagraph 16.5.1 shall notify the Registrar if the anticipated re-opening date changes, promptly following the change becoming known, and if the anticipated re-opening date will be later than the initial anticipated re-opening date, the notice must include information demonstrating that drugs in stock in the pharmacy and that prescription files, drug registers and other records required to be kept under the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations* are being securely maintained.

16.5.3 Temporary closures may not exceed three (3) months, unless otherwise approved by the Registrar. Any person who intends to temporarily close a pharmacy for greater than three (3) months, or who is extending a temporary closure for a period that will, in total, exceed three (3) months, shall notify the Registrar, and may be directed to complete the process described in paragraph 16.4.

16.6 Filing of Information by Health Profession Corporations.

16.6.1 The College shall forward to each Health Profession Corporation each year, in a form approved by the Registrar, a request for such information as the Health Profession Corporation is required to provide to the Registrar pursuant to applicable statutes and regulations.

16.6.2 Every Health Profession Corporation shall fully and accurately respond to the request for information and shall submit the information to the College, in the required form, by the tenth day of March next following the forwarding of the request for information to the Health Profession Corporation.

16.6.3 Where any information that a Health Profession Corporation has provided to the College in response to a request under subparagraph 16.6.1 has changed, the Health Profession Corporation shall notify the College of the change within thirty (30) days of its effective date.

16.6.4 Despite subparagraph 16.6.3, a Health Profession Corporation shall notify the Registrar within ten (10) days of a change in the shareholders of the corporation.

16.6.5 In addition to the requirements in subparagraphs 16.6.2, 16.6.3 and 16.6.4, a Health Profession Corporation shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that is required to be contained in the Register, or that the Health Profession Corporation is required to provide to the College, pursuant to applicable statutes or regulations or the By-Laws.

ARTICLE 17
CHANGE OF CONTROL

17.1 Change of Control.

17.1.1 In the event that a Registrant engages in or supervises drug preparation activities at or in connection with a Drug Preparation Premises, the Registrant must notify the College in the event that the Registrant becomes aware that a Change of Control has occurred in respect of such Drug Preparation Premises.

17.1.2 When used herein, the term "Change of Control" in respect of a Drug Preparation Premises means:

(a) any transfer of all or substantially all of the assets of the owner of the Drug Preparation Premises;

(b) any transfer of all or substantially all of the assets used in the operation of the Drug Preparation Premises;

(c) any change in ownership of more than fifty percent (50%) of the shares of the owner of the Drug Preparation Premises;

(d) any amalgamation, merger or consolidation of the owner of the Drug Preparation Premises with another entity;

(e) any governance reorganization causing a change in fifty percent (50%) or more of the members of the board of directors of the owner of the Drug Preparation Premises; and

(f) any dissolution, liquidation or winding-up of the owner of the Drug Preparation Premises,

in each case, by way of one (1) or a series of related transactions.

ARTICLE 18
REGISTRANT FEES

18.1 Application and Issuance Fees

18.1.1 Every person, other than a person who already holds a Certificate of Registration, who wishes to apply for a Certificate of Registration of any class, shall pay an initial application fee due and payable immediately upon the College opening a registration file for such person.

18.1.2 Every applicant for a Certificate of Registration of any class shall pay an application fee, due and payable upon the applicant submitting their completed application to the Registrar.

18.1.3 Every successful applicant for a Certificate of Registration shall pay an issuance fee which is the applicable annual fee.

18.2 Examination Fee.

An applicant for a Certificate of Registration who wishes to write the examination in pharmaceutical jurisprudence approved by the College shall pay an examination fee.

18.3 Annual Fees.

18.3.1 Every person who holds a Certificate of Registration as a pharmacist or pharmacy technician shall pay an annual fee, except that in the year in which the person is first registered as a pharmacist or pharmacy technician, if the Certificate of Registration is issued on or after September 1, the fee will be fifty percent (50%) of the annual fee for that year.

18.3.2 The annual fee must be paid on or before March 10, except that in the year in which a person is first registered, if the Certificate of Registration is issued after March 10, the annual fee must be paid on the date the person is registered.

18.3.3 No later than thirty (30) days before the annual fee is due, the Registrar shall notify the Registrant of the amount of the fee and the day on which the fee is due.

18.3.4 A Registrant who fails to pay an annual fee on or before the day on which the fee is due shall pay a penalty in addition to the annual fee.

18.3.5 In addition to the amounts set out in sections 18.3.1 and 18.3.2, and notwithstanding 18.3.3, any outstanding balance owing to the College in respect of any decision made by a committee and any fees payable under this bylaw, must be paid in addition to the annual fees, and failure to pay such amounts shall be treated as failure to pay the annual fees.

18.4 Fee to Lift Suspension or for Reinstatement.

18.4.1 Where a Registrant's Certificate of Registration has been suspended by the Registrar pursuant to section 24 of the *Code* for failing to pay a required fee, the fee that the Registrant shall pay for the lifting of the suspension in accordance with section 35(2) of Ontario Regulation 256/24 under the Pharmacy Act shall be: (a) the fee the Registrant failed to pay; (b) the annual fee for the year in which the suspension is to be lifted, if the Registrant has not already paid it; and (c) a penalty.

18.4.2 Where a Registrant's Certificate of Registration has been suspended by the Registrar pursuant to the *Pharmacy Act Regulations*, the fee that the Registrant shall pay for the lifting of the suspension in accordance with section 35(1) of Ontario Regulation 256/24 under the Pharmacy Act shall be: (a) the annual fee

for the year in which the suspension is to be lifted, if the Registrant has not already paid it; and (b) a penalty.

18.4.3 A Registrant shall pay a reinstatement fee for the reinstatement of the Registrant's Certificate of Registration.

18.5 Other Fees.

18.5.1 Where a person requests the Registrar to do anything that the Registrar is required or authorized to do, the person shall pay the fee set by the Registrar for doing so.

18.5.2 Where, pursuant to the *Pharmacy Act Regulations*, a Registrant:

(a) has undertaken remediation by order of the Quality Assurance Committee and is required to undergo an assessment by an assessor appointed by the Quality Assurance Committee thereafter; and/or

(b) after the above assessment is found by the Quality Assurance Committee to continue to have a deficiency in the Registrant's knowledge, skills or judgment that requires correction and is ordered by the Quality Assurance Committee to undertake a further remediation and a further assessment by an assessor after the further remediation,

the Registrant shall pay a fee for each such assessment by an assessor appointed by the Quality Assurance Committee, and for any additional assessments that the Registrant undertakes thereafter.

18.5.3 An applicant or a Registrant required to undertake the Practice Assessment of Competence at Entry (PACE), a practice assessment or a knowledge assessment shall pay any applicable fee(s) as set out in the Fee Schedule.

18.5.4 Registrants who engage in, or supervise, drug preparation activities at a Drug Preparation Premises shall, jointly and severally, be required to pay a fee for the inspection of the Drug Preparation Premises pursuant to the *Pharmacy Act Regulations*, including all activities related to the inspection.

18.5.5 A Registrant shall pay a cancellation fee/missed appointment fee for any cancellation or missing of a second or further practice assessment within less than six weeks of the scheduled assessment date without a reason acceptable by the Registrar.

ARTICLE 19
PHARMACY TRANSACTION FEES

19.1 Application Fee.

19.1.1 Subject to subparagraph 19.1.2, an applicant for a Certificate of Accreditation to establish and operate a pharmacy of the community pharmacy class or hospital pharmacy class shall pay an application fee, due and payable upon the applicant submitting a completed application to the Registrar.

19.1.2 Where an applicant who has acquired two (2) or more existing pharmacies of the community pharmacy class or hospital pharmacy class, applies for Certificates of Accreditation to establish and operate the pharmacies, the applicant shall pay an application fee for the first application and for each additional application.

19.2 Issuance Fee.

19.2.1 Every successful applicant for a Certificate of Accreditation of the community pharmacy class and the hospital pharmacy class shall pay an issuance fee.

19.2.2 Every successful applicant for a Certificate of Accreditation to establish and operate a community pharmacy that permits the operation of remote dispensing locations shall pay an issuance fee. The fee will apply for each remote dispensing location to be operated, except that there will be no additional fee for the issuance of a Certificate of Accreditation that permits the operation of remote dispensing locations if the Certificate of Accreditation is issued to an applicant who has acquired or relocated an existing community pharmacy that permits the operation of remote dispensing locations.

19.2.3 An applicant who has acquired or relocated an existing pharmacy shall pay an issuance fee for a Certificate of Accreditation to establish and operate a pharmacy.

19.3 Fee for Amended Certificates - Remote Dispensing Locations.

19.3.1 Every person who seeks to amend a Certificate of Accreditation to permit the operation of remote dispensing locations or additional remote dispensing location(s) shall pay an application fee for each remote dispensing location or additional remote dispensing location that is to be operated.

19.3.2 Every successful applicant for an amended Certificate of Accreditation to permit the operation of remote dispensing locations or additional remote dispensing location(s) shall pay an issuance fee for each remote dispensing location or additional remote dispensing location that is to be operated.

19.3.3 For greater certainty, subparagraphs 19.3.1 and 19.3.2 will only apply with respect to the issuance of a Certificate of Accreditation of the community pharmacy class.

19.4 Renewal Fee.

Every person who holds a Certificate of Accreditation of the community pharmacy class or a Certificate of Accreditation of the hospital pharmacy class shall pay the applicable renewal fee on or before May 10 each year.

19.5 Additional Renewal Fee.

An additional renewal fee will apply, and be due and payable on or before May 10 each year, for the renewal of a Certificate of Accreditation for each pharmacy that, within the twelve (12) months prior to the renewal, has undergone a re-inspection as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection. The additional renewal fee will apply for each re-inspection but will not apply where the re-inspection was pursuant to an order of the Discipline Committee.

19.6 Other Pharmacy-Related Fees.

19.6.1 An applicant for or holder of, as applicable, a Certificate of Accreditation shall pay a cancellation fee/missed appointment fee for any cancellation or missing of a second or further pharmacy operations assessment within less than six weeks of the scheduled assessment date without a reason acceptable by the Registrar.

19.6.2 Every person who holds a Certificate of Accreditation shall be required to pay a fee for any re-inspection (compliance audit) performed by an inspector appointed under paragraph 14.5.

ARTICLE 20
CERTIFICATE OF AUTHORIZATION FEES

20.1 Application Fee.

An applicant for a Certificate of Authorization for a Health Profession Corporation shall pay an application fee.

20.2 Renewal Fee.

20.2.1 Every Health Profession Corporation that holds a Certificate of Authorization shall pay the applicable renewal fee each year.

20.2.2 The renewal fee for a Certificate of Authorization must be paid on or before March 10 each year.

20.2.3 No later than thirty (30) days before the annual renewal fee is due, the Registrar shall notify the Health Profession Corporation of the amount of the fee and the day on which it is due.

ARTICLE 21
APPLICATION OF FEES

21.1 Application of Fees

21.1.1 Unless otherwise indicated, the fees and penalties set out in Article 18, Article 19, Article 20 and Schedule B shall be effective as of the date set out in Schedule B.

21.1.2 The fees and penalties prescribed in Article 18, Article 19 and Article 20 are set out in Schedule B. All fees and penalties are subject to applicable taxes, which are payable in addition to the fees and penalties.

21.1.3 On January 1 of each year, each fee prescribed in Article 18, Article 19, and Article 20, and listed in Schedule B, will be increased by the percentage increase, if any, in the consumer price index for goods and services in Canada as published by Statistics Canada or any successor organization.

ARTICLE 22
CODE OF ETHICS

22.1 Code of Ethics.

There shall be a Code of Ethics for Registrants, which is Schedule A to this By-Law.

ARTICLE 23
MAKING, AMENDING AND REVOKING BY-LAWS

23.1 Requirements.

23.1.1 By-Laws may be made, repealed or amended by at least two-thirds of all Directors present at a meeting of the Board and eligible to vote.

23.1.2 Amendments may be proposed by not fewer than three (3) Directors or by the Executive Committee.

23.1.3 Proposed amendments shall be sent to the Registrar thirty (30) days in advance of the meeting at which the amendments will be voted on by the Directors.

23.1.4 The Registrar shall, at least two (2) weeks before the meeting at which the amendments are to be considered, notify all Directors of the proposed amendments

23.2 Transition to Amended By-Laws.

23.2.1 Where the By-Laws are amended, the changes should be interpreted in accordance with the following principles:

(a) The amendments shall not affect the validity of any act done or right, privilege, obligation or liability acquired or incurred thereunder or the validity of any contract or agreement made pursuant to any such By-Law prior to such amendments;

(b) The amendments shall be interpreted as forward looking altering the way in which the College shall conduct its affairs after the amendments are effective;

(c) The amendments shall be deemed not to alter the composition of the Board or any Committee as constituted under the previous version of the By-Laws until their composition is changed to bring them into compliance with the amendments; and

(d) A panel of any Committee as constituted at the time of the amendment may complete any pending matter before it despite not being properly constituted under the amendments and despite a new Committee being appointed in accordance with the amendments.

23.3 Effective Date and Interpretation.

This By-Law shall come into force and effect on the date that it is approved by the Board. Upon this By-Law coming into force and effect, By-Law No. 6 shall hereby be repealed. The principles of interpretation in subparagraph 23.2.1 with respect to amendments shall apply, *mutatis mutandis*, to the repeal of By-Law 6 and the replacement of it by this By-Law.

23.4 Conflict.

If any By-Law is, at any time, found to be in conflict with the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, it will, to the extent of such conflict, be disregarded in favour of the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, as the case may be, and the Registrar shall, upon discovery of such conflict, prepare, for consideration by the Board, a proposed amendment, alteration or repeal of the offending By-Law which shall have the effect of removing from the By-Law anything inconsistent with any such Act.

PASSED by the Board and sealed with the corporate seal of the College the _____, _____.

_____

Chair
(Corporate Seal)

_____

Vice-Chair

SCHEDULE A

Ontario College of Pharmacists
Code of Ethics

Role and Purpose of the Code of Ethics

One of the objects of the Ontario College of Pharmacists (OCP, the College), as outlined in the *Regulated Health Professions Act, Schedule 2*, *Health Professions Procedural Code* is to "develop, establish and maintain standards of professional ethics for members" of the profession.

The role and purpose of OCP's Code of Ethics is to clearly articulate the ethical principles and standards which guide the practice of pharmacists and pharmacy technicians in fulfilling the College's mandate to serve and protect the public by putting patients first.

Specifically, OCP's Code of Ethics supports the College in fulfilling its mandate by:

- Clearly articulating the ethical principles and standards by which pharmacists and pharmacy technicians are guided and under which they are accountable
- Serving as a resource for education, self-evaluation and peer review
- Serving as an educational resource for the public outlining the ethical obligations of the profession
- Providing a benchmark for monitoring and addressing the conduct of pharmacists and pharmacy technicians

Who does the Code of Ethics Apply to?

The Code of Ethics applies to all registrants of the College, in accordance with their scope of practice, including registered pharmacists, interns, intern technicians, pharmacy technicians, pharmacists (emergency assignment) and pharmacy technicians (emergency assignment). The Code of Ethics is also relevant to all those who aspire to be registrants of the College.

The Code of Ethics is applicable in all professional practice, education and research environments including non-traditional practice settings which may not involve a healthcare professional/patient relationship.

All registrants are responsible for applying the Code of Ethics requirements in the context of their own specific professional working environments.

Compliance with the Code of Ethics

The Standards listed in OCP's Code of Ethics are not intended to provide an exhaustive or definitive list of ethical behaviours and attitudes required of registrants. Registrants do not justify

unethical behaviour by rationalizing that such behaviour is not expressly prohibited in a Standard of this Code.

The College holds registrants accountable for adhering to the Code of Ethics and will inquire into allegations of a breach of the Code of Ethics and take appropriate action(s) in relation to the severity of the breach.

The Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines are companion documents and none of these should be read or applied in isolation of the other(s). It is not unusual for there to be duplication within these documents as requirements may be both ethical and legal.

All registrants of the College are required to affirm their understanding of and commitment to OCP's Code of Ethics by signing the Declaration of Commitment.

Understanding the Professional Role and Commitment of Healthcare Professionals

The most important feature or characteristic that distinguishes a healthcare professional from another type of professional is that: *healthcare professionals are committed, first and foremost, to the direct benefit of their patients and only secondarily to making a profit*. Pharmacists and pharmacy technicians are healthcare professionals.

What does being a healthcare professional require of pharmacists and pharmacy technicians?

In choosing to become a pharmacist or pharmacy technician we acknowledge our understanding and commitment to the professional role, recognizing it is not about us – our own personal or business interests – it is about the patient.

We appreciate that our patients are vulnerable and may often be limited by personal and circumstantial factors which enhance and reinforce this vulnerability and that inherent within the healthcare professional/patient relationship there is an imbalance of power with the healthcare professional holding that power.

Patients trust that as healthcare professionals we will respect and protect their vulnerability and maintain professional boundaries within the healthcare professional/patient relationship as we use our knowledge, skills and abilities to make decisions that enhance their health and well-being.

Where does this obligation come from?

When we become a regulated healthcare professional we implicitly enter into what is commonly referred to as a "*social contract with society*".

This contract requires that we keep our promise to act in the best interest of our patients and place their well-being first and foremost. It requires that we recognize and remember that we have not simply chosen a profession but also a vocation, committing ourselves to help and benefit those entrusted to our care in a spirit of altruism, goodwill, sincerity and integrity.

In exchange for our promise society agrees to provide our profession with the autonomy to govern ourselves as a self-regulating profession with all the privileges and statuses afforded regulated healthcare professionals.

Ethical Principles that Govern Healthcare Practice

In fulfilling our professional promise to our patients and to society, healthcare professionals are guided by the following ethical principles of healthcare:

Beneficence (to benefit):

The first foundational principle that forms and guides our commitment to serve and protect the best interests of our patients establishes the fact that our primary role and function as healthcare professionals is to benefit our patients. We need to remember that our patients seek our care and services because they believe and trust that we will apply our knowledge, skills and abilities to help make them better.

Non maleficence (do no harm, and prevent harm from occurring):

The second foundational principle that guides our commitment to serve and protect the best interests of our patients addresses the reality that as we strive to benefit our patients we must be diligent in our efforts to do no harm and, whenever possible, prevent harm from occurring.

Respect for Persons/Justice:

The third foundational principle merges the principles of "Respect for Persons" and "Justice" which collectively guide our understanding of how we ought to treat our patients. Respect for persons acknowledges that all persons, as a result of their intrinsic humanity, are worthy of our respect, compassion and consideration. We demonstrate this when we respect our patients' vulnerability, autonomy and right to be self-governing decision-makers in their own healthcare. The principle of "Justice" requires that we fulfill our ethical obligation to treat all patients fairly and equitably.

Accountability (Fidelity):

The fourth and final foundational principle directly ties us to our professional promise to be responsible fiduciaries of the public trust ensuring that we keep our promise to our patients and society to always and invariably act in their best interests and not our own. It is this principle that holds us accountable, not just for our own actions and behaviours, but for those of our colleagues as well.

Code of Ethics and Standards of Application

The Ontario College of Pharmacists Code of Ethics is founded on the core ethical principles of healthcare: beneficence, non-maleficence, respect for persons/justice and accountability (fidelity). Code requirements are articulated in the form of guiding ethical principles, general statements of application and standards that specify the behaviours and attitudes that are required of all registrants of the College as regulated healthcare professionals.

1. Principle of Beneficence

The ethical principle of "Beneficence" refers to the healthcare professional's obligation to actively and positively serve and benefit the patient and society.

Application

Pharmacists and pharmacy technicians serve and benefit the patient and society's best interests.

Standards

1.1 Registrants ensure that their primary focus at all times is the well-being and best interests of the patient.

1.2 Registrants utilize their knowledge, skills and judgment to actively make decisions that provide patient- centred care and optimize health outcomes for patients.

1.3 Registrants apply therapeutic judgment in order to assess the appropriateness of current or proposed medication therapy given individual patient circumstances.

1.4 Registrants seek information and ask questions of patients or their advocate to ascertain if the current or proposed medication provides the most appropriate therapy for the patient.

1.5 Registrants ensure that they consider relevant factors such as; age, mental capacity, lifestyle and living circumstances of the patient and adapt and tailor provision of care accordingly.

1.6 Registrants provide patients with the relevant and sufficient information they need in order to make more informed decisions about their healthcare.

1.7 Registrants ensure that information provided to patients is current and consistent with the standards of practice of the profession and best available evidence.

1.8 Registrants consider and take steps, when possible, to address factors that may be preventing or deterring patients from obtaining the pharmacy care or services required or from achieving the best possible health outcome.

1.9 Registrants prioritize care and services and provide adequate time to ensure that complex patients receive the care they need.

1.10 Registrants participate in consultation, communication and documentation with colleagues or other healthcare professionals to facilitate quality patient care.

1.11 Registrants make every reasonable effort to provide quality cost-effective pharmacy care and services to patients and society.

1.12 Registrants participate as appropriate and viable in public education programs that promote health and wellness and disease prevention.

1.13 Registrants strive to contribute to the development of the profession by participating in the education and mentoring of pharmacy students and interns, intern technicians, pharmacists (emergency assignment), pharmacy technicians (emergency assignment), pharmacists and pharmacy technicians.

1.14 Registrants, within their roles and expertise, strive to conduct, participate in or promote appropriate research practices that advance pharmacy knowledge and practice.

1.15 Registrants ensure that when conducting and/or participating in research initiatives they are scientifically and ethically approved by a research ethics board that meets current ethical research standards.

1.16 Registrants strive to facilitate positive change in the healthcare system by actively participating in healthcare policy review and development as it applies to the practice of the profession.

2. Principle of Non Maleficence

The ethical principle of "Non Maleficence" refers to the healthcare professional's obligation to protect their patients and society from harm.

Application

Pharmacists and pharmacy technicians refrain from participating in behaviours that may harm patients or society and whenever possible prevent harm from occurring.

Standards

2.1 Registrants refrain from participating in behaviours/attitudes which could potentially result in harm and utilize their professional judgment to make every reasonable and conscientious effort to prevent harm to patients and society.

2.2 Registrants practise only within their scope of practice, recognize their limitations and when necessary, refer the patient to a colleague or other healthcare professional whose expertise can best address the patient's needs.

2.3 Registrants disclose medical errors and "near misses" and share information appropriately to manage risk of future occurrences.

2.4 Registrants act with honesty and transparency if harm does occur and assume responsibility for disclosing this harm to the patient and initiating steps to mitigate the harm.

2.5 Registrants challenge the judgment of their colleagues or other healthcare professionals if they have good reason to believe that their decisions or actions could adversely affect patient care.

2.6 Registrants provide the patient with relevant and sufficient information regarding the potential harms identified in terms of risks and the most frequent and serious side effects associated with the medication therapy or pharmacy service.

2.7 Registrants ensure that when they are involved in the patient's transition from one healthcare provider or healthcare facility to another the relevant patient information is provided to the receiving healthcare provider or healthcare facility to ensure safe and effective transition of care.

2.8 Registrants provide only medications and health-related products that are from safe and proven sources, of good quality, and meet the standards required by law.

2.9 Registrants respect the patient's right to privacy and confidentiality and take every reasonable precaution to protect patient confidentiality by preventing unauthorized or accidental disclosure of confidential patient information.

2.10 Registrants ensure that the healthcare professional/patient relationship is not exploited by the registrant for any personal, physical, emotional, financial, social or sexual gain.

2.11 Registrants do not under any circumstances participate in sexual behaviour including, but not limited to:

(i) Sexual intercourse or other forms of sexual relations between the registrant and the patient;

(ii) Touching of a sexual nature, of the patient by the registrant; or

(iii) Behaviour or remarks of a sexual nature, by the registrant towards the patient.

2.12 Registrants do not under any circumstances participate in any form of harassment including, but not limited to:

(i) Bullying or intimidating;

(ii) Offensive jokes or innuendos;

(iii) Displaying or circulating offensive images or materials; or

(iv) Offensive or intimidating communications (phone calls, emails, text messages, etc.).

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

(i) that the registrant does not directly convey their conscientious objection to the patient;

(ii) that the registrant participates in a system designed to respect the patient's right to receive products and services requested;

(iii) that there is an alternative provider available to enable the patient to obtain the requested product or service, which minimizes inconvenience or suffering to the patient.

2.14 Registrants may only consider ending the professional/patient relationship when the registrant has met the following conditions:

(i) In the Registrant's judgement the professional/patient relationship is compromised and/or issues cannot be resolved;

(ii) Considers the condition of the patient;

(iii) Considers the availability of alternative services; and

(iv) Provides the patient with notice and sufficient opportunity to arrange alternate services.

2.15 Registrants assume responsibility for making reasonable efforts to ensure continuity of patient care when they are unable or unwilling to provide requested pharmacy services.

2.16 Registrants in emergency situations, including pandemics and other public health emergencies where the health of the patient or the public is at risk, have a duty to provide patient care within their professional competence and expertise.

2.17 Registrants maintain appropriate human resources to facilitate compliance with Standards of Practice and relevant legislation, policies and guidelines governing the practice of the profession and the operation of pharmacies to ensure that professional performance and the health of others in the work place are not compromised.

2.18 Registrants raise concerns to the appropriate authority if they reasonably believe human resources, policies, procedures, working conditions or the actions, professional performance or health of others may compromise patient care or public safety.

2.19 Registrants assign tasks only to those individuals who are competent and trained to do them.

2.20 Registrants ensure that they remain current with respect to professional knowledge and skills and are committed to continuous lifelong learning and professional improvement throughout their professional working life.

3. Principle of Respect for Persons/Justice

The ethical principle of Respect for Persons/Justice refers to the healthcare professional's dual obligations to respect and honour the intrinsic worth and dignity of every patient as a human being and to treat all patients fairly and equitably.

Application

Pharmacists and pharmacy technicians respect their patients as self-governing decision-makers in their healthcare and treat all patients fairly and equitably.

Standards

3.1 Registrants recognize and respect the vulnerability of patients.

3.2 Registrants respect and value the autonomy and dignity of patients.

3.3 Registrants practise patient-centred care and treat patients with sensitivity, caring, consideration and respect.

3.4 Registrants listen to patients to seek understanding of their needs, values and desired health goals and respect their right to be an active decision-maker in their healthcare.

3.5 Registrants respect the patient's values, customs and beliefs and their right to hold these as self-governing decision-makers.

3.6 Registrants respect the patient's right to privacy and do not disclose confidential information without the consent of the patient unless authorized by law or by the need to protect the welfare of the patient or the public.

3.7 Registrants seek only that information that is reasonable to make informed decisions about the patient's health and the treatment alternatives that align with the patient's treatment goals, unless otherwise authorized by law.

3.8 respect the patient's right to accept or refuse treatment and/or services offered, without prejudice.

3.9 Registrants respect the patient's right to choose a pharmacy and/or pharmacy professional and facilitate the patient's wish to change or transfer pharmacy care and services as requested.

3.10 Registrants obtain the patient's consent, implied or expressed, prior to the provision of pharmacy care or services.

3.11 Registrants respect the right of a competent minor to provide informed consent and make decisions about their healthcare.

3.12 Registrants recognize and respect the right of a legally authorized substitute decision-maker to make decisions on the incompetent patient's behalf.

3.13 Registrants recognize the known wishes/intentions of a patient who is not competent where those wishes/intentions, through a personal directive, were expressed before the person became incompetent.

3.14 Registrants ensure that their views about a patient's personal life, religious beliefs, and other morally irrelevant factors such as: race, gender, identity, sexual orientation, age, disability, marital status and any other factor(s), do not prejudice their opinion of the patient and affect the quality of service that they provide to the patient.

3.15 Registrants recognize the power imbalance inherent in the healthcare professional/patient relationship and assume responsibility for maintaining appropriate professional boundaries at all times.

3.16 Registrants provide fair and equitable access to pharmacy services and deliver consistent quality of care to all patients regardless of socio-economic status, culture, disease state or any other related factor that might unfairly bias patient care.

3.17 Registrants advocate for the fair treatment and fair distribution of resources for those in their care.

3.18 Registrants make fair decisions about the allocation of resources under their control based on the needs of persons, groups or communities to whom they are providing care and services.

4. Principle of Accountability (Fidelity)

The ethical principle of Accountability (Fidelity) refers to the healthcare professional's fiduciary duty to be a responsible and faithful custodian of the public trust.

Application

Pharmacists and pharmacy technicians maintain the public trust by ensuring that they act in the best interest of their patients and society.

In order to fulfill their fiduciary duty to maintain the public trust:

A. Registrants practise within their scope of practice, in accordance with their Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines and only when competent to do so.

B. Registrants refrain from participating in unethical business practices.

C. Registrants avoid conflict of interest.

Standards

A. General Responsibilities

4.1 Registrants abide by the spirit of this Code which applies to the practice of the profession and the operation of pharmacies.

4.2 Registrants conduct themselves with personal and professional integrity at all times and ensure that they demonstrate good character and maintain good standing with the College.

4.3 Registrants ensure that they only practise when they are competent, with respect to both relevant knowledge and skill and physical, emotional and mental capacity, to do so.

4.4 Registrants assume responsibility for all decisions and actions they undertake in professional practice, including failure to make a decision and take appropriate action when necessary.

4.5 Registrants do not perform controlled acts under their scope of practice for an unethical or illegal purpose.

4.6 Registrants ensure that all professional documentation is accurately maintained in accordance with practice standards.

4.7 Registrants maintain confidentiality in creating, storing, accessing, transferring and disposing of records they maintain and control.

4.8 Registrants understand that their trust in the care provided by colleagues and other healthcare professionals must be balanced with critical evaluation.

4.9 Registrants must be diligent in identifying and responding to red flag situations that present in practice.

4.10 Registrants report professional incompetence or unethical behaviour by colleagues or other healthcare professionals to the appropriate regulatory authority.

4.11 Registrants take appropriate steps to prevent and report the misuse or abuse of substances by themselves, patients, colleagues, other healthcare professionals or other pharmacy employees.

4.12 Registrants do not practise under conditions which compromise their professional judgment and impede their ability to provide quality patient care and services.

4.13 Registrants participate in responsible and ethical communication and ensure that any comments or images communicated are not offensive and do not in any manner discredit the member or the profession.

4.14 Registrants ensure that when power imbalances exist in professional working relationships they do not exploit these relationships for personal, physical, emotional, financial, social or sexual gain.

4.15 Registrants co-operate in any inspection, assessment, review or audit conducted by the College or any other authorized person or organization and abide by any undertakings or restrictions placed on their practice as result of an investigation.

4.16 Registrants recognize that self-regulation of the profession is a privilege and that each pharmacist and pharmacy technician has a professional responsibility to merit this privilege by maintaining public trust and confidence in each registrant individually and the profession as a whole.

B. Participate in Ethical Business Practices

4.17 Registrants recognize that their patient's best interests must always override their own interests or the interests of the business which the registrant owns, has a financial interest in or is employed by.

4.18 Registrants only provide pharmacy care and services that are of good quality and intended to optimize the patient's health outcomes and do not compromise patient care for corporate or business interests or financial gain.

4.19 Registrants shall not provide pharmacy services, care or products where there is no potential benefit to the patient.

4.20 Registrants do not influence, persuade or pressure patients to accept pharmacy services in order to retain the patient's business.

4.21 Registrants shall not compromise their professional integrity in order to further institutional or business interests and promote financial gain to the detriment of the patient and public interest.

4.22 Registrants are honest in dealings with patients, colleagues, other healthcare professionals, the College, other organizations, service suppliers, and public or private payers related to the practice of the profession and to the operation of the pharmacy.

4.23 Registrants are transparent in the fees that they charge and ensure that these are communicated to patients in advance of the provision of the service or product provided.

4.24 Registrants do not submit charges to patients or to any third party drug payment plan for services that they know or ought to know are false and fraudulent.

4.25 Registrants do not participate in any practice that involves falsifying patient health records or registrant practice records.

4.26 Registrants must ensure that they do not participate in any form of advertising or promotion that contravenes this Code, Standards of Practice or relevant legislation, policies or guidelines, reflects poorly on the profession or breaches public trust and confidence.

C. Avoid Conflict of interest

Registrants need to proceed with caution and conscientiously exercise professional judgment in dealing with conflict of interest situations which they may encounter in practice but which are not explicitly addressed below.

4.27 Registrants avoid situations that are or may reasonably be perceived to construe a conflict of interest.

4.28 Registrants avoid dual relationships and other situations which may present a conflict of interest and potentially affect the registrant's ability to be impartial and unbiased in their decision-making.

4.29 Registrants declare any personal or professional interests and inform the relevant party(s) if they are involved in a real, perceived or potential conflict of interest and resolve the situation in the best interests of the patient and public safety as soon as possible.

4.30 Registrants involved in decision-making must disclose any relationship they are involved in that may influence or appear to others to influence their objectivity.

4.31 Registrants enter into relationships with industry which are appropriate and in compliance with this Code and which allow them to maintain their professional integrity and retain public trust and confidence.

4.32 Registrants do not provide rewards or incentives that have the potential to adversely influence patient decisions which may result in harm to the patient.

4.33 Registrants do not ask for or accept gifts, inducements or referrals that may affect or be perceived to affect their professional judgment.

4.34 Registrants ensure that they do not participate in referral programs with other Registrants or with members of other healthcare professions for the expressed purpose of benefiting financially.

4.35 Registrants limit their treatment of self and the members of their immediate family to minor conditions and emergency circumstances unless another appropriate healthcare professional is not readily available.

SCHEDULE B

SCHEDULE OF FEES

[See attached]

Ontario College of Pharmacists

Schedule of Fees

All non-refundable fees and penalties are in Canadian Funds and are subject to Harmonized Sales Tax (HST).

Line		2024 Fees	HST	Total with tax
	REGISTRANT FEES			
	Application and Issuance Fees (18.1)			
1	Initial Application (pre-registration)* (18.1.1)	436.25	56.71	**492.96**
2	Application Fee - Payable upon submission of complete application (18.1.2)	109.35	14.22	**123.57**
3	Issuance Fee - Pharmacist A - New Applicant Registration, Mar 10 to Aug 31(18.1.3)	872.45	113.42	**985.87**
4	Issuance Fee - Pharmacist A - New Applicant Registration, Sept 1 to Mar 09 (18.1.3)	436.25	56.71	**492.96**
5	Issuance Fee - Pharmacist B - New Applicant Registration, Mar 10 to Aug 31 (18.1.3)	436.25	56.71	**492.96**
6	Issuance Fee - Pharmacist B - New Applicant Registration, Sept 1 to Mar 09 (18.1.3)	218.70	28.43	**247.13**
7	Issuance Fee - Pharmacy Technician A - New Applicant Registration, Mar 10 to Aug 31 (18.1.3)	581.65	75.61	**657.26**
8	Issuance Fee - Pharmacy Technician A - New Applicant Registration, Sept 1 to Mar 09 (18.1.3)	290.85	37.81	**328.66**
9	Issuance Fee - Pharmacy Technician B - New Applicant Registration, Mar 10 to Aug 31 (18.1.3)	290.85	37.81	**328.66**
10	Issuance Fee - Pharmacy Technician B - New Applicant Registration, Sept 1 to Mar 09 (18.1.3)	145.40	18.90	**164.30**
	Examination Fee (18.2)			
11	Jurisprudence Exam - Pharmacist and Pharmacy Technician (18.2)	200.00	26.00	**226.00**
	Annual Fees (18.3)			
12	Pharmacist - Part A	872.45	113.42	**985.87**
13	Pharmacist - Part B	436.25	56.71	**492.96**
14	Pharmacy Technician - Part A	581.65	75.61	**657.26**
15	Pharmacy Technician - Part B	290.85	37.81	**328.66**
	Penalty for failure to pay renewal fee by the due date (18.3.4)			
16	within 30 days	145.40	18.90	**164.30**
17	31 days or more	218.70	28.43	**247.13**
	Fee to Lift Suspension or for Reinstatement (18.4)			
18	Penalty - Lift Suspension (18.4.1, 18.4.2)	218.70	28.43	**247.13**
19	Reinstatement (18.4.3)	364.10	47.33	**411.43**
	Other Fees (18.5 and 19.6)			
20	Each Assessment After Remediation (18.5.2)	1,163.25	151.22	**1,314.47**
21	Each Practice Assessment of Competence at Entry (PACE) by and Applicant after the second attempt (18.5.3)	1,163.25	151.22	**1,314.47**
22	Each Assessment or Practice Assessment of Competence at Entry (PACE) of a Registrant transferring from Part B to Part A (18.5.3)	600.00	78.00	**678.00**
23	Drug Preparation Premises (DPP) Inspections (18.5.4)	3,635.25	472.58	**4,107.83**
24	Late Cancellation/Missed Assessment fee (18.5.5, 19.6.1)	600.00	78.00	**678.00**
25	Pharmacy Re-inspection (Compliance Audit) (19.6.2)	450.00	58.50	**508.50**
	PHARMACY FEES			
	Application Fees apply to Community and Hospital Class Pharmacies (19.1)			
26	Application Fee (includes Opening, Relocating, Acquisition and Amalgamation) (19.1.1)	727.00	94.51	**821.51**
27	Application fee for Additional Pharmacies when acquiring more than one (19.1.2)	73.30	9.53	**82.83**
	Issuance Fee - Community Pharmacy: (19.2)			
28	Pharmacy Opening - Issuance May 10 - Nov 9 (19.2.1)	1,091.15	141.85	**1,233.00**
29	Pharmacy Opening - Issuance Nov 10 - May 9 (19.2.1)	545.55	70.92	**616.47**
30	Pharmacy Acquisition/Relocation - Issuance fee (per application) (19.2.3)	364.10	47.33	**411.43**
	Remote Dispensing Location Associated Fees (19.2.2, 19.3)			
31	New Opening with Remote Dispensing Location(s) - Issuance (19.2.2)	1,091.15	141.85	**1,233.00**
32	Amended Certificates Remote Dispensing Location(s) - Application (19.3.1)	364.10	47.33	**411.43**
33	Amended Certificates Remote Dispensing Location(s) - Issuance (19.3.2)	1,091.15	141.85	**1,233.00**
	Community Pharmacy Renewal and Reinspection (19.4, 19.5)			
34	Renewal	1,366.85	177.69	**1,544.54**
35	Reinspection	1,454.15	189.04	**1,643.19**
	Issuance Fee - Hospital Pharmacy: (19.2)			
36	Pharmacy Opening - Issuance May 10 - Nov 9 (19.2.1)	5,089.35	661.62	**5,750.97**
37	Pharmacy Opening - Issuance Nov 10 - May 9 (19.2.1)	2,545.25	330.88	**2,876.13**
38	Acquisition/amalgamation/Relocation - Issuance (per application) (19.2.3)	1,395.90	181.47	**1,577.37**
	Hospital Pharmacy Renewal and Reinspection (19.4, 19.5)			
39	Renewal	5,089.35	661.62	**5,750.97**
40	Reinspection	1,454.15	189.04	**1,643.19**
	HEALTH PROFESSION CORPORATION (20.1, 20.2)			
41	Certification of Authorization Application (20.1)	1,454.15	189.04	**1,643.19**
42	Certificate of Authorization Renewal (20.2)	436.25	56.71	**492.96**
	ADMINISTRATION			
43	Duplicate Receipts	29.05	3.78	**32.83**
44	Duplicate Wall Certificate (8.5" x 11")	29.05	3.78	**32.83**
45	Large Wall Certificate/Duplicate Large Wall Certificate (17.5" x 23")	100.00	13.00	**113.00**
46	Jurisprudence Exam Late Fee (18.2)	73.30	9.53	**82.83**
47	Jurisprudence Exam Withdrawal Fee (18.2)	73.30	9.53	**82.83**

Ontario College of Pharmacists

Schedule of Fees

All non-refundable fees and penalties are in Canadian Funds and are subject to Harmonized Sales Tax (HST).

Line		2024 Fees	HST	Total with tax
48	PACE Rescore Fee (18.5.3)	73.30	9.53	**82.83**
49	Returned Cheque	29.05	3.78	**32.83**

** pre-registration fee is valid for 5 years*

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BOARD BRIEFING NOTE

MEETING DATE: December 9-10, 2024

FOR DECISION

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

Topic: Regulatory Exemption for Pharmacy under the Veterinary Professionals

Issue/Description: College staff are seeking direction from the Board of Directors regarding the potential development of a policy on expectations for pharmacy professionals engaging in the practice of veterinary pharmacy.

Public Interest Rationale: The *Veterinary Professionals Act*, *2024,* which came into force in June, better defines the scope of practice for the veterinary profession and regulation of veterinary practice. Access to veterinary medications through pharmacies is an established expectation of the public. Developing an appropriate regulatory instrument (e.g. practice policy), in consultation with the College of Veterinarians of Ontario (CVO), would promote and assure the public of safe, high quality pharmacy practice in the care of animals and would ensure that OCP remains the authority on regulating the practice of pharmacy in Ontario.

Strategic alignment, regulatory processes, and actions: A regulatory instrument would outline the standard of practice for pharmacy professionals compounding, dispensing, selling, and renewing medications for animals and any requirements for the completion of appropriate training. It would also clarify the role of pharmacy in veterinary care, in line with Strategic Goal 2: *the College effectively provides members of the public, registrants and other partners with clear, relevant, up-to-date information.*

Background:

- In 2013, the College of Veterinarians of Ontario (CVO) began work to modernize *the Veterinarians Act* as few amendments had been made since its proclamation in 1990.
- In 2018, the Ontario College of Pharmacists (OCP) posted an open consultation seeking feedback regarding the changes to the *Veterinarians Act* that impact the pharmacy profession.
- The updated *Veterinary Professionals Act, 2024,* received Royal Assent on June 6, 2024. While the *Veterinary Professionals Act* is now law, it has not yet been proclaimed. Before it comes into full effect, the CVO is working to provide the Minister of Food, Agriculture, and Rural Affairs with draft regulation options that will facilitate the application of the new legislative framework.
- The *Veterinary Professionals Act, 2024,* defines authorized acts and exemptions for other professions (specifically pharmacy professionals and chiropractors) to perform authorized acts as specified in the regulations. OCP staff have been meeting with the CVO as it outlines the concepts to be included in the draft regulations, which will include specifying which authorized acts pharmacy professionals can engage in.
- CVO has indicated an intention to include an exemption to the *Act* for pharmacists who compound, dispense or sell medications for animals, and for renewing a veterinary prescription.
    - This exemption is dependent on the OCP stipulating expectations for veterinary pharmacy practice, which may include educational or practice-based requirements.
    - The CVO is working on defining several conditions to the regulatory exemption, including that:
        - The pharmacist be a registered member of the Ontario College of Pharmacists in the Pharmacist Class – Part A;

    - The pharmacist makes no therapeutic substitutions or adaptations to the veterinary prescription; and
    - The pharmacist does not provide information or education related to drug use where the provision of the information requires therapeutic knowledge, clinical analysis, or clinical assessment.
- OCP staff will continue to provide input on the high-level content of proposed regulations as well as draft wording. It is anticipated that CVO will release the draft regulations for broad consultation in the spring of 2025. A second Ministry consultation will follow.
- CVO has recently asked the OCP to consider developing a regulatory instrument (e.g. practice policy) stipulating OCP's practice expectations and any required training for those pharmacists who choose to compound, dispense, or sell medications for animals.
- CVO Council is meeting on January 9th to discuss the regulatory concepts they wish to include in the draft regulations.

Relevant experience involving chiropractors

- Members of the College of Chiropractors of Ontario (CCO) has a similar exemption to the one outlined in s9(5)-Authorized Acts (Schedule 1 – *Veterinary Professionals Act, 2024*).
- The CCO has specified the practise expectations and related educational requirements in their Standard of Practice S-009: Chiropractic Care of Animals. It requires that members "demonstrate successful completion of a program in animal chiropractic of a minimum of 200 hours of formal training".
- Since the passage of the *Veterinary Professionals Act, 2024,* CCO has begun voluntarily displaying information on the public register about chiropractors that have completed this requirement.

Analysis:

A preliminary analysis for the Board's consideration is presented below. A full analysis of this practice needs to be conducted that explores the impact and mitigation strategies for each option. In the interim, the Board is presented with a high-level summary of the considerations to provide staff with direction on whether to further explore regulating this area of practice.

The primary responsibility for the health care of animals is with veterinary professionals. Pharmacy professionals are permitted to practise their profession in accordance with the existing legal framework, which permits the compounding, dispensing and selling of drugs for animal patients.

Current Situation

- The role of pharmacy in veterinary medicine is well established. There is no intention of changing the way current practice between pharmacy and veterinary care professionals.
- OCP's current Standards of Practice and policies do not distinguish between human and animal patients. Similarly, the legislation that defines pharmacy professional scope of practice does not make this differentiation.
- The definition of drug under the *Drug and Pharmacies Regulation Act (DPRA)* captures humans, animals, and fowls.[1]
- The CVO is looking to define the exemptions to authorized acts that pharmacy professionals are able to provide.

[1] ***"drug"*** means any substance or preparation containing any substance,
(a) manufactured, sold or represented for use in,
(i) the diagnosis, treatment, mitigation or prevention of a disease, disorder, abnormal physical or mental state or the symptoms thereof, in humans, animals or fowl, or
(ii) restoring, correcting or modifying functions in humans, animals or fowl,

What is the problem?

- The CVO is concerned that pharmacy professionals may be engaging in the provision of veterinary pharmacy without formal training in animal anatomy, neurology, biomechanics, animal adjustment technique, diagnosis, pathology, chiropractic philosophy, and ethics and legalities.
- The authorized acts within the *Veterinary Professionals Act, 2024,* regulate the scope of pharmacy practice within veterinary care through the use of exemptions to the stated authorized acts in s9-Authorized Acts.
- Without a stated set of expectations for pharmacy professionals, the proposed exemption for pharmacy within the regulations may not be as permissive and would serve to further regulate pharmacy practice.
    - There is a risk that this would affect current practice and create barriers to access for patients that seek to fill veterinary prescriptions in pharmacies.

Does this issue warrant a regulatory response?

- The physiology and structure of animal bodies differs from that of human bodies, resulting in differing pharmacology and toxicology considerations. The OCP has advised registrants of the unique differences and related considerations they should make before engaging in compounding, dispensing, and selling veterinary medication (Pharmacy Connection: Similar, but Different Part 1, Part 2).
- The risk of harm to animals is the priority for CVO, while the OCP assesses risk of harm to patients. Previous assessments of the pharmacy role within veterinary care have concluded that the standards of practice for pharmacists and pharmacy technicians and the College's policies apply regardless of the patient. The information provided to registrants through communication channels on the differences between types of patients supports the professional judgement of pharmacy professionals.
- A review of the reasons for the decision of a panel of OCP's Discipline Committee in a case involving a registrant's involvement in the purchasing of drugs for veterinary purposes notes that the panel was concerned that there has yet to be a policy that regulates the practice of veterinary pharmacy.
    - A further review of the College's data related to veterinary pharmacy will be conducted as part of the policy research phase, if the Board directs staff to explore regulatory instruments that the OCP could develop to regulate this space appropriately.

What options exist to address this problem?

1. **Status Quo**
    i. Benefits: Reviews of current OCP practice policies that are out of date and require review can continue as planned without requiring a reprioritizing of the activities included in the 2025 operational plan.
    ii. Risks: Unintended outcome = change to the current way pharmacy/veterinary professionals practice.

2. **Develop a regulatory instrument to regulate this practice**
    i. Benefits: The public knows what to expect from pharmacy professionals practising in this area.
    ii. Risks: It is anticipated that staff will be leading the regulatory work for expanded scope of practice at the same time as developing this standard, which means other priority policy work identified for the 2025 operational plan would need to be deprioritized.

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

- This is yet to be determined, but initial assessment indicates that there is an opportunity to clarify the College's expectations of registrants engaging in veterinary pharmacy.
    - The example from the College of Chiropractors of Ontario provides a comparison for the scope of such a response.

For Decision:

Motion: THAT the Board of Directors direct College staff to prioritize the development of a policy outlining expectations and training requirements for pharmacists dispensing for veterinary purposes.

Next Steps:

- Should the Board support policy development, College staff will conduct the necessary research to assess the current impact of the risks associated with veterinary practice, internal data related to assessments and complaints outcomes, the scope of the regulatory response that is right-touch and risk-based, and draft a policy for the Board to consider in 2025.
- If the Board does not wish to proceed at this time, the OCP will have the opportunity to provide feedback during the CVO and Ministry public consultations once initiated in 2025.
- The CVO has requested a response on whether OCP will be supporting development of a policy by the end of this year.

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Strategic Plan 2024-2028

Update on OCP activities to advance Strategic Goals

December 9, 2024

Thomas Custers, Director, Corporate Services

Purpose

- Provide an update on the progress of the 2024-2028 Strategic Plan.
- Review the current strategic direction and assess its alignment with the regulatory and practice environment of the pharmacy profession.

Context

- 2024-2028 Strategic Plan approved by Board in March 2023, directing operational and policy decisions for the next five years.*
- Committed to reviewing the priorities each year to reaffirm Board direction or adjust as necessary, to inform subsequent operating plans (and associated budgets)
- Recent decisions by the Board have clarified priorities within the College's 2024-2028 Strategic Plan:
  - Inclusion of a focus on **Indigenous cultural humility** and reconciliation in the College's Equity, Diversity, and Inclusion Strategy (December 2023).
  - Implementation of a **Zero Tolerance statement** for business practices that impede pharmacy professionals' ability to deliver effective care (March 2024).

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*See for details: https://www.ocpinfo.com/wp-content/uploads/2023/06/june-12-2023-board-meeting-agenda-materials.pdf (pages 40-53)

2024-2028 Strategic Goals

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

2. The College effectively provides members of the public, registrants and other partners with clear, relevant, up-to-date information

3. The College has the expertise and resources to address immediate demands caused by changes in the regulatory or practice environment

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

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Planning and Prioritization

- 2024 was, to a large extent, a planning year to build the foundation and identify the activities needed to achieve those goals
- Zero Tolerance statement fast-tracked several activities related to Goal 1
- As of Q3, the College is on track to complete 4 out of 6 priorities (67%) for 2024 to advance the strategic goals (see Q3 performance update for more details)
- Finite resources, emerging priorities and pressures, underscores the need to reassess which priorities/activities should be the focus in 2025 to advance the strategic goals
- Board direction and feedback on the following will help inform the ongoing planning, adjustment and implementation to advance the strategic goals:
    - *Are there things that the College should begin to think about in 2025 for future operational planning?*
    - *Should there be a future reprioritization of goals to ensure we meet our objectives and mandate with the available resources?*

Pharmacy business practices do not create barriers to standards, ethics, wellness

- Identified tactics the College will deploy to advance Strategic Goal 1 starting 2025
- Hosted town halls and conducted survey; publicized findings of engagement/feedback from registrants
- Established zero-tolerance position statements
- Evidence/policy brief developed for PPN discussion at the Board
- Conducted jurisdictional scan and research into experiences of others, identification of options
- Initiated new tip reporting mechanism
- Developed Conduct Framework to apply zero tolerance (corporate pressures and preferred provider networks) to Intakes and Investigations and initiated investigations on these concerns
- Project charters drafted for each operational domain of this Goal

GOAL 1

Work in / done in **2024**

Work to do in **2025**

- Director attestations upon pharmacy renewal/new applications
- Next phase of engagement with registrants including town halls and follow up survey; monitoring social
- Sustain and continual promotion of tip reporting mechanism
- Prosecution of allegations of professional or proprietary misconduct related to corporate pressures
- Report on public data related to complaints, reports, investigations and findings
- Continue investigations re: corporate pressures and preferred provider networks, and those based on information shared with the College through tips
- Develop and implement appropriate regulatory actions related to expanded scope of practice
- Implementation of next phase of new operational assessment criteria
- Policy changes to reduce corporate pressures
- Pharmacy professional experience survey on workplace practices and public reporting

Effective Communications in All Interactions

- Adoption of knowledge translation and clear/plain language principles
- Conducted registrant communication audit to identify opportunities for improvement, implement efficiencies
- Initiated website renewal that will make it easier for visitors to find what they're looking for and ensure that information remains relevant, clear and up-to-date
- Centralized communications coming from the College and informed clearer approach to information sharing, including greater oversight of external presentations
- Initiated a Policy Refresh to streamline the various policy instruments used at the College to help make it easier for registrants to know and understand College expectations and reduce duplication and confusion

GOAL 2

Work in / done in **2024**

Work to do in **2025**

- Launch a refreshed website that includes improved search and navigation, functionality relevant to specific audiences and overall site performance as a primary information hub
- Completion and implementation of the Policy Refresh, with supportive change management plan to be implemented
- Implementation of communication audit recommendations including streamlining our channels and developing digital and virtual opportunities to inform, educate and engage registrants on specific topics (e.g. e-learning tools, webinars etc.)

The College Has the Resources to Address Demands

- Created an inventory of (cross-functional) role clarity issues and launched a mandatory interactive training module to address them. Updated orientation materials and established a resource hub
- Held a management retreat to develop solutions for organizational-wide role clarity challenges
- Held all-staff collaboration sessions on quality improvement, meeting effectiveness, role accountability, decision-making, and the Eight Behaviors for Smarter Teams
- Continued identifying, developing and implementing strategies to further advance risk-based regulation
- Conducting an activity mandate-alignment review

Work in / done in
2024

Work to do in
2025

GOAL 3

- Implement outcome activity of mandate-alignment review
- Continue identifying, developing and implementing strategies to further advance risk-based regulation
- Explore opportunities for further automation and use of AI post Registrant Records System (RRS) implementation.

Patients Receive Respectful Non-Discriminatory Care

Work in / done in 2024

- Defined and responded to policy gaps and incorporated changes as appropriate
- Promoted internal competencies and greater inter-department collaboration and engagement
- Established the EDI Registrant Reference Group to receive regular assessment of the impact of policy and practice requirements on equity-deserving patients
- Built relationships with external groups with a focus on equity-denied communities and created plan to engage Indigenous communities and partners
- Created Human Rights Policy (under consideration by the Board)
- Completed EDI self-assessment in collaboration with other HPRO colleges

Work to do in 2025

- Implement Human Rights Policy if approved
- Inform necessary changes as part of the Policy Refresh (under Strategic Goal 2)
- Launch of internal EDI Stewards program to promote greater staff training and development of tools and resources to use in day-to-day activities and functions
- Plan to collect sociodemographic data, projected for 2026 (renewal)
- Continue building partnerships with organizations to achieve shared goals for equitable patient and provider experiences

GOAL 4

Discussion

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BOARD BRIEFING NOTE

MEETING DATE: December 9-10, 2024

FOR DECISION

From: Thomas Custers, Director, Corporate Services

Topic: 2025 Operational Plan - Updated

Issue/Description: Priorities and Direction for 2025

Public interest rationale: To achieve its mandate, the College must have sound operations. The Board guides those by setting strategic direction and ensuring that resources are available to deliver on the College's strategic goals.

Strategic alignment, regulatory processes, and actions: Ensuring that operations follow the Board's direction and are adequately funded to support the strategic plan and all regulatory activities.

Background:

- At the September 15th Board meeting, College staff presented the 2025 Operational Plan.
- While the Board approved the priorities and direction, there was consensus that additional financial information was required given the College's financial challenges.
- In response, the Executive Team reassessed all priorities based on:
  - available existing capacity; and
  - cannot or should not be postponed to future years/can be deferred to future years
- The reassessment resulted in some priorities being postponed (see Appendix 1). The revised plan was presented to the Finance and Audit Committee on October 28th for feedback. Although no formal motion was made, the Committee raised no initial objections, permitting staff to proceed with the development of the 2025 budget.

Updated proposed 2025 priorities:

- The College will continue implementing its 2024-2028 Strategic Plan:
  - Strategic Goal 1 – Pharmacy settings do not create barriers: The College will focus on reducing corporate pressures through its core regulatory activities.
  - Strategic Goal 2 – Effective communication in all interactions: After completing the new OCP website launch (carried over from 2024), activities will be limited to continuing to engage and reach out to registrants and the public. No new initiatives are planned for 2025.
  - Strategic Goal 3 – We have the resources: The College has begun several initiatives to optimize its resources, which will continue through 2025, and is planning additional initiatives to commence in 2025. These were not included in the original 2025 operational plan.
  - Strategic Goal 4 – Patients receive respectful, non-discriminatory care: Several planned initiatives are deferred to future years. The 2025 focus will be on internal capacity building, helping staff identify and address inequalities in their work.
- The College will also have a few operational priorities for 2025, including continuing to implement the Registrants Records System (RRS), which will significantly affect staff resources across the organization.

- Another priority for 2025 is the anticipated directive from the Ministry to expand the scope of practice for pharmacists.
- The College's senior team believes that the updated 2025 priorities are feasible within the existing resource capacity and the implementation of the new RRS. The table below provides the resource needs for each proposed 2025 priority.

Strategic Goal / Operational	Priority	Budget[1]
Goal 1 – Pharmacy setting does not create barriers	Continue applying zero-tolerance (corporate pressures and preferred provider networks) to intakes and investigations	0.15 FTE (existing staff) $120,000 for hiring external legal investigators and external forensic experts
	Prosecution of allegations of professional or proprietary misconduct related to corporate pressures	$45,000 for external investigator
	Changes to operational and practice assessments to identify pharmacies where business metrics impact patient care and prepare to shift to a risk-based model reflecting a zero-tolerance approach for practice assessments	0.77 FTE (existing staff) No need for additional resources to organize focus groups
	Pharmacy professional experience survey on workplace practices and public reporting	0.30 FTE (existing staff)
	Policy changes to reduce corporate pressures	0.61 FTE (existing staff)
Goal 1 – Pharmacy does not create barriers *Goal 2 – Effective communications in all interactions*	Engaging with registrants and other audiences to share insights, demonstrate accountability and transparency, and enhance the effectiveness of college decisions and communications in support of Strategic Goals 1 and 2	0.06 FTE (existing staff) $10,000 for facilitation of meeting and other meeting costs
Goal 2 – Effective Communications in all interactions	Completing website renewal to provide more meaningful, timely and accessible information to the public, registrants and other partners	0.97 FTE (existing staff) $45,000 for a vendor to continue planning, building, testing, and supporting new website

[1] FTE (Full-Time Equivalent) = 232 days and the number of full-time staff working on this priority. It can be comprised of several different staff members and staff from various departments. Staff resources for priorities are in addition to existing core work.

Strategic Goal / Operational	Priority	Budget[1]
Goal 3 – The College has the resources	Continue to proactively identify and implement strategies, such as aligning mandates, adopting risk-based regulation, to enhance the College's capacity for effective regulatory oversight, etc.	1.12 FTE (existing staff)
Goal 4 – Patients receive respectful, non-discriminatory care	Foundational EDI work that will enable the identification and response to inequities through an in-house curriculum and facilitation program (EDI Stewards), providing direct and applicable support for teams	0.90 FTE (existing staff) $30,000 external consultant (existing contract)
Operational – non-strategic plan related priorities	Develop regulatory changes and standards to implement Ministry direction on scope expansion	0.34 FTE (existing staff) $45,000 for external legal advice for reg. changes
	Review out of date practice policies	3.17 FTE (existing staff) $35,000 for review groups
	Registrant Records System (RRS) implementation	11.06 FTE (existing staff) $1,055,200 for external support in building and implementing new system, post implementation support, licenses.
	Implement mandatory training for compounding supervisors	1.90 FTE (existing staff)
	Maintain and enhance employee retention, recognition and increase satisfaction and productivity in the workplace	6.87 FTE (existing staff)[2] $143,100 for recognition and two in-person staff meetings

Motion:

THAT the Board approves the updated priorities and direction for the 2025 Operational Plan.

[2] The time is calculated by considering the estimated hours that HR staff spend on all staff engagement initiatives, the time managers dedicate to team engagement activities, the time spent by staff on the College's Cultural Advisory Group, and the total time all staff members spend participating in all-staff meetings and events.

Appendix 1 – Initial Proposed 2025 Priorities Postponed

Priority	Strategic Goal	Rationale
Visual identity update	Goal 2	This has been postponed given the need to have adequate engagement with the Board and a re-evaluation of the level of priority of this initiative against our mandate and core work and other Board priorities against the current financial situation.
Exploring Indigenous partnership opportunities	Goal 4	The exploration and development of Indigenous partnerships depends on a clear corporate and Board commitment to the execution of governance and other changes required to support these partnerships. Considering current Board priorities focusing on an external governance review, it would be prudent to postpone this work until after the review.
Establishing an Indigenous guiding circle	Goal 4	This initiative was to be the cornerstone of the Indigenous partnership development and engagement. Facing financial pressures and the need to focus on addressing corporate pressures, implementing a new Registrant Records System (RRS), and the anticipated scope-of-practice expansion for pharmacists, College staff suggests postponing and re-visit for 2026.
Collecting data on composition of the pharmacy professional workforce	Goal 4	This has been postponed due to delays with the implementation of the RRS system which will not be operational in time for annual registration renewal. We will aim to launch data collection with the 2026 renewal (pending RRS implementation).

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BOARD BRIEFING NOTE

MEETING DATE: December 9-10, 2024

FOR INFORMATION

From: Thomas Custers, Director, Corporate Services

Topic: 2025 College Dashboard

Issue/Description: 2025 College Dashboard 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 2025 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:

- Registrar & CEO and Management are mandated to present:
  - Performance Scorecard outlining the performance against target at each regular Board meeting. *(Board Policy 4.1)*
  - Quarterly Operational Scorecard to enable the Board to monitor progress toward implementation of the strategic plan. *(Board Policy 4.4)*
- A new scorecard is developed and approved by the Board each year to align with the College's annual operational plan.
- Although the scorecard is one of several reporting mechanisms to the Board, staff proposed to expand its scope last year.
- The expanded scope aims to provide the Board with a more comprehensive and integrated perspective on:
  - Progress on strategic plan and operational goals
  - Cost management and financial status
  - People, Information Technology infrastructure, Regulatory Compliance
  - Key risks affecting execution of strategic plan, operational goals, and mandate.
- Due to this broader scope beyond tracking the College's performance against its strategic and operational plan, the term 'dashboard' was deemed more appropriate than the term 'scorecard'.
- Following the approval of the measures by the Board, the College will recommend targets for those measures intended to track the College's performance towards implementing its 2024-2028 strategic plan and 2025 operational plan.

Analysis:

A. Framework

- College staff propose the following changes to address the dashboard's weaknesses and Board feedback received to date:
    1. Better integration of external perspectives – instead of creating a new measurement domain:
        - Add public trust and registrant experience measures to 'Regulatory Competence' domain.
        - Include system-level-collaboration measures in 'Strategic Priorities' domain.
    2. Reduce overlap between domains:
        - Remove annual operational measures from the 'Strategic Priorities' domain (except Ministry-directed priorities).
        - Redistribute these measures to:
            - 'Organizational Capacity' for operations-related items.
            - 'Regulatory Competence' for core statutory functions.
    3. Focused reporting:
        - Remove governance related reporting as per Board direction.
        - Reduce overlap or duplication with College staff reporting twice annually on highest enterprise risk.
- See Appendix 1 for updated domain definitions and details on the scope of each domain.

B. Measures

- Types of Measures
    - Staff recommend continuing with two types of measures:
        1. Performance measures (with specific targets)
        2. Monitoring measures (without targets)
    - Monitoring measures provide valuable context and additional information about the College's performance beyond areas not included in the annual operational plan.
    - This information may help inform future strategic and operational planning.
- Focus of Measures
    - The Board requested measures demonstrating the College's impact on public protection.
    - The revised dashboard aims to include those; however, there are challenges in measuring regulatory outcomes:
        - Limited data on how regulatory activities improve patient safety, outcomes of care, healthcare quality.
        - College databases currently only include activities and assessment results.
    - Board Directors suggested additional measures (see Appendix 2 for list and inclusion status).
- The proposed updated dashboard will have 31 measures, of which 14 are performance, and 17 are monitoring (see Appendix 3 for details of each measure).
- By the end of the summer of 2025, when the new Registrant Records System (RRS) is fully implemented, the College will be better equipped to begin developing a data strategy to obtain the required data through collecting and linking data sets to enable better measurement of regulatory outcomes.

Next Steps

- Pending Board approval, proposed targets for each performance measure will be brought forward to the Board at the 2025 March meeting and reporting on the measures will begin at the June 2025 meeting.

Attachments

- 10.1 – Proposed 2025 College Dashboard
- 10.2 – Rationale proposed 2025 College Dashboard Measures

Appendix 1: Updated Domain definitions

Regulatory Competence		
Sub-domains	**Definition**	**Scope Includes**
• Registration • Quality • Conduct • Regulatory Policies	Measures how effectively and efficiently the College executes its core statutory functions and regulatory mandate to protect the public interest.	• Core regulatory functions • Timeliness and consistency of regulatory decisions • Risk-based regulatory approaches • Achievement of public protection outcomes • Appropriateness of regulatory interventions • Effectiveness of regulatory tools and approaches

Strategic Priorities		
Sub-domains	**Definition**	**Scope Includes**
• Strategic Plan Execution • Government-Directed Change • System Partnerships	Measures progress towards the College's strategic goals, implementation of Ministry direction and system-level collaboration.	• Progress towards defined strategic goals • Progress implementation of Ministry direction • Cross-health care regulator initiatives • Health system improvement initiatives

Organizational Capacity		
Sub-domains	**Definition**	**Scope Includes**
• Human Resources • Financial Health • Efficiency • Information Technology (IT) • Compliance	Measures whether the College has the necessary resources, capabilities, and infrastructure to effectively execute its mandate now and in the future while maintaining compliance with applicable policies, law, and regulations.	• Staff competency and development • Employee engagement and retention • Organizational culture • Training effectiveness • Succession management • Budget management • Cost control • Reserve adequacy • Resource utilization • Service delivery efficiency • IT infrastructure reliability • Data management • Cybersecurity • Technology adoption • Legislative / Regulatory requirements • Financial regulations • Reporting obligations

Organizational Capacity		
		• Privacy compliance • Employment standards

Risk Management	
Definition	**Scope Includes**
Measures how effectively the College identifies, assesses, and manages risks that could impact the achievement of its performance targets across the measurement framework.	• Target achievement barriers • Risk scores • Risk mitigation plans • Corrective actions taken • Performance shortfall implications

Appendix 2: Status of Board of Directors recommended measures

Measures	Included	Clarification
Data from social media tools and surveys to gauge public trust and perception	TBD	Tools to conduct sentiment analysis of blogs and social media have their challenges in terms of data quality (inaccuracy, incomplete, etc.) that may lead to incorrect conclusions, affecting the reliability of the analysis. Staff could monitor and analyze blogs and social media; however, this will be resource intensive. A challenge is determining whether the post is from a member of the public or a registrant and whether posts are from a unique member of the public. The gold standard would be to conduct a survey among Ontarians by an external organization. Alternatively, staff could limit the sentiment analysis to media coverage, recognizing its limitations. This could be supplemented by volume and nature of information requests and comments the College receives related to its functioning.
% of staff completing professional development or training	Yes	
Staff diversity and inclusion perception scores	Partially	The College staff is currently working on establishing diversity goals. These goals will guide the measures the College needs to track in order to assess progress toward achieving them. Given the sensitivity of collecting this type of information, it is recommended to postpone including this metric in the 2025 College Dashboard. Regarding reporting on inclusion, it is suggested to continue using the current inclusion measure for tracking trends. This measure consists of the following questions: • I do not experience discrimination at this organization (based on age, gender, sexual orientation, religion, ethnicity, or disability). • I feel emotionally safe at work (i.e., I am not bullied or harassed). • This organization promotes an inclusive environment where individual differences are valued and respected. • I am comfortable being myself at this organization.

Measures	Included	Clarification
Retention rates by department	Yes	Suggest reporting this as stratified data in the voluntary turnover rate.
% of complaints escalated to ICRC	Alternative	Suggest reporting the percentage of complaints resolved through informal processing. This approach will provide more timely information, as it may take some time for a complaint to be escalated to ICRC.
% of complaints escalated to Discipline Committee	TBD	Reporting this measure as part of the Dashboard may pose some challenges. To accurately calculate this measure, a retrospective cohort analysis is needed to identify the complaints that were escalated to the Discipline Committee. Consequently, the College would be reporting on potentially outdated data. Instead, it might be beneficial to provide the Board with a more comprehensive report in June that outlines the results of this measure over time and the factors that may have influenced it. Additionally, the Dashboard could include the total number of discipline files, categorized as those resulting from RHPA 75.1a (Registrar's Investigation handled by an investigator). In 2023, 24 files were referred to the Discipline Committee of which 20 were 75.1a and 4 were complaints.
% of high-risk assessments followed up within a specific timeframe	TBD	Staff continue to examine and will provide an update at the Board meeting.
% of appeals overturned by HPARB	Yes	
High and moderate risk complaints disposed of within 150 days	Yes	
High and moderate risk Registrar's Inquiries are disposed of within 365 days	Yes	
Hiring and retention of internal prosecution	Yes	See above regarding retention rates by department.
% of in-house versus outsourced	TBC	Staff are currently working on defining the best way to measure this. The proposed metric will be presented at the Board meeting.

Attachment 10.1 - Proposed 2025 College Dashboard

Proposed 2025 Dashboard: Regulatory Excellence

Regulatory Excellence			
Registration			
1	% of registrar decisions made within 30 days after receiving the complete application	M	Current Metric
Quality - 2025 Priority			
2	Mandatory training program for compounding supervisors established and launched	P	New
Quality – Registrants			
3	% of community pharmacists who successfully passed their practice reassessments following coaching	M	New
4	% of community pharmacists passing their post-remediation practice assessment following QA-directed remediation	M	New
5	% of pharmacists (hospital and community) who passed the knowledge assessment following QA-directed remediation	M	New
Quality – Pharmacies			
6	Cycle time between assessments for community pharmacies in highest risk category, measured in average days	M	Current Metric
Conduct			
7	Open investigation cases at month end	M	New
8	Average processing times for high and moderate risk files	M	New
9	% of complaints resolved through informal processing	M	New
10	% of reports received being resolved	M	New
11	High and moderate risk complaints disposed of within 150 days	P	New
12	High and moderate risk Registrar's Inquiries are disposed of within 365 days	P	New
13	% of registrants who successfully passed the post-ICRC remediation assessment	P	New
14	% HPARB complaint decisions confirmed	P	New

P = Performance Metric; M =Monitoring Metric

Proposed 2025 Dashboard: Strategic Priorities

Strategic Priorities			
Strategic Plan Execution			
1	% of 2025 deliverables to reduce corporate pressures completed (Strategic Goal 1)	P	New
2	Launched website renewal to strengthen effective communications in all interactions (Strategic Goal 2)	P	New
3	% of resource optimization initiatives achieving defined efficiency targets (Strategic Goal 3)	P	New
4	% of trained staff reporting confidence in applying EDI principles (Strategic Goal 4)	P	New
Government Directed Change			
5	% completion of required regulatory framework components for scope expansion implementation*	P	New

*Pending Ministry direction P = Performance Metric; M =Monitoring Metric

Proposed 2025 Dashboard: Strategic Priorities

Organizational Capacity			
Human Resources			
1	% of staff completing professional development activities	M	New
2	% of staff engagement (inclusion)	P	Existing
3	% of staff engagement (overall)	P	Existing
4	Voluntary staff turnover rate	M	Existing
Financial Health			
5	Working Capital Ratio	M	New
6	Months of Spending Ratio	M	New
7	Savings Indicator Ratio	M	New
Efficiency			
8	Staff Cost Ratio	M	New
9	Administrative expense ratio	M	New
Information Technology			
10	Up-time of business-critical information systems	P	Existing
11	Microsoft Secure Score	P	New
Compliance			
12	% of CPMF Standards fully met (College Performance Measurement Framework)	P	Existing

P = Performance Metric; M =Monitoring Metric

Attachment 10.2 - Rationale proposed 2025 College Dashboard Measures

Proposed Measures – Regulatory Compliance

METRIC	RATIONALE
REGISTRATION	
% of Registrar decisions made within 30 days after receiving the complete application	The College is required to make a timely decision to register an applicant or refer the application to the Registration Committee. This metric will inform the Board whether the College is meeting this legislative requirement.
QUALITY – 2025 PRIORITY	
Mandatory training program for compounding supervisors established and launched (Milestone)	This milestone demonstrates progress in implementing the Board's March 2024 Directive. This directive requires OCP-approved training for new compounding supervisors in all pharmacies, as well as for current compounding supervisors in pharmacies where standards are not being met. This is a key priority for 2025.
QUALITY – REGISTRANTS	
% of community pharmacists who successfully passed their practice reassessments following coaching	Shows the effectiveness of coaching in improving the professional competence of identified registrants who have not been referred to the Quality Assurance Committee (QAC) after failing their routine practice assessment.

Proposed Measures – Regulatory Compliance

METRIC	RATIONALE
QUALITY – REGISTRANTS	
% of community pharmacists passing their post-remediation practice assessment following QA-directed remediation	Demonstrates the effectiveness of the remediation ordered by the QAC. These registrants have been referred to the QAC for failing their QA, completing the ordered remediation, and then undergoing a 1-year post-remediation assessment (for high-risk registrants).
% of pharmacists (hospital and community) who passed the knowledge assessment following QA-directed remediation	Demonstrates whether the QAC-ordered knowledge assessment remediation effectively enhances the clinical knowledge of high-risk registrants who failed their proctored assessment.
QUALITY – PHARMACIES	
Cycle time between assessments for community pharmacies in highest risk category, measured in average days	If pharmacies that offer high-risk services do not meet established standards, patients may face significant risks of harm. Maintaining continuous compliance with these standards is essential for ensuring patient safety. Measuring the time intervals between assessments will provide valuable information to help us improve and evaluate our assessment model and resource requirements.

Proposed Measures – Regulatory Compliance

METRIC	RATIONALE
CONDUCT	
Open investigation cases at month end	The metric indicates the number of ongoing investigation cases that remain unresolved at the end of each month. It keeps the Board informed about whether the number of outstanding cases is increasing or decreasing, which could be influenced by various external factors. Since many of these factors are largely beyond the College's control, this should not be viewed as a performance metric with specific targets. Instead, it serves to provide the Board with a status update.
Average processing times for high and moderate risk files.	Reports on the average time from receiving high or moderate risk files until disposal.
% of Complaints resolved through informal processing	Not all complaints require a full investigation, and not all complainants desire one. For eligible cases, resolutions provide an effective way to address concerns while minimizing the use of staff and panel resources. This approach enables the College to adopt a more risk-based and appropriate response. This measure tracks the College's resolution efforts as a percentage of the total cases that the ICRC would have reviewed. It is suited as a monitoring measure as it is highly complainant-driven and avoids any potential for incentivization.

Proposed Measures – Regulatory Compliance

METRIC	RATIONALE
CONDUCT	
% of reports received being resolved	Many reports (such as mandatory reports) received by the College do not necessarily require a full investigation. In appropriate cases, the College may request the registrant to meet with staff to discuss the issue(s) giving rise to the report and the steps the registrant has taken to ensure the issue is addressed.
High and moderate risk complaints disposed of within 150 days	Measures the % of high and moderate risk complaints meeting the statutory requirement to dispose of all complaints within 150 days from date of filing to date the ICRC decision is sent.
High and moderate risk Registrar's Inquiries are disposed of within 365 days	Measures the % of high and moderate risk Registrar's Inquiries (RI) disposed within 365 days from date of filing to date the ICRC decision is sent. Informs the Board about how promptly high and moderate RI are handled to reduce potential risks associated with prolonged unresolved concerns. Timelines can be impacted by a variety of factors, including complexity of cases, volume of cases, staffing levels, and efficiency.

Proposed Measures – Regulatory Compliance

METRIC	RATIONALE
CONDUCT	
% of registrants who successfully passed the post-ICRC remediation assessment	Demonstrates whether education or remedial programs ordered by the ICRC effectively improve registrant practices and address gaps identified by the ICRC, thereby protecting the public interest.
% HPARB complaint decisions confirmed	The % of HPARB (Health Professions Appeal and Review Board) complaint decision requests confirmed.

Proposed Measures – Strategic Priorities

METRIC	RATIONALE
STRATEGIC PLAN EXECUTION	
% of 2025 deliverables to reduce corporate pressures completed (Strategic Goal 1)	In addition to incorporating addressing corporate pressures into core work, the 2025 Operational Plan includes three new initiatives to reduce corporate pressures: operational and practice assessment changes, pharmacy professional experience survey, and Policy changes to reduce corporate pressures. This milestone demonstrates progress in implementing the three initiatives.
Launched website renewal to strengthen effective communications in all interactions (Strategic Goal 2)	This milestone demonstrates progress in finalizing the implementation of a 2024 operational plan priority.
% of resource optimization initiatives achieving defined efficiency targets (Strategic Goal 3)	The College is undertaking several initiatives to identify opportunities to optimize its resources. This metric will demonstrate the College's progress in implementing the outcome of those initiatives.
% of trained staff reporting confidence in applying EDI principles (Strategic Goal 4)	The 2025 operational plan prioritizes equipping staff with the ability to identify and respond to inequities and enhance fairness in our processes. This metric will assess the effectiveness of the training provided to staff.

Proposed Measures – Strategic Priorities

METRIC	RATIONALE
GOVERNMENT-DIRECTED CHANGE	
% completion of required regulatory framework components for scope expansion implementation (pending Ministry direction)	This milestone demonstrates progress in developing the required changes and standards to implement the Ministry's direction on scope expansion (if the Ministry decides upon this).

Proposed Measures – Organizational Capacity

METRIC	RATIONALE
HUMAN RESOURCES	
% of staff completing professional development activities	This metric demonstrates the College's commitment to maintaining a competent workforce capable of effectively executing regulatory functions, which is critical for fulfilling the College's public protection mandate and managing organizational risk.
Staff engagement (overall)	Results of the annual third-party staff engagement survey demonstrate the impact of the College's ongoing effort to maintain a workforce culture aligned with the College's values and regulatory principles.
Staff engagement (inclusion)	Annual measure of staff perception of inclusion. It demonstrates the impact of the College's internal HR Equity, Diversity, and Inclusion activities (annual third-party staff engagement survey).
Voluntary staff turnover rate	This measure reflects the level of success in our efforts to ensure a healthy workplace culture. In reporting on this measure, department level retention information will be provided.

Proposed Measures – Organizational Capacity

METRIC	RATIONALE
FINANCIAL HEALTH	
Working capital ratio	This measure provides the Board with a clear understanding of the College's liquidity and ability to meet its short-term financial obligations, ensuring financial stability and operational continuity.
Months of spending ratio	The ratio provides the Board with a clear picture of the College's financial resilience and liquidity, indicating how long it can sustain operations with its current reserves during periods of revenue shortfall or unexpected expense.
Savings indicator ratio	Helps the Board assess the College's financial health as it measures the College's ability to save or retain a portion of its revenue after covering all expenses. A positive savings ratio indicates that the College is adding to its net assets, which is important for long-term sustainability and financial health.

Proposed Measures – Organizational Capacity

METRIC	RATIONALE
EFFICIENCY	
Staff cost ratio	Helps the Board understand how much of the College's revenue goes towards employee-related expenses. A lower ratio may indicate that the College is effectively managing its labour costs or indicate a lack of investment in skilled personnel, potentially affecting the College's ability to effectively protect the public. A higher percentage may suggest that the College is overstaffed or paying its employees too much.
Administrative expense ratio	Measures the percentage of the College's expenses allocated to administrative costs. Helps the Board monitor administrative expenses and make informed decisions on resource allocation, ensuring that critical support functions are adequately funded without detracting from the College's regulatory activities to protect the public. Administrative expenses typically include salaries and benefits for administrative staff (e.g., senior executives, finance, HR, IT, communications), office and facility costs, technology and equipment, and Board and governance costs.

Proposed Measures – Organizational Capacity

METRIC	RATIONALE
INFORMATION INFRASTRUCTURE	
Up-time of business-critical information systems	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.
Microsoft Secure Score	Provides the Board with and assessment of the College's overall security posture, with a higher score indicating more recommended actions taken. The College's score is 30.91% (better) higher than other organizations of a similar size.
COMPLIANCE	
% of CPMF standards fully met	The CPMF is a self-assessment tool that outlines 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 effectively execute its mandate now and in the future.

Ontario College of Pharmacists
Putting patients first since 1871

BOARD BRIEFING NOTE

MEETING DATE: **December 9-10, 2024**

FOR DECISION

From: Wilfred Steer, Chair of Finance and Audit Committee (FAC)

Topic: 2025 Operating and Capital Budget

Issue/Description: Approval of 2025 Operating and Capital Budget

Public interest rationale: This matter relates to funding the College's 2025 operations, strategic priorities and capital to execute the College's mandate to serve and protect 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 and Considerations:

- Each year a budget is prepared to fund the operations and strategic and annual operational plan for the College. The budget includes both operating and capital components.
- A key responsibility of the Finance and Audit Committee is to review and recommend the College's annual operating and capital budget to the Board.
- Recognizing the College's financial situation and supporting its planning process, staff have included projections within the proposed budget.
- The College is currently facing a difficult financial situation. It is projected that the College will have a deficit in 2024, and based on current forecasts, this deficit will continue at least until 2029.
- The College plans to use its existing unrestricted net assets to offset the projected deficit.
- Using the unrestricted net assets to offset the projected deficit will bring the College's reserves below the required reserve threshold (four months of operating costs) by approximately $150k in 2025.
- In subsequent years, reserves are expected to decrease further to $5.9 million by 2029 (see Appendix 8 for more details).
- The recommended 2025 budget is based on the proposed updated 2025 priorities that are being presented for approval at the December Board meeting.

<u>Considerations</u>

- College staff are undertaking several initiatives to restore financial health.
- It is a measured approach to financial recovery which:
    - minimizes disruption to current operations while seeking efficiencies; and
    - enables implementation of corrective measures if expected savings are not met before the College reserves are projected to fall below the threshold in 2027.

- Savings/efficiency initiatives College staff are undertaking include:
    - **Mandate alignment review:** evaluating the College's activities to determine which can be discontinued, rescoped, adjusted or streamlined based on their alignment with the College's mandate outlined in legislation, by-laws, and Board policies.
    - **Process review:** for critical activities, evaluating whether they can be executed more efficiently, including whether activities can be automated.
    - **Budget principles:** implementing budget restrictions for 2025 onward until financial stability is achieved (see appendix 1).
    - **Procurement practices:** identifying opportunities for savings by reviewing and negotiating vendor contracts and exploring going to market for existing external support.
    - **Risk-based regulation:** continuously improving regulatory efficiency by directing finite resources toward high-risk pharmacy activities and registrants with concerning practice patterns.
- The initiatives mentioned above, combined with efforts to benchmark against comparable regulators and other non-profit organizations, will support the College's ongoing focus on ensuring it has the right staffing level to execute its mandate and strategic priorities, and has the capacity to address emerging issues and the increased complexity of matters that are coming before the College, including changes in scope of practice.
    - Over time, staff costs (salaries, benefits and other personnel costs) have increased as a percentage of the College's revenue from 70.8% in 2019 to a projected 77.7% in 2024 (82.2% was budgeted for 2024).

Outstanding Board of Directors decision that may increase recommended budget

- Interest has been expressed in the ability to securely communicate amongst Board Directors. In addition, there is interest in having a laptop to help them separate Board related work from their private/professional work-related activities.
- College staff investigated providing Board directors with laptops, Surfaces, iPads, or tablet.
- Depending on the chosen option, the costs will range from $10,500 to $39,150 (including licensing fees).
- Appendix 2 provides more detail on the proposed approach for secure communication and the costs associated with each option.

Analysis:

Expenditures

- Expenses (excluding capital) for 2025 are projected to increase by $693k, or 2.1%, versus the 2024 budget ($1.79M or 5.7% versus 2024 projected).
- Expenses Including capital expenditures, have increased by $847k, or 2.5% versus 2024 budget.
- The biggest drivers for the increase in 2025 versus 2024 budgeted expenses are:
    - salary expenses by $628k, or 3.2%;

- Board and Committee expenses by $340k, or 38%;
- benefits by $354k, or 9.4%;
- software subscriptions/support/maintenance by $167k, or 21%.

- The biggest drivers for the increase in 2025 versus 2024 projected expenses are:
  - salary expense by $1.02M, or 5.3%;
  - benefits by $471k, or 12.9%;
  - software subscription/suppor/maintenance by $273k, or 5.3%.
- The increase in expenses is partially offset by reduced costs in other areas. Many of the reduced costs stem from one-time projects initiated in 2024, which have either been completed or will soon be wrapped up. The biggest cost reductions in comparison to the 2024 budget are:
  - reduction in consultancy expenses by $292k, or 63.5%;
  - reduction in other personnel costs by $262k, or 29%;
  - reduction in communication initiatives expenses by $180k, or 72%.

Revenue

- Revenue is expected to increase by $1.55M, or 5.3% versus 2024 budget.
- Expect a continued growth in the number of pharmacy registrants (2%), pharmacy technician registrants (4%), and community pharmacies (2%).
- A fee increase of 1.6% in accordance with the College By-Law.

Bottom Line

- Overall, the proposed 2025 budget forecasts a deficit of $3.2M in revenue over operating and capital costs. This marks the College's second consecutive year of deficits, with the 2025 projected amount being approximately $703k higher than the 2024 budgeted deficit and $1.4M higher than the 2024 projected defict.
- The College is projected to fall below the required reserve threshold by approximately $150,000 in 2025. In subsequent years, reserves are expected to decrease further to $5.9 million by 2029. (see Appendix 7 for more details).
- The College is facing a few unknowns that may continue to negatively impact the 2025 budget including:
  - higher than projected legal costs associated with Hearings and Discipline matters;
  - new Ministry directives requiring additional resources;
  - additional implementation costs of the new Registrant Records System; and
  - governance related expenses.
- The College has begun implementing measures to restore its financial health whithout the risk of negatively impacting the execution of its mandate. These measures include, but are not limited to, pausing the hiring of three communications staff approved by the Board in July,

conducting a review of expenditures to identify immediate savings in discretionary spending, reducing external support, and performing a review of College activities to ensure alignment with its mandate.

- The attached Executive Summary and budget schedules outline the focus areas for spending in 2025.

Motion:

1. **THAT the Board of Directors approves that all Board Directors will receive an OCP <insert type of hardware> to support their Board activities.**

2. **THAT the Board of Directors approve the 2025 Operating and Capital Budget. Executive Management to monitor and present proposed cost savings adjustments to the FAC in March or April or earlier if required to address the projected deficit.**

Pending decision on the Board of Directors approving use of OCP hardware, adjust motion to: **THAT the Board of Directors approve the 2025 Operating and Capital Budget, including the approved costs associated with providing all Board Directors a <*insert type of hardware*>. Executive Management to monitor and present proposed cost savings adjustments to the FAC in March or April or earlier if required to address the projected deficit.**

Attachments:

Appendix 1 – Budget Principles

Appendix 2 – Options for secure communications

Appendix 3 – Executive summary 2025 budget

Appendix 4 – Summary schedule

Appendix 5 – Summary expenses by department

Appendix 6 – Staffing level by department

Appendix 7 – Projections

Appendix 1 – Budget Principles

The following principles informed the 2025 budget, projections and future budgets:

I. Staffing control:

- no creation of additional permanent roles for the foreseeable future (maintain at 178);
- no use of temporary staff unless there are salary savings.

II. External support control:

- annual budget cap of $150,000 for vendor and consultant engagement for new initiatives/priorities for 2026 onwards;[1]
- additional resource requirements are addressed by:
  - costs savings to offset the expense; OR
  - explicit approval from the Finance and Audit Committee and Board.

III. Staff spending reduction:

- reduce discretionary staff spending that is deemed not critical in maintaining staff engagement or critical for executing the College's mandate effectively.

IV. Technology optimization:

- strategic migration toward unified software ecosystem (Microsoft 365).

[1] Whether external support is required will be based on a decision-matrix, i.e., when it is necessary to use external support versus in-house resources and considering the urgency of the activities.

Appendix 2 – Options for Secure Communications

A. Secure Communications

- The Executive Committee expressed an interest in secure lines of communication among Board Directors.
- The College is moving towards a Microsoft 365 Ecosystem and as part of this system it uses a variety of communication tools that might be useful for the Board in creating secure lines of communication:
    - OCP Outlook email account
    - MS Teams: a collaboration platform that unifies chat, voice, video conferencing, and file sharing
- A key feature of Teams lies in the ability to collaborate through multiple different channels that can be open to all or made private:
    - use of a Board of Directors Teams area where all Board Directors could chat and save and share files.
    - The IT Team could set up private channels for committees or groups that need to be restricted further from the main Board group.
- Pros:
    - Immediate implementation and usability:
        - Speed of implementation: The Board of Directors Teams area is already set up.
        - Ease of use: would make chatting, sharing of files, and co-authoring extremely easy
    - Enhanced security features:
        - Using web applications, the IT Team can manage logout timers to ensure that board data is inaccessible on any device unless the user is logged in.
        - Forced usage of multifactor authentication (MFA) for enhanced security.
        - No external access services need to be enabled since all accounts will be OCP accounts, keeping security risks low as Board Directors/staff cannot share the data outside of the OCP environment.
        - Ability to implement information barriers between different user groups.
    - Governance and compliance:
        - Communication compliance policies can be implemented to monitor and manage appropriate usage
        - Teams meeting settings can be specially configured for confidential Board discussions.
- Risks:
    - Separation of Board and staff documents:
        - Board Directors would have access to all SharePoint sites that are shared with all staff.

        - Board Directors will have access to private sites if staff share links without access limits.

- Mitigation:
    - Implementation of granular SharePoint permissions to restrict Board Director access to only necessary sites and libraries
    - Regular access reviews and monitoring by the IT Team
    - Automated policies to prevent unrestricted link sharing

B. Options OCP-provided hardware for Board members

Costs per Board of Director (excluding taxes)

	Hardware	Software*	Total
Laptop	$1,241.00	$45.00	$1,286.00
Microsoft Surface Pro 10	$2,130.00	$45.00	$2,175.00
Apple iPad Pro	$2,250.00	$45.00	$2,295.00
Tablet	$500.00	$45.00	$545.00

*Microsoft M365 Licensing

Appendix 3 – Executive summary 2025 budget

Executive Summary
2024 Projected Financial Performance and Proposed 2025 Budget

Review of 2024 Projected Financial Performance

Revenue is expected to exceed the budget by $785k (2.66%), while expenses are projected to be 4% below budget.

Board and Committee Expenses will exceed the budget by $247k (27.8%) due to a higher than anticipated number of board meetings and increased demand for external legal expertise.

Personnel costs are projected to be $726k (3.0%) under budget, primarily due to delayed hiring, temporary vacancies, reduced professional development participation, and lower spend for employee engagement activities.

Regulatory programs expenses are anticipated to be approximately $418k (9.9%) below budget. This shortfall largely reflects reduced legal costs for the Inquiries, Complaints and Reports Committee (ICRC), with more legal work managed in-house. Additionally, planned support for the AIMS program evaluation was not utilized, and Hospital Pharmacy initiatives did not proceed as expected. Costs for health inquiries, investigations, and funding for the Professionals Health Program also fell below initial projections.

Operations costs are expected to be $208.1k (6.8%) below budget, due to delays in developing the Registrant Records System (RRS), postponing the need for software licensing purchases. Additional savings were realized through a switch to a less expensive internet provider, bringing legal operational work in-house (e.g., contract reviews), and lower than expected credit card processing fees.

Capital expenditures are forecasted to fall short of the budget by $230.6k (24.3%), largely due to a delayed timeline for the new RRS, which began development in Q2 2024 and is expected to be completed by June 2025. Planned building improvements were also deferred.

Overview of 2025 Operating and Capital Budget

The 2025 budget includes funding for the revised priorities presented at the October Finance and Audit Committee meeting. These priorities will be submitted for approval at the December Board meeting. They consist of initiatives aimed at advancing the College's strategic goals for 2024-2028, priority initiatives for 2024 that are still in development (such as implementing a new Registrant Records System and renewing the College's website), and new operational priorities.

Expenses

Board and Committee – Schedule A

At the beginning of 2025, a key focus area of the Board will be on the governance review, which will necessitate additional Board meetings and support from consultants and legal counsel. As a result, total Board expenses are projected to increase by $170k, representing a 67% rise compared to the 2024 budget. Additionally, the governance review will lead to higher costs for both the Executive and Governance Committees, with expenses expected to climb by $73k (a 644% increase) and $15k (a 236% increase), respectively, over the 2024 budget. Furthermore, another Board orientation is planned for the fall of 2025.

The number of Discipline hearings increased in 2024 due to a higher than usual number of contested cases. In response, the 2025 Discipline Committee budget reflects this trend with an increase of $59k (14%) over the 2024 budget.

Overall, Board and Committee expenses for 2025 are projected to exceed the 2024 budget by $339k (38%).

Schedule B – Personnel

In 2024, the College conducted a job evaluation and salary review to assess staff remuneration against the current marketplace. Although the final outcome is pending, an estimated 2% of gross salaries, or approximately $400k, has been allocated in the 2025 budget.

The 2025, budget assumes no increase in headcount. Staff salaries are set to increase by 1.6%, aligned with the Consumer Price Index, alongside adjustments from the job evaluation and salary review. Benefit costs will rise due to increased rates from the healthcare benefits provider.

The budget for professional development expenses has been reduced based on actual spending over the past few years and the need to limit staff education and training, and professional development conferences to those instances that are genuinely essential, given the financial challenges the College is currently facing.

Overall, total personnel costs are expected to increase by $719k (2.96%) over the 2024 budget.

Schedule C – Regulatory Programs

Regulatory programs include expenses for delivering Quality and Conduct programs set out in the statute and the Operational Plan. A significant portion of these costs goes toward maintaining the medication incident reporting system on the Pharmapod platform, with expenditures for external legal services to support Conduct activities following closely. The budget for external legal services is set to increase by 4% over the 2024 projection to address the rise in contested cases, which required additional external legal support in 2024.

Administration of the Pharmacy Jurisprudence examination is included in this category. Costs for a working group to develop and maintain a databank of questions and the psychometric services to ensure each exam is appropriately constructed for consistency and relevancy are also included. The budget also includes the delivery of the Practice Assessment of Competence at Entry (PACE) program which involves

workshops to train assessors and the outsourced technology to support the program.

Some practice initiatives which started in 2024 will continue into 2025, such as work on equity, diversity, and inclusion (EDI) in the profession and evaluation of expanded scope, in alignment with the new strategic plan and government directives. The website refresh is also scheduled for completion in 2025.

Program administration costs for the Quality Assurance (QA) program include training of Peer Coaches and QA Assessors needed to manage the volume of registrants identified for QA re-assessment. Also provided is the cost for maintaining questions for a computer-based Clinical Knowledge Assessment.

Schedule D – Operations

A significant increase in software costs results from increased licensing costs for the College's Registrant Records System (RRS), and the need to continue using the current software to facilitate a smooth transition into using the new software.

Capital

Capital expenditures for 2025 include the continued development and implementation of the new Registrant Records System (RRS), scheduled for completion in June, with remaining costs estimated at $891k. Additional planned investments include audio-visual upgrades ($50k) and replacements for computer equipment and security appliances ($161k).

Revenue - Schedule E

As outlined in the College By-Laws, the budget includes a 1.6% fee increase across all categories, aligned with the annual Consumer Price Index (CPI) increase for Canada as of September 30, 2024.

The budget reflects a new by-law approved in October 2024, which anticipates additional revenue with the introduction of a new Pharmacy Technician Part B class and a Pharmacy Technician intern class, offset by the discontinuation of the student class.

Budgeted Profit or Loss

In 2025, expenses are projected to exceed revenue, leading to an operating deficit of $2.1 million and a total deficit of $3.2 million after capital expenditures. College staff has proposed a step-by-step improvement plan to achieve financial recovery. The plan includes the following strategies:

- implementing budget restrictions for the immediate future;
- conducting a thorough review of all College activities to identify those that are no longer needed and those that can be performed in a more efficient manner (including the possibility of automating certain activities);
- reviewing existing procedures to improve efficiency;
- seeking external services through competitive bidding to ensure the best value; and
- continuing the implementation of risk-based regulation.

This comprehensive approach aims to effectively address the financial challenges faced by the College.

Reserves

The College's combined reserve values at the start of 2024 totaled $16.3 million. With the projected 2024 deficiency of revenue over expenditures of $1.4 million, total reserves are expected to decrease to approximately $15.0 million. The reserve surplus, increased by the sale of the 186 St. George St. premises in 2023, will be used to cover the budgeted 2025 deficit.

Appendix 4 – Summary Schedule

Ontario College of Pharmacists
Summary - Budget 2025

	2025 Budget	2024 Projected	2024 Budget	Var. 2025 Budget to 2024 Projected $	Var. 2025 Budget to 2024 Projected %	Var. 2025 Budget to 2024 Budget $	Var. 2025 Budget to 2024 Budget %	Var. 2024 Projected to 2024 Budget $	Var. 2024 Projected to 2024 Budget %
REVENUE - "Schedule E"	31,068,661	30,303,099	29,518,592	765,563	2.53%	1,550,069	5.25%	784,506	2.66%
EXPENDITURES									
Schedule "A" - Board & Committee Expenses	1,227,186	1,134,061	887,301	93,125	8.21%	339,885	38.31%	246,760	27.81%
Schedule "B" - Personnel	24,990,681	23,545,482	24,271,717	1,445,200	6.14%	718,964	2.96%	-726,236	-2.99%
Schedule "C" - Regulatory Programs	3,934,719	3,793,614	4,211,144	141,106	3.72%	-276,424	-6.56%	-417,530	-9.91%
Schedule "D" - Operations	2,991,771	2,873,288	3,081,388	118,483	4.12%	-89,617	-2.91%	-208,100	-6.75%
TOTAL EXPENDITURES	33,144,358	31,346,445	32,451,550	1,797,913	5.74%	692,808	2.13%	-1,105,105	-3.41%
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES	-2,075,697	-1,043,346	-2,932,958	-1,032,351	98.95%	857,261	-29.23%	1,889,612	-64.43%
Capital Expenditures	-1,101,900	-717,206	-947,800	-384,694	53.64%	-154,100	16.26%	230,594	-24.33%
SURPLUS (DEFICIT) AFTER CAPITAL EXPENDITURES	-3,177,597	-1,760,552	-3,880,758	-1,417,045	80.49%	703,161	-18.12%	2,120,206	-54.63%

SCHEDULE A

Board & Committee Expenses

	2025 Budget	2024 Projected	2024 Budget	Var. 2025 Budget to 2024 Projected $	Var. 2025 Budget to 2024 Projected %	Var. 2025 Budget to 2024 Budget $	Var. 2025 Budget to 2024 Budget %	Var. 2024 Projected to 2024 Budget $	Var. 2024 Projected to 2024 Budget %
Board	423,585	489,783	253,245	-66,198	-13.52%	170,340	67.26%	236,538	93.40%
Committees:									
Accreditation	7,105	4,786	5,791	2,319	48.46%	1,314	22.69%	-1,005	-17.36%
Discipline	473,026	426,878	413,848	46,147	10.81%	59,177	14.30%	13,030	3.15%
DPP	3,045	2,153	3,098	892	41.42%	-53	-1.70%	-944	-30.49%
Executive	84,360	30,298	11,340	54,062	178.44%	73,020	643.95%	18,958	167.19%
Finance & Audit	12,325	5,305	7,123	7,020	132.32%	5,203	73.04%	-1,817	-25.52%
Fitness to Practice	16,283	8,891	6,265	7,392	83.13%	10,018	159.91%	2,626	41.93%
ICRC	105,558	82,735	104,978	22,822	27.58%	580	0.55%	-22,242	-21.19%
Patient Relation	27,565	20,450	25,456	7,115	34.79%	2,109	8.28%	-5,006	-19.67%
Quality Assurance	18,800	7,208	9,327	11,592	160.81%	9,473	101.57%	-2,118	-22.71%
Registration	25,085	18,347	30,799	6,738	36.72%	-5,714	-18.55%	-12,452	-40.43%
Screening	2,610	5,083	9,816	-2,473	-48.65%	-7,206	-73.41%	-4,733	-48.22%
Governance	20,880	30,433	6,216	-9,553	-31.39%	14,664	235.91%	24,217	389.60%
Selection Committee	6,960	1,710	0	5,250	307.02%	6,960	0.00%	1,710	0.00%
Total Committees	803,601	644,278	634,056	159,322	24.73%	169,545	26.74%	10,223	1.61%
Total Board and Committee	1,227,186	1,134,061	887,301	93,125	8.21%	339,885	38.31%	246,760	27.81%

SCHEDULE B

Personnel

	2025 Budget	2024 Projected	2024 Budget	Var. 2025 Budget to 2024 Projected $	Var. 2025 Budget to 2024 Projected %	Var. 2025 Budget to 2024 Budget $	Var. 2025 Budget to 2024 Budget %	Var. 2024 Projected to 2024 Budget $	Var. 2024 Projected to 2024 Budget %
Salaries	20,232,094	19,208,226	19,604,568	1,023,868	5.33%	627,526	3.20%	-396,342	-2.02%
Benefits	4,120,288	3,649,760	3,766,360	470,528	12.89%	353,928	9.40%	-116,600	-3.10%
Other Personnel *(Education, training, professional dues)*	638,299	687,496	900,789	-49,197	-7.16%	-262,490	-29.14%	-213,293	-23.68%
Total Personnel Costs	24,990,681	23,545,482	24,271,717	1,445,200	6.14%	718,964	2.96%	-726,236	-2.99%

SCHEDULE C

Regulatory Programs

	2025 Budget	2024 Projected	2024 Budget	Var. 2025 Budget to 2024 Projected $	Var. 2025 Budget to 2024 Projected %	Var. 2025 Budget to 2024 Budget $	Var. 2025 Budget to 2024 Budget %	Var. 2024 Projected to 2024 Budget $	Var. 2024 Projected to 2024 Budget %
Association Fees - NAPRA	153,696	146,378	146,378	7,318	5.00%	7,318	5.00%	0	0.00%
Communication Initiatives	70,000	229,140	250,000	-159,140	-69.45%	-180,000	-72.00%	-20,860	-8.34%
DPP Inspection	0	0	500	0	0.00%	-500	-100.00%	-500	-100.00%
Election	6,500	6,930	6,000	-430	-6.20%	500	8.33%	930	15.50%
Examinations, Certificates and Registration	316,866	275,031	271,397	41,835	15.21%	45,469	16.75%	3,634	1.34%
HIP / Investigation / Intake	82,000	42,726	65,000	39,274	91.92%	17,000	26.15%	-22,274	-34.27%
Legal Conduct	1,335,000	1,205,906	1,390,000	129,094	10.71%	-55,000	-3.96%	-184,094	-13.24%
Legal - Regulatory	0	60,000	35,000	-60,000	-100.00%	-35,000	-100.00%	25,000	71.43%
Medication Safety Programs	1,446,665	1,399,759	1,494,509	46,906	3.35%	-47,844	-3.20%	-94,750	-6.34%
Practice Assessment of Competence at Entry	101,120	93,339	113,643	7,781	8.34%	-12,523	-11.02%	-20,303	-17.87%
Practice Initiatives	129,810	79,754	157,806	50,056	62.76%	-27,996	-17.74%	-78,052	-49.46%
Professional Development / Remediation	3,400	2,777	2,777	623	22.43%	623	22.43%	0	0.00%
Professional Health Program	107,568	73,615	95,000	33,953	46.12%	12,568	13.23%	-21,385	-22.51%
Quality Assurance	182,094	178,258	183,134	3,837	2.15%	-1,039	-0.57%	-4,876	-2.66%
Total Regulatory Programs	3,934,719	3,793,614	4,211,144	141,106	3.72%	-276,424	-6.56%	-417,530	-9.91%

SCHEDULE D

Operations

	2025 Budget	2024 Projected	2024 Budget	Var. 2025 Budget to 2024 Projected $	Var. 2025 Budget to 2024 Projected %	Var. 2025 Budget to 2024 Budget $	Var. 2025 Budget to 2024 Budget %	Var. 2024 Projected to 2024 Budget $	Var. 2024 Projected to 2024 Budget %
Association Fees - General	20,000	14,565	20,000	5,435	37.32%	0	0.00%	-5,435	-27.18%
Audit	30,135	28,700	33,880	1,435	5.00%	-3,745	-11.05%	-5,180	-15.29%
Bank / Credit Card Charges	669,300	630,748	658,500	38,552	6.11%	10,800	1.64%	-27,752	-4.21%
Consulting - Operation	168,000	480,546	460,300	-312,546	-65.04%	-292,300	-63.50%	20,246	4.40%
Courier/Delivery	7,625	5,311	6,750	2,314	43.57%	875	12.96%	-1,439	-21.32%
Insurance - E & O	8,500	8,143	7,400	357	4.39%	1,100	14.86%	743	10.04%
Legal - Operation	10,000	8,000	45,000	2,000	25.00%	-35,000	-77.78%	-37,000	-82.22%
Niagara Apothecary	29,190	36,248	31,800	-7,058	-19.47%	-2,610	-8.21%	4,448	13.99%
Office Equipment Leasing & Maintenance	15,000	13,343	16,000	1,657	12.42%	-1,000	-6.25%	-2,657	-16.61%
Postage	4,100	3,102	4,250	998	32.16%	-150	-3.53%	-1,148	-27.01%
Property	322,563	269,673	285,360	52,890	19.61%	37,203	13.04%	-15,687	-5.50%
Publications-Pharmacy Connection & Annual Report	11,000	9,572	8,520	1,428	14.92%	2,480	29.11%	1,052	12.35%
Software Subscriptions / Support / Maintenance	968,406	695,473	801,645	272,933	39.24%	166,761	20.80%	-106,172	-13.24%
Subscriptions	68,953	57,063	69,945	11,890	20.84%	-992	-1.42%	-12,882	-18.42%
Supplies/Stationery	22,086	15,445	23,090	6,641	43.00%	-1,004	-4.35%	-7,645	-33.11%
Telecommunications	272,701	241,479	283,368	31,222	12.93%	-10,667	-3.76%	-41,889	-14.78%
Travel	364,212	355,878	325,580	8,334	2.34%	38,632	11.87%	30,298	9.31%
Total Operations	2,991,771	2,873,288	3,081,388	118,483	4.12%	-89,617	-2.91%	-208,100	-6.75%

SCHEDULE E

Revenue

	2025 Budget	2024 Projected	2024 Budget	Var. 2025 Budget to 2024 Projected $	Var. 2025 Budget to 2024 Projected %	Var. 2025 Budget to 2024 Budget $	Var. 2025 Budget to 2024 Budget %	Var. 2024 Projected to 2024 Budget $	Var. 2024 Projected to 2024 Budget %
Pharmacist Fees	16,559,695	15,572,688	15,570,268	987,007	6.34%	989,427	6.35%	2,420	0.02%
Pharmacy Technician Fees	3,781,245	3,551,224	3,434,088	230,021	6.48%	347,157	10.11%	117,136	3.41%
Community Pharmacy Fees	7,408,302	7,149,027	7,181,957	259,275	3.63%	226,345	3.15%	-32,930	-0.46%
Hospital Pharmacy Fees	1,239,266	1,201,228	1,183,045	38,037	3.17%	56,221	4.75%	18,183	1.54%
DPP Inspection Fees	22,160	14,541	21,812	7,619	52.40%	349	1.60%	-7,271	-33.33%
Health Profession Corporation	241,863	218,125	228,304	23,739	10.88%	13,560	5.94%	-10,179	-4.46%
Registration Fees and Income	897,299	812,800	874,119	84,499	10.40%	23,181	2.65%	-61,318	-7.01%
Investment Income	568,831	1,380,244	675,000	-811,414	-58.79%	-106,169	-15.73%	705,244	104.48%
Discipline Costs Order	350,000	403,221	350,000	-53,221	-13.20%	0	0.00%	53,221	15.21%
TOTAL REVENUE	31,068,661	30,303,099	29,518,592	765,563	2.53%	1,550,069	5.25%	784,506	2.66%

Appendix 5 – Summary expenses by department[2]

Department	2022 Actual	2023 Actual	2024 Budget	2024 Projected	2025 Budget	Δ to 2024 Budget - %
Revenue	**25,648,886**	**28,323,204**	**29,518,592**	**30,303,099**	**31,068,661**	**5.3%**
Legal Services	2,042,198	1,965,867	2,421,102	2,120,996	2,312,400	-4.5%
Investigations	2,311,162	2,668,260	2,991,945	2,830,613	3,095,436	3.5%
Conduct Operations	1,251,989	1,460,938	1,719,388	1,687,928	1,811,208	5.3%
Hearings Office	821,580	876,610	1,043,738	1,061,099	1,131,454	8.4%
Pharmacy Operations	5,690,161	6,779,931	4,212,579	4,216,022	4,371,763	3.8%
Registration	2,871,265	3,491,081	2,511,955	2,267,202	2,481,401	-1.2%
Quality Assurance[3]	0	0	2,893,194	3,126,073	3,023,264	4.5%
Executive[4]	2,029,822	3,058,401	3,456,849	4,116,683	4,328,879	25.2%
Accounting	1,553,076	1,107,282	1,206,627	1,177,217	1,232,049	2.1%
Human Resources	774,556	1,056,772	1,663,421	1,286,544	1,576,870	-5.2%
Facilities and Office Support[5]	0	930,316	703,695	673,980	666,032	-5.4%
Information Technology	2,423,988	2,402,161	3,742,020	3,421,848	3,997,372	6.8%
Information Data Management	1,176,714	1,351,922	1,063,793	995,832	1,108,303	4.2%
Communications & Knowledge Mobilization	630,868	846,080	1,993,560	1,844,507	1,607,740	-19.4%
Strategic Policy & Equity, Diversity & Inclusion	1,033,865	1,247,004	1,775,484	1,237,107	1,502,088	-15.4%
Total Expenses	**24,611,244**	**29,242,625**	**33,399,350**	**32,063,651**	**34,246,258**	**2.5%**
Excess / Deficiency	**1,037,642**	**-919,421**	**-3,880,758**	**-1,760,552**	**-3,177,597**	**-18.1%**

[2] In 2023 the College undertook a reorganization. As a result, the 2022 expenditures by department can in several instances not be compared to the expenditures by department beyond 2022.
[3] Quality Assurance is a new department that came out of Pharmacy Operations and a few staff from Registration.
[4] Includes Board, Executive Committee, Governance Committee, Finance and Audit Committee, Screening Committee, and Special Committee expenditures.
[5] Facilities was part of the Accounting Team until 2022.

Appendix 6 – Staffing level (headcount) by department[6]

Department	2020	2021	2022	2023	2024	2025	Δ to 2020 - %
Legal Services	5	7	7	7	7	7	40.0%
Investigations	21	20	21	23	24	24	14.3%
Conduct Operations	9	11	11	12	13	13	44.4%
Hearings Office	3	3	5	5	5	5	66.7%
Pharmacy Operations	17	16	17	21	22	22	29.4%
Registration	15	15	18	21	22	19	26.7%
Quality Assurance	14	17	19	22	22	22	57.1%
Executive[7]	8	8	8	11	13	13	62.5%
Accounting	4	5	5	5	5	5	25.0%
Human Resources	3	4	3	4	4	3	0.0%
Facilities and Office Support	4	3	3	3	3	3	-25.0%
Information Technology	11	12	11	12	12	12	9.1%
Information Data Management	12	11	12	10	9	9	-25.0%
Data Technology	0	1	1	1	1	1	-
Communications & Knowledge Mobilization	7	7	8	11	11	11	57.1%
Strategic Policy & Equity, Diversity & Inclusion	10	10	12	8	9	9	-10.0%
Total Staff	**143**	**150**	**161**	**176**	**182**	**178**	**24.5%**

[6] Headcount includes full and part time staff, whereby any staff who is working part time is counted as 1. Based on departments assigned after realignment in 2023.
[7] Includes Registrar & CEO, Directors, Executive Assistants, Governance Coordinator, Special Project Manager, Project Manager, Organizational Transformation Officer.

Appendix 7 – Projections

As a result of updated information, the projections have changed from what was presented to the Board in September.

The projected deficit for 2025 is about $1M lower than what was presented in September. The reasons being a reduced planned external cost for Policy, EDI, and Communication initiatives ($581K), lowered budget for consulting ($265K), reduced spending in employee relations and training activities ($295K) removal of some IT subscriptions and software support ($121K), reduced external legal spend on regulatory and operational matters ($72K). This is offset by higher costs for board and committee expenses, particularly for the Board, Discipline, Executive and Governance committees ($395K).

The reserves are higher than projected despite including a higher salary increase after 2026 (3% versus 2%, annually) and higher projected costs for the AIMS program ($1.8M versus $1.4M annually). This is a result of lower external consulting and external legal operational costs, reduced external costs on policy and communication initiatives, and reduced costs for employee relations activities and training.

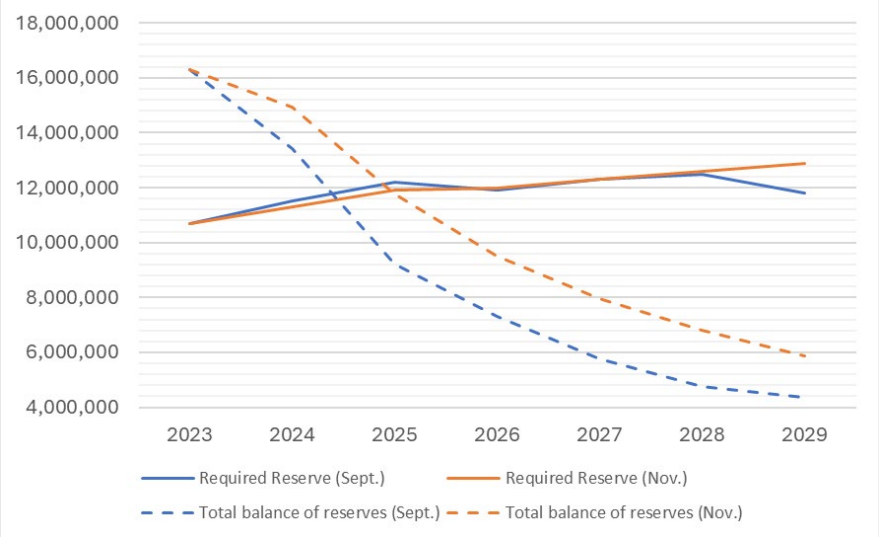
Assumptions that informed the projections:

- 2% net increase in number of pharmacist renewals;
- 4% net increase in number of pharmacy technician renewals;
- 2% net increase in number of community pharmacies;
- starting in 2026, annual CPI increase of 2% on expenditures and revenue;
- starting in 2026, annual salary increase of 3%;
- no change in staffing levels;
- board expenditures will return to pre-2024 levels;
- successful implementation of Registrant Records System (RRS) that will result in no longer paying for current RRS licensing fees;
- realize expected savings from switching licenses and platforms in 2025;
- College continues funding province-wide medication incidence reporting platform.

Graph 1: Excess of revenue over expense projections presented to the Board in September versus updated projections based on scenario 1

	2020	2021	2022	2023	2024[8]	2025	2026	2027	2028	2029
Sept	269,751	1,271,063	841,031	5,525,736	-2,870,060	-4,193,064	-1,900,078	-1,571,592	-1,002,421	-405,956
Nov	269,751	1,271,063	841,031	5,525,736	-1,358,696	-3,178,947	-2,254,160	-1,530,764	-1,177,556	-901,597

Graph 2: Projected impact on reserve balance presented to the Board in September versus updated projections.



	2023	2024[9]	2025	2026	2027	2028	2029
Required Res. (Sept)	10,700,000	11,500,000	12,200,000	11,900,000	12,300,000	12,500,000	12,800,000
Required Res. (Nov)	10,700,000	11,300,000	11,900,000	12,000,000	12,300,000	12,600,000	12,900,000
Total Balance Res. (Sept)	16,290,900	13,420,839	9,227,775	7,327,697	5,756,105	4,753,684	4,347,728
Total Balance Res. (Nov)	16,290,900	14,932,204	11,753,257	9,499,098	7,968,333	6,790,777	5,889,180

[8] Projected
[9] Projected

Ontario College of Pharmacists
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BOARD BRIEFING NOTE

MEETING DATE: **December 9-10, 2024**

FOR DECISION

From: Wilfred Steer, Chair of the Finance and Audit Committee

Topic: Housekeeping amendments to Remuneration Policy and Summary of Allowable Expenses

Issue/Description: Review and approval of housekeeping amendments, primarily to align with changes in processing procedures for remuneration claims.

Public interest rationale: To attract and retain elected board directors and committee members, the College recognizes their contributions through timely and reasonable compensation, as well as reimbursement for expenses incurred while conducting College business.

Strategic alignment, regulatory processes, and actions: The proposed changes help to ensure elected board directors and committee appointees are provided with timely remuneration and reimbursement for expenses related to serving in the public interest, that the policy is clear, and that processes are secure and efficient.

Background:

- The Remuneration Policy and Summary of Allowable Expenses was approved by the Board of Directors in March 2020.
- The purpose of the policy is to outline the remuneration and allowable expenses for elected board directors and both lay and professional committee appointees when conducting College business (e.g., serving on the Board or an adjudicatory committee, attending conferences on behalf of the College).
- A remuneration review was conducted in June 2022 which resulted in amendments to rates for mileage, meals and the addition of an exceptional circumstances provision.
- Further amendments were made in December 2022 to incorporate increases to per diem honoraria rates aligning with the consumer price index (CPI) Ontario – September All Items.
- In September 2024, the College implemented a streamlined remuneration claims process.
    - Individuals receive access to a secure, online self-service portal where they can view paystubs, tax slips, enter or upload TD1 tax forms, banking information and a mailing address.
    - College staff track and complete a register for meeting attendance and for deliberation on behalf of attendees.
    - Individual expense claim forms continue to be required for the following: preparation time, decision writing, review, cancellations, exceptional circumstances, and/or travel expenses.

Analysis:

- In addition to aligning the policy with new accounting procedures, staff applied an EDI lens and examined the text for clarity to further support understanding and application of the policy.
- The intention of these amendments was to quickly update and align the policy with new procedures and to clarify some required approvals, such as when attending external conferences. The intention was not to materially change or shorten the policy. College staff suggests a further in-depth review in the spring of 2025,

considering feedback received on the new accounting procedures, and alignment with other health regulatory colleges in Ontario.

Motion:

THAT the Board approve the proposed amendments to the Remuneration Policy and Summary of Allowable Expenses.

Attachments:

- 13.1 - Remuneration Policy and Summary of Allowable Expenses – current (Jan 2024)
- 13.2 - Remuneration Policy and Summary of Allowable Expenses – redline (Sept 2024)
- 13.3 - Remuneration Policy and Summary of Allowable Expenses – clean version (Sept 2024)

Related policies for reference:

- Policy 4.8 - Remuneration and Expense Approval for Elected Directors, Academic Directors and Committee Appointees (not applicable for Public Directors – See policy 4.9)
- Policy 4.10 - Approval of Board Chair Remuneration and Expenses

Ontario College of Pharmacists

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Remuneration Policy & Summary of Allowable Expenses

Effective January 1, 2024

Applicable to Elected Directors of the Board of Directors, Professional, Lay Committee Appointees and Working Group Members

Policies are reviewed and updated at minimum every three years.

Contents

Introduction

Application and Scope

This Remuneration Policy ("Policy") is intended to apply to

- **Board Directors:** individuals who are elected to the Board of Directors at the Ontario College of Pharmacists; and
- **Committee Appointees:** professional (registrants) and lay (non-registrant) members appointed to committees, working group and task forces by the Board of Directors.

Purpose

This Policy is intended for use by individual Directors and appointees, and the College to clarify the parameters for payment of per diem honoraria for performing the business of the of the College. This Policy also addresses reimbursement for eligible expenses. The College will issue a list of applicable honoraria and expense reimbursement limits at the commencement of the Board year, and when any amendments come into effect.

Effective Date

This Policy is effective for work conducted beginning **January 1, 2024** and replaces all previous practices relating to reimbursement and may be subject to change pursuant to OCP Board of Director approval. Supplementary policy statements, guidelines or amendments may be issued.

Conditions of Election to the Board and Committee Appointment

Acceptance of election or appointment indicates acceptance of the conditions of remuneration Policy and summary of allowable expenses. Conditions, including those relating to financial compensation, if any, are subject to change pursuant to the resolution of the Board of Directors of the Ontario College of Pharmacists.

All elected and appointed positions to the Board and Committees are part-time. Remuneration paid to part-time positions are made on a per diem basis. The Ontario College of Pharmacists is responsible for paying honoraria and expenses for Board Directors and committee appointees, pursuant to the applicable statutory provisions and the resolution established by the Ontario College of Pharmacists, including the policies set out in this Policy.

College Contacts

Completed and signed honoraria and expense claims, along with any required receipts, should be submitted to the designated College staff person for verification of attendance and submission to accounting. Individuals are required to use the most current version of the electronic claim form, and, where payments are to be made, receive payment by electronic funds transfer.

Any questions regarding the remuneration policy should be directed to Sharlene Rankin, Executive Assistant, at (416) 847-8241 or srankin@ocpinfo.com.

Remuneration Policy

General

The basis of serving on the College's Board of Directors or Committees, working group or task forces is to uphold the mandate of protecting the public and should be viewed as public service. Therefore, any remuneration that may be paid is not expected to be competitive with the marketplace or the individual's usual occupational compensation.

Basis of Remuneration

In general, such functions or tasks are those which are performed within the context of formal meetings of the Board of Directors or Committees, or a statutory hearing or review conducted by an adjudicative Committee. Where applicable, preparation time and the writing of decisions are included. However, depending on the mandate of the College, such "business" may also include attending conferences or public forums which are directly related to the business of the College and the individual's assigned functions or tasks.

Eligible Payments

Eligible payments to individuals have been established in this Policy in accordance with College by-law No. 6. They include a per diem honorarium and reimbursement of necessary and reasonable expenses actually incurred in conducting the *business* of the College, such as travel costs, accommodation, and meals.

Government Taxes

Honoraria paid is taxable under the *Income Tax Act*. Thus, to receive remuneration (honoraria and/or expenses); individuals are required to provide their Social Insurance Number to the College by completing a TD1/TD1ON form. Reimbursement for expenses incurred is not generally subject to taxation.

The CRA has determined that, for *tax purposes*, remuneration received is considered income from employment. This means that:

- At the end of the calendar year, you will receive a T4 slip issued by the College.
- Remuneration is provided to the individual only and not to an incorporated company or charity.
- You will be required to provide the College with your social insurance number.
- All members are required to complete a TD1/TD1ON form for the purposes of withholding tax.
- Your services are not considered to be taxable supplies and you should not charge Harmonized Sales Tax (HST) on your services.

Assignment of Honoraria

Honoraria is payable **only** to the individual; it may not be directly "assigned" to a third party, that is, to another individual or a business or corporate entity. However, should an individual wish to do so, they

are at liberty to donate any honoraria payable or received to a charitable organization of their choice and receive a tax receipt, as applicable.

Honoraria

Remuneration for part-time Directors and appointees must be on a per diem basis. Per diems are generally based on 7 hours of work. A per diem is the amount that is payable for conducting the formal business of the College (e.g., attending a meeting or hearing). When less than three hours of work is involved, one half of the established per diem rate will be paid. **Only one per diem payment can be made for a calendar day.**

Annually the per diem rate will be increased by the percentage increase, if any, rounded to the nearest $5.00, in the consumer price index for goods and services in Ontario (all items) as published by Statistics Canada or any successor organization. The schedule for the annual per diem amount and mileage, meals and hotel amounts is appended to this document and updated as needed.

Where a single-day proceeding concludes earlier than its scheduled duration, individuals may be remunerated equal to the scheduled duration.

Honoraria may be claimed for attendance, preparation, decision-writing and/or deliberation time for meetings of the Board of Directors and Committees. Specific conditions apply to remuneration for preparation, decision-writing, and deliberation time, which are outlined in subsequent sections. In general, honoraria may be claimed for the activities listed in **Chart 1**.

Chart 1 Claims for Honoraria

Committee	Attendance	Preparation	Decision Writing/Review	Deliberation
Board of Directors	✓	✓		
Inquiries, Complaints and Reports Committee (ICRC)	✓	✓	✓	
Executive Committee	✓	✓		
Fitness to Practice Committee	✓	✓	✓	
Patients Relations Committee	✓	✓		
Quality Assurance Committee	✓	✓		
Registration Committee	✓	✓	✓	
Accreditation Committee	✓	✓		

Discipline Committee Meetings	✓	✓		
Discipline Committee Hearings	✓	✓	✓	✓
Standing Committees	✓	✓		
Ad-Hoc Committees and all other meetings	✓			

Attendance Honoraria Rates Payable – Other Meetings and Activities

Participation in educational seminars, workshops and conferences is remunerated on the basis of the standard per diem rate as amended from time to time.

Electronic Meetings

From time to time, for reasons of economy and/or timeliness, Colleges may hold meetings via interactive electronic communication media (e.g., by telephone or videoconference). As long as such electronic meetings represent a duly constituted meeting of the Board of Directors or a committee or representing the College on official College business the attending or participating individual may request payment of attendance honorarium.

The amount payable for "attendance" at electronic meetings is based on the applicable per diem rate for the member and Committee. **No payment, other than the applicable honorarium may be claimed in respect of electronic meetings.** Where any expenses are incurred in respect of electronic meetings (such as personal long-distance telephone, or internet charges), such expenses are the responsibility of and reimbursable by the College upon presentation of the required documentation.

Preparation, Decision-Writing, Deliberation and Cancellation Honoraria

Preparation Time

While being fully prepared to conduct College business is a normal requirement and expectation payment for time is not an entitlement. However, the College recognizes that, in some instances (such as, multi-day meetings or when dealing with highly specialized, technical information), a Board, Committee or panel member may be required to dedicate more time than usual to prepare properly to discharge her or his duty.

In all cases, preparation time is remunerated based on the standard per diem rate**.** Individuals may request honoraria for preparation time for meetings of the College's Board of Directors and committees.

For budgetary reasons, honoraria is not available for preparation time for other committees or activities at this time. Except for preparation time for the Inquiries, Complaints and Reports Committee meetings

and Discipline Committee *Hearings*, individuals may request honoraria for preparation time actually undertaken, as set out in **Chart 2**.

Chart 2: Preparation Honoraria

Meeting of:	Meeting Duration	Remuneration Rate
Board of Directors and all statutory and standing Committees ***EXCEPT*** the Inquiries, Complaints and Reports Committee and Discipline Committee *Hearings*	For each scheduled half- meeting day (up to 3 hours)	Up to one-half (50%) per diem
	For each scheduled full meeting day (greater than 3 hours)	Up to one (100%) per-diem

Inquiries, Complaints, and Reports Committee (ICRC)

Determination of the amount of preparation time claimable by ICRC members is based on Committee workload data, specifically, the number of matters considered. The committee staff support is required to confirm the number of inquiries, complaints and reports considered at each meeting on your claim. The remuneration rate is outlined in **Chart 3**.

Chart 3: Inquiries, Complaints and Reports Committee – Preparation Honoraria

Inquiries, Complaints and Reports considered per meeting	Remuneration rate
25 or less	Up to 1 per diem
26 to 35	Up to 2 per diems
36 to 50	Up to 3 per diems
Greater than 50	Up to 4 per diems

Discipline Committee Hearings

Preparation is not generally required for Discipline Committee Hearings. The College recognizes, however, that there are specific circumstances when members of a Discipline Committee panel are required to prepare for a hearing (i.e. in advance of motions, review of transcripts prior to a continuation, etc.). Where applicable, preparation for Discipline Committee Hearings may be payable up to a maximum of one per Diem, per matter.

Decision Writing

To facilitate effective decision writing, the College, at its discretion, compensates individuals appointed to adjudicative committees or panels dealing with matters of professional misconduct, proprietary misconduct, incompetence, or incapacity for decision writing.

Remuneration for the time required to prepare, review and draft decisions is available only to individuals who are:

- assigned to committees which are statutorily mandated to adjudicate matters (complaints, allegations, or charges) relating to the professional misconduct, incompetence or incapacity of College registrants; and

- assigned the responsibility of preparing and drafting the Committee's decision by the Committee chair.

Remuneration is not available for the time required to draft or type Committee reports or minutes, regardless of the nature of the committee, or for drafting or editing College newsletters, communiques, or other publications.

Decision writing time is compensated at the standard per diem rate. Individuals may request honoraria for decision writing time undertaken, as applicable, **up to a maximum of one per diem per matter**. “Per matter” is interpreted as per file and not based on duration.

Deliberation

Compensation for time required to deliberate following completion of a statutory hearing of the Discipline Committee may be claimed only if the panel of the Committee conducting a statutory hearing is required (by the length of the hearing day or need to review complex and lengthy submissions) to schedule additional meeting time on a different day to complete the statutory hearing process. In claiming honoraria for deliberation time, the individual must specify the hearing or hearings involved (such information is public information).

Deliberation time is compensated at the standard per diem rate. Individuals may request honoraria for deliberation time undertaken, **up to a maximum of one per diem per matter.** “Per matter” is interpreted as per file and not based on duration.

Exceptional Circumstances (preparation, deliberation and/or decision writing)

Individuals must be recompensed in a consistent manner. As such, exceptional circumstances requiring diversion from the parameters of this Policy are expected to be infrequent. Deviation from the parameters of this Policy cannot be approved on a sustained/long-term basis.

Any request for remuneration which exceeds the parameters of this Policy must be accompanied with a written explanation of the exceptional circumstances involved from the Chair of the Committee to the Governance Coordinator, who shall report exceptions to the Registrar & CEO and Chair of the Board.

Cancellation of Scheduled Hearings and Meetings

In general, payment of honoraria is contingent upon attendance for the purposes of College business. The College recognizes, however, that from time to time, individuals may suffer a loss of income or the opportunity to earn income, as well as an offsetting per diem, as a result of having made a commitment and arranged one's activities to attend a meeting or hearing which is subsequently cancelled at short notice or adjourned/terminated in process.

While attempting to mitigate such situations, the College reminds individuals that they should not expect to be fully compensated for all loss of income and inconvenience arising from the cancellation of a scheduled meeting. It is expected that upon notification of a cancellation, all reasonable attempts will be made to mitigate the loss of income and expenses for that period. Individuals are also encouraged to consider waiving the cancellation honoraria where there has been no actual loss of either income or opportunity to earn income.

Where the individual is requested and makes arrangements to attend a meeting of the College a review or hearing of a statutory committee for which an honorarium is normally payable, and such meeting, review or hearing is cancelled by the College, the individual may request payment of honoraria on the basis outlined in **Chart 4**.

In all cases, cancellation payments will be made at the standard per diem rate.

If an individual has received remuneration from some other source (e.g., salaried employment) during the period for which the cancellation honorarium would have been claimed, she/he shall neither request nor receive any payment for cancellation.

Individuals who have made unchangeable travel arrangements and, thereby, have incurred non-refundable travel costs, will be reimbursed for out-of-pocket expenses.

Preparation Time for Cancelled Meetings

In general, if an individual has undertaken and would normally claim for preparation time with respect to a meeting that is cancelled, she or he may request payment for such preparation time with respect to the original scheduled meeting date or with respect to the date of the rescheduled review/hearing, **but not both**, if the meeting is rescheduled for a date within 30 days of the original cancellation date.

In cases where a hearing or review is adjourned to be continued at a later date for the purposes of securing more information and/or reviewing new information or submissions, it may be appropriate to request additional preparation time.

However, such requests must be accompanied by a written explanation.

Chart 4: Cancellation Honoraria

Meeting	Condition of Cancellation	Allowable Claim
Board of Directors Meetings	• Notice of meeting published to public; and • Meeting cancelled three (3) or less business days prior to published start date.	Max of one (1) per diem.
Statutory adjudicative committees except Discipline Committee Hearings	• Formal notice of meeting issued by College; and • Meeting cancelled three (3) or less business days prior to scheduled start time.	Max of one (1) per diem.
Discipline Committee Hearings	• Formal notice of Hearing was issued to parties; and • Hearing cancelled/ adjourned three (3) or less business days prior to schedule start time.	Max of one (1) per diem. Hearing must be identified on the claim.

	• Hearing adjourned in-process and no other business can be substituted.	The per diem that would have been payable for the adjourned day. If multi- day hearing was scheduled, up to one (1) additional per diem.
Other Statutory and Standing Committees, excluding electronic meetings	• Formal notice of meeting was issued by the College; and • Meeting is cancelled three (3) or less business days prior to scheduled start time.	Max of one (1) per diem.
Electronic (such as teleconference) meetings or ad-hoc	• Not applicable.	No claim allowed.

Expenses

Summary of Allowable Expenses

This section is intended for use by Directors, Appointees, and staff to clarify expectations for submission and verification of expense claims.

Where applicable, the College will reimburse for authorized, necessary, and reasonable expenses actually incurred while carrying out College business. Reimbursement is based on the amount expended up to any maximum allowed for a specific type of expense under the guidelines provided herein.

The guiding principles for reimbursement include:

- Fiscal responsibility – ensure registrant dollars are used prudently and responsibility with a focus on accountability and transparency.
- Expenses for travel, meals and hospitality support the College's objectives; and
- Plans for travel, meals, accommodation, and hospitality are necessary and economical with due regard for health and safety.

Claimants must:

- Complete the most current version of the claim form electronically.
- Submit receipts with all claims. Where the receipt is not available, a written explanation must be provided to explain why the receipt is unavailable and a description itemizing and confirming the expenses must be provided.
- Submit the claims promptly after the expense is incurred; claims must be submitted within four (4) months after the meeting/hearing to be eligible for reimbursement.
- Submit claims for expenses before leaving the position within the organization.

Approvers must:

- Provide approval only for expenses that were necessarily incurred in the performance of College business; and
- Provide approval only for claims that include all appropriate documentation.

Transportation

Individuals are required to choose the most efficient, effective and/or economical mode of transportation to and from meetings. While modes of transportation other than the most economical may be used for reasons of personal convenience, reimbursement will be based on the most economical and practical mode of transportation. Time of travel is expected to be arranged within a reasonable timeframe of scheduled College meetings.

When rail or air travel is required for meetings which are regularly scheduled, or scheduled for enough in advance to allow it, individuals are encouraged to pre-book their travel to take advantage of discount or excursion fares.

- **Public Transit:** Local public transportation including hotel/airport shuttles (such as the Union-Pearson Express) is strongly encouraged and should be used wherever possible.
- **Train:** Travel by train is permitted when it is the most practical and economic way to travel. A coach class economy fare is standard.

Only in limited circumstances is business class travel acceptable, any only with prior approval[1], such as:

- The need to work with a team;
- Choosing a travel time that allows you to reduce expenditures on meals or accommodation (e.g. compare am economy (coach) class ticket plus a meal, with the cost of the ticket for VIA1, where the meal is included);
- Accommodation requirements; and/or
- Health and safety considerations.

Where a business class ticket is more economical than the economy fare, a copy of the economy fare to substantiate claim of the fare should be provided.

Where possible, individuals should book or reserve seats in advance to take advantage of lower fares.

Taxis / Ride Sharing Apps (Uber, Lyft)

Prior approval[1] to use a taxi or ride sharing should be obtained whenever possible. These may be justified in cases where:

- Group travel is more economical than the total cost of having individuals travel separately by public transit or shuttle; or
- Taking a car allows you to meet an unusually tight schedule for meetings.

[1] Prior approval should be sought from the staff resource to the Committee or the Chair or the Committee.

Taxis or ride sharing may not be used to commute to work or home except under exceptional circumstances; for instance:

- Weather; health or safety conditions indicate it is the best, appropriate option; or
- Transport of work-related baggage or parcels is required.

The use of airport limousines should be avoided in place of regular city taxis, ride sharing and airport shuttles.

Air Travel

Air travel is permitted if it is the most practical and economical way to travel. Economy (coach) class is the standard option for ticket purchase.

Toronto is served by two major airports: Toronto Pearson (YYZ) and Billy Bishop (YTZ). Individuals are encouraged to ensure that their air travel is purchased at the most economical rate with consideration to transportation changes/distance to the College.

Rental Cars

When renting a vehicle, a compact model or its equivalent is required. Any exceptions must be:

- Documented and approved prior to the rental if possible; and
- Guided by the principal that the rental vehicle is the most economical and practical size, taking into the business purpose, number of occupants and safety (including weather) considerations.

Luxury and sports vehicles are prohibited. To avoid higher gasoline charges, refuel your rental car before returning it.

Personal Vehicles

Where a personally owned vehicle is used, the individual will be reimbursed at the mileage rates established, providing that the radius of the distance between the individual's residence and the meeting site exceeds 40 km (i.e. is greater than 40 km one-way). Lesser distances are considered to be travel undertaken as part of a normal day's work. Individuals who reside in the Greater Toronto Area (GTA) are encouraged to use available public transit to travel to and from the College.

The College assumes no financial responsibility for personal vehicles. The College will, however, pay the kilometric rate if you are using your own vehicle for College business.

If you will be driving more than 200 kilometers in a day, you should consider using a rental vehicle. If you are going to drive your personal vehicle for more than five days within a single calendar month – even if you are not exceeding 200 kilometers in a single day -you should consider lower cost options, such as vehicle rental or audio or video conferencing.

Reimbursement rates for using your own car are based on the automobile allowance rates published by the Canadian Revenue Agency (CRA). Rates are calculated to include gas, repairs, and insurance, as well as wear and tear on the vehicle. The College reserves the right to review the cost effectiveness of this model of reimbursement. The schedule for the annual per diem amount and mileage, meals and hotel amounts is appended to this document and updated as needed.

Parking & Tolls

Reimbursement is provided for necessary and reasonable expenditures on parking, as well as for tolls for bridges, ferries, and highways, when driving on College business. Parking expenses will be reimbursed at the most economical available rate (valet parking is not generally permitted). Parking costs incurred as part of a regular commute will not be reimbursed.

Traffic Violations, Insurance & Vehicle Repair

There is no reimbursement for traffic or parking violations. Under no circumstances will individuals be reimbursed for the cost of vehicle repairs incurred because of vehicle breakdowns or accidents which occur while travelling on College business. Individuals using personal vehicles for College business are responsible for ensuring that their insurance coverage includes business use of the vehicle. Car insurance expenses are not reimbursable.

Accommodations

Individuals who are required to travel out of town and overnight to attend to College business may be accommodated in a hotel for the duration of the trip. However, hotel accommodation is not generally provided to individuals who reside within a radius of 40 km of the meeting site. Individuals who reside in the Greater Toronto Area (GTA) are encouraged to use available public transit to travel to and from the College without the need for overnight accommodation.

Hotels

Individuals travelling on College business are encouraged to stay at a College recommended hotel where favourable corporate rates have been negotiated. When booking please quote the Ontario College of Pharmacists to be eligible for these rates. The College's usage will be tracked, and the rates will be renegotiated at the end of the year, based on that usage. The schedule for the annual per diem amount and mileage, meals and hotel amounts is appended to this document and updated as needed.

Many hotels in Toronto offer preferential rates for frequent travelers and you may wish to investigate these when making your reservations. Also, there are many websites that offer last-minute discounts, and you may sometimes get a better rate simply by booking on-line. In all cases, reimbursement will be made for single accommodation at a standard room rate.

Individuals are welcome to stay in the hotel of their choice but the maximum the College will reimburse expenses will be based on the maximum amount on the annual negotiated hotel price list.

Under no circumstances will travel agent fees be paid.

Hotel internet charges (such as WiFi or network charges) are to be incurred only where required to conduct College business.

Airbnb or other Peer-to-Peer Rentals

Use of Airbnb lodging is strictly at the discretion of the Board Directors and Committee members and is at your own risk. The College does not assume any responsibility for the individual's decision to use these services.

Accommodation expenses

Under no circumstances will individuals be reimbursed for the cost of entertainment (alcohol, videos or pay movies), or for personal services (dry cleaning, personal grooming items, etc.). Such items should be deducted from hotel bills prior to submission for payment.

Private Homes

Private stays with friends or family are acceptable and encouraged. A cash payment or gift may be provided to the friends or family:

- A maximum of $50 per night is allowed for accommodation including any meals with friends or family, in lieu of commercial accommodation. Instead of a receipt, you must submit a written explanation describing the purpose of the trip, identifying the host and the number of days you stayed.
- The $50 value may be given in the form of a small gift (which must be accompanied by a receipt) or by cash or cheque.

Meals

Individuals may be reimbursed for the meal expenses incurred while engaged on College business, providing the individual is away from her/his residence or place of employment; on College business; and the meal (or meals) are not already provided as a part of the business process or transportation. Reimbursement for meals is an expense and not an additional allowance or stipend. Receipts are required to be submitted/retained for meal claims.

Reimbursement is for restaurant/prepared food only. Reimbursement for groceries must have prior approval and a written rationale must be submitted with the claim.

Reimbursement will not be provided for meals consumed at home or included in the cost of transportation, accommodation, seminars, or conferences.

Criteria for reimbursement are as follows:

- Breakfast expenses may be claimed if the individuals are required to depart their residence 2-hours prior to the start time of the scheduled meeting.
- Lunch may be claimed only if required to attend the College for a full-day. The College will generally provide a catered lunch if you attend the College for a full-day meeting.
- Dinner expenses may be claimed if the formal meeting time extends beyond 4:00 p.m. and when the return trip from a meeting usually exceeds two (2) hours.

Reimbursement for meal expenses incurred is subject to a daily maximum in accordance with the amount indicated by the Canada Revenue Agency (CRA) and will require receipts to be submitted. These rates include taxes and gratuities. The schedule for the annual per diem amount and mileage, meals and hotel amounts is appended to this document and updated as needed.

The rates are not an allowance. They are for individual meals - you must have eaten the meal to be able to submit a claim for reimbursement.

Alcohol cannot be claimed and will not be reimbursed as part of a travel or meal expense. There are no exceptions to this rule.

Other Expenses

Personal phone calls

Wherever possible, individuals are expected to use the least expensive means of communication, such as a personally owned mobile device with a long-distance plan. If you are away on College business, reimbursement will made for reasonable, necessary personal calls home for each night away.

Tips/Gratuities

You may be reimbursed for reasonable gratuities for porter, hotel room services, and taxis. Keep a record of gratuities paid.

Examples of reasonable amounts for gratuities include:

- 15% on a restaurant meal
- 10% on a taxi fare
- $2-$5 for housekeeping for up to two nights in a hotel, up to $10 for a longer stay
- $2-$5 per bag for a porter.

Claiming Honoraria and Expenses

Timing of Claims

Individuals are asked to submit their claims for honoraria and expenses within five (5) business days of the event (meeting, panel hearing or other). In any case, the claim must be submitted for payment **no later than four (4) months after the meeting/hearing, etc. to be eligible for reimbursement**. The College will not consider claims received after this period for retroactive payment.

All claims relating to the period immediately before the end of the College's fiscal year (**December 31st**) must be submitted within two weeks of that date so that they are eligible for payment out of that fiscal year's allocation.

Claim Forms

Claims for honoraria and expenses must be submitted on the appropriate form (see **Appendix 2**) to the College directly. **Claim forms must be completed electronically** and electronically signed by the individual and must have a copy of receipts (please retain your original receipts for reference if needed). Failure to use the required form and attach required receipts will delay processing.

Please note that the claim form is periodically updated. Current claim forms will be available on the electronic Board Portal.

Receipts

Reimbursement will be made only for expenses actually incurred. Therefore, it is essential that receipts are submitted along with your claim forms.

Claim Processing

Where the College's accounting staff have all necessary approved claims and receipts, staff will process completed claims. The College provides remuneration payments in accordance with the bi-weekly pay schedule. Reimbursement is made via electronic funds transfer directly to the individual.

Electronic Funds Transfer (EFT)

Payment is made only by Electronic Funds Transfer (Direct Deposit). See Appendix 3 for the EFT application.

Appendix 1: Per Diem Schedule

Attendance and Preparation Honoraria – Standard Per Diem Rates effective Jan 1, 2024

Position	Criteria	2024 Per Diem Rate	
Elected Members of Board of Directors or Committee Appointees	Applicable when conducting the business of the College.	1 Day:	$285
		<3 hours:	$142.50

Personal Vehicle Reimbursement Rates

Reimbursement rates for using your own car are based on the automobile allowance rates published by the Canadian Revenue Agency (CRA). Rates are calculated to include gas, repairs, and insurance, as well as wear and tear on the vehicle.

The automobile allowance rates currently in effect are:

- 70¢ per kilometer for the first 5,000 kilometers driven
- 64¢ per kilometer driven after that

Meal Reimbursement Rates

Reimbursement for meal expenses incurred is subject to a daily maximum as set and published by Canada Revenue Agency (CRA) and will require receipts to be submitted. These rates include taxes and gratuities.

The maximum rate currently in effect is $69.00 per day.

Breakfast	$12
Lunch	$23
Dinner	$34

2024 Negotiated Hotel Rates

Listed below are corporate rates being offered to the College by **four** Toronto hotels**.** ***Please quote the 'Ontario College of Pharmacists' to be eligible for these rates.*** Please note that usage by the College will be tracked, and the rates will be renegotiated at the end of the year, based on that usage.

Note for Elected Board Directors:
Many hotels in Toronto offer preferential rates for frequent travelers and you may wish to investigate these when making your reservations. As well, there are many websites that offer last-minute discounts, and you may sometimes obtain a better rate simply by booking on-line.

Note for Public Board Directors:

Please see link below for government preferred accommodations. Simply click on "Government of Canada Accommodation Directory". Then Click on the top tab "Find Hotels."

2024 Accomodation Search Page - Acquisitions - PWGSC (tpsgc-pwgsc.gc.ca)

Please note the Health Board Secretariat (HBS) does not guarantee any contract amount you have with a hotel. Public Directors are required to "choose the most cost-effective accommodation" at the time they are booking, as set out in Ministry's Travel, Meal and Hospitality Expenses Directive.

Hotel List

Kimpton Saint George
280 Bloor St W, Toronto, ON M5S 1V8
Booking URL – Ontario College of Pharmacists
You can also make bookings by calling 1-877-660-8550 and quoting the OCP Corporate ID: 100287833
Standard room rates:

January 1 – April 30, 2024	$279.00 (plus applicable taxes)
May 1 – May 31, 2024	$319.00 (plus applicable taxes
June 1 – September 30, 2024	$329.00 (plus applicable taxes)
October 1 – December 31, 2024	$289.00 (plus applicable taxes)

Blackout dates:
Feb 2-3, Mar 3-6, June 21-22, Aug 2-3, Sept 5-7, Nov 14-16 and Nov 21-23

Royal Sonesta
220 Bloor St W, Toronto, ON M5S 1T8
To book a room, please contact Ashish Shetty at ashish.shetty@sonesta.com or by phone at 416-324-5925.
Standard room rates:

January 1 – March 31, 2024	$269.00 (plus applicable taxes)
April 1 – May 31, 2024	$289.00 (plus applicable taxes)
June 1 – August 30, 2024	$319.00 (plus applicable taxes)
September 1 – December 30, 2024	$299.00 (plus applicable taxes)

Blackout dates:
Feb 2-3, Mar 3-5, Apr 18, June 17-19, Aug 3, Sept 6-9, Nov 14-16, Nov 21-23 and Dec 31

Holiday Inn Toronto Downtown Centre
30 Carlton St., Toronto, ON M5B 2E9
Booking URL – Ontario College of Pharmacists
You can also make bookings by calling 416 977-6655 or emailing reservations@hitorontodowntown.ca and quoting 'Ontario College of Pharmacists'. If you are have ANY issues or are unable to acquire our corporate rate or the hotel is sold out please contact Sean Purcell directly at s.purcell@hitorontodowntown.ca and he will do his best to assist.
Standard room rates:

January 1 – March 31, 2024	$204.00 (plus applicable taxes)
April 1 – October 31, 2024	$259.00 (plus applicable taxes)
November 1 – December 30, 2024	$204.00 (plus applicable taxes)

Blackout dates:

$399 Premium Rate will apply for Jan 19-20, Feb 2-3, Mar 2-6, June 22-27, Aug 3-4, Sept 12-14 & 19-20, Nov 16 & 23 and Dec 31

Chelsea Hotel

33 Gerrard Street West, Toronto, Ontario M5G 1Z4
Booking URL: Ontario College of Pharmacists
You can also make bookings by calling 1-800-243-5732 and quoting "Ontario College of Pharmacists".

Standard room rates:

January 1 – March 31, 2024	$201.00 (plus applicable taxes)
April 1 – October 31, 2024	$239.00 (plus applicable taxes)
November 1 – December 31, 2024	$201.00 (plus applicable taxes)

Blackout dates:

Mar 3-5, May 21-22, June 10-12, Aug 2-3 and Sept 26-28

Appendix 2: Per Diem Report Claim Form

Ontario College of Pharmacists

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Remuneration and Expenses Form

Fields marked with an asterisk (*) are mandatory. Please refer to the Remuneration Policy for further details and guidelines for reimbursement. Only claims submitted within four months from the meeting date are eligible for reimbursement. Please complete one form per meeting.

Please complete this form **electronically**, and submit it via email within **one week** following the meeting date.

Contact Information

Last Name* | First Name* | OCP Number* *(if applicable)*

Honoraria — Subtotal:

Per Diem Rate (Length)		
(1)	1 day:	$285
(0.5)	<3 hours:	$142.5

Please complete one line per date.
*If you are claiming for **Preparation** time for a meeting, please enter it as a separate line.*
*If you are claiming for **Decision Writing /Review** or **Deliberation**, please include the file name in the comments box.*
Please refer to the remuneration policy for further details.

Meeting Date (yyyy-mm-dd)	Committee	Activity Type	Length	Comments	(For office use only)	

Meeting Attendance Expenses (receipts must be provided) — Subtotal:

Public Transit (Air/Train/Taxi)

Personal Vehicle (If commuting more than 40 km each way) — # Kms driven | @ $0.70/km | Parking & Tolls

Accommodation (Up to a maximum of $370 per night) — # Nights | Total Amount

Meals (Up to a daily maximum of $69.00) — Breakfast (Guideline: $12) | Lunch (Guideline: $23) | Dinner (Guideline: $34)

Miscellaneous (See Policy for details) — Amount | Comments

Total:

Approval (for office use only)

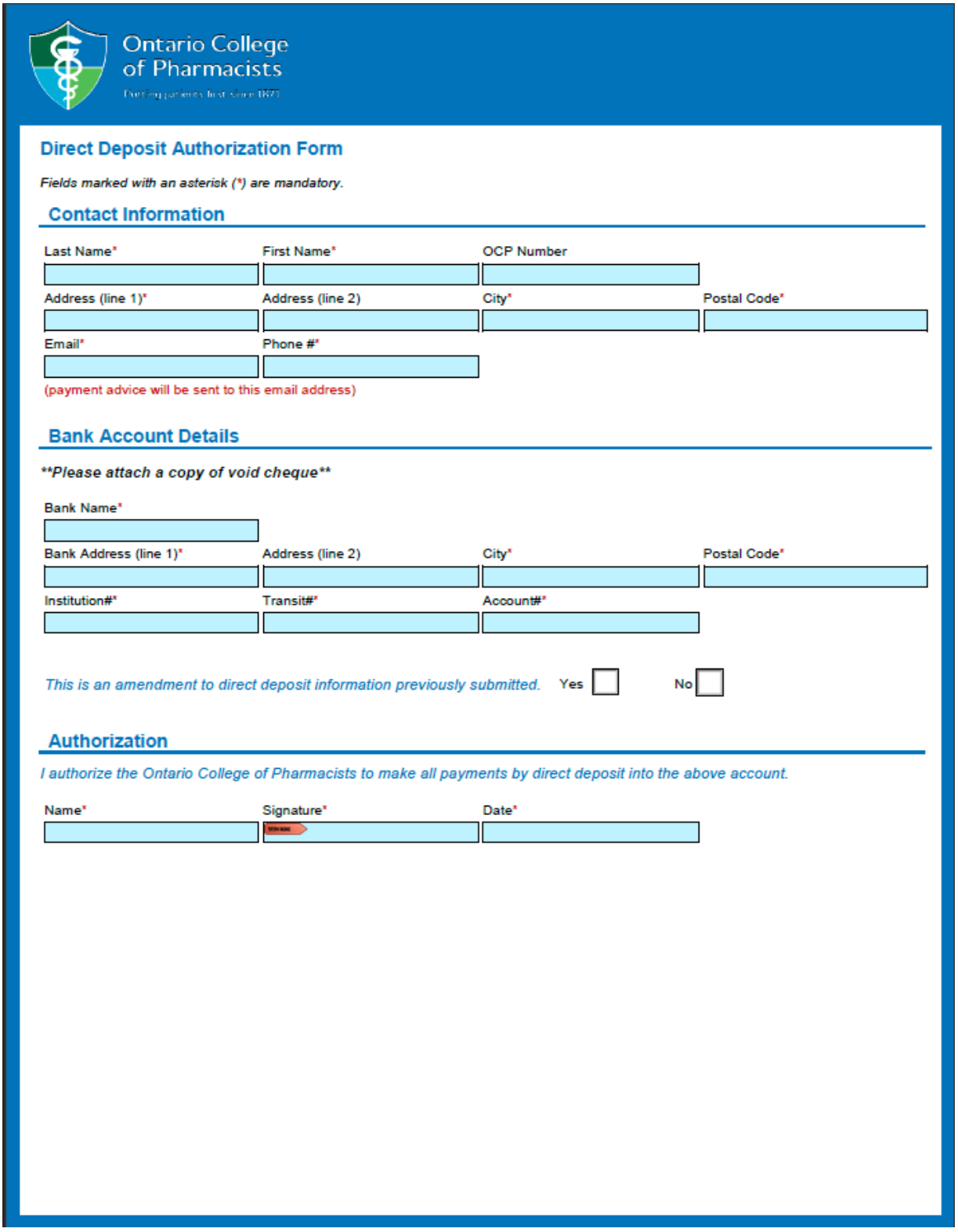
	Name	Date	Signature
Approved by			

	Date Paid	Cheque No	Charge to		
Accounting Use					

OCP Remuneration and Expenses Form v1.3 (2023-01-01)

Appendix 3: EFT Sign-Up

Payment is made only by Electronic Funds Transfer (EFT, or Direct Deposit). Below is an example of the application that must be submitted to have EFT initiated. This form is periodically updated; please contact the College for a copy of the latest version.



Ontario College of Pharmacists

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Direct Deposit Authorization Form

Fields marked with an asterisk (*) are mandatory.

Contact Information

Last Name* | First Name* | OCP Number

Address (line 1)* | Address (line 2) | City* | Postal Code*

Email* | Phone #*

(payment advice will be sent to this email address)

Bank Account Details

Please attach a copy of void cheque

Bank Name*

Bank Address (line 1)* | Address (line 2) | City* | Postal Code*

Institution#* | Transit#* | Account#*

This is an amendment to direct deposit information previously submitted. Yes ☐ No ☐

Authorization

I authorize the Ontario College of Pharmacists to make all payments by direct deposit into the above account.

Name* | Signature* | Date*

Ontario College of Pharmacists

Putting patients first since 1871

Remuneration Policy & Summary of Allowable Expenses

Effective ~~December 15, 2024~~September 15, 2024

Applicable to Elected Directors of the Board of Directors, Professional~~,~~ and Lay Committee Appointees, ~~and~~ Working Group ~~Members~~and Task Force Members

Policies are reviewed and updated at minimum every three years.

Contents

Introduction

Application and Scope

This Remuneration Policy (“Policy”) is intended to apply to:

- **Elected Board ~~Board~~ Directors:** individuals who are elected to the Board of Directors at the Ontario College of Pharmacists (OCP); and
- **Committee Appointees:** professional committee appointees (registrants) and lay committee appointees (non-registrants) ~~members appointed to~~appointed by the Board of Directors to a committee, ~~committees,~~ working group ~~and~~ or task force~~s by the Board of Directors~~.

Public Board Directors should refer to the Ministry’s Remuneration Framework and contact the Health Boards Secretariat for more information.

- Individuals selected to serve on an operationally focused ad-hoc working group, task force or advisory group, not appointed by the Board of Directors, should refer to the College’s Honoraria and Expense Policy for External Service Providers.

Purpose

This Policy is intended for use by ~~individual~~ board ~~D~~directors, ~~and~~ committee appointees~~,~~ and the College to clarify the parameters for payment of per diem honoraria for performing the business of the ~~of the~~ College. This Policy also addresses reimbursement for eligible expenses. The College ~~will issue~~issues a ~~list~~ schedule of ~~applicable~~ honoraria and expense reimbursement limits at the commencement of the Board year (appended to this Policy), and when any amendments come into effect.

Effective Date

This Policy is effective ~~for work conducted beginning **January 1**~~**September 15, 2024** and replaces all previous practices relating to reimbursement and may be subject to change pursuant to resolution by the OCP Board of Directors ~~approval~~. Supplementary policy statements, guidelines or amendments may be issued.

Conditions of Election to the Board and Committee Appointment

Acceptance of election or appointment indicates acceptance of the conditions of ~~remuneration~~ this Policy~~Policy and summary of allowable expenses~~. ~~Conditions, including those relating to financial compensation, if any, are subject to change pursuant to the resolution of the Board of Directors of the Ontario College of Pharmacists.~~

All elected and appointed positions ~~to the Board and Committees~~ are part-time and ~~. Remuneration paid to part-time positions are made~~paid on a per diem basis. The ~~Ontario College of Pharmacists~~College is responsible for paying honoraria and expenses ~~for~~to b~~B~~oard ~~D~~directors and committee appointees, pursuant to ~~the~~ applicable statutory provisions and the resolution established by the ~~Ontario College of Pharmacists~~College, including ~~the policies~~ procedures set out in this Policy.

Process Summary and College Contacts

College s~~Completed and signed honoraria and expense claims, along with any required receipts, should be submitted to the designated College staff person for verification of attendance and submission to accounting.~~ taff will track and complete a register for meeting attendance and for deliberation on behalf of attendees.

~~Individuals are required~~Individual ~~to use the most current version of the electronic claim form~~expense claim forms will be required for the following: **preparation time, decision writing, review, cancellations, exceptional circumstances, and/or travel expenses~~,~~.** Claim forms must include copies of relevant receipts. Committee support staff will verify and approve submissions. Payments will be made by electronic funds transfer. ~~and, where payments are to be made, receive payment by electronic funds transfer.~~

Please reach out to committee support staff for guidance or email remuneration policy questions to Vera Patterson, ~~Executive Assistant, at (416) 847-8241 or~~Governance Coordinator (vpatterson@ocpinfo.com).

Remuneration Policy

General

The basis of serving on the College's Board of Directors or ~~Committees~~committees, working groups or task forces is to uphold the mandate of protecting the public and should be viewed as public service. Therefore, ~~any~~ remuneration ~~that may be paid~~ is not expected to be competitive with the marketplace or the individual's usual occupational compensation.

Basis of Remuneration: Business of the College

In general, remuneration is based on ~~such functions or tasks are those which~~conducting the **business of the College**, e.g., tasks ~~are~~ ~~performed~~ undertaken within the context of formal meetings of the Board of Directors or committees, ~~or Committees, or a statutory~~ a hearing or review conducted by an adjudicative ~~Committee~~committee~~.~~, and where applicable, ~~Where applicable,~~ preparation time and the writing of decisions ~~are included~~. However, depending on the mandate of the College, such "business" may also include attending conferences or public forums which are directly related to the business of the College and the individual's assigned functions or tasks. To be eligible for remuneration, attending such activities (e.g., conferences) requires prior approval from the Board Chair and Registrar/CEO.

Eligible Payments

Eligible payments to individuals have been established in this Policy in accordance with College ~~by~~By-~~law~~ Law~~No. 6~~. They include a per diem honorarium for meeting attendance (submitted on behalf of attendees by staff) and reimbursement of necessary and reasonable expenses ~~actually~~ incurred in conducting the business of the College, such as travel costs, accommodation~~,~~ and meals (submitted individually).

Government Taxes / Payment Account Set-Up

~~Honoraria paid is taxable under the *Income Tax Act*. Thus, to receive remuneration (honoraria and/or expenses); individuals are required to provide their Social Insurance Number to the College by completing a TD1/TD1ON **form.** Reimbursement for expenses incurred is not generally subject to taxation.~~A per diem honorarium is taxable under the *Income Tax Act* and

~~The CRA has determined that, for *tax purposes*,~~ remuneration ~~received~~ is considered income from employment. ~~This means that~~Individuals will:

- ~~At the end of the calendar year, you will receive a T4 slip issued by the College.~~
- ~~Remuneration is provided to the individual only and not to an incorporated company or charity.~~
- ~~You will be required to p~~Provide the College with ~~your~~ a social insurance number (SIN).~~.~~
- ~~All members are required to~~C ~~c~~omplete ~~a~~ TD1 and ~~/~~TD1ON forms for the purposes of withholding tax.~~.~~
- Receive a T4 slip at the end of the year.
- ~~~~

~~Your services are not considered to be taxable supplies and you should not charge Harmonized Sales Tax (HST) on your services.~~**Individuals will receive access to a secure, online self-service portal where they can view paystubs, tax slips, enter or upload TD1 tax forms, banking information and a mailing address.**

Please note:

- Reimbursement for incurred expenses is not generally subject to taxation.
- Harmonized Sales Tax (HST) should not be charged as services are not considered to be taxable supplies.

- ~~~~

Assignment of ~~Honoraria~~Honoraria

Honoraria are~~Honoraria is~~ payable **only** to the individual and~~; it~~ may not be directly ~~"assigned"~~paid to a third party~~, that is, (to~~ another individual~~, or a~~ business or corporate entity). However, should an individual wish to do so, they are at liberty to donate any honoraria payable or received to a charitable organization of their choice and receive a tax receipt, as applicable.

Per Diem H~~H~~onorari~~a~~um

A p~~Remuneration for part-time Directors and appointees must be on a per diem basis. P~~er diem~~s~~ honorarium is ~~are~~ generally based on ~~7~~ seven (7) hours of work. A per diem honorarium is the amount that is payable for conducting the formal business of the College (e.g., attending a meeting or

hearing). When less than three (3) hours of work is involved, one half of the established per diem rate will be paid. **Only one per diem ~~payment~~ honorarium can be ~~made~~ paid for a calendar day.**

Position	Criteria	2024 Per Diem Rate	
Elected Members of Board of Directors or Committee Appointees	Applicable when conducting the business of the College.	1 Day:	$285
		<3 hours:	$142.50

Annually the per diem rate will be ~~be increased by~~ adjusted by ~~the~~a percentage increase, if any, rounded to the nearest $5.00, as ~~in the~~listed in the consumer price index for goods and services ~~in Ontario~~ (Ontario All Items, September~~all items~~) ~~as~~ published by Statistics Canada or any successor organization. ~~The~~ **A schedule with ~~for the the annual per~~ per diem honorarium amount and summary of expenses ~~and mileage, meals and hotel amounts~~ is appended to this ~~document~~Policy ~~and updated .~~ ~~as needed.~~**

Attendance and Deliberation

~~Where a single-day proceeding concludes earlier than its scheduled duration, individuals may be remunerated equal to the scheduled duration.~~

~~H~~Staff will track and submit a register ~~onoraria may be claimed for attendance~~on behalf of attendees for per diem honoraria for attendance and for deliberation.

Please note:

- ~~W~~, ~~preparation, decision-writing and/or deliberation time for meetings of the Board of Directors and Committees. Specific conditions apply to remuneration for preparation, decision-writing, and deliberation time, which are outlined in subsequent sections.~~ here a single day proceeding concludes earlier than its scheduled duration, individuals may be remunerated equal to the scheduled duration.
- A register for time undertaken to deliberate following completion of a statutory hearing of the Discipline Committee will be submitted by staff on behalf of attendees.
- A deliberation register will only be submitted if the panel of the committee conducting a statutory hearing is required to schedule additional meeting time on a different day to complete the statutory hearing process (e.g., due to the length of the hearing day or need to review complex and lengthy submissions).
- Deliberation time is compensated at the standard per diem rate **up to a maximum of one per diem per matter.** “Per matter” is interpreted as per file and is not based on duration.

Please refer to specific conditions which apply to individual claims for **preparation** and **decision-writing** outlined in the following section. A remuneration and expenses form must be completed and submitted for these activities by individual attendees.

In general, honoraria may be claimed for the activities listed in **Chart 1**.

Chart 1: Claims for Honoraria

Committee	Attendance (staff complete)	Preparation (individual claim)	Decision Writing/Review (individual claim)	Deliberation (staff complete)
Board of Directors	✓	✓		
Inquiries, Complaints and Reports Committee (ICRC)	✓	✓	✓	
Executive Committee	✓	✓		
Fitness to Practice Committee	✓	✓	✓	
Patients Relations Committee	✓	✓		
Quality Assurance Committee	✓	✓		
Registration Committee	✓	✓	✓	
Accreditation Committee	✓	✓		
Discipline Committee Meetings	✓	✓		
Discipline Committee Hearings	✓	✓	✓	✓
Standing Committees	✓	✓		
Ad-~~Hoc~~hoc (Special) Committees~~Committees~~ and all other meetings (task forces, working groups)	✓			

Attendance Honoraria Rates Payable – Other Meetings and Activities

Participation in training and educational seminars, lunch and learns, workshops and conferences ~~is~~are remunerated on the basis of the standard per diem rate as amended from time to time. In most cases, attendance registers will be submitted ~~-~~on behalf of attendees; if unsure, please contact the staff

resource. Additional expenses above and beyond, such as travel, will require an individual expense claim. Additional exceptions apply as outlined in Policy 4.10 Approval of Board Chair Remuneration and Expenses (designated as “OTHER” in the expense form).

Electronic Meetings

From time to time, fFor reasons of convenience, economy and/or timeliness, the Colleges has transitioned to may hold meetingshosting many meetings via electronically interactive electronic communication media (e.g., by telephone or videoconference)(e.g. videoconference using MS Teams). As long as such electronic meetings represent aA duly constituted electronic meeting of the Board of Directors, or a committees, or if an individual is representing the College on official College business, the attending or participatinattendeesg individual maywill receive an request payment of attendance honorarium.

The amount payable for "attendance" at an electronic meetings is based on the applicable per diem rate for the member and Committee. **No payment, other than the applicable per diem honorarium may be claimed in respect of electronic meetings.** Where any expenses are incurred in respect of electronic meetings (such as personal long-distance telephone, or internet charges), such expenses are the responsibility of and reimbursable by the College upon presentation of the required documentation.

Preparation, Decision-Writing, Deliberation and Cancellation Honoraria

Preparation Time

While being fully prepared to conduct College business is a normal requirement and expectation for board directors and committee appointees, payment for time is not an entitlement. However, tThe College recognizeses however that,that in some instances (e.g., such as, multi-day meetings, or dealing with or when dealing with highly specialized, technical information), a Boardboard director, Committee committee or panel member may be required to dedicate more time than usual to prepare properly to discharge her or his duty.

In all cases, pPreparation time is remunerated based on the standard per diem rate**.** Individuals may request honoraria for preparation time for meetings of the College's Board of Directors and committees.

For budgetary reasons, honoraria is not available for preparation time for other committees or activities at this time. Except for preparation time for the Inquiries, Complaints and Reports Committee (ICRC) meetings and Discipline Committee Hearings, individuals may request honoraria for preparation time actually undertakenundertaken, as set out in **Chart 2**. An honorarium is not currently available for preparation time for other committees or activities.

Chart 2: Preparation Honoraria

Meeting of:	Meeting Duration	Remuneration Rate
Board of Directors and all statutory and standing ~~Committees~~ committees *EXCEPT* ~~the~~ Inquiries, Complaints and Reports Committee (ICRC) and Discipline Committee *Hearings (see below)*	For each scheduled half-~~-~~day meeting ~~day~~ (up to 3 hours)	Up to one-half (50%) per diem
	For each scheduled full-~~-meeting~~ day meeting (greater than 3 hours)	Up to one (100%) per-~~-~~ diem

Inquiries, Complaints, and Reports Committee (ICRC)

Determination of the amount of preparation time claimable by ICRC members is based on ~~Committee~~ workload data, specifically~~,~~ the number of matters considered. ~~The committee staff support is required~~ Committee support staff will~~to~~ ~~confirm~~ review and approve preparation expense claims against the number of inquiries, complaints and reports considered at each meeting~~ on your claim~~. The remuneration rate is outlined in **Chart 3**.

Chart 3: Inquiries, Complaints and Reports Committee – Preparation Honoraria

Inquiries, Complaints and Reports considered per meeting	Remuneration rate
25 or less	Up to 1 per diem
26 to 35	Up to 2 per diems
36 to 50	Up to 3 per diems
Greater than 50	Up to 4 per diems

Discipline Committee Hearings

Preparation is not generally required for Discipline Committee Hearings. The College recognizes, however, that there are specific circumstances when members of a Discipline Committee panel are required to prepare for a hearing (i.e. in advance of motions, review of transcripts prior to a continuation, etc.). Where applicable, preparation for Discipline Committee Hearings may be payable **up to a maximum of one per ~~Diem~~diem~~,~~ per matter**.

Decision Writing

To facilitate effective decision writing, the College, at its discretion, compensates individuals for decision writing ~~appointed to~~for adjudicative committees or panels dealing with matters of professional misconduct, proprietary misconduct, incompetence, or incapacity~~ for decision writing~~.

Remuneration for the time required to prepare, review and draft decisions is available only to individuals who are:

- assigned to committees which are statutorily mandated to adjudicate matters (complaints, allegations, or charges) relating to the professional misconduct, incompetence or incapacity of College registrants; and
- assigned the responsibility of preparing and drafting the ~~Committee's~~ committee's decision by the ~~Committee~~ committee chair.

Remuneration is not available for the time required to draft or type ~~Committee~~ committee reports or minutes, regardless of the nature of the committee, or for drafting or editing College newsletters, communiques, or other publications.

Decision writing time is compensated at the standard per diem rate. Individuals may request honoraria for decision writing time undertaken, as applicable, **up to a maximum of one per diem per matter**. “Per matter” is interpreted as per file and is not based on duration.

~~Deliberation~~

~~Compensation for time required to deliberate following completion of a statutory hearing of the Discipline Committee may be claimed only if the panel of the Committee conducting a statutory hearing is required (by the length of the hearing day or need to review complex and lengthy submissions) to schedule *additional meeting time* on a different day to complete the statutory hearing process. In claiming honoraria for deliberation time, the individual must specify the hearing or hearings involved (such information is public information).~~

~~Deliberation time is compensated at the standard per diem rate. Individuals may request honoraria for deliberation time undertaken, **up to a maximum of one per diem per matter.** “Per matter” is interpreted as per file and not based on duration.~~

Exceptional Circumstances (preparation, deliberation and/or decision writing)

Individuals must be recompensed in a consistent manner. As such, exceptional circumstances requiring diversion from the parameters of this Policy are expected to be infrequent. Deviation from the parameters of this Policy cannot be approved on a sustained/long-term basis. Please reach out to your staff resource for committee specific guidance (e.g. Discipline Committee).

Any request for remuneration which exceeds the parameters of this Policy must be accompanied with a written explanation of the exceptional circumstances involved from the ~~Chair~~ Committee Chair ~~of the Committee~~ to the Governance Coordinator, who shall report exceptions to the Registrar & CEO and Board Chai~~r of the Boar~~d~~d~~.

Cancellation of Scheduled Hearings and Meetings

In general, payment of honoraria is contingent upon attendance for the purposes of College business. The College recognizes, however, that from time to time, individuals may suffer a loss of income or the opportunity to earn income, as well as an offsetting per diem, as a result of having made a commitment and arranged one's activities to attend a meeting or hearing which is subsequently cancelled ~~at~~ on short notice or adjourned/terminated in process.

While attempting to mitigate such situations, the College reminds individuals that they should not expect to be fully compensated for all loss of income and inconvenience arising from the cancellation of a scheduled meeting. It is expected that upon notification of a cancellation, all reasonable attempts will be made to mitigate the loss of income and expenses for that period. Individuals are also encouraged to consider *waiving the cancellation honoraria* where there has been no actual loss of either income or opportunity to earn income.

Where the individual is requested and makes arrangements to attend a College meeting ~~of the College a review~~ or hearing of a statutory committee for which an honorarium is normally payable, and ~~such meeting, review or hearing~~it is cancelled by the College, the individual may request payment of honoraria on the basis outlined in **Chart 4**.

In all cases, cancellation payments will be made at the standard per diem rate.

If an individual has received remuneration from some other source (e.g., salaried employment) during the period for which the cancellation honorarium would have been claimed, ~~she/he~~they shall neither request nor receive any payment for cancellation.

Individuals who have made unchangeable travel arrangements and, thereby, have incurred non-refundable travel costs, will be reimbursed for out-of-pocket expenses.

Due to specific and unique circumstances, an individual expense claim form submission is required and will not be automatically submitted by staff for cancellations.

Preparation Time for Cancelled Meetings

In general, if an individual has undertaken and would normally claim for preparation time with respect to a meeting that is cancelled, ~~she or he~~they may request payment for such preparation time with respect to the original scheduled meeting date, or with respect to the date of the rescheduled review/hearing, **but not both**, if the meeting is rescheduled for a date within 30 days of the original cancellation date.

In cases where a hearing or review is adjourned to be continued at a later date for the purposes of securing more information and/or reviewing new information or submissions, it may be appropriate to request additional preparation time.

However, such requests must be accompanied by a written explanation.

Chart 4: Cancellation Honoraria

Meeting	Condition of Cancellation	Allowable Claim

Board of Directors Meetings	• Notice of meeting published to public; and • Meeting cancelled three (3) or less business days prior to published start date.	Maximum of one (1) per diem.
Statutory adjudicative committees except Discipline Committee Hearings	• Formal notice of meeting issued by College; and • Meeting cancelled three (3) or less business days prior to scheduled start time.	Maximum of one (1) per diem.
Discipline Committee Hearings	• Formal notice of Hearing was issued to parties; and • Hearing cancelled/-adjourned three (3) or less business days prior to schedule start time.	Maximum of one (1) per diem. Hearing must be identified on the claim.
	• Hearing adjourned in-process and no other business can be substituted.	The per diem that would have been payable for the adjourned day. If multi-day hearing was scheduled, up to one (1) additional per diem.
Other ~~Statutory~~ statutory and ~~S~~standing ~~Committees~~committees, ~~excluding electronic meetings~~	• Formal notice of meeting was issued by the College; and • Meeting is cancelled three (3) or less business days prior to scheduled start time.	Maximum of one (1) per diem.
~~Electronic (such as teleconference) meetings or a~~Special Committees, task	• Not applicable.	No claim allowed.

Guidance for Per Diem Honoraria Claims

Directors and Appointees are expected to exercise professional judgement when submitting their claims.

If the combined preparation and attendance time for a meeting was less than 3 hours, it would be expected that only one half-day per diem claim for attendance would be submitted by staff, rather than an individual also submitting a claim for preparation, adding up to a full day per diem or 7 hours of work.

Honoraria should only be claimed for actual time spent on College activities. If one hour each is spent on three individual activities, please only claim one half-day per diem total, listing the activities in the comments section of the claim form.

Expenses

Summary of Allowable Expenses

This section is intended for use by ~~Directors~~board directors, committee ~~A~~appointees, and staff to clarify expectations for submission and verification of expense claims.

Where applicable, the College will reimburse for authorized, necessary, and reasonable expenses actually incurred while carrying out College business. Reimbursement is based on the amount expended up to any maximum allowed for a specific type of expense under the guidelines provided herein.

The guiding principles for reimbursement include:

- Fiscal responsibility – ensure registrant dollars are used prudently and responsibly~~ility~~ with a focus on accountability and transparency.
- Expenses for travel, meals and hospitality support the College's ~~objectives~~mandate; and
- Plans for travel, meals, accommodation, and hospitality are necessary and economical with due regard for health and safety.

Claimants must:

- Complete the most current version of the remuneration and expenses~~claim~~ form electronically.
- Submit receipts with all claims. Where the receipt is not available, a written explanation must be provided to explain why the receipt is unavailable and a description itemizing and confirming the expenses must be provided.
- Submit the claims promptly after the expense is incurred, within five (5) business days of the meeting, hearing or other~~;~~. ~~claims must be submitted within four (4) months after the meeting/hearing to be eligible for reimbursement.~~
- Submit claims for expenses before leaving the position within the organization.

Approvers must:

- Provide approval only for expenses that were necessarily incurred in the performance of College business; and
- Provide approval only for claims that include all appropriate documentation.

Transportation

Individuals are required to choose the most efficient and ~~, effective and/or~~ economical mode of transportation to and from in-person meetings. ~~-~~While modes of transportation other than the most economical may be used for reasons of personal convenience, reimbursement will be based on the most economical and practical mode of transportation. ~~Time of t~~Travel dates and times ~~is~~are expected to be arranged within a reasonable timeframe of scheduled College meetings.

When rail or air travel is required for meetings which are regularly scheduled, or ~~scheduled for enough in~~with adequate ~~-~~advanced notice to allow it, individuals are encouraged to pre-book their travel to take advantage of ~~discount~~ reduced ~~or excursion~~ fares.

- **Public Transit:** Local public transportation including hotel/airport shuttles (such as the Union-Pearson Express) is strongly encouraged and should be used wherever possible.
- **Train:** Travel by train is permitted when it is the most practical and economic way to travel. A coach class economy fare is standard.

Only in limited circumstances is business class travel acceptable, ~~any~~ and only with prior approval[1], such as:

- ~~The need to work with a team;~~
- Choosing a travel time that allows individuals~~you~~ to reduce expenditures on meals or accommodation (e.g. compare a~~m~~n economy (coach) class ticket plus a meal, with the cost of the ticket for VIA1, where the meal is included);
- Accommodation requirements; and/or
- Health and safety considerations.

Where a business class ticket is more economical than the economy fare, a copy of the economy fare to substantiate the claim of the fare should be provided.

Where possible, individuals should book or reserve seats in advance to take advantage of lower fares.

Taxis / Ride Sharing Apps (Uber, Lyft)

Prior approval[1] to use a taxi or ride sharing should be obtained whenever possible. ~~–~~These may be justified in cases where:

- Group travel is more economical than the total cost of having individuals travel separately by public transit or shuttle; or
- Taking a car allows individuals~~you~~ to meet an unusually tight schedule for meetings.

Taxis or ride sharing may not be used to commute to and from the College ~~to work or home~~ except under exceptional circumstances; for instance:

- Weather; health or safety conditions indicate it is the best, appropriate option; or
- Transport of work-related baggage or parcels is required.

The use of airport limousines should be avoided in place of regular city taxis, ride sharing and airport shuttles.

Air Travel

Air travel is permitted if it is the most practical and economical way to travel. ~~-~~Economy (coach) class is the standard option for ticket purchase.

Toronto is served by two major airports: Toronto Pearson (YYZ) and Billy Bishop (YTZ).~~-~~ Individuals are encouraged to ensure that their air travel is purchased at the most economical rate with consideration of~~to~~ transportation changes/distance to the College.

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[1] Prior approval should be sought from the ~~staff resource to the Committee or the Chair or the Committee~~staff resource.

Rental Cars

When renting a vehicle, a compact model or its equivalent is required. Any exceptions must be:

- Documented and approved by Registrar/CEO prior to the rental if possible; and
- Guided by the principal that the rental vehicle is the most economical and practical size, taking into account the business purpose, number of occupants and safety (including weather) considerations.

Luxury and sports vehicles are prohibited. To avoid higher gasoline charges, refuel the rental car before returning it.

Personal Vehicles

Where a personally owned vehicle is used, the individual will be reimbursed at the mileage rates established, providing that the radius of the distance between the individual's residence and the meeting site exceeds 40 km (i.e. is greater than 40 km one-way). Lesser distances are considered to be travel undertaken as part of a normal workday. Individuals who reside in the Greater Toronto Area (GTA) are encouraged to use available public transit to travel to and from the College.

The College assumes no financial responsibility for personal vehicles. The College will, however, pay the kilometric rate if an individual is using their own vehicle for College business.

If individuals should consider using a rental vehicle. If driving a personal vehicle for more than five days within a single calendar month – even if not exceeding 200 kilometers in a single day – individuals should consider lower cost options, such as vehicle rental or video conferencing.

Reimbursement rates for using a personal vehicle are based on the automobile allowance rates published by the Canadian Revenue Agency (CRA). Rates are calculated to include gas, repairs, and insurance, as well as wear and tear on the vehicle. The College reserves the right to review the cost effectiveness of this model of reimbursement. The schedule for the annual per diem amount and mileage, meals and hotel amounts is appended to this document and updated as needed.

Parking & Tolls

Reimbursement is provided for necessary and reasonable expenditures on parking, as well as for tolls for bridges, ferries, and highways, when driving on College business. Parking expenses will be reimbursed at the most economical available rate. Valet parking is not generally permitted. Parking costs incurred as part of a regular commute will not be reimbursed.

Traffic Violations, Insurance & Vehicle Repair

There is no reimbursement for traffic or parking violations. Under no circumstances will individuals be reimbursed for the cost of vehicle repairs incurred because of vehicle breakdowns or accidents which occur while travelling on College business. Individuals using personal vehicles for College business are responsible for ensuring that their insurance coverage includes business use of the vehicle. Car insurance expenses are not reimbursable.

Accommodations

Individuals who are required to travel ~~out of town~~ and stay overnight to attend to College business may be accommodated in a hotel for the duration of the trip. However, hotel accommodation is not generally provided for~~to~~ individuals who reside within a radius of 40 km of the meeting site. Individuals who reside in the Greater Toronto Area (GTA) are encouraged to use available public transit to travel to and from the College without the need for overnight accommodation.

Hotels

Individuals travelling on College business are encouraged to stay at a College recommended hotel where favourable corporate rates have been negotiated. When booking please quote the "Ontario College of Pharmacists" to be eligible for these rates. ~~-~~The College's usage will be tracked, and the rates will be renegotiated at the end of the year~~,~~ based on that usage. The schedule for the annual per diem amount and mileage, meals and hotel amounts is appended to this ~~document~~ Policy and updated as needed.

Many hotels in Toronto offer preferential rates for frequent travelers and individuals~~you~~ may wish to investigate these when making ~~your~~ reservations. Also, there are many websites that offer last-minute discounts, and ~~you~~individuals may ~~sometimes~~ get a better rate simply by booking on~~-~~line. In all cases, reimbursement will be made for single accommodation at a standard room rate.

Individuals are welcome to stay in the hotel of their choice but the maximum the College will reimburse expenses will be based on the maximum amount on the annual negotiated hotel price list.

Under no circumstances will travel agent fees be paid.

Hotel internet charges (such as ~~WiFi~~Wi-Fi or network charges) are to be incurred only where required to conduct College business.

Airbnb or other Peer-to-Peer Rentals

Use of Airbnb lodging is strictly~~ at~~ at an individual's ~~the~~ personal discretion ~~of the Board Directors and Committee members a~~and ~~is at your own~~ risk. ~~-~~The College does not assume any responsibility for the individual's decision to use these services.

Accommodation expenses

Under no circumstances will individuals be reimbursed for the cost of entertainment (alcohol, videos or pay movies), or for personal services (dry cleaning, personal grooming items, etc.). Such items should be deducted from hotel bills prior to submission for payment.

Private Homes

Private stays with friends or family are acceptable and encouraged. A cash payment or gift may be provided to the friends or family:

- A maximum of $50 per night is allowed for accommodation including any meals with friends or family, in lieu of commercial accommodation. Instead of a receipt, ~~you must submit~~ a written

explanation must be submitted describing the purpose of the trip, identifying the host and the number of days. ~~you stayed.~~

- The $50 value may be given in the form of a small gift (which must be accompanied by a receipt) or by cash, e-transfer or cheque.

Meals

Individuals may be reimbursed for ~~the~~ meal expenses incurred while engaged on College business, providing the individual is away from ~~her/his~~their residence or place of employment~~; on College business;~~ and the meal (or meals) are not already provided as a part of the business process or transportation. Reimbursement for meals is an expense and not an additional allowance or stipend. Receipts are required to be submitted/retained for meal claims.

Reimbursement is for restaurant/prepared food only. Reimbursement for groceries must have prior approval and a written rationale must be submitted with the claim.

Reimbursement will not be provided for meals consumed at home or included in the cost of transportation, accommodation, seminars, or conferences.

Criteria for reimbursement are as follows:

- Breakfast expenses may be claimed if ~~the~~ individuals are required to depart their residence 2-hours prior to the start time of the scheduled meeting.
- Lunch may be claimed only if required to attend the College for a ~~full-day~~full day. The College will generally provide a catered lunch ~~if you attend the College~~ for a full-day meeting.
- Dinner expenses may be claimed if the formal meeting time extends beyond 4:00 p.m. and ~~when~~ the return trip from a meeting ~~usually~~ exceeds two (2) hours.

Reimbursement for meal expenses incurred is subject to a daily maximum in accordance with the amount indicated by the Canada Revenue Agency (CRA) and will require receipts to be submitted. These rates include taxes and gratuities. The schedule for the annual per diem amount and mileage, meals and hotel amounts is appended to this ~~document~~ Policy and updated as needed.

The rates are not an allowance. They are for individual meals which must have been consumed ~~- you must have eaten the meal~~ to ~~be~~ qualify for ~~able to submit a claim for~~ reimbursement.

Alcohol cannot be claimed and will not be reimbursed as part of a travel or meal expense. There are no exceptions to this rule.

Other Expenses

Personal phone calls

Wherever possible, individuals are expected to use the least expensive means of communication, such as a personal~~ly owned~~ mobile device with a long-distance plan. If away ~~you are away~~ on College business, reimbursement will made for reasonable, necessary personal calls home for each night away.

Tips/Gratuities

~~You~~ Individuals may be reimbursed for reasonable gratuities for a porter, hotel room services, and taxis. Please k~~K~~eep a record of gratuities paid.

Examples of reasonable amounts for gratuities include:

- ~~15~~ Up to 18% on a restaurant meal
- 10% on a taxi fare
- $2-$5 for housekeeping for up to two nights in a hotel, up to $10 for a longer stay
- $2-$5 per bag for a porter.

Claiming Honoraria and Expenses

Timing of Claims

Individuals are asked to submit their claims for honoraria and expenses within five (5) business days of the event (meeting, panel hearing or other). In any case, the claim must be submitted for payment **no later than four (4) months after the meeting/hearing, etc. to be eligible for reimbursement**. The College will *not* consider claims received after this period for retroactive payment.

All claims relating to the period immediately before the end of the College's fiscal year (**December 31st**) must be submitted **within two weeks of that date** so that they are eligible for payment out of that fiscal year's allocation.

Claim Forms

Claims for ~~honoraria and~~ expenses must be submitted on the appropriate form (see **Appendix 2**) to the College directly. **Claim forms must be completed electronically** ~~and electronically signed by the individual~~ and must have a copy of receipts (please retain ~~your~~ original receipts for reference if needed). Failure to use the required form and attach required receipts will delay processing.

Please note that the claim form is periodically updated. Current claim forms will be available on the electronic ~~Board P~~portal.

Receipts

Reimbursement will be made only for expenses actually incurred. Therefore, it is essential that receipts are submitted along with ~~your~~individual claim forms.

Claim Processing

Where the College's accounting staff have all necessary approved claims and receipts, staff will process completed claims. The College provides remuneration payments in accordance with the bi-weekly pay schedule. Reimbursement is made via electronic funds transfer directly to the individual.

Electronic Funds Transfer (EFT)

Payment is made only by Electronic Funds Transfer (Direct Deposit). ~~See Appendix 3 for the EFT application.~~

Banking information can be provided securely within the Self-Service Portal.

Appendix 1: Per Diem Schedule

~~Attendance and Preparation~~ Honoraria – Standard Per Diem Rates effective Jan 1, 2024

Position	Criteria	2024 Per Diem Rate	
Elected Members of Board of Directors or Committee Appointees	Applicable when conducting the business of the College.	1 Day:	$285
		<3 hours:	$142.50

~~Position~~	~~Criteria~~	~~2024 Per Diem Rate~~	
~~Elected Members of Board of Directors or Committee Appointees~~	~~Applicable when conducting the business of the College.~~	~~1 Day:~~	~~$285~~
		~~<3 hours:~~	~~$142.50~~

Personal Vehicle Reimbursement Rates

Reimbursement rates for using a personally~~your~~ owned car are based on the automobile allowance rates published by the Canadian Revenue Agency (CRA). Rates are calculated to include gas, repairs, and insurance, as well as wear and tear on the vehicle.

The automobile allowance rates currently in effect are:

- 70¢ per kilometer for the first 5,000 kilometers driven
- 64¢ per kilometer driven after that

Meal Reimbursement Rates

Reimbursement for meal expenses incurred is subject to a daily maximum as set and published by Canada Revenue Agency (CRA) and will require receipts to be submitted. These rates include taxes and gratuities.

The maximum rate currently in effect is **$69.00** per day.

Breakfast	$12

Lunch	$23
Dinner	$34

2024 Negotiated Hotel Rates

Listed below are corporate rates being offered to the College by **four** Toronto hotels**.** ***Please quote the 'Ontario College of Pharmacists' to be eligible for these rates.*** Please note that usage by the College will be tracked, and the rates will be renegotiated at the end of the year~~,~~ based on that usage.

Note for Elected Board Directors:
Many hotels in Toronto offer preferential rates for frequent travelers and individuals~~you~~ may wish to investigate these when making ~~your~~ reservations. As well, there are many websites that offer last-minute discounts, and ~~you~~individuals may ~~sometimes~~ obtain a better rate simply by booking on~~-~~line.

Note for Public Board Directors:
Please see link below for government preferred accommodations. Simply click on "Government of Canada Accommodation Directory". Then Click on the top tab "Find Hotels."

2024 ~~Accomodation~~Accommodation Search Page - Acquisitions - PWGSC (tpsgc-pwgsc.gc.ca)

Please note the Health Board Secretariat (HBS) does not guarantee any contract amount ~~you~~individuals have with a hotel. Public Directors are required to "choose the most cost-effective accommodation" at the time they are booking, as set out in Ministry's Travel, Meal and Hospitality Expenses Directive.

Hotel List

Kimpton Saint George
280 Bloor St W, Toronto, ON M5S 1V8
Booking URL – Ontario College of Pharmacists
~~You can a~~Also make bookings by calling 1-877-660-8550 and quoting the OCP Corporate ID: 100287833

Standard room rates:

January 1 – April 30, 2024	$279.00 (plus applicable taxes)
May 1 – May 31, 2024	~~———~~$319.00 (plus applicable taxes
June 1 – September 30, 2024	~~———~~$329.00 (plus applicable taxes)
October 1 – December 31, 2024	$289.00 (plus applicable taxes)

Blackout dates:
Feb 2-3, Mar 3-6, June 21-22, Aug 2-3, Sept 5-7, Nov 14-16 and Nov 21-23

Royal Sonesta
220 Bloor St W, Toronto, ON M5S 1T8
To book a room, please contact Ashish Shetty at ashish.shetty@sonesta.com or by phone at 416-324-5925.

Standard room rates:

January 1 – March 31, 2024	$269.00 (plus applicable taxes)
April 1 – May 31, 2024	~~———~~$289.00 (plus applicable taxes)
June 1 – August 30, 2024	$319.00 (plus applicable taxes)

September 1 – December 30, 2024 $299.00 (plus applicable taxes)

Blackout dates:

Feb 2-3, Mar 3-5, Apr 18, June 17-19, Aug 3, Sept 6-9, Nov 14-16, Nov 21-23 and Dec 31

Holiday Inn Toronto Downtown Centre

30 Carlton St., Toronto, ON M5B 2E9

Booking URL – Ontario College of Pharmacists

~~You can a~~Also make bookings by calling 416 977-6655 or emailing reservations@hitorontodowntown.ca and quoting 'Ontario College of Pharmacists'. If you are have ANY issues or are unable to acquire our corporate rate or the hotel is sold out please contact Sean Purcell directly at s.purcell@hitorontodowntown.ca and he will do his best to assist.

Standard room rates:

January 1 – March 31, 2024	$204.00 (plus applicable taxes)
April 1 – October 31, 2024	$259.00 (plus applicable taxes)
November 1 – December 30, 2024	$204.00 (plus applicable taxes)

Blackout dates:

$399 Premium Rate will apply for Jan 19-20, Feb 2-3, Mar 2-6, June 22-27, Aug 3-4, Sept 12-14 & 19-20, Nov 16 & 23 and Dec 31

Chelsea Hotel

33 Gerrard Street West, Toronto, Ontario M5G 1Z4

Booking URL: Ontario College of Pharmacists

~~You can a~~Also make bookings by calling 1-800-243-5732 and quoting "Ontario College of Pharmacists".

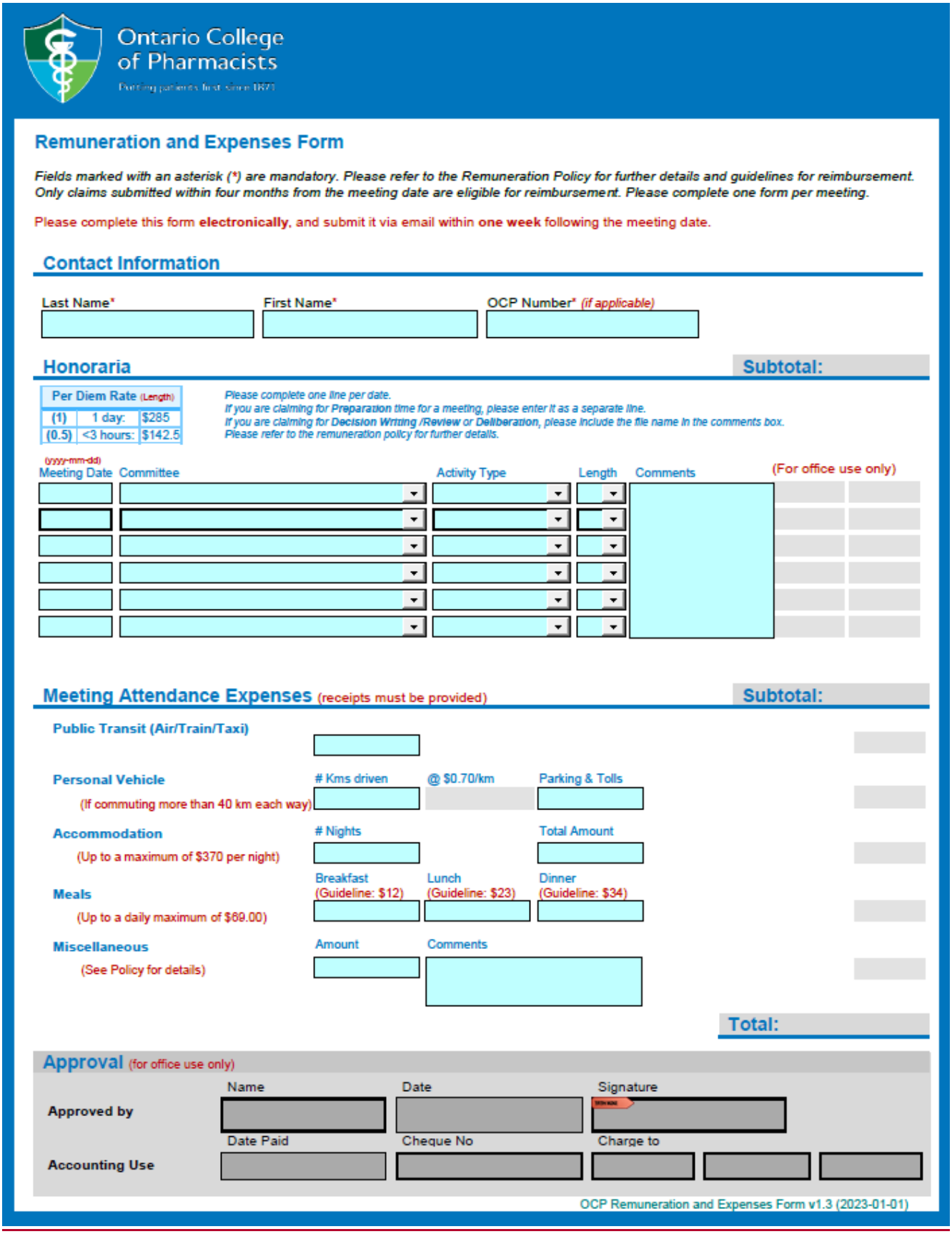
Standard room rates:

January 1 – March 31, 2024	$201.00 (plus applicable taxes)
April 1 – October 31, 2024	$239.00 (plus applicable taxes)
November 1 – December 31, 2024	$201.00 (plus applicable taxes)

Blackout dates:

Mar 3-5, May 21-22, June 10-12, Aug 2-3 and Sept 26-28

Appendix 2: Per Diem Honorarium ~~Report~~ Claim Form



Ontario College of Pharmacists

Putting patients first since 1871

Remuneration and Expenses Form

Fields marked with an asterisk (*) are mandatory. Please refer to the Remuneration Policy for further details and guidelines for reimbursement. Only claims submitted within four months from the meeting date are eligible for reimbursement. Please complete one form per meeting.

Please complete this form **electronically**, and submit it via email within **one week** following the meeting date.

Contact Information

Last Name* | First Name* | OCP Number* *(if applicable)*

Honoraria — Subtotal:

Per Diem Rate (Length)		
(1)	1 day:	$285
(0.5)	<3 hours:	$142.5

Please complete one line per date.
If you are claiming for Preparation time for a meeting, please enter it as a separate line.
If you are claiming for Decision Writing /Review or Deliberation, please include the file name in the comments box.
Please refer to the remuneration policy for further details.

Meeting Date (yyyy-mm-dd)	Committee	Activity Type	Length	Comments	(For office use only)	

Meeting Attendance Expenses (receipts must be provided) — Subtotal:

Public Transit (Air/Train/Taxi)

Personal Vehicle (If commuting more than 40 km each way): # Kms driven | @ $0.70/km | Parking & Tolls

Accommodation (Up to a maximum of $370 per night): # Nights | Total Amount

Meals (Up to a daily maximum of $69.00): Breakfast (Guideline: $12) | Lunch (Guideline: $23) | Dinner (Guideline: $34)

Miscellaneous (See Policy for details): Amount | Comments

Total:

Approval (for office use only)

	Name	Date	Signature
Approved by			

	Date Paid	Cheque No	Charge to		
Accounting Use					

OCP Remuneration and Expenses Form v1.3 (2023-01-01)

Ontario College of Pharmacists

Putting patients first since 1871

Remuneration and Expenses Form

Fields marked with an asterisk (*) are mandatory. Please refer to the Remuneration Policy for further details and guidelines for reimbursement. Only claims submitted within four months from the meeting date are eligible for reimbursement. Please complete one form per meeting.

Please complete this form **electronically**, and submit it via email within **one week** following the meeting date.

Contact Information

Last Name* | First Name* | OCP Number* *(if applicable)*

Honoraria — Subtotal:

Per Diem Rate (Length)		
(1)	1 day:	$285
(0.5)	<3 hours:	$142.5

Please complete one line per date.
*If you are claiming for **Preparation** time for a meeting, please enter it as a separate line.*
*If you are claiming for **Decision Writing /Review** or **Deliberation**, please include the file name in the comments box.*
Please refer to the remuneration policy for further details.

Meeting Date (yyyy-mm-dd)	Committee	Activity Type	Length	Comments	(For office use only)	

Meeting Attendance Expenses (receipts must be provided) — Subtotal:

Public Transit (Air/Train/Taxi)

Personal Vehicle (If commuting more than 40 km each way): # Kms driven | @ $0.70/km | Parking & Tolls

Accommodation (Up to a maximum of $370 per night): # Nights | Total Amount

Meals (Up to a daily maximum of $69.00): Breakfast (Guideline: $12) | Lunch (Guideline: $23) | Dinner (Guideline: $34)

Miscellaneous (See Policy for details): Amount | Comments

Total:

Approval (for office use only)

	Name	Date	Signature
Approved by			

	Date Paid	Cheque No	Charge to		
Accounting Use					

OCP Remuneration and Expenses Form v1.3 (2023-01-01)

Ontario College of Pharmacists

Putting patients first since 1871

Remuneration Policy & Summary of Allowable Expenses

Effective September 15, 2024

Applicable to Elected Directors of the Board of Directors, Professional and Lay Committee Appointees, Working Group and Task Force Members

Policies are reviewed and updated at minimum every three years.

Contents

Introduction

Application and Scope

This Remuneration Policy ("Policy") is intended to apply to:

- **Elected Board Directors:** individuals who are elected to the Board of Directors at the Ontario College of Pharmacists (OCP); and
- **Committee Appointees:** professional committee appointees (registrants) and lay committee appointees (non-registrants) appointed by the Board of Directors to a committee, working group or task force.

Public Board Directors should refer to the Ministry's Remuneration Framework and contact the Health Boards Secretariat for more information.

Individuals selected to serve on an operationally focused ad-hoc working group, task force or advisory group, not appointed by the Board of Directors, should refer to the College's Honoraria and Expense Policy for External Service Providers.

Purpose

This Policy is intended for use by board directors, committee appointees and the College to clarify the parameters for payment of per diem honoraria for performing the business of the College. This Policy also addresses reimbursement for eligible expenses. The College issues a schedule of honoraria and expense reimbursement limits at the commencement of the Board year (appended to this Policy), and when any amendments come into effect.

Effective Date

This Policy is effective **September 15, 2024** and replaces all previous practices relating to reimbursement and may be subject to change pursuant to resolution by the OCP Board of Directors. Supplementary policy statements, guidelines or amendments may be issued.

Conditions of Election to the Board and Committee Appointment

Acceptance of election or appointment indicates acceptance of the conditions of this Policy.

All elected and appointed positions are part-time and paid on a per diem basis. The College is responsible for paying honoraria and expenses to board directors and committee appointees, pursuant to applicable statutory provisions and the resolution established by the College, including procedures set out in this Policy.

Process Summary and College Contact

College staff will track and complete a register for meeting attendance and for deliberation on behalf of attendees.

Individual expense claim forms will be required for the following: **preparation time, decision writing, review, cancellations, exceptional circumstances, and/or travel expenses.** Claim forms must

include copies of relevant receipts. Committee support staff will verify and approve submissions. Payments will be made by electronic funds transfer.

Please reach out to committee support staff for guidance or email remuneration policy questions to Vera Patterson, Governance Coordinator (vpatterson@ocpinfo.com).

Remuneration Policy

General

The basis of serving on the College's Board of Directors or committees, working groups or task forces is to uphold the mandate of protecting the public and should be viewed as public service. Therefore, remuneration is not expected to be competitive with the marketplace or the individual's usual occupational compensation.

Basis of Remuneration: Business of the College

In general, remuneration is based on conducting the **business of the College**, e.g., tasks undertaken within the context of formal meetings of the Board of Directors or committees, a hearing or review conducted by an adjudicative committee, and where applicable, preparation time and the writing of decisions. However, depending on the mandate of the College, such "business" may also include attending conferences or public forums which are directly related to the business of the College and the individual's assigned functions or tasks. To be eligible for remuneration, attending such activities (e.g., conferences) requires prior approval from the Board Chair and Registrar/CEO.

Eligible Payments

Eligible payments to individuals have been established in this Policy in accordance with College By-Law. They include a per diem honorarium for meeting attendance (submitted on behalf of attendees by staff) and reimbursement of necessary and reasonable expenses incurred in conducting the business of the College, such as travel costs, accommodation and meals (submitted individually).

Government Taxes / Payment Account Set-Up

A per diem honorarium is taxable under the *Income Tax Act* and remuneration is considered income from employment. Individuals will:

- Provide the College with a social insurance number (SIN).
- Complete TD1 and TD1ON forms for the purposes of withholding tax.
- Receive a T4 slip at the end of the year.

Individuals will receive access to a secure, online self-service portal where they can view paystubs, tax slips, enter or upload TD1 tax forms, banking information and a mailing address.

Please note:

- Reimbursement for incurred expenses is not generally subject to taxation.
- Harmonized Sales Tax (HST) should not be charged as services are not considered to be taxable supplies.

Assignment of Honoraria

Honoraria are payable **only** to the individual and may not be directly paid to a third party (another individual, business or corporate entity). However, should an individual wish to do so, they are at liberty to donate any honoraria payable or received to a charitable organization of their choice and receive a tax receipt, as applicable.

Per Diem Honorarium

A per diem honorarium is generally based on seven (7) hours of work. A per diem honorarium is the amount that is payable for conducting the formal business of the College (e.g., attending a meeting or hearing). When less than three (3) hours of work is involved, one half of the established per diem rate will be paid. **Only one per diem honorarium can be paid for a calendar day.**

Position	Criteria	2024 Per Diem Rate	
Elected Members of Board of Directors or Committee Appointees	Applicable when conducting the business of the College.	1 Day:	$285
		<3 hours:	$142.50

Annually the per diem rate will be adjusted by a percentage increase, if any, rounded to the nearest $5.00, as listed in the consumer price index for goods and services (Ontario All Items, September) published by Statistics Canada or any successor organization. **A schedule with the per diem honorarium amount and summary of expenses is appended to this Policy.**

Attendance and Deliberation

Staff will track and submit a register on behalf of attendees for per diem honoraria for attendance and for deliberation.

Please note:

- Where a single day proceeding concludes earlier than its scheduled duration, individuals may be remunerated equal to the scheduled duration.
- A register for time undertaken to deliberate following completion of a statutory hearing of the Discipline Committee will be submitted by staff on behalf of attendees.
- A deliberation register will only be submitted if the panel of the committee conducting a statutory hearing is required to schedule additional meeting time on a different day to complete the statutory hearing process (e.g., due to the length of the hearing day or need to review complex and lengthy submissions).
- Deliberation time is compensated at the standard per diem rate **up to a maximum of one per diem per matter.** “Per matter” is interpreted as per file and is not based on duration.

Please refer to specific conditions which apply to individual claims for **preparation** and **decision-writing** outlined in the following section. A remuneration and expenses form must be completed and submitted for these activities by individual attendees.

In general, honoraria may be claimed for the activities listed in **Chart 1**.

Chart 1: Claims for Honoraria

Committee	Attendance (staff complete)	Preparation (individual claim)	Decision Writing/Review (individual claim)	Deliberation (staff complete)
Board of Directors	✓	✓		
Inquiries, Complaints and Reports Committee (ICRC)	✓	✓	✓	
Executive Committee	✓	✓		
Fitness to Practice Committee	✓	✓	✓	
Patients Relations Committee	✓	✓		
Quality Assurance Committee	✓	✓		
Registration Committee	✓	✓	✓	
Accreditation Committee	✓	✓		
Discipline Committee Meetings	✓	✓		
Discipline Committee Hearings	✓	✓	✓	✓
Standing Committees	✓	✓		
Ad-hoc (Special) Committees and all other meetings (task forces, working groups)	✓			

Attendance Honoraria Rates Payable – Other Meetings and Activities

Participation in training and educational seminars, lunch and learns, workshops and conferences are remunerated on the basis of the standard per diem rate as amended from time to time. In most cases, attendance registers will be submitted on behalf of attendees; if unsure, please contact the staff resource. Additional expenses above and beyond, such as travel, will require an individual expense

claim. Additional exceptions apply as outlined in Policy 4.10 Approval of Board Chair Remuneration and Expenses (designated as “OTHER” in the expense form).

Electronic Meetings

For reasons of convenience, economy and timeliness, the College has transitioned to hosting many meetings electronically (e.g. videoconference using MS Teams). A duly constituted electronic meeting of the Board of Directors, committees, or if an individual is representing the College on official business, attendees will receive an attendance honorarium.

The amount payable for attendance at an electronic meeting is based on the applicable per diem rate. **No payment, other than the applicable per diem honorarium may be claimed in respect of electronic meetings.** Where any expenses are incurred in respect of electronic meetings (such as personal long-distance telephone, or internet charges), such expenses are the responsibility of and reimbursable by the College upon presentation of the required documentation.

Preparation, Decision-Writing and Cancellation Honoraria

Preparation Time

While being fully prepared to conduct College business is a requirement and expectation for board directors and committee appointees, payment for time is not an entitlement. The College recognizes however that in some instances (e.g., multi-day meetings, or dealing with highly specialized technical information), a board director, committee or panel member may be required to dedicate more time than usual to prepare.

Preparation time is remunerated based on the standard per diem rate**.** Except for preparation time for the Inquiries, Complaints and Reports Committee (ICRC) meetings and Discipline Committee Hearings, individuals may request honoraria for preparation time undertaken as set out in **Chart 2**. An honorarium is not currently available for preparation time for other committees or activities.

Chart 2: Preparation Honoraria

Meeting of:	Meeting Duration	Remuneration Rate
Board of Directors and all statutory and standing committees *EXCEPT* Inquiries, Complaints and Reports Committee (ICRC) and Discipline Committee *Hearings (see below)*	For each scheduled half-day meeting (up to 3 hours)	Up to one-half (50%) per diem
	For each scheduled full-day meeting (greater than 3 hours)	Up to one (100%) per diem

Inquiries, Complaints, and Reports Committee (ICRC)

Determination of the amount of preparation time claimable by ICRC members is based on workload data, specifically the number of matters considered. Committee support staff will review and approve preparation expense claims against the number of inquiries, complaints and reports considered at each meeting. The remuneration rate is outlined in **Chart 3**.

Chart 3: Inquiries, Complaints and Reports Committee – Preparation Honoraria

Inquiries, Complaints and Reports considered per meeting	Remuneration rate
25 or less	Up to 1 per diem
26 to 35	Up to 2 per diems
36 to 50	Up to 3 per diems
Greater than 50	Up to 4 per diems

Discipline Committee Hearings

Preparation is not generally required for Discipline Committee Hearings. The College recognizes, however, that there are specific circumstances when members of a Discipline Committee panel are required to prepare for a hearing (i.e. in advance of motions, review of transcripts prior to a continuation, etc.). Where applicable, preparation for Discipline Committee Hearings may be payable **up to a maximum of one per diem, per matter**.

Decision Writing

To facilitate effective decision writing, the College, at its discretion, compensates individuals for decision writing for adjudicative committees or panels dealing with matters of professional misconduct, proprietary misconduct, incompetence, or incapacity.

Remuneration for the time required to prepare, review and draft decisions is available only to individuals who are:

- assigned to committees which are statutorily mandated to adjudicate matters (complaints, allegations, or charges) relating to the professional misconduct, incompetence or incapacity of College registrants; and
- assigned the responsibility of preparing and drafting the committee's decision by the committee chair.

Remuneration is not available for the time required to draft or type committee reports or minutes, regardless of the nature of the committee, or for drafting or editing College newsletters, communiques, or other publications.

Decision writing time is compensated at the standard per diem rate. Individuals may request honoraria for decision writing time undertaken, as applicable, **up to a maximum of one per diem per matter**. “Per matter” is interpreted as per file and is not based on duration.

Exceptional Circumstances (preparation, deliberation and/or decision writing)

Individuals must be recompensed in a consistent manner. As such, exceptional circumstances requiring diversion from the parameters of this Policy are expected to be infrequent. Deviation from the parameters of this Policy cannot be approved on a sustained/long-term basis. Please reach out to your staff resource for committee specific guidance (e.g. Discipline Committee).

Any request for remuneration which exceeds the parameters of this Policy must be accompanied with a written explanation of the exceptional circumstances involved from the Committee Chair to the Governance Coordinator, who shall report exceptions to the Registrar & CEO and Board Chair.

Cancellation of Scheduled Hearings and Meetings

In general, payment of honoraria is contingent upon attendance for the purposes of College business. The College recognizes, however, that from time to time, individuals may suffer a loss of income or the opportunity to earn income, as well as an offsetting per diem, as a result of having made a commitment and arranged one's activities to attend a meeting or hearing which is subsequently cancelled on short notice or adjourned/terminated in process.

While attempting to mitigate such situations, the College reminds individuals that they should not expect to be fully compensated for all loss of income and inconvenience arising from the cancellation of a scheduled meeting. It is expected that upon notification of a cancellation, all reasonable attempts will be made to mitigate the loss of income and expenses for that period. Individuals are also encouraged to consider *waiving the cancellation honoraria* where there has been no actual loss of either income or opportunity to earn income.

Where the individual is requested and makes arrangements to attend a College meeting or hearing of a statutory committee for which an honorarium is normally payable, and it is cancelled by the College, the individual may request payment of honoraria on the basis outlined in **Chart 4**.

In all cases, cancellation payments will be made at the standard per diem rate.

If an individual has received remuneration from some other source (e.g., salaried employment) during the period for which the cancellation honorarium would have been claimed, they shall neither request nor receive any payment for cancellation.

Individuals who have made unchangeable travel arrangements and, thereby, have incurred non-refundable travel costs, will be reimbursed for out-of-pocket expenses.

Due to specific and unique circumstances, an individual expense claim form submission is required and will not be automatically submitted by staff for cancellations.

Preparation Time for Cancelled Meetings

In general, if an individual has undertaken and would normally claim for preparation time with respect to a meeting that is cancelled, they may request payment for such preparation time with respect to the original scheduled meeting date, or with respect to the date of the rescheduled review/hearing, **but not both**, if the meeting is rescheduled for a date within 30 days of the original cancellation date.

In cases where a hearing or review is adjourned to be continued at a later date for the purposes of securing more information and/or reviewing new information or submissions, it may be appropriate to request additional preparation time.

However, such requests must be accompanied by a written explanation.

Chart 4: Cancellation Honoraria

Meeting	Condition of Cancellation	Allowable Claim

Board of Directors Meetings	• Notice of meeting published to public; and • Meeting cancelled three (3) or less business days prior to published start date.	Maximum of one (1) per diem.
Statutory adjudicative committees except Discipline Committee Hearings	• Formal notice of meeting issued by College; and • Meeting cancelled three (3) or less business days prior to scheduled start time.	Maximum of one (1) per diem.
Discipline Committee Hearings	• Formal notice of Hearing was issued to parties; and • Hearing cancelled/adjourned three (3) or less business days prior to schedule start time.	Maximum of one (1) per diem. Hearing must be identified on the claim.
	• Hearing adjourned in-process and no other business can be substituted.	The per diem that would have been payable for the adjourned day. If multi-day hearing was scheduled, up to one (1) additional per diem.
Other statutory and standing committees	• Formal notice of meeting was issued by the College; and • Meeting is cancelled three (3) or less business days prior to scheduled start time.	Maximum of one (1) per diem.
Special Committees, task forces, working groups, and all other ad hoc meetings	• Not applicable.	No claim allowed.

Guidance for Per Diem Honoraria Claims

Directors and Appointees are expected to exercise professional judgement when submitting their claims.

If the combined preparation and attendance time for a meeting was less than 3 hours, it would be expected that only one half-day per diem claim for attendance would be submitted by staff, rather than an individual also submitting a claim for preparation, adding up to a full day per diem or 7 hours of work.

Honoraria should only be claimed for actual time spent on College activities. If one hour each is spent on three individual activities, please only claim one half-day per diem total, listing the activities in the comments section of the claim form.

Expenses

Summary of Allowable Expenses

This section is intended for use by board directors, committee appointees, and staff to clarify expectations for submission and verification of expense claims.

Where applicable, the College will reimburse for authorized, necessary, and reasonable expenses actually incurred while carrying out College business. Reimbursement is based on the amount expended up to any maximum allowed for a specific type of expense under the guidelines provided herein.

The guiding principles for reimbursement include:

- Fiscal responsibility – ensure registrant dollars are used prudently and responsibly with a focus on accountability and transparency.
- Expenses for travel, meals and hospitality support the College's mandate; and
- Plans for travel, meals, accommodation, and hospitality are necessary and economical with due regard for health and safety.

Claimants must:

- Complete the most current version of the remuneration and expenses form electronically.
- Submit receipts with all claims. Where the receipt is not available, a written explanation must be provided to explain why the receipt is unavailable and a description itemizing and confirming the expenses must be provided.
- Submit the claims promptly after the expense is incurred, within five (5) business days of the meeting, hearing or other.
- Submit claims for expenses before leaving the position within the organization.

Approvers must:

- Provide approval only for expenses that were necessarily incurred in the performance of College business; and
- Provide approval only for claims that include all appropriate documentation.

Transportation

Individuals are required to choose the most efficient and economical mode of transportation to and from in-person meetings. While modes of transportation other than the most economical may be used for reasons of personal convenience, reimbursement will be based on the most economical and practical mode of transportation. Travel dates and times are expected to be arranged within a reasonable timeframe of scheduled College meetings.

When rail or air travel is required for meetings which are regularly scheduled, or with adequate advanced notice to allow it, individuals are encouraged to pre-book their travel to take advantage of reduced fares.

- **Public Transit:** Local public transportation including hotel/airport shuttles (such as the Union-Pearson Express) is strongly encouraged and should be used wherever possible.
- **Train:** Travel by train is permitted when it is the most practical and economic way to travel. A coach class economy fare is standard.

Only in limited circumstances is business class travel acceptable, and only with prior approval[1], such as:

- Choosing a travel time that allows individuals to reduce expenditures on meals or accommodation (e.g. compare an economy (coach) class ticket plus a meal, with the cost of the ticket for VIA1, where the meal is included);
- Accommodation requirements; and/or
- Health and safety considerations.

Where a business class ticket is more economical than the economy fare, a copy of the economy fare to substantiate the claim of the fare should be provided.

Where possible, individuals should book or reserve seats in advance to take advantage of lower fares.

Taxis / Ride Sharing Apps (Uber, Lyft)

Prior approval[1] to use a taxi or ride sharing should be obtained whenever possible. These may be justified in cases where:

- Group travel is more economical than the total cost of having individuals travel separately by public transit or shuttle; or
- Taking a car allows individuals to meet an unusually tight schedule for meetings.

Taxis or ride sharing may not be used to commute to and from the College except under exceptional circumstances, for instance:

- Weather; health or safety conditions indicate it is the best, appropriate option; or
- Transport of work-related baggage or parcels is required.

The use of airport limousines should be avoided in place of regular city taxis, ride sharing and airport shuttles.

Air Travel

Air travel is permitted if it is the most practical and economical way to travel. Economy (coach) class is the standard option for ticket purchase.

Toronto is served by two major airports: Toronto Pearson (YYZ) and Billy Bishop (YTZ). Individuals are encouraged to ensure that their air travel is purchased at the most economical rate with consideration of transportation changes/distance to the College.

[1] Prior approval should be sought from the staff resource.

Rental Cars

When renting a vehicle, a compact model or its equivalent is required. Any exceptions must be:

- Documented and approved by Registrar/CEO prior to the rental if possible; and
- Guided by the principal that the rental vehicle is the most economical and practical size, taking into account the business purpose, number of occupants and safety (including weather) considerations.

Luxury and sports vehicles are prohibited. To avoid higher gasoline charges, refuel the rental car before returning it.

Personal Vehicles

Where a personally owned vehicle is used, the individual will be reimbursed at the mileage rates established, providing that the radius of the distance between the individual's residence and the meeting site exceeds 40 km (i.e. is greater than 40 km one-way). Lesser distances are considered to be travel undertaken as part of a normal workday. Individuals who reside in the Greater Toronto Area (GTA) are encouraged to use available public transit to travel to and from the College.

The College assumes no financial responsibility for personal vehicles. The College will, however, pay the kilometric rate if an individual is using their own vehicle for College business.

If driving more than 200 kilometers in a day, individuals should consider using a rental vehicle. If driving a personal vehicle for more than five days within a single calendar month – even if not exceeding 200 kilometers in a single day – individuals should consider lower cost options, such as vehicle rental or videoconferencing.

Reimbursement rates for using a personal vehicle are based on the automobile allowance rates published by the Canadian Revenue Agency (CRA). Rates are calculated to include gas, repairs, and insurance, as well as wear and tear on the vehicle. The College reserves the right to review the cost effectiveness of this model of reimbursement. The schedule for the annual per diem amount and mileage, meals and hotel amounts is appended to this document and updated as needed.

Parking & Tolls

Reimbursement is provided for necessary and reasonable expenditures on parking, as well as for tolls for bridges, ferries, and highways, when driving on College business. Parking expenses will be reimbursed at the most economical available rate. Valet parking is not generally permitted. Parking costs incurred as part of a regular commute will not be reimbursed.

Traffic Violations, Insurance & Vehicle Repair

There is no reimbursement for traffic or parking violations. Under no circumstances will individuals be reimbursed for the cost of vehicle repairs incurred because of vehicle breakdowns or accidents which occur while travelling on College business. Individuals using personal vehicles for College business are responsible for ensuring that their insurance coverage includes business use of the vehicle. Car insurance expenses are not reimbursable.

Accommodations

Individuals who are required to travel and stay overnight to attend to College business may be accommodated in a hotel for the duration of the trip. However, hotel accommodation is not generally provided for individuals who reside within a radius of 40 km of the meeting site. Individuals who reside in the Greater Toronto Area (GTA) are encouraged to use available public transit to travel to and from the College without the need for overnight accommodation.

Hotels

Individuals travelling on College business are encouraged to stay at a College recommended hotel where favourable corporate rates have been negotiated. When booking please quote the “Ontario College of Pharmacists” to be eligible for these rates. The College’s usage will be tracked, and the rates will be renegotiated at the end of the year based on that usage. The schedule for the annual per diem amount and mileage, meals and hotel amounts is appended to this Policy and updated as needed.

Many hotels in Toronto offer preferential rates for frequent travelers and individuals may wish to investigate these when making reservations. Also, there are many websites that offer last-minute discounts, and individuals may get a better rate simply by booking online. In all cases, reimbursement will be made for single accommodation at a standard room rate.

Individuals are welcome to stay in the hotel of their choice but the maximum the College will reimburse expenses will be based on the maximum amount on the annual negotiated hotel price list.

Under no circumstances will travel agent fees be paid.

Hotel internet charges (such as Wi-Fi or network charges) are to be incurred only where required to conduct College business.

Airbnb or other Peer-to-Peer Rentals

Use of Airbnb lodging is strictly at an individual’s personal discretion and risk. The College does not assume any responsibility for the individual’s decision to use these services.

Accommodation expenses

Under no circumstances will individuals be reimbursed for the cost of entertainment (alcohol, videos or pay movies), or for personal services (dry cleaning, personal grooming items, etc.). Such items should be deducted from hotel bills prior to submission for payment.

Private Homes

Private stays with friends or family are acceptable and encouraged. A cash payment or gift may be provided to the friends or family:

- A maximum of $50 per night is allowed for accommodation including any meals with friends or family, in lieu of commercial accommodation. Instead of a receipt, a written explanation must be submitted describing the purpose of the trip, identifying the host and the number of days.

- The $50 value may be given in the form of a small gift (which must be accompanied by a receipt) or by cash, e-transfer or cheque.

Meals

Individuals may be reimbursed for meal expenses incurred while engaged on College business, providing the individual is away from their residence or place of employment and the meal (or meals) are not already provided as a part of the business process or transportation. Reimbursement for meals is an expense and not an additional allowance or stipend. Receipts are required to be submitted/retained for meal claims.

Reimbursement is for restaurant/prepared food only. Reimbursement for groceries must have prior approval and a written rationale must be submitted with the claim.

Reimbursement will not be provided for meals consumed at home or included in the cost of transportation, accommodation, seminars, or conferences.

Criteria for reimbursement are as follows:

- Breakfast expenses may be claimed if individuals are required to depart their residence 2-hours prior to the start time of the scheduled meeting.
- Lunch may be claimed only if required to attend the College for a full day. The College will generally provide a catered lunch for a full-day meeting.
- Dinner expenses may be claimed if the formal meeting time extends beyond 4:00 p.m. and the return trip from a meeting exceeds two (2) hours.

Reimbursement for meal expenses incurred is subject to a daily maximum in accordance with the amount indicated by the Canada Revenue Agency (CRA) and will require receipts to be submitted. These rates include taxes and gratuities. The schedule for the annual per diem amount and mileage, meals and hotel amounts is appended to this Policy and updated as needed.

The rates are not an allowance. They are for individual meals which must have been consumed to qualify for reimbursement.

Alcohol cannot be claimed and will not be reimbursed as part of a travel or meal expense. There are no exceptions to this rule.

Other Expenses

Personal phone calls

Wherever possible, individuals are expected to use the least expensive means of communication, such as a personal mobile device with a long-distance plan. If away on College business, reimbursement will made for reasonable, necessary personal calls home for each night away.

Tips/Gratuities

Individuals may be reimbursed for reasonable gratuities for a porter, hotel room services, and taxis. Please keep a record of gratuities paid.

Examples of reasonable amounts for gratuities include:

- Up to 18% on a restaurant meal
- 10% on a taxi fare
- $2-$5 for housekeeping for up to two nights in a hotel, up to $10 for a longer stay
- $2-$5 per bag for a porter.

Claiming Honoraria and Expenses

Timing of Claims

Individuals are asked to submit their claims for honoraria and expenses within five (5) business days of the event (meeting, panel hearing or other). In any case, the claim must be submitted for payment **no later than four (4) months after the meeting/hearing, etc. to be eligible for reimbursement**. The College will *not* consider claims received after this period for retroactive payment.

All claims relating to the period immediately before the end of the College's fiscal year (**December 31st**) must be submitted **within two weeks of that date** so that they are eligible for payment out of that fiscal year's allocation.

Claim Forms

Claims for expenses must be submitted on the appropriate form (see **Appendix 2**) to the College directly. **Claim forms must be completed electronically** and must have a copy of receipts (please retain original receipts for reference if needed). Failure to use the required form and attach required receipts will delay processing.

Please note that the claim form is periodically updated. Current claim forms will be available on the electronic portal.

Receipts

Reimbursement will be made only for expenses actually incurred. Therefore, it is essential that receipts are submitted along with individual claim forms.

Claim Processing

Where the College's accounting staff have all necessary approved claims and receipts, staff will process completed claims. The College provides remuneration payments in accordance with the bi-weekly pay schedule. Reimbursement is made via electronic funds transfer directly to the individual.

Electronic Funds Transfer (EFT)

Payment is made only by Electronic Funds Transfer (Direct Deposit). Banking information can be provided securely within the Self-Service Portal.

Appendix 1: Per Diem Schedule

Honoraria – Standard Per Diem Rates effective Jan 1, 2024

Position	Criteria	2024 Per Diem Rate	
Elected Members of Board of Directors or Committee Appointees	Applicable when conducting the business of the College.	1 Day:	$285
		<3 hours:	$142.50

Personal Vehicle Reimbursement Rates

Reimbursement rates for using a personally owned car are based on the automobile allowance rates published by the Canadian Revenue Agency (CRA). Rates are calculated to include gas, repairs, and insurance, as well as wear and tear on the vehicle.

The automobile allowance rates currently in effect are:

- 70¢ per kilometer for the first 5,000 kilometers driven
- 64¢ per kilometer driven after that

Meal Reimbursement Rates

Reimbursement for meal expenses incurred is subject to a daily maximum as set and published by Canada Revenue Agency (CRA) and will require receipts to be submitted. These rates include taxes and gratuities.

The maximum rate currently in effect is **$69.00** per day.

Breakfast	$12
Lunch	$23
Dinner	$34

2024 Negotiated Hotel Rates

Listed below are corporate rates being offered to the College by **four** Toronto hotels**.** ***Please quote the 'Ontario College of Pharmacists' to be eligible for these rates.*** Please note that usage by the College will be tracked, and the rates will be renegotiated at the end of the year based on that usage.

Note for Elected Board Directors:
Many hotels in Toronto offer preferential rates for frequent travelers and individuals may wish to investigate these when making reservations. As well, there are many websites that offer last-minute discounts, and individuals may obtain a better rate simply by booking online.

Note for Public Board Directors:
Please see link below for government preferred accommodations. Simply click on "Government of Canada Accommodation Directory". Then Click on the top tab "Find Hotels."

2024 Accommodation Search Page - Acquisitions - PWGSC (tpsgc-pwgsc.gc.ca)

Please note the Health Board Secretariat (HBS) does not guarantee any contract amount individuals have with a hotel. Public Directors are required to "choose the most cost-effective accommodation" at the time they are booking, as set out in Ministry's Travel, Meal and Hospitality Expenses Directive.

Hotel List

Kimpton Saint George
280 Bloor St W, Toronto, ON M5S 1V8
Booking URL – Ontario College of Pharmacists
Also make bookings by calling 1-877-660-8550 and quoting the OCP Corporate ID: 100287833

Standard room rates:

January 1 – April 30, 2024	$279.00 (plus applicable taxes)
May 1 – May 31, 2024	$319.00 (plus applicable taxes
June 1 – September 30, 2024	$329.00 (plus applicable taxes)
October 1 – December 31, 2024	$289.00 (plus applicable taxes)

Blackout dates:
Feb 2-3, Mar 3-6, June 21-22, Aug 2-3, Sept 5-7, Nov 14-16 and Nov 21-23

Royal Sonesta
220 Bloor St W, Toronto, ON M5S 1T8
To book a room, please contact Ashish Shetty at ashish.shetty@sonesta.com or by phone at 416-324-5925.

Standard room rates:

January 1 – March 31, 2024	$269.00 (plus applicable taxes)
April 1 – May 31, 2024	$289.00 (plus applicable taxes)
June 1 – August 30, 2024	$319.00 (plus applicable taxes)
September 1 – December 30, 2024	$299.00 (plus applicable taxes)

Blackout dates:
Feb 2-3, Mar 3-5, Apr 18, June 17-19, Aug 3, Sept 6-9, Nov 14-16, Nov 21-23 and Dec 31

Holiday Inn Toronto Downtown Centre
30 Carlton St., Toronto, ON M5B 2E9
Booking URL – Ontario College of Pharmacists
Also make bookings by calling 416 977-6655 or emailing reservations@hitorontodowntown.ca and quoting 'Ontario College of Pharmacists'. If you are have ANY issues or are unable to acquire our corporate rate or the hotel is sold out please contact Sean Purcell directly at s.purcell@hitorontodowntown.ca and he will do his best to assist.

Standard room rates:

January 1 – March 31, 2024	$204.00 (plus applicable taxes)
April 1 – October 31, 2024	$259.00 (plus applicable taxes)
November 1 – December 30, 2024	$204.00 (plus applicable taxes)

Blackout dates:
$399 Premium Rate will apply for Jan 19-20, Feb 2-3, Mar 2-6, June 22-27, Aug 3-4, Sept 12-14 & 19-20, Nov 16 & 23 and Dec 31

Chelsea Hotel

33 Gerrard Street West, Toronto, Ontario M5G 1Z4
Booking URL: Ontario College of Pharmacists
Also make bookings by calling 1-800-243-5732 and quoting “Ontario College of Pharmacists”.

Standard room rates:

January 1 – March 31, 2024	$201.00 (plus applicable taxes)
April 1 – October 31, 2024	$239.00 (plus applicable taxes)
November 1 – December 31, 2024	$201.00 (plus applicable taxes)

Blackout dates:

Mar 3-5, May 21-22, June 10-12, Aug 2-3 and Sept 26-28

Appendix 2: Per Diem Honorarium Claim Form

Ontario College of Pharmacists

Putting patients first since 1871

Remuneration and Expenses Form

Fields marked with an asterisk (*) are mandatory. Please refer to the Remuneration Policy for further details and guidelines for reimbursement. Only claims submitted within four months from the meeting date are eligible for reimbursement. Please complete one form per meeting.

Please complete this form **electronically**, and submit it via email within **one week** following the meeting date.

Contact Information

Last Name* | First Name* | OCP Number* *(if applicable)*

Honoraria — Subtotal:

Per Diem Rate (Length)		
(1)	1 day:	$285
(0.5)	<3 hours:	$142.5

Please complete one line per date.
*If you are claiming for **Preparation** time for a meeting, please enter it as a separate line.*
*If you are claiming for **Decision Writing /Review** or **Deliberation**, please include the file name in the comments box.*
Please refer to the remuneration policy for further details.

Meeting Date (yyyy-mm-dd)	Committee	Activity Type	Length	Comments	(For office use only)	

Meeting Attendance Expenses (receipts must be provided) — Subtotal:

Public Transit (Air/Train/Taxi)

Personal Vehicle (If commuting more than 40 km each way): # Kms driven | @ $0.70/km | Parking & Tolls

Accommodation (Up to a maximum of $370 per night): # Nights | Total Amount

Meals (Up to a daily maximum of $69.00): Breakfast (Guideline: $12) | Lunch (Guideline: $23) | Dinner (Guideline: $34)

Miscellaneous (See Policy for details): Amount | Comments

Total:

Approval (for office use only)

	Name	Date	Signature
Approved by			

	Date Paid	Cheque No	Charge to		
Accounting Use					

OCP Remuneration and Expenses Form v1.3 (2023-01-01)

BOARD BRIEFING NOTE

MEETING DATE: December 9 - 10, 2024

FOR DECISION

From: Katya Masnyk, Director, Policy, Engagement and Strategy Implementation

Topic: Payer-Directed Care Models (Preferred Provider Networks (PPNs)

Issue: In July 2024, the Board approved a zero-tolerance position statement regarding the College's response to the potential risk of harm caused by closed PPNs and other payer-directed care models.[1] Following the establishment of this statement, an evidence brief has been completed and a policy analysis conducted to inform Board discussion on regulatory options in response to the concerns about such models. Board approval of the strategic direction and regulatory options is required in order to inform next steps and priorities for the College.

Public Interest Rationale: An evidence review has identified potential patient harms associated with payer-directed care models, including limiting patient choice and respect for patient autonomy, increasing patient inequities, disruption of continuity of care and limiting access to care. Ethical and equity issues have also been identified.

Strategic alignment, regulatory processes, and actions: Providing direction and guidance on payer-directed care models 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:

Payer-directed care models are arrangements between a pharmacy and a payer (any combination of pharmacy benefit manager (PBM), employer, and insurer) that involve the payer placing limits on what pharmacy a person (patient) can use for certain prescription medications. These models were historically used for high-priced specialty medications and biologics but are becoming increasingly common. An evidence review (full report available upon request) identified concerns that payer-directed care models can have a negative impact on patients. When payer policies require patients to switch to a pharmacy different from their usual pharmacy, continuity of care is affected and can impact patients' ability to access care close to home. Decreased patient compliance with treatment plans, and resulting decreased health outcomes can result. Perhaps most importantly, taking the care decision away from the patient violates patient autonomy, a core principle of ethical care. These concerns are exacerbated by the equity issues already prevalent in society.

The College is considering what regulatory responses are warranted to address the increasing trend towards the application of payer-directed care models in pharmacy. The topic was discussed by the Board in March 2024, where the Board committed to a series of steps in response to these concerns, including in the short term, drafting a formal **position statement**, and in the longer term, considering **regulatory changes.** The Board proceeded to pass the

[1] For the purposes of this Briefing Note, the use of the term "payer-directed care models" 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. Closed PPNs are a subset of payer-directed care models where the terms of contractual agreements between the payer and the provider are not publicly shared.

following position statement in July 2024: "*Closed PPNs (and other payer-directed care models) pose potential risk of harm to patients, contravene established ethical principles guiding the profession and are in conflict with standards of quality patient care. As Ontario's pharmacy regulator, the OCP has no tolerance for any payment or reimbursement model involving pharmacies and pharmacy professionals that puts patients at risk, disregards patient autonomy, or that gets in the way of a pharmacy professionals' duty to put patient interests first.*"

As a next step to inform the College's response to this position statement, a comprehensive policy analysis and discussion paper has been prepared (see Attachment 15.1). A condensed analysis is provided below.

Analysis:

A right-touch regulation approach was used to analyze regulatory options. This included following the Professional Standards Authority's step-by-step approach to decision-making (outline below) on a possible regulatory response(s) (see pages 5-7 of the Policy Options Discussion Paper for the right-touch analysis model): [2]

Stage 1: Determining whether a response is warranted:

To confirm and validate the requirement for a regulatory response, the analysis began with an evidence review to assess the potential risk of harm associated with payer-directed care models and confirm the role of the pharmacy. The evidence review determined that payer-directed care models may be associated with harm related to access and continuity of care, less than optimal treatment outcomes, ethical considerations (violating patient autonomy and informed consent processes), and equity (potential heightened concerns for equity-seeking groups, older patients and rural patients). It was also determined that in all payer-directed care models, the pharmacy, and possibly the pharmacist, plays an active role, both as the point of care delivery, and in the development and execution of contractual agreements.

Next, to validate the College's response, an analysis was conducted to explore whether pharmacists and pharmacies participating in these models are breaching the College's current Standards of Practice, Code of Ethics, or Regulations. The harmful activities that have been identified include at a minimum: a) inhibiting continuity and access to care (by steering patients from their local pharmacy); b) threatening autonomy over pharmacy care; and c) questionable informed consent processes. Payer-directed care models also raise concerns regarding unprofessional behaviour and conflict of interest where pharmacist-Directors or owners who negotiate contractual agreements with PPNs may be in breach of pharmacy misconduct regulations. (see pp 13 -18 of the Policy Options Discussion Paper for an overview of the analysis).

Stage 2: Identifying the regulatory mechanisms available:

The next phase involved determining possible regulatory options available, starting by articulating the College's desired outcomes. The College has a duty to serve and protect the public interest, assure the quality of the practice of the profession, and maintain standards of professional ethics. The following outcomes for the regulatory response were identified:

- Minimize patient harm associated with payer-directed care models, including consideration of impact on equity and ethics; and
- Maintain continued confidence that pharmacists and pharmacies are providing safe, high-quality care according to professional standards.

[2] Professional Standards Authority, Right Touch Regulation, October 2015. https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf?sfvrsn=16. Accessed July 12, 2024.

Meeting these outcomes should be the primary goal of the College's regulatory response; however, it is also important to consider the unintended consequences that could result from OCP's actions. To achieve these outcomes, several options are available to the College that can be classified into two main strategies:
A) Regulate the models themselves; or
B) Regulate the activities of the models that could cause harm. These strategies are described below.

Strategy A: Regulate the models themselves:

- The College could aim to control the operation of payer-directed care models by explicitly defining **participation in payer-directed models as new grounds for proprietary and/or professional misconduct**[3].

PRO

- Enforceable from a discipline perspective,
- Allows the College to demonstrate the zero-tolerance approach expressed in its position statement.

CON:

- Challenging from an implementation perspective as it requires identifying the specific types of payer-directed care models that qualify as grounds for misconduct. Appropriate payer-directed models exist (including the province's Ontario Drug Benefit Program);
- New and evolving business models will require constant monitoring to maintain a list of what is permissible versus not;
- May have unintended consequences as some PPNs allow patients to have access to medications that would otherwise be unaffordable (e.g., some specialty pharmacy models).
- **Use existing grounds (heads) of misconduct**: The College could aim to control/prohibit the operation of payer-directed care models by building a case against owners, corporate Directors or Designated Managers using existing grounds of misconduct related to conflict of interest.

PRO:

- Wouldn't necessitate the lengthy process required for creating an addition to the misconduct regulation.

CON:

- Without specific wording linking PPNs explicitly to conflicts of interest, this option may be unenforceable in most cases. Current grounds of misconduct are insufficient in many circumstances.
- **Use of Interim Orders:** The Accreditation Committee of the College also has the legislated authority through the *DPRA*[4] to issue an Interim Order directing the Registrar to suspend, or to impose terms, conditions or limitations on a certificate of accreditation, if it is of the opinion that the conduct or operation of a pharmacy is likely to expose a patient, or a member of the public, to harm or injury. This

[3] **Proprietary misconduct** in pharmacy is an action or omission that goes against the professional and ethical standards for operating a pharmacy. The Drug and Pharmacies Regulation Act (DPRA) outlines what is considered proprietary misconduct. **Misconduct under The Pharmacy Act** is Engaging in conduct or performing an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional. Misconduct under the Pharmacy Act relates to the actions or practice of an individual registrant, rather than to the actions of operating a pharmacy.
[4] *DPRA*, s. 140 (2.0.1).

option exists but requires a high bar to enact. Risks of harm or injury would need to be imminent and very explicit and backed by strong, compelling evidence. Further, the Accreditation Committee, as all statutory Committees of the College, acts independently from the OCP Board.

Strategy B: Regulate the activities of the models that are harmful:
Rather than prohibiting or regulating the models themselves, the College could regulate the *activities* associated with the models that have been determined to be harmful to patients. This could include developing or strengthening restrictions on patient steering through conflict of interest or unprofessional behaviour policies and/or identifying the key activities that pharmacists and pharmacies must uphold to participate in these models (e.g. choice, informed consent, and a fair exception process). This approach remains consistent with the Board's current zero tolerance position and allows for explicit delineation of acceptable versus unacceptable *activities* of payer-directed care models – initially through policy, and through regulation in the longer term. Implementation of this approach would require careful monitoring to ensure these activities are being adhered to.

Options for how to implement each of these strategies have been developed, and are listed below (see pp 20-26 of the Policy Options Discussion Paper for a detailed description):

REGULATORY OPTIONS - SUMMARY

Strategy A: Regulate the models themselves

- Define participation in payer-directed care models as proprietary or professional misconduct
  a. Expand on existing Conflict of Interest or Unprofessional Behaviour provisions
  b. Define payer-directed care as a separate ground for misconduct

Strategy B: Regulate the activities of the models that are harmful

- Preserving continuity and access to care: Develop restrictions on patient steering (through conflict of interest or unprofessional behaviour provisions)
- Retaining autonomy: Clarify the expectations for autonomy over choice of pharmacy
- Ensuring consent: Establish clear informed consent and health insurance literacy requirements
- Ensure compliance with all other Standards of Practice (e.g., delivery of medications).

	Strategy A: Regulate the models	**Strategy B: Regulate the activities**
PROS	❖ Easier to enforce (does not require determining whether the action is a conflict of interest or unprofessional, as it would be defined in regulation) ❖ Stronger impact	❖ Patient-focused, targeted approach, as it addresses harmful activities instead of the business models themselves ❖ More focused on OCP mandate ❖ Adaptive to evolution of business models, as it is focused on elements of harm, not specific models. ❖ Potentially faster implementation
CONS	• Reputational risk (without considering business	❖ Harder to enforce (requires oversight)

	repercussions, could result in unintended consequences) • Difficult to define which models apply • Regulatory risk and possible legal challenge (may be perceived as going beyond the mandate of OCP) • Does not address PBMs or vertically integrated models[5]	❖ Some may argue response is not strong enough as it would likely be more limited in overall effectiveness

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Stages 3 and 4: Analysis of Options and other Considerations:

Identified regulatory options were analyzed and assessed for their: feasibility; potential impact on desired outcomes; unintended consequences; reputational risk; and regulatory risk. Next, considerations were made regarding what external changes may be required, beyond the College's direct mandate (see pages 27 to 30 of the Policy Options Discussion Paper).

A comprehensive review of the broad and inter-connected nature of all the partners involved in payer-directed care has identified several additional areas to consider. Although the College does not have direct oversight of these changes, there may be ways to partner and support these changes, for the sake of public protection:

- **Insurance providers**: Although considerations for "Any Willing Provider" legislation are being made (and the Ministry of Finance has recently led a consultation on this topic), this approach is a pharmacy (vs. patient)-driven solution. It relies on a patient's existing pharmacy to "sign up" for the PPN model, and if a pharmacy does not choose to opt-in to the model, the issues with continuity of care and autonomy remain. To establish expectations of the insurance providers, the College could consider advocating for changes to *the Insurance Act*, similar to those in Quebec, which require that "no group insurance contract or employee benefit plan may restrict a beneficiary's freedom to choose a pharmacist." Focusing on patient choice may be more consistent with OCP's mandate.[6]
- **Pharmacy Benefit Managers (PBMs)**: PBMs are the intermediaries between the pharmacy and the drug insurance plan. Vertical consolidation of the PBM and the pharmacy, whereby PBMs are acquiring licenses to operate as a pharmacy, allows them to "steer" patients to the pharmacies they own. Patient steering by PBMs is under scrutiny by the U.S. Federal Trade Commission (FTC), which is concerned with the impact it has on prescription drug access and affordability.[7] Furthermore, the National Association of Boards of Pharmacy (NAPB, which represents the state boards of pharmacy and has a mandate of

[5] "Vertical integration" in pharmacy is when companies at different stages of the production or distribution process merge or acquire each other. In this context, this means a single company owns the insurance company, the PBM and often the pharmacy where patients are required to purchase their medications.

[6] It should also be noted that this approach would only benefit patients whose employers use insurance companies that are regulated by the Financial Services Regulatory Authority of Ontario, an independent agency that regulates financial services in Ontario, and bound to the requirements of the *Insurance Act*. Many employers have self-insured plans which would not be bound by these requirements.

[7] Federal Trade Commission, May 2023. FTC Deepens Inquiry into Prescription Drug Middlemen. https://www.ftc.gov/news-events/news/press-releases/2023/05/ftc-deepens-inquiry-prescription-drug-middlemen. Accessed September 29, 2024.

protecting the public health) has determined that part of the role currently conducted by PBMs falls within the practice of pharmacy[8] and a Task Force has confirmed that state boards of pharmacy should have some regulatory authority over PBMs. Further reflection on the interplay between PBMs and pharmacy is recommended, especially given the vertical integration taking place between them.

In our context, a vertically integrated system (such as TELUS) where patients are steered to a pharmacy that the insurer owns, appear to have the greatest conflict of interest. In addition, there are other concerns with PBMs that fall beyond the scope of pharmacy (in the US, all 50 states have enacted at least one law regulating PBM practices).[9] To address the lack of oversight of PBMs and concerns that span beyond the scope of pharmacy, the College may want to consider calling for increased government/agency oversight of PBMs.

- **System solutions**: As the College moves forward with its own regulatory response, a system-level discussion may be warranted, to maximize impact, engage stakeholders, and avoid unintended consequences. Due to the complexity, number of stakeholders, and potential patient and system impact, the College may want to support the convening of a Roundtable, facilitated by a neutral body, to discuss this topic and identify system solutions.

Stage 5: Recommendation:

Several options for how the College can proceed have been identified. It is suggested that, before formalizing the implementation plan, the Board confirm the overall strategic direction it wants to move forward with.

It is suggested that the College proceed by regulating against the activities of payer-directed care models that are harmful (Strategy B), rather than focus on the models themselves (Strategy A). Although Strategy A may have more potential for impact, and could be more enforceable from a discipline perspective, it is associated with unintended consequences, challenges identifying the specific types of payer-directed care models that would qualify, and the difficulty of keeping up with constantly evolving business models. By developing restrictions on patient steering (through conflict of interest or unprofessional behaviour provisions) and/or identifying the key elements that pharmacists and pharmacies must uphold to participate in these models (e.g. continuity of care, choice, informed consent, safe delivery and a fair exemption process), the College could take meaningful steps to protect patients from harm and assure pharmacists are meeting standards.

Recommendation:

It is recommended that College produce an implementation plan for review by the Board, based on the following considerations:

1. Rather than specifically regulating payer-directed care models (such as PPNs), the College should regulate the activities of the models that are harmful. This includes:
   - To preserve continuity and access to care, the College should consider developing restrictions on patient steering (for example, through conflict of interest or unprofessional behaviour provisions.)
   - To protect patient's rights to autonomy, the College should clarify its expectations for patient choice of pharmacy (for example, through setting clear expectations in its Standards of Operation, Code of Ethics, Standards of Operation, or Regulations).

[8] NAPB *Model Pharmacy Act*/Rules. https://nabp.pharmacy/members/board-resources/model-pharmacy-act-rules/. Accessed July 30, 2024.

[9] GAO Highlights: Selected States' Regulation of Pharmacy Benefit Managers. Government Accountability Office, March 2024. https://www.gao.gov/products/gao-24-106898. Accessed June 19, 2024.

- To ensure patient consent is meaningful, the College should establish clear informed consent requirements, including requirements for health insurance literacy.

It is also suggested that the following be considered:

2. Given payer-directed care models are a systems issue and cannot be fully addressed through regulation in pharmacy, the College should consider strongly supporting additional changes. This includes:

- To establish expectations of the insurance providers who establish payer-directed care models, the College could consider calling for changes to the *Insurance Act*, similar to those in Quebec, which require that ""no group insurance contract or employee benefit plan may restrict a beneficiary's freedom to choose a pharmacist."
- To address the lack of oversight of PBMs, which play an important role in payer-directed care models, and whose role may be within the scope of practice of pharmacy (especially those that are vertically integrated with pharmacies), the College could consider calling for pharmacy regulator oversight of PBMs.
- To address the lack of oversight of PBMs and concerns that span beyond the scope of pharmacy, the College may want to consider calling for increased government/agency oversight of PBMs.
- Due to the complexity, number of stakeholders and potential patient and system impact, the College should either call for, or convene a Roundtable, facilitated by a neutral third party, to discuss this topic and identify system solutions.

A strategic and phased multi-modal approach is recommended.

Regulatory workstream →	**Policy and Legislative change**	**Conduct Enforcement**	**Government relations**	**Education (public and registrant)**	**System solutions**
Example activities	Strengthen existing standards of practice; define specifics of conflict of interest or other misconduct through policy, Propose regulatory amendments	Continue to support potential cases for consideration by ICRC and Discipline or for the Accreditation Committee	Support legislative changes in Pharmacy Act and DPRA regulations (possibly including amendments or limits to the pre-54 charters exemptions Support changes to Insurance Act Support changes to increase oversight of PBMs	Patient and registrant health insurance literacy and knowledge of the implications of PPNs may be quite low. Consider a public education campaign to increase awareness.	Convene or support roundtable to facilitate system-wide discussions on optimal approaches
Timeframe	Short term: Current policies or standards Medium to long term: regulatory amendments	Short to medium term under existing legislation Longer term if regulatory amendments are required	Long term	Depending on the scope of these activities, this could be short-, medium- or long-term	Medium to long-term

Motion:

1) **THAT the Board approves the proposal that the College's regulatory response to payer-directed care focuses on regulating the activities of payer-directed care models that are harmful, rather than limiting its focus on the prohibition of the models themselves.**

2) **THAT the Board supports the development of a comprehensive multi-modal approach to addressing concerns with payer-directed care models**

Next Steps:

Once the Board approves the strategic direction, staff will begin execution of the multi-modal plan focus first on policy development articulating College expectations, and enforcement where breaches of existing standards of practice have taken place.

Attachments:

- 15.1 - Discussion Paper: Policy Review to Inform OCP's Regulatory Response to Payer-Directed Care. See especially:
    - Regulatory concerns and regulatory tools related to payer-directed care (pp 13-18)
    - Implementation/execution options (pp 19-26)
- 15.2 - OCP Response to Ministry of Finance regarding PPN's

POLICY REVIEW TO INFORM OCP'S REGULATORY RESPONSE TO PAYER-DIRECTED CARE

September 2024

Policy Review to inform OCP's regulatory response to payer-directed care

Contents

Executive Summary

Payer-directed care models are arrangements between a pharmacy and a payer (any combination of pharmacy benefit manager (PBM), employer, and insurer) that involve the payer placing limits on what pharmacy a person can use for certain prescription medications. Rather than having the autonomy to choose their own pharmacy, people are directed to a specific pharmacy by the agent who is paying for their medication. These models have historically been used for high-priced specialty medications and biologics but are becoming increasingly common. There is concern that payer-directed care models have a negative impact on patients. When the payer influences a patient to switch to a different pharmacy, this affects continuity of care and their ability to access care close to home. Perhaps most importantly, taking the decision away from the patient threatens their autonomy, a core principle of ethical care. These concerns are exacerbated by the equity issues already prevalent in society.

The OCP has been considering whether a regulatory response is warranted to address the increasing trend towards the application of payer-directed care models in pharmacy. The topic was discussed by the Board in March 2024, where it committed to a series of steps in response to these concerns, including in the short term, drafting a formal position statement, and in the longer term, proposing regulatory changes. The Board proceeded to pass the following position statement in July 2024: "*Closed PPNs (and other payer-directed care models) pose potential risk of harm to patients, contravene established ethical principles guiding the profession and are in conflict with standards of quality patient care. As Ontario's pharmacy regulator, the OCP has no tolerance for any payment or reimbursement model involving pharmacies and pharmacy professionals that puts patients at risk, disregards patient autonomy, or that gets in the way of a pharmacy professionals' duty to put patient interests first.*" As a next step to inform the OCP's response to this position statement, a thorough policy analysis was completed, using a right touch regulation approach.

An evidence review has determined that payer-directed care models may be associated with harm related to access and continuity of care, ethical considerations (threating autonomy and informed consent processes), and equity (potential heightened concerns for equity-seeking groups and rural patients). It has also determined that in all payer-directed care models, the pharmacy plays an active role, both as the point of care, and in the development and execution of contractual agreements.

To validate the College's response to payer-directed care models, an analysis was conducted to explore whether pharmacists and pharmacies participating in these models are contravening the College's current Standards of Practice, Code of Ethics, or Regulations. The harmful elements that have been identified include: a) inhibiting continuity and access to care (by steering patients from their local pharmacy); b) threatening autonomy over pharmacy care; and c) questionable informed consent processes.

To achieve the main outcomes of: minimizing harm and maintaining confidence that pharmacists provide care according to standards, there are various ways the College can respond, but they can be classified into two main strategies: A) Regulate the models themselves (by defining participation in these models as professional or proprietary misconduct); or B) Regulate the elements of the models that are harmful. It is suggested that the College proceed by regulating against the elements of payer-directed care models that are harmful. The College could establish requirements that pharmacists and pharmacies must uphold in order to participate in payer-directed care models.

These could include requirements that:

- Preserve continuity and access to care, by developing restrictions on patient steering;
- Allow patients to retain their autonomy over pharmacy care; and
- Establish clear informed consent requirements.

By developing restrictions on patient steering (through conflict of interest or unprofessional behaviour provisions) and/or identifying the key elements that pharmacists and pharmacies must uphold in order to participate in these models (e.g. continuity of care, choice, informed consent, and a fair exemption process), the College could take meaningful steps to protect patients from harm and assure pharmacists are meeting standards.

After reviewing the options and considerations, the following recommendation are proposed:

1. Rather than specifically regulate payer-directed care models (such as PPNs), the College should regulate the elements of the models that are harmful. This includes:

2. To preserve continuity and access to care, the College should consider developing restrictions on patient steering (for example, through conflict of interest or unprofessional behaviour provisions.)

3. To protect patients' rights to autonomy, the College should clarify its expectations for patient choice of pharmacy (for example, through setting clear expectations in its Standards of Operation, Code of Ethics, Standards of Operation, or Regulations).

4. To ensure patient consent is meaningful, the College should establish clear informed consent requirements, including requirements for health insurance literacy.

5. Given payer-directed care models are a systems issue and cannot be fully addressed through regulation in pharmacy, the College should consider advocating for additional changes. This includes:

6. To establish expectations of Insurance providers, the College could consider advocating for changes to the Insurance Act, similar to those in Quebec, which require that "no group insurance contract or employee benefit plan may restrict a beneficiary's freedom to choose a pharmacist."

7. To address the lack of oversight of PBMs, which play an important role in payer-directed care models, and whose role may be within the scope of practice of pharmacy (especially those that are vertically integrated with pharmacies), the College could consider advocating for pharmacy regulator oversight of PBMs.

8. To address the lack of oversight of PBMs and concerns that span beyond the scope of pharmacy, the College may want to consider advocating for increased government/agency oversight of PBMs.

9. Due to the complexity, number of stakeholders and potential patient and system impact, the College should advocate for convening a Roundtable, facilitated by a neutral body, to discuss this topic and identify system solutions.

Once the strategic direction is confirmed and implementation options are assessed by staff for feasibility, the College will need to determine how light/heavy the response needs to be. The response will also require long-term surveillance and enforcement, and it will be important for the College to be ready to adapt its response when needed.

1. Context and overview

Introduction

New business models have been identified as a key risk for regulators.[1] The Ontario College of Pharmacists (OCP) identified addressing business practices this as a key priority in its 2024-28 Strategic Plan, and the Board approved the following position statement in March 2024: *The College has zero tolerance for any business practices that impede pharmacy professionals' ability to provide effective and safe care to their patients*. Related to this, but more specifically, the OCP has been considering whether a regulatory response is warranted to address the increasing trend towards the application of payer-directed care models (including Preferred Provider Networks, or "PPNs") in pharmacy. This has been an issue of debate since 2018, when the OCP Board first discussed the topic. Since then, a Discipline Committee of the College has made findings of professional misconduct related to this topic,[2] and there is rising pressure and concern raised by patients, registrants, and media. The topic was discussed by the Board in March 2024, and following from this, the Board passed the following position statement in July 2024: "*Closed PPNs* (and other payer-directed care models) pose potential risk of harm to patients, contravene established ethical principles guiding the profession and are in conflict with standards of quality patient care. As Ontario's pharmacy regulator, the OCP has no tolerance for any payment or reimbursement model involving pharmacies and pharmacy professionals that puts patients at risk, disregards patient autonomy, or that gets in the way of a pharmacy professionals' duty to put patient interests first.*"

**Note*: For the purposes of the position statement, the use of the term "closed PPNs" was defined to include:

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.

Since then, the term "closed PPN" has been reframed as "payer-directed care models" to be more inclusive of the broader group of models described herein.

Problem description

Payer-directed care models are arrangements between a pharmacy and a payer (any combination of pharmacy benefit manager, employer, and insurer) that involve the payer placing limits on what pharmacy an person can use for certain prescription medications. Rather than having the autonomy to choose their own pharmacy, patients are directed to a specific pharmacy by the agent who is paying for their medication. These models have historically been used for high-priced specialty medications and biologics but are becoming increasingly common. There is concern that payer-directed care models have a negative impact on patients. When the payer influences a patient to switch to a different pharmacy, this affects continuity of care and their ability to access care close to home. Perhaps most importantly,

taking the decision away from the patient threatens their autonomy, a core principle of ethical care. These concerns are exacerbated by the equity issues already prevalent in society.

Methodology

Information was gathered from various sources to inform the analysis. First, an evidence review was conducted to determine the extent to which payer-directed care models are associated with patient harm. This included an environmental scan, followed by a literature review. To inform the regulatory response analysis, a review of other jurisdictions was conducted, to identify what others have done to address challenges related to payer-directed care. An overview of the organizations reviewed is provided in Appendix 1.

2. Review Framework

2.1 Contextual Understanding of Right-Touch Regulation

In 2010, the United Kingdom's Professional Standards Authority ("PSA") published the first version of "*Right-Touch Regulation,*"[3] proposing that the level of regulation of professionals should be proportionate to the level of risk the performance of their occupation poses to the public. Since its publication, the concept of right touch regulation has become prevalent in designing and understanding occupational regulation in Commonwealth Countries and beyond.

A right-touch regulation approach was used to inform the analysis. The PSA identifies eight elements that sit at the heart of using the concept of right-touch regulation in practice and have identified a step-by-step approach for how these elements translate into practice (see Appendix 2). This process was used to guide the approach taken in the current review.

2.2 Stages of the Review

Determining whether a response is warranted – Stage 1

One of the first approaches in right-touch regulation is determining whether a regulatory response is warranted. This includes identifying whether there is evidence of harm, that the regulated profession has a role to play in the harm involved, and that the College has the authority to implement a response. This can be split into four steps (as shown in Figure 1):

1. **Confirm evidence of harm:** To analyze evidence of harm, an evidence review was conducted.
2. **Understand pharmacy role:** The evidence review also included developing an understanding of the role pharmacy plays in these models, in relation to other players such as PBMs and insurers/employers.
3. **Validation of authority:** The final question to consider was whether the College has the authority to respond. This included determining whether the problem can be solved locally (by the players involved. The regulator should only interfere when necessary) and whether there are regulatory concerns associated with the pharmacists or pharmacies involved in these models. This included a review of whether the Standards of Practice or Regulations are being disregarded in connection with these models.

Identifying the regulatory mechanisms available – Stage 2

The next phase, once it was determined that a response is warranted, involved determining the regulatory response mechanisms available. First, it was important to clarify the outcome the response is intended to achieve, and ensure this outcome is in line with the College's mandate (i.e. the Objects of the College outlined in Schedule 2 of the RHPA and in Section 6 of the Pharmacy Act). Next, the analysis considered the regulatory mechanisms available to OCP. This included an overview of OCP's regulatory framework and regulation-making power, to determine what regulatory levers are available to the College. This was used to identify a menu of options for OCP to consider, and the findings of the jurisdictional scan were used to provide additional insight.

Analysis of Options – Stage 3

The options were then analyzed and assessed for their: feasibility, potential impact on desired outcomes, unintended consequences, reputational risk, and regulatory risk.

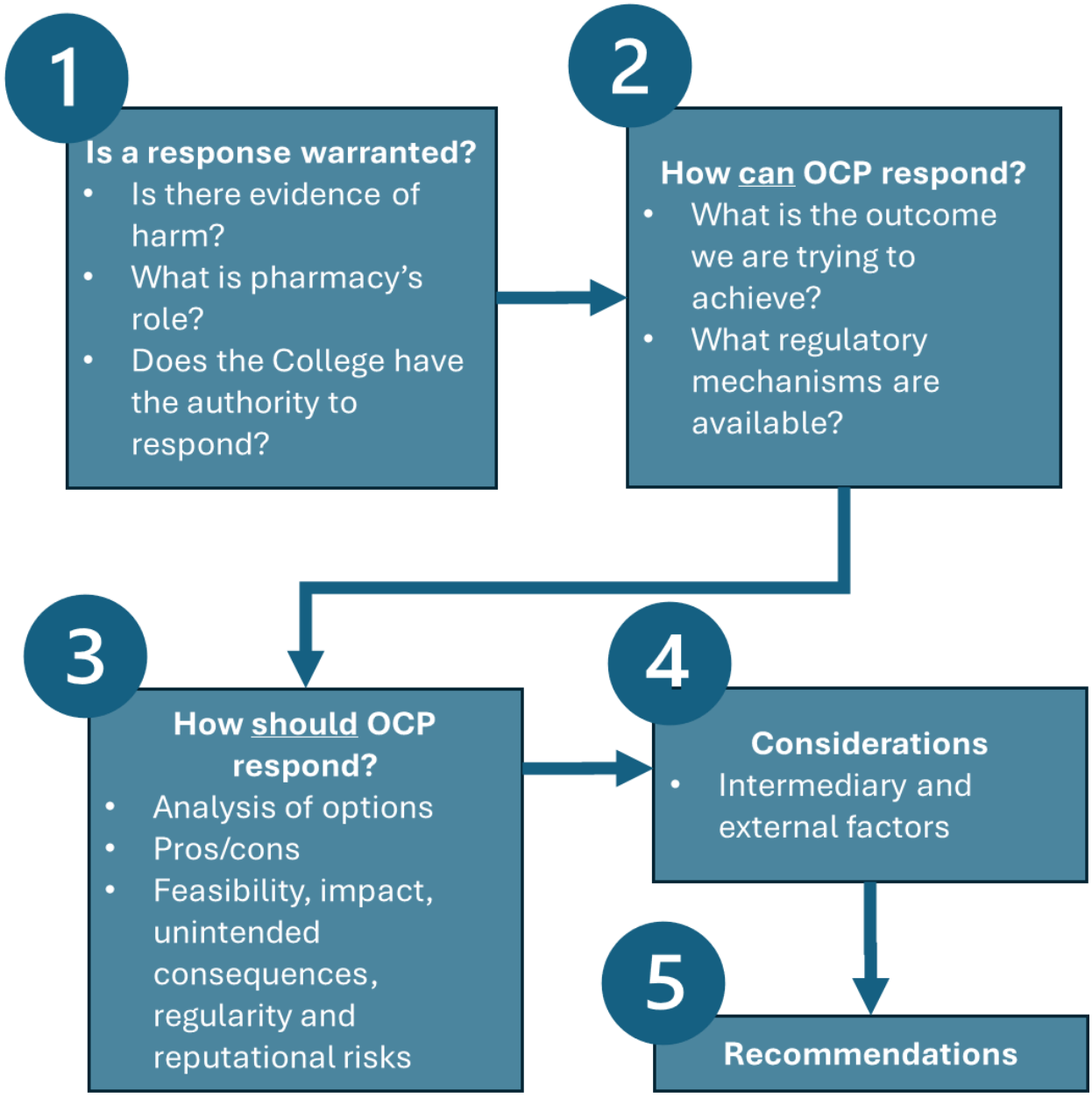
Other Considerations – Stage 4

Next, considerations were made regarding what external changes may be required, beyond the College's direct mandate. This included consideration of the Insurance Act, PBMs, and other system-level changes that may be required.

Recommendations – Stage 5

After reviewing the options and considerations, a set of recommendations were made. This included both recommendations for how OCP can move forward with areas within its jurisdiction, and how OCP can influence other recommended system changes.

Figure 1: Stages of the review



3. Analysis

3.1 Determining whether a response is warranted – Stage 1

3.1.1 Evidence of harm

As noted above, an evidence review was conducted to identify the extent to which payer-directed care models are associated with patient harm. Based on the right-touch regulation approach, the following questions were considered:[4]

1. What are the problems with payer-directed care models? Is the problem about risk of harm? What types of harm do they pose?

More specifically, using an ethical/equity lens, the following questions were analyzed:

a. Do payer-directed care models limit continuity of or access to care?
b. Do payer-directed care models violate respect for patient autonomy?
c. Are certain groups of marginalized populations or equity-seeking groups disproportionally affected by this?

2. Where and why is the problem occurring? What is pharmacy's role?

The findings of the Evidence Review are summarized below (and in Figure 2):

1. Payer-directed care models may limit patients' access to effective care, by (see Appendix 3 for more details):

a) affecting continuity of care
b) limiting access to care close to home or access to in-person care;

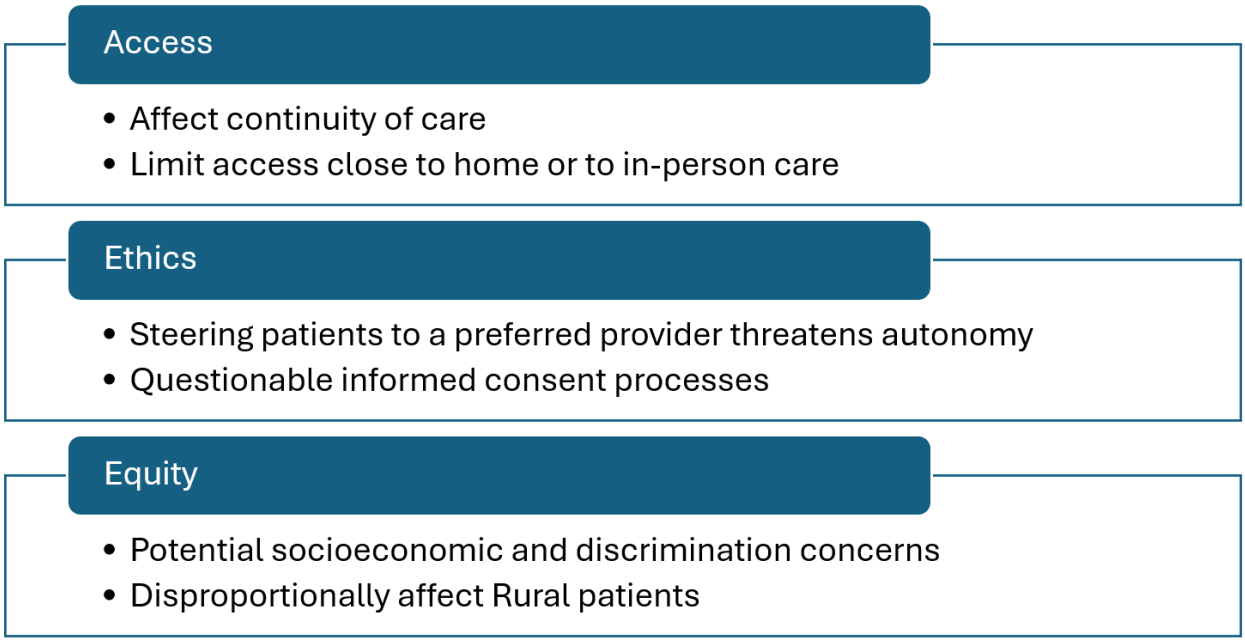
2. Payer-directed care models may violate the ethical principle of respect for patient autonomy (see Appendix 4 for more details) by:

a) "steering" patients to a preferred provider and using questionable informed consent processes (see Appendix 5).

3. There are certain groups of marginalized populations or equity-seeking groups who may be disproportionally affected by these models. In particular (see Appendix 6):

a) there are concerns related to socioeconomic challenges and discrimination
b) there are concerns related to accessibility challenges in rural communities

Figure 2: Harm associated with payer-directed care models



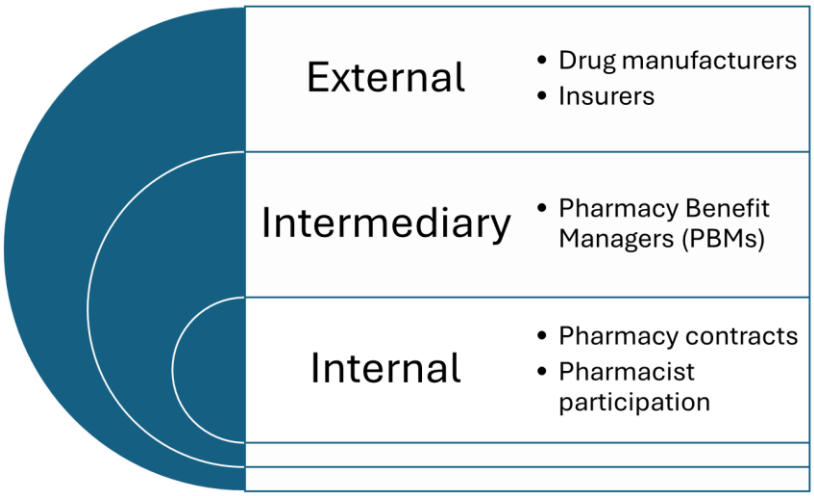
3.1.2 Pharmacy role

Through the evidence review, it was determined that there are several players involved in establishing and implementing payer-directed care models:

1. **External – Drug manufacturers/insurers**: Payer-directed care models originate as a way for payors (employers/insurers) to control costs of drugs.
2. **Intermediary – PBMs**: As the intermediary between the pharmacy and the payer, Pharmacy Benefit Managers (PBMs) have a role to play. Those that are integrated with a pharmacy are especially relevant to OCP.
3. **Internal – Pharmacy/Pharmacists**: The implementation of payer-directed care models requires the participation of both pharmacies and pharmacists.

These various players are illustrated in Figure 3 below.

Figure 3: Relevant players



From OCP's perspective, it only has oversight of the "internal" players (the pharmacies and the pharmacy professionals it regulates), but it is important to consider the integrated role of other intermediary and external players as it determines the most appropriate response.

External: Drug manufacturers and insurers

Most Ontarians rely on prescription drug insurance to pay for their medication, but the reimbursement processes vary. Drug coverage is often provided to patients through private health plans sponsored by their employers. Although employers can purchase coverage from a regulated insurer[i] on behalf of the employee (fully insured plans), they often establish self-insured plans. These plans are self-funded, meaning the employer pays directly for their employees' drug costs, and they are not regulated by the Financial Services Regulatory Authority of Ontario (FSRA). In the US, approximately 65% of covered employees are in self-insured plans.[5]

[i] A regulated insurer is one that is licensed by the Financial Services Regulatory Authority of Ontario (FSRA) and required to meet the requirements of the Insurance Act.

Prescription drug costs are the major driver of benefit costs for employers,[6] and the Canadian Life and Health Insurance Association (CLHIA) has stated that the current prescription drug system is being challenged from a financial perspective by the ongoing growth in drug costs.[7] Drug pricing and the lack of universal access to medication is beyond the scope of this report, but should not be ignored as a causal factor in the existence of payer-directed care models.

Payer-directed care models have emerged as a way to manage these costs (particularly for specialty drugs/biologics, which can cost more than $100,000 per patient per year).[8] These models are common and growing in volume. In the US, the share of Medicare prescription drug plans with a preferred pharmacy network grew from less than 9% in 2011 to 98% in 2021.[9] PPNs had historically been "open" in nature (patients could obtain coverage from any pharmacy willing to adhere to the conditions set by the payer) and have sometimes been referred to as "Any Willing Provider" arrangements. The Ontario Drug Benefit Program (ODB) is an example of an "open" PPN.[10]

Problems arise when these PPNs become "closed." Closed PPNs are exclusive arrangements between a private payor (insurance provider or employer) and a limited group of pharmacies, often limited to a specific group of medications. These arrangements place limits on which pharmacy a person can use to access their prescription medications. In a closed PPN, patients requiring these medications can only obtain their insurance coverage if the medication is received from a designated pharmacy.

These models have historically been used for high-priced specialty medications and biologics, which are so expensive that patients are generally forced to switch from their usual pharmacy to one on the approved list.[11] In a closed PPN, the patient is not given the option to remain with their current pharmacy, even if that pharmacy is willing to offer the same price to the payor.[12]

Intermediary: Pharmacy Benefit Managers

PBMs are the intermediary between the pharmacy and the drug insurance plan. Insurers (and plan sponsors such as employers) subcontract their claims to a PBM, which adjudicates patient coverage on behalf of the insurer.[13] The PBM is often responsible for setting up payer-directed care arrangements, guaranteeing a large volume of prescriptions for the pharmacy, and allowing the pharmacy to negotiate a lower price from the drug manufacturer. Through these negotiations, the PBM can tell the payer that their clients will get a fee reduction if they use a specific pharmacy.

Although PBMs make the process of submitting claims and processing payments more efficient and streamlined for patients, the PBM model raises concerns regarding patient choice. When an insurer has subcontracted with a PBM, the patient's claims can only be processed with a pharmacy that has signed an agreement with that PBM. Otherwise, the patient is left having to pay out of pocket for their medication and submit a claim to their insurer directly.[14]

The PBM creates the mechanism through which payer-directed care models can take place and are currently not regulated by any body in Ontario. In the US, PBMs are being scrutinized for receiving rebates from manufacturers and artificially increasing the costs of drugs. Prescription drug spending by private health plans increased by 18% between 2016 and 2021, and some have questioned PBM practices as part of the problem.[15] It has been estimated that the U.S. is ten years ahead of Canada when it comes to the power these large businesses have on the pharmacy landscape,[16]and their dominance

over small independent pharmacies has contributed to the rise of "pharmacy deserts" (communities that do not have easy access to independent pharmacies).[17]

In Canada, there is growing concern of the role of large PBMs such as Express Scripts Canada (ESC) and Telus Health. ESC and Telus Health are the two largest PBMs in Canada, and it is understood that they handle approximately 80% of all private drug claims, on behalf of companies like Sun Life, Canada Life, and Manulife (other examples of PBMs are Canada Life's Claim Secure, Green Shield Canada's HBM+, and Blue Cross Canada's PBM). When PBMs have contracts with large insurance companies such as these, this puts them at an advantage when negotiating with drug manufacturers and pharmacies.[18] The Canadian Pharmacists Association (CPhA) has recently filed a complaint with the Competition Bureau of Canada, accusing ESC of abuse of dominance[19] after it unilaterally imposed a mandatory fee for pharmacies using its services.[20]

Increasingly, we are seeing the integration of pharmacies with large PBMs, and policies in the US indicating that part of the PBM role includes the practice of pharmacy. Both themes raise questions about whether the OCP should expand its oversight to include PBMs (more on this in the *Considerations* section).

Additional complexities

Beyond PBMs and insurance providers, there are other nuances to payer-directed care that should be considered. In its position statement, the College has acknowledged that "payer directed care models" can encompass a broad set of models. The topic of specialty pharmacy brings an additional level of complexity.

The Neighbourhood Pharmacy Association of Canada ("Neighbourhood") defines Specialty Pharmacy Services as "providing care and services to patients with complex conditions requiring intricate care, using complex, high-value, high-touch medications."[21] Health-system specialty pharmacies provide comprehensive, patient-centered specialty medication management.[22] The rationale for setting up specialty pharmacy models is to support patient access to their specialty medications, provide services to teach patients how to inject their medicines when necessary, how to deal with side effects, and ensure the drugs are not wasted. Studies (some paid for by speciality pharmacies themselves) show that patients served by these speciality pharmacies are more likely to keep taking their medicines and have better health outcomes than those dealing with a retail pharmacy. However, patient stories indicate concerns with speciality pharmacy models. Patients have no autonomy over where they receive this medication and have reported issues with onerous refill policies, delayed or incorrect shipments, and difficulty reaching a pharmacist. Lawsuits against insurance companies have been filed by consumer advocate groups in the US over policies that restrict which pharmacies patients can choose to access to their HIV drugs.[23] Patient advocacy groups such as NCODA[ii] are also raising concerns about these models, which they say separate patients from the care and services they require.[24] Concerns regarding conflict of interest also exist, as many large specialty pharmacies in the US are owned by insurers or PBMs such as CVS or Express Scripts.

Specialty Pharmacy Networks are often connected with Patient Support Programs,[25] often run by pharmaceutical companies, and common in other jurisdictions as well. In 2007, the French government

[ii] NCODA is a grassroots, not-for-profit organization the develops resources to help medically integrated oncology teams deliver care. https://www.ncoda.org/who-we-are/. Accessed June 12, 2024.

commissioned an independent investigation into patient support programs, which suggested that direct contact between the pharmaceutical industry and the public should be prohibited because of role confusion and misaligned incentives. In 2009, the French government passed legislation in response to this investigation, requiring formal approval of these programs and requiring the involvement of clinicians instead of drug company representatives.[26]

Research in the US indicates that the proportion of specialty prescription drugs (defined as those reimbursed at $600 or more per thirty-day fill) nearly quadrupled between 2003 and 2014. In Quebec, specialty medications represented more than $1.7 billion in transactions in 2023, and it is estimated that by 2030, specialty medications will represent 40-50% of the drug market. According to the Association québécoise des pharmaciens propriétaires (AQPP),[iii] there are six pharmacies in Quebec (owned by 10 pharmacists) which have majority control of the specialty medication market, and shared an estimated $1.5 billion in revenues last year.[27] The AQPP recently filed an application with the Québec Superior Court for authorization to institute a class action lawsuit against these 10 pharmacists, as well as against three patient support program managers and three private infusion networks. The claim is that these commercial practices are unlawful and wrongful, and the concentration of specialty medication distribution is jeopardizing the long-term sustainability of the Québec pharmacy network.[28]

Although Specialty Pharmacy and Patient Support Programs are beyond the scope of this report, it is expected that the recommended solutions will address some of the concerns associated with these models as well.

Internal: Pharmacies

In all payer-directed care models, the pharmacy plays an active role, both as the point of care, and in the development and execution of contractual agreements. With oversight of both the pharmacist and the pharmacy, the College has the authority to respond, but consideration should be made regarding who should be held accountable (the pharmacy, the owner/Director Liaison (DL), Designated Manager (DM), or staff pharmacist?).

As the signing authority, pharmacy owners and/or DLs are responsible for developing and executing contracts with a PBM and/or a payer (insurer/employer). Given the requirements in section 142 of the *Drug and Pharmacies Regulation Act, 1990* (DPRA), which state that the majority of directors of the corporation must be pharmacists, the majority of pharmacies are owned/directed by pharmacists. As a result, for most pharmacies, the DL/owner must uphold the Standards of Practice and can be disciplined by the College if it does not. The exception to this (the *Pre-54 exception*) is for pharmacies that were operating on or before May 1954. These pharmacies are exempt from the requirement to be more than 50% owned by registered pharmacists and as a result, the owners cannot be held to the same standards of professionalism as pharmacists are, and the OCP has less control over them.

Section 146 of the DPRA stipulates that all owners of pharmacies, including those eligible for the pre-54 exception, must appoint a “designated manager” to manage the pharmacy, and this DM must be a registered pharmacist. This DM, as a registered pharmacist, is required to meet OCP’s standards of practice and code of ethics and bears the same liability as the owner for complying with the requirements set out in the DPRA. Although the DM cannot be held to account for the development of

[iii] The Association that negotiates fees with the ministry on behalf of all pharmacies, and all pharmacy owners must be part of to bill the ministry for pharmacy services.

contractual agreements, they are responsible for ensuring that patients getting care, whether through a PPN or other arrangement, are receiving care according to standards.

Staff pharmacists, as with the DM, are also responsible for ensuring care is provided according to Standards of Practice. However, other than a potential "whistleblower role" (more on this in the *Implementation Considerations* section), disciplining the staff pharmacists for being involved in a payer-directed care model will not likely be impactful at a large scale.

3.1.4 Validation of College response

The OCP Board has determined that it has no tolerance for any payment model involving pharmacies and pharmacy professionals that puts patients at risk, disregards patient autonomy, or that gets in the way of a pharmacy professional's duty to put patient interests first. An evidence review has been conducted that confirms that several types of models such as this exist, and that pharmacy has a role to play.

The next question to consider is whether the problem can be solved locally, without the College's intervention. When the College explored this topic in 2018, it was decided that interfering with PPNs was beyond the College mandate, and the issue was set aside to be addressed by others who may be more directly involved. Since then, there have been no signs of positive change and concerns from the public are worsening. Experience from other jurisdictions such as the US, where payer-directed care models are now pervasive, provides an important lesson. As a result, it is an appropriate time to reconsider the College's intervention in this matter and OCP must determine an appropriate regulatory response.

Before moving ahead, it is important to validate the OCP's response to payer-directed care models. This includes exploring whether pharmacists and pharmacies participating in these models are disregarding the College's current Standards of Practice, Code of Ethics, or Regulations.

Standards of Practice

The OCP's Standards of Practice outline the minimum standards that all registered pharmacists and pharmacy technicians must meet. These standards outline expectations, including for "Professionalism and Ethics," and failing to maintain the standard of the profession is an act of professional misconduct (under O. Reg. 130/17).

The harmful elements of payer-directed care that have been identified as inconsistent with the standards of practice and ethics include: a) inhibiting continuity and access to care (by steering patients from their local pharmacy); b) threatening autonomy over pharmacy care; and c) questionable informed consent processes. They may also raise concerns regarding the unprofessional behaviour and conflict of interest.

Payer-directed care models have been criticized for steering patients away from their local pharmacy, causing disruption in continuity of care. Pharmacists play a significant role in the patient's circle of care and over the past several years, this has been reinforced and validated through increasing scope of practice. When payer-directed care models steer patients away from their local pharmacy, this can create strain on the patient-pharmacist relationship (PPN agreements with pharmacies may change as frequently as yearly, creating potential for "pharmacy hopping"[29]) and impact the delivery of comprehensive primary care. There are many protective effects associated with patients having a close relationship with a single pharmacist. Evidence has shown that having a single pharmacy increases the likelihood for medication adherence, with less chance of experiencing serious drug-related adverse events.[30] Consistent, long-term relationships with pharmacy professionals have been shown to improve

health outcomes and reduce errors.[31] Research has also shown lower trust and satisfaction observed when patients are restricted in their choice of provider,[32] which can lead to ineffective communication between patients and providers, and poor patient outcomes.[33]

OMHRA, the professional association representing human resources, labour relations, and senior management professionals within the local public sector in Ontario, has raised caution about the impact of PPNs. "When forced to switch pharmacies due to exclusive deals, [patients] may experience emotional distress as they lose the familiarity and trust they have built. They may be uncomfortable changing providers and that could lead to mental stress…"[34]

Disruptions to continuity of care are especially concerning for patients on specialty medications, as they often have complex needs, must navigate a challenging healthcare system, and may benefit from the support of a pharmacist who is familiar with their entire medical history, including drug interactions, to ensure safe and effective use of their medications. In a study of 507 patients with relapsing remitting Multiple Sclerosis (MS), nearly half of patients had experienced difficulty accessing treatment, mostly due to insurance policies associated with prior authorization requirements and high out-of-pocket costs. More than half were unable to access medication, and nearly half reported a relapse during this time. Study participants felt that delays in obtaining the prescribed treatment led to high stress, worsened their MS, and/or triggered a relapse. Often, they had to serve as their own advocates when navigating the complex insurance policies associated with accessing their medications.[35]

Although there is evidence the models themselves affect continuity of care, the College's ability to discipline a pharmacist or pharmacy for entering into these models is less clear. In the US, patient steering by PBMs is under scrutiny by the Federal Trade Commission (FTC), which is concerned with the impact it has on prescription drug access and affordability.[36] Pharmacies, due to their involvement in the models, could also be held to account for this. The pharmacy has established a contract with the payer, and has an active role in the implementation of a payer-directed care model.

Code of Ethics

Ethics in pharmacy is an especially important topic due to the interplay between the clinical aspects of patient care and the commercial aspects of practice.[37] The intensification of commercial pressures in the profession of pharmacy can result in pharmacists feeling pressure to make unethical decisions, especially when balancing fiscal considerations.[38] To help mitigate this, all registrants are required to affirm their understanding of the Declaration of Commitment to the OCP's Code of Ethics.

The Code of Ethics includes a list of standards pharmacists are expected to abide by (see Appendix 7 for an overview of the principles and standards most relevant to the present discussion). A review of these principles against the findings of the evidence review has identified the following potential issues of concern for pharmacists operating in payer-directed care models:

- **Beneficence/Non-Maleficence**: The ethical principle of "Beneficence" refers to the healthcare professional's obligation to actively and positively serve and benefit the patient and society. The ethical principle of "Non Maleficence" refers to the healthcare professional's obligation to protect their patients and society from harm.

  → A registrant (i.e. the DM and/or owner) who is who is involved in establishing a payer-directed care model that steers a patient away from their original pharmacy for their own financial gain may be preventing patients from achieving the best possible health outcome. As

the evidence review revealed, payer-directed care models can be associated with harm, due to negatively impacting continuity of care, reducing access to care close to home, and potentially affecting equity-seeking groups more negatively. However, it is difficult to make this argument due to the potential population-level benefits associated with payer-directed care models (for example, insurers note that these models may lower the cost of providing access to specialty medicine, these savings are passed on to employees, and the lower premiums paid by employers can lead to more employers sponsoring access to specialty medicine, thus improving access for patients).[39] The College relies on each registrant's commitment to professionalism, and most pharmacists do not likely have maleficent motives behind their involvement in payer-directed care. Furthermore, they may be led to believe these models are in the best interest of patients and the population as a whole. As a result, disciplining pharmacists for violating this ethical principle may be challenging.

- **Respect for Persons/Justice**: The ethical principle of Respect for Persons/Justice refers to the healthcare professional's dual obligations to respect and honour the intrinsic worth and dignity of every patient as a human being and to treat all patients fairly and equitably. This includes recognizing and respecting the vulnerability of patients (standard 3.1), respecting and valuing the autonomy and dignity of patients (standard 3.2), and providing fair and equitable access to pharmacy services and delivering 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 (standard 3.16).

  → A registrant who is involved in establishing and /or maintaining a payer-directed care model that steers a patient away from their original pharmacy may be disrespecting the autonomy of patients, and not respecting the vulnerability of some patients. Furthermore, because of the equity issues raised by payer-directed care models, it could be argued that they are not providing fair and equitable access to pharmacy services.

- **Accountability (Fidelity)**: The ethical principle of Accountability (Fidelity) refers to the healthcare professional's fiduciary duty to be a responsible and faithful custodian of the public trust.

  → A registrant who is involved in establishing and /or maintaining a payer-directed care model that steers a patient away from their original pharmacy may be participating in unethical business practices, which are or may reasonably be perceived to construe a conflict of interest (more on this topic below).

In summary, it can be argued that payer-directed care models can create situations that conflict with the OCP's Code of Ethics, particularly the principles of respect for persons/justice and accountability (fidelity). As a result, a pharmacy that is responsible for implementing these models should be held to account.

Note that the concerns above are associated with a pharmacist who is involved in establishing and /or maintaining a payer-directed care model. The implications for a registrant who is employed by the pharmacy are less clear. There is currently no duty to report suspected unethical behaviour to the Registrar (mandatory reporting requirements only apply to suspected incapacity, incompetence, and sexual abuse). Considerations on establishing mandatory reporting requirements and accompanying whistle-blower protection are described in the Implementation Considerations section.

Consent

Prior to administering a treatment "whether for therapeutic, preventative, diagnostic or other health-related purposes" informed consent must be obtained from the patient in accordance with O. Reg 202/94 under the ***Pharmacy Act***, the ***Health Care Consent Act*** (HCCA) and the **Code of Ethics**. Entering into an agreement that restricts a person's choice of a pharmacy or pharmacist without the person's written consent is considered an act of proprietary misconduct under section 32 of the DPRA Regulation. There is concern that payer-directed care models are not adhering to consent requirements. Although patient consent is given at the time of enrollment in a pharmacy benefit plan, patients are often confused by the details of their insurance benefits[40] and may not be providing truly informed consent. A study in the Netherlands found that one fifth of enrollees in an insurance policy with restrictive conditions were completely unfamiliar with the policy's conditions. This was particularly prominent for men, younger people and people with a low level of education, income, and poor health status.[41] This raises questions about Health Insurance Literacy (HIL, "the capacity to find and evaluate information about health plans, select the best plan given financial and health circumstances, and use the plan once enrolled"[42]). This is an area the College may wish to further pursue, as it is unclear whether proper informed consent is being obtained.

Unprofessional behaviour

Engaging in conduct or performing an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional is an act of professional misconduct and proprietary misconduct.

In Ontario (College of Pharmacists) v. St-Jean, 2023 ONCPDC 20 (CanLII), St.-Jean was brought to the Discipline Committee in 2023, for allegations relating to the dispensing of XYREM to the Pharmacy exclusively through the Pharmacy. The Panel found that the Registrant committed the acts of professional misconduct, as her behaviour met the definitions of both dishonourable and unprofessional. *"…It was clear to the Panel that the Registrant's actions were not just errors of omission, but of conscious disregard for the standards set out in the Code of Ethics. By putting business interests ahead of the interest of the patients she failed to discharge her moral obligations to the patients involved in a way that any member of the public would expect from a health care professional. Integrity and trust are utmost to the profession and the Registrant's conduct tarnished the reputation of not only herself, but that of the profession. She blindly chose to implement a corporate decision, taking away the right to choose for those patients*."

There are other examples of historical precedent for OCP adopting policies based on the Professional Misconduct Regulation in the past. Through the Loyalty Points Programs Policy (published in July 2004), the College adopted a policy position prohibiting the awarding of loyalty/bonus points or air miles on any prescriptions, prescription services or professional services related to pharmacy practice in Ontario, stating that these actions contravene the Professional Misconduct Regulation. The Council took the position that incentives to induce patients to "have prescriptions filled at more than one pharmacy is inconsistent with the current pharmaceutical care model that promotes high-quality care through long-term pharmacist-patient relationships.

It could be argued that the practice of steering patients to a "preferred provider" pharmacy has a similar effect and could be construed as professional misconduct. In their 2014 article, "Proceed with caution," Greiss and Tadrous flag the potential risks associated with PPNs. "The financial pressure to change

pharmacies is akin to the awarding of loyalty points and other inducements that have been prohibited by most provincial regulatory bodies. If additional research establishes a strong detriment to patient care, there may be a need to limit the ability of pharmacies to enter into these types of agreements." Now that these models are becoming more prominent (as we are seeing in the United States) and there is evidence of impact on patient care, a strong regulatory response may be required.

Conflict of Interest

The next consideration is whether pharmacist owners who choose to enter a payer-directed care model are entering into a position of real or perceived conflict of interest where business/profit needs are supplanting (or at a minimum, competing with) patient needs for best practice care.

To assess whether conflict of interest exists, it is important to first understand the mechanism and intentions behind payer-directed care models such as PPNs.

Pharmacies get paid a dispensing fee plus a markup by the insurer. Sometimes, the insurer sets terms and conditions for the amounts they are willing to pay the pharmacy for dispensing fees and/or mark-ups associated with medications they cover, and establishes a contractual arrangement with a pharmacy operator. Through these arrangements, the drug plan sponsor negotiates with the pharmacy to provide prescriptions at a lower cost than the regular benefits package, allowing the employees to pay a lower copay or deductible for prescriptions filled at this "preferred" pharmacy.[43] Patients are incentivized to use these "preferred" pharmacies because they pay less than they would pay at nonpreferred pharmacies.[44]

To consider whether these situations present a conflict of interest, it is worth reviewing the general definition of conflict of interest under the Pharmacy Act:

- A member is in a conflict of interest if the member's personal or financial interest, or the personal or financial interest of another person who is in a non-arm's length relationship with the member conflicts, appears to conflict or potentially conflicts with the member's professional or ethical duty to a patient or the exercise of the member's professional judgment.

Note this includes both actual, potential, and perceived conflict of interest. Section 4(2) of the Professional Misconduct and Conflict of Interest Regulation (O. Reg. 130/17) also establishes the expectation that a member cannot participate in a conflict of interest, even if it is initiated by someone other than themselves.[45] The General Regulation of the DPRA (O. Reg. 264/16) defines operating a pharmacy while in a conflict of interest as an act of proprietary misconduct and this includes entering "an agreement that adversely influences the exercise of professional expertise or judgement, or the ability of a member to engage in the practice of the profession in an ethical manner, or in accordance with the standards".

It could be argued that a pharmacist who agrees to participate in a payer-directed care model is agreeing to a price defined by a payer, in exchange for the expectation that they will receive a certain volume of patients. Since we know there are ethical and continuity of care concerns with some payer-directed care models, a decision to steer patients away from their local pharmacy to participate in these models in exchange for higher patient volumes could be seen as an adverse influence on the pharmacist's professional judgement.

However, as has been described above, these models are sometimes accompanied by seemingly "beneficial" intensive patient support programs.[iv] From the pharmacist's perspective, these programs could be seen as the best option for patients (and sometimes do offer real-life benefits), especially when results are viewed at the population level. Similarly, these models have been established as cost control mechanisms, allowing insurers to make it affordable to cover the high costs of some of these medications. As described above, the intentions behind all payer-directed care models are not nefarious. As a result, OCP may need to be cautious before declaring that that participation in all payer-directed care models is a conflict of interest, under the current Regulations.

3.2 Identifying the regulatory mechanisms available – Stage 2

Several areas of concern have been raised, from the regulator's perspective. The next Right-Touch Regulation consideration is to identify the regulatory solutions that are available. This included an overview of OCP's regulatory framework and regulation-making power, to determine what regulatory levers are available to the College.

3.2.1 Regulatory Framework

As a regulated health care profession, the practice of pharmacy is governed through a number of pieces of legislation and accompanying regulations, as well as the Standards of Practice. The OCP also publishes practice policies and guidelines to advise registrants of the College's expectations and to provide direction regarding their practice.

Overseeing both pharmacies and pharmacists, the College functions in three main areas, outlined under the DPRA and Schedule 2 of the RHPA:

- **REGISTRATION (Pharmacy accreditation/pharmacist renewal)** – control over whether a pharmacist or pharmacy's license is renewed every year.
- **COMPLAINTS/DISCIPLINE (Enforcement)** – decisions relating to pharmacy/pharmacist conduct, and the power to remove or suspend a license.
- **QUALITY ASSURANCE (Operational and Practice Assessment)** – setting expectations and assessing whether pharmacists and pharmacies are adhering to these expectations

Within these functions, the College has various tools it can apply, ranging from policies, to standards, to Regulations. There is potential for the College to exert changes within the existing regulatory framework, by making adaptations to how College staff make decisions and operationalize the existing policies and processes. For example, the College can take a stronger stance in its assessment process, determining which licenses it renews, and how it manages the enforcement process.

If gaps are identified in the existing framework, OCP can change policies, standards, or the Code of Ethics. For example, there is opportunity to revise the Standards to meet the needs of Ontario, and set specific expectations regarding patient autonomy, informed consent, ethics, and equity. More drastically, OCP also has the power (with Ministry and/or Lieutenant Governor in Council approval) to change

[iv] For example, Great-West Life's payer-directed care model with Innomar Speciality Pharmacy has reported positive patient outcomes (Poster presented at: CADTH Symposium 2017; Ottawa, ON) https://www.innomar-strategies.com/insights/improved-health-outcomes-in-patients-receiving-health-case-management.

regulations. This includes the ability to define "standard of practice", what constitutes conflict of interest and professional misconduct, and describe what acts must be reported to the College.

Beyond its sphere of regulatory influence, there are also ways the College can work with and/or influence the broader health system. This can be done through communications, stakeholder relationships, and data sharing.

3.2.2 Desired outcome

There are several mechanisms available to the College to respond to payer-directed care. However, before identifying tactics, it is important to consider the desired outcome the response should achieve and confirm that the desired outcome is in line with the College's statutory mandate.

The College has a duty to serve and protect the public interest, assure the quality of the practice of the profession, and maintain standards of professional ethics (as outlined in Schedule 2 of the RHPA). With this in mind, the College should consider the following as the key desired outcomes for its regulatory response:

1. **Minimize patient harm associated with payer-directed care models; and**
2. **Maintain continued confidence that pharmacists and pharmacies are providing care according to professional standards.**

The College's primary objective is to "serve and protect the public interest" and meeting the outcomes above should be the primary goal of the College's regulatory response. However, while considering the outcomes OCP should strive to achieve, it is equally important to consider the outcomes it does NOT want to achieve through its regulatory response. These are the unintended consequences that could result from OCP's actions. The pharmacy is one piece of an inter-connected network of players, and OCP should be wary of its actions having unintended consequences on patient access to funded/insured medication. Payer-directed care models are used as a cost containment mechanism, and OCP's actions could have downstream effects (such as leaving patients to pay more out of pocket), if not carefully implemented. As a result, one of the desired outcomes of OCP's regulatory response should be to avoid these negative unintended consequences.

3.2.3 Strategic Direction

To achieve the main outcomes of: 1) minimizing harm; and 2) maintaining confidence that pharmacists provide care according to standards, the following considerations should be made:

- Are there ways the College can prevent harm associated with payer-directed care models through a regulatory response? What options are available to it? → these options are explored below.
- Are there options to consider, beyond OCP's sphere of influence? How could the College play a role in implementing these options? → these options will be explored in the "Other considerations" section (Stage 4).

There are various ways the College could act to achieve the desired outcomes, but they can be classified into two main strategies: A) Regulate the models themselves; or B) Regulate the elements of the models that are harmful. Both approaches are described below.

Strategy A: Regulate the models themselves

Payer-directed care models have been identified to be associated with harm to patients. Although they have existed for many years, only one case to date has resulted in a discipline finding,[v] indicating that the current regulatory framework is not strong enough to control the harm associated with these models. As a way to respond, the College could aim to control the operation of these models through its professional and proprietary misconduct regulations.

Because payer-directed care models require a pharmacy to actively enter into an agreement, interfering with them through OCP's oversight of the pharmacy is feasible. For example, the College could define the participation in these models as grounds for proprietary and/or professional misconduct. There are benefits to this approach, as it would be more enforceable from a discipline perspective than the current model, and would allow the College to demonstrate a zero tolerance approach. However, it would require identifying the specific types of payer-directed care models that would qualify. As has been noted, many "open" models already exist (including the ODB), and there are situations that enable patients access to medications that would otherwise be unaffordable (such as some specialty pharmacy models). As a result, defining which types of model to include as grounds for misconduct would be challenging. For example, would all "closed" PPNs be included? Would there be consideration for mandatory vs. voluntary plans? How would PBMs be involved? What about models that are vertically integrated with PBMs or employers/insurers? Would there be special exceptions for specialty pharmacy models?). Given there will always be new business models and combinations of partners, maintaining a list of what is permissible vs. not would be difficult.

Strategy B: Regulate the elements of the models that are harmful

Rather than regulate the models themselves, the College could regulate the elements of the models that have been determined to be harmful. This could include developing restrictions on patient steering (through conflict of interest or unprofessional behaviour provisions) and/or identifying the key elements that pharmacists and pharmacies must uphold in order to participate in these models (e.g. choice, informed consent, and a fair exception process). Implementation of this approach would require strengthening the College's enforcement processes, to ensure these elements are being adhered to.

Each of these strategies is explored below, along with their implementation options.

3.2.4 Regulatory Options

Strategy A: Regulate the models themselves

The pharmacy has a critical role to play in entering into a payer-directed care agreement, and so by regulating pharmacy involvement in these models, there is the potential for the College to control or halt the operation of these models altogether. The College could do this by defining pharmacy/pharmacist participation in these models as grounds for proprietary and/or professional misconduct.

There are two main approaches that could be used, and these are described below.

[v] Ontario (College of Pharmacists) v. St-Jean, 2023 ONCPDC 20 (CanLII)

Option 1a. Expand on existing Conflict of Interest or Unprofessional Behaviour provisions

Payer-directed care could be named in Regulation as an example of conflict of interest. To date, although allegations of conflict of interest have been brought to the discipline committee (e.g. Ontario (College of Pharmacists) v. St-Jean, 2023 ONCPDC 20 (CanLII), no findings have been made related to professional misconduct due to conflict of interest associated with these models. By naming the models into the Regulation itself, this may bring the regulatory authority needed in the discipline process.

Alternatively, payer-directed care could be named in the regulation as an example of "unprofessional behaviour" which can be considered proprietary misconduct. It could be reasoned that when pharmacies engage in these models, they are displaying unprofessional behaviour, because of the harm they are associated with.

Option 1b. Separate ground for misconduct

It could also be determined that participation in a payer-directed care model is in itself an act of professional misconduct. Rather than rely on the existing grounds for misconduct (naming participation in these models as an example of conflict of interest or unprofessional behaviour), there is also the option to identify participation in payer-directed care as a separate ground for misconduct. It would mean that any pharmacy/pharmacist found to be participating in a pre-defined type of payer-directed care model could automatically be disciplined, without the need to prove they are in a conflict of interest position or demonstrating unprofessional behaviour. This would be the most aggressive approach, but one that carries the most reputational and regulatory risk. Depending on how tightly payer-directed care is defined, stakeholders (such as pharmacies, PBMs, insurers, and employers) could argue that the College is going beyond its mandate and causing unnecessary unintended consequences.

Strategy B: Regulate the elements of the models that are harmful

Lessons learned from regulators of several states with experience regulating PBMs, in interviews with the US Government Accountability Office (GAO), indicate that providing regulators with broad regulatory authority is more effective than specific statutory provisions (one-off laws). This allows for emerging issues to be addressed without needing new legislation.[46] Given the challenges associated with identifying specific types of payer-directed care models to qualify as grounds for misconduct, and the evolving nature of these models, an alternative approach is to regulate the elements of the models that are harmful, and within the OCP's mandate.

The harmful elements that have been identified as breaching standards of practice and ethics include: a) inhibiting continuity and access to care (by steering patients from their local pharmacy); b) threatening autonomy over pharmacy care; and c) questionable informed consent processes. The College could establish requirements that pharmacists and pharmacies must uphold in order to participate in payer-directed care models. These could include requirements that:

a) Preserve continuity and access to care, by developing restrictions on patient steering;
b) Allow patients to retain their autonomy over pharmacy care; and
c) Establish clear informed consent requirements.

These options are described below.

Option 2) Preserving continuity and access to care - Developing restrictions on patient steering

From a patient's perspective, one of the biggest concerns with payer-directed care models comes from the requirement to transfer their prescriptions from their local, trusted, pharmacy, to one that is

participating in the preferred provider network. The impacts on continuity and access to care can be significant. There are ways the College could intervene to require that these impacts be mitigated.

Define patient steering as an example of misconduct: The College could develop restrictions on patient steering. It could be argued that when a pharmacist steers a patient away from their "home" pharmacy to the "preferred" pharmacy, the pharmacist is in a conflict of interest and/or demonstrating unprofessional behaviour, because the pharmacy is benefiting from income, at the expense of a patient's disruption in continuity of care. This act of "Steering" patients would need further definition and may need to be outlined in policy or Regulation by the College before any disciplinary action could be taken.

Unfortunately, as has been stated, the pre-54 pharmacies cannot be held to the same state of professionalism and so alternative solutions may be required to complement this approach. In addition, in recognition of the fact that not all patients have the same needs for continuity of care and may in fact prefer to receive their medication from the preferred provider pharmacy (for various reasons), the restrictions on patient steering may need to be flexible or dependent on certain conditions.

Define expectations for transferring of prescriptions: One way to preserve patient continuity of care while in a payer-directed care model is by establishing requirements for transferring medications between pharmacies. Currently, according to section 5 of the General Regulation (O. Reg. 264/16) of the DPRA, Pharmacies must transfer a prescription to another pharmacy on the request of the patient. However, consideration could be made regarding transfer of medications themselves (vs. prescriptions) from one pharmacy to another, on the request of the patient.

A pharmacy may be part of a preferred provided network with an employer/insurance provider or PBM, but if a patient/employee has a valid reason to continue to receive their medication from their "home" pharmacy, the patient should have the option to have that medication transferred from the pharmacy in the PPN to the pharmacy of their choice. This way, the PPN pharmacy could still benefit from the economies of scale associated with a closed model, but the patient could benefit from the continued relationship with their local pharmacist (from the OCP's perspective, it should not interfere with any business model as long as it has confidence that patient harm is mitigated).

It is noted that further exploration of the feasibility of this from a billing perspective would be required before implementing these requirements (for example, consideration as to whether the PPN pharmacy would need to be accredited as a wholesaler under section 160 of the DPRA). In addition, the implementation of this approach would require participation from stakeholders. For example, employers/insurers may need to establish policies for determining what is a "valid" reason to request the medication be transferred and provide "exceptions" to these patients.[vi]

Strengthen expectations for mailing of prescriptions Another approach is to revise and strengthen OCP's expectations regarding the delivery of medications through online pharmacies. Many payer-directed care models already rely on online pharmacy models, whereby patient medication is mailed directly to their home, through an online pharmacy. Instead, at a patient's request, medications from the PPN pharmacy could be mailed to the patient's local pharmacy, who would act as the "agent" for the patient. Rather than mailing these medications to a patient's home (which can lead to challenges), consideration could be made, upon request of the patient, to mail the medications to the patient's local

[vi] Discussions with insurers indicate that this is already common practice.

pharmacy. This way, continuity of care could be maintained as the point of care interaction would remain with the patient's current pharmacist. As above, further exploration of the feasibility of this approach from a business practice perspective is required.

Option 3) Autonomy

When pharmacists/pharmacies are involved in payer-directed care models that force patients to obtain certain medications at a preferred pharmacy, they are breaking the principle of Respect for Persons/ Justice, as they are restricting patients' autonomy. Having the autonomy to make their own health care decisions is an ethical right and is important to most patients. Studies indicate that most people do not perceive pharmacies as simply prescription-distribution centres, nor do they see prescriptions as just an economic good. People are reluctant to change from their current pharmacy, even when "superior" alternatives (with attributes such as close to home, excellent satisfaction rating, extended hours, meeting quality requirements, and no out-of-pocket payment) are available.[47] Patients are influenced by the people at the pharmacy (i.e. the pharmacists themselves) and also by convenience.[48] Selective contracting approaches such payer-directed care models can be negatively perceived by patients, who are more satisfied with their care providers when they have chosen them themselves.[49]

Payer-directed care models could be tolerated if they allow patients to retain their autonomy over pharmacy care. The College could specify its expectations for patients' right to autonomy in several ways.

The Pharmacy Board of **Australia's** Code of Conduct defines providing good care to include: "recognising and respecting the rights of patients or clients to make their own decisions." This is complemented by the Guidelines for dispensing of Medicines[50] which outline patients' rights to choose where to access medicines and state: "Pharmacists must not enter into arrangements for exclusive supply of prescriptions from a health practitioner/prescriber or other third party". There is also a Joint statement on professional responsibilities for prescribing and dispensing medicines that states,

> "Good care includes recognising and respecting the rights of patients or clients to make their own decisions which includes the right to know all the available options and choose where they wish to access prescribed medicines. Health practitioners must not enter into arrangements for exclusive supply of prescriptions from a health practitioner/prescriber or other third party, although pharmacists may offer to retain prescriptions for subsequent dispensing with the patient's or client's consent. Regardless of what model of care they use to prescribe or dispense, all health practitioners should be prepared to be able to explain to their Board how their practice meets their professional obligations to provide safe and appropriate health care."

The Ordre des pharmaciens du Québec (OPQ)'s Code of Ethics states,

> "27. Pharmacists must acknowledge the patient's right to choose his or her pharmacist; they must also respect the patient's right to consult another pharmacist, professional or other qualified person. They may not make any agreement which could affect those rights."

The OCP could establish similar expectations in its Code of Ethics, and could also reflect the expectations in its Standards of Operation (for example, expectations around "Delivering Services" which currently state that patients need to be "provided the information needed to make decisions about their health and health care" could be revised to more proactively require that patients can make their own decisions about where they receive care).

A stronger approach could involve changing Regulations. The College could establish restrictions in choice as grounds for professional/proprietary misconduct. This is similar to the recommendations outlined in Option 1, but does not identify all "payer-directed care" as being problematic. Instead, it specifies the limitation in choice as being the problem. As in the previous example (Option 2), this

restriction does not necessarily require elimination of payer-directed care models, as long as patients retain autonomy to choose where they receive their medications. From the College's perspective, the desired outcomes of limiting harm (in this case, ethical harm associated with loss of autonomy) would be achieved.

It would be important, in the implementation of this approach, to define the meaning of choice, in the context of payer-directed care. As was revealed in the evidence review, the option of "choice" is not always a true option. In a voluntary PPN, where patients have the "choice" to remain with their current pharmacy, this often comes with added deductibles or copayments (Chandra et al. demonstrated that increases by as little as $10.41 per drug caused a 22.6% drop in drug consumption, and also caused a 32.7% increase in monthly mortality, the cause of which was traced to reduced medication consumption.[51] Meta-analysis show that patients are 11% less likely to adhere to their medication when copayments for medicines are necessary[52]). Even though employers and insurers may argue that it is the patient's "choice" to switch pharmacies, the financial barriers faced by many patients supersede the patient's autonomy to make their own health care decisions (an ethical right). Being required to pay a higher co-pay or deductible has a bigger impact on low-income workers, who are disproportionally racialized minorities (among the major race and ethnicity groups in the US, Hispanics and Blacks earn less than Whites and Asians).[vii] This means when these groups are required to pay out-of-pocket for prescription drugs, it consumes a higher percentage of their earnings, causing them to potentially prioritize paying rent or obtaining food (for example) as a necessary trade-off.[53] As a result, patients may be making decisions out of financial need, and barred from using their autonomy to make their own informed decisions. Those who can afford to pay the additional copay/deductible required to stay with their own pharmacy are able to express patient autonomy and true consent. Patients forced to leave their pharmacy and receive services through a "preferred provider" due to their financial circumstances, are left having to navigate restrictions on access (e.g. shipping requirements, rather than direct in-person access). This is both an ethical concern, and a concern of equity.

In light of this, as the College considers making requirements about limiting "choice,", it should be clarified that choice should never be impacted by financial factors.

Option 4) Establish clear informed consent requirements

Entering into an agreement that restricts a person's choice of a pharmacy or pharmacist without the person's written consent is considered an act of proprietary misconduct under section 32 of the DPRA Regulation. As described above, there is concern that payer-directed care models are not adhering to consent requirements.

In response to this, the College could establish a clear definition of and requirements for informed consent (in the context of payer-directed care). There are various levels of response available, from policy development to regulation change.

Although the Code of Ethics describes the requirement that patients provide "written" consent, the meaning of this is not always clear. Other jurisdictions have made clear what this means and how it can

[vii] In 2022, according to the U.S. Bureau of Labor Statistics, the median usual weekly earnings of full-time wage and salary workers were $823 for Hispanics, $878 for Blacks, $1,085 for Whites, and $1,401 for Asians. U.S Bureau of Labor Statistics. Labor force characteristics by race and ethnicity, 2022. BLS Reports. Report 1105. November 2023. https://www.bls.gov/opub/reports/race-and-ethnicity/2022/home.htm. Accessed June 30, 2024.

be obtained. For example, the Saskatchewan College of Pharmacy Professionals defines "Informed Consent" as a patient's authorization to carry out a treatment, procedure or receive a pharmacy service, after they are provided the information and facts needed to make an informed decision. Consent must be informed, specific, given voluntarily and documented."[54] In their Central Fill Policy, the requirements for patient consent explicitly note that having patients complete online application forms or click on internet links and check boxes (e.g. stating "I accept the terms and conditions as listed") does not qualify as obtaining informed consent. The General Pharmaceutical Council in the UK has established Guidelines on Consent that establish expectations such as, "Pharmacy professionals should not make assumptions about the person's level of knowledge and they should give them the opportunity to ask questions" and "The information a pharmacy professional provides to the person must be clear, accurate and presented in a way that the person can understand."

A stronger response would be to revise Regulations to make consent requirements more specific. For example, by adding the word "informed" to the consent requirements, with a clear definition of what this means.

It has been argued that the concept of consenting to participate in a payer-directed care model is not practical or meaningful, as patients facing expensive medications have no other option, and their families who may be covered by the plan are not always part of the consent process.[viii] This argument holds weight, and the College should consider how it can address this issue. One approach is to consider the consent process as an opportunity to build awareness and educate the patient about their rights. The College could include requirements that the pharmacy's consent process include a component of Health Insurance Literacy[55] so that patients are aware of their rights and the implications of their decisions. The College could also consider including a public awareness campaign, encouraging the public to submit complaints to the College if these processes are not being followed. Finally, if the consent exercise includes the option to remain with their current pharmacy (as described above), it becomes a much more meaningful process.

Considerations regarding transparency

The lack of transparency in the pharmacy system has been criticized. In 2006, Bill 102, the Transparent Drug System for Patients Act, 2006 brought changes to the Drug Interchangeability and Dispensing Fee Act, 1990 and the Ontario Drug Benefit Act, 1990. These changes included the addition of a set of principles to the Ontario Drug Benefit Act, including the expectation for transparency in the operation of the public drug system (the OCP is responsible for enforcing the Act, in respect of operators of pharmacies):

- 5.01(3)The public drug system aims to operate transparently to the extent possible for all persons with an interest in the system, including, without being limited to, patients, health care practitioners, consumers, manufacturers, wholesalers and pharmacies.

These expectations for transparency, and the OCP's legislated responsibility to enforce the Act (in respect of operators of pharmacies) could provide rationale for strengthened transparency requirements.

The Canadian Life and Health Insurance Association (CLHIA), in a policy paper that sets out recommendations to reform prescription drug coverage in Canada, recommends increased transparency requirements in pharmacy, specifying that all pharmacy receipts should clearly disclose the dispensing

[viii] To date, the College has not brought any cases of this nature to the Discipline process.

fee charged and pharmacy mark-up. This is in response to the role pharmacy plays in managing costs, and the apparent difference in the price for private payers after the pharmacist mark-up and dispensing fees are factored in. Bill C-64 (An Act respecting pharmacare)[56] (if passed) may also help alleviate some pressures.

In Quebec, these requirements are set out in legislation. The Drug Insurance Act includes the following transparency rules:

> "8.1.1. A pharmacist must give an itemized invoice to a person from whom payment of a pharmaceutical service, except a service for which no contribution is payable under subparagraph 1.4 of the first paragraph of section 78, or of a medication or supply covered by the basic plan is claimed. The invoice must list separately the pharmacist's professional fees for every service provided, the price paid by the basic plan for every medication or supply provided and the wholesaler's profit margin, if any.
> The invoice must also show any other information the Government determines by regulation, based on whether the insurance coverage is provided by the Board or by a group insurance contract or an employee benefit plan.
> An accredited wholesaler must give the pharmacist to whom the wholesaler sells a medication or supply covered by the basic plan an itemized invoice which lists separately the price of that medication or supply and the wholesaler's profit margin."

In Ontario, these transparency rules already exist for publicly funded medication (Ontario Drug Benefit (OBD) prescriptions), as the reimbursement amounts are publicly available for each province.[57] However, this only applies for publicly funded medications. Changes such as these could help bring awareness to the profit being made on payer-directed care models but is likely beyond OCP's jurisdiction.

Summary of Regulatory Options

A summary of the regulatory options presented is listed below:

REGULATORY OPTIONS
Strategy A: Regulate the models themselves
1. Define participation in payer-directed care models as proprietary or professional misconduct
a. Expand on existing Conflict of Interest or Unprofessional Behaviour provisions
b. Define payer-directed care as a separate ground for misconduct
Strategy B: Regulate the elements of the models that are harmful
2. Preserving continuity and access to care: Develop restrictions on patient steering (through conflict of interest or unprofessional behaviour provisions)
3. Retaining autonomy: Clarify the expectations for autonomy over choice of pharmacy
4. Ensuring consent: Establish clear informed consent and health insurance literacy requirements

There may be other, more effective ways to reduce patient harm, that are beyond the jurisdiction of OCP. These are discussed below in the "Considerations" section. Although they are beyond the mandate of the College, the College may have a role to play in influencing policy change in these areas.

3.3 Analysis of Options – Stage 3

There are many ways the College could respond to the harm related to payer-directed care models. First, and most thoroughly, the options that are within the College's current regulatory power will be assessed.

The first set of options to consider is what strategy the college should use in designing its response. There are pros and cons of each, as described below.

Assessment of Strategies

	Strategy A: Regulate the models	Strategy B: Regulate the elements
PROS	❖ Easier to enforce (does not require determining whether the action is a conflict of interest or unprofessional, as it would be defined in regulation) ❖ Stronger impact	❖ Patient-focused, targeted approach, as it addresses harmful elements instead of the business models themselves ❖ More focused on OCP mandate ❖ Adaptive to evolution of business models, as it is focused on elements of harm, not specific models.
CONS	❖ Reputational risk (without considering business repercussions, could result in unintended consequences) ❖ Difficult to define which models apply ❖ Regulatory risk (may be perceived as going beyond the mandate of OCP) ❖ Does not address PBMs or vertically integrated models	❖ Harder to enforce (requires oversight) ❖ Some may argue response is not strong enough

Assessment of options

Following the right-touch regulation approach, the next questions involve reviewing whether the regulator's response will add any new risks or unintended consequences, and if so, whether they outweigh the benefits. With this in mind, each of the regulatory options were assessed according to the following criteria:

1) **Feasibility**:[ix] Feasibility was assessed using a ranking system that was previously presented to the OCP Board.[58] This included consideration of whether the approach is within current regulatory authority, whether research is required, the need for support from others, and whether additional resources are required.

2) **Potential impact**:[x] The impact was assessed against how well each option meets the desired outcome to:
   1. Minimize patient harm associated with payer-directed care models; and

[ix] **Feasibility**: **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.

[x] **Potential impact**: **Highly impactful**: Meets all desired outcomes; **Impactful**: Meets some outcomes; **Possibly impactful**: Meets desired outcomes, but relies on external sources; **Little impact**: Meeting outcomes is unlikely and reliant on many factors; **No impact**: Does not achieve the desired outcomes.

2. Maintain continued confidence that pharmacists and pharmacies are providing care according to professional standards.

3) **Unintended consequences**:[xi] The unintended consequences that could result from OCP's actions were assessed. As has been noted, the pharmacy is part of an inter-connected system, and each option could be associated with unintended consequences. The most significant consequence would be a negative impact on patient access to funded/insured medication.

   Prescription drug costs are the major driver of benefit costs for employers,[59] and payer-directed care models are a way to manage these costs (particularly for specialty drugs/biologics, which can cost more than $100,000 per patient per year).[60] Studies in the US indicate that PPNs could reduce prescription drug costs for employers by as much as 18%.[61] The Pharmaceutical Care Management Association (PCMA, the national association representing pharmacy benefit companies in the US) has estimated that PBM tools will save Medicare Part D and its beneficiaries more than $437 billion between 2023 and 2032.[62] They claim these savings will be achieved by negotiating rebates from drug manufacturers, negotiating discounts from pharmacies (according to the PCMA, the more selective the network, the greater the discount, because each pharmacy will gain more business), offering more affordable pharmacy channels (such as mail-service and specialty pharmacy channels), reducing waste, encouraging use of generics and affordable brands, and improving adherence (PBMs often implement medication adherence programs). CLHIA made similar points in a Statement on PPNs[63] released in April 2024, and added,

   > "PPNs help to ensure that Canadians who need life-saving medication and other supports can receive them, while also preserving the sustainability of benefit plans. Insurers believe they have a responsibility to help keep drug costs affordable for employers who offer workplace benefit plans to their workers. If drug costs continue to rise, they may become difficult to fund, potentially putting drug coverage at risk."

   It is acknowledged that these are the perspectives of groups advocating for their businesses, and not for the best interests of patients. However, it is also important to acknowledge that payer-directed care models are used as a cost containment mechanism, and OCP's actions could have downstream effects on these businesses and, as a result, the patients they serve.

   The College will need to consider how much weight these unintended consequences are given. Does the best option balance individual needs with those of the broader population? Or is OCP's mandate best focused on individual pharmacists' duty to protect individual patient needs?

4) **Reputational Risk**:[xii] Reputational risk is assessed for each option, including consideration of the optics associated with the approach taken. As a body whose duty is to serve and protect the public, any appearance to be advocating on behalf of either small/independent pharmacies or large corporations would be related to high levels of reputational risk.

[xi] **Unintended consequences**: **None:** No potential for unintended consequences; **Possible**: It is possible that there will be unintended consequences, but they will be minor; **Some**: there will likely be unintended consequences, but the impact will not likely be major; **Likely**: It is quite likely that there will be unintended consequences, with negative effects; **Major**: Strong likelihood of unintended consequences, with substantial negative impact.

[xii] **Reputational Risk**: **None** - No potential for reputational risk; **Possible**: It is possible that there will be reputational risk, but will likely be minor in nature; **Some**: some potential for reputational risk, but the impact will not likely be major; Likely: Likely potential for high levels of reputational risk; **Major**: High potential for major reputational risk.

5) **Regulatory risk**:[xiii] Regulatory risk was also assessed, examining how aligned the response is with the College's statutory mandate. Options that appear to span the outer edges of the mandate are associated with high levels of regulatory risk, whereas those that are clearly aligned with the objects of the college have low regulatory risk.

   One indicator of regulatory risk is whether Colleges in other jurisdictions have implemented similar options. The environmental scan of other Canadian provinces/territories revealed little public documentation in Council meetings regarding payer-directed care models, except for the Alberta College of Pharmacy. The minutes from its March 2024 meeting state, "The awareness and emergence of preferred provider networks should be documented as a threat to patient autonomy. Council observed the emergence of PPN's as an indicator of movement to an American style service model."

The analysis of options is provided in the table below.

[xiii] **Regulatory Risk**: **None** - No potential for regulatory risk; **Possible**: It is possible that there will be regulatory risk but will likely be minor in nature; **Some**: some potential for regulatory risk, but the impact will not likely be major; **Likely**: Likely potential for high levels of regulatory risk; **Major**: High potential for major regulatory risk.

Table 1: Analysis of options

Option	1) Feasibility	2) Potential impact	3) Unintended consequences	4) Reputational risk	5) Regulatory risk
1 – Define models as misconduct	**Minimally feasible**: Difficult to define which types of models should be included.	**Highly impactful**: If implemented appropriately, has potential to meet all desired outcomes.	**Major**: Potential major unintended consequences	**Major**: Stakeholder dissatisfaction should be expected.	**Major** Stakeholders could argue that the College is going beyond its mandate. "Heavy touch"
2 – Restrictions on patient steering	**Feasible**: Requires additional implementation research. alternative solutions are required for pre-54 pharmacies.	**Possibly impactful**: Implementation and enforcement not straightforward; Some may argue the response is not strong enough. Requires strong College enforcement.	**Possible**: Consequences depend on additional interventions taken.	**Possible**: Allows for current models to exist, with conditions and modifications. Some may argue this response is not strong enough.	**Possible**: Allows for current models to exist, with conditions and modifications.
3 – Autonomy expectations	**Feasible**.	**Impactful**: Impact varies depending on option chosen.	**Possible**	**Possible** Does not require elimination of payer-directed care models, as long as patients retain autonomy. In an interview with the Globe and Mail, Jeff Leger, President of Shopper's Drug Mart, has said, "People should have access and the choice to go wherever they like, full stop."[64]	**Possible**
4 – Consent requirements	**Feasible**: Feasibility varies based on option selected. Need alternatives if a patient (or family member) denies consent.[xiv]	**Possibly impactful**: May not be meaningful, as the alternative to consent is paying out of pocket.[xv] Impact is dependent on enforcement approach.[xvi]	**Possible**	**Possible**: Stakeholders may find the additional processes onerous.	**Possible**: Requirements are "light touch" and within mandate.

[xiv] Could be complemented by a public awareness campaign, encouraging public to submit complaints to the College.
[xv] If the consent exercise includes the option to remain with their current pharmacy (as described above), it becomes a much more meaningful process
[xvi] To date, the College has not brought any cases of this nature to the Discipline process.

3.4 Other Considerations – Stage 4

It is known that payer-directed care models are not singly a pharmacy issue. Pharmacies are just one of the multiple organizations involved in establishing and operating these models, and a pharmacy-specific response will not likely provide the necessary impact to fully prevent the harm the College is concerned about. A comprehensive review of the broad and inter-connected nature of all the partners involved has identified several additional areas to consider. Although the College may not have direct oversight of these changes, there may be ways to partner and advocate for change, for the sake of public protection.

External players

Insurance companies and employers, as the "payers" in payer-directed care, are a critical group that should be considered in the regulatory solution.

Option 5: Advocate for changes to the Insurance Act

Groups (including the Ontario Pharmacists Association) have advocated for the development of legislation to allow "Any Willing Provider" (pharmacy) to join a PPN if they can the benefit at the same price.[65] The Ministry of Finance is exploring the impacts of pharmacy PPNs on Ontario's employer-sponsored drug insurance sector, and is conducting a consultation to assess whether policy intervention is needed or appropriate with regards to PPNs in Ontario. An Any Willing Provider approach would require parameters to be set for PPN arrangements to comply with (e.g., mandating that PPNs be open, voluntary, or both). Although this could be a beneficial approach to allow for competition to exist between pharmacies, it is a pharmacy (vs. patient)-driven solution. It relies on a patient's existing pharmacy to "sign up" for the PPN model, and if a pharmacy does not choose to opt-in to the model, the issues with continuity of care and autonomy remain.

Another option is to require insurance plans to implement "duty of care" provisions in contracts with PBMs or other payer-directed care models. In the US, state Health Plans often have a "duty of care" provision or clause in their contracts with PBMs that require the PBMs to perform in good faith. Some states have imposed additional requirements, including a "fiduciary duty" to act in the best interests, and protect the financial interests, of the party to which they owe the duty (i.e. health plan clients).[66]

Quebec has taken a different approach, focusing on patient choice. Quebec's Health Insurance Act regulates the commercial practices relating to prescription drugs. This legislation was revised in 2016 through Bill 92, to mandate that "no group insurance contract or employee benefit plan may restrict a beneficiary's freedom to choose a pharmacist."

This approach could have beneficial effects and complement the OCP's regulatory response. However, the definition of "choice" would need to be clarified, as described above, to ensure it is meaningful. It should also be noted that this approach would only benefit patients whose employers use insurance companies, regulated by the FSRA, and bound to the requirements of the Insurance Act. As has been noted, many employers establish self-insured plans. Neither these self-insured plans nor PMBs are under the jurisdiction of the Insurance Act, and so the changes above would not apply.

Intermediary players – PBMs

As has been discussed, PBMs are the intermediaries between the pharmacy and the drug insurance plan. Vertical consolidation of the PBM and the pharmacy, whereby PBMs are acquiring licenses to operate as

a pharmacy, allows them to "steer" patients to the pharmacies they own. Patient steering by PBMs is under scrutiny by the U.S. Federal Trade Commission (FTC), which is concerned with the impact it has on prescription drug access and affordability.[67] According to the FTC, "the largest PBMs are integrated with the largest health insurance companies and wholly owned mail-order and specialty pharmacies. They influence which drugs are prescribed to patients, which pharmacies patients can use, and how much patients ultimately pay at the pharmacy counter." An Interim Report which is part of an ongoing study by the Federal Trade Commission (FTC) of PBMs describes evidence suggesting that increased concentration of PBMs may give the leading PBMs the leverage to enter into "complex and opaque" contractual relationships that may disadvantage smaller, unaffiliated pharmacies and the patients they serve."[68]

The role of PBMs has evolved over time, expanding from the processing of claims to a larger role that involves full administration of drug benefits and negotiation of prices.[69] Facilitated by vertical consolidation of the PBM and the pharmacy, PBMs are now taking on roles that had historically been done by the pharmacy.[70] Concerns regarding conflict of interest also exist. Many large specialty pharmacies in the US are owned by insurers or PBMs such as CVS or Express Scripts. Although PBMs are supposed to help health plans control their drug costs, some question whether they will have the incentive to do so, while profiting off these high-cost medications. According to David Balto, a lawyer in Washington who represents independent specialty pharmacies, "Forcing people to use a PBM's own specialty pharmacy creates a situation where the fox is guarding the henhouse," and there is a sense that insurers and PBMs are funneling business to their own pharmacies.[71]

Several ways to address the concerns related to PMBs have been proposed and used by others, and these are discussed below.

Option 6: Consider pharmacy regulator oversight of PBMs

In the US, the NABP[xvii] has determined that part of the role currently conducted by PBMs falls within the practice of pharmacy.[72] In 2013, the NAPB passed a motion to support pharmacy boards using regulation/legislation to prohibit any actions conducted by pharmacy benefit managers that contradict or contravene the authority of state boards of pharmacy. This was in response to findings of a Task Force.[73] Task Force members recognized that although many concerns surrounding PBMs relate to contractual issues, payment, or coverage, and fall outside the purview of the boards of pharmacy, they determined that the PBM has a role in determining if a patient is eligible for specific medications based on their health plan. They also play a role in drug formularies, and direct pharmacists in what they can and cannot dispense to their patients.[74] As a result, the Task Force report confirmed that state boards of pharmacy should have some regulatory authority over PBMs (see Appendix 8 for the Motion and accompanying material). The Model Pharmacy Act[75] now includes a list of activities that encompass the practice of pharmacy as well as a list of business entities that should be licensed by the Board of Pharmacy (PBMs are included on this list).

In Ontario, the Pharmacy Act defines the scope of practice of pharmacy as:

> **Scope of practice**
> **3** The practice of pharmacy is,
> (a) the custody, compounding, dispensing and prescribing of drugs;
> (b) the provision of health care aids and devices;
> (c) the provision of information and education related to the use of anything mentioned in clauses (a) and (b);

[xvii] The NAPB represents the state boards of pharmacy, with a mandate of protecting the public health/

(d) the promotion of health, prevention and treatment of disease, disorders and dysfunctions through monitoring and management of medication therapy; and
(e) the assessment of conditions for the purposes of providing medication therapies. 2009, c. 26, s. 21 (1); 2023, c. 4, Sched. 2, s. 11.

Further reflection on the interplay between PBMs and pharmacy is recommended, especially given the vertical integration taking place between them. This vertical integration of the pharmacy supply chain is taking place when companies (such as Telus and ESC) acquire or merge with organizations upstream or downstream in their supply chains, creating operational efficiencies and offering more control over costs. This growing trend of consolidation has resulted in new business models that may not be addressed by current policies,[76] causing challenges with accountability and regulatory grey areas. If a PBM is also accredited as pharmacy, it is difficult to know which part of the business is being regulated by the College, especially when the business is conducting the activities listed above.

Option 7: Advocate for increased government/agency oversight of PBMs

Although there is precedent and rationale for pharmacy regulatory oversight of PBMs, there are other concerns with PBMs that fall beyond the scope of pharmacy, and suggest the need for increased government/agency oversight.

In the US, states have begun to regulate PBMs (all 50 states have enacted at least one law regulating PBM practices).[77] A study of five states reviewed by the US Government Accountability Office (GAO) found that they all used the following four ways to regulate PBMs through legislation:[78]

1. **Fiduciary or other ""duty of care"" requirements** (imposing a requirement on PBMs to act in the best interest of the health plan);
2. **Drug pricing and pharmacy reimbursement requirements** (for example, laws limiting PBMs' use of manufacturer rebates and their ability to pay pharmacies less than they charge health plans—a practice referred to as “spread pricing”);
3. **Transparency, including licensure and reporting requirements** (requirements that PBMs be licensed by the state, and to report information such as drug pricing, fees charged, and rebates received/retained);
4. **Pharmacy network and access requirements** (for example, laws prohibiting discrimination against unaffiliated pharmacies and limiting patient co-pays charged by PBMs).

Other ways states have regulated PBMs include:

- Requiring that the nearest in-person pharmacy in a PBM’s network be within a reasonable distance from an enrollee’s home.[79]
- Restricting PBMs from imposing more stringent certification standards on pharmacies in its network than those imposed by the state board without review and approval by the insurance commissioner in coordination with the state board of pharmacy. [80]
- Prohibiting PBMs from “steering” enrollees to pharmacies in which the PBM has an ownership interest, unless they provide a written disclosure and receive acknowledgement from enrollees.[81]
- Limiting co-pays (limit to co-pays)[82,83,84]

Although these solutions are beyond the mandate of the College, the OCP may consider bringing this forward in a system-level discussion as described below.

Systems view

Option 8: Advocate for the engagement of a Convenor

As the College moves forward with its own regulatory response, a system-level discussion may be warranted, to maximize impact, engage stakeholders, and avoid unintended consequences. An organization such as Canada's Drug Agency may be well positioned to lead this work, in its role in system coordination and convenorship for the health system.

Partners to engage include:

- Canadian Life and Health Insurance Association (CHLIA), Insurance Companies, Large employers, Unions, OMHRA (the professional association representing human resources, labour relations, and senior management professionals within the local public sector in Ontario)
- PBMs
- Pharmacies (representing all types) and pharmacy associations
- Manufacturers
- Patients
- Ministries of Health and Finance, FSRA
- Other provincial/territorial pharmacy regulators
- The Competition Bureau
- Ontario's Patient ombudsman*

*The concept of an ombudsman was raised by the NAPB's Task Force. Given the multiple players involved, patients may not know where to go if they have a complaint or concern related to a payer-directed care model. The Task Force recommended the creation of an ombudsman to address unmet patient needs in the area of PBM payment and contractual issues beyond the scope of pharmacy.[85] It was suggested that the ombudsman be positioned within the board of pharmacy because of the board's expertise and primary mission of protecting the public health, but there are other opportunities in Ontario, such as the office of the Patient Ombudsman (which currently has jurisdiction over complaints related to Ontario's public hospitals, long-term care homes, home care, and community surgical and diagnostic centres).

4. Recommendations – Stage 5

List of options

Several options have been presented that allow the College to respond to the regulatory concerns regarding payer-directed care. These options have been assessed against several criteria to weigh their appropriateness. A summary of these options, both within and beyond the sphere of OCP's influence, is provided below:

Table 2: List of options and recommendations

		Recommend? (Y/N/C*)
REGULATORY OPTIONS		
Strategy A: Regulate the models themselves		N
1	Define participation in payer-directed care models as proprietary or professional misconduct	N
Strategy B: Regulate the elements of the models that are harmful		Y
2	Preserving continuity and access to care: Develop restrictions on patient steering (through conflict of interest or unprofessional behaviour provisions)	C
3	Retaining autonomy: Clarify the expectations for autonomy over choice of pharmacy	Y
4	Ensuring consent: Establish clear informed consent and health insurance literacy requirements	Y
ADDITIONAL OPTIONS		
5	Advocate for changes to the Insurance Act	C
6	Consider increased pharmacy regulator oversight of PBMs	C
7	Advocate for increased government/agency oversight of PBMs	C
8	Engage a convenor to address system-level concerns	Y

**Y=Yes - Recommend; N= Not recommended; C=Consider*

Recommended approach

Strategic direction

As has been discussed, there are various ways the College could act to prevent patient harm and support care according to standards, and these can be classified into two main strategies: A) Regulate the models themselves; or B) Regulate the elements of the models that are harmful.

It is suggested that the College proceed with Strategy B, by regulating against the elements of payer-directed care models that are harmful. Although Strategy A may have more potential for impact, and could be more enforceable from a discipline perspective, it is associated with unintended consequences, challenges identifying the specific types of payer-directed care models that would qualify, and the difficulty of keeping up with constantly evolving business models.

By developing restrictions on patient steering (through conflict of interest or unprofessional behaviour provisions) and/or identifying the key elements that pharmacists and pharmacies must uphold in order to participate in these models (e.g. continuity of care, choice, informed consent, and a fair exemption process), the College could take meaningful steps to protect patients from harm and assure pharmacists are meeting standards. However, implementation and enforcement of this approach would be less straightforward, and require strengthening the College's processes, to ensure these elements are being adhered to.

List of Recommendations

After reviewing the options and considerations, the following recommendation are being proposed:

1. Rather than specifically regulate payer-directed care models (such as PPNs), the College should regulate the elements of the models that are harmful. This includes:

    2. To preserve continuity and access to care, the College should consider developing restrictions on patient steering (for example, through conflict of interest or unprofessional behaviour provisions.)

    3. To protect patients' rights to autonomy, the College should clarify its expectations for patient choice of pharmacy (for example, through setting clear expectations in its Standards of Operation, Code of Ethics, Standards of Operation, or Regulations).

    4. To ensure patient consent is meaningful, the College should establish clear informed consent requirements, including requirements for health insurance literacy.

5. Given payer-directed care models are a systems issue and cannot be fully addressed through regulation in pharmacy, the College should consider advocating for additional changes. This includes:

    6. To establish expectations of insurance providers, the College could consider advocating for changes to the Insurance Act, similar to those in Quebec, which require that "no group insurance contract or employee benefit plan may restrict a beneficiary's freedom to choose a pharmacist."

    7. To address the lack of oversight of PBMs, which play an important role in payer-directed care models, and whose role may be within the scope of practice of pharmacy (especially those that are vertically integrated with pharmacies), the College could consider advocating for pharmacy regulator oversight of PBMs.

    8. To address the lack of oversight of PBMs and concerns that span beyond the scope of pharmacy, the College may want to consider advocating for increased government/agency oversight of PBMs.

    9. Due to the complexity, number of stakeholders and potential patient and system impact, the College should advocate for convening a Roundtable, facilitated by a neutral body, to discuss this topic and identify system solutions.

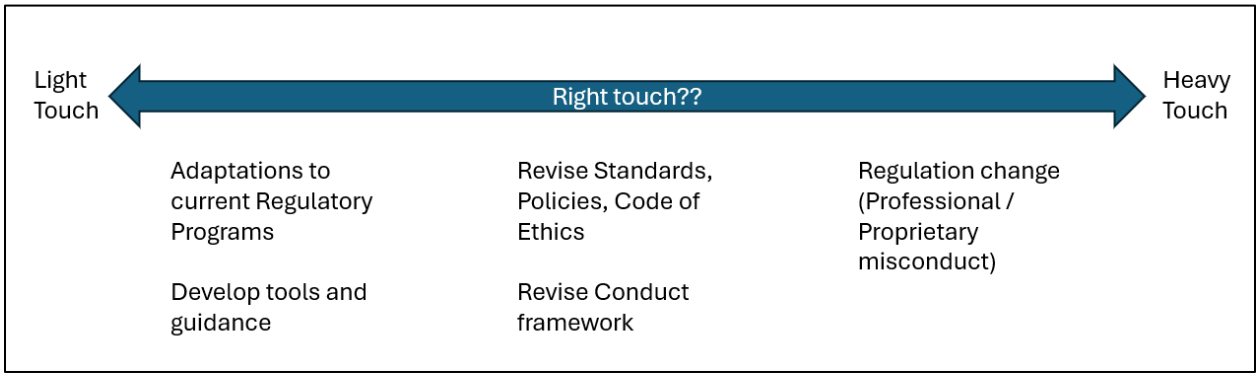
Implementation considerations

Level of response

Within each regulatory option available, there is a continuum on which OCP can respond, depending on how light/heavy the response needs to be. The choice of tool will depend on the risk involved and the level of strength the College needs to enact the response.

These can be viewed on a continuum in the figure below, from “light touch” to “heavy touch”, with the “right-touch” falling somewhere in between.

Figure 4: Level of response continuum



Regardless of how OCP decides to proceed, it will need to consider how it will operationalize the response. This includes building the response into the College’s existing framework (assessment, accreditation/renewal, enforcement processes) so that OCP can act on the response and engage with the tools it has available to it.

Enforcement

The response will also require long-term surveillance and enforcement. Given the continuously changing landscape, and development of new business models, it will be important for the College to continue to maintain awareness and be ready to adapt its response when needed. Lessons learned from regulators in several states that have attempted to regulate PBMs have noted that enforcement of laws is critical.[86] Training of the College’s various committees, on how to enforce the changes will be required.

Mandatory reporting and Whistleblower protection

Once a response is implemented, enforcement of the requirements could be facilitated through mandatory reporting requirements. It could be determined that if a pharmacy professional who is employed by a pharmacy finds out that the pharmacy is not following the new requirements, this pharmacy professional has an ethical duty to report the pharmacy to the College. This could be strengthened by establishing mandatory reporting requirements. However, to enable this, whistleblower protection may need to be considered, to protect the reporting pharmacist. Caution needs to be used when applying this approach, as the employers of whistleblowers have been known to submit complaints to the regulator about the conduct of the whistleblower, in response to these reports.[xviii] It is possible that threats by the employer could prevent individuals from taking on a whistleblower role, [87] but concerns about these types of repercussions could likely be alleviated through proactive communication by the regulator.

[xviii] The concerns is typically related to the whistleblower breaching confidentiality, being an active participant in the misconduct on which they reported, or claiming that the whistleblower’s report was dishonest and/or made for a collateral, self-interested purpose.

Appendices

Environmental Scan

Appendix 1: Environmental Scan

Jurisdiction	Org type	Organization
COLLEGES/GOVERNMENTS		
BC	Regulator	College of Pharmacists of British Columbia
AB	Regulator	Alberta College of Pharmacy
SK	Regulator	Saskatchewan College of Pharmacy Professionals
MB	Regulator	College of Pharmacists of Manitoba
QC	Government	Legislation
	Regulator	Ordre des pharmaciens du Québec (OPQ)
NB	Regulator	New Brunswick College of Pharmacists
NS	Regulator	Nova Scotia College of Pharmacists
PEI	Regulator	PEI College of Pharmacy
NFLD	Regulator	Newfoundland & Labrador Pharmacy Board
National	Regulator	National Association of Pharmacy Regulatory Authorities (NAPRA)
US	Regulator	National Association of Boards of Pharmacy (NABP)
	Regulator	Government Accountability Office
UK	Regulator	General Pharmaceutical Council
AUS	Regulator	Pharmacy Board of Australia
		Pharmaceutical Society of Australia
ASSOCIATIONS		
ON	Association	Ontario Pharmacists Association (OPA)
CA	Association	Canadian Pharmacists Association (CPhA)
CA	Association	Neighbourhood Pharmacy Association of Canada
QC	Association	AQPP

Right Touch Regulation Decision Tree

Appendix 2: Right Touch Regulation Decision Tree

https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf?sfvrsn=eaf77f20_20

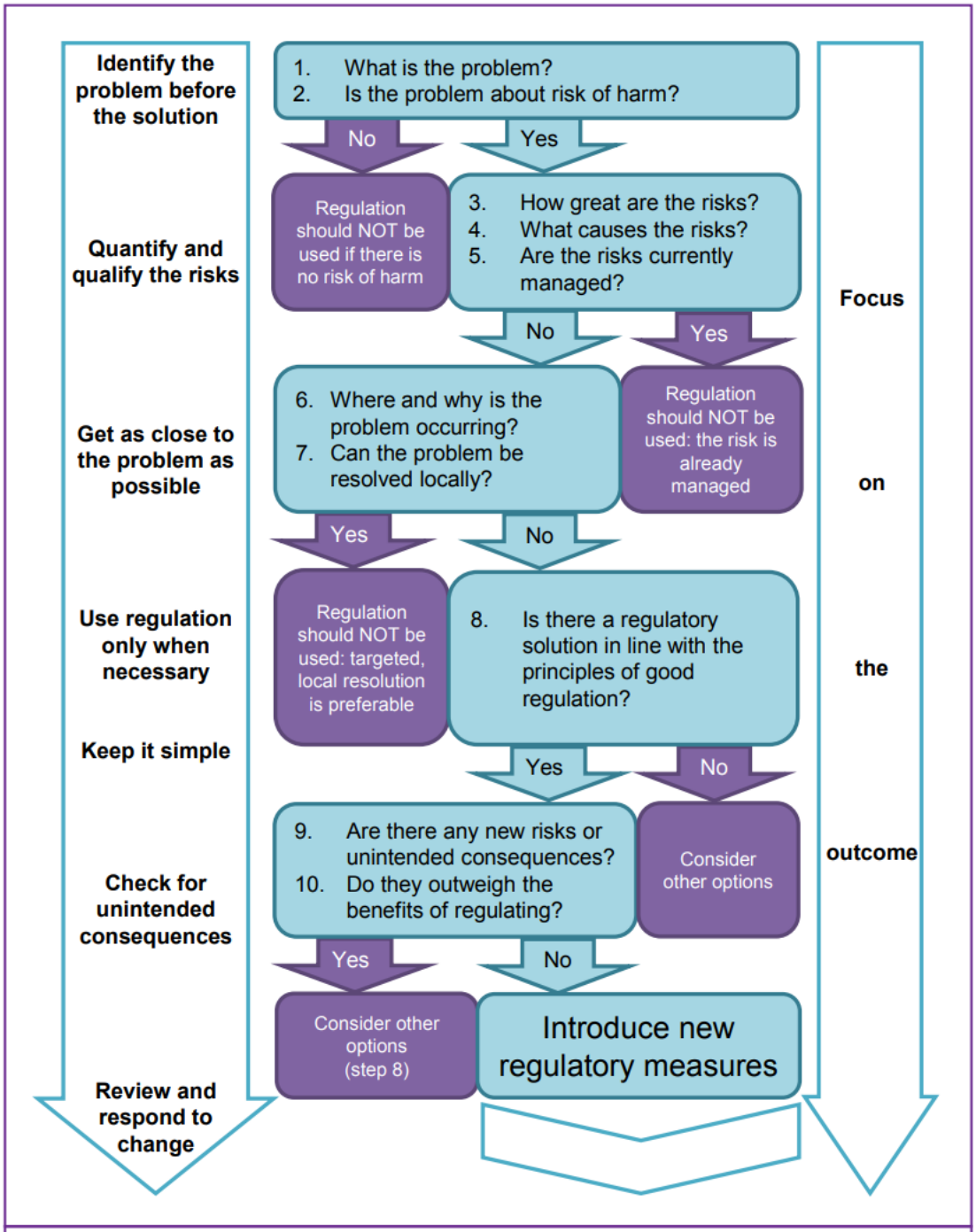


Figure 2. The Right-touch regulation decision tree.

Evidence Brief: Access and continuity of care

Appendix 3: Evidence Brief - Access and continuity of care

Ten years ago, Greiss and Tadrous urged caution in implementing PPNs, due to the disruption they can cause between pharmacists and patients.[88] Concerns included:

- The potential for missed or delayed treatment, due to the lack of immediate availability of medications from a patient's local pharmacy.
- The potential for disjointed care, due to lack of full understanding of the patient's medication history. For example, potential drug interactions could go unnoticed, and the medical history recorded with the previous pharmacy could be lost, potentially increasing the risk of medication incidents.
- Disruption to the traditional pharmacist-patient relationship, as the personal interaction and advice they receive from their local pharmacist may be lost when forced to use remote or mail-order services, which some PPNs require patients to do.
- The lack of direct communication related to online/mail-order services, which can lead to patients not fully understanding their medications or treatment plans.

Evidence has shown that having a single pharmacy increases the likelihood for medication adherence, with less chance of experiencing serious drug-related adverse events.[89] Research has shown that PPNs can have negative effects on the patient-provider relationship, with lower trust and satisfaction observed when patients are restricted in their choice of provider.[90] Disruptions to continuity of care are especially concerning for patients on specialty medications, as they often have complex needs, must navigate a challenging healthcare system, and may benefit from the support of a pharmacist who is familiar with their entire medical history, including drug interactions, to ensure safe and effective use of their medications.

When patients are forced to obtain their prescriptions from a "preferred provider", this not only impacts continuity of care but also limits access to care. Sometimes, the new preferred pharmacy is either virtual in nature or in a location that is far from home. Forcing patients to use a "virtual" pharmacy is problematic. In the Safer Care for All report, the PSA identifies risks associated with the rise of virtual care. There is evidence in the UK that online healthcare businesses (primary care, optical services, dentistry, pharmacy) are underperforming against their 'physical' competitors in terms of quality of care, and concerns have been raised regarding failure to meet basic standards. There is a growing number of "Distance-selling Pharmacies" in the UK,[91] and the pharmacy regulator has noted that online pharmacies are significantly over-represented in fitness to practice (what we know as discipline) cases.

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. The impact of payer-directed care models on rural communities is an important consideration.

Rural communities in the US have identified access to quality health care services as the top health priority of the decade.[92] In the US, rural pharmacies are closing, affecting patient access to health services in these communities. From 2003 to 2018, the number of independently owned pharmacies in rural areas of the United States decreased by 16%, and of the 119 community retail pharmacies that

closed between 2006 and 2010, 31 were in rural communities that had no other health care provider. Similarly, rural areas of Washington State are significantly less likely than urban core areas to have access to a pharmacy that has contracted with at least 1 Medicaid insurance plan, and the likelihood of access to a Medicaid-contracted pharmacy decreased significantly as rurality increased. This decreasing number of rural pharmacies requires rural residents to travel farther distances for services.[93]

Given there is evidence that lack of access to pharmacy care can affect medication adherence and restrict access to public health services, these changes are concerning, especially because the prevalence of many chronic conditions is higher in rural areas than in urban areas. In addition, at least in the US, rural residents are older, have lower income, have less education, are less likely to be employed, and more likely to have a disability than urban residents.[94]

Because of the requirement to access a “preferred provider” in a location that may not be close to home, payer-directed care models can be associated with transportation barriers, an important social determinant of health, both for urban and rural populations. “Transportation disadvantaged” populations are disproportionately female, poorer, older, less educated, and of minority status.

In a study designed to explore the effects of provider networks (networks of insurance providers participating in plans) on travel distances for consumers, it was found that these networks add travel distance for consumers in all areas, but especially in rural areas. Longer travel distances exacerbate inequalities in health care access, with poorer consumers being generally less able to overcome the barriers imposed by distance.[95] Not surprisingly, in a study conducted to evaluate the factors that were most likely associated with patients switching pharmacies to a “preferred provider,” it was found that rural residents were less likely than urban residents to switch to a preferred provider. The consequences of not switching are not known. Are they paying more out of pocket costs as a result of not switching pharmacies, thus prone to non-adherence and poor outcomes? The author stressed that policymakers should seek to better understand plans' strategies and to assess whether communities have equitable access to preferred pharmacies.[96] There is concern that as payer-directed care agreements move beyond specialty networks into more widespread chronic use medications, there could be increased negative impacts.[97]

Evidence Brief: Autonomy

Appendix 4: Evidence Brief - Autonomy

When pharmacists/pharmacies are involved in payer-directed care models that force patients to obtain certain medications at a preferred pharmacy, they are breaking the principle of Respect for Persons/ Justice, as they are restricting patients' autonomy. Having the autonomy to make their own health care decisions is an ethical right, and is important to most patients. Studies indicate that most people do not perceive pharmacies as simply prescription-distribution centres, nor do they see prescriptions as just an economic good. People are reluctant to change from their current pharmacy, even when superior alternatives (with attributes such as close to home, excellent satisfaction rating, extended hours, meeting quality requirements, and no out-of-pocket payment) are available.[98] Patients are influenced by the people at the pharmacy (i.e. the pharmacists themselves) and also by convenience.[99] Selective contracting approaches such payer-directed care models are negatively perceived by patients, who are more satisfied with their care providers when they have chosen them themselves.[100]

Most Canadians believe they should be able to choose the pharmacy they use (a survey conducted for the CPhA indicates that 86% of Canadians think they should be able to get prescriptions filled at any licensed pharmacy, regardless of their insurance provider). Despite this, there is evidence that people are switching pharmacies due to the influence of their insurance company (8% of Canadians, or approximately 3 million people, report that they have switched pharmacies because it was recommended by their insurance company).[101]

Sometimes, payer-directed care models do not give the patient the option to remain with their current pharmacy, even if that pharmacy is willing to offer the same price to the payor.[102] In other situations, the insurance provider offers a higher coverage rate at a preferred pharmacy, thus putting patients in a situation where they are forced to choose between out-of-pocket costs and their right to have autonomy over the pharmacy they would prefer. A patient describes this situation and the resulting concerns:

> "I have a relationship with my pharmacy based on trust and a comfort level with the care and information provided by the pharmacist and staff. My insurance provider initially covered 80 per cent of my family's prescription medications at any pharmacy I chose. Now, the provider covers 85 per cent at a particular pharmacy banner and 75 per cent at all other pharmacies. Relocating to a designated pharmacy outside of my neighbourhood is simply not practical, so we have not changed pharmacies and will continue to get the care we need where we are comfortable. The decision to forego the 10 per cent in additional coverage adds nearly $500 annually to my household budget. Many people can't justify the added costs, or the inconvenience and added costs of transportation outside their neighbourhood, forcing them to leave their trusted healthcare providers."[103]

To avoid having to pay large out-of-pocket fees, patients are deciding to leave their current pharmacy and move to a "preferred provider." Even though employers and insurers may argue that it is the patient's "choice" to switch pharmacies, the financial barriers faced by many patients supersede the patient's autonomy to make their own health care decisions (an ethical right). Patients may be making decisions out of financial need, and barred from using their autonomy to make their own informed decisions. Those who can afford to pay the additional copay/deductible required to stay with their own pharmacy are able to express patient autonomy and true consent. Patients forced to leave their pharmacy and receive services through a "preferred provider" due to their financial circumstances, are

left having to navigate restrictions on access (e.g. shipping requirements, rather than direct in-person access). This is both an ethical concern, and a concern of equity (the topic of equity is explored further below).

This limitation to patient autonomy – the right of patients to make decisions about their own health care - has been articulated by patients in Ontario:

> "Raising a family as a busy mother of three young children comes with its own challenges. Raising a family and managing a chronic illness on top of it can make some days feel like they are all up hill… nothing could prepare me for the barrier of being refused access to life-altering medications in my own community and from my own preferred and trusted pharmacist. The mandated limitations forced on me by my insurance provider do not afford me any privacy and has at times put a strain on my daily life, jeopardising my health and the management of my symptoms. This could be avoided by allowing me to access my medications locally. The burden of pricing negotiations for prescription drugs should not be carried by the patient..."[104]

OMHRA, the professional association representing human resources, labour relations, and senior management professionals within the local public sector in Ontario, has raised caution about the impact of PPNs on people's sense of choice and autonomy in managing their own healthcare.[105] Similarly, the Ontario Pharmacists Association (OPA) drafted a Position on February 2018, outlining its concerns associated with models that cause health insurers, manufacturers and wholesalers to restrict a patient's freedom to choose a pharmacy, and recommending that the government develop "Any Willing Provider" legislation.[106] In the Netherlands, the use of negative financial incentives to channel enrolees to a preferred provider is now limited, in order to protect freedom of choice. Although preferred provider models are allowed, health insurers (through the Health Insurance Act) must reimburse at least 75% of the costs of care if it is received through a "non-preferred" provider.[107]

Evidence Brief: Consent

Appendix 5: Evidence Brief - Consent

An important element of autonomy is informed consent. Prior to administering any treatment, informed consent must be obtained from the patient in accordance with O. Reg 202/94 under the *Pharmacy Act*, the *Health Care Consent Act* (HCCA) and the OCP's Code of Ethics. According to the Saskatchewan College of Pharmacy Professionals, patients have the right to be informed about the benefits and risks of any treatment, procedure or pharmacy service being offered to them, and the autonomy to make a decision about whether to undergo the treatment/receive the pharmacy service.[108] Although patient consent is given at the time of enrollment in a pharmacy benefit plan, according to the Health Care Consent Act, for a patient to consent to a proposed treatment, the consent must be both informed and given voluntarily. In the case of payer-directed care models, patients are often confused by the details of their insurance benefits.[109] A study in the Netherlands found that one fifth of enrollees in an insurance policy with restrictive conditions were totally unfamiliar with the policy's conditions. This was particularly prominent for men, younger people and people with a low level of education, income, and poor health status.[110] This raises questions about Health Insurance Literacy (HIL, "the capacity to find and evaluate information about health plans, select the best plan given financial and health circumstances, and use the plan once enrolled"[111]), and whether proper informed consent is being obtained.

Evidence Brief: Equity

Appendix 6: Evidence Brief - Equity

The evidence review identified several concerns related to payer-directed care models from an equity perspective.

The issues involved in payer-directed care models may be unfairly affecting those who are financially vulnerable, and who may be at highest risk of poor health outcomes[112] and care failure.[113,114]

Payer-directed care models can create situations where patients are required to choose between the payer's preferred provider, or staying with their own pharmacy, and paying a higher out-of-pocket fee. For those who decide to stay with their pharmacy of choice, the increased out-of-pocket costs that are associated with this could lead to poorer medication adherence and suboptimal outcomes.[115] Adherence is linked to outcomes, as described above.[116] When patients are required to pay higher out-of-pocket costs for their medication, there is evidence of increased rates of mortality. Chandra et al. demonstrated that increases by as little as $10.41 per drug caused a 22.6% drop in drug consumption, and also caused a 32.7% increase in monthly mortality, the cause of which was traced to reduced medication consumption.[117] Increases in the amount patients must pay out-of-pocket have been shown to negatively affect evidence-based medication utilization and worsen health disparities,[118,119] and a meta-analysis showed that patients are 11% less likely to adhere to their medication when copayments for medicines are necessary.[120] Increased out-of-pocket costs are also associated with non-adherence in older adults as well, particularly those with low income.[121] The opposite is also true. When out-of-pocket costs are reduced, improved medication adherence and better access to preventive care services is observed.[122,123]

Because socioeconomically marginalized populations are more likely to develop many medical conditions and are less likely to be able to access appropriate care,[124,125] these barriers are made worse when payers impose restrictions on coverage of medications used to treat these conditions, or when prior authorization requirements are imposed.[126]

Payer-directed care models are categorized as a type of managed care pharmacy,[127] and they have the potential to further exacerbate the previously established challenges and inequities faced by historically marginalized racial and ethnic groups, and across other geographic, and socioeconomic factors.[128] Managed care pharmacy is the practice of applying evidence-based medication strategies while optimizing health care resources in a cost-efficient manner.[129] These approaches use strategies such as cost-sharing, co-pays, and authorization requirements, and it has been determined that managed care pharmacy has a role to play in perpetuating racial disparities in medication use. Managed care pharmacy has been accused of shifting costs of expensive medications to patients, creating affordability crises for lower income workers.[130] These low-income workers are disproportionally racialized minorities (among the major race and ethnicity groups in the US, Hispanics and Blacks earn less than Whites and Asians).[131] This means when these groups are required to pay out-of-pocket for prescription drugs, it consumes a higher percentage of their earnings, causing them to potentially prioritize paying rent or obtaining food as a necessary trade-off.[132] When required to pay a co-pay, non-whites are more likely impacted,[133] and when required to participate in cost-sharing, this can deter clinically vulnerable patients from initiating essential medications.[134] Given the correlation between wealth and race, it has been argued that pharmacy cost sharing is not only an issue of patient affordability, but also a matter of racial justice.[135] Because of this, alarms have been raised for the need for organizations to work on addressing prescription processes and patient access policies to help maximize equitable access to medications.[136]

Equitable access to appropriate medication, or “pharmacoequity” has been defined to highlight the need for “a health care system where all patients, regardless of race, class, or availability of resources, have access to the highest quality, evidence-based medical therapy indicated for their condition.”[137] It has been recommended that patient access policies should be established to reduce barriers to receiving pharmacy care, especially for marginalized populations. This was recently done in Virginia, where Virginia Medicaid updated its formulary policy to reverse its exclusive PPN arrangement and allow HIV and HCV antiretrovirals to be filled at any retail pharmacy, as opposed to restricting them to specialty pharmacies only.[138] Lessons learned from the US, where the prolonged impact of payer-directed care is now being documented, should be considered in Ontario.

The Evidence Review also uncovered concerns related to payer-directed care models and the risk on the rural population. The existence of payer-directed care models can threaten to draw volumes away from small local pharmacies, which are most at risk of being excluded from payer-directed care models, as they have limited negotiating power.[139] Research indicates that exclusivity deals and growing market dominance of PBMs in the U.S. have contributed to the rise of "pharmacy deserts" (areas of the country that don't have easy access to independent pharmacies) by driving business away from independent pharmacies.[140] This problem could be perpetuated in communities of colour, where, at least in the US, there is evidence that communities of colour have far lower concentrations of pharmacies than in other communities.[141] Anecdotal evidence from a survey of Ontario pharmacies conducted by external sources in 2022 and 2023, notes that most pharmacies reported a loss of patients due to restrictions in PPNs

(average number of lost patients was 39). These were related to specific medications including biologics, injectables, “maintenance/chronic” conditions, high-cost drugs, and medications related to conditions such as arthritis, cancer, and diabetes.[142]

Although it is difficult to observe whether independent pharmacies are struggling to remain open (small/community pharmacies are categorized in the same way by OCP as a large vertically integrated pharmacies), a threat to the accessibility of community pharmacies should be of concern, given Ontario’s primary care access issues,[xix] and the increasing reliance on pharmacists to fill these gaps. The concern is heightened by the inequitable impact these closures could have on certain groups.

[xix] A report released by the OurCare Initiative found that 22% of Canadians do not have a family doctor or nurse practitioner they can see regularly, and only 35% are able to get a same-day or next-day appointment when they need care urgently. And 36% can access a clinician on weekends or after 5 p.m.

Code of Ethics – relevant standards

Appendix 7: Code of Ethics - relevant standards

Beneficence:

The ethical principle of "Beneficence" refers to the healthcare professional's obligation to actively and positively serve and benefit the patient and society

- utilize their knowledge, skills and judgment to actively make decisions that provide patient-centred care and optimize health outcomes for patients (1.2)
- consider and take steps, when possible, to address factors that may be preventing or deterring patients from obtaining the pharmacy care or services required or from achieving the best possible health outcome (1.8)

Non Maleficence

The ethical principle of "Non Maleficence" refers to the healthcare professional's obligation to protect their patients and society from harm.

- refrain from participating in behaviours/attitudes which could potentially result in harm and utilize their professional judgment to make every reasonable and conscientious effort to prevent harm to patients and society (2.1)
- ensure that the healthcare professional/patient relationship is not exploited by the registrant for any personal, physical, emotional, financial, social or sexual gain (2.10)

Respect for Persons/Justice

The ethical principle of Respect for Persons/Justice refers to the healthcare professional's dual obligations to respect and honour the intrinsic worth and dignity of every patient as a human being and to treat all patients fairly and equitably

- recognize and respect the vulnerability of patients (3.1)
- respect and value the autonomy and dignity of patients (3.2)
- provide fair and equitable access to pharmacy services and deliver consistent quality of care to all patients regardless of socio-economic status, culture, disease state or any other related factor that might unfairly bias patient care. (3.16)

Accountability (Fidelity)

The ethical principle of Accountability (Fidelity) refers to the healthcare professional's fiduciary duty to be a responsible and faithful custodian of the public trust.

Pharmacists maintain the public trust by ensuring that they act in the best interest of their patients and society.

Refrain from participating in unethical business practices (4B):

- recognize that their patient's best interests must always override their own interests or the interests of the business which the registrant owns, has a financial interest in or is employed by (4.17)
- not compromise their professional integrity in order to further institutional or business interests and

promote financial gain to the detriment of the patient and public interest. (4.21)

Avoid conflict of interest (4C):

- Registrants avoid situations that are or may reasonably be perceived to construe a conflict of interest (4.27)
- Registrants enter into relationships with industry which are appropriate and in compliance with this Code and which allow them to maintain their professional integrity and retain public trust and confidence (4.31)

NAPB Motion re: PBMs

Appendix 8: NAPB Motion re: PBMs

- In 2013, a motion was passed to support pharmacy boards using regulation/legislation to prohibit any actions conducted by pharmacy benefit managers that contradict or contravene the authority of state boards of pharmacy. The following is an excerpt of the resolution:[143]

> Resolution No. 108-6-12
> Title: Regulation of Pharmacy Benefit Managers
> Action: Pass
>
> Whereas, the activities of pharmacy benefit managers may not be specifically addressed in federal or state statutes and regulations; and
>
> Whereas, the absence of specific federal and state regulations may leave patients without any mechanism to report concerns and problems with the activities of and pharmacy care provided by pharmacy benefit managers; and
>
> Whereas, the audits of pharmacy records conducted by pharmacy benefit managers sometimes interpret state statutes and regulations and seek to set standards of practice without consultation with the state boards of pharmacy, sometimes in conflict with state statutes and regulations and the official interpretations of state boards of pharmacy;
>
> THEREFORE BE IT RESOLVED that National Association of Boards of Pharmacy encourage state boards of pharmacy to consider utilizing the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* language as the basis for legislation or regulation in the states to prohibit any actions conducted by pharmacy benefit managers that contradict or contravene the authority of state boards of pharmacy.
>
> (Resolution passed at the NABP 108th Annual Meeting, Philadelphia, PA)

It had previously been determined (by the National Association of Boards of Pharmacy (NAPB)) that many of the activities the PBMs engage in fall under the definition of the Practice of Pharmacy.[144] To help clarify the distinction between the PBMs role in pharmacy vs. in processing, definitions were included in the Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)[145] which defines "Pharmacy Benefits Manager" as opposed to "Pharmacy Benefits Processor" (<u>emphasis added</u>): [146]

- "**Pharmacy Benefits Manager**" means a Person that Administers the Prescription Drug/Device portion of health insurance plans on behalf of plan sponsors, such as self-insured employers, insurance companies, and health maintenance organizations, <u>and that engages in or directs the Practice of Pharmacy</u>.
- "**Pharmacy Benefits Processor**" means a Person that Administers the Prescription Drug/Device portion of health insurance plans on behalf of plan sponsors, such as self-insured employers, insurance companies, and health maintenance organizations, <u>but that does not engage in or direct the Practice of Pharmacy</u>.

These definitions, including a list of activities that may encompass the Practice of Pharmacy by PBMs, preceded the Task Force. The Task Force recommended the addition of "Direction or design of the clinical programs for a pharmacy or a group of pharmacies." This was in recognition that many PBMs design the clinical programs for their associated mail order and/or network pharmacies. The Task Force also recommended that the language related to formularies be broadened to include all aspects of formulary management, not just interventions.

The Model Pharmacy Act[147] now includes the following statement: "It is the performance of activities that encompass the practice of pharmacy that distinguishes pharmacy benefits managers from pharmacy benefits processors. The activities that may encompass the practice of pharmacy by pharmacy benefits managers include, but are not limited to, the following:

- disease state management;
- disease compliance management;
- drug adherence management;
- drug interaction management;
- drug utilization management;
- formulary management;
- generic alternative program management;
- generic incentive program management;
- medical and/or drug data analysis
- patient drug utilization review (DUR) services;
- prior authorization services;
- provider profiling and outcomes assessment;
- refill reminder program management;
- therapy guidelines management;
- stop therapy protocol management;
- wellness management;
- maintenance of confidential patient information;
- direction or design of the clinical programs for a pharmacy or a group of pharmacies.

A previous Task Force (established in 1999) had determined that PBMs engaged in the practice of pharmacy should be licensed and regulated by state boards of pharmacy. This message was reinforced in the revised Act:

- Section 402. Licensing.
- (1) The following business entities located within this state, and the following business entities located outside this state that provide services to other business entities or patients within this state, shall be licensed by the board of pharmacy and shall periodically renew their license with the board:
- (g) pharmacy benefits managers;
- Given the potential effect on public health for many of these activities (particularly prior authorization services and formulary decisions), the task force flagged the importance of supporting accountability and increased oversight of pharmacy practice by PBMs.

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October 22, 2024

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Toronto, Ontario M7A 1Z1
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Re: The impacts of pharmacy Preferred Provider Networks on Ontario's employer-sponsored drug insurance sector

Dear Mr. Chatterjee,

Thank you for taking the time to meet with us earlier this month. As discussed, we have prepared the enclosed response to your consultation on Preferred Provider Networks (PPNs) in the employer-sponsored drug insurance sector.

As you know, the Ontario College of Pharmacists (OCP) has been considering whether a regulatory response is warranted to address the increasing trend towards the application of payer-directed care models in pharmacy. The topic was discussed by our Board in March 2024, where it committed to a series of steps in response to these concerns, including in the short term, drafting a formal position statement, and in the longer term, considering regulatory changes. The Board proceeded to pass the following position statement in July 2024:

> ***Closed PPNs (and other payer-directed care models) pose potential risk of harm to patients, contravene established ethical principles guiding the profession and are in conflict with standards of quality patient care. As Ontario's pharmacy regulator, OCP has no tolerance for any payment or reimbursement model involving pharmacies and pharmacy professionals that puts patients at risk, disregards patient autonomy, or that gets in the way of a pharmacy professionals' duty to put patient interests first.***

The College is now in the process of completing a policy review of the various regulatory response options. This analysis is informed by the College's regulatory mandate and proportionate to the level of risk of harm to the Ontario public. We are in the final stages of the policy review, but the recommendations have not been reviewed with our Board, and the College is not in a position to share them publicly. As a result, our consultation response focuses on:

- Findings from our evidence review (conducted in June-July 2024) that are relevant to this context, including confirmation that from our perspective, some payer-directed care models can be associated with patient harm.

- Information that we think is worthwhile for the Ministry of Finance to consider as it determines its next steps.

You will see that our response focuses on a number of themes, rather than responding directly to each question posed in the consultation. We would like to request the opportunity to re-submit a more thorough and definitive response after our Board meets on December 9, 2024. We have reached out to your office with a formal request.

Should you have any questions or comments related to this submission, please do not hesitate to contact me at your earliest convenience at kmasnyk@ocpinfo.com.

Thank you for the opportunity to provide input on this important topic.

Regards,

Katya Masnyk
Director, Policy, Engagement and Strategy Implementation
Ontario College of Pharmacists

CC: FIPUConsultations@ontario.ca

Introduction

The Ontario College of Pharmacists ('OCP', 'the College') is the registering and regulating body for the profession of pharmacy in Ontario. The College's mandate is to serve and protect the public interest and hold Ontario's registered pharmacists and pharmacy technicians accountable to the established legislation, standards of practice, Code of Ethics and policies relevant to pharmacy practice. As the regulatory authority, it is the duty of the College to ensure the public receives safe, effective and high-quality care from pharmacy professionals. The College also plays an important role in the regulation of the premises where pharmacy professionals practice - regulating and accrediting community and hospital pharmacies and holding them accountable to the Standards of Operations and relevant policies and legislation.

The College appreciates the opportunity to provide information and feedback to the Ministry of Finance regarding their consultation on preferred provider networks.

Definition of PPNs

Note that in our response, we refer to the term "**payer-directed care models**" instead of "Preferred Provider Networks" (PPNs). As we were undergoing our policy review, it became clear that there are many different types of arrangements that need to be considered at the same time as PPNs. The current Ministry of Finance consultation defines a PPN as "an agreement between an insurer and one or more pharmacy operators." However, beyond the insurer, there can be agreements with employer-sponsored self-insurance plans, as well as arrangements with Pharmacy Benefit Managers (PBMs), all resulting in the same limitations on patient autonomy, choice, and potential harms to patients.

We understand that from the perspective of the Ministry of Finance, the focus on the consultation is on insurers regulated by the Financial Services Regulatory Authority of Ontario (FSRA); however, the OCP is taking a wider lens and assessing the impact of "payer-directed care models" more broadly. Payer-directed care models refer to any arrangement between a pharmacy and a payer (any combination of PBM, employer, and insurer) that involve the payer placing limits on what pharmacy a person can use for designated prescription medications.

Whether a model is an "open" or "closed" PPN, or one run through a PBM does not in and of itself determine whether patient continuity of care is disrupted, patients lose their autonomy over their care, or patients are introduced to a new plan without their informed consent. What matters is the policies, procedures and decision-making criteria that the plan sponsors put in place. As such, all models where payers determine where and how a patient must receive their care are potentially problematic. From the perspective of the OCP whose duty is to serve and protect the public interest, the College has zero tolerance for any and all of these situations, regardless of the type of model described.

Concerns with payer-directed care

A comprehensive evidence review conducted by the OCP in June-July 2024 has determined that payer-directed care models are associated with risk of harm related to:

1) access,
2) continuity of care,
3) ethical considerations (threating autonomy and informed consent processes), and
4) equity (potential heightened concerns for equity-seeking groups and rural patients).

Impact on access and continuity of care

Based on reviewed evidence, the OCP is concerned that payer-directed care models can have a negative impact on patients. When the payer through their reimbursement powers directs a patient to switch to a different pharmacy, this affects continuity of care and potentially the patient's ability to access care close to home. These concerns are exacerbated by the equity issues already prevalent in society.

A recent Canadian summary of the evidence indicates that having a single pharmacy increases the likelihood for medication adherence, with less chance of experiencing serious drug-related adverse events.[1] Often, PPNs exist only for specialty drugs, and patients continue to use another pharmacy for all their other medications. Concerns have been raised with regards to the fragmentation of care and increased risk of medication incidents when a patient uses more than one pharmacy. Since generally neither pharmacy has access to the complete medication list of the patient, potential drug interactions can go unnoticed. If a patient transfers all their medications to an in-network pharmacy, the medical history (e.g. intolerances, lifestyle information) recorded with the previous pharmacy potentially can be lost during the transfer hence disrupting continuity of care. Patients may have formed a trusting relationship with their current pharmacist and be frustrated to transfer their care to another pharmacist whom they have never met. Research demonstrates that payer-directed care models can have negative effects on the patient-provider relationship, with lower trust and satisfaction observed when patients are restricted in their choice of provider.[2]

When patients are forced to obtain their prescriptions from a "preferred provider," this not only impacts continuity of care but can also limit access to care. Sometimes, the new preferred pharmacy is either virtual in nature or in a location that is far from home. Facilitated by the Government's Your Health: A Plan for Connected and Convenient Care, 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 more difficult to access. For these patients, pharmacists are essential health care providers. Given that research evidence indicates that a lack of access to pharmacy care can affect medication adherence and restrict access to public health services, these changes are concerning, especially because the prevalence of many chronic conditions is higher in rural areas than in urban areas.[3] In addition, Statistic Canada census data over time indicates that a higher proportion of rural residents are older, have lower income, have less education and are more likely to have two or more chronic conditions.[4] Furthermore, longer travel distances exacerbate inequalities in health care access, with poorer consumers being generally less able to overcome the barriers imposed by distance.[5] "Transportation disadvantaged" populations are disproportionately female, poorer, older, less educated, and of minority status.[6]

Research indicates that exclusivity deals and growing market dominance of PBMs in the U.S. have contributed to the rise of "pharmacy deserts" (areas of the country that do not have easy access to independent pharmacies) by driving business away from independent pharmacies.[7] These concerns are echoed in Ontario. These models threaten to draw volumes away from small local pharmacies, which are most at risk of being excluded from payer-directed care models as they have limited negotiating power.[8] In Quebec, where specialty medications are expected to represent 40-50% of the drug market by 2030, the Association québécoise des pharmaciens propriétaires (AQPP)[i] notes there are six pharmacies (owned by 10 pharmacists) which have majority control of the specialty medication market[9] and are jeopardizing the long-term sustainability of the Québec pharmacy network.[10] In Ontario, where pharmacies are being relied on to help alleviate concerns with access to primary care,[ii] it is important to be aware of potential threats to their sustainability.

Ethics and equity: considerations around autonomy and consent

In addition to the impact payer-directed care can have on continuity of care and access, there is concern that these models threaten the ethical principle of patient autonomy. This concern is exacerbated by the equity issues whereby the most disadvantaged and most vulnerable sectors of Ontario society are most affected by lack of real choice.

When pharmacists/pharmacies are involved in payer-directed care models that force patients to obtain certain medications at a preferred pharmacy, they are restricting patients' autonomy. Having the autonomy to make your own health care decisions is an ethical right fundamental to the Canadian health care system and is important to most patients, in particular as it relates to pharmaceutical care. People are reluctant to change from their current pharmacy, even when "superior" alternatives are available[11] which underscores the importance of trust in the pharmacist-patient relationship. Patients are influenced by the people at the pharmacy (i.e. the pharmacy professionals) as well as by convenience.[12] Selective contracting approaches such as payer-directed care models are negatively perceived by patients, who are more satisfied with their care providers when they have chosen them themselves.[13]

Most Canadians believe they should be able to choose the pharmacy they use. A survey conducted for the Canadian Pharmacists Association (CPhA) indicates that 86% of Canadians think they should be able to get prescriptions filled at any licensed pharmacy, regardless of their insurance provider. Sometimes, however, payer-directed care models do not give the patient the option to remain with their current pharmacy, even if that pharmacy is willing to offer the same price to the payor.[14] In other situations, the insurance provider offers a higher coverage rate at a preferred pharmacy, thus putting patients in a situation where they are forced to choose between ability to pay and their right to higher quality, comprehensive care – truly an unethical Hobson's choice that is no choice at all.

Even though employers and insurers may argue that it is the patient's "choice" to switch pharmacies, the financial barriers faced by many patients supersede the patient's autonomy to make their own health care decisions. When patients are required to pay higher out-of-pocket costs for their

[i] The Association that negotiates fees with the ministry on behalf of all pharmacies, and all pharmacy owners must be part of to bill the ministry for pharmacy services.

[ii] A report released by the OurCare Initiative found that 22% of Canadians do not have a family doctor or nurse practitioner they can see regularly, and only 35% are able to get a same-day or next-day appointment when they need care urgently. And 36% can access a clinician on weekends or after 5 p.m.

medication, there is evidence of increased rates of mortality. Chandra et al. demonstrated that increases by as little as $10.41 per drug caused a 22.6% drop in drug consumption, and also caused a 32.7% increase in monthly mortality, the cause of which was traced to reduced medication consumption.[15] Increases in the amount patients must pay out-of-pocket have been shown to negatively affect evidence-based medication utilization and worsen health disparities,[16,17] and a meta-analysis showed that patients are 11% less likely to adhere to their medication when copayments for medicines are necessary.[18] Increased out-of-pocket costs are also associated with non-adherence in older adults as well, particularly those with low income.[19] The opposite is also true. When out-of-pocket costs are reduced, improved medication adherence and better access to preventive care services is observed.[20,21]

Because socioeconomically marginalized populations are more likely to develop multiple medical conditions and are less likely to be able to access appropriate care,[22,23] these barriers are made worse when payers impose restrictions on coverage of medications used to treat these conditions, or when prior authorization requirements are imposed.[24]

Patients may be making decisions out of financial need and barred from using their autonomy to make their own informed decisions. Those who can afford to pay the additional copay/deductible required to stay with their own pharmacy are able to express patient autonomy and true consent. Patients forced to leave their pharmacy and receive services through a "preferred provider" due to their financial circumstances, are left having to navigate restrictions on access such as shipping requirements rather than direct in-person access. This is both an ethical concern, and a concern of equity.

An important element of autonomy **is informed consent**. Prior to administering any treatment, informed consent must be obtained from the patient in accordance with O. Reg 202/94 under the *Pharmacy Act*, the *Health Care Consent Act* (HCCA) and the OCP's Code of Ethics. Although patient consent is theoretically provided at the time of enrollment in a pharmacy benefit plan, in the case of payer-directed care models, patients are often confused by the details of their insurance benefits.[25] Select patients, by virtue of being a spouse or a dependent to the "consenting" plan member, have no opportunity to engage in considerations of informed consent at all.

A study in the Netherlands found that one fifth of enrollees in an insurance policy with restrictive conditions were totally unfamiliar with the policy's conditions.[26] This raises questions about Health Insurance Literacy (HIL, "the capacity to find and evaluate information about health plans, select the best plan given financial and health circumstances, and use the plan once enrolled"[27]), and whether proper informed consent is being obtained.

Conclusion on Risk of Harm

As a regulator, the Ontario College of Pharmacists is concerned about making sure patients are protected from harm, and maintaining confidence that pharmacists provide care according to standards. We have identified that payer-directed care models can be associated with risk of patient harm, including: a) inhibiting continuity and access to care (by steering patients away from their local pharmacy); b) threatening patient autonomy over pharmacy care; and c) questionable informed consent processes. These concerns run counter to both the College's mandate and the Ontario Government's agenda. It may be important for the ministry to consider whether payer directed care models that negatively impact patient autonomy, continuity of care and equitable access are at odds

with the government's focus on "making it easier for people to connect to the care they need, close to home."

Regulatory Options and Additional considerations

The College is in the process of assessing a set of options that can be applied to either regulate the models themselves or regulate the elements of the models that are harmful. Our Board will be considering these options to identify an approach to address the concerns and operationalize its zero-tolerance position. The main principles the College will strive to address in its response include requirements that:

- Preserve continuity and access to care, by developing restrictions on patient steering;
- Allow patients to retain their autonomy over pharmacy care; and
- Establish clear informed consent requirements.

It should also be acknowledged that the concerns regarding payer-directed care span beyond the pharmacy, and although the College has the authority to shut down a pharmacy if it is not providing care according to standards, this type of response, although powerful, would not be aligned with the Government's Plan for Connected and Convenient Care. As a result, additional action will be required beyond the mandate of the College of Pharmacists. Considerations are provided below.

Fundamentally, payer-directed care models are not singly a pharmacy issue. Pharmacies are one of the multiple organizations involved in establishing and operating these models, and a pharmacy-specific response will not likely provide the necessary impact to fully prevent the risk of harm the College is concerned about. A comprehensive review of the broad and inter-connected nature of all the partners involved has identified several additional areas to consider.

Focus on elements of the models that are problematic

It should be acknowledged that PPNs are a solution to a private industry problem of revenue generation and cost control. Several organizations have advocated for the development of legislation to allow "Any Willing Provider" (pharmacy) to join a PPN if they can the benefit at the same price.[28] This approach requires that mandatory parameters be set for PPN arrangements (e.g., mandating that PPNs be "open", "voluntary", or both). Although this could be a beneficial approach to allow for competition to exist between pharmacies, as has been noted above, at this time it is uncertain how much these solutions would address the patient care concerns that we have noted previously and in this submission.

In an "open" PPN, any pharmacy has the option to join the insurer's payment plan. However, there is no expectation for ALL pharmacies to participate in these plans. For example, the Non-Insured Health Benefits Program (NIHB), which provides supplementary health benefits including pharmacy supplies to registered First Nations and recognized Inuit across Canada,[29] is an open PPN managed by Express Scripts Canada (a PBM), but it is not clear whether all pharmacies in Ontario are mandated to participate.[30] Open PPNs rely on a patient's existing pharmacy to "sign up" for the PPN model, and if a pharmacy does not choose to opt-in to the model, the issues with continuity of care and autonomy remain.

Given the challenges identifying the specific types of payer-directed care models that would qualify, and the difficulty of keeping up with constantly evolving business models, it may be beneficial to consider **a more principled approach**, focusing on the behaviours/elements associated with payer-directed care that are harmful. Quebec has taken this approach focusing on patient choice. Quebec's *Health Insurance Act* (which regulates the commercial practices relating to prescription drugs) was revised in 2016 through Bill 92, to mandate that "no group insurance contract or employee benefit plan may restrict a beneficiary's freedom to choose a pharmacist." An approach such as this could have beneficial effects and complement the OCP's regulatory response.

However, the definition of "choice" would need to be clarified, as described above, to ensure it is meaningful. It should also be noted that this approach would only benefit patients whose employers use insurance companies, regulated by the FSRA, and bound to the requirements of the Insurance Act. As has been noted, many employers establish self-insured plans. Neither these self-insured plans nor PBMs are under the jurisdiction of the Insurance Act, and so the changes above would not apply.

Consider the multiple players, beyond insurance companies

As noted above, payer-directed care models involve various types of organizations, beyond insurance companies and pharmacies. Although employers can purchase coverage from a regulated insurer[iii] on behalf of the employee (fully insured plans), they often establish self-insured plans. These plans are self-funded, meaning the employer pays directly for their employees' drug costs, and they are not regulated by the Financial Services Regulatory Authority of Ontario (FSRA). In the US, approximately 65% of covered employees are in self-insured plans[iv].[31] These self-insured plans cause similar issues as PPNs and need the same regulatory response.

Similarly, PBMs (the intermediary between the pharmacy and the drug insurance plan), are often responsible for setting up payer-directed care arrangements and are important players to consider when developing a regulatory response, especially to address concerns regarding patient steering.

PBMs are currently not regulated by any body in Ontario. In the US, patient steering by PBMs is under scrutiny by the Federal Trade Commission (FTC), which is concerned with the impact it has on prescription drug access and affordability.[32] Concerns "south of the border" have grown extensively, such that all 50 states have now enacted at least one law regulating PBM practices.[33] Facilitated by vertical consolidation of the PBM and the pharmacy, PBMs are now taking on roles that had historically been done by the pharmacy.[34] Concerns regarding conflict of interest exist, as many pharmacies are owned by PBMs (this is also true in Canada). Although PBMs are supposed to help health plans control their drug costs, some question whether they will have the incentive to do so, while profiting off of high-cost medications.[35] It may be that increased government/agency oversight of PBMs is required, to mitigate these concerns.

[iii] A regulated insurer is one that is licensed by the Financial Services Regulatory Authority of Ontario (FSRA) and required to meet the requirements of the Insurance Act.

[iv] According to available data, around 60% of Canadians were covered by private health insurance in 2020, with most of this coverage coming through employer-provided benefits, which often include self-insured health plans; however, specific statistics on the exact proportion of Canadians covered by self-insured plans in 2020 are not readily available. (Commonwealth Fund. Canada's Health System. 2020.)

Conclusion

The OCP has expressed its concerns over the potential risk of harm to Ontario patients brought about by Preferred Prover Networks and other related payer-directed care models. We will continue our deliberations regarding optimal regulatory approaches to safeguarding safe, high quality pharmacy care. We look forward to working with the Ministry of Finance and other system partners to explore system-wide, principle-based approaches to balancing the need for access to affordable medication with comprehensive, ethical and equitable care.

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BOARD BRIEFING NOTE
MEETING DATE: December 9-10, 2024

FOR DECISION

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

Topic: Revised Practice Policy - Human Rights

Issue: In August 2024, the Board supported, in principle, the creation of the Human Rights Policy. This policy clarifies and consolidates the College's expectations of registrants when it comes to practising pharmacy in compliance with existing federal and provincial human rights legislation which requires that health services are provided free from discrimination. The Board advised staff to consider how to capture discrimination experienced by pharmacy professionals in employment, and to create stronger linkages between the expectations in this draft policy and the College's Ending the Pharmacist-Patient Relationship guideline. The policy has been amended to address these considerations. The Board is asked to approve the revised Human Rights Policy as presented.

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."*

Background:
The College is aware that a patient's experience of pharmacy care is influenced by many factors. 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, and that these inequitable experiences can be informed by aspects of a patient's identity that are considered protected grounds as defined by the *Ontario Human Rights Code* (see August 2024 Briefing Note for more information – Attachment 16.1).

Practice insights gathered from the College's Registrant Reference Group align with these findings. These registrants have indicated that although there is provincial legislation, the lack of clarity pertaining to expectations of registrants in the provision of equitable pharmacy care may create confusion amongst the profession on what is expected and how to comply when balancing competing human rights.

When the Board first considered the draft policy, concerns were voiced about observed discrimination or negative behaviour against practising pharmacy professionals that may be motivated by bias against them due to a protected ground (e.g. race). The College supports a practice environment that is free from discrimination or negative behavior to *all.* Neither patients nor pharmacy professionals should be subject to any types of discriminatory behaviour.

Analysis:
When the Board considered this draft policy in August, staff were asked to (a) consider discrimination experienced by pharmacy professionals while practising their profession, and to (b) create stronger linkages between the proposed policy and ending the pharmacist-patient relationship.

In response to this feedback, the policy has been revised (see Attachment 16.2). These revisions focus on:

- Promoting the existing frameworks which support the right for pharmacy professionals to equal treatment with respect to employment without discrimination; and,
- Highlighting that if a registrant is experiencing discrimination or harassment within the registrant-patient relationship, that the registrant should follow existing College expectations on ending the therapeutic relationship.

The revisions to the Human Rights Policy can be found under the section, *The Duty to Provide Services Free from Discrimination.*

The College presently manages human rights related issues through a general requirement within the Standards of Practice for registrants to practice within the province's legislative framework.

Currently, the College relies on federal and provincial human rights legislation and continues to refer complainants to the Ontario Human Rights Commission to adjudicate human rights complaints. Complaints must be filed within one year of the incident and the Tribunal has a backlog of approximately 9,000 cases (on average the Tribunal is able to adjudicate 3,000 cases per year).

Implementation:

- 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 require 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 College 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.

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 revised 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 to 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:

- 16.1 - Human Rights Policy Briefing Note August 2024
- 16.2 - Human Rights Policy (updated draft for review)

ATTACHMENT 16.1

BOARD BRIEFING NOTE

MEETING DATE: August 10, 2024

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

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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 patient[9] – 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 movie 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).

ATTACHMENT 16.1

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.

ATTACHMENT 16.1

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

Attachment 16.2

Human Rights Policy

Approved: TBD
Effective Date: Immediately
Version #: 1.00

PURPOSE:

The purpose of this policy is three-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 clarify the College's expectations of pharmacy professionals if they experience discriminatory behaviour from a patient or a member of the pharmacy team.
3) 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). (*DPRA*, 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 ONCA 39)

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, the patient's condition, 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.

b) rely on or promulgate stereotypes[2] associated with one or more aspects of the patient's identity or condition 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 without regard 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. Registrants are expected to comply 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 services[3], 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 patient's condition or 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 service[4], 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.

e) deciding to end the registrant-patient relationship[5].

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 informed of it.

Registrants also have a right to equal treatment with respect to employment or practice without discrimination.

- Section 5 (1) of the *Ontario Human Rights Code* reads: Every person has a right to equal treatment with respect to employment without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, record of offences, marital status, family status or disability.

Should a registrant find themselves in a situation of experiencing discrimination or harassment[6], as defined by the *Ontario Human Rights Code,* while providing pharmacy services, it is the College's expectation that:

- the registrant follows the policies in place at the location where they are practising, including the procedure to follow if the discrimination or harassment being experienced is due to another member of the pharmacy team.
- if the registrant decides to end the registrant-patient relationship due to discrimination or harrassment from a patient, that the registrant follows existing policy. [5]

The Duty to Accommodate

Registrants must comply with their legal duty to accommodate[7] 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

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

[6] See Ontario Human Rights Commission's Glossary of Human Rights Terms - https://www3.ohrc.on.ca/en/teaching-human-rights-ontario-guide-ontario-schools/appendix-1-glossary-human-rights-terms

[7] See. Ontario Human Rights Commission policies - https://www.ohrc.on.ca/en/our_work/policies_guidelines

patient's interest, the interest of the patient prevails as a result of the professional obligations and fiduciary duty physicians owe to their patients.[8] The basis of this decision rests on health professionals having a fiduciary responsibility to their patients, which thereby extends 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.[9]
- 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 patient's condition or 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 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;

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

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.

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

Attachment 16.2

		Service due to Conscience or Religion Guideline

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BOARD BRIEFING NOTE

MEETING DATE: December 9-10, 2024

FOR DISCUSSION

From: Katya Masnyk, Director, Policy, Engagement & Strategy Implementation

Topic: Promoting Safe and Effective Implementation of Expanded Scope of Practice

Issue: The Ministry of Health recently concluded an open consultation on advancing the pharmacy sector in Ontario. This consultation primarily focused on further expansion of the scope of practice of Ontario pharmacists, including prescribing for additional minor ailments, along with other proposals being considered by the Ministry. Based on the continued government focus on improving access to healthcare in the province, the College anticipates that a request by the government to draft enabling regulations to expand pharmacist scope of practice is forthcoming, though no timeline has been provided to the College at this time.

To support the College's ability to draft regulations in a timely and effective manner, the Board is being asked to consider and provide direction to College staff on the necessary regulatory safeguards that should be in place to support safe expansion of scope of practice once enabled.

Public Interest Rationale: The public expects the College, in enabling expanded scope of practice for pharmacy professionals, to take the necessary actions to assure the public that pharmacists and pharmacy technicians provide safe, ethical care and have the competencies to do so in accordance with standards of the profession, and that pharmacies are operating in accordance with operational and ethical obligations. As expressed in its recent consultation submission to the Ministry of Health, the College will approach the development of regulations and any relevant policies, requirements or guidelines in the way it has always done: keeping public interest and safety at the centre of its decisions and putting in place the necessary mechanisms to successfully expand pharmacist scope of practice safely and effectively.

Strategic Alignment, Regulatory Processes and Actions: The College plays an important role in ensuring the public has timely access to safe, quality pharmacy care and does so by fulfilling its mandate and relevant objects expressed in provincial legislation. Developing regulations that enable pharmacists and pharmacy technicians to safely expand and practice to their full scope in the public interest is one of the ways the College fulfills its duty as a regulator.

Additionally, one of the College's strategic goals for 2024-2028 is to ensure that *regardless of pharmacy setting, management and business exigencies do not compromise the health and well-being of pharmacy professionals or impede their ability to adhere to the Standards of Practice and Code of Ethics* (Strategic Goal 1). The College is responsible for ensuring that any additional expansion of practice scope proceeds in a way that can meaningfully achieve this strategic goal while supporting improved access to quality care for all Ontarians.

Background:

- In March 2023, the Minister of Health requested that the College develop recommendations for consideration that would further expand the list of minor ailments for which pharmacists could prescribe, beyond the list of minor ailments that had been approved and had come into force as of January 2023.
- The College engaged several system partners and stakeholders and consulted its Scope of Practice Advisory Group – first developed when the regulations to support the initial list of minor ailment prescribing were being drafted – to provide the necessary guidance and expertise to advise on an appropriate list of additional minor ailments for the Board to consider.
- In September 2023, the Board considered and approved a list of additional minor ailments for which

pharmacists could prescribe (across a number of categories, with and without restrictions/conditions) based on the input from the expert group and consultation with other partners and registrants. For additional details about the Board discussion in September 2023, see the Briefing Note (Appendix C). The Board meeting summary includes (on page 1) the outcome of the discussion.

- In doing so, the Board also considered and discussed key considerations relevant to future expansion of scope of practice including concerns that the College has received from registrants related to business pressures impacting pharmacy professional autonomy, wellbeing and their ability to meet their professional obligations.
- In October 2023, the College responded to the Minister with the Board-approved recommendations and included the considerations that the Board felt warranted further attention should additional expansion of pharmacist scope of practice be contemplated by the government. This included the need to address corporate pressures in community pharmacy, the use of clinical viewers, adequate staffing, physical space requirements in pharmacies and the potential need for additional training and education for registrants.
- In September 2024, the Ministry of Health launched an open consultation on a proposal to advance the pharmacy sector in Ontario. Additional minor ailments (excluding erectile dysfunction, birth control, and emergency contraception), additional authorized vaccines, controlled acts (ordering labs, communicating a diagnosis), barriers to scope of practice in hospital, and the provincial MedsCheck program were the topics of the consultation.
- The College submitted a response to the consultation, building off of the Board discussion and decision from its September 2023 meeting and subsequent letter to the Minister. Additionally, to provide a well-informed response to the consultation that reflected the risks and benefits of the proposed scope expansion, College staff conducted the following activities:
    - *Engagements with external system partners, including:*
        - *Ontario schools of pharmacy*
        - *Ontario pharmacy technician programs (Centennial, Humber)*
        - *Ontario hospital pharmacy directors*
        - *Ontario Hospital Association*
        - *Health Profession Regulators of Ontario Citizens Advisory Group*
        - *The College's Registrant Reference Group*
        - *Indigenous pharmacists*
    - *Engagement with OCP's staff Pharmacy Professionals Group*
    - *Jurisdictional scan survey of other provincial pharmacy regulators*
    - *Literature scan*
- The response also considered the College's subsequent efforts, initiated in March 2024, to respond to corporate pressures in pharmacy, in line with Strategic Goal #1, including the Board's approval of a zero-tolerance position aimed at demonstrating the College's commitment to addressing corporate pressures reported by registrants.
- The thrust of the College's response was to express overall support for the expansion of scope in line with the previous Board discussions, while emphasizing that challenges and concerns exist in the current pharmacy practice environment which will warrant a careful consideration of the necessary regulatory safeguards required to enable expanded scope of practice to proceed safely and effectively, and to simultaneously address the concerns about business pressures that have been raised with the College. See Appendix B for a copy of the College's submission.

Analysis:

- As the Ministry's consultation has now concluded, the College anticipates that the government may move quickly to make a decision on further expanded scope of practice for pharmacists and will, in due course, engage the College to begin the process of drafting enabling regulations.
- To better support and prepare the College to be able to respond in a timely and effective manner to this anticipated request, the Board is asked to consider the College's role in expanding scope of practice safely

and effectively and to provide College staff with the needed direction on the types of actions, mechanisms or safeguards that ought to be considered and put in place as scope is expanded.

- An analysis of feedback and concerns related to the impact of corporate pressure in pharmacy, along with a review of the previous Board discussion in September 2023 as additional minor ailments were initially approved by the Board for the Ministry's consideration, has informed the identification of a number of potential regulatory measures and safeguard options for the Board's consideration and direction. Please review the information in Appendix A for additional details which will be used to inform the Board discussion at the December 2024 meeting.

Recommendation:

The information and discussion at the Board meeting on December 10th is intended to provide information and an opportunity for the Board to have a generative discussion. Staff are seeking direction/input from the Board to inform policy and regulation work related to future pharmacy expanded scope.

Next Steps:

College staff will proceed based on the outcome of the Board discussion and direction. Upon the receipt of any formal request by the Minister to draft regulations, College staff will use the Board discussion as a framework from which to draft relevant regulations for Board consideration and, ultimately following our own consultation period, approval for submission to the government. This will promote a more expedient and efficient approach to drafting enabling regulations, and preparing associated regulatory safeguards, along with the operational steps the College will need to take to support implementation following government approval.

Attachments:

- 17.1 – Appendix A - Consideration of Safeguards for Expanded Practice Scope
- 17.2 – Appendix B – Ontario College of Pharmacists' October 2024 response to Ministry of Health's "Consultation on proposed changes to advance the pharmacy sector in Ontario"
- 17.3 – Appendix C – September 2023 Board Briefing Note on Expanded Scope of Practice – Minor Ailments
- 17.4 – Appendix D – October 2023 Letter to Minister of Health with recommendations for additional minor ailments

Agenda

Time	Item	Activity
9:30-9:40	Agenda and objectives Background	Information
9:40-10:10	Research Updates (Dr. Mina Tadrous)	Information Q&A
10:10-11:15	Regulatory safeguards and options: Overview and generative discussion • Education and Training • Clinical Viewers • Staffing • Physical Space	Information and Discussion
11:15-11:30	Summary Discussion – priorities and approach to responding to MOH request Closing and Next Steps	Information and Discussion

Objectives

1. To provide background on minor ailments, community pharmacy practice environment issues, and the recent, broader proposal for expansion of pharmacy practice scope
2. To share research insights related to minor ailments in Ontario
3. To discuss some of the regulatory options (based on benefits, risks and implementation implications), and reflect on other options for further exploration
4. To determine priorities and next steps

Background – Initial 19 Minor Ailments

- Pharmacist assessment and prescribing of minor ailments began January 2023 - initially 13 minor ailments; an additional 6 authorized in October 2023.
- **Definition of minor ailments[1]:** Health conditions that can be managed with minimal treatment and/or self-care strategies, and are also:
  - Usually a short-term condition
  - Do not usually require lab results
  - There is a low risk of treatment masking underlying conditions
  - There are no medication or medical history red flags that could suggest a more serious condition
  - Only minimal or short-term follow-up is required
- Pharmacists already assessing and treating these ailments within their scope of practice (i.e., OTC treatments, referral to primary care as needed). Providing pharmacists prescribing authority for these ailments was considered low risk.
- A mandatory, free Orientation for Minor Ailments Prescribing module was created to support registrants' understanding of the scope change. Pharmacists were expected to self-assess their readiness and independently pursue refresher courses as needed.

[1] OCP (2023). Minor Ailments. Retrieved from: https://www.ocpinfo.com/practice-education/expanded-scope-of-practice/minor-ailment/

Background –
Request from MOH for more minor ailments

- March 2023 – Letter from Minister of Health requesting recommendations for additional minor ailments (beyond the original 19).
- Scope of Practice Advisory Group (SPAG) re-engaged throughout 2023. Determined 3 categories.
  - Category 1 – No restrictions or conditions
  - Category 2 – Some restrictions and conditions
  - Category 3 – Not recommended
- September 2023 Board Meeting – Motion passed to "recommend Category 1 and 2 minor ailments, and to add erectile dysfunction and onychomycosis [from Category 3] on the understanding that some of these may be subject to conditions or restrictions **to be determined**"
- **Clinical conditions and restrictions** refer to patient presentation type and limitations around drugs. Board also expressed concern with expanding scope amidst the backdrop of community pharmacy practice environment challenges, and the need for **conditions that address staffing issues, physical space, low uptake and access to clinical viewers, pharmacist workload related to business targets, and education or training**.
- October 2023 – Letter sent to Minister of Health with Board's recommendations of additional minor ailments, as well as the Board's concerns related to community pharmacy practice environment.

Background –
Expanded Scope Consultation

- September 5 to October 20 - MOH held a consultation related to advancing the pharmacy sector in Ontario. Additional minor ailments (*excluding* birth control, emergency contraception, and erectile dysfunction), additional authorized vaccines, additional controlled acts, and the provincial MedsCheck program were among the topics of the consultation (see Appendix 1 for full list).
- OCP staff gathered data and input (from system partner engagements, jurisdictional scan survey, internal pharmacy staff engagement, and in the literature) to inform our response (see Appendix A of the Briefing Note). The **aim of the response** was to:
  - Express overall support for the expansion of scope
  - Reiterate the challenges and concerns in the current pharmacy practice environment identified by the Board, and the potential risks to public safety of expanding scope in the current environment
  - Inform the MOH that regulatory measures and safeguards will need to be implemented alongside further expansion of scope
- Expecting a request letter from the Minister of Health soon (December/January). Decisions from the Board are needed to inform OCP recommendations/regulatory submission to the MOH.

Background –

Community Pharmacy Practice Environment Issues

- Considerable expansion of scope since 2012 (see Evolution of Pharmacy Scope of Practice)
- Over time, since 2012, the **Board has become aware of various community pharmacy practice and environment concerns**, including:
  - Increased workload and stress/burnout
  - Insufficient staffing
  - Lack of privacy and confidentiality due to physical space limitations
  - Corporate targets and quotas
  - Poor access to comprehensive patient health information
  - Readiness and confidence of some registrants to take on additional scope (education and training needs)
  - Unfair working conditions (related to ESA exemptions)
  - And others (Appendix 2)

Today's Focus

Regulatory safeguards that will promote safe and effective scope expansion / address community pharmacy practice environment concerns

Business-related pressures and targets

Minor Ailment Clinical Conditions and Restrictions (patient presentation and drug lists)

To be discussed at March 2025 Board Meeting

Ensuring Public Safety:

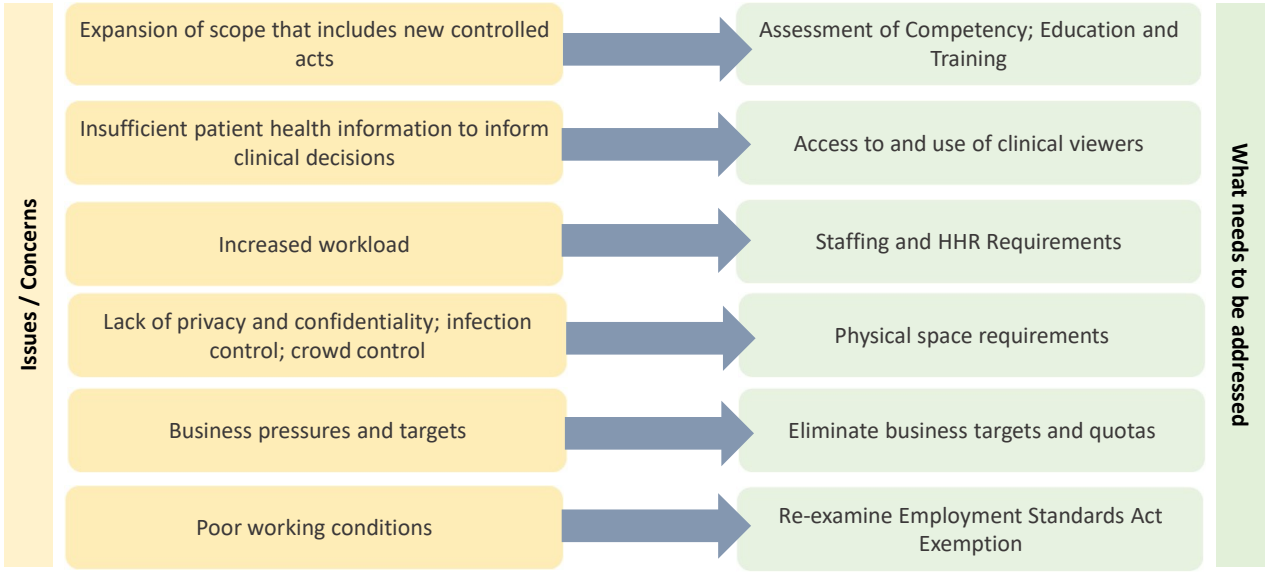
The need for regulatory safeguards

- Pharmacy professionals are 'under stress and duress' - OCP has heard this from:
  - The 2024 registrant survey and townhalls
  - Inquiries and complaints (registrants and the public)
  - Past public consultations
  - Internal staff (practice and operations advisors)
- There are several community pharmacy practice environment concerns (described on slide 7).

✓ March 2024 – Board approved zero tolerance statement

- **Additional expansion of scope = increased workload for an already burnt-out workforce. This poses potential public safety risks.** The Board has previously discussed the importance of implementing safeguards to mitigate risks resulting from additional expanded scope.

Overview of Regulatory Safeguards



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REGULATORY SAFEGUARDS:
Analysis of available information and generative discussion

Guiding Questions

- In the next section, as we discuss each of the safeguard categories, and related options, ask yourself these questions:

  - What are the benefits and risks of this option?
  - Without this safeguard in place, is public safety at risk? Is the risk level high, medium or low?
  - What are the implementation implications? Challenges? Cost?
  - What other options exist to address the concern?
  - What other information do I need?

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Education and Training

Background and Rationale

- Although current Ontario faculties of pharmacy and pharmacy technician programs have confirmed that their curricula cover the proposed expanded scope of practice, there is **heterogeneity among Ontario pharmacy professionals'** knowledge, training, experience and confidence with different aspects of the scope expansion.
- There is expected to be varied levels of interest and confidence in adopting additional scope of practice, despite the current expectation that expansion of scope applies to all pharmacy professionals. The introduction of new controlled acts requires that the College **assess registrants' knowledge, skills and abilities and mandate education and training, where required.**
- Currently, any pharmacist administering a substance by injection must have standard first aid and CPR/AED Level C training. This is a requirement under NAPRA's MSOP. However, this requirement **does not** currently exist for pharmacy technicians - CPR and first aid certification is recommended, but not mandatory. If pharmacy technicians are to take on a greater role in vaccine administration, public safety would be enhanced by **requiring pharmacy technicians to be first aid and CPR trained.**

Evidence/Findings

- Jurisdictional findings:
  - Saskatchewan – new mandatory training and competency requirements for otitis media and sore throat
  - Alberta – "Additional Prescribing Authorization" (APA) Pharmacists
  - UK - "Registered Pharmacist Prescribers"
  - College of Nurses of Ontario – Nurse prescriber designation

- From the public (Citizens Advisory Group)
  - Would like to see mandatory continuing education credits, as exists for physicians, NPs
  - Recognize that the context of practice within Ontario may differ from other jurisdictions, and not all pharmacists have the same source of training and education (foreign trained, different levels of experience) – some expressed lack of confidence in their pharmacist's ability to provide more services in the current context
  - Create a system that supports consistency in education/training – concerned that voluntary continuing education does not work (i.e., those that really need the education/training do not independently pursue it; not compensated for training time; cost of courses)

- Pharmacy Professionals Group:
  - Would like to see a mandatory competency assessment for certain expanded scope items
  - Although mandatory training/education not implemented in initial round of minor ailments, this current expansion of scope includes substantive changes

Options Analysis - Pharmacists

Option 1: Implement **a process to assess the knowledge and readiness** of pharmacists to take on the new practice scope (i.e., specific minor ailments, ordering labs, communicating a diagnosis). For example, all pharmacists must complete a one-time mandatory self-assessment. Those who are not ready must pursue additional refresher training/education before adopting the expanded scope.

- **Benefits:** Protects the public interest by ensuring that pharmacists participating in expanded scope activities are trained, educated and confident to do so; targets mandatory training and education for only those registrants who need it; builds public and other health provider confidence in pharmacists' abilities and knowledge.

- **Risks:** Additional workload for registration/quality divisions. Additional time and effort required of registrants.

- **Implementation Implications:** This process would be under the control of OCP entirely. Operational cost to OCP of creating and ongoing operation of this assessment tool and process. Cost to the individual registrants who must pursue additional training and education.

EDUCATION AND TRAINING

Options Analysis - Pharmacists

Option 2: A **special notation** on the public register is created for pharmacists who wish to engage in expanded scope activities, essentially publicly tracking traditional dispensing pharmacists versus expanded scope pharmacists. This would be an adaptation of the Alberta APA model.

- **Benefits:** Protects the public interest by ensuring that pharmacists participating in expanded scope activities are trained, educated and confident to do so; offers clear information to the public about pharmacists' qualifications; offers choice to registrants (not all registrants wish to take on expanded scope of practice); increases credibility of pharmacy to other healthcare providers
- **Risks:** May be too late to implement this model for all minor ailments; questioning and confusion from the registrants, public and other health professions – 'why now?' (To address this risk, we can require training for expanded scope elements only (e.g., ordering lab tests, point of care testing, more complex minor ailments))
- **Implementation Implications:** Additional work for registration division to implement new fields on the public register. Cost to the individual registrants who must pursue additional training and education.

EDUCATION AND TRAINING

Options Analysis – Pharmacy Technicians

Option 3: Mandate regular first aid and CPR training among pharmacy technicians.

- **Benefits:** Increased public safety and public trust in pharmacy technicians. Pharmacy technicians more readily able to intervene if post-vaccination reactions occur
- **Risks:** Additional effort and cost required of pharmacy technicians
- **Implementation Implications:** Additional step needed by pharmacy technicians, including cost to pursue first aid and CPR training. Additional work for OCP registration staff to monitor.

Discussion

- After reviewing the proposed options, what could/should the College pursue/explore?
- Are there other regulatory or operational measures to consider?
- What is feasible in the short term? In the long term?
- What are the implications of maintaining the status quo (i.e., no change)?

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Access to Patient Health Information

Background and Rationale

- Gaining access to **comprehensive patient health information** is a challenge in community pharmacy. Reliance on patients/caregivers for information has limitations. Gathering history and reports from other providers is time consuming. Incomplete access to patient health information is potentially limiting patients from receiving best possible care. There is also a risk of duplication of services when past services and care information is not accessible, and patients are unable to recall.
- One way to do this is to mandate the use of **clinical viewers**.
- As of November 2024, there were 2156 of the roughly 4900 community pharmacies onboarded to clinical viewers. Additionally, approximately 857 pharmacies are in the onboarding queue (total of 61%).
- The College has heard from registrants that the current available information within the clinical viewers is limited, and the process to be onboarded to clinical viewers is administratively burdensome. There are varying levels of interest, and currently use of clinical viewers is not mandatory.

Evidence/Findings

- Improved access to electronic health information can lead to improved patient outcomes[1], less service duplication, increased productivity.[2,3]
- Current clinical viewers include: Connecting Ontario Clinical Viewer (Ontario Health Central, Toronto, East and North Regions), Clinical Connect (Ontario Health West Region), and electronic Child Health Network (all Ontario regions). Ontario Health is working towards consolidating these 3 clinical viewers.[4]
- Currently exploring with Ontario Health the possibility of a OneID authentication process (to ease some of the onboarding burden for registrants).
- Logistical barriers contribute to the slow uptake of clinical viewers. Accreditation numbers change when pharmacy ownership or addresses change, which necessitates re-onboarding onto clinical viewers – this is not efficient and is a constant moving target for OH. Some pharmacies not equipped to work through the legal and privacy-related requirements.

1 Krauss, Z. J., Abraham, M. & Coby, J. Clinical Pharmacy Services Enhanced by Electronic Health Record (EHR) Access: An Innovative Narrative. Pharmacy, 10, 170.
2 CIHI (2023). Better access to electronic health information key to improving health systems. Retrieved online at: https://www.cihi.ca/en/taking-the-pulse-a-snapshot-of-canadian-health-care-2023/better-access-to-electronic-health
3 Roberts, M.F., Reeves, K., & Divine, H. (2003). Community pharmacists' lack of access to health records and its impact on targeted MTM interventions. Journal of the American Pharmacists Association, 59(4S):S81-S84.
4 Ontario Health (2023). Clinical Viewer Consolidation. Retrieved online at: https://www.ontariohealth.ca/about-us/clinical-viewer-consolidation

Options Analysis

Option 1: Mandate all community pharmacies be onboarded to and are using clinical viewers by a target date.

- **Benefits:** Reduction in risk of patient harm and improve patient outcomes by ensuring pharmacists have as much information as possible to inform clinical decision-making; potential reduction in medication errors, service duplication; provides a lever to encourage onboarding of clinical viewers and use of these provincial resources.
- **Risks:** Mandating clinical viewers will contribute to the onboarding backlog (at Ontario Health), and present challenges to certain pharmacies that have difficulty navigating the legal and privacy requirements.
- **Implementation Implications:** Can mitigate risk by taking a phased implementation approach and setting a target date that allows time for addressing these operational issues.

Discussion

- Is this option something the College can/should pursue?
- Are there other regulatory or operational measures to consider?
- What is feasible in the short term? In the long term?
- What are the implications of maintaining the status quo (i.e., no change)?

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Staffing, Health Human Resources, and Workflow

Background and Rationale

- Exacerbated by the COVID pandemic, pharmacists have continued to take on more and more responsibility, many feel overwhelmed and many pharmacies are understaffed for the additional tasks and activities.[1] Introducing even more pharmacy services without ensuring appropriate pharmacy staffing is likely to add to pharmacy professionals' burnout, increase the risk of errors, and increase wait times contributing to negative patient experiences.

- We've heard that pharmacy professionals are increasingly expected to take on more and feel pulled in multiple directions. They have indicated feeling that they unable to control their workflow when having to balance dispensary and expanded professional services demands.

- There are health human resource challenges in the pharmacy sector including:
  - Recruitment and retention of pharmacy professionals in rural and northern Ontario[2]
  - Pharmacy technicians are underutilized and difficult to recruit into community pharmacy. There are approximately 4900 community pharmacies in Ontario, and only 2027 pharmacy technicians work in community pharmacies. Without the support of pharmacy technicians to manage the influx of patients accessing vaccines in community pharmacies, the current workload and burnout of pharmacists will only worsen.
  - Limited research/evidence to support specific staffing requirements in community pharmacy, though new information coming out of Nova Scotia.

1 Gysel, S.C., Watson, K.E., & Tsuyuki, R.T. (2022). Appropriate staffing for pharmacists' full scope of practice. Canadian Pharmacists Journal, 155(3):136-138.
2 Timony, P., Houle, S.K.D., Gauthier, A., & Waite, N.M. (2022). Geographic distribution of Ontario pharmacists: A focus on rural and northern communities. Canadian Pharmacists Journal, 2022 Sep-Oct; 155(5): 267–276.

Evidence/Findings

- In the surveys and engagements conducted by the College in early 2024, as well as in 2020, registrants identified that staffing and human resources pressures are one of the major contributors to their burnout and the delivery of suboptimal care.
- A recent Canadian Pharmacists Association (CPhA) survey found that 92% of pharmacy professionals surveyed (n=1399) felt they were at risk of burnout, and half (51%) attributed inadequate staffing as having severe negative impact on their own mental health.[1]
- Insufficient staffing contributes to pharmacy professional burnout, which has been associated with medication errors, malpractice lawsuits, and patient mortality.[2]
- From other jurisdictions:
  - Nova Scotia's pilot Community Pharmacy Primary Care Clinics requires clinics to have a pharmacist dedicated to clinic functions (i.e., there is **both** a dedicated dispensing pharmacist and a dedicated clinic pharmacist)
  - Nova Scotia has also been exploring statistical modelling approaches to establish required staffing that consider staffing hours, workload, efficiency factors and other variables.

1 Gysel, S.C., Watson, K.E., & Tsuyuki, R.T. (2022). Appropriate staffing for pharmacists' full scope of practice. Canadian Pharmacists Journal, 155(3):136-138.
2 Hagemann, T.M., Reed, B.N., Bradley, B.A., Clements, J.N., et al. (2020). Burnout among clinical pharmacists: Causes, interventions, and a call to action. Journal of the American College of Clinical Pharmacy, 3:832-842.

Options Analysis

Option 1a): Mandate volumes-based staffing requirements in community pharmacy (i.e., minimum FTE requirements based on services provided and patient/prescription volume).

- **Benefits:** Addresses potential for public safety risks resulting from understaffed pharmacies; staffing requirements are specific to each pharmacy's needs; increase registrant confidence in the College by addressing one of their key concerns and challenges – may help to address workload concerns.
- **Risks:** Pharmacy professional workforce may not be sufficient to meet increased staffing requirements. Disproportionate impact on select pharmacies that are not able to comply with new requirements.
- **Implementation Implications:** Increased cost to pharmacies to take on more staff. Consider implementing an exemption process for select pharmacies (need to consider all contexts and challenges across the province). Mandating FTE requirements can effectively jumpstart recruitment and retention efforts at the government (health workforce division) level. There are costs related to statistical modelling to inform staffing requirements, but Nova Scotia has work underway that can be adapted for Ontario.

STAFFING AND HHR

Options Analysis

Option 1b): This option can be considered an extension of Option 1a). Mandate workflow-based staffing models, dependent on types and volumes of services offered. For example, higher traffic pharmacies participating heavily in minor ailments must have a dedicated dispensing pharmacist and dedicated expanded scope pharmacist (for minor ailments, vaccinations) at certain times of the day.

- **Benefits:** Improves patients' experience with receiving pharmacy care and likely improves quality of care. Improves workflow, quality of work life for registrants. More streamlined, organized, efficient community pharmacy processes.
- **Risks:** Possibly insufficient workforce to have 2 pharmacists working (usually only 1)
- **Implementation Implications:** Increased cost to pharmacies to take on more staff. Could consider limited exemptions (for rural/remote areas with recruitment challenges impacting their ability to comply with new requirements).

STAFFING, HHR AND WORKFLOW

Options Analysis

Option 2: Mandate pharmacy technician FTE requirements in community pharmacy.

- **Benefits:** Increase public access to an underutilized health professional workforce. Pharmacy technicians are able to reduce workload of pharmacists, which has positive downstream effects on public safety and quality of patient care.
- **Risks:** May not be equitably achievable across Ontario. Low numbers of registered pharmacy technicians.
- **Implementation Implications:** Increase cost considerations for salary differences between assistants and technicians. Mandating pharmacy technician FTE requirements can effectively jumpstart recruitment and retention efforts at the government (health workforce division) and corporate pharmacy levels.

Discussion

- After reviewing the proposed options, what could/should the College pursue/explore?
- Are there other regulatory or operational measures to consider?
- What is feasible in the short term? In the long term?
- What are the implications of maintaining the status quo (i.e., no change)?

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Physical Space and Layout

PHYSICAL SPACE AND LAYOUT

Background and Rationale

- OCP has received complaints from the public about lack of privacy and confidentiality, and crowding, in community pharmacies engaged in minor ailment prescribing. Similarly, early evaluation work indicates public concerns with space as an important barrier to uptake.
- **Lack of privacy and confidentiality** when discussing personal health matters, **lack of dignity** when disrobing for assessments or injections, **infection control** concerns, **insufficient waiting areas** to handle increased public traffic, and **accessibility** concerns are increasingly problematic.
- This next expansion of scope is a critical opportunity to reassess the physical space requirements of community pharmacies in general, including but not limited to reassessing minimum square footage, requirements for dedicated, enclosed consultation rooms, and availability of public washroom facilities.

PHYSICAL SPACE AND LAYOUT

Evidence/Findings

- The current operational requirement is for "acoustical privacy" only. Internal OCP operations assessment data showed:
  - In 2023, about 25% of community pharmacies assessed (n=814) did not meet pharmacy requirements for protecting the privacy, dignity, and confidentiality of the public. However, anecdotally, operations advisors report that this number is higher – pharmacies may theoretically meet the criteria, but in practice do not (e.g., consultation room is located far away from dispensary, and is not actually used).
- Public and registrant comments (e.g., complaints and inquiries, letters, Citizens Advisory Group) indicate concerns with privacy and confidentiality, lack of waiting areas (e.g., post immunization), lack of washrooms on premises, inaccessible space for those with mobility issues.
- With regard to the physical space in community pharmacies, the public's main concern is privacy and pharmacists' main concern is the impact to their professional image[1].
- From other jurisdictions:
  - British Columbia, Alberta, Saskatchewan and Manitoba have mandated that their community pharmacies have a **private consultation room**.
  - The Community Pharmacy Primary Care Clinics initiative in Nova Scotia requires participating pharmacies to have **separate dispensing and clinical counselling areas**, each of which have a dedicated pharmacist staffed to that area.

1 Dhital, R., Sakulwwach, S., Robert, G., Vasilikou, C., & Sin, J. (2022). Systematic review on the effects of the physical and social aspects of community pharmacy spaces on service users and staff. Perspect Public Health. 2022 Mar; 142(2): 77–93.

Options Analysis

Option 1: Update operational requirements to mandate enclosed (visually and acoustically) consultation rooms, and other room requirements (i.e., sink with running water, minimum square footage, other health and safety requirements).

- **Benefits:** Addresses key concern from the public – privacy and confidentiality, leading to better patient experiences. Improves pharmacists' professional image as healthcare providers. Physical work environments meet the needs of evolving pharmacy practice scope.
- **Risks:** Certain pharmacies will face more financial risks from meeting requirements.
- **Implementation Implications:** This may have to be phased in over several years, based on operational readiness of each pharmacy. Consider working with MOH on any funding opportunities/strategies. May require regulatory amendments to the DPRA, and updates to College operational assessment criteria.

PHYSICAL SPACE AND LAYOUT

Options Analysis

Option 2: Mandate separate and distinct dispensary area and counselling/immunization area

- **Benefits:** Increased efficiency, organized workflow and day-to-day work experience for pharmacists. Improves professional image. Address privacy and confidentiality when assessments and counselling can be done in an area separate from dispensary. Physical work environments meet the needs of evolving pharmacy practice scope.
- **Risks:** May not be achievable for smaller pharmacies.
- **Implementation Implications:** This may have to be phased in over several years, based on operational readiness of each pharmacy. Consider working with MOH on any funding opportunities/strategies. May require regulatory amendments to the DPRA, and updates to College operational assessment criteria.

Options Analysis

Option 3: Encourage pharmacies to implement booking systems to manage patient traffic and unpredictability of "walk-ins."

- **Benefits:** Addresses patient confidentiality and privacy concerns; Improves patient experience in community pharmacy; increased efficiency, organized workflow and reduced stress for pharmacists; manages public expectations, and patient traffic in pharmacy.
- **Risks:** Additional costs to pharmacies for administrative support, or cost of booking systems. Public expectations that pharmacy services be accessible "on-demand" similar to dispensing a prescription
- **Implementation Implications:** Could be achieved through OCP practice policies and operational standards.

Discussion

- After reviewing the proposed options, what could/should the College pursue/explore?
- Are there other regulatory or operational measures to consider?
- What is feasible in the short term? In the long term?
- What are the implications of maintaining the status quo (i.e., no change)?

Summary Discussion

- Considering all the regulatory and operational options we just discussed:
  - ➢ What should be prioritized, in considering the College's primary mandate of public protection?
  - ➢ What approach should OCP propose to the MOH? (phased approach?)
  - ➢ What have we missed?

Next Steps

- Regulatory submission may be expected by the MOH shortly after a request is made by the Minister of Health. Board decisions from this meeting will inform the drafting of regulatory amendments and operational/implementation planning.
- Several workstreams are needed concurrently to support this work, including:
  1. Regulation writing and policy development
  2. Government relations
  3. Communication (education, training, expectation setting) with registrants and the public
  4. Implementation planning
- At the March 2025 Board meeting (or sooner if necessary), there will be time for Board discussion and decisions related to corporate pressures (strategic goal #1 activities), and the clinical conditions and restrictions for minor ailments.

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Appendices

Appendix 1 - Advancing the Pharmacy Sector

As part of their consultation, the MOH has proposed the following expansion of pharmacy practice scope:

1. Prescribing for Additional 14 Minor Ailments:
    1. acute pharyngitis (sore throat)
    2. calluses and corns
    3. headache (mild)
    4. shingles
    5. minor sleep disorders (insomnia, could also include disturbances in circadian rhythm)
    6. fungal nail infections (onychomycosis)
    7. swimmers' ear (otitis externa)
    8. head lice (pediculosis)
    9. nasal congestion (rhinitis)
    10. dandruff (seborrheic dermatitis)
    11. ringworm (tinea corporis)
    12. jock itch (tinea cruris)
    13. warts (Verrucae - vulgaris, plantar)
    14. dry eye (xeropthalmia, dry eye disease)
2. Ordering specific laboratory tests and performing additional POCTs (to support additional minor ailments)
3. Communicating a diagnosis (to support specific additional minor ailments)
4. Authorizing pharmacy technicians to administer Schedule 3 vaccines
5. Introducing a publicly funded adult vaccine bundle into pharmacy

Appendix 1 - Advancing the Pharmacy Sector

In addition, the MOH also consulted on:

- The barriers in hospital settings, other than legislative amendments, that limit hospital pharmacists from ordering laboratory and POCTs
- The current issues and opportunities to improve the MedsCheck program to support optimal medication and chronic disease management, including considerations for point-of-care testing.

Appendix 2 - Other Regulatory and Operational Considerations

- **Exemptions from the Employment Standards Act**
  - Pharmacy professionals are exempted from several parts of the Employment Standards Act (2000) (ESA).
  - Being overworked and not being able to take breaks to eat or rest is a reality for community pharmacists. This reality contributes to burnout and poor mental and physical well-being, which impacts the quality and safety of care provided
- **Increased autonomy with prescribing, labs ordering**
  - The College has previously communicated to the Ministry of Health the challenges and limitations of prescribing from lists and categories, such as keeping lists up to date when new drugs enter the market or when drugs are cancelled post market. These are frequent occurrences which render the lists outdated and create an impediment to the provision of best quality care.
  - Limiting pharmacist prescribing to lists limits the care they can provide patients, possibly delaying care if the patient must then see a primary care provider to be prescribed a medication the pharmacist is not authorized to prescribe.


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THANK YOU

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October 20, 2024

Health Workforce Regulatory Oversight Branch
Nursing and Professional Practice Division
438 University Avenue, 10th Floor
Toronto ON M5G 2K8

Submitted via email to: Regulatoryprojects@Ontario.ca

Re: Ontario College of Pharmacists' response to the Ontario Ministry of Health consultation on advancing the pharmacy sector in Ontario

The Ontario College of Pharmacists (OCP, the College) appreciates the opportunity to provide information and feedback to the Ministry of Health regarding its consultation on proposed changes to advance the pharmacy sector in Ontario.

The College's mandate is to serve and protect the public interest and hold Ontario's registered pharmacists and pharmacy technicians accountable to the established legislation, Standards of Practice, Code of Ethics and policies relevant to pharmacy practice. As the regulatory authority, it is the duty of the College to ensure the public receives safe, effective and high-quality care from pharmacy professionals. The College also plays an important role in the regulation of the premises where pharmacy professionals practice - regulating and accrediting community and hospital pharmacies and holding them accountable to the Standards of Operations and relevant policies and legislation.

In October 2023, the College submitted, at the Minister of Health's request, recommendations of additional minor ailments that can be safely added to the existing list of minor ailments for which pharmacists are able to prescribe. In that submission, the College rationalized the recommendations along with a number of other considerations that would support and enable further expansion of scope of practice for pharmacists in Ontario. This letter is attached to our submission for reference.

Overall, the College supports the Ministry's proposal and believes that expanding scope of practice in this way, including the additional minor ailments, will improve access to quality care for Ontarians. Should the Ministry move forward with the proposal, the College will approach regulations and any relevant policies, requirements or guidelines in the way it has always done: keeping public interest and safety at the centre of its decisions and putting in place the necessary mechanisms to expand pharmacist scope of practice safely and effectively.

SCOPE OF PRACTICE EXPANSIONS

1. ***What impact(s) on specific populations might these scope of practice changes have? Examples of specific population may include rural and northern Ontarians, women, gender diverse individuals, seniors, residents in long-term care homes or retirement residences persons with disabilities, low-income individuals/families, individuals with mental health disorders, Indigenous people and other racialized communities.***

Overall, the expansion of pharmacist scope being proposed has the potential to positively affect all the groups listed, by increasing access to care and providing more timely service.

Rural and Northern Ontarians

Further expanding the scope of practice of pharmacy professionals contributes to overall improved access to care, both in the community and in hospital. As well, in cases where a community pharmacy has extended hours or is closer than a family doctor's office (or public health unit) in rural areas, expansion of pharmacy scope may enable more timely care closer to home. However, we note that rural and northern communities continue to be underserved by the pharmacy profession. Northern communities are more likely not to have a local pharmacist (72%) compared with southern communities (24%).[1] To ensure all Ontarians can benefit from expanded pharmacy practice scope equitably, it may be worth considering how best to address the challenges of recruitment and retention of pharmacy professionals in rural and northern Ontario.

Consultation with several Indigenous pharmacy professionals noted that for pharmacies in more rural, northern and/or remote areas, access can be hindered if there are no supplies to carry out the activities. This is an important consideration for the availability of point of care tests (POCTs) and the ability to provide care virtually.

Indigenous Peoples

The potential positive effect of access to timely care that expanded scope of pharmacy practice could have for patients generally would also benefit Indigenous patients living off reserve because around one in ten First Nations people living off reserve (11.7%), Métis (12.5%) and Inuit (10.1%) reported not having a usual place of care for minor health problems, similar to non-Indigenous people (11.4%).[2] But there are differences among those with two or more chronic conditions. First Nations people (13.1%), and Métis (10.1%) were more likely to be without a regular health care provider than non-Indigenous people (6.2%). Having access to expanded pharmacy services through community pharmacies across Ontario could help narrow the gap in access to a regular health care provider that exists between non-Indigenous and Indigenous patients living off reserve.[2]

Consultation with several Indigenous pharmacy professionals have highlighted that there are potential structural and coverage differentials between the provincial drug insurance programs and the federal non-insured health benefits program that may have unintended outcomes in limiting access or adding complexity for Indigenous patients that the MOH may wish to consider. This includes differences in coverage for over-the-counter medications and supplies that may inadvertently limit access to expanded pharmacy services. The College would be pleased to connect the MOH to SMEs that can advise on the specific risks related to program coverage discrepancies and implications on patient access to care.

Women and Patients Assigned Female at Birth

In October 2023, the College's recommendation letter to the Minister of Health on additional minor ailments included support for pharmacists' prescribing birth control and emergency contraception. The College notes that this is currently not part of the consultation. It is important to point out that British Columbia, Alberta, Saskatchewan, Nova Scotia, and Quebec have authorized birth control prescribing to pharmacists.[3] Including this in Ontario will not only promote consistency across provinces, it will further support reproductive rights and women's health.

Low Income Individuals and Families

Low-income individuals and families, who experience higher rates of chronic illnesses and poorer health outcomes,[4] may benefit from expanded pharmacy scope by accessing more care through community pharmacies. It will be important to consider whether they may face any financial barriers depending on how access to these services is funded. For example, the full benefit of the vaccine-related scope expansions into the pharmacy sector may not be fully realized as a result of financial barriers.[5] Fees to administer Schedule 3 vaccines, as noted in the consultation, under *2.1 Pharmacy Technicians Administering Additional Schedule 3 Vaccines,* will add to the financial burden of low-income individuals and families. Financial barriers to vaccination can further widen the health gap, making it more difficult for this population to achieve optimal health.

2. *What barriers exist that limit patients in these specific populations from accessing care in community pharmacies?*

Physical Space Limitations of Community Pharmacy

Many Ontario community pharmacies face physical space limitations that impact their ability to provide comprehensive services. The traditional dispensary layout may not easily allow for the necessary space to accommodate expanded healthcare services, such as private consultation areas for minor ailments assessment and counselling, and vaccine administration. Nor are they designed with adequate space for individuals such as seniors and persons with disabilities who may rely on mobility aids such as wheelchairs, walkers, or scooters. Insufficient seating and waiting areas in community pharmacy can make it uncomfortable for the public, as community pharmacies see more traffic flow resulting from more available pharmacy services. Other Canadian jurisdictions, such as British Columbia, Alberta, Saskatchewan and Manitoba have mandated that their community pharmacies have a private consultation room.

Insufficient space also impacts the ability to have consultations with patients in a private and confidential manner. This is particularly important for seniors, individuals with disabilities, gender diverse individuals, individuals with mental health conditions, and others who may require more private discussions about their medications and health conditions. Inadequate private consultation spaces can lead to patients feeling rushed, vulnerable, and adversely affect their care experiences and treatment outcomes.[6]

Currently, the College's Accreditation Standards for community pharmacies requires that a pharmacy has a separate and distinct patient consultation area offering "acoustical privacy".[7] A review of the physical space requirements within pharmacies to accommodate further expansion of scope may need

to be considered, not just for these specific populations, but all community pharmacies that wish to provide expanded services once authorized to do so.

Residents in Long-Term Care Homes or Retirement Homes

In Ontario, pharmacies play a vital role in supporting long-term care residents by providing a range of services for managing medication, conducting comprehensive medication reviews, and optimizing therapeutic outcomes for residents living with complex, comorbid health conditions.[8] However, there are barriers to residents in long-term care accessing expanded scope pharmacy services, such as minor ailments assessments. The College is aware that the Ministry of Long-Term Care has recently been exploring how pharmacy services in long-term care contribute to quality of care and quality of life for residents and believes that this is an important consideration. The MOH may want to consider assessing current financial and other barriers and how long-term care residents can more equitably benefit from expanded pharmacy services.

3. What impact(s) might these proposed scope of practice changes have on the patient/client experience when accessing care in a pharmacy setting?

The College believes that additional expansion of pharmacist and pharmacy technician scope of practice, along with the associated regulatory requirements to support safe and effective implementation, can have a positive impact on the patient/client experience in all pharmacy settings. The College has previously heard from members of the public on pharmacy scope expansion which were largely positive and supportive.

4. Are there any anticipated risks to safety and public protection? If yes, describe the risk(s) and what might help to lessen the risk.

The College feels that the proposed expanded scope of practice can be safely and effectively implemented throughout the province. The College's Board of Directors will consider diverse perspectives in making any decision about regulatory requirements or policies that ought to be put in place to successfully support pharmacists and pharmacy technicians to take on additional scope. The College will incorporate those during the regulation making and policy development process once the Ministry's proposal, in whole or in part, moves forward.

The College views expanded scope as an opportunity to not only improve access to safe, quality care for Ontarians but also to examine how to work with system partners, including government, to make sure that the way in which pharmacy services are delivered allow all regulated pharmacy professionals to meet operational and practice standards, policies and ethical responsibilities that put patient interests first above all other considerations. This is paramount for the effective and safe delivery of pharmacy care in Ontario, and any potential risk associated with expanded scope can be successfully ameliorated with the appropriate safeguards in place.

The College, through feedback provided by many registrants, notes that the way in which many pharmacists are being directed to provide care can interfere with making decisions in the best interests of patients, prevent pharmacist autonomy, and put pressure on registrants to perform and meet certain business metrics that don't align with their professional obligations. Many registrants shared with us that this can in turn contribute to professional burnout and stress. Although registrants are always

expected to practice within the limits of their knowledge, skills, and ability, it is reasonable to give strong consideration to the tools, resources and healthy working conditions that are critical to doing so.

The College's Board has yet to consider what specific operational and practice measures and requirements should be put in place within the context of further expanded scope and the feedback that has been reported to us, whether that be related to staffing requirements, access to clinical viewers, or other measures. In the meantime, the College continues to focus on what it can and should do within its existing authority to ensure that concerns about the corporate pressures in pharmacy are addressed appropriately and responsibly and will look to system partners, including government, to collaborate where needed in order to adequately protect the public and promote pharmacy professional wellbeing in the delivery of care to their patients.

5. What mechanisms or monitoring processes need to be in place to ensure ongoing quality, safety and successful implementation within the health system, if these scope expansion changes move forward?

Expanded scope of practice, including minor ailments assessment and prescribing is still relatively new in Ontario. As such, outcomes research and data to help inform quality and implementation success are limited. However, the College has a number of mechanisms in place to help identify trends, understand experiences, address gaps and remediate concerns.

For example, the College has a well-established quality assurance regime that includes routine and targeted operational assessments of pharmacies, practice and knowledge assessments of pharmacists and pharmacy technicians, and post-remediation activities to support quality improvement. In addition, the following mechanisms are useful tools for the College to help measure the successful implementation of expanded scope of practice and identify opportunities to improve practice where needed:

- Complaints and reports received from the public and registrants allow us to monitor any trends associated with changes to practice and address practice and operational concerns directly.
- Pharmacies, and pharmacy professionals, are required to anonymously report medication incidents through our Assurance and Improvement in Medication Safety (AIMS) program, the data (aggregate) from which the College and the profession can use to understand the circumstances behind errors and near misses including the nature of the incidents, specific medications that were involved, and any contributing factors. Of note, the AIMS program is designed as a quality improvement tool, with learnings from experiences of reported incidents being shared with registrants throughout the province.
- The College will continue to engage directly with registrants, system partners, government and other health professional regulators on an ongoing basis to share insights into the success of expanded scope.

The identification of further required mechanisms or monitoring processes to ensure ongoing quality, safety and successful implementation within the health system requires Board and broader consultation with the profession and system and academic partners.

Assessing Readiness and Knowledge

Ontario faculties of pharmacy and pharmacy technician programs have confirmed that their curricula cover the proposed expanded scope of practice. The College acknowledges that the Ontario pharmacy workforce is composed of individuals who initiated practice prior to these curriculum changes or are from other jurisdictions, and countries where the scope and education may not include the same breadth of scope. Hence, there is heterogeneity of pharmacy professionals' knowledge, training, experience and confidence with communicating a diagnosis, and ordering laboratory testing. This proposed expansion of scope provides an opportunity to consider the right mechanisms that will ensure all registrants are able and confident to take on the additional expanded scope.

6. What are the potential positive or negative effects these scope expansions may have on the following:

Pharmacy professionals

While there is expected to be some degree of varying interest in formally adopting additional scope into their daily practice once authorized to do so, the College anticipates that the expansion of scope for pharmacy professionals will be supported by the vast majority of members of the profession.

It is important to note that the feedback from many registrants about corporate pressures and limits to their professional autonomy ought to be carefully considered as further scope is enabled. The proposal, and subsequent regulation drafting once approved, will be successful with the needed attention to ameliorating the concerns about business interests directing patient care and the impact of corporate pressures on pharmacy professional wellbeing and their ability to consistently meet operational, practice and ethical standards. The College's Board will consider in due course any and all appropriate measures to ensure expanded scope of practice proceeds safely and ethically, with the public interest at the core of its decision making. Amendments to employment standards may also warrant consideration to adequately promote the wellbeing of those delivering care to patients.

It is also important to consider appropriate preparation and implementation timelines given the magnitude of change associated with what is currently included in the Ministry's proposal. Experience has shown that an effective change management plan, along with the development and delivery of necessary education, information, resources, guidance and policies, is critical to a successful roll-out of expanded scope of practice. Not all pharmacy professionals may desire or be suitably prepared to adopt expanded scope, or elements thereof, which will also need to be considered in how expanded scope moves forward with necessary regulatory solutions.

Other regulated health professions

Further expanding scope of practice for pharmacy professionals, and indeed other health professions, necessitates effective and efficient communication and collaboration with other members of a patient's health care team. Consideration should be given to how and what supports, tools, guidance and resources should be put in place that strengthens the ability for healthcare providers, in this case pharmacists, to communicate effectively and efficiently with primary care providers and vice versa, and to maintain constructive and collaborative relationships across professions that do not place additional unnecessary administrative burden on any one professional group. Reinforcing expected behaviours

related to interprofessional collaboration amongst all members of a patient's care team, which is essential for quality patient care and a well-functioning health system, should also be a priority.

7. Are there strategies currently being used to reduce administrative burden between pharmacists and other primary care providers? If not, what strategies can be used?

The College is aware of the frustration of healthcare professionals related to the performance of administrative tasks and associated burdens and acknowledges that activities of pharmacy professionals are contributing to administrative burden because of mandated reporting requirements (e.g., sending clinical documentation for minor ailments, and documentation related to MedsChecks). Reducing that burden is a shared opportunity for all system partners, including regulatory colleges and the Ministry.

There may be some specific areas that warrant attention as the Ministry considers how to move forward with their proposal. Examples could include:

- **Integrated health records:** The College is looking forward to the outcome of the efforts currently underway within the MOH to better integrate patient health records and improve access among the circle of care providers. These modernization efforts will reduce administrative burden felt by both pharmacy and family medicine by hopefully eliminating antiquated activities such as faxing, and manually connecting with healthcare providers for patient health records.
- **Reassessing MedsCheck documentation:** The Professional Pharmacy Services Guidebook 3.0 outlined in detail the required and mandatory documentation that pharmacists were to send to the primary care provider following each MedsCheck encounter. The MOH may want to reconsider the utility of this, and other ways MedsCheck encounters can be more effectively and meaningfully communicated to primary care providers.
- **Streamlined communication between pharmacy and primary care providers:** shared and secure messaging platforms or telehealth options would enable quick, direct communication between pharmacists and physicians. This allows for timely consultations and reduces the need for phone calls or faxes.
- **Collaborative Care Models** - **Interdisciplinary Teams**: Foster collaborative care models where pharmacists and family physicians work as part of a healthcare team. Regular meetings or case discussions can enhance collaboration and reduce misunderstandings that lead to administrative burdens.

8. How can the Ministry improve team-based primary care to prevent a fragmented health care system?

As the regulator of pharmacists, pharmacy technicians and pharmacies, the College would strongly welcome the opportunity to be a part of integrated care discussions, dialogue and decisions, whether that be by being connected to Ontario Health/Ontario Health Teams or other relevant and appropriate opportunities.

9. What steps need to be considered as part of an implementation plan to safely introduce these scope expansions?

See response to #4, above.

QUESTIONS SPECIFIC FOR SCOPE EXPANSION PROPOSALS

1. Minor Ailments

From the newly proposed 14 minor ailments, are there any minor ailments that pose significant risks and should not be on this list?

In preparing the recommended list of minor ailments for the Minister of Health in October 2023, the College engaged with an expert task group to identify the next set of minor ailments. In doing so, risk to public safety was discussed for each minor ailment, and subsequently, restrictions were recommended for *some* minor ailments, described below in Table 1. The other minor ailments (not included in this table) did not have any restrictions related to treatment or patient presentation.

Table 1.

Minor Ailment	Treatment Restrictions	Patient Presentation Restrictions
Otitis externa (swimmers' ear)	Restricted to topical treatments, and non-prescription antibiotics	
Tinea Corporis (ringworm)	Restricted to topical treatments	
Minor Sleep Disorders (insomnia, disturbances in circadian rhythm)	Excludes prescribing controlled substances and zopiclone Restricted to prescribing for short term use only.	
Herpes zoster (shingles)		Excludes facial involvement
Verrucae (vulgaris, plantar warts)		Excludes facial and genital involvement
Onychomycosis (fungal nail infection)	Restricted to topical treatments	
Xerophthalmia (dry eye)	Restricted to ocular lubricants	

Which minor ailments may benefit from being assessed through laboratory testing and/or point-of-care testing? And may require pharmacists to communicate a diagnosis to a patient?

Sore throat

Current goals of therapy of pharmacist assessment and treatment of acute pharyngitis include providing symptomatic relief, shortening the duration of symptoms, and counselling patients to seek further care from their primary care provider to be assessed for group A Streptococcus (GAS) and prevent complications (e.g., acute rheumatic fever as a complication of GAS).[9] Enabling pharmacists to assess, prescribe for and counsel patients on GAS would prevent delays in patient care, and enable patients to start treatment sooner. This requires enabling pharmacists to conduct a rapid strep test (POCT), collect a throat swab culture and send for laboratory testing, and communicate a diagnosis if the rapid strep test is positive. Currently, other Canadian jurisdictions have authorized pharmacists to assess and treat for sore throat. Most recently, a subset of Saskatchewan pharmacists (who meet the specified terms and

conditions) have been given the authority to order laboratory tests, including performing rapid strep testing.

Swimmer's Ear

A clinical diagnosis of otitis externa requires a complete history and physical examination, including assessment with an otoscope to distinguish otitis externa from otitis media. The findings obtained would typically be understood to contribute to a diagnosis of the patient's condition that a patient would reasonably expect to receive following assessment.

Is it feasible to treat all these proposed ailments in community pharmacies?

Other jurisdictions across Canada have already had pharmacist assessment and treatment of minor ailments in place for many years. There is substantive evidence from these provinces that minor ailments prescribing by pharmacists is effective, appropriate, safe, and that patients are satisfied with their care.[10,11,12,13,14]

Regulatory safeguards will help to ensure that the extent of care provided by pharmacists remains appropriate. Pharmacists are expected to refer patients appropriately to primary care providers or specialists based on complexity, differential diagnoses that are outside their scope, or the presence of any red flags.

The College acknowledges that the current approach that pharmacist assessment and treatment of minor ailments may be viewed as very algorithmic. Pharmacists are limited in their capacity to explore differential diagnoses due to limitations in their practice scope (e.g., they have not been able to order lab tests to rule out differential diagnoses, nor prescribe from outside the authorized drug lists). To enable pharmacists to practice in a more comprehensive and less algorithmic fashion, consideration should be given to the benefits of allowing pharmacists to order laboratory tests and prescribe medication in a more autonomous manner (i.e., not from prescriptive lists).

2. Pharmacist Ordering of Laboratory and Point-of-Care Tests

What laboratory tests and point-of-care tests would be best suited to be ordered/performed by pharmacists to support minor ailment prescribing in community-based pharmacies?

Described above in Question #1 Minor Ailments.

3. Pharmacists Communicating a Diagnosis for the Purpose of the Minor Ailment Prescribing Program

What additional education/training will be required for this scope expansion? Will a special designation be required for certain ailments with conditions/restrictions and the controlled act to communicate a diagnosis?

Current pharmacy programs are comprehensive and appropriately prepare students to practice in these expanded scope areas. However, the College is also aware that the current workforce is diverse, and

individual pharmacists have varied experience, knowledge, skills and confidence in different areas of practice. For instance, pharmacists will have varying levels of comfort with using an otoscope, or with communicating a diagnosis. Due to the breadth of this proposed expansion of scope, consideration may need to be given to implementing additional quality assurance measures, which may include education and/or designation requirements, or mechanisms that assess registrants' knowledge, skills and abilities across these scope expansion topics.

4. Hospital Barriers

Beyond current legislative limitations, what are the barriers in hospital settings which limit pharmacists from ordering lab and point-of-care tests?

There is evidence to support that optimizing the hospital pharmacist role contributes to lower patient mortality rates, and reduced drug-related readmissions.[15,16,17] Further, enabling hospital pharmacists to order laboratory tests and administer point-of-care tests will reduce patient care delays in hospitals, improve consistency of practice scope across the pharmacy profession regardless of practice setting, and eliminate the resource-intensive administrative work that currently is needed to enable pharmacists (under delegation) to order through medical directives.

The College has learned through engagements with hospital system partners that the current processes to enable lab ordering by hospital pharmacists, such as through medical directives (that must be signed by all medical staff) are administratively burdensome, especially difficult to implement in larger hospitals, and dependent on approval from the Medical Advisory Committee (MAC). This can result in different approaches in different hospitals, creating confusion and inconsistency across the healthcare system.

The College has heard from hospital system partners that the necessary legislative changes must be prioritized as a first step, before any operational barriers are identified or addressed. The current legislation are barriers in the hospital setting and amendments would be required:

- Orders for Treatment (s.24 of *Regulation 965 (Hospital Management)* of the *Public Hospitals Act, 1990).* Needs to include pharmacists in the list of practitioners who are able to authenticate orders for treatment or diagnostic procedures.
- Pharmacists and pharmaceutical chemists (s.28 of *Regulation 45/22 (General)* of the *Laboratory and Specimen Collection Centre Licensing Act, 1990*.
- Additional requirements for authorized acts (s.5 and 5.1 of the *Nursing Act, 1991*).

Authorizing Ontario hospital pharmacists to order laboratory testing will align with scope of practice in other Canadian jurisdictions, bring more consistency to practice scope between community and hospital pharmacists in Ontario, as well as bring consistency across Ontario hospital pharmacies, which currently vary a great deal.[18] The majority of other provinces have authorized pharmacists to order laboratory testing in hospital settings. Further, the MOH may want to consider authorizing the ordering of **any** lab test, rather than from a selective list, as monitoring needs evolve over time. Placing limitations on the extent of ordering hinders the ability of pharmacists to practice effectively, such as being able to proactively manage patient medications by ordering lab tests for therapeutic drug level monitoring. Pharmacists, similar to Nurse Practitioners, have met educational and training requirements to enable them to safely order and interpret diagnostic tests, such as laboratory tests and POCTs. As described by the College of Nurses of Ontario (CNO) who regulate Nurse Practitioners:

"*CNO does not outline an exhaustive list of treatments, diagnostic and/or laboratory tests Nurse Practitioners (NPs) can provide. NP practice is diverse, and the authorities to order diagnostic tests and procedures are not solely defined by controlled acts in the RHPA and the Nursing Act, 1991… Access to broad range of diagnostic tests or procedures is a crucial component of NP practice to establish a diagnosis and provide access to quality client care." (CNO, 2024)*

Informed by discussions with hospital system partners, the College notes that many hospital pharmacists have already been ordering laboratory tests and POCTs under medical directives, and authorizing this scope of practice would represent primarily an administrative change, rather than a major shift in knowledge or skills. Minimal education and training would be required to support this change. Similarly, as this practice has been in place via medical directives, the trust and buy-in from other providers that pharmacists can exercise this practice scope prudently, would presumably already be established. However, operationally, workflow changes may be required to account for increased pharmacist accountability and follow-up as the ordering provider.

2) Vaccines in Community Pharmacies

2.1 Pharmacy Technicians

Is there specific training, education, and/or certifications that pharmacy technicians should complete in order to administer the additional vaccines?

The College does not anticipate that pharmacy technicians would require any additional training, education or certification to administer additional vaccines. The technical skill and related procedures remain unchanged from currently authorized vaccines. Continuing professional development courses may support pharmacy technicians' understanding and knowledge of the clinical conditions for which they are administering vaccines.

Currently, any *pharmacist* administering a substance by injection must have standard first aid and CPR/AED Level C training. This is a requirement of the NAPRA Models Standards of Practice for Canadian Pharmacists. However, this requirement does not currently exist for pharmacy technicians as they can only administer vaccines under supervision of a pharmacist (or another health care professional (HCP)) who is required to have this certification. CPR and first aid certification is recommended, but not mandatory, which may be an area to explore further.

2.2 Publicly Funded Adult Vaccine Bundle

What steps and elements should be considered as part of an implementation plan to introduce the expansion of publicly funded adult vaccine administration by pharmacy professionals (e.g., public awareness)?

Below are a few considerations for the MOH related to implementation:

Intern Technician Scope

The College has noted, through its work on the recent changes to registration and quality assurance regulations, that the new registrant class of intern technician has not been authorized to administer influenza vaccines, respiratory syncytial virus vaccines nor the COVID-19 vaccines. Practically speaking, pharmacy technician students are administering these vaccinations already during their training, and when these individuals transition from student to intern technician, it seems logical and feasible that they would continue to be able to administer these vaccines as intern technicians. Similarly, it may be valuable to consider including intern technicians to the current proposed scope expansions for pharmacy technician administration of additional Schedule 3 vaccines.

Pharmacy Technicians in Community Pharmacy

Pharmacy technicians are underutilized and difficult to recruit into community pharmacy. Any efforts to increase access to vaccinations in community pharmacy would benefit from attention to improving the recruitment and retention of pharmacy technicians into community pharmacies which would further improve access for patients and may help prevent potential pharmacy workload challenges.

Exclusion of the 2-18 Age Group

Pharmacists successfully and effectively administered COVID-19 vaccinations to this group during the pandemic with no adverse outcomes. The College welcomes the opportunity to discuss this further with the MOH and other system partners (e.g., public health).

Life-course Vaccination Status Assessment

Vaccination rates remain suboptimal among Canadian adults.[19] As pharmacy's role in public vaccination grows, there is an opportunity to utilize community pharmacy to address vaccination rates, not only through the administration of vaccines, but also in the assessment of life-course vaccination status. A recent study[19] tested a novel program called VaxCheck, which aims to assess life-course vaccination status among adults in the Ontario community pharmacy environment. Of the 123 VaxCheck consultations conducted, 95% resulted in identifying at least one missing vaccination, and on average three vaccines were missing per patient.

There is an opportunity for pharmacy professionals to improve population vaccination rates by conducting opportunistic assessments of life-course vaccination status. Such an approach would be further strengthened by authorizing pharmacists to prescribe vaccines, as is currently authorized in 8 other Canadian jurisdictions (i.e., 7 provinces, and 1 territory).

MEDSCHECK

General Questions

1. What should a MedsCheck accomplish to ensure full value to patients and primary care providers? Does the program currently meet this goal?

MedsChecks represent an invaluable patient-safety tool that pharmacists can use to identify potential gaps in a patient's treatment, reinforce patient care goals or prevent potential risks such as adverse drug reactions/interactions.

Technically, a MedsCheck should be a standardized method to[20]:

- Generate a best possible medication history (BPMH), including all prescription, non-prescription and natural health products a patient is taking from all sources
- Contribute to medication reconciliation by recording actual medication use to address any discrepancies between patient records and past medication history (e.g., pharmacy profile) and what is currently happening (e.g., non-adherence, new or discontinued therapies, verbal changes not yet documented)
- Identify drug therapy problems (DTP) for the pharmacist to address, such as:
    - Unnecessary drug therapy
    - Wrong drug
    - Dose too low or too high
    - Adverse drug reaction
    - Low adherence
    - Need for additional drug therapy

The MedsCheck program, as described in the Professional Pharmacy Services Guidebook, currently intends to accomplish a best possible medication history (BPMH) (for planned hospital admission, and via the Personal Medication Record) and identify DTPs. A full medication *reconciliation* is beyond the current scope of the program, and it is not clear whether the BPMH (i.e., the patient record sent to the primary care provider) triggers this process for the patient's primary care team.

However, if the MedsCheck is completed quickly (such as by simply verifying the current prescription medications on the pharmacy's profile with the patient; identifying but not resolving DTPs, etc.) instead of spending the necessary time to conduct these reviews, the full value will not be realized. Overall, the program is designed to provide value by lowering health care costs associated with DTPs and/or chronic conditions that are not well-managed. Failure to meet the program standards puts this value, and the safety benefits for patients, at risk.

2. What challenges currently exist with the MedsCheck program?

Inappropriate use of the program

The College's Under Stress and Duress report found that registrants in corporately-owned community pharmacies reported being pressured to complete MedsChecks. Over 4,000 responses mentioned direction or pressure to "complete a set number/dollar amount of MedsChecks per

shift/day/week/month" and/or "to "cold call" patients to complete MedsChecks or pressure to complete unnecessary MedsChecks". Some anecdotal reports received by the College indicate that MedsChecks occur without patient consent, especially during the time when they could be completed virtually.[21]

Administrative burden

The Professional Pharmacy Services Guidebook 3.0 directed pharmacists to share the MedsCheck Personal Medication Record with the primary care provider, using the standardized notification letter/fax template. The mandatory forms are cumbersome and not integrated into pharmacy software systems.

3. What changes would you propose to improve the MedsCheck program? Which aspects should not be changed, if applicable?

The College's Board has not had an opportunity to reflect, consider and discuss specific solutions to improving the program. As a preliminary response, the College suggests that the following could be considered, among other potential solutions that warrant further exploration with Board input:

- Revise the Guidebook and make connections to, and align with other provincial standards, such as the Health Quality Ontario standards, and the ISMP Primary Care Medication Reconciliation Guide
- Add 'deprescribing/discontinuing medication not needed' as a drug therapy problem identified during a MedsCheck as a separate intervention in the Pharmaceutical Opinion Program
- Identify additional specialized MedsChecks for patient populations with higher morbidity to support appropriate use
    - E.g., a Cardiovascular or COPD/Asthma specific MedsCheck with therapeutic goals
- Expand on hospital and long-term care MedsChecks to include other transitions in care (e.g., retirement home patients who have medications managed by the home)
- Look for efficiencies and reduce redundancy in required documentation
- Redefine complexity (i.e., the complexity of a MedsCheck extends beyond number of medications; a single medication may be more complex and require more counselling than 3 non-complex medications)

4. How would you measure the success of any proposed changes to the program?

If requested by the MOH, the College would look forward to the opportunity to collaborate with other system partners and subject matter experts to develop a measurement framework to support the MedsCheck program. A lot of work has already occurred from which to build, including:

- In 2019, the College, in collaboration with Health Quality Ontario released Quality Indicators for Pharmacy – A summary report for community pharmacy
- The Ontario Health (Quality) Quality Standards in Medication Safety Measurement Guide developed in 2021

Key Categories

1. Definition of targeted clinical outcomes

Which clinical outcomes are most important to address with the MedsCheck program?

As stated in response to question #4 above, some foundational work has occurred related to the measurement and monitoring of community pharmacy services, and medication safety. The College would welcome the opportunity to collaborate with others to identify meaningful, program-related quality indicators and outcomes.

2. Key performance and quality indicators

Based on what a MedsCheck should accomplish, what key performance and quality indicators should be monitored and evaluated?

As mentioned in response to MedsCheck General Question #4 below, the College would need to work with system partners and subject matter experts to develop the key performance indicators and quality indicators.

3. Patient Population

Who would most benefit from a MedsCheck medication review?

Currently, eligibility criteria include patients taking three or more chronic-use prescription medications, or those diagnosed with type 1 or 2 diabetes. Patient populations with higher morbidity (e.g., could have a Cardiovascular or COPD MedsCheck and include therapeutic goals) or expanding on the current hospital and LTC MedsChecks to include other transitions in care (e.g., retirement home residents who have medications managed by the home).

How can the program ensure that patients who may benefit most from the service receive it (e.g., complex patients, patients with drug therapy problems, etc.)?

- Educate health care providers and allied health professionals about the program and how to identify clients
- Inform patients about how the program is intended to help them live longer, healthier lives (primary endpoints) versus being a medication review to check their compliance
- Create a flag in the clinical viewer or via the Health Network System to identify patients who have DUR warnings or meet other

4. Avoidance of service duplication across providers

Which components of MedsCheck might overlap or duplicate with services provided by other healthcare professionals? How can this service duplication be avoided?

Finding tangible solutions to reduce duplication of services across providers requires system-wide collaboration and discussion, inclusive of all providers who are involved in some manner of medication review (especially other OHIP insured services for medication review). In the interim, the following are some ideas to avoid duplication of services provided other healthcare providers:

- The admitting physician arranging for MedsChecks for planned hospital admissions, pre-operative admissions, etc.
- The hospital pharmacist arranging MedsChecks with the community pharmacist within 7 days of discharge or post-op for unplanned hospital admissions
- Having this information in the patient's medical records and requiring pharmacies to access this information in clinical viewers
- Facilitating referrals, such as a family physician to a Certified Diabetes Educator pharmacist

5. Integration of point-of-care testing (POCT)

Note: Pharmacists are authorized to perform the following POCT: glucose, HbA1C, Lipids, and PT/INR. Conducting POCT is not currently a requirement of the MedsCheck Program.

How can POCT currently within scope be used to support assessments within the context of MedsCheck?

POCT can be used to assess the appropriateness of the patient's medication, regimen and dose in treating and/or preventing diabetes, cardiovascular disease, and their potential complications.[22] In the context of MedsChecks, all of the currently authorized POCTs could be included as a requirement where appropriate to support more comprehensive and effective MedsChecks. There is evidence to support pharmacists conducing POCT for HbA1C, lipids, and INR/PT.[23]

What considerations must be accounted for if POCT is integrated into the MedsCheck Program?

- Documentation of evidence-based rationale for including POCT (especially if reimbursed as part of the program).
- Avoidance of service duplication between health care providers by having results available in clinical viewers and shared by pharmacist with primary care practitioner.

6. Access for underserved patients

How can barriers be reduced for underserved groups (e.g., Patients with limited mobility, rural areas, Indigenous populations, people experiencing houselessness, etc.)?

The potential benefits can be achieved if the processes for operationalizing any scope expansion is adapted for the needs of those that are covered by federal NHIB rather than the provincial drug programs, that ensure there is an effective and stable supply of POCT devices and other supplies needed to provide expanded pharmacy services in remote and/or northern communities. The MOH is encouraged to connect with Indigenous pharmacy professionals and pharmacy patients to understand the existing barriers and anticipated unintended outcomes of these proposals.

7. Administrative workload

What measures could be taken to reduce administrative burden for all parties associated with the MedsCheck program while maintaining quality and comprehensiveness? How could these measures be applied to different types of MedsChecks?

See response to Scope of Practice Expansion question #7.

8. Continuity of care and appropriate interprofessional collaboration

What types of collaboration should exist between pharmacists and primary care providers? How might this be achieved?

- Sharing pertinent clinical information in a timely and effective manner
    - electronically in the patient record
    - pushed out automatically
    - retrievable on demand
- Responding to each other's questions or recommendations in a timely manner, and in real time when urgent

How might the MedsCheck program be used to support continuity of care

The Ontario MedsCheck program has the potential to support continuity of care and transitions in care by providing a structured framework for medication management during critical points, such as hospital discharges or transfers between care settings. MedsCheck also has the potential to serve as a powerful tool to facilitate communication between pharmacists, physicians, and other healthcare providers, ensuring that everyone is aligned to the patient's care goals and treatment plan.

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BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2023

FOR DECISION

From: Shenda Tanchak, Registrar and CEO

Topic: Expansion of Scope – Minor Ailments and Other Therapies

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

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

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

Background:

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

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

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

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

Category One – No identified conditions or restrictions

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

Category Two – Recommended with identified conditions or restrictions

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

Category Three – Not recommended to be added at this time

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

Analysis:

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

Category One – *No identified conditions or restrictions*

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

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

Category Two – *Recommended with identified conditions or restrictions*

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

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

Category Three – Not recommended to be added at this time

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

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

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

Concerns related to the Practice Environment

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

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

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

Issues for the Board to Consider

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

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

2. Does the assessment and treatment for some of the minor ailments and other therapies appropriately fall within the definition of "assessment", or does it require the controlled act of "diagnosis"?

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

[1] https://mcc.ca/glossary-of-terms/
[2] https://www.napra.ca/wp-content/uploads/2022/09/NAPRA-Comp-for-Cdn-PHARMACISTS-at-Entry-to-Practice-March-2014-b.pdf

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

Next Steps:

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

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

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

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

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

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

Attachments:

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

APPENDIX D

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

October 30, 2023

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

Dear Minister Jones,

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

Terminology Considerations

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

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

Recommendation of Minor Ailments and Therapies

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

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

[1] Subject to conditions or restrictions to be determined.

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

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

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

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

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

Minor Ailments and Therapies not recommended

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

Additional Issues for Consideration

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

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

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

2. *Physical space*

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

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

3. *Use of Clinical Viewers*

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

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

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

4. *Communicating a diagnosis*

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

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

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

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

Implementation Considerations and Next Steps

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

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

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

With regard,

Shenda Tanchak
Registrar and CEO

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

BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2023

FOR DECISION

From: Shenda Tanchak, Registrar and CEO

Topic: Expansion of Scope – Minor Ailments and Other Therapies

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

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

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

Background:

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

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

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

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

Category One – No identified conditions or restrictions

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

Category Two – Recommended with identified conditions or restrictions

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

Category Three – Not recommended to be added at this time

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

Analysis:

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

Category One – *No identified conditions or restrictions*

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

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

Category Two – *Recommended with identified conditions or restrictions*

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

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

Category Three – Not recommended to be added at this time

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

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

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

Concerns related to the Practice Environment

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

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

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

Issues for the Board to Consider

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

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

2. Does the assessment and treatment for some of the minor ailments and other therapies appropriately fall within the definition of "assessment", or does it require the controlled act of "diagnosis"?

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

[1] https://mcc.ca/glossary-of-terms/
[2] https://www.napra.ca/wp-content/uploads/2022/09/NAPRA-Comp-for-Cdn-PHARMACISTS-at-Entry-to-Practice-March-2014-b.pdf

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

Next Steps:

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

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

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

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

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

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

Attachments:

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

Ontario College of Pharmacists
Putting patients first since 1871

BOARD BRIEFING NOTE
MEETING DATE: December 9-10, 2024

FOR INFORMATION

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

Topic: Policy Refresh and Projected Practice Policy Reviews

Issue: The policies and related documents aimed at regulating and guiding the practice of pharmacy and the operation of pharmacies have been assessed for clarity and relevancy in line with Strategic Goal 2. This includes the recategorization and refresh of existing policies and related documents as well as prioritizing policy reviews based on established criteria. The Board is presented with information on the process of assessing practice-related policies in preparation for an updated suite of policies to be considered for approval at the March 2025 Board meeting.

Public Interest Rationale: One of the College's objects under the *Regulated Health Professions Act, 1991,* is to develop, establish and maintain standards of practice to assure the quality of the practice of the profession. The public expects that policies will be regularly reviewed for relevancy and clarity, as these are regulatory instruments that establish the minimum expectation for safe and effective practice. The College has committed to reviewing each policy at least every five years.

Strategic Alignment, regulatory processes, and actions: Strategic Goal 2 indicates, *"The College effectively provides members of the public, registrants and other partners with clear, relevant, up-to-date information."* This includes clear information on practice expectations articulated in policy. Regularly reviewing policies ensures that the College achieves its mandate of regulating pharmacy practice in the public interest. Domain 5 within the College Performance Measurement Framework (CPMF) outlines the Ministry of Health's expectation that Colleges develop and maintain practice expectations so that the public is aware of what behaviours they should expect when receiving high-quality care.

Background:
The Strategic Policy team monitors practice matters and follows a process of identifying changes in risk to determine which policies require review, and whether a new regulatory instrument is warranted for an emerging matter. The College's Policy Review Process calls for a review of practice policies every five years so they remain current, relevant and proportionate to the risk to the public.

The process of prioritizing which polices are reviewed requires that staff assess each existing policy and each emerging issue using criteria that have been established according to the College's risk framework and based on an assessment of the impact to patients, the profession, and the healthcare system. **The Board of Directors reviews and approves all policies that regulate the practice of pharmacy.**

Whether a policy requires external consultation is determined using the College's Standard, Policy and Guideline Consultation Framework**.** Policies that require minor edits or revisions to remain current and relevant may not be circulated for consultation, provided that the expectations for registrants have remained the same. In addition to policies, the College employs other types of practice-related documents to support registrants in their understanding of the College's expectations.

The documents that the College has used to date are defined below:

Practice Policy: Practice policies outline OCP's expectations relating to pharmacy professionals' conduct, while re-affirming the values, principles and duties of the pharmacy profession. In addition to providing guidance to the profession, policies serve as a benchmark against which the conduct of the individual pharmacist is evaluated.

Guideline: Guidelines outline more detail around the expectations of a Standard and relevant legislation and how to apply the Standard and/or legislation to support optimal practice. Guidelines are meant as references to be used alongside, not in place of, the Standards and/or legislation.

Position Statement: Position statements outline the College's regulatory or policy stance on emerging issues around a specific area of practice. Position statements can change as they are based on the circumstances and context at the time they are published.

Guidance: Guidance provides information that articulates or supports the College's expectations in practice for topics/areas that are developing or emerging and will likely be changing in the future. They are based on the circumstances and context at the time they are published.

Framework: A conceptual structure intended to support or guide the building of an approach or an objective. It can set out the conditions required to achieve the desired performance or outcome and often ensures the inclusion of guiding principles in its approach.

Fact Sheet: A fact sheet summarizes relevant legislation, policies and guidelines in one place. The College produces fact sheets to remind practitioners about certain aspects of practice. Topics are chosen based on questions that we receive most frequently.

What is the problem?

Feedback on the current structure of policies and practice-related documents from internal and external sources has indicated that the breadth of categories is comprehensive but also difficult to navigate. The College's expectations are intended to be set by policy, but the current structure enables the creation of regulatory expectations through other types of documents that may not have received Board review. In some cases, regulatory expectations exist across too many different documents, which makes it confusing for registrants, the public and at times even our staff to fully comprehend the College's requirements and expectations. There also exists instances of duplication across policies and practice-related documents that can add to the confusion.

As part of the College's commitment to continuous improvement, and as a core activity under Strategic Goal 2, the Strategic Policy team reviewed the current state of all existing policies and practice-related documents and identified opportunities to consolidate documents into policies that articulate the College's expectations of registrants clearly. The outcomes of this review are provided to the Board as information.

Analysis:

A comprehensive review of all policies and practice-related documents was undertaken between May and October, with the goal of understanding the current state, identifying options for improvement, and implementing these improvements following a defined workplan. The method of review is outlined below in Table 1. For additional details, see Appendix A.

Table 1: Method Summary

Step	Description	Outcome
Current State Assessment Note: Registration resolutions and policies were excluded	Created a comprehensive inventory of policies and practice-related documents by category.	Total of 61 documents in 6 categories [See Appendix A] • Practice Policies (18) • Guidelines (13) • Position Statements (3) • Guidance Documents (7) • Frameworks (2) • Fact Sheets (20)
Identify areas for improvement	Reviewed feedback received from internal and external sources. Compared notes from team member read-throughs.	Areas for improvement: • Reduce duplication of information across documents • Consolidate information • Consistency in language, format, definitions, and references
Determine new categories	Separated "Expectations/ Requirements" from "Guidance/Advice". Developed definition of "Policy" and "Supplemental Guidance".	Reduction to 2 documents • Policy • Supplemental Guidance See definition in Appendix A
Develop policy template	Assess variation in formats and language use in existing documents.	Standard template for use across all practice policies
Develop risk-based prioritization process	Criteria defined based on 4-point urgency scale, reflecting the Practice-Based Risk Framework.	Rating indicates which policy topics ought to be reviewed first. See criteria rating scale in Appendix A
Documents grouped for refresh	Grouped each policy according to outcome. Identified phased approach for refresh and seeking Board review.	Policies identified for: - Minor review/ consolidation - Rescinding - Major review

The results of this review include:

- Reducing the number of documents from 61 to 43
- Reducing the number of categories from 6 to 2
- Standardizing the language and format
- Validating a process of identifying priority policy reviews based on the College's practice-based risk framework

For details on the results, see Appendix A.

The Board is presented with this information in preparation for an updated suite of practice policies to be considered for approval by the Board at their March meeting.

Next Steps:

At the March 2025 Board Meeting, the following are expected to be presented for the Board's review:

- Approval of the policies that have been refreshed according to the process explained above;
- Request to rescind redundant position statements and policies; and,
- Direction on updating the remaining policies that have been prioritized to undergo a major policy review.

Attachments:

Appendix A – Methods and Results

APPENDIX A – Method and Results

METHOD

1. Created a comprehensive inventory of existing policies and practice-related documents by category.
   - Total of 61 documents in 6 categories:
     - Practice Policies (18)
     - Guidelines (13)
     - Guidance Documents (7)
     - Position Statements (3)
     - Frameworks (2)
     - Fact Sheets (20)
2. Determined new categories and definitions and mapped existing categories to new ones [see Table 1].
3. Developed risk-based prioritization criteria and ranked policies for review [see Table 2].

Table 1: Document Categories and Definitions

Existing Document Categories and Definitions	Proposed Document Categories and Definitions
Practice Policy Practice policies outline OCP's expectations relating to pharmacy professionals' conduct, while re-affirming the values, principles and duties of the pharmacy profession. In addition to providing guidance to the profession, policies serve as a benchmark against which the conduct of the individual pharmacist is evaluated.	**Policy** Policies articulate the College's expectations for the practice of pharmacy professionals, the provision of patient care, and the operation of pharmacies. Together with the relevant legislative requirements and standards, they serve as a benchmark against which the conduct of a pharmacy professional and the operation of a pharmacy is assessed.
Guideline Guidelines outline more detail around the expectations of a Standard and relevant legislation and how to apply the Standard and/or legislation to support optimal practice. Guidelines are meant as references to be used alongside, not in place of, the Standards and/or legislation.	
Position Statement Position statements outline the College's regulatory or policy stance on emerging issues around a specific area of practice. Position statements can change as they are based on the circumstances and context at the time they are published.	
Guidance Guidance provides information that articulates or supports the College's expectations in practice for topics/areas that are developing or emerging and will likely be changing in the future. They are based on the circumstances and context at the time they are published.	**Supplemental Guidance** Supplemental guidance provides additional information to support registrants with meeting the expectations of the accompanying policy. It is intended to assist with policy implementation and not to be applied in isolation of the policy. Supplemental guidance is updated as needed to reflect current practice.

Framework A conceptual structure intended to support or guide the building of an approach or an objective. It can set out the conditions required to achieve the desired performance or outcome, and often ensures the inclusion of guiding principles in its approach.	
Fact Sheet A fact sheet summarizes relevant legislation, policies and guidelines in one place. The College produces fact sheets to remind practitioners about certain aspects of practice. Topics are chosen based on questions that we receive most frequently.	

Table 2: Prioritization Criteria

Category	Urgency	Criteria
1	Very High	Based on the Practice-Based Risk Framework, there is a risk of patient harm based on review of the currently available data.
2	High	The topic is no longer fit for purpose. There is a risk to the College if the topic is not reviewed/updated within the calendar year. (i.e., reputation, public protection, regulatory compliance).
3	Moderate	Topic aligns with the College's Strategic Plan (1) Address the practice environment challenges (2) Improve our communication to the public and registrants (3) Address internal surge capacity challenges and (4) Support our equity goals There is a likelihood of the topic affecting existing College documentation (scale of the update).
4	Low	There has been a long duration since last review. (The objective is to review every five years at the maximum.) The topic needs to be reviewed/updated to keep up with the current changes in pharmacy practice setting. The current topic is difficult to understand; have received inquiries about the expectations of the topic (i.e., from Communications, Practice Advisors, Intakes/Complaints, etc.).

RESULTS

Recategorization resulted in a total of 43 documents in two categories

1. Policies (29)
2. Supplemental Guidance (14)
   - It is anticipated that most policies will have Supplemental Guidance, but it is not a requirement.
   - This number reflects the remaining practice resource information that may or may not be incorporated into Supplemental Guidance

Results of initial screening to identify refresh documents

A. Guidelines recategorized as policies to be rewritten with **minor editorial or formatting edits only:**

1. Piercing the Dermis for Demonstration and Point-of-Care Tests
2. Administering a Substance by Inhalation
3. Administering a Substance by Injection
4. Pharmacist Prescribing: Initiating, Adapting and Renewing Prescriptions
5. Ending the Pharmacist Patient Relationship
6. Extending the Beyond-Use Dates for Sterile Preparations

B. Policies to be **reviewed and updated with minimal changes:**

1. Cross-Jurisdictional Pharmacy Services
2. Virtual Care
3. Dispensing Components Included in the Usual and Customary Fee
4. Fees for Professional Pharmacy Services
5. Boundary Violations and Sexual Abuse/Treating Self & Family Members

C. Policies requiring **full review and updating:**

Priority Rank	Policy Title
1	Accreditation and Operation of a Pharmacy
2	Multi-Medication Compliance Aids
3	Loyalty Points Programs/Advertising
4	Record Retention, Disclosure, and Disposal
5	Improving the Safety and Security of Controlled Substances in Hospital High Risk Areas
6	Medical Directives and the Delegation of Controlled Acts
7	Faxed Transmission of Prescriptions
8	Authenticity of Prescriptions Using Unique Identifiers for Prescribers
9	Designated Manager – Medication Procurement and Inventory Management

All policy updates, whether minor or full review, will be brought to the Board for review and final approval.