Board of Directors Meeting Agenda

Monday, June 9, 2025
9:30 AM – 5:00 PM
MEETING LINK

Time	Topic
9:30am	**1. Welcome and Land Acknowledgement** A Land Acknowledgement will be offered by Board Director, Jennifer Antunes.
	2. Approval of Agenda The Board will be asked to approve the Board agenda.
	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 March 17th and March 24th meetings for revision or approval.
9:40am	**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.
9:50am	**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 – March 2025 to June 2025 6.2 College Performance Dashboard – Key performance results for Q1 2025 6.3 Financial Report Q1 Results 6.4 Mid-Year Risk Report
10:15am	**7. Finance and Audit – Remuneration Policy Update – For Decision** Finance and Audit Committee Chair, Wilf Steer and Acting CEO, Thomas Custers will be seeking approval of the updated Remuneration Policy and Summary of Allowable Expenses to address additional housekeeping updates.
10:35am	**8. Appointment of the Scrutineers - For Decision** Acting Registrar, Susan James will ask the Board to approve the scrutineers for the upcoming election.
10:40am	**9. 2025-2026 Executive Committee and Board Meeting Dates – For Decision** Acting Registrar, Susan James will ask the Board to approve the meeting dates for the 2025-2026 Board year.
10:45	**BREAK**

11:00am	**10. AIMS Evaluation – For Decision** Medication Safety Lead, Saira Lallani will present the AIMS evaluation findings and the Board to approve recommendations related to the program model and requirements.
11:30am	**11. Policy Refresh and Projected Practice Policy Reviews - For Decision** Manager of Equity and Strategic Policy, Delia Sinclair Frigault will present 10 policies for Board discussion and approval following a comprehensive assessment and recategorization process.
12:00pm	**LUNCH**
1:00pm	**12. Preferred Provider Networks – For Information** Director, Communications, Policy and Knowledge Mobilization, Todd Leach, will provide an update on the status of the government's consultation on Preferred Provider Networks and facilitate a discussion to consider the College's next steps.
2:00pm	**13. Succession Planning – For Decision** Governance Committee Chair, Siva Sivapalan will ask the Board to determine if there is a need to complete an analysis of the need to revise the Board Director terms and composition/size of the Board.
2:15pm	**14. Governance Review Update – For Information** Governance Committee Chair, Siva Sivapalan, will provide a status update since the last Board meeting regarding the external Governance Review underway.
2:25pm	**15. Amendment to Policy 3.9 - Conflicts of Interest (COI) Guidance Tool – For Decision** Governance Committee Chair, Siva Sivapalan, will present a proposed revision to the appendix of examples related to the Conflict of Interest Policy for decision.
2:40pm	**16. Preparing for Expanded Scope – For Information** Senior Strategic Policy Advisor, Jennifer Leung will seek confirmation on the list of drugs and conditions/restrictions around certain minor ailments and seek additional direction on certain safeguards as the College prepares for an anticipated government request to move forward with expanded scope.
3:25 pm	**BREAK**
3:40pm	**17. Search Committee Update – For Information** Search Committee Co-Chairs, Adrienne Katz and Cindy Wagg, will provide a verbal status update to the Board on where the Search Committee is at in the Registrar and CEO recruitment.
3:50pm	**18. Executive Committee Election – For Decision** Governance Committee Chair, Siva Sivapalan will call for interest from public board members in running for election to the Executive Committee.
4:00 pm	**19. *In Camera*** Motion to go in camera pursuant to Health Professions Procedural Code, subsections 7(2)(d)(e) *personnel matters or property acquisitions will be discussed as well as, instructions will be given to or opinions received from the solicitors for the College.*

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MINUTES OF A
BOARD OF DIRECTORS MEETING
MARCH 17, 2025

12:00 P.M. TO 1:00 P.M.

1. **Noting Members Present**
2. **Declaration of Conflict**
3. **Personnel Matter – *In Camera***
4. **Motions Resulting from *In Camera* Discussion**
5. **Adjournment**

MONDAY, MARCH 17, 2025 – 12:00 P.M.

HELD VIA VIDEOCONFERENCE

OCP Board of Directors
Jennifer Antunes
Connie Beck (Vice Chair)
Douglas Brown (Chair)
Lisa Dolovich
Andrea Edginton
Jean-Pierre (JP) Eskander
Andrea Fernandes
Adrienne Katz
Elnora Magboo
Stephen Molnar
Nadirah Nazeer
Danny Paquette
Megan Peck
Siva Sivapalan
Alain Stintzi
Cindy Wagg
Devinder Walia
Victor Wong

Staff present:
No staff were present

Regrets:
Simon Boulis
Wilfred Steer
James Killingsworth

1. **Noting Members Present**
   Member attendance was noted.

2. **Declaration of Conflict**
   No conflicts declared.

3. **Personnel Matter** – ***In Camera***

   A motion to go *in camera* was moved and seconded. The motion CARRIED.
   The Board discussed an ongoing personnel matter.

A motion to go *out of camera* was moved and seconded. The motion CARRIED.

4. **Motions Resulting from *In Camera* Discussion**
   As a result of the *in camera* discussion, the following motions were brought forward:

   MOTION 1:
   - **That, in addition to her current role, the Board appoint Susan James as Acting Registrar of the College within the meaning of subsection 9(2) of the Health Professions Procedural Code and article 1.1.36 of the By-Laws of the College, effective immediately.**
     This motion was moved and seconded. The motion CARRIED.

   MOTION 2:
   - **That, in addition to his current role, the Board appoint Thomas Custers as Acting CEO of the College within the meaning of subsection 9(2) of the Health Professions Procedural Code and article 1.1.36 of the By-Laws of the College, effective immediately.**
     This motion was moved and seconded. The motion CARRIED.

5. **Adjournment**
   There being no further business, **at 1:00 p.m., a motion to adjourn the meeting was moved and seconded. The motion CARRIED.**

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MINUTES OF A BOARD OF DIRECTORS MEETING MARCH 24, 2025 9:30 A.M. TO 5:00 P.M.

OCP Board of Directors
Jennifer Antunes
Connie Beck (Vice Chair)
Simon Boulis
Douglas Brown (Chair)
Lisa Dolovich
Andrea Edginton
Jean-Pierre (JP) Eskander
Andrea Fernandes
Adrienne Katz
James Killingsworth
Elnora Magboo
Stephen Molnar
Nadirah Nazeer
Danny Paquette (virtually)
Megan Peck
Siva Sivapalan
Wilfred Steer
Alain Stintzi (virtually)
Cindy Wagg
Devinder Walia
Victor Wong

Regrets
None

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

Staff
Sharlene Rankin, Executive Assistant to the Directors
Stephenie Summerhill, Executive Assistant to Registrar and CEO
Delia Sinclair Frigault, Manager, Equity and Strategic Policy
Greg Purchase, Manager, Registration

1. Welcome and Land Acknowledgement

- The meeting was called to order at 9:30 a.m. The Chair, Doug Brown, welcomed all Board Directors, staff and observers, and acknowledged members of the public in attendance. The Chair noted that the meeting was being recorded for the purposes of minutes only.
- Nadirah Nazeer provided the land acknowledgement as a demonstration of recognition and respect for the Indigenous peoples of Canada.
- The Board Chair provided a number of updates, as follows:
- The re-appointment of the terms of Adrienne Katz and Nadirah Nazeer were noted. As well, it was shared that Megan Sloane had been appointed to Registration Committee for the remainder of the committee year.
- As March was Pharmacy Appreciation Month – the Chair gave special thanks to all pharmacy professionals, including OCP staff, committee members and Board members.
- There would be a short in camera session at the end of each Board meeting going forward. This was noted as a governance best practice that OCP would be adopting.
- A reminder was provided to complete the meeting evaluation and semi-annual Chair evaluation following the meeting.
- The Board Chair noted the recent passing of former Council President William Mann.

2. Approval of the Agenda

Board Chair Doug Brown provided an overview of the items listed on the agenda for approval, including KPI targets, audited financial statements, PPNs and appointment of the Screening Committee and the Search Committee.

> **Motion:** THAT the Board of Directors approves the agenda for the March 24, 2025 Board meeting as presented.
> Moved by: Adrienne Katz
> Seconded by: JP Eskander
> CARRIED

3. Declaration of Conflicts of Interest

Siva Sivapalan raised a potential conflict regarding agenda item 17 and indicated that he would not discuss or vote in the matter.

4. Consent Agenda

The Board Chair noted that the Board used a consent agenda when approval of items did not require debate.

The Board Chair noted that the minutes in the Board package had been corrected for attendees (August 6, 15, 16 and November 6), with no other changes. Also, noting there would be a presentation later in the meeting regarding the proposed Policy Refresh.

> **Motion:** THAT the Board of Directors approves the items on the consent agenda as presented.
> Moved by: Devinder Walia
> Seconded by: Nadirah Nazeer
> CARRIED

5. Chair's Report

Board Chair Doug Brown presented his report to the Board and provided highlights from the past quarter.

The Board Chair highlighted the following:

- While not in his report, the Board Chair provided an update on the Board's request for secure Board communications, noting he and Vice Chair, Connie Beck, met with OCP staff from Information Technology for an orientation to the proposed solution. Of note, this had been implemented at zero cost, as OCP already has the licenses needed. The solution would be made available through an icon on individual computers to provide access to secure email, chats, and document-sharing. In response to questions, the Board Chair, with staff input, noted the following:
    - At present, this process was for Board members only – on-boarding later this year.
    - OCP plans to move away from Boardvantage and Citrix to MS SharePoint for OCP committee work. The Board implementation will serve as a test case, with a planned rollout for committees in 2026.
    - The platform would be accessible when directors are travelling.
    - OCP will establish security policies and strive for the platform to be user-friendly.
    - Board members will have dedicated OCP email addresses to enable use of the application.

- The Board Chair noted that there had been a decline in Board member participation in post-meeting surveys. These surveys provide valuable data for the Chair and staff; it was very important to complete each survey within 24-48 hours of each meeting.

6. Registrar's Report

Susan James, Acting Registrar and Director Registration and Quality, presented her report to the Board. She provided an overview of staff activities including the numerous consultations taking place, particularly highlighting the significant activity surrounding OCP practice-related policies. In addition, the following was noted:

- Annual renewal has just concluded for pharmacy professionals; staff readily managed 25,000 renewals without incident. Registration renewal numbers were as predicted in both registrant categories, including resignations.
- A Board member asked whether the OCP used the Staffwise program. Staffwise was the name of a model introduced by the Nova Scotia college related to understanding pharmacy staffing and workload, now within its first round of implementation. It was noted that College staff were monitoring the program to consider potential use in Ontario, noting our data access may be more limited (e.g. no drug information system) and may impact our ability to apply the model in Ontario.

- Thomas Custers, Acting CEO and Director, Corporate Services, provided an update on the new Registrant Records System (RRS) and the College Performance Measurement Framework (CPMF)
- Mr. Custers presented the 2024 key performance results which were posted within the meeting materials.

7. 2025 College Dashboard Targets

- Thomas Custers presented the 2025 College Dashboard targets, noting that he was seeking Board approval for the College's proposed 2025 dashboard targets.
- A question arose regarding investigative timelines, related to the 150-day timeline for moderate- and high-risk complaints. It was noted OCP is targeting 35% and a director wondered if there was a way to separate what was within OCP's control versus what was not. This analysis could be manually determined.
- A further question arose regarding the Equity Diversity Inclusion (EDI) measure. It was noted that the proposed measure was only for internal EDI activity. Staff noted that last year, the OCP developed a human rights policy and was sequencing this work and collaborating with others. EDI was an important subject among HPRO colleges; for example, the Public Advisory Group is now with HPRO, rather than a specific college, and this partnership requires timelines set by and for the group.

Motion: THAT the Board of Directors approves the College 2025 dashboard targets as presented.
Moved by: Andrea Fernandes
Seconded by: Cindy Wagg

- A Board member noted the need to ensure throughout business planning that performance targets were achievable and realistic.
- The Acting Registrar reminded the Board that there was a fulsome report on performance prepared for each Board meeting; whether there was any need to adjust targets could be discussed then.

The motion was then voted on and CARRIED.

8. Audited Financial Statements

- Presented by Chair of the Finance and Audit Committee (FAC), Wilf Steer, with Dale Tinkham of Tinkham LLP Chartered Professional Accountants participating virtually.
- It was noted that one of the primary functions of FAC was to present the OCP's audited financial statements for Board approval. External auditors were engaged for this purpose.
- Dale Tinkham was the managing partner of Tinkham LLP, which audits four regulatory colleges in Ontario.
- The external audit of OCP's finances included:
    - Interviews with management regarding internal controls
    - The written audit plan with risk assessments
    - Completed audit and meeting with FAC with recommendations
- No adjustments were needed; the audit opinion was unqualified.
- Regarding the financial statements (page 259), it was noted that the balance sheet reported a sound financial position; short-term assets were being transferred into long-term investments; and increased expenses due to inflation, among other items.
- The FAC Chair opened the floor for questions.
- A question was raised about what led to the decrease in Legal Operations expenses from 2023 to 2024. It was noted that one important factor was that internal counsel was now completing contract reviews.
- A question was raised about OCP's short-term investments, and whether they should be more diversified. It was noted this was a theoretical risk, as chartered banks were unlikely to fail, and concentrated investments allow for better returns.

- In response to a question about the increase in Board and committee costs from 2023 to 2024, Thomas Custers, the Acting CEO and Director, Corporate Services noted there was a significant increase in meetings in 2024; as well as an increase in legal costs associated with these meetings. In addition, the OCP held a one-day in-person Board/Committee training session. This line item had been reduced for 2025.
- A question was asked about what was included in Personnel Costs. It was noted that this line item was a catch-all for various expenses including conferences, training, staff events, etc.
- A question was posed about the activities included under Communications Initiatives, which saw increased expenditures in 2024. It was noted that the main drivers of increased costs were the initiation of the website project in 2024; a third-party communications audit; communications related to the OCP's work on business pressures, including Town Halls with a third-party facilitator; and costs associated with time-delayed safes announcements. These were not recurring costs and in 2025 the budget normalizes.
- The FAC Chair noted that the year had gone well overall. The OCP spent a little less than projected and made a little more than anticipated. One metric – deviation from budget was minus 6%.

Motion: THAT the Board of Directors approves the attached Audited Financial Statements for the operations of the Ontario College of Pharmacists for 2024 as prepared by management and audited by Tinkham LLP Chartered Professional Accountants.
Moved by: Wilf Steer
Seconded by: Megan Peck
CARRIED

There was a break starting at 11:02 – to be followed by the Board moving in camera.

9. *In Camera*

Motion: THAT pursuant to Health Professions Procedural Code section 7 (2)(b), the Board of Directors pauses the public portion of the meeting to move *in camera.*
Moved by: Simon Boulis
Seconded by: Lisa Dolovich
CARRIED

The Board broke for lunch at 1:00 pm and resumed a new *in camera* item at 1:32 pm.

10. *In Camera* (originally agenda item 11)

Motion: THAT pursuant to Health Professions Procedural Code section 7 (2)(e), the Board of Directors pauses the public portion of the meeting to move *in camera.*
Moved by: Devinder Walia
Seconded by: Siva Sivapalan
CARRIED

The Board moved out of the *in camera* discussion at 2:10 pm

The Chair noted that agenda item 10 (Practice Policy Refresh Outcomes) was deferred to later in the meeting, and that agenda item 12 (Regulatory Options for Preferred Provider Networks) would now be discussed.

11. Regulatory Options for Preferred Provider Networks (originally agenda item 12)

- A Board member who had introduced a motion regarding Preferred Provider Networks (PPNs) at the December 2024 Board meeting indicated intent to withdraw that motion, stating that the motion succeeded in sparking a discussion. The seconder of the original motion concurred and added that OCP should continue with momentum on this topic.
- The Board Chair noted that last fall, the Ministry of Finance had completed a consultation on PPNs, and that the OCP was hopeful that the government would shortly indicate how they wish to proceed, noting the pause that had taken place for the election.
- The Board Chair noted that the concept of deferring the Board's decision on PPNs, pending the government's direction, will serve the public interest. It was not uncommon for the OCP to await government decision-making. He acknowledged that many system partners were waiting to hear how the regulator will respond to public concerns about closed PPNs and this remains the OCP's priority. The OCP hopes to know the government's direction by the next Board meeting in June.

Motion: THAT the Board of Directors defers deliberation and decisions relating to Preferred Provider Networks until June 2025 to provide the provincial government time to provide essential clarity on their approach and any actions they plan to take, thereby informing OCP on the necessary regulatory interventions required to protect the public interest.
Moved by: Siva Sivapalan
Seconded by: Cindy Wagg
CARRIED

12. Practice Policy Refresh Outcomes (originally agenda item 10)

- Delia Sinclair Frigault (Manager, Policy, Engagement and Strategy Implementation) provided a presentation to support this consent agenda item.
- The presenter provided an overview of the current state of policy review work at the OCP as detailed in the Briefing Note.
- The presenter noted that the recommendation for approval to rescind five policy documents was already approved within today's consent agenda.
- The Board Chair opened the discussion to questions.
- A Board member noted that on the Inquiries, Complaints and Reports Committee (ICRC), when an oral caution was delivered, there were questions from registrants about how long information remains on the public register. Staff noted that this represents a different operational policy about the public register and not a practice policy. Of note, the OCP receives a number of these requests, which are brought to the Registrar for decision. The process for this was posted on the OCP website. It was also noted that even if this information was removed from the public register after a request, ICRC panels continue to have access to this information as prior history.
- A Board member inquired into using artificial intelligence (AI) to sort through policy documents. The presenter noted that Policy staff were looking into this with the OCP's Information Technology department. They were working on a policy regarding which AI platforms OCP staff can use for work; and it had been decided that MS Copilot was the platform that would be used.

- A Board member asked whether policy documents would be archived on the website, so that prior versions were available. The presenter noted release information for the new policies would indicate what was moved versus rescinded and that policy documents were archived as the College needs to be able to reference which version of a policy was in effect at the time of any act of alleged misconduct.

13. Governance Review Update

- Governance Committee Chair Siva Sivapalan presented a status update on the Governance Review, which was directed by the Board at its September 15, 2025 Board meeting.
- The Chair noted that the workplan included very tight timelines, which had been achieved, so that the Governance Review was proceeding in accordance with timelines set by Board.
- The Chair highlighted that the consultant selected for the review by the Governance Review Committee was the Institute on Governance, a long-established consultancy specializing in public sector Board governance, and noted that further information about them was available on their website, iog.ca. The selection was approved by the Governance Committee and the Executive Committee on behalf of the Board.
- The Chair noted that the project kick-off meeting has taken place and will be followed by monthly meetings between the Governance Review Committee and the consultant. The initial draft report was due in July and the final report in August, to be presented to the Board at its September meeting.

14. Practice Assessment for Competence at Entry (PACE) for Pharmacy Technicians

- Greg Purchase (Manager, Registration) provided a presentation to the Board about the 2024 change from Structured Practical Training (SPT) to PACE for Pharmacy Technicians. Key highlights include:
- PACE is a mandatory entry-to-practice requirement for pharmacist and pharmacy technician applicants involving practice-based assessments of an applicant's readiness to safely and independently practise.
- The PACE program for pharmacy technicians was approved in September 2024 to come into effect on October 1, 2024. All applicants except for those fully registered in another Canadian jurisdiction must complete the PACE program. It was noted that graduates from the three Ontario faculties for pharmacists do not complete PACE because they are assessed using the same assessment prior to graduation.
- The presenter noted the criteria for PACE assessors, including experience providing patient care for at least two years; currently practising a minimum of 24 hours per week or able to co-assess with another assessor; understanding of standards of practice and Code of Ethics; and being a strong advocate of outstanding patient care and public protection.
- To prevent conflict of interest and bias in PACE, candidates must choose a practice site they have not worked at or been involved with.
- Since October 1, 2024, 81 pharmacy technician applicants have been assessed, involving 94 trained assessors.
- The presenter concluded the presentation and opened the floor for questions.
- A Board member inquired whether pharmacy assessors can also assess pharmacy technicians. It was noted that it was not automatic as these assessments involve different assessment tools.
- A Board member asked about the eligibility of assessors who practice fewer than 24 hours/week at one site. It was noted that they could be co-assessors.

- Regarding the pharmacy technician assessment tool, a Board member noted it is similar to what colleges use when taking on placement students and wondered if the same approval for completion of this requirement for Ontario pharmacist graduates would apply. The presenter noted that it was up to educational institutions to show that they were assessing against similar criteria and noted consideration of such approval for Ontario pharmacy technician graduates would be explored in the future.
- Regarding internationally-educated candidates, a Board member asked if they also needed to complete PACE. The presenter indicated that they do.
- A Board member asked about the resources needed to run a PACE program. It was noted that under the legislation, the OCP was responsible for the program, but it was possible to use third parties (such as PEBC). This was worthy of future discussion and debate.
- A Board member asked if there had been feedback on both SPT and PACE. Good feedback on PACE was noted. There was a large spike in the number of candidates when the changeover to PACE happened; the numbers will likely normalize over time.

15. 2025 Board Competencies Survey Results

- Governance Committee Chair Siva Sivapalan presented the 2025 Board Competencies Survey Results, noting the Ministry implemented the College Performance Measurement Framework (CPMF) several years ago and it includes a standard related to governance that states council and statutory committee members have the requisite competence.
- The survey results showed the existing Board's weighted competencies, diversity and fields of practice.
- Three Board seats were up for election this year: two pharmacists and one pharmacy technician.
- Within the election criteria, areas of practice experience were also set out in addition to competencies; e.g., availability of at least 1-3 days per month; financial oversight; business acumen; indigenous cultural safety and humility; and applicants from diverse populations and marginalized groups.
- No questions were flagged.

16. Appointment of the 2025 Screening Committee

- Adrienne Katz was assigned as Chair for this discussion topic, as Governance Committee Chair Siva Sivapalan was proposed for appointment to the 2025 Screening Committee and the chair and vice chair were unavailable to chair.
- Ms. Katz presented the proposed slate of candidates for the 2025 Screening Committee.

Motion: THAT the Board of Directors approves the appointments of the 2025 Screening Committee as follows:

- Governance Committee Chair, Siva Sivapalan
- Public Director – Danny Paquette
- Elected Director – Victor Wong
- Lay Committee Appointee – Megan Sloan (Chair candidate)
- Lay Committee Appointee – Jennifer Shin

Moved by: Stephen Molnar
Seconded by: Jennifer Antunes
CARRIED

17. Appointment of 2025 Search Committee

- Governance Committee Chair Siva introduced this agenda item but indicated he would not participate in the discussion or vote due to a potential conflict and asked that Board Chair Doug Brown speak to this agenda item.
- It was noted that since posting the proposed Committee slate Connie Beck had withdrawn her name.
- By informal vote, it was agreed that a fifth Board member should join the Search Committee.
- The Board Chair advised the Board to proceed with the appointment of the proposed Search Committee, and delegate to the Executive Committee the decision regarding the fifth member.
- The Board Chair indicated that Board members interested in participating should submit their expressions of interest by Wednesday, March 26 by 5:00 p.m.
- The Board Chair noted the current proposed slate:
    - Doug Brown, Board Chair
    - Siva Sivapalan
    - Adrienne Katz
    - Cindy Wagg
    - Acting Registrar
    - Acting CEO
    - Additional Board Director

Motion: THAT the Board of Directors appoints a 2025 Search Committee with the purpose, composition of members and timeframe as set out in the attached Terms of Reference as amended (Attachment 17.1).
Moved by: Stephen Molnar
Seconded by: Jamie Killingsworth

- A question was posed about the how composition of the Search Committee was established. It was noted that the Search Committee members had volunteered to participate.

The vote was then called and CARRIED.

18. *In Camera*

Motion: Pursuant to Health Professions Procedural Code s 7 (2)(d)(e) the Board of Directors pauses the public portion of the meeting to move *in camera.*
Moved by: Devinder Walia
Seconded by: Adrienne Katz
CARRIED

Angela Bates
Director, Conduct

Doug Brown
Board Chair

BOARD BRIEFING NOTE
MEETING DATE: June 9, 2025

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 (except during the month leading up to the election), 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 – April 1
- University of Toronto - Induction to the Profession of Pharmacy Ceremony – April 2
- Pharmacy U – April 5
- Search Committee Meeting – April 10
- Governance Committee Meeting – April 23
- Search Committee Meeting – May 2
- NAPRA AMM Meeting – May 7
- Finance and Audit Committee Meeting – May 8
- University of Waterloo - White Coat Ceremony – May 12
- Governance Committee Meeting – May 21
- Executive Committee Meeting – May 26
- Discipline Contested Hearing – May 27
- Facilitative Chair Training – June 4-5
- CSHP 2025 Professional Practice Conference – June 6-8

March Board Meeting Evaluation
Attached is the March 2025 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. We saw a better response rate with 17 out of 21 Directors participating but we are still hoping for a 100% response rate on the next evaluation.

Updates
Since the last meeting, things have been very busy with various external partners. I was privileged to be asked to attend both the University of Toronto - Induction to the Profession of Pharmacy Ceremony and the University of Waterloo - White Coat Ceremony where I was able to provide some encouraging words as the students start their journey into the profession of Pharmacy. These are important events for the students, as they are welcomed into the profession and make their commitment to uphold the code of ethics throughout their professional career.

As well, I attended my first National Association of Pharmacy Regulatory Authorities (NAPRA) meeting in Ottawa for their Annual Meeting of Members. This provided me with a great opportunity to connect with other Board Chairs and Registrars from the various Pharmacy regulators across the country to discuss common issues and learn about initiatives that others are pursuing. One presentation we received that was quite interesting was on the topic of patient engagement with a patient advocate who has worked with some of the pharmacy regulators. She shared best practices, case studies, and wisdom from work she has done with several healthcare organizations to promote true patient engagement, reminding us that we need to involve and collaborate with patients if we say we are engaging with them. I was proud to be able to share some of the work that OCP has done in this regard and look forward to exploring some new engagement strategies here.

Last but not least, I note that this meeting is the last meeting of the Board this year and the elections are well underway with polls opening on July 17th.

Board Director Committee Activities (Mar 25-June 9)

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

Director	Committee(s)	Meetings/Hearings
Jennifer Antunes	Discipline Governance Search Committee	Mar 27, June 2 April 23, May 21 April 10, May 2
Connie Beck	Discipline Executive *Observed Governance Review Committee	April 22, 28, 29, 30, May 2, 8, 9, 23, 27, 29, June 2 April 1, 16, 25, May 5, 6, 26 March 26, April 14, May 15
Simon Boulis	Discipline Finance and Audit	June 2 May 8
Doug Brown	Discipline Executive *Observed Finance and Audit *Observed Governance Search Committee	May 27 April 1, May 26 May 8 April 23, May 21 April 10, May 2
Andrea Fernandes	Discipline Finance and Audit Governance	April 1, 24, June 2 May 8 April 23, May 21
Megan Peck	Discipline Finance and Audit Governance Review Committee	April 7, 11, 14, May 5, May 7, 23, June 2 May 8 March 26, April 14, May 15,
Siva Sivapalan	Discipline Executive Governance Search Committee	April 28, 29, 30, May 2, June 2 April 1, May 26 April 23, May 21 April 10, May 2
Wilf Steer	Discipline Finance and Audit	May 6, June 2, 4 May 8
Victor Wong	Discipline	June 2
JP Eskander	Accred/DPP Executive Finance and Audit ICRC	May 1,15 April 1, 16, 25 May 5, 6, 14, 26 May 8 April 15 (observing), May 13
Adrienne Katz	Discipline Executive ICRC Governance Review Committee Search Committee	April 24, June 2 April 1, 16, 25, May 5, 6, 14, 26 April 10, May 28 March 26, April 14, May 15 April 10, May 2, 8, 22

James Killingsworth	Discipline Fitness to Practise ICRC Governance Review Committee	April 22, 24, 28, 29, 30, May 2, June 2 April 15, May 27, May 28 March 26, April 14, May 15
Elnora Magboo	Accred/DPP ICRC	April 2 April 3, 23, May 28
Stephen Molnar	Discipline Governance ICRC Governance Review Committee	May 5, June 2 April 23, May 21 March 25, April 22, May 28, 29 March 26, April 14, May 15
Nadirah Nazeer	Discipline Fitness to Practise ICRC Quality Assurance	April 11, May 5, 7, 29, June 2 April 23 (observing), May 1, 8, 28, June 3 June 19
Danny Paquette	Discipline ICRC Registration	April 22, 28, 29, 30, May 2, 27, June 2 April 17 March 28, May 30
Cindy Wagg	Discipline Finance and Audit ICRC Quality Assurance Search Committee	March 27, April 1, 7, 11, 14, May 5, 7, 23, 27, June 2, 4 May 8 March 31, April 9, 17, May 1, 15, 22, 28 May 15 April 10, May 2, 8, 22
Devinder Walia	Discipline ICRC Registration	April 1, 7, 14, May 6, 8, 9, 23, 29, June 2 March 26, April 8, 24, 29, May 28 April 25
Andrea Edginton	Registration	N/A
Lisa Dolovich	Registration	N/A
Alain Stintzi	Registration	N/A

Ontario College of Pharmacists
Putting patients first since 1871

BOARD BRIEFING NOTE
MEETING DATE: June 9, 2025

FOR INFORMATION

From: Doug Brown, OCP Board Chair

Topic: March 2025 Board Meeting Evaluation

Background: In accordance with Board policy, following each Board meeting, Directors submit an evaluation. Following the March 2025 Board meeting, 17 attending members completed the evaluation survey.

Results:
Overall, the meeting was very productive. 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. There was an increase in survey participation. We do, however, hope to achieve a 100% response rate moving forward from the Directors after each meeting.

Board Meeting

Adequacy of Background Information
Sixteen Board Directors were confident the reports included in the Board package provided adequate background information for each agenda item. While one felt background information was too long and overwhelming in length.

Proposed action: *None*

Board Conduct
One hundred percent of respondents felt board members were respectful and considerate of each other. One of the comments received include:

- The Board demonstrated respect and consideration for each other and staff, fostering an environment where diverse perspectives were actively encouraged and valued.

Proposed action: *None*

Was the Chair effective in allowing all views to be heard while bringing the matter to a decision?
All 17 Board Directors reported that the Chair was effective in managing the meeting. Three Directors felt this topic worthy of comment including:

- My goals as chair are: to ensure everyone is heard; when a direction is clear, to move the board to decision and; to ensure the agenda is completed. I feel I was successful in this regard
- The chair demonstrated skill in ensuring all views were heard and thoughtfully considered while steering the discussion towards a timely and clear decision.
- He was excellent.
- We did get into some operational issues however the board chair eloquently reminded the group that it was straying out of the realm of our discussion.
- Questions were asked that were operational, but the chair effectively managed unnecessary engagement in operational matters.

Proposed action: *None*

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

All responding Board Directors felt the decisions that the Board made were consistent with the College's mandate to put the public interest first. Some of the comments received include:

- Board members often provided rationale - highlighting protecting the public as the main goal.
- The discussions and outcomes demonstrated a clear focus on serving the public's needs.

Proposed action: *None*

My peer participants actively participated in the discussion

All responding Board Directors expressed that all members actively participated in the meeting. One of the comments received include:

- There was active participation however members need to assess if their comment has already been stated and actually needs to be stated again.

Proposed action: *None*

The time spent on each agenda item was appropriate

Sixteen Board Directors felt the appropriate time was spent on each agenda item and one disagreed. One of the comments received include:

- The Chair did an excellent job keeping the meeting on time, and on topic.

Proposed action: *None*

BOARD BRIEFING NOTE
MEETING DATE: June 9, 2025

FORINFORMATION

From: Susan James, Acting Registrar

Topic: Registrar's Update, March 25 to June 9, 2025

REGULATORY ACTIVITY

Regulations Update
The College does not have any outstanding regulations at this time. Attached is the table summarizing the status of OCP's outstanding and recently approved regulation amendments (Attachment 6.1a).

Protect Ontario through Free Trade within Canada Act

On April 16th the Ontario government introduced the *Protect Ontario through Free Trade within Canada Act (Bill 2)*. This legislation was introduced in response to American tariffs and designed to support free trade and labour mobility within Canada, including increased labour mobility for regulated health professionals. Subsequent to, and associated with this new legislation, on April 24th the Ministry of Health initiated a consultation on a proposal of four initiatives that, if approved, would build on current "As of Right" rules that exist for four of the 28 regulated health professions as follows:

1. Expand the "As of Right" rules to additional regulated health professions (including pharmacists and pharmacy technicians)
2. Remove current practice setting restrictions for all as of right practitioners.
3. Expand the "As of Right" rules to include American-licenced physicians and nurses who are seeking to live and work in Ontario.
4. Automatically recognize another Canadian provincial/territorial nursing or physician certificates of registration (licence) as a valid Ontario certificate of registration when the professional is practising in Ontario.

The "As of Right" rules were first introduced in 2023, for physicians, nurses, medical laboratory professionals, and respiratory therapists, and implemented through legislative and regulatory amendments to the relevant profession specific Acts under the *Regulated Health Professions Act, 1991*. These rules, which would be enacted in regulation under the *Pharmacy Act, 1991* would enable pharmacists and pharmacy technicians, registered and in good standing in another Canadian jurisdiction, to start working in Ontario immediately after applying for registration with the College, for up to 6 months, while they wait for their registration to be completed.

The Health Profession Regulators of Ontario (HPRO), as well as the OCP, participated in the consultation and addressed questions posed by the Ministry to inform implementation of the expanded "As of Right" rules. While the College, and other health regulators in Ontario support the government's policy direction to address internal trade barriers and promote timely access to qualified healthcare professionals and services, we noted that given our public protection mandate and commitment to delivery of safe, ethical and quality healthcare to the public, our response was provided through that lens. Copies of the HPRO and OCP submissions are attached. (Attachment 6.1b and 6.1c)

Modernization of the Veterinarians Act in Ontario
The College of Veterinarians of Ontario (CVO) held a consultation on the proposed regulatory concepts that will be considered by their Transition Council for submission to the Ministry of Agriculture, Food, and Agribusiness. One of the concepts, "regulatory exemptions for non-members", would limit or permit non-registrants of CVO to practice one of more of the authorized acts within the Veterinary Professionals Act, 2024. Pharmacy professionals are one of two professions that are seeking exemption (the other being chiropractors). As shared previously, the College prepared a response that supports the ongoing collaboration between pharmacy and veterinary medicine, and that affirms the pharmacy profession's role in facilitating access to medication for animal patients. College staff are working to draft practice expectations for registrants to support this continued interprofessional collaboration and regulate the practice of pharmacy with animal patients using a right-touch and risk-based approach. The Board will review the draft policy expectations later this year.

SYSTEM PARTNER ENGAGEMENT: MARCH 24, 2025 TO DATE

Registrar's Activity

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

- Board Bi-Weekly meetings – April 15, 29, May 13, 27
- Board Meeting – April 3
- Meeting to Plan Responses to the Ministry of Health "As of Right" consultation – April 25
- Regulatory Quality Assurance Event – May 30 (hosted at OCP)

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 – April 8, May 8, June 3
- Board Meeting – March 25, May 7
- Role Definition Working Group Meeting – April 1
- Annual Meeting of Members – May 7

During their May 7th meeting, the Board approved a motion for NAPRA to move forward to explore development of a National Practice Registry that if implemented, would track pharmacy professionals' registration history. This initiative was identified as part of NAPRA's 2024-2028 Strategic Plan, on the basis that it has the potential to enhance public protection, fill the information gap on mobility and registration in Canada, facilitate cross-jurisdictional practice and mobility, and align with national/international measures adopted by the largest healthcare professions in Canada and the US.

Other meetings involving the Registrar

- Neighbourhood Pharmacy Association of Canada – March 26
- Ministry of Health Bi-Weekly Meetings with Board Chair & Vice-Chair – April 2, 30, May 14, 28
- Ministry of Health Meetings – April 14 (re – OCP Hospital Oversight), April 16 (with HPRO regarding introduction of Bill 2, *Protect Ontario through Free Trade within Canada Act*
- Ontario Pharmacists Association – April 7
- Canadian Society of Healthcare-Systems Pharmacy (CSHP) – Ontario Branch – April 15

- Nova Scotia College of Pharmacists (re – StaffWISE program) – April 23
- Institute for Safe Medication Practices Canada (ISMP) (re- National Incident Data Repository) – May 20
- CPhA Summit 2025 – Pharmacy Disruptors 2030 – June 4

Other Staff / System Partner Activity

- HPRO QA Working Group quarterly meeting, April 15, 2025 – Discussion/sharing of relevant topics between Ontario Health professional regulators regarding QA and Continuing Competence (attended by Kristin Reid, Manager, Quality Assurance).
- NAPRA Quality Assurance/Assessment Information Sharing Group April 29, 2025 – Discussion/Sharing of relevant topics between PRAs re: QA, Continuing Competence, Pharmacy Assessment and medication safety (attended by Kristin Reid, Manager, Quality Assurance, Lap Chan, Manager, Pharmacy Operations, and Saira Lallani, Medication Safety Lead).
- ORAC – Ontario Regulators for Access Consortium regular meeting – March 26, 2025 (attended by Greg Purchase and Jillian Polson).
- NAPRA Compounding Standards working group – May 12, 2025 and May 15, 2025 (attended by Judy Chong and Sandra Winkelbauer).
- NAPRA Registration and Licensure Information Sharing Group – May 20, 2025 (attended by Greg Purchase, Jillian Polson, and Logan Grant).

Pharmacy Examining Board of Canada (PEBC) Annual Board Meeting Summary

The PEBC is a critical partner in the College's ability to evaluate pharmacy applicants. Jane Hilliard, OCP's representative on the PEBC Board, has provided the PEBC 2025 Annual Board Meeting Summary to the College after the PEBC Board Meeting on March 21 and 22, 2025 (Attachment 6.1d). Several items of interest to OCP are highlighted below, including:

- John Pugsley, the long-acting PEBC Registrar-Treasurer, has retired effective April 30, 2025. Current Deputy Registrar, Mahmoud Suleiman, has agreed to serve as Acting Registrar-Treasurer while a search is conducted.
- The PEBC is embarking on a process to update the blueprint for the Pharmacist and Pharmacy Technician Qualifying Examinations, pursuant to the updated Professional Competencies for Pharmacists and Pharmacy Technicians at Entry to Practice in Canada that were developed and approved by NAPRA in the fall of 2024.
- The PEBC Board approved a streamlined PEBC certification pathway for some international pharmacy graduates where PEBC is satisfied that the candidate's education would support admission into the Pharmacist Qualifying Examination Part I without the necessity for the Pharmacist Evaluation Examination. This pertains to graduates from particular programs or particular countries, which based on our past experience will impact about an average of 100 applicants annually.
- The PEBC is focusing on changes to the Pharmacist Qualifying Examination to support more frequent administration of both Part I and Part II over and above the current two offerings per year.

OCP External Presentations

Date	Presentation Topic	Primary Audience	Requesting/Host Organization
April 1, 2025	CQI in Hospital Pharmacy Practice	3rd year pharmacy students	Leslie Dan Faculty of Pharmacy at the University of Toronto for the PHM 322 course
April 14, 2025	Registration Requirements - IPGs	Internationally trained pharmacy professionals	Achev. Employment Pathways in Canada – Health Careers (EPIC-HC)
April 16, 2025	CCAPP Q&A	Fanshawe students	Fanshawe College
April 21,2025	CCAPP Q&A	Anderson students	Anderson College
April 24, 2025	CCAPP Q&A	CTS students	CTS College

April 30, 2025	Role of OCP, Intro to Profession	U of T IPG-CPS 1 class	IPG Program: University of Toronto
May 2-3, 2025	PACE for Pharmacy Technician Applicants	Pharmacy technicians	Pharmacy Technician Professional Development Conference (PTPDC) 2025; Amber Walker, Hamilton Health Sciences
May 28, 2025	Registration Requirements - IPGs	IPG Program students	IPG Program; University of Toronto
May 29, 2025	CCAPP Q&A	Georgian students	Georgian College
June 2, 2025	CCAPP Q&A	Lambton students	Lambton College
June 3, 2025	Prevent and Navigate Complaints	Pharmacy students	University of Waterloo
June 9, 2025	CCAPP Q&A	Fleming students	Fleming College

HORIZON SCAN

On May 15, the provincial government released the *2025 Ontario Budget: A Plan to Protect Ontario*. In it, the government announced its intention to launch a second consultation on Preferred Provider Networks (PPNs) to explore innovative policy options following its initial consultation held last year. We are awaiting additional details from the government. Although we have not yet been informed of the timing of the consultation, we are hopeful it will be posted prior to the Board meeting which would provide an opportunity for the Board to inform the College's response to the consultation and provide direction on appropriate next steps on this important matter.

OPERATIONS

As a result of some recent staff resignations, and as part of our commitment to using our financial and people resources wisely and aligning our work with our core mandate and strategic and operational priorities, we have made some structural changes within our organizational chart over the last month. Staff within the Strategic Policy Division have been amalgamated with the Communications and Knowledge Mobilization Division, under the directorship of Todd Leach. Aligning the work of Policy with the Communication and Knowledge Mobilization teams works well given the close collaboration that already exists which can now be strengthened to advance current and emerging strategic and operational priorities more effectively and efficiently. We have also made some other staffing adjustments to ensure an effective divisional structure is in place that will best utilize existing talents and coordinate functions more seamlessly while benefiting from a redistribution of certain roles to maximize capacity with available resources. Although this was a relatively small yet important restructuring of roles and working relationships, several people have been impacted in some way and we appreciate the commitment, patience and support of each of the individuals involved in this transition.

Goal 1 - Board Progress Summary – June 2025

Several key initiatives related to Goal 1 have transitioned to core work. Specifically, the zero-tolerance approach applied at Intakes and Investigations to screen incoming information for possible relevance to business pressures; the self-declaration for pharmacy directors/director liaisons; and public data sharing are now part of day-to-day work. Public reporting on these initiatives will continue through quarterly Progress Updates and other communication channels as appropriate.

For initiatives that are ongoing projects, reporting will now be provided through the College's performance dashboard. There are currently three deliverables: operational assessment changes, pharmacy professionals' survey and policy changes. (Refer to performance dashboard for details.)

In early June, the Business Pressures and Pharmacy Professionals' Wellbeing survey will be launched. This survey is important as part of Goal 1 initiatives because it will provide data regarding the current state of business pressures and it will set a baseline so that we can track progress over time. In addition, new data regarding the impact on patient care and pharmacy professionals' wellbeing is being collected. This data will provide evidence to support the College's continued work on Goal 1, including initiatives planned for 2026. The survey was developed in conjunction with

researchers and other Canadian pharmacy regulatory authorities. With data collection across the country, information will be validated and evidence will be fortified, giving the provinces an opportunity to work together to address these ongoing issues.

Finally, the College is exploring a staffing and workload assessment model, known as StaffWISE, developed by the Nova Scotia College of Pharmacists, which uses data-driven insights to identify pharmacies where understaffing may pose patient safety risks. This approach could support targeted interventions and help alleviate business pressures in community pharmacies. At the College's request, the Nova Scotia College and their consultancy partner submitted a proposal for a feasibility study to evaluate the model's applicability in Ontario. Staff is currently reviewing the proposal.

Equity, Diversity, and Inclusion Stewards Pilot
In April, the Equity, Diversity, and Inclusion Team successfully trained 9 "EDI Stewards". The team of Stewards will lead foundational training tailored to departments to help staff understand human rights, accessibility and accommodation, as well as how to identify and mitigate systemic discrimination. This foundations training will ensure a common understanding and application of Equity, Diversity, and Inclusion principles across the College. The Stewards will also work with teams to develop tools to support the application of an equity lens to the College's work. The pilot included a pre- and post-training self-assessment to gauge any changes in confidence across six competencies. Every Steward identified increased confidence, with the majority indicating an increase of two points (using a 7-point scale) in their confidence across all six competency areas.

Registrant Records System (RRS)
The project remains on track for the planned go-live in October 2025, despite a two-week extension to the User Acceptance Testing (UAT) phase. This extension was necessary due to vendor-side defects that delayed testing for some user groups. Key project risks continue to be actively managed, with additional resources allocated to support change management and user adoption.

There are specific areas where there are some concerns that may impact the successful implementation of the new system:

- **User Acceptance & Change Management**: Feedback from UAT participants has highlighted concerns around user adoption. To address this:
  - Additional communication and training efforts are being planned.
- **Data migration** remains a critical risk, progressing slower than planned due to competing priorities, limited staffing, and a steep learning curve for the project team. The need for additional external support is currently being assessed.

The project team is currently monitoring several key risks, including:

Risks	Health Check	Comments
Budget	Y	• While a contingency has been budgeted, there remains a risk of the project exceeding budget due to: ○ **Additional Change Requests (CRs) -** To date, five additional change CRs related to regulatory and usability changes have been identified for potential implementation in 2025, which would require further investments. ○ **Additional external support** for parts of the implementation. For example, data migration
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 UAT, end- user training and learning a new system with other existing priorities. The project team will closely monitor this situation and keep the Executive Team informed to re-prioritize if necessary.

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 May 16, 2025)

Act/Regulation	Primary purpose for the proposed amendment	Date of Submission to MOH	Current Status	Next Steps	Other Comments
Outstanding Submissions					
Pharmacy Act, General Regulation (256/24) Expanded Scope	Minister of Health sent a letter (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.	The Board will further consider the potential safeguards related to the different expanded scope activities proposed at the June meeting. Selection of external consultant to draft the regulation language complete.
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 align QA program	February 2018	Approved June 2024	Effective as of Oct 1, 2024	Board approved the updated Supervision of Pharmacy Personnel policy at the September meeting. Policy has been in effect since Oct 1, 2024.

	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 Regulation (202/94).*	August 31, 2023	Approved December 12, 2023	Effective as of December 12, 2023: - Part A pharmacists, registered pharmacy students, interns and pharmacy technicians are authorized to administer the RSV vaccine to patients five years of age and older. -Part A pharmacists are authorized to prescribe Oseltamivir (Tamiflu). -the current authority for pharmacists to prescribe Paxlovid transitioned from the *Regulated Health Professions Act* (*RHPA), Controlled Acts Regulation* (107/96) to the *Pharmacy Act, General Regulation (202/94).* *- The authority for pharmacists and pharmacy technicians to administer the COVID-19 vaccine will transition on April 1, 2024.*	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.

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	

Health Profession Regulators of Ontario (HPRO)
Suite 301 - 396 Osborne St, PO Box 244, Beaverton ON L0K 1A0
email: bakenny@regulatedhealthprofessions.on.ca
Phone: 416-986-0576

April 30, 2025

Ms Allison Henry, Director
Health Workforce Regulatory Oversight Branch
Ministry of Health
10th Floor, 438 University Ave
Toronto ON M7A 1N3

Transmitted by email: **allison.henry@ontario.ca** and online via **https://www.ontariocanada.com/registry/mail.do?action=displayComment**

Re: HPRO Comments on MOH Regulatory Registry Proposal 25-HLTC005 – Reducing Barriers to Registration and Practise for Regulated Health Professionals Registered in other Jurisdictions

Dear Director Henry:

The Health Profession Regulators of Ontario (HPRO) is pleased to comment on the Ministry's regulatory registry proposal (25-HLTC005), Reducing Barriers to Registration and Practise for Regulated Health Professionals Registered in other Jurisdictions. You know we are committed to patient safety, and it is in that context that we present the following recommendations.

1. **Maintain aspects of current "As of Right" rules**
   Using the model currently in place for the four Colleges who have developed mechanisms for the implementation of "As of Right" rules would be logical. Examples of the current model include the following:
   - Confirming applicants have professional liability insurance coverage,
   - Enforcing the need for applicants to submit the application to the College on the first day of employment (or before when possible), and
   - Submitting the application fee, recognizing Government might want to reimburse applicants for that fee, consistent with other provinces' practices.

2. **Ensure oversight options in all practice settings**
   "As of Right" rules have safeguards when employers are able to take responsibility for oversight of the healthcare professional while their application is being processed. Government would be wise to confirm that:
   - Healthcare professionals will have oversight or supervision during the time that they are awaiting the approval of their application for registration.
   - Independent practice is not permitted through the "As of Right" rule, recognizing the high level of risk when no oversight mechanisms exist.

3. **Avoid risks related to the automatic recognition of a healthcare professional**
   As HPRO shared in its letter to Health Minister Jones on April 14th, *RHPA* Colleges register qualified interprofessional applicants very quickly, most in three days or less. Colleges also ensure that there are no unnecessary barriers to speedy, cost-effective registration. Automatic recognition could pose risks to Ontario's healthcare system; areas of concern include:
   - Terms, conditions, or limitations on practice, a specified continuing education or remediation program (SCERP), undertakings, or current complaints or discipline proceedings,
   - Confirmation of the healthcare professional's current standing in the jurisdiction in which they are regulated/practice,

- The variability of scopes of practice and access to controlled acts in Ontario, along with an understanding of various aspects of provincial jurisprudence, and
- Undue burdens, including supports for the true costs of regulation.

Additionally, the current pathways for US physicians and surgeons and nurses need to be better understood. Other professions will need to carefully consider their individual professions' unique perspectives.

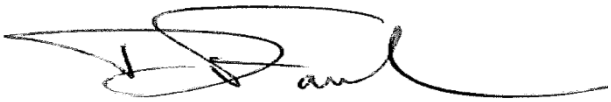
There is also hesitation to support the broad regulation-making powers that would be conferred on the government (or its delegate) on the issuance of authorizations by an *RHPA* College with concerns that regulations could be retroactive and potentially overriding the *RHPA*, exposing the public to risk based on unreviewed conduct issues or other unforeseen matters.

HPRO's member Colleges continue to be effective and efficient, working with system partners, including regulators across Canada, to build capacity in Ontario and continue to identify unintended consequences that could adversely affect the good work intended by Government.

As we shared with Minister Jones, "Ontario's health regulatory Colleges protect Ontarians, and we are pleased to do that together with you. Continue to let us know how we can help."

We look forward to continuing to work with.

Sincerely,



Daniel Faulkner, Chair

cc. Ministry of Health: ADM Dr. Karima Velji
HPRO Board of Directors

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

April 30, 2025

Allison Henry
Director, Health Workforce Regulatory Oversight Branch
438 University Ave, 10th Floor
Toronto, Ontario
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allison.henry@ontario.ca

RE: Ontario Regulatory Registry Proposal 25-HLTC005

Dear Allison,
Please accept this letter as the Ontario College of Pharmacists (OCP) submission to the Ontario Ministry of Health regarding the proposed regulatory amendments that expand the *"As of Right"* rules in order to enable out-of-province regulated health professionals (OPRHPs) who are registered in another Canadian jurisdiction, to initiate practice in Ontario immediately after filing an application with the respective Ontario regulatory body, for up to 6 months while completing the registration process and waiting for their application to be approved.

OCP is committed to supporting the Government of Ontario and the Ministry of Health in its policy directions to address internal trade barriers through various initiatives in response to economic uncertainties resulting from recent U.S. trade actions targeting Canada. OCP also supports the government's focus on ensuring that Ontarians have timely access to qualified healthcare professionals and the services they provide to communities throughout the province by exploring innovative health human resource solutions that promote greater capacity within the healthcare system to accomplish this goal.

Before providing specific feedback on the proposal, it is important to point out that OCP's registration practices currently do not present any substantive obstacles to registering pharmacy professionals from other provinces and are in line with accepted fair registration practices. In accordance with its commitment to fulfill the objects under the *Health Professions Procedural Code*, OCP registers hundreds of new pharmacists and pharmacy technicians each year and has experienced a 13% growth in the number of registrants over the past five years. OCP is not in possession of any information that would suggest that the province is experiencing an under-supply of pharmacists or pharmacy technicians.

Furthermore, as recently reported by the Health Profession Regulators of Ontario (HPRO), the average number of days it takes for a health professional from another Canadian jurisdiction to register in Ontario is less than three days. In the event of any obstacles that might materialize, health regulators have demonstrated their ability and commitment to creating alternative pathways or mechanisms to expedite registration.

While we present the above information for consideration along with our general support for the intention behind the proposal to expand on existing *As of Right* legislation, we appreciate the opportunity to address the questions posed by the Ministry of Health from our unique perspective and experience as Canada's largest pharmacy professional regulator.

Regarding the current challenges for pharmacists and pharmacy technicians regulated in another Canadian jurisdiction, given the current labour mobility provisions and mutual recognition agreement among the national pharmacy regulators, there are minimal challenges to becoming registered in Ontario. Based on data from the 12 months prior to April 1st, 2025, OCP registered 126 pharmacists and 9 pharmacy technicians (135 registrants total) through the labor mobility pathway. The average number of days to process these applications from submission of a complete application to approval was 1.7 days.

We appreciate that there are a couple of requirements that necessitate some planning and time, including completion of a criminal background check and a jurisprudence and ethics assessment, all of which are essential components of our mandate to protect the public interest and assure the public that those who practice the profession have the qualifications and competencies to do so. In OCP's experience, most criminal background checks are completed within 24 hours. Our jurisprudence and ethics assessment can be completed within any Canadian jurisdiction and while it is only available at select times during the year, we have put in place an accommodation mechanism for labour mobility applicants to help expedite completion of this process, and additional mechanisms to facilitate timely completion of this registration requirement are being explored.

There is no doubt that where a health professional from another jurisdiction is able to provide access to healthcare services that are otherwise unavailable, the public benefits. We are aware of some practice environments or locations within the province where this would be the case; however, we wonder if the proposed solution is fully warranted at this time as there is no requirement for an OPRHP to fill a position with an employer that has identified such a need.

As a regulator, OCP is responsible for considering both the public interest and the level of risk of harm that regulatory proposals may pose to the public. Ultimately, while there is a public-interest rationale for this proposal, which the OCP appreciates and supports – as you will note in the submission by HPRO and other colleges – there is some concern that assuring the public that those who practice under the *As of Right* provisions are qualified and competent will be largely dependent on the willingness and diligence of the individual and employer to fulfill their responsibilities under this regulatory scheme, until such time as those individuals complete their registration. It also requires the individual applicant to truthfully assess that they meet the eligibility criteria and will comply with the conditions set out to practice under this regulatory model.

There is confidence that the vast majority of health professionals who participate in this kind of regime will appropriately fulfill this expectation; yet, it may not be possible for OCP to fully assure the public that every pharmacist and pharmacy technician who practices through this regime meets the minimum standard we expect of all registrants in Ontario until they have satisfied all of the registration requirements. We acknowledge however that the potential risks can be minimized by maintaining the existing *As of Right* conditions that are in place, such as the requirement for professional liability insurance, submission of an application to the college prior to providing professional services, clear eligibility criteria and obligations for the individual OPRHP, including abiding by the scope of practice and only engaging in acts where they have the knowledge, skill and judgement, and clear obligations for employers regarding validation of eligibility, and management of complaints.

As the government considers moving forward with this proposal, there are also implementation considerations specific to pharmacy that will need to be managed. One consideration will be the variation in scope of practice across the provincial jurisdictions. For pharmacists, most other provinces have broader scope with respect to initiating prescriptions, applying therapeutic substitutions, and ordering, performing and/or interpreting tests. The approach to pharmacist prescribing is also different across jurisdictions, ranging from specific drugs listed for specific ailments, like in Ontario, to open prescribing for specific ailments and, in one case, open prescribing for any ailment, condition or disease. For pharmacy technicians, the primary difference in scope is related to compounding protocols, administering injections, and performing point of care tests.

Fortunately, the National Association of Pharmacy Regulatory Authorities (NAPRA) has established a national model for standards of practice for pharmacists and pharmacy technicians, which provides consistency across jurisdictions and help mitigate the risks associated with other differences in practice.

In addition, in most other jurisdictions, pharmacists have access to a central drug information system, which provides them with important patient information to inform clinical patient care decisions, resulting in a different patient assessment process. Within community pharmacy, there would also be challenges with some aspects of pharmacy operations, such as Ontario Drug Benefit identification and drug supply issues, if an OPRHP was not required to work in an existing pharmacy where a pharmacist with a Part A certificate of registration is also employed. As noted above, maintenance of current *As of Right* conditions will be important in addressing any issues with these implementation factors.

We cannot comment on the expansion of *As of Right* for U.S.-trained physicians and surgeons and nurses; however, we note that should there be consideration to expand this provision to include pharmacy professionals in the future, considerable research would be necessary particularly regarding pharmacy technicians due to the significant difference in the qualifying education and training programs across jurisdictions.

OCP has been committed to fair registration practices that enable the registration of all qualified applicants without unnecessary regulatory barriers, while also ensuring that adequate support and safeguards are in place to promote the delivery of safe quality practice to the public as the needs of our health system evolve. We recognize the potential benefit of the proposed regulatory changes to expedite access to necessary healthcare services for the public and look forward to working with the government to implement these regulatory mechanisms in a way that maintains the public's confidence in the delivery of safe, ethical and quality care expected of Ontario's pharmacists and pharmacy technicians.

We would be pleased to further discuss our submission should you wish additional information or have questions about any element of our response.

Sincerely,

Susan James
Acting Registrar
Ontario College of Pharmacists
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cc. Karima Velji, Assistant Deputy Minister and Chief of Nursing and Professional Practice
Doug Brown, OCP Board Chair

N E W S
L E T T E R

PEBC UPDATE

Vol. 29 No. 1 April 2025

2025 Annual Board Meeting Summary

The Pharmacy Examining Board of Canada met on March 21 and 22, 2025 in Toronto. Several important outcomes from this meeting are summarized in this update, namely:

- **Leadership Transition**
- **Governance Modernization**
- **Updates to PEBC Examinations Processes and Policies, Including Streamlined Pathway for International Graduates**

For further information, please contact the PEBC Board President, Gabriella Wong, the Registrar-Treasurer, Dr. John Pugsley, or the Deputy Registrar, Mahmoud Suleiman.

Leadership Transition

Dr. John Pugsley is retiring as Registrar-Treasurer, effective April 30, 2025. Please see PEBC's news release that recognizes Dr. Pugsley's legacy.

To ensure uninterrupted leadership, as per established policy, Deputy Registrar, Mahmoud Suleiman has agreed to serve as Acting Registrar-Treasurer while a search is conducted. Mahmoud has been with PEBC since 2016 and has been in the role of Deputy Registrar for the past three years. His responsibilities include overseeing PEBC's Credentialing, MCQ Exam Development and Technology Teams and leading the implementation of strategic initiatives at PEBC. Over the years, Mahmoud has served as John's designate in a variety of capacities.

Mahmoud has practiced as a community pharmacist, managing different pharmacies and as an educator, involved in the education of Canadian and international pharmacy and pharmacy technician students at the University of Toronto and Humber College, respectively. He has also worked as the lead for the Structured Practical Training Program at the Ontario College of Pharmacists and led the development of the Practice

New Board Appointments

- Dr. Jennifer Bolt – Canadian Society of Healthcare-Systems Pharmacy
- Kim McIntosh – College of Pharmacists of Manitoba
- Dr. Danielle Paes – Canadian Pharmacists Association
- Sue Sampson – Nova Scotia College of Pharmacists

2024-2025 Executive Committee

Officers

- President – Gabriella Wong
- Vice-President – Dale Cooney
- Past-President – Harriet Davies

Executive Members

- Michael Davis
- Jeff Jardine
- Taggarty Norris

Assessment of Competence at Entry (PACE). Along with his pharmacy degree, Mahmoud has also completed a Master's degree in Health Administration and a Master of Laws focused on innovation and technology.

The PEBC Board is pleased to work with Mahmoud Suleiman and the PEBC team during this transition until a permanent leadership role is appointed. The Board of Directors has assigned responsibility for executive search to one of the board committees and will begin the search for new leadership at PEBC.

The Board expects to engage directly with external partners to provide input on the characteristics required of PEBC's next leader, who will be responsible for driving forward on PEBC's mission and adapting our examinations to respond to the shifting landscape of the pharmacy profession across Canada.

Governance Modernization

In 2024, PEBC underwent a governance review that identified opportunities to update and improve the board's current governance approach and practices for greater effectiveness.

Since then, the PEBC Board of Directors has committed to a multiphase Governance Modernization initiative that is expected to significantly change board oversight and its practices. The board's vision for governance modernization is to enhance board oversight on the future strategic direction of PEBC and provide guidance to new leadership at PEBC. Important changes have already begun, including:

- **Extended One-Year Term for Outgoing Directors.** A decision to offer an extended one-year term to outgoing directors to serve as non-member advisors, in order to preserve institutional knowledge and to continue momentum of various governance modernization plans.
- **Board Committees.** The board has dissolved several pre-existing committees and created/updated three new ones effective immediately. PEBC's Board Committees now include Governance & Nominations; Finance Audit Risk; HR & Compensation. The composition, mandate and activities of the Committee on Examinations will be assessed for greater efficiency and effectiveness in the coming months.
- **Virtual Participation.** Although there continues to be a need for in-person meetings, particularly related to governance modernization activities, most committee meetings will now be held virtually in the weeks prior to board meetings. This is expected to provide greater effectiveness, and reduce the travel commitments for PEBC directors to attend board meetings.
- **Board Meetings.** To support governance modernization, PEBC is planning to hold more frequent Board and Committee meetings throughout 2025 and 2026. The next Board Meeting will be held on June 11 - 13, 2025. The date of the next Annual Meeting is tentatively set for March 21, 2026.

In the coming months, the Board will work with the leadership team and Acting Registrar-Treasurer to integrate various major initiatives at PEBC with Governance Modernization for a coordinated, organized, and strategic approach to PEBC's ongoing evolution.

Updates to PEBC Examinations Processes and Policies

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

Pharmacist 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. PEBC is preparing to embark on a practice analysis study to validate the competencies required for the assessment of pharmacists and pharmacy technicians for entry to practice. These validated competencies will form the basis of the blueprint for the Pharmacist and Pharmacy Technician

Qualifying Examinations, including both the multiple choice and OSCE/OSPE examinations. The study will focus on the testable competencies from the updated Professional Competencies for Pharmacists and Pharmacy Technicians at Entry to Practice in Canada developed by the National Association of Pharmacy Regulatory Authorities (NAPRA) that were approved in the fall of 2024.

A working group was appointed in January 2025 to oversee and participate in blueprint development. The group includes current members of PEBC's external pharmacist and pharmacy technician content development teams / panels, a pharmacist and pharmacy technician educator, a NAPRA representative and other practising pharmacy professionals representing the profession with no previous connection to PEBC. The survey will be finalized at an April meeting with pilot testing to follow. A large-scale practice analysis study which will involve national surveys of practising pharmacists and pharmacy technicians will be conducted in May and June.

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 results will be analyzed and the findings shared at a final meeting which will be held in July. The updated blueprint will be presented to the Committee on Examinations and the Board for approval in the fall midyear meeting with implementation planned for May 2026 for Pharmacists Qualifying Exam and September 2026 for Pharmacy Technician Qualifying Exam. 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.

Framework for Streamlined Pathway to the Pharmacist Qualifying Examination

The Board approved a policy to streamline the PEBC certification pathway for international pharmacy graduates where PEBC is satisfied that the candidate's education would support admission into the Pharmacist Qualifying Examination Part I (MCQ) without the necessity for the Pharmacist Evaluating Examination. Candidates must successfully complete Part I (MCQ) to be eligible to apply for Part II (OSCE).

The policy will apply to graduates from international pharmacy programs that held:

1. CCAPP/ACPE 'International Accreditation' status; or

2. accreditation from a national, regional or other international accreditation body and the country of education had a comparable:
    a. scope of practice to the minimum scope of practice in Canada that is common across Canadian provinces (with a focus on patient care in addition to dispensing and compounding), AND
    b. regulatory framework that requires a competency assessment for licensure as a pharmacist in that jurisdiction
        i. PEBC will also consider this pathway for candidates who were educated in a different country; however, they were licensed and practicing in an acceptable jurisdiction.

PEBC researched many of the top source countries of candidates and has currently approved accredited programs in the following countries to be eligible for the second branch: United Kingdom, Republic of Ireland, Australia, New Zealand and South Africa (and the U.S. for 2.b.i.).

PEBC will continue its research and will explore adding further approved programs on an annual basis to allow opportunities to expand this pathway in a fair and objective fashion.

This streamlined pathway is one of the ways in which PEBC is looking to reduce barriers to certification while maintaining a strong and robust assessment of competence.

Additional Administrations of Pharmacist Examinations

As announced in 2024, PEBC is now delivering the Pharmacist Evaluating Examination quarterly to increase access to this exam which is double the previous number of administrations. PEBC is now focused on changes to the Pharmacist Qualifying Examination to support more frequent administrations of both Part I (MCQ) and Part II (OSCE). [redacted]

Pharmacy Technician International Evaluation – Portfolio Assessment Pilot

Over the past 4 years, the Portfolio Assessment has been piloted as a mechanism to determine the eligibility of internationally educated pharmacy technicians for the Pharmacy Technician Qualifying Examination. Candidates had to complete a comprehensive portfolio that allowed them to demonstrate how they developed their competence through formal and informal education and how they have been engaged in common practice activities that are relevant for practice in a Canadian context. Candidates were provided with various resources to support their completion of the portfolio.

Since 2022, approximately 50 candidates have applied for the process; however, only a fraction has completed the portfolio and even fewer attempted the PT Qualifying Examination. Given the slow uptake of the portfolio and its resource-intensive nature, PEBC has chosen to simplify the process for international candidates, opting to utilize a portion of the portfolio to create an enhanced Document Evaluation instead. The new process will be launched in the coming months.

Diversity/Equity/Inclusion (DEI) in Exam Development

In view of PEBC's 2024 strategic plan focus area to *Optimize Certification and Exam Development & Delivery* through training of PEBC Subject Matter Experts (SMEs) in principles of DEI, the COE received information on the training sessions that had been completed for SME exam development teams and PEBC staff to support the incorporation of DEI principles into the development of assessment content for the MCQ and performance exams.

2024 PEBC Statistics and Outreach

PEBC Pharmacist Register:

There were 1497 names added to the Pharmacist Register as the result of examinations in 2024.

Pharmacist Qualifying Examination:

A total of 2818 candidates took the Qualifying Examination-Part I (MCQ) in 2024, compared to 2390 in 2023. A total of 2038 candidates took the Qualifying Examination-Part II (OSCE), compared to 1990 in 2023.

There was a total of 18 candidates assessed for non-certification purposes.

Pharmacist Evaluating Examination:

A total of 3476 candidates took the Pharmacist Evaluating Examination in 2024 compared to 2140 in 2023.

Pharmacist Document Evaluation:

A total of 3479 applicants in 2024 were ruled acceptable for admission into the Evaluating Examination, compared to 2883 in 2023.

PEBC Pharmacy Technician Register:

There were 861 names added to the Pharmacy Technician Register by examination in 2024, bringing the total to 14,586 since 2009.

Pharmacy Technician Qualifying Examination:

A total of 1342 candidates took the Qualifying Examination-Part I (MCQ) in 2024, compared to 1214 in 2023 and 1191 took the Qualifying Examination-Part II (OSPE), compared to 1149 in 2023.

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

- PEBC/AFPC awarded one award:
  Dr. Emily Black, College of Pharmacy, Dalhousie University, for the design of the pharmacy executive course PHAR3003.03 and implementation of the assessment: Antimicrobial Resistance, Antimicrobial Stewardship and Advanced Infectious Diseases

- PEBC/CPTEA awarded one award:
  Sue Mack-Klinger, Pharmacy Technician Program, School of Health Sciences, Saskatchewan Polytechnic, for her project: "*Digital literacy: Teaching today and beyond for pharmacy practice with AI*"

Publications/Research/Conference and External Webinar Presentations

National Council on Measurement in Education (NCME) Annual Research Conference, Philadelphia, PA, April 2024: *"Comparability between In-Person versus Virtual Modality of Performance Examinations"* K. Fung, S. Satchu, M. Suleiman, Y. Chu, J. Pugsley

Council on Licensure Enforcement and Regulation (CLEAR) Annual Conference, Baltimore, MD, September 2024: "Join the Expedition: The Exam Accommodation Journey" M. Suleiman, S. Tooze, K. Morris, L. Sproule, A. Collier

PEBC Webinars (2 sessions divided into 2 groups) for PEBC Subject Matter Experts, Oct-Nov 2024
Session I: "*DEI Principles and Unconscious Biases*; The Orion Group
Session II: "*DEI Considerations in Assessments";* PSI
Sessions coordinated by S. Satchu

Contact

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Ontario College of Pharmacists
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BOARD BRIEFING NOTE

MEETING DATE: June 9, 2025

FOR INFORMATION

From: Thomas Custer, Acting CEO

Topic: College Performance Dashboard – Key performance results for Q1 2025

Issue: To provide the Board with a quarterly update on how well the College is tracking towards its 2025 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 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:

- Each year, the Board approves and develops a performance dashboard (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 annual targets.
    - Key risks that may negatively impact the achievement of its targets.
    - Monitoring the College's execution of critical regulatory activities to provide context and inform future strategic discussions.
- The Board approved the 2025 College Dashboard at its December 9, 2024, meeting and the targets at its March 24, 2025, meeting.
- The 2025 Dashboard includes four domains:
    - **Regulatory Competence:** How effectively and efficiently does the College execute its core statutory functions and regulatory mandate to protect the public interest?
    - **Strategic Priorities:** How well is the College progressing towards its strategic goals, implementation of Ministry direction and collaborating with system partners?
    - **Organizational Capacity:** Does the College have the necessary resources, capabilities, and infrastructure to effectively execute its mandate now and in the future while maintaining compliance with applicable policies, law, and regulations?
    - **Risk Management:** How effectively does the College identify, assess, and manage risks that could impact the achievement of its performance targets?
- The performance domains are broken down into sub-domains (see Attachment 6.2a).

- The 2025 Dashboard includes types of measures:
    - **Performance measures:** Have specific targets aligned with the College's strategic and operational goals for 2025.
    - **Monitoring measures:** Have no targets and are intended to provide context and information about the College's performance in areas not covered by the annual operational plan, to support future strategic and operational planning.
- College staff provides quarterly updates to the Board.

Analysis:

I. Performance

- For detailed 2025 Q1 College Dashboard performance results, please see to the full report (Attachment 6.2a). Below is a summary of the results.
- In Q1, 8 of the 16 **performance measures/milestones** are tracking to the 2025 target. Two measures are currently not tracking to their target; however, the College still expects to meet them. One measure is at risk of not meeting its target. There are no Q1 results currently available for the five measures as these are only being measured once a year.

Domain	Performance Measures or Milestones	Meets or Exceeds Target (Or Completed)	Approaching Target < 25% or at Risk	Beyond Target > 25% or off track	Measured at Year End / Once A Year
Regulatory Competence	5	3	1	1	-
Strategic Priorities	4	3	-	-	1
Organizational Capacity	7	3	1	-	3

- Overall, the College is still **on track** to meet all its 2025 Operational Plan priorities:
    - Mandatory training program for non-sterile compounding supervisors established and launched (Regulatory Competence)
    - Percentage of out-of-date practice policies that have been reviewed (Regulatory Competence)
    - Completion of three 2025 deliverables to reduce corporate pressures completed (Strategic Priorities – Strategic Goal #1)
    - Completion of two virtual townhall sessions with registrants and system partners (Strategic Priorities - Strategic Goals #1 & #2)
    - Launched website renewal to strengthen effective communications (Strategic Priorities – Strategic Goal #2)
    - 50 percent of trained OCP staff reporting confidence in applying EDI principles (Strategic Priorities – Strategic Goal #4)
    - Implement Registrant Records System (RRS) (Organizational Capacity).
- The two measures that are currently **not tracking towards their target/at risk**, but College staff still expect to meet are:

- Percentage of HPARB complaint decisions confirmed (Regulatory Competence)
- Microsoft Secure Score (Organizational Capacity)

- The one measure that is **off track** and unlikely to meet the 2025 target is 'percentage high and moderate risk complaints disposed within 150 days' (Regulatory Competence).
- There are a variety of reasons why the College is currently making less progress than planned on the goals related to those measures. The attached report outlines them more fully.

II. Risk Profile

- Risk management and performance measurement are two sides of the same coin—while performance measurement assesses whether the College is achieving the targets set out in its annual plan, risk management safeguards that journey by identifying factors that may hinder progress early and ensuring they are addressed appropriately or flagged to the Board when a target may not be met.
- The **Performance Target Risk Index (PTRI)** is a single measure of the College's risk exposure in achieving the 2025 targets and aims to inform the Board whether the targets are still achievable.[1]
- The current **PTRI** score is 1.3, which is well below the quarterly monitoring target of 1.8, meaning that most of the College's 2025 performance targets are currently considered low risk for non-achievement in 2025.
- The **Critical Performance Risk** is a single metric that reflects the proportion of 2025 measures and milestones at risk of not being achieved. The current Critical Performance Risk ratio is 6% (one performance measure - % of high and moderate risk complaints disposed within 150 days), indicating a low level of critical risk and suggesting that the College operates within a stable and well-managed performance environment for its 2025 priorities.[2]

III. Monitoring

- Regarding the 18 **monitoring measures**, one measure shows a negative trend, eight measures show no change in trend, and there are nine measures for which the College has not enough data for trend analysis.

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

- The monitoring measure that is trending negative is 'Open investigation cases at month end.' The measure informs the Board about the number of ongoing investigation cases that remain unresolved at the end of each month. It includes all investigations (complaints, Registrar's Reports and Inquiries). Slide 20 of the attached College Dashboard report provides a detailed analysis of the trend for this measure.

Attachment:

- 6.2a – 2025 College Dashboard Report – Q1 Results
- 6.2b – 2025 College Dashboard Measures Definitions

[1] The PTRI is calculated by multiplying the number of high-risk metrics by 3, medium-risk metrics by 2, and low-risk metrics by 1, summing those values, and then dividing by the total number of metrics.

[2] The Critical Performance Risk is calculated by dividing the number of high-risk metrics by the total number of metrics and multiplying the result by 100 to express it as a percentage.

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Attachment 6.2a

2025 Board Dashboard – Q1 Results

Content

Section 1 – Background

2025 Board Dashboard Domains

Regulatory Competence

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

Strategic Priorities

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

Organizational Capacity

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

Risk Management

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

Section 1 – Background

2025 Board Dashboard Sub-Domains

Domain	Sub-Domains	
Regulatory Competence	• Registration • Quality • Conduct	• Regulatory Policies • Public Trust
Strategic Priorities	• Strategic Plan Execution • Government-Directed Change	• System Partnerships
Organizational Capacity	• Human Resources • Financial Health • Efficiency	• Information Technology • Compliance
Risk Management	N/A	

Section 1 – Background

Type of Dashboard Measures

Performance Measure: Have specific targets aligned with the College's strategic and operational goals for 2025.

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

Section 2 – Dashboard Summary (Performance Measures)

Regulatory Competence							
Quality			**Q1**	**YTD**	target	status	
1	Mandatory training program for non-sterile compounding supervisors established and launched		25%	25%	Dec-2025	●	
Conduct	Q1 2024	YTD 2024	**Q1**	**YTD**	target	status	
2	% High and moderate risk complaints disposed of within 150 days	18%	18%	13%	13%	30%	●
3	% High and moderate risk Registrar's Inquiries are disposed of within 365 days	35%	35%	67%	67%	50%	●
4	% HPARB complaint decisions confirmed	100%	100%	80%	80%	90%	●
Regulatory Policies			**Q1**	**YTD**	target	status	
5	% of out-of-date practice policies that have been reviewed		5%	5%	26%	●	
Strategic Priorities							
2024-2028 Strategic Plan Execution			**Q1**	**YTD**	target	status	
6	Completion of 2025 deliverables to reduce corporate pressures (Strategic Goal #1)		30%	30%	Dec-2025	●	
7	Completion of 2 virtual townhall sessions with registrants & system partners (Strategic Goals #1 & #2)		25%	25%	Dec-2025	●	
8	Launched website renewal to strengthen effective communications (Strategic Goal #2)		70%	70%	Sep-2025	●	
9	% of trained staff reporting confidence in applying EDI principles (Strategic Goal #4)		-	-	80%	**	
Organizational Capacity							
Human Resources	Q1 2024	YTD 2024	**Q1**	**YTD**	target	status	
10	% of staff engagement (overall)	-	75%	-	-	63%	-
11	% of staff engagement (inclusion)	-	90%	-	-	80%	-
12	% Voluntary staff turnover rate	1.2%	1.2%	3.5%	3.5%	3.8%	●
Technology	Q1 2024	YTD 2024	**Q1**	**YTD**	target	status	
13	% of up-time of business-critical information systems	100%	100%	100%	100%	99.9%	●
14	Microsoft Secure Score	-	75%	78%	78%	80%	●
Information Infrastructure			**Q1**	**YTD**	target	status	
15	Implement Registrant Records System (RSS)		75%	75%	Oct-2025	●	
Compliance		YTD 2024	**Q1**	**YTD**	target	status	
16	% of CPMF standards fully met		67.0%	-	-	80%	**

LEGEND

- ● Meet or Exceeds Target / On Track
- ● Approaching Target / Potential Risk
- ● Beyond Target / Risk or Roadblock

** Status determined at year end.

Section 2 – Dashboard Summary (Monitoring Measures)

Regulatory Competence						
Registration		Q1 2024	YTD 2024	**Q1**	**YTD**	trend analysis
17	% of Registrar decisions made within 30 days after receiving the complete application	100%	100%	100%	100%	●
Quality - Registrants		Q1 2024	YTD 2024	**Q1**	**YTD**	trend analysis
18	% of community pharmacists who successfully passed their practice reassessments following coaching	96%	96%	71%	71%	●
19	% of community pharmacists who successfully passed their practice assessment following QAC-directed remediation		20%	-	-	-
20	% of pharmacists (hospital & community) passing knowledge assessment following QAC-directed remediation		100%	-	-	-
Quality - Pharmacies		Q1 2024	YTD 2024	**Q1**	**YTD**	trend analysis
21	Average days cycle time for high risk assessments	393	393	441	441	●
Conduct		Q1 2024	YTD 2024	**Q1**	**YTD**	trend analysis
22	Open investigation cases at month end		346	615	615	●
23	Average processing times for high and moderate risk Complaints	245	245	236	236	●
24	% of Complaints resolved through informal processing	19%	19%	37%	37%	●
25	% of Registrar's Reports resolved through informal processing	16%	16%	28%	28%	●
26	% of registrants who successfully passed the post-ICRC remediation assessment	100%	100%	100%	100%	●
Public Trust		Q1 2024	YTD 2024	**Q1**	**YTD**	trend analysis
27	% Positive Media Sentiment	44%	44%	100%	100%	●
Organizational Capacity						
Human Resources		Q1 2024	YTD 2024	**Q1**	**YTD**	trend analysis
28	% of staff completing professional development activities			16%	16%	-
Financial Health		Q1 2024	YTD 2024	**Q1**	**YTD**	trend analysis
29	Working capital ratio			4.9	4.9	-
30	Months of spending ratio			10	10	-
31	Budget-to-actual variance			-6%	-6%	-
32	% above/below required reserve balance			131%	131%	-
Efficiency		Q1 2024	YTD 2024	**Q1**	**YTD**	trend analysis
33	Staff cost ratio			74%	74%	-
34	External-to-total cost ratio			4%	4%	-

LEGEND

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

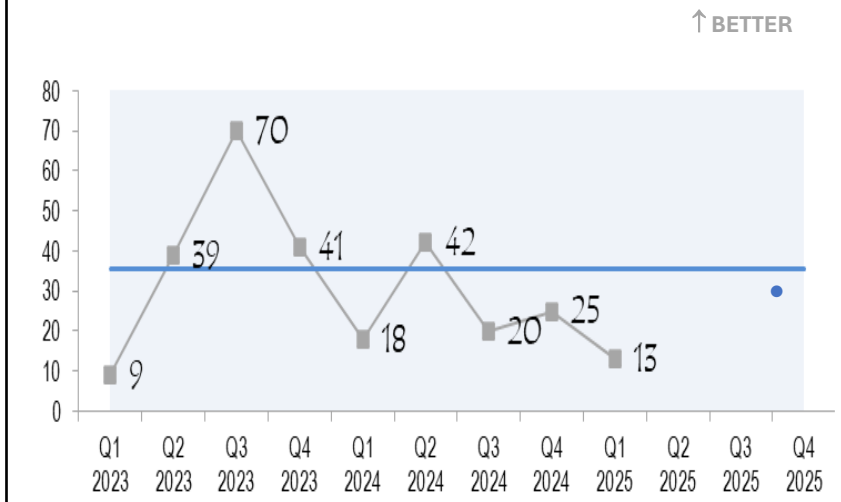
Section 3: Q1 Performance Results

Regulatory Competence

Milestone		Cause / Key Points	Comments or Next Steps
Quality			
●	Mandatory training program for non-sterile compounding supervisors established and launched (*2025 Operational Plan Priority*)	**Key Points:** • This is a 2025 Operational Plan priority • Development of compounding training sub-modules is on track. • OCP website risk assessment & mitigation FAQ updated April 10, 2025	**Next Steps:** • Training sub modules scheduled to be completed by December.

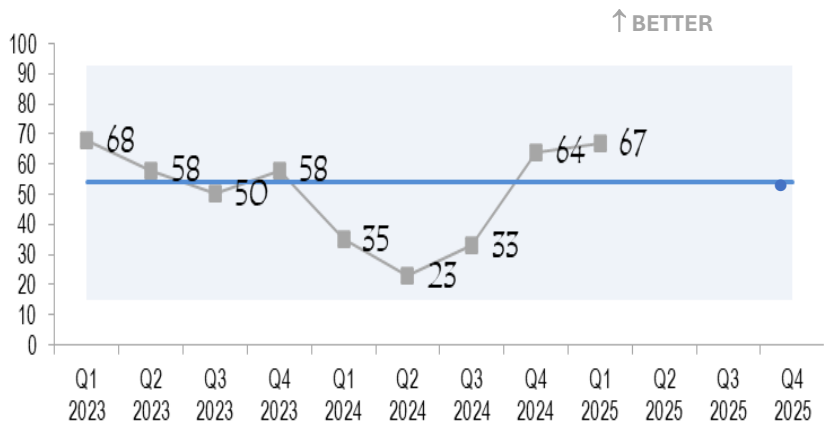
Section 3: Q1 Performance Results

Regulatory Competence

Performance Measures			Q1	YTD	Target	Cause	Response
Conduct							
🔴	% High and moderate risk complaints disposed of within 150 days		13%	13%	30%	• 2024 saw a sharp increase in moderate risk case files due to an increase in dispensing errors and zero tolerance policy. • More than 50% of the complaints in Q1 experienced between 14-60 days delay due to external legal matters. The norm is up to 14 days. • In 2024, this measure was replaced by a monitoring measure of 90% percentile which included low files and subsequently increased the priority of low files with longer timelines. Now that the metric is in place, there will need to be a washout as these low files have already been scheduled.	• Informal resolution of case files will help to improve this going forward but we may not see this impact till Q3. • Process improvements have been implemented to help streamline case files through the investigation stages

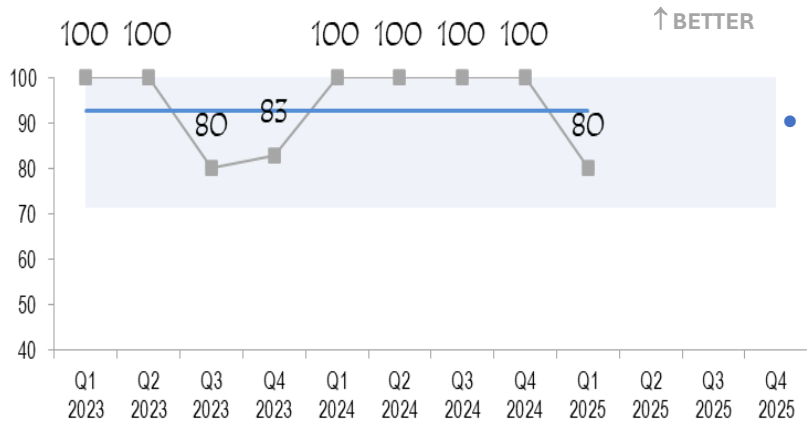
Section 3: Q1 Performance Results

Regulatory Competence

Performance Measures			Q1	YTD	Target	Cause	Response
Conduct							
●	% High and moderate risk Registrar's Inquiries are disposed of within 365 days		67%	67%	54%	• Currently meeting target. • Performance is moving favorably since Q3 2024.	• Each month there are on average approximately 80 - 130 open case files spread out over 8 investigators, all at different stages of the investigation process. • The typical median time to close a case is 300 days. Case files may have begun as far back as early 2023 that are now becoming disposed. To determine specific reasons for this rise in performance is not economically feasible.

Section 3: Q1 Performance Results

Regulatory Competence

Performance Measures			Q1	YTD	Target	Cause	Response
Conduct							
●	% HPARB complaint decisions confirmed		80%	80%	90%	• 4 out of 5 decisions received in Q1 were confirmed by HPARB. The 1 decision that was returned is now an active matter and we can't comment on specifics at this time.	• For every matter that is returned by HPARB, the College carefully analyzes the reason for its return to prevent a similar return in the future. The ICRC receives training on HPARB processes and reasons for return for consideration in future decision-making
Regulatory Policies							
●	% of out-of-date practice policies that have been reviewed (*2025 Operational Plan Priority*)	*Total # of Policies: 61* Q1: # Completed 3; Results 5% Q2: # Completed; Results Q3: # Completed; Results Q4: # Completed; Results	5%	5%	26%	• Achievement of target is not expected till year-end	• On track with 3 policies rescinded in March. • College staff anticipates 11 policies will be reviewed in Q2.

Section 3 – Q1 Performance Results

Strategic Priorities

Milestone		Cause / Key Points	Comments or Next Steps
2024 – 2028 Strategic Plan Execution			

●	Completion of 2025 deliverables* to reduce corporate pressures completed (*Strategic Goal #1 – 2025 Operational Plan Priority*)	**Key Points:**
		• **Deliverable 1:** Operational Assessment Changes
		  • Initial pilot of new assessment criteria launched.
		• **Deliverable 2**: Pharmacy Professionals' Survey
		  • Collaborated with other provinces to develop the survey, validated it with other OCP pharmacy professional staff, and currently finalizing survey.
		• **Deliverable 3:** Policy changes
		• Analysis of policy options completed
			Next Steps:
			• **Deliverable 1**: Progressive pilot will continue into 2026
			• **Deliverable 2:** Launch survey for pharmacy professionals in Q2
			• **Deliverable 3**: Additional policy / operational changes to be considered as part of 2026 operational planning

*Deliverables: 1) 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; 2) Pharmacy professional experience survey on workplace practices and public reporting; 3) Policy changes to reduce corporate pressures.

Section 3 – Q1 Performance Results

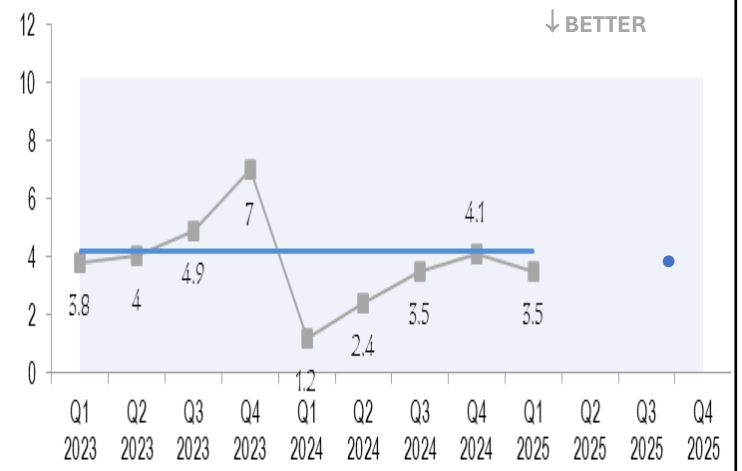
Strategic Priorities

Milestone		Cause / Key Points	Comments or Next Steps
2024 – 2028 Strategic Plan Execution			
●	Completion of 2 virtual townhall sessions with registrants & system partners (Strategic Goals #1 & #2)*	**Key points:** • Early planning underway to identify most appropriate topics and objectives • Dates for the 2 sessions to be confirmed.	**Next Steps:** • Exploring combination of town hall meetings and different engagement and communication/ education modalities such as webinars as well. • Complete a workplan and move to implementation in Q3 and Q4.
●	Launched website renewal to strengthen effective communications (Strategic Goal #1)*	**Key Points:** • Work is underway to review existing website content for opportunities to make all information on the site clearer and easier to access and navigate. • The vendor is completing the site development and will begin to migrate content over the summer months.	**Next Steps:** • Website development completed in Q2 and migration starting Q2 • Testing with users and staff will commence several weeks prior to launch, expected in late September 2025 (Q3)
●	50% of trained staff reporting confidence in applying EDI principles*	**Key Points:** • Training of the first cohort will commence in April 2025.	**Next Steps:** • Data will be available for reporting in Q2 and will continue each quarter thereafter.

*2025 Operational Plan Priority

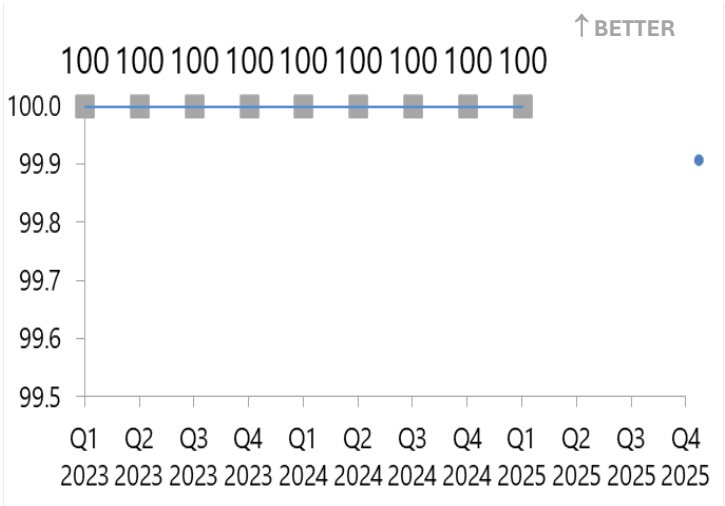
Section 3: Q1 Performance Results

Organizational Capacity

Performance Measures			Q1	YTD	Target	Cause	Response
Human Resources							
●	Voluntary turnover rate		3.5%	3.5%	3.8%		• Currently meeting target.

Section 3: Q1 Performance Results

Organizational Capacity

Performance Measures			Q1	YTD	Target	Cause	Response
Sub-Domain: Information Infrastructure							
●	% of up-time of business-critical information systems		100%	100%	99.9%		• Currently meeting target.
●	Microsoft Secure Score	<table><tr><th></th><th>2024 Q4</th><th>2025 Q1</th></tr><tr><td>Result</td><td>75.4%</td><td>78.5%</td></tr></table>	78.5%	78.5%	80%	• Q1 result has improved from Q4 2024. • Target will be achieved by year end	• Multiple recent security recommendation from Microsoft have been implemented on all staff devices which has increased our current score to 79%. • This score will fluctuate each month as new threats emerge followed by mitigations steps to address each one. • Similar size organizations average 43.5%

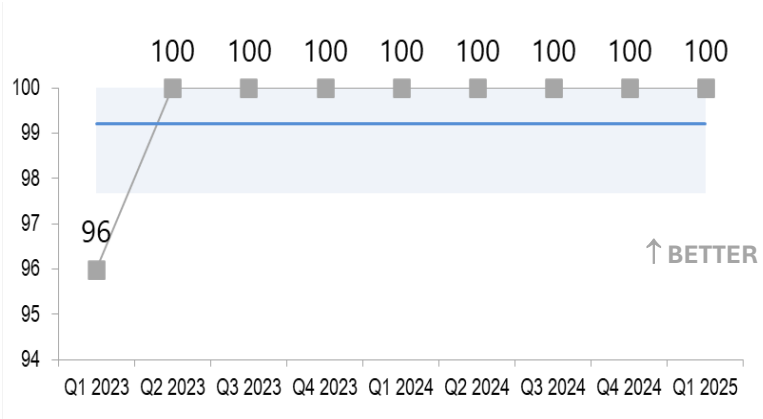
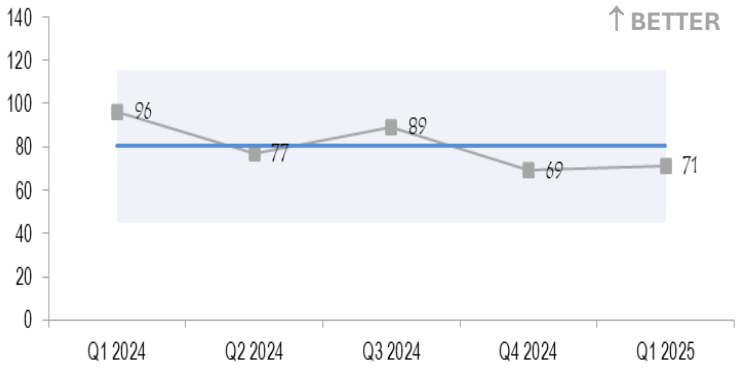
Section 3: Q1 Performance Results

Organizational Capacity

2025 Operational Goals		Key Points/Cause/Response	Comments or Next Steps
Information Infrastructure			
●	Implement Registrant Records System (RRS) (2025 Operational Plan Priority)	**Key Points:** • The College is currently in the User Acceptance Testing stage (UAT) of the implementation where business users test their respective system features. Any defects (bugs) discovered are sent to the vendor, KPMG, to fix before retesting. • UAT is complete when all high and critical severity bugs are fixed and accepted • UAT is scheduled for completion by May 30, 2025	**Next Steps:** • After UAT, the vendor's work will be largely completed. • OCP staff will shift the project focus to internal tasks like Change Management, Data Migration and User Training for a planned go-live date of Oct 2025

Section 4 – Q1 Monitoring Results

Regulatory Competence

Monitoring Measures			Q1	YTD	Comments
Registration					
●	% of Registrar decisions made within 30 days after receiving the completed application.		100%	100%	• Decisions are consistently completed in 30 days or less.
●	% of community pharmacists who successfully passed their practice reassessments following coaching		71%	71%	• Out of the 21 pharmacists assessed, 15 passed their reassessment. • There were not any common reasons among the 6 that failed.

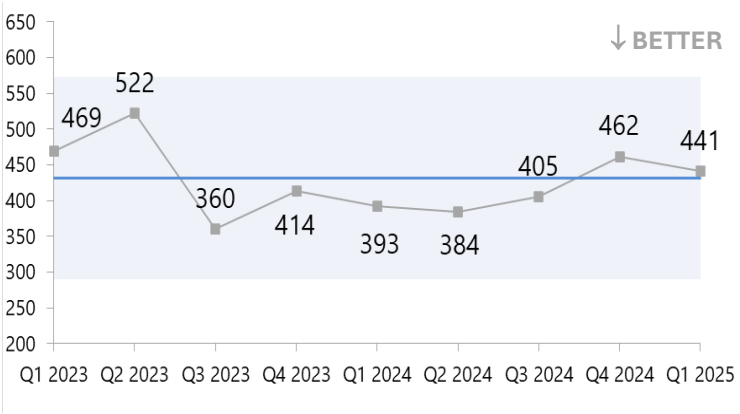
Section 4 – Q1 Monitoring Results

Regulatory Competence

<table>
<tr><th colspan="3">Monitoring Measures</th><th>Q1</th><th>YTD</th><th>Comments</th></tr>
<tr><td colspan="6">Quality</td></tr>
<tr><td>-</td><td>% of community pharmacists who successfully passed their practice assessment following QAC-directed remediation</td><td>
<table>
<tr><th></th><th>2021</th><th>2022</th><th>2023</th><th>2024</th></tr>
<tr><td># of Pharmacists</td><td>6</td><td>6</td><td>10</td><td>5</td></tr>
<tr><td># Passed Assessment</td><td>3</td><td>6</td><td>6</td><td>1</td></tr>
<tr><td>Result</td><td>50%</td><td>100%</td><td>60%</td><td>20%</td></tr>
</table>
</td><td>-</td><td>-</td><td>• No data available for this quarter. The volume of these assessments is low. (The number of assessments completed in all of 2024 was 5)
• These assessments are ordered by the OAC and only occur based on demand.</td></tr>
<tr><td>-</td><td>% of pharmacists (hospital & community) passing knowledge assessment following QAC-directed remediation</td><td>
<table>
<tr><th></th><th>2021</th><th>2022</th><th>2023</th><th>2024</th></tr>
<tr><td># of Pharmacists</td><td>2</td><td>1</td><td>7</td><td>6</td></tr>
<tr><td># Completed</td><td>2</td><td>1</td><td>7</td><td>6</td></tr>
<tr><td>Result</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td></tr>
</table>
</td><td>-</td><td>-</td><td>• No data available for this quarter. The volume of these assessments is low. (The number of assessments completed in all of 2024 was 6)
• These assessments are ordered by the OAC and only occur based on demand.</td></tr>
</table>

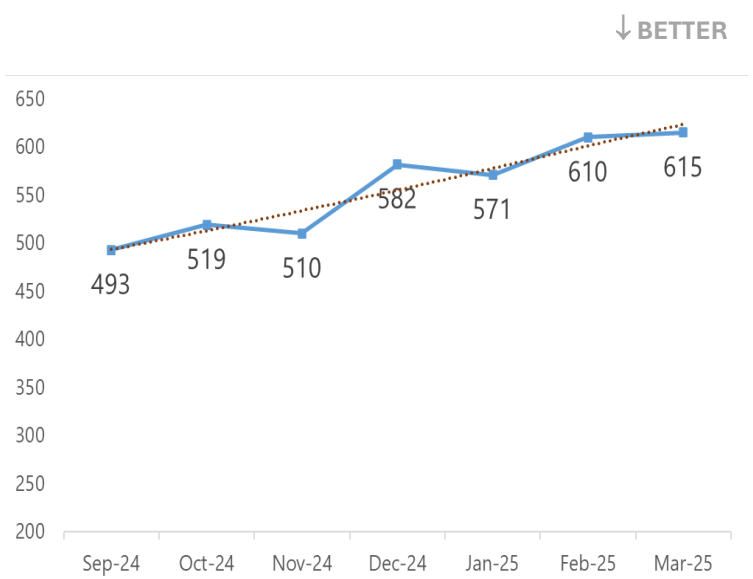
Section 4 – Q1 Monitoring Results

Regulatory Competence

Monitoring Measures			Q1	YTD	Comments
Quality					
●	Average cycle time between assessments for community pharmacies in highest risk category, measured in average days		441	441	• Intent to assess highest-risk pharmacies at interval of approximately 12 months; however exact timing may vary due to operational and logistical considerations, such as grouping pharmacies to optimize travel and resource efficiencies • One advisor also had additional reassessment obligations, including those directed by the Accreditation Committee, which required scheduling accommodations. • One assessment was deferred due to unavoidable travel disruptions. • A small number of pharmacies were assessed as slightly lower risk, allowing for marginally extended intervals

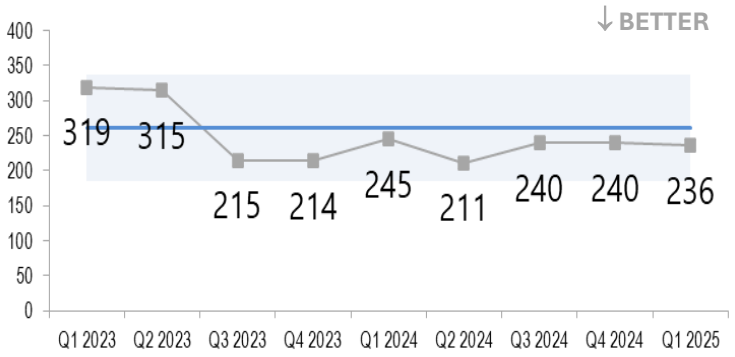
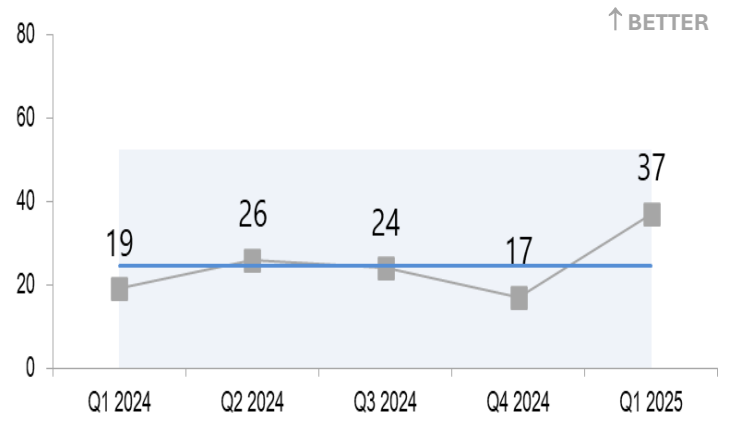
Section 4 – Q1 Monitoring Results

Regulatory Competence

Monitoring Measures			Q1	YTD	Comments
Conduct					
●	Open investigation cases at month end		615	615	• The trend shows a slow gradual rise Sept 2024 to March 2025. • A deeper dive into the 2 main sub processes include the investigation processes (Complaints & Registrar's Investigations [RI's]), and the ICRC processes that follow once the investigation is complete. • Open Complaints and RIs at the end of March totalled 345. Open RIs are in decline following a sharp increase in Dec 2024. Open Complaints have leveled off over the 3-month period ending in March. • There are many circumstances (both within and not within OCP control) affecting the stages within these processes. Each case file has its own unique set of variables that make it difficult to determine where capacities may indicate a constraint. Beyond factors relating to individual files management, total numbers of new files received also affect the number of open files at any given time. • Given this is a new monitoring metric, time is needed to fully explore all the facets before specific recommendations can be made.

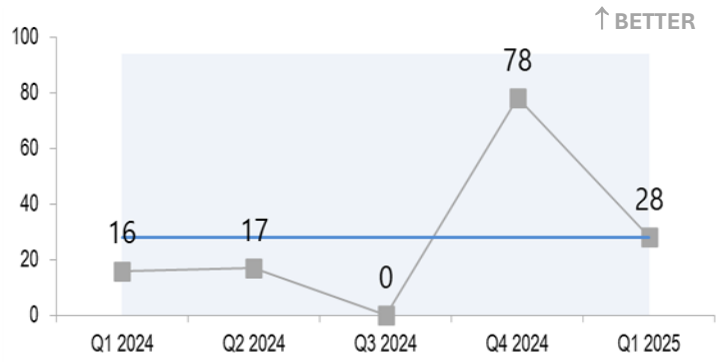
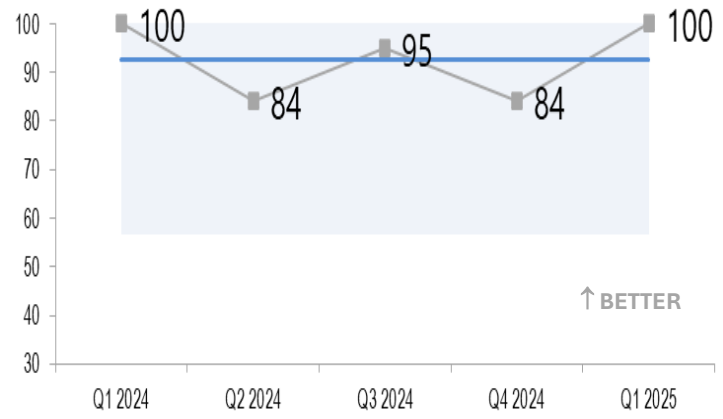
Section 4 – Q1 Monitoring Results

Regulatory Competence

Monitoring Measures			Q1	YTD	Comments
Conduct					
●	Average processing times for high and moderate risk Complaints		236	236	• The average days to dispose a high and moderate risk complaint remains stable and consistent. 39 cases were disposed in this quarter, the longest was 335 days, the shortest was 103.
●	% of Complaints resolved through informal processing		37%	37%	• The VECR (Very Early Resolution Program) was rolled out late 2024. This accounts for the uptake in Q1. • By continuing this trajectory, we should be able to reduce the full process complaint times and case file inventories.

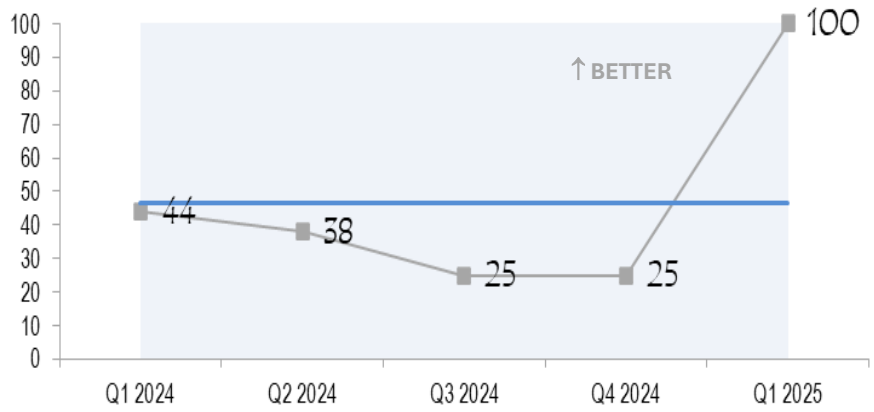
Section 4 – Q1 Monitoring Results

Regulatory Competence

Monitoring Measures			Q1	YTD	Comments
Conduct					
●	% of Registrar's Reports resolved through informal processing		28%	28%	• The Q4 increase (spike) was primarily attributed to 42 case investigations involving pharmacy safes.
●	% of registrants who successfully passed the post-ICRC remediation assessment		100%	100%	• Variation appears normal. All 18 registrants passed their post remediation assessment.

Section 3: Q1 Monitoring Results

Regulatory Competence

Performance Measures			Q1	YTD	Comments
Public Trust					
●	% Positive Media Sentiment		100%	100%	• Positive Media Sentiment is calculated by dividing the number of stories with positive sentiment into the total number of relevant stories published. • Relevant stories are defined as articles or broadcast segments that are about, involve or reference OCP including the decisions or activities of the Board or committees. • The Q1 2025 increase (spike) is the result of a low sample of relevant media stories (2) that both had a positive sentiment.

Section 3 – Q1 Monitoring Results

Organizational Capacity

<table>
<tr><th colspan="2">Monitoring Measures</th><th>Q1</th><th>YTD</th><th>Comments</th></tr>
<tr><td colspan="5">Human Resources</td></tr>
<tr><td>-</td><td>% of staff completing professional development activities</td><td>
<table>
<tr><th></th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td># Completed</td><td>25</td><td></td><td></td><td></td></tr>
<tr><td>Result</td><td>16%</td><td></td><td></td><td></td></tr>
</table>
</td><td>16%</td><td>16%</td><td>• 25 staff completed one or more professional development activities or attended a learning conference.</td></tr>
<tr><td colspan="5">Financial Health</td></tr>
<tr><td>-</td><td>Working Capital Ratio</td><td>
<table>
<tr><th></th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td>Current Liabilities</td><td>$6,739,401</td><td></td><td></td><td></td></tr>
<tr><td>Result</td><td>4.9</td><td></td><td></td><td></td></tr>
</table>
</td><td>4.9</td><td>4.9</td><td>• The College is in a good position to pay for its short-term obligations. Note that this ratio is expected to be higher in Q1 as cash flow is higher with renewals and will decrease as the year progresses.</td></tr>
</table>

Section 3 – Q1 Monitoring Results

Organizational Capacity

<table>
<tr><th colspan="2">Monitoring Measures</th><th>Q1</th><th>YTD</th><th>Comments</th></tr>
<tr><td colspan="5">Financial Health</td></tr>
<tr><td>-</td><td>Months of Spending Ratio</td><td><table><tr><th></th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr><tr><td>Annual Expenses</td><td>$2,655,935</td><td></td><td></td><td></td></tr><tr><td>Result</td><td>10</td><td></td><td></td><td></td></tr></table></td><td>10</td><td>10</td><td>• Similar to the current ratio, expect this to decrease over time throughout the year.</td></tr>
<tr><td>-</td><td>Budget-to-actual variance</td><td><table><tr><th></th><th>2023</th><th>2024</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr><tr><td>Result</td><td>-2%</td><td>-6%</td><td>-6%</td><td></td><td></td><td></td></tr></table></td><td>-6%</td><td>-6%</td><td>• Actual YTD expenditure is 6% less than budget, much of the variance is related to the timing of planned expenditures.</td></tr>
</table>

Section 3 – Q1 Monitoring Results

Organizational Capacity

<table>
<tr><th colspan="2">Monitoring Measures</th><th>Q1</th><th>YTD</th><th>Comments</th></tr>
<tr><td colspan="5">Financial Health</td></tr>
<tr><td>-</td><td>% above/ below required reserve balance</td><td>
<table>
<tr><th></th><th>2023</th><th>2024</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td>Result</td><td>152%</td><td>148%</td><td>131%</td><td></td><td></td><td></td></tr>
</table>
</td><td>131%</td><td>131%</td><td>

The College’s reserve balances consist of an unrestricted reserve and two restricted (required) reserves: (1) Investigations & Hearings Reserve Fund, designated to support external legal expenses that exceed approved budget allocations. (2) Contingency Reserve Fund, established to provide for extraordinary, unbudgeted expenditures, with a target balance equivalent to four months of annual operating costs.
The required reserve balance totaled $11 million at the end of 2024 and is projected to increase to $11.5 million by the end of 2025. This represents a downward revision from the previous projection of $11.9 million made in December.

</td></tr>
</table>

Section 3 – Q1 Monitoring Results

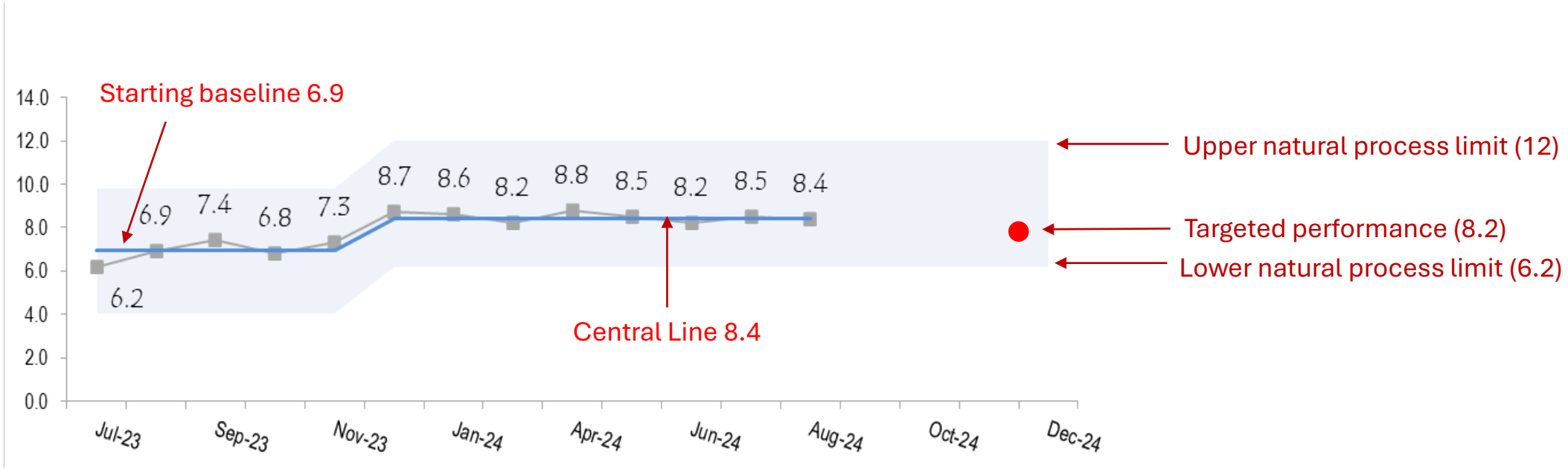
Organizational Capacity

<table>
<tr><th colspan="3">Monitoring Measures</th><th>Q1</th><th>YTD</th><th>Comments</th></tr>
<tr><td colspan="6">Efficiency</td></tr>
<tr><td>-</td><td>Staff Cost Ratio</td><td>
<table>
<tr><th></th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td>Staff Cost</td><td>$7,506,828</td><td></td><td></td><td></td></tr>
<tr><td>Result</td><td>74%</td><td></td><td></td><td></td></tr>
</table>
</td><td>74%</td><td>74%</td><td>• Of the total expenditures, 74% is paid in staff salaries, benefits (including professional memberships, training, internet). This is slightly lower than the Q4 YTD 2024 ratio of 76% and the 2025 budget of 75%.</td></tr>
<tr><td>-</td><td>External-to-total cost Ratio</td><td>
<table>
<tr><th></th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td>Staff Cost</td><td>$7,506,828</td><td></td><td></td><td></td></tr>
<tr><td>Result</td><td>4%</td><td></td><td></td><td></td></tr>
</table>
</td><td>4%</td><td>4%</td><td>• Approximately 4% of total expenditures can potentially be eliminated through use of in-house staff. This includes consulting and external legal costs.</td></tr>
</table>

Appendix

- How to Read the XmR Graphs

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



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

Putting patients first since 1871

Attachment 6.2b

2025 Board Dashboard Measures Definitions

2025 Dashboard Measures: Performance

Performance Measure	Formula	Rationale and Understanding this Measure
DOMAIN: REGULATORY EXCELLENCE		
QUALITY		
Mandatory training program for compounding supervisors established and launched	• Mandatory training program is implemented.	• This metric demonstrates progress in implementing the Board's March 2024 Directive. This directive requires OCP-approved training for new compounding supervisors in all pharmacies, as well as for current compounding supervisors in pharmacies where standards are not being met. This is a 2025 Operational Plan priority.
CONDUCT		
% of high & moderate risk complaints* disposed of within 150 calendar days	• Complaints processed by the College that are classified as high and moderate risk to the public are measured in calendar days, from the date the complaint is filed (assigned to investigations staff) to the date it is disposed. (approved ICRC decision is mailed) The % represents the proportion disposed in less than or equal to 150 calendar days within the above timeline.	• According to the *Regulated Health Professions Act*, 1991 (RHPA), complaints from the public must be resolved within 150 days of filing, though this period can be extended. • It shows the wait time of the complainant to receive a written decision from the College. It should be noted that weekends and statutory holidays are included in the time included to dispose of a complaint.
% of high and moderate risk Registrar's inquiries* are disposed of within 365 calendar days	• Registrar's inquiries (or investigations) processed by the College that are classified as high and moderate risk to the public are measured in calendar days, from the date the investigator is appointed (assigned to investigations staff) to the date it is disposed (approved ICRC decision is mailed). The % represents the proportion disposed in less than or equal to 365 calendar days within the above timeline.	• This metric is an OCP internal metric. It shows the wait time of the registrant to receive a written decision from the College. It should be noted that weekends and statutory holidays are included in the time to dispose of the investigation.

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

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

2025 Dashboard Measures: Performance *(cont'd)*

Performance Measure	Formula	Rationale and Understanding this Measure
DOMAIN: REGULATORY EXCELENCE		
CONDUCT		
% of HPARB complaint decisions confirmed	• Divide the number of ICRC decisions that HPARB confirmed by the total number of ICRC decisions that HPARB reviewed within the reporting quarter, multiplied by 100.	• The Health Professions Appeal and Review Board (HPARB) has the authority to review ICRC complaint decisions. HPARB reviews the adequacy of the committee's investigation or the reasonableness of its decision or both. • When a decision is not confirmed by HPARB, OCP can learn and apply improvements to its investigation and decision processes.
REGULATORY POLICIES		
% of out-of-date practice policies that have been reviewed	• Divide the number of out-of-date practice policies that have completed the review process by the total number of out-of-date practice policies	• It is important to keep regulatory practice policies up to date. A policy that is over 5 years old is considered out-of-date and therefore needs to be reviewed. The out-of-date practice policies to be reviewed are prioritized based on risk criteria. This is a 2025 Operational Plan priority.

2025 Dashboard Measures: Performance *(cont'd)*

Performance Measure	Formula	Rationale and Understanding this Measure
DOMAIN: STRATEGIC PRIORITIES		
2024-2028 STRATEGIC PLAN EXECUTION		
Completion of 2025 deliverables to reduce corporate pressures completed (Strategic Goal #1)	• Three new initiatives aimed at reducing corporate pressures have been implemented or are ready for Board decisions.	• In addition to incorporating addressing corporate pressures into core work, the 2025 Operational Plan includes three new initiatives to reduce corporate pressures: 1. 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 2. Pharmacy professional experience survey on workplace practices and public reporting 3. Policy changes to reduce corporate pressures • This metric demonstrates progress in implementing the three initiatives.
Completion of two virtual townhall sessions with registrants and system partners (Strategic Goal #1 and #2)	• This deliverable will engage participants and strengthen communication and transparency.	• Engaging with registrants and other audiences to share insights, demonstrate accountability and transparency, and improve the effectiveness of college decisions and communications is a priority in the 2025 Operational Plan, supporting the advancement of Strategic Goals 1 and 2.
Launched website renewal to strengthen effective communications (Strategic Goal #2)	• This project's goal is to successfully update the College website and strengthen interactive communication with the public and registrants.	• This project demonstrates progress in finalizing the implementation of a 2024 operational plan priority (and is now a 2025 Operational Plan priority).

Dashboard Measures: Performance *(cont'd)*

Performance Measure	Formula	Rationale and Understanding this Measure
DOMAIN: STRATEGIC PRIORITIES		
2024-2028 STRATEGIC PLAN EXECUTION		
% of resource optimization initiatives achieving defined efficiency targets (Strategic Goal 3)	• TBD	• Recognizing the College's financial situation, the College will continue to identify and implement opportunities to improve efficiency. This metric will help inform the Board how effectively the College implements the initiatives it identified to improve its efficiency. Achieving these targets will not only strengthen the College's financial health but also enable the College to allocate resources to emerging priorities (2025 Operational Plan priority).
% of trained staff reporting confidence in applying EDI principles (Strategic Goal 4)	• Dividing the number of trained staff who report confidence by the total number of trained staff, and then multiplying the result by 100	• The 2025 operational plan prioritizes equipping staff with the ability to identify and respond to inequities and enhance fairness in our processes. This metric will assess the effectiveness of the training provided to staff. • The goal is to have 60 staff trained by the end of 2025.
GOVERNMENT DIRECTED CHANGE		
Completion of required regulatory framework components for scope expansion	• The regulatory framework and guidance for pharmacy professionals (if, applicable) for expanding scope of practice, is ready for Board decision.	• Pending direction from the Ministry, this initiative is prioritized for 2025. This metric will demonstrate progress in developing the necessary regulatory changes and establishing standards and guidance as needed to implement the Ministry's direction for scope expansion.

Dashboard Measures: Performance *(cont'd)*

Performance Measure	Formula	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY		
HUMAN RESOURCES		
% of staff engagement (overall)	• Staff survey score that is based on 11 questions related to whether staff identify with OCP's values, sees a fit with OCP's culture, whether OCP has a friendly atmosphere, whether OCP's policies and processes create a positive working environment, how OCP manages performance and encourages staff to contribute as much as possible. • The survey is conducted annually by an external organization.	• Maintain and enhance employee retention, recognition and increase satisfaction and productivity in the workplace is a 2025 Operational Plan priority. • Reporting on this metric will demonstrate the impact of the College's activities in maintaining its performance on staff feeling energized, passionate, dedicated and highly involved with their work and the organization.
% of staff engagement (inclusion)	• Staff survey score that is based on a range of questions related to whether a staff member experiences discrimination, bullying or harassment and whether a staff member experiences an inclusive environment and is comfortable being themselves at OCP. • The survey is conducted annually by an external organization.	• This metric also ties to the 2025 Operational Plan priority regarding enhanced employee retention, recognition, and increase satisfaction and productivity in the workplace. • 'Inclusion' is a critical organizational driver affecting a staff's overall engagement and speaks to the College's EDI commitment, the College will continue undertaking efforts in 2025 related to inclusion as needed to maintain its performance on this measure. • Reporting on this metric will demonstrate the impact of the College's internal HR Equity, Diversity, and Inclusion activities in maintaining an inclusive organization.

Dashboard Measures: Performance (*cont'd*)

Performance Measure	Formula	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY		
HUMAN RESOURCES		
% voluntary staff turnover	• The number of staff who left OCP voluntarily divided by the average number of employees for that quarter of the year multiplied by 100.	• This is the third metric that speaks to the 2025 Operational Plan priority regarding enhanced employee retention, recognition, and increased satisfaction and productivity in the workplace. • Generally, high turnover rates signal a problem – with the organization's culture, its compensation and benefits structure, individual managers, training and career progression paths, and more. • Replacement costs for talent include recruiting, onboarding, training, loss of productivity and, if turnover is high, a decrease in overall staff morale. • While no new specific initiatives are planned beyond the College's ongoing efforts to foster an inclusive and healthy workplace culture and to invest in staff training and development, tracking this measure will showcase the College's success in preventing high voluntary staff turnover.
INFORMATION TECHNOLOGY		
% of up-time of business-critical information systems	• Measures the percentage of network and host server availability within AGT (agreed service time), i.e., systems have been running continuously without restarting between 7 am to 7 pm, excluding scheduled maintenance.	• Provides a snapshot of the College's performance in ensuring its IT systems perform robustly and reliably, whether it is the hardware, software, network infrastructure, human factors, compliance with Service Level Agreements.

Dashboard Measures: Performance *(cont'd)*

Performance Measure	Formula	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY		
INFORMATION TECHNOLOGY		
Microsoft Secure Score	• Microsoft monitors our activity as part of our licensed MS products including MS Defender Application. MS assigns points to 4 categories; Identity, Data, Device, and Applications. They provide us with our Secure Score upon request.	• Provides the Board with and assessment of the College's overall security posture, with a higher score indicating more recommended actions taken. • Microsoft Secure Score is a measurement of an organization's security posture and how well security best practices and recommendations across the devices are implemented in an organization. The secure score shows how the overall cybersecurity strength changes over time and compares to other organizations of similar size. The most common attack vectors measured into the score are phishing and ransomware.
Implement Registrant Records System (RRS)	• The new Registrant Records System is live.	• Following the development of the College's new RRS in 2024, the focus for 2025 will be on implementing the system, which includes activities like testing, data migration, and creating guidance materials. The targeted go-live date is October 1, 2025. This metric will demonstrate the progress the College is making toward this goal (this is 2025 Operational Plan priority).
COMPLIANCE		
% of College Performance Measurement Framework (CPMF) Standards fully met	• Divide the number of CPMF standards the College met at the end of 2025 by the total number of CPMF standards multiplied by 100.	• The CPMF is a self-assessment tool that outlines expectations for regulatory excellence as defined by the Ministry and Ontario's 26 health regulatory colleges. • Meeting those standards provides the public, Ministry and other partners with the confidence that the College is well-positioned to effectively execute its mandate now and, in the future.

Dashboard Measures: Monitoring

Monitoring Measure	Formula	Rationale and Understanding this Measure
DOMAIN: REGULATORY COMPETENCE		
REGISTRATION		
% of Registrar decisions made within 30 days after receiving the complete application.	• 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 - REGISTRANTS		
% of community pharmacists who successfully passed their practice reassessments following coaching	• Percentage of community pharmacists that passed a practice reassessment following OCP administered coaching activity.	• Shows the effectiveness of coaching in improving the professional competence of identified registrants who have not been referred to the Quality Assurance Committee (QAC) after failing their routine practice assessment.
% of community pharmacists who successfully passed their practice assessment following QAC-directed remediation	• Measures the percentage of community pharmacists that passed a practice assessment following QAC-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 & community) who passed their knowledge assessment following QAC-directed remediation	• Measures the percentage of community & hospital pharmacists that passed a knowledge assessment following QAC-directed remediation.	• Demonstrates whether the QAC-ordered knowledge assessment remediation effectively enhances the clinical knowledge of high-risk registrants who failed their proctored assessment.

Dashboard Measures: Monitoring (*Cont'd*)

Monitoring Measure	Formula	Rationale and Understanding this Measure
DOMAIN: REGULATORY COMPETENCE		
QUALITY - PHARMACIES		
Average cycle time between assessments for community pharmacies in highest risk category, measured in average days	• 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.
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 includes all investigations (complaints, Registrar's Reports and Inquiries)	• This metric keeps the Board informed about whether the number of outstanding cases is increasing or decreasing, which could be influenced by various external factors. Since many of these factors are largely beyond the College's control, this should not be viewed as a performance metric with specific targets. Instead, it serves to provide the Board with a status update.
Average processing times for high and moderate risk Complaints	• This metric takes the average number of calendar days to dispose of a complaint classified as high and moderate risk.	• This metric allows the College to monitor those complaints which may have the largest impact on public safety.

Dashboard Measures: Monitoring (*Cont'd*)

Monitoring Measure	Formula	Rationale and Understanding this Measure
DOMAIN: REGULATORY COMPETENCE		
CONDUCT		
% of Complaints resolved through informal processing	• Measure the percentage of complaints resolved by an informal process instead of the full investigation and ICRC decision. It is suited as a monitoring measure as it is highly complainant-driven and avoids any potential for incentivization.	• Not all complaints require a full investigation, and not all complainants desire one. For eligible cases, resolutions provide an effective way to address concerns while minimizing the use of staff and panel resources. This approach enables the College to adopt a more risk-based and appropriate response.
% of Registrar's reports resolved through informal processing	• Measure the percentage of Registrar's reports resolved by an informal process instead of the full investigation and ICRC decision. It is suited as a monitoring measure when appropriate cases can be resolved effectively.	• Many reports (such as mandatory and self-reports) do not require a full investigation. For eligible cases, resolutions provide an effective way to address concerns while minimizing the use of staff and panel resources. This approach enables the College to adopt a more risk-based and appropriate response.
% of registrants who successfully passed the post-ICRC remediation assessment	• Divide the number of registrants who successfully pass the remediation assessment by the total number of remediation assessments ordered by the ICRC and then multiply by 100.	• For every file where the ICRC requires that the registrant undergo remediation, they also include a post remediation assessment. A successful assessment is an indicator that the registrant has addressed gaps and improved their practice.

Dashboard Measures: Monitoring (*Cont'd*)

Monitoring Measure	Formula	Rationale and Understanding this Measure
DOMAIN: REGULATORY COMPETENCE		
PUBLIC TRUST		
% Positive Media Sentiment	• The % positive media sentiment is calculated by dividing the total number of positive media stories published by the number of relevant media stories published.	• In Ontario, the pharmacy profession, like many other healthcare professions, has been granted the authority by the provincial government to regulate its members. This authority comes with the responsibility to act in a manner that promotes the public's interest. Therefore, it is essential for the public to trust that the College is prioritizing their well-being and acting in the public interest. • To effectively measure public trust, conducting a survey among Ontarians would be the gold standard, and it's something the College may consider doing in the near future. • In the short term, acknowledging its limitations, public trust can be assessed by examining positive media sentiment regarding the College.

Dashboard Measures: Monitoring *(cont'd)*

Monitoring Measure	Formula	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY		
HUMAN RESOURCES		
% of staff completing professional development activities	• Measures the % of staff that have completed a professional development training course approved by HR.	• This metric demonstrates the College's commitment to maintaining a competent workforce capable of effectively executing regulatory functions, which is critical for fulfilling the College's public protection mandate and managing organizational risk.
FINANCIAL HEALTH		
Working Capital Ratio	• Dividing the College's current liabilities from its current assets.	• This metric provides the Board with a clear understanding of the College's liquidity and ability to meet its short-term financial obligations, ensuring financial stability and operational continuity. • A working capital ratio of less than one is generally taken as indicative of potential future liquidity problems.
Months of Spending Ratio	• The quarterly ratio is calculated by the sum of current assets minus current liabilities plus temporarily restricted net assets, divided by the total expenses minus one-fourth of the depreciation expenses.	• The ratio provides the Board with a picture of the College's financial resilience and liquidity, indicating how long it can sustain operations with its current reserves during periods of revenue shortfall or unexpected expense. • It should be flagged that although calculating this metric on a quarterly basis, ideally leading to earlier detection of financial trends and allowing for more responsive decision-making, there is a risk of volatility misinterpretation.
Budget-to-actual-variance	• This metric is calculated by taking the sum of the budgeted amounts and the actual amounts from the start of the calendar year up to the end of the current quarter. Then, subtract the cumulative budgeted amount from the cumulative actual amount. The result can be positive (favorable variance) or negative (unfavorable variance).	• Informs the Board about the cumulative differences between the College's budgeted amounts and the actual financial outcomes on a quarterly basis.

Dashboard Measures: Monitoring *(cont'd)*

Monitoring Measure	Formula	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY		
FINANCIAL HEALTH		
% above/below required reserve balance	• This metric is calculated by dividing the total reserve balance by the required reserve balance. Then, subtract one from the result.	• Informs the Board of how well the College's reserves meet or exceed the required reserve balance. • It complements the Months of Spending Ratio by offering insight into whether the College's reserves are sufficient relative to its requirements.
EFFICIENCY		
Staff cost ratio	• Dividing the quarterly staff costs by the quarterly operating expenses and then multiplying the result by 100.	• This metric assesses the proportion of total revenue or operating costs allocated to staff-related expenses. Given that the College is currently operating at a deficit, the suggestion is to use operating expenses as the denominator. This approach will offer a more stable and accurate representation of the College's cost structure. If total revenue is used, the ratio may seem inflated since the revenue is less than the expenses due to the deficit.
External-to-total cost ratio	• Dividing the adjustable external costs by the total adjustable costs. Adjustable external costs are the costs that the College can potentially manage in-house.	• Shows the proportion of total costs currently paid to external providers that could feasibly be brought in-house, helping the College identify opportunities to develop internal capabilities that may reduce costs and potentially generate other benefits.

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

	Jan to Mar Budget	Jan to Mar Actual	Over (Under) Budget		% Actual to Budget	Jan to Mar Prior Year	% Actual to Prior Year	Full Year Budget	Full Year Projection	Over (Under) Budget	% Projection to Budget Year End
REVENUE											
Registrant fees											
Pharmacists	16,137,498	15,797,431	-340,067		97.89 %	15,200,170	103.93 %	16,559,695	16,559,695	-0	100.00 %
Pharmacy Technician	3,596,844	3,627,834	30,991		100.86 %	3,378,193	107.39 %	3,781,245	3,781,245	-0	100.00 %
Community Pharmacy fees	2,581,144	3,154,562	573,418	(1)	122.22 %	2,541,418	124.13 %	7,408,302	7,408,302	-0	100.00 %
Health Profession Corporation	203,081	189,267	-13,814		93.20 %	176,375	107.31 %	241,863	241,863	0	100.00 %
DPP Inspection Fees	5,540	14,774	9,234		266.67 %	7,271	203.20 %	22,160	22,160	0	100.00 %
Hospital Pharmacy Fees	631,329	659,140	27,811		104.41 %	624,277	105.58 %	1,239,266	1,239,266	0	100.00 %
Registration Fees											
Pharmacists:											
Pre-registration Fees	15,514	12,854	-2,660		82.86 %	27,063	47.50 %	62,055	62,055	0	100.00 %
Pharmacists Application Fees	22,081	16,554	-5,527		74.97 %	22,635	73.13 %	88,325	88,325	0	100.00 %
Studentship & Internship Application Fees	20,415	14,488	-5,927		70.97 %	32,606	44.43 %	81,659	81,659	0	100.00 %
Examination Fees	50,333	21,364	-28,969	(2)	42.45 %	20,875	102.34 %	161,191	161,191	0	100.00 %
	108,342	65,260	-43,083		60.23 %	103,179	63.25 %	393,229	393,229	0	100.00 %
Pharmacy Technicians:											
Pre-registration Fees	63,163	39,456	-23,707	(3)	62.47 %	41,008	96.22 %	252,653	252,653	0	100.00 %
PT Application Fees	29,997	26,444	-3,553		88.15 %	12,466	212.13 %	119,988	119,988	0	100.00 %
Examination Fees	49,549	32,832	-16,717	(4)	66.26 %	23,085	142.22 %	120,000	120,000	0	100.00 %
	142,709	98,731	-43,978		69.18 %	76,559	128.96 %	492,641	492,641	0	100.00 %
Registration Fee to Lift Suspension	1,667	0	-1,667		0.00 %	0	0.00 %	6,666	6,666	0	100.00 %
PACE Reassessment Fee - Pharmacists	891	1,256	365		141.01 %	1,163	108.00 %	3,564	3,564	0	100.00 %
Total Registration Fees and Income	253,609	165,248	-88,361		65.16 %	180,900	91.35 %	896,099	896,099	0	100.00 %
Investment and Other Revenue											
Discipline Costs Recoveries	87,500	46,000	-41,500	(5)	52.57 %	302,836	15.19 %	350,000	350,000	0	100.00 %
Investment Income	142,208	219,646	77,439	(6)	154.45 %	362,243	60.64 %	568,831	568,831	0	100.00 %
	229,708	265,646	35,939		115.65 %	665,079	39.94 %	918,831	918,831	0	100.00 %
TOTAL REVENUE	23,638,753	23,873,903	235,150		100.99 %	22,773,683	104.83 %	31,067,461	31,067,461	-0	100.00 %

ONTARIO COLLEGE OF PHARMACISTS
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	Jan to Mar Budget	Jan to Mar Actual	Over (Under) Budget		% Actual to Budget	Jan to Mar Prior Year	% Actual to Prior Year	Full Year Budget	Full Year Projection	Over (Under) Budget	% Projection to Budget Year End
EXPENDITURES:											
Board & Committee Expenses											
Board	105,896	9,690	-96,206	(7)	9.15 %	20,648	46.93 %	423,585	423,585	0	100.00 %
Committees:											
Accreditation	1,776	3,190	1,414		179.59 %	628	507.81 %	7,105	7,105	0	100.00 %
Discipline	118,256	101,783	-16,473		86.07 %	93,430	108.94 %	473,026	473,026	-0	100.00 %
Drug Preparation Premises	761	0	-761		0.00 %	48	0.00 %	3,045	3,045	0	100.00 %
Executive	21,090	37,486	16,396	(8)	177.74 %	447	8,390.34 %	84,360	114,360	30,000	135.56 %
Finance & Audit	3,081	1,160	-1,921		37.65 %	1,178	98.49 %	12,325	12,325	0	100.00 %
Fitness to Practise	4,071	0	-4,071		0.00 %	16	0.00 %	16,283	16,283	-0	100.00 %
Governance and Screening Committees	7,613	16,425	8,813		215.76 %	1,944	845.05 %	30,450	30,450	0	100.00 %
Inquiries, Complaints & Reports	26,389	23,780	-2,609		90.11 %	21,137	112.50 %	105,558	105,558	0	100.00 %
Patient Relations	6,891	5,280	-1,611		76.62 %	3,794	139.15 %	27,565	27,565	0	100.00 %
Quality Assurance	4,700	1,015	-3,685		21.60 %	858	118.26 %	18,800	18,800	0	100.00 %
Registration	6,271	4,133	-2,138		65.91 %	3,544	116.63 %	25,085	25,085	0	100.00 %
Total Committee	200,900	194,252	-6,648		96.69 %	127,024	152.92 %	803,601	833,601	30,000	103.73 %
Total Board and Committee	306,796	203,942	-102,854		66.47 %	147,673	138.10 %	1,227,186	1,257,186	30,000	102.44 %
Personnel											
Salaries	4,511,058	4,434,194	-76,865		98.30 %	4,250,016	104.33 %	20,232,094	18,930,151	-1,301,943	93.56 %
Benefits	960,325	1,000,338	40,012		104.17 %	950,411	105.25 %	4,120,288	4,120,288	0	100.00 %
Personnel - Other	159,575	107,334	-52,240	(9)	67.26 %	159,470	67.31 %	638,299	638,299	0	100.00 %
Total Personnel	5,630,958	5,541,866	-89,093		98.42 %	5,359,897	103.40 %	24,990,681	23,688,738	-1,301,943	94.79 %

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

	Jan to Mar Budget	Jan to Mar Actual	Over (Under) Budget		% Actual to Budget	Jan to Mar Prior Year	% Actual to Prior Year	Full Year Budget	Full Year Projection	Over (Under) Budget	% Projection to Budget Year End
Regulatory Programs											
Association Fees - NAPRA	38,424	38,424	0		100.00 %	36,595	105.00 %	153,696	153,696	0	100.00 %
Communication Initiatives	17,500	4,122	-13,378	(10)	23.55 %	40,792	10.11 %	70,000	70,000	0	100.00 %
Consulting - Regulatory	0	0	0		0.00 %	0	0.00 %	0	0	0	0.00 %
Donations, Contributions and Grants	0	0	0		0.00 %	0	0.00 %	0	0	0	0.00 %
DPP Inspection	0	0	0		0.00 %	0	0.00 %	0	0	0	0.00 %
Election	1,625	0	-1,625		0.00 %	0	0.00 %	6,500	6,500	0	100.00 %
Examinations, Certificates and Registrations	79,217	75,525	-3,691		95.34 %	64,052	117.91 %	316,866	316,866	0	100.00 %
Government Relations	0	0	0		0.00 %	0	0.00 %	0	0	0	0.00 %
HIP / Investigation / Intake	20,500	3,272	-17,228	(11)	15.96 %	2,504	130.68 %	82,000	82,000	0	100.00 %
Legal Conduct - External	333,750	292,024	-41,726		87.50 %	320,216	91.20 %	1,335,000	1,335,000	0	100.00 %
Legal - Regulatory	0	-785	-785		0.00 %	134	-588.01 %	0	0	0	0.00 %
Practice Assessment of Competence at Entry	25,280	27,445	2,165		108.56 %	21,530	127.47 %	101,120	101,120	0	100.00 %
Practice Initiatives	32,453	1,305	-31,148	(12)	4.02 %	955	136.64 %	129,810	129,810	0	100.00 %
Medication Safety Programs	361,666	346,204	-15,462		95.72 %	334,906	103.37 %	1,446,665	1,446,665	0	100.00 %
Professional Development / Remediation	850	0	-850		0.00 %	0	0.00 %	3,400	3,400	0	100.00 %
Professional Health Program	26,892	23,605	-3,287		87.78 %	25,638	92.07 %	107,568	107,568	0	100.00 %
Quality Assurance	45,224	31,674	-13,549	(13)	70.04 %	38,311	82.68 %	180,894	180,894	0	100.00 %
Total Regulatory Programs	983,380	842,815	-140,565		85.71 %	885,632	95.17 %	3,933,519	3,933,519	0	100.00 %

ONTARIO COLLEGE OF PHARMACISTS
Statement of Operations
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	Jan to Mar Budget	Jan to Mar Actual	Over (Under) Budget		% Actual to Budget	Jan to Mar Prior Year	% Actual to Prior Year	Full Year Budget	Full Year Projection	Over (Under) Budget	% Projection to Budget Year End
Operations											
Association Fees - General	5,000	1,548	-3,452		30.95 %	12,590	12.29 %	20,000	20,000	0	100.00 %
Audit	7,534	16,940	9,406		224.85 %	0	0.00 %	30,135	30,135	0	100.00 %
Bank / Credit Card Charges	457,725	446,212	-11,513		97.48 %	442,062	100.94 %	669,300	669,300	0	100.00 %
Consulting - Operations	42,000	16,771	-25,229	(14)	39.93 %	281,691	5.95 %	168,000	168,000	0	100.00 %
Courier / Delivery	1,906	588	-1,318		30.84 %	608	96.74 %	7,625	7,625	0	100.00 %
Donations & Contributions - Other	0	0	0		0.00 %	0	0.00 %	0	0	0	0.00 %
Information Systems Leasing and Maintenance	242,102	220,214	-21,888		90.96 %	169,633	129.82 %	968,406	968,406	0	100.00 %
Insurance - E & O	14,750	3,771	-10,979	(15)	25.56 %	1,962	192.17 %	59,000	59,000	0	100.00 %
Legal - Operations	2,500	4,246	1,746		169.85 %	0	0.00 %	10,000	10,000	0	100.00 %
Niagara Apothecary											
Expenses	14,048	9,491	-4,557		67.56 %	5,520	171.93 %	56,190	56,190	0	100.00 %
Sales, Grants and Donations	-6,750	0	6,750		0.00 %	0	0.00 %	-27,000	-27,000	0	100.00 %
Office Services - Equipment Leasing & Maintenance	3,750	3,557	-193		94.86 %	3,307	107.56 %	15,000	15,000	0	100.00 %
Postage	1,025	275	-750		26.85 %	976	28.19 %	4,100	4,100	0	100.00 %
Property											
Expenses	68,016	65,142	-2,874		95.77 %	61,382	106.13 %	272,063	272,063	0	100.00 %
Rental Income	0	0	0		0.00 %	0	0.00 %	0	0	0	0.00 %
Publications (Annual Report & Pharmacy Connection)	2,750	1,510	-1,240		54.90 %	1,539	98.08 %	11,000	11,000	0	100.00 %
Subscriptions	17,238	15,437	-1,802		89.55 %	16,129	95.71 %	68,953	68,953	0	100.00 %
Supplies and stationery	5,522	7,492	1,971		135.69 %	1,803	415.57 %	22,086	22,086	0	100.00 %
Telecommunications	68,175	49,823	-18,352	(16)	73.08 %	54,381	91.62 %	272,701	272,701	0	100.00 %
Travel	91,053	55,190	-35,863	(17)	60.61 %	57,645	95.74 %	364,212	364,212	0	100.00 %
Total Operations	1,038,343	918,205	-120,138		88.43 %	1,111,228	82.63 %	2,991,771	2,991,771	0	100.00 %
TOTAL CASH EXPENDITURES	7,959,478	7,506,828	-452,649		94.31 %	7,504,430	100.03 %	33,143,158	31,871,215	-1,271,943	96.16 %
EXCESS OF REVENUE OVER EXPENSES BEFORE CAPITAL EXPENDITURES	15,679,276	16,367,075	687,799		104.39 %	15,269,253	107.19 %	-2,075,697	-803,753	1,271,943	38.72 %
Deduct: Capital Expenditures	-275,475	-74,159	201,316	(18)	26.92 %	-1,000	7,415.87 %	-1,101,900	-1,101,900	0	100.00 %
EXCESS OF REVENUE OVER EXPENSES AFTER CAPITAL EXPENDITURES	15,403,801	16,292,916	889,115		105.77 %	15,268,253	106.71 %	-3,177,597	-1,905,653	1,271,943	59.97 %
EXCESS OF REVENUE OVER EXPENSES BEFORE AMORTIZATION		16,367,075				15,269,253	107.19 %				
Deduct: Amortization		0				-358	0.00 %				
EXCESS OF REVENUE OVER EXPENSES AFTER AMORTIZATION*		16,367,075				15,268,895	107.19 %				

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

Notes on Statement :

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

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

- Salaries and benefits are based on actual pay periods (6 pay periods in Q1)

	Jan to Mar Budget	Jan to Mar Actual	Over/ (Under) Budget		Comments
REVENUE					
Registrant fees					
Community Pharmacy fees	2,581,144	3,154,562	573,418	(1)	Accreditation renewals were made available in late March, earlier than anticipated.
Registration Fees					
Pharmacists:					
Examination Fees	50,333	21,364	-28,969	(2)	Lower volume of test takers for February exam. Can expect higher volume of registrants taking the June and October examinations.
Pharmacy Technicians:					
Pre-registration Fees	63,163	39,456	-23,707	(3)	More registrations occur after graduations in the spring and fall months.
Examination Fees	49,549	32,832	-16,717	(4)	More registrants write the jurisprudence examination in June and October.
Investment and Other Revenue					
Discipline Costs Recoveries	87,500	46,000	-41,500	(5)	Fewer contested cases, which typically result in higher recoveries, were resolved in the first quarter.
Investment Income	142,208	219,646	77,439	(6)	More investment income earned on higher cash balances as a result of renewals.
EXPENDITURES:					
Board & Committee Expenses					
Board	105,896	9,690	-96,206	(7)	Board training and more in person meetings planned for later in the year.
Committees:					
Executive	21,090	37,486	16,396	(8)	Some unanticipated legal costs incurred; expected to be over budget in this area.
Personnel					
Personnel - Other	159,575	107,334	-52,240	(9)	Staff activities and professional development conferences to occur closer to mid-year and later.
Regulatory Programs					
Communication Initiatives	17,500	4,122	-13,378	(10)	Initiatives will be carried out in the latter half of 2025.
HIP / Investigation / Intake	20,500	3,272	-17,228	(11)	Less resources required in the first quarter.
Practice Initiatives	32,453	1,305	-31,148	(12)	Policy Initiatives planned for later in the year.
Quality Assurance	45,224	31,674	-13,549	(13)	Costs pertaining to testing and coaching expected to increase from Q2.
Operations					
Consulting - Operations	42,000	16,771	-25,229	(14)	Includes support for new RRS following implementation, which is planned in Q2.
Insurance - E & O	14,750	3,771	-10,979	(15)	Cyber insurance enrollment began in March, delaying the expenditure by two months.
Telecommunications	68,175	49,823	-18,352	(16)	Fewer internet expense submissions for reimbursement in Q1.
Travel	91,053	55,190	-35,863	(17)	More travel for operational assessments to occur in the summer.
Capital Expenditures	275,475	74,159	-201,316	(18)	Capital improvements to the boardroom to commence in May.

Investments as of March 31, 2025

	Date Invested	Original Investment	Maturity Date	Balance as of 2024-12-31	Q1 New Investment	Q1 Matured GIC to Cash	Q1 Change in Market value	Balance as of 2025-03-31	Purpose
Business Premium Savings Account (BPSA)				1,591,613			0	1,520,943	Fund to cover operating expenses in the current fiscal year
Short term investment 365 days @5.12%, redeemable before maturity	2024-02-13	4,000,000	2025-02-11	4,000,000		-4,000,000		0	
Short term investment 365 days @4.96%, redeemable before maturity	2024-03-14	9,900,000	2025-03-13	4,400,000		-4,400,000		0	
Short term investment 12 months @3.55%, not redeemable before maturity	2024-12-17	5,000,000	2025-12-17	5,000,000				5,000,000	Short-term investments for Reserve Funds
Short term investment 365 days @2.90%, redeemable before maturity	2024-12-17	2,000,000	2025-12-16	2,000,000				2,000,000	
Short term investment 365 days @2.60%, redeemable before maturity	2025-02-13	7,000,000	2026-02-12	0	7,000,000			7,000,000	
Short term investment 365 days @2.60%, redeemable before maturity	2025-03-13	16,000,000	2026-03-12	0	16,000,000			16,000,000	
Managed investments (Cash, short-term, fixed income, and equities)	2024-01-06	3,000,000	N/A	3,207,627			19,491	3,227,118	Short and long-term investments for Reserve Funds
Total				**20,199,240**	**23,000,000**	**-8,400,000**	**19,491**	**34,748,061**	

Reserve Funds as of March 31, 2025

	Description	Balance as of 2024-12-31	Balance as of 2025-03-31	Policy Expectation
Investigations and Hearings Reserve Fund	Designated to cover external legal costs for the conduct of inquiries, discipline hearings, fitness to practice hearings and appeals which exceed annual budget provisions for those activities.	1,100,000	1,100,000	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.	9,900,000	9,900,000	Not less than 4 months of operating expenses
Total		**11,000,000**	**11,000,000**	

BOARD BRIEFING NOTE
MEETING DATE: June 9, 2025

FOR INFORMATION

From: Thomas Custer, Acting CEO

Topic: 2025 Mid-Year Risk Report

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

Public interest rationale: Systematically identifying, assessing, and addressing major organizational 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 applies a proactive and structured approach to organizational risk management. This approach includes:
  - **Risk Register:** Identifies, analyzes, and manages potential threats affecting the College's business processes that could impede fulfillment of the College's statutory mandate and strategic and operational objectives.
  - **Continuous Review:** Emerging risks are reviewed throughout the year and work effort is prioritized to mitigate top risks.
  - **Board Oversight:** As outlined in Board Policy 4.4, the Board assesses and confirms the risk tolerance levels and evaluates the College's response to key risks. Staff provides twice-yearly updates (June and December) to the Board on identified risks and progress in managing them.
- Key developments in the College's risk management approach:
  - **2022:** The Board approved the College's Risk Appetite statements and corresponding ratings for seven outcomes or risk categories, establishing the level of risk it is willing to accept before requiring mitigating action.
  - **2025:** Staff are in the process of revising the College's risk management policy (applicable to all employees and Board members) and the College's risk register to strengthen the identification and management of risks.

Analysis:

Current Risks

- Revising the risk register and reassessing the risks resulted in 31 active risks across five of the seven College's risk categories (Public Protection, Financial Health and Stability, Integrity, Regulatory Compliance, Respectful Relationships with Registrants). This represents an increase of 27 active risks from the previous reporting period.

- Currently, of the 31 active risks, 6 risks exceeded or were at the limit of the College's risk appetite.

Risk Title	Status	Rating	Risk Appetite
Public Protection			
1. Cyberattacks on OCP information, data, and financial assets	Ongoing	Medium	Exceeds
2. IT Infrastructure Disruption/Failure	Ongoing	Medium	At Limit
3. Policy Review Backlog	New	Low	At Limit
4. DPP Manufacturing Scope Exceeds Regulatory Oversight	New	High	Exceeds
Financial Health and Stability			
5. Sustained Operating Deficit	New	Medium	At Limit
6. Absence of External Reporting Line for Fraud and Errors	New	Medium	At Limit

- Despite the College's ongoing work to reduce the risk, **cyberattacks and IT infrastructure disruption** continue to exceed/remain at the College's risk appetite due to the impact on the College's ability to protect the public if an attack or major IT infrastructure happens.
    - **Cyberattacks:** Comprehensive cybersecurity enhancements have been and continue to be implemented, including ongoing staff training, strengthened IT controls, continued remediation of risks identified in last year's third-party assessments, and regular tabletop exercises to test and refine our incident response capabilities. Emergency response and cyber incident response plans are currently being updated and strengthened.
    - **IT infrastructure disruption:** The execution of the Technology Roadmap continues to be underway, including phased cloud migration, infrastructure modernization to enhance stability and collaboration, and the planned transition of the Registrant Records System to a new platform by October 2025.
- The risk of a **policy review backlog** has been added to the risk register and is currently within the College's risk appetite. While the backlog – driven by competing priorities – may limit responsiveness to evolving practices and regulations, the likelihood and impact on public protection are considered low. However, given the Board's low tolerance for public protection risks, even low probability, low-impact risks remain at the threshold of risk appetite.

  To reduce this risk, a 3-phase policy consolidation plan is already well underway, and progress is being made, with defined responsibilities and timelines, aiming to reduce the number of policies from 61 to 42 and review up to 16 policies for Board decision by year-end. This work is already aligned with priorities under Strategic Goal #2.
- The risk of **Drug Preparation Premises (DPPs)** operating beyond regulatory oversight has been added to the risk register and is outside the Board's risk appetite. The College lacks jurisdiction over activities which are considered manufacturing and the resulting domestic and international distribution. This poses potentially major risks to public health. The issue is at the jurisdictional intersection between OCP and Health Canada and the legislative framework underpinning the issues involved is poor and underdeveloped. Staff assess the likelihood as possible and the impact as major.
- The College is projected to run a **deficit** in 2025, with earlier forecasts extending the shortfall through 2030. However, a financial recovery plan has been developed to return to a healthy position by 2026. While the plan is underway, staff assess the risk as at appetite, pending actual achievement of financial recovery.
- The Auditor recommended establishing an external**, unbiased whistleblower reporting line** to ensure staff feel safe reporting potential fraud or errors. While internal controls exist, the risk remains and could have a major impact. As a precaution, staff have rated this risk at appetite due to the absence of an independent reporting mechanism. The College is exploring options on how best to address this risk.

- The 2024 End-of-Year Risk Report included the risk of failure to resource core regulatory functions to meet public mandate and regulatory functions. Although still a risk the College will continue to monitor, College staff deems it currently within the Board's risk appetite.

Emerging Risks

- College staff have identified the use of artificial intelligence (AI) by registrants as a significant emerging risk with multiple dimensions:
    - **Assessment Integrity:** AI may be used during knowledge assessment exams (Jurisprudence, Ethics and Professionalism and Practice Assessment of Competence at Entry), potentially undermining test-taking integrity.
    - **Practice Assessment Validity:** AI tools could impact the validity of practice assessments.
    - **Pharmacy Professional Practice Application:** The use of AI in pharmacy professionals' practice raises concerns spanning ethical, legal, and clinical domains that may require College guidance.
- College staff is actively investigating this risk and may add it to the register with appropriate mitigation strategies in the future.

Next steps:

- Finalize updates to the College's Risk Management policy and bring to the Board in fall 2025 for discussion, including a recommendation for reviewing and updating the risk appetite statements.
- Continue monitoring emerging risks, implementation and evaluation of identified risk mitigation strategies.

Appendix 1: College-wide Risk Appetite Statements & Rating

Table 1: Risk Outcomes (Categories) and Corresponding Risk Appetite Statements

Outcome	Description	Risk Appetite Statement
Public Protection	Risks that could impact the safety of pharmacy patients and public health, including inadequate oversight of practitioners, failure to address complaints effectively, and IT system failures or cyberattacks that impact OCP's ability to execute its mandate.	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	Risks that could damage OCP's reputation, including public perception, media coverage, and stakeholder trust.	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	Risks related to non-compliance with the *Regulated Health Professions Act*, 1991 (RHPA) and other applicable legislative and regulatory requirement and ministry direction. This includes ensuring IT systems are secure and data handling practices meet legislative requirements.	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	Risks that could impact OCP's ability to attract, retain, and engage a high-performing workforce, including staff morale, turnover, and capacity to meet strategic and operational goals.	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	Risks related to financial management, such as budget constraints, funding issues, and financial mismanagement.	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.

Outcome	Description	Risk Appetite Statement
Respectful Relationships with registrants	Risks related to having a positive relationship with pharmacists and pharmacy technicians.	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	Risks related to having strong relationships with the public and a wide range of system partners in the professional regulation, governmental and pharmacy sectors.	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.

Table 2: Overall Rating Legend

Rating	Philosophy	Tolerance for Uncertainty	Choice	Trade-Off
5 Open	Will take justified risks	Fully anticipated	Will choose option with highest return; accept the possibility of failure	Willing
4 Flexible	Will take strongly justified risks	Expect some	Will choose to put at risk, but will manage impact	Willing under right conditions
3 Cautious	Preference for safe delivery	Limited	Will accept if limited, and heavily outweighed by benefits	Prefer to avoid
2 Minimalist	Extremely conservative	Low	Will accept only if essential and limited possibility/extent of failure	With extreme reluctance
1 Averse	"Sacred" – Avoidance of risk is a core objective	Extremely low	Will select the lowest risk option, always	Never

Table 3: Board Ratings of Risk Appetite Outcome Domains (1 = Risk Adverse, 5 = Open to Justified Risk)

Outcome Domain	Score
Public protection	**1.5** – Averse to Minimalist
Integrity	**1.5** – Averse to Minimalist
Regulatory Compliance	**2.5** – Minimalist to Cautious
Optimized People & Culture	**2.5** – Minimalist to Cautious
Financial Health & Stability	**3** – Cautious
Respectful Relationships With Registrants	**3.5** – Cautious to Flexible

Outcome Domain	Score
Collaborative Stakeholder Relationships	**4** – Flexible

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BOARD BRIEFING NOTE
MEETING DATE: **June 9, 2025**

FOR DECISION

From: Wilfred Steer, Chair, Finance and Audit Committee

Topic: Proposed amendments to the Remuneration Policy and Summary of Allowable Expenses

Issue/Description: Seeking approval of proposed amendments to the Remuneration Policy and Summary of Allowable Expenses. The amendments seek to enhance clarity and useability.

Public interest rationale: To attract and retain competent elected board directors and committee appointees, 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 that the policy is clear, processes are efficient, and elected board directors and committee appointees are provided with timely remuneration and reimbursement for expenses related to serving in the public interest.

Background:

- The Board of Directors approved the Remuneration Policy and Summary of Allowable Expenses in March 2020.
- The policy outlines 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 in June 2022, led to amendments in rates for mileage, meals and the addition of an exceptional circumstances provision.
- Further amendments were made in December 2022, to align per diem honoraria rates with the Consumer Price Index (CPI).
- In September 2024, the College implemented a streamlined remuneration claims process.
- Minor housekeeping updates were made in December 2024, with a comprehensive review planned for spring 2025.
- Board Policies 4.8 and 4.10 outline the approval process for remuneration and expenses for elected board directors, committee appointees, and the board chair paid by the College. Policy 4.10 further clarifies that the board chair, or vice chair when acting in the chair's capacity, may claim expenses for chair duties beyond those associated with College meetings, along with the respective approval process.
- At the May 2025 FAC meeting, the Committee was provided with an environmental scan and benchmarking analysis for consideration involving detailed responses from 17 Ontario regulatory colleges. Following discussion, the Committee agreed to revisit the results of the environmental scan/benchmarking analysis at a future date.

Analysis:

Housekeeping Updates

- Following the minor housekeeping updates in December 2024, College staff identified additional areas needing clarification. This was due to evolving practices and responsibilities of hearings, as well as questions received from Board/Committee members that were not fully addressed in December.
- Furthermore, staff felt that the policy could benefit from being more streamlined to make it easier for members and staff to apply the remuneration and expenses policy.

Recommendations:

- The revised remuneration policy introduces several key changes aimed at clarifying and standardizing compensation practices for committee members. These changes include:
    - *Deliberation*: Explicit reimbursement for Fitness to Practice (FTP) Committee members participating in meetings to deliberate on written materials or conduct oral hearings.
    - *Preparation Time*: Standardization of reimbursement for preparation time before uncontested hearings and codifying maximum per diems for contested hearings. The original policy processed these under "exceptional circumstances."
    - *Inclusion of FTP Committee Hearings and Pre-Hearing Conferences (PHCs)*: Addition of FTP Committee Hearings and Pre-Hearing Conferences to the relevant hearing category for reimbursement.
    - *Presiding Officer Compensation*: Clear guidelines for compensating Presiding Officers for preparation time before pre-hearing and case management conferences.
    - *Decision Writing*: Compensation for panel members responsible for drafting, finalizing, or reviewing written decisions was made more explicit.
    - *Cancellation*: Removal of restrictions on claiming cancellation per diem if remunerated from another source.
    - *Miscellaneous*: Clarification that:
        - There is no compensation for travel time.
        - There are no stipends for the Board Chair, Vice Chair or the Chair of any of the statutory and standing committees.
        - There is no valet parking.
        - Expense claims need to be submitted within 5 business days and late claims will not be accepted later than 2 weeks after the end of each quarter.
        - While discretion and reasonableness must be used when purchasing meals, the total daily meal cost must not exceed the maximum reimbursement rate, even if individual meal costs exceed the suggested per-meal guidelines.
- These changes aim to ensure fair and consistent remuneration practices, reflecting the evolution of hearings practices and responsibilities of those committee members.
- The Finance and Audit Committee agreed to recommend the proposed housekeeping changes to the Board at the June 2025 meeting.

Motion:

THAT the Board of Directors approve the proposed amendments to the Remuneration Policy and Summary of Allowable Expenses.

Attachments:

7.1 - Proposed revised Remuneration Policy and Summary of Allowable Expenses
7.2 - Redline version Remuneration Policy and Summary of Allowable Expenses
7.3 - January 2025 Remuneration Policy and Summary of Allowable Expenses

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Remuneration Policy & Summary of Allowable Expenses

REVISED DRAFT

June 2025

Table of Contents

Policy	Remuneration Policy & Summary of Allowable Expenses
Date Created	March, 2020
Date Last Revised	December, 2024
Next Review Date	June, 2027

Purpose

This policy clarifies the remuneration per diem rate for Board Directors and committee appointees conducting College business and outlines the reimbursement process for eligible expenses. A schedule of per diem and reimbursement limits is provided at the start of each Board year and/or with any amendments.

Application

1. **This Remuneration Policy ("Policy") applies to:**
    - **Elected Board Directors**: Individuals elected to the Board of Directors at the Ontario College of Pharmacists (OCP).
    - **Committee Appointees**: Professional committee appointees (registrants) and lay committee appointees (non-registrants) appointed by the Board of Directors to any 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 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.

2. **Effective date:**

    This Policy, effective [TBD], replaces all previous reimbursement practices and may change by OCP Board resolution. Supplementary statements, guidelines, or amendments may be issued.

Procedure

3. **Remuneration per diem rate:**

- A per diem is the amount payable for conducting formal College business (e.g. attending a meeting or hearing) and is generally based on seven hours of work.
- Elected and appointed Board and committee members are entitled to the following remuneration:

Role	2025 Per Diem Rate
- Elected Members of Board of Directors - Committee Appointees	$290

- Annually, the per diem rate will be adjusted by a percentage increase, if any, rounded to the nearest $5.00, based on the consumer price index for goods and services in Canada as published by Statistics Canada.
- Remuneration should only be claimed for actual time spent on College activities:
  - If the work is 3 hours or less, half of the established per diem rate will be paid.
  - If multiple activities (e.g., preparation and meeting attendance) are completed within 3 hours or less, claim a single half-day per diem and detail the activities in the comments section of the claim form.
- Only one (1) per diem is payable per calendar day.
- Remuneration may be claimed for the activities listed below:

Board/Committee	**Meeting Attendance**	**Preparation**	**Decision Writing/Review**	**Deliberation**
	Staff submits claim	*Individual claims*	*Individual claims*	*Staff submits claim*
Board of Directors	✓	✓		
Inquiries, Complaints & Reports Committee	✓	✓		
Executive Committee	✓	✓		
Fitness to Practise Committee	✓	✓	✓	✓
Patients Relations Committee	✓	✓		
Quality Assurance Committee	✓	✓		
Registration Committee	✓	✓		
Accreditation Committee	✓	✓		

Board/Committee	Meeting Attendance	Preparation	Decision Writing/Review	Deliberation
	Staff submits claim	*Individual claims*	*Individual claims*	*Staff submits claim*
Discipline Committee Meetings	✓	✓		
Discipline Committee Hearings	✓	✓	✓	✓
Standing Committees[1]	✓	✓		
Ad hoc (Special) Committees & all other meetings (task forces, working groups)	✓			
Conferences & Training	✓			

- Exceptions may apply; please see section nine (9) of this policy or the Board policy 4.10 (Approval of Board Chair Remuneration and Expenses).

4. Meeting attendance and deliberation:

- Per diem payments for attendance at meetings[2] are based on the **scheduled** meeting duration as follows (only one per diem can be paid for a calendar day):

Scheduled Meeting Time	Per Diem
Up to 3 hours	0.5 per diem
More than 3 hours	1 per diem

- Where a single day **proceeding concludes earlier than scheduled**, Board/ committee/panel members may be remunerated equal to the scheduled duration.
- **Staff will submit an attendance register for meetings** held by the Board or committees, including for meetings to deliberate following the completion of statutory hearings of the Discipline Committee or Fitness to Practise (FTP) Committee.
- A **deliberation attendance register** will only be submitted by staff if the panel of the Discipline or FTP Committee is required to schedule additional meeting time on a different day to complete the statutory

[1] Drug Preparation Premises Committee, Finance and Audit Committee, Governance Committee, Screening Committee

[2] Including College organized "lunch and learns."

hearing process (e.g., due to the length of the hearing day or need to review complex and lengthy evidence or submissions).

Activity	Deliberation Remuneration
Deliberation following a DC or FTP Contested Hearing	Up to a maximum of 2 per diems per matter - 1 per diem for the liability phase - 1 per diem for the order phase

5. Meeting Cancellations:

- Remuneration is generally contingent upon attendance for College business. The College acknowledges that individuals may occasionally lose income due to short notice cancellations or adjournments of meetings or hearings. While efforts are made to mitigate such situations, full compensation for all income loss and inconvenience is not guaranteed.
- If an individual is requested to **attend** a College meeting or statutory committee hearing, for which a per diem is normally payable, and the College cancels it, the individual may request remuneration as outlined below.
- In general, if an individual has **prepared** for a meeting or other matter that is cancelled, they may request payment for preparation time for either the originally scheduled date or the rescheduled date, but not both, if the matter is rescheduled within 30 days of the original cancellation.

Meeting	Conditions of Cancellation	Allowable Claim for Cancellation
Board of Directors Meetings	• Meeting cancelled 3 or less business days prior to the scheduled start date	Up to 1 per diem
Statutory and Standing Committees[3] *except* Discipline Committee and FTP Committee Hearings and Pre-Hearing Conferences	• Formal notice of meeting issued by College; and • Meeting cancelled 3 or less business days prior to the scheduled start date	Up to 1 per diem

[3] Accreditation Committee, Executive Committee, Patient Relations Committee, Quality Assurance Committee, Registration Committee, Drug Preparation Premises Committee, Finance and Audit Committee, Governance Committee, Screening Committee

Meeting	Conditions of Cancellation	Allowable Claim for Cancellation
Discipline Committee and FTP Committee Hearings and Pre-Hearing Conferences (PHC)	• The committee member was appointed by the Committee Chair to the hearing panel or as the PHC presiding officer; and • Hearing or PHC cancelled three (3) or less business days prior to the scheduled start date	Up to 1 per diem for a cancelled hearing 0.5 per diem for a cancelled PHC
	• Hearing or PHC adjourned in-process, and no other business can be substituted	The per diem that would have been payable for the adjourned day If a multi-day hearing was scheduled, up to 1 additional per diem
Ad hoc (Special) Committees & all other meetings (task forces, working groups)	• Not applicable	No claim allowed

- Individuals who have made unchangeable travel arrangements and incurred non-refundable travel costs will be reimbursed for their out-of-pocket expenses.
- Cancellation claims will not be submitted by staff; individual claims are required.
- In cases where a hearing or review is adjourned to a later date to secure or review new information or submissions, requesting additional preparation time may be appropriate. Such requests must be accompanied by a written explanation.

6. Decision Writing/Review:

- To support effective decision writing, the College may compensate individuals for decision writing for adjudicative committees or panels addressing professional misconduct, proprietary misconduct, incompetence, or incapacity.
- Eligibility for remuneration:
    - Individuals assigned to statutorily mandated committees[4] to adjudicate matters related to professional misconduct, incompetence, or incapacity of College registrants; **and**
    - Individuals appointed to the panel by the Committee Chair who are responsible for drafting the committee's decision or reviewing the written decision.

[4] Discipline Committee, Fitness to Practise Committee and Registration Committee.

- Remuneration is not available for drafting or typing committee reports or minutes, 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 remuneration for decision writing and review time as applicable:

Decision Writing/Review Remuneration			
Discipline/FTP Activity	**Uncontested Hearing**	**Contested Hearing**	
		Finding Phase	**Order Phase**
Drafting and Finalizing Decision	Up to 2 per diems	Up to 5 per diems	Up to 5 per diems
Reviewing Decision	0.5 per diem	Up to 1 per diem	Up to 1 per diem

- From time to time, the Governance Committee and/or Executive Committee (standing committees) may be required to consider concerns and/or possible breaches of code of conduct. Remuneration for decision writing/review to be considered in exceptional circumstances on a case-by-case basis by the Director, Corporate Services. If deemed necessary, approval from the Chair of the Finance and Audit Committee will also be sought.
- Remuneration for ICRC decision review will not generally be considered. Decision review time will only be considered in exceptional circumstances on a case-by-case basis by the Director, Corporate Services. If deemed necessary, approval from the Chair of the Finance and Audit Committee will also be sought.

7. Preparation Time:

- Board Directors and committee appointees are expected to be fully prepared for College business. While payment for preparation time is not an entitlement, the College acknowledges that additional preparation may be required for multi-day meetings, highly specialized technical information, or hearings by members of a Discipline Committee or FTP Committee panel.

- Board of Directors:

Meeting Duration	**Preparation Remuneration**
For each scheduled half-day meeting (up to 3 hours)	0.5 per diem
For each scheduled full-day meeting (greater than 3 hours)	Up to 1 per diem

- Inquiries, Complaints and Reports Committee (ICRC):

Inquiries, Complaints and Reports Considered per Meeting	**Preparation Remuneration**
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 and Fitness to Practise Committee Hearings and Pre-Hearings Conferences:

Activity	**Preparation Remuneration**
Discipline Committee or FTP Committee Panel	
Single day uncontested hearing	Up to 1 per diem
Multi-day contested hearing	Up to 2 per diems - 1 per diem for finding phase - 1 per diem for order phase
Deliberation following multi-day contested hearing	Up to 2 per diems - 1 per diem for deliberation following findings phase - 1 per diem for deliberation for order phase
Presiding Officer for Pre-Hearing or Case Management Conference	
- First conference held on the matter	1 per diem
- Subsequent conferences held on the matter	0.5 per diem

- Other statutory and standing committees[5]:

Meeting Duration	**Preparation Remuneration**
For each scheduled half-day meeting (up to 3 hours)	0.5 per diem
For each scheduled full-day meeting (greater than 3 hours)	Up to 1 per diem

8. Electronic Meetings:

- Attendees at electronic meetings of the Board of Directors, committees, or those representing the College on official business will receive an attendance per diem based on the applicable rate.
- No expenses (e.g., meals) beyond the per diem remuneration may be claimed for electronic meetings. Any meeting-specific costs incurred (e.g., personal long-distance telephone or internet charges) may be reimbursable by the College on a case-by-case basis with the required documentation by the Director, Corporate Services.

[5] Accreditation Committee, Executive Committee, Patient Relations Committee, Quality Assurance Committee, Registration Committee, Drug Preparation Premises Committee, Finance and Audit Committee, Governance Committee, Screening Committee

9. Compensation for Representation and Training:

- Attending as a representative or presenter on behalf of the College, or participating in training, educational seminars, workshops, or attending conferences for educational purposes related to their duties as a board director or committee member, are remunerated at the standard per diem rate, provided these activities are approved by the Board Chair and Registrar/CEO.

10. Exceptional Circumstances

- Individuals must be compensated in a consistent manner. As such, exceptional circumstances requiring diversion from the parameters of this Policy are expected to be infrequent and cannot be approved on a sustained/long-term basis.
- The following steps must be followed for any request for remuneration that exceeds the parameters of this Policy:
    - **Where possible, requests should be submitted at least two weeks in advance** of the activity for which remuneration is being sought.
    - A brief written explanation of the exceptional circumstances and projected remuneration amount must be submitted to the Committee Resource, with prior approval from the respective Chair.
    - The request will then be reviewed and approved on a case-by-case basis by the Director, Corporate Services (or by the Registrar and CEO if the Director, Corporate Services is unavailable).
    - Requests for renumeration that meet any of the following criteria will be escalated for review by the Chair of the Finance and Audit Committee:
        - If the requested remuneration exceeds the policy by a factor of three (for individual member) or a factor of two (for multiple members);
        - Are submitted more than twice annually by the same individual under exceptional circumstances;
        - The request lacks sufficient documentation or justification, as determined by the Director, Corporate Services;
        - The request was initially approved but has been modified after the activity was completed; and/or
        - Could set a precedent or raise equity concerns.
    - All exceptional remuneration approvals will be reported quarterly to the Finance and Audit Committee for oversight purposes and to inform any necessary updates to these criteria.

11. Travel Time:

- The College does **not** cover travel time.

12. Stipend for the Board of Directors Chair:

- The College does **not** provide a stipend for the Chair of the Board of Directors, Vice Chair or Committee Chairs.

13. Allowable Expenses:

- The College will reimburse for authorized, necessary, and reasonable expenses incurred directly associated with work conducting College business, up to the maximum allowed for the following expense type (see Appendix 1 for details):
    - Transportation
    - Accommodation
    - Meals
    - Other expenses
- Guiding Principles for Reimbursement:
    - Ensure registrant dollars are used prudently and responsibly, with a focus on accountability and transparency.
    - Ensure travel, meals, and hospitality expenses support the College's mandate.
    - Travel, meals, accommodation, and hospitality should be necessary and economical, with due regard for health and safety.

14. Claiming Remuneration and Expenses

- Claimants will:
    - Complete the most current version of the remuneration and expenses form electronically. Forms are available on the web portal and are periodically updated.
    - Submit receipts for all expense claims. If a receipt is unavailable, provide a written explanation with an itemized description of the expense.
    - Submit claims promptly (within 5 business days).
- Approvers (College Staff) will:
    - Approve only expenses necessarily incurred in the performance of College business; and
    - Approve only claims that include all appropriate documentation.
- Timing of submission of claims:
    - Submit within **5 business days** following the meeting/activity.
    - Late claims will **not be accepted later than 2 weeks after the end of each quarter:**

Financial Quarters	**Submit claims before:**
1. January - March	April 15

2. April - June	July 15
3. July - September	October 15
4. October - December	January 15

- Claim processing:
  - The College provides remuneration payments in accordance with the bi-weekly pay schedule.[6]
  - Payment is made by Electronic Funds Transfer (Direct Deposit). Banking information can be provided securely within the Self-Service Portal.

15. Government Taxes / Payment Account Set-Up

- Per diem remuneration is taxable under the *Income Tax Act* and 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, T4s, enter or upload TD1 tax forms, banking information and a mailing address.

Please note:

- Reimbursement for expenses incurred is not generally subject to taxation.
- Harmonized Sales Tax (HST) should not be charged as services are not considered to be taxable supplies.

[6] Payments could take up to three weeks if completed claims are not received at least one week before the College's bi-weekly payment schedule or submitted claims are incomplete.

Appendix 1: Travel Expense Reimbursement Rates

Travel

- Air and train travel reimbursement will be for economy class, and members are encouraged to book in advance to take advantage of any available discount fare.
- Business class for train travel is acceptable only in limited circumstances, such as:
    - Choosing a travel time that reduces expenditure on meals or accommodation (e.g., comparing an economy class ticket plus a meal with the cost of a business class ticket where the meal is included).
    - Accommodation requirements.
    - Health and safety considerations.
    - If a business class ticket is more economical than the economy fare, provide a copy of the economy fare to substantiate the claim.
- Reasonable and necessary ground transportation (e.g., taxi, subway) for conducting College business will be reimbursed. Taxis or airport limousines for traveling to and from the airport should be used only in exceptional circumstances, such as weather conditions or safety considerations.
- Travel by personal vehicle will be reimbursed at a rate consistent with the Travel Expense Reimbursement Rates as prescribed by Canada Revenue Agency (CRA). The current automobile reimbursement rates currently in effect are:
    - 72¢ per kilometer for the first 5,000 kilometers driven.
    - 66¢ per kilometer driven after that.
- Reimbursement is provided for parking as well as for tolls for bridges, ferries, and highways, when driving for College business. **Valet parking is not permitted.**
- Traffic or parking violations are not reimbursed. Vehicle repairs due to breakdowns or accidents while traveling on College business are not reimbursed.

Meals

- Reimbursement for meal expenses incurred is subject to a daily maximum as set and published by Canada Revenue Agency (CRA) Meals and Allowance Rates and will require receipts to be submitted. The rates cover taxes and gratuities.
- Criteria for reimbursement are as follows:
    - Breakfast may be claimed if departure from residence is at least 2 hours before the scheduled meeting start time.
    - Lunch may be claimed if attending the College or a College business-related event for a full day and no lunch is provided.

- Dinner may be claimed if the formal meeting time extends beyond 4:00 p.m. and the return trip from a meeting exceeds 2 hours.

- The current meal reimbursement rates are:

Breakfast	$12
Lunch	$23
Dinner	$34
Maximum Daily Allowance	**$69**

- While discretion and reasonableness must be used when purchasing meals, the total daily meal cost must not exceed the maximum reimbursement rate, even if individual meal costs exceed the suggested per-meal guidelines.

Accommodation

- Accommodation is provided for individuals who reside more than 40-kilometre from the meeting location. Individuals will be accommodated at the **hotel(s)** selected by the College. If an individual chooses to stay at an alternate hotel, any difference between the rate of the hotel(s) selected by the College and that chosen by the individual will be paid by the individual. Appendix 2 lists the hotels and rates selected by the College.

- Use of **short-term rentals** such as Airbnb 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.

- If a member chooses to stay in **private accommodation**, a $50 per night reimbursement will be provided, (includes any meals with friends or family). Instead of a receipt, a written explanation must be submitted detailing the purpose of the trip, identifying the host, and specifying the number of days.

- Under no circumstances will individuals be reimbursed for **entertainment costs** (e.g., alcohol, videos, movies) or **personal services** (e.g., dry cleaning, personal grooming items). These items should be deducted from hotel bills before submission for payment.

Other Expenses

- 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:
  - 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.
- Any other reasonable travel expenses, such as internet fees, telephone calls, etc., incurred in conducting College business, will be paid on the basis of reasonable documentation of such expenses.

Appendix 2: 2025 Negotiated Hotel Rates

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, 2025	$279.00 (plus applicable taxes)
May 1 – May 31, 2025	$319.00 (plus applicable taxes)
June 1 – June 30, 2025	$329.00 (plus applicable taxes)
July 1 – August 31, 2025	$319.00 (plus applicable taxes)
September 1 – September 30, 2025	$339.00 (plus applicable taxes)
October 1 – December 31, 2025	$299.00 (plus applicable taxes)

Blackout dates: Mar 2-5, May 25-29 & Sept 5-10

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 email reservations@hitorontodowntown.ca and quote '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 Jack Davidson directly at j.davidson@hitorontodowntown.ca and he will do his best to assist.

Standard room rates:

January 1 – March 31, 2025	$204.00 (plus applicable taxes)
April 1 – October 31, 2025	$259.00 (plus applicable taxes)
November 1 – December 30, 2025	$204.00 (plus applicable taxes)

****$399 Premium Rate will apply over the following 2025 blackout dates:***
Mar 2-5, June 29-Jul 2, July 18-20, July 31-Aug 4, Sept 4-14, Oct 1-18 & Dec 31

Royal Sonesta: 220 Bloor St W, Toronto, ON M5S 1T8
To book a room:

Step 1: Click on booking link: https://www.sonesta.com/royal-sonesta/on/toronto/yorkville-royal-sonesta-hotel-toronto?isGroupCode=false&promoCode=2ONTARIO

Step 2: Apply **2ONTARIO** code in Corporate/Promo code to get your negotiated rate.
You can also make bookings by calling 416-960-5200 and quoting 'Ontario College of Pharmacists'.

Standard room rates will be discounted **20% off the Best Available Rate.**

SUMMARY OF PROPOSED CHANGES TO THE REMUNERATION POLICY AND SUMMARY OF ALLOWABLE EXPENSES

Text in red and strike through (e.g. ~~X~~) represents text that is proposed to be deleted.
Text in blue (e.g. X) represents text that is proposed to be added.

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
Purpose	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.~~ This policy clarifies the per diem honoraria for board directors and committee appointees conducting College business and outlines the reimbursement process for eligible expenses. A schedule of honoraria and reimbursement limits is provided at the start of each Board year and with any amendments.	**Housekeeping** – Remove irrelevant or redundant information.
Effective Date	Application	This Policy, ~~is~~ effective ~~**January 1, 2025**~~ (TBC) ~~and~~ replaces all previous ~~practices relating to~~ reimbursement practices and may ~~be subject to~~ change by OCP Board resolution. ~~pursuant to resolution by the OCP Board of Directors~~. Supplementary ~~policy~~ statements, guidelines or amendments may be issued.	**Housekeeping** – Remove irrelevant or redundant information.

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
Condition of Election to the Board and Committee Appointment	3. Remuneration per diem rate	~~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.~~ Elected and appointed Board and committee members are entitled to the following remuneration <*see table below*>:	**Housekeeping** – Remove irrelevant or redundant information.

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
Process Summary and College Contact	N/A	~~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).~~	**Housekeeping** – Remove irrelevant or redundant information.
General	N/A	~~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.~~	**Housekeeping** – Remove irrelevant or redundant information.
Basis of Remuneration: Business of the College	N/A	~~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.~~	**Housekeeping** – Remove irrelevant or redundant information.

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
Eligible Payments	N/A	~~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).~~	**Housekeeping** – Remove irrelevant or redundant information.
Government Taxes / Payment Account Set-Up	15. Government Taxes / Payment Account Set-Up	~~A P~~er diem ~~honorarium~~ remuneration is taxable under the *Income Tax Act* and ~~remuneration~~ is considered income from employment. Individuals will: Reimbursement for ~~incurred~~ expenses incurred is not generally subject to taxation.	**Housekeeping** – Remove irrelevant or redundant information.
Assignment of Honoraria	N/A	~~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.~~	**Housekeeping** – Remove irrelevant or redundant information.

<table>
<tr>
<td>Per Diem Honorarium</td>
<td>3. Remuneration per diem rate:</td>
<td>~~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.~~

<table>
<tr><th>~~Position~~</th><th>~~Criteria~~</th><th colspan="2">~~2025 Per Diem Rate~~</th></tr>
<tr><td rowspan="2">~~Elected Members of Board of Directors of Committee Appointees~~</td><td rowspan="2">~~Applicable when conducting the business of the College~~</td><td>~~1 Day:~~</td><td>~~$290~~</td></tr>
<tr><td>~~< 3 hours~~</td><td>~~$145~~</td></tr>
</table>

• A per diem is the amount payable for conducting formal College business (e.g. attending a meeting or hearing) and is generally based on seven hours of work.
• Elected and appointed Board and committee members are entitled to the following remuneration:

<table>
<tr><th>Role</th><th>2025 Per Diem Rate</th></tr>
<tr><td>- Elected Members of Board of Directors
- Committee Appointees</td><td>$290</td></tr>
</table>

• Annually the per diem rate will be adjusted by a percentage increase, if any, rounded to the nearest $5.00, ~~as listed in~~ based on the consumer price index for goods and services in Canada as 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~~
• Remuneration should only be claimed for actual time spent on College activities:
  ○ If the work is 3 hours or less, half of the established per diem rate will be paid.
  ○ If multiple activities (e.g., preparation and meeting attendance) are completed within 3 hours or less,</td>
<td></td>
</tr>
</table>

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
		claim a single half-day per diem and detail the activities in the comments section of the claim form. Only one (1) per diem honorarium can be paid for a calendar day	

<table>
<tr>
<td>Attendance and Deliberation</td>
<td>4. Meeting attendance and deliberation</td>
<td>
~~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, Board/committee/panel members ~~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.~~
Staff will submit an attendance register for meetings held by the Board or committees, including for meetings to deliberate following the completion of statutory hearings for the Discipline Committee or Fitness to Practise (FTP) Committee. ~~to deliberate following the completion of statutory hearings of the Discipline Committee or Fitness to Practise Committee.~~
A deliberation register will only be submitted if the panel of the Discipline or FTP 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.~~

<table>
<tr><th>Activity</th><th>Deliberation Remuneration</th></tr>
<tr><td>Deliberation following a DC or FTP Contested Hearing</td><td>Up to a maximum of 2 per diems per matter
- 1 per diem for the liability phase
- 1 per diem for the order phase</td></tr>
</table>
~~Please refer to specific conditions which apply to individual claims for **preparation** and **decision-writing** outlined in the~~
</td>
<td>
Housekeeping – Remove irrelevant or redundant information.

Housekeeping – Clarification regarding compensation:

The FTP Committee also holds statutory hearings. Their hearings tend to be in writing, but the panel would still meet to deliberate and make a decision regarding the written materials.

Occasionally, they will have an oral hearing (similar to a Discipline hearing) and need to deliberate after it in the same way the Discipline Panel would.
</td>
</tr>
</table>

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
		~~following section. A remuneration and expenses form must be completed and submitted for these activities by individual attendees.~~	

<table>
<tr><th>CURRENT SECTION REFERENCE</th><th>NEW SECTION REFERENCE</th><th>NEW PROVISION/CHANGE</th><th>REASON FOR CHANGE & ADDITIONAL COMMENTS</th></tr>
<tr><td>Attendance and Deliberation</td><td>3. Remuneration per diem rate</td><td>
<table>
<tr><th>Board/ Committee</th><th>Meeting Atten.</th><th>Preparation</th><th>Decision Writing / Review</th><th>Deliberation</th></tr>
<tr><td></td><td>~~(staff complete)~~ Staff submits claim</td><td>~~(~~Individual claims~~)~~</td><td>~~(~~Individual claims~~)~~</td><td>~~(staff complete)~~ Staff submits claim</td></tr>
<tr><td>Board of Directions</td><td>✓</td><td>✓</td><td></td><td></td></tr>
<tr><td>ICRC</td><td>✓</td><td>✓</td><td>~~✓~~</td><td></td></tr>
<tr><td>Executive Committee</td><td>✓</td><td>✓</td><td></td><td></td></tr>
<tr><td>FTP</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Patients Related Committee</td><td>✓</td><td>✓</td><td></td><td></td></tr>
<tr><td>Quality Assurance Committee</td><td>✓</td><td>✓</td><td></td><td></td></tr>
<tr><td>Reg. Committee</td><td>✓</td><td>✓</td><td>~~✓~~</td><td></td></tr>
<tr><td>Accr. Committee</td><td>✓</td><td>✓</td><td></td><td></td></tr>
<tr><td>Disc. Committee Meetings</td><td>✓</td><td>✓</td><td></td><td></td></tr>
<tr><td>Disc. Committee Hearings</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Standing Committees</td><td>✓</td><td>✓</td><td></td><td></td></tr>
<tr><td>Ad hoc (Special) Committees & all other meetings</td><td>✓</td><td></td><td></td><td></td></tr>
</table>
</td><td>Housekeeping – Clarification regarding compensation</td></tr>
</table>

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
Attendance Honoraria Rates Payable	3. Remuneration per diem rate	~~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).~~ Exceptions may apply; please see section nine (9) of this policy or the Board policy 4.10 (Approval of Board Chair Remuneration and Expenses).	**Housekeeping** – Remove irrelevant or redundant information.

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
Electronic Meetings	8. 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.~~ Attendees at electronic meetings of the Board of Directors, committees, or those representing the College on official business will receive an attendance per diem based on the applicable rate. ~~The amount payable for attendance at an electronic meeting is based on the applicable per diem rate.~~ No expenses (e.g., meals) beyond ~~payment, other than~~ the applicable per diem honorarium may be claimed ~~in respect of~~ for electronic meetings. Any meeting-specific costs ~~Where any expenses are~~ incurred ~~in respect of electronic meetings~~ (~~such as~~ e.g., personal long-distance telephone, or internet charges), ~~such expenses are the responsibility of and~~ may be reimbursable by the College on a case-by-case basis with required documentation ~~upon presentation of the required documentation~~ by the Director, Corporate Services.	**Housekeeping** – Remove irrelevant or redundant information and updated to current situation where meetings are (mostly) virtual.

<table>
<tr>
<td>Preparation Time</td>
<td>7. Preparation Time</td>
<td>
~~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~~
Board Directors and committee appointees are expected to be fully prepared for College business. While payment for preparation time is not an entitlement, the College acknowledges that additional preparation may be required for multi-day meetings, highly specialized technical information, or hearings by members of a Discipline Committee or FTP Committee panel.

~~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*~~
<table>
<tr><th>~~Meeting of:~~</th><th>~~Meeting Duration:~~</th><th>~~Remuneration Rate~~</th></tr>
<tr><td>~~Board of Directors and all statutory and standing committees EXCEPT ICRC and Discipline Committee Hearings (see below)~~</td><td>~~For each scheduled half-day meeting (up to 3 hours)~~</td><td>~~Up to one-half (50%) per diem~~</td></tr>
</table>

Board of Directors:
<table>
<tr><td>Meeting Duration</td><td>Preparation Remuneration</td></tr>
<tr><td>For each scheduled half-day meeting (up to 3 hours)</td><td>0.5 per diem</td></tr>
</table>
</td>
<td>Housekeeping – Remove irrelevant or redundant information</td>
</tr>
</table>

<table>
<tr><th>CURRENT SECTION REFERENCE</th><th>NEW SECTION REFERENCE</th><th>NEW PROVISION/CHANGE</th><th>REASON FOR CHANGE & ADDITIONAL COMMENTS</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td>For each scheduled full-day meeting (greater than 3 hours)</td><td>Up to 1 per diem</td></tr>
</table>
~~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**.~~
Inquiries, Complaints and Reports Committee (ICRC):
<table>
<tr><td>Inquiries, Complaints and Reports Considered per Meeting</td><td>Preparation Remuneration ~~rate~~</td></tr>
<tr><td>25 or less</td><td>Up to 1 per diem</td></tr>
<tr><td>26 to 35</td><td>Up to 2 per diems</td></tr>
<tr><td>35 to 50</td><td>Up to 3 per diems</td></tr>
<tr><td>Greater than 50</td><td>Up to 4 per diems</td></tr>
</table>
~~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**.~~
Discipline Committee and Fitness to Practise Committee Hearings and Pre-Hearings Conferences:
<table>
<tr><td>Activity</td><td>Preparation Remuneration</td></tr>
<tr><td colspan="2">Discipline Committee or FTP Committee Panel</td></tr>
<tr><td>Single day uncontested hearing</td><td>Up to 1 per diem</td></tr>
<tr><td>Multi-day contested hearing</td><td>Up to 2 per diems</td></tr>
</table>
</td><td>
Discipline Committee and Fitness to Practise Committee Hearings and Pre-Hearings Conferences.
Housekeeping – Clarification regarding compensation:

Since the start of virtual Hearings, this is no longer an exception as panel members are now given materials to read ahead of ALL uncontested hearings.
Changed from exception to standard as panel members for contested hearings that extend over many months are expected to refresh their memories

</td></tr>
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<table>
<tr><th>CURRENT SECTION REFERENCE</th><th>NEW SECTION REFERENCE</th><th>NEW PROVISION/CHANGE</th><th>REASON FOR CHANGE & ADDITIONAL COMMENTS</th></tr>
<tr>
<td></td>
<td></td>
<td>
<table>
<tr><td></td><td>- 1 per diem for finding phase
- 1 per diem for order phase</td></tr>
<tr><td>Deliberation following multi-day contested hearing</td><td>Up to 2 per diems
- 1 per diem for deliberation following findings phase
- 1 per diem for deliberation for order phase</td></tr>
<tr><td colspan="2">Presiding Officer for Pre-Hearing or Case Management Conference</td></tr>
<tr><td>• First conference held on the matter</td><td>1 per diem</td></tr>
<tr><td>• Subsequent conferences held on the matter</td><td>0.5 per diem</td></tr>
</table>
<u>Other statutory and standing committees</u>:
<table>
<tr><th>Meeting Duration</th><th>Preparation Remuneration</th></tr>
<tr><td>For each scheduled half-day meeting (up to 3 hours)</td><td>0.5 per diem</td></tr>
<tr><td>For each scheduled full-day meeting (greater than 3 hours)</td><td>Up to 1 per diem</td></tr>
</table>
</td>
<td>regarding the evidence from prior days during the course of the hearing and in advance of closing submissions. Additionally, they are given written submissions to read before the final date of the hearing.

• The rational for allowing preparation claims for a PHC is that the parties submit lengthy memos prior to the first PHC that the Presiding Officer must review in advance to be familiar with the case. Additionally, the Presiding Officer must prepare to give their candid opinion of the strengths and weaknesses of the College's and Registrant's cases, and what order they think a panel of the Discipline Committee might make. This opinion often forms the basis of a settlement.</td>
</tr>
</table>

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
Decision Writing	6. Decision Writing/Review	~~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.~~ To support effective decision writing, the College may compensate individuals for decision writing for adjudicative committees or panels addressing 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.~~ Eligibility for remuneration: ○ Individuals assigned to statutorily mandated committees[1] to adjudicate matters related to professional misconduct, incompetence, or incapacity of College registrants; **and** ○ Individuals appointed to the panel by the Committee Chair who are responsible for drafting the committee's decision or reviewing the written decision ~~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.~~ Remuneration is not available for drafting or typing committee reports or minutes, or for drafting or editing College newsletters, communiques, or other publications	**Housekeeping** – Remove irrelevant or redundant information

[1] Discipline, Fitness to Practise and Registration Committees.

<table>
<tr><th>CURRENT SECTION REFERENCE</th><th>NEW SECTION REFERENCE</th><th>NEW PROVISION/CHANGE</th><th>REASON FOR CHANGE & ADDITIONAL COMMENTS</th></tr>
<tr>
<td></td>
<td></td>
<td>~~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.~~
Decision writing time is compensated at the standard per diem rate. Individuals may request remuneration for decision writing and review time as applicable:
<table>
<tr><th colspan="4">Decision Writing/Review Remuneration</th></tr>
<tr><td rowspan="2">Discipline/FTP Activity</td><td rowspan="2">Uncontested Hearing</td><td colspan="2">Contested Hearing</td></tr>
<tr><td>Finding Phase</td><td>Order Phase</td></tr>
<tr><td>Drafting and Finalizing Decision</td><td>Up to 2 per diems</td><td>Up to 5 per diems</td><td>Up to 5 per diems</td></tr>
<tr><td>Reviewing Decision</td><td>0.5 per diem</td><td>Up to 1 per diem</td><td>Up to 1 per diem</td></tr>
</table>
From time to time, the Governance Committee and/or Executive Committee (standing committees) may be required to consider concerns and/or possible breaches of code of conduct. Remuneration for decision writing/review to be considered in exceptional circumstances on a case-by-case basis by the Director, Corporate Services.

Remuneration for ICRC decision review will not generally be considered. Decision review time will only be considered in exceptional circumstances on a case-by-case basis by the Director, Corporate Services.</td>
<td>Housekeeping – Remove irrelevant or redundant information

Housekeeping – Clarification regarding compensation:

• Used to be an exception but is now standard policy. The amounts are in the current exceptional circumstances chart and based on data about the time Panel Chairs typically spend drafting decisions. Although they often spend more time, a decision was made to set the maximum allowable at this.
• Panel members are required to read over the draft decision that the Panel Chair prepares. The Exceptional Circumstances chart includes a half per diem for panel members to review a draft uncontested hearing decision and two per diems for review of a contested hearing decision (one for the finding decision and one for the Order decision).

Housekeeping – Clarification on process regarding exceptions.</td>
</tr>
</table>

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
Exceptional Circumstances (preparation, deliberation and/or decision writing)	10. Exceptional Circumstances	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 and cannot be approved on a sustained/long-term base. ~~Please reach out to your staff resource for committee specific guidance (e.g. Discipline Committee).~~ ~~Any requests 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.~~ • The following steps must be followed for any request for remuneration that exceeds the parameters of this Policy: ○ **Where possible, requests should be submitted at least two weeks in advance** of the activity for which remuneration is being sought. ○ A brief written explanation of the exceptional circumstances and projected remuneration amount must be submitted to the Committee Resource, with prior approval from the respective Chair. ○ The request will then be reviewed and approved on a case-by-case basis by the Director, Corporate Services (or by the Registrar and CEO if the Director, Corporate Services is unavailable). ○ Requests for renumeration that meet any of the following criteria will be escalated for review by the Chair of the Finance and Audit Committee: - If the requested remuneration exceeds the policy by a factor of three (for individual member) or a factor of two (for multiple members); - Are submitted more than twice	**Housekeeping** – Remove irrelevant or redundant information **Housekeeping** – Clarification on process regarding exceptions.

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
		annually by the same individual under exceptional circumstances; - The request lacks sufficient documentation or justification, as determined by the Director, Corporate Services; - The request was initially approved but has been modified after the activity was completed; and/or - Could set a precedent or raise equity concerns. ○ All exceptional remuneration approvals will be reported quarterly to the Finance and Audit Committee for oversight purposes and to inform any necessary updates to these criteria.	
Cancellation of Scheduled Hearings and Meetings	5. Meeting Cancellations	~~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~~	**Housekeeping** – Remove irrelevant or redundant information **Housekeeping** – Removed the expectation that if an individual has received remuneration from another source (e.g., salaried employment) during the period for which the cancellation per diem would have been claimed, they shall not request or receive any payment for cancellation. This was a concern raised by members.

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
		~~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.~~ Remuneration is generally contingent upon attendance for College business. The College acknowledges that individuals may occasionally lose income due to short notice cancellations or adjournments of meetings or hearings. While efforts are made to mitigate such situations, full compensation for all income loss and inconvenience is not guaranteed. If an individual is requested to **attend** a College meeting or statutory committee hearing, for which a per diem is normally payable, and the College cancels it, the individual may request remuneration as outlined below. ~~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**	

<table>
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<tr><td></td><td></td><td>~~**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.~~
In general, if an individual has **prepared** for a meeting or other matter that is cancelled, they may request payment for preparation time for either the originally scheduled date or the rescheduled date, **but not both**, if the matter is rescheduled within 30 days of the original cancellation.
<table><tr><th>Meeting</th><th>Condition of Cancellation</th><th>Allowable Claim for Cancellation</th></tr><tr><td>Board of Directors Meetings</td><td>~~• Notice of meeting published; and~~
• Meeting cancelled 3 ~~three (3)~~ or less business days prior to published start state</td><td>~~Maximum of one (1) per diem~~ Up to 1 per diem</td></tr><tr><td>Statutory and Standing ~~adjudicative~~ committees except Discipline Committee and FTP Committee Hearings and Pre-Hearing Conferences</td><td>○ Formal notice of meeting issued by College; and
○ Meeting cancelled 3 ~~three (3)~~ or less business days prior to the scheduled start ~~time~~ date.</td><td>~~Maximum of one (1) per diem~~ Up to 1 per diem</td></tr><tr><td>Discipline Committee</td><td>~~○ Formal notice of Hearing was issued to parties; and~~</td><td>~~Maximum of one (1) per diem. Hearing~~</td></tr></table></td><td>**Housekeeping** – Clarification regarding compensation</td></tr>
</table>

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE			REASON FOR CHANGE & ADDITIONAL COMMENTS
		and FTP Hearings and Pre-Hearing Conferences (PHC)	○ The committee member was appointed by the Committee Chair to the hearing panel or as the PHC presiding officer; and ○ Hearing or PHC cancelled~~/ adjourned~~ three (3) or less business days prior to the scheduled start ~~time.~~ Date.	~~must be identified of the claim.~~ Up to 1 per diem for a cancelled hearing 0.5 per diem for a cancelled PHC	Make it explicit that a committee member who was appointed by the Chair of the Discipline or FTP Committee to the hearing panel or as the PHC presiding officer will be reimbursed when a meeting is cancelled/adjourned three (3) or less business days prior to scheduled start time.
			○ Hearing or PHC adjourned in-process, and no other business can be substituted.	The per diem that would have been payable for the adjourned day. If a multi-day hearing was scheduled, up to 1 ~~one (1)~~ additional per ~~item.~~ diem.	
		~~Other statutory and standing committee~~	~~○ Formal note 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 the other ad hoc meetings~~ Ad hoc (Special) Committees	○ Not applicable	No claim allowed	

<table>
<tr><th>CURRENT SECTION REFERENCE</th><th>NEW SECTION REFERENCE</th><th>NEW PROVISION/CHANGE</th><th>REASON FOR CHANGE & ADDITIONAL COMMENTS</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td>& all other meetings (task forces, working groups)</td><td></td><td></td></tr>
</table>

Individuals who have made unchangeable travel arrangements and incurred non-refundable travel costs will be reimbursed for their out-of-pocket expenses.
Cancellation claims will not be submitted by staff; individual claims are required.
In cases where a hearing or review is adjourned to a later date to secure or review new information or submissions, requesting additional preparation time may be appropriate. Such requests must be accompanied by a written explanation.

</td><td></td></tr>
<tr><td>Guidance for Per Diem Honoraria Claims</td><td>3. Remuneration per diem rate</td><td><s>Directors and Appointees are expected to exercise professional judgement when submitting their claims.</s>

<s>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.</s>

<s>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.</s>

Remuneration should only be claimed for actual time spent on College activities:

o If the work is 3 hours or less, half of the established per diem rate will be paid.</td><td>Housekeeping – Remove irrelevant or redundant information</td></tr>
</table>

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
		○ If multiple activities (e.g., preparation and meeting attendance) are completed within 3 hours or less, claim a single half-day per diem and detail the activities in the comments section of the claim form.	
N/A	11. Travel Time	The College does **not** cover travel time.	
N/A	12. Stipend for the Board of Directors Chair	The College does **not** provide a stipend for the Chair of the Board of Directors, Vice Chair or Committee Chairs.	**Housekeeping** – Clarification
Summary of Allowable Expenses	13. Allowable 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 directly associated with work conducting ~~while carrying out~~ College business., up to the maximum allowed for the following expense types (see Appendix 1 for details): ~~Reimbursement is based on the amount expended up to any maximum allowed for a specific type of expense under the guidelines provided herein.~~ ○ Transportation ○ Accommodation ○ Meals ○ Other expenses **~~The G~~uiding principles for reimbursement ~~include~~:** • ~~Fiscal responsibility –~~ ensure registrant dollars are used prudently and responsibly with a focus on accountability and transparency. • Ensure ~~Expenses for~~ travel, meals and hospitality expenses support the College's mandate; ~~and~~	**Housekeeping** – Remove irrelevant or redundant information

<table>
<tr><th>CURRENT SECTION REFERENCE</th><th>NEW SECTION REFERENCE</th><th>NEW PROVISION/CHANGE</th><th>REASON FOR CHANGE & ADDITIONAL COMMENTS</th></tr>
<tr><td></td><td></td><td>
• ~~Plans for~~ Travel, meals, ~~accommodation,~~ and hospitality should be ~~are~~ necessary and economical with due regard for health and safety.

Claimants ~~must~~ will:
• Complete the most current version of the remuneration and expenses form electronically. Forms are available on the web portal and are periodically updated.
• Submit receipts with all claims. If a ~~Where the~~ receipt is ~~not~~ unavailable, ~~a written explanation must be provided to explain~~ provide a written explanation with an itemized description of the expense. ~~why the receipt is unavailable and a description itemizing and confirming the expenses must be provided.~~
• Submit ~~the~~ claims promptly (within 5 business days). ~~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~~ (College Staff) will:
• Approve only ~~Provide approval only for~~ expenses ~~that were~~ necessarily incurred in the performance of College business; and
• ~~Provide approval~~ Approve ~~only for~~ claims that include all appropriate documentation.

Timing of submission of claims:
○ Submit within <u>5 business days</u> following the meeting/activity.
○ Late claims will not be accepted later than 2 weeks after the end of each quarter:

<table>
<tr><th>Financial Quarters</th><th>Submit claims before:</th></tr>
<tr><td>1. January – March</td><td>April 15</td></tr>
<tr><td>2. April – June</td><td>July 15</td></tr>
<tr><td>3. July – September</td><td>October 15</td></tr>
<tr><td>4. October – December</td><td>January 15</td></tr>
</table>
</td><td></td></tr>
</table>

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
		Claim processing: ○ The College provides remuneration payments in accordance with the bi-weekly pay schedule.[2] ○ Payment is made by Electronic Funds Transfer (Direct Deposit). Banking information can be provided securely within the Self-Service Portal.	
Transportation (Public transit, train, taxi, ride sharing, air travel)	Appendix 1: Travel Expense Reimbursement Rates – Travel	~~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 approval1, such as:~~	**Housekeeping** – Remove irrelevant or redundant information

[2] Payments could take up to three weeks if completed claims are not received at least one week before the College's bi-weekly payment schedule or submitted claims are incomplete.

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
		• ~~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 approval1 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~~	

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS

		~~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~~.
		
		• Air and train travel reimbursement will be for economy class, and members are encouraged to book in advance to take advantage of any available discount fare.
		
		• Business class for train travel is acceptable only in limited circumstances, such as:
		  ○ Choosing a travel time that reduces expenditure on meals or accommodation (e.g., comparing an economy class ticket plus a meal with the cost of a business class ticket where the meal is included).
		  ○ Accommodation requirements.
		  ○ Health and safety considerations.
		  ○ If a business class ticket is more economical than the economy fare, provide a copy of the economy fare to substantiate the claim.
		
		• Reasonable and necessary ground transportation (e.g., taxi, subway) for conducting College business will be reimbursed. Taxis or airport limousines for traveling to and from the airport should be used only in exceptional circumstances, such as weather conditions or safety considerations.	

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
Transportation (Rental cars, personal vehicles)	Appendix 1: Travel Expense Reimbursement Rates – Travel	~~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.~~	**Housekeeping** – Remove irrelevant or redundant information

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
		~~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.~~ Travel by personal vehicle will be reimbursed at a rate consistent with the Travel Expense Reimbursement Rates as prescribed by Canada Revenue Agency (CRA). The current automobile reimbursement rates currently in effect are: ○ 72¢ per kilometer for the first 5,000 kilometers driven. ○ 66¢ per kilometer driven after that.	
Transportation (Parking & toll, traffic violations, insurance & vehicle repair)	Appendix 1: Travel Expense Reimbursement Rates – Travel	~~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.~~ Reimbursement is provided for parking as well as for tolls for bridges, ferries, and highways, when driving for College business. **Valet parking is not permitted.**	**Housekeeping** – Remove irrelevant or redundant information

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
		Traffic or parking violations are not reimbursed. Vehicle repairs due to breakdowns or accidents while traveling on College business are not reimbursed.	
Accommodation	Appendix 1: Travel Expense Reimbursement Rates - Accommodation	~~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.~~	**Housekeeping** – Remove irrelevant or redundant information

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
		~~Hotel internet charges (such as Wi-Fi or network charges) are to be incurred only where required to conduct College business.~~ Accommodation is provided for individuals who reside more than 40-kilometre from the meeting location. Individuals will be accommodated at the **hotel(s)** selected by the College. If an individual chooses to stay at an alternate hotel, any difference between the rate of the hotel(s) selected by the College and that chosen by the individual will be paid by the individual. Appendix 2 lists the hotels and rates selected by the College. ~~Airbnb or other Peer-to-Peer Rentals~~ Use of short-term rentals such as 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 costs (e.g., alcohol, videos, ~~or pay~~ movies), or ~~for~~ personal services (e.g., dry cleaning, personal grooming items~~, etc~~.). ~~Such~~ These 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.~~	

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
		~~• 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.~~ If a member chooses to stay in **private accommodation**, a $50 per night reimbursement will be provided, (includes any meals with friends or family). Instead of a receipt, a written explanation must be submitted detailing the purpose of the trip, identifying the host, and specifying the number of days.	
Meals	Appendix 1: Travel Expense Reimbursement Rates - Accommodation	~~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.~~ Reimbursement for meal expenses incurred is subject to a daily maximum as set and published by Canada Revenue Agency (CRA) Meals and Allowance Rates and will require receipts to be submitted. The rates cover taxes and gratuities. Criteria for reimbursement are as follows: • Breakfast expenses may be claimed if departure from ~~individuals are required to depart their~~ residence is at least 2-hours before ~~prior to the start time of~~ the scheduled meeting start time.	**Housekeeping** – Remove irrelevant or redundant information **Housekeeping** – Clarify that meal allowances can be combined for a specific meal type, provided the total does not exceed the maximum daily reimbursement rate.

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
		• Lunch may be claimed ~~only~~ if ~~required to~~ attending the College or a College business-related event for a full day and no lunch is provided. ~~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	Appendix 1: Travel Expense Reimbursement Rates – 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	

<table>
<tr><th>CURRENT SECTION REFERENCE</th><th>NEW SECTION REFERENCE</th><th>NEW PROVISION/CHANGE</th><th>REASON FOR CHANGE & ADDITIONAL COMMENTS</th></tr>
<tr><td></td><td></td><td>• $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.
Any other reasonable travel expenses, such as internet fees, telephone calls, etc., incurred in conducting College business, will be paid on the basis of reasonable documentation of such expenses.</td><td></td></tr>
<tr><td>Timing of Claims</td><td></td><td>~~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.~~

Timing of submission of claims:
○ Submit within **5 business days** following the meeting/activity.
○ Late claims will **not be accepted later than 2 weeks after the end of each quarter:**
<table><tr><th>Financial Quarters</th><th>Submit claims before:</th></tr><tr><td>5. January – March</td><td>April 15</td></tr><tr><td>6. April – June</td><td>July 15</td></tr><tr><td>7. July – September</td><td>October 15</td></tr><tr><td>8. October – December</td><td>January 15</td></tr></table>
~~Claim Forms~~
~~Claims for expenses must be submitted on the appropriate form (see **Appendix 2**) to the College directly. **Claim forms must be**~~</td><td></td></tr>
</table>

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION/CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS
		~~**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~~ Claim processing: ○ The College provides remuneration payments in accordance with the bi-weekly pay schedule.[3] ~~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.~~ Payment is made by Electronic Funds Transfer (Direct Deposit). Banking information can be provided securely within the Self-Service Portal.	

[3] Payments could take up to three weeks if completed claims are not received at least one week before the College's bi-weekly payment schedule or submitted claims are incomplete.

<table>
<tr><th>CURRENT SECTION REFERENCE</th><th>NEW SECTION REFERENCE</th><th>NEW PROVISION/CHANGE</th><th>REASON FOR CHANGE & ADDITIONAL COMMENTS</th></tr>
<tr><td>Appendix 1: Honoraria – Standard Per Diem Rates effective Jan 1, 2025</td><td>Renumeration: Per Diem Rate</td><td>
<table>
<tr><th>~~Position~~</th><th>~~Criteria~~</th><th colspan="2">~~2025 Per Diem Rate~~</th></tr>
<tr><td rowspan="2">~~Elected Members of Board of Directors of Committee Appointees~~</td><td rowspan="2">~~Applicable when conducting the business of the College~~</td><td>~~1 Day:~~</td><td>$290</td></tr>
<tr><td>~~< 3 hours~~</td><td>~~$145~~</td></tr>
</table>
</td><td></td></tr>
<tr><td>Appendix 1: Personal Vehicle Reimbursement Rates</td><td>Appendix 1: Travel Expense Reimbursement Rates – Travel</td><td>~~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.~~
Travel by personal vehicle will be reimbursed at a rate consistent with the Travel Expense Reimbursement Rates as prescribed by Canada Revenue Agency (CRA). The current automobile reimbursement rates currently in effect are:
• 72¢ per kilometer for the first 5,000 kilometers driven
• 66¢ per kilometer driven after that</td><td></td></tr>
</table>

Ontario College of Pharmacists
Putting patients first since 1871

BOARD BRIEFING NOTE
MEETING DATE: June 9, 2025

FOR DECISION

From: Susan James, Acting Registrar

Topic: Appointment of Scrutineers

Issue/Description: College By-Law 4.11.1 requires the Registrar to appoint two or more Scrutineers to support the Registrar in fulfilling their electoral duties.

Background:

- Each year, Scrutineers are appointed to support the Registrar in fulfilling their electoral duties by ascertaining the eligibility of each voting Registrant and verifying the votes following the elections.

- The Registrar has selected Zubin Austin and Wayne Hindmarsh, who have previously served in this capacity.

- Zubin Austin is a Professor and Research Chair, at the University of Toronto. Wayne Hindmarsh is Dean Emeritus and Professor at the University of Toronto and is the CEO of the Canadian Council for Accreditation of Pharmacy Programs (CCAPP).

Motion: **THAT** the Board approves the appointment of Zubin Austin and Wayne Hindmarsh to serve as Scrutineers for the 2025 Election.

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

2025-2026 Board and Executive Committee Meeting Schedule

Executive	Monday, March 2, 2026
BOARD	**Monday, March 23, 2026**
Executive	Monday, May 25, 2026
BOARD	**Monday, June 15, 2026**
Executive	Wednesday, September 9, 2026
BOARD	**Monday, September 28, 2026**
	Tuesday, September 29, 2026
Executive	Monday, November 23, 2026
BOARD	**Monday, December 7, 2026**

BOARD BRIEFING NOTE
MEETING DATE: June 9, 2025

FOR DECISION

From: Saira Lallani, Medication Safety Lead

Topic: AIMS (Assurance and Improvement in Medication Safety) Program Updates

Introduction: A comprehensive evaluation of the AIMS Program was conducted in 2024, identifying three key opportunities for improvement informed by national best practices:

1. Revising the overall model of the program
2. Aligning with the National Association of Pharmacy Regulatory Authorities (NAPRA) Model Standards of Practice for Continuous Quality Improvement (CQI) and Medication Incident Reporting (MIR) by Pharmacy Professionals
3. Updating the requirements of the program to enhance its effectiveness and impact

Public interest rationale: Effective medication safety programs improve patient health outcomes by reducing the risk of harm from medication incidents and supporting continuous quality improvement. Mandatory reporting and follow-up help fulfill the College's public protection mandate by requiring pharmacy staff to acknowledge errors, analyze root causes, and implement prevention strategies.

Strategic alignment, regulatory processes, and actions: Updating the model, standards, and requirements of the AIMS Program aligns with the College's regulatory principle associated with risk – "to act to reduce or prevent harm, we use our data to anticipate or measure risk and measure the outcome of our actions to adapt our regulatory response to ensure the most beneficial impact."
A review of the current AIMS Program requirements, combined with an analysis of the NAPRA Model Standards and national best practices, highlights an opportunity to revise the program and align it more closely with regulatory approaches in other Canadian jurisdictions.

Executive Summary:
College staff propose significant updates to the AIMS Program based on a comprehensive 2024 evaluation. Low engagement with the program, partly due to outdated or unclear requirements, has limited its impact on fostering a strong safety culture in Ontario pharmacies. To address this, we recommend aligning with national standards while adapting to Ontario's specific needs; and updating the program requirements outlined in the supplemental Standard of Practice namely to require unique platform logins for all registered pharmacy staff; to implement biennial safety self-assessments; and to mandate quarterly quality improvement meetings. These changes aim to improve engagement and strengthen the program's effectiveness. Three motions are presented for Board approval.

Background:

- The AIMS Program was formally launched in 2019 to strengthen medication safety and quality improvement practices in Ontario's community pharmacies.
- A supplemental Standard of Practice outlined expectations for Ontario's pharmacy professionals to support safe medication practices and continuous quality improvement.

- Since its launch, feedback and evaluation have highlighted opportunities to evolve the program for greater impact.
- In 2021, NAPRA developed its Model Standards to provide a national framework for continuous quality improvement and medication incident reporting in pharmacy practice.
- In 2024, a comprehensive evaluation of the AIMS Program found that:
    - Most provinces (7 out of 9) do not mandate use of any reporting platform.
    - All pharmacy regulators, except Ontario, do not absorb platform costs.
    - All provinces, except Ontario, contribute data to the National Incident Data Repository (NIDR).
    - Four provinces have adopted or adapted the NAPRA Model Standards.
    - Most provinces have the requirement for regular continuous quality improvement meetings and completion of safety self-assessments within each pharmacy, with a defined frequency.
    - Limited platform logins for pharmacy staff in Ontario have contributed to poor engagement.
- In March 2025, the Board agreed in principle that Ontario should align with other provinces in the following areas:
    - Community pharmacies would select their own medication incident reporting platform that meets requirements and contributes to the NIDR.
    - Community pharmacies would be responsible for platform costs, while the College would cover costs for submitting data to the NIDR.

Outstanding Issues to Address:

1. **Low engagement:** Despite being mandatory, only half of Ontario pharmacies are reporting medication events.
2. **Limited platform access:** Many pharmacies have only one login assigned to the Designated Manager, limiting other pharmacy personnel's access and engagement.
3. **Inconsistent assessment timeline:** The current "every two to three years" safety self-assessment requirement creates timing uncertainty and does not effectively support a culture of continuous quality improvement.
4. **Undefined meeting frequency**: The current "regular CQI meetings" requirement has led to inconsistent implementation, hindering a strong safety culture.

Addressing these issues will help overcome limitations within the current requirements outlined in the supplemental Standard of Practice, leading to improved engagement with the AIMS Program and supporting the development of a stronger culture of CQI and safety.

Key Considerations in Addressing the Issues:

- Todd Boyle's 2019 assessment recommended annual completion of the Pharmacy Safety Self-Assessment (PSSA) instead of every two to three years.[1]
- Nova Scotia was the first Canadian jurisdiction to implement a successful CQI program; *SafetyNet-Rx* requires:
    - Anonymous reporting of medication events
    - Annual completion of a safety self-assessment
    - Quarterly CQI meetings[2]

[1] Boyle, T. 2019, Mar 8. Assessment of the Assurance and Improvement in Medication Safety (AIMS) Program. Toronto: Ontario College of Pharmacists. Available from: assessment-of-aims-program.pdf.
[2] Boyle TA, Bishop AC, Duggan K, et al. Keeping the "continuous" in continuous quality improvement: exploring perceived outcomes of CQI program use in community pharmacy. Res Soc Adm Pharm. 2014;10(1):45-57

- Safety self-assessment frequency varies by province: annual (NS), every two years (AB, NL, SK), every three years (BC, MB).
- CQI meeting requirements vary by province: quarterly (AB, NB, NS), biannually (NL), annually (BC, MB, SK).
- Four provinces (MB, NL, PEI, SK) have adopted or adapted the NAPRA Model Standards.

Options Analysis:

1. Alignment with NAPRA Model Standards	
Option A. Adopt the standards	
Pros: • National alignment and consistency • Evidence-based framework • Supports regulatory oversight • May drive higher compliance and engagement with AIMS	**Cons:** • No provincial customization
Option B. Adapt the standards (RECOMMENDED)	
Pros: • National alignment and consistency • Evidence-based framework • Supports regulatory oversight • Customization to support core AIMS principles • May drive higher compliance and engagement with AIMS	**Cons:** • Multiple standards to follow and consult (NAPRA and OCP's sSOP)
2. Update Program Requirements	
MIR Platform Access	
Option A. Mandatory accounts for Designated Managers only	
Pros: • Centralized oversight • Simplified implementation • Controlled access	**Cons:** • Reduced staff engagement • Reporting delays • Missed learning opportunities
Option B. Mandatory accounts for all registered pharmacy staff (RECOMMENDED)	
Pros: • Improved access and timeliness • Shared accountability and engagement • Enhanced learning opportunities • Supports a strong safety culture	**Cons:** • Increased administrative burden for Designated Managers for setup and training • Individual logins may spark concerns about anonymity
Safety Self-Assessment (SSA) completion	
Option A. Annual SSA	
Pros: • A set, defined timeline for completion	**Cons:** • Requires more time and effort

• More frequent identification of areas for improvement • Reinforces safety as a continuous priority • Allows for regular monitoring of progress	• Risk of assessment fatigue or box-checking behaviour • Shorter window to implement action plans
Option B. Biennial SSA (RECOMMENDED)	
Pros: • Clear timelines for completion • Less burden on pharmacy staff • May be more meaningful if done less frequently • More time to implement action plans and evaluate outcomes	**Cons:** • Delayed identification of areas of improvement • A longer cycle for completion, which may reduce focus on safety • May be more difficult to remember to do it
CQI Meetings	
Option A. Biannual CQI meetings	
Pros: • Less demanding on staff schedules and time	**Cons:** • Risk of missing issues, problems may persist longer • Less likely to foster a strong safety culture due to decreased opportunities for open communication about medication events • Delays in reviewing progress of action plans and evaluating outcomes
Option B. Quarterly CQI meetings (RECOMMENDED)	
Pros: • Enables frequent review of events and identification of risks • Sustains a continuous focus on safety and improvement • Supports more consistent tracking of action plans and outcomes	**Cons:** • Greater time commitment • Increased potential for meeting fatigue

Recommendations:

1. That the College updates the requirements outlined in the supplemental Standard of Practice to mandate the following:
    a. In addition to the Designated Manager's account, all registered pharmacy staff members have unique logins for reporting into an incident platform of the pharmacy's choosing.
    b. The safety self-assessment is completed every two years
    c. Continuous quality improvement meetings be held quarterly.
2. That the College adapt NAPRA Model Standards of Practice for CQI and MIR by Pharmacy Professionals based on the updated requirements noted above.

Motion:

The Board is asked to consider the following motions:

THAT the Board of Directors confirms the changes to the AIMS Program model: giving community pharmacies autonomy to select their own medication incident reporting platform that meets requirements and contributes to the national incident data repository (NIDR). Pharmacies would be responsible for platform costs, while the College would cover costs for submitting data to the NIDR.

THAT the Board of Directors approves amendments to the supplemental Standard of Practice as presented in the recommendation above, subject to any revisions by the Board, with a view to updating the supplemental Standard of Practice, with subsequent implementation, by 2027.

THAT the Board of Directors approves adapting the NAPRA Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting by Pharmacy Professionals using the updated requirements to the College's supplemental Standard of Practice.

Next Steps:

The next steps will be determined contingent on the Board's direction. There will be an implementation plan and transition period to ensure pharmacies have sufficient time to select and implement a medication incident reporting platform that best meets their needs. Additional details will be communicated over the coming months.

Attachments/Links:

1. Supplemental Standard of Practice
2. Standards of Operation for Pharmacies
3. NAPRA Model Standards of Practice for Continuous Quality Improvement (CQI) and Medication Incident Reporting (MIR) by Pharmacy Professionals

BOARD BRIEFING NOTE
MEETING DATE: June 9, 2025

FOR DECISION

From: Delia Sinclair Frigault, Manager, Equity & Strategic Policy

Topic: Refreshed Practice Policies

Issue: The Board is presented with the second set of outcomes of the Practice Policy Refresh and is asked to consider approving 10 practice policies, seven of which have been recategorized from guidelines. All have been reviewed, updated for relevancy, reformatted to a standardized template, and revised for clarity. Despite these editorial amendments, there are no changes to the expectations of registrants because of this refresh.

Public Interest Rationale: The College's policy and practice-related documents communicate expectations for the practice of pharmacy, the operation of pharmacies and the provision of safe and effective patient care. This refresh demonstrates the College's commitment to the public interest by ensuring that regulatory instruments for registrants are clear and current.

Strategic Alignment, Regulatory Processes, and Actions: Providing clear expectations for meeting the standards of practice, articulated through policies, aligns with Strategic Goal 2, *"The College effectively provides members of the public, registrants and other partners with clear, relevant, up-to-date information."* 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. Reviewing and revising policy and practice-related documents supports the College in achieving its mandate of regulating pharmacy practice in the public interest.

Background:
A comprehensive review of all policies and practice-related documents was conducted by the Policy Team between May and October 2024. The team defined three main problems, supported by internal feedback (from OCP practice advisors, operations advisors and registration advisors) as well as external feedback primarily from registrants (based on inquiries to practice consultants, the complaints intakes team and Communications): too many document categories that were difficult to navigate, inconsistencies in format, and overdue policy reviews.

To address these problems, the Practice Policy Refresh must make it easier for registrants to understand the College's expectations for the practice of pharmacy, the provision of patient care and the operation of pharmacies. The outcomes of the refresh were presented at the March 2025 Board meeting and can be found in the Briefing Note on page 37 of that Board Package. There were 16 documents identified for immediate action; five were recommended for rescinding because they were either no longer relevant or redundant, and 11 were suitable for a 'refresh' and would be coming to the June 2025 Board meeting for approval. The Board approved the motion, and the five documents were rescinded on April 1, 2025. Today we present 10 of the 11 refreshed policies for approval, of which seven are guidelines that have been recategorized as policies.

Analysis:
The policy review examined the overall structure and function of the College's policy and practice-related documents and determined the following key areas of improvement to focus on: creating a central source of College direction by reducing the number of document categories, improving the clarity of our policy documents, providing consistency in terms of style, format and tone, and reducing duplication of information. More details on process can be found in the March 2025 Briefing Note.

With these areas of focus in mind, the following was achieved:

- The number of types of documents was reduced from six to two (Policy or Supplemental Guidance) so it is clear what is a practice expectation or requirement.
    - "Guideline" category was omitted.
    - The supplemental guidance document category was created to support registrants in meeting the requirements of the policies.
- A policy template was created to ensure consistency between policies. [see Attachment 11a]
- A risk-based prioritization process was developed to determine the most appropriate sequence in which to review the remaining documents.

The refreshed policies are presented here as clean copies of the proposed drafts along with comparison tables detailing the changes that were made to each to conform to the policy template [see Attachment 11a]. Each policy's comparison table provides a brief background and summary of the revisions. The columns of the table compare current and proposed new content with a brief rationale. The following legend shows which text was deleted, added, moved, or moved to supplementary guidance:

Text in red with strike through (e.g., ~~X~~) represents deleted text
Text in blue (e.g., X) represents added text
Text in green (e.g., ~~X~~, X) represents text moved elsewhere in the document
Text in purple with strikethrough (e.g., ~~X~~) represents text moved to supplemental guidance

For ease of comparison, proposed new sections may appear out of order so they align with the order of the current policy. In addition, for brevity, any sections with unchanged content are not included in the tables. Note that older policies required more revisions to conform to the policy template, such as to capture updates to regulations and changes in language.

The following list highlights the revisions identified in the comparison tables:

- Replaced "should" with "must" when the content captured an expectation of registrants or, if not an expectation, moved the content to supplementary guidance
- Standardized nomenclature for dates and versions
- Added Revision History table for version control
- Added a link to supplemental guidance (if applicable)
- Standardized definitions
- Standardized language (e.g., registrant instead of pharmacy professional)
- Use of bullets, subheadings and short sections
- Minimized repetition and ambiguity of terms and requirements
- Removed College Contact: Pharmacy Practice (moved to supplemental guidance)
- Removed introductory narrative, and incorporated any expectations into the policy content (moved narrative content to supplemental guidance)
- Removed principles as they often included expectations that were repeated in the policy content (moved any useful content to supplemental guidance)
- Moved legislative references from beginning to the end of each policy
- Added Additional OCP and External References at the end of each policy

Due to the transition to the new policy template, the revisions to these documents may appear to be substantive but are copy edits and format changes, and do not involve material changes to the College's current expectations. There is no change in any document's intent and no new requirements are established. The practice of registrants remains the same.

A summary of these changes will be included in a presentation to the Board.

Board Approval:

Board policy 4.3 outlines the decision-making procedure for determining a policy response and the policy-making process supports varying levels of involvement by the Board in the process. According to the policy making process, *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*.

For the 10 refreshed policies, no new requirements are being established and the expectations for registrants remain the same, so the Board is not being asked to approve public circulation of the policies for consultation.

For this particular response, the Board is being asked to approve the policies presented as a slate.

Recommendations:

That the Board approve the following policies that have been revised and recategorized from guidelines:

1. Administering a Substance by Inhalation
2. Administering a Substance by Injection
3. Dispensing Components Included in the Usual and Customary Fee
4. Ending the Pharmacy Professional/Patient Relationship
5. Extending the Beyond-Use Dates for Sterile Preparations
6. Piercing the Dermis for Demonstration and Point-of-Care Tests
7. Pharmacist Prescribing: Initiating, Adapting and Renewing Prescriptions

That the Board approve the following revised policies:

8. Cross-Jurisdictional Pharmacy Services
9. Fees for Professional Pharmacy Services
10. Virtual Care

That the implementation date be August 1, 2025, to allow time for staff to prepare supplemental guidance as well as update and create comprehensive communication materials and resources for College staff and registrants.

MOTION:

THAT the Board approve the following policies, effective August 1, 2025:

1. Administering a Substance by Inhalation
2. Administering a Substance by Injection
3. Dispensing Components Included in the Usual and Customary Fee
4. Ending the Pharmacy Professional/Patient Relationship
5. Extending the Beyond-Use Dates for Sterile Preparations
6. Piercing the Dermis for Demonstration and Point-of-Care Tests
7. Pharmacist Prescribing: Initiating, Adapting and Renewing Prescriptions
8. Cross-Jurisdictional Pharmacy Services
9. Fees for Professional Pharmacy Services
10. Virtual Care

Next Steps:

Following the June Board meeting, staff will make updates to the webpage content and related references to the policy documents and will communicate these changes to registrants and the public.

Attachments:

- Attachment 11a - Policy Template
- Attachment 11b - Draft versions of the refreshed policies with accompanying comparison tables

Policy Title

Together with the relevant legislative requirements and standards, policies articulate the College's expectations for registrants for the practice of pharmacy , the provision of patient care, and the operation of pharmacies. Additional information to assist with policy implementation can be found in the accompanying Supplemental Guidance document.

Approved: Month Day, YYYY *[Date approved by Board of Directors, only required if published before the effective date]*
Effective: Month Day, YYYY *[For subsequent versions, the date the new version is published]*
Version #: #.## *[Major content changes update the first number (1.00 > 2.00). For minor edits, updates or review with no change, update the second number (1.00 >1.01)]*

Supplemental Guidance *[link to document, if applicable]*

Purpose

[Summary of the policy's intent; One to two sentences only]
To articulate the College's expectations of registrants in Part A of the register, related to [policy topic] as per [legislation] and to provide direction for meeting the [Standards of Practice *or* Standards of Operation]. *[whichever applies]*

Scope

This policy applies to [registrants] in Part A of the register, in [all/community pharmacy/hospital pharmacy] practice settings.
[Indicate to which registrant(s) and practice setting(s) the policy does or does not apply.

- *"All registrants in Part A of the register "is inclusive of intern and emergency assignment classes of registration. Otherwise specify which classes in Part A of the register to whom the policy applies.*
- *"All" is inclusive of non-accredited practice settings (FHTs, Drug Preparation Premises, infusion clinics, correctional facilities, Canadian Armed Forces, etc.)*

Definitions

[Refer to the list of common definitions. Include, in alphabetical order, definitions for terms that are specific to, or necessary to understand, the policy; if applicable, reference source with endnote.]

Policy

[Writing tips: Refer to the OCP Style Guide for full details.]

- Refer to the specific standards of practice/operation that the policy substantiates
- Use bulleted lists where feasible and avoid lengthy paragraphs to ease readability.
- Use clear, concise **subtitles** and *headings* to assist readers with navigation.
- Use gender neutral language, they/them pronouns (patients/registrants/pharmacy professionals –plural form preferred instead of "the or "a")
- Plain language - accessible grade level for writing
- "Active" voice, present tense
- If necessary, endnotes can be used to add clarity or a specific reference
- Hyperlinking best practices
    - For the most part, only hyperlink to internal (OCP) documents
    - External links should instead be included in the footnote or reference list
        - Exceptions could include legislative references
    - Avoid linking to PDFs or very specific URLs; try to stick to main web pages or subpages
    - Ensure that that all links open in a new window
    - Like acronyms, links can be distracting so use them sparingly
    - Be consistent across policies
- Explain the relevant legislation, endnote the Act or Regulation and section
    - If quoting verbatim, use quotation marks
    - Use accordion feature for longer excerpts

Legislative References

[Alphabetical list of legislation that underpins the policy]

- *Statute, year [hyperlink]*
    - *Ontario Regulation ###/##*

Additional References

[Alphabetical list of resources that may support implementation of the policy:

- *Other OCP policies*
- *OCP Practice Tools*

External References

[Alphabetical list of provincial or federal guidelines from government, professional associations, other regulators or standard-setting organizations]

Source – Title (Date)

Revision History

Version #	**Date**	**Action**
1.00	Month Day, YYYY	*[Summary of changes. Be specific and concise]*

Administering a Substance by Inhalation Policy

Together with the relevant legislative requirements and standards, policies articulate the College's expectations for registrants for the practice of pharmacy, the provision of patient care, and the operation of pharmacies. Additional information to assist with policy implementation can be found in the accompanying Supplemental Guidance document.

Approved: TBD
Effective: TBD
Version #: 6.00

Supplemental Guidance

Purpose

To articulate the College's expectations of pharmacists who perform the controlled act of administering a substance by inhalation, as authorized by the *Pharmacy Act* and in accordance with *O. Reg. 256/24* ("the regulations"), and to provide direction for meeting the Standards of Practice.

Scope

This policy applies to pharmacists in Part A of the register, interns and pharmacists (Emergency Assignment), in any practice setting.

Definitions

Informed Consent: Express or implied consent to treatment given by a patient after receiving and understanding information, and having the opportunity to ask questions, about its nature, expected benefit, potential risks, alternative options, and consequences of not having the treatment (or any information that a reasonable person in the same circumstances would require to make a decision about the treatment).[1]

Policy

Pharmacists are authorized to administer by inhalation**:**

- A substance included in Schedule 2 of *O. Reg. 256/24*
    - for the purpose of patient education and demonstration
    - for the purpose of managing medication therapy (i.e., treatment)

Pharmacy technicians are not authorized to administer a substance by inhalation**.**

Before administering a substance by inhalation, pharmacists must:

1. Assess the environment

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

In any setting, pharmacists must ensure that:

- Administration takes place in an environment that is clean, safe, private, and comfortable for the patient.
- Safeguards and resources are available to safely manage the outcome after administration.

2. Assess their competency

Pharmacists must only administer inhalations when they can do so competently and safely by having sufficient understanding of the condition of the patient and:

- Possessing sufficient knowledge, skill and judgment respecting the substance to be administered and the device(s) used for administration.
- Having the resources necessary to meet the Standards of Practice.
- Being of sound physical, emotional and mental capacity.

3. Assess the patient

Pharmacists must assess the patient to determine the therapeutic appropriateness of the substance to be administered.

- The decision to administer a substance by inhalation is based on the individual patient's need, history, current health status, consideration of potential risks and benefits, and the pharmacist's professional judgment.

4. Confirm infection control procedures are in place

When administering inhalations in a pharmacy, there must be:

- Evidence-based Infection Prevention and Control (IPAC) measures in place to prevent or reduce the risk of transmission of microorganisms to patients, the public, and personnel.
- Procedures in place for the safe handling, collection and disposal of:
    - Medical sharps (i.e., lancets)
    - Biomedical waste (i.e., blood specimens or samples)

Pharmacists must:

- Adhere to the policies and procedures established by the pharmacy or other health care setting, when applicable.
- Take a 'routine practice' approach with all patients, as set out by the Provincial Infectious Diseases Advisory Committee (PIDAC).
    - This includes proper hand hygiene and, when appropriate, use of personal protective equipment.
- Clean and disinfect devices used for multiple patients, as per the manufacturer's instructions.
- Never reuse single use devices.

5. Obtain informed consent

Prior to administering inhalations, regulations require pharmacists to receive informed consent from the patient or their authorized agent.

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

6. Confirm proper storage and preparation

Pharmacists must determine that a substance is safe to administer by evaluating its stability and integrity. Refer to the official Product Monograph[2] and:

- Follow the directions for reconstitution (if applicable).
- Visually inspect the product.
- Ensure that temperature-sensitive products have been received and stored according to manufacturer's recommendations.
    - Pharmacists must adhere to the Protecting the Cold Chain Guideline.

After administering a substance by inhalation, pharmacists must:

7. Monitor the patient

Pharmacists must:

- Ensure that the patient is monitored for adverse reactions in an appropriate location.
    - Refer to the Product Monograph for information on required observation for potential adverse reactions.
- Determine if additional monitoring and/or further follow-up is required.

8. Communicate and Educate

Pharmacists must:

- Communicate with colleagues and other health care professionals (HCP) to promote optimal patient outcomes.
- Educate the patient on their treatment plan including any monitoring and/or follow-up required.
- If applicable, advise the patient when the next administration is due.

8. Document and notify

Document

Relevant details of the patient assessment and administration must be documented on the patient record. The regulations require the following information to be included:

- Name and address of the patient
- Name and address of the pharmacist
- Date the substance was administered
- Name, strength (where applicable) and quantity of the substance administered
- The circumstances relating to the administration of the substance and any adverse reaction experienced by the patient, and

- Confirmation that an informed consent was given by the patient or their authorized agent

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

Patients are entitled to retain a copy of the documentation from their record.

Notify

The prescriber of the substance (if any), as well as the patient's primary care provider (if any, and if known) must be notified within a reasonable time, when a substance is administered for:

- Treatment purposes
- Education or demonstration purposes, ONLY if it is clinically significant and/or important for continuity of care.

Legislative References

- *Pharmacy Act*
  - *Ontario Regulation* 256/24: General

Additional References

- Documentation Guidelines
- Infection Prevention and Control Practice Tool
- Patient Assessment Practice Tool

Revision History

Version #	Date	Action
1	October 2012	Expanded Scope of Practice Orientation Manual.
2	February 2018	Guideline extracted from manual.
3	December 2020	Review, reformatting and inclusion of scope changes from *O. Reg. 202/94*.

Version #	Date	Action
4	November 2021	Inclusion of scope changes for technicians from *O. Reg. 202/94*
5	July 2023	Guideline extracted from Administering a Substance by Injection or Inhalation Guideline. Inclusion of scope changes to *O. Reg. 202/94*.
6	TBD	Changed from Guideline to Policy; reformatted; minor content revisions; updated to *O. Reg. 256/24*; moved non-policy content to Supplemental Guidance

[1] *Health Care Consent Act*
[2] Health Canada Drug Product Database

GUIDELINE TO POLICY: Administering a Substance by Inhalation Policy

Background

The Administering a Substance by Inhalation guideline sets out the expectations for registrants when performing the controlled act of administering a substance by inhalation (*O. Reg. 256/24*). The guideline was first implemented as a stand-alone document in 2023. Prior to 2023, the expectations were set out in a combined guideline with Administering a Substance by Injection, implemented in 2018.

Revisions

The guideline has been transitioned into a policy because the requirements in the guideline are, in fact, policy expectations. The document now conforms to the policy template. There are **no changes to the overall expectations for registrants**. This revision supports the College's commitment to clearly communicating, in a consistent format, its expectations for registrants.

Summary of Changes

- Details have been added about documentation
- Section on Communication and Education added

Summary Chart of Revisions

Text in red with strike through (e.g., ~~X~~) represents deleted text
Text in blue (e.g., X) represents added text
Text in green (e.g., ~~X~~, X) represents text moved elsewhere in the document
Text in purple with strikethrough (e.g., ~~X~~) represents text moved to supplemental guidance

Existing Content with changes	Proposed New Content	Rationale
Purpose ~~This guideline outlines legislative requirements and~~ expectations ~~for pharmacy professionals~~ administering substances by inhalation as authorized by the Pharmacy Act and in accordance with O. Reg. 256/24. ~~It is meant to be used alongside the~~ ~~Standards of Practice~~, ~~Standards of Operation~~, ~~and Code of Ethics~~.	**Purpose** To articulate the College's expectations of registrants who perform the controlled act of administering a substance by inhalation, as authorized by the *Pharmacy Act* and in accordance with *O. Reg. 256/24* ("the regulations"), and to provide direction for meeting the standards of practice.	Edited to conform with the policy template.
N/A	**Scope** This policy applies to pharmacists in Part A of the register, interns and pharmacists (Emergency Assignment), in any practice setting.	Edited to conform with the policy template.

Definitions: **Informed Consent**: Consent to treatment ~~is informed if, before giving it, the person~~ received ~~the~~ information about ~~the~~ nature, expected benefit, potential risks ~~or side effects, other~~ options and consequences of not having the treatment (or any information that a reasonable person in the same circumstances would require ~~in order~~ to make a decision about the treatment~~) and the person received responses to their request for additional information (*Health Care Consent Act*).~~ ~~**Pharmacist:** For the purposes of this document where the term 'pharmacist' is used it is inclusive of pharmacy interns, and subject to any terms, conditions and limitations on their certificates of registration. Where this is not the case, it will be clearly identified.~~ ~~**Pharmacy Technician:** For the purposes of this document, where the term 'pharmacy technician' is used, it is inclusive of intern technicians, and subject to any terms, conditions, and limitations on their certificates of registration. Where this is not the case, it will be clearly identified.~~	**Definitions** **Informed Consent:** Express or implied consent to treatment, given by a patient after receiving and understanding information, and having the opportunity to ask questions, about its nature, expected benefit, potential risks, alternative options, consequences of not having the treatment (or any information that a reasonable person in the same circumstances would require to make a decision about the treatment).[1]	Definition of Informed Consent standardized with other policies. Reference changed to endnote to conform with the policy template. Moved to scope statement. Pharmacy Technicians do not have the authority to administer by inhalation.
~~**Guideline:**~~ ~~A pharmacy professional is authorized under the *Pharmacy Act* to perform the controlled act of administering a substance by inhalation in accordance with the requirements established by O. Reg. 256/24 ("the regulations").~~ ~~To administer a substance by inhalation in any other circumstances, a pharmacy professional would require delegation of authority, such as a medical directive or direct order, from another regulated health professional.~~	**Policy**	Repeats what is already stated in the scope and purpose. Delegation is addressed in a separate policy; moved to Supplemental Guidance.

Before administering a substance by inhalation, pharmacists must: **1. Assess the environment** The Standards of Operation require the premises, facilities, and layout – along with its equipment, technology and staffing – to support practice, to mitigate risks associated with the delivery of services, and to safeguard the health, safety and wellbeing of patients. • Administration of a substance must take place in an environment that is clean, safe, private, and comfortable for the patient, ~~in a way that protects their confidentiality and dignity~~ • Safeguards and resources must be available to safely manage the outcome after administration ~~Community pharmacy owners and Designated Managers are expected to implement the Guiding Principles for Shared Accountability to support a suitable practice environment, which includes the physical working space as well as the practice culture, operating procedures, workflow, and resources available.~~	**Before administering a substance by inhalation, pharmacists must:** **1. Assess the environment** When administering inhalations in a pharmacy, the Standards of Operation require the premises, facilities, and layout – along with its equipment, technology and staffing – to support practice, to mitigate risks associated with the delivery of services, and to safeguard the health, safety and wellbeing of patients. In any setting, pharmacists must ensure that: • Administration of a substance must take place in an environment that is clean, safe, private, and comfortable for the patient • Safeguards and resources must be available to safely manage the outcome after administration	Place focus on what the registrant must have when in a pharmacy instead of on the operational aspects which are the Designated Manager/owner's responsibility Copy edits with no change to meaning or intent. Aligned with content of similar policies for controlled acts and with policy template. These expectations are operational and DM specific, beyond the scope of this policy.
2. Assess their competency The pharmacist must only administer a substance by inhalation when they can do so competently and safely by: • Possessing sufficient knowledge, skill and judgment respecting the substance to be administered and the device(s) used to administer the substance • ~~Having sufficient understanding of the condition of the patient~~	**2. Assess their competency** The pharmacist must only administer a substance by inhalation when they can do so competently and safely by having sufficient understanding of the condition of the patient and: • Possessing sufficient knowledge, skill and judgment respecting the substance to be administered and the device(s) used to administer the substance • Having the resources necessary to meet the Standards of Practice	Copy edits with no change to meaning or intent.

• Having the resources necessary to meet ~~their professional obligations and~~ standards of practice • Being of sound physical, emotional and mental capacity • ~~Addressing gaps or learning opportunities, identified through self- and/or peer-assessment, with continuing education and/or additional training~~	• Being of sound physical, emotional and mental capacity	Moved to supplemental guidance; this needs to occur to possess sufficient knowledge, skill and judgment (a requirement in this section).
3. Assess the patient The pharmacist must assess the patient to determine the appropriateness of the ~~therapy~~. The decision to administer a substance is based on the individual patient's need, history, current health status, consideration of potential risks and benefits, and the pharmacist's professional judgment. ~~For more information, please refer to the~~ Patient ~~Assessment Practice Tool~~	**3. Assess the patient** The pharmacist must assess the patient to determine the therapeutic appropriateness of the substance to be administered. • The decision to administer a substance by inhalation is based on the individual patient's need, history, current health status, consideration of potential risks and benefits, and the pharmacist's professional judgment.	Copy edits with no change to meaning or intent. Moved to Additional References.
4. Confirm Infection ~~Prevention and~~ Control ~~(IPAC)~~ Procedures are in place ~~Pharmacies must have~~ evidence-based Infection Prevention and Control (IPAC) measures in place to prevent or reduce the risk of transmission of microorganisms to patients, the public, and personnel. • A 'routine ~~precaution~~' approach ~~should always be undertaken,~~ with all patients. This includes proper hand ~~washing~~ and, when appropriate, use of personal protective equipment. ○ ~~Refer to Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings from the Public Health Agency of Canada (PHAC)~~	**4. Confirm infection control procedures are in place** When administering inhalations in a pharmacy, there must be: • Evidence-based Infection Prevention and Control (IPAC) measures in place to prevent or reduce the risk of transmission of microorganisms to patients, the public, and personnel. • Procedures in place for the safe handling, collection and disposal of: ○ Medical sharps (i.e., lancets) ○ Biomedical waste (i.e., blood specimens or samples) Pharmacists must: • Adhere to the IPAC policies and procedures established by the pharmacy	Aligned with language in regulations. Place focus on what the registrant must have when in a pharmacy instead of on the operational aspects which are the Designated Manager/owner's responsibility Address all practice settings. Reference to a specific national PHAC document has been replaced with a comparable provincial reference, PIDAC, to which registrants are accountable to for Public Health inspections.

• ~~In the hospital setting, the organization's IPAC Committee is responsible for~~ establish~~ing~~ IPAC policies and procedures • In the community setting, the Designated Manager is responsible for establishing IPAC policies and procedures ~~For additional information, refer to Appendix B, and the Ministry of Labour, Training and Skills Development for Occupational Health and Safety IPAC-related resources~~	or other health care setting, when applicable. • Take a 'routine practice' approach with all patients, as set out by the Provincial Infectious Diseases Advisory Committee (PIDAC). ○ This includes proper hand hygiene and, when appropriate, use of personal protective equipment. • Cleaned and disinfect devices used for multiple patients, as per the manufacturer's instructions. • Never reuse single use devices	Routine "practice" replaces "precaution" to reflect the language of PIDAC. Content updated to align with similar policies. Moved to Supplemental Guidance.

5. Obtain informed consent ~~to treatment~~
 	
Prior to administering a substance, the pharmacist ~~must~~ receive informed consent from the patient or their authorized agent.
 	
~~• Consent is contingent on an individual's capacity to understand why and for what the consent is being sought~~
~~• There is no minimum age of consent in Ontario~~
~~• Consent may be express or implied~~
  ~~○ Express consent may be provided in writing or provided verbally and documented~~
  ~~○ A pharmacy professional may determine that implied consent is provided, based on the patient's~~
	5. Obtain informed consent
	
	Prior to administering a substance, regulations require the pharmacist to receive informed consent from the patient or their authorized agent.
	• The information provided to patients to make informed decisions about their healthcare must be consistent with the best available clinical evidence.
		Also applies to administration for education and demonstration purposes.
		
		Include expectations in the Code of Ethics.
		
		Move to Supplemental Guidance.

~~action(s) or inaction in the circumstances at hand~~ • ~~Confirmation that informed consent was received by the pharmacist must be documented on the patient record~~		Documentation requirement moved to section 8.
6. Confirm proper storage and preparation The pharmacist must determine that the substance is safe to administer by evaluating the stability and integrity of the drug. • Follow ~~manufacturer's recommendations~~ for reconstitution (if applicable), ~~visual inspection, etc.~~ • ~~Procedures must be in place to~~ ensure that temperature-sensitive drug products ~~are~~ received and stored according to manufacturer's recommendations • ~~Please refer to the Guideline — Protecting the Cold Chain for further information~~	**6. Confirm proper storage and preparation** The pharmacist must determine that the substance is safe to administer by evaluating the stability and integrity of the drug. Refer to the official Product Monograph[2] and: • Follow the directions for reconstitution (if applicable). • Visually inspect the product. • Ensure that temperature-sensitive drug products have been received and stored according to manufacturer's recommendations. ○ Pharmacists must adhere to the Protecting the Cold Chain Guideline	Copy edits to provide additional clarification with no change to meaning or intent; aligns with similar policies.
7. Monitor the patient ~~The~~ pharmacist must ensure that the patient is monitored for adverse reactions in an appropriate location, ~~for a sufficient amount of time.~~ • Refer to the Product Monograph for warnings, precautions and adverse reactions • ~~Should a reaction occur, it should be immediately brought to the attention of the pharmacist for timely assessment of the patient and to determine the appropriate course of action~~ • Determine if ~~a~~ monitoring ~~plan~~ and further follow-up is required	**7. Monitor the patient** Pharmacists must: • Ensure that the patient is monitored for adverse reactions in an appropriate location. ○ Refer to the Product Monograph for information on required observation for potential adverse reactions. Determine if additional monitoring and/or further follow-up is required	Observation and management protocols are included in injection competencies for pharmacists, who is the one administering.

N/A	**8. Communicate & Educate** Pharmacists must: • Communicate with colleagues and other health care professionals (HCP) to promote optimal patient outcomes • Educate the patient on their treatment plan including any monitoring and/or follow-up required. • If applicable, advise the patient when the next administration is due.	These expectations are not new and exist in the other policies about controlled acts (e.g., Administering a Substance by Injection); added for consistency.
8. Document and notify ***Document*** ~~The~~ relevant details of the patient assessment and administration ~~of a substance~~ must be documented on the patient record. ~~This includes confirmation that informed consent was received by the pharmacist along with a brief overview of the information that was provided to the patient concerning the risks, benefits, and potential side effects.~~ ~~Pharmacy professionals are expected to review and adhere to the College's Record Retention, Disclosure and Disposal Guideline and Documentation Guidelines~~.	**8. Document and notify** ***Document*** Relevant details of the patient assessment and administration must be documented on the patient record. The regulations require the following information to be included: • Name and address of the patient • Name and address of the pharmacist • Date the substance was administered • Name, strength (where applicable) and quantity of the substance administered • The circumstances relating to the administration of the substance to the patient and any adverse reaction experienced by the patient, and • Confirmation that an informed consent was given by the patient or their authorized agent	Moved to supplemental guidance. Copy edits with no change to meaning or intent. Documentation and record retention requirements exist in other policies. These expectations are not new and exist in the other policies about controlled acts (e.g., Administering a Substance by Injection); added for consistency and clarification of the regulations.

	Documentation sent to other HCPs must be concise and include pertinent details respecting administration to ensure their patient record is accurate and complete. Patients are also entitled to retain a copy of the documentation from their record.	Simplified to emphasize patient's rights.
Notify ~~Notification of the administration of a substance should be sent to both~~ the prescriber of the substance (if any), as well as the patient's primary care provider (if any, and if known): • ~~Where~~ a substance is administered for education or demonstration purposes, ~~notification *may* occur if the pharmacist determines the administration was~~ clinically significant or important for continuity of care • ~~Where a substance is administered for~~ treatment purposes, ~~notification *must* occur within a reasonable time~~ ~~Documentation sent to the other health care professionals must be concise and include pertinent details respecting administration to ensure the patient record is complete.~~ ~~Patients who do not have a prescriber (i.e., have been administered a non-prescription substance) or a primary care provider should be advised that they, or another health professional providing care to them in the future, are entitled to access this information at any time.~~ Patients ~~may also wish to have a copy of the documentation from their record.~~	***Notify*** The prescriber of the substance (if any), as well as the patient's primary care provider (if any, and if known) must be notified within a reasonable time, when a substance is administered for: • Treatment purposes • Education or demonstration purposes, ONLY if it is clinically significant and/or important for continuity of care.	Copy edits with no change to meaning or intent; aligns with other policies on controlled acts (e.g., Administering a Substance by Injection). Moved to Supplemental Guidance.
Additional References: • ~~Policy — Medical Directives and the Delegation of Controlled Acts~~	**Additional References** • Documentation Guidelines • Patient Assessment Practice Tool	Move to supplemental guidance and align references with similar policies.
~~**Appendices A and B**~~	N/A	Moved to Supplemental Guidance.

Administering a Substance by Injection Policy

Together with the relevant legislative requirements and standards, policies articulate the College's expectations for registrants for the practice of pharmacy, the provision of patient care, and the operation of pharmacies. Additional information to assist with policy implementation can be found in the accompanying Supplemental Guidance document.

Approved: TBD
Effective: TBD
Version #: 8.00

Supplemental Guidance

Purpose

To articulate the College's expectations of registrants performing the controlled act of administering a substance by injection, as authorized by the *Pharmacy Act*, 1991 and in accordance with *O. Reg. 256/24* ("the regulations"), and to provide direction for meeting the Standards of Practice.

Scope

This policy applies to registrants in Part A of the register in any setting.

Definitions

Informed Consent: Express or implied consent for treatment, given by a patient after receiving and understanding information, and having the opportunity to ask questions, about its nature, expected benefit, potential risks, alternative options, consequences of not having the treatment (or any information that a reasonable person in the same circumstances would require to make a decision about the treatment.[1]

Policy

Pharmacists are authorized to administer by injection:

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

Pharmacy technicians are authorized to administer by injection**:**

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

Before administering a substance by injection, registrants must:

1. Assess the environment

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

In any setting, registrants must ensure that:

- Administration takes place in an environment that is clean, safe, private, and comfortable for the patient.
- Safeguards and resources are available to safely manage the outcome after administration.

2. Assess their competency and certifications

Registrants must only administer a substance by injection when they can do so competently and safely, having sufficient understanding of the condition of the patient and:

- Successfully completing an OCP-approved, CCCEP-accredited injection training course.
- Registering their training with the College, where it will appear on the public register.
- Possessing sufficient knowledge, skill and judgment respecting the substance to be administered and the device(s) used for administration.
- Having the resources necessary to meet the Standards of Practice.
- Being of sound physical, emotional and mental capacity.

Pharmacists only must also:

- Maintain valid certification in CPR and First Aid, at a minimum level equivalent to St. John Ambulance or Red Cross Standard First Aid & CPR/AED Level C.
- For administering via an established venous access device, successfully complete theoretical and practical training on administering intravenous therapy and venous access devices.
    - A skills assessment component is required for the pharmacist to demonstrate their competency.
    - Training may be completed through a CCCEP-accredited provider and/or through an educational program approved by the organization where they will engage in this practice under the direction and supervision of a NP or MD.

3. Assess the patient

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

- The decision to administer a substance by injection is based on its approved indication(s), the patient's age, individual needs, medical history, current health status, consideration of potential risks and benefits, and the pharmacist's professional judgment.

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

4. Confirm infection control procedures are in place

When administering injections in a pharmacy, there must be:

- Evidence-based Infection Prevention and Control (IPAC) measures in place to prevent or reduce the risk of transmission of microorganisms to patients, the public, and personnel.
- Protocols for needle stick injuries.
    - Safety-engineered needles licensed by Health Canada are required by *O. Reg. 474/07*
- Procedures in place for the safe handling, collection and disposal of:
    - Medical sharps (i.e., needles)
    - Biomedical waste

Registrants must:

- Adhere to the policies and procedures established by the pharmacy or other health care setting, when applicable.
- Take a 'routine practice' approach with all patients, as set out by the Provincial Infectious Diseases Advisory Committee (PIDAC).
    - This includes proper hand hygiene and, when appropriate, use of personal protective equipment.
- Clean and disinfect devices used for multiple patients, as per the manufacturer's instructions.
- Never reuse single use devices
- Never recap, bend, or manipulate needles prior to disposal.
- Activate safety features, if available on a device.

5. Obtain informed consent

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

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

When participating in Ministry of Health programs to administer publicly funded vaccines, consent must be obtained as required by the pharmacy's or organization's Agreement with the Ministry and Executive Officer Notices.

6. Confirm proper storage and preparation

Registrants must determine that the substance is safe to administer by evaluating its stability and integrity. Refer to the official Product Monograph[2] and:

- Follow the directions for reconstitution (if applicable).
- Visually inspect the product.
- Follow Canadian Immunization Guide administration practices.
- Ensure that temperature-sensitive products have been received and stored according to manufacturer's recommendations.
    - Registrants must adhere to the Protecting the Cold Chain Guideline.
    - For publicly funded vaccines, registrants must follow Ministry of Health Vaccine Storage and Handling Guidelines.

After administering a substance by injection, registrants must:

7. Monitor the patient

Registrants must ensure that the patient is monitored for adverse reactions in an appropriate location:

- For post-vaccine administration, follow the PHAC Canadian Immunization Guide for protocols on observation and management of early vaccine reactions including anaphylaxis.
    - Registrants are required under the *Health Protection and Promotion Act* to report certain Adverse Events Following Immunization (AEFI) to Public Health.
- For administration of other substances, refer to the Product Monograph for information on required observation for potential adverse reactions.
- Determine if additional monitoring and/or further follow-up are required.

8. Communicate & Educate

Registrants must:

- Communicate with colleagues and other health care professionals (HCP) to promote optimal patient outcomes.
- Educate the patient on their treatment plan including any monitoring and/or follow-up required.
- If applicable, remind patients to update their immunization record.
- If applicable, advise the patient when their next injection is due.

9. Document & Notify

Registrants administering publicly funded vaccines must follow the Ministry of Health's documentation and notification requirements, as established by the applicable agreement with the Ministry and Executive Offices Notices.

Document

Relevant details of the patient assessment and administration must be documented on the patient record. The regulations require the following information to be included:

- Name and address of the patient
- Name and address of the registrant
- Date the substance was administered
- Name, strength (where applicable) and quantity of the substance administered
- The circumstances relating to the administration of the substance to the patient and any adverse reaction experienced by the patient, and
- Confirmation that an informed consent was given by the patient or their authorized agent

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

Patients are entitled to retain a copy of the documentation from their record.

Notify

The prescriber of the substance (if any), as well as the patient's primary care provider (if any, and if known) must be notified within a reasonable time, when a substance is administered for:

- Treatment purposes
- Education or demonstration purposes, ONLY if it is deemed clinically significant by the pharmacist and/or important for continuity of care.

Legislative References

- *Pharmacy Act*
    - *Ontario Regulation* 256/24: General

Additional References

- Administering Injections Practice Tool
- Documentation Guidelines
- Infection Prevention and Control Practice Tool
- Patient Assessment Practice Tool

External References

- Canadian Immunization Guide
- Ministry of Health Executive Officer Notices
- Vaccine Storage and Handling Guidelines

Revision History

VERSION #	DATE	ACTION
1.00	October 2012	Expanded Scope of Practice Orientation Manual.
2.00	February 2018	Guideline extracted from manual.
3.00	December 2020	Review, reformatting and inclusion of scope changes from O.Reg. 202/94.
4.00	November 2021	Inclusion of scope changes for technicians from O. Reg. 202/94
5.00	July 2023	Administering a Substance by Injection Guideline extracted from Administering a Substance by Injection or Inhalation Guideline. Inclusion of scope changes to O. Reg. 202/94.
6.00	December 2023	Changes to Schedule 3; minor content revisions.
7.00	April 2024	The authority for pharmacists and pharmacy technicians to administer COVID-19 vaccines transitioned to O. Reg. 202/94

VERSION #	DATE	ACTION
8.00	TBD	Changed from Guideline to Policy; reformatted; minor content revisions; updated to O. Reg. 256/24; moved non-policy content to Supplemental Guidance

[1] *Health Care Consent Act*
[2] Health Canada Drug Product Database

GUIDELINE TO POLICY: Administering a Substance by Injection

Background

The Administering a Substance by Injection guideline sets out the expectations for registrants when performing the controlled act of administering a substance by injection. The guideline was first implemented as a stand-alone document in 2023. Prior to 2023, the expectations were set out in a guideline Administering a Substance by Injection or Inhalation that was implemented in 2018. The version history is included in the policy.

Revisions

The guideline has been transitioned into a policy because the requirements in the guideline are, in fact, policy expectations. This revision supports the College's commitment to clearly communicating, in a consistent format, its expectations for registrants. There are **no changes to the overall expectations for registrants**.

Summary of Changes

- Conforms to policy template in structure and content
- Added definition of informed consent to shorten section in body of policy

Summary Chart of Revisions

Text in red with strike through (e.g., ~~X~~) represents deleted text
Text in blue (e.g., X) represents added text
Text in green (e.g., ~~X~~, X) represents text moved elsewhere in the document
Text in purple with strikethrough (e.g., ~~X~~) represents text moved to supplemental guidance

Existing Content with changes	Proposed New Content	Rationale
Purpose ~~This guideline outlines legislative requirements and~~ expectations ~~for pharmacy professionals~~ administering substances by injection as authorized by the Pharmacy Act and in accordance with *O. Reg. 256/24*. ~~It is meant to be used alongside the~~ Standards of Practice~~, Standards of Operation, and Code of Ethics~~.	**Purpose** To articulate the College's expectations of registrants performing the controlled act of administering a substance by injection, as authorized by the *Pharmacy Act, 1991* and in accordance with *O. Reg. 256/24* ("the regulations") and to provide direction for meeting the Standards of Practice.	Edited to conform with the policy template.
N/A	**Scope** This policy applies to registrants in Part A of the register in any setting.	Added the section on Scope to conform with the policy template.
Definitions	**Definitions**	

~~**Pharmacy professional:** For the purposes of this guideline, means a Part A pharmacist and/or pharmacy technician and is inclusive of interns, subject to any terms, conditions and limitations on their certificates of registration. Where this is not the case, it will be clearly identified.~~	**Informed Consent:** Express or implied consent for treatment, given by a patient after receiving and understanding information, and having the opportunity to ask questions, about its nature, expected benefit, potential risks, alternative options, consequences of not having the treatment (or any information that a reasonable person in the same circumstances would require to make a decision about the treatment.[1]	The definition of pharmacy professional has been removed as it has been replaced with "registrant" in the scope statement. Definition of Informed Consent standardized with other policies, moving content from the body of policy.
~~**Guideline:**~~ ~~A pharmacy professional is authorized under the *Pharmacy Act* to perform the controlled act of administering a substance by injection in accordance with the requirements established by *O. Reg. 256/24* ("the regulations"). To administer a substance by injection that is not authorized by the regulations, or if the requirements established in the regulations cannot be met, a pharmacy professional requires delegation of authority, such as a medical directive or direct order, from another regulated health professional.~~ ~~** Denotes a requirement in the regulations (O. Reg. 256/24, s50)~~ **Pharmacy technicians are authorized to administer by injection:** ~~***Note:*** On October 1, 2024, a new registrant class, Intern Technician, was created. However, Intern Technicians have not yet been authorized under O. Reg 256/24 (General) to administer injections.~~	**Policy** **Pharmacy technicians and pharmacy technicians (EA) only, not intern technicians, are authorized to administer by injection:**	Moved to supplementary guidance. Referenced in purpose and references as per policy template. Clarify which classes of registration this section applies to. Moved explanation to Supplemental Guidance.
Before administering a substance by injection, ~~pharmacy professionals~~ must:	**Before administering a substance by injection, registrants must:**	

1. Assess the environment • The Standards of Operation require the pharmacy premises, facilities, and layout – along with its equipment, technology, and staffing – to support practice, mitigate risks associated with the delivery of services, and safeguard the health, safety and wellbeing of patients. Administration of a substance ~~must~~ take place in an environment that is clean, safe, private, and comfortable for the patient*, ~~in a way that protects their confidentiality and dignity~~. • Safeguards and resources ~~must be~~ available to safely manage the outcome after administration~~*~~ ○ ~~If the substance being administered has an antidote, it must be available~~. ~~Community pharmacy owners and Designated Managers are expected to implement the Guiding Principles for Shared Accountability to support a suitable practice environment, which includes the physical working space as well as the practice culture, operating procedures, workflow, and resources available.~~	**1. Assess the environment** When administering injections in a pharmacy, the Standards of Operation require the premises, facilities, and layout – along with its equipment, technology and staffing – to support practice, to mitigate risks associated with the delivery of services, and to safeguard the health, safety and wellbeing of patients. In any setting, registrants must ensure that: • Administration takes place in an environment that is clean, safe, private, and comfortable for the patient • Safeguards and resources are available to safely manage the outcome after administration	Place focus on what the registrant must have when in a pharmacy instead of on the operational aspects which are the Designated Manager/owner's responsibility. Moved to supplementary guidance. These expectations are operational and DM specific, beyond the scope of this policy.
2. Assess their competency and certifications ~~The pharmacy professional~~ must only administer a substance by injection when they can do so competently and safely by: • Obtaining and ~~maintaining a valid certification in CPR and First Aid, at a minimum level equivalent to St. John Ambulance or Red Cross Standard First Aid & CPR/AED Level C [*Pharmacists only*].~~ ○ ~~CPR and First Aid certification for pharmacy technicians is~~	**2. Assess their competency and certifications** Registrants must only administer a substance by injection when they can do so competently and safely, having sufficient understanding of the condition of the patient and:	Moved to supplemental guidance.

~~recommended but not mandatory at this time as they can only administer vaccines under supervision of a pharmacist (or another health care professional (HCP)) who is required to have this certification~~. • ~~Having sufficient understanding of the condition of the patient*.~~ • Having the resources necessary to meet ~~their professional obligations and~~ standards of practice~~.~~ • ~~Addressing gaps or learning opportunities, identified through self- and/or peer-assessment, and pursuing continuing education and/or additional training.~~	• Having the resources necessary to meet the Standards of Practice. Pharmacists only must also: • Maintain valid certification in CPR and First Aid, at a minimum level equivalent to St. John Ambulance or Red Cross Standard First Aid & CPR/AED Level C.	Moved to supplemental guidance; this needs to occur to possess sufficient knowledge, skill and judgment (a requirement in this section).
3. Assess the patient • ~~For more information, please refer to the Patient Assessment Practice Tool~~.	**3. Assess the patient**	Moved to the Additional References section.
4. Confirm Infection ~~Prevention and Control (IPAC)~~ Procedures are in place ~~Pharmacies must have~~ evidence-based Infection Prevention and Control (IPAC) measures in place* to prevent or reduce the risk of transmission of microorganisms to patients, the public, and personnel. • ~~A 'routine precaution' approach should always be undertaken~~, ~~with all patients. This includes proper hand washing and, when appropriate, use of personal protective equipment.~~ ○ ~~Refer to Routine Practices and Additional Precautions for Preventing~~	**4. Confirm infection control procedures are in place** When administering injections in a pharmacy, there must be: • Evidence-based Infection Prevention and Control (IPAC) measures in place to prevent or reduce the risk of transmission of microorganisms to patients, the public, and personnel. • Protocols for needle stick injuries. ○ Safety-engineered needles licensed by Health Canada are required by *O. Reg. 474/07* • Procedures in place for the safe handling, collection and disposal of:	Aligned with language in regulations. Place focus on what the registrant must have when in a pharmacy instead of on the operational aspects which are the Designated Manager/owner's responsibility.

~~the Transmission of Infection in Healthcare Settings from the Public Health Agency of Canada (PHAC).~~ • ~~In the hospital setting, the organization's IPAC Committee~~ establishes ~~IPAC~~ policies and procedures. • ~~In the community setting, the Designated Manager is responsible for establishing IPAC policies and procedures~~.	○ Medical sharps (i.e., needles) ○ Biomedical waste Registrants must: • Adhere to the policies and procedures established by the pharmacy or other health care setting, when applicable. • Take a 'routine practice' approach with all patients, as set out by the Provincial Infectious Diseases Advisory Committee (PIDAC). ○ This includes proper hand hygiene and, when appropriate, use of personal protective equipment.	Reference to a specific national PHAC document has been replaced with a comparable provincial reference, PIDAC, to which registrants are accountable to for Public Health inspections. Address all practice settings. Routine "practice" replaces "precaution" to reflect the language of PIDAC.
• ~~Refer to the Public Health Agency of Canada (PHAC) Canadian Immunization Guide sections on **Infection Prevention and Control** and Immunization of Workers~~.		Moved to supplemental guidance.
~~Pharmacies must have procedures in place for the safe handling, collection and disposal of medical sharps (i.e., needles)~~: • ~~Do not~~ recap, bend, or manipulate needles prior to disposal. • The device's safety feature(s) should be activated if available ○ ~~Safety-engineered needles licensed by Health Canada are required by *O. Reg. 474/07* in certain workplaces~~	• Clean and disinfect devices used for multiple patients, as per the manufacturer's instructions. • Never reuse single use devices • Never recap, bend, or manipulate needles prior to disposal. • Activate safety features, if available on a device.	Content updated to align with similar policies.
~~For additional information, refer to Appendix B and the:~~ • ~~Infection Prevention and Control Practice Tool~~ • ~~Ministry of Environment and Climate Change guidance on biomedical waste for more information on sharps management and disposal.~~ • ~~Ministry of Labour, Immigration, Training, and Skills Development for Occupational~~		Moved to supplementary guidance

~~Health and Safety IPAC and sharps safety related resources.~~		
5. Obtain informed consent ~~to treatment~~ Prior to administering a substance, ~~the~~ pharmacist ~~mus~~t receive informed consent from the patient or their authorized agent~~*~~. Under the Health Care Consent Act, ~~consent to treatment~~ is ~~informed~~ if, before ~~giving~~ it, the person ~~received~~: ~~• Information about the nature, expected benefit, potential risks or side effects of the proposed treatment.~~ ~~• Information about other options and consequences of not having the treatment.~~ • ~~Any information that a reasonable person in the same circumstances would require to make a decision about the treatment~~. ~~• Responses to their request for additional information.~~ The information provided to patients to make informed decisions about their healthcare ~~should~~ be consistent with the best available clinical evidence. ~~• Consent is contingent on an individual's capacity to understand why and for what the consent is being sought~~ ~~• There is no minimum age of consent to treatment in Ontario~~ ~~• Consent may be express or implied~~ ~~○ Express consent may be provided by the patient in writing or provided verbally and documented by the pharmacist.~~ ~~○ The pharmacist may determine that implied consent is provided, based on the patient's~~	**5. Obtain informed consent** Prior to administering a substance, regulations require a pharmacist to receive informed consent from the patient or their authorized agent. • The information provided to patients to make informed decisions about their healthcare must be consistent with the best available clinical evidence.	This also applies to administration for education and demonstration purposes. Incorporated into definition section. Move to supplemental Guidance. The requirement to document has been removed here as it is discussed in section 9.

~~action(s) or inaction in the circumstances at hand~~ ~~Pharmacies~~ participating in Ministry of Health programs to administer publicly funded vaccines must obtain consent as required by ~~their~~ Agreement with the Ministry and Executive Officer Notices ~~(if applicable).~~	 When participating in Ministry of Health programs to administer publicly funded vaccines, consent must be obtained as required by the pharmacy's or organization's Agreement with the Ministry and Executive Officer Notices.	Explain in supplemental guidance with examples. Place focus on what the registrant must do, instead of on the operational aspects which are the Designated Manager/owner's responsibility.
6. Confirm proper storage and preparation The ~~pharmacy professional~~ must determine that the substance is safe to administer by evaluating the stability and integrity of the drug. • Follow Canadian Immunization Guide administration practices ~~and manufacturer's recommendations~~ for reconstitution (if applicable), visual inspecti~~on, etc.~~ • ~~Procedures must be in place to~~ ensure that temperature-sensitive drug products are received and stored according to manufacturer's recommendations. • ~~Please refer to the~~ Guideline – Protecting the Cold Chain ~~for further information, including links to the Ontario public health standards for storage of~~ publicly funded vaccines.	**6. Confirm proper storage and preparation** Registrants must determine that the substance is safe to administer by evaluating the stability and integrity of the drug. Refer to the official Product Monograph[i] and: • Follow the directions for reconstitution (if applicable). • Visually inspect the product. • Follow Canadian Immunization Guide administration practices • Ensure that temperature-sensitive drug products have been received and stored according to manufacturer's recommendations. ○ Registrants must adhere to the Protecting the Cold Chain Guideline. ○ For publicly funded vaccines, registrants must follow Ministry of Health Vaccine Storage and Handling Guidelines.	Copy edits to provide additional clarification; no change to meaning or intent.
After administering a substance by injection, ~~pharmacy professional~~s must: **7. Monitor the patient** The ~~pharmacy professional~~ must ensure that the patient is monitored for adverse reactions in an	**After administering a substance by injection, registrants must:** **7. Monitor the patient** Registrants must ensure that the patient is monitored for adverse reactions in an appropriate location:	

appropriate location~~, for a sufficient amount of time.~~ • For post-vaccine administration, ~~refer to~~ the PHAC Canadian Immunization Guide for ~~information~~ on observation and management of early vaccine reactions including anaphylaxis. ○ ~~Pharmacy professionals~~ are required under the *Health Protection and Promotion Act* to report certain Adverse Events Following Immunization (AEFI) to Public Health. • For administration of other substances, refer to the Product Monograph for warnings, precautions and potential adverse reactions • ~~Should a reaction occur, it should be immediately brought to the attention of the pharmacist or the supervising HCP to ensure timely assessment of the patient and to determine the appropriate course of action~~. • Determine if ~~a~~ monitoring ~~plan~~ and further follow-up ~~is~~ required.	• For post-vaccine administration, follow the PHAC Canadian Immunization Guide for protocols on observation and management of early vaccine reactions including anaphylaxis. ○ Registrants are required under the *Health Protection and Promotion Act* to report certain Adverse Events Following Immunization (AEFI) to Public Health. • For administration of other substances, refer to the Product Monograph for information on required observation for potential adverse reactions. • Determine if additional monitoring and/or further follow-up are required.	"Protocols" replace "information" to direct registrants to the PHAC protocols. Observation and management protocols are included in injection competencies for pharmacists and technicians. Anyone can administer epinephrine in an emergency.
8. Communicate & Educate • If applicable, patients ~~should be reminded~~ to update their ~~paper or online~~ immunization record ~~and advised of the timing~~ of their next injection.	**8. Communicate & Educate** • If applicable, remind patients to update their immunization record • If applicable, advise the patient when their next injection is due.	Copy edits for clarity with no change to meaning or intent.
9. Document & Notify ~~Pharmacy professionals are expected to review and adhere to the College's Record Retention, Disclosure and Disposal Guideline and Documentation Guideline.~~ Documentation and notification requirements ~~for pharmacies participating in~~ Ministry of Health programs to administer publicly funded vaccines	**9. Document & Notify** Registrants administering publicly funded vaccines must follow the Ministry of Health's documentation and notification requirements, as	Copy edits with no change to meaning or intent. Documentation and record retention requirements exist in other policies.

are established by their Agreement with the Ministry and Executive Officer Notices ~~(if~~ applicable~~).~~ ***Document*** ~~A brief overview of the information provided to the patient concerning the risks, benefits, and potential side effects should be included~~ ~~Patients who do not have a prescriber (i.e., have been administered a non-prescription substance) or a primary care provider should be advised that they, or another health professional providing care to them in the future, are entitled to access this information at any time~~. Patients ~~may also wish to have~~ a copy of the documentation from their record. ***Notify*** ~~Notification of the administration of a substance should be sent to both~~ the prescriber of the substance (if any), as well as the patient's primary care provider (if any, and if known): • ~~Where~~ a substance is administered for education or demonstration purposes, ~~notification *may* occur if~~ the pharmacist ~~determines the administration was~~ clinically significant or important for continuity of care. • ~~Where a substance is administered for~~ treatment purposes, ~~notification *must* occur~~ within a reasonable time*. ~~** Denotes a requirement in the regulations (O. Reg. 256/24, s50)~~	established by the applicable agreement with the Ministry and Executive Offices Notices. Patients are entitled to retain a copy of the documentation from their record. ***Notify*** The prescriber of the substance (if any), as well as the patient's primary care provider (if any, and if known) must be notified within a reasonable time, when a substance is administered for: • Treatment purposes • Education or demonstration purposes, ONLY if it is deemed clinically significant by the pharmacist and/or important for continuity of care.	Moved to supplementary guidance. Cody edits to simplify without changing requirements. Regulation is deleted here as it is already referenced for the entire policy.
Legislative References: • *Pharmacy Act* • *O. Reg. 256/24*	**Legislative References** • *Pharmacy Act*	Edited to conform with policy template.

• *Health Care Consent Act*	○ *Ontario Regulation* 256/24: General	
Additional References: • ~~Policy – Medical Directives and the Delegation of Controlled Acts~~ • ~~Guidance – Administration of COVID-19 Vaccine by Pharmacy Professionals~~ • ~~Pharmacy Connection article – Reporting Adverse Reactions to Vaccines and Medications~~	**Additional References** • Documentation Guidelines • Infection Prevention and Control Practice Tool • Patient Assessment Practice Tool	Move to supplemental guidance and align references with similar policies.
~~**Appendix A and B**~~	N/A	Move to supplementary guidance

Dispensing Components Included in the Usual and Customary Fee Policy

Together with the relevant legislative requirements and standards, policies articulate the College's expectations for registrants for the practice of pharmacy, the provision of patient care, and the operation of pharmacies. Additional information to assist with policy implementation can be found in the accompanying Supplemental Guidance document.

Approved: TBD
Effective: TBD
Version #: 3.00

Supplemental Guidance

Purpose

To articulate the technical and clinical components involved in performing the controlled act of dispensing a prescription, as authorized by the *Pharmacy Act* and in accordance with the *Drug and Pharmacies Regulation Act,* which are remunerated through the Usual and Customary fee.

Scope

This policy applies to registrants in Part A of the register, in a community pharmacy setting.

Definitions

Dispensing: The controlled act of providing a drug or mixture of drugs to a designated person or animal pursuant to a prescription, subject to any terms, conditions and limitations on a pharmacy professional's certificate of registration.

Prescription: A direction from a prescriber directing the dispensing of any drug or mixture of drugs for a designated person or animal.[1]

Usual and Customary (U&C) Fee: The single specific amount for dispensing a prescription, set by the owner of a pharmacy, filed with the College, and posted at the dispensary area in accordance with the *Drug Interchangeability and Dispensing Fee Act,1990* and its regulations. Also referred to as the "**dispensing fee**".

Policy

Registrants are compensated for dispensing by the Usual and Customary fee and must not charge additional professional fees for the technical and clinical components included in the act of dispensing.

Technical Components

The technical components of dispensing a prescription must be *verified by a pharmacist or pharmacy technician* for accuracy prior to release to the patient or their agent. These include:

- receiving a prescription
- maintaining the patient record
- reviewing the prescription and rectifying any issues with the prescriber and/or pharmacist

- data entry, including billing
- processing the prescription in the pharmacy practice management system
- preparing the prescription
- demonstrating and/or educating the patient on the non-clinical aspects of the prescription
- completing documentation related to the above

Clinical Components

The clinical components of dispensing a prescription must be *performed and verified by a pharmacist* for therapeutic appropriateness prior to release to the patient or their agent. These include:

- assessing the patient to confirm that the prescribed drug therapy is safe and appropriate
- identifying and rectifying drug therapy problems associated with the prescription, collaborating with the prescriber as necessary
- educating the patient about their prescribed drug therapy
- responding to the patient's prescription-related questions and concerns
- monitoring and/or following up with the patient
- documenting the decisions and actions related to the above

Adjustments to the U&C fee

To charge more than the U&C fee on a prescription, regulations stipulate that the registrant must:

- explain the rationale for the higher fee to the patient[2]
- ensure that the fee is not excessive in relation to the service provided (an act of professional misconduct)[3]
- document that they obtained the patient's consent to the higher fee prior to dispensing

Legislative References

- *Drug Interchangeability and Dispensing Fee Act,* R.S.O. 1990 c. P.23
    - *R.R.O. 1990, Reg. 936: NOTICE TO PATIENTS*
    - *R.R.O. 1990, Reg. 935: GENERAL*

Additional References

- Fee for Professional Services Policy
- Prescription Dispensing Practice Tool

Revision History

VERSION #	DATE	ACTION
1.00	September 1999	Communication from Council to the Ministry of Health on “Usual Pharmacy Practice”.
2.00	September 2011	Revised Dispensing Components Included in the Usual and Customary Fee Guideline implemented.
3.00	TBD	Changed from Guideline to Policy; reformatted; minor content revisions; moved non-policy content to Supplemental Guidance.

[1] *Drug and Pharmacies Regulation Act*, s1
[2] R.R.O. 1990, Reg. 935: GENERAL, s5
[3] O. Reg. 130/17, s21

GUIDELINE TO POLICY: Dispensing Components Included in the Usual and Customary Fee

Background

The Dispensing Components Included in the Usual and Customary Fee guideline originated from a 1999 Executive Committee Report on "Usual Pharmacy Practice", stemming from discussions with system partners about payment for cognitive services and the need to determine which of those fall within the usual and customary dispensing activities of a pharmacist. The guideline was revised in 2011, reflecting the regulation of pharmacy technicians and their role in dispensing.

Revisions

The guideline has been transitioned into a policy to complement the Fees for Professional Services Policy and because the purpose of the policy is to set out what usual and customary dispensing activities are remunerated by the dispensing fee and therefore cannot be subject to additional fees. There are **no changes to the overall expectations for registrants**.

Summary of Changes

- Charging more than the U&C fee on a prescription added (requirement of regulations)
- Components of dispensing simplified and streamlined

Text in red with strike through (e.g., ~~X~~) represents deleted text
Text in blue (e.g., X) represents added text
Text in green (e.g., ~~X~~, X) represents text moved elsewhere in the document
Text in purple with strikethrough (e.g., ~~X~~) represents text moved to supplemental guidance

Existing Content with changes	Proposed New Content	Rationale
Purpose To ~~set out activities associated with the~~ dispensing of ~~a~~ prescription which are remunerated through the Usual and Customary fee ~~set by the pharmacy~~.	**Purpose** To articulate the technical and clinical components involved in performing the controlled act of dispensing a prescription, as authorized by the *Pharmacy Act* and in accordance with the *Drug and Pharmacies Regulation Act*, which are remunerated through the Usual and Customary fee.	Edited to conform with the policy template.
N/A	**Scope** This policy applies to registrants in Part A of the register, in a community pharmacy setting.	Edited to conform with the policy template.
~~**Introduction**~~ ~~Usual and customary pharmacy practice is grounded in clinical knowledge and expressed through effective and appropriate patient communication. The core components of~~	N/A	Removed to conform with policy template. Not policy statements and beyond the purpose of the of policy. Covered by the Standards of Practice.

~~dispensing a prescription include gathering and analyzing information, presenting options to the patient based on the information gathered, dispensing the medication, and offering follow up as required.~~ ~~Dispensing is comprised of technical and cognitive components. The services remunerated through the usual and customary dispensing fee are performed by registrants as permitted by the terms, conditions, and limitations of their certificates of registration.~~		
~~**Principles**~~ ~~1. Patients are partners in their care;~~ ~~2. Registrants are accountable for practicing within their scope of practice and in accordance with their knowledge, skill and judgment;~~ ~~3. Registrants maintain patient confidentiality and privacy in the provision of care;~~ ~~4. Registrants communicate with other health providers where appropriate, communication being central to good patient care; and~~ ~~5. Dispensing occurs within the context of the Code of Ethics, Standards of Practice, and the College's Quality Assurance Program~~	N/A	Removed to conform with policy template. Not policy statements and beyond the purpose of the policy. Covered by the Standards of Practice and Code of Ethics. The Supplemental Guidance will address the context (#5.)
Definitions **Dispensing:** ~~Dispensing a prescription includes both technical and cognitive components performed by registrants according to their scope of practice.~~ **Usual and Customary ~~Dispensing~~ Fee**:	**Definitions** **Dispensing:** The controlled act of providing a drug or mixture of drugs to a designated person or animal pursuant to a prescription, subject to any terms, conditions and limitations on a pharmacy professional's certificate of registration. **Prescription:** A direction from a prescriber directing the dispensing of any drug or mixture of drugs for a designated person or animal.[1] **Usual and Customary (U&C) Fee:** The single specific amount for dispensing a prescription,	The revised definition connects the definition of prescription to the controlled act of dispensing, which is not explicitly defined in legislation. While all Part A registrants have the authority to dispense, the TCLs on their certificate of registration, is specifically relevant here. Required for the definition of dispensing. "Owner" is a more familiar, plain language term used in the Standards of Operation

The single specific amount set by the ~~operator~~ of a pharmacy ~~as required by~~ the *Drug Interchangeability and Dispensing Fee Act, 1990*. ~~Any adjustment to this fee must meet the conditions established by *R.R.O. 1990, Reg. 935* and be communicated to the patient according to *R.R.O. 1990, Reg.936.*~~	set by the owner of a pharmacy, filed with the College, and posted at the dispensary area in accordance with the *Drug Interchangeability and Dispensing Fee Act, 1990* and its regulations. Also referred to as a "dispensing fee".	that has the same meaning as 'operator' in DIDFA. Moved to Supplemental Guidance.
~~**Guideline**~~ **Technical Components:** The technical components of dispensing ~~ensure the~~ accuracy ~~and quality of product preparation and~~ release include: ~~•~~ Receiving a prescription ~~or accepting an authorization for renewal;~~ • ~~Transcribing a prescription received orally~~; • Creating and managing the patient profile or health record including documentation of demographic information, known risk factors for adverse reactions, allergies and intolerances, and any other information necessary for the continuity of care and the achievement of optimal therapeutic outcomes; • Gathering information to contribute to the best possible medication history including over the counter medications for the patient profile • Confirming the authenticity, accuracy, and completeness of demographic and prescription information; • Selecting the drug or determining the product to dispense, verifying the drug e.g. drug information number (DIN),	**Policy** Registrants are compensated for dispensing by the Usual and Customary fee and must not charge additional professional fees for the technical and clinical components included in the act of dispensing. **Technical Components** The technical components of dispensing a prescription must be verified by a pharmacist or pharmacy technician for accuracy prior to release to the patient or their agent. These include: • receiving a prescription • maintaining the patient record • reviewing the prescription and rectifying any issues with the prescriber and/or pharmacist • data entry, including billing • processing the prescription in the pharmacy practice management system • preparing the prescription • demonstrating and/or educating the patient on the non-clinical aspects of the prescription	Clear statement of the College's policy incorporating current definition of dispensing. Unregulated personnel may be assigned tasks that are part of the dispensing process. This underscores that the responsibility for the dispensed prescription rests with the pharmacy professional who is verifying ("checking") it. A renewal of a prescription is still a prescription – no need to separate. More concise descriptions and improved readability while keeping the same intent. The details in the current version are not necessary for the purpose of the policy, are part of the Standards of Practice, and are overly prescriptive. For instance, a pharmacy could use technology to complete some of the steps involved, and policy should not prohibit that. Additional information can be included in the Supplemental Guidance.

determining appropriate days supply, counting, and labeling; • Checking the expiry date; • Reconstituting products and verifying their accuracy and completeness prior to release including selecting the product, verifying the drug e.g. drug information number (DIN), counting, and labeling; • Completing and documenting a check of the technical steps required to dispense a prescription; and • Completing computer order entry.	• completing documentation related to the above	
~~Cognitive~~ **Components** The ~~cognitive elements~~ of dispensing a prescription are ~~solely within the scope of practice of a~~ pharmacist ~~or intern under supervision~~. ~~The cognitive components of usual and customary dispensing include assessing the~~ therapeutic appropriateness ~~of a prescription and identifying circumstances requiring intervention with the prescriber. Additional steps~~ include: ~~•~~ Confirm~~ing~~ that the ~~proposed~~ drug therapy is safe and appropriate ~~for the specific patient, including the dosage form, directions for use, route and length of therapy, reviewing complete patient profile, and considering interactions and contraindications;~~ ~~• Providing the patient with necessary information including expected therapeutic effect, potential side effects, contraindications and precautions;~~ • Identifying drug therapy problems, ~~including adherence;~~ ~~•~~ Educating patient~~s~~ about drug therapy ~~as it relates to their condition, and evaluating their ability to comply with the therapeutic regimen;~~ ~~• Providing~~ follow-up ~~when required; and~~	**Clinical Components** The clinical components of dispensing a prescription must be performed and verified by a pharmacist for therapeutic appropriateness prior to release to the patient or their agent. These include: • assessing the patient to confirm that the prescribed drug therapy is safe and appropriate • identifying and rectifying drug therapy problems associated with the prescription, collaborating with the prescriber as necessary • educating the patient about their prescribed drug therapy • responding to the patient's prescription-related questions and concerns • monitoring and/or following up with the patient • documenting the decisions and actions related to the above	"Clinical" is a more accurate distinction now that technicians – who also use their cognitive skills when dispensing – are regulated. Clarifies that dispensing is complete once the prescription is in the patient's custody. More concise descriptions and improved readability while keeping the same intent. The details in the current version are not necessary for the purpose of the policy and are overly prescriptive. These details are best addressed by the Standards of Practice and Practice Assessments.

• Responding to the patient's prescription-related questions and concerns ~~as appropriate.~~		
N/A	**Adjustments to the U&C fee** To charge more than the U&C fee on a prescription, regulations stipulate that the registrant must: • explain the rationale for the higher fee to the patient[2] • ensure that the fee is not excessive in relation to the service provided (an act of professional misconduct)[3] • document that they obtained the patient's consent to the higher fee prior to dispensing	New section; DIDFA has provisions for charging higher dispensing fee. Ensures that registrants know these regulations, which reflect the values of transparency and integrity. The patient must agree to the higher fee (i.e., patient has the choice to take their prescription to another pharmacy)
Legislative References: Regulated Health Professions Act (RHPA) • Drug Interchangeability and Dispensing Fee Act, R.S.O. 1990 c. P.23 • Drug Interchangeability and Dispensing Fee Act, R.R.O. 1990, Reg. 935 • Drug Interchangeability and Dispensing Fee Act, R.R.O. 1990, Reg. 936	**Legislative References** • *Drug Interchangeability and Dispensing Fee Act,* R.S.O. 1990 c. P.23 ○ *R.R.O. 1990, Reg. 936: NOTICE TO PATIENTS* ○ *R.R.O. 1990, Reg. 935: GENERAL*	Edited to conform to policy template.
N/A	**Additional References** • Fee for Professional Services Policy • Prescription Dispensing Practice Tool	Added to complement policy per template.

Ending the Pharmacy Professional/Patient Relationship Policy

Together with the relevant legislative requirements and standards, policies articulate the College's expectations for registrants for the practice of pharmacy, the provision of patient care, and the operation of pharmacies. Additional information to assist with policy implementation can be found in the accompanying Supplemental Guidance document.

Approved: TBD
Effective: TBD
Version #: 2.00

Supplemental Guidance

Purpose

To articulate the expectations of registrants when ending a therapeutic relationship with a patient and discontinuing professional pharmacy services, in accordance with *O. Reg. 130/17* and the Code of Ethics.

Scope

This policy applies to all registrants in Part A of the register, in any practice setting.

It does not apply when the end of the therapeutic relationship is:

- initiated by the patient
- due to a change in the registration status or place of practice
- the result of a registrant declining to provide products or services due to a conscientious objection, which is guided by the Human Rights Policy and Code of Ethics

Definitions

Pharmacy Professional/Patient Relationship ("the relationship"): a **therapeutic** relationship between a pharmacy professional and their patient, that begins with direct interaction and results in a professional pharmacy service being provided. 'Patient' has the same meaning as defined in *O. Reg. 260/18* of the *Regulated Health Professions Act* (RHPA),

Professional pharmacy services ("services"): Patient care activities provided by a registrant within the scope of practice of pharmacy and the authorized acts of the profession.[1]

Policy

The decision to end the pharmacy professional/patient relationship is a serious one, warranting thoughtful consideration and careful use of professional judgment, with the patient's best interest and well-being in mind.

Terminating the Relationship

Registrant must consider their ethical[2] and legal[3] obligations prior to ending the relationship and discontinuing professional services, respectively. These are:

- That the relationship is compromised and/or issues cannot be resolved
- The condition(s) of the patient
- The availability of alternative services
- That the patient must be provided with notice and sufficient opportunity to arrange those services

The decision to terminate the relationship must not infringe the patient's human rights. As per the Human Rights Policy, the Ontario Human Rights Code prohibits actions that discriminate against people based on protected grounds[4] in social areas, including health services.

Communicating the Decision

Once the pharmacy professional has determined it is necessary to end the relationship, they must communicate this decision, and the date it takes (or is anticipated to take) effect to:

- The patient or their agent
- Other pharmacy staff
- The patient's prescriber(s), if necessary for continuity of care
- Other health care providers in the patient's circle of care, as appropriate

Transitioning Care

Once the patient's new pharmacy service provider has been identified, the pharmacy professional must facilitate or coordinate an effective transition to maintain continuity of care.
The patient must be offered, and provided as they wish:

- information about having their existing prescriptions transferred
- information about moving their entire patient record and what records will be retained
- copies of their record(s) and/or medication history upon request

Documenting the Decision

Pharmacy professionals must document pertinent details about their decision to end the relationship and their actions as a result, according to the Documentation Guidelines.

Legislative references

- *Ontario Regulation* 130/17
- The Ontario Human Rights Code

Additional references

- Documentation Guidelines
- Human Rights Policy

Revision History

VERSION #	DATE	ACTION
1.00	September 2014	Initial publication
2.00	TBD	Changed from Guideline to Policy; expanded to include all pharmacy professionals; reformatted; content updated to align

VERSION #	DATE	ACTION
		with Human Rights Policy; moved non-policy content to Supplemental Guidance

[1] *Pharmacy Act*, s 3,4
[2] Code of Ethics, Standard 2.14
[3] O. Reg. 130/17, s 2.(1)
[4] These 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 (including pregnancy); and sexual orientation

GUIDELINE TO POLICY: Ending the Pharmacy Professional/Patient Relationship

Background

The Ending the Pharmacy Professional/Patient Relationship was approved in 2014 and has not been revised since. The intention of the document is to provide guidance to registrants when intentionally ending the professional relationship, so they do not breach the Ontario Human Rights Code or professional misconduct regulations, and patient continuity of care is supported.

Revisions

The guideline has been transitioned into a policy to clarify which requirements are, in fact, policy expectations. This revision supports the College's commitment to clearly communicating, in a consistent format, its expectations for registrants. There are **no changes to the overall expectations for registrants**.

Summary of Changes

- Conforms to policy template in structure and content
- information removed from the policy will be included in supplementary guidance

Summary Chart of Revisions

Text in red with strike through (e.g., ~~X~~) represents deleted text
Text in blue (e.g., X) represents added text
Text in green (e.g., ~~X~~, X) represents text moved elsewhere in the document
Text in purple with strikethrough (e.g., ~~X~~) represents text moved to supplemental guidance

Existing Content with changes	Proposed New Content	Rationale
Title Ending the ~~Pharmacist~~ Patient Relationship	**Title** Ending the Pharmacy Professional/Patient Relationship	Changed to be inclusive of all registrants.
Introduction ~~A registrant's practice is performed within the context of legislation, regulation, the Code of Ethics and Standards of Practice. All decisions affecting the care and treatment of patients are taken within the context of this~~ legal and ~~ethical framework. Pharmacists have the authority to exercise~~ professional ~~and clinical~~ judgment, ~~including the choice to terminate a pharmacist/patient relationship where~~	N/A	Policy template does not include an introduction. The deleted content in the introduction exists in the Code of Ethics and standards of practice. Other content was deleted because it is guidance rather than a requirement or moved to a new section in the policy.

~~warranted. Patients are entitled to dignity and respect when interacting with health professionals. The decision to terminate a pharmacist/patient relationship is a serious one, most often taken because a therapeutic relationship has been compromised and/or there are issues that cannot be resolved and which impact on the ability to provide appropriate pharmaceutical care to the patient.~~ ~~The following guidance will assist the pharmacist when, in his or her professional judgment, it is in the patient's best interest to terminate the pharmacist/patient relationship. This guidance does not apply in circumstances where the patient's care moves to another pharmacy/pharmacist in a planned transfer of services, or when the patient initiates the termination/transfer of prescriptions. The decision to terminate the pharmacist/patient relationship is not the same as declining to provide products or services for moral or ethical reasons.~~		
N/A	**Purpose** To articulate the expectations of pharmacy professionals when ending a therapeutic relationship with a patient and discontinuing professional pharmacy services, in accordance with *O. Reg. 130/17* and the Code of Ethics.	Purpose has been added in accordance with the policy template.
N/A	**Scope** This policy applies to all pharmacy professionals in Part A of the register, regardless of practice setting. It does not apply in circumstances where the end of the relationship: • Is initiated by the patient • Is due to a change in the pharmacy professional's registration status or place of practice	Scope statement has been added in accordance with the policy template to establish the pharmacy professionals, practice settings and circumstances to which the policy applies.

	• Is the result of declining to provide products or services due to a conscientious objection, which is guided by the Human Rights Policy and Code of Ethics	
N/A	**Definitions** **Pharmacy Professional/Patient Relationship ("the relationship")**: a therapeutic relationship between a pharmacy professional and their patient, that begins with direct interaction and results in a professional pharmacy service being provided. 'Patient' has the same meaning as defined in *O. Reg. 260/18* of the *Regulated Health Professions Act* (RHPA). **Professional pharmacy services ("services"):** Patient care activities provided by a pharmacy professional within their scope of practice, and services involving the controlled acts authorized to pharmacy professionals.[1]	Definitions have been added in accordance with the policy template and aligns to definitions used in other policies.
Guideline ~~The pharmacist will consider the patient's condition and availability of alternative services when making the decision to terminate the pharmacist/patient relationship. The patient relationship cannot be terminated without good reason, proper notice, and an opportunity given to the patient to obtain another pharmacist's/pharmacy's services before discontinuation. The pharmacist must ensure that the decision to terminate care does not infringe a prohibited ground within the meaning of the Ontario Human Rights Code.~~ ~~Where several pharmacists work together, it may be appropriate to plan in advance how terminations will be executed, and whether another registrant is available to provide patient care.~~	**Policy** The decision to end the professional/patient relationship is a serious one, warranting thoughtful consideration and careful use of professional judgment, with the patient's best interest and well-being in mind. **Terminating the Relationship** Pharmacy professionals must consider their ethical[2] and legal[3] obligations prior to ending their relationship with a patient and discontinuing professional services, respectively. These are: • That the relationship is compromised and/or issues cannot be resolved • The condition of the patient • The availability of alternative services	Created a simple policy statement and separate section with requirements, formatted in accordance with the template. Other content will be moved to supplemental guidance.

	• That the patient must be provided with notice and sufficient opportunity to arrange those services The decision to terminate the relationship must not infringe the patient's human rights. As per the Human Rights Policy, the Ontario Human Rights Code prohibits actions that discriminate against people based on protected grounds[4] in social areas, including health services.	
1. Communicate the decision ~~Depending on the reason for the termination, the registrant will~~ communicate the decision ~~to terminate service in writing, unless the patient has no fixed address or the pharmacy does not have a current address on file. When communicating the decision in person, it is important to maintain acoustical privacy while ensuring that both the patient and staff members are safe.~~ ~~The patient should be clear about the availability of refills or other professional services until he or she is able to obtain services from another pharmacist. Based on an evaluation of the patient's condition, determine whether to notify his/her prescriber(s) of the change in pharmacy or rely on the patient to do so.~~	**Communicating the Decision** Once the pharmacy professional has decided it is necessary to end the relationship, they must communicate this decision, and the date it takes (or is anticipated to take) effect to: • The patient or their agent • Other pharmacy staff • The patient's prescriber(s), if necessary for continuity of care • Other health care providers in the patient's circle of care, as appropriate	Updated to focus on requirements specific to communication in accordance with the policy template. Other content moved into appropriate sections, or supplemental guidance.
2. Provide a reasonable amount of time for the patient to find a new pharmacist ~~The amount of time provided for the patient to find a new pharmacist will be reflective of the condition of the patient, his or her special needs and availability of services in the local community. Advise the patient of measures that will assist the transition including record transfers and providing information directly to the next provider, as required. If no refills remain on file, provide the patient with a~~	**Transitioning Care** Once the patient's new pharmacy service provider has been identified, the pharmacy professional must facilitate or coordinate an effective transition to maintain continuity of care. The patient must be offered, and provided as they wish: • information about having their existing prescriptions transferred	Updated language to reflect the importance of seamless transition of the patient's care. Clearly states what is action is required by the pharmacy professional. Formatted in accordance with the policy template.

~~patient profile report/~~medication history ~~for his/her information.~~	• information about moving their entire patient record and what records will be retained • copies of their record(s) and/or medication history upon request	
3. Document Document ~~the~~ decision ~~and rationale for the termination~~ according to the Documentation Guidelines ~~and retain a copy of the patient's letter. A summary of the type of information that could be included in the patient's letter is attached (Appendix 1).~~	**Document the Decision** Pharmacy professionals must document pertinent details about their decision to end the relationship and their actions as a result, according to the Documentation Guidelines.	Aligned content in accordance with the rest of the policy and supplemental guidance.
4. Advise staff members ~~Let the appropriate staff members know of the decision to terminate the patient relationship and the period in which services will continue to be provided, if any.~~	N/A	Content moved to the "Communicating the Decision" section.
Legislative references: • ~~Pharmacy Act, 1991~~ • Ontario Regulation 130/17 **Additional references**: • ~~Drug and Pharmacies Regulation Act, General~~ • ~~O Reg 264/16, Part IV: Standards for Accreditation s.20-21~~ • ~~Personal Health Information Protection Act, 2004, SO 2004, c 3, Sch A.; s.12(1)~~	**Legislative references** • *Ontario Regulation* 130/17: • The Ontario Human Rights Code **Additional references** • Code of Ethics • Human Rights Policy	Edited to conform with template and reflect appropriate references for the policy.
~~**Appendix 1**~~ ~~**Summary Information – Letter of Termination**~~ ~~A written communication to the patient regarding a termination of the pharmacist/patient relationship contains the patient's name, the pharmacist's name and the~~	N/A	Moved to supplemental guidance.

~~name of the pharmacy; and additional information including, for example:~~ • ~~Affirmation and rationale for the decision to terminate the relationship and date chosen as the last day of care;~~ • ~~Direction to the patient to obtain services at another pharmacy and offer to transfer prescriptions;~~ • ~~Confirmation that prescriber(s) will be informed of the decision in the event that verbal prescriptions are received, if relevant, and/or a recommendation that the patient inform his/her prescriber(s) directly;~~ • ~~Acknowledge attachment of patient profile/medication history (if applicable); and~~ • ~~Any other information considered relevant.~~		

Extending the Beyond-Use Dates for Sterile Preparations

Together with the relevant legislative requirements and standards, policies articulate the College's expectations for registrants for the practice of pharmacy, the provision of patient care, and the operation of pharmacies. Additional information to assist with policy implementation can be found in the accompanying Supplemental Guidance document.

Approved: TBD
Effective: TBD
Version #: 2.0

Supplemental Guidance

Purpose

To articulate the College's expectations for registrants engaged in the controlled act of compounding, as authorized by the *Pharmacy Act,* when extending beyond-use dates of sterile preparations as described in the National Association of Pharmacy Regulatory Authorities (NAPRA) *Model Standards for Pharmacy Compounding of Sterile Preparations* ("NAPRA Standards").

Scope

This policy applies to all registrants in Part A of the register, in any practice setting.

Definitions

Batch: Two or more units of a compounded sterile preparation that is intended to have uniform character and quality within specified limits, prepared in a single process and completed during the same limited period.[1]

Beyond-Use Date (BUD): Date and time after which a compounded sterile preparation cannot be used and must be discarded; administration of the compounded sterile preparation must begin before the BUD has passed.[2]

Extended BUD: A BUD that is longer than what is specified in the NAPRA Standards.

Policy

The NAPRA Standards describe the requirements for establishing BUDs *without* specific sterility testing, based on the preparation's level of risk for microbial contamination and stability, to reduce the risk to patients.

As per the NAPRA Standards, "To establish a longer BUD, sterility tests must be performed for a given preparation or batch. Preparations must be quarantined while awaiting the results of the sterility test."

In addition, the anticipated urgency for access to the preparation must be considered, and patient safety must remain the primary concern and guide the registrant's decision-making.

Before assigning an extended BUD for a preparation, the following must be in place:

- Compliance with NAPRA Standards, in particular:
    - A certified C-PEC that maintains ISO Class 5 air quality or better, located in a verified ISO Class 7 environment
    - A quality assurance program that verifies all activities that affect the quality of the compounded sterile preparation

The Sterile Compounding Supervisor must establish a policy or Standard Operating Procedure for determining and supporting the extended BUD, including:

- A documented rationale, including the need and expected benefit for the patient
- The risk assessment process to establish the extended BUD and the storage conditions required to maintain stability and sterility until that BUD
- Documentation and references to support process verification and risk mitigation measures
- Evidence to support the stability of the preparation in its final container until the BUD
    - A stability-indicating method must be used to determine strength or potency
    - Method validation to confirm the accuracy and appropriateness of the method(s) chosen
    - Must be done in accordance with a recognized standard that is referenced in the master formulation record
- Evidence to support the sterility of the preparation or batch
    - Assay methods or procedures must be validated and verified
    - Method validation or suitability testing to confirm the accuracy and appropriateness of the method(s) chosen
    - Must be done in accordance with a recognized standard that is referenced in the master formulation record
- Consultation with microbiologists and infection prevention and control experts
    - The responsibility for the extended BUD established rests with the Designated Manager or pharmacy department head

Legislative References

- *Pharmacy Act*

Additional References

- NAPRA Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations, 2016
- NAPRA Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparation, 2015

Revision History

VERSION #	DATE	ACTION
1.00	June 2017	NAPRA Sterile Compounding Standards adopted and Guideline published.
2.00	TBD	Changed from Guideline to Policy; reformatted; minor content revisions; moved non-policy content to Supplemental Guidance

[1] ibid
[2] ibid

GUIDELINE TO POLICY: Extending the Beyond-Use Dates for Sterile Preparations

Background

The Extending the Beyond-Use Dates for Sterile Preparations guideline sets out the expectations for registrants when performing the controlled act of compounding when extending the beyond-use dates of sterile preparations. The guideline was first implemented in 2017 and has not been revised since then.

Revisions

The guideline has been transitioned into a policy because the requirements in the guideline are, in fact, policy expectations. This revision supports the College's commitment to clearly communicating, in a consistent format, its expectations for registrants. There are **no changes to the overall expectations for registrants**.

Summary of Changes

- the document now conforms to the policy template

Summary Chart of Revisions

Text in red with strike through (e.g., ~~X~~) represents deleted text
Text in blue (e.g., X) represents added text
Text in green (e.g., ~~X~~, X) represents text moved elsewhere in the document
Text in purple with strikethrough (e.g., ~~X~~) represents text moved to supplemental guidance

Existing Content with changes	Proposed New Content	Rationale
Introduction ~~The~~ *NAPRA* ~~Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations and Standards for Pharmacy Compounding of Hazardous Sterile Preparations were approved by the College Council in September 2016 for adoption and implementation in Ontario pharmacies by January 1, 2019. The College is providing pharmacies with tools to support implementation of the standards. This guidance is preliminary and will be updated as technology and practice evolves.~~	**Purpose** To articulate the College's expectations for registrants engaged in the controlled act of compounding, as authorized by the *Pharmacy Act,* when extending beyond-use dates of sterile preparations as described in the National Association of Pharmacy Regulatory Authorities (NAPRA) *Model Standards for Pharmacy Compounding of Sterile Preparations* ("NAPRA Standards").	Purpose added and Introduction removed to conform with the policy template; Any requirements that embedded within the Introduction have been included in the updated policy content.

In all circumstances, patient safety is the primary concern. Every compounded preparation must be prepared using aseptic technique. Risks to patients are reduced when the established beyond-use dates (BUD) dates are applied according to a verified process. BUDs are based on the risk that a preparation may be contaminated. An organization choosing to extend the BUD of a sterile preparation is expected to be able to provide the following: • Risk assessment; • Rationale and process; • Evidence to support the stability of the preparation in the final container and storage conditions; • Batch specific evidence to demonstrate sterility; and • Consultation and involvement of microbiology, and infection prevention and control. Practitioners and/or organizations have a responsibility to ensure that any process used to prepare a sterile compounded preparation is verified and that there is no contamination of the preparation. The following principles will assist practitioners to determine whether to extend the BUD of a compounded preparation.		
Principles 1. The NAPRA standards are understood and met; 2. Patient safety guides decision-making; 3. A process of continuous quality improvement is applied to maintaining the environment, training staff and confirming competencies, and with respect to data gathering and analysis; and 4. The anticipated urgency for access to a preparation is considered.	N/A	Principles removed to conform with the policy template. The details have been to the body of the policy and the requirements for continuous quality improvement have been replaced in the policy with a quality assurance program
	Scope	Scope added to conform with the policy template

	This policy applies to all registrants in Part A of the register, in any practice setting.	
N/A	**Definitions** **Batch:** Two or more units of a compounded sterile preparation that is intended to have uniform character and quality within specified limits, prepared in a single process and completed during the same limited period.[i] **Beyond-Use Date (BUD):** Date and time after which a compounded sterile preparation cannot be used and must be discarded; administration of the compounded sterile preparation must begin before the BUD has passed.[ii] **Extended BUD**: A BUD that is longer than what is specified in the NAPRA Standards.	Definitions added to conform with the policy template.
N/A	**Policy** The NAPRA Standards describe the requirements for establishing BUDs *without* specific sterility testing, based on the preparation's level of risk for microbial contamination and stability, to reduce the risk to patients. As per the NAPRA Standards, "To establish a longer BUD, sterility tests must be performed for a given preparation or batch. Preparations must be quarantined while awaiting the results of the sterility test."[iii] In all circumstances where a BUD longer than what is permitted by the Standards is deemed necessary, the anticipated urgency for access to the preparation must be considered, and patient safety must remain the primary concern and guide the registrant's decision-making. Before assigning an extended BUD for a preparation, the following must be in place: • Compliance with NAPRA Standards, in particular: ○ A certified C-PEC that maintains ISO Class 5 air quality or better,	

	located in a verified ISO Class 7 environment ○ A quality assurance program that verifies all activities that affect the quality of the compounded sterile preparation The Sterile Compounding Supervisor must establish a policy or Standard Operating Procedure for determining and supporting the extended BUD, including: • A documented rationale, including the need and expected benefit for the patient • The risk assessment process to establish the extended BUD and the storage conditions required to maintain stability and sterility until that BUD • Documentation and references to support process verification and risk mitigation measures • Evidence to support the stability of the preparation in its final container until the BUD ○ A stability-indicating method must be used to determine strength or potency ○ Method validation to confirm the accuracy and appropriateness of the method(s) chosen ○ Must be done in accordance with a recognized standard that is referenced in the master formulation record • Evidence to support the sterility of the preparation or batch ○ Assay methods or procedures must be validated and verified	

	○ Method validation or suitability testing to confirm the accuracy and appropriateness of the method(s) chosen ○ Must be done in accordance with a recognized standard that is referenced in the master formulation record • Consultation with microbiologists and infection prevention and control experts ○ The responsibility for the extended BUD established rests with the Designated Manager or pharmacy department head	
Legislative References: • Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations • Standards for Pharmacy Compounding of Hazardous Sterile Preparations **Additional Resources:** • ~~Beyond Use Dating: The North York General Hospital Experience (*Pharmacy Connection*, Fall 2017)~~	**Legislative References** • *Pharmacy Act* **Additional References** • *Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations, 2016* • *Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparation, 2015*	Updated to reflect appropriate references for the policy. Moved to supplemental guidance.

[i] ibid
[ii] ibid
[iii] ibid

Piercing the Dermis for Demonstration and Point-of-Care Tests Policy

Together with the relevant legislative requirements and standards, policies articulate the College's expectations for registrants for the practice of pharmacy, the provision of patient care, and the operation of pharmacies. Additional information to assist with policy implementation can be found in the accompanying Supplemental Guidance document.

Approved: TBD
Effective: TBD
Version #: 4.00

Supplemental Guidance

Purpose

To articulate the College's expectations for registrants performing a procedure on tissue below the dermis, as authorized by the *Pharmacy Act, 1991*; specifically the piercing of a patient's dermis with a lancet-type device to obtain blood ("the controlled act") in accordance with *O. Reg. 256/24* ("the regulations"), and to provide direction for meeting the Standards of Practice.

Scope

This policy applies to registrants in Part A of the register, in any setting.

Definitions

Informed Consent: Express or implied consent to treatment given by a patient after receiving and understanding information, and having the opportunity to ask questions about its nature, expected benefit, potential risks, alternative options, consequences of not having the treatment (or any information that a reasonable person in the same circumstances would require to make a decision about the treatment.[1]

Point-of-care test: A test that employs a medical device authorized by the Minister of Health for Canada for point-of-care use.[2]

Policy

Registrants are authorized to perform the controlled act for the following purposes:

- Demonstrating the appropriate use of lancet-type devices for:
    - The patient's self-care and education, **or**
    - The patient's self-monitoring of their chronic disease
- Administering a point-of-care test if:
    - It is performed exclusively to assist patients with the management of their medication to treat chronic disease, **and**
    - The test is listed in subsection 28 (2) of *O. Reg. 45/22* under the *Laboratory and Specimen Collection Centre Licensing Act* (LSCCLA)

        1. Glucose
        2. Hemoglobin A1C

3. Lipids
4. Prothrombin time and International Normalized Ratio (INR)

Pharmacy technicians must be under the direction of a pharmacist who is physically present on the premises at the time they perform the controlled act.

- After performing a point-of-care test, the results must be reviewed and interpreted by a pharmacist, who can make any clinical or therapeutic decision(s) necessary based on the results.

Additional requirements:

1. Assess the environment

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

In any setting, registrants must ensure that:

- The controlled act takes place in an environment that is clean, safe, private, and comfortable for the patient.
- There are safeguards and resources available to safely manage the outcome and any other relevant circumstances.

2. Assess their competency

Registrants must only perform the controlled act when they can do so competently and safely, having sufficient understanding of the condition of the patient and:

- Possessing sufficient knowledge, skill and judgment regarding the performance of the act and the medical device(s) being used.
- Having the resources necessary to meet the Standards of Practice.
- Being of sound physical, emotional, and mental capacity.

3. Assess the patient

Registrants must consider the known risks and benefits to the patient and only consider performing the controlled act:

- For demonstration purposes, if they understand the value and limitations of the self-care device or self-monitoring tool.
- For point-of-care testing purposes, if the pharmacist assesses the patient and determines it is appropriate for the test to be performed:
    - Based on the individual's need, history, current health status, follow up and care plan, **or**
    - As part of a medication monitoring program for chronic disease management.

Registrants must be alert for any signs of an adverse reaction experienced by the patient.

4. Confirm infection control procedures are in place

When administering injections in a pharmacy, there must be:

- Evidence-based Infection Prevention and Control (IPAC) measures in place to prevent or reduce the risk of transmission of microorganisms to patients, the public, and personnel.
- Procedures in place for the safe handling, collection and disposal of:
    - Medical sharps (i.e., lancets)
    - Biomedical waste (i.e., blood specimens or samples)

Registrants must:

- Adhere to the policies and procedures established by the pharmacy or other health care setting, when applicable.
- Take a 'routine practice' approach with all patients, as set out by the Provincial Infectious Diseases Advisory Committee (PIDAC).
    - This includes proper hand hygiene and, when appropriate, use of personal protective equipment.
- Clean and disinfect devices used for multiple patients, as per the manufacturer's instructions.
- Never reuse single use devices
- Activate safety features, if available on a device.

5. Obtain Informed Consent

Prior to piercing a patient's dermis, regulations require registrants to explain the purpose and receive informed consent from the patient or their authorized agent.

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

6. Confirm proper storage and preparation

Registrants must determine that the supplies and medical devices used to pierce the dermis are safe and appropriate for the patient.

- Ensure that temperature- and humidity-sensitive items have been received and stored according to manufacturer's recommendations.
- Visually inspect the integrity of the device(s), verifying proper working order.
- Validate the quality and expiry date of the reagents (e.g., test strips, control solutions) prior to their use.
- Calibrate the device prior to use and/or verify it has been properly maintained according to manufacturer's recommendations to ensure it functions as intended.

7. Communicate & Educate

Pharmacists must:

- Communicate with colleagues and other health care professionals (HCP) to promote optimal patient outcomes.
- In the case of a point-of-care test:
    - Educate the patient on the test result and any decisions made related to medication and/or chronic disease management.

    - Educate the patient on any self-care and/or follow-up required.
    - If applicable, advise the patient when their next point-of-care test is due.
- In the case of demonstrating the use of a lancet-type device:
    - Educate the patient on proper use and maintenance of the device.
    - Educate the patient on any self-monitoring and how to interpret and apply test results.

Registrants must not perform the controlled act of "Communicating to the 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."

8. Document and Notify

Document

- Relevant details of the patient assessment and administration must be documented on the patient record. The regulations require the following information to be included Name and address of the patient
- Name and work address of the registrant
- Date the controlled act was performed
- Relevant circumstances (e.g., rationale, any adverse reaction experienced)
- Confirmation that informed consent was given

If a point-of-care test was performed, the record must also include:

- Test results
- The pharmacist's decision(s) arising from the results and rationale.

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

Patients are entitled to retain a copy of the documentation from their record.

Notify

If a point-of-care test was performed, the patient's primary care provider (if any, and if known) must be notified and provided pertinent details within a reasonable time.

In any other case, notification is only required if:

- Requested by the patient or their primary care provider
- In demonstrating the use of a device, the pharmacist identifies a clinically significant matter
- It is important for continuity of care

Legislative References

- *Medical Devices Regulations*
- *Pharmacy Act*

- PART XIV, *Ontario Regulation* 256/24: General
- *Laboratory and Specimen Collection Centre Licensing Act*
  - *O. Reg 45/22*: GENERAL

Additional References

- Documentation Guidelines
- Infection Prevention and Control Practice Tool
- Patient Assessment Practice Tool

Revision History

VERSION #	DATE	ACTION
1.00	December 18th, 2020	Removed from Administering Substance by Injection or Inhalation policy and turned into stand alone guideline.
2.00	July 1, 2022	Revised to include point-of-care testing scope changes.
3.00	October 1, 2024	Removal of student from definition of 'pharmacist'. Addition of definition for 'pharmacy technician'.
4.00	TBD	Changed from Guideline to Policy; reformatted; minor content revisions; updated to O. Reg. 256/24; moved non-policy content to Supplemental Guidance

[1] *Health Care Consent Act*
[2] *O. Reg. 256/24*

GUIDELINE TO POLICY: Piercing the Dermis for Demonstration and Point of Care Testing

Background

The Piercing the Dermis for Demonstration and Point of Care Testing guideline sets out the expectations for registrants performing the controlled act of piercing the dermis for demonstration and point of care testing. The guideline was first implemented as a guideline in December 2020 when it was removed from the Administering a Substance by Injection or Inhalation policy and has been updated twice since then to include scope changes and language changes. The version history is included in the policy.

Revisions

The guideline has been transitioned into a policy because the requirements in the guideline are, in fact, policy expectations. This revision supports the College's commitment to clearly communicating, in a consistent format, its expectations for registrants. There are **no changes to the overall expectations for registrants.**

Summary of Changes

- The document now conforms to the policy template
- Added section on Communication and Education
- Added section on Assessing their Competency

Summary Chart of Revisions

Text in red with strike through (e.g., ~~X~~) represents deleted text
Text in blue (e.g., X) represents added text
Text in green (e.g., ~~X~~, X) represents text moved elsewhere in the document
Text in purple with strikethrough (e.g., ~~X~~) represents text moved to supplemental guidance

Existing Content with changes	Proposed New Content	Rationale
Purpose: ~~This guideline outlines legislative requirements and~~ expectations for ~~pharmacy professionals~~ performing a procedure on tissue below the dermis, specifically the act of piercing a patient's dermis with a lancet-type device to obtain blood, as authorized ~~under~~ the ***Pharmacy Act*** ~~and enabled by the *Laboratory and Specimen Collection Centre Licensing Act* (LSCCLA). It is meant to be used alongside the Code of~~	**Purpose** To articulate the College's expectations for registrants performing the controlled act of a procedure on tissue below the dermis, as authorized by the *Pharmacy Act, 1991* (the act"); specifically the piercing of a patient's dermis with a lancet-type device to obtain blood, in accordance with O. Reg. 256/24 ("the regulations"), and to provide direction for meeting the Standards of Practice.	Edited to conform with the policy template.

~~Ethics,~~ Standards of Practice ~~and Standards of Operation.~~		
N/A	**Scope** This policy applies to registrants in Part A of the register, in any setting.	Added to conform with policy template.
Definitions: **Informed Consent**: ~~Consent to treatment is informed if, before giving it, the person received the information about the nature~~, expected benefit, potential risks ~~or side effects, other~~ options and consequences of not having the treatment (or any information that a reasonable person in the same circumstances would require ~~in order~~ to make a decision about the treatment~~) and the person received responses to their request for additional information (*Health Care Consent Act*).~~ ~~**Pharmacist:** For the purposes of this document where the term 'pharmacist' is used it is inclusive of pharmacy interns, and subject to any terms, conditions and limitations on their certificates of registration. Where this is not the case, it will be clearly identified.~~ ~~**Pharmacy Technician:** For the purposes of this document, where the term 'pharmacy technician' is used, it is inclusive of intern technicians, and subject to any terms, conditions, and limitations on their certificates of registration. Where this is not the case, it will be clearly identified.~~ **Point-of-care test (POCT):** a test that employs a medical device authorized by the Minister of Health for Canada for point-of-care use (*O. Reg. 202/94*)	**Definitions** **Informed Consent:** Express or implied consent given by a patient after receiving and understanding information, and having the opportunity to ask questions, about the nature, expected benefit, potential risks, alternative options, consequences of not having the treatment (or any information that a reasonable person in the same circumstances would require to make a decision about the treatment).[1] **Point-of-care test (POCT):** A test that employs a medical device authorized by the Minister of Health for Canada for point-of-care use.[2]	Definition of Informed Consent standardized with other policies. Changed references to endnotes to conform with policy template. The definition of pharmacists and pharmacy technicians has been deleted because the scope statement establishes who the policy applies to.
~~**Guideline:**~~ ~~The *Pharmacy Act* authorizes pharmacy professionals to carry out the controlled act of "performing a procedure on tissue below the dermis" in accordance with the requirements~~	**Policy**	Removed duplicate content covered in purpose.

~~of *O. Reg. 256/24* and the terms, conditions and limitations on their certificate of registration. A pharmacist or pharmacy technician may~~ perform the act ~~of piercing a patient's dermis with a lancet-type device to obtain blood~~ for the following purposes:
• Demonstrating the appropriate use of lancet-type devices for:
  ○ The patient's self-care and education, or
  ○ The patient's self-monitoring of their chronic disease
• Administering a point-of-care test if:
  ○ The test is listed in subsection 28 (2) of *O. Reg. 45/22* under the LSCCLA
1. Glucose
2. Hemoglobin A1C
3. Lipids
4. Prothrombin time and International Normalized Ratio (INR)
  ○ It is performed exclusively to assist patients with the management of their medication to treat chronic disease.
~~Part A~~ pharmacy technicians must be under the direction of a ~~Part A~~ pharmacist who is physically present on the premises at the time they ~~perform the act~~. After performing a point-of-care test, a Part A ~~pharmacist interprets~~ the results ~~of the test and~~ make~~s~~ any ~~professional~~ decision(s) ~~arising from those~~ results.
~~If any conditions of the regulations cannot be met, delegation of authority, such as a medical directive or direct order, from another regulated health professional would be required to perform a controlled act.~~
~~Pharmacy professionals~~ must ensure they possess the knowledge, skill and judgment with respect to performing this controlled act, and understand the ~~medical~~ condition of the
	Registrants are authorized to perform the act for the following purposes:
	• Demonstrating the appropriate use of lancet-type devices for:
	  ○ The patient's self-care and education, **or**
	  ○ The patient's self-monitoring of their chronic disease
	• Administering a point-of-care test if:
	  ○ It is performed exclusively to assist patients with the management of their medication to treat chronic disease, **and**
	  ○ The test is listed in subsection 28 (2) of *O. Reg. 45/22* under the *Laboratory and Specimen Collection Centre Licensing Act* (LSCCLA)
	  1. Glucose
	  2. Hemoglobin A1C
	  3. Lipids
	  4. Prothrombin time and International Normalized Ratio (INR)
	Pharmacy technicians must be under the direction of a pharmacist who is physically present on the premises at the time they perform the controlled act.
	• After performing a point-of-care test, the results must be reviewed and interpreted by a pharmacist, who can make any clinical or therapeutic decision(s) necessary based on the results.
		Align content (style and language) and layout with other policies related to controlled acts. More concise and easier to read.
		More direct and plain language.
		Delegation of authority is not relevant to this policy as it can only confer authority to pierce the dermis and not to collect a specimen or perform a POCT.

patient, to ensure the procedure is carried out safely and effectively.		

~~Expectations for pharmacy professionals piercing a patient's dermis with a lancet-type device to obtain blood for either purpose:~~
 	
1. Assess patient
 	
~~The pharmacy professional~~ ~~will only~~ consider performing the ~~procedure~~:
• For demonstration purposes, if they understand the value and limitations of the self-care device or self-monitoring tool ~~and educate the patient on how to self-monitor and when to contact a health professional.~~
• For ~~the~~ purposes ~~of~~ point-of-care testing, if the pharmacist assesses the patient to determine it is appropriate for the test to be performed, based on the individual's need, history, current health status, follow up and care plan or as part of a medication monitoring program for chronic disease management ~~and professional judgment exercised accordingly.~~
	Additional requirements:
	
	3. Assess the patient
	
	Registrants must consider the known risks and benefits to the patient and only consider piercing the dermis:
	• For demonstration purposes, if they understand the value and limitations of the self-care device or self-monitoring tool.
	• For point-of-care testing purposes, if the pharmacist assesses the patient and determines it is appropriate for the test to be performed:
	  ○ Based on the individual's need, history, current health status, follow up and care plan, or
	  ○ As part of a medication monitoring program for chronic disease management.
	
	Registrants must be alert for any signs of an adverse reaction experienced by the patient.
		Duplicates the purpose statement.
		
		Add requirements from the regulations.
		
		Moved to Communicate & Educate section #7 below.
		
		Improved readability adding sub-bullets.
		
		Moved from "assess the environment".

N/A	**2. Assess their competency** Registrants must only perform a procedure on tissue below the dermis when they can do so competently and safely, having sufficient understanding of the condition of the patient and: • Possessing sufficient knowledge, skill and judgment regarding the performance of the act and the medical device(s) being used. • Having the resources necessary to meet the Standards of Practice.	Added to align content and format to the other policies on controlled acts.

	• Being of sound physical, emotional and mental capacity.	
2. Obtain Informed Consent ~~to Treatment~~ Prior to piercing a patient's dermis, ~~a pharmacy professional must~~ explain the purpose and receive informed consent from the patient or their agent~~/substitute decision maker.~~ • ~~There is no minimum age of consent in Ontario; it is contingent on an individual's capacity to understand why and for what the consent is being sought.~~ • ~~Consent may be express (provided verbally or in writing) or implied (such as when a patient extends their finger to allow the use of a lancing device to obtain a blood sample).~~	**5. Obtain Informed Consent** Prior to piercing a patient's dermis, regulations require registrants to explain the purpose and receive informed consent from the patient or their authorized agent. • The information provided to patients to make informed decisions about their healthcare must be consistent with the best available evidence	Removed 'treatment' to be inclusive of demonstration and education. Incorporated reference to the regulations. "Substitute decision maker" has a specific definition under the HCCA. It is not a term used in other College policies and is not required here; the term "agent" is more inclusive. Express and implied now included in the definition of informed consent. Other content moved to supplemental guidance.
~~3. Store Devices and Supplies Appropriately~~ ~~Procedures must be in place to properly~~ receive and store devices ~~and related~~ supplies according to manufacturer's ~~instructions~~. Prior to use, the device ~~should be~~ calibrate~~d if required~~ to ensure it functions as intended. ~~To protect patient safety, inventory must be monitored for the identification and disposal of outdated, deteriorated, recalled or obsolete products. Medical device users are encouraged to report device-related incidents directly to Health Canada by completing a Health Product Complaint Form.~~	**6. Confirm proper storage and preparation** Registrants must determine that the supplies and medical devices used to perform the act are safe and appropriate for the patient. • Ensure that temperature- and humidity-sensitive items have been received and stored according to manufacturer's recommendations. • Visually inspect the integrity of the device(s), verifying proper working order. • Validate the quality and expiry date of the reagents (e.g., test strips, control solutions) prior to their use. • Calibrate the device prior to use and/or verify it has been properly maintained according to manufacturer's recommendations to ensure it functions as intended.	Changed tense and tone to direct at the registrant rather than pharmacy operating procedures. Explains rationale for properly receiving and storing. Section on inventory management removed because it is addressed in the DM policy and focused on those most important for POCT and quality control. Reporting moved to supplemental guidance. Added additional quality assurance requirements to safeguard patient outcomes
4. Ensure Safe and Appropriate Environment	**1. Assess the environment**	Aligns with headings in other policies.

The act ~~of piercing the dermis must only be performed~~ in an environment that is clean, safe, private, and comfortable for the patient. ~~Pharmacy professionals must consider the known risks and benefits to the patient and have the~~ safeguards and resources available to safely manage the outcome and any other ~~emergent~~ circumstances. ~~The pharmacy professional should~~ ~~be alert for any signs of an adverse reaction experienced by the patient.~~	Regulations require that: • Piercing the dermis takes place in an environment that is clean, safe, private, and comfortable for the patient. • There are safeguards and resources available to safely manage the outcome and any other relevant circumstances.	

6.~~ Follow~~ Infection ~~Prevention and~~ Control Procedures
 	
~~Pharmacies must have~~ evidence-based Infection Prevention and Control (IPAC) measures in place to prevent or reduce the risk of transmission of microorganisms.
• A 'routine ~~precaution~~' approach ~~should be undertaken at all times,~~ with all patients, includ~~ing~~ proper hand ~~washing~~ and, when appropriate, use of personal protective equipment
• ~~In the hospital setting, pharmacy professionals should~~ adhere to the ~~organization's IPAC~~ policies and procedures
• Devices used for multiple patients must be cleaned and disinfected as per the manufacturer's instructions
• ~~The pharmacy must have~~ procedures in place for the safe handling, collection and disposal of medical sharps (i.e., lancets)
• ~~As recommended in the Canadian Immunization Guide, pharmacy professionals should have their~~
	4. Confirm infection control procedures are in place
	
	When administering injections in a pharmacy, there must be:
	• Evidence-based Infection Prevention and Control (IPAC) measures in place to prevent or reduce the risk of transmission of microorganisms to patients, the public, and personnel.
	• Procedures in place for the safe handling, collection and disposal of:
	  ○ Medical sharps (i.e., lancets)
	  ○ Biomedical waste (i.e., blood specimens or samples)
	Registrants must:
	• Adhere to the policies and procedures established by the pharmacy or other health care setting, when applicable.
	• Take a 'routine practice' approach with all patients, as set out by the Provincial Infectious Diseases Advisory Committee (PIDAC).
	  ○ This includes proper hand hygiene and, when appropriate, use of personal protective equipment.
	• Clean and disinfect devices used for multiple patients, as per the manufacturer's instructions.
	• Never reuse single use devices
		Place focus on what the registrant must have when in a pharmacy instead of on the operational aspects which are the Designated Manager/owner's responsibility.
		
		Updated to reflect public health terminology and points to a provincial reference (PIDAC) to which registrants are accountable to, for Public Health inspections.
		
		Make inclusive of community setting.

~~immunizations up-to-date and receive an annual influenza vaccination~~	• Activate safety features, if available on a device.	Added to align with similar policies.

	7. Communicate & Educate
	Pharmacists must:
	• Communicate with colleagues and other health care professionals (HCP) to promote optimal patient outcomes
	• In the case of a point-of-care test:
	  ○ Educate the patient on the test result and any decisions made related to medication and/or chronic disease management.
	  ○ Educate the patient on any self-care and/or follow-up required.
	  ○ If applicable, advise the patient when their next point-of-care test is due.
	• In the case of demonstrating the use of a lancet-type device:
	  ○ Educate the patient on proper use and maintenance of the device.
	  ○ Educate the patient on any self-monitoring and how to interpret and apply test results.
	Registrants must not perform the controlled act of "Communicating to the 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."
		Added Communicate & Educate section to set out these expectations for registrants in the policy.

~~7.~~ **Document and Notify** ~~Pharmacy professionals are expected to review and adhere to the College's Record Retention, Disclosure and Disposal Guideline and Documentation Guidelines.~~	**8. Document and Notify** ***Document***	Only Documentation Guidelines relevant to this policy; moved to References. The bullet list was simplified using direct language.

~~The pharmacy professional~~ must maintain a patient record that includes: • ~~the~~ name and address of the patient, • ~~the~~ name and work address of the ~~pharmacy professional~~ • ~~the~~ date the act was performed, • ~~the~~ circumstances ~~relating to the performance of the act and~~ any adverse reaction experienced ~~by the patient~~, • confirmation that ~~an~~ informed consent was given If the act was performed to administer a point-of-care test, the record must also include: • ~~The~~ results ~~of the~~ test~~, and~~ • The pharmacist's ~~professional~~ decision arising from the results ~~of the test~~ and the rationale ~~for the decision~~. ○ Pharmacy technicians may gather and document the results of the point-of-care tests in the patient record to inform the pharmacist's decision. • The patient's primary care provider (if any) must be notified ~~of the above~~ within a reasonable time. ~~If the act is performed for education or demonstration purposes~~, ~~the patient's primary care provider (if any) may be notified if, based on professional judgment~~, it is important for continuity of care ~~or if~~ the pharmacist identifies a clinically significant ~~result.~~ Documentation sent to a primary care provider must be concise and include pertinent details respecting the act to ensure the patient record is complete ~~in both locations.~~	Registrants must maintain a patient record that includes: • Name and address of the patient • Name and work address of the registrant • Date the act was performed • Relevant circumstances (e.g., rationale, any adverse reaction experienced) • Confirmation that informed consent was given If the act was performed to administer a point-of-care test, the record must also include: • Test results • The pharmacist's decision(s) arising from the results and rationale. ***Notify*** If a point-of-care test was performed, the patient's primary care provider (if any, and if known) must be notified and provided pertinent details within a reasonable time. In any other case, notification is only required if: • Requested by the patient or their primary care provider • In demonstrating the use of a device, the pharmacist identifies a clinically significant matter • It is important for continuity of care Documentation sent to a primary care provider must be concise and include pertinent details respecting the act to ensure the patient record is complete.	Aligning with language used in other controlled act policies. Too restrictive – other locations may include the electronic health record, or another HCP.
~~**Additional considerations**~~ • ~~Pharmacy professionals do not have the authority to perform the controlled act of "Communicating to the individual~~		Moved to Communication & Education

~~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."~~ • ~~In Ontario hospitals, the licensed laboratory provides policies, procedures and processes for the oversight of POCT and is subject to mandatory quality requirements for accreditation.~~		Moved to supplemental guidance.
Legislative References~~:~~ • *Pharmacy Act* • PART ~~VII.3,~~ *O. Reg 256/24* • *O. Reg 45/22* ~~under the~~ *Laboratory and Specimen Collection Centre Licensing Act* • *Medical Devices Regulations* **Additional References:** • ~~Standards of Practice for Pharmacists~~ • ~~Standards of Practice for Pharmacy Technicians~~ • ~~Guideline – Initiating, Adapting and Renewing Prescriptions~~ **External References:** • ~~Infection Prevention and Control (Public Health Ontario)~~ ○ ~~Infection Prevention and Control for Clinical Office Practice (Provincial Infectious Diseases Advisory Committee (PIDAC))~~ ▪ ~~IPAC Checklist for Clinical Office Practice – Core Elements~~ • ~~Top Five High Risk Practices: Recommendations and occupational health and safety responsibilities~~	Legislative References • *Medical Devices Regulations* • *Pharmacy Act* ○ PART XIV, *Ontario Regulation* 256/24: General • *Laboratory and Specimen Collection Centre Licensing Act* ○ *O. Reg 45/22*: GENERAL Additional References • Documentation Guidelines • Infection Prevention and Control Practice Tool • Patient Assessment Practice Tool	Alphabetized list and formatted to template. Aligned with other controlled act policies; other IPAC content moved into supplemental guidance.

• ~~Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings (Public Health Agency of Canada)~~ • ~~Guideline C-4: The Management of Biomedical Waste in Ontario (Ministry of Environment and Climate Change)~~ • ~~Medical devices active licences search (Health Canada)~~		

Pharmacist Prescribing Policy: Initiating, Adapting and Renewing Prescriptions

Together with the relevant legislative requirements and standards, policies articulate the College's expectations for registrants for the practice of pharmacy, the provision of patient care, and the operation of pharmacies. Additional information to assist with policy implementation can be found in the accompanying Supplemental Guidance document.

Approved: TBD
Effective: TBD
Version #: 7.00

Supplemental Guidance

Purpose

To articulate the Ontario College of Pharmacists' expectations of pharmacists performing the controlled act of prescribing a drug, specifically adapting or renewing an existing prescription, initiating a prescription for smoking cessation therapy or certain minor ailments, as authorized by the *Pharmacy Act, 1991* and in accordance with *O. Reg. 256/24* ("the regulations"), and to provide direction for meeting the Standards of Practice.

Scope

This policy applies to pharmacists in Part A of the register in any setting.

Definitions

Informed Consent: Express or implied consent to treatment, given by a patient after receiving, understanding and having the opportunity to ask questions about its nature, expected benefit, potential risks, alternative options, and consequences of not having the treatment (or any information that a reasonable person in the same circumstances would require to make a decision about the treatment).[1]

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

Policy

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

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

Initiating a Prescription

Pharmacists are authorized to prescribe the following:

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

Pharmacists, *excluding* interns, are authorized to prescribe the following:

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

Adapting or Renewing a Prescription

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

- Obtain a copy of the prescription directly from the dispensing pharmacy.
- Have verbal confirmation about the prescription from a pharmacist at the dispensing pharmacy.
- Have access to the medical record that contains information about the prescription.

Until September 2026: The 'coronavirus exemption' in *O. Reg. 256/24* grants pharmacists only (not interns) the authority to renew or adapt a prescription for a controlled substance (narcotic, controlled drug and/or targeted substance) or a drug designated as a monitored drug.[2]

- Controlled substances/monitored drugs must be prescribed in accordance with Health Canada's *Controlled Drugs and Substances Act (S.C.1996, c.19)* (CDSA) subsection 56(1) class exemption.
    - The quantity prescribed cannot exceed the amount originally authorized**.**

Adapting

Pharmacists are authorized to adapt a prescription based upon the individual circumstances of the patient by altering the **dose, dosage form, regimen or route of administration** to address the patient's unique needs and circumstances.

- The **drug** cannot be adapted.
- Authority to adapt a prescription does not include therapeutic substitution, defined as "the substitution of a drug that contains chemically different active ingredients that are considered to be therapeutically equivalent."[3]

Renewing

Pharmacists are authorized to renew a prescription for the purpose of continuity of care.

- The quantity of the renewal cannot exceed the lesser of:
    - The quantity that was originally prescribed, including any refills that were authorized by the prescriber; or

- A twelve (12) month supply.

Before prescribing, pharmacists must:

1. Assess the environment

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

In any setting, patient interactions and any physical assessments must take place in an environment that is clean, safe, private, and comfortable for the patient, in a way that protects their confidentiality and dignity.

2. Assess their competency

Pharmacists must only prescribe when they can do so competently and safely by:

- Possessing sufficient knowledge, skill and judgment respecting the drug
- Having sufficient understanding of the condition of the patient
- Using relevant, evidence-based references or guidelines
- Critically evaluating information to inform their clinical decision-making
- Having the resources necessary to meet the Standards of Practice
- Being of sound physical, emotional and mental capacity

Prior to prescribing for a **minor ailment**, pharmacists must complete the mandatory OCP Orientation for Minor Ailments Prescribing e-Learning module.

3. Assess the patient

Pharmacists must assess the patient to determine the prescribed therapy is safe and appropriate by evaluating the risks and benefits, considering the patient's health status and unique circumstances.

To inform their decision-making, pharmacists must gather the available and relevant information necessary for this assessment, including (but not limited to):

- Patient records (e.g., pharmacy profile, electronic health records)
- Past medical history (e.g., medical conditions, medications or natural health products, allergies, intolerances)
- Current medical history (e.g., indication/diagnosis, medications, signs and symptoms)
- Physical characteristics (e.g., age, weight, height, pregnancy, lactation status)
- Results of physical assessment, laboratory, point-of-care, or other tests
- Lifestyle (e.g., nutrition, exercise, substance use) and socioeconomic factors
- Possible drug therapy problems, contraindications, or precautions

To initiate therapy, pharmacists must determine, through a therapeutic assessment, that the drug is the most appropriate treatment for the patient's condition.

4. Obtain informed consent to treatment

Prior to initiating a prescription, pharmacists must receive informed consent from the patient or their authorized agent.

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

<u>After</u> deciding to prescribe, pharmacists must:

5. Issue the Prescription

The regulations require the following information to be recorded on the prescription:

- Name and address of the patient
- Name, strength (where applicable), and quantity of the prescribed drug
- Directions for the use of the drug, including dose, frequency, route of administration, and any special instructions
- Name, address, telephone number, and College registration number of the pharmacist issuing the prescription
- Date the prescription was issued
- Number of refills authorized, if applicable

6. Communicate & Educate

Pharmacists must:

- Communicate the rationale for their decision(s).
- Communicate with colleagues and other health care professionals (HCP) to promote optimal patient outcomes.
- Educate the patient on their treatment plan including any monitoring and/or follow-up required.
- Advise the patient or their authorized agent that they may take the prescription to a pharmacy of their choosing for dispensing.
    - When *initiating* therapy, the pharmacist must *give* the prescription to the patient or their authorized agent.
    - When *adapting or renewing,* the pharmacist must *advise* the patient they are entitled to the prescription**.**

7. Document & Notify

Pharmacists providing publicly funded drugs or services must follow the Ministry of Health's documentation and notification requirements, as established by the applicable agreement with the Ministry and Executive Offices Notices.

Document

Relevant details of the patient assessment and decisions related to prescribing must be documented on the patient record. The regulations require the following information to be included:

- Reference to, or a copy of, the original prescription being renewed or adapted including the name and contact information of the prescriber, if applicable
- A copy of the prescription taken by the patient or their authorized agent, if applicable
- The rationale for the decision to initiate, adapt or renew the prescription (patient assessment)
- The evidence-based references or clinical guidelines consulted, if applicable
- Results of any laboratory or other tests considered, if applicable
- Confirmation that informed consent was received
- Follow-up and monitoring plan
- Any other relevant details and/or recommendations
- The date that the original prescriber (and primary care provider if different) were notified, if applicable, and the method by which the notification occurred

Documentation sent to other health care providers must be concise and include pertinent details to ensure that the patient record is complete.

- Patients are entitled to retain a copy of the documentation from their record.

Notify

Notification must be sent within a reasonable time after a prescription is issued when:

- initiating, to the patient's primary care provider
- renewing, to the original prescriber and the patient's primary care provider (if different and known)
- adapting, to the original prescriber and the patient's primary care provider (if different and known), when the change is clinically significant in relation to the patient, or when necessary to support the patient's care

8. Monitor & Follow Up

When prescribing, pharmacists are fully responsible for their prescription and the associated patient outcomes.

- Pharmacists must have a monitoring and follow-up plan with the patient to ensure therapy continues to be optimal.
- When initiating therapy, pharmacists must make reasonable efforts to follow up with the patient to identify and rectify any drug therapy problems, and to refer to another HCP if necessary.

Legislative References

- *Pharmacy Act, 1991*
- *Ontario Regulation 256/24: General*

Additional References

- Documentation Guidelines
- Minor Ailments Resources
- Orientation for Minor Ailments
- Patient Assessment Practice Tool

External References

- Clinical viewers: ConnectingOntario and ClinicalConnect
- Ministry of Health Executive Officer Notices

Revision History

VERSION #	DATE	ACTION
1.00	October 2012	Expanded Scope of Practice Orientation Manual.
2.00	February 2018	Guideline extracted from manual.
3.00	December 2020	Review, reformatting and inclusion of scope changes from O. Reg 202/94.
4.00	December 2022	Revised to include prescribing exemption for Paxlovid™ in O. Reg. 107/96.
5.00	January 2023	Revised to include prescribing for minor ailments.

VERSION #	DATE	ACTION
6.00	December 2023	Addition of 'pharmacist prescribing' to title; addition of prescribing nirmatrelvir/ritonavir and oseltamivir to O. Reg. 202/94; minor content revisions.
7.00	TBD	Changed from Guideline to Policy; reformatted; minor content revisions; updated to O. Reg. 256/24; moved non-policy content to Supplemental Guidance

[1] *Health Care Consent Act*
[2] under the *Narcotics Safety and Awareness Act, 2010*
[3] O. Reg. 256/24 s.47

GUIDELINE TO POLICY: Pharmacist Prescribing Policy: Initiating, Adapting and Renewing Prescriptions

Background

The Pharmacist Prescribing guideline sets out the expectations for pharmacists prescribing a drug (i.e., adapting or renewing an existing prescription, initiating a prescription for smoking cessation therapy, or initiating treatment for certain minor ailments). The guideline was first approved as a guideline in February 2018, when the Expanded Scope of Practice Manual (October 2012) was retired and has been updated regularly as scope of practice continued to expand, most recently in December 2023. The version history is included in the policy.

Revisions

The guideline has been transitioned into a policy because the requirements in the guideline are, in fact, policy expectations. This revision supports the College's commitment to clearly communicating, in a consistent format, its expectations for registrants. There are **no changes to the overall expectations for registrants.**

Summary of Changes

- The document now conforms to the policy template
- Definition of Informed Consent has been added

Summary Chart of Revisions

Text in red with strike through (e.g., ~~X~~) represents deleted text
Text in blue (e.g., X) represents added text
Text in green (e.g., ~~X~~, X) represents text moved elsewhere in the document
Text in purple with strikethrough (e.g., ~~X~~) represents text moved to supplemental guidance

Existing Content with changes	Proposed New Content	Rationale
Purpose ~~This guideline outlines legislative requirements and~~ expectations for pharmacists prescribing a drug as authorized by the *Pharmacy Act* and *O. Reg. 256/24*. ~~It is meant to be used alongside~~ the Standards of Practice, ~~Standards of Operation, and Code of Ethics~~.	**Purpose** To articulate the Ontario College of Pharmacists' expectations of pharmacists performing the controlled act of prescribing a drug (i.e., adapting or renewing an existing prescription, initiating a prescription for smoking cessation therapy, or certain minor ailments) as authorized by the *Pharmacy Act, 1991* and in accordance with *O. Reg. 256/24* ("the regulations"), and to provide direction for meeting the Standards of Practice.	Edited to conform with the policy template.
N/A	Scope	Added to conform with the policy template.

	This policy applies to pharmacists in Part A of the register in any setting.	
Definitions: ~~**Pharmacy professional:** Pharmacy professional refers to a pharmacist and/or a pharmacy technician. For the purposes of this guideline, where the term 'pharmacist' is used, it means a Part A pharmacist and is inclusive of pharmacy interns, and subject to any terms, conditions and limitations on their certificates of registration. Where this is not the case, it will be clearly identified.~~ **Minor Ailment**: Health condition~~s~~ that can be managed with minimal treatment and/or self-care strategies. Additional criteria include: usually a short-term condition; lab tests are not usually required; low risk of treatment masking underlying conditions; medications and medical histories can reliably differentiate more serious conditions; and, only minimal or short-term follow up is required. Minor ailments approved for pharmacist prescribing are listed in Schedule 4 of O. Reg. 256/24.	**Definitions** **Informed Consent:** Express or implied consent given by a patient after receiving, understanding and having the opportunity to ask questions about its nature, expected benefit, potential risks, alternative options, consequences of not having the treatment (or any information that a reasonable person in the same circumstances would require to make a decision about the treatment.[i] **Minor Ailment** A health condition that can be managed with minimal treatment and/or self-care strategies. Additional criteria include usually a short-term condition; lab tests are not usually required; low risk of treatment masking underlying conditions; medications and medical histories can reliably differentiate more serious conditions; and only minimal or short-term follow up is required. Minor ailments approved for pharmacist prescribing are listed in Schedule 4 of *O. Reg. 256/24*.	The definitions have been revised to conform with the policy template. The definition of Informed Consent added for consistency across similar policies and was moved from elsewhere. The definition of pharmacy professional was replaced by the scope statement.

~~**Guideline:**~~ Pharmacists ~~have the authority~~ to initiate, adapt or renew a prescription in accordance with the regulations if: • They possess sufficient knowledge and skills respecting the drug and the patient's condition to do so safely and effectively. • It is in the best interest of the patient and appropriate, given the known risks and benefits of prescribing the drug.	Policy Pharmacists are authorized to initiate, adapt or renew a prescription in accordance with the regulations if: • They possess sufficient knowledge and skills respecting the drug and the patient's condition to do so safely and effectively. • It is in the best interest of the patient and appropriate, given the known risks and benefits of prescribing the drug.	Copy edits to align with language in subsequent sections.

Initiating a Prescription[1]
 	
~~Only Part A~~ pharmacists, ~~and not~~ interns, are authorized to prescribe the following:
• **Oseltamivir** for treating influenza.
• **Nirmatrelvir/ritonavir** for treating COVID-19.
  ○ Do not prescribe nirmatrelvir/ritonavir if the patient is at risk of any drug interactions ~~that are contraindications or~~ that cannot be properly managed.
  ○ Publicly funded nirmatrelvir/ritonavir must be prescribed in accordance with Ministry of Health requirements.
	Initiating a Prescription
	
	Pharmacists, *excluding* interns, are authorized to prescribe the following:
	• **Oseltamivir** for treating influenza
	• **Nirmatrelvir/ritonavir** for treating COVID-19
	  ○ Do not prescribe nirmatrelvir/ritonavir if the patient is at risk of any drug interactions that cannot be properly managed or contraindications that exist.
	  ○ Publicly funded nirmatrelvir/ritonavir must be prescribed in accordance with Ministry of Health requirements.
		Clarifying that, as per the definition of pharmacist, what Part A pharmacists, EA pharmacists and interns can and cannot prescribe.
		
		Copy edit to align to regulations.

Adapting or Renewing a Prescription[2] The pharmacist must be in possession of the prescription to be adapted or renewed, or • Obtain a copy of the prescription directly from the dispensing pharmacy. • Have verbal confirmation about the prescription from a pharmacist at the dispensing pharmacy. • Have access to the medical record that contains information about the prescription.	**Adapting or Renewing a Prescription** The pharmacist must be in possession of the prescription to be adapted or renewed, or • Obtain a copy of the prescription directly from the dispensing pharmacy. • Have verbal confirmation about the prescription from a pharmacist at the dispensing pharmacy. • Have access to the medical record that contains information about the prescription.	

~~Pharmacists do not have~~ the authority to renew or adapt a prescription for a controlled substance (narcotic, controlled drug and/or targeted substance) or a drug designated as a monitored drug by the regulations under the *Narcotics Safety and Awareness Act, 2010*.
 	
• ~~*Refer to Appendix A for information on*~~ *Health Canada's Controlled Drugs and Substances Act (CDSA) subsection 56(1) class exemption*~~*, in effect until September 2026.*~~
 	
Adapting
 	
• Pharmacists ~~may~~ adapt a prescription based upon the individual circumstances of the patient by altering **the dose, dosage form, regimen or route of administration** to address the patient's unique needs and circumstances.
• ~~Adapting~~ a prescription does not include therapeutic substitution~~; refer to Appendix B for more information.~~
 	
Renewing
 	
• Pharmacists ~~may~~ renew a prescription for the purpose of continuity of care.
• ~~Pharmacists can only renew a quantity of the drug that does not~~ exceed the lesser of:
  ○ The quantity that was originally prescribed, including any refills that were authorized by the prescriber; or
	Until September 2026: The 'coronavirus exemption' in *O. Reg. 256/24* grants pharmacists only (not interns) the authority to renew or adapt a prescription for a controlled substance (narcotic, controlled drug and/or targeted substance) or a drug designated as a monitored drug by the regulations under the *Narcotics Safety and Awareness Act, 2010*.
	• Controlled substances/monitored drugs must be prescribed in accordance with Health Canada's *Controlled Drugs and Substances Act (S.C.1996, c.19)* (CDSA) subsection 56(1) class exemption.
	  ○ The quantity prescribed cannot exceed the amount originally authorized.
	
	Adapting
	
	Pharmacists are authorized to adapt a prescription based upon the individual circumstances of the patient by altering the **dose, dosage form, regimen or route of administration** to address the patient's unique needs and circumstances.
	• The **drug** cannot be adapted
	• Authority to adapt a prescription does not include therapeutic substitution, defined as "the substitution of a drug that contains chemically different active ingredients that are considered to be therapeutically equivalent."[ii]
	
	Renewing
	
	Pharmacists are authorized to renew a prescription for the purpose of continuity of care.
	• The quantity of the renewal cannot exceed the lesser of:
		Revised to reflect the exemption in the regulation that is in place until September 2026 in the body of the policy instead of Appendix, in accordance with policy template.
		
		Clarifies that regulations do not permit and change to the drug prescribed.
		
		Defines therapeutic substitution with reference in body of policy instead of Appendix, in accordance with policy template.
		
		Copy edits to align with language elsewhere in policy and regulations.

○ A twelve (12) month supply.	○ The quantity that was originally prescribed, including any refills that were authorized by the prescriber; or ○ A twelve (12) month supply.	
Before prescribing, pharmacists must: 1. Assess the patient The pharmacist determines that the therapy is safe and appropriate by evaluating the risks and benefits, considering the patient's health status and unique circumstances. To inform their decision-making, the pharmacist ~~should~~ gather the available and relevant information necessary for this assessment, including (but not limited to): • Patient records (e.g., pharmacy profile, electronic health records). • Past medical history (e.g., medical conditions, medications or natural health products, allergies, intolerances). • Current medical history (e.g., indication/diagnosis, medications, signs and symptoms). • Physical characteristics (e.g., age, weight, height, pregnancy, lactation status). • Results of physical assessment, laboratory, point-of-care, or other tests. • Lifestyle (e.g., nutrition, exercise, substance use) and socioeconomic factors. • ~~Anything reasonable to identify~~ possible drug therapy problems, contraindications, or precautions. • ~~For more information, please refer to the~~ Patient Assessment Practice Tool.	**Before prescribing, pharmacists must:** *3. Assess the patient* The pharmacist must assess the patient to determine the prescribed therapy is safe and appropriate by evaluating the risks and benefits, considering the patient's health status and unique circumstances. To inform their decision-making, the pharmacist must gather the available and relevant information necessary for this assessment, including (but not limited to): • Patient records (e.g., pharmacy profile, electronic health records) • Past medical history (e.g., medical conditions, medications or natural health products, allergies, intolerances) • Current medical history (e.g., indication/diagnosis, medications, signs and symptoms) • Physical characteristics (e.g., age, weight, height, pregnancy, lactation status) • Results of physical assessment, laboratory, point-of-care, or other tests • Lifestyle (e.g., nutrition, exercise, substance use) and socioeconomic factors • Possible drug therapy problems, contraindications, or precautions To initiate therapy, the pharmacist must determine, through a therapeutic assessment, that the drug is the most appropriate treatment for the patient's condition.	Order changed to align with other policies involving controlled acts. Added to align with regulations. Rest of content moved to supplemental guidance.

~~Community pharmacies are strongly encouraged to enrol in one of the provincial clinical viewers (ConnectingOntario or ClinicalConnect) at no cost through Ontario Health.~~ • ~~Viewers provide a dynamic, near real-time view of patient's health information (e.g., laboratory test results, dispensed medications covered by Ontario Drug Benefit, a history of publicly funded professional services) to enhance clinical decision making.~~		
2. Assess their competency ~~The~~ pharmacist must only prescribe when they can do so competently and safely by: • Possessing sufficient knowledge, skill and judgment respecting the drug**1**. • Having sufficient understanding of the condition of the patient[1]. • Having the resources necessary to meet their professional obligations and standards of practice. • Being of sound physical, emotional and mental capacity. • ~~Addressing gaps or learning opportunities, identified through self- and/or peer-assessment, with continuing education and/or additional training~~. Prior to prescribing for a minor ailment, the pharmacist must complete the mandatory OCP Orientation for Minor Ailments Prescribing e-Learning module ~~and is expected to critically **evaluate information** from **relevant, evidence-based** sources to inform their clinical decision-making.~~	**2. Assess their competency** Pharmacists must only prescribe when they can do so competently and safely by: • Possessing sufficient knowledge, skill and judgment respecting the drug • Having sufficient understanding of the condition of the patient • Using relevant, evidence-based references or guidelines • Having the resources necessary to meet their professional obligations and standards of practice • Critically evaluating information to inform their clinical decision-making • Being of sound physical, emotional and mental capacity Prior to prescribing for a **minor ailment**, the pharmacist must complete the mandatory OCP Orientation for Minor Ailments Prescribing e-Learning module.	Moved information from minor ailments to list for all prescribing activities to emphasize its importance. Moved to supplemental guidance; this needs to occur to possess sufficient knowledge, skill and judgment (a requirement in this section).

3. Assess the environment Physical assessments must take place in an environment that is clean, safe, private, and comfortable for the patient, in a way that protects their confidentiality and dignity. The Standards of Operation require pharmacy premises, facilities, and layout – along with equipment, technology and staffing – to support practice, to mitigate risks associated with the delivery of services, and to safeguard the health, safety and wellbeing of patients. ~~Community pharmacy owners and Designated Managers are expected to implement the Guiding Principles for Shared Accountability to support a suitable practice environment, which includes the physical working space as well as the practice culture, operating procedures, workflow, and resources available.~~	**1. Assess the environment** When practicing in a pharmacy, the Standards of Operation require the premises, facilities, and layout – along with its equipment, technology and staffing – to support practice, to mitigate risks associated with the delivery of services, and to safeguard the health, safety and wellbeing of patients. In any setting, patient interactions and any physical assessments must take place in an environment that is clean, safe, private, and comfortable for the patient, in a way that protects their confidentiality and dignity.	Order changed to align with other policies involving controlled acts. Place focus on what the registrant must have when in a pharmacy instead of on the operational aspects which are the Designated Manager/owner's responsibility.

4. Obtain informed consent to treatment[3]
 	
Prior to initiating a prescription, the pharmacist must receive informed consent from the patient or their authorized agent.
 	
~~Under the~~ Health Care Consent Act~~, consent to treatment is informed if, before giving it, the person received:~~
 	
• ~~Information about the nature, expected benefit, potential risks or side effects of the proposed treatment.~~
• ~~Information about other options and consequences of not having the treatment.~~
• ~~Any information that a reasonable person in the same circumstances would require to make a decision about the treatment.~~
• ~~Responses to their request for additional information.~~
 	
The information provided to patients to make informed decisions about their healthcare should be consistent with the best available clinical evidence.
• ~~Consent is contingent on an individual's capacity to understand why and for what the consent is being sought.~~
• ~~There is no minimum age of consent in Ontario.~~
• ~~Consent may be express or implied.~~
  ○ ~~Express consent may be provided by the patient in writing or provided verbally and documented by the pharmacist.~~
  ○ ~~The pharmacist may determine that implied consent is provided, based on the patient's action(s) or inaction in the circumstances at hand.~~
	4. Obtain informed consent to treatment
	
	Prior to initiating a prescription, pharmacists must receive **informed consent** from the patient or their authorized agent.
	
	The information provided to patients to make informed decisions about their healthcare must be consistent with the best available clinical evidence.
		Informed Consent is now defined at the beginning of the document.
		
		Moved to supplemental guidance.

After deciding to prescribe, pharmacists must: **5. Issue the Prescription** ~~The~~ following information ~~must~~ be recorded on the prescription[4]	**After deciding to prescribe, pharmacists must:** **5. Issue the Prescription** The regulations require the following information to be recorded on the prescription.	Emphasize that these are legal requirements.

6. Communicate & Educate
 	
~~At the time of initiating, adapting or renewing a prescription,~~ **the pharmacist must advise the patient or their authorized agent that they ~~are entitled to the prescription~~ ~~and~~ may take it to a pharmacy of their choice for dispensing[2].**
 	
~~Effective communication with patients and their healthcare team supports continuity of care and positive treatment~~ outcomes. Pharmacists ~~are expected to:~~
 	
• Communicate the rationale for their decision(s) (~~to prescribe, to refer, etc.).~~
• Educate the patient on their treatment plan including any monitoring and/or follow-up required.
• ~~Collaborate~~ with colleagues and other health care professionals to ~~facilitate quality~~ patient ~~care~~.
	6. Communicate & Educate
	
	Pharmacists must:
	• Communicate the rationale for their decision(s)
	• Communicate with colleagues and other health care professionals (HCP) to promote optimal patient outcomes.
	• Educate the patient on their treatment plan including any monitoring and/or follow-up required.
	• Advise the patient or their authorized agent that they may take the prescription to a pharmacy of their choosing for dispensing.
	  ○ When *initiating* therapy, the pharmacist *must give* the prescription to the patient or their authorized agent.
	  ○ When *adapting or renewing,* the pharmacist must advise the patient they are entitled to the prescription.
		Clarifies the regulations for prescribing when initiating therapy versus adapting or renewing.

7. Document & Notify ***Document***	**7. Document & Notify** Pharmacists providing publicly funded drugs or services must follow the Ministry of Health's documentation and notification requirements, as established by the applicable agreement with the Ministry and Executive Offices Notices. *Document* Relevant details of the patient assessment and decisions related to prescribing must be	

~~When~~ prescribing, ~~the pharmacist~~ must document in the patient record: • ~~If applicable,~~ reference to, or a copy of, the original prescription being renewed or adapted including the name and contact information of the prescriber[5]~~.~~ • ~~~~ • The rationale for the decision to initiate, adapt or renew the prescription ~~(~~patient assessment~~t, clinical guidelines consulted, etc.).~~ ~~Pharmacists are expected to adhere to the College's Documentation Guideline, which describes how to meet the Standards of Practice for documentation (e.g., patient assessment, monitoring, follow up).~~ • Documentation sent to other ~~HCPs should be concise and~~ include pertinent details respecting the pharmacist's initiation, renewal or, if appropriate, adaptation of the prescription to ensure that the patient record is complete ~~in all locations.~~ • ~~Documentation requirements for the provision of publicly funded services are established by the Ministry of Health.~~ Patients who do not have a primary care provider ~~should~~ be advised that they, or another health professional providing care to them in the future, are entitled to access this information at any time. Patients ~~may also wish to have~~ a copy of the documentation from their record ~~for this purpose.~~ ***Notify***	documented on the patient record. The regulations require the following information to be included: • Reference to, or a copy of, the original prescription being renewed or adapted including the name and contact information of the prescriber, if applicable • The rationale for the decision to initiate, adapt or renew the prescription (patient assessment) • The evidence-based references or clinical guidelines consulted, if applicable • Documentation sent to other health care providers must include pertinent details respecting the pharmacist's initiation, renewal or, if clinically significant, adaptation of the prescription to ensure that the patient record is complete Patients who do not have a primary care provider must be advised that they, or another health professional providing care to them in the future, are entitled to access this information at any time. Patients are also entitled to retain a copy of the documentation from their record. *Notify* Notification must be sent within a reasonable time after:	*Where there is no change to the list of information, it was not included here in the interest of brevity.* Changed to reflect language in previous section of policy. Pharmacists are always expected to meet any applicable guidelines, standards, or policies. Focussed content here to prescribing-specific requirements. Updated to reflect patient's rights under PHIPA.

~~The pharmacist must notify the primary care provider or prescriber~~ within a reasonable time after ~~initiating[1] or renewing a prescription[2].~~ • ~~Notification of the prescriber is also required if a pharmacist has adapted a prescription in a manner that is~~ clinically significant in ~~the individual circumstances of~~ the patient, or necessary to support the patient's care [2]. • ~~If~~ the patient's primary health care provider ~~is~~ different ~~from the original prescriber, they should also be notified in a reasonable time to ensure continuity of care[2].~~ • ~~Notification requirements for the provision of publicly funded services are established by the Ministry of Health.~~	• initiating, to the patient's primary care provider • renewing, to the original prescriber and the patient's primary care provider (if different and known) • adapting, to the original prescriber and the patient's primary care provider (if different and known), when the change is clinically significant in relation to the patient, or when necessary to support the patient's care	The pharmacist is responsible for notification however the task may be completed by another team member. Clarifies the regulatory requirements in different prescribing scenarios.
N/A	**8. Monitor & Follow Up** When prescribing, pharmacists are fully responsible for that prescription and the associated patient outcomes. • Pharmacists must have a monitoring and follow-up plan with the patient to ensure therapy continues to be optimal. • When initiating therapy, pharmacists must make reasonable efforts to follow up with the patient to identify and rectify any drug therapy problems, and to refer to another HCP if necessary.	Monitoring and follow up are expectations in the Standards of Practice and of particular importance when the pharmacist is the most responsible practitioner for the patient's drug therapy. With the expansion of minor ailment services, these steps are essential to ensure patient safety and that treatment as a minor ailment was, and is, appropriate.
Legislative References: • *Pharmacy Act* • PART VII.3, O. Reg. 256/24 • *Health Care Consent Act*	**Legislative References** • *Pharmacy Act, 1991* • *Ontario Regulation 256/24: General*	
Additional References: • Minor Ailments Resources • Policy – ~~Medical Directives and the Delegation of Controlled Acts~~ • Patient Assessment Practice Tool	**Additional References** • Documentation Guidelines • Minor Ailments Resources • Orientation for Minor Ailments • Patient Assessment Practice Tool	Updated to reflect references for the policy; moved the rest to supplemental guidance.

• ~~Pharmacy Connection article – 5 Things Pharmacy Professionals Should Know About Informed Consent~~		

External References:
• Clinical viewers: ConnectingOntario and ClinicalConnect
• Ministry of Health Executive Officer Notices
• ~~Ontario Health – Access to COVID-19 antiviral treatment (Paxlovid™)~~
• ~~Ontario COVID-19 Science Advisory Table~~
  ○ ~~COVID-19 Drug Interactions Checker~~
• ~~Centre for Effective Practice (CEP)~~
  ○ ~~COVID-19: Clinical Guidance for Primary Care Providers~~
• ~~**Public Health Ontario Influenza Resources**~~
	External References
	• Clinical viewers: ConnectingOntario and ClinicalConnect
	• Ministry of Health Executive Officer Notices
		Move topic-specific resources to supplemental guidance.

Cross-Jurisdictional Pharmacy Services Policy

Together with the relevant legislative requirements and standards, policies articulate the College's expectations for registrants for the practice of pharmacy, the provision of patient care, and the operation of pharmacies. Additional information to assist with policy implementation can be found in the accompanying Supplemental Guidance document.

Approved: TBD
Effective: TBD
Version #: 3.0

Supplemental Guidance

Purpose

To articulate the College's expectations of registrants providing cross-jurisdictional pharmacy services and to provide direction for meeting the Standards of Practice.
For the provision of virtual care to patients located in another jurisdiction, registrants must also comply with the Virtual Care Policy.

Scope

This policy applies to all registrants in Part A of the register, in all practice settings, regardless of their location or the location of the patient.

Policy

Out-of-Province Patients

When providing services to patients located in other Canadian jurisdictions, registrants must:

- Practice within their legal scope of authority in Ontario and comply with all provincial legal requirements
- Comply with the Standards of Practice, Code of Ethics, and College policies
- Comply with the professional expectations and legal requirements of the province/territory in which the patient is located
- Obtain express consent from the patient or their authorized agent prior to providing cross-jurisdictional services:
    - Consent may be obtained verbally or in writing
    - The patient must be informed that the registrant is registered with the Ontario College of Pharmacists
    - Document that they have received consent, and how, in the patient's record.

Out-of-Province Prescriptions

Registrants can dispense prescriptions and any refills authorized by a practitioner licensed in another Canadian jurisdiction, if in their professional judgement:

- The prescription is deemed legitimate and meets all legal requirements,
- The practitioner has an existing therapeutic relationship with the patient, and
- Dispensing the prescription maintains continuity of care.

When dispensing prescriptions from other Canadian jurisdictions, registrants must:

- Conduct due diligence and exercise professional judgement to establish that a valid patient/practitioner relationship exists
- Make appropriate inquiries prior to dispensing if there is any uncertainty about the validity of the prescription to confirm its authenticity

Out-of-Country Patients

Registrants can continue providing services to their patients where there is an existing therapeutic relationship[1], and the patient, who permanently resides in Canada, is temporarily outside of the country.

When providing services to patients temporarily located outside of a Canadian jurisdiction, registrants must:

- Practice within their legal scope of authority in Ontario and comply with all provincial legal requirements
- Adhere to the Standards of Practice, Code of Ethics, and College policies
- Obtain express consent from the patient or their authorized agent to provide cross-jurisdictional services
    - Consent may be obtained verbally or in writing
    - Document that they have received consent, and how, in the patient's record
    - Document the circumstances relevant to the patient being out-of-country

Out-of-Country Prescriptions

Registrants must not:

- Dispense a prescription authorized by a practitioner who does not hold a valid certificate of registration in a Canadian jurisdiction.
    - To be a valid prescription, the issuing practitioner must be entitled to treat patients with a prescription drug and be practicing their profession in the province or territory in which they are licensed.
- Dispense a prescription issued by a practitioner not licensed in Canada, that has been "co-signed" by a Canadian practitioner for the purposes of being filled by an Ontario pharmacy.
    - The practitioner must have an established therapeutic relationship with the patient for whom the prescription is provided, as described under Out of Province Prescriptions.
- Facilitate or engage in the practice of co-signing, to any degree.

Out-of-Province Pharmacy Professionals

Pharmacy professionals who are not registrants licensed to practice in Ontario may provide care to patients who reside in Ontario if the following conditions are met:

- They hold a certificate of registration from another Canadian jurisdiction
- They practice within the limits of Ontario legislation including scope of practice and authorized acts
- They comply with the Code of Ethics, standards, policies and any other professional practice requirements stipulated by the Ontario College of Pharmacists
- They obtain express consent from the patient or their authorized agent to provide cross-jurisdictional services
- They inform the patient in which jurisdiction they are registered

Legislative References

- *Drug and Pharmacies Regulation Act, s 1; s 158*
- *Food and Drug Regulations*, C.R.C., c. 870, C.01.001 (1)

Additional References

- Virtual Care Policy

Revision History

Version #	Date	Action
1.00	2003	Out of Country Prescription Policy approved.
2.00	2022	Out-of-Country prescriptions policy and Out-of- Province Prescriptions fact sheet combined and updated into new Cross Jurisdictional Pharmacy Services policy; Out-of-Country prescriptions policy and Out-of-Province Prescriptions fact sheet (published August 2013) retired.

Version #	Date	Action
3.00	TBD	Reformatted; minor content revisions; moved non-policy content to Supplemental Guidance

[1] A therapeutic relationship between a registrant and their patient, that begins with direct interaction and results in a professional pharmacy service being provided. 'Patient' has the same meaning as defined in *O. Reg. 260/18* of the *Regulated Health Professions Act* (RHPA).

POLICY REFRESH: Cross-Jurisdictional Pharmacy Services

Background
The Cross-Jurisdictional Pharmacy Services Policy sets out the expectations for registrants regarding the provision of virtual care to patients. It was approved in June 2021.

Revisions
Due to its relative recency, this policy is suitable to reformatting to the template. By including in the refresh with other documents, the terminology, tone and "plain language" approach will also be closely aligned. This revision supports the College's commitment to clearly communicating, in a consistent format, its expectations for registrants. There are **no changes to the overall expectations for registrants**.

Summary of Changes
- The document now conforms to the policy template
- Minor edits and rearrangement of content for clarity

Summary Chart of Revisions

Text in red with strike through (e.g., ~~X~~) represents text to be deleted
Text in blue (e.g., X) represents text to be added
Text in green (e.g., ~~X~~, X) represents text that has been moved elsewhere in the document
Text in purple with strikethrough (e.g., ~~X~~) represents text that has been moved to supplemental guidance

Existing Content with changes	Proposed New Content	Rationale
Pupose~~:~~ ~~This policy articulates the Ontario College of Pharmacist's (OCP)~~ expectations ~~for the provision of~~ cross-jurisdictional pharmacy services ~~regardless of the location of the registrant or their patients.~~ ~~Additionally,~~ for the provision of ~~virtual care~~ to patients located in another jurisdiction, ~~OCP expects~~ registrants ~~to~~ comply with ~~this policy as well as~~ the Virtual Care Policy.	**Purpose** To articulate the College's expectations of registrants providing cross-jurisdictional pharmacy services and to provide direction for meeting the Standards of Practice. For the provision of virtual care to patients located in another jurisdictions, registrants must also comply with the Virtual Care Policy.	Edited to conform with policy template.
n/a	**Scope** This policy applies to all registrants, in all practice settings, regardless of the location of the registrant or the patient.	Edited to conform with policy template.
Definitions~~:~~ ~~**Informed Consent:** Consent to treatment is informed if, before giving it, the person received the information about the nature,~~	**Definitions**	Edited to conform with policy template Informed consent is only required for initiating a treatment, and is addressed in other policies

~~expected benefit, potential risks or side effects, other options and consequences of not having the treatment (or any information that a reasonable person in the same circumstances would require in order to make a decision about the treatment) and the person received responses to their request for additional information (*Health Care Consent Act, 1996,* s.11(2)).~~ **~~Practitioner~~:** ~~a person who is entitled under the laws of a province/territory to treat patients with a prescription drug, and is practicing their profession in that province/territory~~. ~~(*Food and Drug Regulations*, C.R.C., c. 870, C.01.001 (1))~~		where relevant so was removed. Incorporated into body of policy where relevant.
Policy: ~~Registrants are required to comply with all professional expectations and legal requirements of OCP regardless of the location of the registrant or their patients. Registrants are also expected to adhere to the Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada, as applicable.~~	**Policy**	Incorporated into the purpose and body of policy.
~~Registrants licensed in Ontario who are Providing Services across Canadian Jurisdictions~~ ~~Registrants who~~ provid~~e~~ services to patients ~~who are~~ located ~~out of province/territory~~ in ~~an~~other Canadian jurisdiction ~~are expected to~~ adhere to the professional expectations and legal requirements ~~of both OCP and that~~ of the province/territory in which the patient is located.	**Out-of-Province Patients** When providing services to patients located in other Canadian jurisdictions, registrants must: • Practice within their legal scope of authority in Ontario and comply with all provincial legal requirements • Comply with the Standards of Practice, Code of Ethics, and College policies • Comply with the professional expectations and legal requirements of the province/territory in which the patient is located	Addressed by scope statement and definitions. Edited for conciseness, making it easier to understand and navigate. Formatted in accordance with policy template.

~~***Informed Consent***~~ ~~Registrants who choose to provide pharmacy services to patients located in another Canadian jurisdiction must act in compliance with the *Personal Health Information Protection Act* (PHIPA) and the *Health Consent Act*.~~ Registrants must obtain ~~informed~~ consent from the patient ~~(~~or their ~~substitute decision-maker),~~ ~~either~~ ~~orally~~ or in writing, ~~before delivering~~ cross-jurisdictional ~~pharmacy~~ services. ~~Informed consent must be documented whether it is obtained orally or in writing.~~	• Obtain express consent from the patient or their authorized agent prior to providing cross-jurisdictional services: ○ Consent may be obtained verbally or in writing ○ The patient must be informed that the registrant is registered with the Ontario College of Pharmacists ○ Document that they have received consent, and how, in the patient's record.	Clarify what the patient is consenting to and why. Consent for PHIPA purposed is covered in the Virtual Care Policy. Compliance with all legal requirements is stated above. Formatted in accordance with policy template.
~~***Dispensing for Canadian prescriptions***~~ ~~It is expected that Registrants will conduct due diligence and exercise professional judgement to establish that a sufficient patient/practitioner relationship exists in relation to any prescriptions being written out of jurisdiction. Registrants are required to adhere to the NAPRA Model Standards of Practice when dispensing a prescription for a patient who is out of province/territory. For pharmacists, this includes, but is not limited to assessing the appropriateness of the prescription by collecting and interpreting relevant information to ensure there are no significant drug interactions, contra- indicators or adverse effects, the dose and instructions for use of the drug are correct, the drug is properly indicated and adherable, any red flag situations are addressed, and that the patient is receiving appropriate monitoring for this drug and disease. For technicians, this includes reviewing prescriptions to confirm that they are complete, authentic and meet all current laws, regulations and policies.~~ ~~Registrants~~ can ~~accept~~ prescriptions, ~~including~~ refills ~~for prescription drugs~~, if in the ~~registrant's~~ professional judgement the prescription is deemed legitimate and ~~in~~	**Out-of-Province Prescriptions** Registrants can dispense prescriptions and any refills, authorized by a practitioner licensed in another Canadian jurisdiction, if in their professional judgment:	Plain language, concise heading. All Standards of Practice must be met; we do not list specific standards in other practice policies. Removed reference to 'prescription drugs' as this applied to all drugs. Updated and formatted in accordance with

dispensing the prescription continuity of care is maintained. ~~Registrants must ensure the communication of relevant clinical information is shared with the patient's primary circle of care.~~ ~~Registrants can accept prescriptions, including refills~~ authorized by a~~n out of province/territory~~ practitioner ~~who:~~ ~~a) Is entitled under the laws of their Canadian jurisdiction to treat patients with a prescription drug.~~ ~~b) Is practicing their profession in that same Canadian jurisdiction.~~ c) Has an existing therapeutic relationship with the patient. ~~With regards to Controlled Substances (narcotics, controlled drugs, benzodiazepines and other targeted substances) there are no restrictions on accepting new prescription orders from other Canadian jurisdictions, provided registrants use professional judgement and practice due diligence in verifying the prescription's authenticity and appropriateness.~~	• the prescription is deemed legitimate and meets all legal requirements, • the practitioner has an existing therapeutic relationship with the patient, and • dispensing the prescription maintains continuity of care. When dispensing prescriptions from other Canadian jurisdictions, registrants must: • Conduct due diligence and exercise professional judgement to establish that a valid patient/practitioner relationship exists • Make appropriate inquiries prior to dispensing if there is any uncertainty about the validity of the prescription to confirm its authenticity	policy template. All Standards of Practice must be met; we do not list specific standards in other practice policies. Removed repetition. Moved to Supplemental Guidance.
~~**Registrants licensed in Ontario that are**~~ **Providing Services to Patients outside of Canadian Jurisdictions** ~~Registrants are permitted to~~ provide care to patients where there is an existing therapeutic relationship, and the patient is temporarily located outside of Canada. ~~In doing so, registrants~~ must comply with ~~the laws, regulations,~~ standards and policies, ~~and any other professional practice requirements as stipulated by the Ontario College of Pharmacists and the laws, standards and policies of where the patient is located to ensure continuity of care.~~	**Out-of-Country Patients** Registrants can continue providing services to their patients where there is an existing therapeutic relationship, and the patient, who permanently resides in Canada, is temporarily outside of the country. When providing services to patients temporarily located outside of a Canadian jurisdiction, registrants must: • Practice within their legal scope of authority in Ontario and comply with all provincial legal requirements • Adhere to the standards of practice, Code of Ethics, and College policies	Align language with rest of policy. Emphasize the existing relationship and temporary nature of out-of-country service provision. Updated and formatted in accordance with policy template. Align with policy expectations for out-of-province. The NAPRA Cross-Jurisdictional Agreement does not extend to international jurisdictions. OCP cannot hold registrants accountable to international laws, only "any federal, provincial or territorial law or municipal by-law" (*O. Reg. 130/17*)

	• Obtain express consent from the patient or their authorized agent to provide cross-jurisdictional services
	  ○ Consent may be obtained verbally or in writing
	  ○ Document that they have received consent, and how, in the patient's record.
	  ○ Document the circumstances relevant to the patient being out-of-country
		Mirror content from out-of-province section.

Out-of-Country Prescriptions ~~*Dispensing for Out-of-Country Prescriptions*~~ Registrants must not dispense a ~~drug that has been~~ authorized by a practitioner who does not hold a valid certificate of registration in a Canadian jurisdiction. • ~~As per~~ Canada's ~~*Food and Drug Regulations*, an~~ authorized practitioner must ~~hold a valid certificate of registration to practice their profession in a Canadian jurisdiction and~~ maintain an active practice in the Canadian jurisdiction where they are registered.	**Out-of-Country Prescriptions** Registrants must not: • Dispense a prescription authorized by a practitioner who does not hold a valid certificate of registration in a Canadian jurisdiction. • To be a valid prescription, the issuing practitioner must be entitled to treat patients with a prescription drug and be practicing their profession in that province or territory in which they are licensed. • Dispense a prescription authorized by a practitioner not licensed in Canada, that has been "co-signed" by a Canadian practitioner for the purposes of being filled by an Ontario pharmacy. ○ The practitioner must have an established therapeutic relationship with the patient for whom the prescription is provided, as described under Out of Province Prescriptions.	Updated and formatted in accordance with policy template. Content moved from below; language aligned to other sections of policy.

• ~~In situations where a registrant suspects that a practitioner does not maintain an active practice in the Canadian jurisdiction that issued their certificate of registration,~~ it is the registrant's professional responsibility to make appropriate inquiries ~~with the practitioner~~ before dispensing ~~the drug~~.	• Facilitate or engage in the practice of co-signing prescriptions, to any degree. It is the professional responsibility of registrants to make appropriate inquiries prior to dispensing if there is any uncertainty about the validity of the prescription and the practitioner-patient relationship.	Broaden to include inquiries to other sources (e.g., patient, regulatory bodies).
~~**Co-signing of prescriptions refers to Canadian** practitioners providing signatures to prescriptions issued by another prescriber not licensed in Canada, for the purposes of them being filled by a~~ Canadian ~~pharmacy~~. ~~Registrants~~ must not ~~facilitate the co-signing of prescriptions authorized by practitioners not licensed in Canada.~~ • ~~Registrants are reminded that the practitioner must have an established therapeutic relationship with the patient for whom the prescription is provided. (e.g., College of Physician and Surgeons of Ontario's Prescribing Drugs policy).~~ • ~~It is the professional responsibility of registrants~~ to follow up with the practitioner ~~if there is any uncertainty about the validity of the prescription or whether the prescribing practitioner has an established therapeutic~~ relationship ~~with the patient.~~		Content moved above; language aligned to other sections of policy.
~~**Registrants not licensed in Ontario that are Providing Services to Ontario patients**~~ ~~To support access to pharmacy services,~~ pharmacy professionals ~~located in another Canadian jurisdiction and~~ who are not licensed to practice in Ontario may provide care to Ontario patients if the following conditions are met: a) They hold a certificate of registration from another Canadian jurisdiction~~; and,~~	**Out-of-Province Pharmacy Professionals** Pharmacy professionals who are not registrants licensed to practice in Ontario may provide care to patients who reside in Ontario if the following conditions are met: • They hold a certificate of registration from another Canadian jurisdiction	Updated and formatted in accordance with policy template. Added to support "level playing field" for Ontario registrants.

b) They comply with the standards, policies, ~~guidelines,~~ and any other professional practice requirements stipulated by the Ontario College of Pharmacists~~, in addition to those of their regulatory body, and with the NAPRA Model Standards of Practice.~~	• They practice within the limits of Ontario legislation including scope of practice and authorized acts • They comply with the Code of Ethics standards, policies and any other professional practice requirements stipulated by the Ontario College of Pharmacists • They obtain express consent from the patient or their authorized agent to provide cross-jurisdictional services • They inform the patient in which jurisdiction they are registered	It is their responsibility to meet their jurisdiction's requirements; this policy sets out OCP's requirements with the patient's best interest as the focus. Added Code of Ethics to be specific
Legislative References: • ~~*Healthcare Consent Act, 1996*, s.11(2)~~ • *Drug and Pharmacies Regulation Act, 1990*, s.1; s.158 • *Food and Drugs Act, 1985, Food and Drug Regulations, CRC, c870, C.01.001*		*Health Care Consent Act* not applicable. The *Food and Drug Regulations* are referenced as an endnote.

Fees for Professional Pharmacy Services Policy

Together with the relevant legislative requirements and standards, policies articulate the College's expectations for registrants for the practice of pharmacy, the provision of patient care, and the operation of pharmacies. Additional information to assist with policy implementation can be found in the accompanying Supplemental Guidance document.

Approved: TBD
Effective: TBD
Version #: 2.00

Supplemental Guidance

Purpose

To articulate the College's expectations of registrants charging fees for the provision of professional pharmacy services, as authorized by the *Pharmacy Act* and in accordance with *O. Reg. 256/24*, which are not part of prescription dispensing activities remunerated through the Usual and Customary fee.

Scope

This policy applies to all registrants in Part A of the register, in any setting.

Definitions

Usual and Customary Fee: The single specific amount for dispensing a prescription, set by the owner of a pharmacy, filed with the College, and posted at the dispensary area in accordance with the *Drug Interchangeability and Dispensing Fee Act, 1990* and its regulations. Also referred to as the "**dispensing fee**".

Professional pharmacy services ("services"): Patient care activities provided by a registrant within the scope of practice of pharmacy and the authorized acts of the profession, other than prescription dispensing.[1]

Policy

Registrants may charge fees for professional pharmacy services:

- To a patient, unless otherwise prohibited by legislation or policy, OR
- To a patient's drug plan, in accordance with the terms and conditions set out by the plan.

Registrants must:

- Establish fees in advance.
- Set fees that are reasonable.[2]
    - Charging a fee that is excessive or unreasonable in relation to the service provided is an act of professional misconduct.[3]
- Prior to providing services for a fee:
    - Advise the patient of their eligibility to for publicly funded services, if applicable
    - Inform patients of the fee and obtain their consent.

- Provide the patient with a receipt of payment, upon request.
- Respect the patient's right to decline services with fees, which must not impede the delivery of other pharmacy services to the patient.

Additional References

- Dispensing Components Included in the Usual and Customary Fee Policy

VERSION #	DATE	ACTION
1.00	September 2010	Policy approved by Council.
2.00	TBD	Changed from Guideline to Policy; reformatted; minor content revisions; moved non-policy content to Supplemental Guidance.

[1] *Pharmacy Act*, s 3,4
[2] The Ontario Pharmacists' Association has published the Suggested Fee Guide for Uninsured Clinical and Professional Pharmacy Services that includes suggested rates and their rationale
[3] *O. Reg 130/17,* s21

POLICY REVISION: Fees for Professional Pharmacy Services

Background

This policy was originally published in 2012 and reviewed in 2020. The intent of the policy is to outline the expectations for charging fees for professional services that are not included in the usual and customary fee. This policy was reviewed to ensure consistency with the revisions being made to the Dispensing Components Included in the Usual and Customary Fee Guideline since the two documents are related.

Revisions

- This revision supports the College's commitment to clearly communicating, in a consistent format, its expectations for registrants. It does not remove any requirements and makes explicit the requirement that registrants provide patients with a receipt of payment, upon request.

Summary of Changes

- Conforms to policy template in structure and content
- New: patients are entitled to a receipt when paying fees for professional pharmacy services

Summary Chart of Revisions

Text in red with strike through (e.g., ~~X~~) represents deleted text
Text in blue (e.g., X) represents added text
Text in green (e.g., ~~X~~, X) represents text moved elsewhere in the document
Text in purple with strikethrough (e.g., ~~X~~) represents text moved to supplemental guidance

Existing Content with changes	Proposed New Content	Rationale
Purpose To ~~set out College~~ expectations ~~when pharmacists charge fees for professional services outside of~~ the usual and customary dispensing activities.	**Purpose** To articulate the College's expectations of registrants charging fees for professional pharmacy services providing patient care authorized by the *Pharmacy Act*, in accordance with *O. Reg. 256/24*, which are not part of prescription dispensing activities remunerated through the Usual and Customary fee.	Edited to conform to policy template.
N/A	**Scope** This policy applies to all registrants in Part A of the register in any setting	Edited to conform to policy template.

~~**Introduction**~~ ~~The function of the pharmacist has moved beyond the traditional role of compounding and dispensing medications to encompass activities in support of improved patient outcomes. The introduction of an expanded scope of pharmacist practice in Ontario is formal recognition that pharmacy practice has evolved. Pharmacist compensation mechanisms are adapting to support the provision of professional services that are not directly linked to dispensing a prescribed medication.~~	N/A	Dated language; not inclusive of pharmacy technicians or reflective of current scope of practice.
~~**Principles**~~ ~~1. Ethical Behaviour: The pharmacist will act responsibly and within the context of the Code of Ethics.~~ ~~2. Transparency: The fees charged for professional pharmacy services will be readily accessible. The patient will be informed of all fees associated with services offered to them and will consent before the service is delivered.~~ ~~3. Patient choice: The patient may decline to receive professional pharmacy services where an additional fee is required.~~ ~~4. Fairness: Charges applied to professional pharmacy services will be fair and reasonable.~~ ~~5. Eligible services: The pharmacist will not charge a fee for a professional pharmacy service where legislation prohibits it.~~	N/A	Beyond the purpose of the policy, and not policy statements. The principles of transparency, patient choice, fairness and eligible services are strengthened by writing them into the policy section. The principle of ethical behaviour is covered in the Code of Ethics.
Definitions **Usual and customary dispensing fee** The single specific amount set by the ~~operator~~ of a pharmacy ~~as required by~~ the *Drug Interchangeability and Dispensing Fee Act*. ~~Any adjustment to this fee must meet the~~	**Definitions** **Usual and Customary Fee**: The single specific amount for dispensing a prescription, set by the owner of a pharmacy, filed with the College, and posted at the dispensary area in accordance with the *Drug Interchangeability*	Standardized definition aligned with other policy written in plain language.

~~conditions established by *R.R.O. 1990, Reg. 935* and be communicated to the patient according to *R.R.O. 1990, Reg.936*. Usual and customary services directly linked to dispensing a prescription include gathering information, analysis and options based on information gathered, and offering follow up to the patient as appropriate.~~ **Professional pharmacy services** ~~Services that require the skill and expertise of a pharmacist or pharmacy technician to help patients manage their medications and chronic diseases.~~	*and Dispensing Fee Act,1990* and its regulations. Also referred to as a "**dispensing fee**". **Professional pharmacy services:** Patient care activities provided by a pharmacy professional within the scope of practice and the controlled acts authorized to pharmacy professionals, other than prescription dispensing.[1]	Other content addressed in the Dispensing Components Included in the Usual and Customary Fee Policy. Broadened definition to clarify what the scope of the policy captures.

Policy
 	
~~A pharmacist~~ may charge patient~~s~~ for professional pharmacy services except ~~where legislation prohibits it. Professional pharmacy services may be provided by the pharmacist, pharmacy technician or their delegate.~~
 	
1. ~~Charging for professional pharmacy services: The pharmacist will set the~~ fee ~~schedule~~ in advance ~~and ensure that it is readily accessible. All~~ patients ~~will be~~ inform~~ed of any additional fees associated with professional pharmacy~~ services ~~prior to the service being provided to them and will~~ consent ~~to the service and the payment~~ prior to the service being ~~delivered~~.
2. ~~Patient choice: Where a patient chooses to decline professional pharmacy services that require the payment of a separate fee, the decision will not impact on their ability to receive~~ services ~~that are covered by the usual and customary dispensing fee.~~
3. Fee~~s shall be~~ reasonable~~: The pharmacist shall ensure that the fee is~~
	Policy
	
	Registrants may charge fees for professional pharmacy services:
	• To a patient, unless otherwise prohibited by legislation or policy, OR
	• To a patient's drug plan, in accordance with the terms and conditions set out by the plan.
	
	Registrants must:
	
	• Establish fees in advance.
	• Set fees that are reasonable.[2]
	  ○ Charging a fee that is excessive or unreasonable in relation to the service provided is an act of professional misconduct.[3]
	• Prior to providing services for a fee:
	  ~~○~~ Advise the patient of their eligibility for publicly funded services, if applicable
	  ○ Inform patients of the fee and obtain their consent.
	• Provide the patient with a receipt of payment, upon request.
		Clearly states that pharmacy professionals may charge fees unless those fees have been reimbursed or paid for through another mechanism.
		
		Edited to conform to policy template and simplify content without removing expectations.
		
		Addition – bullet 4 "**provide the patient with a receipt of payment**" is new to the policy, in line with a patient-focused approach.

~~reasonable (~~charging a fee that is excessive or unreasonable is professional misconduct~~). The Suggested Fee Guide for Uninsured Clinical and Professional Pharmacy Services published by the Ontario Pharmacists' Association includes suggested rates and their rationale.~~	• Respect the patient's right to decline services with fees, which must not impede the delivery of other pharmacy services to the patient.	Fee Guide information moved to a footnote, as it is not a requirement (available only to OPA members).
~~Legislative References:~~ • ~~Drug Interchangeability and Dispensing Fee Act, R.S.O. 1990 c. P.23;~~ • ~~Drug Interchangeability and Dispensing Fee Act, R.R.O. 1990, Reg. 935;~~ • ~~Drug Interchangeability and Dispensing Fee Act, R.R.O. 1990, Reg. 936~~		Legislative references included as endnotes where necessary to conform to policy template; DIDFA is specific to dispensing fees.
~~N/A~~	**Additional References** • Dispensing Components Included in the Usual and Customary Fee Policy	Added – these policies cross-reference each other.

Virtual Care Policy

Together with the relevant legislative requirements and standards, policies articulate the College's expectations for registrants for the practice of pharmacy, the provision of patient care, and the operation of pharmacies. Additional information to assist with policy implementation can be found in the accompanying Supplemental Guidance document.

Approved: TBD
Effective: TBD
Version #: 2.00

Supplemental Guidance

Purpose

To articulate the College's expectations of registrants providing virtual care to patients to ensure that professional pharmacy services provided virtually meet the same Standards of Practice as in-person care.

Scope

This policy applies to all registrants in Part A of the register, in any practice setting.

Definitions

Personal health information (PHI): Any information relating to a person's health that identifies the person, including, for example, information about their physical or mental health, family health history, information relating to payments or eligibility for health care, and health card numbers, as well as any identifying information about a patient's substitute decision maker.[i]

Virtual Care: A professional interaction between a registrant and a patient that occurs remotely using secure enabling technology that facilitates registrant-patient interaction (e.g., videoconferencing).

Policy

Registrants providing virtual care to patients must meet all applicable Standards of Practice and legislative requirements for in-person care. A patient must receive the same quality of care whether they are receiving that care in-person or remotely.

Registrants must practice within the limits of their knowledge, skills and judgement, and the decision to provide virtual care must be made in the best interest of the patient.

- The benefits to the patient must outweigh any risks to the patient when the decision is made to provide virtual care.
- The patient must be given a choice of whether to receive virtual care.

A therapeutic relationship is established when virtual care services are provided by the registrant to the patient, in the same way that a therapeutic relationship is established when providing pharmacy services in-person.

Documentation requirements remain the same regardless of whether pharmacy services are provided to a patient in-person or through a virtual interaction.

Appropriateness of Virtual Care

Before deciding to provide virtual care to their patients, registrants must determine that:

- Virtual care and the mechanism through which it is delivered are suitable methods for the patient interaction and the service(s) being provided.
- Providing care virtually will enable them to meet all legal and professional obligations.

To assess the appropriateness of virtual care for the patient, registrants must consider the patient's existing health status, specific healthcare needs and circumstances, and make the decision of providing care virtually in conjunction with the patient.

Obtain Consent

Before providing virtual care to a patient, registrants must obtain consent from the patient to receive pharmacy services remotely from the patient or their authorized agent to facilitate the use and collection of their personal health information.

- When the registrant is initiating the interaction, express consent must be obtained, either verbally or in writing.
- When the patient is initiating the interaction, consent is implied by the patient.
- Registrants must document that they have received consent, and how, in the patient's record.

Maintain Privacy and Confidentiality

Maintaining privacy is a legal and ethical requirement.

- Registrants providing virtual care must safeguard their patients' right to privacy by ensuring that any technology used has privacy and security protocol in accordance with the *Personal Health Information Protection Act, 2004*.
    - Processes used to safeguard personal health information (PHI) must include a mechanism for notification of theft or loss as required by law.
    - At a minimum, the technology used must have controls to ensure only the intended patient has access to the virtual visit.
    - Whenever personal health information is transmitted and/or stored, secure encryption must be used.
- Registrants must confirm the patient's identity and location before providing virtual care, regardless of whether the patient is new to the registrant or if a preexisting therapeutic relationship exists.
- Registrants must provide virtual care in a private environment that ensures patient information is secure and not overheard or seen by others.

- Registrants must inform patients of the ways in which their right to privacy will be protected and how the confidentiality of their personal health information will be maintained, before providing virtual care.
- Registrants must document the mechanism used to provide virtual care in the patient's record.

Ensure Safe and Appropriate Environment

Registrants must ensure that the physical setting in which care is being delivered is appropriate and safe. If observing the administration of a medication, registrants must have a plan in place to manage adverse events and/or emergencies.

Registrants must ensure that the method used to provide virtual care is functioning properly and maintains adequate connectivity to support the virtual interaction.

- In the event of a technical failure, registrants must have a contingency plan in place to ensure that patients have access to pharmacy services.

Legislative References

- *Personal Health Information Protection Act, 2004*

Additional References:

- Virtual Care Policy – Frequently Asked Questions
- Fact Sheet – Releasing Personal Health Information

External References

- Information and Privacy Commissioner of Ontario – Privacy and Security Considerations for Virtual Healthcare Visits Guideline (February 2021)

Revision History

Version #	Date	Action
1.00	June 2021	Virtual Care Policy approved

2.00	TBD	Reformatted; minor content revisions; moved non-policy content to Supplemental Guidance

[i] *Personal Health Information Protection Act, s 4*

POLICY REFRESH: Virtual Care

Background
The Virtual Care Policy sets out the expectations for registrants regarding the provision of virtual care to patients. It was approved in June 2021.

Revisions
Due to its relative recency, this policy is amenable to reformatting to the template. By including in the refresh with other documents, the terminology, tone and approach will also be closely aligned. This revision supports the College's commitment to clearly communicating, in a consistent format, its expectations for registrants. There are **no changes to the overall expectations for registrants**.

Summary of Changes
- Conforms to policy template in structure and content
- Minor edits and rearrangement of content for clarity

Summary Chart of Revisions

Text in red with strike through (e.g., ~~X~~) is deleted text
Text in purple with strikethrough (e.g., ~~X~~) is text that has been moved to supplemental guidance
Text in blue (e.g., X) is added text
Text in green (e.g., X ~~X~~) is text that has moved elsewhere in the document

Existing Content with changes	Proposed New Content	Rationale
Purpose~~:~~ ~~This policy articulates~~ the College's expectations ~~regarding the provision of~~ virtual care to patients~~, when appropriate.~~	**Purpose** To articulate the College's expectations for registrants providing virtual care to patients to ensure that professional pharmacy services provided virtually meet the same standards of practice as in-person care.	Revised to conform with policy template.
N/A	**Scope** This policy applies to all registrants in Part A of the register, in any practice setting.	Revised to conform with policy template
Definitions~~:~~ **Virtual Care:** a professional interaction between a registrant and a patient that occurs remotely using secure enabling technology that facilitates registrant-patient interaction ~~for example,~~ videoconferencing. ~~**Informed Consent:** a consent to treatment is informed if, before giving it, the person received the information about the nature,~~	**Definitions** **Virtual Care:** A professional interaction between a registrant and a patient that occurs remotely using secure enabling technology that facilitates registrant-patient interaction (e.g., videoconferencing).	Definitions updated in accordance with template; alphabetized and added endnotes. Informed consent is required only for proposed treatments and addressed in other policies where relevant to the

~~expected benefit, potential risks or side effects, other options and consequences of not having the treatment (or any information that a reasonable person in the same circumstances would require in order to make a decision about the treatment) and the person received responses to their request for additional information (*Health Care Consent Act, 2004*, s.11(2)).~~ **Personal health information (PHI)**: any information relating to a person's health that identifies the person, including, for example, information about their physical or mental health, family health history, information relating to payments or eligibility for health care, and health card numbers, as well as any identifying information about a patient's substitute decision maker. ~~(For the legislative criteria, see *Personal Health Information Protection Act, 2004*, s.4)~~	**Personal health information (PHI)**: Any information relating to a person's health that identifies the person, including, for example, information about their physical or mental health, family health history, information relating to payments or eligibility for health care, and health card numbers, as well as any identifying information about a patient's substitute decision maker.[1]	professional pharmacy service provided. Reference changed to endnote to conform with policy template.
Policy: Registrants providing virtual care to patients must meet ~~or exceed~~ all applicable standards, ~~guidance,~~ and legislative requirements for in-person care. ~~Each~~ patient must receive the same ~~standard~~ of care whether they are receiving that care in-person or ~~through a virtual visit.~~ Registrants must practice within the limits of their knowledge, and the decision to provide virtual care must be made in the best interest of the~~ir~~ patient.	**Policy** Registrants providing virtual care to patients must meet all applicable Standards of Practice and legislative requirements for in-person care. A patient must receive the same quality of care whether they are receiving that care in-person or remotely. Registrants must practice within the limits of their knowledge, skills and judgement, and the decision to provide virtual care must be made in the best interest of the patient. • The benefits to the patient must outweigh any risks to the patient when the decision is made to provide virtual care. • The patient must be given a choice of whether to receive virtual care.	Align terminology with other policies and documents. Moved from section on Assessing the Appropriateness of Virtual Care Delivery
Providing Virtual Care Services ~~Registrants must determine whether virtual care and the manner in which it is delivered is~~		Addressed in section below.

~~a suitable method of care delivery for the patient interaction and whether~~ ~~providing care virtually will enable them to meet all legal and professional obligations~~ ~~before deciding to provide virtual care to their patients.~~ A ~~registrant-patient~~ relationship is established when virtual care services are provided, in the same way that a ~~registrant-patient~~ relationship is established when providing pharmacy services in-person. Documentation requirements remain the same regardless of whether pharmacy services are provided to a patient in-person or through a virtual ~~visit~~.	A therapeutic relationship is established when virtual care services are provided by the registrant to the patient, in the same way that a therapeutic relationship is established when providing pharmacy services in-person. Documentation requirements remain the same regardless of whether pharmacy services are provided to a patient in-person or through a virtual interaction.	Align terminology with other policies and documents. "Interaction" replaced "visit" to stay consistent with the definition of virtual care.
~~Assess~~ **Appropriateness of Virtual Care Delivery** Registrants must ~~assess~~ ~~whether~~ virtual care ~~is~~ appropriate for the patient~~. When making this assessment,~~ registrants ~~are advised to~~ consider the patient's existing health status, specific healthcare needs and specific circumstances, and make the decision of providing care virtually in conjunction with the patient. ~~The benefits to the patient must outweigh any risks to the patient when determining whether~~ ~~to provide virtual care, and consideration must be~~ given ~~to allow patient choice.~~	**Appropriateness of Virtual Care** Before deciding to provide virtual care to their patients, registrants must determine that: • Virtual care and the mechanism through which it is delivered are suitable methods for patient interaction and the service(s) being provided. • Providing care virtually will enable them to meet all legal and professional obligations To assess the appropriateness of virtual care for the patient, registrants must consider the patient's existing health status, specific healthcare needs and circumstances, and make the decision of providing care virtually in conjunction with the patient.	Moved from section above; reformatted in accordance with policy template.
Obtain ~~Informed~~ Consent Before providing virtual care to a patient, ~~a pharmacist~~ must obtain informed consent from the patient or ~~substitute decision-maker.~~ • ~~Patients or their substitute decision-maker must be informed of the ways in which their right to privacy will be protected and how the confidentiality of~~	**Obtain Consent** Before providing virtual care to a patient, registrants must obtain consent to receive pharmacy services remotely from the patient or their authorized agent to facilitate the use and collection of their personal health information.	"Informed" was removed as informed consent is required only for proposed treatments and addressed in other policies where relevant to the professional pharmacy service provided. Aligned terminology to other policies and documents; substitute decision-making is about capacity and informed consent.

~~their personal health information will be maintained.~~ • ~~Prior to engaging in virtual care registrants must ensure that this informed consent is received expressly from the patient or substitute decision-maker,~~ either ~~orally~~ or in writing. • Registrants must document that they have received consent ~~to deliver virtual care and the mechanism used to provide virtual care~~ in the patient's record.	• When the registrant is initiating the interaction, express consent must be obtained, either verbally or in writing. • When the patient is initiating the interaction, consent is implied by the patient. • Registrants must document that they have received consent, and how, in the patient's record.	Remove repetition. Clearly states the purpose of consent and when express consent is required, in accordance with PHIPA.

Maintain Privacy and Confidentiality
 	
Maintaining privacy is a legal and ethical ~~expectation.~~
Registrants providing virtual care must safeguard their patients' right to privacy by ensuring that any technology used has privacy and security ~~settings~~ in accordance with the *Personal Health Information Protection Act, 2004*, ~~and that any~~ processes used to safeguard personal health information (PHI) include a mechanism for notification of theft or loss as required by law.
 	
At a minimum, the technology used must have controls to ensure only the intended patient ~~or substitute decision maker~~ has access to the virtual visit.
 	
Whenever personal health information is transmitted and/or stored, secure encryption must be used.
 	
Registrants must confirm the patient's identity and location before providing virtual care, regardless of whether the patient is new to the ~~pharmacy professional~~ or if a preexisting registrant-patient relationship exists.
	Maintain Privacy and Confidentiality
	
	Maintaining privacy is a legal and ethical requirement.
	• Registrants providing virtual care must safeguard their patients' right to privacy by ensuring that any technology used has privacy and security protocol in accordance with the *Personal Health Information Protection Act, 2004*.
	  ○ Processes used to safeguard personal health information (PHI) must include a mechanism for notification of theft or loss as required by law.
	  ○ At a minimum, the technology used must have controls to ensure only the intended patient has access to the virtual visit.
	  ○ Whenever personal health information is transmitted and/or stored, secure encryption must be used.
	• Registrants must confirm the patient's identity and location before providing virtual care, regardless of whether the patient is new to the registrant or if a
		Formatted in accordance with template. Aligned terminology to other policies and documents and bullets added for flow.

Registrants must provide virtual care in a private environment that ensures patient information is not overheard or seen by others. ~~Registrants must communicate this to patients, as well as advise that the patient is in a private environment.~~	preexisting therapeutic relationship exists. • Registrants must provide virtual care in a private environment that ensures patient information is secure and not overheard or seen by others. • Registrants must inform patients of the ways in which their right to privacy will be protected and how the confidentiality of their personal health information will be maintained before providing virtual care. • Registrants must document the mechanism used to provide virtual care in the patient's record.	Moved from the previous section as it is more appropriate under this section with revisions to clarify expectations Moved from the previous section as it is more appropriate under this section.
Ensure Safe and Appropriate Environment Registrants must ensure that the physical setting in which care is being delivered is appropriate and safe. ~~If observing the administration of a medication, registrants must have a plan in place to manage adverse events and/or emergencies.~~ Registrants ~~providing virtual care~~ must ensure that the method used is functioning properly and maintains adequate connectivity to support the virtual ~~visit~~. ~~Due to the instability of some network connections,~~ registrants ~~are advised to~~ have a contingency plan in place to ensure that patients are able to access the pharmacy services ~~they need if an internet connection cannot be maintained.~~	**Ensure Safe and Appropriate Environment** Registrants must ensure that the physical setting in which care is being delivered is appropriate and safe. Registrants must ensure that the method used to provide virtual care is functioning properly and maintains adequate connectivity to support the virtual interaction. • In the event of a technical failure, registrants must have a contingency plan in place to ensure that patients have access to pharmacy services.	The order of the wording shifted and bullets added to clarify the section. Moved to supplemental guidance. "Interaction" replaced "visit" to stay consistent with the definition of virtual care Technology is not limited to internet and networks so this qualifier was deleted.
Legislative References: ~~*Healthcare Consent Act, 2004.* s.11(2)~~ *Personal Health Information Protection Act, 2004~~, s.4~~* **Additional References:**	**Legislative References** • *Personal Health Information Protection Act, 2004* **Additional References**	Formatted in accordance with template.

Virtual Care Policy – Frequently Asked Questions Fact Sheet – Releasing Personal Health Information ~~Virtual Care Guide – Ontario Pharmacists Association~~ ~~Article – Protecting Patient Privacy (p.34) – Pharmacy Connection Winter 2018~~	• Virtual Care Policy – Frequently Asked Questions • Fact Sheet – Releasing Personal Health Information **External References** • Information and Privacy Commissioner of Ontario – Privacy and Security Considerations for Virtual Healthcare Visits Guideline (February 2021)	Moved to Supplemental Guidance. Added to support PHIPA compliance.

BOARD BRIEFING NOTE
MEETING DATE: June 9, 2025

FOR DISCUSSION

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

Topic: Ministry of Finance Second Consultation on Preferred Provider Networks (PPNs)

Issue: Following its initial consultation facilitated in the summer of 2024, the provincial Ministry of Finance has initiated a second consultation on PPNs, providing an opportunity for the Board to inform an appropriate response and discuss potential direction based on the consultation's proposals and the government's final direction on this issue.

Public Interest Rationale: Arrangements such as closed PPNs have the potential to have a negative impact on patient care and autonomy, quality and equitable access to care. These risks of direct harm for Ontario patients provide a compelling argument for the need for legislative action and regulatory response within the College's legislated authority. This includes providing feedback to the provincial government on how to strengthen existing or proposed legislative frameworks or policies aimed at adequately responding to PPN concerns in order to protect the public interest and reduce the risk of harm for patients.

Strategic Alignment, Regulatory Processes, And Actions: Addressing the identified ethical issues as they relate to registrants of the College falls within the legislated authority of the College under the *Regulated Health Professions Act, 1991* (including the *Health Professions Procedural Code*), *Pharmacy Act, 1991* and *Drug and Pharmacies Regulation Act, 1990* and their associated regulations, and is aligned with two of the College's four Board-defined strategic goals that deal specifically with ethical and equitable practice/care:

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

Background:

- In July 2024, the Board approved a zero-tolerance statement specific to PPNs and payer-directed care models to clearly communicate the College's concern about the risk of harm of such models. At that time, and at meetings throughout the year, the Board expressed a desire to have the zero-tolerance statement act as a foundational position that should lead to the development of a policy and other similar mechanisms that more firmly articulate the Board's position and reinforce professional expectations.
- In late summer of 2024, the Ministry of Finance initiated an open public consultation on PPNs and invited the public and system partners to provide input; the College submitted a preliminary response to the consultation with the intention of bringing specific policy options back to the Board for consideration.
- At the March 2025 Board meeting, several proposals were developed for consideration by the Board in alignment with the previous zero-tolerance statement. These proposals were designed to strengthen the College's ability to respond to the specific concerns of these models within its existing authority without requiring regulation amendments, as such amendments would require the collaboration, support and ultimate approval of the government. The proposals were subject to a broader open consultation prior to

final Board approval, as per the College's normal practices.

- At that meeting, the Board agreed to defer discussion and subsequent decisions on the College's response to PPNs until the government's policy direction was confirmed, anticipating that an outcome of the government's initial consultation was forthcoming.
- On May 29, the Ministry of Finance launched its second 60-day consultation to seek public feedback on potential policy options to regulate the use of pharmacy PPNs. This consultation closes July 28, 2025. The consultation is on two potential policy approaches to regulate the use of pharmacy PPNs, the implementation of which would be informed by feedback received as part of this consultation.

Analysis:

- A fulsome analysis of the consultation and the two proposals is currently underway. Once complete, this analysis will include insights collected through system partner engagement, jurisdictional scans and other well-established policy review methods routinely employed by the College, with Board input serving as an overall foundation and direction for the approach to the consultation response.
- As a first and foundational step, some immediate observations and a preliminary analysis are summarized in Attachment 12.1 to help establish a common understanding amongst Board members and to support an informed discussion with the Board. Attachment 12.2 is a copy of the government's full consultation document.
- The two proposals attempt to address the concerns related to PPNs and similar payer-directed care models within a complex healthcare and insurance system. Both bring potential benefits; however, based on the information contained within the proposal alone (to be informed by further research conducted by OCP staff as well as Board input), both models present potential limitations which would need to be mitigated and/or addressed to fully satisfy the College's concerns.
- The College's role in the actual legislative scheme that the government chooses to move forward with remains uncertain and will need to be established. It is believed that the College can have a role in helping to ensure the principles of either model can be implemented successfully in the public interest and in a way that may satisfy the College's well-established patient care concerns with PPNs and payer-directed models.
- From the Ministry of Finance consultation: *"Either option may require legislative or regulatory changes to insurance or pharmacy-related legislation. Should the government decide to proceed with either policy option, the Ministry will undertake the necessary analysis to identify direct compliance costs or benefits."*
- The consultation also states a potential for both models to be implemented together.
- This issue involves different government ministries, industries and regulators. It is apparent that the Ministry of Finance, which has authority over insurers, and the ongoing collaboration with the Ministry of Health, is focused on ensuring a coordinated and comprehensive response to what is a complex issue.

Considerations:

- Given the implications of government policy direction on any future regulatory decision made by the College, the consultation warrants a comprehensive, strong and well-informed response, directly informed by Board input.
- As the pharmacy regulator, the College is best positioned to inform the government on what will work, and what won't, and what changes or other measures are needed to their proposals that would satisfy the well-established public-interest concerns that have been expressed about PPNs and their impact on pharmacy patients.

- The Board meeting will include a facilitated discussion based on the content of the consultation and the proposals. This exercise will focus on how the College should respond while identifying ongoing concerns and proposing solutions to those concerns that could strengthen the proposals, if possible.

Recommendation:

College staff will host a facilitated discussion at the open Board meeting to engage directly with Board members and solicit opinions and perspectives that will be used by staff in the preparation of the consultation response. While this is not a typical practice, it is considered both timely and uniquely advantageous to take this approach given the ongoing patient care concerns related to PPNs and the need to address them adequately in the public interest.

To prepare the Board for the discussion, please refer to the relevant attachments and consider the following questions. Please note that these are not the only questions that will be explored in the facilitated discussion and all Board members will have the opportunity to contribute.

1. Of the models proposed in the consultation, is there one that holds the most promise in being able to adequately address the patient/public-interest concerns that have been raised by the College about PPNs and payer-directed care models, and why/why not?
2. Are there specific protections or conditions that the College believes the government must include in either or both of the proposed options to make these models work? If so, why?
3. What role should the College play in reinforcing the effectiveness of these models once implemented? Are there ways the College should be directly involved in ensuring that adequate safeguards are in place?
4. Are there potential gaps or drawbacks to either of these models that you feel may interfere with the College's ability to regulate effectively including holding accountable pharmacies/registrants who fail to meet the College's expectations under its existing authority?

Next Steps:

College staff will thoughtfully analyze the Board's input through this exercise, in addition to the broader policy analysis that will follow the meeting, and will continue to engage the Board up to the submission of the College's final response to the consultation by its closing date. College staff will be prepared to move forward with additional work at the Board's direction related to required regulatory solutions, pending clarity on the government's final direction following the outcome of their consultation.

Attachments:

- 12.1 - Ministry of Finance PPN Consultation Snapshot
- 12.2 - Ministry of Finance PPN Consultation Document

Attachment 12.1 – Ministry of Finance Consultation Snapshot

The information contained within this preliminary analysis table is not exhaustive and is only intended to support a facilitated discussion with the Board aimed at soliciting more fulsome insights; the consultation is subject to a full policy analysis prior to the preparation of a formal College response, informed by Board input and direction.

	ANY ABLE AND WILLING PROVIDER (AAWP)	STANDARDIZED AND MANDATORY EXEMPTIONS (SME)
What is it?	A framework allowing any pharmacy to be included in a network of pharmacies if it agrees to an insurer's terms and conditions. An example of a term/condition is that a pharmacy must meet the network's fee schedule.	A framework allowing patients with specific characteristics or conditions (e.g., age, ability, living in a rural or remote location) to be exempt from having to receive pharmacy care from a network pharmacy. The specific characteristics and conditions are standardized and mandated by regulations or rules and are not defined by insurers or third-party payers.
What are the primary benefits *as outlined in the consultation*?	In principle, this model helps protect patient choice, continuity of care, supports timely access to pharmacy care and reduces patient steering.	In principle, this model helps protect patient choice, continuity of care, supports timely access to pharmacy care and reduces patient steering.
	Patient Choice An increase in the number of patients that will have access to a pharmacy of their choice if they don't have to move pharmacies for medication.	**Patient Choice** An increase in the number of patients that will have access to a pharmacy of their choice if they don't have to move pharmacies for medication.
	Continuity of Care Continuity of care is preserved for patients who have pharmacies that are willing and able to participate in the network.	**Continuity of Care** Continuity of care is preserved for patients who have characteristics and conditions that permit them to stay with their chosen pharmacy (i.e., opt out of a network pharmacy).
	Access to Care Patients who have pharmacies that are willing and able to participate in the network will have the same timely access to care.	**Access to Care** Patients who have characteristics and conditions that permit them to opt out of a network pharmacy will have the same timely access to care.
	Equity Reduces/eliminates patient steering for patients who have pharmacies that are willing and able to be part of the network.	**Equity** Reduces/eliminates the steering of patients who have characteristics and conditions that are covered by their chosen pharmacy. Equity focused when mandated patient characteristics and conditions are based on equity denied groups and communities with challenges accessing pharmacy care and other health care providers

Attachment 12.1 – Ministry of Finance Consultation Snapshot

	ANY ABLE AND WILLING PROVIDER (AAWP)	STANDARDIZED AND MANDATORY EXEMPTIONS (SME)
Does it address the concerns identified by the College?	This model does not appear to fully support the principles of patient choice, continuity of care, and timely access to pharmacy care.	This model does not appear to fully support the principles of patient choice, continuity of care, and timely access to pharmacy care.
	Patient Choice This model may not provide choice for all patients if a pharmacy does not become part of a network (e.g. if the terms are so restrictive that not all pharmacies will be able to participate).	**Patient Choice** This model may not provide choice for all patients if a patient's characteristics and conditions do not permit them an exemption from the network.
	Continuity of Care For patients who have pharmacies that are not willing or not able to be part of a network, continuity of care may be fractured.	**Continuity of Care** For patients who must receive pharmacy care from a network pharmacy outside their regular pharmacy, continuity of care may be fractured.
	Access to Care Patients who have pharmacies that are not willing or not able to participate in the network may not have the same timely access to care.	**Access to Care** Patients who do not have characteristics and conditions that permit them to opt out of a network pharmacy may not have the same timely access to care.
Potential ways to improve this option or for the College to play a role?	The College should consider whether there are specific suggestions for the Ministry that would strengthen the proposal in a way that satisfies the regulatory concerns that have been identified. This may include whether the College ought to play a role in how the proposals are implemented. ***For example**, enhancing AWP with standardized regulations, transparency, and integrated care initiatives could ensure that it aligns more closely with the OCP's mandate to protect the public interest in pharmacy practice but requires more exploration.*	The College should consider whether there are specific suggestions for the Ministry that would strengthen the proposal in a way that satisfies the regulatory concerns that have been identified. This may include whether the College ought to play a role in how the proposals are implemented. ***For example**, the College could position itself to play a central role in shaping and evaluating the framework to ensure it aligns with regulatory principles and safeguards the public interest in a way that satisfactorily addresses the College's stated concerns with PPNs.*
Outstanding questions *A preliminary review of the consultation suggests that there may be a number of outstanding questions which may need to be more fully understood, and which can be called out in the consultation response. Some of these include:*	1. What does ***able*** mean in the context of AAWP and how does this differ from current AWP approaches? 2. Will there be conditions that make it difficult for pharmacies to be able (even if willing) to join a network?	1. How will exemptions be determined and monitored for compliance? 2. Who is accountable? 3. What level of "proof" will patients have to provide, especially if exemptions are based on protected grounds or a patient's demographics, identity, or medical condition?

Preferred Provider Networks in Group Insurance Plans

A consultation by the Ministry of Finance on a framework to regulate pharmacy Preferred Provider Networks in group insurance plans.

May 29th, 2025

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Purpose and Scope

As announced in the government's 2024 *Ontario Economic Outlook and Fiscal Review*, the Ministry of Finance conducted an initial consultation on the role of pharmacy Preferred Provider Networks (PPNs) in the employer-sponsored drug insurance sector.

Building on previous work, the purpose of this consultation is to seek public feedback on potential policy options to regulate the use of pharmacy PPNs.

This follows the government's fact-finding consultation on the pharmacy PPNs between August 23 and October 22, 2024, and on its commitment to consult the public on any regulatory proposals emerging from the consultation.

While other similar arrangements exist, the scope of this consultation is limited to pharmacy PPNs in group insurance plans.

This consultation builds on stakeholder feedback collected and seeks feedback on specific options for PPNs to determine if government intervention is warranted.

How to Participate

We welcome and appreciate all input. You may send comments by email to FIPUConsultations@ontario.ca. Comments received will be used to inform analysis and policy considerations.

Background

What is a pharmacy PPN?

A Pharmacy PPN is a contractual agreement between an insurer and pharmacy operator(s) providing for:

- Discounts on pharmacy mark-ups,
- Preferential or exclusive access to plan members, and/or,
- Specialized handling and case management services for high-cost medications.

Pharmacy PPNs are primarily used in group insurance plans sponsored by employers, employee benefits trusts, and similar plan sponsors. In an open PPN, the consumer can buy prescriptions from any pharmacy willing to meet insurer terms (e.g., pricing, enhanced quality of care). In a closed PPN, consumers receive all or part of the cost of prescription acquired in participating pharmacies as per the coverage set out in their plan and are reimbursed for less or none of the cost if they acquire a prescription through a non-participating pharmacy.

The growth of pharmacy PPNs over the past two decades is linked to the rising cost of medicine[1,2]. Pharmacy PPNs are primarily used for specialty medicine, which are not defined but are generally understood to be medicine that is expensive, complex to handle, or requires enhanced patient monitoring and care. While there is no consistent definition of specialty medicine, individual insurers typically have their own definition.

What are the government's policy objectives?

The Ministry of Finance has identified the following four key policy objectives that may support government intervention regarding pharmacy PPNs:

[1] Over the course of 2020 alone, the cost of specialty medication in Canada to private plan sponsors and members rose by 8.7% while that for non-specialty drugs only rose by 1.3%. (20Sense)

[2] Accelerated growth in the cost of medicine for private plans in Canada can in part be attributed to the oncology sector, where costs-per-claim doubled between 2010 and 2018 in contrast to a growth of 5% in the cost of non-oncology drug claims. This may be due in part to a shift in oncology medicine toward oral therapies for patients who would previously have received in-hospital care covered by public programs (Patented Medicine Prices Review Board).

Policy Objectives	Description
Consumer Choice	Support consumers' ability to choose how to access healthcare in a manner that suits their needs as appropriate
Cost & Coverage	Maintain affordability of specialty medication by ensuring that intervention does not significantly impact cost of medication or affordability of coverage
Health Outcomes	Promote continuity of care, safety, and quality of care
Competition	Support an appropriate level of competition within the pharmacy sector

Key Learnings from Initial Consultation

During MOF's initial consultation in 2024, the government gathered information on pharmacy PPNs' roles, benefits, and drawbacks[3]. Appendix A provides a detailed summary.

Key highlights on PPNs' effects, both positive and negative, on the government's policy objectives include:

Policy Objective	Potential Negative Impacts	Potential Positive Impacts
Consumer Choice	PPNs may reduce consumer choice by specifying where they can access covered benefits. Particularly for residents of remote or smaller communities, PPNs which do not allow for consumers to access care at local pharmacies may make it difficult to access timely care.	Without PPNs, higher cost of specialty medication may mean that employers are not able to afford the same type of medicine coverage. Therefore, PPNs may help enable more choice in medications than there would be in their absence.
Cost and Coverage	Lack of transparency in PPN negotiations including the extent to which cost savings are passed onto plan sponsors or consumers.	PPN-related discounts may enable greater access to affordable coverage.

[3] MOF conducted 11 stakeholder roundtables and engagements, received 178 independent submissions from a variety of stakeholders, and reviewed confidential data provided by insurers.

Health Impacts	Some PPNs may fragment care if they require or incentivize plan members to access medicine from other pharmacies beside their usual pharmacy. Some PPNs may create, or increase, existing financial incentives to provide advice and services not aligned with the consumer's needs.	Discounted costs may increase specialty medication access for Ontarians. Some PPNs may provide value-added services such as additional quality of care, case management by qualified nurse or practitioners and other forms of patient support.
Competition	Increased vertical integration between insurers, pharmacy benefit managers (PBMs), and pharmacy operators may pose a risk to competition.	Quebec's experience after prohibiting PPNs in 2016[4] suggests that PPNs may help mitigate anticompetitive effects of arrangements between pharmacy operators and drug distributors (i.e., patient support programs) by providing insurers increased bargaining power to negotiate on plan members' behalf. See 'Other jurisdiction' section below.

[4] See https://www.legisquebec.gouv.qc.ca/en/document/cs/A-29.01#se:42_2_1

Regulatory Context

Before outlining the two proposed policy options, this section provides an overview of the regulatory context, as pharmacy PPNs intersect both the financial services and pharmacy sectors, which are governed by separate regulatory frameworks.

In Ontario, both the insurance and pharmacy sectors are subject to regulation. However, there is currently no single regulatory body overseeing both sectors, and the regulatory frameworks governing each are significantly different.

Sectoral Regulation

The insurance sector is regulated by the Financial Services Regulatory Authority (FSRA), an independent arms-length agency accountable to the Ministry of Finance. Ontario pharmacies and pharmacy professionals are regulated by the Ontario College of Pharmacists (OCP).

Under the current legislative framework, Accident & Sickness insurance brokers regulated by the Registered Insurance Brokers of Ontario (RIBO) may also provide health insurance products. Such brokers would be subject to RIBO's self-regulatory framework.

The majority of life and health insurers are federally incorporated and are prudentially regulated by the Office of the Superintendent of Financial Institutions (OSFI). However, FSRA is generally responsible for market conduct regulation of the life and health insurance sector.

Similarly, federal regulation exists in the pharmacy sector, primarily in the manufacturing and safety of pharmaceuticals for sale in Canada. For example, Health Canada sets the standards for how medication may be transported and stored (e.g., cold chain standards for certain vaccines), and the Patented Medicine Prices Review Board has oversight of the prices of patented pharmaceuticals.

Pharmacy benefit managers (PBMs) are not specifically regulated by either FSRA or the OCP. However, third party administrators and other intermediaries in the insurance sector may be licensed by FSRA depending on the scope of their responsibilities. FSRA's licensing process does not pertain to the regulation of PPNs.

FSRA administers the *Insurance Act* as well as similar legislation in other sectors of the financial services market in Ontario. FSRA is governed by a board appointed by the Lieutenant Governor in Council on the recommendation of the Minister of Finance.

The OCP, like other health regulatory colleges for regulated health professionals in Ontario, is governed by a Board of Directors with professional members elected by OCP members and non-professional members appointed by the Lieutenant Governor in Council. The OCP Board of Directors has been delegated powers to regulate pharmacy professionals and pharmacies under the *Pharmacy Act, 1991*, *Drug and Pharmacies Regulation Act*, the *Regulated Health Professions Act, 1991 (RHPA)*, and certain provisions in the *Drug Interchangeability and Dispensing Fee Act*.

How are PPNs Currently Treated in Ontario?

Currently, pharmacy PPNs are not directly regulated in Ontario [5]. Existing regulations under the *Pharmacy Act, 1991* and the *Drug and Pharmacies Regulation Act* prohibit pharmacy professionals and pharmacies from entering into an arrangement that restricts a person's choice of pharmacy or pharmacist without their prior written agreement. However, with PPNs, plan members provide the requisite agreement when enrolling in benefits plans, although the government has heard concerns that such agreements may not always be fully informed, particularly where a consumer is not able to seek exemptions. The *Insurance Act* does not currently contain any provisions regarding pharmacy PPNs.

Dispute Resolution Mechanisms

Currently, the OmbudService for Life and Health Insurance (OLHI) serves as the primary dispute resolution body for consumer disputes involving most life and health insurers.[6] Insurers incorporated under the federal *Insurance Companies Act* are also required to establish internal complaints procedures as per s.486(1) of that Act. Where a complainant is not satisfied with the outcome of such an internal complaint mechanism, complaints may be taken to OLHI.

[5] O. Reg. 130/17 (Professional Misconduct and Conflict of Interest) made under the *Pharmacy Act, 1991*; Part VI (Misconduct) of O. Reg. 264/16 (General) made under the *Drug and Pharmacies Regulation Act*.
[6] OLHI does not handle complaints under benefits plans where an insurer is providing "administrative services only" to a self-insured employer. (see here)

While OLHI decisions do not have an appeals process, they are non-binding and complainants retain the ability to pursue legal action as an alternative. There is currently no mechanism specifically for businesses, pharmacies, or medical professionals to file complaints when an insurer denies a claim. However, FSRA addresses any life and health insurance consumer complaints related to market conduct.

Some decisions taken by FSRA, or its Chief Executive Officer may be adjudicated by Ontario's Financial Services Tribunal (FST), an independent tribunal established under the *Financial Services Tribunal Act, 2017*.

On the pharmacy sector side, through its complaints and reports process, the OCP must investigate every complaint that is filed, with some exceptions[7]. The Health Professions Procedural Code, which is Schedule Two of the *Regulated Health Professions Act, 1991* also includes provisions for alternative dispute resolution (ADR) of complaints. However, this program is not currently offered by OCP.

If a complaint is investigated and a panel of the OCP's Inquiries, Complaints and Reports Committee (ICRC) determines that the complaint warrants a discipline hearing, the ICRC panel will refer allegations of professional misconduct or incompetence to the Discipline Committee. A statement of allegations is published and a panel of the Discipline Committee, comprised of both public and professional members, is empanelled to adjudicate the allegations of professional misconduct or incompetence against the member(s) of the OCP.

Discipline Committee hearings are conducted in accordance with the Health Professions Procedural Code and the OCP's Discipline Committee Rules of Procedure. If a member is found to have committed an act of professional misconduct or is incompetent, the panel of the Discipline Committee has the authority to impose terms, conditions, and limitations upon or suspend or revoke a member's certificate of registration, impose a fine, and/or issue a reprimand.

[7] For example, under the Health Professions Procedural Code (Schedule 2 of the Regulated Health Professions Act, 1991), it is possible for a complainant to request a withdrawal of their complaint, which may be approved by the Registrar if the withdrawal is in the public interest.

Allegations of proprietary misconduct against key personnel relating to an accredited pharmacy may also be referred to the Discipline Committee under the *Drug and Pharmacies Regulation Act*.

If findings of proprietary misconduct are made against key individuals of an accredited pharmacy, the Discipline Committee may impose terms, limitations, and conditions upon or suspend or revoke a pharmacy's certificate of accreditation or impose a fine.

Decisions of a panel of the Discipline Committee, as well as decisions of the FST, which are published on canlii.org, may be appealed to the Divisional Court, which is a branch of the Ontario Superior Court of Justice.

Other Jurisdictions

Quebec, which introduced a legislative ban on pharmacy PPNs in 2021,[8] is the only Canadian jurisdiction which has legislated on pharmacy PPNs. Data collected from select insurers and shared with MOF suggests that Quebec's legislative ban may have led to pharmacy consolidation to maximize their bargaining power in negotiations with drug distributors and manufacturers for arrangements such as Patient Support Programs. Allegedly, this may have led to higher pharmacy mark-ups given sector dominance.[9] In the longer term, the government has heard from stakeholders that the legislative ban may unintentionally lead to less competition among pharmacies, affecting convenience and accessibility for patients.

While most publicly available data on pharmacy PPNs comes from the United States, the Canadian and American healthcare systems are not easily comparable, making it difficult to draw accurate and relevant learnings from the United States.

[8] See s.80.1 of the *Act Respecting Prescription Drug Insurance* which was enacted in 2016 and came into force in 2021 (Langlois)

[9] For plans administered by some insurers, specialty medication co-payments for Quebec plan members are on average 4.2% higher than if pharmacy PPNs were permitted. For some insurers, plan sponsors in Quebec pay up to 45% more than their Ontario counterparts for the 10 most commonly used specialty medications by their plan members.

Policy Options

The government recognizes the importance of cost-effective access to medicine that respects consumer choice, provides affordable and effective coverage, promotes positive health outcomes, and promotes competition within the sector. Identifying the appropriate balance for Ontarians – and the option which best achieves it – is a key aim of this consultation.

In line with the objectives outlined above, the Ministry is seeking feedback on the following potential regulatory options:

1. ***Any Able and Willing Provider (AAWP)****:*
   Promote choice and competition by mandating that any pharmacy PPN be open to any pharmacy operator which is able and willing to meet a PPNs' terms. This would aim to address concerns that pharmacies which match a PPNs' terms may currently be excluded as they are unable to challenge an insurer's in-house assessment of their ability. This consultation includes questions on how best to define a pharmacy operator's "ability" to meet terms under this approach.

2. ***Standardized and Mandatory Exemptions (SME)****:*
   Standardizing mandatory exemptions to pharmacy PPNs so that consumers can access pharmacies outside their network. While SME does not have a precedent in other jurisdictions, this proposed approach is informed by concerns that the government heard during the initial consultation regarding the lack of consistency in existing exemption processes.

Any Able and Willing Provider (AAWP) or Standardized and Mandatory Exemptions (SME) have been identified as potential options most likely to strike an appropriate balance between the key policy objectives. More details on each of these options are presented below.

Policy Option 1 – Any Able and Willing Provider (AAWP)

Under AAWP, insurers and intermediaries would be permitted to use PPNs but would be required to accept any pharmacy operator that is able and willing to meet such terms. This option respects business decisions for insurers and intermediaries to determine reasonable terms and protects pharmacies from being arbitrarily excluded from a PPN whose terms they match.

Aims

AAWP would aim to promote **sustainable competition** by making the process of joining a pharmacy PPN equal for pharmacy operators and would aim to promote **appropriate levels of consumer choice** by allowing all pharmacies which are able to meet a PPNs' terms to be included in a PPN if they are willing.

It would aim to promote **positive health outcomes** by reducing the likelihood of fragmentation of care, as pharmacies which are able to provide a given service will be able to join a pharmacy PPN. It would preserve PPNs' ability to set specific safety and quality of care standards, and to provide value-added services that promote adherence by patients.

It would aim to preserve **affordable cost and coverage** for specialty medication by allowing plan sponsors and insurers to continue using pharmacy PPNs to control costs.

Policy Option 2 - Standardized and Mandatory Exemptions (SME)

Currently, PPNs usually include a process for plan members to request an exemption so that they may access prescriptions at pharmacies outside their PPN. However, these processes are not standardized across the sector and are at the discretion of an insurer or intermediary. Under an SME framework, circumstances under which plan members are exempt from a PPN's requirements would be standardized and mandated by statute, regulations, or rules. Examples of circumstances for an exemption could include, medical, geographical, accessibility or other reasons.

Aims

Such a framework would aim to promote **consumer choice** by limiting the circumstances in which a PPN may require or incentivize a plan member to use in-network pharmacies. This may promote **accessibility** for Ontarians in smaller communities or whose mobility is affected by age or disability.

It would also aim to promote **positive health outcomes** by reducing instances of **fragmentation of care**. By ensuring that plan members are not required or incentivized to access medicine at multiple pharmacies, SME may promote continuity of care.

An SME framework would also aim to minimize effects on **affordability and access** through private insurers and intermediaries and would aim to

promote **fiscal prudence** by minimizing the risk of regulation leading to added stress on public programs.

Questions

General Questions pertaining to both options:

1. Should PPNs be expressly restricted to specialty medication? If so, what is the appropriate definition for speciality medication?
2. Which of the two potential regulatory options – Any Able and Willing Provider or Standardized Mandatory Exemption – would best promote:
    a. Improved health outcomes (including continuity of care)?
    b. Affordable coverage of specialty medication?
    c. Consumer choice?
3. Should the two options be seen as mutually exclusive or complementary?
4. Which policy option would be most appropriate for Ontario? Is there another alternative which may better balance the key policy objectives?
5. During the initial consultation, some PPN operators indicated that certain pharmacy categories should be included in all pharmacy PPNs by default (such as those within Oncology Centres of Excellence and pharmacies located on hospital premises).
    a. Is this an appropriate approach?
    b. If so, what categories of pharmacies should be included?

Any Able and Willing Provider (AAWP)

6. Should insurers be required to demonstrate the reasonableness of terms in a PPN? If so, how?
7. How should a pharmacy operator's ability to meet terms in a pharmacy PPN (e.g., terms relating to safety, quality of care, or value-added services) be determined and by whom?
8. How should disputes between insurers and pharmacy operators, and complaints by plan members or sponsors, be resolved?
9. Should there be restrictions on the types of terms insurers may set for PPNs under AAWP? If so, what types of restrictions would be appropriate?

Standardized & Mandatory Exemptions (SME)

10. How should standardized exemptions be set, and by whom? (e.g., by one or more regulators, by an independent body, by statute or regulation enacted by the government)?
11. How should complaints relating to standardized exemptions be handled? Specifically:
    a. Who should be able to file complaints (e.g., plan members, pharmacy operators, prescribing physicians, plan sponsors)?

b. Who should address such complaints (e.g., FSRA, OLHI, OCP, or other entities)?

12. During the initial consultation, stakeholders indicated that certain exemptions are considered best practice for PPNs. Which types of exemptions should be instituted and for what reasons? Examples the government was made aware of during the initial consultation include:
    a. Exemptions for individuals with specific linguistic or cultural needs
    b. Exemptions for physicians to direct patients with complex needs to an on-site pharmacy

Targeted Questions

The following questions aim to gather feedback on concerns identified during the initial consultation which relate to specific categories of stakeholders.

13. *For Insurers, Pharmacy Operators, and Intermediaries:* What type of additional value-added services are pharmacy operators required to offer in order to dispense specialty medicine?
14. *For Insurers, Pharmacy Operators, and Intermediaries:* What challenges could you face in implementing AAWP or SME?
15. *For Regulators, Insurers, Intermediaries, and Pharmacy Operators*: How should responsibility (e.g., oversight, enforcement) be allocated between provincial regulators under either option? Would the powers or mandate of one or both provincial regulators (i.e., OCP and FSRA) need to be revised?
16. *For Rural/Northern Ontarians:* Which, if any, of the proposed options would best improve their ability to access care?
17. *For Ontarians with Disabilities and for Ontarians Aged 55+:* Which, if any, of the proposed options would best alleviate the burdens (e.g., using specific pharmacies, delivery-only) on account of age or disability?
18. *For Indigenous Communities and Linguistic or Cultural Minorities:* Which, if any, of the proposed options would eliminate barriers that PPNs may pose in accessing culturally-appropriate care and/or care in a preferred language (including French, ASL, LSQ, Indigenous languages)?

Conclusion

Thank you for taking the time to read this consultation paper and consider the materials. Comments can be submitted to the Ministry of Finance on the Ontario Regulatory Registry by July 28, 2025. Attachments should be

uploaded as PDFs. Once the feedback has been reviewed, recommendations may be made regarding policy direction.

For any technical issues related to submitting your comments or issues relating to the content of the consultation, please contact FIPUConsultations@ontario.ca.

Privacy Statement

The collection, use, and disclosure of the information is subject to the Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. We are committed to protecting the confidentiality and privacy of all personal and personal health information. Please refrain from submitting personal information, personal health information or any other confidential information concerning individuals, companies or organizations unless the information is already publicly available. If you have any questions about the collection of the information, please contact FIPUConsultations@ontario.ca.

Appendix A: Outline of Initial Consultation Learnings

This section outlines key learnings from the initial consultation as to PPNs' specific effects on the four key objectives.

Effects on Consumer Choice

A key concern heard during the initial consultation is that PPNs may **limit consumer choice**. By limiting plan members' ability to select a pharmacy of their choice, PPNs may constrain their ability to select a pharmacy that meets their accessibility needs.

In particular, the government has heard that this may pose difficulties for individuals in **smaller communities**, with **limited mobility**, or from **linguistic or cultural minorities**. While insurers generally implement exemptions for individuals with such needs, these are not regulated or standardized and may be difficult for consumers and pharmacists to navigate.

Some PPNs may make it more difficult for patients to fill their prescriptions at their preferred pharmacy, such as one in close proximity to their healthcare provider or their home. Ensuring patients can access pharmacies that are convenient and aligned with their needs can help maintain continuity of care and improve health outcomes.

However, the government has also heard that cost savings associated with PPNs may enable employers and other plan sponsors to cover more medication options. This may promote consumer choice by expanding the range of medications available.

Effects on Cost & Coverage

During the initial consultation, the government heard that while pharmacy PPNs may **limit consumer choice** through which pharmacy patients can obtain their medication from, pharmacy PPNs may **promote affordable access** to medicine by **lowering the cost**[10] of expensive specialty medication enabling employers and other plan sponsors to sponsor coverage that may otherwise be unaffordable.

[10] including premiums and co-pays for specialty medication.

The initial consultation showed that pharmacy PPNs can significantly reduce pharmacy mark-ups, for example, from 15% to 10%. The initial consultation also shows that, by **enabling affordable coverage**, pharmacy PPNs may increase Ontarians' access to specialty medications.

The government has also heard that, if employers and insurers are not able to utilize pharmacy PPNs to keep costs at bay, employers may choose to reduce coverage or cut benefits altogether. Therefore, it is important to recognize that there may be a trade-off between consumer choice, cost, and affordability of coverage.

Effects on Competition

The initial consultation showed that independent pharmacies are concerned that exclusion from pharmacy PPNs may **limit competition** in the pharmacy sector. The government has heard that PPNs are **not the only such arrangement** which may impact competition. One such type of arrangements in which drug prices and access are negotiated are **Patient Support Programs** (**PSPs**), sponsored by drug distributors or manufacturers and delivered by selected pharmacies to provide enhanced care for specialty medication patients and to monitor the effects of their drugs on patients.

Where only certain stakeholders are permitted to negotiate such agreements, there may be a greater potential for anti-competitive effects as it may result in the diminished negotiating power of insurers and plan sponsors leading to increased costs for patients. Any government intervention must consider these potential impacts on all stakeholders.

During the initial consultation, the government heard concerns that, with PPNs and other price control tools unavailable to insurers, pharmacy operators in Quebec have significantly greater bargaining power in negotiations with drug distributors. This, in turn, may have enabled pharmacy operators to demand higher mark-ups and may have incentivized pharmacies to consolidate rather than compete to maximize mark-ups.

During the initial consultation, a number of participants linked this to the ongoing litigation regarding anti-competitive terms in Patient Support Programs (PSPs) negotiated between pharmacy operators and drug

distributors, brought by the Association québécoise des pharmaciens propriétaires (Quebecois Association of Pharmacy Owners)[11].

The government has also heard concerns that vertical integration between insurers, pharmacy benefit managers (PBMs), and pharmacy operators may pose a risk to competition. In the United States, the Federal Trade Commission (FTC) has identified this as a source of higher mark-ups on specialty medicine[12]. Concentration of business around vertically integrated PBMs can lead to reduced competition and higher mark-ups. It may also impact the viability of smaller pharmacies, incentivizing further consolidation. The Competition Bureau is investigating potential instances of this phenomenon in Canada[13].

During the initial consultation, the government also heard that a number of self-insured employee benefits trusts are operating or planning to operate in-house pharmacies. The government heard that the primary motivation behind these in-house pharmacies is to reduce both pharmacy and insurer mark-ups, for the benefit of plan members.

As such, the effects of PPNs on competition and that of any potential intervention should be understood in the broader context of pricing negotiations between insurers, pharmacy operators, drug distributors, and other actors in the sector.

Effects on Health Outcomes

A key concern that the government heard during the initial consultation is that some pharmacy PPNs may pose a risk of **fragmentation of care** and barriers of access if they lead to plan members **filling prescriptions at multiple pharmacies**. Similarly, pharmacy PPNs without appropriate exemptions for physician-directed care may lead to patients not having the choice of accessing medication at choice of pharmacy which may be at the clinic or hospital where they access healthcare.

At the same time, some pharmacy PPNs may **promote positive health outcomes** through services such as case management and specialty nurses

[11] See https://www.monpharmacien.ca/nouvelles/pratiques-anticoncurrentielles-et-concentration-outrageuse-dans-la-distribution-des-medicaments-de-specialite-laqpp-depose-une-action-collective-contre-certains-de-ses-membres/ (In French)
[12] United States Federal Trade Commission Report, January 2025
[13] *Competition Bureau investigating Express Scripts practices in pharmacy sector* (The Globe and Mail), April 2025

which **monitor effects of medication, enable early detection** of adverse interactions or other complications, and **increase adherence to prescriptions**.

Based on stakeholder feedback during MOF's initial consultation, some pharmacy PPNs also include standards for additional **safety and quality of care**[14]and/or detailed terms for the participating pharmacies regarding safe storage, transport, and handling of **cold-chain medicine** that go beyond regulatory requirements.

[14] Data from insurers which operate voluntary PPNs – i.e., where plan members receive discounts at in-network pharmacies but are not restricted from accessing specialty medication elsewhere – suggests that plan members who use PPN services may see **better health outcomes** than those who do not. This includes up to **50% fewer disability incidents**.

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BOARD BRIEFING NOTE
MEETING DATE: June 9, 2025

FOR DECISION

From: Siva Sivapalan, Chair, Governance Committee

Topic: Proposed changes to Board composition and term limits to support succession planning

Issue/Description: The Board is asked to consider whether to direct College staff to complete the necessary policy and legal work to prepare a proposal to address concerns regarding Board succession planning. The proposal should include recommendations regarding the composition of elected Board directors and term limits for Board directors, along with any necessary College by-law revisions.

Public interest rationale: Good governance establishes a framework to support the Board's oversight of College operations, defining roles and responsibilities of Board and staff, establishing Board policies and procedures, and ensuring compliance with legal and ethical standards. It provides a structured approach to decision-making and accountability to ensure the College is fulfilling its mandate in the public interest. Succession planning is a critical component of this work and is needed to promote strong, sustainable leadership on the Board and its Committees.

Strategic alignment, regulatory processes, and actions: A strong governance framework with an ongoing review and evaluation cycle aimed at continuous quality improvement helps to support the achievement of the College's strategic goals, objectives and regulatory excellence. The Governance Committee is expected to recommend improvements to the Board to ensure the College is in the strongest position possible to fulfil its mandate.

Background:

Problem Definition:

- The Governance Committee has identified two key governance-related concerns raised by members of the Board and Committees, including:

    1. **Executive Committee Succession Planning**: The current six-year term limits for Board members restrict effective succession planning. These limits do not allow sufficient time for directors to gain the experience necessary to fully contribute and transition into leadership roles such as Chair or Vice-Chair.

    2. **Discipline Committee Leadership Succession**: Similar concerns apply to the Discipline Committee, where the six-year term limit also hampers succession planning for the training and development of panel chairs for hearings. As set out in Section 3(1) of the *Regulated Health Professions Act, 1991*, a primary object of the College is "to regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by-laws."

    3. **Board Composition and Risk of Becoming Unconstituted**: Maintaining the elected Board member composition at the minimum required level poses a significant risk. If an elected

director resigns mid-term, the Board may become unconstituted and unable to make decisions until a replacement is appointed. This risk materialized within the first three months of the 2024/25 Board year, when two elected directors resigned. In both cases, the College narrowly avoided being unconstituted due to the prompt appointment of replacements. Additionally, the minimum number of Board directors impacts the ability of setting up discipline panels due to availability challenges.

- These concerns were recently discussed by the Governance Committee, with recognition that this work was not part of the existing strategic or operational priorities for the College for 2025 and being mindful of current limitations on staff resources. The Committee agreed the issue was of sufficient and significant concern that it should be forwarded to the Executive Committee with a request to add it to a future Board agenda for consideration.
- The Executive Committee agreed that it is of sufficient and significant concern for the Board to determine if further investigation is warranted and if so, what level of priority it should be given recognizing staffing resources are at capacity with the existing operational, strategic and legislative priorities.

The current state:

- Work on governance reform and regulatory modernization began in 2017 in response to changes recommended by other health colleges and the Ministry of Health, which stemmed from trends and best practices respecting governance in professional regulation and a view to strengthening public trust in regulatory institutions.
- In keeping within the legislated requirements under the *Pharmacy Act, 1991,* (see Attachment 13.1) changes to the Board composition (reduction in number of elected directors to the minimum) and director term limits (reduced from nine to six years), were approved by the Board in December 2019, leading to adoption of By-Law No. 6 in March 2020 and full implementation of the changes to the current state in September 2022.
- While the number of publicly appointed Board directors is determined by the government, the College has signaled to the government's Public Appointments office, that given the reduced number of elected Board directors, only an equivalent number of publicly appointed directors are necessary for the Board composition to reflect the 49/51 split of public to elected directors, as intended in the legislative model for the *Regulated Health Professions Act, 1991*.
- Maintaining the number of public Board directors at the minimum required level, consistent with the number of elected Board directors, poses a significant risk. If a public director resigns, the Board may become unconstituted and unable to make decisions until a replacement is appointed.
- Any new changes to the existing term limits and Board composition would require further by-law revisions, including a process to implement the changes through upcoming elections, ideally starting with the 2026 election cycle.
- Background materials regarding this issue, including briefing notes, discussion papers, consultation reports, proposed legislative changes and the College's implementation process are attached simply to provide historical context for the previous changes in Board structure. (see Attachments 13.2 &13.3)
- The College has not engaged in an evaluation of the impact of the governance reform and modernization changes that were implemented in 2022.
- Independent of this issue, but related, the College is currently engaged in an external Governance Review, with the expectation of a final report and recommendations in September 2025. Additionally, the Governance Committee, as part of their responsibilities, has identified the need to

expedite revisions to several policies in Section 3 (Policies and Processes Supporting Good Governance) of the *Board Policy Booklet*.

Considerations

- Increasing the number of elected directors could benefit the Board, Discipline and other standing committees by reducing the risk of becoming unconstituted and enabling increased committee membership to share the workload and necessary time commitments in serving on committees.
- Increasing the maximum allowable term length may provide sufficient time for more robust training and development of Board members. This extended term could enhance their capacity to assume higher leadership roles, such as Chair or Vice Chair, and to effectively serve as Chairpersons of key standing committees, including Finance and Audit and Governance.
- Increasing the number of public directors could benefit the Board, Discipline and Accreditation Committees by reducing the risk of becoming unconstituted and enabling increased committee membership to share the workload and necessary time commitments in serving on committees.
- Investigation into this issue was not included in the 2025 operating plan and will require resources to complete a policy analysis, including a current environmental scan and literature review to explore the experience of other organizations with a similar governance model, and identify approaches to manage the identified issues. Review and consideration of the by-law revisions required to change the Board composition and term limits will also be needed, along with an implementation plan that corresponds with the election cycle.
- The staffing resources necessary to undertake this work are the responsibilities of the Registrar and Governance Coordinator as they support the Governance Committee. These roles are currently filled by staff in acting roles, in addition to their regular duties. Also, General Counsel is required to lead the by-law revision work yet is actively involved in numerous governance and policy issues that were unanticipated for this year.
- Given the current resource challenges, the effort involved in completing the background research and preparing a report to appropriately inform the Board's decision creates a situation of competing priorities with other governance initiatives in 2025 and requires direction from the Board to determine how to address the resource gap while minimizing the impact on other planned work.
- There is an opportunity to create operational efficiencies for staff by aligning the work associated with the three governance initiatives (revisions to Section 3 of the Policy Booklet, addressing recommendations from the Governance Review and reviewing the impact of the previous governance modernization changes in Board composition and terms).

Recommendation:

- Recognizing the importance of addressing the identified concerns, it is recommended that staff is directed not to pause the work on the 2025 priorities but at the same time, create a work plan, for inclusion in the 2026 Operating Plan, to examine and report on the pros and cons of the recent governance reforms, including transition from nine- to six-year terms for directors, and reduction of elected Board members to the minimum number required, to be presented to the Board for review and decision.

Motion:

That the Board direct College staff to develop and execute a work plan for the 2026 Operating Plan to examine and report on the implications of current Board composition and term limits, including:

- The impact of maintaining the minimum number of elected and public directors, and the potential benefits and risks of increasing the number of directors.

- The transition from nine-year to six-year term limits for Board directors and, including an assessment of the potential benefits of reinstating nine-year term limits to support leadership development, continuity, and succession planning.
- The associated effects on Board and committee succession planning, continuity, and the risk of becoming unconstituted.

The work plan should include a policy and legal analysis, an environmental scan of comparable regulatory organizations, and any proposed by-law amendments, for Board review and decision.

Next steps:
College staff will develop a work plan and initiate the proposed work, as directed by the Board.

Attachments:
- 13.1 - Legislative Authority for Board Terms of Service, Membership and Composition
- 13.2 - Dec 2018 – BN - Governance
- 13.3 - March 2022 - BN - Governance Reform

Legislative Authority for Board Terms of Service, Membership and Composition

The *Regulated Health Professions Act, 1991 (RHPA)* and *Pharmacy Act, 1991* establish thresholds for Board Composition, Membership and Terms of Service, and allow the College to set by-laws to administer its affairs.

The Board: re Terms of Service Length and Quorum under the RHPA:

- Under the *RHPA*, the College's Council (Board of Directors) has a critical role to play.
- Section 4 of the Code states that "the College shall have a Council that shall be its board of directors and that shall manage and administer its affairs."
- Section 5(1) and (2) of the Code states, no term of a Board member shall exceed three years, and a person may be a Board member for more than one term but no person who is elected may be a Board member for more than 9 consecutive years.
- Section 6 of the Code states: A majority of the Board members constitute a quorum.

The Board's Membership and Composition under the *Pharmacy Act*:

- Currently, there are 9 elected Directors on the OCP's Board of Directors and 9 public Directors (this represents the minimum required for quorum). There are three academic Directors, one from each Pharmacy program in Ontario (University of Toronto, University of Waterloo, University of Ottawa).
- The legislative scheme provides for a minimum and maximum number of both elected and public Directors on the OCP's Board of Directors (see below, the *Pharmacy Act*).
- Section 7 of the *Pharmacy Act, 1991* provides for the composition of the Board, and states, in part:
  The Board shall be composed of,
  (a) at least 9 and no more than 17 persons who are elected in accordance with the by-laws, at least 2 and no more than 4 of whom must be pharmacy technicians;
  (b) at least 9 and no more than 16 persons appointed the Lieutenant Governor in Council [Cabinet]; and
  (c) the dean of each pharmacy faculty of the universities in Ontario.
- Thus, the Act contemplates a split of elected Directors and public appointees on the Board of 51/49.
- There are advantages and disadvantages to having a smaller versus a larger Board.
- The Board has a crucial role to play in relation to the College, and each Director plays an important role which requires skill, knowledge and expertise to carry out the College's mandate to serve and protect the public interest.

The College's By-Law making authority:

- Section 94(1) under the *RHPA* provides the Board with specific by-law making authority relating to the administrative and internal affairs of the College; the Board may make by-laws, ...
  (d.2) respecting the qualification and terms of office of Council members who are elected;
- The College has by-laws in place respecting the qualifications and terms of office for Board Directors who are elected.

The College's current By-Laws indicate:

4.1 Number of Elected Directors

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

- 4.1.2 In the event that the number of Public Directors exceeds nine (9), the Board may increase the number of Elected Directors to be elected at the next annual August election to correspond to the number of Public Directors. Any such additional Elected Directors shall be pharmacists.
- 4.1.3 If the number of Public Directors is subsequently reduced, the Board may reduce the number of Elected Directors to be elected at the next annual August election to equal the number of Public Directors then-appointed.

4.4 Terms of Office

- 4.4.1 The term of office of an Elected Director will be three (3) years, commencing at the first meeting of the Board after the election.
- 4.4.2 No Elected Director who was first elected in the November 2020 election or any subsequent election may serve as a Director for no 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.

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COUNCIL BRIEFING NOTE
MEETING DATE: DECEMBER 2018

FOR DECISION	X	FOR INFORMATION

INITIATED BY: Executive Committee

TOPIC: Governance

ISSUE: In support of strengthening public trust in the ability of the College to regulate the profession in the public interest and given the international, Canadian and provincial trends to move to best practice in self- regulation, Council is being asked to:

1. Partner with the Advisory Group for Regulatory Excellence (AGRE) to develop options for legislative changes to support the government in governance reform.
2. Support a framework and principles for governance change, as presented in Appendix 1.

BACKGROUND:

- The College, along with other Health Colleges and the Ministry of Health and Long- Term Care (MOHLTC), have been reviewing trends and best practices with respect to governance in professional regulation with a view to strengthening public trust in regulatory institutions and their processes over the past several years.

- In the summer of 2015, AGRE supported the MOHLTC in increasing transparency and enhancing public protecting. Concepts conceived by AGRE were included in the *Protecting Patients Act (PPA)*, 2017. *(See Attachment 1).* Amendments introduced through the PPA included removing the prescriptive language in the RHPA respecting composition of statutory committees and providing the Minister with the power to make regulations controlling all aspects of the structure and composition of College statutory committees.

- In December 2016, the College of Nurses of Ontario (CNO) fully endorsed recommendations made by a governance Task Force and supported implementation of a plan entitled Final Report: A vision for the future (Vision 2020). Vision 2020 is a progressive plan to transform the governance model for CNO to align with worldwide best practice.

- In the summer of 2017, the AGRE policy group developed a proposed Eligibility and Competency-Based Appointment Framework to screen individuals seeking to serve on statutory committees, a theme that emerged from the Governance Discussion Paper prepared for AGRE. *(See Attachment 2)*

- In response to the initiatives noted above, OCP Council, in June 2017, approved a competency based screening process to vet applications of professional members interested in serving as Non Council Committee Members on OCP statutory committees. This demonstrated Council's leadership and commitment to implement best practices in governance.

- Looking internationally, governments in Ireland, Australia and New Zealand are actively considering or implementing the model introduced by the United Kingdom in which a Professional Standards Authority (PSA), an independent body that reports directly to parliament, oversees the nine health professions regulators.

- Locally, the newly elected government is continuing the governance review from previous leadership and is preparing to take steps to strengthen public trust and engender best practices in regulatory governance. A specific role within government has been established to lead an expedited review of legislation and regulation to identify barriers to improving effectiveness and efficiency of operations and strengthening ministry oversight, signaling strong appetite for change. *(See Attachment 3)*

- In parallel, Colleges are considering the issue of governance modernization. In September 2018, CPSO discussed the CNO Vision 2020 at Council and formally endorsed the proposed governance framework and acknowledged the value in aligning with other Health Colleges to proactively impact regulatory changes.

- Recently, in November, AGRE formally expressed a commitment to working with government to develop policy recommendations that build on CNO's Governance Vision 2020 to modernize the governance structures of health regulatory bodies in Ontario with a view to strengthening public confidence in self-regulation. *(See Attachment 4)*

ANALYSIS:

- The newly elected government has demonstrated a renewed commitment to modernizing regulatory processes and structures. This presents an opportunity for the College to join the AGRE colleges in proactively supporting the government to establish governance changes that best serve, and are seen to serve, the public interest.

- The CNO Vision 2020 contains a comprehensive review of best practice recommendations and is being followed keenly by AGRE. A governance framework based on these recommendations is presented in Appendix 1. The framework is underpinned by best practice governance principles that Council and other colleges continue to exemplify, also included in Appendix 1, and represents a governance structure well-suited to serve the public interest.

- In particular, best practice supports a small governing board made up of an equal number of public and professional members, with all members having the needed governance competencies, appropriate conflict of interest provisions and ongoing education and evaluation. Literature indicates that this structure aligns with best practice governance principles, meets the changing expectations of society and strengthens the ability to be, and be seen to be, a protector of the public.

- Legislative changes are being presented to CNO Council in December 2018, demonstrating a high level of activity in governance reform. Partnering with CNO and AGRE colleges allows the College to join other regulatory leaders to proactively work with government to support change, rather than having changes imposed on the sector.

- Any legislated changes proposed will require government approval and are likely to be introduced and implemented gradually.

RECOMMENDATION: Recommend that Council support a partnership with AGRE to help inform proposed legislative changes required to support the government in modernizing governance.

Recommend that Council support the governance reform framework and principles in Appendix 1.

NEXT STEPS:

- Partner with AGRE colleges to further develop and refine the recommendations for governance reform to proactively support legislative change.
- Keep Council informed and provide regular updates at Council meetings for consideration.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

APPENDIX 1: Governance Framework Recommendations and Governance Principles

Governance Framework Recommendations

1. **Reduction in Council size**:
   - Best practices indicate that smaller boards are more readily able to engage in generative discussion and effective-decision making, fully utilizing each member.
   - Advisory groups and stakeholder engagements are methods to further enhance diversity of input.

2. **Council Composition**
   - A board made up of equal numbers of professionals and public directors will maintain, and be seen to maintain, its regulatory integrity through its focus on the public interest.

3. **Separation of Council and statutory committees**
   - Allows for greater delineation of strategic (Council) and operation (statutory committee) function and promotes independence of those functions.

4. **Competency-based Council:**
   - Literature and governance trends support competency based boards. Having all Council members with the needed competencies and attributes will support the board to meet all of the principles.

Governance Principles

1. **Accountability**
   - We make decisions in the public interest
   - We are responsible for our actions and processes
   - We meet our legal and fiduciary duties as directors

2. **Adaptability**
   - We anticipate and respond to changing expectations and emerging trends
   - We address emerging risks and opportunities
   - We anticipate and embrace opportunities for regulatory and governance innovation

3. **Competence**
   - We make evidence-informed decisions
   - We seek external expertise where needed
   - We evaluate our individual and collective knowledge and skills in order to continuously improve our governance performance

4. **Diversity**
   - Our decisions reflect diverse knowledge, perspectives, experiences and needs
   - We seek varied stakeholder input to inform our decisions

5. **Independence**
   - Our decisions address public interest as our paramount responsibility
   - Our decisions are free of bias and special interest perspectives

6. **Integrity**
   - We participate actively and honestly in decision making through respectful dialogue
   - We foster a culture in which we say and do the right thing
   - We build trust by acting ethically and following our governance principles

7. **Transparency**
   - Our processes, decisions and the rationale for our decisions are accessible to the public
   - We communicate in a way that allows the public to evaluate the effectiveness of our governance

Governance Structure

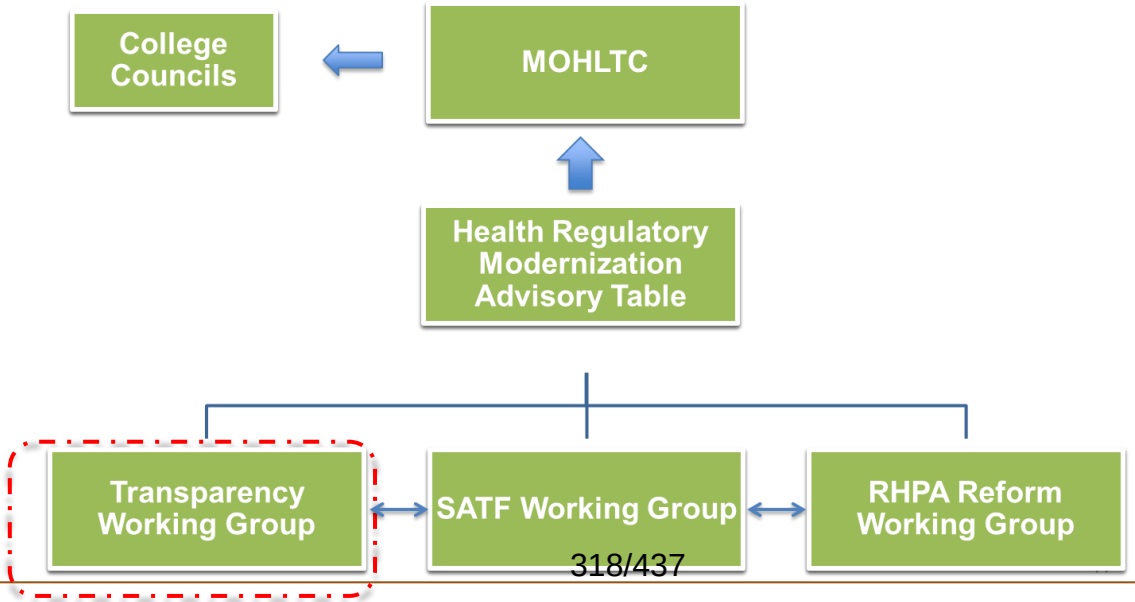
Attachment 1

- Several initiatives that will involve reviews of the RHPA scheme will take place concurrently with the work on the transparency strategy.

- To support coordination of these efforts and collaboration with the colleges, a Health Regulatory Modernization Advisory Table (HRMAT) comprising of Registrars, ministry representatives who will advise on the efforts of the working groups and endorse its work (e.g. guidelines, standards, etc.) to the ministry.

- The Transparency Working Group will be reporting to the HRMAT on its work for approval before disseminating final guidance products to the colleges.

- The ministry will work with college Councils to implement guidelines, standards, recommendations consistently across all colleges.



AGRE
ADVISORY GROUP FOR REGULATORY EXCELLENCE

Governance Discussion Paper

February 14, 2017

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Introduction

The purpose of this discussion paper is to provide background and context for the Advisory Group for Regulatory Excellence (AGRE) roundtable discussion regarding governance.

Since AGRE was formed in 2012 the group has had considerable success in collaborating together to develop the AGRE Transparency Principles, engaging with the provincial government regarding these principles and having them adopted in bylaw by the AGRE regulators. As will be seen from the Bill 87 Protecting Patients Act summary provided in the Background section, this forward-thinking work on transparency both anticipated and was able to shape to some extent the Ontario government's policy direction. Regulators who have adopted the AGRE Principles and amended their bylaws accordingly are therefore well-prepared for transparency amendments to the Regulated Health Professions Act (RHPA) that may become effective through Bill 87.

The current focus of AGRE regulators on governance is similarly intended to position regulators to get "ahead of the curve" on regulatory governance. This is in response to apparent trends in the regulatory landscape, anticipation that the Ontario government is looking to impose changes to the governance sample framework of all regulated health professions and the College of Nurses of Ontario's (CNO's) December 2016 Council decision to pursue a new "Vision 2020" for its governance structure.

While the governance conversation so far has been a high-level discussion among the AGRE Group, this paper is intended to share information and context in order broaden the discussion to AGRE College Executive Committees and eventually Councils.

Background

Trends in Regulatory Governance

There are important external influences and trends that provide both impetus and context for AGRE to look at regulatory governance at this time. These are international (particularly related to regulatory developments in the UK, Australia and New Zealand), national and provincial.

Richard Steinecke, Robert Lapper and others who provide guidance to regulated professions on these issues have highlighted that these trends in regulatory governance have and are anticipated to continue to influence Ontario government policy in the near future.

Robert Lapper, CEO of the Law Society of Upper Canada has spoken about changing trends in regulatory governance, including in a presentation to CPSO Council in February 2016. He was a member of CNO's Governance Task Force and in his address to CNO Council in December 2016 stated that "At very least every professional regulator will have to consider...and be able to justify, in the public interest, its own sample framework of professional regulation, against the benchmarks that these trends arguably establish." External trends that he pointed out are included in the summary here[1]:

- "There is a growing tendency in the western democratic world to question whether self-regulating professions truly live up to their mandate to protect the public interest."

[1] Direct quotes are from Robert Lapper's CNO presentation.

- "Regulatory governance is in the spotlight. Regulatory outcomes that are perceived to favour the professional over the public interest are often the subject of intense media scrutiny. Governments are called to account and address the public outcry that ensues."

- Governments have diminished self-regulation in many countries. This has included, in the UK the "co-regulation" of health and legal professions under standards authorities governed by public and not professional members. Similar reforms are being active considered or implemented in Ireland, Australia and New Zealand.

- In Canada, governments are increasingly inclined to oversee the regulation of professions. For example fairness legislation in a number of jurisdictions scrutinizes the registration practices of regulators and imposes significant reporting requirements.

- In recent years governments have become more likely to intervene in professional regulation. In BC both teachers (2012) and the real estate profession (2016) have lost the right to self-regulate. The 2012 appointment of a supervisor for the College of Denturists of Ontario (CDO) also signalled willingness by the government to use a power it had not exercised previously[2].

- Reviews of professional regulation worldwide have led to trends such as:
  - Moving to more balanced professional/public representatives in governance (UK health and legal professions).
  - Selection of members from specific practice sectors rather than regions (Nursing and Midwifery Board – Ireland).
  - Moving from election of professional members to competency or criteria based appointment of professional members or to a mix of election and appointment of professional members (Federation of Law Societies, Canada / UK Health and Legal Professions).
  - Reducing Board/Council sizes (UK health professions[3], *Barreau du Québec*, other Canadian Law Societies).
  - "Professionalizing" or specializing some regulatory functions (Professional discipline tribunals – Law Society of Upper Canada, New Zealand Health Practitioners Disciplinary Tribunal).

[2] The power to appoint a College supervisor is outlined in the RHPA as "**College supervisor** s. 5.0.1 (1) The Lieutenant Governor in Council may appoint a person as a College supervisor, on the recommendation of the Minister, where the Minister considers it appropriate or necessary. 2014, c. 14, Sched. 2, s. 9." Evidence that this is the first exercise of this power can be read in the CDO Council Highlights of September 12, 2013: https://cdo.in1touch.org/document/1160/73rd%20Council%20Highlights.pdf%20.

[3] The General Medical Council (GMC) was reduced from 104 members to 35 in 2003 (source: *Dyer, Clare (10 May 2003). "New slimmed down GMC takes shape". BMJ. 326: 1002.). The* Professional Standards Authority report (September 2011) *Board size and effectiveness: advice to the Department of Health regarding health professional regulators*, advised that "boards with a range of 8-12 members are associated with greater effectiveness". Subsequently consultations were undertaken and the boards of health councils were reduced - the GMC and the General Dental Council each now have 12 members, the Nursing and Midwifery Council went from 14 to 12 members, the General Osteopathic Council went from 14 to 10 members.

The UK's Professional Standards Authority (PSA)

- A very significant and influential international development has been the move away from the self-regulation of professions in the UK. As indicated in Grey Areas[4] "With the publication of its paper on Right Touch Regulation in 2010, the United Kingdom's Professional Standards Authority (PSA) leapt to the forefront of international thinking on professional regulation." The subsequent updating of that paper in 2015 as well as publishing another paper entitled Rethinking Regulation "called for a radical overhaul of the regulation of the health and social service professions in the UK".

- Richard Steinecke reported[5] that "The PSA is being considered by the Ministry of Health and Long-Term Care of Ontario (Ministry) as a possible sample framework for oversight of the *RHPA* Colleges."

- The PSA[6] was established in 2012. It was previously known as the Council for Healthcare Regulatory Excellence (CHRE)[7]. The PSA oversees statutory bodies that regulate health professionals in the UK and social care in England. Where occupations are not subject to statutory regulation, it sets standards for those organisations that hold voluntary registers and accredits those that meet them.

- The PSA is a publicly appointed body. None of the members of the Board of Directors of the PSA can have been practitioners of a profession overseen by the PSA. The PSA is funded by fees and levies charged to the bodies it oversees or, in the case of advice to government agencies or international bodies, fees charged to the recipients of the advice.

- The March 2013 PSA report *Fit and Proper? Governance in the public interest*[8] indicates that:

  "Over the past decade the governance of the health and care professional regulators in the UK has been transformed. The UK approach is no longer self regulation but shared regulation; regulation shared by professions and the public in the interests of society as a whole. The councils or boards of the professional regulators are now much smaller, and have a balanced number of appointed professional and public members, rather than the large, elected, representative bodies of old. Presidents have become chairs and many are public rather than professional members. The focus of regulation on serving the public rather than the professions

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[4] Steinecke Maciura LeBlanc. Grey Areas (October 2016 - No. 210), retrieved January 25, 2016 from: http://www.sml-law.com/wp-content/uploads/2016/10/Greyar210.pdf.

[5] Richard Steinecke provided a 10-page analysis of the legal authority of the PSA and implications for the RHPA to AGRE in July 2016. The points included in this paper are a very brief synopsis of his much more detailed review.

[6] The full name of this body is the Professional Standards Authority for Health and Social Care.

[7] The CHRE was established in 2002 as a body to oversee the regulation of healthcare professionals in the UK following the 2001 Kennedy "Bristol heart scandal" report which looked at the causes of high rates of paediatric cardiac deaths at the Bristol Royal Infirmary. "National body to oversee healthcare professionals". The Guardian. Retrieved February 7, 2017.

[8] Professional Standards Authority (March 2013) *Fit and Proper? Governance in the public interest.* Retrieved February 7, 2017: http://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/fit-and-proper-2013.pdf?sfvrsn=2.

is manifest in these reforms, and is mirrored in similar developments in professional regulation in other sectors, such as the regulation of legal professionals."

- The functions of the PSA fall into four broad categories:

1. Provide oversight of health and social work regulators, which includes:
   a) reviewing all disciplinary decisions of regulators;
   b) conducting an annual performance review of each regulator;
   c) mentoring and providing advice to regulators (e.g. how to handle dishonest behaviour of members, Rethinking Regulation paper);
   d) directing regulators to make rules; and
   e) (in future) considering complaints against regulators.

2. Accredit unregulated professions: Unregulated professions may apply for may apply to have their "voluntary" register accredited by the PSA. There are currently 50 registers accredited by the PSA - ranging from Acupuncture to Yoga therapy.

3. Advise government: The PSA provides policy advice and develops discussion papers for government[9]. For example, the PSA undertook research and provided specific advice to government on board size and effectiveness that resulted in the reduction of the size of health councils. The PSA also advises the Privy Council about the quality of the processes eight of the regulators use to recommend candidates for appointment and re-appointment as chairs and members of their councils. The PSA "check(s) the process the regulator has used, and assess(es) whether it is fair, transparent and open, whether it inspires confidence, and whether it ensures all selection decisions are based on evidence of merit."[10] The PSA advises the Privy Council whether each process meets the standard, but does not assess the suitability of individual candidates or have any say in who is appointed.

4. Other activities: The PSA is sometimes retained to conduct reviews and publish reports internationally, and has done so for the Royal College of Dental Surgeons of Ontario (2013) and the College of Registered Nurses of BC (2015).

- As outlined by Robert Lapper during his December 2016 address to CNO Council:
  "In its original report and subsequent updates the PSA has set out governance strategies that it recommends toward the objective of rebuilding trust between professionals, the public and regulators".[11] These include:
  - Smaller sized Councils/Boards;
  - Equal numbers of professionals on Councils/Boards; and

[9] PSA policy advice to government can be found at: http://www.professionalstandards.org.uk/publications/policy-advice.

[10] The PSA's role in advising the government on appointments can be found at: http://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/appointments-to-councils.

[11] Governance recommendations were originally described in the September 2011 CHRE report *Board size and effectiveness: advice to the Department of Health regarding health professional regulators.* Retrieved February 7, 2017: http://www.professionalstandards.org.uk/docs/default-source/publications/advice-to-ministers/board-size-and-effectiveness-2011.pdf?sfvrsn=12.

- Transparency of appointment processes (which assumes that Boards/Councils are not elected by members of the profession.)"

The establishment of the PSA and effective removal of the right of self-regulation from health professions is significant and was anticipated to influence Ontario government policy, particularly in response to the recommendations of the Sexual Abuse Task Force Report. While Bill 87 does not create a new oversight body or a separate adjudicative tribunal to handle complaints of sexual abuse, it does create new powers of oversight by the Minister, including direction regarding the structure of and appointments to statutory committees and investigatory activities related to sexual abuse.

Bill 87, Protecting Patients Act, 2016

On December 8, 2016 the Ontario Minister of Health and Long-term Care (MOHLTC) introduced for first reading Bill 87, which includes significant changes to the RHPA and Code in the following areas:

1. Increased powers of the Minister of MOHLTC;
2. Investigations, prosecution of and mandatory revocations related to sexual misconduct and funding for victims of sexual abuse, etc.; and
3. Transparency, including expansion of the public register and new self-reporting obligations.

Richard Steinecke provided an analysis of Bill 87 in a December 22, 2016 memo to the Federation of Health Regulatory Colleges of Ontario (FHRCO). In his introduction he states:

> "Bill 87 will make significant changes to the *RHPA*. The changes go well beyond reforming the sexual abuse provisions. For example, enormous powers will be transferred to the Minister including the power to restructure the statutory committees of the College, such as by reducing or even removing professional members from their composition. The Minister will also have the authority to require Colleges to provide information to the Minister about the Colleges' handling of individual cases."

There are several amendments that are specifically relevant to discussions about governance and are anticipated to have a high impact on Colleges. These include the increased power of the Minister of MOHLTC to oversee and direct College functions by controlling the composition and actions of statutory committees. These are highlighted in Steinecke's analysis as follows:

- Committee Structure: RHPA s. 43(1)(p) to (s), Code s. 10(3), 17(2) and (3), 25(2) and (3), 38(2), (3) and (5), 64(2) and (3), 73(3).3, 94(1)(h.1) to (h.4). The Minister will have the power to make regulations controlling all aspects of the structure of the statutory committees (committees established by by-law are not affected). The regulations can establish their composition, panel quorum, eligibility requirements and disqualification grounds. For example, the Minister could require a majority of public members (or even all public members) on committees or panels. *This provision has the potential to compromise a fundamental principle of self-regulation, namely that the profession is governed by its own members* [emphasis added]. However, it should be noted that these regulations would not alter the composition of the Councils of the Colleges in either size or composition

- Sexual abuse: Minister Prescribed Functions: RHPA s. 43(1)(w). The Minister can make regulations specifying how Colleges are to investigate and prosecute sexual misconduct cases (e.g., requiring the use of investigators with particular credentials, mandating the videotaping of witness interviews, making rules of procedure allowing for the videotape to be received as the evidence in-chief of a

witness). In addition, the Minister can make regulations providing for further "functions and duties" for Colleges (e.g., requiring Colleges to provide legal counsel paid for by the College for individuals alleging sexual abuse; requiring Colleges to conduct research on sexual abuse by their members).

- Bill 87 also includes changes to the public register and self-reporting obligations (RHPA s. 43(1)(t) and the Code s. 23, 94(1)(l.2)). These proposed amendments are largely consistent with AGRE's Transparency Principles and include those related to expansion of information provided on the public register, new mandatory self-reporting obligations and the posting of Council meeting information on College websites.[12]

Regulatory Governance in Ontario

AGRE Discussions

- Following the success of the Transparency Project AGRE identified at their January 14, 2016 meeting a second identified task: the need to focus on governance. This was inspired by comments made by Deputy Minister of MOHTC Bob Bell[13] and Assistant Deputy Minister Denise Cole at public meetings. Their remarks included:
  - How can College Councils function in the public interest when Council members are elected by peers/College members? Will Council members be considering the interests of those who elected them to Council? Are professional members really needed on College Councils?
  - Councils are too large.
  - There are too many Colleges.
  - Should College Presidents be elected from amongst the full profession, i.e., not by the College Council?

- AGRE recognized an opportunity to proactively and positively influence system change for *RHPA* Colleges, in a manner similar to the successful transparency initiative. There was agreement to hold a retreat to dedicate time to this issue, and the Policy Working Group (WG) developed an initial list of governance issues to be discussed at a retreat.

- The half-day retreat was held April 6, 2016 and was attended by the AGRE representatives. The focus of the governance discussion was on "how anticipated amendments to the RHPA could be influenced at early stages of decision-makers' thoughts and conversations".

- The retreat consisted of brain-storming sessions regarding Councils, committees and next steps. Questions included what Councils could look like, who the members would be, how they would become members, what their roles would be etc., with similar questions being considered for the structure and composition of committees. This discussion yielded good discussion and some general themes emerged, which are briefly summarized here:

[12] These points were excerpted from Richard Steinecke's December 22, 2016 Analysis of Bill 87 prepared for the Federation of Health Regulatory Colleges of Ontario (FHRCO).

[13] Similar comments were subsequently made at a February 2016 meeting of FHRCO and during a presentation that Mr. Bell gave at a spring 2016 CPSO Council meeting.

- Councils:
  - All Council members (professional and public) should have similar competencies - this is difficult to ensure given the current sample framework of elections and appointments.
  - Possible that appointing rather than electing could enhance recruitment of effective members.
  - Consistent governance training and evaluation is needed to enhance performance and effectiveness of Councils.
  - Theoretically electing members brings geographic representation and connection to the profession, but some professional members may feel that they represent a constituency.
  - Important that public appointments are not political.
  - All Council members have same role so should be remunerated the same.
  - Currently there may be a disproportionate representation of certain demographics (e.g. those who practice in settings that allow paid time away) - how can greater participation be enabled?
  - Principles: Have competent Council members, selected through an application process, reflective of society (gender-balanced, representative of the profession).

The brainstorming also generated the following specific ideas:

- All Council members should have similar competencies: intelligent/knowledgeable; prepared; open-minded/willing to learn; up-to-date with current standards of practice, boundaries, trends, etc.; understanding of the public interest; independent (i.e., not an advocate); available; possessing integrity and transparency.

- Council member skill sets: Should include financial background; critical reasoning skills (actuary or lawyer); similar qualities as those required for members of for-profit Boards; previous regulatory experience (e.g., served on Committees); and perspectives (not representation); from different types of practice.

- Competencies/skill sets should be measured in a transparent, objective way: e.g. formal application; interview; references; recruitment; similar to robust screening processes used when hiring staff.

- Three types of recruitment:
  - Council (Board) members (by External Governance Committee)
  - Committee members (by Internal Governance Committee)
  - Discipline committee members (by Internal Governance Committee)

- Two Governance Committees to be formed:
  1. External Governance Committee: External body to appoint Board members
  2. Internal Governance Committee: to appoint Committee members
     Both committees to be comprised of representatives from the College, other Colleges and government.

- Colleges to become Boards:
  - Board activities to be reduced to focus on governance/policy
  - Full Board to serve as Executive - no separate Executive Committee
  - Board members would not sit on Committees.
  - Size of Boards to be same for all health Colleges (e.g., between 8-12 members)

- 50/50 balance of professional and public members

- College Committees to include:

  Board-Related (comprised of members with Board experience):
  - Governance Committee
  - Finance/Audit Committee
  - Other College-specific committees

  Member-Related (comprised of members with clinical expertise, appointed by the Board):
  - Registration Committee
  - Quality Assurance Committee
  - Patient Relations Committee
  - Fitness to Practice Committee
  - Inquiries, Complaints, and Reports Committee
  - Discipline Committee

  - All committee members to require same competencies plus additional clinical/profession-specific knowledge as needed. Discipline Committee to be created as a pool of panel members, perhaps with a system similar to jury selection process.

- As an initial follow-up to this retreat in June 2016 the Policy WG provided an update at a subsequent meeting which included the status of governance discussions at AGRE Colleges. The purpose of this review was to evaluate the state of organizational or Council readiness, along a continuum from unaware of governance issues to making a decision to change their governance structure, as follows:

  Unaware -> Aware - No discussion -> Aware - Discussion -> Ready -> On board-> Decision

- Generally speaking, most of the Colleges were considered to be at the ‘aware’ stage. The CNO was at that time characterized, after two years of governance work, to be at the ‘ready’ stage.

- It was agreed that as a next step a discussion paper should be developed and a "governance roundtable" held to further develop AGRE's governance initiative.

- Subsequent to these discussions, in December 2016 CNO's Leading in Regulatory Governance Task Force Final Report was submitted to Council and all recommendations were approved. In terms of the continuum above CNO can now be considered to be at the "On board" stage of governance transformation and working towards implementation planning and decisions.

- The following section provides an overview of CNO's "Vision 2020" as background and a sample framework for discussion at the AGRE governance roundtable.

CNO's Leading in Regulatory Governance Task Force Report

- The College of Nurses of Ontario's (CNO's) Leading in Regulatory Governance Task Force was formed in December 2014, with the purpose of the work being:
  - To conduct a proactive, objective, expert, best-practice and evidence-based review of all aspects of College governance.
  - To seek new governance perspectives and approaches to enhance Council's excellence in governance.
  - To engage Council in an informed conversation to determine what, if any, changes are needed to governance principles and processes, so that the College is recognized as a leader in regulatory governance.

- As stated in its Final Report "The Task Force believes that Council needs to consider what is fundamental to self-regulation and what needs to change to maintain public trust in nursing regulation in Ontario."[14] The theme was that regulators need to be proactive in order to strengthen public trust.

- Activities undertaken by the Task Force to develop its recommendations included:
  - a Spring 2015 evaluation of CNO Council governance by an external governance expert;
  - an extensive literature review of academic studies about governance sample frameworks and group dynamics including which included looking at: governance sample frameworks and policies; regulatory board and committee structures; election/appointment/recruitment processes; leadership etc.
  - a review of trends and best practices in the governance of regulators around the world;
  - a report of a survey of regulators about governance; and
  - Council's input and insights provided at governance workshops.

- The Governance review milestones included in the attached final report attest to the significant consultation with and involvement of CNO Council in the Task Force's work. Some of the significant issues Council wrestled with regarding the draft framework when it was initially presented were:
  - ensuring that a diversity of views would continue to inform Council decision-making;
  - concerns, including about engagement of members, inherent in moving from an election to appointment process; and
  - concern regarding the power of the Governance Committee.

  The Task Force used this feedback to modify the vision presented in the final report.

- At its December 6 - 7, 2016 Council meeting, CNO Council devoted a half-day discussion to the Task Force's final report, reviewing the proposed vision (sample framework) and the recommendations.

- The governance vision recommended by the Task Force is very different from the current RHPA model. Some of the most significant elements are:
  - Move from a council to board of directors governance structure.
  - Replace the current CNO Council (35 - 39 members) with a 12-member board.
  - Have an equal number of nurse and public directors (6 nurses, with at least one registered and one registered practical nurse member) rather than a majority of professional members.
  - Eliminate Executive Committee - the Board will act as the Executive Committee.

[14] The Final Report, literature review and all other Task force materials are posted on CNO's website at: http://www.cno.org/en/what-is-cno/councils-and-committees/council/Governance-Review/.

- Establish and make attendance at a governance "boot camp" mandatory for those interested in participating on the board or committee, to ensure that they understand the roles and expectations.
- Directors (board members) will not serve on statutory committees.
- Make selection of all directors and committee members based on a competency-based application and appointment process (no elections). Ensure that the board is intentionally structured to bring different perspectives.
- Committee members to be appointed to represent a diversity of nursing and other backgrounds and bring specific, relevant knowledge and skills required for committee work.
- Advisory Groups to be established as a new mechanism to ensure continued engagement with the profession, provide knowledge and input to Council on nursing issues specific to sectors, regions, practice areas etc.
- Two standing committees (Governance and Nominating) be established to handle all processes related to appointments to the board and committees.
- All directors will receive the same honorarium, as will all committee members.

- **CNO's Governance vision:**

  With a commitment to the public, the College of Nurses of Ontario's board of directors (the board) will govern the regulation of the nursing profession in accordance with:
  - the College's regulatory mandate as set out in Ontario's health regulatory legislation; and
  - the governance principles approved by the board.

  A small governing board made up of an equal number of public and nurse members - with all members having the needed governance competencies, appropriate conflict of interest provisions and ongoing education and evaluation - will be able to meet the governance principles and the changing expectations of society. It will be, and will be seen to be, a proud protector of the public.

Components[15] of Recommendations for CNO Governance Vision 2020

1. Size

- The board will have 12 members, with no Executive Committee
- The addition of advisory groups (e.g. consumer, educator, clinician) and a stakeholder engagement approach will ensure diverse input on issues the board will consider.

2. Composition

- The board will have equal numbers: 6 public and 6 nurse members (at least 1 RN, 1 RPN, and 1 NP).

3. Competency based

- Directors to be selected based on competencies (knowledge, skills, attitude) needed for the role.

4. Competency-based application and appointments process

- Board, statutory and standing committee members, board and committee leadership will all appointed by the board based on competencies and a transparent, open appointments process.
- A Nominating Committee will recommend appointments of board and committee members.
- Governance Committee will recommend the competencies and board and committee leadership.
- Attendance at a "boot camp" to be required for individuals interested in applying for appointment.

5. Chair and Vice-Chair

- Effective leadership will be characterized by:
  - The Chair and Vice-Chair having the leadership competencies identified by the board.
  - Appointment/succession recommended by Governance Committee, approved by the board.

6. Director and board development

- Each director will be supported in understanding and meeting their role expectations and accountabilities through: participation in a "boot camp" during the appointment process, orientation and ongoing development/continuous learning, support for informed decision-making, staff support.
- Advisory Groups will be constituted by the board to help inform the board on views across the profession and the public.

7. Evaluation of Board and Directors

- Good governance as journey; with performance bar on the board and individual directors rising.
- The board will constantly improve through: a Governance Committee, ongoing meetings, self-evaluation, peer feedback and board evaluation to support continuous improvement; and an evaluation of governance effectiveness by an external expert every 3 years, with the results being publicly available.

8. Role clarity of board and statutory committees

- The roles, responsibilities, expectations and accountabilities of the board and statutory committees will be clearly stated and differentiated.

9. Statutory committees

- Statutory committee members will be appointed by the board on the recommendation of the Nominating Committee.
- Statutory Committee chairs will be appointed by the board on the recommendation of the

[15] Please note that this table is an excerpt of the 2020 Vision Components from pp. 12 - 20 of the Task Force's Final Report. In the Final Report these components are more fully described, with Evidence/Rationale and Principles. A

Governance Committee.
- The board will appoint all statutory committee members and Chairs based on competencies and on the background needed for the specific committee.
- Statutory committees will be composed of non-directors.
- Statutory committees will report to the board on their legislated mandates.

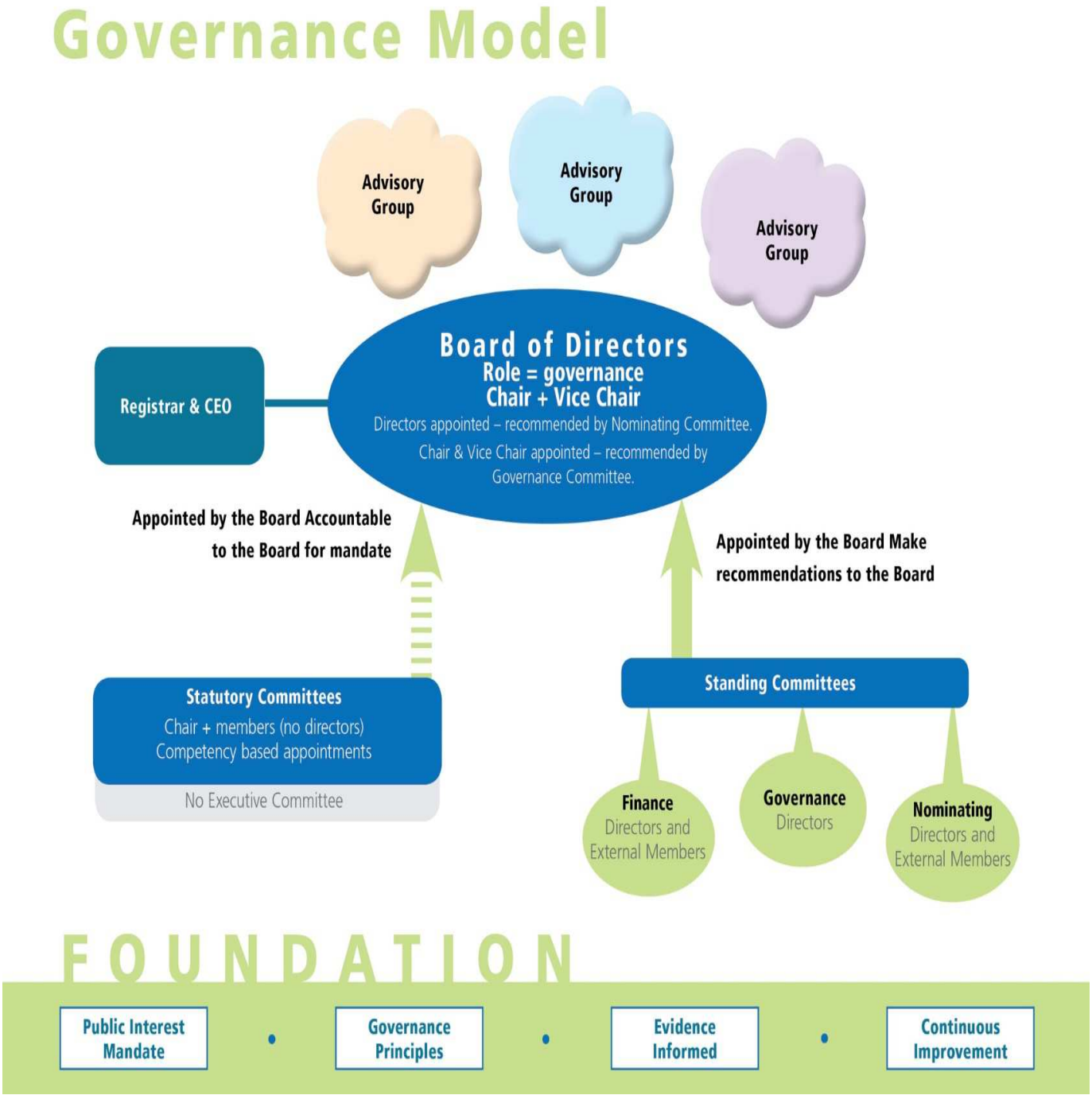
10. Standing Committees
- There will be two new standing committees: Governance and Nominating

11. Terms of office
- Directors: 3-year term; 2-term maximum
- Leadership roles (Chair, Vice- Chair, Committee Chairs): 1-year term; one possible reappointment. Possible one-year term extension on the board if the Chair has reached the maximum 6 years of service term on the board.
- Committee members: 3-year term; 2-term maximum. Reappointments will be made within term limits and based on meeting role expectations

12. Funding governance processes
- The College will be accountable for funding the governance and statutory processes.
- all directors will receive the same honorarium; and
- all committee members will receive the same honorarium.

CNO's Governance Model is provided on the next page as background and a sample framework for discussion.

College of Nurses of Ontario's Governance Model
as illustrated on page 21 of the Leading in Regulatory Excellence Task Force Report



CNO Council approved the following motions:

1. **That Council adopt the recommended vision: "Vision: The College of Nurses of Ontario's Board of Directors for 2020" as it appears at attachment to the Leading in Regulatory Governance Task Force's Final Report: A vision for the future.**

2. **That, in June 2017, Council establish a working group of five Council members to work with Council to develop a plan for implementing the governance vision. The plan will include the communications and stakeholder engagement needed to build understanding of and support for the vision to enhance the likelihood that the needed legislative change will happen in 2020.**

3. **That the working group's terms of reference include working with Council to identify changes to advance the governance vision and that can take place before legislative change, and developing an action plan to support implementing those changes.**

Summary

- Trends in regulatory governance internationally, nationally and provincially point to significant changes: more scrutiny of the role of regulators; a greater propensity of governments to oversee and intervene in professional regulation; the creation of bodies that oversee the activities of regulators; and in some cases, the effective removal of the privilege of self-regulation. This has included an overhaul of the structures of governing councils to smaller board structures with equal (to professional) or sometimes complete public membership.

- The Ontario government has been increasingly critical of regulators and has shown a growing interest and has taken actions to "pull back the reins" on self-regulation. In recent years this was evidenced by the oversight function created by the Office of the Fairness Commissioner and the unprecedented exercise of the government's power to appoint a supervisor for a regulatory body. Recent comments by the Deputy Minister and Assistant Deputy Minister of MOHLTC and the proposed increased powers of the Minister to restructure statutory committees, as outlined in Bill 87, point to the Ontario government's intention to increasingly oversee and intervene in the functioning of health Colleges.

- Common themes about the thinking and future of regulatory governance in Ontario are emerging, at least among the AGRE regulators. This can be seen from the notes of the AGRE 2016 governance retreat and CNO's Leading in Regulatory Governance Task Force report, which is provided as background and a sample framework for discussion. These themes include:
  - A smaller Council or board structure may be more effective in discussion and decision-making. A small board should focus on governance/policy only - no participation in committees.
  - Full Board to serve as Executive - no separate Executive Committee
  - Having an equal number of professional and public members reflects international trends and may foster greater public trust.
  - The competencies required of directors and committee members should be identified and members selected/appointed based on competency and skills suited to the role, not elections.
  - Potential participants in regulatory governance should have access and potentially be required to complete training in governance and the role of regulatory bodies.

- All Council members/directors should be compensated equally as should all committee members - there should be no distinction between the roles and competencies of professional and public members - they are all there to serve the public interest.

Information Gaps & Additional Considerations

Proposed changes to governance represent significant modification of the current RHPA model. The CNO 2020 Vision was informed by broad and deep research into how governance can be made more effective and best serve the public interest. To develop and implement such a framework in Ontario would require additional research and information to fully understand the implications and determine next steps for AGRE regulators.

1. How can a new sample framework for governance as proposed by CNO be implemented in Ontario, and how long may it take? While AGRE transparency initiatives required that individual Colleges gain approval from their Council to make by-law changes, changes to governance as outlined in CNO's Vision 2020 will require amendments to the RHPA and Code, all profession-specific acts and College by-laws.

2. What specific sections of the RHPA and Code, profession-specific acts and bylaws would require amendment? What other legislation would be affected? How will the details such as Committee composition, quorum, performance evaluation and the role of advisory committees be established?

3. In other jurisdictions new governance models have been introduced and implemented by governments, not the governing bodies themselves. What are the challenges of having the governing body (i.e. Council) initiate develop and oversee the changes to its own structure? Will there be concerns regarding conflicts of interest, public perceptions of the College's motivation etc.?

4. How will members and professional associations react to moving from an election to appointment and Council to board structure? Will there be concern that members' perspectives will be less well represented? Will they perceive a new board governance structure as better serving the public interest?

5. The magnitude of the change in number and the new role of board directors outlined in the CNO sample framework is significant - to go from a Council of 36 members to a board of 12 directors. Other AGRE Councils currently have between 17 - 34 members. Does the magnitude of proposed change present different challenges? Would all AGRE Colleges choose to move to a governance structure of 12 members/directors? Alternatively, would the size of boards be determined by other factors, such as being reduced proportional to the current Council or total number of members of a profession?

6. Will the public perceive a new governance framework, such as that proposed in CNO's Vision 2020, as better serving the public interest?

7. What kind of communications will be needed to explain a change of governance structure, given that even the current RHPA model may not be well understood by stakeholders, including the public?

8. What will be the implications of CNO's initiative for other health Colleges (can one College alone change its governance structure)? Could the six AGRE Colleges pursue this collectively, or must the governance framework for all health Colleges be affected?

9. While the Ontario government has signalled through Bill 87 and other initiatives a growing willingness to oversee and intervene in College governance, is it truly willing to "rethink regulation"? How can AGRE best influence the provincial government?

10. How "ready" and what resources/capacity for change has each of the AGRE regulators? Does the proposed sample framework developed by CNO "fit" with the culture, issues, governance experience of each AGRE College?

11. What would be the effect of governance changes on non-health regulatory bodies? As these changes are intended to strengthen governance and better serve the public interest in the health sector, what about non-health professions (engineering, architecture, social work etc.)?

Appendices:

Appendix 1: College of Nurses of Ontario Leading in Regulatory Governance Task Force. (December 2016) "Final Report: A vision for the future"

Appendix 2: AGRE Member Regulators - Council Composition

Appendix 2

Final Report: A vision for the future

Leading in Regulatory Governance Task Force

A proactive, expert and evidence informed review
An ongoing commitment to positive and empowering change

December 2016

Members of the Task force

Evelyn Kerr, RN, Chair

Anne Coghlan, RN

Rob Lapper

Ella Ferris, RN

Don McCreesh

Megan Sloan, RPN

Former Members

Nancy Sears, RN

Angela Verrier, RPN

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Introduction

Council's Leading in Regulatory Governance Task Force is pleased to present its final report and recommendations to the College of Nurses of Ontario's Council.

When Council established the Task Force in December of 2014, it set out the following goal and purpose. These guided the Task Force throughout its work:

Overall Goal:

The College is recognized as a leader in regulatory governance.

Purpose:

- To conduct a proactive, objective, expert, best-practice and evidence-based review of all aspects of College governance.
- To seek new governance perspectives and approaches to enhance Council's excellence in governance.
- To engage Council in an informed conversation to determine what, if any, changes are needed to governance principles and processes, so that the College is recognized as a leader in regulatory governance.

The following informed the recommendations:

- a report of a point-in-time (Spring 2015) evaluation of Council governance by external governance expert, Cathy Trower;
- a review of academic studies about relevant aspects of governance and group dynamics;
- an review of trends and best practices in the governance of regulators around the world;
- a report of a survey of regulators about governance; and
- Council's input and insights provided at governance workshops.

The Task Force also learned about the unique nature of regulatory governance and about self-regulation. The regulatory literature that the Task Force reviewed reflected the changing nature of regulatory governance and of regulatory models. The underlying theme in all of these was that regulators must be proactive in order to strengthen public trust.

The participation of the profession in regulation is the core of self-regulation. The Task Force believes that Council needs to consider what is fundamental to self-regulation and what needs to change to maintain public trust in nursing regulation in Ontario.

Attachment 4 is a summary of the project timelines, reflecting Council's commitment to, and engagement in, this work.

When developing its recommendations, the Task Force did not limit its thinking to the project goal of "leading in regulatory governance." It was informed by the College's Strategic Plan, particularly the goal to build public trust, as well as the commitment to innovation and evidence-based approaches, which are integrated in the recommended governance vision.

Recommendation:

1. **That Council adopt the recommended vision: "Vision: The College of Nurses of Ontario's Board of Directors for 2020" (attachment 1).**

Implementation recommendations:

1. **That Council share the governance principles, vision, Task Force reports and supporting documents with government, the public, other regulators, nurses and other stakeholders to broaden the dialogue about the future governance of regulators of professions;**

2. **That, in June 2017, Council establish a working group of five Council members to work with Council to develop a plan for implementing the governance vision. The plan will include the communications and stakeholder engagement needed to build understanding of and support for the vision to enhance the likelihood that the needed legislative change will happen in 2020; and**

3. **That the working group's terms of reference include working with Council to identify changes to advance the governance vision that can take place before legislative change, and developing an action plan to support implementing those changes.**

Recommendation 1: That Council adopt the recommended vision: "Vision: The College of Nurses of Ontario's Board of Directors for 2020" (attachment 1).

Implementing this vision for governance will equip the board to support the College in meeting its strategic vision of leading in regulatory excellence and further the College's public interest mandate.

The Task Force has identified an integrated vision rooted in the evidence, best practice in regulatory governance and input from Council. The Task Force considered presenting Council with options, but agreed unanimously that its task was to prepare a vision recommendation that was informed by evidence and best practice. Attachment 2 is a model illustrating this vision.

In a June 2016 workshop, Council discussed the building blocks of the vision. The Task Force presented each vision element along a continuum within which Council identified the optimal position. To support its discussions, Council was provided with evidence and information on trends in regulation. At this discussion, Council supported having a small Council, equal public and nurse members, and directors (board members) and committee members having the competencies needed to fulfil their roles. The Task Force developed a model as a result of evidence, best practices and Council's feedback from this meeting, and presented it to Council in September 2016.

In September 2016, when exploring the model Council flagged some issues. Every member of the Task Force participated in that workshop and listened carefully to the issues raised. The Task Force reviewed the evidence and best practice, explored emerging practices and requested additional information before defining the recommended vision. The vision includes many aspects of the model discussed by Council in September. It also includes changes made as a result of Council's feedback.

Diversity

An issue raised by Council was whether a board of 12 members — 6 public and 6 nurses — would have the needed diversity. With this integrated model, the Task Force believes that diversity will be strengthened in several ways:

- An emerging practice in governance is advisory groups that are established by the board to bring different perspectives. They report directly to the board. For the College, these groups can be made up of consumers, nurses from different practice sectors (e.g. remote/ marginalized, community, long-term care), different aspects of practice (e.g. clinical, education), members of other professions, or a combination. It would be up to the board at any time to consider the gaps in its perspectives based on the issues under consideration. The board would identify the needed advisory groups and what it needed from a specific group.
- Appointment rather than election of board members supports diversity. For example, our current electoral system is based on regions, and while there are two northern regions, they do not guarantee that the unique needs of remote and rural patients are considered. Usually, candidates from the large teaching hospitals in the north are elected. In an appointments process, the board can identify and seek nurses who work with specific types of patients, such as a nurse who works with high risk communities
- A small board intentionally structured to bring different perspectives, composed of members possessing governance competencies, and provided with additional perspectives through feedback from Advisory Groups and stakeholder engagement, will be able to raise and discuss these diverse perspectives more effectively.

Appointment of Board members

At the September 2016 governance workshop, divergent views were expressed about moving from election to appointment of board members. In particular, some Council members stated that the election is an opportunity for nurse engagement and that nurses and the public could perceive appointments as less transparent.

The Task Force weighed this input, including data on member engagement in the election and the committee appointments process. The data shows that fewer than 15% of members vote in the Council election. While 10 to 20 candidates stand for election each year, over 100 usually volunteer to serve on a statutory committee.

The Task Force believes better, more appropriate mechanisms exist for member engagement, such as advisory groups, consultations and a more engaging quality assurance program.

A theme in the literature about regulatory governance is that electing professional members to regulatory boards sets up a conflict of expectations. This was clearly identified in the Trends in Regulatory Governance document and was flagged by Richard Steinecke in *Will the Real Public Interest Please Stand Up*. Regulatory board members serve the public, not the profession. An election process sets up an expectation of, and perception of, a representational role.

In addition to the concern about the misperceptions created by an election, the following informed the Task Force as it weighed whether to recommend continuing with electing members of the board following a competency screen or moving to an appointment process:

- In September, Council expressed concerns regarding ensuring diversity of perspectives on the board. While the election process can be enhanced through a competency screen, once the candidate passes that bar, there is no ability to screen for a needed perspective or area of practice. This was highlighted in more detail earlier.
- Council has identified the importance of succession planning to effective governance. An appointments process supports succession planning; an election process does not.
- Public members currently are appointed. The Task Force is recommending that in the future they be appointed based on competencies.

  The Task Force believes that all members should come onto the board in the same way. Doing so builds mutual respect as each member has met the same expectations and gone through the same process to join the board.
- As part of the implementation process, a robust, objective and transparent recruitment and appointments process would be developed by Council. This process could be piloted for the appointment of committee members, evaluated and further refined. A competency screen could be developed for people seeking to serve on the board. It could be tested as a pre-screen for the election and further refined in anticipation of legislative change and a move to the appointment process.
- To further strengthen the outcome of an appointments process, the Task Force is also recommending having a "boot camp" for people interested in participating on the board or committees. This idea was raised in the Octover 2016 issue of Grey Areas, "Screening Committee Members," where it was suggested that the appointment of committee members should be competency based. The boot camp would support potential board and committee members understanding the voluntary roles they are considering and the requirements needed to serve. It would mean that once appointed, they would begin the orientation process with a basic understanding of the roles and expectations.

Role of the Governance Committee

The last issue raised at the workshop that the Task Force will address is the view that the Governance Committee, as envisioned in the model presented in September, was too powerful. The perspective was that another Executive Committee was being created. That input gave the Task Force an opportunity to rethink the role of the Governance Committee. In the proposed vision, the functions initially proposed for the Governance Committee are split as follows:

- A Nominating Committee will recommend appointments for directors and committee members who are not directors, and address succession planning for those roles. To bring broad perspectives, the committee will include directors and individuals who are not directors.
- The Governance Committee — made up of directors — will support the board in remaining attentive to changes in governance, steer evaluation processes, support the board in identifying the competencies, and recommend the appointments of board and committee leadership.

The Task Force also recommends that the terms of reference for both of these committees — which will be determined by Council — include requirements for ongoing engagement of the full board in their work.

Implementation Recommendation 1: That Council share the governance principles, vision, Task Force reports and supporting documents with government, the public, other regulators, nurses and other stakeholders to broaden the dialogue about the future governance of regulators of professions.

Government and other regulators have expressed considerable interest in the work being done by Council on governance. The Task Force is recommending releasing all the information generated by the review in order to support the ongoing dialogue about regulatory governance in Ontario and elsewhere.

The Task Force believes that releasing its reports, the literature review, trends in regulatory governance and report of the survey of regulators will support achieving two of the objectives from the Strategic Plan:

- **Advancing the use of CNO knowledge:**
  The significant resources the College developed to support the Task Force and Council in working through the governance issues are relevant to government and other regulators. Sharing this information will provide all stakeholders with evidence that supports the governance dialogue.
- **Leading in regulatory innovation:**
  Sharing the supporting materials will provide leadership to others exploring governance issues and will lead transformative change. For example, The Advisory Group for Regulatory Excellence has already made a commitment to reviewing governance, and the Ministry of Health and Long-Term Care has identified governance as part of its project to modernize the health professions. By sharing this information, the Council will provide leadership to the exploration of new regulatory governance approaches in Ontario.

In addition, releasing the Task Force's reports as well as the briefing materials supports transparency, which is one of Council's governance principles.

Implementation Recommendation 2: That, in June 2017, Council establish a working group of five Council members to work with Council to develop a plan for implementing the governance vision. The plan will include the communications and stakeholder engagement needed to build understanding of and support for the vision to enhance the likelihood that the needed legislative change will happen in 2020.

The Task Force recognizes that governance change will not happen immediately. Many of the proposed changes require legislative change. Some are a change from the current regulatory paradigm. For example, the proposal in the vision that the board be half public and half nurses is different from the current constitution of the councils of Ontario health regulators, where there is a small majority of nurses on all councils.

The Task Force recommends that Council establish a working group of Council members to develop a plan to be ready to implement the vision in 2020. This would mean proposing legislative change to government in 2019.

The Working Group's terms of reference will be determined by Council and explicitly include the requirement that it does its work in collaboration with the full Council.

Governance is the board's business and the board needs to be engaged in, and directing, the process at all times.

The suggested timing of appointing the working group in June of 2017 is to give time for Council to review and provide input into terms of reference and decide how members will be selected in March of 2017, and to appoint the members in June of 2017.

The Task Force believes it is important to engage stakeholders, including other health regulators and government, in order to achieve the vision. In addition to releasing the Task Force materials, the Task Force suggests developing a communications and engagement plan that includes the President and Executive Director sharing Council's work with other health regulatory Councils, nursing stakeholders and government.

Implementation Recommendation 3: That the working group's terms of reference include working with Council to identify changes to advance the governance vision that can take place before legislative change, and developing an action plan to support implementing those changes.

The Task Force believes that several aspects of the vision can be implemented before legislative change and have a positive impact on governance. The Task Force notes that Council has already implemented a number of changes in how it works and believes this should continue.

The following might be considered for implementation before legislative change:

- Establish one or more Advisory Groups: perhaps starting with a pilot of a consumer advisory group in late 2017/early 2018;
- Pilot test competency-based appointments using committee member appointments:
  - identify competencies needed for statutory committees and add collection of information needed to assess competencies in a computer app to be used in the fall of 2017 for the 2018–2019 appointments;
  - establish a rigorous, fair and objective appointments process to be pilot tested with the committee member appointments in late 2018 for the 2019–2020 appointments.
- To ensure the public's confidence that the College's Council and committees are focused solely on the public interest, conflict-of-interest provisions for Council and committee members need to be reviewed to ensure they remain appropriate and consistent for today's high scrutiny environment.
- Develop "boot camp" programs for those seeking election to Council and those seeking appointment to statutory committees so they understand the College's mandate and the expectations for the role.
- Develop and implement an evaluation framework that includes evaluation of Council meetings, self and peer evaluation of Council members and an evaluation of Council effectiveness carried out by an external expert every three years.

Conclusion

In 2014, Council began a journey to advance regulatory governance. It was done with foresight and to support the College's vision of being a leader in regulatory excellence. This report is not the end of that journey — it is a fork in the road. As Cathy Trower said in her assessment report: "Good governance is a journey". The Task Force proposes that good governance is a journey without end.

Adopting the recommended vision of the Task Force means that Council and future College of Nurses boards will always be attentive to governance.

The Task Force appreciates the opportunity to have participated in your journey.

It took courage to bring outside eyes and outside perspectives to examine your processes. It took courage and foresight to empower the Task Force with such a broad mandate.

Council and staff have already changed how governance at the College works. We have seen this at the governance workshops that we attended where there was so much engagement and thoughtful dialogue.

The Task Force recognizes that it is recommending transformative change and it will take time to fully implement. It will be dependent on the government making changes to the paradigm for regulatory governance in the province. We have heard that the government has an appetite for that change. While the major changes being recommended in the vision will take time to be implemented, many other measures can be taken in the interim to continue Council's never-ending governance journey.

Attachments:

1. Vision: The College of Nurses of Ontario's Board of Directors for 2020
2. A governance model based on the vision
3. Council's Governance Principles
4. A timeline of the governance review
5. A literature review on governance (on the portal for Council members)
6. A review of trends in regulatory governance (on the portal for Council members)
7. A survey of regulators regarding governance (on the portal for Council members)

Recommended Vision: The College of Nurses of Ontario's Board of Directors in 2020

Introduction

In 2014, Council established the Leading in Regulatory Governance Task Force and charged it with developing recommendations that would position Council as a leader in regulatory governance.

The recommended governance vision is designed to put in place an integrated governance model that will move from a council to a board of directors model. The vision acknowledges the value of the input nurses bring to the board, while building the public's trust that the board is focused on the public's needs and interests by moving to equal public and nurse membership. It is designed to position the board as a leader in regulatory governance and support the College in achieving its strategic vision of leading in regulatory excellence.

The Task Force identified this vision after completing a two-year journey that included:

- ongoing engagement with Council;
- reviewing a point-in-time assessment of Council governance that was conducted by an external governance expert (Cathy Trower);
- considering an extensive examination of peer-reviewed academic literature about governance and group dynamics;
- considering a comprehensive report on trends and best practices in the governance of organizations that regulate professions; and
- reviewing the results of a survey of other regulators about their governance practices.

Governance Vision for 2020:

With a commitment to the public, the College of Nurses of Ontario's board of directors (the board) will govern the regulation of the nursing profession in accordance with:

- the College's regulatory mandate as set out in Ontario's health regulatory legislation; and
- the governance principles approved by the board.

A small governing board made up of an equal number of public and nurse members - with all members having the needed governance competencies, appropriate conflict of interest provisions and ongoing education and evaluation - will be able to meet the governance principles and the changing expectations of society. It will be, and will be seen to be, a proud protector of the public.

The following is the detailed vision for governance of the College of Nurses of Ontario beginning in 2020:

Components of recommendation	Evidence/rationale	Principles
Size ▪ The board will have 12 members (see page 13 for composition) ▪ An Executive Committee will no longer be needed. ▪ The board will be small enough to engage in generative discussions with contributions from all members who together provide a balance of the needed competencies and diversity. ▪ The addition of advisory groups (e.g. consumer, educator, clinician) and a stakeholder engagement approach will ensure diverse input on issues the board will consider.	▪ Evidence about board governance and group dynamics shows that: ◗ small boards (e.g. 6 to 9) make more-effective decisions. The proposed size of 12 is a compromise recognizing the need to include both nurse & public on a regulatory board. ◗ a smaller board fosters input from all directors and makes it more comfortable for individual directors to speak up. ◗ "social loafing" occurs with larger boards, meaning not all perspectives are on the table. ◗ regulatory governance is moving away from large, representative elected boards to smaller, competency based appointed boards. ▪ With a small board, an Executive Committee is not needed. Having an Executive Committee is no longer seen as good governance practice ▪ Council members provided feedback, starting with the Cathy Trower review, that ◗ size is an issue in relation to effective discussion. ◗ smaller groups work better [the Task Force believes this is valid experiential evidence]. ◗ they would prefer to discuss issues in small groups as they feel more able to participate in those circumstances [this is not congruent with the legislative requirements for open meetings and the principle of transparency].	**Accountability** ▪ A small board will not require an Executive Committee. ▪ The board will have full accountability for its agenda and decisions. ▪ Every member will be expected to participate. ▪ Individual directors will carry the expectation for personal accountability. **Adaptability** ▪ A small board will enable the group to come together quickly to respond to emerging issues. **Diversity** ▪ Evidence shows that with a small board all members participate and as a result, diversity of perspectives is more likely to be gained.

Components of recommendation	Evidence/rationale	Principles
Composition ▪ The board will have equal numbers of public and nurse members (including at least 1 RN, 1 RPN, 1 NP).	▪ This composition: ◗ is the direction in regulation internationally as it reinforces public confidence that the board is focused on the public and not on professional interests. ◗ reflects the board's commitment to the public interest and confirms the value of nurses' expert input. ◗ is the best compromise between public trust and maintaining professional expertise in regulation (self-regulation). ▪ A board of equal public and nurse members will be seen to be impartial and not controlled by the profession.	**Independence** ▪ A board made up of equal numbers of nurse and public directors will facilitate both professional and public input into governance decisions. **Integrity** ▪ A board made up of equal numbers of nurse and public directors will maintain, and be seen to maintain, its regulatory integrity through its focus on the public interest.
Competency based ▪ Directors will be selected based on having the competencies (knowledge, skills and attitude) needed for the role. ▪ Individual directors will have competencies required: governance, leadership and regulation (protecting the public interest), and analytic, strategic and creative thinking. ▪ Individual directors will have a commitment to the public interest and a passion for nursing regulation. ▪ The board will have the ability to balance innovation and risk.	▪ Literature supports competency-based boards. ▪ A move to competency-based boards is a trend in regulatory governance, as well as in other sectors. ▪ Roles, responsibilities and expectations for boards and directors are rapidly changing and expanding. Directors will need specific competencies to meet these expectations. ▪ Public confidence will be enhanced if skills and competencies on the board are transparent.	**All** ▪ Having all directors with the needed competencies and attributes will support the board to meet all of the principles.

Components of recommendation	Evidence/rationale	Principles
Competency-based application and appointments process ▪ Board, statutory and standing committee members, and board and committee leadership are all appointed by the board based on competencies ▪ A transparent, open appointments process will be developed by the board, including structure and terms of reference of a Nominating Committee (composed of directors and non-directors) that would recommend appointments of board and committee members and of a Governance Committee to recommend the competencies and board and committee leadership. ◗ Attendance at a "boot camp" for individuals interested in applying for appointment will be required. ◗ All applications will be reviewed by the Nominating Committee. ▪ Each year the board will review the criteria for appointment, including addressing any specific needs for the coming years. ▪ The board will identify the needed checks and balances in the process to promote appropriate succession and ensure the needed competencies are in place. ▪ Reappointments to all positions will be based on meeting role expectations as evidenced by director evaluation and peer feedback.	▪ It is not the role of regulatory directors to represent the electorate. However, there is evidence in the regulatory literature that election of members of a regulatory board sets up an inherent conflict and potential misunderstanding of the role among members of the profession who believe they are being represented. The public may also believe that an election means representation and that the nurse members of Council are there to represent nurses and not serve the public. ▪ Appointment allows the board to consider specific needs for the board at a given time and to identify the competencies and backgrounds needed to meet those needs. ▪ Appointment is a way of ensuring diversity of perspectives. ▪ Council has flagged the importance of succession planning: as confirmed in Cathy Trower's report. Election does not support succession planning, while appointment does.	**Competence** ▪ Appointment based on competencies will allow the board to build and maintain a strong, competent group to support evidence-informed, public focused decision-making. **Diversity** ▪ Appointment will allow the board to ensure that it will have the needed diversity of perspectives and skills. **Independence** ▪ An appointed board will be, and be perceived to be, independent of influence by voters, who may be seen to have a professional interest. **Transparency** ▪ Transparency will be supported by ◗ clear and public criteria for appointment ◗ an open process to volunteer to serve ◗ an objective and fair process for reviewing candidates, and ◗ a clear rationale for the selection of directors and leadership, including communication with the individuals who were not selected.

Components of recommendation	Evidence/rationale	Principles
Chair and Vice-Chair ▪ Effective leadership will be characterized by: ◗ The Chair and Vice-Chair having the leadership competencies identified by the board. ◗ Appointment/succession being recommended by the Governance Committee and approved by the board	▪ Selection of board leadership is consistent with competency-based appointment. ▪ Selection of board leaders based on leadership competencies vs professional designation will support strong leadership. ▪ A succession plan will build and maintain strong leadership.	**Accountability** ▪ The board will have accountability for setting the leadership competencies and a succession plan. **Competence** ▪ Selecting the best and most competent leaders will support the board in meeting this principle. **Transparency** ▪ How and why members were appointed as chair and vice-chair will be clear to all members of the board.
Director and board development ▪ Each director will be supported in understanding and meeting their role expectations and accountabilities. ▪ Participation in a "boot camp" (see page 7) during the appointment process will ensure applicants understand the needed competencies and the regulatory and governance roles and commitments. ▪ Orientation and ongoing development will be expected. ▪ Continuous learning will be part of the board culture. Directors will be well supported in informed decision-making ▪ Decision-support materials will be evidence informed. ▪ Staff will provide regulatory expertise, as needed. ▪ Advisory Groups will be constituted by the board to help inform the board on views across the profession and the public.	▪ In assessing Council governance, Cathy Trower recommended strong orientation and ongoing education. ▪ Orientation and ongoing education: ◗ are best practices in governance. ◗ build on the learning from the boot camp prior to appointment to the board. ▪ Ongoing education was identified as a priority in the September 2015 Council workshop on culture. ▪ The board needs knowledge to keep changing and adapting as the expectations and evidence of what is good governance evolves.	**All** ▪ Having all directors with a sound foundation through orientation and ongoing education and the briefing materials needed to support informed decision-making will support all directors in meeting the governance principles.

Components of recommendation	Evidence/rationale	Principles
Evaluation of Board and Directors ▪ Good governance will be recognized as a journey. ◗ The performance bar on the board and individual directors will keep rising. ▪ The board will constantly improve through: ◗ A Governance Committee that will support the board in meeting its commitments to strong governance. ◗ Ongoing meeting, self-evaluation, peer feedback and board evaluation to support continuous improvement. ◗ An evaluation of governance effectiveness by an external expert every 3 years, with the results being publicly available. This will also support continuous improvement and public accountability. ▪ Terms of reference for the Governance Committee will be developed by Council as part of the implementation plan and will include provisions for ongoing board engagement in its processes.	▪ A commitment to governance, championed by the Governance Committee together with the board, and supported by strong evaluative and ongoing improvement processes, will ensure that the board maintains its commitment to leading in regulatory governance. ▪ The board needs to continually improve to meet changing expectations. ▪ The board will identify competencies. ◗ The evaluation processes will measure if specific competencies meet the board's changing needs. ▪ Evaluation will identify gaps, help to identify the Advisory Groups needed, and support succession planning.	**Accountability** ▪ Evaluation will allow the board to measure whether it is meeting its public interest mandate and will allow directors to determine if they are meeting their duties while identifying opportunities for improvement. ▪ An external evaluation will allow the board to report to stakeholders including the Ministry and the public about how it is meeting its accountability for regulating nursing in the public interest. **Competence** ▪ One indicator of the competence principle is: We evaluate our individual and collective knowledge and skills in order to continuously improve our governance performance. **Transparency** ▪ Conducting oral evaluations of board meetings in the open board supports transparency, as does sharing the results of external evaluations.

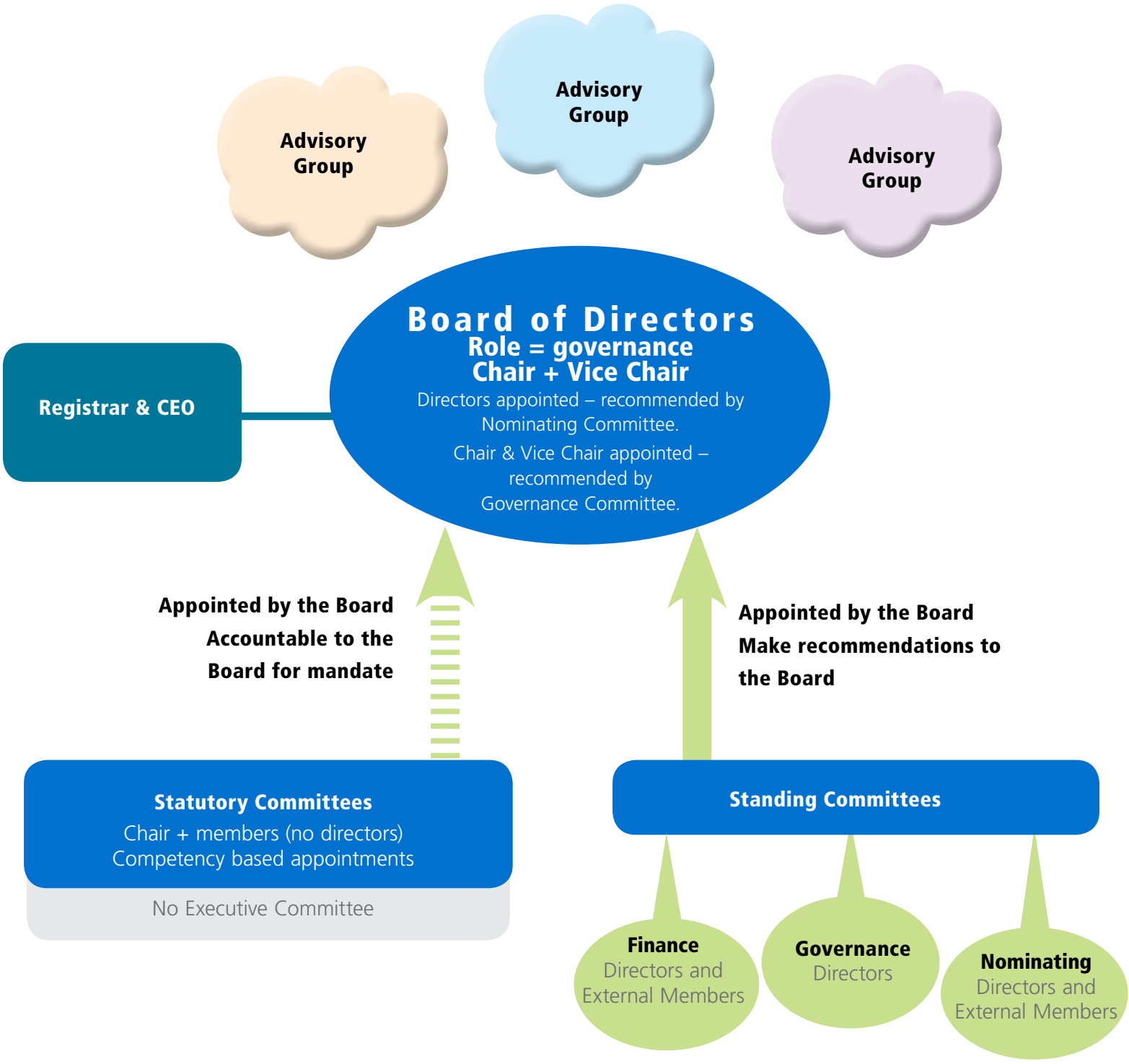
Components of recommendation	Evidence/rationale	Principles
Role clarity of board and statutory committees ▪ The roles, responsibilities, expectations and accountabilities of the board and statutory committees will be clearly stated and differentiated.	▪ Mandates are unique and require different competencies for governance and statutory decision-making. ▪ The board sets policies and the statutory committees apply them with respect to individual members and those seeking to become nurses in Ontario. ▪ Separation of board and statutory committee functions is a trend in regulation in other jurisdictions. ▪ Independence: The group that sets policy should not be making statutory decisions. There is a potential to bring bias and perceptions of bias from the board to statutory committees and vice versa.	**Accountability** ▪ Reporting mechanisms will ensure that statutory committees are accountable to board and public for fulfilling their statutory mandates. **Competence** ▪ Directors and members of statutory committees will be specifically selected through a board-approved process to ensure they have the competencies needed to fulfil their respective roles. **Independence** ▪ Having no directors on statutory committees will enhance the perception of the independence of those committees.

Components of recommendation	Evidence/rationale	Principles
Statutory committees ▪ Statutory committee members will be appointed by the board on the recommendation of the Nominating Committee. ▪ Statutory Committee chairs will be appointed by the board on the recommendation of the Governance Committee. ▪ The board will appoint all statutory committee members and Chairs based on competencies required to fulfil the statutory committees' mandates and on the background needed for the specific committee. ▪ Statutory committees will be composed of non-directors. ▪ Statutory committees will report to the board on their legislated mandates.	▪ The work of statutory committees is different from that of the governing board, and therefore the competencies and attributes needed for these two distinct roles are different. ▪ The board's commitment to excellence in regulation requires having the right person with the right competencies and attributes doing the right work. ▪ With separate board and statutory committee members, individuals can develop expertise in specific roles. ▪ As members will not move back and forth between the detailed statutory committee role and the broad governing board role, there will be no role confusion. ▪ The risk of conflict from being both a board and statutory committee member is eliminated. ▪ Statutory committee members will gain an appreciation for the regulatory mandate, and some may ultimately seek to join the board if they have the needed governance competencies.	**Accountability** ▪ Reporting mechanisms will ensure that statutory committees are accountable to the board and the public for fulfilling their statutory mandates. **Competence** ▪ Members of statutory committees will be specifically selected to have the competencies needed to fulfil their roles. **Independence** ▪ Having no directors on statutory committees will enhance the perception of the independence of those committees from the College.

Components of recommendation	Evidence/rationale	Principles
Standing Committees ▪ There will be two new standing committees: Governance and Nominating ▪ Terms of reference for those committees will be developed by Council and will include provision for ongoing Council input into the work of the committees ▪ The Governance and Nominating committees will have roles in the appointment of directors, committee members and board and committee leadership	▪ It is good practice to pay ongoing attention to governance. A Governance Committee, working with the board, will ensure that attention is paid to changing practices and expectations. ▪ The Governance and Nominating committees will ensure effective, competency based appointments (see appointments on page 6) ▪ The Governance Committee will support evaluation processes (see page 7.)	**Accountability** ▪ Reporting mechanisms will ensure that statutory committees are accountable to the board and the public for fulfilling their statutory mandates. **Competence** ▪ Members of statutory committees will be specifically selected to have the competencies needed to fulfil their roles. **Independence** ▪ Removing directors from statutory committees will enhance the perception of the independence of those committees from the College. **All** Having committees focusing on governance processes will support the board in meeting all governance principles.

Components of recommendation	Evidence/rationale	Principles
Terms of office ▪ Directors: ◗ 3-year term ◗ 2-term maximum ▪ Leadership roles (Chair, Vice-Chair, Committee Chairs: ◗ 1-year term with one possible reappointment ◗ A 1-year term extension on the board is provided for a Chair to serve a second term if the Chair has reached the maximum 6 years of service term on the board ▪ Committee members: ◗ 3-year term ◗ 2-term maximum ▪ Reappointments will be made within term limits and based on meeting role expectations	▪ Terms of office will ensure appropriate transition and succession. ▪ Appointment rather than election ensures that strong directors are retained and those with new perspectives regularly join the board. ▪ Provisions for a 1-year extension for the Chair will provide for maintenance of effective leadership. ▪ Separating statutory committees and governance allows individuals to serve a maximum of four terms on the board and committees (current limit is three terms).	**Competence** ▪ Term limits support bringing needed new competencies and backgrounds to the board. **Diversity** ▪ Regular change allows for new perspectives to be brought to the table.
Funding governance processes ▪ The College will be accountable for funding the governance and statutory processes. ▪ Since all directors and committee members will be required to meet specific competencies and assessed against those competencies: ◗ all directors will receive the same honorarium; and, ◗ all committee members will receive the same honorarium.	▪ There has been feedback from Council that the unequal remuneration of nurse and public directors is unfair. ▪ Equal pay for equal work is a fundamental societal value.	▪ All principles will be supported by having a board where directors feel treated as equals. ▪ Equal compensation will allow the College to draw from a broader pool, including individuals in active employment.

Governance Model



FOUNDATION

Public Interest Mandate • Governance Principles • Evidence Informed • Continuous Improvement

Governance Principles

Council is individually and collectively committed to regulating in the public interest in accordance with the following principles:

Accountability

- We make decisions in the public interest
- We are responsible for our actions and processes
- We meet our legal and fiduciary duties as directors

Adaptability

- We anticipate and respond to changing expectations and emerging trends
- We address emerging risks and opportunities
- We anticipate and embrace opportunities for regulatory and governance innovation

Competence

- We make evidence-informed decisions
- We seek external expertise where needed
- We evaluate our individual and collective knowledge and skills in order to continuously improve our governance performance

Diversity

- Our decisions reflect diverse knowledge, perspectives, experiences and needs
- We seek varied stakeholder input to inform our decisions

Independence

- Our decisions address public interest as our paramount responsibility
- Our decisions are free of bias and special interest perspectives

Integrity

- We participate actively and honestly in decision making through respectful dialogue
- We foster a culture in which we say and do the right thing
- We build trust by acting ethically and following our governance principles

Transparency

- Our processes, decisions and the rationale for our decisions are accessible to the public
- We communicate in a way that allows the public to evaluate the effectiveness of our governance

Governance review milestones

What's been done?	
September 2014	Governance review approved in principle by Council
December 2014	Scope and terms of reference for an evidence and expert informed governance review set by Council.
February 2015	Cathy Trower of Trower and Trower commissioned to undertake a review of current governance and identify opportunities for improvement.
March 2015	Expert Leading in Regulatory Governance Task Force appointed by Council. Council members participate in a survey on the strengths and weaknesses of College governance. Council and staff leaders participate in interviews.
May 2015	Task Force on Leading in Regulatory Governance holds its first meeting. Report on assessment of Council governance provided to the Task Force.
June 2015	Cathy Trower joins Council for its first governance workshop, discussing key findings of her review.
September 2015	Council workshop on culture, possible immediate changes to governance processes – quick wins – identified.
December 2015	Council adopts quick wins recommended by the Task Force
January to April 2016	College staff undertake research to support the review, and prepare : • Literature review • Report on trends in regulatory governance • Survey of regulators re. governance processes
June 2016	Council governance workshop provides input on governance principles and key components of a new governance model: • Council size and composition • How members join Council • Leadership and • Statutory committees
September 2016	Council approved the Governance Principles (attached) Council provided feedback on governance model recommendations
What's next	
December 2016	Final report and recommendations of the Leading in Regulatory Governance Task Force

[2] Cathy Trower's summary of the Council survey and final report are in the Governance folder on the Council portal.

[3] These reference documents and all Task Force reports are in the Governance folder on the Council portal.

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario

THE STANDARD OF CARE.

101 Davenport Rd.
Toronto, ON
M5R 3P1
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Tel.: 416 928-0900
Toll-free: 1 800 387-5526
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DEC 2016
2016-134

Appendix 2: AGRE Member Regulators - Council Composition

Councils: AGRE Member Regulators - Council Composition					
Ontario College (s. re. Council)	**Required in legislation**		**Additional requirements**	**Current - January 2017**	
	Professional	**Public**		**Professional**	**Public**
College of Nurses (s. 9(1) of the *Nursing Act)*	21*	14-18	*14 RNs and 7 RPNs	21	15
	Total: 35 - 39			Total: 36	
College of Optometrists (s. 6.(1) of the Optometry Act).	10 (9 + 1*)	7	*selected from faculty of School of Optometry	10	7 (1 resigning)
	Total: 17			Total: 17	
College of Physicians and Surgeons (s.6(1) of the Medicine Act)	19 (16 + 3*)	13 - 15	*16 elected and 6 appointed from faculties of medicine *3 appointed from faculties of medicine are voting members	22	12 (3 vacancies)
	Total: 32 - 34			Total: 34	
College of Physiotherapists (s. 6(1) of the Physiotherapy Act.	8 - 10 (7-8 + 1-2*)	5 - 7	7-8 elected members + 1-2 selected from physiotherapy faculty members	8 elected + 2 faculty members	7
	Total: 13 - 17			Total: 17	
College of Pharmacists (s.7(1) of the Pharmacy Act)	11 - 19*	9 - 16	*9 - 17 elected members, of which 2-4 must be pharmacy techs; Deans of 2 ON Schools of Pharmacy	16	12
	Total: 20 - 35			Total: 28	
Royal College of Dental Surgeons (s. 6. (1) of the Dentistry Act)	12 - 14* (10 - 12 + 2)	9 - 11	*10 - 12 elected members + 2 selected from dentistry faculty	14	10
	Total: 21 - 25			24	

Ministry of Health and Long-Term Care

Office of the Deputy Minister

Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto ON M7A 1R3
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Ministère de la Santé et des Soins de longue durée

Bureau du sous-ministre

Édifice Hepburn, 10e étage
80, rue Grosvenor
Toronto ON M7A 1R3
Tél. : 416 327-4300
Téléc. : 416 326-1570

Ontario

October 18, 2018

MEMORANDUM TO: Health Sector Partners

FROM: **Helen Angus**
Deputy Minister
Ministry of Health and Long-Term Care

RE: Ministry Realignment

We are all committed to a patient-centred health care system that is effective and efficient and delivers high quality care for patients. Many of you are rethinking your care pathways and processes to put the patient at the centre of your organization. I believe there is great value in the ministry also organizing itself in a way that better reflects how the health system is organized, making it easier for you and patients to interact with us.

I want you to be aware of some structural changes announced today that will clarify and simplify lines of accountability and allow our organization to be more nimble and outcome focused by:

- Aligning acute and emergency services, bringing hospitals, provincial programs and emergency services together;
- Bringing together community and mental health and addictions services, including integrating youth mental health services;
- Ensuring end-to-end planning and implementation for long-term care homes;
- Integrating capital, workforce and system capacity planning;
- Aligning the Chief Medical Officer of Health with population and public health oversight;
- Combining public drug programs and assistive devices;
- Better connecting the Provincial Chief Nursing Officer with policy to provide strategic clinical nursing expertise on a broad range of health care policy and transformation initiatives. Aligning our policy, research, and innovation work to ensure patient-focused outcomes; and
- Centralizing the responsibilities for LHIN-managed health services under an Associate aligned with key capacity, workforce and planning functions allowing for end-to-end management of health services for better outcomes and improved integration.

Associate Deputy Minister, Health Services (renamed from Delivery and Implementation) Melanie Fraser, who recently joined our ministry, will have the following divisions reporting to her:

- **Acute and Emergency Services** led by Melissa Farrell, Assistant Deputy Minister, including hospitals, quality improvement, provincial programs and emergency health services.
- **Capacity Planning and Capital** led by Michael Hillmer, Assistant Deputy Minister on an interim basis, including health capital investment, capacity planning, health workforce planning and regulatory affairs.
- **Community, Mental Health and Addictions and French Language Services** led by Tim Hadwen, Assistant Deputy Minister, including local health planning and delivery, primary care and home care, as well as child, youth, forensic and justice mental health services. Transfer of programs from the Ministry of Children, Community and Social Services will be effective October 29.
- **Long-Term Care Homes,** led by Brian Pollard, Assistant Deputy Minister, including long-term care home renewal.

Divisions now reporting directly to me as the Deputy Minister include:

1. **Drugs and Devices,** led by Suzanne McGurn, Assistant Deputy Minister, including assistive devices.
2. **Ontario Health Insurance Plan**, led by Lynn Guerriero, Assistant Deputy Minister, including claims services.
3. **Chief Medical Officer of Health and Population and Public Health,** led by Dr. David Williams, including all population and public health programs and services.
4. **Strategic Policy and Planning**, led by Patrick Dicerni, Assistant Deputy Minister, including the Provincial Chief Nursing Officer, health workforce regulatory oversight, and health innovation to embed innovation earlier in the development of our strategic direction.
5. **Corporate Services,** led by Peter Kaftarian, CAO, on an interim basis.
6. **Secretariat for Ending Hallway Medicine,** led by Fredrika Scarth, Director.
7. **Associate Deputy Minister and Chief Information Officer,** led by Lorelle Taylor, Associate Deputy Minister and Chief Information Officer.
8. **Communications and Marketing,** led by Jean-Claude Camus, Assistant Deputy Minister.

As we transition, Sharon Lee Smith, Denise Cole and Roselle Martino will stay on with the ministry on assignments to support priority areas. Sharon Lee will lead the ministry Indigenous engagement efforts ensuring there is stability in our key relationships and addressing any critical issues. Denise will lead the ministry in setting up an expedited review of legislation and regulation to identify impediments to more effective and efficient operations of the health system and the ministry in its oversight role. Roselle will continue to advise on the opioid strategy.

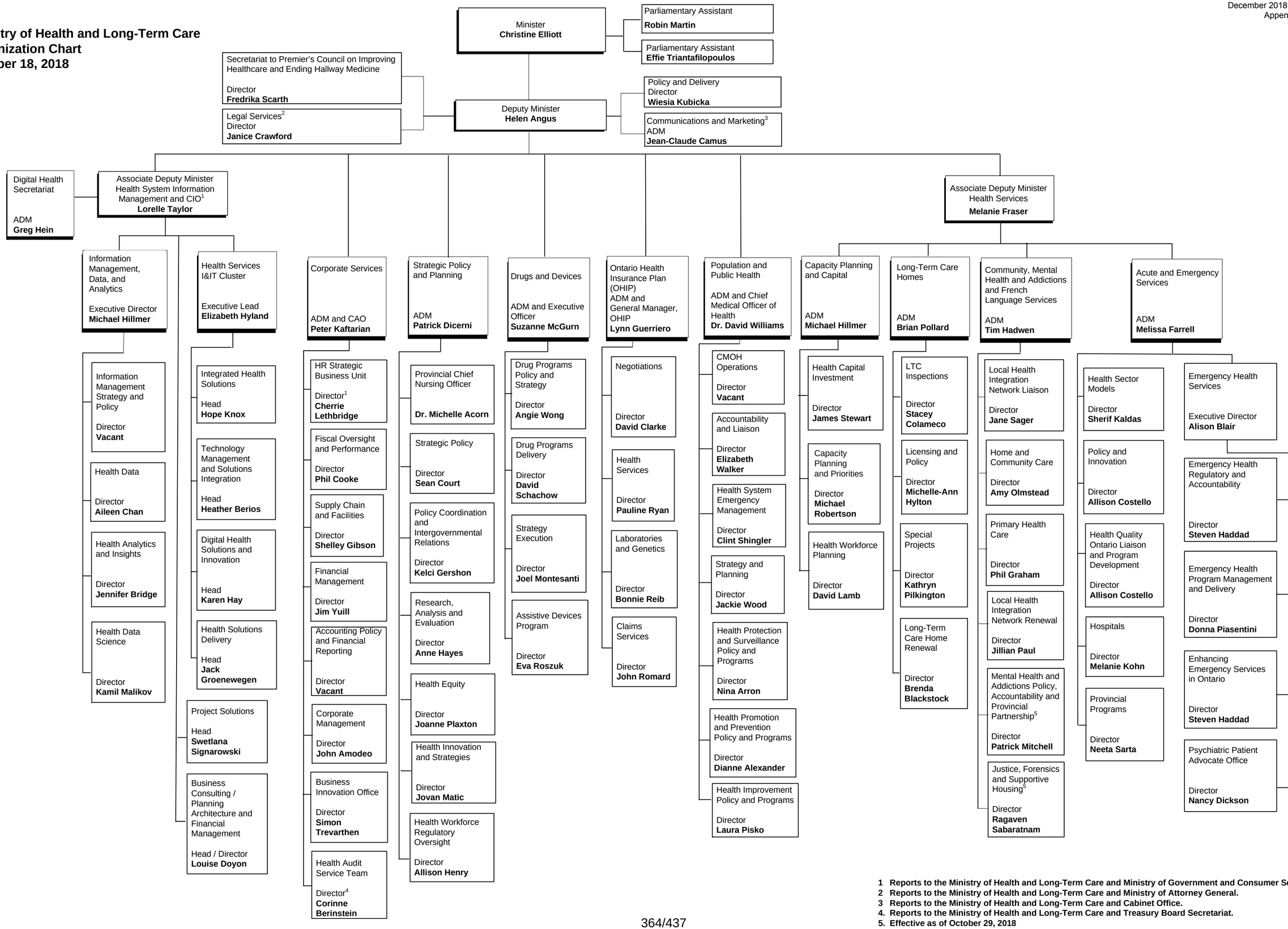
Included in this email is a link to our new organizational chart.

I would like to take this opportunity to thank you in advance for your partnership and collaboration. Today's announcement will ensure we are ready to work with you on the challenges and opportunities ahead.

Sincerely,

Helen Angus

Ministry of Health and Long-Term Care
Organization Chart
October 18, 2018



1 **Reports to the Ministry of Health and Long-Term Care and Ministry of Government and Consumer Services.**
2 **Reports to the Ministry of Health and Long-Term Care and Ministry of Attorney General.**
3 **Reports to the Ministry of Health and Long-Term Care and Cabinet Office.**
4. **Reports to the Ministry of Health and Long-Term Care and Treasury Board Secretariat.**
5. **Effective as of October 29, 2018**

Attachment 4

AGRE
ADVISORY GROUP FOR REGULATORY EXCELLENCE

- College of Nurses of Ontario
- College of Physicians and Surgeons of Ontario
- College of Physiotherapists of Ontario
- College of Optometrists of Ontario
- Ontario College of Pharmacists
- Royal College of Dental Surgeons of Ontario

November 7, 2018

Hon. Christine Elliott, Minister
Ministry of Health and Long-Term Care
Hepburn Block – 10th Fl
80 Grosvenor St
Toronto ON M7A 2C4

Dear Minister Elliott: Christine

Re: Governance Modernization

The Advisory Group for Regulatory Excellence (AGRE) has been working on various proposals to modernize the governance structures of health regulatory bodies in Ontario. We feel this work is aligned with the government's previous work in this area and its current commitment to streamlining processes and structures. We would like to meet with you or your staff to discuss our work and how to move forward with improvements to health regulatory governance in Ontario.

AGRE was formed in 2012 by the Registrars of colleges with a long history of self-regulation and shared expertise in the regulation of professions with scopes of practice that pose significant risk of harm to the public – College of Nurses of Ontario, College of Physicians and Surgeons of Ontario, Royal College of Dental Surgeons of Ontario and the Ontario College of Pharmacists. The Colleges of Physiotherapists and Optometrists later joined the other four as founding members of AGRE.

These regulatory leaders identified both an opportunity and an obligation to demonstrate leadership in strengthening current regulatory mechanisms. AGRE's goal is to identify opportunities and make policy recommendations which will strengthen public confidence in self-regulation.

AGRE took the lead on developing an innovative approach to increasing transparency of regulatory information in the public interest. The work done by AGRE was ultimately incorporated into the *Protecting Patients Act, 2017.*

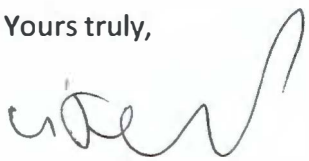
AGRE has been considering the issue of governance modernization in the public interest for some time, and all AGRE councils are looking at governance issues, although they are at different stages of discussion.

AGRE is following the CNO's Governance Vision 2020 proposal with keen interest. The recommendations in that proposal are consistent with discussions that have occurred at AGRE, particularly those concerning reducing council size, separation of council and committee functions, equal representation of public and professional members on councils and competency-based selection.

Consistent with its role, AGRE is using its regulatory expertise to develop options for a Council and committee selection process that is both competency-based and consistent for public and professional members. These options could include consideration of a joint appointments committee or an interim hybrid appointments and elections process.

AGRE looks forward to discussing this work with the Minister or Ministry staff as it progresses. I can be contacted at RCDSO by email at IFefergrad@rcdso.org or phone at 416-934-5625.

Yours truly,



Irwin Fefergrad, Chair
AGRE Registrars Group

cc. Deputy Minister Helen Angus
Assistant Deputy Minister Patrick Dicerni
Assistant Deputy Minister Denise Cole
Director Allison Henry
Manager (Acting) Thomas Custers
Policy Analyst Tara Breckenridge
AGRE Member Registrars

Ontario College of Pharmacists
Putting patients first since 1871

BOARD BRIEFING NOTE
MEETING DATE: MARCH 2022

FOR DECISION	FOR INFORMATION X

INITIATED BY: Executive Leadership Team

TOPIC: Governance Reform and Regulatory Modernization Consultation

ISSUE: Informing the Board of the College's response to the request for feedback on proposed governance reform and regulatory modernization.

PUBLIC INTEREST RATIONALE: Regular review and modernization of the legal framework that underlays the regulation and oversight of health professions is critical to ensure that regulators' structures and activities effectively evolve with societal expectations and maintain public trust. Open collaboration and engagement with the Ministry and other regulatory partners and stakeholders on regulatory frameworks is necessary to ensure the reforms are workable and ultimately result in increased confidence in professional regulation by the public.

BACKGROUND:

- Since 2017, Ontario's health regulatory colleges have expressed interest in governance reform to increase efficiency and responsiveness and align with best practices in health regulation around the globe. Our College has made submissions in support of proposed legislation that would bring about reform on several occasions, the most recent being in June 2021. (Attachment 1)

- In the fall of 2021, as part of the Government's Red Tape Reduction initiative, the government signaled their intention to consult on proposed governance reforms as well as the intention to designate colleges as public service agencies under the French Language Services Act.

- On January 26, 2022, the Ministry sought insights and feedback on reforms that the Ministry was considering for government approval through the Health Regulatory Professions of Ontario (HPRO). In addition to the previously communicated governance reforms and inclusion as a public service agency under the French Language Services Act, the consultation introduced regulatory modernization through new oversight authorities. The first of these is oversight of financial management and value for money by the Auditor General and the second relates to the Patient Ombudsman reviewing complaints and discipline decision-making processes. Additionally the Ministry proposed some registration related changes, which the Ontario Fairness Commissioner had previously noted as barriers to fair registration practices. Feedback on the proposed changes was requested by February 23rd, 2022. (Attachment 2)

- HPRO commissioned a legal review of the proposed changes and convened a meeting of members to consider the reactions of the colleges in preparation for a meeting between HPRO and Ministry representatives on February 8th, 2022 at which the colleges would have the opportunity to seek clarification on the proposed reforms. Following the meeting, HPRO submitted a letter to the Ministry in response to the request for consultation. (Attachment 3)

- The College, guided by previous decisions of the Board and insights of external counsel and the College's leadership team, submitted a letter to the Ministry on February 23rd, 2022 offering feedback on the reforms proposed and the potential impacts to the College. (Attachment 4)

ANALYSIS:

Governance Reform

The College was pleased to see that the proposed governance reforms are reflective of the Board's feedback to the earlier consultation in June 2021 and in alignment with the governance changes already implemented by the College. The College is in support of the proposed changes to the legislation. However, the College emphasized the need for regulations on committee composition to be in place to effect separation of Board and committee membership prior to enactment of the proposed reforms, and that clear expectations for transition be articulated to ensure continuity of committee and panel decision-making. Similarly, the College supports competency-based selection for both Board and Committee members but believe that the competencies used to assess Board members should be applied equally to public and professional members.

Regulatory Modernization

The proposal of three new oversight mechanisms: the Auditor General to oversee the Colleges' financial management, the proposal to have the Colleges designated as public service agencies under the French Language Services Act, and the provision to allow the Patient Ombudsman to review complaints and discipline decision-making processes was new to the College. The response from both HPRO and the College articulate our willingness to participate in enhanced streamlined oversight of the Colleges, and highlight the need for more discussion regarding the oversight mechanisms being proposed. As with HPRO, the College feels discussion is required regarding the goals of the new oversight mechanisms, and introduction of the mechanisms themselves should be held in abeyance to allow governance reform, housekeeping changes, and the CPMF to have the opportunity to achieve their desired outcomes. In its letter to the Ministry, the College provided additional feedback around the possibility of duplicative or conflicting oversight efforts that may serve to divert College resources from the core mandate work.

Registration

Most of the proposed changes to reduce barriers to registration were not new to the College, as the Ontario Fairness Commissioner has consistently expressed concern about these practices in the past, and most regulators, including the College, have addressed them under the requirements of the Fair Access to Regulated Professions legislation. The Ontario Human Rights Commission has also supported removal of Canadian work experience requirements in policy for several years, which in part, triggered the College's shift from the structured practical training program to the existing assessment of competence at entry to practice. The proposal to standardize requirements for demonstration of language proficiency is a newer concept, introduced by the Ontario Fairness Commissioner in recent consultations, and while the College supports standardization, our response noted the importance of considering the potential for inconsistency with national language proficiency requirements, which could impact the ease of labour mobility.

NEXT STEPS:

The College will monitor the issue and respond as required.

June 30, 2021

Mr. Sean Court
Assistant Deputy Minister, Strategic Policy, Planning & French Language Services Division
Ministry of Health
438 University Avenue, 10th Floor
Toronto, ON M7A 2A5

Dear ADM Court:

Re: Support for governance modernization and reform

Further to your letter and request of June 8, 2021 to provide input to the Ministry's engagement on governance reform, we are pleased to advise that the Ontario College of Pharmacists (OCP) continues to fully support the Ministry's efforts on governance modernization and reform as it relates to the *Regulated Health Professions Act, 1991* (RHPA).

In January 2019, the OCP informed Minister Elliott of our support, in alignment with the work of the College of Nurses of Ontario (CNO) and the Advisory Group for Regulatory Excellence (AGRE).

While the OCP continues to support our previously suggested amendments to the *Regulated Health Professions Act, 1991*, the *Health Professions Procedural Code*, and the *Pharmacy Act, 1991*, and regulations thereunder to enable adoption of a governance renewal framework, we have suggested additional amendments further to our Board meeting of June 24, 2021. These amendments, if approved, will result in burden reduction, increased efficiency of College operations and enable timely response to emerging needs.

In addition, in early 2018 the OCP submitted proposed amendments to our Quality Assurance and Registration regulations which, in addition to promoting patient safety by including pharmacy technicians in the mandatory Quality Assurance program, also served to reduce regulatory burden by eliminating redundancy in regulation through the elimination of student registration certificates and shifting to outcome based language throughout. These regulations have yet to be approved by government and are noted here as they will further support burden reduction once implemented.

Please note that the OCP has also taken incremental steps to achieve reform within the current legislative framework. Where flexibility exists, the OCP has moved forward to reduce the size of Council (now Board), balanced public and professional Directors, separated Board and Committee membership (with the exception of the Discipline Committee) and moved to competence-based elections. Due to the limitations of current legislation, these incremental steps do not fully align with governance best practice. Legislative change therefore will strengthen the ability to achieve governance reform.

As any recommendations move forward in a burden reduction bill in the fall, it is of the utmost importance that the Government implement changes in a stepwise and gradual manner to minimize disruption, address any potential unforeseen considerations, and allow the Colleges the time to adjust the necessary processes to ensure success. In addition, the OCP strongly recommends that changes to reduce Board size and separate Board from statutory committees must be implemented together. Reducing Board size without separation will result in negative impact on the work of the statutory committees and the ability of the regulatory Colleges to deliver on their mandate. The OCP also recommends that the Government consider opportunities to continue to support the Colleges in ensuring the public voice is maintained on all of the statutory committees. The public voice is critical to the work of the Colleges.

Finally, further to our letter of February 4, 2019, the OCP requests a name change to “Ontario College of Pharmacy.” The name change will more appropriately reflect the College’s role as the regulator of pharmacists, pharmacy technicians and pharmacies in Ontario.

The attached chart outlines the OCP position on previously proposed amendments of the legislation and/or regulations to support key governance reforms as well as further suggested changes.

Please do not hesitate to contact us if you have any questions. The Ontario College of Pharmacists welcomes the opportunity to be consulted as you move forward with burden reduction, governance reform and improving oversight of the health profession.

Yours sincerely,

Nancy Lum-Wilson
Registrar and C.E.O.
Ontario College of Pharmacists
416-962-4861 ext. 2240

Billy Cheung
Chair of the Board
Ontario College of Pharmacists

Encl. (3)

c. Allison Henry, Director of Health Workforce Regulatory Oversight

Proposed Future State	OCP Current State (2021)	Rationale for the Change and Considerations	Relevant Legislation
1. Reduction in Council/Board size to 8 – 12 Directors. Eliminate Executive Committee. *This must be implemented in conjunction with the full separation of the Council/Board from Statutory Committees (see #3 below).*	9 Elected Professional Directors 9 Appointed Public Directors 2 Academic Directors (achieved through by-laws)	Smaller Boards of Directors have been shown to communicate better, benefit from fuller participation of all Directors, and make decisions faster and more effectively. Alignment with the size of the Board of the new Health and Supportive Care Providers Oversight Authority consists of 8 – 12 Directors (*Bill 283, Advancing Oversight and Planning in Ontario's Health System Act, 2021*). Smaller Board size would obviate the need for an Executive Committee. OCP and all colleges should be recruiting to the maximum number of 12. The range of 8 – 12 is recommended to ensure that the Board remains constituted regardless of temporary vacancies.	RHPA *Pharmacy Act, 1991*
2. Equal number of professional and public members (6:6). Eliminate Academic appointments.	*The Pharmacy Act, 1991* requires that Council/Board is composed of: - Between 9 and 17 pharmacy professionals (15 Pharmacists, 2 Pharmacy Technicians) - 2 Deans from each Faculty of Pharmacy in Ontario; plus - Between 9 and 16 members of the public	Eliminating the professional majority on the College's Board increases the Board's independence from the profession, maintains focus on the public interest, and enhances public trust in the College. Legislating Academic Directors as additional voting members maintains the professional majority and perpetuates the view that Board members represent constituents, in conflict with the OCP's focus on the public interest. Pharmacy Technician colleges are not appointed to the OCP Board but are continually engaged. Additional French School of Pharmacy proposed at University of Ottawa for 2023, which, if approved, will further perpetuate the inequity of academic appointments between the two professions regulated by the OCP. Canadian Council for Accreditation of Pharmacy Programs (CCAP) ensures alignment between the OCP and the academic centres through the accreditation process.	RHPA *Pharmacy Act, 1991*

Proposed Future State	OCP Current State (2021)	Rationale for the Change and Considerations	Relevant Legislation
3. Full Separation between Council/ Board and statutory committees. Change the legislation to remove Council/Board members from statutory and all other committees. Substitute with lay public and professional appointees.	The RHPA requires that Panels of the following statutory committees currently must include Council/Board members: - Registration Committee - 1 public member of Council - Inquiries, Complaints, and Reports Committee - 1 public member of Council - Discipline Committee - 2 public members of Council and 1 elected member of Council - Fitness to Practice Committee - 1 public member of Council	Eliminating the overlap in membership between the Board of Directors and the statutory committees of the College recognizes that the work of the Board and of each committee is different and requires people with specific knowledge, skills, and experience to carry it out. Allows for greater delineation of strategic and risk oversight roles of Board and operational and adjudicative functions of statutory committees, and promotes independence of those functions. Previous amendments not yet in force provide that the composition of committees and panels shall be in accordance with regulations made by the Minister of Health and Long-Term Care. These regulations are needed to support reducing Council size as populating the committees with Council members necessitates a certain number of Council members.	RHPA (with amended regulations) *Pharmacy Act, 1991*

Proposed Future State	Current State	Rationale for the Change and Considerations	Relevant Legislation
4. Competency Based Board. Maintain elections per by-laws and public appointments by the Lieutenant Governor in Council. Align competencies for all Directors, whether professional or appointed. Recommendations for appointments and those who stand for elections should be made through a fair, transparent, and independent process. Strengthen the regulation or by-law making provisions to require competency-based screening criteria for nominating eligibility.[1]	Pharmacy professional Board members are elected by their peers in accordance with the College's by-laws. Public Council members are appointed by the Lieutenant Governor in Council. Elections based on competencies required for the role. Members are screened by an independent, neutral third party.	Governance trends and literature support competency based Boards. Having all Board members with the needed competencies and attributes will support the Board to deliver on its mandate. Competency-based selection ensures the Board has the right mix of knowledge, skills, experience, and attributes to make evidence-informed decisions in the public interest.	RHPA *Pharmacy Act, 1991*

[1] *Regulated Health Professionals Act, 1991,* By-laws Section 94 (1) The Council may make by-laws relating to the administrative and internal affairs of the College and, without limiting the generality of the foregoing, the Council may make by-laws, (d.2) respecting the qualification and terms of office of Council members who are elected; (h.2) providing for the composition of committees; (h.4) and governing the removal of disqualified committee members. https://www.ontario.ca/laws/statute/91r18

Proposed Future State	Current State	Rationale for the Change and Considerations	Relevant Legislation
5. Nomenclature change in the RHPA From “Council” to “Board” From “Members” to “Registrants”	OCP by-laws have updated nomenclature to “Board” and “Registrants.”	Clarity of the role of the OCP as a regulating and licensing body rather than an association.	RHPA *Pharmacy Act, 1991*
6. Flexibility to determine whether or not an investigation is required for complaints.	The RHPA requires that all complaints “shall” be investigated.	The OCP is moving to an outcomes focus in regulating and in alignment with risk-based and right touch regulation, resources can be directed to complaints with the highest risk, relieving pressure on scarce investigation and prosecution resources. Other regulatory bodies (The Law Society of Ontario) have the flexibility to determine whether an investigation is warranted based on risk.	RHPA
7. Amended Quality Assurance (QA) and Registration regulations to eliminate student class of registration and introduce outcome based requirements.	The RHPA includes provisions for students to practice to scope. Enabling changes have been made in the *Drug and Pharmacies Regulation Act* (DPRA) to align with the RHPA.	Registration of pharmacy students is redundant given the RHPA provisions to allow for practice to scope within the education program. Other health professions in Ontario do not register students, but the DPRA required student registration in pharmacy. The enabling DPRA changes to eliminate student registration were approved in 2018. The proposed amendments to the Registration and QA regulation focus on outcomes, allowing non-material changes resulting from new processes or technologies (e.g. written exams to computer based exams) to be managed in policy rather than regulation.	RHPA DPRA

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

January 28, 2019

The Honourable Christine Elliott, M.P.P.
Minister of Health and Long-Term Care and Deputy Premier of Ontario
Hepburn Block, 10th Floor, 80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Elliott:

Re: Support for governance modernization and reform

The Ontario College of Pharmacists (OCP) fully supports governance modernization and reform. We have reviewed the College of Nurses of Ontario's (CNO) submission to you dated January 8, 2019, regarding its vision for modernizing regulatory governance in Ontario. Our College shares the view that action is required to implement governance reform and shares the spirit and intent of the CNO vision aimed at enhancing public trust. Furthermore, we believe that moving in tandem with other Colleges in the Advisory Group for Regulatory Excellence (AGRE) and the government is the best way forward.

The College supports amendments to the *Regulated Health Professions Act, 1991*, the *Health Professions Procedural Code*, and the *Pharmacy Act, 1991*, and regulations thereunder to enable adoption of a governance renewal framework. Informed by literature on best practice in governance, the OCP Council specifically supports legislative amendments to reduce the size of Council, adjust the composition of Council to reflect equal representation of public members, separation of Council and statutory committees, and competency-based Council selection. The attached chart outlines where legislation and/or regulations are required to implement these key governance reforms.

In addition, the College is taking incremental steps to achieve reform within the current legislative framework. Where flexibility exists, the College is examining opportunities to modernize its governance structures and practice. For example, our College is in a unique position in that provisions in the *Pharmacy Act, 1991*, allow us to reduce the size of Council, although not to the extent required to achieve best practice. Legislative change therefore will strengthen the ability to achieve governance reform.

Please do not hesitate to contact us if you have any questions. Our College would welcome the opportunity to be consulted as you move forward with governance reform and improving oversight of the health profession.

Yours sincerely,

Nancy Lum-Wilson
Registrar and C.E.O.
Ontario College of Pharmacists
416-962-4861 ext. 2240

Laura Weyland
Council President
Ontario College of Pharmacists

CC: Helen Angus, Deputy Minister of Health and Long-Term Care
Patrick Dicerni, Assistant Deputy Minister of Strategic Policy and Planning
Allison Henry, Director of Health Workforce Regulatory Oversight

Current State	Proposed Future State	Rationale for the Change (based on literature and international trends)	Relevant Legislation
Size, Composition, and Function of Board of Directors (Council)			
Size:20 - 35 Council members[i]	Smaller board	Smaller boards of directors have been shown to communicate better, benefit from fuller participation of all directors, and make decisions faster and more effectively.	RHPA *Pharmacy Act, 1991*
Council is composed of: • Between 9 and 17 pharmacy professionals (15 Pharmacists, 2 Pharmacy Technicians) • 2 Deans from each Faculty of Pharmacy in Ontario; plus • Between 9 and 16 members of the public (currently 12 public members appointments)	Equal number of professional and public members	Eliminating the professional majority on the College's Board increases the Board's independence from the profession, maintains focus on the public interest, and enhances public trust in the College. However, professional expertise in regulation is maintained.	RHPA *Pharmacy Act, 1991*

Current State	Proposed Future State	Reason for the Change (based on literature and international trends)	Relevant Legislation
Composition of Statutory Committees			
Committees/Panels of the following statutory committees currently must include Council members: • Registration Committee - 1 public member of council • Inquiries, Complaints, and Reports Committee - 1 public member of council • Discipline Committee - 2 public members of council and 1 elected member of Council • Fitness to Practice Committee - 1 public member of Council • Accreditation Committee – 1 public member of council Amendments not yet in force provide that the composition of committees and panels shall be in accordance with regulations made by the Minister of Health and Long-Term Care.	Directors on the Board do not sit on statutory committees.	Eliminating the overlap in membership between the Board of Directors and the statutory committees of the College recognizes that the work of the Board and of each committee is different and requires people with specific knowledge, skills, and experience to carry it out.	*RHPA* (with amended regulations) *Pharmacy Act, 1991*

Current State	Proposed Future State	Reason for the Change (based on literature and international trends)	Relevant Legislation
Procedures for Board of Directors			
Pharmacy professional Council members are elected by their peers in accordance with the College's by- laws.	All directors are appointed on the recommendation of an independent, unbiased nominating process (including representation of governance professionals, health professionals and government).	Pharmacy professional directors are to be appointed rather than elected because the election of College registrants to the Board creates the risk and the perception that registrant directors represent the profession rather than the public interest.	RHPA *Pharmacy Act, 1991*
Public Council members are appointed by the Lieutenant Governor in Council.	Appointments are based on the competencies required for the role. Should elections remain, strengthen the regulation or by-law making provisions to require competency-based screening criteria for nominating eligibility.[ii]	Competency-based selection ensures the Board has the right mix of knowledge, skills, experience, and attributes to make evidence-informed decisions in the public interest.	RHPA *Pharmacy Act, 1991*

[i] *Pharmacy Act, 1991*, Council 7 (1) The Council shall be composed of, (a) at least nine and no more than 17 persons who are members elected in accordance with the by-laws at least two and no more than four of whom must hold a certificate of registration as a pharmacy technician;(b) at least nine and no more than sixteen persons appointed by the Lieutenant Governor in Council who are not, (i) members, (ii) members of a College as defined in the *Regulated Health Professions Act, 1991*, or (iii) members of a Council as defined in the *Regulated Health Professions Act, 1991*; and(c) the dean of each faculty of pharmacy of the universities in Ontario. 1991, c. 36, s. 7 (1); 1998, c. 18, Sched. G, s. 41 (1); 2007, c. 10, Sched. B, s. 18 (1).

[ii] *Regulated Health Professionals Act, 1991,* By-laws Section 94 (1) The Council may make by-laws relating to the administrative and internal affairs of the College and, without limiting the generality of the foregoing, the Council may make by-laws, (d.2) respecting the qualification and terms of office of Council members who are elected; and governing the removal of disqualified committee members;
(h.2) providing for the composition of committees; (h.2) providing for the composition of committees.

January 8, 2019

By E-mail

The Honourable Christine Elliott, M.P.P.
Minister of Health and Long-Term Care and Deputy Premier of Ontario
Hepburn Block, 10th Floor, 80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister:

Re: College of Nurses of Ontario Vision 2020

Thank you for meeting with me on July 30, 2018, to discuss how the College of Nurses of Ontario can continue to collaborate with the Ministry of Health and Long-Term Care. As we discussed, the College has a bold, innovative vision for its future governance, called Vision 2020. By implementing Vision 2020 and improving how the College is governed, we will strengthen our protection of the public and enhance public trust in nursing regulation. These outcomes align with the Ministry's goal of improving healthcare for the people of Ontario.

Our vision has sparked a movement; regulators in a variety of sectors have embarked on their own governance reviews and reforms in response.

To develop the vision, the College struck an independent, expert task force that

- evaluated our current governance model;
- reviewed extensive academic literature on regulatory and non-profit governance;
- surveyed other regulators in Ontario, Canada, and internationally about their governance;
- studied emerging global trends and best practices in regulatory governance; and
- crafted common-sense, evidence-based reforms to modernize the College's governance structure.

Vision 2020 is unique because it is based on this comprehensive, unbiased review of the evidence and best practice, without compromise. The attached infographic illustrates Vision 2020, and the following features are at its core:

- The College will be governed by a small, competent Board of Directors composed of an equal partnership of 6 members of the public and 6 nurses. This is professional regulation in partnership with the public, in which the Board will focus exclusively on the public interest, while retaining professional expertise in regulation.
- The more efficiently-sized Board will be supported by advisory groups that add diversity of perspective and further public input to its deliberations and decision-making.

- All directors will be appointed to the Board, rather than elected, based on the competencies required for strategic leadership.
- All directors will be remunerated by the College. These measures will shift the burden and costs of professional regulation – currently borne by the Ontario government and taxpayer – to the College.

The College has begun to implement elements of Vision 2020 that do not require legislative change. For example, in June 2018, the College joined a public advisory group collaboratively administered by 13 Ontario health regulators. The College has also piloted competency-based appointments for nurses applying to statutory committees for 2019.

However, greater public protection and public trust can only be achieved with legislative change. The College needs the government's assistance to implement the key elements of Vision 2020 that require amendments to the *Regulated Health Professions Act, 1991,* the Health Professions Procedural Code, the *Nursing Act, 1991,* and regulations thereunder. The attached chart outlines the changes proposed by Vision 2020 and relevant legislation.

Now is the time to reform regulatory governance in Ontario. A recent McMaster Health Forum report, *Modernizing the Oversight of the Health Workforce in Ontario*, emphasized the public's changing expectations of health regulators: they rightly expect us to adapt to the evolving landscape in society and in healthcare. The report further highlighted regulatory colleges' failure to integrate good-governance practices into their frameworks. The College has received overwhelmingly positive feedback on its efforts to review and reform its governance from other stakeholders in the system, with other regulators expressing interest in learning from the extensive groundwork laid by the College. The Federation of Health Regulatory Colleges of Ontario has followed the College's governance work closely, which has sparked discussion and forward thinking across its members. Moreover, a recent independent review of the Ontario College of Teachers' governance has made recommendations that mirror Vision 2020.

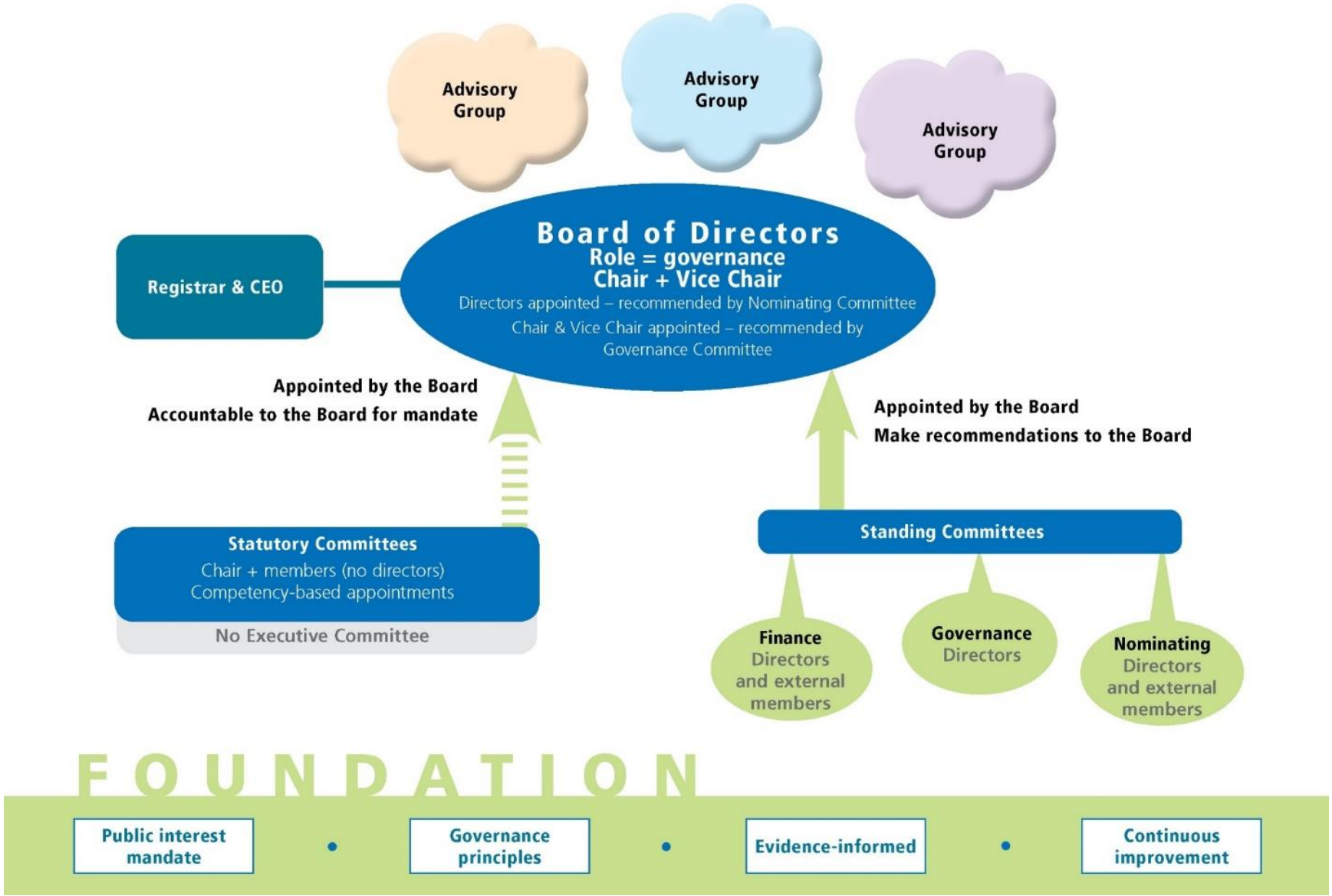
The College looks forward to working with you and Ministry staff towards the common goal of improving the oversight of the health professions. Governance reform is a key step in that process, and now is the time to take that step. We are meeting with your Assistant Deputy Minister Patrick Dicerni to identify the legislative window and process for implementing the vision. We would be pleased to hear from you if you have any questions or comments.

Sincerely,

Anne L. Coghlan, RN, MScN
Executive Director and CEO

Enclosures: Vision 2020 Governance Model (1 page)
Chart re: Governance Reform (4 pages)

cc: Helen Angus, Deputy Minister of Health and Long-Term Care
Patrick Dicerni, Assistant Deputy Minister of Strategic Policy and Planning
Allison Henry, Director of Health Workforce Regulatory Oversight


Advisory Group
Advisory Group
Advisory Group
Board of Directors
Role = governance
Chair + Vice Chair
Directors appointed – recommended by Nominating Committee
Chair & Vice Chair appointed – recommended by Governance Committee
Registrar & CEO
Appointed by the Board
Accountable to the Board for mandate
Appointed by the Board
Make recommendations to the Board
Statutory Committees
Chair + members (no directors)
Competency-based appointments
No Executive Committee
Standing Committees
Finance
Directors and external members
Governance
Directors
Nominating
Directors and external members
FOUNDATION
Public interest mandate
Governance principles
Evidence-informed
Continuous improvement

Current State[i]	Vision 2020	Reason for the Change[ii]	Relevant Legislation[iii]
Terminology			
Council of the College	Board of Directors of the College	Changing the titles of the people and groups who govern the College makes their roles and responsibilities clearer to the public.	• RHPA • *Nursing Act, 1991* • O. Reg. 275/94
Council member(s)	Director(s)		• RHPA • *Nursing Act, 1991*
President of Council	Chair of the Board of Directors		• RHPA • *Nursing Act, 1991*
Vice-President of Council	Vice-Chair of the Board of Directors		• RHPA • *Nursing Act, 1991*
Executive Director of the College	Registrar & CEO of the College		• RHPA • *Nursing Act, 1991* • O. Reg. 275/94
Size, Composition, and Function of Board of Directors			
Size: 35 to 39 Council members	Size: 12 directors	Smaller boards of directors have been shown to communicate better, benefit from fuller participation of all directors, and make decisions faster and more effectively.	• *Nursing Act, 1991*
Council is composed of: • 21 nurses (14 RNs or NPs, and 7 RPNs); plus • 14 to 18 members of the public	Board of Directors is composed of: • 6 nurses (including 1 RPN, 1 RN, and 1 NP); plus • 6 members of the public	Eliminating the professional majority on the College's Board increases the Board's independence from the profession, maintains focus on the public interest, and enhances public trust in the College. However, professional expertise in regulation is maintained.	• *Nursing Act, 1991*

Current State[i]	Vision 2020	Reason for the Change[ii]	Relevant Legislation[iii]
Executive Committee exercises Council's powers in between Council meetings.	No Executive Committee necessary.	A small Board of Directors can convene and act quickly in response to emerging issues, removing the need for an Executive Committee. It is best practice for the Board of Directors to make all decisions.	• RHPA
Procedures for Board of Directors			
The 21 nurse Council members are elected by their peers in accordance with the College's by-laws.	All directors are appointed by the Board of Directors on the recommendation of a standing Nominating Committee, which includes non-directors. Appointments are based on the competencies required for the role.	Nurse directors are to be appointed rather than elected because the election of nurses to the Board creates the risk and the perception that nurse directors represent the profession rather than the public interest. Competency-based appointments ensure the Board has the right mix of knowledge, skills, experience, and attributes to make evidence-informed decisions in the public interest.	• RHPA • *Nursing Act, 1991*
The 14 to 18 public Council members are appointed by the Lieutenant Governor in Council.			• RHPA • *Nursing Act, 1991*
Nurse Council members: • serve 3-year terms of office; with a • maximum of 9 consecutive years of service.[iv]	All directors serve: • 3-year terms of office; with a • maximum of 6 consecutive years of service. • A 1-year extension is provided for the Chair of the Board of Directors to serve a second term.	Terms of office ensure that new perspectives are regularly brought to the Board, while appropriate transition and succession planning is maintained.	• RHPA
No term limits exist for public Council members.			

Current State[i]	Vision 2020	Reason for the Change[ii]	Relevant Legislation[iii]
Expenses and remuneration of: • nurse Council members are paid by the College in accordance with the by-laws, while • public Council members are paid by the Minister in amounts determined by the Lieutenant Governor in Council. The amounts paid by the College and the Minister are unequal.	Expenses and remuneration of all directors are: • equal; and • paid by the College in accordance with the by-laws.	The College is to assume the cost of paying public directors from the government. The profession bears the total cost of its regulation, and those performing equal work receive equal pay.	• RHPA
Council is led by: • The President; and • 2 Vice-Presidents (1 RN and 1 RPN) They are elected annually by the Council from among the Council's members.	Board of Directors is led by: • the Chair; and • the Vice-Chair. They are appointed annually by the Board on the basis of competencies.	The selection of Board leadership is to be on the basis of competencies and not professional designation.	• RHPA • *Nursing Act, 1991*

Current State[i]	Vision 2020	Reason for the Change[ii]	Relevant Legislation[iii]
Composition of Statutory Committees			
Panels of the following statutory committees currently must include Council members: • Registration Committee • Inquiries, Complaints, and Reports Committee • Discipline Committee • Fitness to Practise Committee • Quality Assurance Committee Amendments not yet in force provide that the composition of committees and panels shall be in accordance with regulations made by the Minister of Health and Long-Term Care.	Directors on the Board do not sit on statutory committees.	Eliminating the overlap in membership between the Board of Directors and the statutory committees of the College recognizes that the work of the Board and of each committee is different and requires people with specific knowledge, skills, and experience to carry it out.	• RHPA (with amended regulations) • O. Reg. 275/94

[i] This column describes the current state of the College's governance as set out in relevant legislation.

[ii] Please refer to the following reports for the evidence underlying Vision 2020:

- Leading in Regulatory Governance Task Force. "Final Report: A vision for the future." Updated May 2017. The College of Nurses of Ontario. http://www.cno.org/globalassets/1-whatiscno/governance/final-report---leading-in-regulatory-governance-task-force.pdf
- "Governance Literature Review." Updated November 28, 2016. The College of Nurses of Ontario. http://www.cno.org/globalassets/1-whatiscno/governance/governance-literature-review---updated-november-2016.pdf
- Governance Task Force. "Trends in Regulatory Governance." January 2016. The College of Nurses of Ontario. http://www.cno.org/globalassets/1-whatiscno/governance/trends-is-regulatory-governance.pdf
- "Jurisdictional Governance Review Survey Summary Report." January 16, 2016. The College of Nurses of Ontario. http://www.cno.org/globalassets/1-whatiscno/governance/jurisdictional-survey---summary-report.pdf

[iii] The following legislation will be referred to:

- *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, including the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act* [RHPA]
- *Nursing Act, 1991*, S.O. 1991, c. 32
- O. Reg. 275/94: General, under the *Nursing Act, 1991*, S.O. 1991, c. 32

[iv] Please note that the College's by-laws provide that elections occur every three years, and elected councillors can serve a maximum of two consecutive terms. This functionally limits the College's nurse Council members to a maximum of 6 consecutive years of service.

January 25, 2019

The Honourable Christine Elliott, MPP
Deputy Premier and Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street Toronto,
Ontario M7A 2C4

Dear Minister,

RE: Governance reform recommendations

Thank you for taking the time to meet with us to discuss the important shared issues between the government and the College of Physicians and Surgeons of Ontario (CPSO). We were encouraged by our discussion with you and your general support of our work to modernize and improve the College's governance structure.

We write to provide you with our recommendations for a more efficient and effective governance structure that we believe will strengthen public confidence in the regulatory system. Our work has been informed by available evidence and the recommendations from the College of Nurses of Ontario.

Recommendations to modernize CPSO's governance structure include the following:

1. Increase public member representation so there are equal numbers of physician and public members on the board;
2. Reduce the size of the board from 34 to between 12-16 members;
3. Eliminate overlap between board and statutory committee membership;
4. Implement a competency-based board selection process;
5. Implement a hybrid selection model for physician members;
6. Provide equal compensation for physician and public members of the board;
7. Retain the option of appointing an Executive Committee.

The accompanying attachment provides the detailed rationale and the legislative change(s) required to achieve each recommendation. We look forward to working together to modernize the CPSO board to better serve the people of Ontario.

Yours truly,

Peeter Poldre, MD, EdD, FRCPC
President

Nancy Whitmore, MD, FRCSC, MBA
Registrar and Chief Executive Officer

Encl. CPSO Governance Review: Recommendations, Rationale and Required Legislative Changes

cc. Helen Angus, Deputy Minister of Health and Long-Term Care
Heather Watt, Chief of Staff, Minister of Health and Long-Term Care
Patrick Dicerni, Assistant Deputy Minister, Strategic Policy and Planning Division

CPSO Governance Review: Recommendations, Rationale, and Required Legislative Changes

Recommendation	Rationale	Required Legislative Changes[1]
1. Increase public member representation so there are equal numbers of physician and public members on the board.	Public members occupy less than half or 44% of board positions (when gov't appoints the full complement of 15 members). Equal public/professional board membership is increasingly accepted as a best practice internationally. This change will ensure a balance between public and physician expertise and competencies in regulation and help strengthen public confidence in the regulatory system.	**Medicine Act, s. 6(1)**, which currently requires 15-16 professional members and 13-15 public members, plus 3 academic representatives.
2. Reduce the size of the board from 34 to between 12-16 members.	A 34 member board is too large. Literature supports smaller boards as being more effective and efficient in decision making. The range is intended to provide flexibility to achieve the right combination of competencies.	**Medicine Act, s. 6(1)**, which currently requires 15-16 professional members and 13-15 public members, plus 3 academic representatives.
3. Eliminate overlap between board and statutory committee membership.	Existing quorum requirements require board member participation on some statutory committees. These requirements are particularly onerous for public board members who must provide between 100 and 120 days of work as board and committee members each year. Separation between the board and statutory committees is considered a best practice. Board and statutory committees have very different roles (oversight/strategic for the board vs. adjudicative for statutory committees). Separation in membership from the board will enhance the integrity and independence of the board and statutory committees, and help strengthen public confidence in the regulatory system.	Section 10(3) of the Code currently requires the composition of committees to be set by by-law, although a number of sections in the Code set composition and quorum requirements for the following statutory committee panels: - s. 17(2): Registration Committee panels - s. 25(2) and (3): ICRC panels - s. 38(2-5): Discipline Committee panels - s. 64(2-3): Fitness to Practice Committee panels Once Bill 87 amendments to the RHPA and the Code are proclaimed, composition and quorum requirements for these committees will be set by regulation. **New regulations** therefore need to be developed pursuant to the **RHPA, s. 43(1)(p) to (s)** and the **Code, s. 94(1)(h.1)-(h.4)**.
4. Implement a competency-based board selection process.	Competency-based board selection for physician and public members support the right mix of knowledge, skills and experience amongst board members to ensure the board is able to effectively discharge its functions. A competency based selection process is considered a best	For professional members: the **Medicine Act, s. 6(1)** currently requires members to be "elected in accordance with the by-laws." This would need to be amended to permit members to be "selected" in accordance with the by-laws. Supporting by-law changes could then be made to facilitate this change.

[1] NB: This list is not comprehensive – other incidental changes may also be required.

Recommendation	Rationale	Required Legislative Changes[1]
	practice.	Other consequential legislative changes may also be required (for example, s. 5 of the Code which provides for the term of elected Council members). For public members: there are different options available to accomplish this change. **Medicine Act, s. 6(1)** requires the appointment of 13-15 public members by LGIC, so an amendment to this section could import language around competency-based appointments. There is language in s. 14(1) of the *Adjudicative Tribunals Accountability, Governance and Appointments Act, 2009* that might be helpful ("The selection process for the appointment of members to an adjudicative tribunal shall be a competitive, merit-based process and the criteria to be applied in assessing candidates shall include the following: …")
5. Implement a hybrid selection model for physician members (some elected members, some competency-based appointments).	Currently 16 physician members of the board are elected by the profession and 3 are appointed. The election process at times causes confusion and promotes a perception that physician board members represent the profession rather than the public interest. A hybrid approach of elected and appointed professional members will help ensure that the board collectively possesses necessary competencies and facilitate ongoing physician engagement in the board selection process.	**Medicine Act, s. 6(1)** currently requires physician members to be "elected in accordance with the by-laws." This would need to be amended to permit members to be "selected" in accordance with the by-laws. Supporting by-law changes could then be made to facilitate this change.
6. Provide equal compensation for professional and public members of the board.	Public members of Council are compensated by government at a much lower rate than physician members. The College is prohibited from compensating public members of Council for their work. Compensation for public members is inadequate and unfair. The College should have the ability to compensate all board and committee members directly and equitably.	**Code, s. 8** currently requires that Council members appointed by the LGIC be paid, by the Minister, the expenses and remuneration the LGIC determines. An accompanying amendment to the **Code, s. 94(1)(h)** would also be required. This provision currently allows Council to make by-laws providing for the remuneration of the members of the Council and committees other than persons appointed by the LGIC.
7. Retain the option of appointing an Executive Committee.	Smaller boards may not require an Executive Committee. In the interest of maintaining flexibility, CPSO recommends retaining the option of an Executive Committee, which is largely dependent on board size. A board with 16 members may require an Executive Committee.	**Code, s. 10(1)** currently requires colleges to have an Executive Committee. Other consequential amendments to the Code may also be required to reflect a discretionary Executive Committee.

February 4, 2019

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
Hepburn Block, 10th floor
80 Grosvenor Street
Toronto Ontario
M7A 2C4

Re: Reflecting the College oversight role in its official name

Dear Minister Elliott:

At its December 2018 meeting, Council directed that the College convey to you its desire to ensure that the official name of the Ontario College of Pharmacists (the "College") and its reference in various legislation and regulations appropriately and accurately reflect the College's role as the regulator of pharmacists, pharmacy technicians and pharmacies in the province.

Notwithstanding the naming conventions of the province's health regulators contained within the *Regulated Health Professions Act (RHPA)*, Council believes strongly that the College is unique among other regulators in that it not only regulates pharmacy professionals, which was expanded in 2010 to include pharmacy technicians as regulated health professionals, but it is the only College of regulated healthcare professionals that is also mandated under legislation to regulate a physical practice location or premises, specifically pharmacies. It feels that a change to the College's name could better communicate to the public the scope of its oversight role relating to both the people and place of pharmacy practice in the province.

Accordingly, on behalf of Council, I am writing to formally register the College's request that its name be changed to the *Ontario College of Pharmacy* and that the relevant legislation and regulations, such as those noted below, be amended at such time that the provincial government considers a review of these Acts:

- *Pharmacy Act, 1991*
- *Drug and Pharmacies Regulation Act, 1990*
- *Regulated Health Professions Act, 1991*
- *Drug Interchangeability and Dispensing Fee Act, 1990*
- *Health Protection and Promotion Act, 1990*
- *Safe Access to Abortion Services Act, 2017*
- *Livestock Medicines Act, 1990*

As always, the College would be pleased to provide additional information and assist in any way in identifying specific amendments within each Act and corresponding regulations should the Ministry accept the College's proposal to change its official name to accurately convey to the public the scope of its oversight role.

Sincerely,

Nancy Lum-Wilson, R.Ph., B.Sc.Phm., MBA
CEO and Registrar

cc: Laurel Brazill, Director, Stakeholder Relations
Emily Beduz, Senior Policy Advisor

Attachment 2

Ministry of Health
Ministry of Long-Term Care

Assistant Deputy Minister
Strategic Policy, Planning & French Language Services Division

438 University Avenue, 10th floor
Toronto ON M7A 2A5

Ministère de la Santé
Ministère des Soins de longue durée

Sous-ministre adjoint
Division des politiques et de la planification stratégiques, et des services en français

438 avenue University, 10e étage
Toronto ON M7A 2A5

Ontario

January 26, 2022

Health Profession Regulatory Colleges
c/o
Beth Ann Kenny
Executive Coordinator
Health Profession Regulators of Ontario

On October 7, 2021, as part of the *Supporting People and Businesses Act* the Ontario government announced that the Ministry of Health (ministry) would be consulting on governance reforms for Ontario's health regulatory Colleges that would improve decision making, bolster transparency and further support high-quality health care for Ontarians.

I would like to thank the Colleges for their leadership and continued contributions to the ongoing work on college governance reform. The input the ministry received from colleges this past June was instrumental in moving this work forward.

At this time, the ministry is seeking health regulatory colleges' insight and feedback on reforms that the ministry is considering for government approval. Attached to this letter is a briefing deck that provides an overview of the reforms under consideration and some guiding questions for some of the areas on which we are seeking your input.

The ministry will be scheduling time to address any questions you may have about the proposals and would like to focus on some key areas of particular interest. We would request that you submit any written feedback you may have on the proposed reforms by **February 23, 2022**.

The ministry looks forward to our continued partnership as we embark on improving and strengthening the oversight system for health professions in Ontario.

Sincerely,

Sean Court
Assistant Deputy Minister

Encl.

c. Allison Henry, Director

Health Profession Regulators of Ontario (HPRO)
Suite 301 - 396 Osborne St, PO Box 244, Beaverton ON L0K 1A0
email: bakenny@regulatedhealthprofessions.on.ca
web: www.regulatedhealthprofessions.on.ca
Phone: 416-493-4076/Fax: 1-866-814-6456

February 22, 2022

Sean Court, Assistant Deputy Minister (ADM)
Strategic Policy, Planning & French Language Services Division
Ministry of Health
438 University Ave, 10th Floor
Toronto ON M7A 2A5

Transmitted by email: sean.court@ontario.ca

Dear ADM Court:

Re: Governance Reform and Regulatory Modernization Consultation

Thank you for writing to and meeting with HPRO's members related to your consultation on governance reform and regulatory modernization. While the significance of these changes is immense and thoughtful commentary in the condensed timeline is difficult, there are important high-level issues that should be raised.

As you know, many of HPRO's members have been discussing core governance reforms for some time and are generally in support of these and the housekeeping reforms included in the consultation, with some reservations. Each College will likely send you their specific ideas and opinions on these. HPRO is available and willing to work with the Ministry to assist with any of these proposed changes.

With respect to the Ministry proposal on the introduction of three new oversight mechanisms, HPRO is of the view that more discussion is needed about the goals of these mechanisms and whether they will produce the outcomes intended in the most effective and efficient manner in alignment with the principles of right touch regulation. The College Performance Measurement Framework (CPMF) has just been introduced and there is an opportunity to use this tool to effect desired changes. Using this new tool, already in place for all health Colleges, will be a more efficient and effective way to meet objectives.

We would strongly encourage you to put the matter of the three additional oversight mechanisms in abeyance until governance reform and housekeeping changes, and the College Performance Measurement Framework (CPMF) processes, have been given the opportunity to achieve their desired outcomes.

We urge you to continue to work with HPRO and our members to help you accomplish what is needed in terms of oversight so that we can, together, create an effective system. HPRO is always willing to facilitate meetings and discussions.

And, we continue to offer the support of HPRO and its members as any changes are being contemplated. We want to share our regulatory expertise, helping to address any unintended consequences and assisting Colleges with implementation processes.

We look forward to learning more about the progression of your consultations.

Sincerely,

Elinor Larney
Vice-President

cc. Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH
Stephen Cheng, Manager
HPRO Board of Directors

Ontario College of Pharmacists
Putting patients first since 1871

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

February 23, 2022

Mr. Sean Court
Assistant Deputy Minister
Strategic Policy, Planning and French Language Services Division
Ontario Ministry of Health
438 University Avenue, 10th Floor
Toronto, ON M7A 2A5
via email: sean.court@ontario.ca

Re: Governance Reform and Regulatory Modernization Consultation

Dear ADM Court:

Thank you for the opportunity to provide input into the Ministry's consultation on proposed governance reform and regulatory modernization. We are pleased to provide this preliminary response to the proposed reforms, which will be discussed at our upcoming Board meeting on March 21, 2022. Our response complements and is in support of the submission made by the Health Profession Regulators of Ontario (HPRO). We support open collaboration and engagement with the Ministry and other regulatory partners and stakeholders on this and other important regulatory priorities, and we welcome additional opportunities to provide input into proposed reforms.

Alignment with core values and governance reforms already implemented

The Ontario College of Pharmacists operates in accordance with its core values of transparency, accountability and integrity. In doing so, it firmly supports opportunities to demonstrate these values through the adoption of governance and regulatory best practices, performance measurement and public reporting to help promote accountability and continuous improvement within the broader regulatory system. All of these measures are important in maintaining and building public confidence in health regulators and their commitment to their legislated mandate.

The College supports the Ministry's overall goals and intentions associated with the proposed governance reforms and has already moved forward with a number of the core governance reforms, to the extent currently possible within existing legislative frameworks, and generally welcomes the additional recommendations put forward by the Ministry in that regard.

For example, through By-Law amendments approved by the Board in 2020, competency based screening has been implemented for elected Board roles. A similar competency based application and screening process is in place for both Professional Committee Appointees (PCAs), formerly known as Non-Council Committee members, and Lay Committee appointees (LCAs), members of the public who apply directly and are compensated by the College to serve on Committees.

As well, the size of the OCP Board has been reduced to 20 from 35, with equal numbers of public and professional members, plus two academic appointments dictated by statute; further reduction in Board size is generally supported to align with best governance practices. We have also established a separation of Board and Committees, as no Board members sit on Statutory Committees except as dictated by statue, and we have already implemented new terminology through the adoption of the term 'Board' instead of 'Council', and Board roles including 'Chair' and 'Vice Chair', replacing 'President' and 'Vice President' respectively. The College has also made the transition in terminology from 'member' to 'registrant' to more appropriately describe the relationship with those who are registered with, and regulated by, the College.

As the Ministry contemplates governance reform, the College asserts that public and professional Board members should be assessed against common competencies. Furthermore, transition language must support continuity of decision making, as panels with ongoing case files, for example, must continue to have the authority until the case is disposed of. It will be important for the Ministry to consider the framework for Colleges to appoint public Board members directly and whether government approval will still be required, or if other measures will be needed to ensure public trust and confidence in the impartiality of the selection process.

Additional considerations such as consistent and appropriate remuneration of public and professional Board members, replacement of the term "College" to improve public and stakeholder understanding of our regulatory role and removal of outdated provisions within existing legislation are generally supported.

Support for Regulatory Modernization goal, but further consultation needed

The College is committed to participating in and contributing to better mechanisms to improve the accountability of Ontario's health regulatory system and has taken steps to enhance our own performance as a regulator, including adoption of right touch regulation, as reinforced in the College Performance Measurement Framework (CPMF). These efforts include evolution of our Performance Scorecard to align with the domains of the College Performance Measurement Framework, public reporting of performance through board meetings and publications, and the collection and reporting of important performance data specific to the profession to help identify practice and regulatory improvement opportunities.

Having embraced the existing accountability mechanisms, we share the views expressed by HPRO that the three new oversight mechanisms the Ministry proposes have the potential for inconsistent and duplicative oversight of our processes and performance, and risk dilution of our resources currently directed to fulfilment of our mandate. Further explanation of our concerns regarding each of these oversight bodies is expanded below.

Auditor-General

With respect to the proposal that the Auditor-General assume oversight of the health colleges' financial management, we note that all health colleges are required under the *Regulated Health Professions Act (RHPA)* to include with their annual reports an audited financial statement. This is an in-depth audit, the results of which are published. Through the CPMF, information respecting allocation of resources is now reported and can be expanded upon to enhance transparency and accountability. As well, the *RHPA*

provides that the colleges may also be subject to additional audits that the Minister determines to be appropriate.

Therefore, it is not clear what value an additional audit conducted by the Auditor-General would bring to the public or other stakeholders.

In addition, it is quite possible the new audit may be based on somewhat different criteria from the current annual audits, adding significant administrative burden and diverting resources away from our core public protection mandate without clearly adding any new value.

French Language Services Act (FLSA)
The health colleges are already required under s.86 of the Health Professions Procedural Code to provide services in French, so an obligation on the colleges' part to meet the needs of those requiring services in French already exists. With respect to the requirements under the *FLSA,* we note that colleges do not have control over the public member appointment process and under the current process colleges are not able to guarantee French-speaking Board members or Committee panels. Public appointees are key participants (and required for quorum) across colleges' decision-making bodies however, and therefore, changes would need to be made to the public appointments process to assure sufficient French speaking appointments.

It is also unclear what additional implications there may be if colleges are designated as public service agencies under the *FLSA*. If this proposal were to move ahead we recommend the designation be limited to French language services only, and not extended to include additional public service agency obligations in order to avoid the risk of drawing significant resources away from core regulatory duties.

The Patient Ombudsman
It would appear that the newly proposed duties for the Patient Ombudsman extend beyond the Ombudsman's mandate, which is focused on institutional and system-level issues.

The health colleges already have oversight of their complaints decisions by the Health Professions Appeal and Review Board (HPARB) which has broad oversight of the colleges' complaints processes, including, as they describe, monitoring the activities of the Colleges' Inquiries, Complaints and Reports Committees….in order to ensure they fulfill their duties in the public interest and as mandated by legislation.

With respect to the decision-making of the colleges' Discipline Committees, it should be noted that the decisions of Discipline Committees are already subject to appeal before the Divisional Court. As well, either party may apply to Divisional Court for a judicial review of various regulatory decisions, including HPARB decisions and certain disciplinary decisions.

It is possible that the addition of another layer of oversight of complaints and discipline decision-making will create confusion for parties, and duplication and conflict between different oversight mechanisms. Again, it is unclear what public value is added by this kind of additional oversight, which may create an additional administrative burden for the colleges, and draw resources away from our core public protection mandate. While external oversight may help increase public trust in the colleges' complaints and discipline processes, for the purposes of clarity, consistency and efficiency, we believe it may be better to streamline as much of this oversight into a single body as possible.

Support for Reduction of Barriers to Registration

The College embodies the principles of fair, objective, impartial and transparent registration practices, and is in support of the Ministry's objective to improve these processes for qualified applicants.

The College does not have Canadian work experience requirements, having adopted a new assessment model that does not require applicants to secure a worksite to complete the evaluation, and therefore supports this proposal. Having seen the benefits of introducing an emergency assignment registration certificate to address workforce challenges associated with the pandemic, the College also supports expedited registration pathways for emergencies that prevent safe access to necessary health services for the public.

With respect to timely registration decisions, our College has not found this to be problematic following an applicant's completion of the registration requirements and submission of a complete application. It is unclear if this is the intention of the Ministry proposal, but if so, we are in support of time limits.

While the College supports a standardized approach to demonstration of language proficiency requirements across regulatory colleges, the established criteria must align with the communication competencies necessary to provide safe quality care to the public that meets the practice standards of each profession. Consideration of existing national licensing agreements, as is the case for the National Association of Pharmacy Regulatory Authorities, is recommended as any Ontario language proficiency requirements that are inconsistent with national standards may affect the ease of mobility practitioners currently experience across provincial borders.

Ongoing dialogue welcomed

Thank you once again for the opportunity to participate in this consultation. The College has demonstrated, through our past behavior, its creativity and openness to reforms that improve our accountability and regulatory performance. As such, we look forward to ongoing collaboration and dialogue about the proposed changes and are excited to contribute to a new vision for regulatory modernization and governance reform for Ontario's health regulators.

Sincerely,

Susan James
Acting Registrar and Director, Quality
Ontario College of Pharmacists

c. Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH
Billy Cheung, Chair, Ontario College of Pharmacists
Connie Campbell, Interim Chief Operating Officer and Director, Corporate Services

BOARD BRIEFING NOTE
MEETING DATE: June 9, 2025

FOR DECISION

From: Siva Sivapalan, Chair, Governance Committee

Topic: Governance Review – Status Update

Issue/Description: For information, the Governance Committee will update the Board of Directors regarding the status of the governance review (Governance Review) which was directed by the Board at its September 15, 2024 meeting.

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

Strategic alignment, regulatory processes, and actions: While not specifically related to one of the Board's current strategic goals, effective governance is an essential building block for all OCP regulatory initiatives, as well as the Board's fiduciary and legislated duties. Periodic Board effectiveness reviews are also one component of a highly functioning regulatory College, as outlined in the College Performance Measurement Framework (CPMF) Standards.

Background:
At its September 15, 2024 meeting, the Board decided to engage a third-party vendor (or expert consultant) to conduct an external Governance Review. To facilitate this process, a Special Committee, the Governance Review Committee (GRC), was established.
On November 6, 2024, the Board approved terms of reference for the governance review, including the following statement of purpose:

> The Governance Review Committee's purpose is to work directly with an expert consultant to draft a report which will be presented to the Board of Directors.
> The report shall consider the relationship between the College's Board of Directors and the College's Registrar and CEO from a legislative and best practices perspective.
> The report shall include recommendations that will inform and enhance the Board in its duty to manage and administer the College's affairs, including its duty to provide the College with its overall policy and strategic direction, and College's duty.

Process:
The GRC, with the assistance of College staff, implemented a request for proposals for an expert consultant to conduct the Governance Review. Following a robust screening and selection process over January and February 2025, the GRC selected the Institute on Governance (IOG - https://iog.ca/), a consultancy with considerable experience in governance reviews as the successful candidate. The IOG is an independent, non-partisan, not-for-profit registered charitable organization overseen by a volunteer Board of Directors. The Governance Committee and Executive Committee (on behalf of the Board) approved the GRC's recommendation.

Since then, the GRC has met with the IOG several times, in accordance with the timeline established by the Board:

- March 18, 2025
- March 26, 2025
- April 14, 2025
- May 15, 2025

Working with the IOG, the GRC facilitated the issuance of a survey (attached as Schedule A) to all current members of the Board of Directors, along with other select individuals, on April 22, 2025. The survey was responded to by 91% of recipients. The survey results are confidential and will be compiled by the IOG into a summary, on a not for attribution basis.
As well, staff supporting the GRC have facilitated a number of one-to-one interviews between the IOG and select individuals, starting in May. Like the survey, the interview results will be confidential.
The GRC has also sent monthly update reports to the Governance Committee, in accordance with the work plan.

Next steps:
Over the next two months, it is anticipated that the IOG will complete the Governance Review and present an initial draft report to the GRC in July, with a final version in August.
The final report will also be reviewed by the Governance Committee in August, and presented to the Board at its September meeting.

SCHEDULE A

Ontario College of Pharmacists – Governance Review Survey Questions

Institute on Governance | Institut sur la gouvernance

Ontario College of Pharmacists Governance Review Survey April 16, 2025

Invitees

The Board, Registrar, CEO, others as recommended

Introduction

The Institute on Governance (IOG) has been engaged by the Ontario College of Pharmacists (OCP) to (1) examine the relationship between the Board of Directors and the Registrar and CEO, (2) examine how effectively the College is meeting its public interest mandate, and (3) recommend how the Board can improve. This survey serves to gather input for this purpose.

The results of this survey will be analyzed by the IOG and presented in a summary report to the OCP. **This will be on a not-for-attribution basis. Answers will not be attributed to individuals.** Your name is requested only for completion tracking purposes by the IOG.

The survey should take approximately 30 minutes to complete.

The survey will be open from Tuesday, April 22 to Sunday, May 11, 2025.

All questions are mandatory, but you can enter "not applicable" or "do not know" if needed. Comment sections have 100-character limits.

About Yourself

Please provide your name*:

*Note: This is for completion tracking purposes only.

I am:

- ☐ A pharmacist director
- ☐ A pharmacy technician director
- ☐ A faculty of pharmacy director
- ☐ A public director
- ☐ Acting Registrar
- ☐ Acting CEO
- ☐ Other (please specify)

How long have you served on the Board?

- ☐ Less than 1 year
- ☐ 1 - 2 years

3 - 5 years

- More than 5 years
- Not applicable

Regarding Rated Questions (for internal reference only)

Respondents will be asked to rate their responses on the following scale:

- *Strongly disagree – 1*
- *Disagree – 2*
- *Neutral – 3*
- *Agree – 4*
- *Strongly agree – 5*
- *Do not know or not applicable*

OCP's Overall Governance

- OCP overall has good governance (governance = overall organizational structure and how those in power make decisions and carry out organizational functions).

Roles and Responsibilities

- The roles and responsibilities of the OCP Board are clear and understood by all board directors.
- The roles and responsibilities of the OCP Board are clear and understood by staff.
- The roles and responsibilities of OCP staff are clear and understood by all board directors.
- The Board has effective processes, policies, and monitoring tools to oversee the financial health of the organization.
- The Board has effective processes, policies, and monitoring tools to oversee organizational health (e.g., staff satisfaction rates, privacy compliance, etc.).
- The Board has effective policies, processes and monitoring tools to oversee OCP's regulatory functions.
- The Board has effective processes and policies for directing, overseeing, and assessing the performance of the CEO/Registrar.
- The Board has effective processes, policies, and monitoring tools for ensuring compliance with all legal obligations.
- The Board has an effective process for setting OCP's strategic plan, monitoring its implementation, and ensuring that OCP's work aligns with agreed priorities, as set out in the strategic plan.

- The Board is properly focused on its public mandate i.e., to ensure that the interests of the public are protected and maintained.
- The Board has a good understanding of OCP's legal framework and bylaws.
- The Board has a good understanding of its governance policies and practices.
- The Board follows its established rules, as defined by its legal obligations, bylaws, and policies.
- The Board and the CEO/Registrar and staff understand and respect their respective roles.
- The Board effectively oversees the CEO/Registrar, including participating in the CEO/Registrar's annual performance review and objective setting.

Please provide any additional feedback regarding roles and responsibilities.

Strategy

- The Board has effective methods to respond to stakeholder needs.
- The Board has an effective approach to establishing organizational strategy.
- The Board has an effective way of monitoring organizational performance.
- The Board evaluates progress and adjusts as needed.

Please provide any additional feedback regarding the Board's strategy role.

Composition, Recruitment, Orientation and Succession Planning

- The Board recruitment and election practices secure qualified individuals.
- The Board retains individuals with the needed qualifications.
- The Board receives proper onboarding.
- The Board has regular opportunities for learning.
- The Board plans well for anticipated and unanticipated departures from the Board.
- The Board has a succession plan for key Board officer roles.

Please provide any additional feedback regarding Board composition, recruitment, orientation and succession planning.

Committees

- The Board has an appropriate number of committees.
- The Board committees increase Board effectiveness.
- The Board periodically reviews Committee mandates.
- Board committees complete their tasks effectively.
- Board members actively participate in committee activities.
- Board committees efficiently report to the Board.

Please provide any additional feedback regarding Board committees.

The Board Culture

- Board members are respectful to each other and staff.
- Board handles conflict effectively.
- Board members effectively share their views and feedback.
- Board meetings are inclusive and equitable.

Please provide any additional feedback regarding the Board's culture.

Meetings

- The number and length of Board meetings is appropriate.
- The Board package is appropriate (quality, quantity, content) for effective decision-making.
- Board meetings are well run and make good use of the Board's time.
- Board members come prepared to meetings.
- All Board members actively engage in deliberations.
- The Board's decision-making is effective.

Please provide any additional feedback regarding Board meetings.

Other Comments Section

What do you believe is the top governance strength of the OCP Board?

What do you believe is the most significant governance challenge facing the OCP Board?

If you could offer one suggestion to improve the effectiveness of the OCP Board, what would it be?

Ontario College of Pharmacists
Putting patients first since 1871

BOARD BRIEFING NOTE
MEETING DATE: June 9, 2025

FOR DECISION

From: Siva Sivapalan, Chair, Governance Committee

Topic: Amendment to Policy 3.9 - Conflicts of Interest (COI) guidance tool

Issue/Description: The Board is asked to approve an amendment to the supporting guidance tool attached to *Policy 3.9 – Conflicts of Interest* to provide clarity with respect to identifying and managing potential Board or Committee conflicts of interest.

Public interest rationale: Identifying and resolving conflict of interest situations is crucial to good governance and maintaining trust in public institutions. If conflicts are not recognized and addressed appropriately, they can undermine the integrity of decisions and the reputation of the College. The guidance tool was developed to assist staff, and the Board Chair as well as Directors, Committee Chairs and Appointees when considering potential conflicts within their roles on the Board or Committee.

Strategic alignment, regulatory processes, and actions: A strong governance framework with clear processes and guidance on how to address potential conflicts of interest protects the impartiality of College decisions and supports and aligns Board and Committee roles and activities with the College's public protection mandate. As stated in the Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, s. 3(1)1, object number one states a duty "to regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code, and the regulations and by-laws."

Background:

- *Policy 3.9 – Conflicts of Interest* in the Board of Directors Policy Booklet (Attachment 15.1) was proposed by the Governance Committee and approved by the Board on March 21, 2021.
- The purpose of the policy was to articulate the expectations of Board members and Committee appointees ("Fiduciaries") to prevent, disclose, or where necessary, to declare any appearance of, or actual conflicts of interest.
- Subsequent amendments to *Policy 3.9* were proposed by the Governance Committee and approved by the Board on December 12, 2022.
- These amendments clarified the opportunity for consultation and expectation for disclosure to the Board Chair or the Registrar & CEO, as well as recommended documentation of any conflict-of-interest outcomes/decisions for the identification of trends, precedence and training opportunities.
- The guidance tool is considered a living document, to be amended from time to time as needed (Attachment .
- The guidance tool does not include an exhaustive list of potential conflicts and is to be used as a reference tool. It reflects guidance based on past decisions regarding conflicts as well as identification of new potential conflicts and can be used for individual guidance or training purposes for the Board and Committees.

- Regulatory colleges exist to protect the public interest in the regulation of a profession. Elections to College Councils (Boards) are not democratic in the political sense but are administrative mechanisms for professional self-governance.
- Regulatory college elections are expected to be non-partisan and ethically neutral, reflecting the professional, fiduciary, and regulatory nature of their roles. Board directors endorsing candidates is seen as problematic because it can compromise perceived fairness or introduce bias.

Analysis:

- In preparation for the launch of the 2025/26 Board elections, the Governance Committee reflected on past experiences and identified an opportunity to clarify expectations related to Board director endorsement of electoral candidates.
- Following discussion at its May 21, 2025 meeting, the Governance Committee recommended incorporating an additional example within the guidance tool which would support the upcoming Board election cycle (See Attachment X.X).
- The Committee identified the following actions as a perceived conflict of interest:
    - Endorsement by a sitting Board member of any Electoral candidate to the Board of Directors. Examples for greater clarity:
        - No social media exchanges/LinkedIn (e.g., liking, commenting, or posting).
        - Not verbalizing a recommendation or endorsement of a candidate.
- When preparing the document for updating, staff amended the format and included small housekeeping recommendations to enhance clarity (reflected within the document).

Motion:

THAT the Board approve the proposed amendments to the guidance tool supporting Policy 3.9 – Conflicts of Interest, as recommended by the Governance Committee, to clarify expectations regarding Board member endorsements during the electoral process

Attachments:

- 15.1 - Policy 3.9 – Conflicts of Interest
- 15.2 - Conflict of Interest guidance tool

Policy 3.9 Conflicts of Interest

Purpose:

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

Application:

This policy applies to:

- **All Board Directors and Committee appointees**

Policy Summary:

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

1. *Don't benefit self, spouse, or children* – Fiduciaries should not use their positions to directly or indirectly benefit themselves, their spouse or children. Preventing disadvantages to themselves, their spouse or children is a form of "benefit". In some circumstances this expectation applies to others like close friends, colleagues, and employers.

2. *Don't disclose College information* - Fiduciaries should not disclose or use any information obtained through their involvement with the College without authorization. Authorization would typically come from a College leader or entity (e.g., Registrar & CEO, Board) applying the *RHPA* criteria. However, in some circumstances the *RHPA* itself would authorize direct disclosure (e.g., a discipline panel issuing reasons for decision).

3. *Don't accept gifts* - Fiduciaries should not accept gifts from anyone who (1) interacts with (2) does business with or (3) wants to do business with the College. Fiduciaries may be able to accept gifts of nominal value ($30.00 or less) that are given as an expression of courtesy or hospitality (e.g., refreshments at a meeting). When in doubt, the Fiduciary should report the gift to the Registrar & CEO.

4. *Be cautious before engaging in outside activity* - Fiduciaries should not engage in activities (including business, employment, or volunteer) outside their College roles if doing so would influence or conflict with their role and duties for the College. For example, Fiduciaries should not have a leadership role in a professional advocacy association. Where an outside activity is unavoidable (e.g., employment in a pharmacy role for professional members), a Fiduciary should be particularly alert to disclosing the role when engaging in a College activity that might create a conflict.

5. *Don't give preferential treatment* - Fiduciaries should not give preferential treatment to anyone and take steps to avoid creating the appearance that such treatment is being given. For example, special treatment can include inappropriately providing private access to advocacy groups to discuss upcoming College decisions.

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

6. *Be cautious before participating in decisions* - Fiduciaries should disclose if they or someone closely connected to them could benefit from, or be disadvantaged by, a decision. Similarly, caution should be exercised if the participation includes consideration of the interests of the profession or an advocacy group over the public interest. Also, if a Fiduciary has a strongly held personal belief that cannot be set aside, they should not participate. Inappropriate participation could include providing information, expressing opinions or voting.

7. *Declare financial interests* - Fiduciaries should disclose financial interests which may cause the appearance of or an actual conflict of interest.

8. *Don't seek preferential treatment* - Fiduciaries must not seek preferential treatment from the College. This duty is particularly acute where the Fiduciary is a professional member acting in their role as a regulated person (e.g., responding to a complaint).

9. *Don't switch sides* – Fiduciaries acting on behalf of the College must not assist or advise those dealing with the College (e.g., in a regulatory proceeding, negotiation, or other transaction).

10. *Apply these principles after leaving* - Former Fiduciaries have a continuing obligation to respect these principles. Some obligations, such as not disclosing or using confidential information without authorization, are permanent. Other obligations, such as participating in a leadership in a professional association or lobbying the Ontario government on College-related issues, would apply for a reasonable period (e.g., at least twelve months).

11. *There are additional restrictions* – The above principles are not exhaustive. Fiduciaries should be alert to unusual circumstances that create an apparent or actual conflict of interest (e.g., running for public office relevant to the activities of the College).

Procedure:

Where a Fiduciary believes there is any potential for a conflict of interest in their role, they should:

- Consult with the appropriate person which, depending on the circumstances, could include the Board Chair and/or the Chair of the committee upon which they serve and/or the Registrar & CEO.[2].
- If there remains any doubt about whether the Fiduciary may have a conflict, disclose the information to the Board or the Committee and the Board or Committee may collectively decide. Where there is uncertainty, it is usually best to treat the potential conflict of interest as a conflict of interest.
- Accept the Board's or the Committee's determination as to whether there is an appearance of a conflict.
- Where there appears to be a conflict of interest, leave the room (virtual or in person) and not take part in any discussion of, or vote on, the matter.
- Where there appears to be a conflict of interest, not attempt in any way to influence the discussion of, or vote on, the matter.

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

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

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

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

Fiduciaries are requested to confirm their understanding of their duty to avoid and address conflicts of interest through signed acknowledgements annually. They are also requested to provide a list of the organizations with which they are affiliated each year and to update any changes to that list immediately. (see 3.10)

Best practice, according to Harry Cayton, is that 'All Boards should keep and publish a register of interests and any new interests should be declared and recorded at the start of each meeting. The importance of identifying and reporting conflicts of interest extends to committees and disciplinary panels. Failure to declare any personal or professional or financial knowledge or relationship may result in a failure of probity or even in disciplinary proceedings a miscarriage of justice. (See for example An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, PSA 2018)

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

Issue	Could this be perceived as a conflict?			Considerations/Comments
	Yes	No	Maybe	
Member of Association		●		
Staff member, Officer, or Director at an Association	●			
Can sit on Advocacy body Committees			●	Probably not but could depend on the mandate of the Committee. If the Committee served a clear public interest purpose it may be appropriate. If the Committee has any part of its mandate dedicated to advocacy, there is a possibility that a member of the public could perceive it as a conflict and should therefore be avoided.
Attendance at Association events		●		
Acceptance of awards		●		
Acceptance of gifts/payment from anyone associated with College business	●			
Actively advocate for the profession	●			
Can be a speaker at Association-sponsored events			●	A speaker who has a role with the College will be seen as a representative of the College. Since there is a low tolerance for risk to the College's reputation, the decision should err on the side of caution: the assumption should be that there is a conflict that must be avoided, rather than managed. However, mitigating circumstances may exist that will enable management of the risk to an acceptable level and are set out below.

				The risk is higher where the individual's influence on College decision-making is higher or seen to be higher. For example, the Chair of the Board or a Committee will be seen to have more of an impact on College decision-making than a member of a working group might. Apparent conflict (and higher threat to OCP reputation) will be present where: • The speaker is paid, or others will assume payment • The topic is outside the speaker's area of practice or recognized expertise • The topic is something the advocacy body has been advocating for which the College has been silent about, is currently considering or may need to consider in future (this would include issues that might come before a statutory committee if the individual is appointed to a committee) • The individual's personal business interests may be seen to benefit from the presentation (i.e. it will generate a higher profile for the individual or otherwise may traffic to their business) Permission may be given to make the presentation if the risk is mitigated by the following considerations • The topic is something that the speaker has recognized pre-existing expertise in and/or has previously made presentations about • The association and the college align on the subject matter and/or have a publicly declared partnership about the issue • The presentation is about a topic on which the College has published and meets the criteria set out below • The individual's role at the OCP is not at the Board level or Committee Chair level and the presentation topic is unrelated to any decisions they would be involved in at the OCP • The topic being presented is not the subject of current advocacy work or College work and is not a current political issue

Issue	Could this be perceived as a conflict?			Considerations/Comments
	Yes	No	Maybe	
Inclusion of College role on CV, LinkedIn or in published biographies		●		May reflect facts but should avoid self-promotion. If the materials are used to solicit business this may call into question motives for working with OCP objectivity of decision-making. For further clarity see the College's code of conduct.
Inclusion of College role in business/enterprise professional materials	●			While reporting of the fact of College engagement is permitted, where the connection with the College provides a significant business advantage for the individual, their business and College roles may be in conflict, and this will nearly always require closer scrutiny. See policy 3.9 - Conflicts of Interest.
Inclusion of OCP role in signatures in non-OCP correspondence	●			Except for correspondence directly related to College business, it would be inappropriate to include College appointments in signatures because it would appear that the individual was representing the College.
Inclusion of Association role on CV, LinkedIn, or published biographies			●	Published information should clearly indicate that the roles are non-contemporaneous.
Reference to advancing or advocating for the profession in any published materials or used in association with presentations or other work	●			Those with appointments to the Board or any Committee should ensure that information about them, which is under their control, does not indicate a desire to promote, advance or advocate for the profession. This is not balanced by including reference to advocating for the public at the same time.
Speaking about your work at the College or on behalf of the College		●		Likely no, but not because it poses a conflict of interest, rather it is in contravention of Policy 1.2 - OCP Governance Guiding Principles which states: "News media contact and responses and public discussion of the College's affairs should only be made through the Board's authorized spokespersons, the CEO & Registrar or the Board Chair." If it would be beneficial to the College for the individual to speak about their work at the College, approval should be sought from the Board Chair and the message/presentation should be prepared by/reviewed by relevant staff.

Issue	**Could this be perceived as a conflict?**			**Considerations/Comments**
	Yes	No	Maybe	
Provide OCP-mandated education	●			Even in the absence of payment, when someone who works with the OCP provides education required by the OCP, it will appear that the individual stands to derive personal benefit. The exception to this would be education provided in an academic setting, in which the *bona fides* of the individual's and institution's expertise might mitigate the reputational risk.

Issue	Could this be perceived as a conflict?			Considerations/Comments
	Yes	No	Maybe	
Member of Association		●		
Staff member, Officer, or Director at an Association	●			
Can sit on Advocacy body Committees			●	Probably not but could depend on the mandate of the Committee. If the Committee served a clear public interest purpose it may be appropriate. If the Committee has any part of its mandate dedicated to advocacy, there is a possibility that a member of the public could perceive it as a conflict and should therefore be avoided. Directors and Appointees are asked to consult the College prior to accepting an appointment to a committee of an advocacy body.
Attendance at Association events		●		
Acceptance of awards		●		
Acceptance of gifts/payment from anyone associated with College business	●			
Actively advocate for the profession	●			
Can be a speaker at Association-sponsored events			●	A speaker who has a role with the College will be seen as a representative of the College. Since there is a low tolerance for risk to the College's reputation, the decision should err on the side of caution: the assumption should be that there is a conflict that must be avoided, rather than managed. However, mitigating circumstances may exist that will enable management of the risk to an acceptable level, and are set out below. The risk is higher where the individual's influence on College decision-making is higher or seen to be higher. For example, the Chair of the Board or a Committee will be seen to have more of an impact on College decision-making than a member of a working group might.

Can be a speaker at Association-sponsored events (continued)				Apparent conflict (and higher threat to OCP reputation) will be present where:
				• The speaker is paid, or others will assume payment.
				• The topic is outside the speaker's area of practice or recognized expertise.
				• The topic is something the advocacy body has been advocating for which the College has been silent about, is currently considering or may need to consider in future (this would include issues that might come before a statutory committee if the individual is appointed to a committee).
				• The individual's personal business interests may be seen to benefit from the presentation (i.e. it will generate a higher profile for the individual or otherwise may traffic to their business).
				
				Permission may be given to make the presentation if the risk is mitigated by the following considerations:
				• The topic is something that the speaker has recognized pre-existing expertise in and/or has previously made presentations about.
				• The association and the college align on the subject matter and/or have a publicly declared partnership about the issue.
				• The presentation is about a topic on which the College has published and meets the criteria set out below:
				  • The individual's role at the OCP is not at the Board level or Committee Chair level and the presentation topic is unrelated to any decisions they would be involved in at the OCP.
				  • The topic being presented is not the subject of current advocacy work or College work and is not a current political issue.

Issue	Could this be perceived as a conflict?			Considerations/Comments
	Yes	No	Maybe	
Inclusion of College role on CV, LinkedIn or in published biographies		●		May reflect facts but should avoid self-promotion. If the materials are used to solicit business this may call into question motives for working with OCP and objectivity of decision-making. For further clarity see the College's code of conduct.
Inclusion of College role in business/enterprise professional materials	●			While reporting of the fact of College engagement is permitted, where the connection with the College provides a significant business advantage for the individual, their business and College roles may be in conflict, and this will nearly always require closer scrutiny. See policy 3.9 - Conflicts of Interest.
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Inclusion of Association role on CV, LinkedIn, or published biographies			●	Published information should clearly indicate that the roles are non-contemporaneous.
Reference to advancing or advocating for the profession in any published materials or used in association with presentations or other work	●			Those with appointments to the Board or any Committee should ensure that information about them, which is under their control, does not indicate a desire to promote, advance or advocate for the profession. This is not balanced by including reference to advocating for the public at the same time.

Issue	Could this be perceived as a conflict?			Considerations/Comments
	Yes	No	Maybe	
Speaking about your work at the College or on behalf of the College		●		Likely no, but not because it poses a conflict of interest, rather it is in contravention of Policy 1.2 - OCP Governance Guiding Principles which states: "News media contact and responses and public discussion of the College's affairs should only be made through the Board's authorized spokespersons, the CEO & Registrar or the Board Chair." If it would be beneficial to the College for the individual to speak about their work at the College, approval should be sought from the Board Chair and the message/presentation should be prepared by/reviewed by relevant staff.
Provide OCP-mandated education	●			Even in the absence of payment, when someone who works with the OCP provides education required by the OCP, it will appear that the individual stands to derive personal benefit. The exception to this would be education provided in an academic setting, in which the *bona fides* of the individual's and institution's expertise might mitigate the reputational risk.
Endorsement by a sitting Board member of any Electoral candidate to the Board of Directors	●			Examples for greater clarity: • No social media exchanges/LinkedIn (e.g., liking, commenting, or posting). • Not verbalizing a recommendation or endorsement of a candidate.

BOARD BRIEFING NOTE
MEETING DATE: June 9, 2025

FOR INFORMATION

From: Delia Sinclair Frigault, Manager, Equity and Strategic Policy
Jennifer Leung, Senior Strategic Policy Advisor

Topic: Preparing for Expanded Scope of Practice

Issue: In the fall of 2024, the Ministry of Health (MOH) held a consultation on advancing the pharmacy sector in Ontario focused on further expanding the scope of practice of Ontario's pharmacists and pharmacy technicians. Following this consultation, to which the College submitted a response[1], there has been no direction received from the MOH. However, the College continues to anticipate receiving a request in the near future from the government to draft enabling regulations.

In anticipation of a government request for a timely response from the College, the Board is asked to confirm the list of drugs and conditions/restrictions around certain minor ailments for the purpose of drafting regulations.

Public Interest Rationale: The College upholds its obligation to act and make decisions in the public interest by carefully considering any proposed changes to scope of practice and the regulations governing the profession, and by ensuring that there are appropriate regulatory measures established so that the public can continue to be assured of the delivery of safe, ethical and quality care from Ontario pharmacists, pharmacy technicians and pharmacies.

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 and policy requirements that support safe expansion of practice scope is one of the ways the College fulfills its duty to the public as a regulator.

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 came into force January 2023. The College engaged several system partners and consulted its Scope of Practice Advisory Group (SPAG) to inform a list of additional minor ailments for the Board to consider. This included recommendations of certain **conditions and restrictions** related to some of the minor ailments (Appendix A, first column under 'Minor Ailment').
- In **September 2023**, the Board was asked to consider and approve 17 additional minor ailments to be recommended to the Minister of Health. The list was recommended on the understanding that some minor ailments may be subject to conditions or restrictions, *to be determined at a later date*. At the meeting, some discussion occurred regarding these conditions and restrictions, although time did not allow for an in-depth discussion.
- In **October 2023**, the College responded to the Minister of Health's request with the Board-approved recommendations of additional minor ailments. Also at this time, under the direction of the MOH, the College moved away from categorizing drugs based on the American Hospital Formulary Service system (AHFS) and instead began listing specific drugs for the 19 authorized minor ailments.
- No further information was received from the MOH related to expansion of scope until **September 2024**, when

[1] https://www.ocpinfo.com/wp-content/uploads/2024/11/december-9-10-2024-board-meeting-agenda-materials.pdf (see pages 542-560)

the MOH held a consultation on advancing the pharmacy sector in Ontario. The consultation sought feedback related to the addition of 14 minor ailments for pharmacist assessment and prescribing, ordering of laboratory tests and point of care tests (POCTs) by pharmacists, administration of more vaccines by pharmacy technicians, communication of a diagnosis by pharmacists, the introduction of an adult vaccine bundle, and specific questions related to the provincial MedsChecks program.

- Three of the minor ailments that were originally recommended by the Board were excluded from the list of minor ailments in the Ministry's consultation (erectile dysfunction, emergency contraception and hormonal birth control), and the College is not aware of the rationale for this decision. In the College's response to this consultation, the College requested that the MOH reconsider including birth control and emergency contraception as this aligned with several other provinces and supported reproductive rights (see p.544). The College engaged broadly with system partners to inform the response to this consultation.
- Currently, in Schedule 4 of *Ontario Regulation 256/24*, under the *Pharmacy Act, 1991*, the 19 authorized minor ailments are listed along with any clinical restrictions (e.g., urinary tract infection (uncomplicated)), and with drug classes and specified drugs. Similarly, the 14 proposed minor ailments are presented in Appendix A with the clinical restrictions and specified drugs informed by the SPAG and refined by College staff.

Analysis:

- The Board is being asked to confirm the drug lists in Appendix A, to provide input and direction on the clinical restrictions around certain minor ailments, and to determine the regulatory and/or policy approaches to implementing those restrictions. Below are additional considerations regarding the drug lists:
    - No drugs that have Health Canada approval for the specified indication have been excluded.
    - Natural health products are not included, as they are not drugs.
    - Off-label use of drugs for treating and managing minor ailments have not been listed. Off-label drug use involves clinical and evidence-based decision-making that is at the discretion of each individual pharmacist, with an expectation for evidence-based decision-making and documentation of care decisions.
    - Certain drugs have been included because they are ingredients that exist in combination products.

- **What we need from the discussion with the Board of Directors?**
  Previous Board meetings did not provide sufficient time for a fulsome discussion on conditions and restrictions related to some of the proposed additional minor ailments. Specifically, the approach to the inclusion of insomnia, onychomycosis and shingles as minor ailments requires more fulsome discussion with the Board.

- **Why is this needed?**
  The Board's further input is needed to ensure that staff have the most up to date input and insights from the Board, along with a clear understanding of the Board's desire, to help ensure that the development of regulations, once prompted to draft them by the Ministry, is as efficient and effective as possible given the likelihood that we will be asked to do this work within condensed timelines. This approach to seeking earlier Board input into policy direction will be adopted, as appropriate, going forward as part of an upstream engagement effort that will support more efficient and effective decision making.

- **How will we discuss this at the meeting?**
  Policy staff will lead the Board through a facilitated discussion related to the minor ailments and drugs, conditions and/or restrictions related to three specific minor ailments. This will be initiated through the prompting of a series of questions that will be posed to the Board at the meeting.

- **Preparation for the Board**

Below is a table indicating each of the three minor ailments and information for the Board to consider for discussion at the meeting. The Board is asked to review the table and consider the information under "Analysis Consideration" in advance of the meeting. Policy staff will then guide the Board through this list and engage in a facilitated discussion to ensure staff are successful in having a clear understanding of the Board's desired approach.

Minor Ailment	Analysis Consideration

Insomnia	• In the recommendations made to the Board in September 2023, the expert advisory group (SPAG) whose decision-making was also informed by system partners including the OPA, OMA, and OCFP, had recommended overall that insomnia be included as a minor ailment, but that controlled substances (i.e., benzodiazepines), and eszopiclone and zopiclone (both not controlled substances) be excluded for pharmacist prescribing for insomnia.
	• The following is a summary of the SPAG's rationale:
	  ○ *Inclusion of benzodiazepines as controlled substances would not be permitted due to existing legislation*
	  ○ *Non-pharmacological management is first-line treatment (i.e., sleep hygiene, CBT for insomnia, addressing underlying issues like anxiety or depression) rather than medication. Some non-pharmacological interventions are outside of the scope of pharmacy practice as they may be considered practicing the controlled act of psychotherapy, and concerns were expressed about pharmacists' capacity and ability to offer non-pharmacological interventions such as counselling or CBT for insomnia.*
	  ○ *There is a risk of potential misuse of these medications, and there are systemic limitations in pharmacists' ability to track patients accessing drugs from multiple pharmacies*
	• The SPAG had suggested the following conditions and restrictions:
	  ○ *Limiting the amount of medications dispensed or having frequent follow ups with the patient. Evidence-based recommendations exist for frequent follow-up with the patient (3-6 weeks), and limited dispensing (30-60 days).*[2]
	  ○ *Monitoring clinical viewers and other available claims data to limit patients 'shopping around' for medications*
	  ○ *Evidence-based guidance for pharmacist interventions that includes non-pharmacological measures and appropriate referral to primary care or sleep specialists*
	  ○ *Clarifying public expectations of pharmacy services, specifically mitigating increase in patient traffic to pharmacies as part of drug seeking behaviours*
	• At the September 2023 meeting, some Board members felt that eszopiclone and zopiclone should be included to enable pharmacists to be effective in managing insomnia.
	• Considering the opinions of some Board members, eszopiclone and zopiclone have been included in the Appendix A drug list for insomnia. However, the Board may wish to consider providing registrants with parameters or guidance related to the management of insomnia, such as prescribing parameters around eszopiclone and zopiclone. Information can be provided to registrants through the development of a regulatory instrument (i.e. policy) (which would require collaboration with clinical experts to develop), or by leveraging existing clinical resources.

[2] Khullar A. & Igwe O. (2022). Insomnia. In Pharmacologic Choices [Internet]. Ottawa (ON): Canadian Pharmacists Association; c2025 [updated FEB2022; cited FEB2025. Available from: http://www.myrxtx.ca.

	• Other Canadian jurisdictions have created separate guidance documents for specific minor ailments requiring more direction.[3] • With the Board's support for this approach, OCP staff will work with clinical experts to develop the required guidance or parameters to support assessment and management of insomnia by pharmacists.
Onychomycosis	• Inherent challenges exist in assessing and treating fungal nail infections. Accurate diagnosis requires laboratory testing (e.g., nail scrapings or clippings to be sent for fungal culture).[4] If onychomycosis is added to the list of minor ailments, it would be expected that in order for pharmacists to provide evidence-based care, they would concurrently be given the authority to collect specimens and order fungal nail cultures and would require training to do so safely and effectively. • However, if the MOH does not authorize pharmacists to collect nail samples and order the related laboratory testing, this would limit pharmacists' abilities to provide evidence-based care. If this occurs, the role of the pharmacist as the most accessible healthcare provider would be to assess the patient, and if appropriate, start treatment with topical antifungal medication, educate the patient on next steps, and refer to a physician or nurse practitioner. • As this remains a hypothetical discussion at this time, the Board is asked to consider the two possible scenarios described above and to determine what conditions must be in place for pharmacists to be able to effectively and safely manage onychomycosis. • As described under insomnia, additional guidance to registrants, through policy/supplemental guidance could be created with system partners and clinical experts.
Shingles	• The SPAG had recommended that shingles involving the face (i.e., ophthalmic dermatome) be excluded from pharmacist treatment, as providing patients with treatment may disincentivize patients from seeking the specialized care they require for this clinical presentation. • Some Board members at the September 2023 meeting disagreed with this recommendation, noting that delaying the initiation of treatment or failing to treat the patient at all would be the greater risk to patients. • Both the New Brunswick College of Pharmacists and the Nova Scotia College of Pharmacists have guidance and expectations set for pharmacists related to the management of shingles as a minor ailment. Specifically, a pharmacist may prescribe antiviral treatment for a patient who has a complicating symptom and/or risk factor, provided they clearly communicate to the patient the importance of being seen promptly by another healthcare provider for further assessment and are satisfied that the patient understands the risks associated with not doing so. Furthermore, when a pharmacist prescribes for a patient that presents with suspected disseminated, ocular, otic, or neurologic manifestations, the pharmacist will instruct the patient to seek emergency care. • As the Board indicated preference in September 2023 for including shingles involving the face, shingles is listed in Appendix A without any conditions or restrictions. • However, considering the SPAG's concerns, the Board may wish to provide registrants with parameters or guidance related to the management of shingles involving the face. Similar to the approach suggested for insomnia and onychomycosis above, guidance can

[3] New Brunswick College of Pharmacists. Prescribing for Common Ailments (February 2025) – see pg. 18 College Guidance of Specific Minor Ailments.
[4] Eisman S. and Sinclair R. (2014). Fungal nail infection: diagnosis and management. *BMJ* 2014;348:g1800

	be provided to registrants through a regulatory instrument (which would require collaboration with clinical experts to develop), or by leveraging existing clinical resources. • With the Board's support for this approach, OCP staff will work with clinical experts to develop the required guidance or parameters to support assessment and management of shingles, including shingles involving the ophthalmic dermatome.

Recommendation:

That the Board provides College staff with the supplementary input on drugs, conditions and restrictions on certain minor ailments noted above to be considered once the government provides clear direction to the College related to expanded scope of practice which is expected imminently.

Next Steps:

College staff will continue to apply the Board's input and feedback to its preparation efforts and will continue to work on appropriate regulatory measures and safeguards to support the implementation of expanded scope safely and effectively. Once Ministry direction on expanded scope is provided to the College, staff will provide an update to the Board with next steps and timelines including those related to subsequent regulation drafting.

Attachments:

- 16.1 - Additional minor ailments, drug classes and specified drugs
- 16.2 - October 2023 letter to the Minister of Health

Appendix A - Additional minor ailments, drug classes and specified drugs

Minor Ailment	Drug Classes	Specified Drugs
Acute pharyngitis	Oral analgesics	• acetaminophen • ibuprofen
	Local analgesics (anesthetics)	• amylmetacresol • dichlorobenzyl alcohol • dyclonine hydrochloride • benzydamine
	Antibiotics (Cephalosporins)	• cefadroxil • cephalexin
	Antibiotics (Lincosamides)	• clindamycin
	Antibiotics (Macrolides)	• azithromycin • clarithromycin
	Antibiotics (Penicillins)	• amoxicillin • penicillin V potassium
Calluses and corns	Keratolytic Agents	• salicylic acid
Mild Headache (Tension-Type)	Analgesics	• acetaminophen • acetylsalicylic acid (ASA) • ibuprofen • naproxen
Herpes Zoster	Nucleoside Analogues (Oral Antivirals)	• acyclovir • famciclovir • valacyclovir
	Analgesics	• acetaminophen • acetylsalicylic acid (ASA) • ibuprofen • naproxen
Insomnia	Benzodiazepine Receptor Agonists (short term use only)	• eszopiclone • zopiclone
	Orexin Receptor Antagonists	• daridorexant • lemborexant
	Tricyclic Antidepressants	• doxepin
	Antihistamine	• diphenhydramine
Onychomycosis	Topical antifungals	• Ciclopirox olamine • Efinaconazole
Otitis externa	Acidifying Agents	• acetic acid
	Topical Antibiotics	• gramicidin • polymyxin B • clioquinol • framycetin
	Topical Corticosteroids	• dexamethasone • flumethasone pivalate
Pediculosis	Pediculicides	• permethrin • pyrethrins • piperonyl butoxide • dimeticone • isopropyl myristate

Minor Ailment	Drug Classes	Specified Drugs
		• cyclomethicone
Viral Rhinitis, rhinosinusitis	First-generation Antihistamines, oral	• chlorpheniramine • diphenhydramine • brompheniramine
	Second-generation Antihistamines, oral	• cetirizine • desloratadine • fexofenadine • loratadine
	Intranasal antihistamine	• pheniramine
	Decongestants	• pseudoephedrine • phenylephrine
	Intranasal Corticosteroids	• mometasone
	Intranasal Decongestants	• oxymetazoline • phenylephrine • xylometazoline
	Anticholinergics, nasal	• ipratropium bromide
Seborrheic dermatitis	Topical Antifungals	• ciclopirox • ketoconazole • selenium sulfide • zinc pyrithione
	Topical Calcineurin Inhibitors	• pimecrolimus • tacrolimus
	Topical Corticosteroids	• hydrocortisone • betamethasone valerate
	Keratolytic Agents	• coal tar • salicylic acid
Tinea corporis	Topical Antifungals	• terbinafine • clotrimazole • ketoconazole • miconazole • ciclopirox • tolnaftate • undecylenic acid
Tinea cruris	Topical Antifungals	• terbinafine • clotrimazole • ketoconazole • miconazole • ciclopirox • tolnaftate • undecylenic acid
Verrucae vulgaris; plantar (Excluding facial and/or genital involvement)	Keratolytic Agents	• salicylic acid
Xeropthalmia; dry eye disease	Ophthalmic Lubricants	• carboxymethylcellulose • dextran 70 • Glycerin • hypromellose (hydroxypropyl methylcellulose)

Minor Ailment	Drug Classes	Specified Drugs
		• hydroxypropyl-guar (HP-guar) • lanolin • mineral oil • petrolatum • polyvinyl alcohol • polyvinyl pyrrolidone (povidone) • propylene glycol • polyethylene glycol-400

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 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

BOARD BRIEFING NOTE
MEETING DATE: June 9, 2025

FOR DECISION

From: Governance Committee

Topic: Election of a Public Director to the Executive Committee

Issue/Description: The Board will appoint a new public director to serve on the Executive Committee for the balance of the current term.

Background: JP Eskander's term expiring from the OCP Board has left a vacancy on the Executive Committee. The *Regulated Health Professionals Act* requires that the College have an Executive Committee. OCP By-law stipulates that the Committee must include two public directors.

The Board will elect a public director to serve on the Executive Committee beginning June 9, 2025 and ending September 14, when selection of the Executive Committee for the following year will take place.

The Chair of the Governance Committee will call for interest from the floor for this position. If more than one public director is interested in the role, an election will be held by secret ballot. The Registrar and CEO will collect the ballots and count the votes. If only one public member expresses an interest in the position, that person will be acclaimed.

If no public director identifies themselves as interested in the role, the Chair will appoint a public member of the Board to ensure compliance with the By-law and RHPA.

Motion:

THAT the Board appoint (To be identified) to the Executive Committee for the term commencing June 9, 2025 and ending September 14, 2025.

Attachments:

- 18.1 – By law: 12.1.4 Executive Committee Election Process

12.1.4 The Board shall elect the remaining members of the Executive Committee, in accordance with the composition requirements in paragraph 9.2. 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.