



Ontario College
of Pharmacists

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COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF) REPORTING TOOL

Reporting Year: January 2024 – December 2024

March 2025

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Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate to act in the public interest?” This information:

- 1. Strengthens accountability and oversight of Ontario’s health regulatory Colleges; and
- 2. Supports Colleges in improving their performance.

Each College reports on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Performance-based activities that a college is expected to achieve and against which a college will be measured.
3	Measures	→ More specific requirements to demonstrate and enable the assessment of how a college achieves a Standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a college’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a college’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a college commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are critical attributes that contribute to a college effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a college to carry out its functions well. The seven domains are interdependent and together lead to outcomes that a college is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

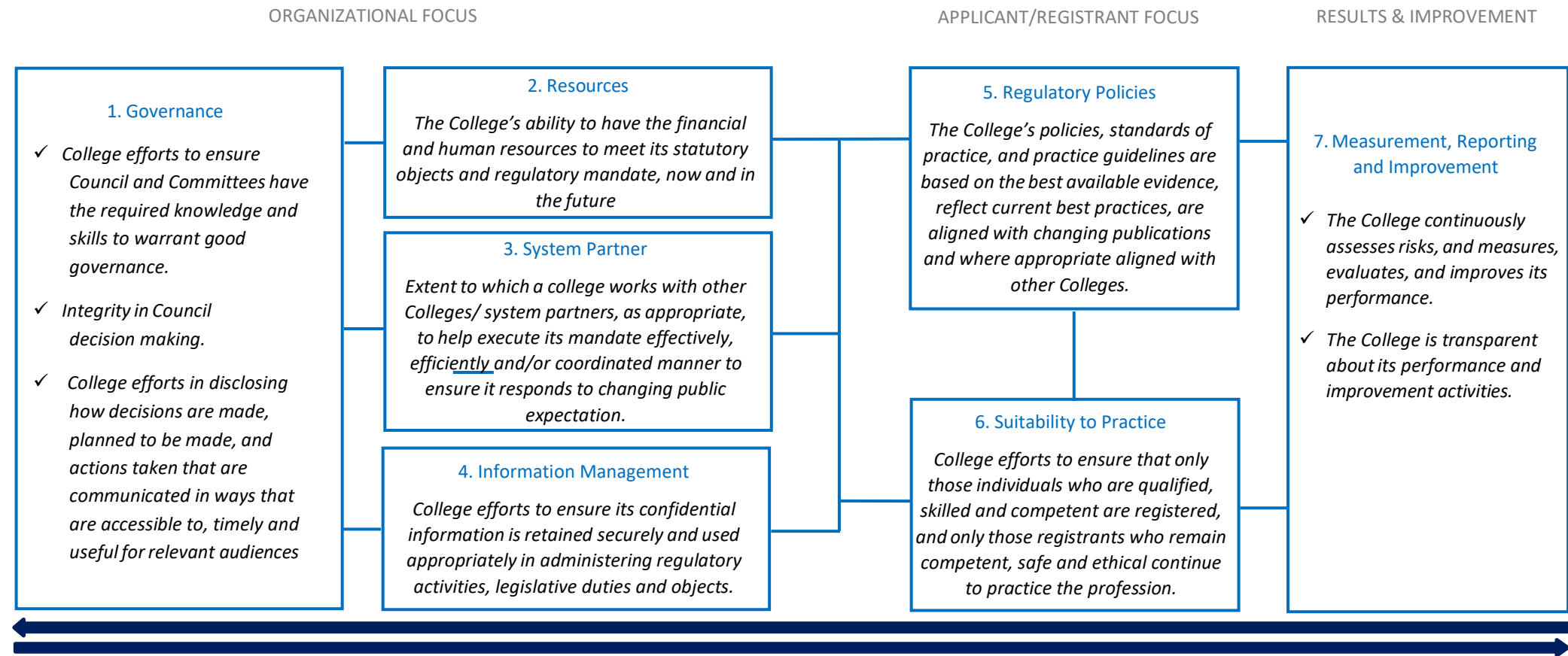


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory colleges during 2024.

The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among college staff and Council members and between colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a college fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

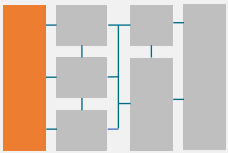
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as ‘Benchmarked Evidence’. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a college does not meet, or partially meets expectations on a benchmark, it is asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a college fully met Evidence in 2023 and 2024, the College may opt to respond with ‘Met in 2023 and Continues to Meet in 2024’. In instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

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Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of the Council or a Statutory Committee.		
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response	
		a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency and suitability criteria; and Benchmarked Evidence	The College fulfills this requirement:	Yes
			- The competency and suitability criteria are public: Yes - Eligibility criteria for election to the Board can be found in the College’s By-Laws (Section 4.5 “Eligibility for Election”, page 6). - In addition, the College screens potential candidates for election against a list of competencies/qualities targeting specific gaps identified by the overall Board Competencies Survey (which is sent to Board Directors prior to the election). - See By-Law section 4.7 “Director Competencies”, page 7. - The College attempts to recruit electoral candidates who demonstrate the specific competencies and experiences the Board is seeking through its election support materials.	
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	

		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:	No
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	No
			<i>Additional comments for clarification (optional):</i> The College's application and screening process makes holding pre-election orientation sessions redundant. Applicants must: ○ Review documents that outline the College's mandate, Governance Framework, role, responsibilities and expectations of the Board, individual Directors, and Board Committees. (See website for more details). ○ Provide written answers to questions about serving in the public interest. Applicant responses are screened by an independent consultant and then a Screening Committee to assess their understanding of the role of a Board of Director and the required competencies.	
		b. Statutory Committee candidates have:	The College fulfills this requirement:	Yes
		i. Met pre-defined competency and suitability criteria; and <i>Benchmarked Evidence</i>	• The competency and suitability criteria are public: Yes • <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> ○ https://www.ocpinfo.com/about/council-committees/nccm/ ○ https://www.ocpinfo.com/wp-content/uploads/2020/08/professional-committee-appointee-application-guide.pdf ▪ Eligibility Criteria (for professional applicants) include having a valid Certificate of Registration, practicing or residing in Ontario, being subject of any discipline or incapacity proceeding, being found to have committed an act of professional misconduct or to be incompetent by a panel of the Discipline Committee, being disqualified from serving on the Board or a committee within the last six years. ▪ Core Competencies are: 1) Interest in serving on a Committee; 2) Analytical; 3) Currency / Awareness of societal values; 4) Understanding of the public interest; 5) Open-mindedness/Willingness to learn; 6) Integrity/Transparency; 7) Recognition of limitations; 8) Reflective/Self-Aware; 9) Respectful/Personable (high EQ); 10) Effective Communicator; 11) Diligence/ Preparedness/Adherence to commitment; 12) Technical knowledge/Computer literacy; 13) Participatory; 14) Collaboration/Cooperation; 15) Judgement/ Decision making.	

			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	The College fulfills this requirement:	No
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	No
			<i>Additional comments for clarification (optional):</i> The College is not intending to provide orientation training prior to appointment to a Committee as the College is confident that: 1. Its application and screening process for Committee members ensures that those who wish to serve on a committee are well-oriented to the mandate of the respective committee and the role expectations. 2. Its comprehensive Committee orientation program for members, once appointed, will provide them with the information they need to perform their duties as Committee appointees effectively, including: ○ New appointees receive training from the Board Chair and Registrar/CEO at the beginning of the Board year. ○ All appointees (new and returning) are sent a confirmation package which contains the Board policy booklet as well as an attestation and instruction to review the policies, paying particular attention to sections regarding role, duty of care and loyalty, conflict of interest (COI), privacy and confidentiality. This includes a requirement to view a video on "Moving Beyond Cultural Competency to Practicing Cultural Humility". New appointees also participate in Committee-specific orientation prior to, or at the same time as, their first Committee meeting. This applies to Professional and Lay Committee Appointees as well as Board Directors appointed to serve on Committees.	

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Duration of orientation training: ○ A one-hour orientation training with the Board Chair, the Registrar/CEO and a designated mentor (a current public Board member who provides guidance and support in onboarding a new public Director). ○ A one-hour online orientation module. https://www.ocpinfo.com/extra/board-orientation/index.html#/ • Please briefly describe the format of orientation training: The one-hour orientation training with the Board Chair, the Registrar/CEO and the mentor is virtual. • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. 1. Role of the College (who we are, what we regulate, how we regulate). 2. Governance & Operations of the OCP. 3. Board oversight (OCP risk appetite statement, oversight tools). 4. Board duties (duties of Board of Directors, conflict of interest, privacy and confidentiality, equity, diversity, and inclusion). 5. Committees - Statutory and Standing Committees. See for more detail: Board Policy 3.1 – Orientation of Board Directors and Committee Appointees (Pages 26-27) ○ Starting in 2024, the Colleges further enhanced the orientation for public Board members by providing them with the opportunity to shadow a virtual routine pharmacist practice assessment to help them gain knowledge about the pharmacy profession. ○ In 2024, the College also hosted a full day hybrid orientation session for all Board and Committee members to attend. This included: ▪ Board and Ministry of Health discussion ▪ Committee Fundamentals warm-up ▪ Welcome/Introductions ▪ Governance and College Operations – an overview of mandates and functions ▪ Privacy and Confidentiality – statutes, policies and best practices for governing boards and committees ▪ What do we mean by “discrimination”? Exploring the commitment to pharmacy practice and regulation that is free from discrimination, and understanding the implications of discrimination in our regulatory context ▪ Governance Workshop – roles, relationships and responsibilities in good governance and committee activities ▪ A close-up on College Committees and their relationship to operational functions	

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.			
Required Evidence		College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.		The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		- Please provide the year when Framework was developed OR last updated. 2021 - Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. Policy 3.2 Board Meeting Effectiveness Assessment Policy (Page 28). - Evaluation and assessment results are discussed at public Council meeting: Yes <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> December 9, 2024, Board meeting (Page 33-34).	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			- Has a third party been engaged by the College for evaluation of Council effectiveness? Yes - At the September 2024 Board meeting, the Board approved a motion to initiate an independent third-party governance review. - Subsequently, at the December 2024 Board meeting, the Board approved the scope of a Request for Proposal (RFP) for the Board’s Governance Review and the timeline for issuing the RFP. See for more details the December Meeting Report (Page 2). - The RFP was posted and concluded on January 31, 2025. Proposals are currently being reviewed.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. <u>Further clarification:</u> Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:	Yes
			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. ○ Informed by, for example, Board evaluations, the Board Chair and Board Vice-Chair may meet to discuss opportunities for Board development and may also elect to meet with any number of Directors to discuss opportunities for Board Director development. ○ Informed by the Board Competencies Survey which provides an overall picture of strengths and gaps in competencies and experience on the Board. ○ The Governance Committee may consider and recommend training or development based on feedback for the Board as a whole or for any individual Director of the Board which is also informed by the Board’s understanding of public expectations and the resulting need for training (e.g., EDI). ○ In 2024: ▪ The College hosted a full day hybrid orientation session for all Board and Committee members to attend. This included: - Governance and College Operations – an overview of mandates and functions - Privacy and Confidentiality – statutes, policies and best practices for governing boards and committees - What do we mean by “discrimination”? Exploring the commitment to pharmacy practice and regulation that is free from discrimination, and understanding the implications of discrimination in our regulatory context - Governance Workshop – roles, relationships and responsibilities in good governance and committee activities – led by external consultant - A close-up on College Committees and their relationship to operational functions - Board and Committee Chair Training – led by external consultant ▪ The Board attended a retreat in March 2024 which focused on examining and revising Board attributes and competencies, presentation on EDI to support decision-making, role of the registrar, and succession planning. ▪ A Board lunch and learn was held in July 2024 to review OCP’s discipline processes and in November 2024 to provide more context and information on College Performance Measures. ▪ A Board Governance workshop was held in November 2024 with an external facilitator covering these topics: - Regulation and regulatory governance - Revisiting the principles of Good Governance - Roles and Responsibilities - The Board fulfilling its legislative and regulatory role - Focusing on the Right things and doing things right	

			- Fiduciary duties - The Board’s role in identifying, reviewing, and overseeing the management of risk(s) - Board members as leaders (focusing on emotional intelligence) - Various group discussions and scenarios	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	

DOMAIN 1: GOVERNANCE	STANDARD 2	Measure: 2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance public interest.	
		Required Evidence	College Response
		a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and <u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While	The College fulfills this requirement: - Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. - The Conduct of Directors and Committee Appointees and Sanctions Process (Board Policy 3.7) was last updated in 2021. - The Board Code of Conduct (Appendix to Board Policy 3.7) was last updated in 2021. - The Conflict-of-Interest Policy (Board Policy 3.9) was last updated in 2022. - Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. - Changes to the Conflict-of-Interest Policy can be found here (Pages 33-34).
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
			Yes
			Choose an item.

		there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.	<i>Additional comments for clarification (optional)</i>
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		ii. accessible to the public.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. See links above	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			- Cooling off period is enforced through: By-law - Please provide the year that the cooling off period policy was developed OR last evaluated/updated: 2024 - Please provide the length of the cooling off period: Three (3) years - How does the College define the cooling off period? - The Registrant is not and has not within the three (3) years immediately preceding the election been, an employee, officer or director of a Professional Advocacy Association, except for Associations whose mission, vision and mandate are primarily to mitigate systemic barriers to access to the profession for diverse populations, marginalized groups and individuals with disabilities. Additionally, nothing in this clause will prevent a Registrant who serves on an association or organization to which they have been appointed by the Board as a representative of the College, from running for election to be an Elected Director; - Where the Registrant was formerly a Director, but is not as of the date of the election a Director, it has been at least three (3) years since the Registrant was a Director; - The Registrant is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the election, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection. - Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR Where not publicly available, please briefly describe the cooling off policy: See College By-Law No 7 Section 4.5. - The By-Law was updated in 2024 with the following amendment: "Removing barriers to Board membership for pharmacy professionals from diverse populations, marginalized groups and individuals with disabilities." (March 2024 Board Materials, Pages 206-207)	

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u> i. The completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u> .	The College fulfills this requirement:	Yes
			• Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated: 2022 • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that include the questionnaire and indicate the page number. N/A	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	No
			<i>Additional comments for clarification (optional)</i> The College believes that its current approach meets the intent of this Measure, including: ○ The requirement that all Board Directors complete an attestation of conflict of interest (COI) at the beginning of each Board year stating that they are aware they must declare any real or perceived conflicts of interest to mitigate any risk to myself, the College, or the Board/Committee. ○ At the beginning of each meeting, Board Directors are being asked whether there is a conflict of interest with one or more of the agenda items. ○ Education regarding expectations as it relates to conflict of interest is part of the annual Board and Committee orientation. In 2024, discussion regarding conflict of interest was covered at the Board Governance training workshop in November.	

			○ The Governance Committee developed a table of Conflict-of-Interest considerations and precedents to assist in resolving these issues for Committee and Board Directors. See Board Policy 3.9 – Conflicts of Interest for more details (Page 53). ○ At the beginning of each meeting, Board Directors are asked to declare conflict with any of the items on the agenda. In the rare event where the Chair believes there may be a conflict, they will contact the Board Director in advance to ensure an understanding of the potential issue.
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		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please briefly describe how the College makes public interest rational for Council decisions accessible for the public. ○ Matters that come before the Board for approval or decision are accompanied by a supporting briefing note which includes a section that defines the public interest rationale for the item coming forward to the Board. The content of each briefing note reinforces the connection of the matter to the College’s mandate and Board’s role. This includes providing the necessary context and background to support the Board’s decision-making and understanding and any key considerations that must be included to demonstrate the item as a matter of public interest. Briefing notes are supplemented by presentations, which are used to further emphasize the content of the matter before the Board as well as the public interest rationale. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. ○ Board meeting materials can be found here. Example of how the College references a public interest rationale in its briefing notes: New Practice Policy – Supervision of Pharmacy Personnel (Page 162).	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

		e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.	The College fulfills this requirement:		Yes	
		<u>Further clarification:</u> Formal approach refers to the documented method or which a college undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed as appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	• Please provide the year that the formal approach was last reviewed: 2020 (and continues to be refined) • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. ○ The College’s Risk Appetite Statements, which outline the degree of risk OCP is willing to accept to achieve its objectives, can be found at the beginning of Board packages (Page 3). ○ An example of the College’s Risk Reporting can be found here (Pages 97-104).			
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>				Choose an item.
		<i>Additional comments for clarification (if needed)</i>				

DOMAIN 1: GOVERNANCE	STANDARD 3	Measure: 3.1 Council decisions are transparent.			
		Required Evidence	College Response		
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	
			• Please insert a link to the webpage where Council minutes are posted. ○ College’s Board Meetings & Reports. ○ In addition, the College: ▪ Drafts and posts Board Summary Reports about one week after the meeting on the College’s website. ▪ Highlights of the Board meetings are also shared via X (formerly Twitter) • Please insert a link where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. ○ Status updates on Board decisions are not posted separately on the College’s website. Updates are provided in subsequent Board meeting packages, which are available on the College’s website.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional)		

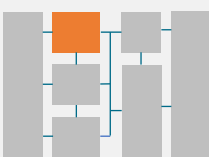
		b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement:		Yes
			Please insert a link to the webpage where Executive Committee minutes/meeting information are posted: College’s Board Meetings & Reports.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional)		

Measure: 3.2 Information provided by the College is accessible and timely.			
Required Evidence		College Response	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.		The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted: Materials for the past three calendar years are posted on the College's Board Meetings & Reports site.	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.		The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		- Please insert a link to the College's Notice of Discipline Hearings. - Notices of Discipline Hearings are posted at least one month in advance with required information posted online via: - The College's Upcoming Discipline Hearings website. - The College's Public Register (Find a Pharmacy/Professional Tool).	

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <i>Additional comments for clarification (optional)</i>	Choose an item.
		Measure: 3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.		
		Required Evidence	College Response	
		a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement: • Please insert a link to the College’s DEI plan: https://www.ocpinfo.com/wp-content/uploads/2023/06/june-12-2023-board-meeting-agenda-materials.pdf (Pages 73-75) • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number: See above ○ In addition: ▪ See the <u>College’s 2024-2028 Strategic Plan</u> 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. ▪ <u>March 25, 2024</u>: Elections Eligibility Requirements amended to allow individuals who have been an employee, officer or director of a professional advocacy association within the past three years to run. This amendment is important as some associations exist for the promotion of historically underrepresented groups in the profession. The by-law was revised to create an exception for associations whose primary purpose was to mitigate systemic barriers. In addition, candidates with competency working with diverse populations and marginalized groups are particularly encouraged to apply to the board https://www.ocpinfo.com/wp-content/uploads/2024/03/March-25-2024-Board-Meeting-Materials.pdf ▪ <u>July 8, 2024</u>: Human Rights Policy – Practice policy focusing on clarifying existing human rights legislation brought forward to consolidate expectations and requirements - https://www.ocpinfo.com/wp-content/uploads/2024/07/july-8-2024-board-meeting-agenda-materials.pdf ▪ <u>November 9, 2024</u>: EDI Strategy Update https://www.ocpinfo.com/wp-content/uploads/2024/11/december-9-10-2024-board-meeting-agenda-materials.pdf Page 297 ▪ <u>December 10, 20254</u>: Human Rights Policy – Practice policy passed to ensure the protection of patient human rights when accessing pharmacy care https://www.ocpinfo.com/wp-content/uploads/2024/11/december-9-10-2024-board-meeting-agenda-materials.pdf	Yes

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

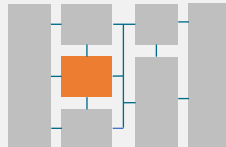
		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. <u>Further clarification:</u> Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	The College fulfills this requirement:		Yes
			• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. ○ The College is in the process of developing Equity Impact Assessment tools catered to specific department functions. Currently, EDI staff work across the College to provide direction on how to ensure a policy or program that is being reviewed or developed upholds the College’s commitment to inclusion and fairness. For example, EDI staff have been consulted on the development of OCP’s Service Charter, review of governance frameworks, as well as internal and HR related policies and programs. In addition, relevant program and policy development topics are brought to the College’s Equity, Diversity, and Inclusion Registrant Reference Group (RRG) to ensure a range of registrant experience is considered. Members of the RRG have diverse backgrounds and demonstrate expertise of EDI in the field of pharmacy. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. ○ Equity analysis tools are being used as part of the review of the College’s existing policies, procedures, and processes as part of the overall EDI strategy. Preliminary work on adapting the Health Profession Regulators of Ontario (HPRO) Equity Impact Assessment Tool is underway. ○ Examples include content reviews of Professional Development and Remediation learning modules, HR and corporate policies, template letters and communications tools. ○ EDI department will be launching an internal capacity building program, modeled after train-the-trainer programs, to support the competency of staff in every department to develop and adapt equity impact assessments tailored based on department and project need. Pilot to launch in Q2 2025.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional)		

		Measure: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.									
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response								
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. Further clarification: A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"> - Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. - Every year, the College develops an annual budget based on the resources required to implement initiatives to achieve the College’s strategic goals set out in the Strategic Plan established by the Board and support the College’s ongoing regulatory and operational functions: December 9, 2024, Board Meeting (2025 budget approval) (Pages 326-346). - Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. - Project proposals and program improvements in support of the College’s strategic goals and ongoing regulator and operational functions go through a series of rigorous resource planning and prioritization exercises before being added to the operating plan and annual budget. The final budget proposal is presented to the Finance and Audit Committee (FAC) for consideration and recommendation to the Board for review and final approval at the College’s year-end Board meeting. </td></tr><tr><td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</td><td>Choose an item.</td></tr><tr><td colspan="2">Additional comments for clarification (optional)</td></tr></table>	The College fulfills this requirement:	Yes	- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. - Every year, the College develops an annual budget based on the resources required to implement initiatives to achieve the College’s strategic goals set out in the Strategic Plan established by the Board and support the College’s ongoing regulatory and operational functions: December 9, 2024, Board Meeting (2025 budget approval) (Pages 326-346). - Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. - Project proposals and program improvements in support of the College’s strategic goals and ongoing regulator and operational functions go through a series of rigorous resource planning and prioritization exercises before being added to the operating plan and annual budget. The final budget proposal is presented to the Finance and Audit Committee (FAC) for consideration and recommendation to the Board for review and final approval at the College’s year-end Board meeting.		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.	Additional comments for clarification (optional)	
		The College fulfills this requirement:	Yes								
		- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. - Every year, the College develops an annual budget based on the resources required to implement initiatives to achieve the College’s strategic goals set out in the Strategic Plan established by the Board and support the College’s ongoing regulatory and operational functions: December 9, 2024, Board Meeting (2025 budget approval) (Pages 326-346). - Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. - Project proposals and program improvements in support of the College’s strategic goals and ongoing regulator and operational functions go through a series of rigorous resource planning and prioritization exercises before being added to the operating plan and annual budget. The final budget proposal is presented to the Finance and Audit Committee (FAC) for consideration and recommendation to the Board for review and final approval at the College’s year-end Board meeting.									
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.								
Additional comments for clarification (optional)											

		b. The College: i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:		Met in 2023, continues to meet in 2024
			• Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. ○ The College’s Financial Reserve Policy is not available on the College’s website. ▪ The College has established two Reserve Funds to cover variable and/or unforeseen costs and expenses (Investigations and Hearings Reserve Fund and a Contingency Reserve Fund). ▪ The amount to be maintained in the Investigations and Hearings Reserve Fund is calculated each year, based on best estimates of potential expenses. ▪ The amount to be maintained in the Contingency Reserve Fund is at a minimum of four (4) months operating expenses. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated: Reviewed 2021 • Has the financial reserve policy been validated by a financial auditor? Yes		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (if needed)		

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). <i>Benchmarked Evidence</i>	The College fulfills this requirement:		No
			• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.		
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>		
			The College believes that its current approach meets the intent of this Measure: ○ In considering the College’s annual budget, the Board considers the anticipated human resources required to ensure sustainability. For example: ▪ The 2023 budget included a significant investment in increasing staffing to meet operational requirements (See December 12, 2022, Board materials for more detail (pages 200 and 211)) ▪ The College invests in staff training (See December 9, 2024, Board materials (pages 326 - 346)). ○ Staff engagement surveys are conducted annually by a third party and reported to the Board. ▪ The Board reviewed and discussed the 2024 OCP Employee Engagement Survey results at the September 16th Board meeting.		

		ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			• Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. ○ In 2021, the College outlined a plan to modernize its technology infrastructure over a three-year period. The plan (known as the Technology Roadmap) includes implementation of cloud-based applications to improve collaboration, productivity, availability, and security while at the same time reducing cost and downtime. Updates on the progress of the Roadmap are regularly reviewed	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i> <i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i>	
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u> Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support the execution of its mandate. Engaging with other health regulatory colleges and system partners is critical for the College and even codified in its 2024-2028 Strategic Plan as one of its regulatory principles: “We engage and collaborate with Ontario patients and other health system partners to protect the public” Engagements with other colleges and system partners included (but was not limited to): ○ HPRO (Registrar on Management Committee and staff are on a variety of communities of interest (e.g. Equity, Diversity, and Inclusion Network, Chair of the Citizens Advisory Group Committee) ○ Council on Licensure, Enforcement and Regulation (CLEAR) and Canadian Network of Agencies of Regulation (CNAR) attendance and presentations ○ National Association of Pharmacy Regulatory Authorities (NAPRA) – The College is part of the NAPRA Board. The meetings keep the College and other PRAs aware of events, trends, and changing legislation that affects the practice of pharmacy across Canada. Furthermore, through NAPRA, PRAs work together to identify risk and best practices and provide feedback on Health Canada consultations (e.g., updating the provisions for hospitals and practitioners in regulations under the <i>Controlled Drugs and Substance Act</i>). ○ Universities (in research partnerships) and both Universities and Colleges in outreach activities) ○ Pharmacy associations ○ Special interest working groups and organizations either providing care or advocating on behalf of equity-denied communities (e.g. Rainbow Health Ontario and Indigenous Pharmacy Professionals of Canada) ○ Ontario Chiefs of Police (regarding Time Delayed Safes safety initiative)	

	○ Ontario Ministry of Finance (provided feedback on the Ministry’s consultation on the impact of pharmacy Preferred Provider Networks on Ontario’s employer sponsored drug insurance sector) ○ The College of Veterinarians of Ontario (collaboratively engage with the College of Veterinarians of Ontario (CVO) during CVO’s drafting of regulations under the Veterinary Professionals Act). ○ Ongoing interactions with the Ontario Ministry of Health and in addition provided feedback on the Ministry’s consultation on advancing the pharmacy sector in Ontario. ○ Ongoing relationships and information-sharing with colleagues across colleges on an <i>ad hoc</i> basis about matters from governance best practices to best leadership training for staff The examples are too numerous to provide details about how each has shaped College outcomes. Often, this will be reflected in the environmental scanning section of briefing materials provided to the Board or in revisions to operational documents based on best practices identified through our community. Furthermore, the Registrar’s Update to the Board includes a section outlining the key engagement activities over the previous quarter.
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Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of Standard 6 is to demonstrate that a college has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public, to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners, it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a college responded is requested in Standard 7).*

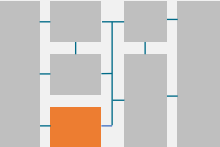
Expanded Scope of Practice

- In September 2024, the Ministry of Health launched an open consultation on a proposal to advance the pharmacy sector in Ontario. Additional minor ailments (excluding erectile dysfunction, birth control, and emergency contraception), additional authorized vaccines, controlled acts (ordering labs, communicating a diagnosis), barriers to scope of practice in hospital, and the provincial MedsCheck program were the topics of the consultation. To provide a well-informed response to the consultation that reflected the risks and benefits of the proposed scope expansion, College staff conducted the following activities:
 - Engagements with external system partners:
 - Ontario schools of pharmacy
 - Ontario pharmacy technician programs (Centennial, Humber)
 - Ontario hospital pharmacy directors
 - Ontario Hospital Association
 - Health Profession Regulators of Ontario Citizens Advisory Group
 - The College’s Registrant Reference Group
 - Indigenous pharmacists
 - Engagement with OCP’s staff Pharmacy Professionals Group
 - Jurisdictional scan survey of other provincial pharmacy regulators
 - Literature scan

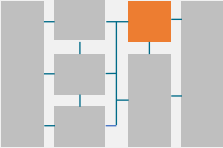
EDI Reference Group

- A group comprised of six pharmacists and three pharmacy technicians with diverse professional and personal experience.
- Provides arm’s length advice to the College about matters related to our EDI strategy.

	HPRO Citizen’s Advisory Group (CAG) • All health profession regulators in Ontario support, both financially and in-kind, the operation of this group as a commitment to patient engagement in regulation • The College occupies the Chair position of the Committee that manages the daily operations of the CAG. The Committee has representatives from the Ontario College of Pharmacists, the College of Physiotherapists of Ontario, the College of Midwives of Ontario, the College of Occupational Therapists of Ontario, the College of Physicians and Surgeons of Ontario, and the Royal College of Dental Surgeons of Ontario. Indigenous Involvement in Pharmacy Regulation • To support the development of the College’s Indigenous Cultural Competency work • Provide feedback on policy development work Business pressures in pharmacy that impede pharmacist ability to meet standards of care and ethical obligations • Following significant concerns heard from the public, media and registrants regarding corporate influence on pharmacy practice, the College collected feedback through a survey and virtual town halls to better understand the current environment and the impacts on care. • The strategy developed in response to the feedback included approval by the Board of Directors of a zero-tolerance position in the public interest. This statement states that business practices must not compromise the ability of pharmacy professionals to provide safe and effective care to patients. Time-Delayed Safe Mandate • To deter crime and reduce pharmacy robberies, the College partnered with the Ontario Association of Chiefs of Police, the Ontario Pharmacists Association and law enforcement, including Peel Regional Police, Toronto Police Service and Windsor Police Service, on the Ontario-wide time-delayed safe mandate. • As part of the public awareness campaign, a joint College and Ontario Association of Chiefs of Police press conference announced that all 4,900+ community pharmacies in Ontario are using time-delayed safes for securing narcotics and showcased the mandatory pharmacy signage indicating a time-delayed safe is in use. This generated a potential overall reach of 139 million.
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		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:
			Yes
			• Please insert a link to policies and processes OR please briefly describe the respective policies and processes that address disclosure and requests for information. ○ A Privacy Code outlining the kind of personal information the College collects, the rationale for collecting it, and how the College will use, disclose, and retain the information. The Code adopted the 10 principles of the Canadian Standard Association’s Model Code for Protection of Personal Information. The Privacy Code can be found on the College’s website. ○ Privacy and Information Access Policy & Manual that provides operational guidance to help OCP staff: ▪ understand privacy legislation and regulations and how it may or may not apply to the OCP; ▪ understand the general framework of the OCP’s Privacy Management principles and practices; ▪ meet OCP and external administrative and operational requirements as it relates to information access and disclosure; and, ▪ understand and apply OCP’s privacy and information access management protocols to their work at the OCP. ○ An Assessing External Requests for Data and Information process document that describes: the kinds of requests for information that the College receives, the differing ways that the College can fulfill those requests, the criteria used by the College to assess whether it is able to disclose the requested information, best practices for sending requested data depending on the sensitivity of the data, and “Terms of Use” that outline what the recipient shall and shall not do with the data they receive. ○ All College staff are required to complete training to refresh awareness on information/data responsibilities.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?
			Choose an item.
		Additional comments for clarification (optional)	

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information. Benchmarked Evidence	The College fulfills this requirement:	Yes
			• Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. ○ <u>Cybersecurity</u>: The College has a cybersecurity policy and a cybersecurity response plan in place. Furthermore, it has processes in place to routinely assess its IT/IM infrastructure and those of its vendors to ensure optimal protection. Upon identification of a potential cybersecurity threat, a thorough vulnerability assessment is conducted, and countermeasures are formulated and rapidly deployed. Events are logged, monitored, and reported to the leadership team in a structured approach in accordance with the incident management protocol. ○ <u>Process for Addressing Accidental or Unauthorized Disclosure of Information</u>: The College’s Privacy Breach and Incident Protocol outlines the process for managing accidental or unauthorized disclosures of information which includes the Breach and Incident Protocols. At a high level, the process steps are: - Any potential accidental or unauthorized disclosure of information is reported to the Privacy Officer. - College staff investigate the root cause of the breach, collaborate with the IT Department to develop a remediation plan, and document the findings. - Affected parties from the incident are notified, if necessary, and follow-up is managed. - Cause and contributing factors relate to each privacy breach are reviewed by the Privacy Officer and the College’s Risk Management lead to include in the College’s Risk Register and develop mitigation strategies where deemed needed. ○ College staff are trained on the Privacy and Information Access Policy & Manual, and a Privacy Breach Summary Report template to support staff exists	
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	

		Measure: 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).		
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	Required Evidence	College Response	
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. <i>Benchmarked Evidence</i>	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). ○ The process outlining how the College evaluates its policies, standards of practice, and practice guidelines can be found here. ○ College staff proactively monitor the practice environment through several different mechanisms, including our practice and operational assessment process, complaints and intake trends, practice queries from professionals and the public (as received by our practice consultants), and collaborate with external stakeholders to identify the need to develop or review a policy, standards, and practice guidelines. ○ In 2024, the Strategic Policy department completed an analysis of all 61 policy documents (policies, guidelines, guidance, position statements, frameworks, factsheets) to investigate the feedback that the current categories are difficult to navigate when they relate to similar or related aspects of practice. The outcome of this analysis is a set of recommendations to the Board on completing minor updates, prioritize some policies for major updates, and considering rescinding some redundant documents in 2025.	
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. ○ The process outlining how the College evaluates its policies, standards of practice, and practice guidelines can be found here. ○ The College applies a risk framework to assist with prioritizing the review and development of policies, which includes criteria related to patient harm, public interest mandate, strategic plan goals, government directives, internal data (inquiries, assessments, conduct outcomes), external environmental factors. This includes an equity-impact assessment of the policy issue and a focus on engagement on implementation activities that could support uptake and understanding across the profession. ○ College staff conduct an analysis of the practice-related problem that the policy instrument is proposed to respond to, the risk of harm to patients, the internal and external data available related to the policy issue, and present options to the Board related to policy expectations that they could adopt for the profession. The analysis is provided through briefing notes with every accompanying policy agenda item. This will include a plan for consultation, if appropriate, and an implementation plan that is developed through engagement with the public, registrants, other health professionals, and system partner organizations (e.g. HPRO) ○ In 2024, targeted consultation was held to inform the College’s response to the Ministry of Health’s consultation on pharmacy professional scopes of practice. This included a focused session with HPRO’s Citizen Advisory Group to explore patient expectations on safeguards related to the government’s proposed activities. This group allows health profession regulators to explore complex regulatory topics with a group of patients and caregivers that is facilitated by a 3rd-party.	
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	

		vi. stakeholder views and feedback. Benchmarked Evidence	
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		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Yes	
			- Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion: 2024 Strategic Plan, 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." - The College continues to embed the process of systematically reviewing existing standards, policies, and guidelines related to the practice of pharmacy and the operation of pharmacies to assess for the existence of bias and resulting effect on patients and registrants of different races, gender identities, sexual orientation, ages, disability status, family status, and other characteristics. - The College implemented a Human Rights Policy to ensure the human rights of all patients is upheld in accessing pharmacy services in Ontario - The College seeks targeted feedback from marginalized communities regarding policy development (e.g. the College held an Indigenous pharmacy professionals policy review meeting) - Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected: The Ontario College of Pharmacists' Service Charter. Human Rights Policy Equity Diversity Inclusion-Registrant Reference Group		
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
			<i>Additional comments for clarification (optional)</i>		

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.					
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response				
		a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ¹ .	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"> - Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. - Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). - To register as a pharmacist or pharmacy technician, an applicant must meet the registration requirements that are specified in the General Regulation under the Pharmacy Act, 1991. Some of these requirements are specific to the certificate of registration for which the applicant is applying (i.e., pharmacist vs. pharmacy technician). - In sum, applicants are required to satisfy a total of eight requirements in order to be registered to practice pharmacy in Ontario: 1. Education: <u>Canadian Council for Accreditation of Pharmacy Programs (CCAPP) or Accreditation Council for Pharmacy Education (ACPE)</u>: The College receives graduation lists directly from the CCAPP-accredited programs for pharmacists and pharmacy technicians in Ontario. Where these lists are not available, for graduates of a CCAPP-accredited program outside of Ontario, or for graduates of an ACPE-accredited program, the College requires an official letter directly from the education institution confirming the applicant’s level of education completed and graduation date. <u>International Pharmacy Graduates:</u> - Through the <i>National Association of Pharmacy Regulatory Authorities</i> (NAPRA), the College has agreed on national standards for registration including documentation and the authentication process. <i>The Pharmacy Examining Board of Canada</i> (PEBC) is responsible for assessing the qualifications and competence of pharmacy professionals. The College accepts the documentation process that PEBC follows to verify the identification and education credential requirements and any determination that PEBC has made using an alternative verification approach. Furthermore, documents submitted to the PEBC are also reviewed by College staff upon application. </td></tr></table>	The College fulfills this requirement:	Yes	- Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. - Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). - To register as a pharmacist or pharmacy technician, an applicant must meet the registration requirements that are specified in the General Regulation under the Pharmacy Act, 1991. 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Furthermore, documents submitted to the PEBC are also reviewed by College staff upon application.	
		The College fulfills this requirement:	Yes				
- Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. - Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). - To register as a pharmacist or pharmacy technician, an applicant must meet the registration requirements that are specified in the General Regulation under the Pharmacy Act, 1991. Some of these requirements are specific to the certificate of registration for which the applicant is applying (i.e., pharmacist vs. pharmacy technician). - In sum, applicants are required to satisfy a total of eight requirements in order to be registered to practice pharmacy in Ontario: 1. Education: <u>Canadian Council for Accreditation of Pharmacy Programs (CCAPP) or Accreditation Council for Pharmacy Education (ACPE)</u>: The College receives graduation lists directly from the CCAPP-accredited programs for pharmacists and pharmacy technicians in Ontario. Where these lists are not available, for graduates of a CCAPP-accredited program outside of Ontario, or for graduates of an ACPE-accredited program, the College requires an official letter directly from the education institution confirming the applicant’s level of education completed and graduation date. <u>International Pharmacy Graduates:</u> - Through the <i>National Association of Pharmacy Regulatory Authorities</i> (NAPRA), the College has agreed on national standards for registration including documentation and the authentication process. <i>The Pharmacy Examining Board of Canada</i> (PEBC) is responsible for assessing the qualifications and competence of pharmacy professionals. The College accepts the documentation process that PEBC follows to verify the identification and education credential requirements and any determination that PEBC has made using an alternative verification approach. Furthermore, documents submitted to the PEBC are also reviewed by College staff upon application.							

		iii. Bridging education may be required for some individuals to pursue registration in Ontario. The College receives completion lists directly from the Board-approved bridging education providers for those individuals. 2. Jurisprudence, Ethics and Professionalism Examination: - The College manages applications for this computer-based exam to assess a candidate’s knowledge of federal and provincial legislation affecting pharmacy practice in Ontario and informs candidates of their results. Candidates must submit proof of identification when they apply to register with the College and must present proof of their identification at the testing centre or to the remote proctor on the day of the exam. 3. Practice Assessment of Competence: - The College manages applications to undergo practice-based assessments and informs candidates of their outcome. Candidates must submit proof of identification when they apply to register with the College and provide valid, government-issued photo identification to their assessor at the commencement of the assessment. 4. Pharmacy Examining Board of Canada (PEBC) Qualifying Examination: - A pass result list with successful candidates on each exam is electronically transmitted directly to the College from the PEBC. - PEBC Identification Authentication: Candidates must submit proof of identification with their application for each part of the relevant Qualifying Exam and must present proof of their identification at the testing centres (or to the remote proctor) on the day(s) of the exams. Candidates must also provide the College with their PEBC ID number so that results can be authenticated by College staff. 5. Language Proficiency: - All applicants must be able to speak, read, write and comprehend English or French with sufficient fluency to practice the profession. - Graduates of Canadian educational programs accredited by CCAPP or of pharmacy degree programs accredited by ACPE are considered to have met the language proficiency requirements and is validated by College staff through verification of an applicant’s education. - International applicants must meet the minimum acceptable test scores for one of the objective language tests accepted by the College, provide acceptable non-objective evidence of language proficiency, or request that a panel of the College’s Registration Committee consider other evidence of the applicant’s language proficiency. - Language proficiency test score reports must be provided directly to the College (or the NAPRA Pharmacists’ Gateway, if applicable) from the testing institution, or are confirmed online with the testing institution by College staff. The language testing centres evaluate proof of identification for all test takers. Letters or transcripts submitted as non-objective evidence must be sent directly to the College from the applicant’s pharmacy school, employer, secondary school or school board, and/or undergraduate university. 6. Good Character:
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		- A police background check must be provided through an OCP-contracted background and identity services provider (accessed directly by staff) or obtained at the applicant’s local police station and submitted as a notarized copy or original documentation. A declaration of good character asking about an applicant’s past conduct, character, and competence is completed within the College’s online application. 7. Canadian Citizenship or Legal Status in Canada: - The applicant must provide a notarized copy or original documentation of their identity and citizenship/legal status in Canada, including proof that they are legally entitled to live in Canada and practice pharmacy in Ontario. Documentation is reviewed by College staff for authenticity, and retained in the applicant’s file. 8. Personal Professional Liability Insurance: - The applicant must complete a declaration confirming that they have obtained and will maintain personal professional liability insurance as specified in the College’s By-Laws while registered with the College. College staff may review evidence of personal professional liability insurance as needed. • Mobility within Canada: ○ Applicants who are currently licensed as a pharmacist or pharmacy technician in another Canadian province are considered to have met, and do not need to provide documentation of the education, practice assessment of competence or PEBC Qualifying Exam requirements in accordance with the labour mobility provisions of the Canadian Free Trade Agreement (CFTA). However, these applicants must provide evidence of meeting the other registration requirements as described above. ○ A current letter of standing as validation of current licensure must be provided directly to the College from the pharmacy regulator of any Canadian province or territory where the applicant holds an active license. College staff may verify the applicant’s registration information using the public register of the other province(s). The College’s expectations for document authentication are provided for candidates on the College’s Supporting Documentation for Registration page.
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¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Partially
			- Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. - The College is involved with a number of professional regulatory organizations including the Canadian Network of Agencies for Regulation (CNAR), the Council on Licensure, Enforcement & Regulation (CLEAR), the Health Profession Regulators of Ontario (HPRO), the National Association of Pharmacy Regulatory Authorities (NAPRA), and the Ontario Regulators for Access Consortium (ORAC). By attending and presenting at conferences organized by these organizations, and by maintaining contact with individuals employed by these organizations on a regular basis, College staff keep abreast of best practices and developments in registration and assessment for entry to practice across Ontario, Canada, and internationally. - Staff in the College’s Registration Department also attend other educational events, including in-person training sessions, webinars, and discussion forums hosted by the organizations listed above, as well as other entities, including private regulatory and legal firms, to learn about best practices in registration and assessment. - Changes in best practices in registration requirements or processes are monitored by College staff and may trigger an evaluation. - In general, the steps outlined below are followed when an evaluation of a requirement or process may be warranted: - Conduct preliminary background research and an environmental scan. - Contract with an external consultant to gather data and/or provide expert knowledge. - Review research findings and expert recommendations to determine the changes required. - If further development is required, pilot test the proposed changes. - Launch the changes. - Evaluate the impact of the changes. - The Registration Committee and/or Board are informed and approve decisions as necessary. - Please provide the date when the criteria to assess registration requirements were last reviewed and updated. - The College has no specific criteria to assess registration requirements. Registration requirements are being updated based on insights gathered through the process outlined above and Ontario government direction. The most recent changes in registration requirements or processes include: 2022: The College Board reaffirmed the new competency-based Jurisprudence, Ethics and Professionalism (JEP) Exam Blueprint	

Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
	a. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:
		Yes
		- Please briefly describe the currency and competency requirements registrants are required to meet. - In 2024, the Ontario government implemented significant changes to the General Regulation under the <i>Pharmacy At, 1991</i> pertaining to currency and competency requirements. Part A pharmacists and Part A pharmacy technicians (those who provide patient care) are required to make an annual self-declaration of competency, consisting of a statement of competence and an affirmation of requirements, and are required to participate in the College’s Quality Assurance Program activities when selected to do so. - Part B pharmacists and Part B pharmacy technicians (those who do not provide patient care) are not subject to any currency or competency requirements and are not subject to any Quality Assurance Program activities. - Please briefly describe how the College identified currency and competency requirements. - Conducted a jurisdictional scan regarding the requirements of other regulators, and review of literature to determine if there is any related evidence of best practice. Competencies are set using a modified Delphi process with representative members of the profession to create draft competencies, validated by representative members of the profession. - As part of the Quality Assurance (QA) program, registrants are assessed on their knowledge, skills and ability to meet the NAPRA Standards of Practice and code of Ethics, in order to ensure they remain competent to provide safe, quality care that optimizes patient health outcomes. A declaration from all part A registrants at annual renewal is now required (see currency requirements below), and as such registrants are asked to declare their ongoing competency as noted above. - Please provide the date when currency and competency requirements were last reviewed and updated. - Regulation amendments were made in 2024, in which the competency requirements were updated. - Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. - Currency requirements: - As stipulated in the amended registration regulation of the Pharmacy Act (O.Reg. 256/24 GENERAL) Part A pharmacists and Part A pharmacy technicians must complete a declaration that they have met the requirements at annual registration renewal (if they are unable to make this declaration, they are unable to proceed with registration renewal). As part of the declaration, they must also provide a Designated Practice Assessment Site indicating the place where they provide patient care and where a quality assurance practice assessment will take place (see for more information the College’s website). - Competency requirements:

			▪ All Part A pharmacists and Part A pharmacy technicians are required to complete quality assurance assessment activities when selected to do so.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

² A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure: 9.3 Registration practices are transparent, objective, impartial, and fair.			
	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Yes
		• Please insert a link to the most recent assessment report by the OFC OR please provide a summary of the outcome assessment report. ○ Based on OFC’s Risk-Informed Compliance Framework, the OFC has placed the College in the low-risk category (the lowest available category) for the period of April 1, 2024 to March 31, 2026. This result was based on OFC’s assessment of the College’s organizational capacity, overall control over its assessment and registration processes, the impact of major changes to registration practices and relations with third-party service providers, the College’s ability to comply with newly introduced legislative and/or regulatory obligations, and public policy considerations. • Where an action plan was issued, is it: No Action Plan Issued	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
		Choose an item.	
		Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	College Response
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement:
		<u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	Met in 2023, continues to meet in 2024 - Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: - Name of Standard: <i>As of October 1, 2023, Ontario Pharmacists are now authorized to prescribe medications for 19 minor ailments. In addition, regulatory amendments in July 2023 authorized pharmacists to administer substances listed in the regulations by injection and inhalation for purposes other than patient demonstration and education. In December 2023, pharmacy professionals were also authorized to administer RSV vaccine by injection to patients 5 years of age and older.</i> - Activities undertaken to support registrants: <i>Practice Assessments</i> (a component of the College's Quality Assurance program). During these assessments, which focus on processes used to deliver patient care in a registrant's place of practice, College practice advisors provide coaching and feedback to increase adherence to practice standards, and to enable them to use their full scope. Conversations specific to minor ailments prescribing, including understanding their ethical, legal and professional obligations occur during practice assessments for all pharmacists engaged in this scope of practice - Duration of support: Ongoing % of registrants reached by the outreach activity: 100% of part A pharmacists (pharmacists who provide patient care) - Evaluation conducted on effectiveness of support provided: Feedback surveys used to assess confidence in meeting standards of practice (including minor ailments prescribing) before and after the practice assessment, and at 6 months post assessment - Does the College always provide this level of support: Yes <i>Practice resources.</i> As the list of substances that pharmacy professionals are authorized to administer by injection or inhalation grew, the College developed resources to explain expectations and address potential gaps in knowledge around which vaccines and medications can be administered by pharmacists and pharmacy technicians. This included a micro e-learning module and a one-page overview that supplements what is outlined in the regulations and related policy. - Duration of support: Ongoing % of registrants reached by the outreach activity: 100% of registrants received notice about these resources in October 2024 in the College's electronic newsletter, e-Connect. - Evaluation conducted on effectiveness of support provided: The micro e-learning module includes a feedback survey to evaluate the value and effectiveness of the content.

			- Does the College always provide this level of support: No. The decision to develop practice resources is based on the complexity of the practice topic and may be used to address common questions received by Practice Consultants or gaps in knowledge identified during practice assessments.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .			
		a. The College has processes and policies in place outlining:	The College fulfills this requirement: Met in 2023, continues to meet in 2024
		i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	- Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. - The College's Quality Assurance Program consists of four major components (see here for more details): - Pharmacist/Pharmacy Technicians self-assessment (to identify learning needs) – No priority areas. - Pharmacist knowledge-assessment (to evaluate current core knowledge) – Patient care, jurisprudence, ethics, and professionalism (see here for more detail) - Pharmacist (Part A)/Pharmacy Technicians practice-assessment (to evaluate performance) – Focuses on the processes used to deliver patient care in a registrant's place of practice through feedback and discussion with a College practice advisor. - Community Pharmacist Practice Assessment Criteria can be found here. - Hospital and other Healthcare Facility Pharmacist Practice Assessment Criteria can be found here. - Pharmacy Technician Practice Assessment Criteria can be found here. - Learning portfolio (to support ongoing development and reflect learnings from the other quality assurance activities) – No priority areas. - Is the process taken above for identifying priority areas codified in a policy: Yes Practice Assessment Review and Update Policy. The policy requires a five-year review schedule for all assessment tools. The review assesses both the assessment tools and the assessment process and includes the following steps: (1) Research, (2) Analysis and Drafting, (3) Consultation, (4) Review of Feedback and Re-drafting, (5) Final Policy and Implementation, (6) Measuring Outcomes.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional)

³ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		ii. details of how the College uses a right touch, evidence-Informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			- Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s) OR please briefly describe the right touch approach and evidence used. - All Part A pharmacists and Part A Pharmacy Technicians are required to complete quality assurance assessment activities related to competency when selected. A risk-based approach is applied after the initial assessment - only those registrants that are unsuccessful move on to remediation (coaching) and reassessment (for both the Practice Assessment and Knowledge Assessment). As of October 1, 2024, Pharmacy Technicians are now included in the Quality Assurance Regulations. Pharmacists and Pharmacy Technicians who do not provide patient care remain in Part B of the register and are not required to participate in assessments of clinical competency. - Part A Pharmacists who have been unsuccessful at a practice reassessment or a knowledge reassessment are required to knowledge assessment online with a remote proctor. - Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): The current QA approach was reviewed and updated in 2016. - With the QA regulatory amendments as of October 1, 2024 (Ontario Regulation 256/24: General), the College has the authority to select Part A registrants to participate in the QA Program based on risk, rather than random selection. This allows the Quality Assurance Program to further strengthen the focus on risk-based, right-touch selection criteria. Risk factors may include the registrant’s workplace environment, the type of services provided, past conduct, previous Quality Assurance Program outcomes, and the time elapsed since their last Quality Assurance Program activity. - Beginning January 1, 2025, Part A Pharmacists will be selected for a practice assessment if: - Eight or more years have passed since their last assessment OR - They have never completed a practice assessment <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> - Public Yes - Employers Yes - Registrants Yes - Other stakeholders Yes	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional) As a 2025 priority, the College will identify additional risk factors for selecting Part A registrants to take part in the QA Program.	

		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. ○ The following Practice Assessment criteria serve as a self-evaluation for pharmacists and pharmacy technicians. In addition, the results of a Practice Assessment using these criteria form the basis for remediation activities. - Practice Assessment Criteria – Community Pharmacists - Practice Assessment Criteria – Hospital and other Healthcare Facility Pharmacists - Practice Assessment Criteria – Community and Hospital Pharmacy Technicians	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.		
	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:
		Yes
		- Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. - For Quality Assurance (QA) Committee-required remediation and for Inquiries, Complaints, and Reports Committee (ICRC)-required remediation, the College has implemented a post-remedial assessment process. - Registrants who are required by the QA Committee to complete specified remediation undergo a post-remedial assessment approximately one year later. - Registrants who are required by the ICRC to complete a SCERP are tracked for completion and undergo a post-remedial assessment once their remediation is complete. - The College tracks remediation activities ordered by the Discipline Committee to assess whether the registrant has completed the required remediation, and whether the registrant is complying with any conditions imposed by the Discipline Committee order. In some cases, the Discipline Committee will include a Compliance Audit/Review (CAR) as part of its order - Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. - A post-remediation practice assessment will be scheduled approximately one year after the completion of directed remediation at the practitioner’s place of practice. The post remediation practice assessment will be conducted using the assessment tool for registrant practice assessments. A different practice advisor will conduct the post-remediation assessment. - For QA-directed remediation, a post-remediation, unproctored knowledge assessment will be scheduled for approximately one year or less (the following May) after completion of directed remediation.
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
		Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1 The College enables and supports anyone who raises a concern about a registrant.		
		Required Evidence	College Response	
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;	The College fulfills this requirement:	Yes
			- Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. - Click here for description complaints process, and click here for infographic. - Click here for information on ways to inform the College about a concern. - Click here for information on how a complainant can file a complaint. - Click here for FAQ. - Click here for Information on the College providing funding for Sexual Abuse Therapy - Click here for a sheet for sexual abuse complainants/witnesses - Please insert a link to the policies /procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. - A standard operating procedure (not publicly accessible) has been created to ensure all relevant information is obtained during intake. The key steps are as follows: - Determine what information (if any) is required to satisfy the complaint criteria. - If required, gather information from the pharmacy and/or complainant and acknowledge the intake. - Information to be gathered can include: - Clarification of intent from complainant - Specific details of incident(s) being complained about (e.g., patient information, medication information, etc.) - Pharmacy records indicating relevant to incident(s)	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful. Benchmarked Evidence	The College fulfills this requirement:		Yes
			• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. ○ A review of website content and other communication (e.g., templates) is conducted regularly and feedback received from members of the public and complainants is considered when making any revisions. ○ Feedback is also received as part of a report provided annually by an independent third-party consultant as it relates to the experience of complainants who have made allegations of sexual abuse.		
			If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.		
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:		No
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). The College’s rate for responding to public inquiries within five (5) business days was 82% in 2024.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Yes
			Additional comments for clarification (optional) The College experienced staffing turnover on the Intakes Team in 2024. The College expects to achieve this benchmark in 2025 with a fully staffed team.		

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please list support available for the public during the complaints process. ○ Accommodating accessing and participating in the complaints process (e.g., if someone is unable to write or type, staff will assist a complainant in recording their concerns by alternative means; and use large font correspondence and any other accommodation required for the complainant to meaningfully participate in the process) ○ Providing additional information and support for those reporting sexual abuse (e.g., access to external consultants for information about investigations and discipline processes). ○ Providing translation services as required/requested. ○ Proving paper copies of the College’s complaint form mailed directly to potential complainants who do not have access to email/the College’s website ○ For every complaint filed, staff assigned to the complaint conduct an introductory call with the complainant within five days of receipt of the complaint for the purposes of: ▪ Introducing themselves. ▪ Explaining the steps in the complaints process and their associated timelines. ▪ Clarifying the complaint’s concerns and confirming the scope of the complaint. ▪ Explaining the reasons why certain registrants have been named in the complaint. ▪ For suitable cases, explore with the complainant if they are open to a resolution other than the formal complaints process. ▪ Provision of documentation for complainants that outlines possible outcomes that can be adopted by the ICRC to dispose of a complaint. Documentation to explain the next steps of the complaints process is also included with each complaint investigation as standard procedure. Detailed information pertaining to the complaint process is made available on the College website. • Please briefly describe at what points during the complaints process that complainants are made aware of the support available. ○ Intake staff are trained to ask complainants during the initial point of contact about any support a complainant may require in filing a complaint. Once a complaint has been filed, complaints are assigned to a Complaints and Resolutions Officer (CRO). Complainants can contact the CRO with any questions or support they may need throughout the process. College staff also provide additional, non-legal and confidential support to sexual abuse complainants and witnesses is available from a third-party consultant retained by the College. Information about the College’s commitment to accessibility is available on the College’s website.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	
	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
		• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. ○ Initially through the College's general 'Contact' site (under the heading 'Concerns'). ○ During the complaint process: ▪ The complainant is provided with the email address and phone number for the Complaints and Resolutions Officer assigned to their file. ▪ If a complaint is referred to the Discipline Committee, the complainant is provided with contact information for the external consultant who can provide information support during the discipline process. Legal staff and prosecutors act as a point of contact for witnesses during the discipline process • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. ○ The College provides regular correspondence to the complainant throughout the various stages of the investigation including acknowledgement of complaints, notification that the investigation is complete and the approximate number of weeks until the matter will be reviewed by ICRC. If the complaint process exceeds the statutory timeline, in accordance with s. 28 of the Code, correspondence is sent to update the complainant at regular intervals. ○ Complainants receive written decisions and reasons following discipline hearings.	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional)		
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.			
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	
			• Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. ○ Risk is initially assessed based on the likelihood of patient and public harm including consideration of the need for an Interim Order under the Code. As additional information is obtained during an investigation, the risk level is adjusted accordingly, and prioritization may change in accordance with the most recent risk assessment. Risk is assessed as high, medium, or low depending on the category(ies) of concern(s), the seriousness of the concerns, and whether there is a prior history of similar or other concerning conduct on the part of the registrant • Please provide the year when it was implemented OR evaluated/updated (if applicable). ○ In 2017, the Conduct Division adopted a qualitative risk framework for conducting a risk assessment of new Complaints and Reports, and tracking began. This risk assessment carries into the investigation stage. ○ In 2020, the process was updated to document any changes to the risk assignment of the complaint or report as more information becomes available. ○ A new tool was developed to incorporate all components of the risk assessment framework for Complaints and Reports and promote consistent application among all those who use it. The tool is in use by staff as of 2023.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional)		

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure: 13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	
		a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	Partially
		The College fulfills this requirement: - Please insert a link to the policy and indicate page number OR please briefly describe the policy - The College has a policy regarding responding to information requests from police that can be found on the College’s website. - When new information is received about a registrant’s conduct or practice, College staff review the information to determine if there is evidence of concerning conduct on the part of another regulated health professional which should be reported to the health professional’s regulator or elsewhere to protect the public interest. This review continues through any subsequent investigation. If concerning conduct is identified and the pharmacy professional is also licensed with another regulator, the College discloses that information to the health professional’s other regulator in accordance with that specific exception under Section 36 (1) of the Regulated Health Professions Act, 1991 (RHPA). - The College readily shares information requested by other regulators, on request, under the relatively broad exemption granted under s. 36(1)(c) of the RHPA. - The College has conducted joint investigations in collaboration with other health regulatory colleges when the alleged misconduct under investigation overlaps with the conduct of another regulated health professional, there is a shared practice site and/or it is a multidisciplinary setting where there may be a financial connection. The College may confirm that an investigation is taking place, if there is a compelling public interest in such disclosure, under s. 36(1)(g) of the RHPA. - Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). - The College engages with a number of system partners when sharing relevant information in the course of its regulatory responsibilities: - Other pharmacy regulators: - College of Pharmacists of British Columbia (CPBC): Provided information about an applicant also registered with OCP. Information was also provided in relation to a complaint investigation - College of Pharmacists of Saskatchewan (CPS): Provided information about an applicant also registered with OCP. - Other RHPA regulators: - College of Physicians and Surgeons of Ontario (CPSO): Joint investigation commenced in 2024. - Government agencies: - Ministry of Health (Ontario) (MOH): Information was requested by the MOH about investigations - Health Canada (HC): Information shared with HC regarding a joint investigation, and regarding drug preparation premises.	

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i> The College has continued to work with a number of other RHPA regulators to develop a common Information Sharing Policy, intended to promote transparent and proactive information-sharing between RHPA regulators and other regulators, police, employers and other third parties. This work continued through 2024 and the draft policy has been approved in principle.	

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.			
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	Required Evidence	College Response		
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	
			- Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection: - College staff recommendations (including rationale) 2024 (Page 110-120) and 2025 (Page 303-325) annual College Performance Scorecard to the Board - College staff recommendations for 2024 targets and KPI definitions (Page 115-133).		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
			<i>Additional comments for clarification (if needed)</i>		

		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. Its risk management approach.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			- Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number - Through the College Dashboard, the Board receives quarterly updates on progress towards strategic objectives and regulatory outcomes. See for example the December 2024 Board meeting materials (Page 59-96) and minutes. - The Board receives a semi-annual report on key risks and mitigation activities. See for example the December 2024 Board meeting materials (Page 97-104).	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

Measure: 14.2 Council directs action in response to the College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed. Benchmarked Evidence	The College fulfills this requirement:	Yes
	• Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. ○ For example, the Board has decided, based on insights presented in the quarterly 2024 dashboards, that the 2025 College performance scorecard should include the following performance metrics (Page 311): ▪ High and moderate-risk complaints should be resolved within 150 days. ▪ High and moderate-risk Registrar’s Inquiries should be resolved within 365 days.	
	If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
Measure: 14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	• Please insert a link to the College’s dashboard or relevant section of the College’s website. https://www.ocpinfo.com/about/performance-accountability/college-performance-dashboard/	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

			<i>Additional comments for clarification (if needed)</i>
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Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College’s performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, [a recommended method to calculate the information is provided in the companion document](#) “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

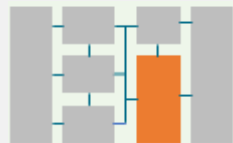
In those instances where a College does not have the data or the ability to calculate the context measure at this time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

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Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended			
If a college method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*		What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centered and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes). The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2024. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.	
Type of QA/QI activity or assessment:	#		
i. QI – Self Assessment	2,161		
ii. QA – Knowledge Assessment	3,357		
iii. QA – Routine Practice Assessment	1,996		
iv. QI - Coaching	136		
v. QA - Practice Reassessment	116		
vi. QA – QA Assessment	17		
-			

<i>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</i> <u>NR</u>	
<i>Additional comments for clarification (if needed)</i> <i>1. The Pharmacy Act regulations do not yet incorporate pharmacy technicians. The regulation has been submitted to the government and was approved in October 2024. Those pharmacy technicians who have engaged in QA activities have done so voluntarily.</i> <i>2. OCP's Practice Assessment model involves three steps prior to referral to the QA Committee: (1) routine practice assessment; (2) coaching and re-assessment and (3) QA assessment. Note that remediation in the form of coaching is provided up-front prior to the practice reassessment. If the registrant is successful upon re-assessment, referral to the QA Committee does not occur.</i>	

Table 2 – Context Measures 2 and 3

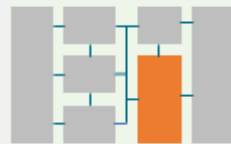
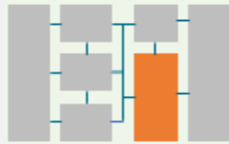
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 10				
Statistical data collected in accordance with the recommended method or the College own method: Recommended				
If a college method is used, please specify the rationale for its use:				
Context Measure (CM)				
	#	%		What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee (QAC).
CM 2. Total number of registrants who participated in the QA Program CY 2024	7,558			
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024.	47 / 7,558	62%		The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program <u>where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program</u> as of the start of CY 2024, understanding that some cases may carry over.
NR				
Additional comments for clarification (if needed)				
1. The Pharmacy Act regulations do not yet incorporate pharmacy technicians.				
2. CM3: 47 (20 Directed Remediation + 27 Directed Assessments) registrants have been referred to QAC and had remediation directed and 1 registrant was directed with SDL. In 2024 there were a number of submissions to defer the completion of the remediation directed by QAC.				

Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 10



Statistical data collected in accordance with the recommended method or the College’s own method: Recommended

If a college method is used, please specify the rationale for its use:

Context Measure (CM)			
CM 4: Outcome of remedial activities as at the end of CY 2024:**	#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a college evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behavior registrants (continue to) display.
i. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	5/6	83%	
ii. Registrants still undertaking remediation (i.e., remediation in progress)	16/47	34%	

NR

* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024.

**This measure may include any outcomes from the previous year that were carried over into CY 2024.

Additional comments for clarification (if needed)

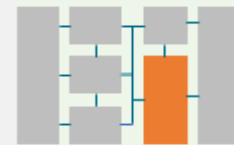
CM 4 (i): Total number of registrants that were referred to the QA Committee as part of the QA Program in CY 2024 that passed the post-remedial assessment = 5; 1 Registrant failed the PRA

CMI 4 (ii):

- Total number of registrants who were required by the QA Committee to undergo a remediation activity as part of the QA Program that have not completed the remediation within the reporting period = 16

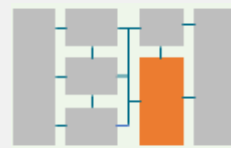
- Total number of registrants who were referred to the QA Committee as part of the QA Program in CY 2024 where the QA Committee directed the registrant to undergo a remediation activity as part of the QA Program = 20; In 2024 there were a number of registrants did not complete the KA-U and had to complete the KAP and were brought to QAC to implement the KAP completion by a certain date.

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d					
If a college method is used, please specify the rationale for its use:					
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2024		Formal Complaints received		Registrar Investigations initiated	
Themes:		#	%	#	%
I.	Advertising	NR	NR	NR	NR
II.	Billing and Fees	39	4.2%	19	7.8%
III.	Communication	395	42.3%	21	8.6%
IV.	Competence / Patient Care	322	35.4%	52	21.4%
V.	Intent to Mislead including Fraud	0	0	0	0
VI.	Professional Conduct & Behavior	53	5.7%	57	23.5%
VII.	Record keeping	NR	NR	8	3.3%
VIII.	Sexual Abuse	NR	NR	NR	NR
IX.	Harassment / Boundary Violations	NR	NR	7	2.9%
X.	Unauthorized Practice	NR	NR	0	0
XI.	Other <other conduct and business practices>	112	12.3%	68	29.6%
Total number of formal complaints and Registrar’s Investigations**		543	100%	157	100%
What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a college.					

Formal Complaints NR Registrar's Investigation <i>**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i>	
<i>Additional comments for clarification (if needed)</i>	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data collected in accordance with the recommended method or the College’s own method: College Method				
If a College method is used, please specify the rationale for its use: Due to conflicting information within the Technical Specification, we have interpreted our calculations the best we can. Further explanations are below under additional comments.				
Context Measure (CM)				
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2024	398		<i>What does this information tell us?</i> The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2024	79		
CM 8.	Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2024	156		
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2024**:	#	%	
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0%	
II.	Formal complaints that were resolved through ADR	0	0%	
III.	Formal complaints that were disposed of by ICRC	371	N/A	
IV.	Formal complaints that proceeded to ICRC and are still pending	58	15%	
V.	Formal complaints withdrawn by Registrar at the request of a complainant	82	20%	
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0%	

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	16	3.5%	
ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation <i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i>			
<i>Additional comments for clarification (if needed)</i> - For CM 6 and CM 7, the College considers “brought forward” to be files where the ICRC reviewed the file and rendered an outcome (though the files may not be finally disposed with a decision issued yet). - For CM 9, it indicates "formal complaints and Registrar’s Investigations received in CY 2024", though we have noted that some of the subsequent values in CM 9 relate to files received before 2024. - For CM 9 III, as indicated in the Technical Specifications, this value is all complaint files where a decision was issued in 2024 (though the file may have been opened prior to 2024). - For CM 9 IV, denominator is 398 (the same as CM 6) and also includes files that may have been opened prior to 2024 (but proceeded to ICRC in 2024). - For CM 9 VII, denominator is 461, which represents all ICRC decisions issued in 2024 (excluding health inquiries as per Technical Specifications).			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
If a college method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2024	461						
Distribution of ICRC decisions by theme in 2024*	# of ICRC Decisions++						
Nature of Decision	Take no action	Provides advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Take any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	NR	0	0	NR	0	0	0
II. Billing and Fees	16	5	NR	NR	0	NR	NR
III. Communication	125	91	NR	38	0	0	24
IV. Competence / Patient Care	86	101	9	58	0	NR	49
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	9	18	NR	NR	NR	8	0
VII. Record Keeping	NR	0	0	NR	0	0	NR
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	NR	0	0	NR	0	NR	NR

X.	Unauthorized Practice	0	NR	0	NR	0	NR	NR
XI.	Other - Non-practice related - Includes employment, compensation and civil proceedings. - Business Practices - Includes restriction of choice, refusal to transfer, offering an inducement, return to stock of previously dispensed product, conflict of interest; drug distribution - Other Conduct/Behavior not included in any other OCP Theme	39	17	NR	11	5	5	14
<i>*The number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2024.</i> <i>++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.</i> NR								
What does this information tell us? <i>This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</i>								
<i>Additional comments for clarification (if needed)</i> <i>The College's ICRC does not issue decisions solely as a specified continuing education or remediation program (SCERP). SCERP decisions are always accompanied with Advice/Recommendation or an Oral Caution. In the chart above, to avoid duplication of decisions, we entered Advice/Recommendation + SCERP decisions in the SCERP column and entered Oral Caution + SCERP decisions in the "Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or By-Laws" column.</i> <i>Similarly, if a registrant agrees to an undertaking, that is always accompanied with another ICRC decision such as Take No Action, Advice/Recommendation, etc. To avoid duplication, we entered decisions that include an undertaking only in the undertaking column above.</i>								

Table 7 – Context Measure 11

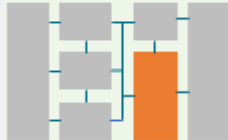
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed of by the College.</i> <i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i>	
I. A formal complaint in working days in CY 2024	294		
II. A Registrar’s investigation in working days in CY 2024	615		
Disposal			
Additional comments for clarification (if needed)			

Table 8 – Context Measure 12

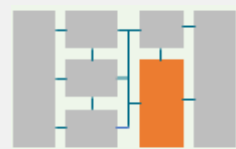
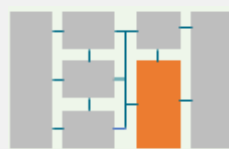
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 12. 90th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.	
I. An uncontested discipline hearing in working days in CY 2024	557		
II. A contested discipline hearing in working days in CY 2024	1,214		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
Additional comments for clarification (if needed)			

Table 9 – Context Measure 13

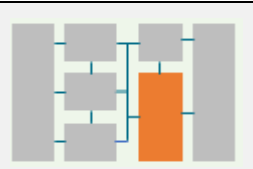
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 13. Distribution of Discipline finding by type*		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>	
Type	#		
I. Sexual abuse	NR		
II. Incompetence	0		
III. Fail to maintain Standard	14		
IV. Improper use of a controlled act	0		
V. Conduct unbecoming	NR		
VI. Dishonorable, disgraceful, unprofessional	14		
VII. Offence conviction	NR		
VIII. Contravene certificate restrictions	NR		
IX. Findings in another jurisdiction	0		
X. Breach of orders and/or undertaking	NR		
XI. Falsifying records	7		
XII. False or misleading document	12		
XIII. Contravene relevant Acts	14		

** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>	
Type	#		
I. Revocation	7		
II. Suspension	14		
III. Terms, Conditions and Limitations on a Certificate of Registration	14		
IV. Reprimand	21		
V. Undertaking	0		
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.			
Revocation			
Suspension			
Terms, Conditions and Limitations			
Reprimand			
Undertaking			
NR			

<i>Additional comments for clarification (if needed)</i>
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Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute, in accordance with the provisions of the Code.

Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

Formal 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.

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar’s Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five da

Return to: [Table 4](#), [Table 5](#)

Revocation: Of a member or registrant’s Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to “revoke” the certificate which terminates the registrant’s registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant’s Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant’s practice and are part of the Public Register posted on a health regulatory College’s website.

Return to: [Table 10](#)

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)

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