

Establishment of Pharmacy Council

In accordance with s. 1.4(1) of the Ontario Drug Benefit Act, “The Minister shall establish a Pharmacy Council that will ensure the involvement of pharmacists in the development of pharmaceutical and health policy and whose duties shall include, without being limited to, the provision of expert advice to the executive officer and the Minister, assisting in the definition and implementation of pharmacists’ professional services, and identifying the necessary infrastructure and supports for the implementation of professional services.”

Mandate of Pharmacy Council

1. The mandate of the Pharmacy Council (“Council”) is to make recommendations to the Executive Officer and the Minister of Health and Long-Term Care (“Ministry”) as follows:
 - a) build and sustain a strong positive working relationship between the Government of Ontario and the pharmacy profession;
 - b) identify opportunities for pharmacists to provide professional services and to recommend a compensation model for the provision of those services. This includes initiatives within a community or hospital outpatient pharmacy setting and within the primary care sector. The Council will recommend to the Ministry roles and responsibilities, training and accreditation needs and other supports as required;
 - c) actively promote the adoption of the “Code of Conduct” referenced in subsection 11.5(15) of the Ontario Drug Benefit Act, and across all pharmacy practices in Ontario;
 - d) consider possible compensation models for specialized pharmacy practice;
 - e) advise on the appropriate role of pharmacists within the health care system, including in primary care models, and advise on ways to enhance the quality and effectiveness of pharmacy services provided to Ontarians;
 - f) consider any other matter referred to it jointly by the Ontario Pharmacists’ Association and the Ministry;
 - g) advise the Ministry within a timeframe set by the Executive Officer.

Membership and Term of Appointment

2. The Council shall consist of up to 12 members, including two Co-Chairs appointed by the Minister of Health and Long-Term Care (“Minister”).
3. The Council shall include representation from the following areas:
 - Ontario Pharmacists’ Association
 - Ministry of Health and Long-Term Care
 - Community pharmacy
 - Hospital pharmacy
 - Ontario College of Pharmacists
 - Faculty of Pharmacy at an Ontario university
 - Physician representation
 - Patient group representation

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4. One Co-Chair shall be a representative of the Ontario Pharmacists' Association, and one Co-Chair shall be a representative of the Ministry.
5. Members shall be appointed for a term of two years, and can be re-appointed for up to one additional term of two years.
6. Interim Co-Chairs may be appointed at the discretion of the Minister, and in that event, shall serve for a term of no longer than 12 months.
7. Membership of the Council is set out as Appendix A.
8. As an Advisory Agency, the Council (and its members) are subject to applicable Treasury Board/Management Board of Cabinet directives such as the *Agency Establishment and Accountability Directive (AEAD)*.

Duties of the Council

9. The Council shall advise and provide recommendations to the Executive Officer and the Minister.

Council, Staffing and Sub-Committees

10. The Minister appoints full or *ex officio* members, with expertise in public policy, medicine and/or health economics or who possess other expertise deemed desirable. These members, if appointed, shall be subject to the same rules respecting funding as are set out in paragraph 17 below. Members with *ex officio* status are not included as part of the membership count as noted in paragraph 2.
11. Should the Council consider it appropriate to have distinct sub-committees, the Council co-chairs shall review and provide a recommendation to the Executive Officer prior to establishing any sub-committees.
12. The Ministry shall provide all staffing and administrative support for the Council.

Meetings

13. Notice of Council meetings shall be provided by the Co-Chairs at least two (2) weeks prior to every scheduled Council meeting
14. Council meetings will normally be held at least one time per month, except during July and August or at the discretion of the co-chairs. Members are expected to attend in person or participate by teleconference for at least 80% of the meetings.
15. The agenda of the Council will be set by the Co-Chairs in consultation with members.
16. Notice of Council meetings shall be provided by electronic mail, or whatever other means the Co-Chairs consider appropriate.
17. The Council shall set out its own rules of procedure at its first meeting, and shall provide notice of the rules of procedure to all members. Anyone attending a meeting as an observer must seek approval from the Co-Chairs and must abide by the *Terms of Reference* for the Pharmacy Council.

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Funding

18. The Ministry of Health and Long-Term Care will, at its sole discretion, fund the administration costs of the Council, as well as any travel expenses related to Council meetings or Council business (“administrative expenses”).
19. The Ministry may request any documentation from Council Co-Chairs to verify or validate any administrative expenses and the Ministry reserves the right to alter or reject any claim for administrative expenses that in the Ministry’s view, are not properly supported by appropriate documentation.

Conflict of Interest

20. *Definition:* A conflict of interest can be defined as a situation in which a public official or government appointee has a private or personal interest sufficient to influence or to appear to influence the objective exercise of his or her official duties. Similarly, a conflict of interest is said to exist “when the private interests of an individual are at variance with his or her official duties and responsibilities to the government.” [Government of Canada, Ethical Conduct in the Public Sector: Report of the Task Force on Conflict of Interest (Ottawa: Supply and Services, 1984) p. 29].

Disclosure of Conflict of Interest

A Pharmacy Council member who has a direct pecuniary interest, either personally or through his/her family, in a matter under consideration by the Council, must, at the first opportunity, disclose the nature of the conflict of interest to the Ministry Co-Chair of the Pharmacy Council (“family” is interpreted to include spouse, parents or children of the appointed member).

Members are required to:

- (a) complete and submit to the Ministry a conflict of interest declaration form;
- (b) complete and submit to the Ministry an updated conflict of interest declaration form every year; and
- (c) on an ongoing basis throughout the term of the member’s appointment, disclose any conflicts of interest to the Ministry Co-Chair as soon as such conflict comes to the attention of the member. The member must also complete and submit an updated conflict of interest declaration form to the Ministry.

A Pharmacy Council member who has a conflict of interest in respect of a given matter must refrain from participating in any way in such matter and must refrain from voting or attempting to influence any vote in respect of that matter. The Co-Chair must record any declared conflict of interest and notify the Ministry of the nature of the conflict. The Co-Chair (s) are responsible for ensuring that all Pharmacy Council members are mindful of this policy on conflict of interest. If the Co-Chair believes that a member of the Pharmacy Council may have an undisclosed conflict of interest, the Co-Chair must discuss the matter with the member and notify the Ministry.

Further, unless previously discussed and/or directed by the Ministry, members should not make public presentations at such events as conferences and workshops and/or accept sponsorship by manufacturers or pharmaceutical associations to speak or advise on

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general matters related to the Pharmacy Council or the Ministry so as to avoid creating the appearance of partiality or unfairness. This is applicable whether or not the Pharmacy Council member is financially rewarded for his/her services or participation in such events. (It is recognized, however, that from time to time Pharmacy Council members will be retained by manufacturers or pharmaceutical associations with respect to discrete projects that are not related to the Ontario Public Drug Programs. In such cases, Pharmacy Council members are still bound by the conflict of interest provisions set out above.)

It is essential that the Pharmacy Council continue to be regarded as an independent advisory body, providing neutral and objective advice to the Ministry as per paragraph 1. Accordingly, a Pharmacy Council member who has been contacted directly by a pharmacy stakeholder regarding an issue being considered by the Ministry must immediately disclose the nature of the contact to a Chairperson or the Executive Officer. The Chairperson must record the event and notify the Ministry of the nature of the contact.

Confidentiality

21. Pharmacy Council members will have access to confidential information presented to them in the performance of their duties on the Committee. "Confidential Information" means all data and information in oral, written, graphic, recorded or any other form which is disclosed to the member either directly or indirectly by the Ministry or its stakeholders (including drug manufacturers) in connection with the performance by the member of his/her Committee duties or which the member may have acquired in the course of, or incidentally to, the performance of his/her duties.

All Confidential Information which comes into the possession of Committee members is received by them on behalf of the Ministry and for the sole purpose of enabling the Committee to provide advice to the Ministry. Both during and after the term of a member's appointment to the Committee, the member is required to:

- a) hold in confidence and treat as confidential all Confidential Information;
- b) use Confidential Information only as required to enable the member to perform his or her duties on the Committee and not use the Confidential Information for any other purpose without receiving prior written authorization from the Executive Officer or his/her delegates.
- c) not request or seek to obtain any Confidential Information, except to the extent that the member requires such Confidential Information to perform his or her duties;
- d) not disclose, directly or indirectly, to any person, entity, or organization (including, if applicable, the member's organization and persons who work within the member's organization who have not entered into a confidentiality agreement with the Ministry) any Confidential Information without receiving prior written authorization from the Executive Officer or his/her delegate. In the event that the member is required to disclose Confidential Information under law, the member shall, prior to such disclosure and to the extent possible, consult the Executive Officer as to the proposed form and nature of the disclosure;
- e) take all reasonable precautions to protect the Confidential Information from theft, loss and any other unauthorized access, use or disclosure (e.g. ensuring that all Confidential Information is stored securely; ensuring that all files or file cabinets containing

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- Confidential Information are locked when not under the member's personal supervision and maintaining personal custody of all keys or combinations; safeguarding any computer passwords; etc.)
- f) notify the Executive Officer in writing at the first reasonable opportunity if Confidential Information is stolen, lost or accessed by unauthorized persons; and
 - g) upon the termination of the member's appointment to the Committee, destroy or return to the Chairperson or Executive Officer all materials containing Confidential Information in whatever media or form and not make or retain any copies of the Confidential Information; and
 - h) act at all times in accordance with the requirements of the *Freedom of Information and Protection of Privacy Act*, the *Personal Health Information Protection Act, 2004*, and Ministry policies.

The member may allow an assistant (i.e. a person who provides clerical support to the member to assist the member in performing his or her duties) to have access to Confidential Information provided that such access by the assistant is reasonably necessary to enable the member to carry out his or her duties and the member takes reasonable measures to ensure that the assistant is apprised of and observes the confidentiality requirements described above.

Origin: December, 2006
Revision: June, 2007, Paragraph 1g added; Paragraph 7 added; Paragraph 9 "recommends to the Minister" added; Paragraph 11 added; Appendix A, change in OCP ex-officio member, resignation of a member; addition of physician member
Updated: September 2007, Appendix A resignation of OPA co-chair, appointment of OPA interim co-chair
Revision: November 2007, Paragraph 1 "Ministry" changed to "Executive Officer and Minister"; Paragraph 9 "recommends to the Minister" changed to "Minister appoints"; corrected reference to paragraph from "12" to "17"; last sentence re: ex officio members added; Paragraph 13 "or at the discretion of the co-chairs" added
Revision: April, 2008, Paragraph 3 created (previously part of paragraph 2); Paragraph numbering from paragraph 2 onward changed; Paragraph 16 on observers to abide by the Terms of Reference, Paragraph 19 on Conflict of Interest, Paragraph 20 on Confidentiality - added

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Appendix A: Membership of Pharmacy Council

Janet McCutcheon, Interim Co-Chair, Thunder Bay

Community pharmacist at Woits Pharmacy

Helen Stevenson, Interim Co-Chair, Toronto

Executive Officer, Assistant Deputy Minister, Ontario Public Drug Programs, Ministry of Health and Long-Term Care

Robin Brown, Guelph

Consultant pharmacist to Family Health Teams; contract pharmacist & certified asthma educator

Russell Cohen, Toronto

Executive Vice President, Industry and Government Affairs, Katz Group Canada Ltd

Dr J. Anthony Gagnon, Hamilton

Pharmacy Program Manager, Hamilton Family Health Team
Certified asthma educator & certified diabetes educator

Dr. Paul Gibb, Sudbury

Family Practice Physician

Wayne Hindmarsh, Toronto

Dean, U of T Faculty of Pharmacy

Karen Philp, Ottawa

Vice President, Public Policy & Government Relations
Canadian Diabetes Association

Gary Simard, Wawa

Community pharmacist at Fenlon's Pharmacy

Carmine Stumpo, Toronto

Director of Pharmacy, Toronto East General Hospital
Canadian Society of Hospital Pharmacists, Ontario Branch

Vacancy

Vacancy

Ex-officio

Brent Fraser

Director, Ontario Public Drug Programs

Anne Resnick

Director, Professional Practice, Ontario College of Pharmacists