



November 21, 2018

Nancy Lum-Wilson

Registrar

Ontario College of Pharmacists

483 Huron Street, Toronto ON M5R 2R4

**Re: CSHP Ontario Branch Response to Consultation – Ontario College of Pharmacists Proposed Fees Increases and Bylaw Amendments**

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Dear Nancy:

The Canadian Society of Hospital Pharmacists (CSHP) is a national voluntary organization of pharmacists committed to patient care through the advancement of safe, effective medication use in hospitals and other collaborative healthcare settings. The Ontario Branch of the Canadian Society of Hospital Pharmacists (CSHP OB) thanks you for the opportunity to provide feedback on behalf of our members on the proposed fees increases and bylaw amendments.

The feedback heard most often from our members and leaders is that the proposed increase of 25% to hospitals and 12.5% per year (for 2 years) for individuals is excessive. In particular, the 25% increase to (per site) hospital fees continues to draw concern that this money will be taken from departmental operational funding that funds direct patient care. Furthermore at this time point in the fiscal year, most hospitals are submitting their budgets for next fiscal year. The leaders at these hospitals state that their budgets have been submitted without additional funds to offset unanticipated OCP fee increases. Our leaders are respectfully requesting increased transparency and a long term vision as it relates to the fee payment structure.

Consistently, the members and leaders of hospitals are inquiring about the discrepancy between fees for community pharmacies, Drug Preparation Premises and hospital pharmacies. In particular, a common theme brought forward by CSHP OB members is that all sites engaged in protected acts related to the profession of pharmacy are all held to the same standards, therefore raising the argument for consistency of fee structure across all sectors/places of practice.

The increase to individual fees is thought to be unjust if the reason for said increase is due to implementation of oversight of hospitals and the resources required and implementation of the provincial medication safety program. The members expressed that the individual fees should not be increased to cover these costs and if increases to individual members' costs are required, they should increase by no more than the cost of living allowance (COLA).

After reflection on the feedback provided by CSHP OB to the College in 2015 and additional comments and feedback submitted by CSHP OB members, I would like to take this opportunity to bring forth the recommendations made at that time as they remain applicable 3 years later:

1. A flat fee across Ontario Pharmacy in its entirety (same fee for community, Drug Preparation Premises and hospital). This is similar to other regulatory jurisdictions such as British Columbia;
2. Consideration for reduced fees or a single common fee for amalgamated hospital corporations;
3. A tiered system based on number of beds, number of services (according to those defined in the OCP hospital assessment document) or a combination of both;
4. A fee per hospital (as defined by the Ministry of Health and Long-Term Care) rather than per site (as defined by OCP accreditation number);
5. A reworking of current bylaw section 14.1 that considers multi-pharmacy fee structures;
6. A fee based proportionally on number of beds, number of visits for ambulatory centers, total hospital budget, or Pharmacy operational budget;
7. Consideration to have the total provincial fees paid directly from the MoHLTC to the OCP;
8. Advocacy to the MoHLTC to increase base budgets and earmark the increase for Pharmacy fees;
9. Development of a 'risk/activity' formula based on the assumption that a hospital performing high volumes of high risk activities will consume more of OCP's dedicated but limited resources

Another recommendation that was discussed within CSHP OB was the notion of the College developing (and making public) frameworks to enable and ensure transparency with OCP members when fee increases are proposed. The first framework that should be developed describes the approach to setting the fees for individual members, community pharmacies, Drug Preparation

Premises and finally hospital pharmacies. In particular, a formula of such that makes transparent the fees for each member classification within the College.

The second framework is one that makes transparent the decisions upon which increases to fees are made. In the hospital setting, this is similar to that of an ethical decision framework where the hospital commits to a transparent exercise directed by said framework when faced with fiscal restraint challenges.

Thank you again for the opportunity to bring forward the feedback raised by the very engaged members and leaders of CSHP OB. Myself, as well as other members of CSHP OB executive are available for further discussion of the items raised herein.

Respectfully and sincerely submitted on behalf of CSHP OB executive, council and membership.

A handwritten signature in cursive script that reads "Kathryn Hollis".

Kathryn (Katie) Hollis, BScPhm, MHA  
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