

MINUTES
Council Meeting
ALBERTA COLLEGE OF PHARMACISTS
Thursday, December 6, 2012
Westin Hotel, Edmonton, Alberta

1. Introduction

1.1 Call to Order

President Moran called the meeting to order at 8:30 a.m.

1.2 Roll Call

Registrar Eberhart called the roll and identified the following individuals in attendance:

- District 1 - Brad Willsey
- District 2 - Clayton Braun
- District 3 - Krystal Wynnyk
- District 3 - Ahmed Metwally
- District 3 - Rick Hackman
- District 4 - Kelly Olstad (President Elect)
- District 5 - Kaye Moran (President)
- District 5 - Kamal Dullat
- Pharmacy Technician - Kelly Boparai
- Vi Becker - Public Member
- Pat Matusko - Public Member
- Bob Kruchten- Public Member

Non-Voting

- Anjli Acharya (Past President)
- Jim Kehrer (Dean, Faculty of Pharmacy & Pharmaceutical Sciences)(8:30 am-12:00 pm)
- Ken Soong (APSA Student Representative)
- Robin Burns (Pharmacy Technician) - Observer

Also in attendance:

- Greg Eberhart - Registrar
- Dale Cooney - Deputy Registrar
- Lynn Paulitsch - Operations and Finance Director
- Karen Mills - Communications Director
- Leslie Ainslie - Executive Assistant
- Bill Shores - Shores Jardine, LLP(9:30 am – 2:00 pm)
- Paula Hale - Shores Jardine, LLP(9:30 – 2:0 pm)
- Tim Chang - eNRG Research Group (2:00 – 2:30 pm)
- Kim Scott - eNRG Research Group (2:00 – 2:30 pm)
- Members of the Public

1.3 Invocation

Rick Hackman read the invocation.

1.4 Adoption of the Agenda

1.4.1 Additions to the Agenda

MOTION: to adopt the agenda as circulated.

Moved by **Kelly Boparai**/Seconded by **Clayton Braun**/CARRIED

1.5 Minutes from Previous Meetings

1.5.1 Minutes – September 26 and 28, 2012

MOTION: that minutes of the September 26 and September 28, 2012 meeting of Council be adopted as circulated.

Moved by **Pat Matusko**/Seconded by **Kelly Olstad**/CARRIED

1.5.2 Minutes – Teleconference Meeting October 15, 2012

MOTION: that minutes of the October 15, 2012 teleconference meeting of Council be adopted as circulated.

Moved by **Kelly Boparai**/Seconded by **Krystal Wynnyk**/CARRIED

1.6 Disposition of Directives

The disposition of directives was provided for information. President Moran invited questions; however, none arose.

MOTION: to accept the report as information.

Moved by **Pat Matusko**/Seconded by **Brad Willsey**/CARRIED

2. Governance

2.1 ENDS Policies and Reports

2.1.1 E-2 Priorities for 2013

Registrar Eberhart presented an overview of ACP's business model identifying the balance of quality assurance and quality improvement across the spectrum of its business responsibilities. Council approved the following priorities for 2013 as presented by Registrar Eberhart:

- Enhance the Competence Program model, the administration of assessment tools, and all supporting communications to reflect the philosophy, principles and amended rules for the Competence Program.
- Pursue the regulation of inducements and loyalty programs provided in return for professional goods and services, as determined by Council.
- Increase ACP's engagement with registrants, the public and stakeholders through more channels for interaction by upgrading our website to include blogs, reader comments, and a greater variety of video and audio files; and to introduce Facebook as ACP's first social media networking tool.
- Develop a performance measurement matrix to support Council, the Registrar, and program directors, make informed decisions necessary to ACP's strategic plan.

- Complete website redesign and an enterprise reporting needs analysis, the exploration/discovery of the potential of a learning platform to support ACP's Competence Program; and commence analysis of our association management system needs.

MOTION: to approve the priorities for 2013 as presented by the Registrar.

Moved by **Kamal Dullat**/Seconded by **Brad Willsey**/CARRIED

2.1.2 IT Investment Plan

At its September meeting, the Registrar and ACP's Leadership Team presented Council an IT investment plan, including priorities for the next three years. The investments reflected in the Plan were incorporated into the 2013 budget and 2014-15 estimates. The Plan will be updated annually to coincide with business and budget planning. With the exception of internal human resource costs and forecasted amortization of future deliverables, it was recommended that the projected expenditures in the IT Investment Plan be drawn from existing unreserved surpluses. The plan reflects costs that will be expensed, and those that will be amortized over a longer term. The final IT Investment Plan will be provided for Council's review.

2.2 Executive Limitations Policies and Reports

Council previously approved the Registrar's interpretation of each of the following policies. Council considered whether the reports supporting each policy provided sufficient evidence to demonstrate compliance with the policy and its interpretation.

2.2.1 EL-3 Financial Planning-3-Year Business Plan and Budget 2013

Registrar Eberhart presented the budget for 2013 and estimates for 2014 and 2015. This included restating priorities for 2013 that support the College's mandate of protecting the health and well-being of Albertans as outlined in the 5-year action plans and ACP's strategic plan. The final schedule of fees for 2013 was presented for Council approval. The schedule of fees reflects a 1.28% fee COLA increase calculated by the Conference Board of Canada for Edmonton. Based upon data from the Conference Board of Canada, increases of 1.31% for 2014 and 1.34% for 2015 are projected.

MOTION: to approve the 2013 budget, and business plan as per governance policy EL- 3 Financial Planning, and consequentially approve amendments to governance policy GP-7 Council and Committee Expenses.

Moved by **Kelly Olstad**/Seconded by **Kelly Boparai**/CARRIED

2.2.2 EL-4 Financial Condition

Internal Financial Statements and Variances for the month ending September 30, 2012 were provided for Council's approval. Lynn Paulitsch, ACP's Director of Finance and Operations reviewed highlights from the Statement of Variances that significantly contributed to the surplus as of September 30, 2012.

MOTION: to approve the Registrar's compliance report on EL-4 Financial Condition of the College.

Moved by **Vi Becker**/Seconded by **Ahmed Metwally**/CARRIED

2.2.3 EL-6 Investment

Tom Richards from TD Waterhouse and ACP's appointed investment counsel, presented his annual report to Council reflecting the performance of ACP's investment portfolios.

MOTION: to approve the External Report from ACP's investment counsel for compliance with policy EL-6 (Investments).

Moved by **Rick Hackman**/Seconded by **Brad Willsey**/CARRIED

2.2.4 EL-7 Interactions with Registrants

ACP alternates annual surveys of registrants, the public, and stakeholders. The 2012 survey of registrants was conducted by eNRG Research Group. The 2012 survey included pharmacists, pharmacy students, and pharmacy technicians. One thousand and fifty (1,050) ACP registrants were surveyed. Of the registrants surveyed, 742 were pharmacists, 186 were pharmacy technicians, and 122 were students/interns. A key objective was to measure the progress in targeted areas by comparing clinical pharmacist results for 2012 to those obtained in the 2009 survey.

eNRG Research Group presented the findings of the survey to Council. The responses indicated that registrants have a fair understanding of ACP's mandate. When asked to describe the role of the College, the three top responses were: to regulate the practice of pharmacy, to ensure competency and adherence to the rules, and to protect the public.

The primary objectives of ACP's 2012 registrant survey were to:

- Assess respondents' expectations of and satisfaction with ACP;
- Determine respondents' perceptions of ACP's leadership in a number of areas;
- Determine if ACP's priorities are aligned with those of registrants;
- Explore registrant preferences for communication and engagement with ACP;
- Measure progress in targeted areas through comparisons of clinical pharmacists' results to 2009 survey;
- Provide benchmark measures for pharmacy technicians and student/intern pharmacists; and,
- Identify respondent profiles.

Below are excerpts from the 2012 survey of registrants:

Role of ACP:

- Among all registrants, 50% describe the role of the College as regulating the practice of pharmacy and setting standards of practice on an unaided, top-of-mind basis. Nearly four in ten (38%) say ACP's role is to ensure competency and adherence to rules and handle complaints, while one-third (33%) indicate that the role of ACP is to protect the public.
- Fewer registrants describe ACP's role as registering pharmacies and pharmacists and licensing pharmacists (11%), providing services and support to pharmacists (7%), keeping pharmacists informed/answering questions (5%), and representing/advocating for pharmacists (5%).

- Compared to 2009, clinical pharmacists are significantly more likely to describe ACP's role as regulating the practice of pharmacy and setting standards of practice (49% in 2012 vs. 39% in 2009). As well, a higher proportion in 2012 say ACP's role is to ensure competency and adherence to rules and handle complaints (40% vs. 29% in 2009) and to protect the public (37% vs. 25% in 2009).
- When asked for their level of agreement with a number of statements about ACP, the largest proportion of respondents agree that "it is important to me that pharmacy is a self-governing profession" (86%), followed by "ACP puts patients' health first in all it does" (75%), "I understand what ACP expects of me as a practitioner" (75%), "ACP is trying to maintain a long-term commitment to the public" (74%), and "ACP is accountable for its professional conduct" (72%).
- Generally speaking, pharmacy technicians have the lowest levels of agreement with statements about ACP, especially "understands the needs of its registrants" (36% agree), "I am happy with ACP" (36%), "ACP is realistic in its expectations" (45%), and "ACP treats people fairly and justly" (45%). These are also among the lowest rated statements overall.
- Only 2% of all registrants (26 respondents in total) disagree with the statement "It is important to me that pharmacy is a self-governing profession." In terms of reasons why, 42% of these respondents feel they have no influence on the College, and in particular disagree with technician regulation.
- Twenty-one percent of all registrants disagree with the statement "ACP is realistic in its expectations." When asked what expectations are not realistic, 28% mention competency exams and reviews for pharmacists being unfair.
- When asked whether certain items are part of ACP's legislated mandate, at least nine in ten believe that promoting high standards of professional and ethical conduct among its registrants (95%), determining entry to practice requirements of applicants (93%), protecting the health and well-being of Albertans (93%), and resolving complaints about registrants and pharmacies (90%) are part of that mandate. The least recognized item, delivering professional development courses, is believed to be part of ACP's mandate by 59% of all registrants.
- Among those who believe each item to be part of ACP's mandate, all of these items are considered to be important. At least nine in ten feel that promoting high standards of professional and ethical conduct among its registrants (94% important), protecting the health and well-being of Albertans (93%), ensuring safe practice environments for pharmacists and pharmacy technicians (93%), determining entry to practice requirements of applicants (91%), and resolving complaints about registrants and pharmacies (91%) are important. The least important item, developing practice tools, is still considered important by 81% of all registrants. There are very few significant differences between the registrant groups in terms of what is important.
- Generally speaking, registrants are at least moderately satisfied with each element of ACP's mandate. At least three-quarters of registrants are satisfied with protecting the health and well-being of Albertans (77% satisfied), promoting high standards of professional and ethical conduct among its registrants (76%), and determining entry to practice requirements of applicants (74%). More than one-half of registrants say they are satisfied with the two lowest-ranked items, delivering professional development courses (56%) and educating the public about pharmacy services (57%).

Greatest threats to registrants' personal practice: The availability of continuing education is seen as the top threat to registrants' personal practice (16%), followed closely by the heavy workload and staff shortages experienced in many pharmacy settings (15%). Other commonly mentioned threats to registrants' personal practice include blurred divisions between pharmacist and technician roles with changes to technicians' scope (12%), concerns about remuneration and salaries (9%), loss of independent pharmacies to more corporate/chain pharmacies (9%), and concerns or difficulties in the expanding scope of pharmacy roles (9%).

Greatest threats to the practice of pharmacy in Alberta: When thinking more generally about the top threats to the practice of pharmacy in Alberta, registrants are most likely to name the increased presence of corporate/chain pharmacies at the expense of independent pharmacies (14%) as well as the blurry divisions between technician and pharmacist roles (14%). Other threats mentioned include a lack of government payment and concerns regarding generic pricing and dispensing fees (10%), and a perceived lack of cooperation or respect by other healthcare professionals (9%).

Greatest opportunities for registrants' personal practice: Expanding the scope of practice (20%) is seen as the highest potential opportunity for registrants' personal practice, followed by the ability to prescribe and order lab tests (16%). Other opportunities mentioned by at least one in ten registrants include specialization opportunities (12%), focusing on patient counseling (12%), and continuing education (10%).

Greatest opportunities for the practice of pharmacy in Alberta: When thinking more generally about the greatest opportunities for the practice of pharmacy in Alberta, registrants are again most likely to name expanding the scope of practice (17%). As with opportunities for registrants' own practices, the next most commonly mentioned opportunities include the ability to prescribe and order lab tests (12%), as well as the ability to charge fees for consultation or counseling (11%), and focusing on patient counseling (12%).

Changing role with patients in the next three years: Nearly one-half of all registrants (45%) believe that they will become more involved with patients and in patient care within the next three years. Fifteen percent of registrants say that they anticipate their role will involve less focus on dispensing, as dispensing and checking increasingly become part of pharmacy technicians' role. Other anticipated changes include creating and managing treatment plans for patients (7%), the ability to prescribe or automatically renew prescriptions (7%), and actively performing medical reviews (6%).

Role of Pharmacists in Drug Therapy, Prescribing, and Injecting Medications: Registrants show the strongest level of agreement that pharmacists should be involved in monitoring and supporting patients' drug therapy when it comes to public health and wellness (84% agree), chronic disease management (82%), and minor ailments (79%). Agreement is also quite high when thinking about prescribing based on the pharmacist's own assessment for minor ailments (72%) as well as monitoring and supporting patients' drug therapy for addictions and mental health (71%). Over one-half agree that pharmacists should be able to

prescribe based on their own assessment in the realms of public health and wellness (56%) and chronic disease management (55%); however, only 30% agree that prescribing based on the pharmacist's own assessment for addictions and mental health should be part of a pharmacist's role.

Importance of Additional Prescribing Authority: Approximately two-thirds of all registrants (66%) believe that it is important for pharmacists to have additional prescribing authority. Students/ interns are the most likely to consider additional prescribing authority to be important (81%, of whom most believe it to be "very important"), compared with 65% of pharmacists who say this is important and 63% of pharmacy technicians.

Role of Pharmacists in Drug Therapy, Prescribing, and Injecting Medications: One-quarter (26%) of clinical pharmacists who have not already applied for additional prescribing authorization intend to do so within the next twelve months, similar to results in 2009 (23% intended to apply for additional prescribing authorization). Significantly fewer in 2012 (43%) say they will not be applying compared to 2009 (55%).

- Of those who do not intend to apply, the most common reason why not is that it doesn't apply to their own practice (19%). Other common reasons include lack of time to prescribe (12%), lack of work experience to meet requirements (11%), and concerns about the time and cost associated with the authorization process (11%).

One-third (32%) of clinical pharmacists who are not currently authorized to administer drugs by injection intend to apply for this authorization within the next twelve months, significantly higher than in 2009 (21% intended to apply for this authorization). Significantly fewer in 2012 (48%) say they will not be applying compared to 2009 (62%).

- Of those who do not intend to apply, the most common reason why not is that it doesn't apply to their own practice (24%). Other common reasons include working in a setting where qualified doctors or nurses are already available (21%), fear or discomfort with injections (14%), and intent to retire in the near future (10%).

Communications:

- The most important services or publications include the ACP website (88% important), The Link e-newsletter (77%), the acpnews newsletter (76%), and email from the College (75%). Other services or publications are somewhat less important to ACP registrants, including in-pharmacy visits from ACP Pharmacy Practice consultants (44%), annual conference or symposium (38%), annual report (37%), annual general meeting (32%), and APEX awards (26%).
- The majority of registrants overall say they are satisfied with the ACP website (76% satisfied), The Link e-newsletter (71%), and the acpnews newsletter (69%). However, only about three in ten registrants (29%) say they are satisfied with the annual report; one-quarter (24%) are neutral and 36% are unable to comment on their satisfaction with the annual report.
- The majority of registrants consider it important to receive information on all potential topics provided. Nine in ten say it is important to receive information about legislation and regulatory changes (90% important), and more than eight in ten each say it is important to receive information about licensing and registration (88%), how to practice

to meet the Standards of Practice (86%), and how to practice to meet the Code of Ethics (84%).

- More than two-thirds (68%) of all registrants say the amount of information they receive on licensing and registration is just right. More than one-half also rate the amount of information received on legislation and regulatory changes (59%), ACP complaints resolution (56%), how to practice to comply with the Code of Ethics (54%), and how to practice to meet the Standards of Practice (52%) as just right. More than four in ten also say the amount of information received on the ACP competence program (48%), council decisions (48%), health system issues (46%), and broad and long-term directions pursued by the college (43%) is just right.
- Nearly nine in ten (86%) do not have any specific suggestions to improve the ACP communication tools. Of those who do, the most commonly made are to offer more relevant and practical information (3%), make website and login more user friendly (2%), and to utilize email more (2%).

Engagement: Email is the most frequently-used online activity, with 87% in total using email weekly or more often (including 74% who use email daily). Looking to websites for information is another typical online activity, with 82% doing so at least weekly. A large number of registrants use text messaging at least weekly (68%); however, more than two in ten (22%) do not text message at all. Four types of online activity are not used by the majority of registrants, including reading or contributing to blogs (60% never use), listening to podcasts (54%), posting to or reading posts on Twitter (79%), and using an RSS feed (60%). Generally, registrants are more satisfied (37%) than dissatisfied (17%) with their opportunities to offer input, though a notable 32% are neither satisfied nor dissatisfied and 14% are unable or unwilling to offer an opinion.

Overall, registrants are quite interested in engaging with ACP about key issues that the College is involved with. In all, 47% are interested, 16% are disinterested, and 28% are neither interested nor disinterested.

Overall Thoughts on ACP

- The most common recommendations for how ACP can help improve individual registrants' practices include providing more information and improving communications with registrants (16%), conducting more operational assessments or routine inspections (10%), understanding the realities for pharmacists (10%), offering a wider variety of courses, seminars and resources (9%), promoting and supporting continuing education (7%), and making the public more aware of what pharmacists can do (7%). In all, nearly one-half of registrants cannot or choose not to provide suggestions for how ACP can help improve their own practice.
- When it comes to things that ACP could do to improve the practice of pharmacy in general, the most common suggestions are making the public more aware of what pharmacists can do (9%) and providing more information and improving communications with registrants (9%). Other suggestions include continuing education (8%), understanding the realities for pharmacists (8%), and doing more operational assessments and inspections (7%). Again, most registrants are unable or unwilling to provide a specific recommendation for how ACP could improve the practice of pharmacy in general.
- In general, registrants are satisfied that ACP is meeting its mandate, with 56% satisfied, 10% dissatisfied, and 28% neutral.
- Most registrants (77%) are unable to name any other improvements that ACP could make. Among those who do share an opinion, suggestions include improve communications (4%), be less bureaucratic (3%), and provide more recognition and services to registrants (3%).

MOTION: to accept the external report as demonstration of compliance with policy EL-7 Interactions with Registrants.

Moved by **Kamal Dullat**/Seconded by **Brad Willsey**/CARRIED

2.3 Governance

2.3.1 Board Governance as Leadership

MOTION: to table Agenda Item 2.3.1 to a future meeting of council.

Moved by **Brad Willsey**/Seconded by **Ahmed Metwally**/CARRIED

2.3.2 Performance Measurement – Review of ACP Measures and Indicators

In 2011, Council approved its Strategic Plan. The plan states ACP's mission, vision, values and establishes three critical success factors, seven strategies to achieve success, and fourteen indicators to measure the College's success with the implementation of its Strategic Plan. Performance measurement provides tools that facilitates Council's ability to measure performance, follow its strategic direction, direct resource allocation, and provide direction to the Registrar and ACP administration in the management of the business of the College.

A priority in 2012 was to review Council's strategic measures, indicators, and the performance measures used by ACP administration. ACP contracted Catherine McCann to conduct the review and provide recommendations to Council. A review of documents of Council and the College facilitated the process. Ms. McCann also interviewed key members of ACP's administrative team. Council reviewed the report and strongly supported the direction of ACP and the recommendations contained within the report. The development of performance measures will provide a "dashboard" for Council governance and are important to the progression of ACP's IT Investment plan. Council will participate in the development process where appropriate and directed the Registrar to proceed with the recommendations in the report, as a priority for 2013.

2.3.3 GP Policies

2.3.3.1 GP-7 Council and Committee Expenses

A motion to approve amendments to Governance Policy GP-7 Council and Committee Expenses as per the 2013 budget, was made in conjunction with Agenda Item 2.2.1

2.3.3.2 Plan for Reviewing GP Policies

President Moran will meet with the Executive Committee to establish a schedule for Council to review the Governance Policies (GP). The schedule will be submitted to Council for their review at the next meeting of Council.

2.3.3.3 GP-14 (Awards) – Proposed Amendment to s1.7

MOTION: to table Agenda Item 2.3.3.3 to the February meeting of Council.
Moved by **Rick Hackman**/Seconded by **Brad Willsey**/CARRIED

2.3.4 E-facilitation of Council Business

Information is an essential component of effective governance and strong leadership. ACP's commitment to continued improvement necessitated a review of practices to facilitate the timely access to council information and documents for Council Members. ACP's administration team researched alternatives to better manage council business and presented their recommendations for Council's consideration. Council reviewed the recommendations of ACP administration and supported the electronic facilitation of council business for implementation in 2013.

MOTION: to support the recommendation to implement the electronic facilitation of council business.

Moved by **Brad Willsey**/Seconded by **Bob Kruchten**/CARRIED

2.4 Review of Compliance with Council-Registrar Relationship (CR) Policies

CR Policies define the working relationship between the Council and the Registrar. Council considered its compliance with the following CR policy.

2.4.1 CR-1 Global Council-Registrar Relationship

MOTION: to approve policy CR-1 Global Council-Registrar Relationship for compliance.
Moved by **Clayton Braun**/Seconded by **Kelly Olstad**/CARRIED

2.5 Ownership Linkage

2.5.1 Engagement with Albertans Since Last Meeting

2.5.1.1 Feedback since last meeting

MOTION: to table Agenda Item 2.5.1.1 to a future meeting of Council.

Moved by **Krystal Wynnyk**/Seconded by **Bob Kruchten**/CARRIED

2.5.1.2 Report from Public Focus Groups

ACP held focus groups with members of the public in conjunction with regional meetings in late October and early November. Judith Dyck, from Strategic Communications Ltd. conducted six focus groups on behalf of the Alberta College of Pharmacists. Two were held in each of Edmonton and Calgary, and one focus group in each of Barrhead and High River. The objectives of the focus groups were:

- to gather insights into the views of Albertans on the role of pharmacists specifically and other health providers generally,
- to gauge the level of awareness of the range of services pharmacists may provide and determine if awareness differed significantly between people dealing with chronic conditions and the general population,
- to gauge Albertans willingness to receive services other than dispensing and providing advice from pharmacists, including diagnosis and prescribing,
- to probe into Albertans' perspectives on pharmacists as health care providers and pharmacies as a business,
- to examine the level of awareness that the services which pharmacists can perform may differ from pharmacist to pharmacist, and
- to investigate how Albertans would like to learn about the range of services which pharmacists may provide.

A report summarizing these discussions was provided for Council's insight and discussion. Below are excerpts from the report.

Executive Summary - Overall, the public has great trust in the pharmacy profession. Though participants tended to align their loyalty to a particular pharmacy or pharmacy chain rather than an individual pharmacist, they overwhelmingly trust that whoever is behind the counter will deliver consistent and safe service and quality advice. They value the pharmacist services and appreciate that they are there as a check and balance to physicians.

The co-location of pharmacies in grocery stores and a perceived lack of privacy are linked to a general discomfort with receiving services that would require any type of in-depth assessment; these locations were deemed to be the wrong environment for a deeper discussion about personal health concerns. While privacy at the counter was an issue for all participants across rural and urban locations, it was mentioned most often by experienced users.

Awareness of pharmacists' ability to refill prescriptions, except as a stop gap to getting a prescription renewed by a physician, was lower among the general users in cities as compared to rural locations. Experienced users were more aware and more likely to use and request this service.

Participants in all groups were unfamiliar with the ability of pharmacists to assess and prescribe. They expressed concerns about how the assessment and prescribing process would work in a pharmacy setting and the need for two-way communication from a pharmacist back to their physician. Across all groups, most participants indicated they were uncomfortable with a pharmacist taking their history, ordering tests and prescribing. Much of this discomfort appears to be attributable to lack of awareness and familiarity; these are not roles that they are used to seeing pharmacists fulfill.

A strong desire for more information about what a pharmacist can do for them was voiced by all groups. Within this context, most expressed an interest in learning more about the training pharmacists receive, the different levels of services they can provide, and assurance and clarity on the framework within which these services are provided.

Loyalty points were not seen as a conflict by general or experienced users. Participants were more likely to cite differences in dispensing fees as being more likely to influence their decision as to where to have their prescriptions filled than points or loyalty programs. However, experienced users were significantly more aware of the differences in medication costs between pharmacy chains than general users. In general, loyalty points were well liked and received.

Conclusions - Considerable work needs to be done to build awareness among the public of the role of pharmacists in several key areas including assessing and prescribing, renewing and providing injections.

Patient empowerment with information on which pharmacists can prescribe and which cannot, as well as a clearer delineation between pharmacists and pharmacy technicians, needs to occur.

People felt that this awareness building could occur in a number of ways, predominantly at pharmacies, but also through websites and other online information sources and point of purchase posters and advertising.

Participants were not aware of the Alberta College of Pharmacists. Awareness of the work of the college on behalf of the public should be done to explain to people that there are checks and balances in the pharmacy system and an ethical framework in which pharmacists operate. This will help alleviate concerns about how the expanded role of the pharmacist works within the context of the health system in general.

3. Legislated Responsibilities

3.1 Committee Reports - NIL

3.2 Competence Program

3.2.1 Philosophy and Principles

The Competence Committee is enabled under the *Health Professions Act*. The Philosophy and Principles of the Competence Program is the governance statement of Council and provides guidance to the Competence Committee and ACP administration. President Moran gave an overview of the Terms of Reference of the Competence Committee, the role of the Committee and composition of the committee members. Council reviewed and approved a penultimate draft of restated philosophies and principles for the Competence Program, further to an amendment to the fourth guiding principle as follows: “*Responsible* - the program meets all legislative requirements and provides reliable measures by which practitioners and the college support Albertan’s health and well-being”. The draft philosophy and principles will be shared with registrants over the next 30 days for information and feedback. Council will meet in February to approve the final draft.

MOTION: to approve the penultimate draft of the philosophy and principles as amended.
Moved by **Vi Becker**/Seconded by **Clayton Braun**/CARRIED

3.2.2 Committee Terms of Reference

ACP proposed amendments to the Terms of Reference for the Competence Committee. The proposed amendments were reviewed by the Committee in November and subsequently the Committee asked Council to approve the amendments. Council approved the Terms of Reference for the Competence Committee with the following amendments: a) amend the Regulation to read “*Pharmacists and Pharmacy Technicians Profession Regulation*”, and b) change wording to “regulated member” instead of pharmacist and pharmacy technician.

MOTION: to approve the Terms of Reference for the Competence Committee as amended.

Moved by **Rick Hackman**/Seconded by **Krystal Wynnyk**/CARRIED

3.2.3 Competence Program Rules

The Competence Committee commenced a review of the rules for the Competence Program and submitted preliminary recommendations to amend the program rules to Council. The new rules will reinforce the changes proposed to the Philosophy and Principles, and augments the Competence Program’s ability to support pharmacists, regardless of their learning style, education need, or practice setting. The rules need to ensure that registrants are clear about their expectations and responsibilities within the program and processes to be complied with. Council approved the following amendments to the Competence Program Rules:

1. Pharmacists who have additional prescribing authorization (APA) will be exempt from selection for competence assessment for five years following the granting of the authorization. Competence assessment and APA require a pharmacist to provide

examples specific to their practice and to show implementation of either leanings or standards into their practice.

2. Replace Step 3 “OSCE or Practice Visit” with “Referral to the Competence Committee”, and remove Rule 69 that reads “If the clinical pharmacist does not successfully complete the competence assessment at Step 2, the pharmacist must proceed to an OSCE or Practice Visit under Step 3”. The Competence Committee now has alternatives to the OSCE evaluation to work with registrants to improve their competence, where registrants have not effectively demonstrated their competence on two successive assessments. The Committee may now consider completion of a professional portfolio, with or without mentorship; mentorship; prescribed learning; the OSCE; or an on-site visit. The intent of the on-site visit in this case is not to conduct an assessment of the pharmacist’s competence, but to identify information to assist the committee and/or the pharmacist to identify appropriate learning options.

Referral to the Competence Committee will be accompanied by a report from the Competence Director including an anonymous description of the pharmacist’s performance during Steps 1 and Steps 2 of the program. The pharmacist will be notified that their case is being referred to the Committee and have the opportunity to make a written submission for the Committee’s consideration. Based on this information, the Competence Committee will consider options for each case with the goal of identifying the best solution to achieve success.

3. Pharmacists that are selected for competence assessment must advise the Registration and Competence Director within 60 days about which tool they prefer to demonstrate their competence. Pharmacists that don’t provide notification within the 60 day period, or who do not apply for an exemption or extension within the 60 day period, will now be denied renewal of their practice permit and/or referred to the Complaints Director for refusing to comply with the rules of Competence Program.
4. Pharmacists selected for competence assessment who in turn move to inactive status, and then later reinstate on the clinical register, will be required to re-enter the competence program in the same place they were when they moved to an inactive status. This provides consistency for all pharmacists selected to participate in the Competence Program.

The Competence Committee will complete a more comprehensive review of the Competence Program rules in 2013.

MOTION: to approve the rules of the Competence Program as amended.

Moved by **Clayton Braun**/Seconded by **Brad Willsey**/CARRIED

3.2.4 Competence Program - Next steps

Deputy Registrar Dale Cooney briefed Council on the work plan proposed by the Competence Committee during the spring of 2013, with the goal of enhancing the Program to better reflect the philosophy and principles approved by Council. The Competence Committee will continue its review of the Program rules and research the competence

programs of other colleges. Council will review recommendations and amendments to the Competence Program at its June council meeting with a goal to finalizing the new rules of the Program in the fall. Two Hundred and Fifty (250) pharmacists will be selected for assessment in 2013. Pharmacists selected will be notified in March and have fourteen months to engage with the College or participate in the assessment.

3.3 Administering Drugs by Injection

3.3.1 Adoption of National Competencies for Immunizations and Administering Drugs by Injection

At its meeting in September, Council supported in principle, fifteen competencies proposed by NAPRA regarding immunizations and the administration of drugs by injection. Fourteen of the competencies were approved by the Public Health Service of Canada. Following a national consultation, NAPRA approved an amended version of a fifteenth competency. Council has accepted the fourteen competencies approved by the Public Health and Service of Canada, and provide support “in principle” to the fifteenth competency during consultation.. These fifteen competencies will serve as a national foundation for education programs that train pharmacists about immunizing and administering drugs by injection. The Canadian Council on Continuing Education in Pharmacy (CCCEP) will accredit programs and adopt these competencies as standards. National competencies will improve employment mobility amongst provinces.

MOTION: to support and approve the fifteen competencies proposed by NAPRA.

Moved by **Rick Hackman**/Seconded by **Vi Becker**/CARRIED

3.3.2 Reauthorization to Administer Drugs by Injection

Council imposed a moratorium on the requirements for recertification to maintain authorization to administer drugs by injection in anticipation of a national consensus on recertification. A national ad hoc committee considered the issue. Following this consideration, the Council of Pharmacy Registrars of Canada (CPRC) reached consensus on a common policy for reauthorizing pharmacists who perform immunizations and administer injections. Council reviewed the proposed policy and reached consensus that the policy should be framed on competency and skill sets, not on the number of injections. Additionally, Council recommended that the “Statutory Declaration” differentiate between “clinical” and “technical” components. Council approved the proposed policy with amendments. The existing policy for reauthorization will be rescinded, and replaced with the following policy:

1. All pharmacists who have been granted authorization to administer drugs by injection are required to complete a professional declaration annually at the time of registration renewal indicating:
 - a. That they have taken action to maintain their competence and proficiency with regard to the administration of injections,
 - b. That they have and will maintain valid CPR and First Aid certification.
2. Pharmacists who are unable to sign the professional declaration because they have not taken action to maintain the competence and proficiency or have not administered injections within

the past three years must re-qualify for the authorization to administer drugs by injection by completing an accredited training program.

3. Pharmacists who have completed an accredited training program who have not received authorization to administer injections within one year after completion of the training program must repeat an accredited training program prior to being granted the authorization to administer drugs by injection.

MOTION: to rescind the moratorium on the requirement for recertification to maintain authorization to administer drugs by injection.

Moved by **Clayton Braun**/Seconded by **Kelly Olstad**/CARRIED

MOTION: to approve the new policies on the requirements for recertification to maintain authorization to administer drugs by injection.

Moved by **Vi Becker**/Seconded by **Pat Matusko**/CARRIED

3.3.3 Administering Drugs by Injection – Provincial Reciprocity

Subsequent to Council's approval of the fifteen national competencies for immunizations and administering drugs by injection recommended by NAPRA in Agenda Item 3.3.1, and approval of a new policy for the reauthorization to administer drugs by injection in Agenda Item 3.3.2, Registrar Eberhart recommended that Council amend ACP's policy to accommodate provincial reciprocity of the authority of administering drugs by injection.

MOTION: to amend ACP's policy to accommodate reciprocity of the authority to administer drugs by injection with other Canadian provinces.

Moved by **Krystal Wynnyk**/Seconded by **Ahmed Metwally**/CARRIED

3.4 Inducements and Loyalty Programs

Registrants have expressed concern about the impact of inducements and loyalty programs on pharmacist and patient behavior, and upon the profession of pharmacy overall.

Pharmacists play an important role in their patient's health through medication management, injections, and prescribing authority. Pharmacy care is not a single transaction, but a long-term, holistic journey of health for Albertans. Pharmacists provide the best care when they develop relationships with patients and other members of the patient's healthcare teams. Inducements can disrupt these relationships. Pharmacists cannot provide the best care when records are fractured because of patients transferring from pharmacy to pharmacy in pursuit of inducements. Pharmacists are denied the opportunity to provide the best care when patients delay getting their medication, or interrupt drug therapy in order to capitalize on an upcoming inducement campaign.

The role of ACP is to ensure Albertans receive excellent pharmacy care. Over the past several years, the College has observed changes in the types and frequency of inducements and the targeting of vulnerable populations.

ACP believes inducements are detrimental to quality patient care and pharmacy practice and has thoroughly studied this issue by commissioning a whitepaper examining national trends and precedents, engaging public focus groups, interviewing stakeholders and a survey of registrants:

- 70% of registrants are asking ACP to prohibit inducements.
- 75% of registrants believe it is appropriate for the Alberta College of Pharmacists to pursue a prohibition.
- Most registrants (60%) believe inducements target certain populations – in particular seniors and low income – and that it is inappropriate to do so.

These results support feedback of past ACP surveys conducted with stakeholders and members of the public:

Stakeholder Surveys

- 2008 – Do you feel it is appropriate for people to receive points, rewards, or incentives in return for products or services received from a health professional?
(External stakeholders) Yes- 19% No- 71% Don't know – 10%
(Internal stakeholders) Yes=17% No=78% Don't know – 5%
- 2011- same question
Yes -22% No-65% Don't know – 12%

Members of the Public Surveys

- 2007- Do you consider it appropriate to receive points, rewards, or incentives in return for products or services received from a health professional?
Yes – 41% No – 51% Don't know – 8%
- 2010 – Do you consider it appropriate to receive incentives in return for health services and products?
(Base=1200) Yes-42% No – 51% Don't know- 7%

ACP circulated a *draft* regulatory provision proposing prohibition of inducements and loyalty programs to registrants for their feedback. President Moran provided Council with a summary of the feedback from registrants as well as comments received from corporate owners, members of the public, and other professions. Council will give further consideration to the feedback received as they continue discussions on the issue of inducements and loyalty programs. Bill Shores and Paula Hale, ACP's legal counsel, joined Council for a privileged "In Camera" discussion about the issue.

MOTION: that Council move into an "In Camera" meeting at 12:22 p.m.
Moved by **Kelly Olstad**/Seconded by **Krystal Wynnyk**/CARRIED

MOTION: that Council move out of the "In Camera" meeting at 1:47 p.m.
Moved by **Krystal Wynnyk**/Seconded by **Ahmed Metwally**/CARRIED

3.5 Proposed Amendments to ACP Bylaws

Council approved proposed amendments to ACP bylaws for the purpose of consultation. The proposed amendments recommended changes to the structure of Council's Executive Committee, changes to fees, and recognition of honorary life members. Following the consultation, Council approved four amendments to the bylaws that will come into effect January 1, 2013:

- **Executive Committee** – The position of “Vice President will be replaced with “Executive Member at Large”. The Vice President position inferred an expectation to proceed to the position of President Elect, which is not the case. This title change will be more inviting to public members and Pharmacy Technicians elected to Council.
- **Honourary life members** – Pharmacy Technicians may now be named as retired and honorary life members.
- **Changes to Fees** - Council wanted to differentiate registration, annual permit, and pharmacy licensing fees from other fees established in Schedule A. Many of the other fees in Schedule A can be categorized as service-oriented and are of a nominal amount. In many cases, annual increments are determined by rate of inflation and are minimal, and not always feasible to recognize. Despite this, over a number of years, accrued increases may warrant an increase in the fee. Therefore, Council will maintain the current provisions for registration, annual permit, and pharmacy license fees and amend the bylaw to accommodate greater discretion by Council to set other fees currently listed in Schedule A.
- **Additional Amendments** – Minor edits were incorporated to keep the bylaws current and correct. Council adopted *Robert's Rules of Order Newly Revised, 11th ed.* as their rule reference, and updated reference to the “Pharmacists Profession Regulation” to the “Pharmacists and Pharmacy Technicians Profession Regulation.”

MOTION: to approve the bylaw amendments with an effective date of January 1, 2013.

Moved by **Kamal Dullat**/Seconded by **Rick Hackman**/CARRIED

3.6 Methadone Guidelines

Council will review the methadone guidelines and forward comments to Deputy Registrar Cooney prior to the February meeting of Council.

MOTION: to table Agenda Item 3.6 to the February meeting of Council.

Moved by **Brad Willsey**/Seconded by **Kelly Boparai**/CARRIED

4. Consent Agenda

4.1 Report from the Registrar

Registrar Eberhart reported amendments to the Consent Agenda as follows:

- Under Engagement with Registrants and the Public - amend location of the regional meeting from Okotoks to High River and change the date of Barrhead regional meeting from October 25th to October 23rd
- Under External Affairs/CPRC – include notation that the Registrars distributed a position statement from NAPRA on the amendments to the Medical Marihuana Access Regulations.

- Under Alberta Health/Government – amend the amount of claims submitted by pharmacists under the new Alberta Service model from \$5.5 million to \$5 million as November 26, 2012.

MOTION: to approve the consent agenda as presented by Registrar Eberhart.

Moved by **Rick Hackman**/Seconded by **Vi Becker**/CARRIED

5. Miscellaneous Business for Council's Consideration

5.1 Report from NAPRA

Past President Acharya, ACP's representative on NAPRA submitted the following NAPRA report:

- **Health Canada's Proposed Improvements to the Marihuana Medical Access Program** - the following key messages regarding Health Canada's proposed improvements to the Marihuana Medical Access Program were approved:
 - NAPRA recognizes the situation faced by the Government of Canada regarding the Courts' decision to grant patients the right to have access to marihuana for medical purposes; however, it cannot endorse its use without the substance having undergone the same review process as for any other approved drugs on the Canadian market.
 - NAPRA is of the view that only products that have gone through the drug approval process in Canada for safety, efficacy and quality—should be sold by pharmacists. Those approved products have received a number such as Drug Identification Number (DIN), a Natural Product Number (NPN) a Drug Identification Number – Homeopathic Medicine (DIN-HM) or Exemption Number (EN). Marihuana has not received any of these numbers from Health Canada.
 - From a public protection perspective, NAPRA supports the elimination of production of marihuana in personal homes and having the only legal source of marihuana be commercial producers licensed by Health Canada.
- **Pharmacy Practice Management Systems** - A large number of comments on the document were received which resulted in substantive changes in the document. The document will now be sent for a focused consultation for 45 days at which point CPRC will review and provide final approval.
- **VIPPS Program in Canada** - NAPRA plans to meet with NAPB (National Association of Boards of Pharmacy) to investigate and explore the value of the VIPPS program in Canada. This is a result of the major search engine Google blocking any non VIPPS certified internet pharmacy from advertising on the internet. Google recently reached a 5 million dollar settlement with Health regulatory group in US for allowing rogue Canadian pharmacies on Google. NAPB cannot regulate/award VIPPs status to Canadian pharmacies and thus will explore this issue further with NAPRA.
- **National Bridging Program for Newly Regulated Pharmacy Technicians** - National standard delivery model has been approved to decrease local costs for what is in essence a national program being delivered locally.
- **National Drug Schedules (NDS) Program Review** - NAPRA has affirmed that it believes it has a role in NDS. NAPRA, through the National Ad-Hoc Drug Scheduling Review Committee will prepare for discussions with the federal/provincial/territorial

governments including discussions with consumer groups and other external key stakeholders. The Committee will bring to the Board's attention the result of the discussions with the federal/provincial/territorial governments for direction and decision ideally by fall 2013.

- **National Committee on Regulated Pharmacy Technicians** – the Committee continues to work to support the regulation of pharmacy technicians across Canada. Comment has been provided to CCAPP to ensure appropriate education levels are and continue to be met by accredited programs.
- **PHAC Travel Health Capacity Working Group** - NAPRA has responded to the national working group's recommendations indicating support for the national definition of travel health provider and the further development of national practice guidelines/ framework and core competencies. NAPRA indicated that any national or regional regulation of pharmacists within the field of travel health should be conducted within the context of the current regulators domain.

MOTION: to accept the NAPRA report as information.

Moved by **Pat Matusko**/Seconded by **Ahmed Metwally**/CARRIED

5.2 Report from PEBC

Jeff Whissell, ACP's representative on the Pharmacy Examining Board of Canada (PEBC) provided a 2012 mid-year report from the Board meeting held October 27, 2012. The following are excerpts from the report highlighting issues addressed, and recommendations made by the Board.

Inter/Intra-Professional Collaboration Forum - PEBC hosted a two day workshop on inter/intra-professional education in April. Participants in the work shop included representatives from the Medical Council of Canada, Alliance of Physiotherapy, Nursing (College of Nurses of Ontario and the College of Nurses of British Columbia), leaders of inter-collaborative health care education (UBC and Manitoba), and pharmacists and pharmacy technicians who work in collaborative practice models or in collaborative education. The purpose of the workshop was to:

- develop a multi-disciplinary competency framework for inter/intra-professional collaboration, for assessment and certification purposes;
- determine the knowledge, skills and abilities that enable professionals to practise collaboratively in a health care setting;
- define 'key performance indicators' that are observable and measurable for both development and assessment purposes; and
- develop sample test questions, performance tasks and scoring criteria based on the key performance indicators in order to assess candidates' inter/intra-professional collaboration competency for the benefit of patients individually or in groups.

Update on Pharmacy Technician Certification Examinations - The following summarizes the Pharmacy Technician Qualifying Examinations administered from 2009 to Fall 2012:

- Number of Candidates Taking the Pharmacy Technician Qualifying Examination - Part I (MCQ) for Seven Administrations – 3,729

- Number of Candidates Taking the Pharmacy Technician Qualifying Examination - Part II (OSPE) for Seven Administrations – 3,434
- Number of Candidates Taking the Pharmacy Technician Evaluating Examination for Six Administrations – 3,514

In addition, the PT Evaluating Examination was held on October 14, 2012. PEBC received 424 applications from the following provinces: British Columbia (183), Alberta (168), Manitoba (11), Ontario (33), Nova Scotia (23) and Newfoundland (6)

Feasibility Study on Computerized Testing - The Computer Based Testing(CBT) Steering Committee met for the first time via teleconference on June 18, 2012. Participants included: NAPRA representatives, Greg Eberhart (ACP) and Sam Lanctin (NBPS); Dr David Hill, Dean, University of Saskatchewan and Chair of the Panel of Examiners for the Pharmacist Evaluating Examination; Sharyl Estabrooks, Member of the Panel of Examiners for the PT Qualifying Examination; PEBC Board Members, Dr Lavern Vercaigne and Dr Shawn Bugden; and PEBC staff.

The role of the Steering Committee will be to review all project progress and provide conceptual guidance as needed, participate in virtual meetings, interviews, and face-to-face meeting, and develop recommendations regarding development and implementation of a CBT network. John Pugsley will present the report to the Board at the Annual Meeting in March.

MOTION: to receive the report from PEBC as information.

Moved by **Krystal Wynnyk**/Seconded by **Clayton Braun**/CARRIED

5.3 Report from FIP

Through an omnibus motion, Council tabled agenda items 5.3, 5.4, 5.5 and 5.6 to the February meeting of Council.

MOTION: to table agenda items 5.3-5.6 to the February council meeting.

Moved by **Kelly Olstad**/Seconded by **Ahmed Metwally**/CARRIED

5.4 Alberta Collaborative Prescribing Demonstration Project

Agenda Item 5.4 tabled through an omnibus motion under Agenda Item 5.3.

5.5 Alberta Occupational Health and Safety Guidelines and Inspections

Agenda Item 5.5 tabled through an omnibus motion under Agenda item 5.3.

5.6 Summary of Legal and OIPC Decisions

Agenda Item 5.6 tabled through an omnibus motion under Agenda Item 5.3.

6. Evaluation of Meeting

6.1 Compliance with GP Policies

Through an omnibus motion, Council tabled agenda items 6.1.1, 6.1.2, and 6.1.3 to a future meeting of Council.

MOTION: to table agenda item 6.1.1, 6.1.2 and 6.1.3 to a future council meeting.

Moved by **Brad Willsey**/Seconded by **Krystal Wynnyk**/CARRIED

6.1.1 GP-1 Global Governance Process

Agenda Item 6.1.1 tabled through an omnibus motion under Agenda Item 6.1.

6.1.2 GP-10 Linkage with other Organizations

Agenda Item 6.1.2 tabled through an omnibus motion under Agenda Item 6.1.

6.1.3 GP-12 Operational Complaints

Agenda Item 6.1.3 tabled through an omnibus motion under Agenda Item 6.1.

6.2 Self-Evaluation of Council Performance at this Meeting

President Moran requested that all Council Members complete their meeting evaluation forms and submit them to Leslie Ainslie for collation.

6.3 Summary of Results for the September 26 and 28, 2012 Council Meeting

A summary of the September 26 and September 28, 2012 Council meeting was circulated with the agenda for information. Council contemplated the need for additional meetings to address the business of Council throughout the year.

7. Adjournment

7.1 Next Meeting Dates

7.1.1 Tuesday December 11, 2012 – TBD (In Camera)

7.1.2 Thursday, February 28, 2013 – proposed council meeting

7.1.3 Thursday, April 4, 2103 – council meeting

7.1.4 Friday, June 14, 2013 – council meeting

7.1.5 June 15, 2013 - AGM/Symposium

7.2 Adjournment

MOTION: that this meeting of Council be adjourned.

Moved by **Rick Hackman**/Seconded by **Bob Kruchten**

Meeting was adjourned at 5:35 p.m.