

**MINUTES  
MEETING OF COUNCIL  
ALBERTA COLLEGE OF PHARMACISTS  
December 7 - 8, 2006**

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**1. Introduction**

**1.1. Call to Order**

The President called the meeting to order at 12:32 p. m. on Dec. 7 and council adjourned circa 4:00 p.m. On Dec. 8 council reconvened at 8:10 a.m. The President welcomed the new president of the Alberta Pharmacy Students Association (APSA) to her first meeting.

**1.2. Roll Call**

The Registrar called the roll call and declared that a quorum was established.

**1.3. Invocation**

**1.4. Adoption of the Agenda**

**MOTION:** That the agenda be adopted as circulated. CARRIED

**1.4.1. Removal of Tobacco Products from Premises With Pharmacies**

**MOTION:** That council develops a renewed strategy and action plan to remove tobacco products from pharmacies and premises with pharmacies.  
CARRIED

**1.5. Minutes from Previous Meetings**

**1.5.1. Minutes from the Meeting of Council September 28-30, 2006** (enclosure)

#3.5.1 – amend the first bullet under “October – December, 2006” from “on Oct. 10” to “in early October”

**MOTION:** That the minutes of the September 28-30 meetings of council be adopted as amended. CARRIED

**1.6. Disposition of Directives From September 28-30 Council Meeting**

This report was provided for information. Additionally the President advised that:

- The Executive Committee had an introductory meeting with Pharmacy Technician Leaders and the decision of ACP to facilitate the regulation of Pharmacy Technicians was well received. A joint working group will be established.
- ACP members who attended the Halifax 6 conference (Patient Safety) are collating and prioritizing their learning to share with council.

**1.7. In Camera**

**MOTION:** That council moves to an “in camera” session at 3:55 p.m., December 8, 2006.  
CARRIED

*Note: ACP administration members, with the exception of the Registrar excused themselves from this session.*

**MOTION:** That council adjourns its “in camera” session at 4:10 p.m., December 8, 2006.  
CARRIED

## 2. Governance

### 2.1. Reports from the Registrar (Executive Limitations and ENDS)

#### 2.1.1. Policy EL-4 Financial Condition – Internal Financial Report

**MOTION:** That council accepts the internal financial report as circulated with the agenda for information. CARRIED

**Consensus:** That a timeline be developed and implemented for the submission of expense claims.

**Intent:** Expense claims should be submitted in a timely manner and payment should be denied if extended time elapses after the date incurred.

#### 2.1.2. Policy EL-6 Investments

**MOTION:** That council accepts the external report of our Investment Council for policy EL-6, *Investments*, as circulated with the agenda. CARRIED

#### 2.1.3 Policy EL-3 Financial Planning

**MOTION:** That council accepts the business plan and budget, policy EL-3 - *Financial Planning*, for the 2006-2007 council year, including the business plan and three year estimates which reflect the priorities established by council. CARRIED

**MOTION:** That the projected deficit in the budget be offset with funds from the current reserves. CARRIED

**MOTION:** That the schedule of fees, policy EL-4, *Resource Allocation*, and council and committee expenses, policy GP-7, *Council and Committee Expenses*, be accepted as circulated with the agenda. CARRIED

*Note:* this policy does not apply to public members who are reimbursed by Alberta Health and Wellness

### 2.2. Governance Policy Review and Amendments

#### 2.2.1. Review of GP and CR Policies – Report from Working Group

Council reviewed the proposed revised Governance Process (GP) and Council-Registrar Relationship (CR) policies that were circulated with the agenda. The following amendments were requested:

GP-14, *Criteria for Awards*: #1.1 ACP Gold Medal – amend “most outstanding student” to “student with the highest academic standing”

CR-5, *Monitoring Registrar Performance*: Reporting Schedule – amend footnote \*\* from “benefit scale every 3 years” to “benefit scale every 5 years” and amend “survey every 3 years” to “survey every 2 years”.

**MOTION:** That council approves the proposed GP and CR policies as amended. CARRIED

#### 2.2.2. Policy GP-16 Criteria for Awards

To remain tabled until after new by-laws are considered.

### 2.3. Executive Limitation (EL) Policy Review and Amendments

#### 2.3.1. Policy EL-3 – Financial Planning

**MOTION:** That council approves the amended version of policy EL-3, *Financial Planning*, as circulated with the agenda. CARRIED

### 2.3.2. Policy EL-4 – Financial Condition

**MOTION:** That council approves the amended version of Policy EL-4, *Financial Condition*, as circulated with the agenda. CARRIED

## 2.4. Committee Reports.

### 2.4.1. Expert Panel Establishing Requirements for Clinical Pharmacists Qualifying to Prescribe Subject to s16 (3&4) of the Pharmacists Profession Regulation

Dr. Tammy Bungard presented the following information:

Purpose of the Expert Panel:

- 1) To advise council about the competencies and level at which a clinical pharmacist must demonstrate each prior to being authorized to prescribe.
- 2) To advise council about any further definition of criteria recommended for evaluating applications from pharmacists seeking prescribing authority.

Purpose of Prescribing:

- Optimize patient health outcomes.
- Enhance patients' quality of life.
- Ensure patient safety.

Recommended Process for Pharmacists Choosing to Prescribe:

- 1) Complete the Draft Assessment Framework for the Prescribing Function: *Readiness to Apply to Prescribe*.
- 2) Address gaps identified in #1.
- 3) Complete the application form.
- 4) Submit documents to the college.
- 5) Participate in a peer review or interview panel.

Components for "Readiness to Apply to Prescribe":

- Form/maintain professional relationships with patients.
- Assess patients.
- Develop and implement care plans.
- Conduct patient follow-up and monitoring.
- Document patient information, assessment, interventions and collaboration with other healthcare professionals.
- Make judgments to optimize patient safety and desired health outcomes.

Action Plan:

- Complete one or more professional development activities.
- Develop collaborative relationships.
- Alter infrastructure to foster prescribing.

Application: Overview:

- Information: education, experience, practice and collaborative relationships.
- Narrative statements addressing practice and ethical concerns and issues.
- Current and valid examples or work as evidenced in care plans.
- Letters of validation from collaborators.

*Note: a "Guide to Completing the Application" will be developed.*

Application: Education and Training:

- Information must relate specifically to the ability to prescribe.
- Identification of the practice area.

- Continuing professional development should be ongoing and self directed and encompass a wide range of activities.
- A narrative of <500 words based on education and training and outlining the knowledge, skills, and abilities that enable prescribing.

Application: Experience:

- Minimum or equivalent of 2 years full time direct patient care.
- Narrative statement of <500 words explaining what direct patient care services have been provided.

Application: Practice:

- Description of the practice.
- Number of patients, time available for observation, assessment and discussion.
- Physical location and description of consultation area.
- Systems in place for documenting and monitoring.
- Description of the practice organization.

Application: Collaborative Healthcare Environment:

- 2-3 letters of validation from regulated healthcare professionals.
- Description of how the collaborative relationships have been created.
- Description of how the applicant plans to prescribe.

Application: Care Plans:

- 3 care plans
- Follow-up plans, interventions, patient outcomes, timelines, and communication/ collaboration with healthcare professionals.
- Current and actual data (without patient identifiers).

Completed Applications:

- Will provide a comprehensive portfolio showing fitness to prescribe.
- Can be evaluated against an assessment framework that is valid, reliable, current, and authentic.

*Note: certain indicators must be present; however, a scoring system is necessary.*

Work in Progress:

- Identification of critical elements of the application form.
- A rating system for each aspect of the application.
- Guidelines to complete the application.
- Plan for unsuccessful candidates to receive feedback and remedial advice/support.
- Formation of an interview panel.
- Development and implementation of a training program for assessors.
- Pilot the process.

Recommendations:

- This process is transitional.
- Consult with the Faculty of Pharmacy and Pharmaceutical Sciences.
- Retain data about the assessment decisions.
- Review re-licensure for prescribing.
- Clearly identify those pharmacists authorized to prescribe for the public.

- \* Council members suggested that the critical elements of the process be identified. In identifying the critical elements, a rating system should be developed. Where the letters of validation fit within this process should be considered after rating and alternatives to letters of validation, such as references, should be considered.
- \* Council expressed concern about ACP's capacity to administer this; however, council determined it was important for the panel to complete its work and then administration can consider strategies to address the potential demand.

*Note: Highlights of this report will be published in the January ACP Newsletter.*

**MOTION:** That council accepts this report for information. CARRIED

**2.5. Appointments Nil**

**2.6. Ownership Linkage – Nil**

**2.7. Council Education -Nil**

**3. Legislated Responsibilities**

**3.1. Committee Reports**

**3.1.1. Report from Investigating Committee**

**3.2. Appointment of Investigating Committees**

**3.3. Health Professions Act and Pharmacy and Drugs Act**

**3.3.1. Administering Drugs by Injection – Requirements of Council Established Under s16(5) of the *Pharmacists Profession Regulation***

**MOTION:** That council approves the decision to use “criteria to accredit programs as approved by council” as a means to qualify pharmacists to administer drugs by injection. CARRIED

**MOTION:** That council approves the criteria and guidelines circulated with the agenda for the purpose of accrediting programs authorized to qualify pharmacists to administer drugs by injection [(s16(5)) of the *Pharmacists Profession Regulation*]. CARRIED

**MOTION:** That council table their discussion of the proposals for recertification and maintenance of current first aid and Basic CPR to the next meeting of council. CARRIED

**3.3.2 ACP Draft By-laws**

The Registrar guided council through a review of the draft by-laws and highlighted changes in the following sections. (The minutes reflect significant policy decisions and changes that council made during their deliberation).

1(5) – *Making an item available to a person* – include “in writing”.

2(3) – *Members of council not entitled to vote* – the Dean and undergraduate student are not entitled to vote at council meetings.

3 – *Electoral Districts* – proposed council districts reflect representation by population. Council recognized value in both rural and urban representation. Council debated the alternative of eliminating electoral boundaries and establishing an active search and selection process for leaders interested and committed to the college’s mandate.

**MOTION:** That council supports the districts of council as defined in the proposed by-laws. CARRIED

4 – *Representation and the election process* - the by-laws propose 9 elected members, to be elected by pharmacists residing in 5 different electoral districts.

5 – *Public members of council* - based on the number of elected members to council, we will require two public members to be appointed by the Minister.

6 – *Ex-officio members of council* – the Dean and an undergraduate student to be appointed by the council are ex-officio members of council. The Act does not allow the Dean to be a voting member.

- 7 – *Duties of members of council* - have been updated and reflect responsibilities under the Act and our commitment to policy governance.
- 8 – *Executive Committee* - has newly defined responsibilities.
- 9 – *Officers*
- 10 – *President* - has newly defined responsibilities in alignment with the legislation and our governance policies.
- 13(1) – *Conduct of Council Meetings* – quorum of council is 6 voting members
- 13(2) – *Council meetings* – council may meet in person or via any form of communications technology.
- 13(9) – *Council may establish rules for conducting council meetings, or may use the Revised 10<sup>th</sup> Edition of Robert’s Rules of Order*
- 17 – *Election of council* - may occur electronically.
- 18 – *General elections for council.*
- 18(2) – *Nomination package distribution* – changed from January 20<sup>th</sup> to January 31 of each year.
- 18(13) – *Tie between two or more nominees in any district* – registrar draws name.
- 19 – *Term of Office.*
- 19(2) – *Term extension* – if the AGM ends before June 1, council may extend the term of an elected member to a date no later than June 15<sup>th</sup> of that year.
- 19(4) – *Termination of an elected member of council.*
- 19(6) – *President-Elect* – term will be extended if an election occurs before president-elect has assumed the position of president.
- 25 – *Conduct of Annual or other General Meetings.*
- 26(6) – *Notices* – add “in writing”.
- 27 – *Polling of Voting Members can occur electronically.*
- 30 – *Registrar* – appointment by council. Same as former by-laws with addition of s(7): “the registrar may appoint such committees and working groups as the registrar deems necessary to assist the registrar in fulfilling the duties of the registrar”.
- 31(2) – *Acting Registrar* - may be appointed in circumstances where the registrar is unable to act.
- 32 – *Council and Committee Member Expenses* – clarify “reasonable”.
- 36 – *Reinstatement of Registration* – see Schedule A for reinstatement fee.
- 37(6) – *Practice Permit Under the HPA* – an additional fee for a regulated member who does not pay the fee established under Schedule A within the time limited by subsection (4).
  - MOTION:** That applications for annual permit renewals must be received by ACP prior to June 1 each year and that permits that have not been renewed (i.e., failure to complete forms or remit fees) prior to the membership year end will be suspended, after which a reinstatement fee will be assessed prior to reinstatement.
  - CARRIED
- 39(4) – *Fees, Charges, and Levies* – council may amend fees in Schedule A by resolution, subject to complying with the consultation requirements of the by-laws.
- 40-42 – *By-laws under the HPA* – identify the consultation process required prior to council approving a by-law.

45(c) and 46(c) – *Registration and Eligibility of Non-Regulated Members* – associate membership is to be restricted to individuals formerly registered as clinical pharmacists.

50 – *Banking Institution* – provide greater clarity respecting the “quality” of institution with which ACP may conduct its banking.

53 – *Investments*.

54 – *Awards* - council establishes the awards, while the administration of selection processes is conducted by the registrar.

55 – *Pharmacy Technicians*

**Consensus:** Council will accept a recommendation from ACP administration respecting an alternative membership year for pharmacy technicians.

58 – *Indemnity* – an indemnification clause has been incorporated to accommodate the requirements of the ACP insurance carrier.

59 – *Specialist* – this term remains restricted subject to provisions made by the council.

**Consensus:** An amended draft of the proposed by-laws will be reviewed at the January 4, 2007 council meeting.

### 3.3.3 Standards of Practice and Standards for the Operation of Pharmacies

Council conducted a preliminary discussion to consider the feedback received to date from pharmacists and stakeholders about the standards of practice and the standards of operation. Copies of all correspondence received were available at the meeting.

The Deputy Registrar facilitated a review of the standards of practice for the HPA. The agenda enclosure was prepared to assist council understand issues that may require policy direction, areas where changes were recommended based on the feedback, and areas where the feedback it was less clear.

Council had the opportunity to discuss all aspects of the summary enclosed. Council supported the amendments proposed, and provided the following policy direction:

6.5 – *Proper labeling:*

**Consensus:** The D.I.N. and expiry date shall not be required on drug or blood product labels.

6.12 – *Completing the final check:*

**MOTION:** That standard 6.12 remain stated as is. CARRIED

6.14 & 6.15 – *More than one pharmacist involved in dispensing process* – this will be considered with the final feedback in early January 2007.

9 – *Pharmacist’s duty to have skills to compound a drug or blood product:*

**Consensus:** That this standard remains as is and that standard 10 require that the environment must meet the guidelines in USP 797.

11 – *Pharmacist’s role in prescribing drugs or blood products:*

**Consensus:** This should remain as a standard (versus an introduction).

11.5 – *Different prescribing roles:*

**Consensus:** If pharmacists manage drug therapy, they must meet the requirements in section 16 (3) and (4), otherwise, authority can not be delegated.

12.3 – *Duty to see patient* – revise, “see the patient personally”; define “patient relationship”.

13 – *Pharmacist’s specific duties after adapting a prescription:*

**Consensus:** It is not necessary to address “dispute resolution” in the standards.

14.3 & 15 – *Pharmacist’s duty before prescribing in an emergency – clarify “emergency” and “critical emergency”*

20.1 – *Obligation to create and maintain patient records:*

**Consensus:** This standard should remain as is (relates to patient safety).

22 & 23 – *Prohibition on accepting drug products for reuse and Obligations in repackaging drugs or blood products – remove 22.2 and 22.3 (a dispensed drug must not be returned for reuse).*

The Deputy Registrar facilitated a preliminary review of the standards of operations for the PDA and council identified changes for the following standards (in addition to the recommendations circulated with the agenda):

1 – *Definitions – add proprietor to definitions.*

9 – *Adequate number of staff in a licensed pharmacy – clarify “adequate”.*

11 – *Staff to be identified – add “Pharm D” and “Dr.”*

12 – *Staff working in the prescription department – pharmacists and staff members should wear a name tag.*

14 – *Period of initial assessment for staff engaged in restricted activities – add “observation and evaluation of skills, knowledge, and the pharmacy’s operational procedures”.*

16 – *Duty to ensure that unauthorized individuals do not engage in restricted activities – differentiate “unauthorized individual” and “non-pharmacist”.*

21 – *Duty to comply with the rules of the Structured Practical Training Program – differentiate “precepting a student” and “employing a student”.*

24 – *Duties in relation to the physical facility of a pharmacy – council supported 24(c).*

27 – *Signage for prescription department – add “Prescriptions”.*

30 – *Requirements for a dispensary – council supported the requirement for a heat source; add, for example, “current” to (e) to (h).*

39 – *Library – consider adding a reference for drugs in pregnancy and lactation.*

43 – *Duty of licensee in relation to facilities and equipment – to discuss with legal counsel as licensee responsibility is implied in previous standards.*

59 – *Restriction on return for reuse – to consider alternate wording for “health care product”.*

60 – *Restriction on return for reuse – this will be amended to correlate with the standards of practice.*

63 – *Drug errors – reconsider the terms “discrepancy” and “incident”.*

67 – *Drug error management system – to research retention of incident records.*

72 – *Extemporaneous compounding – define “normally available”.*

76 – *Keeping records – differentiate between “prescriptions” and “patient records”.*

86 – *Notice to patient required – remove “in advance”*

*Note:* Additional amendment may be warranted based on forthcoming feedback.

#### 4. Consent Agenda

**MOTION:** That council approves the consent agenda as circulated at the meeting on Dec. 7, 2006.  
CARRIED

## 5. Miscellaneous Business for Council's Direction/Approval

### 5.1 Faculty of Pharmacy – Office of Pharmacy Practice Development

Terri Schindel, Director of Outreach Education at the U of A Faculty of Pharmacy and Pharmaceutical Sciences and lead for the Office of Pharmacy Practice Development, provided the following information about professional education to support pharmacy practice of the future:

- The objectives of the office of Pharmacy Practice Development at the U of A are:
  - \* Meeting the needs of the future
    - o Partnership
    - o Excellence in Education
    - o Moving Beyond the Continuing Education (CE) Model
  - \* Planning for the future
  - \* Providing key messages
  - \* Discussion
- Trends that are influencing professional continuing education include:
  - o More workplace provision of education
  - o More distance education
  - o Increasing university-workplace-profession collaborations
  - o Increasing corporate influence
  - o More regulation of professional practice
- Due to our partnership, ACP and the faculty continue to lead in practice development in the professional community.
- To move forward with our MoU we need to:
  - o Provide comprehensive programs that are based on practice, research, and best evidence.
  - o Develop a niche for unique and novel educational approaches to meet the needs of pharmacists in practice.
  - o Integrate across the continuum of undergraduate, experiential, post-graduate, continuing professional development by relating to faculty research, the university community, the profession, and the practice community.
- Currently, the faculty and ACP are working toward programming to support future needs and practice development.
- The faculty-ACP will conclude development and delivery of continuing education in 2007.
- A transition of continuing education activities will be explored with other providers, such as RxA.
- Future plans:
  - Teaching and Learning
    - o Anticoagulation Management program, development and evaluation.
    - o Use of lab values
    - o Information on "best practices"
  - Practice Communities – identify the needs
  - Research and Evaluation – study the current practice reality

Council extended their appreciation to Terri for her presentation and encouraged ACP administration and the Faculty of Pharmacy and Pharmaceutical Sciences to proceed with the strategic direction outlined in Terri's presentation.

### 5.2 RxA Transition Agreement

**MOTION:** That the transaction agreement be completed subject to a final review by ACP legal counsel to ensure that all the conditions have been met. CARRIED

## 6. Evaluation of Meeting (enclosures)

### 6.1 Self-Evaluation of Council Performance at this Meeting

Councillors were asked to submit their written evaluations to the Executive Secretary. The following comments about the meeting were made around the table:

- Very productive meeting.
- Excellent meeting, excellent chair.
- Appreciated discussing large issues first.
- Stimulating; challenging.
- Good input from all council members.
- Good quality discussion.

### 6.2 Summary of September 28 and 30, 2006 Council Meeting Evaluations

Provided for information

## 7. Adjournment

### 7.1. Next Meeting Dates

The next meeting date will be January 4, 2007.

**7.1.1. March 22 or 29, 2007 - Consensus:** March 22, 2007

**7.1.2. May 31 or June 7, 2007 –** council will consider this via email.

**June 19, 20, 21, 2008 or September 25, 26, 27, 2008** at the Centre for Learning,  
Ghost River Crossing - **Consensus:** June 19, 20, 21, 2008

### 7.2. Closing Remarks - nil

**7.3. Adjournment** - This meeting of council adjourned at 5:15 p.m., December 8, 2006

**MOTION:** That this meeting of council be adjourned.