

**MINUTES**  
**Council Meeting**  
**ALBERTA COLLEGE OF PHARMACISTS**  
**Thursday, December 9, 2010, 8:00 a.m. – 4:30 p.m.**  
**Westin Hotel, 10135-100 Street, Edmonton Alberta**

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**1. Introduction**

**1.1 Call to Order**

President Galvin called the meeting to order at 8:15 a.m.

**1.2 Roll Call**

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

- District 1 – Wilson Gemmill
- District 3 - Krystal Wynnyk (8:15 a.m. - 3:00 p.m.)
- District 3 - Chelsey Cabaj
- District 3 - Ahmed Metwally
- District 4 - Kelly Olstad
- District 5 - Donna Galvin (President)
- District 5 - Anjli Acharya (President Elect)
- District 5 - Kaye Andrews (Vice President)
- Vi Becker (Public Member)
- Pat Matusko (Public Member)
- Joan Pitfield (Public Member)(8:15 a.m. - 4:10 p.m.)
- Merv Bashforth (Past President – Non Voting)
- Dr. James Kehrer (Faculty of Pharmacy)(8:15 a.m. – 3:40p.m.)
- Tim Leung (Student Representative)
- Robin Burns (Pharmacy Technician) - Observer
- Teresa Hennessey (Pharmacy Technician) - Observer

**Regrets:**

- Wayne Smith – District 2

**Also in attendance:**

- Greg Eberhart - Registrar
- Dale Cooney - Deputy Registrar
- Lynn Paulitsch - Business Manager
- Karen Mills - Communications Leader
- Leslie Ainslie - Executive Assistant
- Jeff Whissell – (8:15 a.m. – 11:45 a.m.)
- Debbie Phillipchuk – (8:30 a.m. – 9:45 a.m.)
- Lynn Redfern – (9:15 a.m. – 9:45 a.m.)
- Tracy With – (9:53 a.m. – 10:45 a.m.)
- Tyler Watson - (2:00 p.m. - 5:00 p.m.)

**1.3 Invocation**

Tim Leung read the invocation.

## **1.4 Adoption of the Agenda**

**MOTION:** to approve the agenda as circulated.

Moved by **Kaye Andrews**/Seconded by **Chelsey Cabaj**/CARRIED

## **1.5 Minutes from Previous Meetings**

### **1.5.1 Council Meeting – October 13, 2010**

Council noted the following amendments to the October 13, minutes:

Agenda item 1.2. Roll Call - under “Also in Attendance” remove Don Ridley, insert Andrew Little (9:55 a.m. to 11:30 a.m.)

**MOTION:** that the minutes be adopted as amended.

Moved by **Pat Matusko**/Seconded by **Chelsey Cabaj**/CARRIED

## **1.6 Disposition of Directives**

### **1.6.1 Council Meeting – October 13, 2010**

The disposition of directives was provided for information. President Galvin invited questions; however none arose. Registrar Eberhart advised council that the review of amendments to standards and bylaws in progress forms part of today’s council agenda.

**MOTION:** that the disposition of directives report be accepted as information.

Moved by **Vi Becker**/Seconded by **Kaye Andrews**/CARRIED

## **1.7 In Camera**

**MOTION:** that council move into an “In Camera” meeting at 11: 40 a.m.

Moved by **Kaye Andrews**/Seconded by **Anjli Acharya**/CARRIED

**MOTION:** that council move out of the “In Camera” meeting at 12:15 p.m.

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

## **2. Governance**

### **2.1 ENDS Policies and Reports**

#### **2.1.1 Policy E-2 Resource Allocation**

This agenda item was considered concurrently with agenda item 2.2.2.

### **2.2 Executive Limitation Policies and Reports**

#### **2.2.1 Policy EL-2 Treatment of Staff**

Tracy With from Banister Consulting presented the results of the Staff Satisfaction Survey conducted in June 2010. Staff satisfaction surveys were initiated by ACP in 2004 and at that time were conducted by the Hayes Group. In 2008 it became apparent that the cost of Hayes expertise had grown beyond ACP’s capacity and that after three intervals of the surveys, ACP had established

its own baseline for comparison. Banister was selected to conduct the 2010 survey based on the college's previous experience working with them.

The purpose of the survey was to provide an overview of employees' opinions; to identify key strengths and areas for improvement; to provide a benchmark for measuring change in the future; and to encourage dialogue amongst management and employees towards making ACP a better place to work.

The overall satisfaction of ACP employees was rated very high. Factors that presented an overall increase in satisfaction ratings since the last survey were:

- performance management up 23%;
- employee development up 27%;
- supervision up 29%; and
- team work up 22%.

Only one satisfaction rating indicated a decrease in satisfaction ratings: satisfaction and commitment down 26% since the 2008 survey. Satisfaction ratings that remained comparable to the 2008 survey were: employment involvement, culture and values, leadership, and communication. Council received the report as information and Registrar Eberhart recommended that the external survey take place every three years rather than every two years.

**MOTION:** to approve the external report on the policy EL-2 Treatment of Staff from Banister Consulting.

Moved by **Anjali Acharya**/Seconded by **Ahmed Metwally**/CARRIED

### **2.2.2 Policy EL-3 Financial Planning**

Registrar Eberhart presented an overview of ACP's five-year plan and advised council the five year plan remains a work in progress. The three critical success factors, seven strategic objectives, and the nineteen determinants of success are the foundation for identifying measures and targets upon which ACP will monitor its performance and build its five-year plan. A more formal rollout of the plan will be presented to council in the spring.

Registrar Eberhart highlighted the priorities for 2011:

- Assess 400 pharmacists (which is 10% of the registrants) through the new competence assessment program;
- Register regulated pharmacy technicians and elect a pharmacy technician to council as a voting member;
- Plan and deploy the relocation of ACP offices;
- Rebrand ACP as a foundational step to enhancing public awareness with ACP returning to council with two alternatives on branding in 2011.
- Enhance pharmacy practitioner, public, and stakeholder awareness about pharmacy practice through our centennial celebrations.

Registrar Eberhart highlighted changes to the budget and three-year estimates since council's preliminary review at the October 2010 council meeting and set

the schedule of fees for 2011/2012. The changes to the budget since the October review are as follows:

- A 1.29% increase in Cost of Living Allowance (COLA) in 2011, a 2.05% COLA in 2012 and a 2.41% COLA in 2013;
- A reduced number of regulated pharmacy technicians in each year to reflect the delay in the approval of the regulations which is offset by the number of voluntary and provisional pharmacy technicians increasing by a proportional number;
- An increase in the number of pharmacists to reflect updated projections;
- Reduced employee benefit costs to reflect reduced group RSP contributions due to new employees that do not qualify until reaching a one year anniversary;
- And an increase in the FTE of the Communications Coordinator from 0.67 to 1.0.

Registrar Eberhart outlined new expenses that were not identified during the budget preparations. The new expenses include additional human resources for two newly hired Practice Consultants, office renovation costs with a 10 year amortization and increased office furniture expenses with a five year amortization.

The following motions were sought:

**MOTION:** that up to \$150,000 be approved for furnishings in 2011 for ACP's new offices.

Moved by **Kaye Andrews**/Seconded by **Anjali Acharya**/CARRIED

**MOTION:** that governance policy EL-2 Treatment of Staff be amended to require external staff satisfaction reports every three years rather than every two years.

Moved by **Ahmed Metwally**/Seconded by **Anjali Acharya**/CARRIED

**MOTION:** that the 2011 budget, estimates for 2012 and 2013, and business plan as per governance policy EL- 3 Financial Planning, be approved.

Moved by **Anjali Acharya**/Seconded by **Pat Matusko**/CARRIED

**MOTION:** that the priorities for 2011 and the schedule of fees (Policy E-2) be approved as presented.

Moved by **Wilson Gemmill**/Seconded by **Kelly Olstad**/ CARRIED

**MOTION:** that up to \$450,000 be approved for leasehold improvements, with the knowledge that \$397,375 is to be recovered from the landlord upon satisfactory completion of the work.

Moved by **Vi Becker**/Seconded by **Chelsey Cabaj**/CARRIED

### **2.2.3 Policy EL-4 Financial Condition – Internal Financial Report**

Council reviewed the internal financial statements for the month ending September 2010 and a statement of variances.

**MOTION:** that the Registrar's compliance report on EL-4 Financial Condition of the College be approved.

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

### **2.3 Governance Policy Review and Amendments**

**MOTION:** that a review of governance policies: GP-6 Council Committees; GP-7 Council/Committee Expenses; GP-12 Operational Complaints and GP-13 Alleged Policy Violations be tabled to the next council meeting.\*

Moved by **Chelsey Cabaj**/Seconded by **Vi Becker**/CARRIED

### **2.4 Council-Registrar Policies – NIL**

### **2.5 Ownership Linkage**

#### **2.5.1 Health Quality Council of Alberta**

**MOTION:** that the presentation by Dr. John Cowell, CEO of HQCA be tabled to the next council meeting.

Moved by **Wilson Gemmill**/Seconded by **Vi Becker**/CARRIED

#### **2.5.2 ACP Survey of Albertans**

Tracy With from Banister Consulting presented council with the highlights of the 2010 ACP Survey of Albertans regarding pharmacist practice and ACP. The purpose of the survey was to conduct a survey of the general population to measure:

- expectations of pharmacists;
- the public importance and satisfaction with pharmacy prescribing and injecting;
- the awareness of ACP; and
- to identify gaps in health care expectations that could be filled by pharmacists.

Telephone interviews were conducted between September 28<sup>th</sup> and October 14<sup>th</sup>, 2010. A total of 1200 interviews were conducted with Albertans 18 years and older. New questions were put forth this year and the following is a summary of the feedback provided in 2010 with a comparison to the 2007 results where applicable.

*Question: How many times in the last twelve months have you interacted with a pharmacist?*

- once - 4%
- 2-4 times – 32%
- 5-8 times – 25%
- 9-12 times – 14%
- more than 12 times – 24%
- don't know – 1%

\*Note: there was a transcription error in the agenda regarding agenda items 2.3.1 and 2.3.2 as they relate to the names of the policies to be reviewed.

*Question: Where did these interactions occur?*

- community pharmacy – 97%
- medical clinic – 12%
- hospitals – 9%
- long term care facility – 3%
- home care 3%
- other – 2%

*Question: What were the reasons for the interactions with pharmacists?*

- to have a prescription refilled – 97%
- to seek advice on prescription medication that was received or purchased – 63%
- to ask questions or advice about non-prescription medication – 54%
- to ask questions or advice about health aids or monitoring devices – 18%
- other reasons – 5%

*Question: How many pharmacies have you visited for pharmacist services in the past 12 months?*

- one pharmacy – 53% (42% in 07)
- two different pharmacies – 32% (33% in 07)
- three or more pharmacies – 15% (25% in 07)

*Question: Do you or others in your care take medication on an ongoing basis to treat one or more health conditions?*

- yes – 74% (63% in 07)
- no – 26% (36% in 07)
- don't know – 1%

*Question: How important is your pharmacist?*

- In relation to other team members – 75% (74% in 07)
- In relation to your overall health care – 75% (71% in 07)

*Question: How aware are you of the pharmacist responsibilities?*

- providing information on drugs – 96% (97% in 07)
- helping with non-prescription drugs – 82% (82% in 07)
- confirming personal information – 82% (68% in 07)
- evaluating your prescription – 78% (76% in 07)
- providing advice to improve your health – 69%
- assessing for potential health risks – 49%
- following up – 49% (41% in 07)

*Question: Would you seek your pharmacist's advice on...?*

- non-prescription medications – 89%
- technologies to help you monitor your health – 79%
- managing a chronic condition – 69%
- smoking cessation – 53%
- immunization – 43%
- weight management – 41%

*Question: Do you have a?*

- pharmacist – 18%
- pharmacy – 47%
- both – 29%
- neither – 6%
- refuse/don't know – 1%

*Question: The last time you picked up a prescription did you speak to a...?*

- Pharmacist – 61%
- Pharmacy technician – 20%
- Other – 6%
- Don't know – 14%

*Question: What was your satisfaction with pharmacists' roles in terms of...?*

- providing information on drugs – 94% (94% in 07)
- confirming personal information – 92% (89% in 07)
- evaluating prescriptions – 87% (87% in 07)
- helping you understand potential side effects – 85%
- ensuring customers know what to expect – 80% (82% in 07)

*Question: What is your satisfaction with pharmacists' roles in terms of...?*

- helping with non-prescription drugs – 76% (75% in 07)
- following up to monitor your response – 76% (62% on 07)
- checking for drug interactions – 73% (78% in 07)
- providing advice to improve your health – 63%
- assessing you for potential health risks – 60%
- "other" types of interactions – 83%

*Question: What is your overall satisfaction with pharmacists?(rated 1 to 5 with 1 being very dissatisfied and 5 being very satisfied)*

- 5 - very satisfied – 71% (68% in 07)
- 4 – 22% (26% in 07)
- 3 – 6% (6% in 07)
- 2 – 1% (1% in 07)
- 1 – 1% (1% in 07)
- don't know – 1%

*Question: How important is it that these services are included in the role of a pharmacist?*

- providing information on drugs – 97% (97% in 07)
- evaluating prescriptions – 92% (92% in 07)
- helping with non-prescription drugs – 79% (80% in 07)
- assessing you for potential health risks – 69%
- following up – 68% (66% in 07)
- providing advice to improve your health – 68%

Participants were asked to rate overall satisfaction versus importance and to consider key areas of strength such as:

- do pharmacists provide you with enough information to know how to properly take or use your drugs; and
- do they evaluate your prescription to ensure that you're getting the right drug, for the right reason, in the right dose, and in the right amount.

To answer the following, participants were asked to consider that:

- pharmacists assess you for potential health risks,
- provide advice to improve your health; and
- follow up with you to monitor your response and to provide additional support in using your drugs properly.

*Question: Considering the above, how important is your pharmacist?*

- in relation to other team members - 83% (74% in 07)

- in relation to your overall health care - 82% (71% in 07)

*Question: What is the importance of the following pharmacist services?*

- authorizing refills on prescriptions - 87% (81% in 07)
- modifying dosage to ensure proper treatment - 74% (66% in 07)
- manage and adjust drug treatment for chronic diseases - 71% (69% in 07)
- assess symptoms and conditions and then prescribe drugs to treat - 67% - (61% in 07)
- administer immunizations and other drugs by injection - 61% (52% in 07)

*Question: What is your agreement with statements regarding my pharmacist...*

- my personal information is as confidential with my pharmacist as it is with my doctor - 88%
- my pharmacist listens to me - 85%
- my pharmacist explains what my medication does - 85%
- my pharmacist does not judge me - 82%
- my pharmacist spends as much time as I require with me - 82%
- I feel my pharmacist is more patient orientated than business orientated - 72%
- my pharmacist tells me how to take my prescription medication - 72%
- I believe the pharmacist knows the most about medication of all of the health care professions - 70%
- I can speak with my pharmacists in private - 61%
- my pharmacist asks me questions to make sure my medications are working properly - 59%
- I can access a pharmacist who has taken additional training in something I am being treated for - 46%
- once a diagnosis has been made by my doctor, a pharmacist should be able to select the medication I need - 45%
- my pharmacist periodically asks me if I've had any changes in my health - 44%.

*Question: Who is responsible for regulating and resolving complaints about pharmacists in Alberta?(unaided)*

- Alberta College of Pharmacists - 7%
- Alberta Pharmacists Association - 6%
- Pharmaceutical or pharmacists' board - 4%
- Government (general) - 4%
- Doctors or the Alberta Medical Association - 3%
- Board, Commissioner, or association (unspecified) 2%
- Alberta Health and Wellness - 2%

*Question: Have you ever heard of the Alberta College of Pharmacists?(aided)*

- Yes - 54% (50% in 07)
- No - 44% (49% in 07)
- Don't know - 2%

*Question: What is your awareness of the Alberta College of Pharmacists' responsibilities?*

- setting standards for pharmacists in Alberta - 68% (64% in 07)
- licensing pharmacies in Alberta - 65% (60% in 07)
- regulating pharmacists in Alberta - 62% (64% in 07)

- resolving complaints with pharmacists - 59% (57% in 07)
- not aware of any of the above - 19%

*Question: Do you consider it appropriate to receive incentives in return for health services or products?*

- Yes - 42% (41% in 07)
- No - 51% (51% in 07)
- Don't know - 7%

Council received the report as information and agreed that although there were differences in responses between rural and urban participants, the survey provided an opportunity to set future benchmarks for measurements of improvement in pharmacy practice; to direct pharmacists to be proactive with patient wellness; and identified a significant opportunity for patient engagement through monitoring and follow-up. Additional observations and comments from council were:

- The expectations of clients may be difficult to measure as pharmacists transition more towards patient care, and this may impact future results,
- It would be interesting to measure public opinion about nurses and physicians with respect to some of these questions,
- Will the advent of regulated pharmacy technicians change results in the future?
- It is important that pharmacists become more effective in identifying themselves.

## 2.6 Appointments - NIL

### 3. Legislated Responsibilities

#### 3.1 Committee Reports

##### 3.1.1. Hearing Tribunal Committee Decisions

###### 3.1.1.1 Mohammed Farooq Registration Number 6021

A copy of the Court of Appeals decision was provided to council for information.

###### 3.1.1.2 Loi Nguyen Registration number 4334 and Tuyen Huynh Registration Number 4435

A copy of the Hearing Tribunal Committee decision was provided to council for information.

**MOTION:** that council accept the Hearing Tribunal reports as information.  
Moved by **Pat Matusko**/seconded by **Joan Pitfield**/CARRIED

##### 3.1.2 Competence Committee

The Competence Committee submitted the following proposed amendments to the rules of the Competence Committee as per Section 28 of the regulations to the Pharmacists Profession Regulation:

- B - Continuing Professional Development:
- (3) Table 1 Accredited Continuing Pharmacy Education - delete “Continuing Pharmacy Education”,
  - (50) Replace to read “Council will determine annually the percentage of clinical pharmacists to be selected for competence assessment in each Registration Year through approval of each year’s budget, but shall include no less than ten percent of clinical pharmacists, commencing January 1, 2011”,
  - (53) remove “90 days” and replace with “one year from date of the notice”,
  - (54) replace “30 days” with “60 days”,
  - (62)(b) replace “date scheduled” with “dates available”,
  - (64) change “30 days” with “60 days”,
  - (87)(b) re-write to read “is not able to undergo the competence assessment as a result of one of the following:
    - i. a medical condition, which is verified by a qualified medical professional,
    - ii. maternity or paternity leave, or
    - iii. exceptional circumstances - e.g. compassionate reasons.

Subject to their review of the recommended changes, council also noted that the following consequential amendments were necessary:

- Delete sections 15-17, as they are redundant,
- Section 65 – change reference of section 60 to section 62; and
- Review the entire document for the purpose of renumbering.

**MOTION:** that council accept the proposed amendments and those that were identified to be consequential.

Moved by **Chelsey Cabaj**/Seconded by **Kaye Andrews**/CARRIED

### **3.1.3 Nominating Committee – Public Appointee**

President Galvin reported to council that the nominating committee met Thursday, November 18, 2010 to review applications for the position of public appointee to our governing council. The committee selected six candidates for interviews that will take place January 12-13, 2011. Council will narrow the selection to three candidates for council approval at a teleconference meeting in January. Council’s recommendations will be forwarded to the Minister of Health and Wellness who will make the final decision for this appointment.

## **3.2 Provincial Legislation**

### **3.2.1 CARNA Presentation**

CARNA’s Policy and Practice Consultant, Debbie Phillipchuk and Lynn Redfern, the Director of Policy and Practice, met with council with respect to CARNA’s proposal for regulation amendments to allow registered nurses (RN) to prescribe scheduled drugs. CARNA is in the process of developing their practice framework for RN prescribing. Nurse practitioners (NP) have had the authority to prescribe in Alberta since 1996; however RNs have submitted that their scope of

practice requires updating to recognize emerging practices and pressures within the health care system and to improve access to care. Certain clinical situations have suggested the feasibility of expanding RN prescribing authority. For example, in travel clinics RN's can immunize but are not able to prescribe other medications such as anti-malaria medication.

Prescribing would be limited to specific areas of expertise or specialties. Indications having clinical pathways could provide guidance for RN decision making with respect to prescribing scheduled drugs. Other examples that may benefit from RN prescribing include STD clinics, transplant and ambulatory units, sexual assault centers, birth control clinics, nurse examiners, smoking cessation programs, urinary tract infections in long term care centers, and communicable disease follow up.

In 2009 CARNA consulted nurse focus groups about two alternative models to regulate RN prescribing. These included the College of Registered Nurses of British Columbia model and ACP's approach to regulating pharmacists' prescribing. There has been strong support to follow ACP's model. There are still some that believe that prescribing should be limited to nurse practitioners.

In order for an RN to be given authority to prescribe Schedule 1 drugs they must meet certain requirements and standards approved by council. There will be a special register and a method similar to NPs' that will enable pharmacists to easily identify the RN's authority to prescribe. The RN must be a member in good standing and will require educational requirements such including pharmacology, pathophysiology, and jurisprudence. CARNA acknowledged that the competency requirements need more work and they would be consulting with ACP for guidance.

An additional requirement may be a letter of support or reference from the RN's employer or other professionals the RN may work with. RNs will need to have two years work experience. Standards will be set to address employers' policy for RNs prescribing. RNs will have a decision support tool to provide guidelines and references for: conditions and symptoms to be treated; their limitations for prescribing; and when to refer to a NP or physician. RNs will not be given permission to prescribe narcotics or controlled substances. Any authorized prescribing will be valid only for the approved practice setting in which the RN is working and will be identified on their practice permit.

Council members expressed concern with the content, accuracy, validity and accessibility of the special register of RNs authorized to prescribe. Council sought further information about the educational requirements for RNs prescribing and asked if the content of the core exams for competency would be relevant and applicable to the area of practice. CARNA indicated that educational requirements would not be in the form of an OSCE, but may include supervised practice within practice settings. Council queried what level of their educational requirements would be focused on prescribing therapy. Would it be the same requirements as NPs? Council questioned the letter of support from an employer. Would an aspect of that letter include the RN demonstrating competence and what

letter of support would be required if the RN was self-employed? Would the RN be required to apply for the authority to prescribe, similar to the requirement of pharmacists? Would there be new considerations required by pharmacists when receiving a prescription from an RN? Council saw the potential for a list to ensure that insurers were aware of the liabilities. CARNA was asked if they had researched malpractice insurance; and CARNA advised that RNs prescribing would mostly include Alberta Health Services employees, therefore malpractice insurance was not a consideration. Council emphasized the need for further discussion with government to encourage the implementation of a “working” electronic health record system to benefit all health care providers.

CARNA assured council that implementation of prescribing authority for RNs’ in Alberta would be gradual; with initial test pilots in select practices such as travel clinics that would provide the assurance of educational requirements and competency standards before prescribing authority would be expanded to other practices.

Chronic disease management is very complicated and would be an example of an area of practice that wouldn’t be considered until the distant future. In the early part of 2011, CARNA will develop their practice framework document and will disseminate it to their membership for feedback. In turn CARNA will consult with Alberta Health Services and other stakeholders such as ACP to formalize the final document that will form part of their regulation. CARNA indicated to council that they look forward to a collaborative working relationship with ACP.

### **3.3 Amendments to Standards**

#### **3.3.1 Proposed Amendments to the Standards for Pharmacists and Pharmacy Technician Practice**

Deputy Registrar Cooney reported that all changes to the Standards for Pharmacists and Pharmacy Technicians Practice reviewed and approved by council at the October 13, 2010 meeting were incorporated into the Standards; however legal review of the document must be completed upon council approving the standards in principle.

Upon this final review of the proposed amendments to the standards, council requested the following additional amendments and follow-up:

- Standard 3.2 – Change to: “or every 90 days, whichever comes first. Council requested Deputy Registrar Cooney to clarify the required number of days; should this be 90 days or 100 days?”
- Standard 10.11 – Additional research was completed with regard to the requirements of USP Chapter 797. The chapter is becoming the accepted requirement in the United States, but is extremely complicated and in many cases will require investment in equipment and training. Pharmacists will require additional direction from ACP in order to meet this requirement. The North Dakota Board of Pharmacy has created a standard based upon USP Chapter 797 that ACP proposes to use as a template to create guidelines for Alberta pharmacists. This standard would come into effect six months

following the approval of a guideline document. Target will be to complete the document for approval in June 2011 and therefore implementation in January 2012. Council requested that Deputy Registrar Cooney continue completion of the document and return it to council for discussion in the new year.

- Standard 13.1 – Review wording. Should be more consistent with Standard 11.4.
- Standard 17.1 – Suggested change to read: “For the purpose of Standard 17(1)(e) - routine precautions for infection control include precautions to help prevent the spread of infection, such as:”.
- Standard 17.2(c) – Comments: should be less prescriptive, more generalized. Council suggested that ACP should research the reasons for the standards. Gloves make injection very difficult. Most are not wearing gloves.
- Standard 17.3(d) – Re-word by replacing Alberta Health Services with “provincial health agencies”.
- Standard 17.4 – No changes to be made.

**MOTION:** that the Standards for Pharmacists and Pharmacy Technicians Practice be approved in principle and forwarded to legal counsel for review.  
Moved by **Kelly Olstad**/Seconded by **Wilson Gemmill**/CARRIED

### **3.3.2 Amendments to the Standards for Operating Licensed Pharmacies**

Deputy Registrar Cooney reported that all changes to the Standards for Operating Licensed Pharmacies reviewed and approved by council at the October 13, 2010 meeting were incorporated into the Standards; however a legal review of the document must be completed once council approves the standards in principle. Upon final review of the proposed amendments to the Standards for Operating Licensed Pharmacies, council requested the following additional amendments and follow-up:

- Standard 8.6(c) - add a reference to determine what, as per the Standards of Practice, is considered a “period of time”.
- Standard 12 - additional research regarding remote dispensing was conducted. Specific requirements have been reviewed from Ontario, BC, and North Dakota (ND), providing the following insights:
  - All jurisdictions require a relationship with a parent pharmacy. Only ND limits the number of remote locations (4 per parent) but all require prior approval and registration by the college.
  - All jurisdictions require that the remote location must not operate if a pharmacist is not present in the parent pharmacy. Ontario verbally indicated that it would be acceptable for one remote location to be operated by different parent pharmacies at different times as long as the automated dispensing system was capable of differentiating between the two parent pharmacies. Other jurisdictions are silent regarding this ability.
  - No other jurisdictions plan to license the remote location as a pharmacy. ACP requires a satellite pharmacy license because a license is required to store drugs or offer them for sale.

- BC and ND require a pharmacist to counsel patients for all new and all refill drugs filled at the remote site. Ontario does not have a standard specific to remote sites. ACP's proposed standards required counseling for new prescriptions only unless the pharmacist or technician identifies a reason for a dialogue.

Council agreed that dispensing technologies (i.e. kiosks) must only be operated in a licensed pharmacy, and that such technologies must be limited to a 1:1 relationship with a single "parent" pharmacy. And that this kiosk operation must not be operated by pharmacists at more than one pharmacy. Council felt that this was important to ensure clear accountability with respect to drug distribution and patient care. To that end, council requested that standards require counseling for every patient, for both new and refill prescriptions, should they be accessed through distance delivery.

**MOTION:** that council approves the proposed amendments "in principle" with direction to forward to legal counsel for review.

Moved by **Chelsey Cabaj**/Seconded **Wilson Gemmill**/CARRIED

### **3.3.3 Loyalty Programs**

Council members expressed concerns brought to their attention from registrants about the increased frequency and size of inducements being offered through loyalty programs. They expressed concern that these programs were disrupting established pharmacist/patient relationships and that this was contrary to effective patient care. Registrar Eberhart shared that several registrants had also contacted him and that he would follow up with the Minister's office on this matter.

## **3.4 Amendments to Bylaws**

### **3.4.1 Governance Structure to Accommodate Pharmacy Technicians**

Council requested that the bylaw be amended to state that two existing elected pharmacist positions be replaced by two elected pharmacy technician positions upon the vacancy of two said pharmacist positions. Registrar Eberhart reported to council that he is working with legal counsel to finalize the wording of the amendments to the bylaw as directed by council. Council directed Registrar Eberhart to tie elections of council members to a specific date, not to an Annual General Meeting date and subsequently to proceed with a sixty day consultation process.

**MOTION:** to finalize proposed amendments to include the term of council as July 1 to June 30 and then to proceed with the sixty day consultation process and return to council with consultation results.

Moved by **Kelly Olstad**/Seconded by **Anjli Acharya**/CARRIED

### **3.4.2 Publication of Hearing Tribunal Decisions**

Registrar Eberhart reported to council that he is working with legal counsel to finalize the wording of the amendments to the bylaw as directed by council. Consultation about this amendment will proceed in

conjunction with those proposed to accommodate the election of pharmacy technicians.

#### **4. Consent Agenda**

##### **4.1 Report from the Registrar**

Registrar Eberhart advised council that a draft of the Ethics Committee Terms of Reference (handout) formed part of the consent.

**MOTION:** to lift Practice Development from the consent agenda.

Moved by **Kaye Andrews**/Seconded by **Ahmed Metwally**/CARRIED

Registrar Eberhart advised council that Cindy Nelson, the Interim Director of the Office of Practice Development at the Faculty of Pharmacy and Pharmaceutical Sciences resigned in November 2010. This is an important position under the MOU between ACP and the Faculty. There is a need to have a place to redirect registrants for remedial education. Further to discussions with Dean Kehrer, there may be a need for council to re-consider the relationship between ACP and the Faculty, if the parameters of the MOU change substantively. Dean Kehrer was asked to provide ACP with the net balance of any financial reserves subject to any outstanding expenses in the first quarter.

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

Moved by **Chelsey Cabaj**/Seconded by **Vi Becker**/CARRIED

#### **5. Miscellaneous Business for Council's Consideration**

##### **5.1 President's Report**

President Galvin advised Council that on November 7–10, 2010, she participated as an observer in the accreditation of the Faculty of Pharmacy and Pharmaceutical Sciences by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP). The accreditation team was composed of Dr. David Hill, University of Saskatchewan (Dean), Dr. Wayne Hindmarsh, CCAPP board chair, Professor Susan Mansour, Dalhousie University (CCAPP Board), Dr. Kathleen Macleod, University of British Columbia (other faculty/pharmacologist). Some of the issues discussed included how students are selected for admission, inter-professional undergraduate learning, and facility with the English language in practice.

Participating team members visited nine experiential practice sites in the Edmonton area including some institutional ones; surveyed the library and learning resources; and met with the Chief Librarian and head of the Health Sciences library. Other meetings were held with the Dean of Medicine, Faculty Leadership Council, several “practice experience” preceptors, and some pharmacy students. On the final day the group met to finalize their report and attended exit interviews with the Dean to outline the parameters of the report, the group also met with the Provost to tell him briefly about the results. While meeting with the Provost it was determined that there was a need for ACP and the Provost to meet

on a regular basis so that the Provost is current with council's agenda and initiatives.

President Galvin and Registrar Eberhart met with Emir Mehinagic, Executive Assistant to Gene Zwordesky, Minister of Health and Wellness. They discussed the regulation of Pharmacy Technicians, and highlighted the urgency to amend the Pharmacists Profession Regulation legislation. They also discussed loyalty programs and the negative impact they have on patients, the health system, and the profession.

On Friday November 19, 2010 the Executive Committee participated in media training in the morning; held an EC meeting in the afternoon; followed by a meeting with CPSA to discuss current issues before each organization. Of interest was exploration of new ways to work together in the future and the opportunity for future joint Executive Committee meetings.

President Galvin and Registrar Eberhart attended the four regional meetings held across the province and reported the dialogue was interesting and very informative.

**MOTION:** to accept the President's report as information.

Moved by **Kaye Andrews**/Seconded by **Anjali Acharya**/CARRIED

## **5.2 Report from the Faculty**

### **5.1.1 Dean's Report**

Dean Kehrer reported that the faculty is working to formulate their strategic plan and that will include an assessment of programs and activities. He advised that the Faculty cannot obtain accreditation for the PharmD program as CCAPP gives accreditation for programs not degrees. However if they are forced to do so, CCAPP may come up with a way to accredit PharmD, but the Faculty would have to pay for the accreditation. He suggested that this should not impede PharmD graduates from accessing American fellowships. The Board of Governors and Advanced Education will fast track approval of the PharmD program, with the Health Quality Council approval being the final step in the approval process.

Initially the fees for the PharmD program were set at a flat fee of \$20,000; but upon further review this cannot be done as fees must be course based. The average cost to complete the program will be close to the initial \$20,000 estimate. These estimates are based on initially enrolling 13 students, increasing enrollment to 30 students over 4 years. The faculty would like to move towards all graduates being in a PharmD stream in five to seven years. The PharmD program will be reviewed in three to four years to ensure it is sustainable.

**MOTION:** to accept the Dean's report as information.

Moved by **Chelsey Cabaj**/Seconded by **Kelly Olstad**/CARRIED

### 5.3 Centennial Committee Report

Jeff Whissell, Chairman of the Centennial Committee provided council the following update about Centennial Committee initiatives and celebrations planned for 2011:

- The Alberta Pharmacists Centennial Leadership Award has been established to inspire and recognize practitioners of the future. The annual scholarship will be presented to a U of A Faculty of Pharmacy and Pharmaceutical Sciences student to recognize their significant leadership role in the community. This is a opportunity for pharmacists to leave a legacy for the future. The goal is to establish an endowment that would provide one year's tuition per annum in interest. Current fundraising is at \$24,900 with a goal of \$250,000. These donations have been solicited through a student calling and personal requests by Centennial Committee Members. Council was urged to approach five or more colleagues who may consider donating \$1000 and to contact Larry Shipka at [ljshipka@shaw.ca](mailto:ljshipka@shaw.ca) for further information.

Alberta pharmacists are being asked to contribute a minimum of \$100 towards this scholarship. Information to donate can be obtained on the Centennial Celebration website: [www.pharmacy100.ab.ca](http://www.pharmacy100.ab.ca), the U of A website: [www.pharmacy.ualberta.ca](http://www.pharmacy.ualberta.ca), the ACP website: [www.pharmacists.ab.ca](http://www.pharmacists.ab.ca), and the RxA website: [www.rxa.ca](http://www.rxa.ca).

- Nominations for the Alberta Pharmacy Centennial Award of Distinction are now closed. These awards are to recognize and celebrate the "Trailblazers of Pharmacy".
- To commemorate 100 years of pharmacy in Alberta, a painting from an Alberta artist has been commissioned. Each month, starting in January, teasers of the top five works of art will appear on the Centennial website [www.pharmacy100.ab.ca](http://www.pharmacy100.ab.ca). The original work of art will be unveiled at the Centennial Conference with limited reproductions available for pharmacists.
- Jeff encouraged everyone to visit the Centennial website or the Facebook page. The committee is also planning other publications; a picture postcard book; lapel pins and other promotional items. The Centennial Committee is asking pharmacists across the province to share any human interest stories.
- The target for fundraising corporate sponsorship for the Centennial Celebrations is \$150,000. The committee is on-target to meet this goal.
- Centennial Celebrations will "kick off" in conjunction with the U of A Faculty of Pharmacy and Pharmaceutical Sciences White Coat Ceremony January 27, 2011 at the Myer Horowitz Theatre. Bob Dowling will be the guest speaker.
- A highlight of the Centennial year will be the Centennial Conference at the Jasper Park Lodge, hosted by ACP and RxA. The conference will be held May 20-21, 2011. Guest speakers will be Bill Strickland and Kevin Newman. The APEX winners will be announced at a gala banquet the evening of May 20<sup>th</sup>.

## **6. Evaluation of Meeting**

### **6.1 Self-Evaluation of Council Performance at this meeting**

President Galvin requested that all council members complete their meeting evaluation forms and submit them to Leslie Ainslie for collation.

### **6.2 Summary for Council Meeting Self-Evaluation**

The summary of the October 13, 2010 council meeting was circulated with the agenda for information.

## **7. Adjournment**

### **7.1 Next Meeting Dates**

**7.1.1 TBA – Teleconference Meeting end of January**

**7.1.2 April 7, 2011 (Proposed) *Note: Possibly ½ day on April 6 or 8 also***

**7.1.3 May 20, 2011 – ½ day Council Meeting – Jasper**

**7.1.4 May 20-21, 2011 – Centennial Conference – Jasper**

**7.1.5 May 22, 2011 – Annual Meeting (adjourn circa 11:30 am) – Jasper**

### **7.2 Closing Remarks**

President Galvin wished everyone best wishes for the holiday season.

### **7.3 Adjournment**

**MOTION:** that this meeting of Council be adjourned.

Moved by **Chelsey Cabaj**/Seconded by **Kaye Andrews**/CARRIED

Meeting was adjourned at 5:00 p.m.