

**MINUTES  
MEETING OF COUNCIL  
ALBERTA COLLEGE OF PHARMACISTS  
January 4, 2007**

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**1. Introduction**

**1.1. Call to Order**

The President called the meeting to order at 8:30 a.m. He advised council that one public member had submitted his resignation. The President will send a letter of thanks to him for his excellent service.

**1.2. Roll Call**

The Registrar called the roll 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

**1.5. Minutes from Previous Meetings**

**1.5.1. Minutes from the Meeting of Council December 7-8, 2006**

The President noted the following amendment to the first bullet after the Expert Panel's recommendations in item #2.4.1, *Expert Panel Establishing Requirements for Clinical Pharmacists Qualifying to Prescribe*:

*Council members suggested that the critical elements of the process be identified, including a weighting for each criteria. Where letters of validation were proposed, it was suggested that alternatives such as references be considered.*

**MOTION:** That the minutes of the December 7-8, 2006 meetings of council be adopted as amended. CARRIED

**2. Governance**

**2.1. Committee Reports.**

**2.1.1. Awards Committee**

The Awards Committee will submit a report for the next meeting of council to identify candidates for the Wyeth Consumer Healthcare Bowl of Hygeia.

**MOTION:** That council accepts the report of the Awards Committee. CARRIED

**3. Legislated Responsibilities**

**3.1. Committee Reports - nil**

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

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

**MOTION:** That pharmacists qualifying under section 16(5) of the *Pharmacists Profession Regulation* for administering drugs and blood products by injection be required to recertify within scheduled time intervals.  
CARRIED

**MOTION:** That pharmacists qualifying under section 16(5) of the *Pharmacists Profession Regulation* be required to recertify every 5 years.

CARRIED

**MOTION:** That criteria be developed for a recertification program based on an abridged version of the original training program, and that recertification be completed within +/- 1 year of the expiry date of the current authorized period. CARRIED

**Consensus:** Demonstration of injection skill and technique will be required as part of the recertification program.

**Consensus:** Pharmacists whose authorization to inject drugs has been expired for more than one year are required to complete a full training program and a new application for authorization to administer drugs and blood products by injection.

**Consensus:** Requirements for current Basic CPR and first aid will be included in the *Standards for Pharmacist Practice* and will apply to all pharmacists on the Clinical Register.

### 3.2.2. ACP Draft By-laws

Council reviewed a revised version of the by-laws reflecting changes proposed at the last council meeting and amendments proposed by legal counsel. Council recommended the following:

1 – *Definitions and Interpretation:* do not define Mountain Daylight Time and Mountain Standard Time.

13(2) – *Notice of Council Meetings:* leave as is.

14(4) – *Conduct of Council Meetings:*

**Consensus:** Add clarification that a resolution is sent to all members of council.

18(4) – *Nominations for Council:* Legal council to address as this needs clarification.

17-20 – Review and realign to ensure that all sections addressing nominations are together and placed prior to sections on elections and voting.

23(5)(e)&(6) – *Terms of Office:*

**Consensus:** Change "...member...suffers from a mental disorder as defined..." to "the member of council becomes mentally incapacitated". Delete ss6

**NOTE:** Council debated whether a section was required to accommodate the removal of a council member. It was agreed that this question should be readdressed after consultation.

32(8) – Delete this section.

44(8) – Divide this into 2-3 separate sections.

48(1)(b) – *Reinstatement of Registration and Reissue of Practice Permit:* Change "pharmaceutical profession" to "pharmacy profession" in this section and throughout the proposed by-laws.

49 – *Registers of Non-Regulated Members:* Legal counsel to review and revise.

50 – This section is to be revised so that it only addresses the collection of an annual fee. This should not be referred to as a permit.

73 – Change the wording so that it reads similar to s50

79(3)(b) – *Use of Electronic Documentation:* Change "...or electronic mail" to : "...and electronic mail".

**MOTION:** That council approves the proposed by-laws as amended for the purpose of conducting a 60-day consultation with the members. CARRIED

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

The Deputy Registrar led council through a review of the draft standards and comments that were received through the initial 60-day consultation period. Original copies of all responses received were available for council's review upon request. Council members were referred to the summary provided with the agenda and, upon considering all feedback received, recommended the following amendments:

Title – Change the current title “Standards for Pharmacy Practice” to  
**“Standards for Pharmacist Practice”**.

Definitions – Incorporate a definition for “Collaborative relationship” and “Professional relationship.” Ensure that a professional relationship is with a patient.

1.10 – *Relationship with the patient:* Amend to require confidentiality vs. a private location.

1.15 – *Working collaboratively with other regulated health professionals:* Add requirement to participate in a quality assurance program.

2 – *Pharmacists' duty to consider relevant information:* Amend so that a pharmacist is required to “consider” information and not necessarily “collect” it.

4 – *Drug Related Problem:* change to “record adverse drug reactions” and “report previously unreported or rare adverse drug reactions”

**NOTE:** Correspondence should be forwarded to Health Canada recommending that a technical solution be developed to easily facilitate the recording and reporting of adverse drug reactions and to facilitate easy reference to relevant practice information.

6.3 – *Proper packaging:* legal counsel will address the exemption to the labelling requirements for institution pharmacies.

6.13 – Amend the wording to provide clarity and consistency with the Act. The exemption in labelling is to apply to “inpatients” only. Readdress the wording in s6.5-s6.11 inclusively.

7.1 – *Required communication when a drug or blood product is dispensed or sold:* Amend so that the pharmacist is required to “ensure that someone confirms the identity of the patient and the drug when the drug is delivered to the patient” vs. “to see the patient personally”.

7.3 – *Dialogue to be specific to the patient:* Amend so that dialogue with a patient may not be required if the drug is to be administered only by another regulated health professional.

7.9 – *Written materials must be specific to the patient:* Amend to allow general written information to be provided if the pharmacist identifies the parts that are relevant to the patient.

9.1 – *Duty to have compounding skills:* Amend this to require that pharmacists be willing and able to prepare compounded products that are normally encountered in their practice.

10.3 – Add “Medicinal Chemistry” under 10.3.

11 – Change the heading from “Pharmacist’s Role in Prescribing...” to “Prescribing Drugs or Blood Products...”

**Consensus:** Add section 11.8, “A pharmacist who prescribes must ensure prescriptions are written in a clear, concise, easy to read format” (because this is an issue of patient safety); and move sections 18.7 and 18.8 (*Obligation to document prescribing process and decisions*) to section 11.

- 11.3 – *A pharmacist must understand the difference between changing a prescription and adapting a prescription:* (a) and (b) require clarification. This may be addressed in the context of differentiating dispensing and prescribing.
- 12.1 – *Duty to confirm accuracy, completeness and appropriateness:* Provide clarification to ensure that a prescription must previously be on file.
- 12.8 – *Duty to inform the original prescriber:* Added “as soon as reasonably possible”. Change the titles in s11-13 to ensure consistency in nomenclature.
- 13.2 – *Duty to determine whether it is appropriate to prescribe in an emergency:* leave “Informed consent” in sections 13.2(c), 14.2(c), and 17.1(a) on the advice of legal counsel. Patients have the right to understand “risk” and “benefit”
- NOTE:** the definition of “informed consent” must be addressed through the orientation sessions.
- 14.6 – *Conditions to be met before prescribing occurs under section 16(3) and (4):* clarify that pharmacists prescribing pursuant to 16(3&4) of the regulation must fulfill all requirements of 14.1-14.3 inclusively.
- 15 – *Separation between prescribing and dispensing for patient safety:* Change the order of s15.3 (b&c); this will be further addressed in the Code of Ethics. Renumber “c” to “e” on the last point under s15(3). Change this so that a pharmacist involved in “initial access prescribing does not also dispense, unless it is determined that the care of the patient would be compromised or the patient requests that the pharmacist both prescribe and dispense the drug. If the pharmacist does both the pharmacist must advise the patient of the risks and benefits associated with performing these functions conjunctively.
- NOTE:** Council observed that:
- As collaboration increases, the potential for real and/or perceived conflict diminishes.
  - AHW recommended the posting of professional fees. Council determined that this should not be addressed through the standards but rather through contractual discussions with RxA.
- 17 – *Steps required for the safe administration of injections:* council agreed to readdress the limitation on administering drugs by injection to children less than 5 years of age at its next meeting. It was noted that this was not included in the training programs proposed to date. If there are other skills that need to be addressed, what are they?
- 18.0 – Appropriate wording respecting the transaction record is to be followed up with legal counsel.
- 18.1 – *Written transaction record created each time a schedule 1 drug is dispensed:* Delete “identification of the dispensing pharmacist” and include a requirement for an audit trail of all pharmacists involved in the transaction; remove the need for the identification of the dispensing pharmacist on the record and on the label.
- 19.3 – Incorporate: “... is dispensed for a patient...” and “...adequately ensures...” into this standard.

Appendix A – *Patient Demographics:* Add personal health number (PHN).

**MOTION:** That whereas

- (a) the proposed Standards of Practice of Pharmacy have been distributed for comment;
- (b) comments have been received and as a result of those comments and the consideration of Council some changes are being recommended to be made to the proposed Standards;

- (c) Council wishes to receive comments on the proposed Standards, with the changes included;

BE IT RESOLVED THAT

1. The College must take the proposed standards of practice, including the recommended changes, available to the members of the College, to the other regulated health professions identified in the schedules to the *Health Professions Act* and to the public by posting the proposed standards on the website of the College for a further period continuing until January 30, 2007.
2. The College must make the proposed standards of practice, including the recommended changes, available to the Minister of Health and Wellness by delivering a copy of the proposed standards to the office of the Minister.
3. Any member of the College may request in writing or by email that a copy of the proposed standards for the practice of pharmacy be mailed by regular mail or sent by email to that member.
4. Any person may provide comments in writing on the proposed standards up until January 30, 2007.
5. The Council will review and consider any comments on the proposed standards for the practice of pharmacy received by the deadline set out in paragraph 4 above.

CARRIED

**Standards for the Operation of Pharmacies:**

Definitions – include a statement about patients and patient’s agents as in the *Standards of Pharmacist Practice*.

- 31 – *Requirements for a dispensary*: Leave as is (i.e., fixtures, equipment and services required in standard 30 must be dedicated for the use of the licensed pharmacy exclusively).
- 58 – *Disposal of drugs*: No change – “A licensed pharmacy must accept unused drugs or expired drugs from patients for proper disposal”.
- 60 – *Restriction on return for reuse*: Amended to align with the standards of practice.
- 64 – *Duty to minimize the risk of drug errors*: The definitions of “drug error”, “drug incident” and “adverse drug event” must be clarified to distinguish these terms.
- 74 – *Extemporaneous compounding*: Council consensus was to leave the USP standard in this section; however, council agreed to readdress this in the future once more was understood about these requirements.
- 77 – *Equipment and systems requirements*: Retain the retention period for prescriptions as currently exists. Amend the retention period for patient records to be 10 years, or 2 years past the age of majority, whichever is less.
- 85 – Provide a 3-year period for compounding and repackaging pharmacies to comply with USP Standards.

**MOTION:** That whereas

- (a) the proposed *Standards for the Operation of Licensed Pharmacies* have been distributed for comment;
- (b) comments have been received and as a result of those comments and the consideration of Council some changes are being recommended to be made to the proposed Standards;

- (c) Council wishes to receive comments on the proposed Standards, with the changes included;

BE IT RESOLVED THAT

1. The College must make the proposed *Standards for the Operation of Licensed Pharmacies*, including the recommended changes, available to the members of the College, to other regulated health professions identified in the schedules to the *Health Professions Act* and to the public by posting the proposed standards on the website of the College for a further period continuing until January 30, 2007.
2. The College must make the proposed *Standards for the Operation of Licensed Pharmacies*, including the recommended changes, available to the Minister of Health and Wellness by delivering a copy of the proposed standards to the office of the Minister.
3. Any member of the College may request in writing or by email that a copy of the proposed *Standards for the Operation of Licensed Pharmacies* be mailed by regular mail or sent by email to that member.
4. Any person may provide comments in writing on the proposed standards up until January 30, 2007.
5. The Council will review and consider any comments on the proposed *Standards for the Operation of Licensed Pharmacies* received by the deadline set out in paragraph 4 above.

CARRIED

**4. Consent Agenda – NIL**

**5. Correspondence for Information**

**5.1 Exchange of Correspondence with Canadian Council of Grocery Distributors**

Provided for information only.

**6. Evaluation of Meeting**

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

Councilors were asked to provide their completed evaluations to the Executive Secretary.

**7. Adjournment**

**7.1. Next Meeting Dates**

**7.1.1. Council Teleconference: February 8, 2007 from 7 – 9 p.m.**

**7.1.2. Council Meeting: March 22, 2007**

**7.1.3. May 3-6, 2007 Tri-Professional Conference (Banff)**

**7.1.4. June 2007, To be determined**

**7.2. Adjournment**

This meeting of council adjourned circa 4:43 p.m.

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