

COUNCIL MINUTES
ALBERTA COLLEGE OF PHARMACISTS
October 18, 2007
Selkirk Hotel - Fort Edmonton, Edmonton AB

1. Introduction

1.1. Call to Order

The President called the meeting to order at 8:30 am. She welcomed guests and new staff members.

1.2. Roll Call

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

1.3. Invocation

A public member read the Invocation

1.4. Adoption of the Agenda

Amendments:

- Item 2.8 – change “December 19” to “October 19”

1.4.1. Additions to the Agenda

The following were added to the agenda:

- 1.4.1.1. Ratification of e-Ballot Approving Contract for Compounding Pharmacies (requires acceptance)**
- 1.4.1.2. Amendments to Drug Scheduling Factors Proposed by NDSAC (motion required to lift from table)**
- 1.4.1.3. Letters from AMA Digest (for information only)**
- 1.4.1.4. Letter from College of Physicians & Surgeons directed to AMA dated September 7, 2007 (for information only)**
- 1.4.1.5. Health Law Update re: Patient Information (for information only)**
- 1.4.1.6. Competencies for Pharmacy Technicians at Entry to Practice (requires adoption)**
- 1.4.1.7 Report from Curriculum Committee (James Krempien)**

MOTION: That the agenda be adopted subject to the addition of items #1.4.1.1, - 1.4.1.7.

CARRIED

- 1.4.1.1. Ratification of e-Ballot Approving Contract for Compounding Pharmacies**

REFER TO AGENDA ITEM 1.5.4

- 1.4.1.2 Amendments to the Drug Scheduling Factors Proposed by NDSAC**

REFER TO AGENDA ITEM 3.3

- 1.4.1.3. Letters from AMA Digest**

REFER TO AGENDA ITEM 5.8

- 1.4.1.4. Letter from College of Physicians & Surgeons to AMA dated September 7, 2007**

REFER TO AGENDA ITEM 5.9

1.4.1.5. Health Law Update re: Patient Information

REFER TO AGENDA ITEM 5.10

1.4.1.6 Competencies for Pharmacy Technicians at Entry to Practice

REFER TO AGENDA ITEM 4.5

1.4.1.7 Report from Curriculum Committee

REFER TO AGENDA ITEM 5.11

1.5. Minutes from Previous Meetings

1.5.1. Minutes from the Meeting of Council May 29, 2007

Amendments:

- Roll call – include missing name
- Item 1.5.2 – change “Apr1 4” to “April 4”
- Item 3.2.1 - first sentence, delete “within”

MOTION: That the minutes of the council meeting of May 29, 2007 be adopted as amended.

CARRIED

1.5.2. Minutes from the Teleconference Meeting of Council August 15, 2007

MOTION: That the minutes of the council meeting of August 15, 2007 be adopted.

CARRIED

1.5.3. Minutes from the Teleconference Meeting of Council October 3, 2007

Amendments:

- Page 1, Item 4, change “Rxa” to “RxA”
- Page 2, Item 6, change “share” to “shared”
- Page 2, Item 6, change “expressed concern of chiropractors” to “express concern of chiropractors”
- Page 1, Item 2, change “Donnan Galvin” to “Donna Galvin”
- Page 1, Item 2, include Judi Lee’s name

MOTION: That the minutes of the council meeting of October 3, 2007 be adopted as amended.

CARRIED

1.5.4 Ratification of e-Ballot Approving Contract for Compounding Pharmacies

MOTION: That council accepts the results of the e-Ballot approving the Contract for Compounding Pharmacies.

CARRIED

1.6 Disposition of Directives – 2007 Council Meetings to Date

MOTION: That council accepts the disposition of directives from the May-August 2007 meetings of council for information

CARRIED

1.7 In Camera

MOTION: That council move "In Camera". (circa 1322hrs)
CARRIED

MOTION: That council move "Out of Camera". (circa 1350hrs)
CARRIED

Consensus:

- That a review of the outcome of the Executive Limitations established by council will suffice as the Registrar's yearly performance evaluation as outlined in Section 4.1 of the current Agreement between the Alberta College of Pharmacists and the Registrar.
- That Council proceeds to pay out the Registrar's current accumulation of "Time in Lieu", with ½ of the accumulation to be paid out at the end of October 2007, and ½ of the accumulation to be paid out at the end of January 2008.
- Should there be any "Time in Lieu" accrued during 2008 by the Registrar that this accumulation shall be paid out at the end of January 2009, subject to Council review.

2. Governance

2.1 ENDS Policies

Recommendation: Council would like to discuss mission statements at the council meeting to be held at Ghost River Crossing in 2008.

2.1.1 Proposed Fee Schedule for 2008

Registrar Eberhart reviewed the 2008 schedule of fees with council and advised that assessing pharmacists for additional prescribing authorization was a new item on the schedule. This assessment will be very expensive (i.e.: 100 pharmacists a year, training with facilitators, will cost \$500 per pharmacist). Alternatives considered include

1. Assess as a service fee for administering the evaluation;
2. Increase the annual fee for all "clinical pharmacists" to cover these costs
3. Establish a new "assessment fee" under the bylaws.

Motion: that council pursue an amendment to schedule A of the bylaws, establishing an assessment fee of \$350 per application, and a \$225 reassessment fee for unsuccessful candidates who reapply.

CARRIED

Note: The proposed bylaw will be communicated to pharmacists on the clinical register for the purpose of consultation. Consultation will be for a 60 day period, post notification.

2.1.2 Business Plan 2008 and Three Year Financial Projections

Registrar Eberhart provided highlighted projects and initiatives included in the 2008 business plan and budget and the 3 year projections. There are few new projects planned in 2008 and 2009, as much of this period is committed to completing development and implementation of projects identified in the 2007-2009 plans. The plan anticipates the registration of 500 pharmacy technicians in 2008 as there is some

indication that health regions may require qualified individuals to register. Mail order licenses have remained as a line item; however, no fees will be assessed until there is clarity about the regulation.

DEPARTMENT 100 (Registration and Licensure) – Initiatives to standardize “structured practical training” will continue. ACP will complete development of a program to accommodate foreign candidates and pharmacists wishing to re-enter practice. Further integration with the Faculty of Pharmacy will be necessary to ensure the standardization of learning sites and preceptors.

DEPARTMENT 200 (Complaints Resolution) – Expenditures for legal and investigating committee costs will remain high in 2008 and 2009 as ACP proceeds to complete current files that are under investigation. Estimates have decreased thereafter, pending insight on new matters of complaint that may arise.

DEPARTMENT 300 (Quality Pharmacist Practice) – Development of the “field audit” process will be completed and deployed. In partnership with other provinces, ACP will engage in the development of a knowledge evaluation, a new tool within the competence program.

DEPARTMENT 400 (Governance and Legislation) – Review and updating of our Code of Ethics will carry into 2008. Estimates for legal costs have increased largely due to new consultations that will be required to address mail order pharmacy. External affairs expenditures have increased to accommodate learning and participation in international events important to our mandate, and in anticipation of an increased number of meetings and initiatives with the College of Pharmacists of BC.

DEPARTMENT 500 (Communications) – The 3 year estimates for communications is increased, reflecting the importance of communication to pharmacists, patients, and other stakeholders about new roles that pharmacists are taking on.

DEPARTMENT 600 (Operations) – The most significant change in operating costs are VISA transaction fees. This reflects our success in facilitating electronic renewal of practice permits and licenses. Looking beyond 2010, ACP must anticipate a significant increase in our lease costs, as our current rates are only about 35% of the current market.

DEPARTMENT 700 (Partnership Administration) – NAPRA expenditures now include costs associated with attending meetings. This provides a better perspective about our true costs in participating in NAPRA. Expenditures have not been specifically budgeted for the Triplicate Prescription Program. Rather, an amount based on our historical formula has been allocated to support the development of IT solutions that will assist us in assessing data important to evaluating the performance of pharmacists.

Business priorities that were discussed include:

- Communications strategies to ensure that pharmacists and patients are informed about the new practice framework and new expectations associated with it;
- Continued commitment to developing partnerships important to leveraging ACP’s financial, human, and knowledge resources;
- Pursuing the regulation of pharmacy technicians;
- Deployment of a more comprehensive “field audit” process based on our new standards; and,
- Review and Updating of ACP’s Code of Ethics.

Further consideration and discussion about each of these was proposed in advance of the next council meeting. Priorities for the purpose of policy E-4 will need to be established at that time.

A question arose as to when council would expect all pharmacists on the clinical register to demonstrate competencies associate with “additional prescribing.” This was recognized as a significant strategic question, and it was suggested that council address this through planning discussions in 2008 (Ghost River Crossing – June 2008).

2.2 Reports from the Registrar – Executive Limitations

2.2.1 Policy EL-4 Financial Condition – Internal Financial Report

The management team advised council that the auditors have incorrectly filed our GST returns in the past; incorrectly indicating that ACP was incorporated as a society under the Societies Act. As a result our GST returns are being delayed by Revenue Canada. Council questioned whether other oversights by the auditors might be significant? Council requested that a letter be sent from the president to the auditors, expressing the concerns of council.

MOTION: That council approves the interpretation and accepts the results for the Policy EL-4 report circulated with the agenda.
CARRIED

2.2.2 Policy EL-5 Insurance

Amendments:

- Page 2, bottom chart, “Date Insurance Company Advised” – change “2007” to “2006”

MOTION: That council approves the interpretation and accepts the results for the Policy EL-5 report circulated with the agenda as amended.
CARRIED

2.2.3 Policy EL-6 Investments

MOTION: That council approves the interpretation and accepts the results for the Policy EL-6 report circulated with the agenda.
CARRIED

Council encouraged the management team and executive committee to conduct market analysis to ensure that ACP is getting competitive rates from its financial institutions and investment advisors. Council agreed to leave the decision in the hands of the Executive Committee and then to bring forward to Council at the Council meetings.

Council also agreed that the **summary** provided with the policy as part of this agenda was sufficient evidence for their purposes, and that they did not require the larger report developed by our investment counsel. The larger report may be more appropriate for the EC in fulfilling its responsibilities.

2.2.4 Policy EL-8 Conflict of Interest

MOTION: That council approves the interpretation for the Policy EL-8 report.
CARRIED

MOTION: That council approves the results for the Policy EL-8 report circulated with the agenda.
CARRIED

Council requested that future report on this policy be reported “in context.” Rather than stating “what we do” the results should be stated contextually with experience. The administration might use a chart, similar to that used for reporting on insurance issues to achieve this.

2.2.5 Policy EL-13 Information Management

MOTION: That council approves the administrative interpretation for Policy EL-13 report circulated with the agenda.
CARRIED

MOTION: That council accepts the results for the Policy EL-13 report circulated with the agenda.
CARRIED

Council requested that the registrar provide results in a quantifiable rather than qualitative manner in the future. Council also requested that the jurisdiction and purpose for disclosure of registration information to AHW, CIHI and other entities be confirmed.

2.3 Governance Policy Review and Amendments

2.3.1 Policy GP-12 Operational Complaints

MOTION: That agenda Item 2.3.1. Policy GP-12 Operational Complaints, be lifted from the table.
CARRIED

Council feels this policy is working well and it is a good reference for individuals who may have a complaint about ACP’s operations. It was suggested that s. 1.2 of the policy be amended as follows:

“If the complainant has spoken with the administrative staff and is not satisfied with the result, refers the matter to the President *in writing*”

MOTION: That Policy GP-12 “Operational Complaints” be amended by requiring that complaints to the President be “in writing.”
CARRIED
6 in favor – 4 against

2.3.2 Policy GP-13 Handling of Alleged Policy Violations

MOTION: That agenda Item 2.3.2. Policy GP-13 handling of Alleged Policy Violations, be lifted from the table.
CARRIED

Amendments:

- s. 2.2 – change “the Board” to “Council”

MOTION: That council approves agenda Item 2.3.2. Policy GP-13 Handling of Alleged Policy Violations as amended.
CARRIED

2.4 Council-Registrar Policies - NIL

2.5 Ownership Linkage - NIL

2.6 Appointments

2.6.1 Investigating Committee (Pursuant to *Pharmaceutical Profession Act*)

Lic. #4260 - MOTION: That an investigating committee be appointed to investigate the conduct Licensee #4260.
CARRIED

2.6.2 Complaint Review Committee and Hearings Tribunal Pool) (HPA)

MOTION: That pursuant to s. 15.1 of the health Professions Act, council appoints the following list of pharmacists, from which individuals will be selected for Hearing Tribunals and Complaint Review Committees:

Appoint until the end of the Current Council Year (Not eligible for reappointment)	Appoint until the End of the Current Council Year (Eligible for an additional 3-year appointment)	Appoint until the end of the 2008/09 Council Year (Eligible for an additional 3 year appointment)
Dr. Judy Baker	Don Carley	Kim Fitzgerald
Cathy Biggs	Sonal Ejner	Deana Sabuda
Rene Breault	Bonnie Oldring	Jeremy Slobodan
Bob Sprague		Debbie Santos
		Krystal Wynnyk
		Joe Gustafson

CARRIED

2.7 Committee Reports

2.7.1 Investigating Committee Decisions - Karen Williams (#6464)

MOTION: That council accepts the report from the Investigating Committee for information.
CARRIED

- Council emphasized the need for transparency, expressing concern that decisions of Investigating Committee’s should be published, disclosing the full names of registrants who are subjects of the matter(s) under investigation
- Council requested that a policy be developed respecting the “posting” of hearings; again to enhance public transparency

2.8 Council Education

David Gouthro, from the Consulting Edge, facilitated council’s development session on October 18th, 2007 from 7:00 pm – 8:30 pm, continuing on October 19th, 2007. The purpose

of the development session was to provide council an opportunity to investigate/experience skills that they could use in leading change.

3 Legislated Responsibilities

3.1 Committee Reports - Nil

3.2 Health Professions Act

3.2.1 “Additional Prescribing” Pilot Project

Deputy Registrar Cooney provided council an interim update on the pilot project that addresses the assessment of pharmacists seeking “additional prescribing” privileges. Following are observations and comments arising from the discussion:

- Some individuals have commented that this applications process requires a lot of work and may be overly rigorous; however, this is simply a reflection of the practice expectations when providing prescribing services at this level;
- The success of prescribing by pharmacists will be determined by consumer uptake – how can we ensure uptake?
 - This is a strategic discussion that council should debate in early 2008 as a precursor to developing plans for future years. Do we have an expectation as to when we expect all pharmacists to practice at this level?
- When will new pharmacist graduates be authorized to have “additional prescribing” privileges? What needs to be done to achieve this?
 - An enhanced clinical experience is required during structured practical training. Are there limitations in what students can currently perform during SPT? Can we facilitate students to experience advanced roles? If so, what type of controlled environment is required? What does supervision look like? We may need to change the job description of students?

3.2.2 Registration of Pharmacy Technicians

Council reviewed the recommendations about:

- prerequisites required of pharmacy technician applicants; and,
- recognizing work experience of candidates who have had formal training, but whose formal training did not require sufficient experiential learning.

MOTION: That entrance requirements to pharmacy technician programs recognized by the college be amended to accept:

- a Grade 12 diploma or equivalent;
- a passing mark in
 - Grade 12 level English
 - Grade 11 level Biology and Chemistry or Grade 12 level (30) Science
 - Grade 11 level Math.

CARRIED

MOTION: That ACP recognize work experience of persons employed in hospital pharmacies on January 1, 2008 if they have completed a program that meets all criteria except the requirement for a hospital practicum.

(i.e. if an applicant has completed a training program that meets all other criteria but did not include a hospital practicum and the applicant is currently employed in a hospital pharmacy that experience will be recognized as equivalent to a hospital practicum.)

CARRIED

3.3 Amendments to Drug Scheduling Factors Proposed by NDSAC

MOTION: that this agenda item be lifted from the table.
CARRIED

MOTION – That ACP respond to the NDSAC consultation, and that ACP serve notice to NAPRA requesting that the 3 category model be reviewed and amended to reflect current and emerging legislative frameworks and consumer trends.
CARRIED

The Registrar asked council to forward their comments prior to Remembrance Day (Nov 11) to provide feedback.

4 Consent Agenda

MOTION: To lift the agenda items 4.1, 4.2, 4.3 from the table.
CARRIED

4.1 Report from the Registrar

Council expressed concern about the lack of transparency provided by the Minister and the department about:

- The individuals or groups who's concern precipitated amendment to the transition regulation to the Professions Health Act; and,
- What the nature of the concerns are, as without fully understanding the problem, it will be difficult to work together towards a solution.

Council requested that correspondence be forward to the minister expressing these concerns, so that they are on record.

4.2 Disclosure of Schedule 2 Drugs to EHR

Council requested that the rationale for record keeping be communicated to pharmacists and software vendors. This context is important to facilitating the changes required in practice management software to ensure that schedule 2 drugs are recorded in the patient medication record in conjunction with schedule 1 drugs.

4.3 Administration of Drugs By Injection

Council is concerned that some impediments have been presented within AHW respecting the our roll-out of training programs for administering drugs by injection. Concern has been expressed that our standards may require enhancement; however, no specific recommendations have been forthcoming. Concern has also been expressed that due to the nursing shortage, there is unlikely to be nurses available to assist in delivering and supervising experiential components of the training programs.

Council requested that these concerns be brought to the level of the deputy minister.

MOTION: That council would like our concerns documented in writing and should be sent to AHW.
CARRIED

4.4 Registration of Pharmacy Technicians – refer to update included with agenda.

4.5 Competencies for Pharmacy Technicians at Entry to Practice

Council was provided a copy of the *Competencies for Entry to Practice for Pharmacy Technicians at Entry to Practice* that was developed by NAPRA. Approval of the Consent Agenda implies approval and adoption of these for ACP's purposes.

MOTION: That council accepts the Consent Agenda.
CARRIED

5 Miscellaneous Business for Council's Consideration

5.1 Resolution for Partnership with the College of Pharmacists of British Columbia

Registrar Eberhart introduced the partnership resolution proposed with the CPBC. He spoke to the issues that served as the motivation to pursue this agreement. Subject to council's approval of the resolution, it is intended that ACP Executive Committee members will meet with the CPBC council at the end of November to sign the agreement and to participate in their annual meeting. CPBC has expressed interest in meeting with our council in advance of our annual meeting.

MOTION – That council approves the Resolution for Partnership with the College of Pharmacists of British Columbia.
CARRIED

The resolution must not imply sharing “at no cost” of educational programs developed through our partnership with the UofA as these are copyrighted.

5.2 Ensuring Safe and Efficient Communication of Medication Prescriptions

These guidelines, developed in partnership with CPSA and CARNA, are intended to provide guidance to physicians, pharmacists, and nurses when verbally communicating prescriptions. As they are not standards, there is a mutual responsibility of colleges to facilitate uptake of these as “good practices”. The guidelines should provide support to pharmacists in more effectively communicating with physicians offices, providing a tool to assist in addressing the authenticity, validity, and appropriateness of prescriptions. It was suggested that an adapted guideline may be required for hospital environments, albeit the principles should be consistent. ACP will monitor feedback from pharmacists and others respecting uptake and compliance with the guidelines.

MOTION: That council approves the guidelines for the communication.
CARRIED

5.3 Infectious Disease

Council was referred to the report from the Deputy Minister's office, prepared after consultation with colleges about standards and processes each had in place to prevent infectious disease. It was observed that the report may not have been written with appropriate context, and that it illustrated a “disconnect” between AHW and the colleges. Council was also referred to an educational document prepared by the Ontario College of Pharmacists to guide pharmacists in preventing infectious disease.

The registrar sought council's direction about the approach they preferred in ensuring that pharmacists practiced appropriately to prevent infectious disease.

Consensus: Council agreed that ACP should:

- Be proactive in reviewing our competence map and standards of practice to identify competencies and standards that are in place to prevent infectious disease occurrence;

- Ensure that monitoring and surveillance processes are implemented to ensure compliance with the standards; and,
- Defer investing in comprehensive educational materials, at least until such time that more is known about the provinces infectious disease strategy.

5.4 ACP Communications Plan (Enclosure)

ACP has engaged Hill & Knowlton (H&K), policy and government affairs consultants, to assist in developing a communications plan. H&K has identified the need to ensure that pharmacists are communicating effectively about new roles that pharmacists are taking on, before ACP considers a public program.

H&K met with ACP's executive committee, and some of RxA's senior administration to discuss key messages. Registrar Eberhart provided council a "draft" matrix of the key messages, as they might be delivered to different stakeholder. Council members were requested to review these and provide comments to Karen Mills prior to October 26, 2007

5.5 International Meeting on Pharmacist Prescribing and Visit to the Royal Pharmaceutical Society of Great Britain – (Refer to Report from Jeff Whissell – June 07)

Council was referred to the report prepared by Jeff Whissell at the conclusion of his meetings with the Royal Pharmaceutical Society of Great Britain (RPSGB). Jeff indicated that this was a very valuable experience, as it brought all of the literature that we have read about health reform in Great Britain into context. RPSGB serves both regulatory and advocacy functions, and has over 38,000 practicing pharmacists on its register. 1200 of these have registered as supplementary prescribers, and only 20 have qualified as independent prescribers. Independent prescribers must be sponsored by a physician; therefore, their practice is substantively controlled. Pharmacists must have practiced for at least two years prior to receiving prescribing privileges.

The Society has updated its Code of Ethics to specifically consider prescribing and it will be launched in July, 2007. The UK does not have an Electronic Health Record.

In conclusion Jeff felt that we in Alberta may be global leaders, and that our model provided much more recognition and authority for the knowledge and skills of pharmacists. He felt that it was important for us to be engaged in global discussions, to not only share our experiences and learning, but also to learn from others.

5.6 Draft Standards for Physician Dispensing

Provided for information

5.7 Response from CARNA About Nurse Prescribing and Nurse Anesthetists

Provided for information

5.8 Letters from AMA Digest

Provided for information

5.9 Letter from College of Physicians & Surgeons to AMA dated September 7, 2007

Provided for information

5.10 Health Law Update re: Patient Information

Provided for information

5.11 Curriculum Committee

James Krempien, ACP's appointee to the Curriculum Committee, reported that the curriculum committee held a one day review of the past year's experiences, largely sharing feedback

between faculty members. He indicated that the curriculum committee now included more student representation, and that the faculty is becoming increasingly aware about the new legislation and new standards of practice. Some course adaptation is beginning; however, not then anticipated, once there is a better understanding about the new knowledge and skills that pharmacists will require in the new practice environment. There remains concern that many pharmacists are not using their current knowledge and skills, and therefore there is some cynicism about further enhancing the knowledge and skills required. Some have questioned whether we are overeducating pharmacists, or are employers not supporting/facilitating the full use and availability of these skills.

6 Evaluation of Meeting

6.1 Self-Evaluation of Council Performance at this Meeting

Council members were asked to submit their written evaluations to the Executive Assistant.

6.2 Summary of May 29, 2007 Council Meeting Evaluations

Provided for information

7 Adjournment

7.1 Next Meeting Dates

7.1.1 General Council Meeting - December 13, 2007

7.1.2 General Council Meeting - April 9, 2008

7.1.3 Meeting AGM Conference-Edmonton - May 23 & 24, 2008

7.1.4 General Council Meeting/Board Development and Planning – Ghost River Crossing-Cochrane, AB - June 11, 12 & 13, 2008

7.2 Closing Remarks - nil

7.3 Adjournment – Council adjourned circa 4:48 p.m. on October 19

MOTION: That this meeting of council be adjourned.
CARRIED