

**MINUTES
COUNCIL MEETING
ALBERTA COLLEGE OF PHARMACY
March 15, 2022
Edmonton, Alberta**

1. Introduction

1.1 Call to Order

President Macek called the meeting of council to order at 8:31 a.m. He recognized the territorial and ancestral lands of indigenous people in Alberta. He welcomed Council Members and ACP administration. President Macek advised Council that Robyn Eeson with KPMG would join the meeting at 11:30 a.m. for presentation of the external financial audit report (EL-4 Financial Condition). Bill Shores and Annabritt Chisholm, with Shores Jardine, LLP, would join the meeting at 1:00 p.m. for the discussion about DRAFT Standards for Patient Care in a Virtual Environment, and Marshall Smith, Chief of Staff for the Associate Minister of Health would join the meeting at 2:30 p.m. for a discussion about mental health and addictions.

President Macek asked Council Members to reflect on governance policy “GP-8 Code of Conduct” and consider any potential conflicts of interest they may need to disclose. No potential conflicts were disclosed.

1.2 Roll Call

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

- District 1 - Peter Macek (President)
- District 2 - Patrick Zachar
- District 3 - Fayaz Rajabali
- District 4 - Stan Dyjur
- District 5 - Shereen Elsayad
- District A - Laura Miskimins
- District B - Dana Lyons (Past-President)
- Public Member - Carmen Wyton (Executive-Member-at-Large)
- Public Member - Aquaeno Ekanem
- Public Member - Deb Manz
- Public Member - Jane Wachowich

Absent

- Public Member - Irene Pfeiffer (President-Elect)
- Public Member - Jason West
- Public Member - Christine Maligec

Also in attendance

- Greg Eberhart - Registrar
- Kaye Moran - Deputy Registrar
- Jeff Whissell - Deputy Registrar
- Rob Vandervelde - Senior Operations and Finance Director
- Leslie Ainslie - Executive Assistant
- Barry Strader - Communications Director

- Robyn Eeson - Partner, KPMG (11:30am-12:00pm)
- Bill Shores - Shores Jardine, LLP (1:05-2:45pm)
- Annabritt Chisholm - Shores Jardine, LLP (1:05-2:45pm)
- Marshall Smith - Chief of Staff, Associate Minister of Addictions and Mental Health (2:45-4:07pm)
- Kenton Puttick - Director, Legislation and Policy Unit, Alberta Health (2:45-4:07pm)
- Coreen Everington - Executive Director, Addictions and Mental Health Branch (2:45-4:07pm)

1.3 Invocation

Councillor Jane Wachowich read the invocation.

1.4 Adoption of the Agenda

1.4.1 Consent Agenda

Council reviewed the Consent Agenda material submitted by the Registrar under Agenda Item 1.4.1.1 and 1.4.1.2.

1.4.1.1 Policy Update

MOTION: to approve the Consent Agenda Policy Update provided by the Registrar.
Moved by **Fayaz Rajabali**/Seconded by **Stan Dyjur**/CARRIED

1.4.1.2 Update Report

MOTION: to accept the Information Update report provided by Registrar Eberhart.
Moved by **Dana Lyons**/Seconded by **Deb Manz**/CARRIED

1.4.2 Additions to the Agenda

MOTION: to adopt the agenda as circulated.
Moved by **Carmen Wyton**/Seconded by **Dana Lyons**/CARRIED

1.5 Minutes from Previous Meetings

1.5.1 Minutes – December 15-17, 2021 Videoconference Meeting

MOTION: to approve minutes of the December 15-17, 2021 council meeting.
Moved by **Jane Wachowich**/Seconded by **Dana Lyons**/CARRIED

1.5.2 Minutes – February 24, 2022 Meeting

MOTION: to approve minutes of the February 24, 2022 council meeting.
Moved by **Laura Miskimins**/Seconded by **Stan Dyjur**/CARRIED

1.5.3 Ratification of February 25, 2022 e-Ballot

MOTION: to ratify the February 25, 2022 e-Ballot approving proposed amendments to the Pharmacy and Drug Regulation.
Moved by **Dana Lyons**/Seconded by **Carmen Wyton**/CARRIED

1.6 Disposition of Directives

The Disposition of Directives was provided for information. President Macek invited questions from Council; however, none arose.

MOTION: to accept the Disposition of Directives as information.
Moved by **Deb Manz**/Seconded by **Shereen Elsayad**/CARRIED

1.7 In Camera - NIL

2. Generative

2.1 NIL

3. Strategic

3.1 Modernizing Legislative Framework - Identification of High-Level Policy Issues

ACP administration has begun to identify “high level” issues that may require policy consideration in pursuit of a modernized and relevant framework for regulating pharmacy practice. Registrar Eberhart presented a matrix of these, correlated with thirteen determinants previously identified by Council as being important to a modernized framework.

It was suggested that point 2 on the accompanying glossary be enhanced to also include “informed technical decisions.” The matrix provided Council insight to the complexity of questions that may be considered when modernizing the legislative framework. Some questions will require more research than others to develop informed policy, the answers to some questions will require broader stakeholder consideration than others, and some will invite greater political sensitivity and will be more or less feasible depending on the government of the day.

Council briefly explored questions related to the following subjects.

Specialization

Council discussed if there is a public and health system value to specialties in pharmacy practice and, what if any opportunities would this provide, and what risks would be present? Nationally, there has never been consensus as to what “specialist” means in the context of pharmacy practice, therefore a framework for competencies, training, and examination has never been established.

Provincial legislation limits the use of the term specialist by registrants and limits the ability of pharmacies to identify as providing specialized services. The *Pharmacy and Drug Act* enables Council to approve the use of the term specialty by pharmacies if they have met one of the following three criteria: (1) certified under the HPA, (2) has unique standards for a specialized service, and (3) if the service provided uses special equipment not used in normal pharmacy practice, then Council can deem the pharmacy as providing special services.

The following are reflections from Council discussions:

- Is this moving towards or supporting better practice?
- Does specialization protect the public?
- Pharmacists and pharmacy technicians are one of the most accessible health care providers. The healthcare system is defined around physicians however many Albertans don't have a general practitioner.
- At one time, pharmacy care was the most accessible; however, the level and quality of pharmacy care is burdened by the continuum of additional responsibilities placed on pharmacists and pharmacy technicians by government. Pharmacy is not the healthcare system.
- Is there a way to have pharmacy services designated as specialists for specific health issues such as “women's health”?
- If the framework does not support specialization, how do we help patients find care from pharmacists that have additional credentials?

- Many pharmacists are trained in travel medicine, Botox, geriatrics, smoking cessation, etc. but do not want to be called a specialist. Council should explore a better way to propagate a pharmacist for their specific niche.
- The concept of specialties is potentially a mine field of risk for the college, registrants, and the public. Who determines the education requirements for each specialty? There are too many professionals practicing independently and sometimes dangerously. Managing specialties would be resource intensive and hard to regulate.

Digitalization of health care

Digitalization supports new ways of collecting using and transmitting information. Other forms of digitalization support faster, cheaper, and more accurate processes. In question, is when it is appropriate to use a new digitalized solution, and how do we know. These questions demonstrate the need to understand “core attributes” of pharmacy standards, that can be applied regardless of technologies used to support the provision of care.

Following are reflections arising from Council discussions:

- The standards need to clearly state that the core of providing quality pharmacy care is through a pharmacist’s assessment of the patient regardless of how that pharmacy care is being delivered.
- Many patients see drug distribution as the core of pharmacy service. Need to go hand-in-hand with clinical services.
- Is there a way to inform and manage expectations of the public?
- Standards need to clearly state and guide pharmacists about providing care through informed clinical and technical decisions.
- Council needs further exploration and strategic discussions about:
 - What are the core standards that govern pharmacy practice?
 - What is pharmacy practice?
 - What are the core standards that would transcend all pharmacy practice, and do these support the needs of the public?
- Protecting patient autonomy is critical, and the foundation to public safety and a safe drug distribution system.
- What are the universities and colleges teaching pharmacists and pharmacy technicians? How can ACP enable and provide guidance?
- Require further exploration on the difference between a specialist and an expert.

ACP administration will reflect on Council’s introductory discussion on these themes and will seek additional opportunity at future meetings to consider the criteria and principles to move the path forward.

3.2 DRAFT Standards of Practice for Virtual Care

Through our experiences with COVID, virtual care has a place in pharmacy practice. However, how it is accommodated is critical to patients, our communities, and regulated members who contribute to their care. Standards must consider the importance of pharmacist/patient relationships, the importance of individual practitioners having autonomy to make decisions about how to best care for individual patients, the rights of patients to choose their pharmacy team, and the broad policy considerations that are important to the health system and our communities as a whole. This includes the ability to access pharmacies for public health, self-care, and prescription drug therapy.

Council reviewed proposed DRAFT Standards of Practice for Virtual Care for the purpose of approving them for consultation with registrants and stakeholders. ACP legal counsel Bill Shores and Annabritt Chisholm, with Shores Jardine LLP, joined the discussion. Council approved the standards for the purpose of consultation subject to the following additional amendments:

- definition of restricted activity – include reference to s21 of Pharmacists and Pharmacy Technicians Profession Regulation;
- s10 – add clause to include requirement that regulated member must ensure that the patient is aware how they may contact the regulated member to follow up;
- s13 – place a period after “encounter”, and delete the last portion of the original draft statement;
- s21(ii) – amend to read “other factors that may affect the validity of the result from the device or test, including device miscalibration...”;
- insert a new section 22, complementary to s20, however addressing pharmacy technician services;
- make consequential numbering amendments.

MOTION: to approve upon amendment, the DRAFT Standards of Practice for Virtual Care for the purpose of consultation with registrants and stakeholders.

Moved by **Fayaz Rajabali**/Seconded by **Dana Lyons**/CARRIED

3.3 Engagement with Marshall Smith - Chief of Staff, Associate Minister of Mental Health and Addictions (Closed Meeting)

Council was joined by Marshall Smith, Chief of Staff to the Associate Minister of Mental Health and Addictions, Kenton Puttick, Director, Legislation and Policy Unit, Alberta Health and Coreen Everington, Executive Director Addictions and Mental Health Branch, for a round-table discussion about emerging policies being considered to support the government’s addiction response and for supporting the mental health of Albertans. This engagement provided opportunity for the Ministry to seek ACP’s feedback about proposed policies to support access to safe drugs, use of high potency opiates for opiate agonist therapy, and the use of psychedelics in treating certain forms of mental health. The government supports the use of high potency opiates as an alternative treatment for some individuals; however, is pursuing a policy that will provide controlled access to mitigate broader scale societal risk. The government does not support “open access” policies that are being trialed in British Columbia. Council expressed concern that solutions being considered may not appropriately balance harm reduction and treatment strategies.

There is emerging literature about the use of “psychedelics” as an alternative to treat some forms of mental illness. These drugs are yet to be licensed for these purposes. The Ministry is pursuing policy to manage access to, and the use of these substances should they become licensed.

4. Fiduciary

4.1. Governance Policy Monitoring and Reports

4.1.1 Executive Limitations Policies (EL)

Reports from the Registrar were provided for the following Executive Limitation policies.

4.1.1.1 EL-4 Financial Condition, Internal

Internal Financial Statements and Variances for the year ending December 31, 2021, were submitted for Council’s approval.

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

Moved by **Laura Miskimins**/Seconded by **Deb Manz**/CARRIED

4.1.1.2 EL-4 Financial Condition – External Review – Closed Meeting

The Registrar and members of the administrative team excused themselves from the meeting during the review and deliberation about the policy. Robyn Eeson from KPMG presented the external financial report for the year ending December 31, 2021 and responded to questions from Council.

MOTION: to accept the external audited financial report for the fiscal year ending December 31, 2021 subject to the outstanding bank clarification.

Moved by **Laura Miskimins**/Seconded by **Aquaeno Ekanem**/CARRIED

4.2 DRAFT Submission to the Minister of Health - Divesting Advocacy Roles

In December 2020, the *Health Statutes Amendment Act 2020* (Bill 46) received Royal Assent. The *Act* includes several amendments to the *Health Professions Act* (HPA) including provisions that require regulatory colleges to cease functioning as professional associations and to divest themselves of any professional association functions they currently perform. On October 1st, 2021, the Lieutenant Governor in Council proclaimed portions of the *Health Statutes Amendment Act, 2020* in force, with other portions to come into force on April 1, 2023. The portions proclaimed on October 1st, required that all colleges governing health professions must submit a report to the Minister of Health prior to April 1, 2022; summarizing their review of current programs and advising how the college will dissociate itself from any association activities that may reflect potential conflict.

Registrar Eberhart submitted a draft response for Council’s review and direction. It was based on review of ACP’s bylaws, policies and operations. Council found the report to be a balanced and professional approach to framing the regulatory responsibilities of the college while focusing on its core mandate to protect the public. Council directed the Registrar to forward the report to the Minister of Health.

4.3 Mandatory Vaccination of Council Members

In December 2021, Council approved in principle a resolution that would require all Council Members to be fully vaccinated for COVID-19 and requested that Registrar Eberhart develop policies and procedures for operationalizing the policy for further review and approval. To accommodate this, Registrar Eberhart introduced proposed amendments to governance policy GP-8 Code of Conduct.

Upon further reflection, Council reconsidered the merits of such a policy at a time when the landscape is shifting so quickly and reached consensus that due to the current COVID state in Alberta and lifting of the provincial COVID-19 restrictions, this was not the time to move forward with a COVID-19 mandatory vaccination policy for council members. Rather, they directed the Executive Committee to consider a review of the current governance policies to ensure that policy existed to ensure readiness in states of emergency. Council was reminded that an Emergency Readiness Bylaw had been previously approved.

MOTION: that the recommended GP-8 policy changes be suspended and to refer this matter to the Executive Committee for review and analysis of alternative policy or bylaw direction.

Moved by **Carmen Wyton**/Seconded by **Deb Manz**/CARRIED

4.4 Bylaw Amendments

Council approved the following proposed amendments to the bylaws for the purpose of consultation resulting from amendments to the *Pharmacy and Drug Act*, the Pharmacy and Drug Regulation (pending), and the *Health Professions Act*.

- *Pharmacy and Drug Act* and Pharmacy and Drug Regulation (pending)
 - The amendments move authority for “identifying field officers” from the regulations to the bylaws. Subject to approval, the amended bylaw will replace the current regulation, and will come into effect upon proclamation of the amendments to the *Act*. The amendment does not change current requirements.
- *Health Professions Act*
 - Amendments to the *Health Professions Act* came into effect April 1, 2021 that required changes to the structure of the council. ACP amended the bylaws to accommodate the new requirements, and now requires further amendment to repeal the transitional clauses. These amendments will result in no changes to the policies of the existing bylaws, and the proposed changes will come into effect upon approval of Council at the June 2022 meeting.

MOTION: to approve the bylaws for the purpose of a 60-day consultation with registrants.
Moved by **Fayaz Rajabali**/Seconded by **Dana Lyons**/CARRIED

4.5 Reports from Hearing Tribunals

4.5.1 Amanda Mosur – Registration Number 8655

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

4.5.2 Anamaria Muresan – Registration Number 7622

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

4.5.3 Ahmed Abuel Shouhoud – Registration Number 11214

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

MOTION: to accept the reports from the Hearing Tribunals as information.
Moved by **Fayaz Rajabali**/Seconded by **Patrick Zachar**/CARRIED

4.6 Reflections from Board Development

Council valued the opportunity for shared discussion at the in-person December 2021 board development session. Reflections shared by Council Members included:

- This enabled Council Members to get a common perspective about how we develop policy and bring it to action.
- The discussions brought clarity about the oversight and fiduciary roles of Council.
- Council reflected on the importance of trust, and how vital trust is in order for healthy debate and discussions to flourish, not just around the council table, but with our registrants and stakeholders.
- It was suggested that Council always approach its business with a curiosity; while having the discipline to step back and approach each discussion and decision inquiring into “why” certain views are held. Council agreed that further board development focused on

“unconscious bias” can only increase that trust and bring awareness of how or if unconscious bias plays a role in Council’s decision making.

- There was value in the social connection of this experience, which provided better understanding about the council agenda and how it is created.
 - This brought light to the importance of generative discussions, so that the deliberations of Council can be better for all Albertans.

5. Evaluation of Meeting

5.1 Meeting Evaluation - For Discussion

President Macek asked Council to consider the following questions as they reflected on their personal and collective performance during this meeting:

- Did I have the information required and how prepared was I to contribute to discussion about each agenda item?
- How effective was I in participating in the meeting deliberations? Did I seek to understand others, or did I state and take positions on issues?
- How effective was Council in focusing on governance vs administrative issues?
- How effective was Council in focusing on the impact of pharmacy services on Albertans?
- Relatively speaking, was most of our discussion focused with the future in mind?

Council shared the following observations and comments:

- President Macek expressed his gratitude for the feedback from the last meeting evaluation. He took the comments to heart and chaired the meeting with the intention to create space for conversations to move and flow.
- The meeting went well, with a good focus and deeper dive on the significant issues of virtual care and a modernized regulatory framework. President Macek and Registrar Eberhart will rework the council agendas to allow time for richer discussions over the course of several council meetings.
- Council appreciated the opportunity to engage with government however, struggled with certain comments about the opioid crisis facing many Albertans. What does the government really want from pharmacy to support their initiatives? Pharmacy has a role in managing opioid care supported through ACP’s OAT guidelines and other tools.
- Council appreciated the diversity of views around the table and insights from the public members.
- Council thanked ACP administration for their support.

6. Adjournment

6.1 Forthcoming Events and Council Meeting Dates

- May 5 - Council Meeting (am), Videoconference Meeting
- June 7-8 - Council Meeting, In-person, Calgary
- June 8 - Celebration of Leadership and Installation of President, Calgary
- June 8-10 - ACP Leadership Forum, Calgary
- September 28-30 - Board Development and Council Meeting, Banff

6.2 Adjournment

MOTION: to adjourn the business meeting of council at circa 4:35 p.m. on March 15, 2022.

Moved by **Deb Manz**