

MINUTES
Council Meeting
ALBERTA COLLEGE OF PHARMACISTS
June 11-12, 2018
Calgary, Alberta

1. Introduction

1.1 Call to Order

President Couldwell called the meeting to order at 8:00 a.m. He welcomed Public Member Christine Maligec, and APSA Representative Kristen Farrell to Council. He acknowledged and welcomed newly elected council members attending as observers prior to the start of their council term on July 1, 2018.

The business meeting of Council was held over two days. On Monday, June 11, the meeting was called to order at 8:00 a.m. and adjourned at 5:15 p.m. On Tuesday, June 12, the business meeting of Council reconvened at 8:00 a.m. and adjourned at 3:00 p.m. Upon adjournment, the Executive Committee joined 18 aspiring leaders attending ACP's 5th Annual Leadership Forum. Council reconvened to attend the Celebration of Leadership and Installation of the President reception from 5:00 -8:00 pm.

1.2 Roll Call

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

- District 1 - Brad Willsey
- District 2 - Peter Eshenko
- District 3 - Rick Hackman
- District 3 - Fayaz Rajabali
- District 4 - Stan Dyjur (President Elect)
- District 5 - Brad Couldwell (President)
- District 5 - Kamal Dullat (Executive Member at Large)
- District A - Kelly Boparai
- District B - Dana Lyons
- Public Member - Al Evans
- Public Member - Christine Maligec (June 11)
- Public Member - Irene Pfeiffer

Non-Voting

- District 3 - Taciana Pereira (Past President)
- Kristen Farrell – Student Representative, Faculty of Pharmacy and Pharmaceutical Sciences

Absent with Regret

- Neal Davies – Dean, Faculty of Pharmacy and Pharmaceutical Sciences

Also in attendance:

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

- Incoming Councillors: Craig MacAlpine, District 3 Edmonton, Don Ridley-District B Southern Alberta, Peter Macek-District 1 Northern Alberta (June 11), Judi Parrott-District 5 Calgary (June 12)
- Panel Discussion June 12 via Skype – Melissa Sheldrick (Family Member), Andrew Neuner (CEO, HQCA), Krista Trider (Nova Scotia Pharmacist), Dawn Gheysen (Saskatchewan Pharmacist)
- Shao Lee-Professional Practice Director (June 12)
- Practice Consultants: Jennifer Mosher, Kerri O’Kane (June 12)

1.3 Invocation

Taciana Pereira read the invocation.

1.4 Adoption of the Agenda

1.4.1 Consent Agenda

MOTION: to approve the Consent Agenda report presented by Registrar Eberhart.
Moved by **Rick Hackman**/Seconded **Al Evans**/CARRIED

MOTION: to adopt the agenda as circulated to Council.
MOVED by **Irene Pfeiffer**/Seconded by **Peter Eshenko**/CARRIED

1.5 Minutes from Previous Meetings

1.5.1 Minutes – March 1-2, 2018 Council Meeting

MOTION: to adopt minutes of the March 1-2, 2018 council meeting as presented.
Moved by **Kamal Dullat**/Seconded by **Dana Lyons**/CARRIED

1.5.2 Minutes – April 9, 2018 Teleconference Meeting of Council

MOTION: to adopt minutes of the April 9, 2018 teleconference meeting of Council.
Moved by **Kelly Boparai**/Seconded by **Al Evans**/CARRIED

1.5.3 Minutes – May 24, 2018 Teleconference Meeting of Council

MOTION: to adopt minutes of the May 24, 2018 teleconference meeting of Council upon amendment to Agenda Item 4 correcting a typo by replacing “presiding” with “president” in the sentence “*The honour will be awarded to George on June 12, 2018 at ACP’s Celebration of Leadership, when Council installs the new president, Stan Dyjur*”
Moved by **Fayaz Rajabali**/Seconded by **Peter Eshenko**/CARRIED

1.6 Disposition of Directives

The Disposition of Directives was provided for information. President Couldwell invited questions; however, none arose. Registrar Eberhart provided an update on outstanding Directives from February 2015 – March 2018, seeking Council approval to rescind the outstanding Directives as presented.

MOTION: to accept the Disposition of Directives as information.
Moved by **Stan Dyjur**/Seconded by **Kamal Dullat**/CARRIED

MOTION: to accept the recommendation to rescind the remaining outstanding Directives from February 2015 - March 2018.
Moved by **Kelly Boparai**/Seconded by **Rick Hackman**/CARRIED

1.7 In Camera

1.7.1 CR-5 Review of Registrar's Performance

MOTION: that Council move "In Camera" at 11:25 a.m.

Moved by **Christine Maligec**/Seconded by **Brad Willsey**/CARRIED

Council reviewed the performance of the Registrar during the past year in context with policy CR-5 Monitoring Registrar Performance. The Registrar and other members of the administrative team excused themselves from the meeting during the review and deliberation about the policy. President Couldwell invited Past-president Taciana to participate in the discussion, despite her non-voting status.

MOTION: that Council move "Out of Camera" at 11:50 a.m.

Moved by **Brad Willsey**/Seconded by **Stan Dyjur**/CARRIED

MOTION: that Council is in compliance with CR-5 Monitoring Registrar Performance

Moved by **Christine Maligec**/Seconded by **Rick Hackman**/CARRIED

President Couldwell will meet with Registrar Eberhart to discuss and present a written synopsis of Council's discussion and assessment.

2. Generative

2.1 Generative Discussion - None

3. Strategic

3.1 Ownership Linkage -Engagement with Albertans since Last Meeting

The following issues were introduced and discussed during this forum:

- More physicians are referring patients to pharmacies for strep testing. This is positive for the patient however can be disruptive.
- Public expectations of pharmacists, while shifting, remain inconsistent as a result of differing experiences.
- It was suggested that ACP should consider a discussion about prescribing with registrants, stressing that prescribing is about both assessing, and if appropriate, getting patients off certain medications. "Framing" the role of pharmacists when prescribing is critical to the public and to the image of the profession.
- Concern is growing about pharmacy's ability to accommodate the anticipated increased demand for influenza immunizations resulting from changes in public policy.
- There remain to be many outstanding questions and concerns about the legalization of cannabis.
- ACP needs to continue its communication with Alberta Health and its efforts to meet with the Minister.

3.2 DRAFT Guidance Document – Compounding Non-Sterile Preparations

At the March 2018 council meeting, Council directed that the guidance document supporting the Standards for Pharmacy Compounding of Non-Sterile Preparations be updated taking into consideration amendments to the standards approved at the meeting, feedback received through the consultation, and adapting this to an ACP, rather than a NAPRA (National Association of Pharmacy Regulatory Authorities) context. During their development NAPRA conducted extensive consultation with experts and stakeholders. The standards and guidance are informed significantly by the requirements of United States Pharmacopeia. ACP conducted a 60-day consultation on the standards and guidance. All feedback was thoroughly assessed by ACP and where appropriate, changes have been incorporated into the guidance to adapt them to the Alberta context.

MOTION: to approve the guidance document that supports the Standards for Pharmacy Compounding of Non-Sterile Preparations.

Moved by **Kamal Dullat**/Seconded by **Dana Lyons**/CARRIED

3.3 Cannabis

Council continued its discussions about the legalization of Cannabis, with a focus on Cannabis for Medical Use. Council has already approved statements about the role of pharmacists and pharmacy technicians with respect to recreational and medical Cannabis however since last discussing the issue, new issues have arose inviting the need for additional guidance. Council approved the following principles to guide the development of standards and/or guidance for pharmacists, pharmacy technicians, licensees, and pharmacy owners about:

- Professional practice and advising about Cannabis for Medical Use;
- Advertising and promoting Cannabis for Medical Use;
- Collaborative practices and referrals for Cannabis for Medical Use; and
- Relationships with Cannabis producers and mitigating conflict of interest.

Principles

Pharmacists and pharmacy technicians educate themselves about Cannabis, its use and its risks through objective, evidence informed sources. Pharmacists and pharmacy technicians seek objective information and learning opportunities and do not solely rely on sources that are affiliated with, sponsored by, or reimbursed by Licensed Producers or distributors of Cannabis (or third parties affiliated with them). Pharmacists and pharmacy technicians do not associate or affiliate themselves in any way with retail outlets that promote, store, or sell Cannabis for recreational use.

1. Pharmacists and pharmacy technicians educate patients and the public about risks associated with Cannabis use; and particularly about use by individuals younger than 25 years of age.
2. Pharmacists and pharmacy technicians do not recommend or promote the use of smokable or inhaled Cannabis.
3. Pharmacists establish professional relationships with patients, and are involved in their continuing care, prior to recommending the use of Cannabis for medical purposes.
4. Pharmacist care is patient centred, unbiased, and avoids stigma. Advice about Cannabis for medical use respects the beliefs of the patient and is

- provided in compliance with the regulatory framework of the college, and practice guidelines recognized by the college.
5. Pharmacist advice is guided by the “Simplified Guidelines for Prescribing Medical Cannabinoids in Primary Care” published by the Canadian College of Family Physicians; or any other provincially accepted guideline recognized by Council.
 6. Subject to compliance with other principles, pharmacists collaborate with other members of the patient’s health team to determine if, and when, to refer patients to a physician or nurse practitioner for further assessment and consideration of Cannabis for medical use.
 7. Information provided by pharmacists, pharmacy technicians and pharmacy owners about Cannabis for medical use is lawful, accurate, objective, and not affiliated directly or indirectly with a licensed producer, distributor, or third party thereof.
 8. Information promoting the use of Cannabis is not displayed or posted in a pharmacy; including the dispensary, professional products department, or areas where other health products are stored.
 9. Signage about Cannabis or services related to Cannabis for medical use has no greater presence, and is of no greater size, than that for any other product or service offered by the pharmacy.
 10. Pharmacists, pharmacy technicians, and pharmacy owners retain their objectivity and mitigate potential conflict of interest, by not recommending any specific/preferred licensed producers or distributors of Cannabis for medical use.
 11. Pharmacists, pharmacy technicians, and pharmacy owners do not solicit or accept any reimbursement, remuneration, or reward from licensed dealers or distributors of Cannabis for medical use; or any third parties associated with them.
 12. Pharmacists, pharmacy technicians, and pharmacy owners do not accept sponsorship from, and do not promote a licensed dealer or distributor of Cannabis for Medical Use.

Council supported the principles as a foundation for developing guidance and/or standards as appropriate. The limitation of the principles is that they cannot anticipate what authorities will be granted pharmacists and pharmacy technicians under the new regulations. Registrar Eberhart will seek legal counsel and will consider the guidance document from the College of Family Physicians of Canada in the development of the guidance document. Council will continue its review and deliberations at the October meeting.

3.4 Requirements for IPG Admission to Provisional Pharmacy Technician Register

At its March meeting, Council approved a policy that all International Pharmacist Graduates (IPG’s) must satisfactorily complete Part 1 (MCQ) of the PEBC Qualifying Exam prior to registering on ACP’s provisional register. A complementary policy was proposed that will require International Pharmacy Technician candidates to complete Part 1 (MCQ) of the PEBC Qualifying Examination for Pharmacy Technicians, prior to being admitted to ACP’s Provisional Pharmacy Technician Register.

MOTION: that International Pharmacy Technician candidates be required to complete Part 1 (MCQ) of the PEBC Qualifying Examination for Pharmacy Technicians prior to being admitted to ACP's provisional pharmacy technician register.

Moved by **Brad Willsey**/Seconded by **Rick Hackman**/CARRIED

3.5 Panel Discussion – Reporting Errors to Support Quality Improvement

ACP requires that pharmacy licensees maintain a pharmacy specific system for recording medication incidents and has developed tools to proactively support system review, identify potential sources of error, and to support evaluation when error has occurred. Meanwhile, five Canadian provinces have either implemented, are piloting, or have adopted a policy requiring anonymized central reporting of medication incidents to support quality improvement in pharmacy practice.

A panel discussion was organized with Council to explore the merits of mandatory reporting to support quality improvement. Speaking on the panel were Melissa Sheldrick, a mother whose child was fatally injured by a medication error, Andrew Neuner, CEO of the Health Quality Council of Alberta, and community pharmacists Krista Trider from Nova Scotia and Dawn Gheysen from Saskatchewan, who shared their experiences when their provinces implemented mandatory reporting of medication errors.

Some of the important insights shared by panelists follow:

- Central reporting is important so that better analysis and feedback can occur.
 - Reporting needs to be anonymous, and processes need to be non-judgmental and non-punitive.
 - More data exposes more gaps and more valuable insights for improvement:
 - Human factors are part of errors,
 - Focus should not be on specific incidents, but rather patient safety,
 - Don't focus on incidents in isolation.
 - Analysis can support prevention of near misses and support change.
- The outputs and feedback from central reporting are foundational to learning and action.
- System improvement is critical to protect from human error:
 - If incident occurs, review system first, and only address humans if systems are not followed.
- Teams on the front-line need to be supported to deal with the health and safety of those in their care.
- How do we use leadership to change culture?
 - Accountability needs to be reframed to focus on learning and improvement.
 - Shift culture from reporting and learning to awareness, improvement, and performance.
 - Leaders need to reengage with what's happening at the front line.
 - Language is important to cultural change; appropriate framing of purpose is critical.
 - Success does not arise by being mandated by the college, but rather through change in beliefs.

- Every team needs a patient safety champion.
 - The champion does not need to be a pharmacy owner or licensee.
- Good patient relationships contribute to decreased errors.
- Processes need to include patients.
- The time for data entry is a myth and should not be an impediment to pursuing this.
- Start small and build incrementally.
- Celebrate success.

Council concluded that there was merit in systemic reporting of prescribing and dispensing errors to support quality improvement provided that:

- it was discrete and respected principles of privacy and confidentiality,
- reporting procedures were implemented in a manner to not unduly interrupt workflow, and
- reports were provided to practitioners to support them in personally improving their practices.

Direction was provided by Council to further explore solutions that support these critical success factors and to develop a plan for implementation in the future.

3.6 Guidance for the Use of Manufacturers Coupons in Pharmacy Practice

Over the past two years, Council has studied and debated the use of coupons by pharmaceutical manufacturers to promote their products. Council recognizes that manufacturers sponsor or provide coupons, often brokered through third parties, to facilitate payment for drugs. Initially, these practices were introduced as an alternative to “drug sampling”. Providing manufacturers coupons may be a better alternative to sampling because it is cheaper, supports the integrity of the drug supply chain, causes less waste, and facilitates maintenance of complete dispensing records. The pharmaceutical industry has expanded the use of coupons to support patient choice/preference for their products (when third party providers will not provide coverage), and to provide access to drugs for compassionate reasons.

It has generally been accepted that manufacturers coupons have been normalized, and that it is acceptable for pharmacists to receive them, however, concern still exists as to whether it is appropriate for pharmacy team members to distribute them. When considering the broad scope of pharmacist practice in Alberta, Council requested that Registrar Eberhart consult with legal counsel to develop a principle-based approach to guiding pharmacy team members in this regard.

Council was provided a guidance document for their consideration. The guidelines include considerations that pharmacists and pharmacy technicians should make when determining whether to include pharmaceutical manufacturers coupons in their practices. The guidelines are not new to the profession; they are based on compliance with professional responsibilities already addressed in the Code of Ethics and Standards of Practice for Pharmacists and Pharmacy Technicians.

Council determined that it is reasonable for a pharmacist or pharmacy technician to accept a manufacturer’s coupon from a patient; however, it is not acceptable for a pharmacist or pharmacy technician to provide a manufacturer’s coupon; except in

extraordinary circumstances for compassionate reasons only. The guiding principles for a regulated member to accept manufacturers coupons are:

- A regulated member may accept manufacturer's coupons, subject to applying the following principles; and,
- A regulated member must not provide manufacturer's coupons to persons to obtain drug products or services, except in extraordinary circumstances for compassionate reasons.

Compliance with the following general principles will assist pharmacists and pharmacy technicians to make decisions in compliance with ACP's Code of Ethics and Standards of Practice for Pharmacists and Pharmacy Technicians.

General Principles

Be person and family centered, rather than drug focused

Pharmacy care is person and family centered:

- Pharmacists and pharmacy technicians' primary consideration is the well-being of every person they serve. Personal benefit must not conflict with this ethical responsibility.
- Pharmacist and pharmacy technician services respond to the health needs of persons, taking into consideration their personal abilities, limitations, values and preferences.
- Pharmacists assess personal needs at every encounter, taking into consideration their health goals, health status, risks and treatment alternatives.

Duty to Act in the Best Interest of Persons, Freedom from Bias and Conflict of Interest

Pharmacists and pharmacy technicians make evidence informed decisions, that are determined to be in the best interest of the individuals in their care and must not place their personal benefit or interest before that:

- Patient care decisions are evidence informed, objective, and free of bias.
 - Pharmacists and pharmacy technicians do not enter relationships with suppliers of drugs, medical devices, or other products that provide direct or indirect personal financial benefit and that may impact the objectivity of decisions or care that they provide individuals.

Ensure privacy of personal health information

Pharmacists and pharmacy technicians ensure the privacy of personal health information of persons in their care

- Persons are informed by their pharmacist or pharmacy technician about the information that is collected, what it will be used for, and if it is to be disclosed, to who and for what reason.
 - When accepting (or in exceptional circumstances providing) a manufacturer's coupon, pharmacists and pharmacy technicians advise persons about what personal health information will be disclosed to the manufacturer or broker from whom reimbursement for the coupon will be received.

- Pharmacists and pharmacy technicians receive consent from individuals prior to disclosing any personal health information to a manufacturer, their coupon broker, or any affiliate thereof.
- When agreeing with a manufacturer, their broker, or any affiliate thereof, to accept coupons for their products and/or services associated with them, pharmacists and pharmacy technicians seek written confirmation of the manufacturer's, their broker's, or their affiliates privacy policies and privacy impact assessments; to mitigate risk associated with disclosure, transmission, and use of individual's personal health information.

Drug use decisions should be evidence informed

Pharmacists and pharmacy technicians make informed decisions to ensure each person's right to appropriate healthcare.

- Treatment alternatives may include lifestyle changes and/or drug or non-drug alternatives.
- Treatment recommendations and/or decisions are evidence informed; based on approved indications, or evidence that has been published in peer reviewed journals.

Access to Drug Therapy and Care

Pharmacists consider alternatives to support persons access to, and continuity of drug therapy and care. The relative costs of treatment are a complementary consideration to evidence informed clinical decisions. Where cost, or the ability to pay is an impediment to access, pharmacists work with persons and other members of their health team to assess the cost/benefits of alternative drug treatment and care.

Principle for Providing Manufacturer's Coupons for Compassionate Reasons

- The provision of a manufacturer's coupon by a pharmacist or a pharmacy technician to a person to acquire a drug product at their pharmacy is an inducement. A pharmacist or pharmacy technician must not provide a manufacturer's coupon to a person, except in extraordinary circumstances for compassionate reasons.
- Compassionate reasons are based on the circumstances of the person; and, will support the treatment of the person.

Council asked Registrar Eberhart to develop guidelines that define "compassionate grounds" to guide pharmacists and pharmacy technicians when using manufacturers coupons, or when providing any treatment where the indicators support services based on exceptional circumstances and/or for compassionate grounds.

MOTION: to approve the principles for accepting manufacturers coupons; and for not providing coupons except in extraordinary circumstances, for compassionate reasons.

Moved by **Stan Dyjur**/Seconded by **Fayaz Rajabali**/CARRIED

4. Fiduciary

4.1 ENDS and Executive Limitation Amendments

4.1.1 Policy E (Mega-End) – 2017 Annual Report

The Annual Report reflects the business undertaken by the College in 2017, and summarizes its achievements including the reporting required through the *Health Professions Act* and Policy E, the Mega-End policy of Council. Council reviewed the annual report and observed that the content was excellent, however Council requested minor amendments highlighting the cornerstone of the profession by replacing “medication review” with “assessment” or “care plan”; and noted they would like to see more pharmacy technician “stories” in future reports. Council considered ways that they can contribute to socializing the report. ACP’s Communication Director, Barry Strader will provide key messages and a link for Council to use when engaging with the public. The 2017 Annual Report will be tabled in the Legislature by the Honourable Sarah Hoffman, Minister of Health.

MOTION: to approve the 2017 Annual Report upon amendment; and proceed with its publication.

Moved by **Kamal Dullat**/Seconded by **Dana Lyons**/CARRIED

4.1.2 Policy E-2 (Resource Allocation) – Priorities for 2019

Registrar Eberhart provided Council with an update on business plan development; identifying potential priorities for 2019, critical success factors, and risks that could impact the plan. He provided Council with a status update on priorities for 2018.

Update on 2018 Priorities

- *Pilot pharmacy licensee education program:*
 - Development of the framework for the program for new licensees has been completed. ACP has begun discussions with the Alberta Pharmacists’ Association (RxA) to determine their interest and ability to develop and deliver the program. Delay in the deployment of our new IT solution (Merlin), may preclude our ability to fulfill our vision for the first version of this program. Meetings are planned to review all options, to get a first version of this program delivered as quickly as possible.
- *Develop, approve, and implement Version 1 of Standards for Using Point of Care Testing (POCT) in Pharmacy Practice:*
 - Goal is to approve standards and guidelines in 2018.
- *Approve new standards for Compounding Non-Sterile Preparations, establish dates for all compounding standards to fully come into effect, and affirm monitoring and inspection processes to support quality assurance of these:*
 - Standards are approved. Guidance document for non-sterile compounding will be considered for approval at this meeting.
 - Pharmacies providing sterile compounding services are to meet priority 1 requirements by July 1, 2018, and priority 2 requirements come into effect in January 1, 2019.
 - Affirm monitoring and evaluation processes; and complement Pharmacy Practice Consultants with qualified personnel to complete sterile compounding assessments required for priority 2 (January 1, 2019).

- *Develop DRAFT “tenets for professionalism” and engage in discussion with registrants, stakeholders, and the public:*
 - The model for professionalism to be approved by council in October.
 - Professionalism has been adopted as a priority by CPSA and CARNA and adopted as 1 of 5 strategic priorities by NAPRA.
- *Pilot a “practice improvement” component to our Competence Program to facilitate improvement required by individuals identified by the Competence Committee:*
 - Council approved:
 - policies for the SPT program to enhance oversight, experience and evaluation,
 - new rules addressing the currency of PEBC requirements and the need for IPG’s to complete the PEBC MCQ evaluation prior to entering provisional register.
 - Administration has begun discussion to identify other possible levers to better prepare and determine the readiness of IPG’s to successfully practice in Alberta.
- *Implement Merlin to accommodate pharmacy technician renewal for January 2019:*
 - Most of the registration, complaints, and finance modules is complete.
 - Licensure, professional practice, competence and the service portal modules are in development.
 - Most of the integrations are complete.
 - Reporting is early in development.
- *Negotiate, plan, and facilitate expansion to larger office space to accommodate administrative needs:*
 - Amended lease agreement with Westcorp has been promulgated, to come into effect July 1, 2019.

Council was referred to the enclosure with the agenda, identifying DRAFT priorities for 2019. Approval in principle was sought, to support development of the DRAFT business plan and budget for 2019. A final version of these will be considered at the next council meeting.

When considering these, Council cautioned about the ability to deliver on all of them, and whether ACP had the capacity to achieve them. Registrar Eberhart advised that the plan was aggressive and would test our capacity, and certainly would be impacted by any unexpected external policies/issues that arise.

MOTION: to accept the proposed priorities for 2019 to support development of the business plan and 2019 budget.

Moved by **Christine Maligec**/Seconded by **Rick Hackman**/CARRIED

4.2 Compliance Monitoring and Reports

4.2.1 Executive Limitations – Compliance Reports

Reports from the Registrar were provided for the following Executive Limitation policies. Where external reporting was required, presentations were made by external experts. The Registrar and other members of the administrative team excused themselves from the presentation and deliberation about the audited financial statements.

4.2.1.1 EL-4 Financial Condition – External Review

Council reviewed the audited financial report from ACP's external auditors KPMG, for the year ending December 31, 2017. Robyn Eeson from KPMG, presented the external financial report to Council, and responded to questions from Council Members.

MOTION: to approve the external audited financial report for the fiscal year ending December 31, 2017.

Moved by **Al Evans**/Seconded by **Kelly Boparai**/CARRIED

4.2.1.2 EL-4 Financial Condition – Internal

Council received internal Financial Statements and Statement of Variances for the month ending March 31, 2018.

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

Moved by **Kamal Dullat**/Seconded by **Rick Hackman**/CARRIED

4.2.1.3 EL-11 Emergency Executive

MOTION: that the Registrar's compliance report on EL-11 Emergency Executive be approved.

Moved by **Al Evans**/Seconded by **Brad Willsey**/CARRIED

4.2.1.4 EL-7 Interactions with Registrants, EL-12 Public Image, EL-14 Partnerships and Stakeholder Relationships

ACP has historically conducted surveys of registrants, stakeholders, and the public, on a rotating three-year cycle. Following the last survey (with registrants) in 2016, ACP strategically decided to gather feedback on a tri-annual basis from all three groups at the same time. ACP engaged Advanis Inc. to conduct a quantitative and qualitative study of the public, registrants and stakeholders in the spring of 2018. This information and culminating feedback provides insight to support future planning and, in some cases, it will provide data to be incorporated into Council's governance matrix. A combination of quantitative (survey) and qualitative (focus groups and individual interviews) methods were used to gather stakeholder insights. Lori Reiser from Advanis presented a summary of the key findings from the survey and focus groups.

The objectives of the survey and engagement with focus groups were to:

- Gain intelligence on the experiences of key audiences about pharmacy practice and the ACP (including trending where applicable);
- Understand the relative satisfaction vs. the expectations of key audiences with respect to pharmacy practice and the ACP (including trending where applicable);
- Define the needs and priorities of each key audience with respect to pharmacy practice and the ACP (including alignment on ACP's mandate relative to other pharmacy or health stakeholders in the province);

- Assess perspective on emerging issues. In 2018 emerging issues included opioids, medical assistance in dying, and cannabis legalization; and,
- Collect perceptions about patient centered pharmacy practices.

The following findings are excerpts from the report:

Expectations of Pharmacists (Roles)

There is a high degree of alignment among registrants, stakeholders, and the public that pharmacists should:

- educate and support patients about the proper use of medication,
- administer immunizations (although less agreement about other injectable medicines),
- inquire about current health status, and
- gather patient health history.

Registrants and stakeholders are less likely to believe that pharmacists should initiate drug treatments or promote healthy lifestyle, compared to other roles that a pharmacist could fulfill. The public is less likely to believe that pharmacists should collaborate with all members of a patient's health care team, adjust drug therapies based on active monitoring, or to engage in discussion about future health goals.

Importance of Roles to Person Centred Care

Stakeholders and registrants largely agree on which aspects of a pharmacy professional's role are very important to client care – with education on medicine use, inquiring about current health conditions, monitoring response and collaboration with members of the patient's health care team being most important. Stakeholders place a higher value on collaboration (84% rate this s very important, vs. 74% of registrants), and on immunizations (66% vs. 56%), while registrants place higher importance on initiation of drug treatments (58% very important).

Albertans feel that the most important roles for pharmacists are:

- Provide information on how to use medicines and support me to use them properly
- Be informed about my health history, test results and other medications I take
- Ask about my current health conditions and symptoms experienced
- Collaborates with all members of my health care team
- Administers immunizations for conditions
- Monitors my response to medicine, and recommends adjustments as needed

Opportunities exist to inform the public about the ability of pharmacists to assess symptoms, initiate drug therapy, provide injectables, and to discuss lifestyle components of health.

Opportunities for Profession

When asked about the greatest threats to their personal practice, registrants often mention scoping issues (including not being able to meet their full scope, having their scope change, and having others take over their scope of practice) and budget cuts or other funding issues. When asked about the greatest threats to the practice of pharmacy in Alberta, registrants most often mention government cutbacks, although patient care and drug shortages are also of concern. Stakeholders are concerned about inconsistent application of the full scope of practice, conflicts between the business and professional responsibilities, and diminishing government resources.

When asked about the greatest opportunities for the practice of pharmacy in Alberta, registrants often mention expanded scope, clinical services, and health and patient care. Stakeholders see opportunities for technology and people to create openings for more client-centered care.

Additional Prescribing Authority

The majority of the pharmacists who participated in the qualitative research had additional prescribing authority. However, even among those who had the authority, many described its use in practice in restrained terms. A significant portion of this restraint appears to be based in a desire to maintain good information flow and relationships between the pharmacist, the patient, and the doctor.

In addition, some are concerned about the cost and the increased liability of using APA. In some cases, their decision is based on their work setting (AHS is requiring it, some community pharmacists are content as long as their manager has it). Interestingly, teams are aligning themselves in a way that benefits patients, but doesn't require all pharmacists in a community setting to have APA. One example that was described by a community pharmacist, for example, was that the pharmacy manager (who worked full time) has APA, so there is a "prescribing pharmacist" available for the majority of the hours that the pharmacy is open.

Satisfaction with Pharmacy (Public Only)

When thinking of all interactions with pharmacists and pharmacy technicians over the past year, 82% of Albertans are satisfied with the services they were provided with most (57%) saying they are *very satisfied*. Satisfaction increases to 87% among those who are 55 years old or older (66% of this group being *very satisfied*). Those aged 34 or under are less likely to be *very satisfied* (50% vs. 59% among all others).

Qualitatively, Albertans laud pharmacists for quick service, knowing their clients personally, caring about safety, and being friendly and personable.

Most Albertans strongly agree that their pharmacist does not judge them (56%), while less than half strongly agree that their pharmacist listens to them (49%), that they want their pharmacist to know them and their health history

(45%), that they believe pharmacists know the most about medication of all the healthcare professionals (43%), that they can speak with their pharmacist in private (41%), and that their pharmacist is more patient-oriented than business-oriented (39%).

Each of these components contributes to overall satisfaction with pharmacy services, as shown below. Those very satisfied with pharmacy services they have received, are much more likely to say that they have been listened to, for example (69% vs. 22% of those less satisfied).

Impact of the Alberta College of Pharmacy

Public: Although fewer than 1 in 10 Albertans could name ACP as the body responsible for regulating pharmacists and pharmacy technicians, generally, Albertans have an accurate understanding about the functions of the college – that it regulates pharmacists, resolves complaints, and licenses pharmacies. However, many believe that the college trains pharmacy students (59%) and acts in a union capacity (43%) for pharmacists.

Registrants & Stakeholders: Registrants and stakeholders agree that ACP is committed to patient safety. Registrants agree that it is important that ACP sets and enforces high standards and continues to self-govern (similar results to previous research). ACP could consider ways to improve transparency – an area more lowly rated by both registrants and stakeholders and declining since previous surveys (for registrants). In addition, registrants are less likely to agree that ACP is a health policy leader. Nearly half (48%) of registrants disagree that ACP understands the complex practice challenges they face. This measure has declined since 2015 – only 27% agree (compared to 44% among registrants in 2015).

Satisfaction with Relationship with ACP

Overall, the majority of stakeholders (72%) are satisfied with the relationship their organization has with ACP. Nearly half (49%) are very satisfied. They are very likely to agree that ACP is committed to patient safety, governs the practice of pharmacy, and is a leader in the practice of pharmacy. There is less agreement that ACP is a leader in health policy, or that it is transparent in its processes and expectations. The majority of registrants are neutral (32%) or dissatisfied (38%) with their relationship with ACP. This is consistent across registrants (comparing role, work setting, etc.).

Emerging Issues in Pharmacy

Cannabis - There is cautious acceptance of cannabis for medical purposes being available in pharmacies. The public believes that cannabis is a tool for pain relief and look forward to being able to discuss appropriate use with pharmacists. Some Albertans are concerned about cannabis for medical use being available in pharmacies, including the potential for misuse and concerns about robbery. Pharmacists want to be able to work with their patients to promote safe and responsible use, but they are concerned that there is not sufficient medical evidence for them to offer their expertise. They are also

concerned about theft danger, and the difference between recreational and medical use. Stakeholders cited similar concerns, particularly as it relates to evidence-based prescribing.

Opioids - The public believes that distributing Naloxone kits, filling prescriptions responsibly, monitoring drug use, providing information and educating them about opiates are major roles of pharmacy in addressing the opioid crisis. This is very consistent with the roles that registrants see for themselves, and that stakeholders expect. Stakeholders note that pharmacists act as a secondary check on prescribers, as well as patients.

End of Life Care - Distribution of prescription drugs and providing information about pain management, palliative care, as well as mental health are seen as key competencies desired from pharmacists by Albertans. However, Albertans were less likely to believe that pharmacist's role should include a direct patient relationship; rather (in the case of MAID) they believe that pharmacists should lend their expertise towards proper administration and selection of medical prescriptions, as well as identifying the potential side effects of palliative care choices. Registrants express some discomfort, particularly in relation to MAID (medical assistance in dying). Stakeholders see a limited role for pharmacists in end of life care – limited only to the dispensing of medications, developing protocols, and offering education to family members.

Discussion

Following are some of the observations/comments made by Council during discussion of the presentation:

- The more frequently that an individual engages with their pharmacist, and the more those experiences demonstrate use of a pharmacist's full scope of practice, the more the individual's expectation and value for their pharmacist will become.
 - Perspectives about pharmacist prescribing differ between individuals who have experienced it, and those who have not.
- There may be value in segmenting community and hospital pharmacist responses in the future?
- There may be value in changing the question about "why you choose a pharmacist", to "why you continue to use the same pharmacist".
- Council referred to slide 17, noting that these indicators appeared to influence individuals' perspective/satisfaction with services.
- We should consider introducing questions about wellness in future surveys.
- It was noted that pharmacists having APA may be struggling with how to best fit it into their practice.
- Amongst pharmacists' concerns is the relative safety of their practice environments.
- Pharmacists want to spend more time on assessment and providing advice, and less time on dispensing activities.
- Pharmacists and pharmacy technicians support the direction and opportunities that Alberta's practice framework provides; however, they

are concerned about operational impediments that may be inhibiting and/or not supporting their aspirations and performance.

MOTION: that the Registrar's compliance report on policies EL-7 Interactions with Registrants, EL-12 Public Image, EL-14 Partnerships and Stakeholder Relationships be approved.

Moved by **Kamal Dullat**/Seconded by **Peter Eshenko**/CARRIED

4.2.2 Governance Policies (GP) – Compliance Reports

Governance Policies (GP policies) define how Council conducts itself. Council reviewed the following governance policies, reflecting on its compliance with each policy.

4.2.2.1 GP-3 Governing Style

MOTION: that Council is in compliance with governance policy GP-3 Governing Style.

Moved by **Rick Hackman**/Seconded by **Kelly Boparai**/CARRIED

4.2.2.2 GP-4 Council Responsibilities

MOTION: that Council is in compliance with governance policy GP-4 Council Responsibilities.

Moved by **Stan Dyjur**/Seconded by **Kamal Dullat**/CARRIED

4.2.2.3 GP-5 President's Role

MOTION: that Council is in compliance with governance policy GP-5 President's Role. Council members recognized President Couldwell for his leadership and effectiveness in chairing council meetings during the past council term.

Moved by **Irene Pfeiffer**/Seconded by **Brad Willsey**/CARRIED

4.2.2.4 GP-6 Council Committees

MOTION: that Council is in compliance with governance policy GP-6 Council Committees. Council deliberated about opportunities to form council committees; agreeing that forming committees of council often distract from the work and that focus groups or working groups are more productive to support Council's work.

Moved by **Kamal Dullat**/Seconded by **Peter Eshenko**/CARRIED

4.2.3 Council-Registrar Relationship Policies (CR) Compliance Reports

CR Policies define the working relationship between the Council and the Registrar. Council reviewed CR-4 Delegation to Registrar and reflected on its compliance with the policy.

4.2.3.1 CR-4 Delegation to Registrar

MOTION: that Council is in compliance with CR-4 Delegation to Registrar.

Moved by **Peter Eshenko**/Seconded by **Fayaz Rajabali**/CARRIED

4.2.3.2 CR-5 Monitoring Registrar Performance

Agenda Item 4.2.3.2 was considered in conjunction with *Agenda Item 1.7 CR-5 Review of Registrar's Performance*.

MOTION: that Council is in compliance with CR-5 Monitoring Registrar Performance.

Moved by **Christine Maligec**/Seconded by **Rick Hackman**/CARRIED

4.3 Business of Council

4.3.1 Corporate Appointments

4.3.1.1 Legal Counsel

MOTION: that the legal firm of Shores Jardine LLP, be appointed as ACP's legal counsel for the 2018-19 council term; and that Mr. Jim Casey from Field Law LLP, and Mr. Fred Kozak from Reynolds Mirth Farmer, be appointed as legal advisors to ACP's Hearing Tribunals.

Move by **Al Evans**/Seconded by **Fayaz Rajabali**/CARRIED

4.3.1.2 Auditors

MOTION: that the accounting firm of KPMG LLP be appointed as ACP's auditors for the 2018-19 council term.

Moved by **Peter Eshenko**/Seconded by **Brad Willsey**/CARRIED

4.3.1.3 Banking Institution

MOTION: that TD Canada Trust be appointed as ACP's financial institution for the 2018-19 council term.

Moved by **Kelly Boparai**/Seconded by **Stan Dyjur**/CARRIED

4.3.1.4 Investment Counsel

MOTION: that Mr. Scott Ponich of the firm TD Waterhouse, be appointed as ACP's investment counsel for the 2018-19 council term.

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

4.3.1.5 Signing Authority

MOTION: that Greg Eberhart, Kaye Moran, Jeff Whissell, Lynn Paulitsch, and Stan Dyjur, be granted signing authority on behalf of the College for the 2018-19 council term. All cheques require two signatures and for cheques issued over \$15,000, one of the two signatures must be that of the Registrar or one of the Deputy Registrars.

Moved by **Al Evans**/Seconded by **Rick Hackman**/CARRIED

4.3.2 Committee Appointments

4.3.2.1 Competence Committee

Registrar Eberhart recommended that Council appoint Jennifer Teichroeb to the Competence Committee for a three-year term effective July 1, 2018-June 30, 2021, and that Morenike Olaosebikan be appointed as Vice-Chair of the Competence Committee for a one-year term effective July 1, 2018-June 30, 2019.

4.3.2.2 Hearing Tribunal Committee

Registrar Eberhart recommended that Council appoint Kelly Boparai, Kamal Dullat, Rick Hackman, Ted Szumlas and Brad Willsey, to the Hearing Tribunal Pool, each for a three-year term effective July 1, 2018-June 30, 2021

4.3.2.3 Nominating Committee

MOTION: that Council appoint Stan Dyjur, Chair (President), Brad Couldwell (Past-President), and Al Evans (Public Member), as the Nominating Committee for the 2018-19 council term.

OMNIBUS MOTION: to approve the appointments to the Competence Committee, Hearing Tribunal Pool, and Nominating Committee.
Moved by **Peter Eshenko**/Seconded by **Irene Pfeiffer**/CARRIED

Council suggested that ACP reintroduce an easily accessible form to members to support them in expressing their interest to participate on ACP committees.

4.3.2.4 Governance Committee

The Governance Committee held its inaugural meeting by teleconference on May 24, 2018, to develop a workplan to review Council's governance policies and ACP's Bylaws. To facilitate succession and continuity on the Committee, it was recommended that one Councillor be appointed for a 2-year term and one Councillor be appointed for a 3-year term. The incoming president-elect will automatically take over the position of chair each July; and the past-president becomes a member of the committee for the next council year. The current Governance Committee members are: Stan Dyjur (Chair and President Elect), Taciana Pereira (Past President), Peter Eshenko and Irene Pfeiffer (Members at Large). The Committee will reconvene in late October/early November to prepare its first report to Council in December. At that time Committee members will be Fayaz Rajabali (Chair and President Elect), Brad Couldwell (Past President), Peter Eshenko and Irene Pfeiffer.

MOTION: that Peter Eshenko serve as a member of the Governance Committee for a two-year term, and Irene Pfeiffer serve as a member of the Governance Committee for a three-year term.
Moved by **Al Evans**/Seconded by **Kamal Dullat**/CARRIED

4.4 Governance Matrix

Council received an updated report with data available for every indicator for the period of May 2016 – April 2018. Council observed the need to normalize pharmacist practice across Alberta, so that patients could expect a common opportunity or professional experience wherever they accessed services. Therefore, many of the 20 indicators focus on inputs and growth in pharmacist practice. Over the past four years, some indicators have been amended due to the unavailability of data to support the indicator and/or to make the indicator more meaningful.

For the first time, accurate data was available from Alberta Health to report on pharmacists with Prac. IDs. As a result, Registrar Eberhart sought Council's direction on the feasibility of amending Indicator 17; the indicator about pharmacists having Prac. IDs and ordering laboratory tests. Amendments would include moving the benchmark for Indicator 17 the "*Percentage of pharmacists holding a Prac. ID*" from 1 to 4 and rewording of the indicator.

- *Change the benchmark for Indicator 17* - When benchmarks were originally set in 2016, the general rule was to use the scores from the May 2014 - April

2016 reporting period as the benchmark; unless there was a business rule in place (such as with Finance and Governance), or to provide reasonable space to monitor positive or negative change (as with Complaints resolution). ACP now has valid data going back to the May 2014-April 2016 reporting period, therefore if applying the same general rule, the benchmark should be 4, not 1.

- *Amend the wording of Indicator 17* - Alberta Health has valid data on the number of pharmacists with a Prac. IDs, however, Alberta Health Services (AHS) has valid but limited data on the number of lab tests ordered by individual pharmacists; limited by fiscal quarter. (i.e. no annualized data on the individual number of pharmacists ordering lab tests). Using AHS quarterly data (Q4 Jan-Mar) and (Q2 July-Sept), and the number of pharmacists reported in the most recent annual report, calculating the percentage of pharmacists that ordered lab tests at least once within the last three months will support the data amended wording of the indicator.

Council approved changing the rewording and benchmark for Indicator 17. All indicators will be reviewed at the time of developing the next strategic plan, to ensure currency, and relevance.

MOTION: to move the benchmark for Indicator 17 from 1 to 4 and to reword the Indicator to the “*Percentage of pharmacists who ordered lab tests within the last three months*”.

Moved by **Irene Pfeiffer**/Seconded by **Kamal Dullat**/CARRIED

4.5 External Reports

4.5.1 Report from PEBC

Council received a written report from Kaye Moran, ACP’s appointee to the Board of the Pharmacy Examining Board of Canada (PEBC) for information. The PEBC held its 2018 Annual Board Meeting on February 24, 2018. The report highlights issues and recommendations made by the Board and is available for Council’s review by accessing the agenda and its supporting materials.

4.5.2 Report from NAPRA

Council received a written report from Registrar Eberhart, Director on the Board of the National Association of Pharmacy Regulatory Authorities (NAPRA). The report highlights issues and recommendations made by the Board, a summary of current NAPRA initiatives, and results from its 2018 Environmental Scam. The report is available for Council’s review by accessing the agenda and its supporting materials.

4.6 Hearing Tribunal Decision

4.6.1 Moustafa Alrefaey – Registration Number 11234

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

OMNIBUS MOTION: to accept the reports under Agenda Items 4.5 and 4.6 for information.

Moved by **Al Evans**/Seconded by **Stan Dyjur**/CARRIED

4.7 Fall Board Development 2018

This year's Board Development will focus on affirming the roles and responsibilities of ACP, Council, and governance policies related to this. The agenda will also focus on ACP's Mission, Vision, Values, ACP's Strategic Direction, and council team building. The governance session will be facilitated by the Institute of Governance and team building will be facilitated by the Pacific Centre for Leadership.

4.8 Report from the President

President Couldwell reflected on his term as President and the business of the college during his term. He expressed his gratitude for the support of Council and ACP administration during his tenure. He reiterated that "assessment" of patients is the core of the professions because without it, nothing else can be done.

Outgoing Councillors Brad Willsey (District 1 Northern Alberta), Rick Hackman and Taciana Pereira (District 3 Edmonton), Kamal Dullat (District 5 Calgary) and Kelly Boparai (District A Northern Alberta), reflected on their personal growth, relationships, and their contributions to the profession during their terms on Council. They indicated the professions are left in good hands.

5. Miscellaneous Reports and Documents for Information

5.1 Report from McMaster University – Modernizing the Oversight of the Health Workforce in Ontario

Council received a written report from McMaster University. The Ontario government commissioned McMaster University to conduct a review and provide recommendations about the governance of health professions in Ontario. The future of this report is unclear due to the change in government, however, it is important that regulators be aware of it. The report was received for information and is available for review by accessing the agenda and its supporting materials.

5.2 Primary Healthcare Integration Coalition

Councillor Rick Hackman is ACP's representative on Alberta Health Service's Primary Health Care Integration Network Coalition. The Primary Health Care (PHC) Integration Network is focused on improving transitions of care between primary healthcare providers and acute care, emergency departments, specialized services and other community services. This will support Albertans to get the care and social supports they need in the communities where they live. The Coalition is a customized Strategic Clinical Network focused on primary health care related to integration and challenges with transitions in care. The Coalition for Integration was established to stimulate innovative thinking and solutions to integration challenges faced in Alberta. The purpose is to:

- Provide advice on difficult integration challenges being addressed through the PHC Integration Network.
- Review and make recommendations on how to strengthen proposed integration solutions from Strategic Clinical Networks.
- Inform and engage stakeholders across the broader PHC community on topics related to care coordination and improved transitions in care.
- Participate in the co-creation of emerging integration solutions.

The Network will come up with innovative solutions as it deliberates on the evolution of PCNs, actively integrating pearls of research into practice, discharge plans for patients, community support, physician portals, the medical home, and the health environment. Councillor Hackman gave a report from the recent meeting of the Network. The report and resources from the meeting are available for review by assessing the agenda and its supporting materials. Council noted the importance of reinforcing the role of pharmacists as primary healthcare providers as often as possible in out external correspondence, and particularly in our communication with Alberta Health and Alberta Health Services. It was suggested that reinforcement should also be provided through our covering letter to the annual report.

6. Evaluation of Meeting

Council reflected on its; and each Council Member's personal performance, at the meeting.

6.1 Evaluation of Council Member Performance

Council members reviewed their personal performance using the tool from the Governance Centre of Excellence. Council discussed one and another's personal evaluations and comments, as a foundation to developing the agenda for board development in October. Council encourages a variety of viewpoints and the purpose of the evaluation is to continuously improve the effectiveness of Council as a whole and also to be used to support improvement with its orientation program.

6.2 Summary of Results for the March 1-2, 2018 Council Meeting

A summary of the March 1-2, 2018 council meeting evaluations was circulated with the agenda for information. Council reviewed its self-evaluation of the past meeting in March, discussing strategic goals and agreed that Council was both reactive and proactive to current issues and trends.

6.3 Aggregate Results from Council Evaluations During the 2017-18 Council Year

A summary of the aggregate results for the 2017-18 council meeting evaluations was provided to Council for information.

6.4 Self-Evaluation of Council Performance at this Meeting

President Couldwell reminded Council Members to complete the electronic meeting survey for collation and review at its next council meeting. The self-evaluation is facilitated through Survey Monkey. Leslie Ainslie forwarded a link to the survey.

7. Adjournment

7.1 Forthcoming Events and Council Meeting Dates

- October 3-5, 2018 - Fall council meeting and board development
- December 6-7, 2018 – Council meeting

7.2 Adjournment

MOTION: that this meeting of Council be adjourned.

Moved by **Kamal Dullat**

Meeting adjourned circa 3:00 p.m.