

**MINUTES**  
**Council Meeting**  
**ALBERTA COLLEGE OF PHARMACISTS**  
**September 14 and 16, 2016**  
**Buffalo Mountain Lodge, Banff**

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**1. Introduction**

**1.1 Call to Order**

President Pereira called the meeting to order at 12:30 p.m. She welcomed Stan Dyjur, the new council member for District 4 (Central Alberta). She thanked Past President Hackman for his leadership during the past year. The business meeting of Council was held over two days. On Wednesday, September 14, the meeting convened at 12:30 p.m. and recessed at 5:15 p.m. On Friday, September 16, the meeting reconvened at 8:05 a.m. and adjourned at 1:08 p.m.

**MOTION:** to adjourn the September 14 business meeting of Council, and to reconvene on September 16.

Moved by **Brad Willsey**/Seconded by **Brad Couldwell**

**MOTION:** to call to order and reconvene the business meeting of Council at 8:05 a.m. on September 16.

Moved by **Bob Kruchten**/Seconded by **Brad Willsey**

**1.2 Roll Call**

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

- District 1 - Brad Willsey
- District 2 - Clayton Braun
- District 3 - Rick Hackman (Past President)
- District 3 - Taciana Pereira (President)
- District 4 - Stan Dyjur
- District 5 - Kamal Dullat
- District 5 - Brad Couldwell (President Elect)
- District A - Kelly Boparai
- District B - Jennifer Teichroeb
- Al Evans - Public Member (Executive Member at Large)
- Bob Kruchten - Public Member
- Mary O'Neill - Public Member

**Absent with Regret**

- Neal Davies - Dean, Faculty of Pharmacy & Pharmaceutical Sciences
- Doug Lam - APSA Student Representative

**Also in attendance:**

- Greg Eberhart – Registrar
- Dale Cooney – Deputy Registrar
- Lynn Paulitsch - Operations and Finance Director
- Leslie Ainslie - Executive Assistant
- Shirley Nowicki - Communications Director

### **1.3 Invocation**

Mary O'Neill 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 **Jennifer Teichroeb**/Seconded by **Kamal Dullat**/CARRIED

**MOTION:** to lift from the table Agenda Items 4.1, 4.3, 4.4, 5.2, and 5.3, tabled at the June council meeting.

Moved by **Bob Kruchten**/Seconded by **Rick Hackman**/CARRIED

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

Moved by **Brad Willsey**/Seconded by **Brad Couldwell**/CARRIED

### **1.5 Minutes from Previous Meeting**

#### **1.5.1 Minutes – June 23-24, 2016 Council Meeting**

**MOTION:** to adopt minutes of the June 23-24, 2016 council meeting with the following amendments:

- Agenda Item 2.6.2.2 Faculty of Pharmacy & Pharmaceutical Sciences Admissions Committee - replace "*That Council appoints Kelly Olstad to the Admissions Committee of the Faculty of Pharmacy and Pharmaceutical Sciences, for a one-year term ending June 30, 2017.*" with "*That Council appoints Kamal Dullat to the Admissions Committee of the Faculty of Pharmacy and Pharmaceutical Sciences, for a one-year term ending June 30, 2017.*"
- Agenda Item 3.1 NAPRA Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations – change the start date for Phase One of ACP's Implementation Strategy from June 24, 2016 to October 1, 2016, and the date for compliance within one year from the start date.

Moved by **Al Evans**/Seconded by **Kamal Dullat**/CARRIED

#### **1.5.2 Amendments to Approved Minutes – March 3-4, 2016**

**MOTION:** to amend the minutes from the March 3-4, 2016 meeting by incorporating the motion of Council under Agenda Item 2.4 to approve the Governance Matrix Sensitivity Scales as presented.

Moved by **Kamal Dullat**/Seconded by **Jennifer Teichroeb**/CARRIED

Abstained: **Stan Dyjur**

### **1.6 Disposition of Directives**

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

**MOTION:** to accept the Disposition of Directives as information.

Moved by **Kelly Boparai**/Seconded by **Brad Couldwell**/CARRIED

## 2. Governance

### 2.1 ENDS and Executive Limitation Amendments

#### 2.1.1 Policy E (Mega-End) - Priorities for 2017

At the June council meeting, Council considered the following draft priorities for 2017:

- Implement the Information Management System (Merlin) to administer/manage basic requirements for core programs: registration, competence, professional practice, complaints resolution;
- Pilot and be prepared to implement the audit process for Pharmacy Technician competence program;
- Receive Council approval on proposed amendments to the Pharmacist and Pharmacy Technician Regulation and the Pharmacy and Drug Regulation;
- Develop program content, develop delivery polices and strategies, pilot and receive Council approval for Pharmacy Licensee Program;
- Implement phase 1 and phase 2 of Standards for Compounding Sterile Non-Hazardous Preparations;
- Engage with at least 500 registrants, either through in-person meetings and/or through electronic solutions that facilitate dialogue and discussion about selected subjects.

**MOTION:** to approve the priorities for 2017 as presented by the Registrar.  
Moved by **Al Evans**/Seconded by **Brad Couldwell**/CARRIED

#### 2.1.2 DRAFT 3-Year Business Plan and Budget 2017

Registrar Eberhart presented a draft 3-year business plan and financial projections including the budget for 2017; highlighting key assumptions and areas where Council policy direction was required. The budget proposes no increases in fees except for COLA increments in 2018 and 2019. It is proposed that COLA not be applied to fees in 2017 due to ACP's favorable financial position and the state of our economy.

- Revenue Assumptions:
  - Registration, annual permits, and pharmacy licenses are consistent with the trends provided in previous years, with projected targets of 600 provisional pharmacists in 2017, 525 in 2018, and 445 in 2019.
  - An increase of 130 new pharmacists, 80 new pharmacy technicians, 100 provisional technicians, and 10 pharmacies, per year. (The increase in new pharmacists anticipates 300 IPGs leaving Alberta annually).
  - 560 applications and 100 re-applications per year for additional prescribing authorization.
  - Based on projections of the Conference Board of Canada for Edmonton, the projected COLA increases are 1.7% (2017), 2% (2018), 2% (2019).
- Expense Assumption:
  - COLA adjustments will be applied to relative expenses as per the Conference Board of Canada's final projections,
  - Full time staff increase of 0.84 FTE in 2017,

- Mileage rate decreased to \$.54/km as per Canada Revenue Agency 2016 posted rates,
- Per Diems increase to \$411 daily and \$59 per hour,
- Increase in NAPRA fees by 2.5% annually,
- Legal costs for inducement judicial review drawn from reserves.

Council did not recommend any changes to the financial recommendations and agreed by consensus that the Registrar should proceed in developing the 2017 budget and business plan. Registrar Eberhart will seek Council approval of the final budget and business plan at the December council meeting.

## **2.2 Compliance Monitoring and Reports**

### **2.2.1 Executive Limitations – Compliance Reports**

Reports from the Registrar were provided for EL-4, EL-5, EL-8 and EL-13.

#### **2.2.1.1 EL-4 Financial Condition – Internal**

Council received Internal Financial Statements and Variances for the month ending July 31, 2016.

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

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

#### **2.2.1.2 EL-5 Insurance**

**MOTION:** that the Registrar's compliance report on EL-5 Insurance be approved.

Moved by **Brad Couldwell**/Seconded by **Kelly Boparai**/CARRIED

**MOTION:** that disclosure of outstanding claims from 2006 be removed from future reports.

Moved by **Al Evans**/Seconded by **Kamal Dullat**/CARRIED

#### **2.2.1.3 EL-8 Conflict of Interest**

**MOTION:** that the Registrar's compliance report for EL-8 Conflict of Interest be approved.

Moved by **Bob Kruchten**/Seconded by **Kamal Dullat**/CARRIED

#### **2.2.1.4 EL-13 Information Management**

**MOTION:** that the Registrar's compliance report for EL-13 Information Management be approved.

Moved by **Rick Hackman**/Seconded by **Stan Dyjur**/CARRIED

**NOTE:** Councilor O'Neill questioned the Registrar whether he and/or other members of the leadership team were aware of any information security breaches that had occurred, or that had potential to occur. Registrar Eberhart responded that he was not aware of any breaches and was confident that the policies and procedures adopted by our administration adequately mitigated this risk.

### **2.2.2 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.

#### **2.2.2.1 GP-2 Serving the Public Interest**

**MOTION:** that Council is in compliance with Governance Policy GP-2 Serving the Public Interest.

Moved by **Kelly Boparai**/Seconded by **Brad Willsey**/CARRIED

NOTE: in approving compliance with this policy, Council reflected on point 4, and reminded itself to ensure that we were conscious of Alberta's diversity when considering information and making decisions.

#### **2.2.2.2 GP-8 Code of Conduct**

**MOTION:** that Council is in compliance with Governance Policy GP-8 Code of Conduct.

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

NOTE: Council observed that section 2.4 of the policy should be amended to address all advocacy organizations; and that the policy should be further amended to be consistent with amendments to the bylaws respecting good character.

#### **2.2.2.3 GP-9 Investment in Governance**

**MOTION:** that Council is in compliance with Governance Policy GP-9 Investment in Governance.

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

### **2.2.3 Council-Registrar Relationship Policies (CR) Compliance Reports**

Council-Registrar Policies (CR) define the working relationship between Council and the Registrar. Council reviewed CR-2 Direction from Council and CR-3 Accountability of the Registrar, and reflected on its compliance with the policy.

#### **2.2.3.1 CR-2 Direction from Council**

**MOTION:** that Council is in compliance with CR-2 Direction from Council.

Moved by **Kelly Boparai**/Seconded by **Mary O'Neill**/CARRIED

#### **2.2.3.2 CR-3 Accountability of the Registrar**

**MOTION:** that Council is in compliance with CR-3 Accountability of the Registrar.

Moved by **Bob Kruchten**/Seconded by **Jennifer Teichroeb**/CARRIED

## **2.3. Policy Review and Amendment**

### **2.3.1 GP Policies – Policy Review and Amendment**

Council reviewed these policies and provided recommendations for amendment as appropriate

**2.3.1.1 GP-2 Serving the Public Interest**

**MOTION:** to approve Governance Policy GP-2 Serving the Public Interest as written.

Moved by **Clayton Braun**/Seconded by **Kelly Boparai**/CARRIED

**2.3.1.2 GP-8 Code of Conduct**

**MOTION:** to approve Governance Policy GP-8 Code of Conduct with amendments to 2.1.4 that include the Pharmacy Technician Society of Alberta.

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

**2.3.1.3 GP-9 Investment in Governance**

**MOTION:** to approve Governance Policy GP-9 Investment in Governance as written.

Moved by **Clayton Braun**/Seconded by **Jennifer Teichroeb**/CARRIED

**2.3.1.4 GP-14 Criteria for Awards**

Registrar Eberhart proposed amendments to Governance Policy GP-14 Criteria for Awards under Student Awards/Leadership Development Award. The amendments to the policy and the award’s terms of reference, expand the scope of leadership development opportunities for students, and amends the framework for application and presentation of the award. Application deadline will be annually on March 1, and presentation of the award will be at the Celebration of Leadership and Installation of the President event.

**MOTION:** to approve Governance Policy GP-14 Criteria for Awards as amended.

Moved by **Kelly Boparai**/Seconded by **Mary O’Neill**/CARRIED

**2.4 Governance Indicators (Performance Matrix)**

At the June council meeting, Council approved amendments to the *Public and Stakeholder Confidence* indicators for “Immunizations, Primary Care Assessments and Chronic Care Assessments”. Registrar Eberhart asked Council to consider rescinding the previous motions that approved these indicators after it was determined that Alberta Health could provide ACP the data to support the original governance indicators.

**MOTION:** to rescind the June council meeting motions approving the Public and Stakeholder Confidence indicators for Immunizations, Primary Care Assessments, and Chronic Care Assessments and approve the original indicators as presented at the June meeting.

Moved by **Kamal Dullat**/Seconded by **Jennifer Teichroeb**/CARRIED

**Public and Stakeholder Confidence**

<b>Indicator Name: Immunizations</b>	
Indicator Approved in June	Indicator Approved in September
The percentage of publicly funded seasonal immunizations performed by pharmacists.	The percentage of public funded immunizations performed by pharmacists.

<b>Indicator Name: Primary Care Assessments</b>	
Indicator Approved in June	Indicator Approved in September
The number of primary care assessments performed ( <i>excluding seasonal vaccine</i> ).	The number of primary care assessments performed.
<b>Indicator Name: Chronic Care Assessments</b>	
Indicator Approved in June	Indicator Approved in September
The percentage of pharmacists initiated chronic care assessments receiving at least three follow up assessments (CACPs and SMMAs).	The percentage of eligible Albertans receiving chronic care assessments and at least three follow-up assessments.

Council agreed that obtaining this data from Alberta Health on a semi-annual basis, will provide a consistent source of data to support the Public and Stakeholder Confidence indicators. For a broader view, ACP will use data collected for a rolling two-year period extending from May-May and November-November; and report results to Council semi-annually.

Based on data available from Alberta Health and Alberta Blue Cross, sensitivity scales were presented for all indicators where scales have not been approved previously. Council reconsidered recommendations that the weighting for the indexes for *Effective Organization* and *Public and Stakeholder Confidence* be reversed (Effective Organization 25% / Public and Stakeholder Confidence 35%) to better balance their impact.

ACP will input data from November 2015 forward for presentation at the December council meeting. The information will not be used as a report card, but rather as an internal inventory tool.

**MOTION:** to approve the sensitivity scales as presented.

Moved by **Kamal Dullat**/Seconded by **Clayton Braun**/CARRIED

**MOTION:** to approve changes in the weighting of the indexes for Effective Organization and Public and Stakeholder Confidence.

Moved by **Mary O’Neill**/Seconded by **Clayton Braun**/CARRIED

NOTE: Council requested that a complementary report be presented in December, changing the weighting of the CSF’s to 20%, 40%, and 40%; the lower weighting being for “effective Organization”.

## 2.5 Ownership Linkage - Engagement with Albertans since Last Meeting

The following issues were introduced and discussed during this forum:

- An experience was shared through a family member of a patient how the pharmacist saved a patient’s life by ordering lab tests that were able to address the patient’s health issues.
- Council discussed the many different “types of pharmacies” that were opening in provincially and nationally. Council will how to effectively define a pharmacy during its generative discussions in December.

- A comment was made that some Albertans are still not aware about the role of pharmacists and pharmacy technicians. Council discussed how ACP could continue to encourage pharmacists to increase to quantity and quality of services provided within the pharmacy services framework. ACP will highlight links on its website that provide information to assist the public with understanding the role of pharmacists. Council shared numerous experiences illustrating how patients who have experienced their pharmacist practice to their full scope, have a greater appreciation and understanding of the pharmacist's role.
- Concern was raised about the proliferation of "inducements" within practice. ACP will address this through stricter requirements for licensees, through education and may consider developing policies and standards as a prerequisite to licensure.
- Discussion continued about the increase of IPGs in Alberta, and their impact on pharmacy manpower.

## **2.6 Generative Discussion**

Council is committed to generative thinking as a process for envisioning the long-term future of the professions of pharmacy. At the March council meeting, Council began discussion on "What will a pharmacy be in the future." In December, Council will continue to explore determinants of what defines a pharmacy in the future.

## **3. Legislated Responsibilities**

### **3.1 Hearing Tribunal Decisions**

#### **3.1.1 Adel Agina – Registration Number 6629**

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

#### **3.1.2 Calvin Boey – Registration Number 8117**

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

#### **3.1.3 Saeed Sattari – Registration Number 5921**

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

**MOTION:** to accept the Hearing Tribunal reports as information.

Moved by **Al Evans**/Seconded by **Bob Kruchten**/CARRIED

### **3.2 Bylaw Amendments**

At the June meeting, Council directed that a 60-day review and comment period be provided for the review of proposed amendments to the bylaws. Registrar Eberhart presented the results for Council's consideration. Upon review of the feedback, Council agreed to rescind Sections 29 and 30 of the current bylaws accommodating resolutions from registrants. Council is committed to continual engagement with



registrants, stakeholders and the public through alternative processes that extend throughout the year. ACP has invited registrants to submit suggestions for issues that they would like ACP to facilitate discussion about at its regional meetings or webinars. Based on feedback from registrants, two key topics that will be discussed are “*pharmacists and pharmacy technician practice environments*”, and “*modernizing role statements for pharmacists and pharmacy technicians*”.

Council also considered amendments to Sections 18, 18.1 and 23 of the bylaws to further define the criteria for demonstrating good character of candidates pursuing election to Council. Council requested that Registrar Eberhart contact legal counsel during a break, and seek clarity as to whether it was prudent to consider the severity of criminal offenses. Upon consulting with Bill Shores, he reported that Council was not advised to take responsibility for weighing the significance of any criminal offense, as it is unlikely that they would have access to all information important to making an informed decision.

Council supported amendments to the bylaws, in addition to amendments to Governance Policy GP-8 Code of Conduct to further define criteria for demonstrating good character for members of council.

ACP will provide a summary of the feedback and comments received to registrants through the *ACPNews*. ACP will consider additional strategies to engage with registrants, stakeholders and the public through its website and social media platforms.

**MOTION:** to approve the proposed amendments to Sections 18, 18.1, 23, bylaws and to rescind Sections 29 and 30 of ACP’s.

Moved by **Jennifer Teichroeb**/Seconded by **Stan Dyjur**/CARRIED

**MOTION:** to amend Governance Policy GP-8 Code of Conduct to reflect the bylaw amendments.

Moved by **Al Evans**/Seconded by **Jennifer Teichroeb**/CARRIED

### **3.3 Compounding and Repackaging Agreement**

At its June meeting, Council provided direction for the review and amendment of the Compounding and Repackaging Agreement required by compounding and repackaging pharmacies. Amendments were proposed to sections that relate to the business of pharmacy, and to update the agreement to reflect current legislation. Council noted additional amendments required to Section 1.1 to include the definition and interpretation of a pharmacy technician, and to Section 6(1)(c)(i) by replacing “Pharmacists Profession Regulation” with “*Pharmacists and Pharmacy Technicians Profession Regulation*”.

Some of the most significant changes to the agreement appear in the following sections:

- Section 2.3 has been amended to reflect legislative amendments that have occurred to regulate pharmacy technicians;
- Section 3 and Schedule B have been removed, these formerly addressing fees and charges for services;

- Section 7 has been reordered;
- Section 19 respecting the general terms of the agreement have been amended.

Licensees operating a Compounding and Repackaging Pharmacy must review and update the agreements they hold with each licensed pharmacy that they provide services prior by December 31, 2016.

Registrar Eberhart advised Council that the amended Compounding and Repackaging Agreement will only facilitate relationships between licensed pharmacies located in Alberta, and shared proposed changes in licensing procedures for compounding and repackaging pharmacies that provide services outside of Alberta. Council requested that ACP seek legal counsel to develop a separate agreement for compounding and repackaging pharmacies that provide services outside of the province to address multi-jurisdictional entities and disclosure criteria. Registrar Eberhart will present a draft agreement for Council's the December council meeting.

**MOTION:** to approve the Compounding and Repacking Agreement with additional amendments to Section 1 and Section 6(1)(c)(i).

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

### **3.4 Model Standards for Compounding Sterile Hazardous Products**

Council received the DRAFT Model Standards for Compounding Sterile Hazardous Products for their review and discussion. Council will consider whether to adopt or adapt the final version of the National Model for Pharmacy Compounding Sterile Hazardous Preparations, at its December meeting. An implementation strategy will be considered at the same time that will include a time frame for complying with the physical components of the standards.

### **3.5 DRAFT Model Standards for Non-Sterile Compounding**

Deputy Registrar Cooney participated on NAPRA's National Advisory Committee on Pharmacy Practice (NACPP) to develop DRAFT standards for non-sterile compounding. Council received a copy of the DRAFT *Model Standards for Pharmacy Compounding Non-Sterile Preparations*. made available for formal consultation in Alberta. Registrar Eberhart requested that Council approve the DRAFT standards for the purpose of a 60-day consultation with registrants and stakeholders. Council will review feedback received at its December council meeting. The feedback will inform Council in preparing a response to NAPRA prior to their December deadline. Once the NAPRA advisory committee reviews the national responses, an amended version will be prepared and presented to Council

**MOTION:** to approve the DRAFT Model Standards for Pharmacy Compounding of Non-Sterile Preparations for the purposes of a 60-day consultation with registrants and stakeholders.

Moved by **Brad Couldwell**/Seconded by **Brad Willsey**/CARRIED

### **3.6 DRAFT Guidelines for Medication and Vaccine Injection Safety**

Council conducted its final review of draft Guidelines for Medication and Vaccine Injection Safety prepared by ACP, the College of Physicians and Surgeons of Alberta, the College and Association of Registered Nurses of Alberta, and Alberta Health. The guidelines support the development of policies and procedures to ensure that health professionals and the facilities they practice in, are aware of, and practice; proper techniques for handling medications, vaccines and administering injections to prevent the transmission of blood borne viruses and other microbial pathogens, to patients. A draft of this document was previously considered by Council and subsequent to feedback from Council and stakeholders, there were no significant changes made to the guidelines.

Council considered the issue of limiting use of products prepared for administration in the practice setting to 1 hour. Beyond Use Dating (BUD) is a standard procedure for mitigating the risk of microbial growth in aseptically prepared and/or sterile products. This requirement is based on USP797 and NAPRA standards. Current research does not provide evidence that supports a longer Beyond Use Dating. Council did not make any recommendations to change the guidelines as presented.

**MOTION:** to affirm Council's approval of the Guidelines for Medication and Vaccine Injection Safety as presented.

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

### **3.7 DRAFT Role Statements for Pharmacists and Pharmacy Technicians**

Council identified the need to modernize the role statements for pharmacists, developed in 1995, and the role statements for pharmacy technicians, developed in 2008. Modernized role statements will define what pharmacists and pharmacy technicians are; through what they do, and will assist to inform the public and stakeholders. Register Eberhart presented draft modernized role statements based on current practices, and with a view to the future. Council reviewed the draft role statements and suggested several amendments. The amendments will be incorporated and a second DRAFT discussed with registrants attending fall engagements with registrants. The role statements will continue to evolve through these engagements. It is ACP's goal to approve modernized statements prior to the end of this council term.

### **3.8 Policy on Marihuana and Pharmacy Practice**

In October 2014, Council approved a policy prohibiting the sale of marihuana from pharmacies, based on federal legislation, the *Marihuana for Medical Purposes Regulation*. In August of this year, the regulation was repealed, and replaced by the *Access to Cannabis for Medical Purposes Regulations*. The new regulation permits individuals to grow cannabis for personal use in limited quantities subject to an order from a medical practitioner. Review of the regulation did not indicate any other substantive changes. Subject to further review of federal legislation, and the evolution of federal/provincial policy respecting the decriminalization and legalization of cannabis, Registrar Eberhart recommended that ACP should amend its policy in context with the new regulation.

Current Policy:

1. Marihuana must not be produced in the premises of a licensed pharmacy.
2. None of the other activities referred to in Section 12(1)1 of the Marihuana for Medical Purposes Regulations, SOR/2013-119 may be conducted in a licensed pharmacy.
3. No licensee or proprietor of a licensed pharmacy may be a licensed producer as defined in the Marihuana for Medical Purposes Regulations.
4. No regulated member of the college may be a licensed producer or responsible person in charge as defined in the Marihuana for Medical Purposes Regulations at the same time that the regulated member engages in the practice of pharmacy.

Proposed Policy:

1. Marihuana, in any form, including any derivative, must not be produced in the premises of a licensed pharmacy.
2. None of the other activities referred to in Section 22 of the Access to Cannabis for Medical Purposes Regulations, SOR/2016- 230, may be conducted in a licensed pharmacy.
3. No licensee or proprietor of a licensed pharmacy may be a licensed producer as defined in the Access to Cannabis for Medical Purposes Regulations.
4. No regulated member of the college may be a licensed producer or responsible person in charge as defined in the Access to Cannabis for Medical Purposes Regulations at the same time that the regulated member engages in the practice of pharmacy.

In addition, Council reviewed a discussion document from a federal government advisory group, led by the Honourable Anne McLellan, to provide advice on the legalization of marihuana. Council will keep the discussion on Marijuana for Medical Use on the agenda as the issue moves forward.

**MOTION:** to amend ACP's policy on marijuana as presented.

Moved by **Mary O'Neill**/Seconded by **Brad Couldwell**/CARRIED

### **3.9 Guidelines for Protecting Health Professionals from Blood and Body Fluid Exposure**

ACP has partnered with eleven colleges in Alberta through a grant from Alberta's Occupational Health and Safety Policy and Program Development branch of the Ministry of Jobs, Skills, Training and Labor. The goal is to develop standard guidance and supporting resources for post-exposure management and prophylaxis (PEP) following blood and body fluid exposure (BBFE) in community practice settings. A steering committee with representatives from each college was established. Deputy Registrar Cooney, co-chair of the committee, provided a demonstration of the online learning module and an interactive response algorithm, seeking Council's feedback on content and format. The information will be housed on a central website readily accessible to inform employers and employees about the role of WCB and BBFE exposure. Deputy Registrar Cooney will send Council links to the learning module and algorithm. He will relay Council's feedback to the steering committee. When finalized, ACP will provide a link to the website.

### **3.10 Pharmacists Working Conditions in Alberta**

During the spring of 2016, pharmacists in Alberta were invited to participate in a survey to determine the opinions of pharmacists about their current practice conditions in Alberta. The survey, administered by Dr. Carlo Marra, Dean of the Faculty of Pharmacy at Memorial University in Newfoundland, was modelled after a survey administered by the Oregon State Board of Pharmacy; and followed by the British Columbia Board of Pharmacy. The survey was also delivered in New Brunswick, Newfoundland, and PEI; with each adapting the survey to better reflect the scope of practice and service delivery model in their jurisdiction. Registrar Eberhart presented highlights of the survey.

Only 15% of eligible participants, responded to Albert's survey; therefore, the results are not statistically significant. Some indicators are more reliable than others, for the purpose of discussion; however, should not be used to demonstrate cause and effect. Amongst the variables studied, respondents indicated that quota's and prescription volumes of greater than 100 per day, were more likely to negatively impact pharmacists' perspectives about their working conditions than others. ACP will use this information to facilitate discussion amongst registrants about work conditions, at forthcoming regional meetings.

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

### **4.1 Report from NAPRA**

Following is a summary of the April 23-24, 2016 Board Meeting of the National Association of Pharmacy Regulatory Authorities (NAPRA), submitted by Anjali Acharya, ACP's appointee to the NAPRA Board and newly elected NAPRA President.

- **NAPRA Executive Director**  
NAPRA welcomed Adele Fifield as the new Executive Director. Ms. Fifield officially takes the reins as of Friday, September 2, 2016 replacing outgoing Executive Director Carole Bouchard. Previously the Chief Executive Officer of the Canadian Association of Radiologists (CAR), Ms. Fifield was selected from among potential candidates for her exemplary professional knowledge in the areas of program management and delivery, financial management, membership and volunteer management as well as policy development. A veteran senior executive and leader, Ms. Fifield's experience developed over 25 years working in the national charitable and non-profit sector.
- **NAPRA Model Standards for Pharmacy Compounding of Non-Sterile Preparations.**  
*NAPRA Model Standards for Pharmacy Compounding of Non-Sterile Preparations* document has been made available for consultation. The board has allocated 4 months for consultation in consideration of the time of year and to support a broader dialogue and need for regional engagement.
- **Pharmacy Practice Management Systems (PPMS) Supplemental Document**  
*Pharmacy Practice Management Systems (PPMS) Supplemental Document* on traceability and bulk preparation labeling that was created to support NAPRA's

“Model Standards of Practice for Canadian Pharmacists” and the “Model Standards for Pharmacy Compounding” is expected to undergo final review and publication in the summer of 2016.

- **National Committee on Pharmacy Technicians – Bridging Program**  
Pharmacy Technician Bridging Program will be facing decreased utilization once Alberta, BC and Ontario end their pharmacy technician transition process. Provinces across Canada are at various levels of legislation with respect to pharmacy technicians. The bridging program is currently being utilized in the context of continuing education and supporting the transition for international pharmacy technicians. In 2018 PEBC will have an evaluating exam in place for pharmacy technicians and the ongoing viability of the Pharmacy Technician Bridging Program will be evaluated.
- **Pharmacist Gateway Project**  
NAPRA continues to see increased interest and use of The Gateway by international pharmacy graduates. With the project now being in operation for 18 months it has seen an impressive number of registrations by international pharmacy graduates. The ability to evaluate the data and outcomes of registrants will be increasingly valuable. As of March 2016, The Gateway has had a total of 3975 registrations. NAPRA is now in a support and maintenance cycle for the program.
- **Naloxone for Opioid Overdose**  
Health Canada revised its listing of naloxone on March 22, 2016 allowing naloxone to be available for emergency use for opioid overdose outside of hospital settings. While several provinces and territories have sought the legislation to move naloxone to Schedule II within their jurisdictions, NAPRA was unable to move forward with a national drug schedule review until it received a formal submission. A submission was received by the National Drug Schedule Advisory Committee (NDSAC) on April 7, 2016. Recognizing the need to ensure a thorough yet timely review of naloxone by NDSAC, it was decided that, on an exceptional basis, the consultation period after the posting of the NDSAC interim recommendations will be shortened from 30 to 10 days. It is anticipated that a final recommendation should be available by June 24, 2016.
- **.Pharmacy Global Top Level Domain (GTLD)**  
NAPRA has completed an agreement with NABP with respect to the .pharmacy top level domain which clarifies the roles of both organizations and PRAs in verifying and supporting the validity of information by applicants for .pharmacy domain name. Several awareness recommendations around the .pharmacy domain are being planned. Please view [www.safe.pharmacy](http://www.safe.pharmacy) for more information.
- **Supreme Court of Canada’s Decision in Carter v. Canada**  
NAPRA continues to engage with regulatory groups in medicine (FMRAC) and Nursing (CCRN) around the regulatory implications of Bill 14 and is reviewing key areas where amendments may be necessary in NAPRA’s core documents for pharmacists and pharmacy technicians who participate in medically assisted death.
- **Elected NAPRA Executive Committee 2016-2017 Term:**  
Anjali Acharya - President  
Craig Connolly - Past President  
Glenda Marsh - Vice President  
Linda Hensman - Director to the Executive Committee

**MOTION:** to accept the report from NAPRA as information.

Moved by **Rick Hackman**/Seconded by **Stan Dyjur**/CARRIED

#### 4.2 Report from CCCEP

Art Whetstone, Executive Director of the Canadian Council on Continuing Education in Pharmacy (CCCEP) submitted a report to Council from the May 25-27, 2016 Board of Directors meeting. Excerpts from the report follow:

##### Project Plan for 2016-2017

The Board of Directors approved six projects for 2016-2017. Two projects (website development and reviewer-author-presenter database) were initiated in 2015-2016. All, except the continuation of *CCCEP e-Connect*, are related to CCCEP's 2016-2019 Strategic Plan.

1. *CCCEP e-Connect* - The current approach for the development and distribution will be reviewed in 2016-2017.
2. *Blueprint* (Specialization and Summit Follow-up) - The project includes the continuation and support of the Specialization Task Group, including the survey of definitions and the planning for the business case. Also, the expected outcomes of the June 2016 Pharmacy Summit is the identification of projects and formation of task groups to implement the projects.
3. *Website development* - The website project is not expected to be completed until the summer or fall of 2016.
4. *Reviewer-Author-Presenter Database* - The development of the database was initiated in 2015-2016. The purpose is to facilitate program providers in finding individuals who desire to review, author or present on subject areas in which they have advanced knowledge.
5. *Competency-Mapped Accreditation* - CCCEP plans to develop competency-mapped accreditation in 3 to 6 areas over the next couple of years. Development work is being undertaken for lab tests, minor ailments and sterile compounding.
6. *Tech CE Promotion* - CCCEP has committed to encouraging and promoting Tech CE over the next two to three years. The task group and provincial pharmacy technician contacts have identified a number of potential initiatives.

##### Review of Standards and Guidelines for Accreditation

For the past months, the Accreditation Policy Committee worked on the revision of the standards and guidelines for CCCEP accreditation. The aim of the review is threefold: to maintain the core standards while simplifying them; to reduce duplication between standards and guidelines; and to make each more user-friendly. As a result of the review, the principles were eliminated and instead incorporated into the standards. In addition, the number of standards were reduced from 23 to 7. The concept of "Required Elements" was introduced. It was felt that the term "guideline" was not strong enough. The intent is to incorporate most of the guidelines into these required elements. The expectation is that the Committee will submit the standards and guidelines for CCCEP accreditation for approval by the Board of Directors at their September meeting.

##### Accreditation Services

There were a total of 252 accreditation submissions from July 2016 to April 2016. Just over 51% were new activity submissions and about 38% were renewals.

- Total submissions, Special Accreditations (Administrative Reviews, Extensions, Delivery Mode Review) and Renewals were higher than plan
- Fast Tracks and New Activity applications were lower than plan

**MOTION:** to accept the report from CCCEP as information.

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

#### **4.3 Report from the Past-President**

Past-president Rick Hackman addressed Council about his experience and learning in attending the 3<sup>rd</sup> World Health Professions Regulation Conference; and complementary meetings held with Swiss pharmacy and government leaders. He contrasted opportunities that we enjoy in Canada with respect to self-regulation that don't exist in other countries; particularly in eastern Europe, Africa, and parts of Asia. He reflected on disparities in health human resources in many countries, and the ethical considerations arising from the movement of health professionals from one country to another. He concluded by noting that globally, the public and governments are seeking increased accountability of regulated health professionals.

He reflected on meetings held with Pharmasuisse leaders, the national pharmacy organization in Switzerland. Pharmasuisse is an advocacy organization, and federal and state governments share responsibilities in governing the profession. Switzerland is currently governed by a coalition of five parties, making it difficult to easily impact changes in policy. Therefore, Swiss pharmacists are frustrated that they have not been able to evolve their scope of practice forward as quickly as we have. Pharmacy managers in Switzerland require at least two years' experience before being eligible for this role. Over 30% of physician's income in Switzerland is from dispensing. Increasingly, the pharmacy industry is starting to promote and dispense their products directly to patients.

#### **4.4 Report from Deputy Registrar Cooney - FIP 2016**

ACP received an invitation from the International Pharmaceutical Federation (FIP) to participate on a panel at a FIP "Roundtable on Immunization by Pharmacists" held at the 76<sup>th</sup> FIP World Congress of Pharmacy and Pharmaceutical Sciences 2016, in Buenos Aires, Argentina. Deputy Registrar Cooney attended on behalf of the college. Other panelists included Emma Andrews, Regional Medical Therapeutic Area Lead-Diversified Portfolio for Latin America, Pfizer, USA; Matthew Downham, the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA); and Peter Guthrey, Pharmacy Guild of Australia, Australia. The following is an excerpt from Deputy Registrar Cooney's report to Council:

- The panel discussion was preceded by a presentation regarding the newly released FIP report on immunization. There was good discussion about promotion of the pharmacist role in immunization and interest in the Alberta and Australian experience presented. To view the report, visit [http://fip.org/files/fip/publications/FIP\\_report\\_on\\_Immunisation.pdf](http://fip.org/files/fip/publications/FIP_report_on_Immunisation.pdf). FIP surveyed 137 member organizations as part of the completion of the report. The role of pharmacists in immunization and vaccination is varied across the world ranging from simply facilitating safe supply and dispensing of vaccines



to the legal authorization to administer and manage vaccination schedules. The report estimates that 10 million lives could be saved by increasing access to medicines and vaccinations and espouses that community pharmacists are in a strong position to provide a major contribution to public health. Report writers noted that they had a great deal of difficulty getting responses to the survey. It is speculated that jurisdictions where pharmacists are not authorized to administer vaccines choose not to respond. This was noted with disappointment. It appears that there is a perception that pharmacist involvement with immunization is limited to administration. In the report and in the discussions, it was observed that even in jurisdictions where pharmacists are not authorized to administer vaccines they can play a significant role in public health through advocacy and education. Based on a sample of 45 countries and territories, the report estimates that pharmacist-administered vaccination services have the potential to reach a total global population of 655 million.

- Deputy Registrar Cooney attended a portion of Pharmacy Technician Symposium. Based on his attendance at past symposiums it has become obvious that the education, role, scope of pharmacy support personnel, and even the titles used, varies greatly on the international scene. In Denmark, Pharmaconomists complete a three-year training and work very independently from pharmacists, despite the fact that the pharmacist retains responsibility for the work completed. In other countries, personnel titled technicians have a scope that is equivalent to what a pharmacy assistant would do in Canada. Susan James, Registration Manager at the Ontario College of Pharmacists has participated on a FIP committee that prepared a report on the state of pharmacy support workforce internationally, however that report has not yet been accepted by the FIP board, therefore has not been published or made public.
- Deputy Registrar Cooney also attended a presentation and a meeting regarding FIPed, a FIP Education Committee. FIPed has created a report entitled “Transforming Our Workforce –Workforce Development and Education: systems, tools and navigation.” To view the report, visit: [http://fip.org/files/fip/PharmacyEducation/2016\\_report/FIPed\\_Transform\\_2016\\_online\\_version.pdf](http://fip.org/files/fip/PharmacyEducation/2016_report/FIPed_Transform_2016_online_version.pdf). This global report provides an overview on how FIPed resources that have been developed into country-specific resources necessary to address distinct population healthcare needs. The report describes the drivers behind the development of each tool as well as the known impact. It contains detailed evidence-based descriptions of innovation, data and analysis of workforce development tools that have been used by countries to assist with transforming pharmacy education and creating a flexible and adaptable pharmacy workforce that can meet the significant challenges of new millennial healthcare provision. The report includes reference to FIP reports on subjects including Quality Assurance, Continuing Education, Inter-professional Education, undergraduate education and advanced practice and specialization. In November 2016 FIPed is hosting a Global Conference on Pharmacy and Pharmaceutical Sciences Education in Nanjing China. FIPed plans to release three documents as outcomes of this global Conference - a Global Vision for

Workforce, Global Workforce Developments Goals, and Professional Statements on Education. These will set out a roadmap for the long-term strategic direction for FIP and its role in transformative workforce development. Deputy Registrar Cooney's understanding is that the results of this work and this summit will form the basis of international competencies for pharmacy practice and standardized education.

- Other sessions of interest attended by Deputy Registrar Cooney included:
  - Social Media for beginners – included a presentation from Kelly Grindrod from the University of Waterloo. Kelly is pharmacist and pharmacy educator who is an avid user of social media and who has been studying the use of social media in pharmacy and other communication tools for patients.
  - Rapid diagnostic testing by pharmacists:
    - Discussion regarding HIV testing in pharmacies in Spain, particularly beneficial in rural areas
    - A case study regarding strep testing in the US. Project had delegated authority for pharmacist prescribing in 4 states: Minnesota, Nebraska (two others) Faculty member at Nebraska who presented was very keen to share information with us regarding standard requirements for point of care testing.
    - How to differentiate your community pharmacy using point-of-care diagnostics: An Australian case study. A very interesting review of how a small group of independently owned pharmacies created a niche for themselves offering services that were not available at “Big Box” stores. Patients are willing to pay for a wide variety of point of care and other diagnostic testing services including sleep studies.

In closing, Deputy Registrar Cooney shared his thoughts on the value of learning more about the practice of pharmacy in other jurisdictions, particularly internationally, and to be able to talk about practice in Alberta. Again and again, he was struck by the fact that in Alberta, we have, what speaker after speaker indicated, is the optimal environment for practice: authority to prescribe, authority to order laboratory tests and access to laboratory results, and access to an electronic health record. However, it is also important to recognize that getting what you want or require, is not the end of the journey. We have continued work to do to ensure appropriate and consistent use of the tools that we have available. He observed that although our experience has provided us with much to share with others, we can also learn from the journeys in other jurisdictions.

#### **4.5 Bill 5 – Pharmacy and Drug (Pharmaceutical Equipment Control) Amendment Act, 2016 – Letter from Mike Ellis (MLA-Calgary West)**

Registrar Eberhart referred Council to correspondence from MLA Mike Ellis who sponsored a Private Members bill to amend the *Pharmacy and Drug Act*, to restrict the use of tablet and pill manufacturing devices for illicit purposes. Mr. Ellis has complemented ACP for its support. While Bill 5 was supported by all parties in the legislature, it does not come into effect until regulations supporting the amendments are approved.

**4.6 Health Quality Council of Alberta Report-Understanding Patient and Provider Experiences with Relationship, Information, and Management Continuity**

The Health Quality Council of Alberta Report (HQCA), released their report “Understanding Patient and Provider Experiences with Relationship, Information, and Management Continuity. The report is based on an in-depth study conducted by the HQCA that explores the role of continuity of care within the healthcare system, to understand and measure factors that impact or influence the patient’s journey, whether that care be fragmented or seamless. Council reviewed the report and felt it was medically centric and did not consider the broader healthcare system. To view the report, visit: [www.hqca.ca](http://www.hqca.ca). Questions were raised about the use of the report moving forward. To what end will the report benefit the healthcare system and Alberta? Registrar Eberhart will correspond with Andrew Neuner, Chief Executive Officer of HQCA to relay the comments of Council and to seek additional information about future strategies based on the report’s findings.

**4.7 Request for ACP to consider changing its name**

Council discussed proposals from pharmacy technicians to change the name of the college to be more inclusive of both pharmacists and pharmacy technicians. Registrar Eberhart provided an analysis of the impact, opportunities and risks. Council agreed that future discussions about the proposed name change should be informed by a plan that includes an environmental scan, timeframes for ACP’s legislative renewal strategies, costs, and an implementation plan. Integration of pharmacy technicians is a priority of Council, and further discussions on the proposed name change will be thoughtful, and inclusive of the professions.

**5. Evaluation of Meeting**

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

After each council meeting, Council Members complete a self-evaluation of their performance at the meeting, through an electronic questionnaire. President Pereira asked Council to consider the relevance of the questions and if the questions as written, were of value to improving council performance. Council Members agreed there was value to self-evaluation and would like to consider including open ended questions such as “how can we improve council” and additional opportunities for discussion and reflection on council deliberations. President Pereira asked Council Members to complete the electronic self-evaluation form for collation, and review at its next council meeting. The self-evaluation will be facilitated through survey monkey. Leslie Ainslie will forward a link to the survey.

**5.2 Summary of Results for the May 11, 2016 Council Meeting**

A summary of the May 2016 council meeting evaluations was circulated with the agenda for information.

**5.3 Aggregate Results from Council Evaluations During the 2015-16 Council Year**

A summary of the aggregate results for the 2015-2016 council meeting evaluations was provided to Council for information.

**5.4 Summary of Results for the June 23-24, 2016 Council Meeting**

A summary of the June 2016 council meeting evaluations was circulated with the agenda for information.

**6. Adjournment**

**6.1 Forthcoming Events and Council Meeting Dates**

**6.1.1 Council Plan 2016-2017**

Council reviewed a DRAFT plan for Council's business during the 2016-17 term. The plan provides a "roadmap" for Council's business over the next year.

**6.1.2 December 5-6, 2016 – Council Meeting, Edmonton**

**6.1.3 March 2-3, 2017 - Council Meeting, Edmonton**

**6.1.4 March 2, 2017 – APEX Awards, Edmonton**

**6.1.5 May 4-5, 2017 – Council Meeting, location TBD**

**6.1.6 June 20-22, 2017 – Leadership Forum, Edmonton**

**6.1.7 June 22, 2017 - Celebration of Leadership, Installation of President, Edmonton**

**6.1.8 June 23, 2017 – Council Meeting, Edmonton**

**6.2 Adjournment**

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

Moved by **Stan Dyjur**

Meeting was adjourned at 12:35 p.m.