

MINUTES
Council Meeting
ALBERTA COLLEGE OF PHARMACISTS
March 3-4, 2016
Westin Hotel, Edmonton

1. Introduction

1.1 Call to Order

President Hackman called the meeting to order at 1:00 p.m.

The business meeting of Council was held over two days. On Thursday, March 3, the meeting convened at 1:00 p.m. and recessed at 5:01 p.m. On Friday, March 4, the business meeting of Council reconvened at 8:00 a.m. and adjourned at 4:35 p.m.

1.2 Roll Call

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

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

Non-Voting

- Jim Kehrer - Dean, Faculty of Pharmacy & Pharmaceutical Sciences (Absent March 4)
- Terri Schindel, Associate Dean, Undergraduate Programs, Faculty of Pharmacy & Pharmaceutical Sciences. on behalf of Dean Kehrer (March 4, 8:00 am-4:35 pm)
- Mehnaz Anwar – APSA Student Representative (Absent March 3)

Absent with Regrets

- Mary O'Neill - Public Member

Also in attendance:

- Greg Eberhart – Registrar
- Dale Cooney - Deputy Registrar
- Lynn Paulitsch - Operations and Finance Director
- Leslie Ainslie - Executive Assistant
- Shirley Nowicki - Communications Director
- Margaret Morley – Hearings Director (March 4, 1:00-3:30 pm)
- Dr. Carl Amrhein, Deputy Minister of Health (March 4, 8:00-9:30 am)
- Michelle Evans, Ministry of Health (March 4, 8:00-9:30 am)
- John Sproule, Ministry of Health (March 4, 8:00–9:30 am)
- Observers/Members of the Public

1.3 Invocation

Brad Willsey read the invocation.

1.4 Adoption of the Agenda

1.4.1 Consent Agenda

MOTION: to lift “Naloxone” and “PAD” from the Consent Agenda.

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

1.4.1.1 PAD (Physician Assisted Death) – In December 2015, ACP established a PAD working group to develop guidance document for pharmacists and pharmacy technicians. On February 25, 2016, a Federal Advisory Committee on PAD issued a report to the Federal government. The report recommended that federal legislation be developed that exempts pharmacists and pharmacy technicians from prosecution under the criminal code when providing services for PAD. ACP may facilitate webinars for registrants to discuss ACP’s guidance documents.

1.4.1.2 Naloxone - Registrar Eberhart reported that as of February 26, 2016, 396 pharmacies have registered to provide Naloxone kits. This provides a broad distribution across Alberta. ACP has received reports of pharmacists being faced with the ethical dilemma as to whether to dispense a prescription written for an individual who is not the intended patient for Naloxone. Federal legislation requires that a prescription only be written for a “patient,” that is, the individual for whom the medication is intended to be used.

Council will consider what ACP’s legal, versus ethical responsibility is, regarding prescriptions and access to the Naloxone kits. Alberta Health Services is clear that Naloxone kits should be accessed through AHS sites.

MOTION: to lift “Competence Committee” from the Consent Agenda.

Moved by **Jennifer Teichroeb**/Seconded by **Brad Willsey**/CARRIED

1.4.1.3 Competence Committee – President Hackman and Registrar Eberhart met with the Chair of the Competence Committee. As a result, ACP will review the Terms of Reference for the Competence Committee with consideration given to the role of the Competence Committee, and how it can best support the responsibilities of Council. Registrar Eberhart will bring forward for Council’s consideration proposed amendments to the Terms of Reference in 2016-2017.

In addition, it was agreed that Council will proceed to appoint two additional pharmacy technicians to the Competence Committee for the 2016-2017 term.

MOTION: to approve the Consent Agenda report presented by Registrar Eberhart.

Moved by **Brad Willsey**/Seconded by **Jennifer Teichroeb**/CARRIED

1.4.2 Additions to the Agenda

MOTION: to adopt the agenda as circulated.

Moved by **Kelly Boparai**/Seconded by **Jennifer Teichroeb**/CARRIED

1.5 Minutes from Previous Meetings

1.5.1 Minutes – November 30-December 1, 2015 Council Meeting

MOTION: to adopt minutes of the November 30–December 1, 2015 council meeting as circulated.

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

1.5.2 Minutes – February 11, 2016 Teleconference Meeting of Council

MOTION: to adopt minutes of the February 11, 2016 teleconference meeting of council as circulated.

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

1.6 Disposition of Directives

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

MOTION: to accept the Disposition of Directives as information.

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

2. Governance

2.1 Compliance Monitoring and Reports

2.1.1 Executive Limitations – Compliance Reports

Reports from the Registrar have been provided for each of the following executive limitation policies.

2.1.1.1 EL-4 Financial Condition (Internal)

Council received Internal Financial Statements and Variances for the month ending December 31, 2015.

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

Moved by **Kamal Dullat**/Seconded by **Kelly Boparai**/CARRIED

2.2 Reflecting on 2015 and 2015-2016 Update on Initiatives

2.2.1 Status of 2015 and 2015-2016 Goals

Registrar Eberhart presented a status update of priorities agreed to by Council for 2015 and those identified for 2016.

2015 Priorities Achieved

- *Implement pharmacist continuing competence program and complete plan for pharmacy technician continuing competence program.*
 - Status – The first cycle of the continuing competence program for pharmacists has been implemented; and the framework and rules for the continuing competence program for the pharmacy technician program approved by Council.
- *Complete development of governance matrix and report on indicators for “Effective Organization”.*
 - Status – Governance indicators approved by Council. ACP is developing sensitivity scales for indicators.

- *Complete assessment of Association Management Technology, establish plan for implementation, complete needs analysis and procure enterprise reporting tool.*
 - Status – A needs analysis was completed and a Request For Proposal issued in February 2016. An implementation plan is forthcoming.
- *Defend amendments to the Standards of Practice and Code of Ethics that are subject to judicial review.*
 - Status – Before the Court of Queen’s Bench March 4, 2016.
- *Implement amendments to the Standards of Practice (compounding and inducements)*
 - Status – Implementation deferred pending approval of standards and the judicial decision.

2015 Priorities Carried Over

- *Review registration programs, including definitions in legislation, registration requirements and processes.*
 - Status – The review is underway, and new policies and procedures are to be approved prior to November 30, 2016.
- *Enhance engagement with registrants and stakeholders.*
 - Status – 8 regional meetings are underway, ACP held meetings with senior corporate leaders, engaged with RxA, and will meet with PTSA in April.

2016 Priorities

- *Implement an “Information Management Solution” to support the current and future business needs of the college.*
 - Status - a new vendor for information management system will be secured, and programming to support ACP’s business is underway with system implementation to be completed by the end of 2017. A complete enterprise reporting needs analysis is to be implemented in 2018.
- *Review registration policies and procedures for regulated members to ensure they support the changing needs in practice and the healthcare system.*
 - Status - The review is underway, and new policies and procedures are to be approved prior to November 30, 2016.
- *Implement the Continuing Competence Program for Pharmacy Technicians and processes that will support pharmacy technicians with their learning and implementation records.*
 - Status – Work is currently underway. ACP will address Pharmacy Technicians about documenting “implementation” record at the PTSA conference in September.
- *Propose amendments to the Scheduled Drugs Regulation.*
 - Status – Proposed amendments respecting codeine were approved by Council, and submissions made to the Minister of Health. Naloxone continues to be under discussion. A broader discussion about the scheduling model is deferred.
- *Develop role statements for pharmacists and pharmacy technicians.*
 - Status – ACP and RxA are developing a vision for pharmacy in Alberta. The Roadmap for Pharmacy will be used as a foundation to develop role statements.

- *Develop a framework to guide pharmacists and pharmacy technicians in using “point of care” technologies.*
 - Status – ACP has partnered with RxA. Phase 1, an environmental scan, is near completion. Phase 2 will be the development of a framework; followed by the development of standards as necessary.

2.2.2 Panel Discussions with Program Directors

Deputy Registrar Cooney and ACP’s program directors provided Council an overview of achievements, observations, and trends from ACP’s four program areas of registration, competence, practice, and complaints during the past year. The following questions/observations arose from these discussions:

- How many candidates who were successful in achieving APA in 2015 had approximately 1 year practice experience?
- How does ACP validate 1 year practice experience?
- Are there any trends related to the applications of candidates who are unsuccessful in their application for APA;
 - Documentation?
 - Lack of comprehensiveness?
- Do we have any data about the number of IPG’s who have been granted APA.

2.3 Environmental Scan and Reflection on Strategic Goals

Council reflected on the following changes most significant to the College and the profession since approving the 5 year plan, and did not make any changes to its five year priorities:

- **Economics** – the substantive change in the Alberta, Canadian, and Global economies will force new thinking and new ways of doing things, as current approaches are unsustainable.
- **Politics** – the advent of the NDP government provincially and the Liberal government federally will shift priorities and how decisions are made.
- **Societal**
 - the Supreme Court decision to recognize physician assisted death as a human right, is a fundamental social change that will impact Canadians definition of life, end of life care, and individuals and families final considerations in life. This will impact the roles and practices of pharmacists and pharmacy technicians, and ethical considerations that they must make at this stage of care.
 - the opiate abuse epidemic.
- **Technology** – point of care technologies are rapidly becoming increasingly available, and are being marketed to consumers to support them in managing their personal health. Faster, cheaper, and more accessible technologies will be available through, and used by pharmacists to support their roles in promoting personal care and managing drug therapy.

2.4 Review of Governance Matrix Sensitivity Scales

Registrar Eberhart presented draft sensitivity scales for each indicator within the “Effective Organization” CSF of the governance matrix. He noted that the matrix included two sub-indexes, and four sub-indexes, all of which were weighted:

- Financial Performance (30%)
 - Reserve fund variance (50%)
 - Expense Variance (50%)
- Governance Performance (70%)
 - Priorities met (30%)
 - Governance Policy Compliance (70%)

Therefore, the contribution of the score for any indicator to the final score for the index would be diluted by the weighting allocated to the sub index and the indicator itself. It was observed that because Council should be complying with its governance policies at a high level, this indicator unduly overshadowed results from other indicators.

Therefore, it was proposed that the indicator for “governance policy compliance” be deleted from the matrix; and, that the three remaining indicators be rolled under a single index. This would reduce the number of weighting factors at the sub-index level (reduce from two to one); and, each of the three remaining indicators could be re-weighted under the single remaining sub-index.

Council was asked to consider the following recommendations:

1. That the indicator on “governance policy compliance” be rescinded;
2. That the sub-indexes for financial, and, governance performance be collapsed into a single sub-index; thereby reducing one level of weighting;
3. Amend the indicator for the reserve variance to read “the number of months equivalent of operating expense reserves; and,
4. That the three remaining indicators be re-weighted as follows:
 - a. The number of month’s equivalent of operating expense reserves (40%),
 - b. The per cent variance of actual expenses to budget (20%),
 - c. The per cent of annual priorities met (40%).

Council then considered sensitivity scales for each of the three indicators. The following scales were presented for Council’s consideration:

Indicator	1	2	3	4	5	6	7	8	9	10	Unit
a	2.25	2.5	2.75	3.0	3.25	3.5	3.75	4.0	4.25	4.5	months
b	10	9	8	7	6	5	4	3	2	1	%
c	10	20	30	40	50	60	70	80	90	100	%

MOTION: to approve the indicators and sensitivity scales.

Moved by **Taciana Pereira**/Seconded by **Kelly Olstad**/CARRIED

2.5 Generative Discussions

Council has committed to generative thinking as a process for envisioning the long-term future. In the past, Council has deliberated global and societal trends and how they may impact our professions and the college. At this meeting, generative

discussions focused on “What will a pharmacy be in the future.” Council discussed what opportunities, risks, and threats are on the horizon for the profession. They considered what a pharmacy will look like in the future and the work of ACP to develop a licensing structure to support these changing parameters. In the context of licensing a pharmacy, does a pharmacist need to be one site. Might Pharmacy Technicians become licensees? Consideration was given to the possibility of a future where pharmacists and the pharmacy technicians are not co-located, or if the “dispenser” is separate from clinical services. Does a pharmacy need to carry drugs? These scenarios provide opportunity; but also potential risk for fractured care, abuse of the system and changes in patient/consumer behaviours. However any opportunity for innovation should be considered based on opportunity to the public, and compliance with ACP’s standards.

2.6 Pharmacy Roadmap for the Future

In November 2015, ACP and RxA hosted an invitational workshop with about 30 individuals that included pharmacists, pharmacy technicians, faculty members, physicians, nurses, AHS leaders, government representatives, members of the public, community leaders. During the workshop, a roadmap was developed focusing on a 10 year horizon, followed by exploration of 5 year strategies. The roadmap identified six core themes.

- Practice models of care - Connect people and communities to provide comprehensive and innovative healthcare and health services.
- Technology and Interactivity - Leverage and/or develop integrated, interactive technologies that empower patients and health providers to optimize patient outcomes.
- Drug Products – Enable confidence in the drug supply system by ensuring appropriate access to quality drug products.
- Professionalism - Demonstrate patient-centered care through high performance and ethical conduct to promote the health of our communities.
- Relationships - Future respectful partnerships to achieve patient and family centered care.
- Health System - Create environments that enable patient centered care.

This work has been used as a foundation to develop a 10 year vision for the practice of pharmacy in Alberta. Council and RxA’s board reviewed the first draft of the vision, which is a narrative that provides context to the six themes identified. The draft will be enhanced based on the comments received, with a target of achieving Council approval at the June council meeting. Thereafter, support for the vision will be sought from other partners. A joint vision statement for pharmacy will be used to seek adoption by other pharmacy organizations in Alberta; and, to support the strategic direction of the professions in the future.

Council supported the general tone of the narrative. Discussion and questions that arose questioned whether the narrative:

- Adequately recognized hospital/institutional practice?
- Appropriately addressed pharmacist technicians; particularly in relationship to their practice with pharmacists?
- Are systemic issues like affordable drugs and access to drugs within our control?

- How would we take ownership of this and can we deliver?
- Concern was expressed that third party carriers are determining what patient care is.

2.7 Proposed Bylaw Amendments – Resolutions

It is a priority of Council to encourage and facilitate engagement with registrants about emerging issues. In 2015, ACP implemented new bylaws to accommodate resolutions proposed by registrants as a means for engagement however, Council has observed that resolutions are not a feasible tool for the college to facilitate its business and interest in engaging with members. While maintaining a commitment to engagement with registrants through its governance policies, Registrar Eberhart proposed that Council consider rescinding Section 30 of ACP's bylaws, and amend any consequential bylaws respecting resolutions.

Additionally, there is concern that sections 18 and 18.1 do not prohibit individuals who may not be of good character from being nominated for election to Council. Upon review, Council directed that amendments be pursued to Section 30 relating to resolutions, and Section 18(1)(3) and 18.1(1)(3) relating to eligibility for Council. ACP's legal counsel will draft amended bylaws for Council consideration in May.

MOTION: to pursue amendment to the bylaws to rescind Section 30 of the bylaws.
Moved by **Kelly Olstad**/Seconded by **Al Evans**/CARRIED

MOTION: to pursue amendment to Section 18(1)(3) and Section 18.1(1)(3), of the bylaws.
Moved by **Kamal Dullat**/Seconded by **Brad Willsey**/CARRIED

3. Legislated Responsibilities

3.1 Hearing Tribunal Decisions

3.1.1 Cyril Bright- Registration Number 4108

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

3.1.2 Melissa Kendrick – Registration Number 12317

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

3.2 IPG Entry to Practice Requirements

Registrar Eberhart advised Council of the exponential increase in the number of International Pharmacy Graduates (IPGs) registering in Alberta in the past two years. He indicated that the number of IPGs registering is disproportionate to other provinces and exceeds the need and capacity for pharmacists in Alberta. He shared how this has impacted the workload of the registration department, capacity in structured practical training, and revenues. Registrar Eberhart provided Council with ACP's analysis of the contributing factors to this influx and Council reviewed a briefing about policies in other provincial jurisdictions. Council's discussion did

not focus on the number of IPGs seeking registration, but rather on whether the IPGs were competent to enter practice. Council indicated they did not want ACP to develop a bridging program, however asked that further consideration be given to enhance structured practical training and assessment requirements before registering IPGs. ACP will continue to review this issue and build actions to support its strategies for the future. Registrar Eberhart will invite PEBC and NAPRA leaders to discuss national trends and initiatives regarding IPGs at the June council meeting. Council also explored ACP's structured practical training program. Questions arose as to whether:

- There were special considerations necessary for SPT programs for IPGs;
- Investment is required to enhance the ability of preceptors;
- There should be an enhanced evaluation process for SPT, possibly including a group of standardized assessors who would be able to provide a secondary objective assessment of candidates (separate from their preceptors).

3.3 Proposed Amendments to Scheduled Drugs Regulation

Council was advised that the Federal Government intends to deregulate Naloxone to non-prescription status as early as April 2016. Minister Hoffman wishes to respond imminently upon the federal decision to further enhance access of Naloxone to Albertans by exercising authority under the provincial *Scheduled Drugs Regulation*, to reschedule Naloxone provincially. As Naloxone is currently only available in an injectable format in Canada, it is likely that it will be recommended for Schedule 2 status. If that is the case, the Ministry of Health will need to give consideration to the steps necessary to avail Naloxone to other health professionals and community based groups to ensure access by “front-line” intervenors and other regulated health professionals. Council requested that ACP continue to work with the Ministry to find the best legislative alternative to achieve this.

MOTION: that Council supports increasing accessibility to Naloxone, and in doing so supports the rescheduling to Schedule 2 or Schedule 3, and will support amendments to the Standards if necessary.

Moved by **Brad Willsey**/Seconded by **Taciana Pereira**/CARRIED

3.4 Electronic Transmission of Prescriptions

The College of Physicians and Surgeons (CPSA) approved guidelines and standards for prescribing that includes recognition of digitally captured signatures and the electronic transmission of prescriptions. Deputy Registrar Cooney met with CPSA policy analysts to better understand the policy and consider the implications for pharmacies. Both CPSA and ACP acknowledge that some of the requirements outlined in CPSA's standard, such as secure system-to-system messaging, are not currently available. CPSA indicated that the intent was to create a standard that will allow for the electronic transmission of prescriptions when such systems become available. ACP believes the policy appears broad enough to allow a prescription to be transmitted directly from a physician's electronic medical record (EMR), to the fax machine in a pharmacy if, the EMR meets the requirements outlined in the standard; including completion of an appropriate privacy impact assessment. In addition, there may be rare instances such as within Alberta Health Services or in a PCN, where a secure messaging system is in place.

Consensus: Council reviewed CPSA’s new standard for transmitting prescriptions electronically and did not express any concern. ACP will consider complementary changes to its standards when the next review and update our standards is underway.

3.5 Proposed Policy on Manufacturers Coupons

Pharmacists and pharmacy technicians must practice in an environment that minimizes conflict of interest, invites objective drug therapy decisions, and that allows them to demonstrate professionalism through compliance with ACP’s Code of Ethics. Practices must comply with ACP’s Code of Ethics, Standards of Practice for Pharmacists and Pharmacy Technicians, and the Standards for Operating Licensed Pharmacies. Pharmacists and pharmacy technicians should only engage in such programs in an informed manner that consistently invites objective and autonomous decision making that considers the unique needs of each patient. In 2014, Council directed that ACP draft guidelines for pharmacists and pharmacy technicians providing loyalty programs offered by pharmaceutical manufacturers. ACP consulted with other regulatory bodies in pharmacy and medicine. It was determined that it may not be in the public’s interest, or within ACP’s scope, to prohibit pharmacists from receiving manufacturers coupons or loyalty cards to offset the cost of certain drugs.

Council considered a policy that would prohibit pharmacists and pharmacy technicians from offering or providing patients manufacturer’s incentives to use specific prescription drugs. Council requested additional information to assess risk, and suggested that it might be better to develop a policy that addresses pharmacists and pharmacy technician’s relationships with pharmacy manufacturers.

3.6 Review of Compounding and Repackaging Agreement

Section 19 of the *Pharmacy and Drug Regulation* requires that Compounding and Repackaging pharmacies have a written contract with community pharmacies that they provide services to. Council reviewed the Compounding and Repackaging Agreement approved in 2011 giving consideration to the terms of the contract in context with ACP’s jurisdiction, regulations, and its vision for the future. They considered how advancements in technology and distribution systems may require changes in how drugs are packaged and delivered across provincial jurisdictions, if the contract should require that compounding and repackaging pharmacies with licensed community pharmacies, be limited to services provided in Alberta. Registrar Eberhart advised that Health Canada has put the development of a federal “commercial compounding” agreement on hold.

Consensus: Council requested that Registrar Eberhart seek legal counsel to provide insight into assess risk, liability and ways to protect against these. Council will further review the matter at its May council meeting.

4. Miscellaneous Business for Council’s Consideration

4.1 Report from CCCEP

Art Whetstone, Executive Director of the Canadian Council on Continuing Education in Pharmacy (CCCEP) submitted its Annual Report for 2014-2015. A copy of the annual report is available for viewing on www.cccep.org.

MOTION: to accept the report from CCCEP as information.

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

4.2 Deans Review Committee

ACP's appointee to the Dean's selection committee, Kelly Olstad, provided an update on the selection process for a new Dean of the Faculty of Pharmacy and Pharmaceutical Sciences. Three applicants were forwarded for final interviews; and each were invited to make presentations to select audiences. ACP will have a limited opportunity to meet with each candidate. A public announcement about the new Dean may be expected sometime after March 18, 2016. Councillor Olstad thanked Council and ACP for their input as a valued partner in this process.

4.3 Additional Prescribing Authority for new PharmD Graduates

Council approved a policy that will allow undergraduate students completing the new entry level Pharm D program, to be entitled to apply for additional prescribing privileges upon graduating and completing their application, based on patient experiences gained after graduation. The one-year practice requirement will be waived for these candidates. The first PharmD graduates are expected in 2018.

MOTION: that graduates of a CCCAP accredited PharmD program may upon entry to the clinical register, apply for additional prescribing privileges upon submitting case studies.

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

MOTION: to rescind the previous motion.

Moved by **Kelly Boparai**/Seconded by **Kamal Dullat**/CARRIED

MOTION: that candidates graduating from entry level PharmD programs at Canadian schools of pharmacy that are CCCAP accredited, may apply for additional prescribing privileges after they graduate, have registered on the clinical register, and develop their application based on cases managed after registration on the clinical register.

Moved by **Brad Willsey**/Seconded by **Kamal Dullat**/CARRIED

4.4 Discussion with Deputy Minister of Health, Carl Amrhein

Dr. Carl Amrhein, Deputy Minister of Alberta Health, met with Council to discuss the challenges, opportunities and priorities within Alberta's health system in the context of the current economic environment. He shared that over the next 5 years, health spending will be limited to approximately 2% increments annually; this translating to cost constraints of about 5 Billion dollars in health expenditures that could be expected based on current trends. His key message was that government would not be taking money out of the health budget (they may reallocate), but that they would not be providing increments as seen in the past, despite an increasing and aging population. He welcomed creativity and new solutions from the profession to achieve this, while recognizing pharmacy's significant role in community based care and emerging possibilities in personalized medicine.

Other key observations and messages shared by Dr. Amrhein include:

- Government sees PCN's as a CSF for primary healthcare, understanding that they are medically centric; however, they are but one piece of primary healthcare:
 - Government also recognizes that pharmacies are a CSF in primary healthcare.

- Change will be driven by evidence, information and engagement:
 - The first challenge of government is to bend the cost curve (short term),
 - The second challenge of government is to evolve the health system (mid-long term).
- Government supports the four dimensions of the Quadruple AIM model for health systems.
- Government is concerned/interested in the drug budget; but the drug budget is not the driver of costs in the system:
 - Physician costs are 23% of the healthcare budget; and, 10% of the provincial budget.
- Personalized medicine is an opportunity for patients; and pharmacists.
- Advocated the “Canterbury System” in New Zealand.
- Observed that pharmacy in Alberta is well funded.
- Observed that the health system is focused on stability; whereas, business is focused on growth...this inviting divergent interests and potential conflict.

4.5 Change Day - Photo

To support the Change Day campaign initiated by the Health Quality Council of Alberta, Council gathered for a group picture where Council Members displayed their Change Day pledges. The photo will be shared via Twitter and posted on ACP’s Facebook page.

5. Evaluation of Meeting

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

5.1 Self-Evaluation of Council Performance at this Meeting

President Hackman reminded Council Members to complete the electronic meeting 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 March 3-4, 2016 Council Meeting

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

6. Adjournment

6.1 Forthcoming Events and Council Meeting Dates

6.1.1 May 11, 2016 – Council Meeting, Edmonton

6.1.2 June 23-24, 2016 – Council Meeting, Calgary

6.1.3 June 23, 2016 – Celebration of Leadership/Installation of President, Calgary

6.1.4 June 25-27, 2016 – CPhA Conference, Calgary

6.2 Adjournment

MOTION: that this meeting of Council be adjourned.

Moved by **Brad Willsey**/Seconded by **Kamal Dullat**/CARRIED

Meeting was adjourned at 4:35 p.m.