

**MINUTES**  
**Council Meeting**  
**ALBERTA COLLEGE OF PHARMACISTS**  
**May 11, 2016**  
**Renaissance Airport Hotel, Edmonton**

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**1. Introduction**

**1.1 Call to Order**

President Hackman called the meeting to order at 8:00 a.m. He welcomed Doug Lam as the new Ex-Officio council member, representing the Alberta Pharmacy Students' Association. He acknowledged Margaret Morley, ACP's Hearings Director as an observer to Council.

**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)
- District A - Kelly Boparai
- District B - Jennifer Teichroeb
- Al Evans - Public Member
- Bob Kruchten - Public Member
- Mary O'Neill - Public Member

**Non-Voting**

- Jim Kehrer - 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
- Margaret Morley - Hearings Director (8:00 – 10:00 am)

**1.3 Invocation**

Kamal Dullat read the invocation.

**1.4 Adoption of the Agenda**

**1.4.1 Consent Agenda**

**MOTION:** to lift "Disaster Plan" from the Consent Agenda.

Moved by **Taciana Pereira**/Seconded by **Kamal Dullat**/CARRIED

**1.4.1.1 Disaster Plan** – In the Consent Agenda, Registrar Eberhart briefed Council on pharmacy's response to the Fort McMurray state of emergency.

- ACP was amongst the first organizations to provide direction to our members upon becoming aware of pending evacuations in Fort McMurray. Again, pharmacists have responded admirably to meet the needs of patients. On May 3, Registrar Eberhart was contacted by the Office of Controlled Substances inquiring into whether ACP had a disaster plan; sharing that when states of emergency had been declared in other provinces, exemptions to the *Controlled Drugs and Substances Act* and its Regulations had been considered. This prompted Registrar Eberhart to request an exemption for Alberta pharmacists to adapt prescriptions for controlled substances (except marijuana for medical use) for the purpose of continuing care, subject to the following restrictions:
  - For the period of the state of emergency only,
  - For Fort McMurray residents only,
  - For the purpose of adapting prescriptions to extend care, and,
  - For quantities up to the amount originally prescribed by the physician, or 15 days; whichever, was less.

This request was not supported by Alberta Health. Moving forward, pharmacy needs to work with provincial authorities to develop a disaster plan for the future. The plan needs to be able to respond to any emergency that negatively impacts a community's access the health services; and particularly drug therapy. The plan must address not only access to drug therapy including controlled substances, but also a means to identify individuals and how to charge for services when money/debit cards/credit cards are not available.

**MOTION:** to approve the Consent Agenda report presented by Registrar Eberhart.  
Moved by **Kamal Dullat**/Seconded by **Kelly Boparai**/CARRIED

## **1.4.2 Addition to the Agenda**

### **1.4.2.1 Recognition of Pharmacy Technicians**

**MOTION:** that ACP will provide PTSA with a Twenty-five Thousand Dollar grant for the purpose of developing and providing professional development for Pharmacy Technicians; in recognition of Pharmacy Technicians becoming regulated professionals.

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

**MOTION:** to adopt the agenda as amended with the addition of the discussion about recognizing pharmacy technicians.

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

## **1.5 Minutes from Previous Meetings**

### **1.5.1 Minutes – March 3-4, 2016 Council Meeting**

**MOTION:** to adopt minutes of the March 3-4, 2016 council meeting as circulated.

Moved by **Bob Kruchten**/Seconded by **Kelly Boparai**/CARRIED

### **1.5.2 Minutes – April 29, 2016 Teleconference Meeting of Council**

**MOTION:** to adopt minutes of the April 29, 2016 teleconference meeting of council as circulated.

Moved by **Mary O’Neill**/Seconded by **Taciana Pereira**/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 **Brad Couldwell**/CARRIED

## **2. Governance**

### **2.1 ENDS and Executive Limitation Amendments**

#### **2.1.1 Policy E (Mega End) – 2015 Annual Report**

The Annual Report reflects the business undertaken by the College in 2015 and our achievements including the reporting required through the *Health Professions Act* and the Mega-End policy of Council. Council reviewed a draft of the Annual Report for tabling in the Legislature by the Minister of Health.

**MOTION:** to approve the 2015 Annual Report and proceed with its publication.

Moved by **Brad Couldwell**/Seconded by **May O’Neill**/CARRIED

### **2.2 Compliance Monitoring and Reports**

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

External reporting is required for EL-4 Financial Condition-External Review. 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.

##### **2.2.1.1 EL-4 Financial Condition – External Review**

Council reviewed the audited financial report from ACP’s external auditors KPMG, for the year ending December 31, 2015. Robyn Eeson and Leanne Bjornstad, 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, 2015.

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

## **2.2.2 Governance Policies – 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-1 Global Governance Process**

**MOTION:** that Council is in compliance with Governance Policy GP-1 Global Governance Process.

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

### **2.2.2.2 GP-10 Council Linkage with Other Organizations**

Council has appointed representatives to NAPRA, CCCEP and PEBC.

**MOTION:** that Council is in compliance with Governance Policy GP-10 Council Linkage with Other Organizations.

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

### **2.2.2.3 GP-11 Council Planning Cycle and Agenda Control**

**MOTION:** that Council is in compliance with Governance Policy GP-11 Council Planning Cycle and Agenda Control.

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

### **2.2.2.4 GP-12 Handling of Operational Complaints**

**MOTION:** that Council is in compliance with Governance Policy GP-12 Handling of Operational Complaints.

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

## **2.3 Policy Review and Amendment**

Council reviewed these policies and provided recommendations for amendment as appropriate

### **2.3.1 GP Policies**

#### **2.3.1.1 GP-1 Global Governance Process**

**MOTION:** to approve Governance Policy GP-1 Global Governance Process as written.

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

#### **2.3.1.2 GP-10 Council Linkage with Other Organizations**

**MOTION:** to approve Governance Policy GP-10 Council Linkage with Other Organizations as written.

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

#### **2.3.1.3 GP-11 Council Planning Cycle and Agenda Control**

**MOTION:** to approve Governance Policy GP-11 Council Planning Cycle and Agenda Control as written.

Moved by **Kamal Dullat**/Seconded by **Mary O’Neill**/CARRIED

#### **2.3.1.4 GP-14 Criteria for Awards**

**MOTION:** to approve amendments to GP-14 Criteria for Awards in reference to ACP Student Professional Development Grant as follow:

*1.5 ACP Student Professional Development Grant*

To assist students develop professionally, in adjunct to their academic training, ACP will provide:

- up to three Student Professional Development Grants, each for up to one thousand dollars (\$1,000) to selected undergraduate students registered with the Faculty of Pharmacy at the University of Alberta; and,
- one Student Professional Development Grant for up to one thousand dollars (\$1,000) to a selected pharmacy technician student registered in an Alberta based accredited Pharmacy Technician program.

Grants will be provided to assist students with special projects aimed towards advancing their profession, or for professional development activities that will advance their professionalism and/or leadership skills.

Moved by **Taciana Pereira**/Seconded by **Mary O’Neill**/CARRIED

#### 2.4 Review of Governance Matrix Sensitivity Scales

Registrar Eberhart briefed Council about work completed on gathering data and establishing sensitivity scales to complete the Quality of Care Index. He shared that:

- Some data for the indicators as written was not available; and,
- Some indicators should be restated to make them more meaningful and measurable.

<b>Current Indicator</b>	<b>Proposed Indicator</b>
The % of pharmacist patient care records assessed that demonstrate APA criteria, based on pharmacy practice consultant assessment.	The mean score of all pharmacies’ patient care records assessed during pharmacy practice consultant (PPC) assessments; rated against the APA criteria.
The % of pharmacists assessed who demonstrate ALL vital behaviors measured by ACP, based on Pharmacy Practice Consultant assessment.	The mean score of all pharmacies assessed on the <i>vital behaviors</i> targeted during pharmacy practice consultant (PPC) assessments.
The % of community pharmacy settings evaluated during annual pharmacy practice assessments that are rated 3 out of 4 or higher on ACP’s operational index.	The mean score of all pharmacies assessed on the <i>operational index</i> targeted during pharmacy practice consultant (PPC) assessments.
The % of practice settings that meet NAPRA system standards.	The % of pharmacies having a real time interface with NETCARE,
The % of community pharmacies through which patients have accessed both additional prescribing authorization and injection services.	No Proposed changes
The % if pharmacists who have a PRAC ID.	No Proposed changes.

**MOTION:** to approve the proposed amendments to the indicators.

Moved by **Taciana Pereira**/Seconded by **Al Evans**/CARRIED

## **2.5 Nominating Committee Report – Election of Officers**

On behalf of the Nominating Committee, President Hackman submitted nominations for the positions of President-Elect and Executive-Member-at-Large. Brad Couldwell was nominated for the position of President-Elect, and two nominations were submitted for the position of Executive-Member-at-Large; Al Evans and Mary O’Neill. With more than one individual nominated for this position, a vote of the remaining Council Members was required. The nominees were asked to address Council as to why their nomination should be supported. Registrar Eberhart acted as the returning officer for the voting process. Voting was held by secret ballot.

### **2.5.1 President–Elect 2016-17**

President Hackman submitted the name of Brad Couldwell for the position of President Elect. He called for nominations from the floor three times. None were received.

**MOTION:** that nominations cease for the position of President-Elect; and that Brad Couldwell be appointed as President-Elect by acclamation for the 2016-17 council term, commencing July 1, 2016.

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

**Abstained:** Brad Couldwell

### **2.5.2 Executive-Member-At-Large 2016-17**

President Hackman submitted the names of Al Evans and Mary O’Neill for nomination as the Executive-Member-at-Large. He then called for nominations from the floor three times. None were received.

**MOTION:** that nominations cease for the position of Executive-Member-at-Large.

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

Council Members submitted their ballots to Registrar Eberhart. The vote was a tie vote. Council agreed to follow the protocol established in Section 22(8) of ACP’s Bylaws for a tie during an election. The names of each candidate were put in a hat, and one was drawn by APSA representative Doug Lam. Al Evans’ name was drawn, and he was declared Executive-Member-at-Large for the 2016-17 council term, commencing July 1, 2016.

## **2.6 Ownership Linkage**

### **2.6.1 Engagement with Albertans Since Last Meeting**

The following issues were introduced and discussed during this forum:

- Question continue to be raised about loyalty programs. Bill Shores, ACP’s legal counsel will provide council with an update on Inducements.
- Comments were made that the public is still learning what pharmacists can do to support their health.
- Questioned if the ACP’s Practice Consultants check compliance with pharmacy personal identification. ACP is aware that this is an issue at some pharmacies.

### **3. Legislated Responsibilities**

#### **3.1 DRAFT Bylaw Amendments**

Further to Council's direction at its May meeting, Registrar Eberhart presented draft amendments to ACP's bylaws for Council's review that rescind Section 30 relating to resolutions, amend any consequential bylaws respecting resolutions; and that amend Sections 18 and 18.1 to prohibit individuals who may not be of good character from being nominated for election to Council.

It is a priority of Council to encourage and facilitate engagement with registrants about emerging issues. ACP will continue to hold regional meetings, webinars and communicate through ACP News, the LINK, and social media sites.

It was suggested that:

- The proposed amendments should be circulated with a backgrounder, to ensure members that they will continue to have opportunity to be engaged; and,
- When considering future amendments, that Council reconsider the need for candidates in Districts 3 and 5 who unsuccessfully run for Council, to await another cycle before being eligible to run again.

**MOTION:** to approve the DRAFT amendments for the purpose of consultation.  
Moved by: **Kamal Dullat**/Seconded by/**Mary O'Neill**/CARRIED

#### **3.2 Point of Care Testing – Environmental Scan and Discussion Paper**

Point-of-care testing (POCT) continues to expand into community, ambulatory, continuing care, and acute care settings, driven in part by new technologies that allow testing and analysis outside of central laboratories. POCT improves access to different health services for the public, in keeping with their desire for greater involvement in the management of their health. Therefore the convenience, autonomy and direct engagement that comes with POCT, is attractive to the consumer.

To facilitate POCT in pharmacy practice, ACP has partnered with RxA to develop a framework to guide pharmacists and pharmacy technicians with respect to their roles in point of care testing. To begin the project an environmental scan was conducted to set the foundation for developing a framework. This work was completed by Dr. Deborah James, and guided by an advisory committee.

Registrar Eberhart presented for Council's review, a Whitepaper that examines the point of care testing landscape for the purpose of informing the development of a framework to guide POCT and the development of standards for pharmacy professionals in Alberta. The next step will be to establish a working group to develop standards.

**MOTION:** to accept the Point of Care Testing Whitepaper as information.  
Moved by **Kamal Dullat**/Seconded by **Brad Willsey**/CARRIED

### 3.3 Marijuana for Medical Use

The Canadian Pharmacists Association (CPhA) adopted a new policy on “Medical Marijuana” and released the following statement. Several corporate pharmacy owners have publically advocated a position similar to that of CPhA.

#### **CPhA Statement**

The medical marijuana landscape has changed since 2013 when CPhA first announced its position on medical marijuana dispensing by pharmacists. More patients are obtaining medical marijuana, with minimal oversight by healthcare professionals. As a result of these developments, with the health and safety of Canadians in mind, CPhA has updated its position on the role of pharmacists in dispensing and managing medical marijuana.

*Based on expert consultations, third-party research, and input from our members and their patients, CPhA believes that the best way to enhance patient safety, education, and appropriate access is through pharmacist dispensing and management of medical marijuana, while promoting the use of non-smokeable products.*

As experts in medication management, with a vast network of existing infrastructure and proven ability to secure the supply chain, pharmacists are natural partners in the development of a patient-focused framework for dispensing and managing medical marijuana. CPhA will work with governments, patients, stakeholders and our members to ensure that the foundation of medical marijuana policies is patient safety and clinical oversight.

of Pharmacy Registrars discussed this policy from a regulatory and strategic perspective. ACP has provided direction to registrants that marijuana was not to be grown or distributed from licensed pharmacies; and have been advised that consistent with the regulation, some provinces are requiring hospital pharmacists to distribute marijuana for medical use.

Council supports the views of NAPRA and its members, that only products that have gone through the drug approval process in Canada for safety, efficacy and quality, should be sold by pharmacists. These products have received a Drug Identification Number (DIN), a Natural Product Number (NPN), or a Drug Identification Number–Homeopathic Medicine (DIN-HM). Marijuana has not received any of these numbers from Health Canada. A framework should be developed to standardize marijuana as it contains active ingredients; some similar to the cancer causing agents in tobacco.

Pharmacists are obliged to hold the health and safety of the public or patient as their first and foremost consideration. Council is concerned that medical marijuana use is prone to abuse and/or misuse, and questions if there is a clear definition between clinical versus recreational use. Government will need to invest in additional resources to support mental health and addiction issues. Council agrees that if marijuana is deemed to be made available for medical use; then it should be dispensed through pharmacies. Registrar Eberhart will consult with CPSA on their prospective of marijuana for medical use, and physicians and pharmacists’ role in prescribing and dispensing.



### **3.4 Inducements**

In a closed meeting of Council, ACP's Legal Counsel, Bill Shores updated Council on the judicial process and considerations relevant to the Court of Queen's Bench decision in Sobeys West Inc. versus the Alberta College of Pharmacists. ACP is preparing its argument for filing with the court; after which Sobeys will have a period to respond before a date for the Appeal is heard. ACP is also awaiting the decision of the Supreme Court of Canada as to whether it will "grant leave" to consider the appeal of Sobeys West Inc. regarding the decision of the BC Court of Appeal to uphold the bylaws of the College of Pharmacists of British Columbia respecting inducements.

### **3.5 Registration**

#### **3.5.1 Structured Practical Training Program – Amendment to Rules**

Section 3(1)(b) of the *Pharmacists Profession Regulation* stipulates that applicants to ACP's clinical pharmacist register must successfully complete a structured practical training program. ACP's Structured Practical Training Program (SPT) is a required learning experience of at least 1000 hours. The SPT permits those enrolled in the program to apply their previously acquired academic knowledge and skills to a practical setting through observation and participation; resulting in the development and/or demonstration of the competencies outlined in NAPRA's *Professional Competencies for Canadian Pharmacists at Entry to Practice*.

ACP's Competence Director Debbie Lee sought Council approval to amend the Rules for ACP's SPT (Appendix A). The proposed amendments will:

- clarify and tighten up the SPT rules to ensure a good learning experience for SPT learners,
- ensure SPT learners have a foundational knowledge of jurisprudence prior to practicing in a pharmacy,
- require provisional pharmacists to be assessed by at least 2 pharmacists during the course of the SPT program to instill an increased level of accountability and objectivity in the assessment of the intern, and
- standardize the SPT rules with ACP's policies and procedures.

**MOTION:** to approve the amended Rules for the Structured Practical Training Program.

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

### **3.6 Honourary Life Memberships**

President Hackman introduced a nomination recommending that a Honourary Life Membership be awarded to Rosemarie Biggs. In presenting the nomination, he suggested that pending Council's decision, that the honour be awarded to Rosemarie on June 23, 2016 at ACP's Celebration of Leadership, when Council installs the new president.

**MOTION:** to award Rosemarie Biggs with a Honourary Life Membership.

Moved by **Kamal Dullat**/Seconded by **Mary O'Neill**/CARRIED

### **3.7 Committee Appointments**

#### **3.7.1 Competence Committee**

Registrar Eberhart recommended that Council re-appoint Cheryl Harten and Shawn Lee, to the Competence Committee for a three-year term ending June 30, 2019. He

also recommended that Loren Voice and Pam Vipond be appointed to the Competence Committee for a three-year term effective July 1, 2016; with each term to expire June 30, 2019.

### **3.7.2 Hearing Tribunal Pool**

Registrar Eberhart recommend that Council re-appoint Naeem Ladhani and Beverley Rushton to the Hearing Tribunal Pool, for a three-year term ending June 30, 2019. He also recommended that Council appoint Kelly Olstad, Tanner Bengry, Anil Goorachurn, Dana Lyons and Sharon VanWert, to the Hearing Tribunal Pool for a three-year term effective July 1, 2016; with each term to expire June 30, 2019.

**MOTION:** to approve the appointments and re-appointments to the Competence Committee and Hearing Tribunal Pool recommended by the Registrar.

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

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

### **4.1 Report from the Faculty**

The following summary report from the Faculty of Pharmacy and Pharmaceutical Sciences was submitted by Dean Kehrer for information.

- **Dean succession** - James Kehrer's term as Dean ends June 30, 2016. Neal Davies has been appointed as Dean of the Faculty, effective September 1, 2016. Dion Brocks will serve as interim dean in July and August. Neal is currently Dean at the University of Manitoba and is a UofA graduate. He was formerly a faculty member at Washington State University. He is a pharmaceutical scientist.
- **Awards:-**
  - **Students 2016 PDW**
    - 1<sup>st</sup> Place: IPSF Health Campaign Award – University of Alberta team
    - 2<sup>nd</sup>: OTC Competition: Daniel Leung
    - CSHP-CAPSI Hospital Pharmacy Student Award: Lydian Cheung
    - 2<sup>nd</sup> Place: CAPSI/CPhA Award of Professionalism, which recognizes the school who hosted the most organized and professional Pharmacists Awareness Month (PAM).
    - Guy Genest Passion for Pharmacy award: Phoebe Hsu
  - **Faculty 2016**
    - John Ussher: Heart and Stroke Foundation HSFC Emerging Research Leaders Initiative Establishment Grant
- **Budget** - The Faculty's budget, like all at the University, remains under pressure. Negotiations with the faculty association have been at an impasse since February 2015. Thus, across the board merit pay increases did not happen last year on July 1, and may not happen again this year, although retroactive pay will eventually be made. The University was given a 2% budget increase by the government. None of this will be directly passed on to the faculties and we remain responsible for funding all pay increases. Despite these pressures, the Faculty's budget remains solid. A particular new benefit is the funds now available from the Katz Group Endowment that was funded to 66% of the expected match last year.
- **PharmD Programs** - The part-time option for the PharmD for Practicing Pharmacists began in January, 2016. Sixteen are enrolled in this program, and 21 in the full-time option. The new entry-level PharmD program received all University approvals last fall and was submitted to the government for approval in December 2015. Unfortunately, the government has not yet approved the program, although no concerns have been raised. As a result, it is now unlikely

we will be able to initiate the new entry-level curriculum in 2017. However, we do intend to still graduate a full cohort of PharmD students in June 2018 by initiating the bridging program. This means that the program will run for 4, rather than the original 3 years that were planned.

- **International partnerships**
  - **China:** We have accepted two students from China Pharmaceutical University into our program as part of a formal agreement. Three summer research students will be coming from Zhejiang University.
  - **Kuwait:** One student that completed their pre-pharmacy work at Wayne State University has applied under our full cost-recovery agreement with Kuwait. She is expected to start in September, 2017.
- **Faculty Growth and Development**
  - **Departures**
    - Frank Hanta, Assistant Dean (administration): left for a position with AHS. Dr. Davies will be restructuring the administrative unit and his replacement will not start until fall.
    - Kamaljit Kaur, Associate Professor of medicinal chemistry, has left for a position at Chapman University in California. A search for her replacement will occur next year.
  - **New appointments/hires**
    - Tatiana Makinhova: Assistant Professor of Social and Administrative Science. Tatiana will receive her PhD in Pharmacy Administration from the University of Texas at Austin this summer, and will begin with the Faculty in October.

**MOTION:** to accept the report from the Faculty as information.  
Moved by **Al Evans**/Seconded by **Kelly Boparai**/CARRIED

#### **4.2 Report from PEBC**

A report from Kaye Moran, ACP's appointee to the Board of the Pharmacy Examining Board of Canada (PEBC), was submitted for information. The PEBC held its 2016 Annual Board Meeting on February 27, 2016 in Toronto. Standing committees met over the 3 days preceding this meeting. Below are excerpts from the report:

- **PEBC Pharmacist Register:** There were 1881 names added to the Pharmacist Register by examination in 2015.
- **Pharmacist Qualifying Examination:** A total of 2843 candidates wrote the Qualifying Examination-Part I (MCQ) in 2015, compared to 2777 in 2014. A total of 2926 candidates took the Qualifying Examination-Part II (OSCE) in 2015, compared to 2592 in 2014. There were a total of 18 candidates assessed for non-certification purposes.
- **Pharmacist Evaluating Examination:** there was an increase in the number of candidates writing this examination – 2049 in 2015, compared to 2007 in 2014.
- **Pharmacist Document Evaluation:** A total of 1788 applicants in 2015 were ruled acceptable for admission into the Evaluating Examination, compared to 1829 in 2014.
- **PEBC Pharmacy Technician Register:** There were 1513 names added to the Pharmacy Technician Register by examination in 2015, bringing the total to 7557 since 2009.
- **Pharmacy Technician Qualifying Examination:** A total of 2000 candidates took the Qualifying Examination-Part I (MCQ) in 2015, compared to 2654 in

2014 and 2181 took the Qualifying Examination-Part II (OSPE), compared to 2519 in 2014. A total of 1046 candidates wrote the Winter Qualifying Examination-Part I (MCQ) and 1200 candidates took Part II (OSPE). A total of 954 candidates wrote the Summer Qualifying Examination-Part I (MCQ) and 981 candidates took Part II (OSPE). Examinations were offered during the year at multiple centres across Canada in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Nova Scotia and Newfoundland.

- **Pharmacy Technician Evaluating Examination:** A total of 454 candidates wrote the Pharmacy Technician Evaluating Examination in 2015 at centres in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick, Nova Scotia, and Newfoundland, compared to 692 in 2014.
- **Committee on Examinations** - The Committee continued to discuss measures to enhance examination security at examination centres including continuation of a pilot security screening study 2016. The Committee also began discussions on future sites and frequency of administration of the Pharmacy Technician Qualifying Examination post provincial deadlines and the future of the Pharmacy Technician Evaluating Examination. Work continues on developing new questions and stations to address new areas in the Pharmacist and Pharmacy Technician Qualifying Examination revised blueprints that are based on the revised NAPRA Entry-to- Practice Competencies. The revised blueprints are being implemented in 2016. The Committee reviewed preliminary research that has been conducted on comparing the use of Regulated Pharmacy Technicians as assessors in the OSPE compared to Pharmacists. Further studies will be conducted in 2016.
- **Public Relations Committee** – The Committee reviewed the PEBC Communication Strategy Plan pertaining to communication strategies for potential pharmacist candidates, pharmacy education, and pharmacy associations. It also discussed communication strategies for encouraging CCAPP Pharmacy Technician Graduates to take the Qualifying Examination to become a licensed pharmacy technician.
- **Accommodating Candidates in the OSCE** - At the 2015 Mid-Year Board meeting, in view of the increasing numbers of pharmacist candidates moving through the certification process (both International Pharmacy Graduates (IPGs) and Canadian graduates), the Committee on Examinations recommended that a cap be placed on the number of candidates that will be permitted to take the Pharmacist Qualifying Examination- Part II (OSCE). The Board of Directors approved a cap of 3000 for 2016 and at the February 2016 Annual Meeting, the Board of Directors recommended that the same cap be applied for 2017 and future yearly offering of the Part II (OSCE). Priority will be given to first time Canadian and IPGs test takers. It was reported that the number of candidates applying for the Spring 2016 Qualifying Examination-Part II (OSCE) was lower than anticipated. The Board also approved a policy that candidates who fail the Part II (OSCE) on the first attempt will be required to pass the Part I (MCQ) before taking a second attempt at Part II (OSCE). This policy will be implemented for the Fall 2017 Qualifying Examination.
- **Needs Assessment of Specialization in Pharmacy Study** - PEBC continues to explore potential involvement in assessments related to specialty certification and is working with the Specialization in Pharmacy Task Group to help better define the definitions of specialty practice and a model of specialty practice. The Board of Directors at the 2016 Mid-Year meeting will give further consideration to conducting a business case analysis for involvement in specialty certification.

- **Feasibility Study on Computerized Testing** - PEBC has conducted a feasibility study on the use of computerized testing in the delivery of PEBC multiple choice examinations. The PEBC Board of Directors was supportive in principle of moving forward with computerized testing and further exploration of costs for administering written examinations via computers. This past year, further work was conducted to explore the length of testing needed for the Pharmacist Qualifying Examination Part I (MCQ). PEBC has recently issued an RFP to computerized testing vendors to determine testing site capacity and costs to administer the Pharmacist Qualifying Examination-Part I (MCQ). This RFP will allow PEBC to assess how many candidates they can accommodate across Canada on a given day.
- **CCAPP International Accreditation** - In view of the new designation of CCAPP International for internationally accredited programs and the possibility of separate accreditation standards for international programs, the Board confirmed that graduates of a CCAPP Internationally accredited program would not be permitted direct entry into the Qualifying Examination.

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

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

#### **4.3 Canadian Minor Ailments Program**

Council received a copy of an article in the Canadian Pharmacists Journal American Journal that discusses the “Canadian Minor Ailments Program” or as pharmacists would prefer, the “pharmacist-led ambulatory condition program (PACP)”. Six provinces allow pharmacists to prescribe for ambulatory conditions. In 2007, Alberta became the first to lay the legislative groundwork for PACP through ACP’s Additional Prescribing Authority. In 2011, Nova Scotia and Saskatchewan introduced their PACPs. In 2014, Manitoba, New Brunswick and Prince Edward Island followed suit. Most recently, British Columbia and Newfoundland submitted proposals for PACPs. In Ontario, PACP was not part of the 2012 scope of practice changes despite support from the Ontario Pharmacists Association and Ontario College of Pharmacists. The article highlights 5 controversies regarding Canadian pharmacist-led ambulatory conditions programs important to other jurisdictions moving forward with PACP. The full article can be viewed in the November/December 2015 edition, Volume 148, No. 6.

**MOTION:** to accept the article on the Canadian Minor Ailments Program as information.

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

### **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 11, 2016 Council Meeting**

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

**6. Adjournment**

**6.1 Forthcoming Events and Council Meeting Dates**

- 6.1.1** June 23-24, 2016 – Council Meeting, Calgary
- 6.1.2** June 23, 2016 – Celebration of Leadership/Installation of President, Calgary
- 6.1.3** June 25-27, 2016 – CPhA Conference, Calgary
- 6.1.4** September 14-16, 2016 – Council Meeting and Board Development, Banff
- 6.1.5** September 16, 2016 – Celebrating Pharmacy Technicians Reception, Calgary
- 6.1.6** December 5-6, 2016 – Council Meeting, Edmonton

**6.2 Adjournment**

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

Moved by **Kamal Dullat**

Meeting was adjourned at 3:45 p.m.

<p align="center"><b>Pharmacist Structure Practical Training (SPT) Program Approved Amendments <u>May 11, 2016</u></b></p>	<p align="center"><b>Rationale for proposed amendments</b></p>
<p>The Structured Practical Training (SPT) Program of the Alberta College of Pharmacists (ACP) is a learning experience of at least 1000 hours. t</p> <p>The SPT program is divided into three levels:</p> <ul style="list-style-type: none"> <li>• Level 1 - minimum 450 hours*               <ul style="list-style-type: none"> <li>○ In level I the learner is required to acquire and/or demonstrate competencies at an acceptable level. The focus of this level is the provision of direct patient care.</li> </ul> </li> <li>• Level II – minimum 450 hours*               <ul style="list-style-type: none"> <li>○ In level II the learner is required to demonstrate competencies proficiently. Expectations regarding the demonstration of judgment and professionalism are increased. In addition, candidates will be expected to become involved in the supervision of other staff members in the dispensary.</li> </ul> </li> <li>• Level III – minimum 100 hours*               <ul style="list-style-type: none"> <li>○ Level III is intended to confirm proficiency. Learners are expected to work independently acting as the “charge pharmacist” managing the activities of the dispensary and supervising other staff members with.</li> <li>○ Level III <u>may only be completed by a learner on the provisional register. cannot be commenced until a candidate has obtained a degree in pharmacy.</u></li> </ul> </li> </ul> <p>* <b>Note:</b> The hours listed are minimums. Successful completion of each level requires demonstration of the required competencies. Additional time may be required to do</p>	<p>The overall goals of the proposed amendments are:</p> <ul style="list-style-type: none"> <li>➤ To clarify and tighten up the SPT rules to ensure a good learning experience for SPT learners</li> <li>➤ To ensure SPT learners have a foundational knowledge of jurisprudence prior to practising in a pharmacy</li> <li>➤ To require provisional pharmacists to be assessed by at least 2 pharmacists during the course of the SPT program to instill an increased level of accountability and objectivity in the assessment of the intern</li> <li>➤ To standardize the SPT rules with ACP’s policies and procedures</li> <li>➤ To clarify that Level III is to be completed by interns, not pharmacy students.</li> </ul>

Program Rules	Rationale for proposed amendments
<p>1. Candidates who wish to enroll in the SPT program must be registered on the student register, the provisional register, or the clinical register.</p> <p>2. Once enrolled a learner will remain in the SPT program until</p> <ol style="list-style-type: none"> <li>a. he/she has successfully completed all three levels of the program <u>and</u> is registered on the clinical register; <u>or</u></li> <li>b. he/she ceases to be registered on the student register, the provisional register, or the clinical register</li> </ol> <p><b>Training Sites</b></p> <p>3. SPT hours must be completed at a licensed community pharmacy or institution pharmacy in Alberta.</p> <ol style="list-style-type: none"> <li>a. Upon application, the Registrar may approve completion of hours at alternate sites</li> </ol> <p>4. SPT hours may only be completed at sites that:</p> <ol style="list-style-type: none"> <li>a. operate a minimum of 20 hours per week;</li> <li>b. have no outstanding deficiencies resulting from an on-site assessment that was more than 30 days ago;</li> <li>c. have no restrictions on the pharmacy license that will impact ability to provide a good learning environment for a SPT learner; and</li> <li>d. have no outstanding complaints that have been referred to a hearing tribunal</li> </ol>	



5. The SPT learner may not complete SPT hours at a site where he/she has a close personal relationship with the licensee and/or proprietor of the pharmacy.

5.6. An SPT learner may not complete Levels II and III of the program at the same site.

### **Preceptors**

6.7. Each SPT internship must be supervised by an approved preceptor. A pharmacist registered on the clinical register may be approved to act as a preceptor if he/she:

- a. is a clinical pharmacist who has been registered on the Alberta College of Pharmacists' clinical register for the past 2 years or more; ~~or has equivalent experience in providing direct patient care in Canadian pharmacy practice.~~
- b. will take action to understand the principles of the SPT program and accepts the role and responsibilities of a preceptor;
- c. is in good standing including the following:
  - i. has no conditions or restrictions on his/her practice permit that will impact ability to provide a good learning experience for an SPT learner;
  - ii. has no outstanding complaints that have been referred to a hearing tribunal; ~~and~~
  - iii. has not been the subject of a finding of OR is not the subject of a current proceeding related to: professional misconduct, incompetence, or incapacity in Alberta or any other jurisdiction in relation to pharmacy or any other health profession; and
  - ii.iv. has not been found guilty of OR is not the subject of a current proceeding related to: an offence under any Act regulating the practice of pharmacists or the sale of drugs; or any criminal offence

- The focus of Level III is to confirm proficiency; by requiring interns to complete Level III at a different site and with a different preceptor, we can instill an increased level of accountability and objectivity in the assessment of the intern
- To tighten up eligibility requirements; pharmacists who were recently off of ACP's clinical register and/or practicing outside of Alberta will no longer be eligible
- To tighten up eligibility requirements; to require preceptors to declare they are in good standing – similar to the declaration made when applying to the clinical register

~~e.d.~~ is not in a close personal relationship with the SPT learner being precepted.

~~7.8.~~ Upon application the Registrar may approve ~~an alternate regulated health professional as~~ a preceptor outside of these requirements.

9. An SPT learner must complete each level under one preceptor. An SPT learner may have a different preceptor for each level.

10. An SPT learner may not have the same preceptor for Levels II and III.

~~8.11.~~ A preceptor may not have more than two interns under his/her preceptorship at the same time.

#### **Completion of SPT Hours**

~~9.12.~~ SPT learners are required to find their own preceptor site and preceptor.

~~10.13.~~ Applications for completion of SPT hours must signed by both the learner and the preceptor and must be submitted to and approved by the Registrar prior to the e An SPT learner must submit preceptor and site information at the start of each level to confirm eligibility. SPT hours may only commencement of hours after an eligible preceptor has notified ACP of his/her acceptance of his/ her role as the intern ' s preceptor .

~~11.14.~~ SPT hours must be completed in a normal work week pattern which is not less than 20 hours and not more than 44 hours per week.

- a. Upon application, the Registrar may approve an alternate schedule of less than 20 hours per week.

#### **Supervision**

~~12.15.~~ Direct supervision by a clinical pharmacist or courtesy pharmacist is

- To allow the Registrar to approve preceptors on a case-by-case basis
- The focus of Level III is to confirm proficiency; by requiring interns to complete Level III at a different site and with a different preceptor, we can instill an increased level of accountability and objectivity in the assessment of the intern
- To ensure a good learning experience and restrict the number of interns a preceptor may have at a time
- To reflect the new SPT process facilitated by the online SPT portal

A pharmacist who provides direct supervision must:

- be present when the intern is performing the restricted activity, and
- be able to observe and promptly intervene and stop or change the actions of the intern under supervision.

required for:

- a. all SPT hours completed by individuals registered on the student register, and
- b. all SPT hours completed in Levels I, II, and III of the SPT program
- c. any student/intern who is administering drugs by injection
  - i. the supervising pharmacist must have authorization to administer injections
  - ii. the student/intern must have completed an accredited training program and have valid and current CPR and first aid certification

~~13.16.~~ At the discretion of the supervising pharmacist, SPT hours completed ~~as part of level II or level III of the SPT program post Level III~~ may be under indirect supervision, ~~if:~~

- ~~a. The individual being supervised is registered on the provisional register or the clinical register; and~~
- ~~b. The learner has successfully completed the ACP ethics and jurisprudence exam.~~

### **Progression through the Program**

~~14.17.~~ The preceptor is responsible for evaluating the SPT learner using the assessment and evaluation tools provided by ACP

- a. the preceptor must discuss each completed assessment/evaluation form with the learner
- b. a learner who disagrees with an assessment must discuss his/her concerns with the preceptor
  - i. if the disagreement cannot be resolved it must be brought to the attention of the Registrar within 30 days of the assessment
  - ii. the Registrar may appoint an arbitrator to assist in resolution of the disagreement and if necessary may appoint an alternate preceptor to reassess the student.

- To ensure students and interns are adequately supervised throughout the SPT program; additionally, ensure preceptors are observing and monitoring an intern's performance required for assessment
- To clarify rules regarding students/interns administering drugs by injection
  
- Removed to eliminate redundancies
  - Proposed Rule 21 will require interns to complete the ethics and jurisprudence exam prior to Level II

~~15. Assessment/evaluation forms must be signed by the preceptor and the learner and submitted to ACP within 30 days of the completion of the level.~~

~~16. A level is complete when an eligible preceptor has determined that the intern has demonstrated all required competencies at an appropriate level and provided declaration of level completion to ACP. Upon receipt of assessment/evaluation forms indicating successful completion of a level, ACP will provide notification regarding when the learner may begin the next level.~~

~~17. Learners who wish to change preceptors or training sites must submit a new application signed by the learner and the new preceptor.~~

18. Learners who have successfully completed level III but are not yet ready or able to register on the clinical register will remain enrolled in the SPT program in a post level III status for the purposes of completing additional hours as an intern (provisional pharmacist)

- a. If a practice permit expires and the candidate reinstates as a provisional pharmacist, the intern must start at Level I of the SPT program.
- a. ~~Learners who apply to register on the clinical register more than 2 years after completion of level III of the program will be required to successfully repeat level II and level III of the program unless they have completed a minimum of 550 hours in a post level III status in the year immediately prior to registration on the clinical register~~
  - i. ~~An assessment/evaluation form signed by the post level III preceptor and the learner must be submitted.~~

### **Recent Canadian Graduates**

19. Clinical rotations completed by students enrolled in a Canadian pharmacy program approved by Council may be deemed to be equivalent to level I

- To reflect the new SPT process facilitated by the online SPT portal
- To emphasize that interns must demonstrate all the required competencies to complete a level
- To reflect the new SPT process facilitated by the online SPT portal
  
- To align with ACP's reinstatement policies

and level II of the SPT program if the student registers in the SPT program and completes level III within 1 year of graduation.

- a. Clinical rotations of at least 450 hours will be considered equivalent to level I
- b. Clinical rotations of at least 900 hours will be considered equivalent to level I and level II.

**Ethics and Jurisprudence-exam**

20. Learners are required to complete the Jurisprudence Learning Module prior to starting the SPT program

21. Learners are required to successfully complete the ACP ethics and jurisprudence exam prior to starting Level II

- a. Learners who enter the SPT program at Level III must successfully complete the exam prior to the start of Level III

~~20.~~22. Learners enrolled in the SPT program are eligible to challenge the ACP ethics and jurisprudence exam

- a. ~~An applicant for registration on the clinical register~~Learners may attempt the ethics and jurisprudence exam only 3 times.
  - i. a candidate who fails the exam 3 times may apply to the Registrar for permission for one final attempt.
  - ii. additional SPT hours and/or other training may be required prior to approval of a fourth attempt.

~~21. The ethics and jurisprudence exam must be successfully completed within two years of registration on the clinical register.~~

23. If more than **two years** ~~has~~es elapsed between the successful completion of the ethics and jurisprudence exam and the application for registration on the clinical register, candidates will be required to rewrite and pass the exam again prior to registering on the clinical register.

- To ensure SPT learners have a foundational knowledge of jurisprudence prior to practicing in a pharmacy; to allow SPT learners to apply that knowledge to practice

- Removed because redundant

24. If a practice permit expires and the candidate reinstates as a provisional pharmacist, the intern must successfully complete/rewrite the ethics and jurisprudence exam.

To align with ACP's reinstatement policies