

MINUTES
Council Meeting
ALBERTA COLLEGE OF PHARMACISTS
November 30 – December 1, 2017
Edmonton Alberta

1. Introduction

1.1 Call to Order

President Couldwell called the meeting to order at 8:00 a.m. He welcomed Public Member Irene Pfeiffer and Deputy Registrar Kaye Moran. He advised Council that members of ACP's administrative team will join the meeting to support Council's discussion about agenda items they are involved in. He also shared that legal counsel Bill Shores will join Council for an "In Camera" session.

The business meeting of Council was held over two days. On Thursday November 30, the meeting was called to order at 8:00 a.m. and 5:15 p.m. On Friday December 1, the business meeting of Council reconvened at 8:00 a.m. and adjourned at 2:54 p.m.

1.2 Roll Call

Registrar Eberhart called the roll and identified the following individuals in attendance. Registrar Eberhart shared that Council still has one vacant position pending the appointment of a public member. Indications are that the appointment will take place next spring.

- District 1 - Brad Willsey
- District 2 - Peter Eshenko
- District 3 - Rick Hackman (Absent December 1, 2017)
- District 3 - Fayaz Rajabali
- District 4 - Stan Dyjur (President Elect)
- District 5 - Brad Couldwell (President)
- District 5 - Kamal Dullat
- District A - Kelly Boparai
- District B - Dana Lyons
- Public Member - Al Evans
- Public Member - Irene Pfeiffer
- Public Member - Vacant

Non-Voting

- District 3 - Taciana Pereira (Past President)

Absent with Regrets

- Neal Davies - Dean, Faculty of Pharmacy & Pharmaceutical Sciences
- Adi Garg - Student Representative, Faculty of Pharmacy & Pharmaceutical Sciences

Also in attendance:

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

1.3 Invocation

Dana Lyons read the invocation.

1.4 Adoption of the Agenda

1.4.1 Consent Agenda

MOTION: to lift the topic of” Tri-Provincial Meeting” from the Consent Agenda
Moved by **Stan Dyjur**/Seconded by **Brad Willsey**/CARRIED

Tri-Provincial Meeting - On November 24, 2017, ACP hosted the Tri-Provincial leaders meeting comprised of the Registrars and Officers of the College of Pharmacists of British Columbia, ACP, and the Saskatchewan College of Pharmacy Professionals. The colleges shared updates about initiatives and issues in their respective provinces. British Columbia talked about the accountability of pharmacy ownership, criminal record histories, and pharmacist prescribing. Saskatchewan spoke about their COMPASS initiative and continuing competence assurance, and Alberta shared their initiative about standardizing pharmacy licensee requirements and professionalism.

Registrar Eberhart provided an update on the Tri-Professional Meeting on November 28. President Couldwell and Registrar Eberhart met with President and Registrar of CPSA, Scott McLeod, and the President and Executive Director of CARNA, Joy Peacock. This was the first trilateral meeting of the organizations in three years. The group agreed to meet again in the spring. The foundation for the discussion was “professionalism”. A commitment was made to work on joint initiatives that will help bring the professions together. Some of these may include but are not limited to joint standards, guidance documents, and vision statements. Professionalism has struck a chord with all professions. All were interested in the concept of “how can I make your day/world better today” as a calling for all professionals, regardless whether this be with respect to individuals in our care, or other health professionals we practice with.

Registrar Eberhart sought Council’s support to collaborate with CPSA and CARNA to address professionalism. He asked whether other organizations should be involved. Council agreed that the initiative is important and should begin the process with the three organizations prior to inviting others. It was observed that the colleges should be astute as to when it may be necessary to include engagement with advocacy organizations.

MOTION: that Council recognizes the importance of collaborating with other health professions, especially CPSA and CARNA and supports the resources and time these initiatives will take.

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

Registrar Eberhart also updated Council on the name change for the College. Should a *Miscellaneous Statutes Amendment Act* that includes our proposed name change be passed, then the name change will come into effect July 1, 2018. He also shared that Alberta Health was exploring the possibility of legislating protective zones around health facilities that provide abortions; both surgical and drug induced. The safe zones will not allow cameras or recordings in the vicinity. AH has committed to

engaging ACP to discuss whether pharmacies should be included prior to a decision being made.

Registrar Eberhart requested that Council formalize its approval to grant Kaye Moran signing authority on behalf of the College.

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

MOTION: to grant Kaye Moran, Deputy Registrar, signing authority on behalf of the College.
Moved by **Al Evans**/Seconded by **Peter Eshenko**/CARRIED

1.4.2 Additions to the Agenda

MOTION: to adopt the agenda as circulated to Council.
MOVED by **Brad Willsey**/Seconded by **Kamal Dullat**/CARRIED

1.5 Minutes from Previous Meetings

1.5.1 Minutes – October 4-6, 2017 Council Meeting

MOTION: to adopt minutes of the October 4-6, 2017 council meeting as presented.
Moved by **Stan Dyjur**/Seconded by **Kelly Boparai**/CARRIED

A second motion was sought to ratify the October 4-6, 2017 council meeting minutes; because a Ministerial Order rescinding the appointment of Public Member Mary O'Neill occurred on October 3, 2017 prior to the council meeting, however this was not brought to our attention until October 6, 2017, near the end of the Council meeting.

MOTION: to ratify all motions made and actions taken by Council at its meeting of October 4-6, 2017.
Moved by **Al Evans**/Seconded by **Kelly Boparai**/CARRIED

1.5.2 Ratification of e-Ballot – October 17, 2017

MOTION: to ratify the e-ballot of October 17, 2017.
Moved by **Stan Dyjur**/Seconded by **Brad Willsey**/CARRIED

1.6 Disposition of Directives

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

MOTION: to accept the Disposition of Directives as information.
Moved by **Rick Hackman**/Seconded by **Dana Lyons**/CARRIED

2. Generative

2.1 Review of Report from Doug Macnamara and Prioritization of Generative Issues

Council reviewed the report from its board development session prepared by Doug Macnamara. It identified 2-3 issues to prioritize for generative discussions. The

Registrar asked that Council prioritize these issues for discussion at future council meetings.

Council's generative discussions should be focused on the future and need to explore long term issues such as what are the major policy issues for pharmacy professionals in the next 5-10 years? Questions that were identified included:

- What impact will technology have on the role of pharmacy within the healthcare system; and for professions in general?
- What principles should Council use to guide its decisions, recognizing that new technologies will present both opportunities and threats?
- What policy decisions are important to supporting good practice, so as to accommodate rationale change, rather than disruptive change?
- Council will need to also explore changes in how and what we regulate in an environment where the advent of new technologies is changing rapidly.

Council's generative discussions will allow Council and ACP to keep up with the curve of rapid change, so registrants can make informed decisions. Council acknowledged that technology is already changing the method of care that pharmacists and pharmacy technicians provide now and in the future. ACP's focus must be on the quality of care and the needs and wants of patients, versus the needs of the profession. Council identified innovations in technology as potential disruptors to pharmacy practice with distinct areas for change: information technology, distribution technology, and treatment and diagnostic technology. Council requested that a facilitated generative forum be planned to explore the impacts of information technology on pharmacy practice. Registrar Eberhart will arrange to have a "thought" leader on information technology engage with Council at its generative discussion in March. Registrar Eberhart identified Perry Kincaide and Public Member Pfeiffer recommended Tom Keenan from the University of Calgary as potential facilitators. Registrar Eberhart will check availability of both parties.

3. Strategic

3.1 Governance Matrix

Registrar Eberhart presented a new dashboard for monitoring and discussing Council's governance matrix. The governance matrix is divided into 3 Critical Success Factors, 7 Strategic Objectives and 20 Indicators. Each of the Critical Success Factors of "Quality Care", "Public and Stakeholder Confidence", and "Effective Organization", have been broken down with the Indicators that applies to each. The weightings of the indicators give Council a snapshot of the aggregate score. Council discussed the trends observed since the last reporting period. Upon review of the practice indicators that Council monitors, a positive trend was observed. The operational index of vital behaviors remained at a consistent level.

Council was asked to consider which supporting documents it would like to receive to support its review of the dashboard in the future. There was consensus that the "Data Dictionary" and the indicator scales should be standing enclosures in the future. It was noted that ACP is having trouble receiving current data for the indicator on the number of pharmacists having PracIDs. It was suggested that in the future a more relevant indicator might be the number and the type of lab tests ordered instead of the number of PracIDs.

It was also noted that the “reserve fund variance” may have too high of a weighting, and as it is not subject to substantive change, adjustment might be considered in the future. Council queried if it was possible to ask pharmacists at annual permit renewal if they had a PracID. It was noted that the governance matrix did not mirror the strategic plan. It was agreed we should consider the possibility of incorporating some indicators that were indicative of our strategic goals; however, the governance matrix is structured at a higher level, and serves a longer period than a 5 year cycle. Therefore, complementary measures may be required.

3.2 ENDS Policies and Reports

3.2.1 Policy E-2 Resource Allocation – Priorities 2018, Budget 2018 and 3-Year Business Plan

This agenda item was discussed concurrent with *Agenda Item 4.1.1.1. EL-3 Financial Planning*. Council reaffirmed the following priorities for 2018:

- Pilot pharmacy licensee education program,
- Develop, approve, and implement Version 1 of Standards for Using Point of Care Testing (POCT) in Pharmacy Practice,
- Approve new standards for Compounding Non-Sterile Preparations, establish dates for all compounding standards to fully come into effect, and affirm monitoring and inspection processes to support quality assurance of these,
- Develop DRAFT “tenets for professionalism” and engage in discussion with registrants, stakeholders, and the public,
- Pilot a “practice improvement” component to our Competence Program to facilitate improvement required by individuals identified by the Competence Committee,
- Implement *Merlin* to accommodate pharmacy technician renewal for January 2019,
- Negotiate, plan, and facilitate expansion to larger office space to accommodate administrative needs.

3.3 Ownership Linkage -Engagement with Albertans since Last Meeting

The following issues were introduced and discussed during this forum:

- Inducements continue to be an issue. Councillors will ask registrants and the public to contact the College to formally lodge an issue of public concern or formal complaint.
- Opioid assessments – at ACP’s regional meeting a comment was made that the patient didn’t expect to get an assessment, therefore caught off guard. Should there be a public service campaign? This is an opportunity to assist patients and to “save lives”. ACP has communicated the opioid guidelines with pharmacists and will socialize with stakeholders and members of the public.
- “Assessment” is the cornerstone to the profession. See the latest interview of President Couldwell in the LINK.
- Concern was raised that some newly graduated pharmacy technicians feel that they are not recognized similar to newly graduated pharmacists i.e.: at the Grad Breakfast. ACP is considering the possibility of a function that will include all new grads from both professions.

- A question was asked about creating a “student register” for pharmacy technicians, as there is a desire to get them involved in practicums sooner. Registrar Eberhart advised that this would require regulatory change, and that this would not occur soon.
- Some concern was expressed about perceived shifts in the right of “patient choice.” It was noted that increasingly patient choice is impacted by benefit providers, residential owners, and others. By exercising “choice” in these domains, individuals sometimes give up their right to choose their pharmacy and the treatments they have access to.
 - o Concern was expressed about benefit providers arrangements with Express Scripts in BC. Individual’s prescriptions are often automatically sent there for processing, as a result of their benefit plan. Registrar Eberhart requested that Council Members encourage any patients having a concern that they would like to pursue, to contact him directly.

3.4 Ministers Emergency Opiate Response Committee (MOERC) Panel Discussion

In May 2017, the Government of Alberta created the Minister’s Opioid Emergency Response Commission (MOERC), under the Opioid Emergency Response Regulation in the *Public Health Act*. The Commission has a one year mandate to develop recommendations for, and facilitate or monitor implementation of, actions to effectively combat the opioid crisis. The Commission oversees and implements urgent coordinated actions on the opioid crisis, focused on 6 strategic areas:

- harm-reduction initiatives
- treatment
- prevention
- enforcement and supply control
- collaboration
- surveillance and analytics

Dr. Elaine Hyshka (Co-chair MOERC), Dr. Kristen Klein (Deputy Medical Officer of Health/Acting Co-chair MOERC), and Mr. Dean Blue (Chair, Urgent Opiate Response Coordinating Committee) addressed Council about what they have heard and learned with respect to the opiate crisis, the evolution of public policy, and new opportunities for pharmacists in contributing to these initiatives. The Commission also includes representation from a diverse group affected by the opioid crisis, including law enforcement, Indigenous communities, harm-reduction program experts and parent advocates.

The Commission has accelerated Alberta’s ability to increase treatment, including more access to opioid replacement therapy. One of the first priorities was to expand public coverage of drugs; including Suboxone and methadone. As part of its mandate, the Commission made twelve recommendations to the Minister for the timely coordination of actions to address opioid use and related issues. Quarterly data from opioid and substance of misuse reports support the work of the Commission. These statistics are available to the public on Alberta Health’s website and are updated every three months.

ACP is a member of the “Urgent Opioid Response Coordinating Committee. This Committee led by Alberta Health, began as a working group reporting to the Chief Medical Officer of Health however has since been redefined and is now responsible

for implementing recommendations from MOERC. The Coordinating Committee can make recommendations to MOERC if issues arise that have not previously been considered. ACP is also a member of the Naloxone Working Group. The responsibilities of the working group are to support the development and implementation of Naloxone specific recommendations made by MOERC and the Urgent Opioid Response Coordination Committee. ACP and the profession are actively engaged in the distribution of Naloxone and supporting the professions through ACP's Naloxone Guidelines

Pharmacy plays an important role in the support of the government's efforts to collaborate with other stakeholders to establish an effective and coordinated approach to responding to Alberta's opioid crisis through use of the tool "Guidance for Assessment and Monitoring Individuals using Opioid Medications". Pharmacists must assume professional responsibility in harm reduction. Harm Reduction enhances the ability of people who misuse substances to have increased control over their lives and their health. It allows patients to take protective and proactive measures for themselves, their families and their communities. Reduction of substance use and/or abstinence is neither expected nor required in order to receive respect, compassion or quality services from pharmacy teams. Harm Reduction aims to decrease adverse health, social and economic outcomes that may result from risky actions. Through assessment, pharmacists can support a patient by encouraging them to get the smallest quantity of narcotic they may need, encourage them to safely store their medications to protect family and friends, and to remind them to return any unused drugs to the pharmacy, to protect their communities.

Other comments provided by panel members include:

- approximately 2/3 of fentanyl deaths occur in individual's home,
- four consumption sites are planned for Edmonton, one in Lethbridge, and one in Calgary,
- the Institute of Health Economics will be evaluating these,
- intra-nasal Naloxone was not recommended by MOERC due to cost; however, it is recommended for first responders,
- did not recommend universal coverage of suboxone due to cost,
- major barrier to ORT is lack of access to prescribers, not cost,
 - CRISM is evaluating the feasibility of amending federal legislation to rescind the need for a section 56 exemption by prescribers in order to prescribe methadone.
- Increased funding for PCN's has been recommended to enhance access to ORT,
- Need to change culture of ORT from a "specialty practice" to a "primary care practice",
- Have recommended two pilots for hydromorphone; one in Edmonton and one in Calgary;
- Communication – need to provide access to resources in multiple languages,
 - Need to diminish stigma of addiction.
- Should consult the British Columbia Centre for Substance Use about experiences observed with pharmacists in their studies,
- Approximately 900 pharmacies participate in distribution of Naloxone kits.

3.5 Proposed Amendments to the Rules for ACP's Competence Programs

The rules for ACP's Competence Programs have been reviewed by ACP's Competence Committee and Council was asked to approve the following minor changes to point 1 and 19 under "Required documentation" in order to keep the rules current:

1. *A Learning Record must be in the form provided by ACP and may include:*
 - a. *A description of the learning activities, including whether they are accredited or non-accredited,*
 - b. ~~*An evaluation or assessment of the learning as required in the Learning Record form on the CPD web portal,*~~
 - c. ~~*The time and place the accredited learning activities or non-accredited learning activities took place, and*~~

Point 1b and 1c are not currently required in the learning record, therefore the committee has recommended that they be rescinded

19. *If there is a certificate related to the learning activity, the clinical pharmacist may submit the certificate with their Learning Record to verify their participation".*

Point 19 is not required therefore changed the requirement to "may" submit the certificate.

These changes will be applied to the Continuing Competence Programs for pharmacists and pharmacy technicians.

MOTION: to approve amendments to the rules of the Continuing Competence Programs as presented.

Moved by **Kelly Boparai**/Seconded by **Dana Lyons**/CARRIED

3.6 DRAFT Framework for Licensee Program

Council identified the role of pharmacy licensees as a critical success factor to quality pharmacy practice. ACP's business plan includes development of a program for licensees. Pharmacy licensees have substantive responsibility for the operation of a licensed pharmacy and the practices within the pharmacy. Specific responsibilities are addressed in the Regulations to the *Pharmacy and Drug Act* and in ACP's Standards and Code of Ethics. The competencies to be effective as a licensee are different, but complementary to those of a pharmacist or pharmacy technician. There are no specific requirements for becoming a pharmacy licensee in Alberta other than being a clinical pharmacist. In an environmental scan conducted of pharmacy regulatory authorities across Canada, few regulatory authorities had additional requirements for becoming a licensee beyond being a practicing pharmacist. Council reviewed Draft One of a proposed framework for a Licensee Program.

Council reviewed a DRAFT Framework for the licensee program and provided the following guidance for further development of the framework:

- Prerequisites for licensee candidates should focus on practice hours, not years in practice; and, the prerequisite should be at least equal to that required of preceptors (the equivalent of 2 years of FTE practice).

- Council observed that ability and confidence comes with experience.
- The approach should be rewarding for current licensees and should not be punitive.
 - A self-assessment should be developed for all licensees
- There was consensus that the priority for roll-out should be
 - New licensees,
 - Low performers identified by Practice Consultants,
 - Individuals seeking personal improvement as a result of self-assessment.
- ACP should seek accreditation for the program and encourage participation.
- A different delivery format may be required for new candidates vs. current licensees identified by practice consultants
 - Leadership and management modules should be moved earlier in the program.
 - This module may need to be more rigorous and skill based than other knowledge-based modules.

3.7 Requirements for Licensing Community Pharmacies

ACP reviewed its requirements for licensing community pharmacies while developing new processes facilitated by our new Information Management System; and, the development of a ACP's Licensee Program. Direction was sought from Council about what should be required prior to a licensee being issued a license to operate a community pharmacy. Current requirements are defined by the following three considerations:

- The requirements prescribed in regulation;
- Requirements of the Registrant to support interpretation and application of s5.01(d) of the *Pharmacy and Drug Act* (the pharmacy services will be provided without undermining patient safety, the quality of patient care or the integrity of the drug distribution system); and
- The Standards for the Operation of Licensed Pharmacies (SOLP).

Direction was sought from Council about the appropriateness of requiring that the policies and procedures required for the licensing of community pharmacies be written; that access to NETCARE be mandatory; and that all other criteria addressed in ACP's Standards for the Operation of Licensed Pharmacies be met prior to issuing a community pharmacy license. It was acknowledged that compliance with these criteria, particularly NETCARE needed to be achievable. Registrar Eberhart shared that any changes or implementation requirements for licensing of community pharmacies would be socialized so that potential licensees will be very aware of the licensing requirements. Council will be informed prior to communicating externally.

CONSENSUS – that ACP pursue operationalizing these requirements as requisites in advance of issuing a pharmacy license. In reaching consensus, Council directed that:

- the administration work with NETCARE to ensure that undue delays in achieving connectivity was not an unnecessary impediment to licensing;
 - consideration should be given to mapping and understanding the processes and critical success factors to achieving connectivity.
- a signed service commitment should be pursued with NETCARE.
- council must be advised prior to implementation.

3.8 Professionalism

One of the six themes in “A Vision for the Future of a Healthy Alberta” adopted by Council, is professionalism. Our challenge is to get registrants to internalize and “believe in” professionalism. It needs to become an ethos; a normative behavior. Success requires that both internal and external perspectives about professionalism are considered.

ACP initiated a project to model behaviors important to professionalism in pharmacy practice. It is envisaged that professionalism will serve as the foundation for all ACP programs and pharmacy practices. By improving professional culture and professional behavior we hope to observe improved inter and intra-professional relationships.

The DRAFT framework presented for Council’s discussion is based on literature research. Work is underway to refine the definitions by socializing this discussion with registrants, partners, stakeholders and the public. The goal is to continue discussion iteratively over the next 5-6 months, and to bring a foundation back to Council for approval in June.

If pharmacists and pharmacy technicians can elevate their level of professionalism, members of the public will benefit. Although this framework anticipates change “within the workplace”, professionalism extends beyond the workplace.

Council agreed that professionalism cannot be regulated however support ACP’s collaboration with the Faculty of Pharmacy and Pharmaceutical Sciences, and other health professions to socialize professionalism within and across the health professions.

3.9 DRAFT Standard for Pharmacy Compounding of Non-Sterile Preparations

Council reviewed the draft NAPRA Model Standards for *Pharmacy Compounding of Non-Sterile Drug Preparations*. A final editorial review is being conducted prior to publication that is scheduled for the first quarter of 2018. The feedback that NAPRA received from a previous consultation on the first DRAFT that was circulated, resulted in substantive changes since Council last reviewed the document. Council was asked to approve this version of the model standards for the purpose of directing a final 60-day consultation period with registrants and stakeholders, prior to considering final approval at the March 2018 council meeting. NAPRA also developed a comprehensive guidance document to support implementation of the standards however ACP will only consult on the model standards, not the guidance document.

After consultation and consideration of the feedback received, Council will need to set a “coming into effect date” for all compounding standards to ensure consistency. It was noted that refinement of the model standards makes them much easier to read and more useable however there are still challenges within the model standards. Risk assessment levels of the compounding done at the pharmacy may still be a struggle.

In Alberta, most compounding pharmacies participate in low-risk compounding. It was suggested that the model standards will improve compounding standards and will not restrict access to care. Council recommended that the model standards contain the “must” statements as it brings clarity to the standards.

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

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

3.10 Revised Naloxone Guidelines

In response to an increasing number of deaths in Alberta associated with opioid overdose, Alberta Health and Alberta Health Services implemented Alberta's Take Home Naloxone (THN) Kit program. Naloxone is a safe and effective interim antidote to opioid overdose and it is very unlikely that it would not be appropriate to provide a Take Home Naloxone Kit to someone who requests it.

Council directed that ACP's guidelines for pharmacies providing Take Home Naloxone Kits be reviewed and updated to reflect Naloxone as a non-prescription drug, and to accommodate the sale of Naloxone by pharmacy technicians and pharmacy assistants. While providing an intramuscular injection is a restricted activity, the training required for self-administration is not. Therefore, ACP Council has determined that, after completing appropriate education, THN could be effectively provided in pharmacies by pharmacists, pharmacy technicians and pharmacy assistants.

The following amendments were made to the Naloxone Guidelines:

- Allows pharmacy technicians and pharmacy assistants to provide Naloxone Take Home kits.
- Provides direction to assist with the provision of kits, rather than criteria to not provide kits.
- Directs that the licensee is responsible to ensure that all members of the pharmacy team are trained and provide care within ACP's Standards and Code of Ethics (especially important now that unregulated personal are providing kits).
- Change in the overall tone of the guidelines by shifting to harm reduction, being discrete and minimizing stigmatization and/or being judgmental.

The revised Naloxone guidelines were shared with Alberta Health to assist in the development of a BENEFACT. ACP's goal was to ensure that the Naloxone Guidelines are supported by, and do not conflict with the BENEFACT. Council approved the guidelines in principle however recommended that with Guidance Point 2, the word "privacy" be included where necessary. Implementation of the Naloxone Guidelines will be deferred until changes in Alberta Health's policy is communicated through the BENEFACT.

MOTION: to approve the amended guidelines by adding "privacy" where necessary.

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

3.11 Revised Guidance for Pharmacists Providing Mifegymiso

Mifegymiso is a combination product containing two medications: mifepristone and misoprostol. These medications are used in sequence for the medical termination of a pregnancy. As part of the approval process for its use, Health Canada initially recommended strict conditions of use for this drug, including the requirement that physicians provide the first dose of Mifegymiso directly to the patient. As result,

ACP developed guidelines for pharmacists dispensing Mifegymiso. On November 7, 2017, upon review of scientific evidence provided by Celopharma, Health Canada authorized several changes regarding the prescribing and dispensing of Mifegymiso. The changes include allowing the drug to be prescribed for termination of an intra-uterine pregnancy up to 63 days (nine weeks), rather than 49 days (seven weeks) as measured from the first day of the Last Menstrual Period (LMP) in a presumed 28-day cycle and indicating that Mifegymiso® can be dispensed directly to patients by pharmacists. Directions for use and the product formulation remain the same. The product monograph and package insert will be revised to reflect these changes. ACP updated its guidelines for pharmacists to reflect these changes.

MOTION: to approve the revised ACP guidelines for pharmacists providing Mifegymiso, to align with Health Canada’s amended guidelines for pharmacists prescribing and dispensing of Mifegymiso.

Moved by **Stan Dyjur**/Seconded by **Irene Pfeiffer**/CARRIED

3.12 Guidelines for Disclosing Personal Health Information

Pharmacy licensees are responsible for policies, procedures, and systems within their pharmacies to ensure the security of personal health information that is collected, used, and disclosed. It is particularly important for licensees to understand when to, and how to, disclose personal health information. At the October council meeting, Council reviewed a model agreement for licensees undergoing an audit. It was suggested that complementary guidance would be valuable to assist licensees better understand disclosure; and that the model agreement could then be used to support disclosure. When used together, pharmacy licensees should be confident about when it is appropriate to disclose information for audit purposes, and how to do so.

The Office of the Information and Privacy Commissioner has developed two documents to support custodians comply with the *Health Information Act*. “*The Health Information Act at a Glance for Custodians*” is a two-page summary of requirements that custodians must comply with when collecting, using, and disclosing personal health information. It is a summary of a larger manual “*Health Information – A Personal Matter – A Practical Guide to the Health Information Act*” (OIPC -2010 https://www.oipc.ab.ca/media/383665/practical_guide_to_hia_aug2010.pdf) Chapter 8 of this manual is very explicit and provides examples about managing disclosure.

It was recommended to Council that “*The Health Information Act at a Glance*” be recommunicated to pharmacy licensees in conjunction with the model agreement, to assist them understand their responsibilities when considering the disclosure of personal health information, and when determining its appropriateness, how to do it. It is also recommended that all three resources be made more easily accessible to licensees through ACP’s website so assist them to answer questions about disclosure.

President Couldwell shared that he had a positive experience using the audit agreement at his pharmacy and that it was also positive for the auditor. The auditor had awareness of the *Health Information Act*, but not a detailed knowledge. Registrar Eberhart advised that ACP will communicate the importance of doing this; supported by the Agreement, Disclosure document, and the “*The Health Information Act at a Glance*” document.

MOTION: that ACP facilitate the responsibilities of pharmacy licensees when requested to disclose personal health information by communicating about, and posting, the guidelines developed by OIPC, and the MODEL agreement approved by Council.

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

3.13 Cannabis for Medical Use

Council reviewed a draft policy statement on pharmacy's role in "Cannabis for Medical Use" that reflects Council's discussion at its last meeting. The draft policy statement states the following:

Cannabis is a Schedule II drug under the Controlled Drugs and Substances Act, and, unless otherwise regulated for production and distribution for medical purposes, is subject to offences under that Act. The Access to Cannabis for Medical Purposes Regulation, accommodates access to Cannabis by individuals through the authorization of a physician or nurse practitioner. It does not authorize pharmacists or pharmacy technicians to be in possession of cannabis; however, permits pharmacists practicing in hospitals to order cannabis (S149 of Regulation). Pharmacists practicing in hospitals can only order, store, dispense, or facilitate the administration of dried cannabis or cannabis oil in accordance with hospital policy. Pharmacists and pharmacy technicians not practicing in a hospital have no legal authority to possess cannabis; and therefore, cannot order, store, sell, distribute, compound, dispense, or administer cannabis.

Pharmacists should include a discussion about Cannabis use like they would any other substance, when assessing individuals about their health and medication use. Pharmacists should educate the public about the risks of Cannabis, including but not limited, to its impact on brain development in individuals younger than 25 years of age, and about its potential for impairment, particularly when used in conjunction with other drugs and substances that effect the central nervous system.

Any product, including Cannabis, that is ordered, stored, compounded, dispensed, administered, or sold from a licensed pharmacy must be sourced from a facility that is licensed and inspected by Health Canada based on standards and processes that apply to pharmaceutical grade products. Any product, including Cannabis that is authorized for medical use pursuant to a prescription, should be licensed through Canada's Drug Licensing process to address safety and efficacy, and be assigned a Drug Identification Number (DIN). Once being assigned a DIN, the primary source of distribution of Cannabis should be through pharmacies, like most other prescription drugs. Until such time that federal legislation, policies, and procedures are amended to recognize and accommodate Cannabis products as a licensed drug product (i.e. assigned a DIN), they must not be ordered, stored, compounded, dispensed, administered, or sold from a licensed pharmacy.

Despite this, ACP supports pharmacists and pharmacy technicians compounding and dispensing Cannabis, as part of ethically approved, peer reviewed medical research designed to further our understanding about its potential therapeutic benefit, safety, and efficacy. Smokable Cannabis has potential to negatively

impact health status, particularly respiratory health. Therefore, dried Cannabis to be administered or used in a smokable form should not be ordered, stored, compounded, dispensed, or sold from a licensed pharmacy. If Cannabis becomes licensed as a drug product, depending on its regulatory and scheduling status, pharmacists should ensure that it is stored, secured, and dispensed in accordance with ACP Standards and its Code of Ethics; like any other drug. Akin, the regulation and licensing of Cannabis products will determine whether pharmacists have a role in prescribing Cannabis.

Council did not recommend changes to the policy as presented, however acknowledged that this is a live document subject to review as information about cannabis and the regulatory environment continue to evolve.

MOTION: to approve the policy statement on pharmacy's role in "Cannabis for Medical Use".

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

3.14 Guidance for the Use of Manufacturer's Coupons in Pharmacy Practice

Council considered a DRAFT policy statement about the use of manufacturers coupons in pharmacy practice that were informed by Council's deliberations and insight from the panel discussion at its last meeting. Council sought further guidance from legal counsel. Bill Shores, ACP's legal counsel, had questions about the DRAFT policy in relation to existing standards; particularly the new standards on inducements. Council moved into an "In Camera" session to facilitate a "PRIVILEGED" discussion with legal counsel.

MOTION: to move to an "In Camera" session of Council at 9:17 a.m.

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

MOTION: to move to an "Out of Camera" session of Council at 10:11 a.m.

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

CONSENSUS – Council directed that Registrar Eberhart work with legal counsel to redraft the policy statement so that it is principle based and does not introduce conflict with ACP's inducement standard. It should accommodate "receipt" of manufacturer's coupons; however, not accommodate distribution of them by pharmacy professionals, or through pharmacies.

4. Fiduciary

4.1 Governance Policy Review for Compliance

Council reflected on its compliance with the Governance policies.

4.1.1 Executive Limitation Policies (EL)

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

4.1.1.1 EL-3 Financial Planning

Registrar Eberhart presented the budget for 2018 and estimates for 2019 and 2020. Council was asked to approve the 2018 budget and business plan.

Following are enhancements to the 2018 budget since Council's review in October.

Revenues

- Due to the actual surplus from 2016 (\$1,130,729) and an anticipated surplus in 2017 (~\$800,000), the cost of living increase from the 2018 fees for pharmacists and pharmacies, and from the 2019 fees for pharmacy technicians (their fee is set a year early as their registration year ends in December and a notice period is required) was removed. This resulted in a decrease in income over the three years of \$373,376. The fee schedules for 2019 and 2020 were revised to include updated cost of living (COLA) rates received from the Conference Board of Canada for the City of Edmonton.
- Projections for numbers of provisional pharmacists, pharmacists, technicians, pharmacies and related fees were updated where required due to trending.

Expenses

- COLA - updated rates to: 2018 - 1.92% ,2019 - 2.20%, 2020 - 2.33%.
- Human Resources - updated to include actual salaries for: two Deputy Registrars, Pharmacy Practice Consultant, Professional Practice Administrator and the General Administrator as the positions were filled. Increased the FTE for the part-time System Administrator from 0.60 to 0.80. Removed the Information Technology Director position (new in 2018) and instead added a Programmer position. With a focus on improving performance and professionalism amongst registrants, we changed the Policy Analyst position planned for 2019 into a Pharmacy Practice Consultant for April of 2018. The addition of a Practice Improvement Officer was delayed from 2019 to 2020 to align with the program's roll-out.
- Increased professional (legal) fees, hearing expenses and appeal expenses for several reasons. During the last half of 2017, the volume of active cases and cases that are on the near horizon has increased and we are aware of cases that will be continued from 2017 into 2018, cases that are deferred from 2017 into 2018, and expect that some of the cases will be strenuously contested.
- Increased the expense for measuring public attitude as we received the formal quote.
- Adjusted rent in 2019/20 to reflect the landlord's increased contribution to leasehold inducements and delayed increase in rent from January 2018 to July 2018 to reflect the revised anticipated move-in date.
- Adjusted amortization: 1) To reflect a larger leasehold inducement allocation from the landlord in 2019, and 2) To reflect assumption of expanded space in July 2019; not January, and 3) To reflect purchase of 6th PPC vehicle in 2018, and 4) To include a higher cost base for Merlin due to change orders required to facilitate a self-serve portal for registrants and licensees/proprietors.

MOTION: to approve the 2018 budget, estimates for 2019 and 2020, and 3-year business plan as per governance policy EL- 3 Financial Planning.
Moved by **Stan Dyjur**/Seconded by **Kelly Boparai**/CARRIED

MOTION: to approve the schedule of fees for 2018 as per governance policy E-2 Resource Allocation.

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

MOTION: to approve amendments to governance policy GP-7 Council and Committee Expenses.

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

4.1.1.2 EL-4 Financial Condition (Internal)

Council received Internal Financial Statements and Variances for the month ending September 30, 2017.

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

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

4.1.1.3 EL-4 Financial Condition (External)

Council received a proposed audit plan from KPMG, ACP's auditors. The report summarizes the planned scope and timing of the annual audit.

MOTION: to accept the audit plan proposed by KPMG.

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

4.1.1.4 EL-6 Investments

Scott Ponich, with TD Waterhouse; and ACP's newly appointed investment counsel, presented his annual report to Council reflecting the performance of ACP's investment portfolios and compliance with its investment policy.

MOTION: to approve the External Report from ACP's investment counsel for compliance with governance policy EL-6 Investments.

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

NOTE: Council requested a 5 year comparison of our GIC portfolio when the next report is presented.

4.1.2 Governance Policies (GP)

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

4.1.2.1 GP-7 Council and Committee Expenses

The following motion was made concurrent with Agenda Item 4.1.1.1 EL-3 Financial Planning.

MOTION: to approve amendments to governance policy GP-7 Council and Committee Expenses as reflected in the 2018 budget.

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

4.1.2.2 GP-13 Handling of Alleged Policy Violations

MOTION: that Council is in compliance with GP-13 Handling of Alleged Policy Violations.

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

4.1.2.3 GP-14 Criteria for Awards

MOTION: that Council is in compliance with GP-14 Criteria for Awards.

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

4.1.3 Council-Registrar Relationship Policies (CR)

Council-Registrar Policies (CR) define the working relationship between the Council and the Registrar. Council reviewed CR-1 Global Council-Registrar Relationship and reflected on its compliance with the policy.

4.1.3.1 CR-1 Global Council-Registrar Relationship

MOTION: that Council is in compliance with CR-1 Global Council-Registrar Relationship.

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

4.2 Review and Amendment

4.2.1 Discuss Preferred Approach for Reviewing Policies

At its board development session, Council reflected on processes for reviewing its governance policies, considering alternative methods to fulfill this responsibility while ensuring the reviews occurred on a timely basis, and that policies remained relevant. Council continued its discussion and agreed to form a governance committee responsible for reviewing the governance policies for the purpose of reporting to Council as a whole. The compliance reports for the governance policies from the Registrar will continue at each council meeting.

The committee, chaired by the president-elect will review policies on a cyclical basis. The governance committee will also review ACP's bylaws. Registrar Eberhart will draft a Terms of Reference for the committee for Council's review and approval at the March council meeting.

4.3 Business of Council

4.3.1 Nominating Committee Report, Election of Executive Member at Large

On behalf of the Nominating Committee, President Couldwell presented its report to Council for the election of an Executive Committee Member at Large for the 2017-2018 council term; resulting from the departure of Public Member Mary O'Neill who was not re-appointed by government. The Committee polled the interest of all Council Members prior to making their recommendations therefore nominations from the floor were not sought. Two names were submitted by the Nominating Committee; Councillor Kelly Boparai (District A-Northern Alberta), and Councillor Kamal Dullat (District 5-Calgary).

MOTION: to accept the report of the Nominating Committee.

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

Candidates were invited to address Council prior to an election being held through secret ballot. Registrar Eberhart served as returning officer and was assisted by Past-President Taciana Pereira (non-voting).

MOTION: that Kamal Dullat be appointed as Executive-Member-at-Large for the 2017-2018 council term effective immediately.

Moved by **Irene Pfeiffer**/Seconded by **Peter Eshenko**/CARRIED

Abstained: Kelly Boparai and Kamal Dullat

4.4 Report from Regional Meetings

Discussions with registrants have commenced through ACP's regional meetings. The regional meetings took place in Red Deer on November 22, and in Edmonton on November 28. Both meetings were well attended (about 140 participants in total). Feedback from the Red Deer meeting was taken into consideration to improve the Edmonton meeting. The discussion on opioids and professionalism were informative. ACP will consider a webinar prior to Christmas or mid-January. Spring regional meetings will be in Calgary, and in Northern and Southern Alberta.

4.5 Lease Proposal

ACP has approximately 3 years remaining on our current lease at College Plaza; however, use of our space has reached capacity. Small changes have been made to accommodate more people; however, more space is required for long term needs. ACP has conducted a market evaluation of similar rated properties in Edmonton and found them to not be as compelling, for one or more reasons including:

- access
- space availability
- parking availability
- parking costs
- lease costs.

Through the support of our current landlord, ACP drafted a conceptual design, based on expansion of our current office space to take over the "footprint" of the entire eleventh floor at College Plaza. This was necessary to assess to what extent funding offered by the landlord would support leasehold improvements, if this was determined to be an acceptable alternative.

Expansion of office space should be deferred until 2019, so it does not conflict with our commitment to rolling out our new Information Management System during the fall of 2018. Approval in principle was sought from Council to proceed with planning based on the diligence and estimates provided.

MOTION: to accept the proposal from Westcorp subject to:

- renegotiation of the effective date to July 1, 2019; and,
- opportunity to further study special requirements to ensure that the leasehold approval allowance is sufficient.

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

4.6 Approval of Form of Annual Permit and Pharmacy Licenses

Section 37 of ACP's bylaws require that Council approve "the form" of annual permits and licenses. Changes to the "form" of annual permits and pharmacy licenses were proposed for Council's approval resulting from the redevelopment of ACP's Information Management System, Merlin. Council reviewed the DRAFT practice permits and pharmacy licenses. Subject to any IT limitations, Council approved the following form of annual practice permit and pharmacy license:

- The annual practice permit will be an authenticated official document available in electronic format only for viewing by a member of the public. It will have “Official Practice Permit” on the upper right-hand corner and posted on ACP’s website.
- The online practice permit will always be current, showing registration and any conditions as of that date.
- The online practice permit must be viewable on mobile devices.
- A “printable” practice permit for registrants will have “Unofficial Practice Permit” printed on the upper right-hand corner.
- Both the practice permit and practice site license will retain the line on the bottom of the permit referring the public to visit the online register
- The “Official” practice site license cannot be printed by pharmacies. It will be an official document printed and distributed by ACP upon license renewal.
- The practice site license will be available in PDF format for uploading on pharmacy websites however, this practice site license will have “COPY” or “Unofficial Practice Site License” on the upper right-hand corner.

MOTION: to approve the amended forms for the annual practice permit and pharmacy license.

Moved by **Kelly Boparai**/Seconded by **Peter Eshenko**/CARRIED

4.7 External Reports

4.7.1 Report from NAPRA

Following is a summary of the November 8-9, 2017 Board Meeting of the National Association of Pharmacy Regulatory Authorities (NAPRA), submitted by Anjali Acharya, ACP’s appointee to the NAPRA Board. This is Ms. Acharya’s final NAPRA report. She thanked Council and ACP for the opportunity to represent Alberta at the NAPRA board table for the past 5 years. The following is an excerpt from the report:

- **NAPRA Leadership, Board Members and Governance** - NAPRA completed its board governance transition, as proposed to member organizations, during a Special Members Meeting on November 9, 2017. NAPRA’s new board will consist of the 14 Registrars/Directors/Representatives of the Provinces, Territories and Department of Defence and three Members at Large. A Chair and Vice Chair will be elected annually. NAPRA continues to be an Association of Member Organizations.

This governance transition comes at a time that NAPRA is facing an increased need to be responsive on issues of national importance and increased requests for consultation at a federal level. Consensus building on national issues and organizational efficiencies are projected to be optimized within the new governance model. The new governance structure increases board meetings both in person and via teleconference. Outstanding governance tasks include the restructuring of NAPRA’s committee structure, completion of ongoing policy review and development, nomination and recruitment of Directors at Large, and strategic planning. Ms. Acharya encouraged all ACP board members to consider national leadership opportunities within the NAPRA organization as they become available in the future.

- **NAPRA Website** - NAPRA has launched an updated and redesigned webpage: www.napra.ca
- **National Drug Schedules (NDS)** – The NDS review continues to evaluate the ongoing structure and mandate of the NDS Program. NDS Program will continue into the new

NAPRA governance model unchanged as it continues to undergo review. The program has been in place for 20 years and the review comes at an important time as Health Canada has begun consultations on its new framework of self-care products and non-prescription drugs. Since the last NAPRA Board meeting minoxidil has received unscheduled status when sold in preparations for topical use in concentrations of 5% or less, for human use only.

- **National Committee on Pharmacy Technicians – Bridging Program and Internationally Trained Pharmacy Technicians** - Pharmacy Technician Bridging Program will be facing decreased utilization now that the larger provinces have completed their bridging process for the licensing of pharmacy technicians. The program continues to be maintained for 4 provinces with enrollment in fall 2017 being half of that in 2016. The program continues to be offered as a bridging program for international pharmacy technicians seeking licensure in AB, BC, MB, and ONT. It is clear that the demand by international pharmacy technicians is limited. PEBC has notified NAPRA that ongoing maintenance of the qualifying exam for pharmacy technicians will not continue into 2018 and alternatives are being explored. It is expected that in 2018 the program will need to be reevaluated for ongoing use. NAPRA will continue work with education partners and PEBC to further evaluate options for this program and internationally trained pharmacy technicians.
- **Pharmacist Gateway Project** - NAPRA continues to see strong interest and use of the IPG Gateway by international pharmacy graduates. The program is projecting approximately 3000 registrants by year end. This is an increase over the projected 2400 and reflects an increase in IPG interest in the Gateway in 2017. The ability to evaluate the data and outcomes of registrants will be increasingly valuable in the context of workforce and PRA licensure. NAPRA has completed IT enhancements to the program and is now in a support and maintenance cycle. The board continues to monitor IPG use and movement through the Gateway and the effectiveness of the self-assessment programs on the site. It is expected that the IPG Self-Assessment and Readiness Tools will be will be evaluated in 2018 in the context of access, use and overall program fees.
- **NAPRA Foundation Documents** - NAPRA approved the draft *Model Standards for Pharmacy Compounding of Non-sterile Preparations* as well as the draft *Guidance Document for Pharmacy Compounding of Non-Sterile Preparations*. NAPRA has allocated resources for the development and management of a regular renewal schedule for all foundation documents. Review of the Model Standards of Practice of Pharmacists and possibly the Model Standards of Practice of Pharmacy Technician is expected to begin in 2018.
- **Health Canada** - NAPRA has continued to work with Health Canada (and other departments) to provide input into changes to frameworks around non-prescription drugs as well as natural and self-care products; changes to the Controlled Drugs and Substances Act; and other areas as requests (e.g. low dose codeine, veterinarian medicine).
- **Opioid Crisis** - NAPRA has made two commitments to the Joint Statement of Action on the opioid crisis due to be completed early 2018:
 1. to develop and implement a pharmacist-patient communication tool that will provide guidance to pharmacists on how to have difficult conversations with patients regarding opioid use.
 2. to contribute to national monitoring and surveillance through discussion with Prescription Monitoring Programs and electronic health record programs about utilization of data and to support the adoption into practice of the new national prescribing guidelines.

- **.Pharmacy Global Top Level Domain (GTLD)** - NAPRA's agreement with NABP with respect to the .pharmacy top level domain is ongoing. Several national pharmacy organizations in Canada are moving to .pharmacy webpage addresses this year including NAPRA. Please view www.safe.pharmacy for more information.
- **Pharmacy Workforce Planning Committee (PWPC)** - NAPRA has completed its work with the PWPC with the draft summary report currently available for consultation. NAPRA continues to participate in workforce discussions and projects in the context of NAPRA's mission and vision.

NOTE: see Omnibus motion following Agenda Item 5.1.

4.7.2 Report from PEBC

A report from the Pharmacy Examining Board of Canada (PEBC) was submitted by Kaye Moran, ACP's appointee to the PEBC Board. The Pharmacy Examining Board of Canada held its 2017 Mid-Year Board Meeting on October 21 in Toronto. The following are excerpts from the report:

- **Implementation of Computer-Based Testing** - PEBC has implemented computer-based testing (CBT) for the Fall 2017 Pharmacist Qualifying Examination-Part I (MCQ). Use of computerized testing permits optimization of exam delivery with enhanced security as a result of the technology utilized (compared to traditional paper and pencil format) and candidate monitoring with video cameras at the testing sites. PEBC has made the move to CBT in partnership with Prometric, a leading provider of secured and monitored CBT facilities, and who provides services for hundreds of professional organizations worldwide.

For the Pharmacist Qualifying Examination - Part I there will be time savings for candidates in the reduction from a two day test administration to a single day. CBT testing will provide expanded access for candidates through a significant increase in the number of testing sites across Canada and a longer testing window allowing for improved scheduling options for candidates. This will minimize a candidate's need to travel or accrue potential accommodation costs when sitting for the exam. Furthermore, the expanded access also increases convenience for those who need to schedule around work or other personal obligations.

PEBC has updated website information for candidates about CBT, including a Computer-based Testing Frequently Asked Questions document and an update to the Pharmacist Qualifying Examination Orientation Video on what to expect on exam day. In addition, there is an interactive video tutorial from Prometric on how to take the exam on its testing platform, including the ability to practice taking the test using sample Qualifying Examination questions. PEBC is also exploring the use of computer-based testing for other multiple choice exams. Work is being planned to research the feasibility of using CBT for the Pharmacist Evaluating Examination. The move to CBT is part of PEBC's ongoing commitment to providing a rigorous certification process and contributing to the delivery of safe, progressive and effective health care to Canadians.

- **Needs Assessment Study for Specialty Certification** - PEBC continues to explore potential involvement in assessments related to specialty certification and

is working with the Specialization in Pharmacy Task Group. PEBC is working with a Sub-committee of the Specialization in Pharmacy Task Group to explore a potential partnership model with the Board of Pharmaceutical Specialties (BPS) to “Canadianize” their Pharmacotherapy Examination. At the present time, BPS is focused on making the Pharmacotherapy Examination applicable globally rather than develop a specific Canadian version.

- **Committee on Examinations** - The Committee on Examinations discussed measures to enhance examination security at OSCE/OSPE examination centres. Based on the results of two security screening pilots, PEBC will move forward to include security screening at all sites for the OSCE/OSPE in 2018. The Committee also reviewed and approved a revised process for handling complaints, concerns and appeals. This revised process was approved by the Board.
- **Board Meetings** - The next Annual Board Meeting will be held on February 24, 2018, with Committee Meetings preceding.

NOTE: See Omnibus Motion following Agenda Item 5.1.

4.8 Committee Reports

4.8.1. Hearing Tribunal Decisions

4.8.1.1 – Valaykumar Rajgor – Registration No. 12014

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 **Rick Hackman**/Seconded by **Dana Lyons**/CARRIED

4.8.2 Appointment of Panel to Consider Review of Registration Decision of Registrar

MOTION: that a Panel of Council including the following members be appointed to conduct a review under s41(1) of the *Health Professions Act* into a registration decision of the College:

- Rick Hackman (Chair)
- Al Evans, Public Member
- Stan Dyjur, Pharmacist
- Peter Eshenko, alternate

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

5. Miscellaneous Reports and Documents for Information

5.1 Research Publication - Assessing the knowledge to practice gap: The asthma practice of community pharmacists – Dr. Lisa Guirguis

On behalf of the Asthma Working Group of the Respiratory, Health Strategic Clinical Network, Dr. Lisa Guirguis, shared the research publication “Assessing the knowledge to practice gap: The asthma practice of community pharmacists”. The following is an excerpt from the report:

Background - “Community pharmacists are well positioned to identify patients with poorly controlled asthma and trained to optimize asthma therapy. Yet, over 90% of patients with asthma live with uncontrolled disease. We sought to understand the current state of asthma management in practice in Alberta and explore the potential use of the Chat, Check and Chart (CCC) model to enhance pharmacists’ care for patients with asthma.

Method - “An 18-question survey was used to examine pharmacists’ monitoring of asthma control and prior use of the ccc tools. Descriptive statistics were used to characterize the response rate, sample demographics, asthma management and ccc use. survey validity and reliability were established. One hundred randomly selected pharmacists completed the online survey with a 40% (100/250) response rate. A third of responding pharmacists reported talking to most patients about asthma symptoms and medication, with a greater focus on talking with patients on new prescriptions over those with ongoing therapies. Fewer than 1 in 10 pharmacists routinely talked to most patients about asthma action plans (AAPs). the majority of pharmacists (76%) were familiar with the ccc model, and 83% of those reported that the ccc model influenced their practice any- where from somewhat (45%) to a great deal (38%). both scales had good reliability, and factor analysis provided support for scale validity.”

Conclusion - “there was considerable variability in pharmacists’ activities in monitoring asthma. Pharmacists rarely used AAPs. The CCC model had a high level of self-reported familiarity, use and influence among pharmacists.”

OMNIBUS MOTION: to accept the reports under agenda items 4.7.1 (NAPRA), 4.7.2 (PEBC), and 5.1 (Asthma Research) as information.

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

6. Evaluation of Meeting and Adjournment

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

6.1 Personal Evaluation – Councillor Self-Assessment Summary

Council discussed one and other’s personal evaluations and comments as a foundation to developing the agenda for board development in October. Council encourages a variety of view point and asked that Council raise any issues of concern or confidentiality to the President. It was suggested that where “outliers” exist Council Members should feel comfortable in bringing observations, concerns, and recommendations forward; with the understanding that the purpose of the evaluation is to continuously improve the effectiveness of Council as a whole. Feedback can also be used to support improvement in our orientation program. It was also suggested that if a Council Member rates something “rarely/never”, they should be encouraged to provide context or a reason to add context to their response.

6.2 Evaluation of Meeting - Summary of Results from the October 4-6, 2017 Council Meeting

A summary of the October 2017 council meeting evaluations was circulated with the agenda for information.

6.3 Self-Evaluation of Council Performance at this Meeting

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

6.4 Forthcoming Events and Council Meeting Dates

- March 1-2, 2018 - 2 day council meeting, Edmonton
- March 1, 2018 - APEX Awards dinner, Edmonton
- June 11-12, 2018 - 1.5 day council meeting, Calgary
- June 12, 2018 - Celebration of Leadership and Installation of President reception, Calgary
- June 12-14, 2018 - Leadership Forum, Calgary
- October 3-5, 2018 - Fall council meeting and board development

6.5 Adjournment

MOTION: that this meeting of Council be adjourned.

Moved by **Irene Pfeiffer**

Meeting was adjourned circa 2:54 p.m.