

**MINUTES**  
**Council Meeting**  
**ALBERTA COLLEGE OF PHARMACISTS**  
**October 4 and 6, 2017**  
**Kananaskis, Alberta**

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**1. Introduction**

**1.1 Call to Order**

President Couldwell called the meeting to order at 8:00 a.m. He welcomed Councillor Peter Eshenko (District 2), Councillor Fayaz Rajabali (District 3) and Councillor Dana Lyons (District B). President Couldwell shared Public Member Bob Kruchten's notice of resignation received in September, thanking Bob for his service to Albertans.

**1.2 Roll Call**

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

- District 1 - Brad Willsey
- District 2 - Peter Eshenko
- District 3 - Rick Hackman
- District 3 – Fayaz Rajabali
- District 4 - Stan Dyjur (President Elect)
- District 5 - Brad Couldwell (President)
- District 5 - Kamal Dullat
- District A - Kelly Boparai
- District B – Dana Lyons
- Al Evans - Public Member
- Mary O'Neill – Public Member (Executive Member at Large)

**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
- Lynn Paulitsch - Operations and Finance Director
- Leslie Ainslie - Executive Assistant
- Barry Strader - Communications Director

**1.3 Invocation**

Rick Hackman read the invocation.

**1.4 Adoption of the Agenda**

**1.4.1 Consent Agenda**

**MOTION:** to approve the Consent Agenda report presented by Registrar Eberhart.  
Moved by **Rick Hackman**/Seconded by **Mary O'Neill**/CARRIED

#### **1.4.2 Additions to the Agenda**

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

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

#### **1.5 Minutes from Previous Meetings**

##### **1.5.1 Minutes – June 21, 2017 Council Meeting**

**MOTION:** to adopt minutes of the June 21, 2017 council meeting as presented.

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

##### **1.5.2 Minutes – August 31, 2017 Teleconference Meeting**

**MOTION:** to adopt minutes of the August 31, 2017 teleconference meeting of council as presented.

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

## **2. Governance**

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

#### **2.1.1 Policy E (Mega-End) – Priorities for 2018**

Registrar Eberhart briefed Council about the status of priorities set for 2017 and proposed priorities for 2018. The priorities align with ACP’s Strategic Direction and the goals in our 5-year plan. Council considered the following draft 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,
- 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 in January 2019,
- Negotiate, plan, and facilitate expansion to larger office space to accommodate administrative needs.

Council asked for an additional priority to 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.

**MOTION:** to approve the priorities for 2018 presented by the Registrar with the addition of a priority to 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. Moved by **Al Evans**/Seconded by **Mary O’Neill**/CARRIED

### **2.1.2 EL- 3 Financial Planning - DRAFT 3-Year Business Plan and Budget 2018**

Registrar Eberhart presented a draft 3-year business plan and financial projections including the budget for 2018; highlighting key assumptions and areas where Council policy direction was required. The budget proposes no increases in fees except for COLA of 1.7% for 2018/19/20.

- Revenue Assumptions
  - 570 provisional pharmacists. 570 in 2018, 545 in 2019 and 520 in 2020
  - Net increase of 200/180/160 pharmacists in 2018/2019/2020
  - 100 provisional technicians per year
  - Net increase of 100 regulated technicians per year\*
  - Net increase of 50/40/30 pharmacies in 2018/2019/2020\*
  - All new pharmacies opened during January to June will pay the one time pro-rated fee plus the regular additional fee for any additional services.
  - 560 applications and 100 re-applications per year for additional prescribing authorization
  - 1.7% cost of living (COLA) applied to fees for 2018/19/20 (as of May) with the exception of 2018 technician fees, additional prescribing authorization application fee, and re-application fees
  
- Expense Assumptions
  - A 1.7% COLA increase applied to most of expenses for 2017 as per May 2017 statistics provided by the Conference Board of Canada. A 1.7% increase applied to 2019/2020 as well.
  - Full time staff equivalent will increase by 2.97 FTE. This includes the .07 FTE replacement of the registration administrator with a 1.0 general administrator, and increased part-time system administrator position from 0.53 to 6.0 FTE, the assessment manager and business analyst position increased from 0.8 to 1.0 FTE, increased 0.8 FTE deputy registrar to 1.0, and added deputy registrar and information technology director positions at 1.0 FTE each.
  - Mileage rates remain at \$.54/km as per CRA’s posted rate for 2017.
  - Per diems increase to \$417.00 per day, and \$60.00 per hour.
  - Department 600 – assume expansion to include additional 2277 sq.ft. on 11<sup>th</sup> floor in January 2019. President Couldwell asked about the advantages, if any, of ACP buying its own building or a joint building with another health regulator body. ACP explored the feasibility of owning a building however the cost and responsibilities to operate, maintain and insure a building was not fiscally feasible.
  - Department 700 – NAPRA fees to increase 2.5% annually.
  
- Items not included in budget:
  - Unanticipated legal costs (appeals/judicial challenges)\*
  - Unanticipated information technology costs. Change orders may occur for Merlin due to an expanded project scope i.e.: self-serve component for application for registration and practice site licensure
  - Additional human resource needs in 2020

- Increasing need for coaching and mentoring to support behavior change (preceptors, licensees, remedial, etc.)
- \*Risks – It is difficult to project revenues for provisional pharmacists, pharmacy technicians, and pharmacy licenses; as trends in the past three years have been inordinate. While the proposed budget provides conservative projections from the past three years, any dramatic shift presents potential risk. Legal costs will fluctuate depending on the number and context of matters forwarded to hearing tribunals.
- Reserves – ACP governance policies require that reserves equivalent to three months operating costs be retained. As our revenues have been substantively greater than budgeted in the past three years, on at least two occasions Council has waived COLA increases.

Councillor Rajabali inquired if consideration was given to increase or apply fees for interns/students, registrants moving through the IPG Gateway, and fees for language fluency competencies to help create sustainability around IPGs and interns. While it would be inappropriate to establish differential fees, without reason and value, Registrar Eberhart will ask the new Deputy Registrar to research this.

Council did not recommend any changes to the financial recommendations and agreed by consensus that the Registrar should proceed in developing the 2018 budget and business plan. Registrar Eberhart will seek Council approval of the final budget and business plan at the November/December council meeting.

## **2.2 Compliance Monitoring and Reports**

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

Reports from the Registrar have been provided for EL-4, EL-5, EL-8 and EL-13. An omnibus motion was made to approve all compliance reports provided by the Registrar.

**OMNIBUS MOTION:** to approve the compliance report submitted by the Registrar under Agenda Item 2.2.1.1 – 2.2.1.4

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

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

Internal Financial Statements and Variances for the month ending July 31, 2017 were submitted for Council's approval. *An omnibus motion was made to approve the compliance report for EL-4 Financial Condition-Internal.*

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

*An omnibus motion was made to approve the compliance report for EL-5 Insurance presented by the Registrar.*

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

The Registrar proposed an amendment in the administrative interpretation of this policy. This did not change the policy, but rather how the Registrar will interpret and administer it.

**MOTION:** to approve amendments to the administrative interpretation of EL-8 Conflict of Interest as presented by the Registrar.

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

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

An omnibus motion was made to approve the compliance report for EL-13 Information Management presented by the Registrar.

### **2.2.2 Governance Policies (GP) – Compliance Reports**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Note: Registrar Eberhart shared with Council that as of the meeting, the Pharmacy Practice Consultant position in Calgary was filled by Kerri O’Kane, and Kaye Moran had accepted the position of Deputy Registrar effective November 15. The second Deputy Registrar position will hopefully be filled by next week, otherwise the executive search organization will go back out to the market.

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

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

Council reviewed these policies and provided recommendations for amendment as appropriate.

#### **2.3.1.1 GP-12 Handling Operational Complaints**

**MOTION:** to approve Governance Policy GP-12 Handling of Operational Complaints as written.

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

#### **2.3.1.2 GP-13 Handling of Alleged Policy Violations**

**MOTION:** to approve Governance Policy GP-13 Handling of Alleged Policy Violations as written.

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

President Couldwell reminded Council that “we” (registrants) act as a group through our Code of Ethics; and, that the profession has a responsibility to self-regulate one and another.

### **2.3.2 EL-Policies Policy Review and Amendment**

Council reviewed these policies and provided recommendations for amendment as appropriate

#### **2.3.2.1 EL-5 Insurance**

**MOTION:** to approve Executive Limitations policy EL-5 Insurance as written.

Moved by **Mary O’Neill**/Seconded by **Al Evans**/CARRIED

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

**MOTION:** to approve EL-8 Conflict of Interest with amendments to the policy to read “actual, potential, or perceived conflict” where applicable.

Moved by **Stan Dyjur**/Seconded by **Mary O’Neill**/CARRIED

#### **2.3.2.3 EL-13 Information Management**

Council sought amendments to EL-13 Information Management to address cyber security issues.

**MOTION:** to approve EL-13 with amendments.

Moved by **Al Evans**/Seconded by **Kamal Dullat**/Motion rescinded by consensus

**MOTION:** to table Agenda Item 2.2.1.4 EL-13 Information Management to the November/December council meeting.

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

## **2.4 Generative Discussion – Cannabis**

Council engaged in a generative discussion about Cannabis for Medical Use. Previously, Council approved a policy restricting the distribution of Cannabis for Medical Use from community pharmacies, based on existing federal regulation. The Minister’s Advisory Committee recommended that more research is required about Cannabis for Medical Use, and that current policy should be reviewed within 5 years

of promulgating federal legislation that decriminalizes/legalizes cannabis for recreational use. Despite this, Council wanted to be proactive in considering the role of pharmacists with respect to Cannabis for Medical Use.

The main objectives of Council's discussion was for Council to become more cohesive in their strategic discussions and to explore what we know, what we think we know, and what we need to know so that Council is prepared for strategic discussion to develop policy and guidelines to assist pharmacists and pharmacy technicians.

Council discussed whether Cannabis for Medical Use should be provided from pharmacies. Criteria important to its deliberations is to affirm that cannabis products sold for medical use are safe, free of contaminants, and the concentration of the ingredients are standardized and consistent to allow for proper dosing or assessment; and that evidence from standardized clinical trials is available to support the efficacy of cannabis and its use for specified therapeutic conditions. Issues that also need to be considered are:

- Security – is there anything new that needs to be considered?
- Practice Component – Pharmacists, in their role as clinicians, is there anything they need to know such as when, why to use drug, purity, dosing, indications, adjusting dosing, evidence?
- Pharmacy Technicians – if Cannabis for Medical Use becomes available in standardized pills, is there going to be a pharmaceutical grade oil, to understand concentration, etc. so pharmacy technicians can knowledgeable compound cannabis preparations?
- Industry – Needs pharmacy to be informed. Should we accept the discussion of “industry”? Do we need to know more about THC and cannabinoids? How do we participate in the discussion in an informed way? What is our source of truth?

In the short term, Cannabis for Medical Use products regulated under the federal government's *Access to Cannabis for Medical Purposes Regulation*, cannot be stored, compounded, dispensed, or sold by community pharmacies. Council agreed that if cannabis products are assigned a Drug Identification Number (DIN) by Health Canada, then it would be reasonable to dispense these drugs to patients pursuant to a prescription. However, Council understands the need for further discussion about pharmacy practice should DIN's not be assigned; as morale owners see pharmacies as a safe point of access. Council will continue its deliberations as research and health policies evolve.

## **2.5 Appointment – Admissions Committee of the Faculty of Pharmacy and Pharmaceutical Sciences**

**MOTION:** to re-appoint Kamal Dullat for an additional 1-year term to the Admissions Committee of the Faculty of Pharmacy and Pharmaceutical Sciences.  
Moved by **Rick Hackman**/Seconded by **Kelly Boparai**/CARRIED

## **2.6 Ownership Linkage**

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

The following issues were introduced and discussed during this forum:

- Councillor Hackman made a presentation to the Sherwood Park Rotary Club regarding pharmacists' scope of practice. The presentation was well received and many of the business leaders had a good awareness of the scope of practice, and were very competent with asking for services at their pharmacy. Almost all had experience with prescribing (renewals), and some sort of lab services. The relationship with physicians in the community is very symbiotic. Councillor Willsey shared that in rural Alberta pharmacies and pharmacists struggle with the scope of practice.
- Councillor Willsey made a presentation at PTSA and RxA to share how he uses pharmacy technicians working in his pharmacies. The audience attending the PTSA presentation felt that pharmacy technicians were not being used to their full scope of practice; in fact, not even close. Those speaking up were mostly community pharmacy technicians. The RxA presentation was well received.
- Councillor Dyjur shared his experience participating in the Red Deer College "Health Professions Fair". Health professionals engaged with 16 year old students, discussing various roles in the hospital and how each profession supports those roles. He had the opportunity to go over the roles of pharmacists, pharmacy technicians, and pharmacy assistants. The engagement was very successful and rewarding for all parties.
- Registrar Eberhart advised that the College had received about 80 emails from Albertans, expressing concern about ACP's policy on inducements. Additionally, approximately 36 telephone calls expressing concern were received. ACP did receive some correspondence from other health policy leaders, complementing the College on its effort and success.

## **2.7 Council Plan 2017-2018**

Council reviewed a DRAFT plan for Council's business during the 2017-2018 term. The plan provides a "roadmap" for Council's business over the next year. The plan is a living document that will change with the evolution of issues and input from Council. At its December meeting, Registrar Eberhart recommended meeting with Alberta Health for an update on PrescribeIT, committee members from MOERC, the Health Minister's Opiate Emergency Response Committee, and a strategic discussion on opiates. President Couldwell asked Council to consider what Council needs to address in addition to what Registrar Eberhart outlined. He stated that he wanted this to be Council's plan, and that Council should consider what is important to members of the public and our registrants. He asked Council to consider issues for each meeting and identify them on the Council Issue Sheet distributed by Leslie Ainslie after each council meeting.

**MOTION:** to accept the Council Plan for 2017-2018 for information.

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



### **3. Legislated Responsibilities**

#### **3.1 Hearing Tribunal Decision**

##### **3.1.1 Pouran Manzouri – Registration Number 6107**

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

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

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

#### **3.2 Manufacturer’s Coupons**

Council has previously considered policy respecting manufacturer’s coupons in pharmacy practice, and have been reticent to provide guidance to pharmacists and pharmacy technicians. Council deliberated if ACP’s policy on inducements could be used to provide guidance with respect to manufacturer’s coupons however, legal counsel advised that the policy does not effectively address this issue. Council had also pondered the possibility of developing a broader policy about appropriate relationships between pharmacy professionals and the pharmaceutical industry.

In the absence of guidance, the frequency and methods through which manufacturer’s coupons are being offered has expanded. Consideration is required about the appropriate conduct of ACP registrants when receiving such coupons, and whether it is appropriate for them to issue such coupons. Alberta Health has recently expressed concern about manufacturer’s coupons and their potential to impact drug pricing. To facilitate Council’s deliberations, Skype was used to facilitate a panel discussion with:

- Bill Adams – STI Canada (a major broker of manufacturer’s coupons)
- Dr. Susan Ulan – Assistant Registrar, College of Physicians and Surgeons of Alberta (CPSA)
- Michel Caron – Deputy Registrar, Quebec Order of Pharmacists

Bill Adams provided an overview of the scope of STI programs and their mission statement to “always put patients first”. STI is a service provider to the pharmaceutical industry and is owned by IMS. They view themselves as a neutral third party; between the industry and patients.

STI wants patients to adhere to their health plan and believes that access to manufacturer’s coupons facilitates adherence. STI offers three programs:

- A sample program through which they pay 100% of the drug (covers cost of an initial prescription for a drug – minimizes waste and cost),
- Patient benefit programs through which they pay all or part of the cost of drugs for individuals; often for individuals who do not have the financial means for products prescribed for them; and,
- Patient choice program through which individuals can receive coverage for the product of their choice, when benefit programs are restrictive.

Patient records and personal information is only provided to STI subject to patient consent. Patients do not need to disclose information to STI unless they wish.

Council asked Mr. Adams to provide data about patient uptake of each of the programs. Mr. Adams advised that the sample program is used less than the patient choice program.

Dr. Susan Ulan advised that CPSA does not have specific guidelines on coupons. She shared that CPSA had adopted the Canadian Medical Association's Code of Ethics to complement its standards. She shared CPSA's Standards of Practice for Conflict of Interest, Relationships with Industry, and Advertising. She shared that CPSA receives lots of concerns about physician relationships with industry.

Dr. Ulan was not able to assess whether the patient choice program would be considered a coupon; although she thought it likely would be. She indicated that CPSA was not receiving complaints about this. Dr. Ulan advised that physicians cannot provide coupons for their own services or for that of another healthcare professional. CPSA would consider it a Conflict of Interest (whether perceived or real) if physicians provided manufacturer's coupons to pharmacists. She advised that conflict could be mitigated through disclosure.

Michel Caron described the Quebec Order of Pharmacists' policy on manufacturer's coupons and loyalty programs. He advised that the distribution of manufacturer's coupons has been of concern to the Order since 1994. Pharmacists are prohibited from distributing coupons. In 2012 a policy document was issued to guide pharmacists in their conduct. The guidance requires pharmacists to be aware of manufacturers programs, and to take steps to prevent conflict that may arise should they use them in their practices.

In 2013, the Order participated in provincial workshops with other professions, facilitated by government to explore the use of coupon programs. Their discussions identified three categories of coupons: loyalty programs used to maintain market share, convenience programs to support public health, and humanitarian programs to offset extraordinary expensive medicines that would otherwise be unavailable.

Legislation was passed last year (Bill 92) increasing the power of the Minister that will properly frame these programs. Quebec does not have concern with sample program usage as it is short term; as compared to STI patient assistance programs.

Principles that Council felt were important were:

- be patient rather than drug focused,
- use resources appropriately,
- prevent conflict of interest,
- drug use decisions should be evidence based.

Council felt that it would be difficult to argue that pharmacy professionals should not be able to receive coupons from patients in return for dispensing; however, that ethical guidance was necessary. Council felt that it was inappropriate for pharmacy professionals to distribute manufacturer's coupons in return for dispensing or prescribing; except possibly in exceptional circumstances for compassion. For really high cost drugs, this may be a better alternative than the "Trial Prescription" program.

Council observed that sampling by industry is a long term reality that may have benefit(??) and likely cannot be stopped. Coupons may be a better alternative than actual drug samples; provided that they are used ethically. This can minimize waste, can marginalize cost, and provides opportunity for more accurate patient records.

Council requested that the Registrar draft a guideline respecting the use of manufacturer's coupons in pharmacy. This should include considerations that pharmacists should make to reach an appropriate decision. Council also requested that ACP advocate with partners such as CPSA and Alberta Health to ensure that coupon offerings are not permitted on prescriptions.

### **3.3 Review of ACP's Guidelines for the Distribution of Naloxone**

Registrar Eberhart made a presentation to the Minister's Opiate Emergency Response Committee (MOERC) at the committee's request to address concerns about why pharmacists needed to identify individuals purchasing Naloxone and the need for records. Council agreed that identifiable information is more for billing purposes and there was no need for the identification, however pharmacists see value to identifying an individual should there be the possibility to assess a patient. Alberta Health is discussing the possibility of using a single unique patient identifier for all Naloxone purchases.

The Committee also expressed concern about the approach pharmacists are taking when talking to individuals. They inquired about pharmacists' training in harm reduction, and whether they were trained to be discrete, respectful, and nonjudgmental towards patients. Lastly, the Committee inquired about ways to increase access to Take Home Naloxone (THN) kits. In February 2017, Naloxone for use in emergency treatment of opioid overdose outside of a hospital setting was removed from Schedule 2 and is now unscheduled in Alberta. The intent of this was to increase access to Albertans who request or who could benefit from a THN kit.

Council considered if it is appropriate for pharmacy technicians and pharmacy assistants to receive THN training and provide THN kits to individuals requesting them. Licensees would be responsible for the training of the pharmacy team. As a non-scheduled product, Council agreed there was opportunity and limited risk if pharmacy technicians and pharmacy assistants provided THN kits.

Council agreed that there was benefit in pharmacists identifying individuals who may be at risk, and to be proactive in recommending THN kits. Considering the substantive safety profile of Naloxone and its potential benefit to vulnerable individuals, Council considered the following changes to the guidelines for Take Home Naloxone kits:

1. A pharmacy professional/team member consider circumstances when it is appropriate to recommend that an individual receive a THN kit.
2. A pharmacy professional/team member who provides a THN kit must have adequate training to effectively educate the individual receiving the kit, and must identify when it is appropriate to refer them to the pharmacist or another healthcare provider.
3. A pharmacy professional/team member must ensure the individual being provided the THN kit has sufficient information to enable them to receive the intended benefit of the drug therapy. When Naloxone is provided to an

individual for the first time, a trained pharmacy professional must enter into a dialogue with that person.

4. A pharmacy professional/team member who provides a THN kit must record the activity.

The intention of the changes to the guidance is twofold:

1. In the interest of Harm Reduction, to take a proactive approach where pharmacy team members actively identify individuals at risk of opioid overdose, and offer to provide these individuals a THN kit.
2. To expand the provision of THN kits by pharmacy technicians/team members and to ensure that they have the necessary training and skills to educate members of the public about the proper use of THN kits. They should also understand when it is appropriate to refer the individual to the pharmacist.

Council will review the amended guidelines at the November/December council meeting.

### **3.4 Inducements - Memorandum of Judgment**

On September 22, 2017, the Court of Appeal unanimously supported ACP's appeal of the decision of the Court of Queen's Bench; bringing amendments to ACP's Standards and Code of Ethics approved by Council in April 2014; into effect immediately. The judgment provided the parties 60 days to make application to cover court costs should they wish. Council was provided a briefing from legal counsel, outlining costs that could be pursued.

**MOTION:** to pursue costs, and if necessary, proceed with an application to the Court of Queen's Bench to recover costs as recommended by legal counsel.

Moved by **Rick Hackman**/Seconded by **Stan Dyjur**/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 Davies for information.

“Over the past year, it has been a pleasure to welcome our new faculty and staff. Dr. Tatiana Makinova accepted a tenure-track Assistant Professor position in November 2016. We have recently welcomed Dr. Tony Kiang as a tenure-track Assistant Professor position on July 1, 2017 and Dr. Patrick Mayo a Clinical Associate Professor on September 1. We also welcomed Mr. Tony Kurian as Senior Financial Officer, Ms. Erin Sekulich as Assessment Assistant, Ms. Aniela dela Cruz as Receptionist and Advancement Assistant, Mr. Brett Lambert as Communications Coordinator, Mr. Andrew MacIsaac as Assistant Dean of Advancement and Ms. Diseray Schamehorn as our Indigenous Liaison who are all comfortably settling into the team. The Faculty is currently in the process of interviewing for Assistant/Associate Professor Positions.

As I contemplate the past year, it brings to mind some of our many accomplishments and special achievements. Drs. Jill Hall, Ravina Sanghera-Grewal, Ken Cor and Marlene Gukert were promoted to Clinical Associate Professors and Dr. Sharon Mitchell to Clinical Professor. New Assistant Deans, Drs. Sanghera-

Grewal and Hall have integrated well and have taken active roles in PBS and E2P implementation. Dr. Ayman El-Kadi, Assistant Dean (International), is now tying together our International efforts and laying out a new strategic plan for the Faculty's future development. Dr. Ken Cor, Assistant Dean, Assessment, is leading our efforts in Accreditation and Assessment. Together with the power of teamwork, we are preparing an extensive and comprehensive accreditation report. We have also maintained considerable success in awards and research grants and graduate education completion under the direction of Associate Dean, Research and Graduate Studies Dr. Scot Simpson, Drs. Arno Siraki and Lisa Guirguis.

Together, we have built seven new problem based learning conference rooms, connected several new information monitor screens, renovated three lecture theatres, painted the walls Green and Gold, procured new laboratory equipment and have completed the restoration of our class photo legacy. With our white Stetsons proudly displayed, we represented Alberta's Pharmacy School at "Alberta Night" in Quebec City. With our social media, rejigged magazine and new signage in hand, the Faculty of Pharmacy and Pharmaceutical Sciences is more visible than ever. These accomplishments are just some of the highlights of the past year.

In 2016, we welcomed 133 students into the Faculty of Pharmacy and Pharmaceutical Sciences. Associate Dean of Academic and Student Services Dr. Dion Brocks' sustained efforts in this arena are acknowledged. In November 2016 and June 2017, we all shared in our student's achievements to graduate 131 new pharmacists. Once again, our students have performed very well again in the Pharmacy Examining Board of Canada examination process and collectively we should be very proud. Furthermore, student involvement in volunteer and community activities is thriving. Assistant Dean, Experiential Education, Dr. Ann Thompson and her Ex Ed team's efforts in developing placement sites for our students is noteworthy.

We have much to look forward to in the coming year as eager students commenced and continue in our programs; our White Coat Ceremony at the Shaw Centre was successful as was our introductory, TGIF and our Homecoming activities, our Dean's Grand Round Seminar Series, PDW, Research Day, TGIFs, further renovations to our teaching laboratories, and the CCAPP accreditation visit are all just around the corner.

Strategic Planning: Dr. El-Kadi has been reviewing the FOPPS 2012-2017 Strategic Plan. We need to align with the University of Alberta, For the Public Good (Build, Experience, Excel, Engage, and Sustain). Dr. El-Kadi has started the process with a small committee with two members from Pharmacy Practice, two from Pharmacy Science and a representative from Undergraduate and Graduate studies.

Accreditation - Dr. Ken Cor is leading the assessment. Each standard has a lead person.

Faculty Retreat – Some topics of discussion at the Faculty Retreat included Strategic Planning, Accreditation and Student Professionalism. Some discussion took place in regard to essential skills and abilities for students. Discussion also took place on student accommodations.

University of Alberta 2016-2017 Enrolment Statistics Faculty of Pharmacy & Pharmaceutical Sciences:

➤ Year One	133
➤ Year Two	133
➤ Year Three	127

➤ Year Four	122
➤ # of Applicants for 2016	545
➤ # of Graduates in 2016	124
➤ Post BSc-PharmD Program	18

Postgraduate Student Registrants

➤ Masters	23
➤ PhD	30”

*An Omnibus Motion was made to accept as information Agenda Items 4.1, 4.2, 4.3.2, 4.7 and 4.8.*

#### **4.2 Report from CCCEP**

Art Whetstone, Executive Director of the Canadian Council on Continuing Education in Pharmacy (CCCEP) submitted its report from the May23-25, 2017 Board of Directors meeting. Below are excerpts from the report.

The Board of Directors approved the Tactical Plan for 2017-18. The Tactical Plan is based on the 2015-2019 Strategic Plan. The following are scheduled for initiation in 2017-18:

- Increase use of CCCEP learning activity database by pharmacy professionals.
- Develop mutual recognition and joint accreditation agreements.
- Accreditation of less formalized continuing education activities.
- Improve customer/provider satisfaction with CCCEP accreditation services.
- Improve program provider ease of finding authors and reviewers.
- Upgrade CCCEP website to enhance user experience and make more user-focused.
- Expand CE opportunities for pharmacy technicians.
- Support advanced practice and specialization in pharmacy by expanding number of competency-mapped accreditation.

**Accreditation Fees** - The Board of Directors reviewed the Accreditation Fees for 2018 as part of the Budgeting process for 2017-2018. The accreditation fees were last increased in 2015. The Accredited Provider Fees were last increased in 2009, although they were rationalized in 2012. There is no change in accreditation fees and accredited provider fees for 2018.

**Capital Budget 2017-2018** - The replacement of the desktop and laptop computers was deferred for another year, as both are performing satisfactorily. The server was replaced in 2016. No other capital expenditures are planned for 2017-2018.

**Project Plan 2017-2018** - The Board of Directors approved six (6) projects for 2017-2018; some are a completion of projects started in 2016-2017.

- a) **Project A: (CCCEP e-Connect)**. The proposed approach to the continuation of *CCCEP e-Connect* requires the purchase of e-mail distribution service and the contracting an editor to write the newsletter. The Board discussed the option of switching to a social media approach as opposed to the continuation with *CCCEP eConnect* when the contract with MultiView comes to an end. It was agreed that this option was worth exploring. CCCEP will look at the options and

implications of using social media over the next six to eight months. If CCCEP switches, the budget allocation for this project would be transferred to the social media option.

b) **Project B: Blueprint (Specialization and Summit Follow-up).** The project includes the continuation and support of the Specialization Task Group. The Group is moving to the next phase, which is the development of a business case. Also, the expected outcomes of the Pharmacy Summit are the identification of projects and formation of task groups to implement the projects.

c) **Project D: Website Development.** While the new website is live, a few outstanding activities related to the website project are not expected to be completed until later in 2017.

d) **Project F: Expert Reviewer Database.** This project was initiated in 2015-2016. Work on the database will continue in 2017-2018.

e) **Project G: Competency-Mapped Accreditation.** CCCEP plans to develop competency-mapped accreditation in three to six areas over the next couple of years: Sterile Compounding, Lab Tests, and Minor Ailment Prescribing. This may require additional resources and consultations with stakeholders.

f) **Project H: Technician CE Promotion.** CCCEP committed to encouraging and promoting Technician CE over the next two to three years. This may require additional resources and consultations with stakeholders. A Task Group provided recommendations regarding a CCCEP- CPTEA Student CPD Project that will be further explored in 2017-2018.

### **2017-2018 Accreditation Projections**

CCCEP is projecting that the number of overall accreditations will be similar to 2016-2017. The projections are based on an average of the previous three years, adjusted for the trend (up, down or stable) in each type of accreditation application.

The number of New Activity Applications for Accreditation has decreased over the past two (2) years and the number of conference accreditations increased. Renewal accreditations declined in 2016-2017, after increasing in each of the previous three (3) years. Accreditation revenues account for 98% of CCCEP's annual revenues.

### **2017-2018 Budget Estimates**

The projected operating surplus is \$422, based on revenues of \$291,830 and expenditures of \$291,408. The revenues are based on the projected number of applications for accreditations. The largest expenditures are the following: human resources (43%), Board of Directors (21%) and Program (Reviewer Honoraria) Expenses (18%). CCCEP is projecting an overall deficit of \$14,848 resulting from the project budget of \$15,270. The deficit will be covered by the Program Development Reserve Fund.

*An Omnibus Motion was made to accept as information Agenda Items 4.1, 4.2, 4.3.2, 4.7 and 4.8.*

### 4.3 NAPRA

#### 4.3.1 NAPRA Appointment to Board

In December 2017, Council received presentation from Anjali Acharya, ACP's Board Member and President of NAPRA, advising that NAPRA proposed changes to its governance structure. With the new governance structure, NAPRA will be more efficient, effective, and nimble in responding to emerging issues, as current processes unduly delayed decision-making. The Registrar of each provincial regulatory authority will form the Board; and the President or his/her appointee will participate in meetings of the "members" of NAPRA. This will allow Presidents of all regulatory bodies to meet to discuss matters of national significance. A motion was sought to nominate Registrar Eberhart as a Director to NAPRA, commensurate with the new governance structure coming into effect. Appointments will be made by the existing NAPRA Board in accordance with its Bylaws.

**MOTION:** to appoint Greg Eberhart as a Director to the NAPRA Board of Directors.

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

#### 4.3.2 Letter on Opioid Warning Labels

Council received a copy of NAPRA's response to Health Canada's call for feedback on the proposed regulations amending the *Food and Drug Regulations* on opioids that was published in Canada Gazette I; Vol. 151, No. 24; June 17, 2017. Excerpts from the letter state that

*"NAPRA and its members are committed to helping to address Canada's opioid crisis. NAPRA contributed to the Joint Statement of Action to Address the Opioid Crisis that was launched in November 2016. NAPRA's Executive Director co-chairs Health Canada's Community Pharmacy Inspection Working Group along with the Director of the Office of Controlled Substances. NAPRA's members are involved in numerous provincial and national initiatives aimed at tackling the opioid crisis, and we firmly support the goal of better informing Canadians about the risks of opioids.*

*However, the consultation section of the document does not accurately reflect engagement with us on the Joint Statement of Action. The document claims that the actions in the Joint Statement of Action are "broadly supported" by all the signatories. As one of those signatories, we know this to not be the case. Participating organizations committed to the actions put forward in their own plans, but we were not asked to review each other's commitments or to support them.*

*NAPRA's members are committed to informing patients about the risks of opioids but we have serious concerns with the proposed regulatory changes mandating opioid warning stickers and patient information handouts. We believe that a more comprehensive policy analysis and impact analysis needs to be completed."*

#### *Conclusion*

*Pharmacists need to be frank with patients about the risk of addiction to opioids. In many situations, a handout may be a useful supplement to patient counselling. NAPRA and its members are committed to transparency, to supporting informed patient choice, to promoting patient well-being, and to combating the opiate crisis. In order to achieve the goal of improved patient outcomes, NAPRA believes*



*that pharmacists require flexibility in how they communicate information to patients and their families.*

*NAPRA does not support the proposed changes to the Food and Drug Regulations as published in Canada Gazette I; Vol. 151, No. 24; June 17, 2017. If NAPRA had been consulted earlier, then this feedback could have been provided before these proposed regulatory changes had reached the Gazette.*

*An Omnibus Motion was made to accept as information Agenda Items 4.1, 4.2, 4.3.2, 4.7 and 4.8.*

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

Past President Taciana Pereira shared insights from the FIP Congress in Seoul, as well as other meetings with delegates held during or after the conference. The 2017 FIP Congress's agenda asked an international audience of pharmacy professionals and pharmaceutical scientists to go beyond medicines and answer patients' demand for high quality help and advice. At this year's Congress, sessions explored the many new ways that pharmacy professionals can add the value expected by modern health care systems and services. The sessions showed that tradition and dedication to patients' health can be coupled with innovation in technology, education and practice to deliver care for the 21st century. Past President Pereira attending several sessions, and of interest was a presentation from Ireland sharing the development of a peer support network used as their main "change management" tool. The tool communicates and addresses concerns of their registrants. Introduction of the peer support network went out to the profession to promote a culture where professionals voluntarily and actively engage in their profession. The network has been a great success. Ireland is also piloting a needle exchange program. The program is very discreet with pharmacies placing very small symbols on doors as a way to manage transactions. To date the needle exchange program has been well received by the community. Also of interest was a presentation from the Australian College of Pharmacy about their initiative with a coaching program for pharmacists, to support change initiatives. The coaching program's key objectives are to develop and deliver educational, training, and research programs; and to contribute to the advancement of the profession. The Australian College of Pharmacy is membership based similar to RxA and "The Faculty" in England (developed by the regulatory body, but more managed/sponsored by the advocacy body). Overall, Past President Pereira shared that it was a very informative Congress and a valuable opportunity to network and learn about pharmacy practice in other countries. She thanked Council for the opportunity to attend the Congress.

**MOTION:** to accept the Past President's report as information.

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

#### **4.5 Primary Health Care Integration Network Coalition, Report from Councillor Hackman**

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

integration and challenges with transitions in care. The Coalition for Integration was established to stimulate innovative thinking and solutions to integration challenges faced in Alberta. The purpose is to:

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

The Network will come up with innovative solutions as it deliberates on the evolution of PCNs, actively integrating pearls of research into practice, discharge plans for patients, community support, physician portals, the medical home, and the health environment. The next meeting of the Coalition is October 23.

**MOTION:** to accept the report on the Primary Health Care Integration Network Coalition as information.

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

#### **4.6 DRAFT Audit Agreement**

Pharmacy licensees have responsibility to ensure adherence to privacy legislation; ensuring the security and confidentiality of personal information. The *Health Information Act* allows access to personal information for the purpose of conducting audits; however, controls are important to mitigating dissemination and additional use of such information. Council reviewed a DRAFT audit agreement prepared by legal counsel that could be used by pharmacy licensees if they are requested by an auditor to access patient records.

The model agreement is a tool for use in the context of the legislation. A licensee needs to be diligent during the audit process and sometimes there is a conflict between licensees and owners. The agreement addresses patient privacy and doing the right thing with a patient’s records when an “auditor” comes into a pharmacy. Although the current agreement covers privacy issues, if it is a non-professional or is not an auditor under the *Health Professions Act* (HPA), then consideration must be given to the authority allowing other individuals to view information and records; and for what purpose. ACP will develop tools to both inform and support pharmacy licensees to fulfill their responsibilities to patients within the parameters of the HPA.

#### **4.7 Correspondence from Honourable Sarah Hoffman Minister of Health, Response to ACP’s letter on Phase 2 of the Agencies Boards and Commissions Review**

Council received a copy of the Minister’s response to Council’s request for information on Phase 2 of the Agencies Boards and Commissions Review. The Minister advised that for the first time, entities not legislated under the *Alberta Public Agencies Governance Act* will be reviewed on a government wide basis. The review is to ensure the bodies are in alignment with current priorities, transparent, accountable, are well-governed, and serve Albertans.

*An Omnibus Motion was made to accept as information Agenda Items 4.1, 4.2, 4.3.2, 4.7 and 4.8.*

**4.8 Correspondence from Honourable Brandy Payne, Associate Minister of Health, Response to ACP's Letter on Opioid Reduction**

Council received a copy of the Associate Minister's response to Council's letter to the Minister of Health about pharmacy engagement with the Ministers Opioid Emergency Response Commission (MOERC), and requesting a commitment to amend the *Scheduled Drugs Regulation* to move exempted codeine products (non-prescription drugs) to prescription status in Alberta. The Associate Minister thanked ACP for their efforts to improving guidelines for dispensing opioids and our collaboration with Government in response to the opioid crisis. With respect to codeine products, the Minister reiterated that the Federal Minister of Health announced in June that regulatory changes would be introduced to require prescriptions for exempted codeine products and meanwhile, Alberta Health is continuing its efforts to implement provincial changes through amendment to the *Scheduled Drug Regulation*.

**OMNIBUS MOTION:** to accept as information Agenda Items 4.1, 4.2, 4.3.2, 4.7 and 4.8. Moved by **Mary O'Neill**/Seconded by **Brad Willsey**/CARRIED

**4.9 Change Day Alberta**

Change Day is an annual campaign that invites Albertans to make a change that will improve their health or the health of others. It's fun, free, and is based on the idea that one simple act can have a positive impact on our health system. As a proud supporter of Change Day 2017, ACP encouraged Council, its employees, registrants, and stakeholders to make a pledge for change and in doing so, inspire others to do the same. A pledge is a commitment to make a change that will impact your own health or the health of others. Council's made their pledges that will be posted on the Change Day website and through ACP's social media platforms. To learn more about Change Day visit: [www.changedayab.ca](http://www.changedayab.ca)

**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 Couldwell reminded Council Members to complete the electronic meeting evaluation form 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.

**5.2 Summary of Results for the June 21, 2017 Council Meeting**

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

**6. Adjournment**

**6.1 Forthcoming Events and Council Meeting Dates**

**6.1.1 November 30 - December 1, 2017 - Council Meeting, Edmonton**

**6.1.2 Meeting Dates for Spring 2018:**

– **March 1-2, 2018 - Council Meeting, Edmonton (2 days)**

- **March 1, 2018 - APEX Awards, Edmonton (evening)**
- **June 11-12, 2018 – Council Meeting, Calgary (2 days)**
- **June 12, 2018 - Celebration of Leadership and Installation of President, Calgary**
- **June 12-14, 2018 – Leadership Forum, Calgary**

**6.2 Adjournment**

Meeting was adjourned circa 12:22 p.m.