

**MINUTES**  
**14<sup>th</sup> Annual General Meeting**  
**ALBERTA COLLEGE OF PHARMACISTS**  
**June 11, 2014**  
**7:07 p.m. – 8:37 p.m.**  
**Hotel MacDonald**  
**Edmonton, Alberta**

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1. **Call to Order** - President Olstad called the meeting to order at 7:07 p.m. and welcomed everyone to the 14<sup>th</sup> Annual General Meeting. He noted that tonight registrants were able to attend the AGM from around the province via webcast, and welcomed those attending remotely. President Olstad introduced ACP Council and asked that they rise and be recognized.

President Olstad advised that the Resolutions Committee would be presenting two resolutions later in the meeting. All registrants participating in the meeting either in person, or remotely, will be able to vote on the final resolutions. This vote will take place after the meeting. He concluded, advising that Brad Willsey, Chair of the Resolutions Committee would provide further details when the resolutions were considered under agenda item 5.

President Olstad asked everyone to rise, and through a moment of silence reflect upon the lives and contributions of those registrants who were deceased during the past year.

2. **Approval of the Agenda**

2.1 **Additions to the Agenda** – There were no additions to the agenda.

2.2 **Adoption of the Agenda**

**MOTION:** that the agenda be adopted as circulated.

Moved by **Jeff Whissell**/Seconded by **Jim Krempien**/CARRIED

3. **Minutes of the 13<sup>th</sup> Annual General Meeting of the Alberta College of Pharmacists – June 15, 2013**

**MOTION:** that the minutes of the 13<sup>th</sup> Annual General Meeting of the Alberta College of Pharmacists be approved.

Moved by **Kelly Boparai**/Seconded by **Stephanie Morton**/CARRIED

4. **Annual Report of the Alberta College of Pharmacists**

4.1 **Report from the Registrar** – Registrar Eberhart highlighted activities and achievements of ACP during the past year that were significant to the college and the practice of pharmacy in Alberta. He extended thanks to Council for their dedication and leadership. Registrar Eberhart reviewed the audited financial statements and advised attendees that the college was in a sound financial position. The financial condition and accountability, results from a sound budgeting process, quarterly reports to Council, conservative investing and annual external audits.

Registrar Eberhart referred to ACP’s strategic direction matrix that guides council and college administration as they protect the public and work to ensure *Healthy Albertans through excellence in pharmacy practice*. He highlighted progress on the five strategic goals set by Council and their alignment with ACP’s strategic objectives:

ACP goals for 2013	Actions to reach goal	Aligns with which strategic objectives?
Enhance the Competence Program to reflect the philosophy, principles, and amended rules for the program approved by council in 2012.	<ul style="list-style-type: none"> <li>• In-depth review of program and tools, involving ACP staff, Competence Committee, registrants, and stakeholders.</li> <li>• Approved Competence Program rules in December 2013.</li> </ul>	<ul style="list-style-type: none"> <li>• Competent and Responsible Practitioners</li> <li>• Credibility and Trusting Relationships</li> </ul>

<p>Pursue the prohibition of inducements and loyalty programs provided in return for drugs and professional services.</p>	<ul style="list-style-type: none"> <li>• Published background paper, <i>Inducements for Drugs and Professional Services: A basis for a prohibition</i>; research summary; and FAQ document.</li> <li>• A panel of council met with multiple pharmacy stakeholders.</li> <li>• Council unanimously supported amendments to ACP's Standards and Code of Ethics for the purpose of circulating the amendments for review and comment to registrants and stakeholders.</li> <li>• Circulated the proposed amendments for review and comment (Nov. 27, 2013 to Jan. 31, 2014).</li> <li>• Educated the public about the roles of pharmacists and pharmacy technicians through a multi-channel public awareness campaign.</li> </ul>	<ul style="list-style-type: none"> <li>• Competent and Responsible Practitioners</li> <li>• Public and Stakeholder awareness</li> <li>• Credibility and Trusting Relationships</li> <li>• Effective Governance and Strong Leadership</li> </ul>
<p>Increase engagement with registrants, the public, and stakeholders through more channels for interaction.</p>	<ul style="list-style-type: none"> <li>• Looked to registrant survey results for engagement and communication preferences.</li> <li>• Began upgrade to ACP website to include blogs, reader comments, and a greater variety of video and audio files.</li> <li>• Designed interactive online modules for jurisprudence exam preparation, our Structured Practical Training program.</li> <li>• Launched Facebook and Twitter accounts.</li> <li>• Participated in numerous intra- and inter-professional projects and committees.</li> </ul>	<ul style="list-style-type: none"> <li>• Accessible Care</li> <li>• Public and Stakeholder Awareness</li> <li>• Credibility and Trusting Relationships</li> </ul>
<p>Develop a performance management matrix to inform decisions necessary to carry out ACP's strategic plan.</p>	<ul style="list-style-type: none"> <li>• Reviewed current indicators and measures.</li> <li>• Developing an appropriate index for each critical success factor and for an overall Corporate Performance Index.</li> <li>• Developing a reporting system and cycle.</li> </ul>	<ul style="list-style-type: none"> <li>• Effective Governance and Strong Leadership</li> <li>• Workplace of Choice</li> <li>• Credibility and Trusting Relationships</li> </ul>
<p>Complete an enterprise reporting needs analysis, explore the potential of an e-learning platform, and begin analysis of our association management system (AMS) needs.</p>	<ul style="list-style-type: none"> <li>• Completed initial phase of reporting needs analysis.</li> <li>• Implemented Articulate Storyline e-learning authoring software.</li> <li>• Analysis of AMS needs postponed until 2014, when we will have in-house IT expertise</li> </ul>	<ul style="list-style-type: none"> <li>• Effective Governance and Strong Leadership</li> <li>• Competent and Responsible Practitioners</li> <li>• Workplace of Choice</li> </ul>

Registrar Eberhart addressed the allocation of financial resources to ACP's three Critical Success Factors:

- Quality Care – 39%
- Effective Organization – 36%
- Public and Stakeholder Confidence – 25%

He reviewed the registration statistics and pharmacy licensing trends:

- Practicing pharmacists – 4550
- New registrants in 2013 – 293
- Licensed pharmacies – 1075
- Pharmacists with additional prescribing - 435 (up 98% from 2012)
- Pharmacists authorized to inject – 2842 (up 39% from 2012)

He shared the opportunities for pharmacy revealed in the 2013 public survey. While 92% of the public is satisfied with the pharmacy care they received in the last year, there is still confusion about what pharmacists can do. These are the key findings from ACP's 2013 public survey.

- Patients were most satisfied with more traditional pharmacy services, such as providing information on how to take medication, what to expect, ensuring they get the right medication, and helping select non-prescription items.
- Patients would like to see more evidence of their pharmacists working closely with the other members of their health team to coordinate care. They also desire more pharmacist follow up. While these are not new roles for pharmacists, they are becoming more critical as scopes of practice overlap, care is often fragmented, and complex and chronic conditions affect more and more people.
- Roles generating lower satisfaction were primarily newer roles. The lower satisfaction rating stemmed from the fact that most patients had not yet experienced the services (see the graph on page 16 of the annual report for details).
- That said, not all services that rated lower satisfaction fell into the “new” category. Less than half (43%) of the public was satisfied with their pharmacist assessing them for potential health risks. As a hub of health information, pharmacists are well positioned to promote patient wellness and prevention, alongside treatment.

Registrar Eberhart spoke about the new Continuing Competency Program (CPP) guided by its philosophy and principles.

### **CCP Philosophy**

ACP fosters professional growth that inspires and empowers pharmacists and pharmacy technicians to continuously enhance their practices and support Albertans' health and well-being. With a shared vision of excellent pharmacy practice, ACP and its registrants work together to identify competence goals and milestones signifying success, and ensure that learning transfers into practice.

### **CCP Guiding Principles**

The revised competence program will incorporate five guiding principles to enable pharmacists to identify and approach learning opportunities relevant to their practice setting.

- **Flexible:** different practice settings and learning preferences; addresses full spectrum of learning
- **Engaging:** inspires career long learning, peer to peer interaction and opportunity to connect with mentors, thought leaders and SMEs
- **Forward-looking:** help meet changing needs of Albertans, integrates with other ACP programs, support throughout careers
- **Sustainable:** anticipates growing and diverse populations, evidence informed tools that can be applied to a diversity of practices.

**4.2 President's Address** - President Olstad addressed registrants reflecting on his term as president, and the role of pharmacists, doing more than counting pills. "I remember starting pharmacy school in September of 1994. To some of you, like me, this is not that long ago. To others, like new pharmacists who have just graduated, it will seem like an eternity. Maybe it is a bit of both? During one of our first professional pharmacy classes our instructor poured pills out onto the overhead projector and used a spatula to show us how to count by 5's. The entire class erupted into applause and laughter at this flippant demonstration of stereotypical pharmacy practice perceptions. Our instructor did it to prove a point. She did this to demonstrate that this is what pharmacy was not. I mean, if that's what pharmacists really did - heck, class was over on our first day of pharmacy school. Pick up your degree at the end of class on your way out the door. Go forth and count!

We've been taught starting in school that pill counting and a "pour and lick and stick" philosophy are poor strategies for future relevance. In our practice labs we learned about patient counseling, communication, patient centeredness, and principles like 'pharmaceutical care.' Of course the language of some of these concepts and ideas has changed but the idea of pharmacy positioning ourselves for future practice to best meet patient needs was around long before I arrived on the doorsteps of the Faculty. The College's challenge is to set the stage to achieve our vision- Healthy Albertans through excellence in pharmacy practice. What we talk about and what we do today will have a lasting impact on our professions and ultimately our patients and their families in the future.

Your ACP council has been working very hard on creating the future through a principle of board governance called Generative Thinking. What is generative thinking? I am going to borrow a bit of a hackneyed sporting metaphor but I really think it sums up what this is all about. Wayne Gretzky said "A good hockey player plays where the puck is. A great hockey player plays where the puck is going to be." It is about getting out in front of management/administration and trying to envision what the future will look like and be for pharmacy practice.

Why are we doing this/why do we care? Generative thinking is, plain and simple, really hard work for an organization/board -there are many large and complex changes in healthcare, technology, scopes of practice and patient needs/wants that we must consider. Once we have a clear picture of what pharmacist practice will look like 2-30 years in the future we can ensure that the College has the right tools to support pharmacists and pharmacy technicians in getting to where the puck is going to be.

I was mentioning at the beginning of my address about learning and practicing communication skills in pharmacy school. Most of the communication skills focused on effective patient interaction. This is a critical part of our job when we are interacting with patients. It is becoming more and more important, however, for pharmacists to not only communicate well with patients, but to also communicate well with other health care providers.

Recently, the ACP council and administration attended the Tri-Profession conference with the boards and administration of the Pharmacists' Association of Alberta, the Alberta Medical Association, the College and Association of Registered Nurses of Alberta, and the College of Physicians and Surgeons of Alberta. In past years, this conference was open to all members of the various professionals with a focus on education and building inter-professional collaboration.

This year, the Tri-Professional conference brought together board and administrative leaders of the three professions to focus on the challenge of working collaboratively through changing scopes of practice in a changing health system. We discussed many great examples of health teams working well and circumstances where there were challenges with professionals working effectively together. Many of the challenges are a direct result of communication failures and misunderstandings between health care professionals, particularly where scopes of practice overlap.

During the session our facilitator provided an example of communication failure with disastrous consequences to illustrate a point. There was a plane that was almost out of gas who radioed in to the tower "low fuel." The tower told the plane to go around. After they went around one time, they radioed again "low fuel." The tower told the plane to go around a second time. The plane radioed a third time as they were nearly out of fuel. "Low fuel" they said. The tower advised them to go around again. The plane crashed because they ran out of fuel. The issue was the language that the pilot

was using. The pilot should have used the internationally accepted term of “fuel emergency” to declare that he was nearly out of fuel and required priority landing immediately. The tower did not understand the gravity of the fuel situation on the plane because the pilot was using the wrong language - “low fuel” is not the same as “fuel emergency.” The other principle is using the feedback loop to check understanding. Perhaps the pilot could have said “no, you don’t understand, we are going to run out of gas and we are going to crash, we need to land right away” after the tower said “go around again.” They did not check that the intended message was received the way that it was intended.

When pharmacists and pharmacy technicians are working with new and more sophisticated responsibilities in overlapping practice scopes, it is critical that we communicate clearly and that we check for understanding. Clear communication can help mitigate confusion, prevent duplication of services, save time, and ultimately lead to better patient care.

At the conclusion of the conference, the three professions agreed that we will continue to explore opportunities for more regular collaboration at board and organizational levels to create greater understanding of each other’s challenges and perspectives. This understanding can filter down to help create and foster more collaborative working relationships at the front lines. We also expressed a strong desire to continue to work and speak together when working with government to identify, understand, and solve problems in the health care system.

I recently had the opportunity to speak to a pharmacist who moved to British Columbia from Alberta. She reflected on the significant practice differences that exist between these two provinces because of the scope of practice that has been afforded to us in Alberta. She told me that she was invigorated with her new scope of practice in Alberta and she was able to “use the stuff she was taught.” Part of her new role was in travel medicine where she was able to prescribe medication and offer injection services without having to stop at recommendations and refer back to another provider to complete the service. With her move to BC she finds herself no longer able to provide the level of care to her patients she did in Alberta. As she looks to continue pharmacy practice in BC she is “hoping to find where she can rebuild the services she was providing in Alberta.”

It is an example like this where you truly appreciate the patient care possibilities that exist here and the limits placed on our profession in other jurisdictions. The college worked with government and other health professions for over a decade to put enabling legislation and standards of practice into place. We now have an incredible opportunity to keep Alberta pharmacists and pharmacy technicians positioned at the forefront of innovative, accessible, and comprehensive patient care. The ACP council and administration will continue their hard work to ensure both patients and practitioners can benefit from progressive pharmacy practice.

Thank you for the privilege and honor of serving as your President for the past year. It has been an amazing and humbling experience. I am truly honored to have met and worked with so many fantastic pharmacists and pharmacy technicians during the past year.”

**MOTION:** that the annual report and reports of the Registrar and President of the Alberta College of Pharmacists be accepted.

Moved by **Clayton Braun**/Seconded by **Brad Willsey**/CARRIED

## 5. Report from the Resolutions Committee

President Olstad introduced Brad Willsey, Chairman of the Resolutions Committee. He called upon Mr. Willsey to present the report on behalf of the Committee. Chairman Willsey introduced Committee Members Clayton Braun and Bob Kruchten. He advised that two resolutions had been received by the Committee. Mr. Willsey explained the process for deliberating and voting on the resolution. He invited sponsors of the resolutions to speak to them. Discussion amongst voting members ensued about the two resolutions.

### 5.1 Resolution: “To re-affirm the need to transmit complete prescription information via Netcare”.

*Whereas, the transmission of complete prescription information within Netcare for all patients is a provincial objective to reduce medication errors and improve safety through information sharing across the continuum of care, and*

*Whereas, many pediatric patients receive prescriptions for oral liquids that are not commercially available which require a pharmacist to extemporaneously compound ingredients in order to fulfill the prescription order, and*

*Whereas, there are no uniquely assigned designations for these compounds, and a generic “dummy” DIN is assigned by convention when transmitted into Netcare’s Pharmaceutical Information Network (PIN), and*

*Whereas, these prescriptions often do not contain drug name or strength, leading to greater potential for medication errors in a very vulnerable patient population, and*

*Whereas, the exact magnitude of the problem is unknown in Alberta, and an attempt to find a solution to the transmission problem is underway within Alberta Health, and*

*Whereas, the Alberta College of Pharmacists (ACP) and the Alberta Pharmacists’ Association (RxA) have jointly appointed pharmacists to Alberta Health’s Integrated Clinical Working Group (ICWG).*

*RESOLVED, that ACP collaborate with the RxA through their representatives on the ICWG to facilitate a process whereby pharmacists enter the medication name and strength, as well as directions for use and other data as required, within a transmittable field of the computerized prescription entry that will allow identification of complete prescription details in the Pharmaceutical Information Network; and*

*RESOLVED, that the undersigned clinical pharmacists\* working with pediatric patients and their families across the province are very willing to collaborate with ACP and RxA through their ICWG representatives, to develop algorithms and/or guidance documents to facilitate implementation of this resolution.*

The resolution was put forward to help facilitate a process whereby pharmacists enter the medication name, strength, directions for use, and other data as required to allow identification of complete prescription details in the Pharmaceutical Information Network.

The sponsors of the resolution highlighted three reasons why taking action is important:

1. Many pediatric patients receive prescriptions for oral liquids that are not commercially available which require a pharmacist to extemporaneously compound ingredients in order to fulfill the prescription order, and
2. There are no uniquely assigned designations for these compounds, and a generic “dummy” DIN is assigned by convention when transmitted into Netcare’s Pharmaceutical Information Network (PIN), and
3. These prescriptions often do not contain drug name or strength, leading to greater potential for medication errors in a very vulnerable patient population

AGM participants recognized that ACP and RxA contribute to many committees within Netcare, and felt the resolution should reflect this, rather than just the Integrated Clinical Working Group (ICWG). The resolution was amended accordingly, and all references to the ICWG were replaced with Alberta NETCARE Committees.

**MOTION:** to accept the resolution as amended for the purpose of allowing all voting members participating in the meeting to vote on it.

Moved by **Marcel Romaniuk**/Seconded by **Brad Couldwell**/CARRIED

**5.2 Resolution: “To mandate all drug sampling be done via drug sample cards dispensed from licensed pharmacies”.**

*Whereas, drug samples dispensed directly from physician offices are often unaccounted for and lead to confusion about current drug therapy from the health professionals and patients,*

*Whereas, a history of what drugs have been sampled by a physician or the physician’s office cannot be searched via Netcare or any other accessible format and can lead to poor patient outcomes,*

*LET IT BE RESOLVED, that the Alberta College of Pharmacists move to mandate all drug sampling be done via drug sample cards dispensed from licensed pharmacies.*

The resolution generated questions about drug sampling in general:

- Why should sample card practice continue when pharmacists may now offer trial prescriptions?
- How do we ensure that drug sampling information is recorded on Netcare?
- How do we capture complete drug information when sampling occurs?

After considering these questions, the resolution was amended to request that ACP work with the College of Physicians and Surgeons of Alberta, to discuss the whole practice of drug sampling.

**MOTION:** to accept the resolution as amended for the purpose of allowing all voting members participating in the meeting to vote on it.

Moved by **Jeff Whissell**/Seconded by **Clayton Braun**/CARRIED

Registrants participating in the AGM, both in person and online were invited to vote on the amended resolutions via electronic ballot on June 16 and 17, 2014. Both of the amended resolutions were passed. Council will consider them at its next meeting in October.

- 6. Open Forum** - President Olstad advised registrants that this was an opportunity to discuss current and emerging issues within ACP’s mandate. He reminded everyone that this was the Annual General Meeting of the college and therefore questions would only be considered in the context of the college’s mandate.

An inquiry was made about the possibility of involving CSHP as a partner in hosting the tri-professional conference? Registrar Eberhart advised that the Conference was initiated as a partnership between the provincial organizations that regulated and represented the professions of pharmacy, medicine, and nursing. He noted that three successful tri-professional conferences had been hosted since 2007; however, that the founding organizations had transitioned to a tri-professional symposium limited to governing and administrative leaders from the five organizations in 2014. This was an effort to support leaders engage through facilitated discussion, with a goal of improving opportunities to work more effectively together in the future.

- 7. Adjournment** – The meeting adjourned circa 8:37 p.m.

**MOTION:** that the Annual General Meeting be adjourned.

Moved by **Dale Cooney**/Seconded by **Brad Willsey**