

**MINUTES
COUNCIL MEETING
ALBERTA COLLEGE OF PHARMACY
December 6 - 7, 2018
Edmonton, Alberta**

1. Introduction

1.1 Call to Order

President Dyjur called the meeting to order at 8:00 a.m. The business meeting of Council was held over two days. On Thursday December 6, the meeting was called to order at 8:00 a.m. and adjourned at 5:15 p.m. On Friday December 7, 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:

- District 1 – Peter Macek
- District 2 - Peter Eshenko
- District 3 – Fayaz Rajabali (President Elect)
- District 3 – Craig MacAlpine
- District 4 - Stan Dyjur (President)
- District 5 - Brad Couldwell (Past President)
- District 5 – Judi Parrott
- District A – Don Ridley
- District B - Dana Lyons (Executive Member at Large)
- Public Member - Irene Pfeiffer
- Public Member – Christine Maligec

Non-Voting

- Al Evans – Ex-Officio Public Member
- Neal Davies – Dean, Faculty of Pharmacy and Pharmaceutical Sciences
- Kristen Farrell – Student Representative, Faculty of Pharmacy and Pharmaceutical Sciences

Also in attendance:

- Greg Eberhart - Registrar
- Kaye Moran - Deputy Registrar
- Jeff Whissell - Deputy Registrar
- Lynn Paulitsch - Operations and Finance Director (for agenda numbers 4.2.1.1-4.2.1.3)
- Leslie Ainslie - Executive Assistant
- Barry Strader - Communications Director
- Bill Shores, Shores Jardine LLP (December 6, 9:00 -10:15 am)
- Ed Jess, CPSA (December 6, 10:30 – 11:30 am)
- Brian Woodward, Facilitator (December 7, 8:00 am – 12:00 pm)

1.3 Invocation

Dana Lyons read the invocation.

1.4 Adoption of the Agenda

In November 2018, the Minister of Health rescinded the appointment of Public Member Al Evans concomitant with appointing a new public member in his place. Subsequently due to family matters, the newly appointed public member asked the Minister to rescind her appointment to ACP Council, leaving a vacancy on council. Accordingly, as per section 6 of ACP's bylaws, Council appointed Al Evans as an Ex-Officio public member of Council effective December 6, 2018.

MOTION: to appoint Al Evans as an Ex-Officio public member of Council under Section 6 of ACP's bylaws.

Moved by **Peter Eshenko**/Seconded by **Christine Maligec**/CARRIED

1.4.1 Consent Agenda

Council reviewed the Consent Agenda material submitted under Agenda Items 1.4.1.1 and 1.4.1.2.

1.4.1.1 Policy Decisions

Registrar Eberhart provided a synopsis of the following policy decisions approved by Council.

- Model Compounding and Repackaging Agreement - To "relax enforcement" of sections 2.5 and 2.6 of the Model Compounding and repackaging agreement. Enforcement will be restricted to Narcotics, however, compounding and repackaging of targeted substances will be permitted, so long as the activity is pursuant to a prescription.
- Alberta College of Pharmacy's Mission Statement - To amend the ACP Mission statement to read: "The Alberta College of Pharmacy governs pharmacists, pharmacy technicians, and pharmacies in Alberta to support and protect the public's health and well-being."
- Publication of Hearing Tribunal Decisions - To issue a "press-release" when a hearing tribunal decides to suspend or cancel the annual permit or registration of a regulated member, and when a hearing tribunal finds an owner guilty of proprietary misconduct.

Council requested that the term "serve" be incorporated in the mission statement, so that it reads "...serve, support, and protect..."

MOTION: to approve the report of the Registrar, subject to further amending the mission statement to include the term "serve".

Moved by **Christine Maligec**/Seconded by **Dana Lyons**/CARRIED

1.4.1.2 Reports for Information

Council received miscellaneous reports for information.

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

Moved by **Irene Pfeiffer**/Seconded **Fayaz Rajabali**/CARRIED

1.4.2 Additions to the Agenda

MOTION: to adopt the agenda as amended.

MOVED by **Irene Pfeiffer**/Seconded by **Brad Couldwell**/CARRIED

1.5 Minutes from Previous Meetings

1.5.1 Minutes – October 3-5, 2018

MOTION: to adopt minutes of the October 3-5, 2018 council meeting as presented.

Moved by **Judi Parrott**/Seconded by **Christine Maligec**/CARRIED

1.6 Disposition of Directives

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

MOTION: to accept the Disposition of Directives as information.

Moved by **Peter Eshenko**/Seconded by **Dana Lyons**/CARRIED

1.7 In Camera - NIL

2. Generative

2.1 Conversations with the Future – Facilitated by Brian Woodward

Brian Woodward facilitated a generative discussion with Council that focused on the next 7-10 years with a goal of identifying emerging trends that may impact individuals, our communities, our health system, and our professions. Council's generative work will continue prior to the April council meeting facilitated through four working groups with each group reporting at the April council meeting. At conclusion of the generative discussions, Council and ACP administration will better understand trends and opportunities that are most relevant to ACP and our professions and will have contextualized them for continued monitoring and relevance when developing ACP's next 5-year plan.

3. Strategic

3.1 Ownership Linkage -Engagement with Albertans since Last Meeting

Agenda Item deferred to the April 2019 council meeting.

3.2 Triplicate Prescription Program (TPP) Atlas 2017

The Triplicate Prescription Program (TPP) annually produces an atlas outlining utilization trends of drugs included in the program. The program monitors prescribing dispensing and utilization practices of targeted opioid medications. Mr. Ed Jess, Director of Prescribing and Analytics with the College of Physicians and Surgeons of Alberta (CPSA), provided highlights of the prescribing trends in the 2017 Atlas. Work is being done with stakeholders to enable system level changes to ensure proper use of medication reaching out to broader stakeholder engagement. Doctors who prescribe opioids, will receive prescribing data annually. ACP will communicate with pharmacists that they must report doctors that are over prescribing to the CPSA. Based on this information, Council will consider what questions about pharmacist practice arise from this data and if there are any policy considerations we should consider; in addition to what types of initiatives might be most valuable in having a positive impact on the trends. In 2019 monitoring of antibiotic prescribing will begin, including engagement with focus groups. By 2020, the hope is to use data from the Atlas to develop intervention programs.

The reports provide pharmacy specific data; however, data about individual pharmacists is poor. What policy decisions should Council be having to clarify and enhance ACP's value proposition with this program? A copy of Mr. Jess's presentation is attached to the minutes.

3.3 Interprovincial Services

Pharmacy services in Canada are often delivered across provincial borders. External forces such as economics and technology are driving increased demand for such services. Pharmacists, pharmacy technicians, and pharmacy operations are governed by provincial regulatory colleges. ACP is responsible to ensure these services are governed ethically and professionally.

ACP has agreements with the College of Pharmacists of British Columbia (CPBC) and the Saskatchewan College of Pharmacy Professionals (SCPP,) to cooperate in regulating services that are delivered between provinces. ACP has a model agreement to support the delivery of *Compounded and Repackaged* drugs from Alberta to Saskatchewan but not to British Columbia as the CPBC interprets their bylaws to prohibit community pharmacies from receiving *Compounded and Repackaged* drugs from an entity outside of British Columbia. Discussion has occurred to consider using these as a model for a national agreement; believing that pharmacy services will be delivered from and into any Canadian province or territory from any other in the near future.

Registrar Eberhart proposed that the principles supporting the model agreement required by Compounding and Repackaging pharmacies in Alberta be used as a foundation to support the development of complementary agreements to support:

- The receipt of Compounded and Repackaged drugs by community pharmacies in Alberta, from entities located outside of Alberta; and,
- The delivery of prescriptions from community pharmacies located in Alberta, to patients located and residing outside of Alberta.

Council considered four recommendations from the Registrar and provided the following direction to allow for the receipt of Compounded and Repackaged drugs by community pharmacies in Alberta, from entities located outside of Alberta; and, the delivery of prescriptions from community pharmacies located in Alberta, to patients located and residing outside of Alberta.

Recommendation 1:

Licensed pharmacies in Alberta, only receive compounded and repackaged drugs from a pharmacy that is either licensed in Alberta, or in another provincial/territorial jurisdiction with whom ACP has established a “Mutual Assistance and Cooperation Agreement”

- Council questioned who has the authority to investigate and agreed to defer consideration of recommendation 1 until a national agreement is achieved.

Recommendation 2:

Licensed pharmacies in Alberta enter into an agreement with any pharmacy that compounds or repackages drugs (pursuant to a prescription) for it, consistent with the model approved by council. (NOTE: if the Compounding and Repackaging pharmacy is in Alberta, this is already a requirement);

- Recommendation 2 approved by Council.

Recommendation 3:

Licensed pharmacies in Alberta be required to notify (in advance) the college of any jurisdiction into which there is an intention to provide pharmacy services to individuals

located in and residing in the jurisdiction (purpose – to provide opportunity for transparency and notice of intent, should any regulatory requirements exist.)

- Amend as follows:
 - by putting a footnote that brings clarity to mobility i.e.: tourists.
 - Reword to be consistent with standards and use the word “should” instead of “must”. With emphasis to use best efforts to obtain “best medication history” ...should be able to contribute to health record.
- Bring back Recommendation 3 to the April council meeting.

Recommendation 4:

Licensed pharmacies in Alberta be required to notify (in advance) the college of any jurisdiction into which there is an intention to provide pharmacy services to individuals located in and residing in the jurisdiction (purpose – to provide opportunity for transparency and notice of intent, should any regulatory requirements exist.)

- We have a gap that may be growing... questions rose about registrants practicing to our standards. Recommendation 4 will be brought to the April council meeting for further discussion.

MOTION: that recommendation #2 be approved, and that recommendation #1 be deferred until there is national consensus.

Moved by **Irene Pfeiffer**/seconded by **Peter Macek**/CARRIED

3.4 Discussion on “workplace conditions”

One of the three strategic objectives important to quality care identified in ACP’s Strategic Direction is “Safe and effective practice environments and systems”. It is contextualized to mean that “employers and pharmacy owners will provide practice environments that enable practitioners to use their full scope of practice. Pharmacy systems should optimize work flow and performance, ensuring the safety of pharmacy practitioners and the individuals they serve. Practice environments will respect individuals' confidentiality and the privacy of their personal information.”

Some pharmacists and pharmacy technicians continue to express concern that their practice environments are not conducive to supporting good practices, and believe that regulators either have a role in improving these and/or are a cause of them because of not enforcing existing standards or ethics? Council discussed factors that might be impacting practices and behaviors today. Some of the observations made during council’s discussion included:

- What are observed to be consistent in good pharmacy practices?
 - Buy-in and belief by the pharmacy licensee; and,
 - The proprietor supports the licensee.
- Barriers observed were:
 - Environment, time;
 - Pharmacy team members who don’t want to change; and,
 - Pharmacy team members who believe that their problems are someone else’s responsibility.
- Viability and sustainability is important; however, conflict exists if the proprietor or licensee is more financially motivated than professionally motivated;

- Opportunities: time management, workflow, licensee buy-in, proprietor support, sharing community of practice;
- What is the impact of, and how do we resolve tension between licensee and proprietor;
- What do we do if pharmacy team members do not feel safe taking care of themselves?
- Is there an imbalance or a lack of clarity about the authority of proprietors vs. licensees?
- What can be done, and who's role is it to educate entities that are influencing pharmacy practice (i.e. employers, third party payors, CLIA)
- How much of this problem is cultural, and how do we continue the "shift"?
- Pharmacists are not standing up for themselves.

It was suggested that ACP might reach out to RxA and learn whether there have been any changing trends in pharmacy malpractice claims that could assist in further defining the problem?

3.5 Bill 21 – An Act to Protect Patients

Bill 21, "*An Act to Protect Patients*" is new provincial legislation that outlines new responsibilities for regulated health profession colleges with respect to sexual abuse and sexual misconduct. Council was briefed by legal counsel Bill Shores, about these new requirements under this legislation. One of the most urgent requirements is the development of standards of practice to define "patient relationships". The standards of practice must be submitted to the Minister of Health by February 28, 2019. Council reviewed DRAFT standards to support this legislation and approved the standards for the purposes of a 60-day consultation. This anticipates amendment to Section 9 that will clarify the parameters if the "patient" is a pharmacist or a pharmacy technician to ensure there is not power imbalance if there is a sexual relationship in the workplace. After consultation, the standards must be approved by the Minister of Health. ACP will socialize the requirements under this legislation and the standards of practice once approved through the LINK, emails and social media platforms. Licensees are responsible for educating their pharmacy teams to bring awareness to this legislation that could have a huge impact on a pharmacist or pharmacy technician's right to practice. They are responsible for the unregulated individuals that work in the pharmacy and should include them in the education.

MOTION: upon amending Section 9 of the DRAFT standard, to approve the DRAFT standards for Bill 21 "An Act to Protect Patients" for the purpose of a 60-day consultation. Moved by **Judi Parrott**/Seconded by **Christine Maligec**/CARRIED

It was also suggested that ACP review its policies and procedures for registration and introduce a requirement that registrants must self-report any allegations and/or convictions of a criminal nature forthright.

3.6 Accommodating Space for Compounding and Repackaging in Licensed Pharmacies

In April 2017, Council approved a policy to use the concept of a satellite pharmacy to accommodate space required by a licensed pharmacy for compounding and repackaging. Further analysis by ACP administration determined that the approved policy is not feasible and introduces unanticipated questions and risks. It is recommended that Council amend the policy to facilitate additional dispensary space, rather than create a new category of pharmacy

license (i.e., satellite for compounding and repackaging). The proposed amended policy outlines the requirements for the operation of a satellite by the licensee of a *licensed community pharmacy* to perform compounding and repackaging services for patients of the parent licensed community pharmacy to which it belongs. A questionnaire will be used to support appropriate selection of a pharmacy license category. Council approved the following policy further to additional amendments to clarify point 5c to ensure no member of the public can access the space, and, upon amendment to the questionnaire point 5b by adding “directly to other pharmacy”.

Policy - Satellite for Compounding and Repackaging

1. Pharmacy services (storing, compounding, dispensing or selling of drugs) can only occur within a licensed pharmacy.
2. The physical facilities, space and layout of a licensed pharmacy must remain as depicted in the scale drawing approved by the Alberta College of Pharmacy (ACP) at the time of application. Any changes to the physical facilities, space or layout of a licensed pharmacy are considered renovations and require approval prior to implementing these changes.
3. Normally, all space required to meet the standards for delivering pharmacy services will exist within the same continuous physical structure.
4. When additional space is required to meet standards, a licensee must apply to ACP for approval in advance of renovating. The primary dispensary and the additional space (i.e., the secondary dispensary) must be in close proximity allowing the licensee ready access to personally supervise the operations of all spaces where pharmacy services are occurring. The secondary dispensary shall be located within:
 - a. the same physical structure, or
 - b. the same complex of buildings connected by a parking lot of the complex.
5. If approval for the secondary dispensary is granted:
 - a. the primary dispensary of the pharmacy must meet the minimum size requirements required for licensing, independent of the secondary dispensary. Additional space will be considered as an addition to the minimum requirements that currently exist for a dispensary (i.e., 18 m²).
 - b. the prescription department must meet the minimum size requirements independent of the secondary dispensary. Additional space will be considered as an addition to the minimum requirements that currently exist for a prescription department (i.e., 33 m²).
 - c. No direct patient care activities can occur in the secondary dispensary. Any additional space will be an extension of the primary dispensary for the purposes of storing, compounding, repackaging, and preparing drugs for sale.
 - d. The secondary dispensary must be of adequate size and have the equipment necessary to perform pharmacy services safely and effectively.
 - e. Medications stored, compounded, packaged and prepared for sale in the secondary dispensary cannot be sent directly to patients from the secondary dispensary.
 - i. If a compounding and repackaging licence is held by the pharmacy, medications may be sent from the secondary dispensary to another pharmacy.
 - ii. If no compounding and repacking licence is held, the medications must return to the primary dispensary for distribution to patients.
6. When a secondary dispensary is approved, records may be stored there without additional approval. Records must be managed effectively and in accordance with legislation.

Policies and procedures must be in place to ensure continuous and seamless documentation between the primary and secondary dispensary.

7. If there is public access between the primary dispensary and the secondary dispensary, the policy and procedures of the pharmacy must ensure the security of the drugs and/or records will be maintained during their movement between licensed areas.
8. The secondary dispensary must:
 - a. have an appropriate security system which ensures all drugs are secured against theft, loss or diversion and restricts access to only authorized pharmacy personnel,
 - b. have the appropriate level of supervision in place for restricted activities, and
 - c. meet all licensing requirements to support the provision of compounding and repackaging pharmacy services, if these services are occurring in the secondary dispensary. Drugs must be managed in a manner that protects the integrity, quality, and safety of the drugs.

MOTION: to approve amendments to Council's policy to accommodate additional space required when community pharmacies are compounding and repackaging drugs.

Moved by **Fayaz Rajabali**/Seconded by **Dana Lyons**/CARRIED

4. Fiduciary

4.1 ENDS and Executive Limitation Policies and Reports

4.1.1 EL-3 Financial Planning - DRAFT 3-Year Business Plan and Budget 2019

Registrar Eberhart presented the budget for 2019 and estimates for 2020 and 2021. Council was asked to approve the 2019 budget and business plan. Following are changes to the 2019 budget since Council's review in October.

Revenues

- Updated registrant and practice site projections.
- Revised cost of living (COLA) rates for all three years based on an update provided by the Conference Board of Canada. 2019 - 2.87%, 2020 - 1.91%, 2021 - 1.86%.

Expenses

- Revised cost of living (COLA) rates for all three years based on an update provided by the Conference Board of Canada. 2019 - 2.87%, 2020 - 1.91%, 2021 - 1.86%.
- Department 200 (Complaints) - Increased professional fees (legal fees related to investigations and hearings) to reflect an increased projection in the number of formal complaints and hearings.
- Department 300 (Competence) - Increased competence program assessment expenses to include an anticipated 125 directed assessments per year.
- Department 400 (Governance) - Revised council meeting costs due to a change in meeting location.

Reserves

- Established an appropriated reserve fund for "Patient Support" equal to 200 hours of counselling at \$180/hour. This is in accordance with Bill 21. The appropriated funds will come from the unappropriated reserve fund.

MOTION: to approve the 2019 budget, estimates for 2020 and 2021, and the 3-year business plan as per governance policy EL- 3 Financial Planning.

Moved by **Dana Lyons**/Seconded by **Judi Parrott**/CARRIED

MOTION: to establish the appropriate reserve fund in the amount of \$36,000 for a Patient Support fund in accordance with Bill 21 “*An Act to Protect Patients*”.

Moved by **Brad Couldwell**/Seconded by **Don Ridley**/CARRIED

4.1.2 E-2 Resource Planning

This was addressed concurrently with Agenda Item 4.1.1. Approval was sought to amend the policy to reflect the approved Schedule of Fees for the 2019-2020 registration year.

MOTION: to approve the schedule of fees for 2019-2020 as per governance policy E-2 Resource Allocation.

Moved by **Christine Maligec**/Seconded by **Peter Macek**/CARRIED

4.1.3 GP-7 Council and Committee Expenses

This was addressed concurrently with Agenda Item 4.1.1. Council approved an amendment to the policy to reflect the approved Council and Committee Expense Schedule for 2019.

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

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

4.2 Compliance and Monitoring Reports

The purpose of this agenda item is for Council to reflect on its compliance with the policy.

4.2.1 Executive Limitation Policies (EL)

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

4.2.1.1 EL-4 Financial Condition

Council received Internal Financial Statements and Variances for the month ending September 30, 2018.

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

Moved by **Brad Couldwell**/Seconded by **Don Ridley**/CARRIED

4.2.1.2 EL-4 Financial Condition

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 **Irene Pfeiffer**/Seconded by **Peter Macek**/CARRIED

4.2.1.3 EL-6 Investments

Scott Ponich with TD Waterhouse; and ACP’s appointed investment counsel, briefed Council about the status of the College’s investment portfolio, and how ACP has complied with its investment policy. Council considered amendments to Executive

Limitation Policy EL-6 Investments to prohibit the purchase of individual stocks for cannabis or alcohol. The Governance Committee will consider amendments upon their review of the Executive Limitation policies at their February 12, 2019 committee meeting.

MOTION: to approve the External Report from ACP's investment counsel for compliance with governance policy EL-6 Investments.
Moved by **Irene Pfeiffer**/Seconded by **Brad Couldwell**/CARRIED

4.2.2 Governance Policies (GP)

GP policies define how Council conducts itself. The purpose of this agenda item was for Council to reflect on its compliance with the policy.

4.2.2.1 GP-7 Council and Committee Expenses

MOTION: that Council is in compliance with GP-7 Council and Committee Expenses.
Moved by **Peter Macek**/Seconded by **Don Ridley**/CARRIED

4.2.2.2 GP-13 Handling of Alleged Policy Violations

MOTION: that Council is in compliance with GP-13 Handling of Alleged Policy Violations.
Moved by **Brad Couldwell**/Seconded by **Dana Lyons**/CARRIED

4.2.2.3 GP-14 Criteria for Awards

MOTION: that Council is in compliance with GP-14 Criteria for Awards.
Moved by **Peter Eshenko**/Seconded by **Craig MacAlpine**/CARRIED

4.2.3 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.

4.2.3.1 CR-1 Global Council-Registrar Relationship

MOTION: that Council is in compliance with CR-1 Global Council-Registrar Relationship.
Moved by **Irene Pfeiffer**/Seconded by **Don Ridley**/CARRIED

4.3 Review of Council's Values

In October, during Council's board development session, it was suggested that Council might review its values, to ensure that they were current, relevant, and clearly stated. It was suggested that fewer, stated more clearly, may be better. Council will review the current value statements and discuss the possibility of amendments.

ACP's current values are stated as follows:

The Alberta College of Pharmacy values:

- *The health, safety and well-being of Albertans*
- *Professional and ethical conduct*
- *Accountability for decisions and actions*
- *Transparent expectations and processes*

- *Collaboration and partnerships*
- *Innovation and creativity in fulfilling our mission*
- *A positive culture and working environment for our employees*

It was suggested that a more common way of stating values, that provides more context might be (example for illustration only):

ACP's Values are:

- *The health, safety, and well-being of Albertans – Council's primary consideration is that safe, effective, and responsible pharmacy practice will contribute to the well-being of Albertans.*

Council reviewed and identified those values that are most relevant to its purpose in looking to the future. Council suggested the following words should be used when the EC meets to draft council's values, and to use whenever possible and/or appropriate, "wellness" instead of "health":

- Professionalism
- Relationships
- Respect
- Integrity
- Transparency
- Innovation
- Accountability

Context statements will be drafted and reviewed by the Executive Committee in advance of discussion at Council's next meeting in April. At that time, Council will review the DRAFT context statements for approval.

4.4 Report from the Governance Committee – Policy Amendments

The Governance Committee reviewed all ENDS (E), Governance (GP), and Council-Registrar Relationship (CR) policies, and presented Council with five recommendations for their consideration. The Committee is convening in February 2019 to review the Executive Limitation (EL) policies and begin its review of ACP bylaws. Council approved the following five recommendations in the Governance Committee report:

1. That Council approve the amendments to the governance policies recommended by the governance committee.
2. That specific attention be brought to policies GP-7 Council and Committee Expenses, and sections 2.0 and 4.0 of GP-8 Code of Conduct, during council orientation.
3. That ACP's "conflict of interest" form be reviewed to ensure that it is contextualized and framed appropriately to support "disclosure", rather than a declaration of conflict/or not.
4. That Council Members be requested to review section 2.0 of policy GP-8 Code of Conduct, prior to each meeting, and that the president request whether any Council Member has any potential conflicts of interest to disclose at the commencement of each meeting.
5. That Council consider a "sunset clause" for the term of the governance committee. The committee was established as a working committee with very specific tasks. These are likely to be completed in 2019, at which time the committee could be terminated, and a new committee be established under the existing terms of reference in 2021, to conduct the next review of the policies.

MOTION: to approve the five recommendations in the Governance Committee's report.
Moved by **Don Ridley**/Seconded by **Christine Maligec**/CARRIED

MOTION: to approve the amended versions of the governance policies.
Moved by **Peter Macek**/Seconded by **Dana Lyons**/CARRIED

4.5 Governance Matrix

Margaret Morley provided Council with an introduction to the development and use of the governance matrix. Her discussion was based on the report circulated to Council prior to the meeting. Review of the report led to the following discussion and observations with Practice Consultant Tim Fluet:

- What are the top 3 opportunities to have greater impact on pharmacy team performance?
- Despite using various strategies to get buy-in for change and improvement, practice consultants still face barriers to affect change;
- Practice consultants have observed a spectrum of varying qualities of "care plans" developed by pharmacists. Some are using care plans as a financial driver, while others are using them to improve care. The "belief system" drives quality.
- Practice consultants use the rubric for assessing "additional prescribing privileges": as a surrogate for evaluating CACP's;
- Is it possible to understand the correlation between performance and the inclusion of a pharmacy technician on the team? It was observed that teams having pharmacy technicians often have improved workflow, which avails more time for the pharmacist, and ultimately provides more opportunity to engage in other patient care activities;
- Practice consultants endeavor to identify whether a pharmacy team includes a pharmacy technician, prior to their visit, so that they can also spend time with the technician;
- Staffing levels are considered in context with each individual practice; there is not a generalizable rubric that can meaningfully assess staffing levels. What's most important is the performance at the specific location
- What are the right indicators that council should be considering when updating the governance matrix with future strategic plans?

4.6 Nominating Committee Appointment

The Minister of Health rescinded Public Member Al Evans' appointment to Council. Public Member Evans was a member of the Nominating Committee. On behalf of the Nominating Committee, President Dyjur made a recommendation for a new appointment to replace the vacancy.

MOTION: to appoint Christine Maligec as a member of the Nominating Committee for the remainder of the 2018-2019 council year.
Moved by **Peter Macek**/Seconded by **Judi Parrott**/CARRIED

4.7 Report from the Past-President

Past President Couldwell briefed Council about meetings and insight gained by him and Registrar Eberhart during their visit to London, England in October 2018.

- Institute for Healthcare Improvement (IHI)'s inaugural meeting of the Health Improvement Alliance Europe (HIAE) Conference. Also attending from Alberta was

Scott McLeod, Registrar of the College of Physicians and Surgeons of Alberta, and Andrew Neuner, CEO of the Health Quality Council of Alberta. The meeting confirmed the importance of doing international trips. It reiterated that ACP is on the right track and is very high functioning; as an upper 5 – 10% of health organizations.

- AR Pharmacy, a community pharmacy in Totton, where the pharmacy team shared they were filling approximately 1000 prescriptions daily with 2 pharmacists and 6 pharmacy technicians, which raised the question about how they can assess the appropriateness of these prescriptions? A major threat to pharmacy in Europe is Amazon, because they are not providing care, just dispensing. The community pharmacy visit reinforced the need to increase Additional Prescribing Authorities in Alberta as we owe it to the professions, Albertans, and tax payers to stay relevant.
- Harry Cayton, retiring CEO of the Professional Standards Authority. The Authority promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and registration of people working in healthcare. It is an independent body, accountable to the UK Parliament. Harry has overseen significant change and improvement in professional regulation through the “reform of governance of regulators including internationally renowned publication “Right-touch Regulation” and “Right-touch Reform”.
- Dunkin Rudkin (Chief Executive) and Nigel Clarke (President), General Pharmaceutical Council (GPhC), the regulatory body for pharmacists, pharmacy technicians, and pharmacies in Great Britain. The professions are facing the same practice issues as Alberta, however we our managing much better.
- Catherin Duggan, CEO, International Pharmaceutical Federation (FIP). The meeting was a valuable discussion and professionalism and the importance of always doing what’s right for patients and for the professions.

Over all, the take away from the meetings was that Council was doing a very good job governing the professions, however it needs to remain diligent and push harder for APA compliance and embracing technologies and innovations that are rapidly before us and will change the face of pharmacy practice.

4.8 Report from the President

4.8.1 Meeting with Minister of Health, Sarah Hoffman

President Dyjur shared that the meeting with Minister Hoffman was very positive however she did inquire why pharmacists are not practicing to their full scope. She shared that her Dad was in palliative care and during this time didn’t see the pharmacy team. Discussions also focused on the Minister petitioning the federal government about non-prescription codeine products and the potential for pharmacists to prescribe suboxone, the framework for e-prescribing, and cannabis for medical use. The Minister was grateful for pharmacy’s support to patient care through safe injection sites and the access they provide to Mifegymiso.

4.8.2 Tri-Provincial Executive Meeting

The Saskatchewan College of Pharmacy Professionals (SCPP) hosted the Tri-Provincial Meeting of Executive Leaders from College of Pharmacists of British Columbia (CPBC), ACP, and SCPP, November 29-30, 2018. The Executive Committee brought forth the following agenda items:

- workplace conditions,
- historical agreements and interprovincial agreements,

- non-regulated individuals: pharmacy assistants (even from a risk mitigation prospectus),
- pharmacy workforce.

Cannabis for medical use, particularly edibles, non-prescription codeine and Pharmacare with other agenda items were brought forth by SCPP and CPBC.

5. Evaluation of Meeting

Council reflected on Council's and their personal performance at this meeting. Time will be allocated to discuss what went well, and what we could improve upon next year.

5.1 Evaluation of Council Member Performance

Council members reviewed their personal performance using the tool from the Governance Centre of Excellence. Council discussed one and another's personal evaluations.

5.2 Summary of Results for the October 3-5, 2018 Council Meeting

A summary of the October 2018 council meeting evaluations was circulated with the agenda for information.

5.3 Self-Evaluation of Council Performance at this Meeting - For Completion

Council will receive an email from Leslie Ainslie immediately following the meeting providing access to the electronic meeting evaluation form.

6. Adjournment

6.1 Forthcoming Events and Council Meeting Dates

- April 4-5, 2019 - Council Meeting, Varscona Hotel, Edmonton
- April 4, 2019 - APEX Awards, Mayfair Golf & Country Club, Edmonton (evening)
- June 10-11, 2019 – Council Meeting, Fairmont Palliser Hotel, Calgary
- June 11, 2019 - Celebration of Leadership and Installation of President, Fairmont Hotel (evening)
- June 11-13, 2019 – Leadership Forum, Fairmont Palliser Hotel, Calgary
- September 18-20, 2019 – Council Meeting and Board Development, Buffalo Mountain Lodge, Banff
- December 11-12, 2019 - Council Meeting, Edmonton

6.2 Adjournment

President Dyjur thanked everyone for their commitment to excellence in pharmacy practice. He wished everyone the best during the holiday season. The meeting was adjourned circa 4:19 p.m.

Moved by **Judi Parrott**/Seconded by **Dana Lyons**