

MINUTES
Alberta College of Pharmacy
Teleconference Meeting of Council
Council of Alberta College of Pharmacy
February 21, 2019

1. Call to Order

President Dyjur called the meeting to order at 7:02 p.m. He welcomed newly appointed public member Carmen Wyton.

2. Roll Call

Registrar Eberhart called the roll call, identifying the following members of Council in attendance and declaring that a quorum was present:

- 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 Lee
- District A – Don Ridley
- District B - Dana Lyons (Executive Member at Large)
- Christine Maligec – Public Member
- Irene Pfeiffer - Public Member
- Carmen Wyton – Public Member

Also in attendance:

- Greg Eberhart – Registrar
- Jeff Whissell – Deputy Registrar
- Leslie Ainslie - Executive Assistant
- Bill Shores, LLP – Shores Jardin

3. Approval of Agenda

MOTION: to approve the agenda.

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

4. Appointment to Council

a. Rescind the Appointment of Al Evans as an Ex-Officio member of Council effective immediately.

The Minister of Health recently appointed Carmen Wyton as our third public member on Council. Consequentially, Council rescinded the appointment of Al Evans as an Ex-Officio public member of Council.

MOTION: to rescind the appointment of Al Evans as an Ex-Officio public member of Council effective immediately.

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

5. Appointment to the Hearing Tribunal Pool

a. Rescind the appointment of Tyler Watson to the Hearing Tribunal Pool effective March 1, 2019

Effective March 4, 2019, Tyler Watson will join ACP as a Pharmacy Practice Consultant. Consequentially, Council rescinded the appointment of Tyler Watson to the Hearing Tribunal pool.

MOTION: to rescind the appointment of Tyler Watson to the Hearing Tribunal Pool effective March 1, 2019.

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

6. Standards Addressing Sexual Misconduct and Sexual Abuse

Council considered feedback received during the consultation period about the DRAFT standards addressing sexual misconduct and sexual. During the consultation period, ACP also reviewed the standards from other regulators to determine any views or standards that may enhance our standards; some of which were incorporated into the standards presented to Council at this meeting. Based on the feedback received, review of DRAFT standards from other professions, and further legal review the DRAFT standards were amended with the goal of the rewrite to make them as clear and simple as possible. Following is a summary of Council's discussion, including further amendments considered

Proposed Standard 5 – Communication required before appropriate physical contact:

5. If an appropriate professional service for the patient requires physical contact between a regulated member and a patient that could reasonably perceive to be of a sexual nature, the regulated member must first
 - a. explain to the patient why the physical contact is clinically necessary;
 - b. indicate to the patient the nature, purpose, and the likely duration of the physical contact;
 - c. ensure that the patient is offered appropriate privacy for the physical contact that occurs; and
 - d. receive informed consent prior to the physical contact, including consent as to the room or other space within which the regulated member will be providing the professional service that involves physical contact.

Standard 5 was amended by removing “that could reasonably perceived to be of a sexual nature...”. The amendment will make it a “normative” standard for physical contact with a patient; leaving no room for judgement. Council expressed concern with liability should physical contact be required in emergency situations were consent cannot be given. ACP's legal counsel Bill Shores advised that the *Medical Aid Act* supersedes these standards when assisting anyone under duress. Council agreed that regulated members must be incredibly mindful that not to do something is just as bad as hesitating about providing assistance as long as they are acting in good faith. ACP will create an education strategy to socialize this standard.

Amended Standard 5 – Communication required before appropriate physical contact:

5. *If an appropriate professional service for the patient requires physical contact between a regulated member and a patient, the regulated member must first*
 - a. *explain to the patient why the physical contact is clinically necessary;*
 - b. *indicate to the patient the nature, purpose, and the likely duration of the physical contact;*

- c. ensure that the patient is offered appropriate privacy for the physical contact that occurs; and
- d. receive informed consent prior to the physical contact, including consent as to the room or other space within which the regulated member will be providing the professional service that involves physical contact.

Proposed Definition “k. vulnerable patient”

k. **vulnerable patient** means a patient who is physically or emotionally vulnerable, including a patient who is a minor, a patient with diminished mental capacity or impaired decision making skills, an economically disadvantaged patient, a patient suffering from addiction or a patient experiencing homelessness.

Council discussed the definition of homelessness and whether being “homelessness” meant you were vulnerable. In the proposed definition, it is only used as an example of a vulnerable patient. The definition of homelessness is not a pejorative definition, just a set of circumstances. Standard 8(b) is the first time homelessness is mentioned, and again in Standard 10. The impact of removing it from the definition would mean that pharmacists and pharmacy technicians could enter a sexual relationship. The definition must be inclusive and not exclude anyone that is vulnerable therefore listing examples of is including, not limiting. The root of the definition is about power imbalance.

Approved Definition “k. vulnerable patient”

A vulnerable patient is a patient who is or maybe for any reason unable to take care of themselves or unable to protect themselves against harm or exploitation such as a patient who is a minor, a patient with diminished mental capacity or impaired decision making skills, an economically disadvantaged patient, a patient suffering from addiction or a patient experiencing homelessness.

The amended standards must be submitted to the Minister of Health for her approval prior to February 28, 2019; after which they will come into effect no later than April 1, 2019. The standards may not be approved until the end of March. The registration department is working with their requirements i.e. to accommodate criminal record checks, the communications department is developing a communication strategy to educate and socialize the standards, and the leadership team is developing policy for the patient support funds. The Alberta Federation of Regulated Health Professions has applied to the Department of Health for a grant to be used for education funding however funding may not be available until December. This legislation will take a significant portion of our administrative resources over the course of the year.

MOTION: to adopt the amendments recommended
Moved by **Christine Maligec**/Seconded by **Don Ridley**/CARRIED

MOTION: to approve the standard as amended.
Moved by **Irene Pfeiffer**/Seconded by **Don Ridley**/CARRIED

6. Adjournment

MOTION: to adjourn the teleconference meeting of council circa 8:23 p.m.
Moved by **Christine Maligec**