MINUTES
Council Meeting
ALBERTA COLLEGE OF PHARMACISTS
June 23-24, 2016
Fairmont Palliser, Calgary

1. Introduction

1.1 Call to Order

President Hackman called the meeting to order at 8:00 a.m. He welcomed incoming Councillor for District 4; Stan Dyjur, and PharmD Student Cecilia Mah as observers to Council. The business meeting of Council was held over two days. On Thursday, June 23, the meeting convened at 8:00 a.m. and recessed at 4:00 p.m. On Friday, June 24, the business meeting of Council reconvened at 8:00 a.m. and adjourned at 12:35 p.m.

1.2 Roll Call

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

- District 1 - Brad Willsey (Past President)
- District 2 - Clayton Braun
- District 3 - Rick Hackman (President)
- District 3 - Taciana Pereira (President Elect)
- District 4 - Kelly Olstad
- District 5 - Kamal Dullat
- District 5 - Brad Couldwell (Executive Member at Large)
- District A - Kelly Boparai
- District B - Jennifer Teichroeb
- Al Evans - Public Member
- Bob Kruchten - Public Member
- Mary O'Neill - Public Member

Non-Voting

- Jim Kehrer - Dean, Faculty of Pharmacy & Pharmaceutical Sciences
- Doug Lam - APSA Student Representative

Also in attendance:

- Greg Eberhart - Registrar
- Lynn Paulitsch - Operations and Finance Director
- Leslie Ainslie - Executive Assistant
- Shirley Nowicki - Communications Director
- Jim Krempien - Complaints Director (June 23, 1:00-4:00 pm, June24)
- Margaret Morley - Hearings Director (June 23 1:00-4:00 pm)
- Larry Svenson, Alberta Health (June 23, 8:00-9:15 am)
- Carole Bouchard, NAPRA (June 24, 11:00 am-12:00 pm)
- Anjli Acharya, ACP Representative, NAPRA (June 24, 11:00 am-12:00 pm)
- John Pugsley, PEBC (June 24, 11:00 am-12:00 pm)
- Kaye Moran, ACP Representative, PEBC (June 24, 11:00 am-12:00 pm)
- Shao Lee, Professional Practice Director (June 24)
- ACP Practice Consultants (June24)
- Observers: ACP Staff, Registrants and Members of the Public

1.3 Invocation

Taciana Pereira 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 **Bob Kruchten**/Seconded by **Kamal Dullat**/CARRIED

MOTION: to adopt the agenda as circulated.
Moved by **Brad Willsey**/Seconded by **Clayton Braun**/CARRIED

1.5 Minutes from Previous Meetings

1.5.1 Minutes – May 11, 2016 Council Meeting

MOTION: to adopt minutes of the May 11, 2016 council meeting as circulated.
Moved by **Al Evans**/Seconded by **Taciana Pereira**/CARRIED

1.5.2 Minutes – June 3, 2016 Teleconference Meeting of Council

MOTION: to adopt minutes of the June 3, 2016 teleconference meeting of council as circulated.
Moved by **Mary O'Neill**/Seconded by **Brad Couldwell**/CARRIED

1.6 Disposition of Directives

The Disposition of Directives was provided for information. President Hackman invited questions; however, none arose.
MOTION: to accept the Disposition of Directives as information.
Moved by **Mary O'Neill**/Seconded by **Taciana Pereira**/CARRIED

1.7 In Camera

1.7.1 CR-5 Review of Registrar's Performance

MOTION: that Council move "In Camera" at 11:57 a.m.
Moved by **Brad Couldwell**/Seconded by **Jennifer Teichroeb**/CARRIED

Council reviewed the performance of the Registrar during the past year in context with policy CR-5 Monitoring Registrar Performance.

MOTION: that Council move "Out of Camera" at 12:43 p.m.
Moved by **Bob Kruchten**/Seconded by **Brad Willsey**/CARRIED

2. Governance

2.1 ENDS and Executive Limitation Amendments

2.1.1 Policy E-2 (Resource Allocation) – Priorities for 2017

Council established five strategic goals in its 5-year plan (2016-2019):

- Pharmacists will consistently conduct an appropriate assessment of each patient prior to providing any pharmacist service;
- Patient care records will include continuous documentation of pharmacist assessments, treatment plans, record of care, and monitoring results;

- Pharmacy technicians will be integrated into pharmacy practice teams, exercising responsibility for roles they're authorized to fulfill;
- Patients will have access to pharmacist prescribing and injections through all licensed pharmacy practice settings; and,
- Patients will expect pharmacists to provide appropriate assessments, advice, and support about their health (treatment) plan at each encounter.

To align with the five strategic goals, Council approved the following priorities for 2015-2016

- Implement an "Information Management Solution" to support the current and future business needs of the college,
- Develop modernized role statements for pharmacists and pharmacy technicians,
- Propose amendments to the *Scheduled Drugs Regulation*,
- Review registration policies and procedures for regulated members to ensure they support the changing needs in practice and the healthcare system,
- Implement the Continuing Competence Program for Pharmacy Technicians and processes that will support pharmacy technicians with their learning and implementation records,
- Develop a framework to guide pharmacists and pharmacy technicians in using "point of care" technologies.

Registrar Eberhart updated Council about:

- Priorities for 2015-2016. All priorities will be completed by the end of 2016 or early 2017;
- Business plan development; identifying strategies actions to support the 5 strategic goals approved by Council;
- Proposed DRAFT priorities for year 2017;
- Critical success factors and risks with potential to impact the business plan.

DRAFT Priorities for 2016-2017

The following priorities are proposed to be completed by the end of 2017:

- Implement the Information Management System (Merlin) and be able to administer/manage basic requirements for core programs: registration, competence, professional practice, complaints resolution;
- Pilot and be prepared to implement audit process for Pharmacy Technician competence program;
- Receive Council approval on proposed amendments to the Pharmacist and Pharmacy Technician Regulation and the Pharmacy and Drug Regulation;
- Develop program content, develop delivery polices and strategies, pilot and receive Council approval for Pharmacy Licensee Program;
- Implement phase 1 and phase 2 of Standards for Compounding Sterile Non-Hazardous Preparations;
- Engage with at least 500 registrants, either through in-person meetings and/or through electronic solutions that facilitate dialogue and discussion about selected subjects.

Council agreed by consensus that the Registrar should proceed in developing the 2016-17 budget and business plan based on these priorities. When presenting the DRAFT budget and business plan in September, a motion will be sought to approve these priorities.

2.2 Compliance Monitoring and Reports

2.2.1 Executive Limitations – Compliance Reports

Council received reports from the Registrar for EL-4 Financial Condition (Internal) and EL-11 Emergency Executive.

2.2.1.1 EL-2 Treatment of Staff

In its ongoing commitment to assess the satisfaction of its administrative team, ACP commissioned Banister Research & Consulting Inc. to conduct its tri-annual survey of all staff members. Tracy With from Banister Research & Consulting, presented the results of the online survey conducted from March 28 to April 15, 2016.

The purpose of the survey was to measure overall employee satisfaction based on an evaluation of specific facets of the workplace; to identify key strengths and areas for improvement; to provide a benchmark for measuring change in the future; and to encourage dialogue amongst management and employees towards making ACP a better place to work. Overall, satisfaction of ACP employees was rated very high.

Key areas of strength identified in the survey were:

- all ACP employees are committed to doing quality work;
- ACP provides opportunities for professional development;
- ACP employees have opportunities to communicate with the Leadership;
- employees have the materials and/or equipment to do their jobs;
- the college is ethical in its business dealings;
- the college is effectively managed and well run.

The survey identified that employees welcomed a review of the following:

- Opportunity for Advancement – consider ways to increase opportunity for advancement for administration in a pharmacist-centered; organization; often difficult to achieve in a small organization;
- Involvement and Contributions – review ways to encourage discussions amongst team when difference arise;
- Team Work – improve communication across departments.

One suggestion arose; that the Registrar consider including a question to explore whether individuals are encouraged to review dissenting views on issues.

MOTION: that the external compliance report on EL-2 Treatment of Staff be approved.
Moved by **Mary O'Neill**/Seconded by **Kelly Boparai**/CARRIED

2.2.1.2 EL-4 Financial Condition – Internal

Council received Internal Financial Statements and Variances for the month ending April 30, 2016.
MOTION: that the Registrar's compliance report on EL-4 Financial Condition of the College be approved.
Moved by **Kamal Dullat**/Seconded by **Kelly Boparai**/CARRIED

2.2.1.3 EL-11 Emergency Executive

MOTION: that the Registrar's compliance report on EL-11 Emergency Executive be approved.
Moved by **Mary O'Neill**/Seconded by **Brad Couldwell**/CARRIED

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-3 Governing Style

MOTION: that Council is in compliance with governance policy GP-3 Governing Style.
Moved by **Al Evans**/Seconded by **Kamal Dullat**/CARRIED

2.2.2.2 GP-4 Council Responsibilities

MOTION: that Council is in compliance with governance policy GP-4 Council Responsibilities**.**
Moved by **Bob Kruchten**/Seconded by **Mary O'Neill**/CARRIED

2.2.2.3 GP-5 President's Role

MOTION: that Council is in compliance with governance policy GP-5 President's Role.
Moved by **Kamal Dullat**/Seconded by **Al Evans**/CARRIED

2.2.2.4 GP-6 Council Committees

MOTION: that Council is in compliance with governance policy GP-6 Council Committees.
Moved by **Brad Willsey**/Seconded by **Jennifer Teichroeb**/CARRIED

2.2.3 Council-Registrar Relationship Policies (CR) Compliance Reports

CR Policies define the working relationship between the Council and the Registrar. Council reviewed CR-4 Delegation to Registrar, and reflected on its compliance with the policy.

2.2.3.1 CR-4 Delegation to Registrar

MOTION: that Council is in compliance with CR-4 Delegation to Registrar.
Moved by **Brad Willsey**/Seconded by **Brad Couldwell**/CARRIED

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-3 Governing Style

MOTION: to approve governance policy GP-3 Governing Style as written.
Moved by **Taciana Pereira**/Seconded by **Kelly Boparai**/CARRIED

2.3.1.2 GP4 Council Responsibilities

MOTION: to approve governance policy GP-4 Council Responsibilities as written.
Moved by **Brad Couldwell**/Seconded by **Jennifer Teichroeb**/CARRIED

2.3.1.3 GP-5 President's Role

MOTION: to approve governance policy GP-5 President's Role with amendments to bullet 6 from "The President may delegate his authority, but remains accountable for its use" to "The President may delegate their authority, but remains accountable for its use".
Moved by **Taciana Pereira**/Seconded by **Mary O'Neill**/CARRIED

2.3.1.4 GP-6 Council Committees

MOTION: to approve governance policy GP-6 Council Committees as written.
Moved by **Al Evans**/Seconded by **Jennifer Teichroeb**/CARRIED

2.4 Governance Indicators (Performance Matrix)

Council re-addressed indicators and sensitivity scales supporting the critical success factors of "Public and Stakeholder Confidence", "Quality Care" and Effective Organizations indexes.

Public and Stakeholder Confidence

Indicator Name: Immunizations	
Current Indicator	Approved Indicator
The percentage of public funded immunizations performed by pharmacists.	The percentage of public ally funded seasonal immunizations performed by pharmacists.
Indicator Name: Primary Care Assessments	
Current Indicator	Approved Indicator
The number of primary care assessments performed	The number of primary care assessments performed *(excluding seasonal vaccine).*
Indicator Name: Chronic Care Assessments	
Current Indicator	Approved Indicator
The percentage of eligible Albertans receiving chronic care assessments and at least three follow-up assessments.	The percentage of pharmacists initiated chronic care assessments receiving at least three follow up assessments (CACPs and SMMAs).
Indicator Name: Effective Governance	
Current Indicator	Approved Indicator
The percentage of stakeholders surveyed who agree that ACP effectively governs the practice of pharmacy.	The percentage of stakeholders surveyed who agree that ACP effectively governs the practice of pharmacy.

ACP's Stakeholder Survey conducted in 2014 did not specifically ask: "Do you agree that ACP effectively governs the practice of pharmacy". Instead, it asked a series of questions that together provide an indication of the overall perception of the level of effectiveness. These include:

Is an essential organization,	95%	
Is committed to protecting and serving the public interest,	94%	
Is competent,	89%	
Can be relied upon,	82%	
Acts ethically,	81%	
Is a leader in pharmacy practice,	81%	
Puts patients' health first in all it does,	79%	
Is a leader in health policy,	69%	
Is innovative, and	68%	**Average**
Treats people justly.	61%	79.9%
Has transparent processes	55%	

The "average" results of all questions will be used to calculate the benchmark for this indicator except "*Has transparent processes"*. The result of '*Has transparent processes*' is reported as a single indicator later in the Matrix. Council requested that "percentage" replace "percent" in the approved indicators.

Quality Care

Indicator Name: Real-time NETCARE Interface	
Current Indicator	**Approved Indicator**
The percent of pharmacies having real-time interface with NETCARE.	The percentage of *community* pharmacies having real-time interface with NETCARE.

Effective Organization

Indicator Name: Priorities Met	
Current Indicator	**Approved Indicator**
The percent of annual priorities met.	The percentage of annual priorities met.

Council considered recommendations to select the six priorities from ACP's Business Plan for a given year, and annually rate their level of completion. Council preferred that the annual priorities are not limited to a consistent number of priorities each year.

MOTION: to approve the indicators as amended.
Moved by **Clayton Braun**/Seconded by **Taciana Pereira**/CARRIED

2.5 Ownership Linkage

2.5.1 Engagement with Albertans since Last Meeting

The following issues were introduced and discussed during this forum:

- Politicians and the government do not understand the role of pharmacists and pharmacy technicians. This continues to be echoed in the community. It is only when someone has been touched by a successful intervention with a pharmacist that patients and the public become strong advocates of the role of pharmacists and pharmacy technicians.
- A comment received from a patient suffering from a chronic health condition. This person's physician was retiring, went to a new doctor, received new medications; and the pharmacist did a thorough medication review that had a positive impact on the patient's health. This person has now become an advocate for the practice of pharmacy.
- Concerns continue in the community that pharmacists do not have enough control over issues such as diversion of Tylenol #1, or physicians who over-prescribe. The issue is around accountability and governance regarding narcotics. Council and ACP will continue its work to develop Standards as per Agenda Item 3.5.

2.6 Appointments

2.6.1 Corporate

2.6.1.1 Legal Counsel

That the legal firm of Shores Jardine LLP, be appointed as ACP's legal counsel for the 2016-17 council term; and that Mr. Jim Casey from Field Law LLP, and Mr. Fred Kozak from Reynolds Mirth Farmer, be appointed as legal advisors to ACP's Hearing Tribunals.

2.6.1.2 Auditors

That the accounting firm of KPMG LLP, be appointed as ACP's auditors for the 2016-17 council term.

2.6.1.3 Banking Institution

That TD Canada Trust be appointed as ACP's financial institution for the 2016-17 council term.

2.6.1.4 Investment Counsel

That Mr. Tom Richards of the firm TD Waterhouse, be appointed as ACP's investment counsel for the 2016-17 council term.

2.6.1.5 Signing Authority

That Greg Eberhart, Dale Cooney, Lynn Paulitsch, Rick Hackman, and Taciana Pereira be granted signing authority on behalf of the College for the 2016-2017 council term. All cheques require two signatures and for cheques issued over $15,000, one of the two signatures must be that of the Registrar, Greg Eberhart, or the Deputy Registrar, Dale Cooney.

2.6.2 Committees of Council

2.6.2.1 Nominating Committee

That Council appoints Taciana Pereira, Chair (President), Rick Hackman (Past-President) and Al Evans (Public Member), as the Nominating Committee for the 2016-17 council term.

2.6.2.2 Faculty of Pharmacy & Pharmaceutical Sciences Admissions Committee

That Council appoints Kamal Dullat to the Admissions Committee of the Faculty of Pharmacy and Pharmaceutical Sciences, for a one-year term ending June 30, 2017.

OMNIBUS MOTION: to approve all appointments and authorities recorded under Agenda Items 2.6.1. and 2.6.2.
Moved by **Brad Couldwell**/Seconded by **Taciana Pereira**/CARRIED

3. Legislated Responsibilities

3.1 NAPRA Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations

Council previously approved in principle, a penultimate draft of the NAPRA Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations, pending review by an external expert contracted by NAPRA to affirm technical wording. The Model Standards were approved by NAPRA in November 2015 and released to stakeholders in January 2016. ACP sought Council approval of these final Model Standards and ACP's Implementation Strategy. ACP's Practice Consultants (PPCs) made a presentation to Council outlining the readiness of the professions and pharmacies to implement the standards. Below are excerpts from the presentation.

The purpose of these standards is to ensure high-quality preparation and patient safety. With parenteral therapies becoming more complex, greater attention must be paid to the environment in which these preparations are prepared, the training of personnel, and quality assurance procedures to prevent complications and protect the public. The Model Standards apply to pharmacies, pharmacists and pharmacy technicians in Alberta. Pharmacists and pharmacy technicians working in institutions that are not licensed by ACP, but are compounding sterile preparations, are expected to meet these practice standards. ACP is responsible for ensuring that licensed pharmacies, pharmacists and pharmacy technicians are compliant with the standards. Pharmacists and pharmacy technicians have a professional responsibility to meet or exceed these standards when preparing sterile compounds.

In February and March of 2016, the PPCs visited all licensed pharmacies who compound sterile preparations (22 community sites, 22 institutions) to assess compliance with the Model Standards:

- All sites are aware of the Model Standards and demonstrate varying degrees of readiness to achieve compliance with the Model Standards.
- 45% of sites compound high risk (nonsterile to sterile) sterile preparations.
- 52% of sites compound hazardous (present risk to personnel) sterile preparations.

- Of the pharmacies compounding hazardous sterile preparations, 23% are compounding hazardous sterile preparations in a separate clean room from non-hazardous sterile preparations.
- 16% of sites satisfy facility design requirements.

ACP's Implementation Framework

The implementation framework is based on potential risk to patients, and considers resources and expenditures required for compliance with the Model Standards. Alberta's framework aligns with those being considered in British Columbia and Ontario. The recommended implementation framework is divided into three priorities, each with a timeframe to completion. The implementation framework ensures that a quality assurance program is prioritized early in the process to confirm that the pharmacy facilities, personnel, and equipment, maintain a contamination-free compounding environment throughout the implementation process. Pharmacists and pharmacy technicians will have up to 36 months from implementation date to become compliant with the Model Standards. ACP will establish a framework for assessment and enforcement of compliance.

Priority One: 0-6 months

- Review NAPRA Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations Review the Model Standards.
- Identify risk level (complexity, volume) of compounded sterile preparations.
- Perform a gap analysis by comparing the Model Standards with current pharmacy sterile compounding procedures and facilities.
- Prioritize the gap analysis and develop an action plan for compliance with the Model Standards.
- Initiate a quality assurance program, prioritizing.

Priority Two: 0-12 months

- Meet or exceed core requirements for a sterile compounding service:
  - Personnel – both compounding personnel and cleaning personnel,
  - Policies and procedures.
- Meet or exceed production preparation requirements.
- Complete quality assurance program.

Priority Three: 0-36 months

- Meet or exceed core requirements for a sterile compounding services for facilities and equipment.

Recommendations for the use of non-regulated personnel for compounding of sterile preparations

The NAPRA Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations allow pharmacy assistants "with appropriate training using a formal delegation process that complies with the requirements of the provincial/territorial authority" to prepare sterile compounds. It is our understanding that this was included to accommodate jurisdictions where pharmacy technicians are not regulated. In Alberta pharmacy technicians are regulated.

ACP *Standards of Practice for Pharmacists and Pharmacy Technicians* describe the scope and supervision requirements for non-regulated staff:

- Standard 20.6 - "A clinical pharmacist, courtesy pharmacist, or a pharmacy technician who supervises an employee must ensure that if the employee engages in compounding a drug…under the pharmacist's or the pharmacy technician's supervision, the employee does not engage in any component of the activity which requires the training and skills of a pharmacist or a pharmacy technician.
- Standard 20.8 - "An employee engaged in compounding a drug or blood product must do so under the direct supervision of a clinical pharmacist, a courtesy pharmacist or a pharmacy technician and must not engage in any component of those restricted activities other than by assisting the pharmacist or the pharmacy technician by: a) selecting a drug from stock, b) measuring the quantities of the drugs to be compounded, c) physically mixing the drugs, or d) entering information into the information management system about the act of compounding.

Because of the unique training and technical competencies required to compound sterile preparations and because of the limitations to providing continuous direct supervision without entering the anteroom and/or the clean room, it is recommended that the implementation of the Model Standards restrict sterile compounding activities to regulated pharmacy personnel (pharmacists or pharmacy technicians) and include a transition period allowing pharmacies currently using non-regulated personnel to implement the required staffing and workflow changes (Of the non-pharmacist personnel performing sterile compounding at the sites visited, 93% are regulated technicians).

MOTION: to approve the NAPRA Model Standards for Compounding Non-Hazardous Sterile Preparations as presented.
Moved by **Brad Couldwell**/Seconded by **Mary O'Neill**/CARRIED

MOTION: to approve recommendations that compounding activities outlined in the NAPRA Model Standards for Compounding Non-Hazardous Sterile Preparations be restricted to regulated pharmacists and pharmacy technicians.
Moved by **Brad Willsey**/Seconded by **Kelly Boparai**/CARRIED

NOTE: ACP needs to define an acceptable transition period; after which unregulated personnel will not be permitted to participate in sterile compounding activities.

MOTION: to approve Phase One of ACP's Implementation Strategy for compliance within one year from October 1, 2016, and to approve Phase Two of the strategy, for compliance within 18 months from the implementation date of October 1, 2016. Council deferred its approval of Phase Three. ACP will begin monitoring for compliance at the end of 2017.
Moved by **Mary O'Neill**/Seconded by **Kelly Boparai**/CARRIED

3.2 Compounding and Repackaging Agreement

Council is required under the *Pharmacy and Drug Regulation*, to approve an agreement to be used by Compounding and Repackaging pharmacies when entering into an agreement with a licensed pharmacy. Section 19 of the Regulation requires that a licensee of a compounding and repackaging pharmacy must:

a. Ensure that the compounding and repackaging pharmacy only provides compounding and repackaging services to other pharmacies under the terms of written contracts that:
   - Include the terms required by Council, and
   - Are in the form required by the registrar, and

b. Provide copies of those contracts to the registrar upon request.

Council reviewed the agreement approved in 2011, and considered updates to reflect changes in legislation. Registrar Eberhart recommended the following updates to ACP's Compounding and Repacking Agreement:

1. That relevant sections in the agreement be updated to recognize the regulation of pharmacy technicians, along with any consequential sections of the contract;
2. That sections addressing commercial/business terms be removed from the agreement; specifically, with respect to section 1.4, 3, schedules B and D, and any other consequential sections of the agreement. ACP should not facilitate commercial/business contracts; but rather, should restrict its attention to professional agreements structured to address quality practice, services, and products;
3. That Council reaffirm its intention under section 14 that compounding and repackaging pharmacies continue to restrict distribution of compounded and repackaged drugs to community pharmacies; and specifically, that they be restricted from dispensing compounded and repackaged drugs directly to patients or agents of patients. The *Pharmacy and Drugs Act* requires that any pharmacy providing services directly to patients, subject to specific exceptions in the legislation, requires a community pharmacy license;
4. That the agreement be enhanced by requiring any compounding and repacking pharmacy licensed in Alberta that provides or intends to provide services into another provincial jurisdiction to:
   a. Provide evidence to ACP that they have received the approval of the college in any other jurisdiction into which the Alberta located pharmacy dispenses or intends to dispense compounded or repackaged drugs, including any requirements or limitations that the compounding and repackaging pharmacy must comply with; and,
   b. Comply with the laws and standards of that jurisdiction and those of Alberta; and,
   c. Any other requirements recommended by legal counsel to ensure: the accountability of the compounding and repackaging pharmacy, the authority and ability of ACP to fulfill its responsibilities, and, the integrity of the drug distribution system and the protection of the public.

While ACP may not have authority to restrict services into other jurisdictions, it is prudent that transparency is exercised with regulators in other jurisdictions, and that

there are mechanisms to address quality assurance, to conduct investigations, and to resolve complaints as required. Upon Council's direction, Registrar Eberhart will request a legal review of the amended contract and consult with other colleges of pharmacy.

MOTION: to support recommendations to amend ACP's Compounding and Repacking Agreement as presented.
Moved by **Kamal Dullat**/Seconded by **Jennifer Teichroeb**/CARRIED

3.3 Pharmacy Manpower-International Pharmacy Graduates

Alberta has experienced an extraordinary increase in International Pharmacy Graduates (IPGs) over the past 18 months; numbers that are beyond provincial needs and beyond our capacity to effectively accommodate practical training. There may be multiple factors that have contributed to this; however, the trend has been substantively impacted by entry to practice policies in other provinces. At the May meeting, Council considered options to address this increase; and did not support the development of a bridging program in Alberta. Council questioned the effectiveness of admitting international candidates to practice based on their relative readiness to practice within the Alberta environment.

Council invited John Pugsley, CEO of PEBC and Carole Bouchard, CEO of NAPRA, to bring a national perspective to Council's deliberations about IPGs. Joining the discussion was ACP's delegates to their respective boards; Kaye Moran from PEBC and Anjli Acharya from NAPRA. Mr. Pugsley and Ms. Bouchard provided information on the national trends for IPG's applying to and entering Canada, and outlined policies and processes of NAPRA's IPG Gateway and PEBC's evaluation of academic credentials, and exams.

Council questioned to what extent IPGs (manpower issues), affect patient care and patient safety? Until this is determined, Council believes that NAPRA should be involved perhaps through support of a national bridging program. Council considered ACP's and NAPRA's role on how to address quality over quantity. The information provided to Council will provide a foundation for further discussion about policy direction important to better preparing and supporting IPGs for entering practice in Alberta.

Other observations were:

- IPG's often require an introduction to the culture of being a pharmacist in Alberta's health system. This opportunity is best experienced during structured practical training. As ACP works to enhance the SPT program, cultural competencies important to practicing in the Alberta health system should be introduced.
- Orientation to the health system is a mandatory requirement in medicine. This should be addressed in pharmacy.
- Is there any correlation between the rapid escalation in the number of IPG's and quality and safety?

Learning from this discussion will inform future strategic discussions by Council about registration policies and programs. Council will continue this discussion during the fall of 2016.

3.4 Alberta Health – Analysis of CACP and SMMA Trends

Larry Svenson, Director of Epidemiology and Surveillance at Alberta Health, made a presentation to Council with an analysis of the trends of immunizations, Comprehensive Annual Care Plans (CACPs) and Standard Medication Management Assessments (SMMAs) completed by pharmacists across Alberta.

Immunizations - With the exception of the 2015-16 influenza season, the rate of immunization has increased every year since the introduction of the universal influenza immunization program in 2010-11. In 2015-16, 1,146,569 Albertans were immunized. That's 26.7% of the population in Alberta. The highest percentage of Albertans immunized are those under 2 years old and those over 80 years old. Provincially, pharmacists give more immunizations than public health providers or physicians; even though 141 pharmacies did not bill for a publicly funded immunization in the 2015/16 influenza campaign. Pharmacists have increased their delivery of influenza immunizations. The proportion of influenza immunizations given by pharmacists increased rapidly from 6% in 2010-11 to 41% in 2015-16. There is an 8% increase in influenza immunizations among people with CACPs in comparison to people without care plans.

CACPs - Qualification Criteria for a CACP is two or more of the following chronic conditions, or one of these conditions along with a BMI over 30, addiction to drugs, alcohol or tobacco: hypertension, heart failure, diabetes, ischaemic heart disease, COPD, asthma, and mental health disorders.

Follow up on CACP's must have clinical significance to the patient and rationale for the follow-up must be documented. The initial CACP must be on file in order to submit a claim for a follow-up. An updated CACP must be completed after each follow-up to a CACP, and an update to the CACP is required if substantiated by a referral from a physician, a hospital admission or discharge within 14 calendar days or a pharmacist documented decision. In 2015, 325,893 patients received a care plan; 46% from a pharmacist and 54% from a physician. A total of 3,134 pharmacists and 944 (89%) pharmacies provided care plans to Albertans, and 2,358 physicians from 1,194 clinics provided care plans to Albertans. The total cost of CACP's in Alberta was $65 Million in 2015.

SMMAs for Other Services - In 2015, 320,000 Albertans renewed prescriptions, 19,000 patients received initial and follow-up assessments for tobacco cessation; 4,800 patients received initial and follow-up assessments for diabetes; and 8,000 Albertans had an emergency prescription filled. 5,000 individuals were refused dispensation.

Alberta Health is able to provide stakeholders with general statistics for CACPs and SSMAs, and reports on immunizations is available from PIN. The cost to Alberta's health system to provide CACP's and SMMA's is $1.5 Billion. Alberta Health is currently studying if care plans are an effective tool for patient care and follow-up. It will be at least a year before the research data is available.

Mr. Svenson left an open invitation to Council to deliberate what type of data his department might be able to provide ACP to support the work the college is doing.

3.5 ACP Opiate Reduction Strategy – Narcotic Security in Community Pharmacies

Addressing Alberta's opiate crisis requires multiple solutions, some within ACP's control and others require partnership with other organizations. Over the past 10 years, Alberta community pharmacies have been subject to a surge in narcotic robberies. Although the number of robberies in Alberta appeared to be levelling off, the recent proliferation in opioid related deaths, along with the heightened use of fentanyl and "Oxy80's", indicate that pharmacies may still be vulnerable.

ACP's Complaints Director, Jim Krempien, presented an environmental scan about the status of pharmacy security in Alberta as part of ACP's overall opioid reduction strategy. He identified the following alternatives that Council may consider to enhance narcotic security in pharmacies:

- time-delay safes
- GPS tracking devices
- high definition security camera systems
- physical security devices
- alarm/monitoring systems
- public signage
- information to registrants for narcotic best practices.

Insight was provided about successes experienced in British Columbia and other jurisdictions, where "time-release" safes are now a requirement. In 2015, the College of Pharmacists of British Columbia adopted a policy in response to the rise in pharmacy robberies. The policy requires pharmacies to: report the loss of narcotics to the College, use time-delay safes, use a high definition security camera system, use a monitored alarm system, display specific/College-approved signage, and stock "minimum" quantities of narcotics. As a result, British Columbia pharmacy robberies have decreased substantively. Other provincial pharmacy jurisdictions have not implemented prescribed requirements for narcotic security measure like BC's yet.

Council deliberated as to whether ACP should pursue more rigorous standards to enhance security in pharmacies with respect to Controlled Substances. Council provided direction for ACP to work with provincial policing agencies to inform and develop an enhanced policy for their consideration.

3.6 Pharmacy Roadmap: A Vision for the Future

ACP and RxA partnered in November 2015 to host a workshop for the purpose of developing a roadmap that is a narrative describing a future state for pharmacy practice in Alberta over the next 10 years. Approximately 25 individuals including pharmacists, pharmacy technicians, physicians, nurses, patients, stakeholders and government participated. Six themes were identified as the framework for the narrative. The narrative was developed and reviewed by both ACP Council and the RxA Board earlier this year. Subsequently, a final engagement occurred with workshop participants not having leadership roles with ACP and RxA. This input lead to final changes to the draft Pharmacy Roadmap.

At its June meeting, the RxA Board approved this final document presented for Council's input and approval at this meeting. Council engaged in an extensive

discussion of the document. Due to scheduling constraints the discussion was tabled to later in the morning.

MOTION: to table discussions on Agenda Item 3.6 – Pharmacy Roadmap: A Vision for the Future.
Moved by **Brad Willsey**/Seconded by **Kamal Dullat**/CARRIED

MOTION: to lift from the agenda, Agenda Item 3.6 Pharmacy Roadmap: A Vision for the Future.
Moved by **Clayton Braun**/Seconded by **Al Evans**/CARRIED

The Pharmacy Roadmap outlines a vision for the future of pharmacy practice in Alberta. It will provide a foundation for discussion with other provincial pharmacy organizations, educators, pharmacy owners, and registrants. It also provides a foundation to develop common provincial strategies from. The roadmap is also one reference that ACP will use in modernizing role statements for pharmacists and pharmacy technicians.

Some questioned whether the vision was inspiring enough? Others questioned language in the narrative, questioning whether it was "inclusive" enough; or whether the language was limiting. After much debate, there was consensus that what really mattered was the action that arose from the narrative, and that we should be conscious to ensure that our strategies include engagement and are inclusive.

MOTION: to approve the "Pharmacy Roadmap: A Vision for the Future" as presented.
Moved by **Clayton Braun**/Seconded by **Bob Kruchten**/CARRIED
Opposed: Taciana Pereira, Kelly Boparai, Jennifer Teichroeb

3.7 MAID Update

Registrar Eberhart briefed Council on the changes important to pharmacy practice in relation to Medical Assistance in Dying (MAID) resulting from the passing of Bill C-14. The federal legislation provides a national foundation for MAID and provides protection for pharmacists and pharmacy technicians who compound or dispense drugs, when supporting a physician or nurse practitioner, who prescribe drug protocols for MAID. Significant changes to Bill C-14 are as follows:

- **Administration of Drugs for MAID** - Bill C-14 does not allow pharmacists or pharmacy technicians to administer a drug or substance to a patient with the intention of causing death even if that patient meets the *Carter* Criteria. In this scenario, the pharmacist or pharmacy technician would be vulnerable to prosecution for culpable homicide or administration of a noxious substance under the *Criminal Code* (homicide, *Criminal Code* section 222 or administering a noxious thing, *Criminal Code* section 245).
- **Counseling Suicide** - Bill C-14 does not allow pharmacists or pharmacy technicians to counsel someone to commit suicide (*Criminal Code* section 241(a)). Note that "counsel" in this context means to encourage or incite and not to advise or inform as is generally meant in the health care context.
- **Protection against Prosecution for Homicide -** Amendments in Bill C-14 (Section 227) exempt physicians and nurse practitioners who provide medical assistance in dying, in accordance with the *Criminal Code*, from prosecution for homicide. Of significance is that the newly amended exemption also applies to physicians and nurse practitioners who had a reasonable but mistaken belief of patient consent. The

exemption from prosecution extends to any person who aids a physician or nurse practitioner in providing MAID.

- **Protection against Prosecution for Assisting Suicide** - Section 241(4) exempts pharmacists who dispense drugs directly to a patient for the purpose of medical assistance in dying from the offence of aiding suicide, so long as the dispensing occurs further to a prescription from a physician or nurse practitioner for the purpose of providing medical assistance in dying.
- **Protection against Prosecution for Administering a Noxious Substance -** Bill C-14 provides an exemption for physicians and nurse practitioners from prosecution for the offence of administering a noxious substance or poison to another person in the context of providing medical assistance in dying. A person who assists a physician or nurse practitioner in the provision of medical assistance in dying is also exempt from prosecution for the offence of administering a noxious substance or poison to another person.
- **Reasonable Knowledge, Care and Skill** - Bill C-14 requires that medical assistance in dying must be provided with reasonable knowledge, skill, and in accordance with any provincial laws, rules or standards. This would include any provincial legislation, standards of practice for the profession, or protocols.
- **Notification of the Purpose of Prescription -** Bill C-14 requires physicians and nurse practitioners to inform the pharmacist if a prescription is for the purpose of providing medical assistance in dying before the drugs are dispensed.

Council discussed feedback received from pharmacists who had provided services to support physicians who prescribed for MAID during the transition period of February 6, 2016 to June 6, 2016, and considered opportunities to support pharmacists and pharmacy technicians. ACP will be replacing the two guidance documents published earlier this spring with a single document that reflects the new environment resulting from the federal legislation. Council requested that guidelines be developed for "infusion kits and medicine requirements", including how to implement the drug protocol, and where to obtain the required drugs. ACP will communicate with pharmacy licensees when the guidelines are finalized.

3.8 Joint Guidelines for Hand Hygiene

ACP, CPSA, and CARNA partnered to develop guidelines for Hand Hygiene to support good practices that contribute to infectious disease control. CARNA and CPSA councils approved the guidelines, and Register Eberhart sought Council's approval. Once the guidelines are approved, the partnership will work concomitantly to educate registrants.

MOTION: to approve the Joint Guidelines for Hand Hygiene as presented.
Moved by **Kamal Dullat**/Seconded by **Mary O'Neill**/CARRIED

4. Miscellaneous Business for Council's Consideration

OMNIBUS MOTION to table Agenda Items 4.1, 4.3, 4.4, 5.2 and 5.3 to the September 2015 meeting of Council.
Moved by **Brad Willsey**/Seconded by **Mary O'Neill**/CARRIED

4.1 Report from NAPRA

Agenda Item 4.1 was tabled to the September 2016 council meeting.

4.2 Engagement with PTSA

In April, Council's Executive Committee met with members of the Pharmacy Technician Society of Alberta (PTSA) Executive. Discussions began with a review of the 2014 pharmacy technician survey, and reflected on comments received from pharmacy technicians attending ACP's regional meeting. It was agreed that continued education about the role of pharmacy technicians is important to support current work flows.

ACP will support PTSA's request to communicate with its 800 plus members, on the role of the college and its importance for the pharmacy technician. This will be accomplished with a higher profile for pharmacy technicians on ACP's website, with a "Pharmacy Technician" page, and by highlighting successes of high performing pharmacy technicians in the *ACP News* and the *LINK*.

PTSA would like to see more technicians on council, committees, and hearing tribunals. The Executive Committee advised PTSA that Council will appoint two more pharmacy technicians to the Competence Committee at the May council meeting. Discussions ensued about pharmacy technician education. With over 50% of pharmacy technicians working in hospital settings, discussions about education for hospital pharmacy technicians need to be considered. ACP will support education and professional development by supporting PTSA's initiatives to supply opportunities to its members.

Registrar Eberhart explained ACP's Strategic Direction, addressing the critical success factors and strategic objectives, advising that the Strategic Direction is about the "college" not the professions. ACP will present the Pharmacy Roadmap and Strategic Direction at the PTSA conference in September to facilitate understanding the role of ACP.

PTSA asked that Council consider changing the name of the college to be inclusive of both professions. The Executive Committee agreed that discussion on a proposed name change should begin, however advised PTSA that it could be a long process that requires legislative amendments. PTSA requested a membership renewal option pop-up on the website. ACP supports this and will work with communications and IT to facilitate.

4.3 Report from the President

Agenda Item 4.3 was tabled to the September 2016 council meeting.

4.4 Bill 5 – Pharmacy and Drug (Pharmaceutical Equipment Control) Amendment Act, 2016 – Letter from Mike Ellis (MLA-Calgary West)

Agenda Item 4.4 was tabled to the September 2016 council meeting.

5. Evaluation of Meeting

5.1 Self-Evaluation of Council Performance at this Meeting

President Hackman reminded Council Members to complete the electronic meeting evaluation form for collation and review at its next council meeting. The self-evaluation will be facilitated through survey monkey. Leslie Ainslie will forward a link to the survey.

5.2 Summary of Results for the May 11, 2016 Council Meeting
Agenda Item 5.2 was tabled to the September 2016 council meeting.

5.3 Aggregate Results from Council Evaluations During the 2015-16 Council Year
Agenda Item 5.3 was tabled to the September 2016 council meeting.

6. Adjournment

6.1 Forthcoming Events and Council Meeting Dates

6.1.1 September 14-16, 2016 – Council Meeting and Board Development, Banff
6.1.2 September 16, 2016 – Celebrating Pharmacy Technicians Reception, Calgary
6.1.3 December 5-6, 2016 – Council Meeting, Edmonton

6.2 Adjournment
MOTION: that this meeting of Council be adjourned.
Moved by **Kelly Olstad**

Meeting was adjourned at 12:35 p.m.