

MINUTES
MEETING OF COUNCIL
ALBERTA COLLEGE OF PHARMACY
January 25 – January 26, 2023
Edmonton, Alberta

1. Introduction

1.1 Call to Order

President Pfeiffer called the meeting to order at 8:28 a.m. She recognized the ancestral lands on which Council gathered, those of Treaty 6 territory. Council met over two days. Joining council discussions were Marty Landrie, with AHS for a discussion about Indigenous Health, Robyn Eeson with KPMG to discuss ACP's audit plan, Margot Ross-Graham with Sandbar Consulting for discussion about pharmacy practice boundaries, and Bill Shores and Annabritt Chisholm, with Shores Jardine LLP, for a discussion about the cross-jurisdictional agreement and standards. President Pfeiffer asked Council Members to reflect on governance policy GP-8 Code of Conduct and consider any potential conflicts of interest they may need to disclose. No conflicts were disclosed.

1.2 Roll Call

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

- District 1 - Peter Macek (Past-President)
- District 2 - Patrick Zachar (President-Elect)
- District 3 - Fayaz Rajabali (January 25 attended virtually)
- District 4 - James Frobb
- District 5 - Shereen Elsayad
- District A - Laura Miskimins
- District B - Dana Lyons (attended virtually)
- Public Member - Irene Pfeiffer (President)
- Public Member - Christine Maligec
- Public Member - Carmen Wyton
- Public Member - Deb Manz
- Public Member - Jane Wachowich (Executive-Member-at-Large)
- Public Member - Jason West (January 25)

Also in attendance

- Greg Eberhart - Registrar
- Kaye Moran - Deputy Registrar
- Jeff Whissell - Deputy Registrar
- Rob Vandervelde - Senior Operations and Finance Director
- Leslie Ainslie - Executive Assistant
- Barry Strader - Communications Director
- Marty Landrie, Alberta Health Services (January 25, 9:00-10:30am)
- Robyn Eeson, KPMG (January 25, 10:45-11:00am)
- Margot Ross-Graham, Sandbar Consulting (January 25, 11:20am-12:00pm)
- Bill Shores, Shores Jardine LLP (January 25, 1:20-3:37 pm)
- Annabritt Chisholm, Shores Jardine LLP (January 25, 1:20-3:37pm)
- Monty Stanowich - Compliance Officer (January 25 1:20-3:00pm)
- Observer - Pamela Timanson - ACP Competence Director (January 26 am)

1.3 Invocation – James Frobb

Councillor James Frobb read the council invocation.

1.4 Adoption of the Agenda

1.4.1 Consent Agenda

Registrar Eberhart provided a Policy report and an Information Update report for Council's review and approval. President Pfeiffer invited questions; however none arose.

1.4.1.1 Policy Report

MOTION: to approve the Policy Report presented by the Registrar

Moved by **Christine Maligec**/Seconded by **Laura Miskimins**/CARRIED

1.4.1.2 Update Report

MOTION: to accept the Information Update Report presented by the Registrar.

Moved by **Christine Maligec**/Seconded by **Patrick Zachar**/CARRIED

1.4.2 Additions to the Agenda

Registrar Eberhart requested an addition to the agenda to address a Notice of Appeal from a registrant who is appealing a Hearing Tribunal decision on Merit and Sanction. An application to Stay the Orders pending the results of the appeal was also received.

MOTION: to approve the agenda as amended.

Moved by **Carmen Wyton**/Seconded by **Jason West**/CARRIED

Registrar Eberhart noted that an application had been received requested that a Panel of Council be appointed to consider an appeal of the decision of a Hearing Tribunal, and that the request also sought a stay on the decision. These requests require that Council:

- Appoint individuals to consider the application for stay; and,
- Appoint a Panel of Council to consider the appeal of the decision of the hearing tribunal.

In compliance of section 86(3) of the *Health Professions Act* (HPA), Council designated that Kelly Olstad and Jim Johnston, as members of the Interim Suspension Committee (s65 of HPA), adjudicate the Stay applications in the matter of Mehrnoush Sohrabirad, Registration Number (2653) .

MOTION: that the Interim Suspension Committee (s65 of HPA) adjudicate the Stay applications in the matter of Mehrnoush Sohrabirad, Registration Number 2653.

Moved by **Christine Maligec**/Seconded by **Jane Wachowich**/CARRIED

MOTION: that the following members of council be appointed to consider the appeal of Mehrnoush Sohrabirad, Registration Number (2653) respecting the decision of the Hearing Tribunal appointed to consider her professional conduct:

- Peter Macek – Chair
- Christine Maligec
- Carmen Wyton
- James Frobb

Moved by **Deb Manz**/Seconded by **Laura Miskimins**/CARRIED

1.5 Minutes from Previous Meetings

1.5.1 Minutes – December 15, 2022

MOTION: to approve the minutes from the December 15, 2022 meeting as circulated.

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

1.5.2 Ratification of December 21, 2022 e-Ballot

MOTION: to ratify the December 21, 2022 council e-Ballot to approve the amended Draft 3F/221208/E2/18166 of the *Pharmacists and Pharmacy Technicians Profession Amendment Regulation* under the *Health Professions Act*; and through Council’s approval, provide authorization for the Registrar to provide a signed certificate as required by government, affirming Council’s approval.

Moved by **Deb Manz**/Seconded by **Patrick Zachar**/CARRIED

1.6 Disposition of Directives

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

MOTION: to accept the Disposition of Directives from the December 15, 2022 council meeting as information.

Moved by **Deb Manz**/Seconded by **Laura Miskimins**/CARRIED

1.7 In Camera

MOTION: to move into an In-Camera session of council at 3:43 p.m. on January 26, 2023.

Moved by **Christine Maligec**/Seconded by **Deb Manz**/CARRIED

MOTION: to move out of the In-Camera session of council at 4:29 p.m. on January 26, 2023.

Moved by **Carmen Wyton**/Seconded by **Laura Miskimins**/CARRIED

2. Generative

2.1 Indigenous Health – Engagement with Marty Landrie, Executive Director Indigenous Wellness Core, Alberta Health Services

Council welcomed Marty Landrie, Executive Director of Alberta Health Services Indigenous Wellness Core to further their learning into indigenous culture and history. The Indigenous Wellness Core “partners with Indigenous peoples, communities and key stakeholders to provide accessible, culturally appropriate health services for First Nations, Métis and Inuit people in Alberta.” Mr. Landrie provided an overview of the the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, the Treaties, the Truth and Reconciliation Commission of Canada, Aboriginal rights, and Indigenous teachings and practices.

In 2015, the Truth and Reconciliation Commission of Canada (TRC) published its report detailing the impacts of the residential school system. In the TRC report there were ninety-seven recommendations or “Calls to Action” that address the ongoing impact of residential schools on survivors and their families. Mr. Landrie addressed the following Calls to Action that relate directly to health, as noted below.

- Recommendation 18: We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to

recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

- Recommendation 19: We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends.
- Recommendation 22: We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
- Recommendation 23: We call upon all levels of government to: increase the number of Aboriginal professionals working in the health-care field, ensure the retention of Aboriginal health-care providers in Aboriginal communities and provide cultural competency training for all health-care professionals.
- Recommendation 24: We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices.

During his presentation, Mr. Landrie shared a poignant statement from the Health Council of Canada in 2012 that is important to Council's understanding, and interest in indigenous health and pharmacy practice policies.

Many Aboriginal people don't trust and therefore don't use mainstream health care services because they don't feel safe from stereotyping and racism, and because the Western approach to health care can feel alienating and intimidating.

Other key points noted by Mr. Landrie follow:

- There are over 253,000 Indigenous people in Alberta, most of them very young.
- There is a large gap in life expectancy between first nation and non first nation people that continues to grow.
- Assimilation policies lead to genocide; at least cultural genocide.
- Treaty 6 is the only treaty with a "Medicine Cheat" clause;
 - Benefits provided to Indigenous people living on reserves is a policy interpretation of the medicine chest clause.
- The starting point for reconciliation is building relationships, leading to self-determination
 - Engagement needs to be entered into in a humble way.
 - Success requires respecting one and others differences and processes.
- Must be culturally aware
 - Offer elders tobacco to share knowledge
 - Used sweetgrass to speak to creator
- AHS is developing a policy to accommodate use of traditional medicines.
- Research about risk of traditional medicine is limited;
 - Elders will not be easily encouraged to send traditional medicines for research.
- Further education about Indigenous culture and history are available from AHS and the University of Alberta (7 module/8 week program).
- Big Stone Cree Nation operate their own health program;
 - Other good contacts are the Siksika Health Centre, Maskwacis Health Centre, and the Yellowhead Tribal Council

In closing, Mr. Landrie offered the support and resources of the Indigenous Wellness Core. He recommended that Council engage in cultural awareness training. He suggested Council continue its learning and engagement with Indigenous communities through sharing circles. The circle influences how Indigenous people view the world; that is... all things are connected. Balance relies on this connection and without balance, health is compromised. Sharing circles promote equality, trust, respect, dialog, decision making and a sense of community, all of which are foundational to integrating and supporting indigenous health needs.

Registrar Eberhart shared that ACP's prescribed learning activity for pharmacists and pharmacy technicians for this year's Continuing Education cycle focuses on equity, diversity, and inclusion (EDI), specifically as they relate to Indigenous communities. Within the learning activity, regulated members are encouraged to continue their learning journey by viewing the *Indigenous Trauma and Equity-Informed Practice* training webinar recorded on September 30, 2022, the "National Day for Truth and Reconciliation". The webinar is open to all pharmacy professionals, students, and staff who support the practice of pharmacy. The EDI prescribed learning and this webinar were created in response to Recommendation 24.

2.2 What do we mean to "modernize the pharmacy practice framework"?

Goal #2 in ACP's Strategic plan states "There is a modern and relevant framework to regulate pharmacy practice." "*A modern and relevant legislative framework will enable practice innovations, balanced with necessary authorities for the college to ensure practice is conducted in a manner that is safe and in the public's best interest. As pharmacy practice—and the delivery of health care in general—continue to evolve at a rapid pace, so must the regulation of healthcare. ACP must be able to adapt to new and anticipated practice models, which are often stimulated by technology, competition, and patient expectations.*"

In March 2021, Council identified thirteen determinants important to a modernized practice framework. Further, Council discussed the definition of what a pharmacy is in today's practice environment. The framework sets the foundation for ACP to establish rules to regulate new roles and practice models, and enables ACP to prescribe a range of effective interventions when it is determined that compliance or ethical responsibilities are not being met. The regulation of pharmacy practice includes legislative and regulatory requirements, standards, bylaws, the Code of Ethics, and guidance to the professions. Amendments to the Standards of Practice are underway. Amendment will ensure the standards are current, relevant, clear, concise and appropriately the needs of the public and the profession to practice excellence in pharmacy practice.

Council received an update on the key initiatives to meet the objectives of the thirteen determinants and considered if any recent changes in the public health system, the regulatory environment or the needs of the public should be accommodated in the modernized pharmacy practice framework. Council will continue its discussions with a focus on the legislation and regulations governing the professions to address specific indicators that may require regulatory or policy amendment.

Some reflections brought forward during the discussion were:

- Can we be more aware about differentiation and diversity?
- Does more attention need to be made toward unregulated members of the pharmacist team?
- How do we extend meaning to standards through a patient lens?
- ACP appears to have lots of business standards that are pharmacist centric;
 - Are the structures of pharmacy teams getting in the way of innovation?

- What considerations need to be made to ensure that all members of the pharmacy team are fully enabled?
 - Do pharmacists understand what pharmacy technicians can do, or are some simply resistant to enabling them?
- Can patient records within NETCARE be made real-time so that Comprehensive Annual Care Plans can be updated in a usable manner?

2.3 Pharmacy Human Resources Discussion

The capacity of pharmacy professionals to meet the increasing demands for services from patients and governments is limited and strained. Many factors have contributed to this environment; the pandemic, drug supply shortages, a shortage of pharmacy professionals, the changing expectations of the services a pharmacy provides, and a shortage of physicians and nurses. Registrar Eberhart provided an analysis of pharmacy resources in Alberta to better understand trends in employment (Appendix 1).

- There are more pharmacists and pharmacy technicians per 100,000 Albertans than ever before; however, the number of family physicians and registered nurses per 100,000 is decreasing
- The number of pharmacies per 100,000 is increasing at a faster rate than pharmacists
- Only 30% of community pharmacies employ a pharmacy technician
- AHS pharmacy services employs as many pharmacy assistants as they do pharmacy technicians
- There are many unregulated individuals working in community pharmacies
- The “mental model” for pharmacy teams is traditional and potentially limiting

Council agreed that more discussion is required to clearly define the pharmacy human resource problem in order to offer solutions; acknowledging that multiple problems exist and once defined, what role if any should ACP play in addressing these human resource trends.

2.4 Building Capacity on the Pharmacy Team

The demand for, and expectations of the public, for primary and public health care continues to increase. While pharmacies are part of the broader primary health care system within communities, the public is seeking the care of pharmacies and pharmacy teams as their preferred primary or alternatives care provider, for many of their health care needs. This is impacting capacity, and there are some indicators that it could impact quality. Council engaged in generative discussions to consider the framework of pharmacy teams. With the current model unable to meet the demands of pharmacy practice, what alternative could be considered to enhance the functionality and capacity of pharmacy teams. Council will continue its deliberations at a future meeting.

Some observations made during this discussion follow:

- It is unclear how many unregulated individuals support pharmacy practices;
 - Is it important to prescribe what unregulated individuals can do in a pharmacy?
 - What is a pharmacy assistant?
 - There are a number of training programs for pharmacy assistants; some are better than others...none are accredited.
- What can be done to optimize practices of pharmacy technicians?
- Holding the licensee responsible for everything is not “equal”;
 - Need to balance authority, responsibility, and accountability.

- Why is the population of pharmacy technicians practicing in institutions disproportionate to community practice settings?
 - Some feel that some community-based employers may not value pharmacy technicians to the same extent as AHS?
 - AHS seems to provide more diverse opportunities for pharmacy technicians.
 - There is a dichotomy in what pharmacy technicians can do and what they should do.
- Can ACP limit the number of pharmacies, or provide guidelines about workload/staffing ratios?
- Is accreditation an alternative for addressing quality?
- Provincial pharmacy technician programs are over-subscribed;
 - Red Deer and Norquest programs are increasing enrollment, but the numbers are still small.
 - Need more “seats” for practical training.
- What is the possibility of requiring a pharmacy technician be practicing where there is only one pharmacist;
 - Employers need to employ the right number of people to ensure that the standards are complied with.
 - All team members need to be clear about one and other’s potential, and what one and other’s roles and responsibilities are.
 - Council must stay in its lane and not engage in employment standards.

3. Strategic

3.1 Strategic Plan Update

Council received an update on progress made on ACP’s strategic plan (Appendix 2). There are progress delays on only two of the fourteen strategic objectives.

- Meeting Practice Expectations – 1.2 Provisional pharmacists and pharmacy technicians are evaluated in a manner that assures the college confidence in their readiness to independently fulfill their scope of practice in a safe, effective, and ethical manner.
 - In partnership with the UofA Faculty of Pharmacy and Pharmaceutical Sciences, ACP launched the Certificate to Canadian Pharmacy Practice (CCPP), an Alberta bridging program for internationally educated pharmacists. The bridging program is currently on hold pending the results of a judicial review.
- Data Intelligence – 4.1 Relevant and meaningful data intelligence is available to registrants and ACP.
 - The implementation date of “myACP” will be at least the second quarter of 2023. Employee training and testing activities continue while defect resolution and change requests prior to be implementation are being addressed.

ACP will continue with the development and delivery of the other strategic priorities as planned for 2023-2024.

3.2 Environmental Scanning – What’s changed in the past 12 months?

Council engaged in the exploration of emerging trends through the practice of environmental scanning. Registrar Eberhart led Council through discussions that explored the political, economic, societal, technological, and organizational issues and trends that may impact the implantation of ACP’s Strategic Plan, any factors that are or may be substantively disruptive, or that may invite consideration about potential changes to the plan. The contributions of Council were collated and will be the foundation of focused discussion at future council meetings (Appendix 3).

3.3 What is pharmacy practice? Understanding Boundaries

Section 19 of the *Health Professions Act* provides enabling role statements for pharmacists and pharmacy technicians, these being further informed by restricted activities that have been authorized in the *Act*. It is important that ACP provide clarity to the public and a practice framework for regulated members, about the scope and limitations of pharmacy practice as defined in legislation.

ACP conducted a literature review to determine how other professions within Canada and outside of Canada address the understanding of the boundaries of pharmacy practice, We learned that legislative frameworks differ between countries; however that common tools are used to address scope. Most don't have broad enabling statements as in the *Health Professions Act* and are more inclined to more prescriptive statements. In all cases, authority is determined through competence. Engineers base their roles on the principles of engineering, albeit little could be found in the literature about these principles. Beyond legislation, roles are often authorized through credentialing, additional professional development, or standards.

ACP also commissioned Margot Ross-Graham, with Sandbar Consulting to facilitate four focus group discussions with regulated members, to learn about their understanding of the boundaries of pharmacy practice . Ms. Ross-Graham presented her findings to Council. She noted that there was no consensus amongst registrants about boundaries on pharmacy practice. She found that everyone actively engaged in sharing how they determine their personal boundaries, however, were less thoughtful about this from a broader policy perspective. The only common answer was “it depends”; and often this resulted from an assessment of patient need.

Council agreed that restricted activities should only be performed within the limitations of the role statements for pharmacists and pharmacy technicians in schedule 19 of the *Health Professions Act*. They also supported use of the narrative approved by Council in 2017, as a supplementary tool to measure against.

Council requested that ACP research and develop more concrete definitions/interpretations of key terms in the role statements and narrative, to provide further context.

Council also observed that role statements needed to grow, to accommodate innovation. However, it is important that the college is able to provide clear interpretation and context about any role statement that exists at a point in time.

3.4 Modernizing Legislative Framework – Restricted Activities

The *Government Organization Act* identifies “Restricted Activities” that may only be performed by authorized professions; and further, by regulated members authorized within those professions. The new Restricted Activity Ministerial Regulation is expected to be approved this spring as it is consequential to amendments to the *Health Professions Act* (Bill 46) coming into effect. The regulation will permit the Minister to approve regulations; therefore it may provide the opportunity to request the expansion of restricted activities performed by pharmacists and pharmacy technicians. Section 19 of the *Health Professions Act* (HPA) includes role statements for pharmacists and pharmacy technicians that include the provision for restricted activities, authorized in the regulation.

Registrar Eberhart sought Council's direction about restating the restricted activities currently authorized to be more consistent with other professions, and, if ACP should consider pursuing the following additional restricted activities to be performed by pharmacy professionals:

- the administration of vaccines by pharmacy technicians subject to a patient assessment by a pharmacist,
- the authority to insert or remove instruments, devices, fingers, or hands beyond the cartilaginous portion of the ear canal by pharmacists for the purpose of using an otoscope and for selling hearing aids;
- to insert or remove instruments, devices, fingers, or hands beyond the point in the nasal passages where they normally narrow by pharmacists and pharmacy technicians for the purpose of performing nasal swabs; and
- what if any other restrictive activities should be performed by pharmacists and pharmacy technicians in context with the role statements, to provide care to patients, enhance the health system and support the practice of pharmacy.

Council affirmed that Section 19 of the HPA should remain the benchmark for the restricted activities currently authorized; and Section 19 should be the framework used for the development of any application to the Minister, to expand the restricted activities performed by pharmacists and pharmacy technicians. ACP will conduct further research and policy analysis to inform future deliberations of Council about restricted activities.

3.5 Medication Incident Reporting - Project Update

Strategic Goal #4 of ACP's Strategic Plan states "*Data intelligence is used by registrants and the college to make more informed decisions.*" One of the supporting objectives is that "*Information collected through centralized reporting of pharmacy errors will enable pharmacy teams to improve their practices.*"

Dr. Todd Boyle, Profession or Operations Management at St. Francis Xavier University was commissioned by ACP to develop the framework for an Alberta quality improvement program to enhance patient safety incident reporting. Dr. Boyle joined Council to introduce and summarize highlights of the report that was informed by NAPRA's Model Standards for Continuous Quality Improvement and Medication Incident Reporting, the experiences in other Canadian jurisdictions, and Dr. Boyle's expertise. The program will continually and systemically examine a pharmacy's processes and practices to identify and address the root causes of patient safety incidents in order to improve practice performance, therefore improve patient safety.

The program will emphasize quality improvement with a goal to empowering pharmacy staff, supporting teamwork, and ensure the application of scientific process to identify issues and implement quality and change that is process focused; building upon the learning and successes of programs implemented in other jurisdictions. ACP administration will use the report as a foundation for developing an Alberta medication incident reporting system that will be brought back to Council at the end of the year or early in 2024.

The importance of anonymous reporting was emphasized. Pharmacy team members need to feel "protected" as there is a stigma amongst pharmacy teams about errors.

3.6 Business Intelligence/Performance Measurement

A second objective of strategic Goal #4 is that "*Quantitative and qualitative governance indicators (Governance Matrix) will be available to Council to monitor ACP performance and make informed policy decisions.*" This means that "*4.1 Relevant and meaningful data intelligence is available to registrants and ACP*" and that "*4.4 Quantitative and qualitative governance indicators*

(Governance Matrix) will be available to Council to monitor ACP performance and make informed policy decisions.”

Rob Vandervelde, Senior Director of Operations and Finance provided an update on progress to date on the business intelligence activities that support the Goal through the implementation of the “myACP” information system (Appendix 4). Council did not have any questions therefore ACP will proceed with development of ACP’s business intelligence model as planned.

3.7 Amended Standards of Practice

Goal 2 of ACP’s strategic plan states that “There is a modern and relevant framework to regulate pharmacy practice.” One of the supporting objectives to achieve this goal is that “*Standards are current, relevant, clear, concise, and appropriately balance inputs, processes, and outputs.*”

A substantive and in-depth review to modernize ACP’s standards of practice occurred during the past year. An international literature review was conducted, and advice was sought from multiple advisory groups including pharmacy technicians and pharmacists.

Deputy Registrar Jeff Whissell presented draft standards for Council’s review for the purpose of consultation with registrants and interested parties. Council supported the draft standards in principle for the purpose of a 60 day consultation with registrants and interested parties, however the motion was subsequently rescinded upon recognizing that further thought should be given to some sections, based on the dialogue at Council.

- The supervision of unregulated individuals.
 - Some council members were concerned that the participation of unregulated individuals in pharmacy practice may contribute to unnecessary public risk. It was noted that both the *Health Professions Act* and the Pharmacy and Drug Regulation anticipate roles for unregulated individuals in supporting regulated health professionals. To that end, Alberta Health Services employs almost as many pharmacy assistants as they do pharmacy technicians. Can we establish a better framework for quality assurance where unregulated individuals are involved in practice?
- There appears to be confusion about the definition of “practicing under the direction of a pharmacist”.
 - It was asserted that pharmacy technicians feel like they must ask for permission from pharmacists.
 - Can the regulations be enhanced to better empower pharmacy technicians?
- The divestment of aesthetic practices in pharmacy to be regulated under Alberta’s “Personal Services Regulation”.
 - It was questioned whether some aesthetic services might be better performed by a regulated health professional like a pharmacist than by an unregulated individual authorized under the Personal Services Regulation?

ACP administration will reflect on the comments of Council and provide further amendments to the Standards at the April 27, 2023 council meeting.

Note: During the discussion, concern was expressed that all pharmacies in Alberta still do not have real time integration with NETCARE. Registrar Eberhart advised that policies about practicing under direction and uploading of information to NETCARE cannot be addressed under the

Standards of Practice for Pharmacists and Pharmacy Technicians as these are artifacts of the *Pharmacy and Drug Act*, and by extension the Standards for the Operation of Licensed Pharmacies.

3.8 Competencies for Pharmacy Licensees

The college identified the performance of pharmacy licensees as a critical success factor to quality pharmacy practice. Ensuring pharmacy licensees meet regulatory requirements, support safe pharmacy practices, and are available and present for patients and staff within their pharmacy, is an important part of protecting and serving the health and safety of the public.

Goal 3 of ACP’s Strategic Plan states that “*Licensees are qualified and held responsible for practice in their pharmacy.*” The objectives to support achieving this goal include:

- Licensee applicants are evaluated to ensure they can meet their commitment to their responsibilities as a licensee, prior to being issued a licence and assessed regularly thereafter.
- Licensees model professional behaviours, both clinically and operationally, expected in high performing pharmacies.

A key means to support these objectives is to “define the core competencies and responsibilities of licensees. Deputy Registrar Kaye Moran presented for Council’s consideration, six core competencies and the descriptors for each, to assist ACP in measuring and assessing individuals in these roles. The information gathered from licensee assessments will further allow ACP to identify areas of educational or regulatory need. Licensees will benefit from the transparency of clearly defined competencies expected in their role, and can use these expectations to identify strengths and weaknesses and guide their own, as well as their team’s, performance development.

Council approved six core competencies for pharmacy licensees, including the descriptors of each competency and approved the measures and indicators for each competency for the purpose of consultation with regulated members and other interested parties. These provide further definition and meaning to acceptable licensee performance and will be instrumental in licensees and ACP in measuring performance.

Greater clarity is required about the responsibilities of proprietors/proprietor’s representatives as compared to licensees. It was also suggested that compounding supervisors should be encouraged to engage in the education.

MOTION: to approve the six core competencies for pharmacy licensees, and the descriptors for each competency.

Moved by **Dana Lyons**/Seconded by **Deb Manz**/CARRIED

MOTION: to approve the measures and indicators for each of the six core competencies for the purpose of a 60-day consultation with registrants and other interested parties.

Moved by **Laura Miskimins**/Seconded by **James Frobb**/CARRIED

3.9 Cross-Jurisdictional Agreement

The Pharmacy Practice Cross-Jurisdictional Agreement is an agreement proposed between the Pharmacy Regulatory Authorities (PRAs) across Canada to support the governance and regulation of pharmacy services that transcend jurisdictional boundaries. At its December 2022 meeting, Council directed the Registrar to sign the cross-jurisdictional agreement. The cross-jurisdictional agreement establishes requirements that each PRA must fulfill, most of which the college has

addressed through the DRAFT amended Standards of Practice of Pharmacists and Pharmacy Technicians. Registrar Eberhart sought Council’s direction about registration, licensing, and the compounding and repackaging of drugs. He sought direction on the following points:

- That a pharmacist or pharmacy technician, practicing in another Canadian jurisdiction who provides services into Alberta will be required to register with the Alberta College of Pharmacy;
- That a pharmacy licensed in another Canadian jurisdiction from which pharmacy services are provided into Alberta are not required to license with the Alberta College of Pharmacy;
- That the “Model Compounding and Repackaging Agreements” be amended to prohibit a pharmacy located in Alberta from receiving and dispensing a compounded or repackaged drug or product from a pharmacy located in another Canadian jurisdiction, unless the product cannot be accessed in Alberta through a wholesaler or another pharmacy located and licensed in Alberta, and made available to an individual for which it has been prescribed within the period before which it is to be administered; and
- That upon signing the cross-jurisdictional agreement, ACP will repeal existing bilateral agreements of cooperation with other provinces (Saskatchewan and British Columbia), for the purpose of accommodating the governance of interprovincial services.

Council supported this direction in principle subject to further policy analysis. It is important that these not be implemented until the amendment to the Regulation in the *Pharmacy and Drug Act* occurs and the agreement is signed.

Council also supported policy analysis to determine the feasibility of prohibiting Alberta pharmacies from procuring prescriptions/preparations that have been compounded/repackaged in another Canadian jurisdiction if the product is not available for a specific patient residing in Alberta in a timely manner.

4. Fiduciary

4.1 Compliance Monitoring and Reports

4.1.1 Executive Limitations – Compliance Reports

A report from the Registrar was provided for Executive Limitation policy EL-4 Financial Condition (External).

4.1.1.1 EL-4 Financial Condition (External)

Robyn Eeson, Partner with KPMG, presented the audit plan proposed to review ACP’s 2022 financial records for the 2022 fiscal year. Ms. Eeson addressed Council’s concerns about best practices to manage the uncertainty of increasing legal costs. Council approved the 2022 audit plan as presented.

MOTION: to approve the 2022 audit plan as presented by KPMG.
Moved by **Christine Maligec**/Seconded by **Deb Manz**/CARRIED

4.2 Interim Report from Committee Reviewing Governance Policies

Past-President Peter Macek provided an interim report on behalf of the Governance Review Committee outlining its workplan for the spring of 2023 and the framework established to guide the Committee’s review of Council’s governance policies. At its December 15, 2023 meeting the Committee:

- reviewed its Terms of Reference;
- reviewed the structure, principles, and key elements of the Carver Model of Governance;
- established a framework to guide its deliberations;
- established a work plan for the spring of 2023; and,
- reviewed Ends (E) and Council-Registrar (CR) policies.

The Committee will use the following framework to guide their review and deliberations about existing policies and any additional policies that may be important to support council business.

- Reviewing does not necessarily mean changing.
- Reflecting on what is the purpose of the policy, are the directions and expectation clear, and is the policy still relevant.
- Consider if there are gaps in the policy due to internal or external changes.
- Contemplate if there are any new risks that have arisen that the policy may not address.
- Reflect if the policy aligns with the principles of “diversity, equity, and inclusion”.

Recommendations for policy amendment or new policy implementation, will be provided in the Committee’s final report to be presented for Council’s consideration at the June 2023 council meeting.

4.3 Hearing Tribunal and Council Review Decisions

Council received copies of the Hearing Tribunal decisions.

4.3.1 M. Nadim Khan - Registration Number 8223 (3 documents)

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

4.3.2 Madiha Asim - Registration Number 14146

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

4.3.3 Emmanuel Dela Cruz - Registration Number 13317

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

4.3.4 Rosevimin Gamboa - Registration Number 6492

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

4.3.5 Nasima Khan - Registration Number 9028

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

MOTION: to accept the Hearing Tribunal decisions as information.

Moved by **Christine Maligec**/Seconded by **Jane Wachowich**/CARRIED

Note: Given the nature of these matters Council considered if Alberta Blue Cross should be addressing audit processing to prevent these situations from developing or escalating.

5. Evaluation of Meeting

5.1 Meeting Evaluation - For Discussion

Council reflected on their personal and collective performance during this meeting in an In-Camera session on January 26, 2023.

6. Adjournment

6.1 Forthcoming Events and Council Meeting Dates

- April 27 - Council Meeting, Matrix Hotel, Edmonton
- June 13-14 - Council Meeting, Hotel MacDonald, Edmonton
- June 14 - Celebration of Leadership/Installation of President, Hotel MacDonald (evening)
- June 14-16 - ACP Leadership Forum (EC Members only), Hotel MacDonald

6.2 Adjournment

MOTION: to adjourn the meeting of council circa 4:30 p.m. on Thursday, January 26, 2023.

Moved by **Peter Macek**