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MINUTES
VIDEOCONFERENCE MEETING OF COUNCIL
ALBERTA COLLEGE OF PHARMACY
January 28, 2021

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1. Introduction

1.1 Call to Order
President Lyons called the business meeting to order at 1:03 p.m.

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

- District 1 - Peter Macek (President-Elect)
- District 2 - Patrick Zachar
- District 3 - Fayaz Rajabali (Past-President)
- District 3 - Craig MacAlpine
- District 4 - Stan Dyjur
- District 5 - Judi Parrott
- District 5 - Shereen Elsayad
- District A - Don Ridley
- District B - Dana Lyons (President)
- Public Member - Irene Pfeiffer (Executive-Member-at-Large)
- Public Member - Christine Maligec
- Ex-Officio Member - Neal Davies, Dean-Faculty of Pharmacy and Pharmaceutical Sciences
- Ex-Officio Member - Terra Young, Representative-Accredited Pharmacy Technician Colleges

Absent
- Public Member - Carmen Wyton (attended morning board development session)
- Ex-Officio Member - Navjot Singh, APSA Student Representative-Faculty of Pharmacy and Pharmaceutical Sciences

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
- Melanie Dela Cruz - Pharmacy Student
- Igor Zoric - Pharmacy Student

1.3 Invocation
Councillor Don Ridley read the invocation.

1.4 Adoption of the Agenda

1.4.1 Additions to the Agenda
There were no additions to the council agenda.

MOTION: to adopt the agenda as circulated.
Moved by **Irene Pfeiffer**/Seconded by **Peter Macek**/CARRIED

1.5   Minutes from Previous Meetings

1.5.1   Minutes – December 10, 2020
Council reviewed the minutes of the December 10, 2020 meeting.

MOTION: to approve minutes of the December 10, 2020 council meeting.
Moved by **Judi Parrott**/Seconded by **Christine Maligec**/CARRIED

1.5.2   Ratification of e-Ballot – Nasopharyngeal Swabbing
MOTION: to ratify the December 23, 2020 e-Ballot of council approving the guidelines for pharmacists who perform nasopharyngeal swabbing.
Moved by **Don Ridley**/Seconded by **Christine Maligec**/CARRIED

1.5.3   Ratification of e-Ballot – Amendment to *Pharmacy and Drug Act*
MOTION: to ratify the December 23, 2020 e-Ballot of council approving the requested amendments to the *Pharmacy and Drug Act* to align with amendments made to s.132(2) of the *Health Professions Act*.
Moved by **Christine Maligec**/Seconded by **Craig MacAlpine**/CARRIED

1.6   Disposition of Directives
The Disposition of Directives was provided for information. President Lyons invited questions from Council.

MOTION: to accept the Disposition of Directives as information.
Moved by **Don Ridley**/Seconded by **Peter Macek**/CARRIED

1.7   In Camera

NIL

2.   Generative

2.1   Board Development - Facilitated by Brian Woodward
Council met the morning of January 28, 2021 to continue its discussions to develop a modernized and legal framework that can effectively regulate a diversity of practices and practice models. In the first workshop, Council brainstormed potential practice models that are emerging or could emerge in the future. In conjunction, Council described key features of each model. In the second workshop, Council explored patterns that were apparent across the various models. In this third workshop, Council explored which patterns can ACP directly impact, the desired outcomes of these patterns, and explored potential issues or possibilities arising from the patterns (Appendix).

3.   Strategic

NIL

4.   Fiduciary

4.1   Ratification of Renumbered Bylaws
Council approved amendments to ACP's bylaws at the December 2020 meeting. When integrating the approved amendments to the bylaws, a few numbering inconsistencies were identified. Council received a copy of the renumbered bylaws for approval.

MOTION: to ratify the renumbered bylaws as presented**.**
Moved by **Christine Maligec**/Seconded by **Stan Dyjur**/CARRIED

4.2 Date for New Terms of Reference for Nominating Committee to Come into Effect – Proposed Amendment

Council approved the Terms of Reference for the Nominating Committee at the December 2020 meeting. Further amendments were recommended to enhance the Terms of Reference by establishing "come into effect" dates.

By doing so, the current Nominating Committee appointed for the council term 2020-2021,will continue its responsibilities to nominate council members for positions as officers to council, nominate appointments to boards of external organizations, and review candidates that the Minister may consider for public appointment. This further means that a second Nominating Committee will be appointed to come into effect for a term of February 1, 2021 – June 30, 2021, with the responsibility to identify and present a slate of candidates to council for the 2021 election for a pharmacy technician in Districts A (Northern Alberta) and in District B (Southern Alberta).

MOTION: to amend the dates upon which the new terms of reference for the Nominating Committee are to come into effect as follows:
> The Terms of Reference for the Nominating Committee will come into effect on February 1, 2021, except for sections 1(b)(c) and 2 under the "Objectives; and sections 2 and 3 under "Function", and sections 2 and 3 under "Reporting"; all of which will come into effect July 1, 2021.

Moved by **Stan Dyjur**/Seconded by **Don Ridley**/CARRIED

4.3 Business of Council – Nomination Processes and Criteria

For the purpose of facilitating elections to council, ACP's bylaws require that the Council establish:

- The terms of reference for the Nominating Committee;
- An application process for regulated members who wish to be considered as potential candidates by the Nominating Committee; and,
- Criteria to guide the Nominating Committee in recommending regulated members to be candidates for election to the Council.

4.3.1 Nominating Committee – Processes and Criteria for Identifying Slate of Proposed Nominees to Council

Council reviewed proposed criteria and an application process for regulated members who wish to be considered for nomination to council. The criteria will guide the Nominating Committee in recommending regulated members to be candidates for election to council in any year where an election is to be held. These supplement requirements in the bylaws and the Terms of Reference of the Nominating Committee. The criteria and application process will be supported by an application form that:

- identifies the regulated member, and certifies that the applicant meets the eligibility criteria outlined in section 22 of the bylaws,
- has the support and signature of two regulated members eligible to vote in the election, that live in the council district where the election is to be held,
- identifies and provides the contact information of three references who are regulated members of the college; and gives consent for the Nominating Committee to contact the references. The contact information will also identify the relationship of the reference to the applicant,

- includes three questions that identifies:
  - the applicants understanding of the role of the college and more specifically, council,
  - shares why they wish to be a council members and what they wish to achieve, if elected,
  - describes why they would be a good candidate for election to council, and what experience, skills and leadership attributes will they bring to council.
- includes a declaration by the applicant that if they are nominated for election, they will conduct themselves in a professional and ethical manner during the election process, in keeping with the governance policies and any guidelines established by the college or council.

Council approved the process and criteria as proposed. They requested that a "Conflict of Interest" statement be included in the Terms of Reference for the Nominating Committee to ensure integrity and transparency.

MOTION: to approve the process and criteria for identifying a slate of proposed candidates for nomination to Council as presented.
Moved by **Christine Maligec**/Seconded by **Patrick Zachar**/CARRIED

4.3.2   Appointments to the Nominating Committee
Council considered recommendations from the Executive Committee for the appointment of members to the new Nominating Committee. The membership of the Committee must include:

- two public members of council,
- one former elected council member,
- if the Chair is a public member, one elected member of the council: and,
- other regulated members as the Council considers advisable, if any.

It was recommend that the following individuals be appointed to the Nominating Committee for the period of February 1, 2021 to June 30, 2021.

- Peter Macek (Chair) – elected member of council, President-Elect, pharmacist
- Irene Pfeiffer – Public Member, Executive-Member at Large
- Christine Maligec – Public Member
- Jennifer Teichroeb – former elected member of council, pharmacy technician

The newly appointed Nominating Committee will begin its responsibilities to call for applicants to be considered for nomination for election to council for the council positions that will be up for election in 2021. Elections will be held in District A (Northern Alberta) for a three-year term, and in District B (Southern Alberta) for a 2-year term.

MOTION: to appoint Peter Macek, Irene Pfeiffer, Christine Maligec and Jennifer Teichroeb to the Nominating Committee for the period of February 1, 2021 – June 30, 2021.
Moved by **Don Ridley**/Seconded by **Judi Parrott**/CARRIED

5.   Evaluation of Meeting

NIL

6. Adjournment

6.1 Forthcoming Events and Council Meeting Dates

- March 25-26, 2021 - Board Development and Videoconference Meeting of Council
- March 25, 2021- APEX Awards (evening)
- May 13, 2021 - Videoconference Meeting of Council
- June 24, 2021 - Videoconference Meeting of Council
- September 28-29, 2021 - Council Meeting, Edmonton (1.5 days)
- September 29, 2021 - Celebration of Leadership and Installation of President (evening)
- September 29-October 1, 2021 - Leadership Forum, Edmonton (EC Members only)

6.2 Adjournment
The business meeting of Council adjourned circa 1:43 p.m.
Moved by **Christine Maligec**/Seconded by **Judi Parrott**

Direct Impacts

- Develop and establish benchmarks for care
- Red-tape reduction – limited to standards of practice
- Responding to practice change through standards
- Pharmacy team monitoring of patients
- Specialization
- Public communications to help set expectations for relationship with pharmacy practice (evidence not promotion)
- Practice requirements for standards of care – response, accessibility
- Adaptability – outcome rather than process standards
- Standards and practices for virtual care within pharmacy
- Standards for access, use, security of personal health data by pharmacists
- Practice review for pharmacists to encourage practice and meet public expectations
- Set compounding standards
- How pharmacist access, collect, use and share information
- Where and how pharmacy professionals provide patient care; prepare store and distribute drugs; monitor patients
- Registration and competence of pharmacy professionals
- Establish and enforce requirements for operating a licensed pharmacy
- Role of pharmacy professionals
- Records that pharmacists keep
- Access to patient records
- Scope of practice\role
- Authorization (APA & injection)
- Patient assessment

- Review of pharmacies not just for minimum standards but value to the health system
- Standards of practice enable innovation (many ways to achieve the expected level of care
- Entry to practice competencies reflect contemporary roles of RPh and RPhT

Direct Impacts shared with Others

- Interdisciplinary care
- Cross-jurisdictional interdisciplinary care is supported by system (tech, info, processes, etc.)
- Education and training of pharmacy professionals
- Scope of practice
- Performance of pharmacy professionals
- Who can own and operate a pharmacy
- How pharmacies store and maintain records
- Impact public policy about drug use and pharmacy services-
- Government relations to public policy issues to influence policy

Outcomes

- Trust in health care; sustainability of the system
- Healthy Albertans through quality care
- Achieve treatment goals for patients
- Greater demands and self-management by the public
- Centralization and new distribution models in industry
- Connectivity in rural and remote areas and comfort with virtual technology - accessibility
- Appropriate drug therapy and public safety
- Cross-jurisdictional care with supportive infrastructure

Potential New Patterns ACP Could or Might and Potential Issues

Materials

- Quality of drugs that Albertans are receiving that are both manufactured and compounded – raw materials, availability, multiple sources, standards, - what are all the systems linked to the materials?
- Issue of drugs coming from international countries that are of high risk
- Drugs coming from Summit in Ontario for veterinarian medication use
- National and international in scope
- May include NAPRA addressing cross jurisdictional practice and standards
- Ensuring the integrity of the drug distribution system and the quality of products that patients receive – needs to be strong connection between components of care and product.

Location

- Pharmacy professional practice is enabled outside of traditional pharmacy settings
- Mobility – point of care is the individual not the pharmacy location
- New types of licensee categories need to be considered
- Includes the need to address specialization
- Need to focus on developing multi-disciplinary partnerships
- Pharmacist care and pharmacy services may increasingly go TO the patient, rather than the patient going to the pharmacy/pharmacist. It's about multiple locations. What do we need to do to create regulation/standards to enable it but provide accountability to ensure that it's performed well?

- Patients have indicated they want to access pharmacy services somewhere else, and pharmacists have indicated they want to work somewhere else.

Data and Information (Patients)

- We need to explore boundaries for privacy and confidentiality
- Data and information that populates one record for the patient comes from multiple sources. What we saw on the Jetsons has become reality (wearable devices are here now).
- We used to focus on dispense drug records to make decisions. Now we focus on assessment and considering various information. Five-to-10 years from now, the sources of that information may be quite different than they are today. How do we teach registrants to interpret and apply the information that's available to ensure appropriate drug therapy, healthy Albertans, and accessibility to services?
- Innovation in Pharmacy practice will happen so what are the specific parameters to track and to identify – what activities, materials and knowledge needs to be gathered?
- ACP: Assessment and gathering metrics and applying to situation; what do you do with the data; from public and from members (data rich – information poor: example complaints) and formulate a way to use data.

Data and Information (Pharmacy Professionals)

- Pharmacy professionals practice consistently meet patient expectations through consistent practice – issue of performance measures – more than just complaints
- More emphasis on competency evaluation (consistent performance against peers; include a cost of care aspect?)

- Benchmarking pharmacy practice outcomes, rather than specifying inputs in standards – leave more room for practice innovation while still ensuring good outcomes
- Don't evaluate pharmacies on doing care plans, but on what the outcomes of these are (Patient outcomes → Healthy Albertan; more enabling rather than restrictive standards)

<u>Pharmacy Professionals and Professional Practice</u>

- Pharmacy professionals may not know what they need to learn to be prepared for the future.
- As leaders, we need to learn about these trends in technology and mobility so that we can prepare to educate our future registrants, so they are prepared for our rapidly evolving world.
- Specialization and overlap with other professions (e.g. esthetics)
- Pharmacy professionals must work directly in areas where they receive training
- What is pharmacy practice will require further definition?
- How can we keep pharmacy professionals as generalists?
- Should we define core services that each pharmacy must offer – what would qualify as a pharmacy – bare bones and levels up from that?
- How to support and encourage innovation? Maximizing scope of practice – set outer limits – see opposite end of bare basics
- Includes greater impact on legislative change
- Influencing the training and education of people who go into practice to remain relevant when practices and models change (compulsory continuing education)

- Revamping education (initial and continuing) requirements, different ways than counting number of courses or hours
- Reach future practitioners at the start
- Better ways to allow pharmacists to learn from each other
- Entry to practice model – partnerships with stakeholders that are usually viewed as adversaries, maybe need to adapt the relationship. Turn your rival into a business partner! Alberta Blue Cross, try to see how it works, why decisions are made. This could help to advance into primary care role.
- Product <u>and</u> Patient focused; no one gets the drug without the pharmacist
- Interdisciplinary collaboration.
- Continually expanding scope of practice: Contribute to innovation: Mental Health, diabetes care, etc. (avoid roadblocks, embrace new areas to expand, technician injection, other health care professionals on the team (Example: nurse practitioners, dieticians) – interdisciplinary collaboration "One stop shopping")
- Education and research – past years have had an impact, should be supportive and look at what needs to be done: Pharmacists and Pharmacy Technicians need to be educated. (partnering, own programs, doing their own research. Short, medium, long term focus
- Public perspective – to get a pulse on the regulatory body is matching what is expected by public. How to deliver value-add services?
- How do we prepare pharmacy professionals to be relevant in a digital world? What would be required with education? Behaviours need to be developed and groomed through curricula (I am noting a heavy reliance on education because it

is one of the levers that ACP has but rather than over-use or extend it – are there other means to do the same thing – knowledgeable and prepared pharmacists)

- What does it mean to do a practice – what is a practice???? – (competence is one element of practice) practice development maybe is the issue for the framework. What does the college own (historically not our role)? Do we need to be more deliberate/focused on this? If so, how? We have different means of exercising our responsibility to establish educational requirements for pharmacy professionals. We work with NAPRA to establish competence requirements. We have opportunity to have discussion around these elements to bring focus to issues for educators so that they are addressed appropriately for the future. This requires partnerships but we have a role and responsibility.
- While there will be development of national standards, because of our practices in Alberta, national standards are unlikely to evolve to the level of practice that's occurring in Alberta. For discussions around competency and entrance to practice, there is a high probability that we will need to be consistent with other provinces.
- Do we need to focus on standards or competence/entry to practice first? (Standards need to move faster – within the next year to five years – then we'll need to adapt them again; competence/entry to practice – not a tactical exercise – five-to-10-year journey
- More guidance to define a pharmacist-patient relationship, the technician-patient relationship
- More guidance to define pharmacy technician role as a licensee (technicians need to "own dispensaries" over distribution of medications)

- Standards of practice are revised to be more enabling of improving care delivery/outcomes
- Need a change in language to change the culture .. If we focus on standards, we are saying the expectation is minimal care outcomes
- ACP needs to disrupt pharmacists' reliance on a prescription from a prescriber, rather than taking action based on their assessment of the patient
- Government and consumers do not currently recognize the value of pharmacists and pharmacy technicians. ACP needs to disrupt this pattern by:
  - o Increase guidance for expectations surrounding technician-patient relationship
  - o Increase guidance for expectations surrounding pharmacist-patient relationship
  - o Define pharmacy technicians' responsibility for preparation and distribution of medications (role as licensee; "own dispensaries")
- "Easy behaviours" are supported by articulating expectations as minimum standards. ACP needs to decrease this pattern by ensuring the pharmacy practice framework is patient-focused and the regulatory framework supports/enables this

The Public – Users of the Pharmacy Practice System

- Empowering Albertans to manage their own healthcare (need to decide how much to target to the public and at what level – is this our role?)
- Empowering regulated professionals to be doing the right things
- Encouraging more teamwork within pharmacy team and across disciplines

- Relationship between the pharmacy and the corporate ownership structure
- Focus on gathering specific public requirements, trends, needs, expectations
- Mental health – what is the goal to best understand, assess and work towards strategies to ameliorate it.
- Public Health: COVID has catalyzed a massive movement around public health. We will need to be more effective in supporting healthy living, population health, disease prevention. It will be impacted by many variables that the college doesn't control (economy, etc.).
- Disruption based on public emergencies (dispensing, virtual care, immigration) needed to be able to handle the disruption.

<u>Some Questions Arising about the Framework</u>

- How to think about these issues in enough detail and structure to inform a new framework?
- What makes a framework internally consistent?
- Operational direction – a framework must help guide and direct its operational implementation and use
- How can the framework build in its own evolution?
- How can the framework be informed by the effectiveness of the structures it engages, promotes, introduces, amends, etc.?
- To what extent does the framework rely on\ attend to metrics? How does ACP monitor the Pharmacy Practice system? – what activities should or must monitor – what about community metrics?