

MINUTES
Council Meeting
ALBERTA COLLEGE OF PHARMACISTS
December 5-6, 2016
Westin Hotel, Edmonton

1. Introduction

1.1 Call to Order

President Pereira called the meeting to order at 12:30 p.m. She welcomed Dr. Neal Davies, Dean of the Faculty of Pharmacy and Pharmaceutical Sciences, as an Ex-Officio Member of Council.

The business meeting of Council was held over two days. On Monday, December 5, the meeting was called to order at 12:30 p.m. and recessed at 5:05 p.m. On Tuesday, December 6, the business meeting of Council reconvened at 8:00 a.m. and adjourned at 5:10 p.m.

1.2 Roll Call

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

- District 1 - Brad Willsey
- District 2 - Clayton Braun (joined at 12:52 p.m. on December 5)
- District 3 - Rick Hackman (Past President)
- District 3 - Taciana Pereira (President)
- District 4 - Stan Dyjur
- District 5 - Kamal Dullat
- District 5 - Brad Couldwell (President Elect)
- District A - Kelly Boparai
- District B - Jennifer Teichroeb
- Al Evans - Public Member (Executive Member at Large)
- Bob Kruchten - Public Member
- Mary O'Neill - Public Member (joined at 12:56 p.m. on December 5)

Non-Voting

- Dr. Neal Davies - Dean, Faculty of Pharmacy & Pharmaceutical Sciences
- Doug Lam - APSA Student Representative

Also in attendance:

- Greg Eberhart – Registrar
- Dale Cooney – Deputy Registrar
- Lynn Paulitsch - Operations and Finance Director
- Leslie Ainslie - Executive Assistant
- Shirley Nowicki - Communications Director
- Kristel Mason – Communications Coordinator (Observer)
- Ashley Edwards-Scott – Communications Coordinator (Observer)

1.3 Invocation

Brad Willsey read the invocation.

1.4 Adoption of the Agenda

1.4.1 Consent Agenda

MOTION: to lift from the Consent Agenda “Integrated Health Record” and discuss as agenda item 1.4.2.4.

Moved by **Stan Dyjur**/Seconded by **Kamal Dullat**/CARRIED

1.4.2 Additions to the Agenda

1.4.2.1 Tri-Provincial Executive Meeting

In November, President Pereira, President-elect Couldwell, and Registrar Eberhart met with executive members from the colleges of British Columbia and Saskatchewan. The three most significant topics discussed were:

1. Opioid Crisis - While this an issue in all 3 jurisdictions, the magnitude of the crisis is greatest in BC, followed by Alberta, then Saskatchewan. There are some common approaches to responding to the issue; albeit the status and timing of initiatives differs substantively between provinces. It was observed that many pharmacists claim to feel unprepared to intervene when they identify indicators of misuse, abuse, and addiction. Many feel compelled to fill a prescription that has been written by a physician. This concern tends to be heightened when pharmacists have brought concerns to prescriber’s attention; however, their efforts have been denied.
2. Use of Internet to Facilitate Sale of Schedule 3 Drugs – It was observed that some corporations were using the internet to facilitate the sale of schedule 3 drugs. There was no conclusion about the appropriateness, other than to identify the need for common interprovincial policies. More importantly it was observed that the worldwide web was borderless, and therefore invited the “lowest common denominator” for regulation. For example; if the College of Pharmacist of British Columbia permits the sale of Schedule 3 drugs over the internet by pharmacies located in BC, by default this had implications in Alberta and Saskatchewan.
3. Role of Pharmacy Licensees – all provinces recognized the important role of pharmacy licensees. Both Alberta and Saskatchewan have begun initiatives to better standardize the role of licensees, and to develop programs to support them in fulfilling their roles more effectively.

1.4.2.2 Amendments to Compounding and Repackaging Agreement

At its September meeting, Council approved ACP’s Compounding and Repackaging Agreement. The agreement required further amendments replacing reference to the narcotic control regulation with reference to the *Controlled Drugs and Substances Act*. Except in emergencies, a compounding and repackaging pharmacy must not compound or repackage any drug, or combination of drugs, listed in the schedules or regulations to the *Controlled Drugs and Substances Act*. Council extended the deadline for when compounding and repackaging pharmacies must establish new agreements with licensed pharmacies, to whom they provide services from December 2016 to February 1, 2017. Council approved the following amendments to ACP’s Compounding and Repackaging Agreement:

1. In article 1.1, add the following definition after the definition for “compounding and repackaging pharmacy license” and before the definition for “dispense”:
 - “controlled substance” has the same meaning as a controlled substance in the *Controlled Drugs and Substances Act*, S.C. 1996, c. 19 and includes any substance that is prohibited, regulated, controlled, or targeted under a regulation made or continued under that Act.
2. Amend article 2.5 so that it reads:
 - Nothing in this Agreement allows the Compounding and Repackaging Pharmacy to sell or provide a controlled substance except on a written order specifying that an amount of the controlled substance is required for emergency purposes.
3. Amend article 6.1 so that it reads:
 - Each party warrants that it, its licensee, its proprietor, its employees and agents will comply with all legislative requirements applicable to the provision of the Services under this Agreement or legislative restrictions on the provision of the Services under this Agreement or in any way relating to this Agreement, including but not limited to legislative requirements or legislative restrictions imposed under the following:
 - (a) the *Controlled Drugs and Substances Act*, S.C. 1996, c. 19 and all regulations made or continued under it;
 - (b) the *Food and Drugs Act*, R.S.C. 1985, c. F-27 and all regulations made or continued under it;
 - (c) the *Health Professions Act* and all regulations made or continued under it;
 - (d) the *Standards of Practice for Pharmacists and Pharmacy Technicians* adopted by the Alberta College of Pharmacists;
 - (e) the *Code of Ethics* adopted by the Alberta College of Pharmacists;
 - (f) the *Government Organization Act*, R.S.A. 2000, c. G-10, Schedule 7.1 and all regulations made or continued under it;
 - (g) the *Pharmacy and Drug Act* and all regulations made or continued under it;
 - (h) the *Standards for the Operation of Licensed Pharmacies* adopted by the Alberta College of Pharmacists;
 - (i) the *Health Information Act* and all regulations made or continued under it.

MOTION: to approve amendments to ACP’s Compounding and Repackaging Agreement as presented and amend the implementation date to February 1, 2017.
Moved by **Kamal Dullat**/Seconded by **Jennifer Teichroeb**

1.4.2.3 Amendments to Pharmacy 2025-A Vision for the Future of a Healthy Alberta

Over the past year, ACP and RxA have worked to develop a vision for pharmacy practice in Alberta over the next 10 years. Council approved the pharmacy roadmap at its September meeting. The DRAFT vision was further amended to incorporate suggestions received from a joint meeting with RxA, PTSA, and CSHP-AB Branch. Prior to finalizing the document, we will be incorporating suggestions received from external stakeholders. ACP, RxA, PTSA, and CSHP-AB branch look forward to socializing this vision with pharmacists, pharmacy technicians and other key audiences in 2017.

MOTION: to accept the proposed amendments for the Pharmacy 2025-A Vision for the Future of a Healthy Alberta.
Moved by **Brad Couldwell**/Seconded by **Jennifer Teichroeb**/CARRIED

1.4.2.4 Integrated Health Record

Alberta's "Health Information Executive Committee" established a working group to demonstrate that the potential benefits of an integrated health record are substantial; and that concerns of providers are manageable. The objectives of the working group are to outline how digital health information sharing is central to the provision of quality health care; demonstrate that health care provider/health information custodians have a professional obligation to contribute to a comprehensive electronic health record; and provide recommendations to assist in the transition from a model of segregated health information to an integrated health information paradigm, where health care systems embrace well-proven technologies that benefit patients; and health care professionals are integrated.

1.4.2.5 NAPRA Standards for Sterile Non-Hazardous Preparations

In June, Council approved the NAPRA Standards for Sterile Non-Hazardous Preparation. Council passed the following motion to accommodate the euthanasia protocol used for Medical Assistance in Dying

MOTION: that when syringes are filled to accommodate the euthanasia protocol using aseptic technique, that leniency be applied to the interpretation of standard 6.1.4 (BUD for immediate use preparations); and that syringes be filled no longer than 24 hours prior to the planned time for administration, and be performed as close to the planned time of delivery to the prescribing physician or nurse practitioner as possible.

Moved by **Brad Willsey**/Seconded by **Kelly Boparai**/CARRIED

MOTION: to approve the Consent Agenda report presented by Registrar Eberhart.
Moved by **Kelly Boparai**/Seconded by **Bob Kruchten**/CARRIED

MOTION: to adopt the agenda with additions.

Moved by **Rick Hackman**/Seconded by **Jennifer Teichroeb**/CARRIED

1.5 Minutes from Previous Meeting

1.5.1 Minutes – November 31-December 1, 2016 Council Meeting

MOTION: to adopt minutes of the November 30-December 1, 2016 council meeting as presented.

Moved by **Kelly Boparai**/Seconded by **Stan Dyjur**/CARRIED

1.6 Disposition of Directives

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

MOTION: to accept the Disposition of Directives as information.

Moved by **Brad Willsey**/Seconded by **Kamal Dullat**/CARRIED

2. Governance

2.1 ENDS Policies and Reports

2.1.1 E-2 Resource Allocation

This agenda item was addressed concurrently with Agenda Item 2.2.1.1 EL-3 Financial Planning.

2.2 Compliance Monitoring and Reports

2.2.1 Executive Limitations – Compliance Reports

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

2.2.1.1 EL-3 Financial Planning - 3-Year Business Plan and Budget 2017

Council approved the budget and business plan for 2017, and projections for 2018-19. Following are enhancements to the 2017 budget since Council's review in September:

Revenue

- Updated projections from the Conference Board of Canada for the City of Edmonton cost of living (COLA) included in 2018 and 2019 fee schedule.
- COLA increase not applied to 2017 fees for pharmacists and pharmacies
- COLA increase not applied for 2018 fees for pharmacy technicians.
- Pharmacy name change fee eliminated.
- Projections for number of provisional pharmacists, pharmacy technicians, pharmacies, and related fees; updated.
- Increased interest calculations on investment portfolio.
- Removal of the fee assessed for Complaint Review Applications, based on report of Alberta's Ombudsman.

Expenses

- COLA increase of 1.47% applied to most expenses unless trending indicates a different change.
- Reallocation of departmental salary amounts resulting due to new reporting structure. An investigator position of 1.0 FTE was added and a registration director position of 1.0 FTE added as of April 2017. Decrease in records management position for 2017 but added back in for 2018-19.
- An increase in rent and furniture amortization in July 2019.
- Increase in Information Management System investment.
- Increase for membership in the Alberta Federation of Regulated Health Professions.

Items not incorporated in the budget include:

- unanticipated legal costs,
- unanticipated IT costs for Information Management System,
- increased capacity for practice consultants,

- increasing need for coaching and mentoring to support behavioral change (preceptors, licensees, remedial).

Council also considered whether the budget adequately addressed its strategic direction and the following priorities approved for 2017:

- Implement a new information management system to administer/manage basic requirements for core programs: registration, competence, professional practice, complaints resolution;
- Pilot and be prepared to implement an audit process for the 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 a pharmacy licensee program (watch for more information to come);
- Implement phase one and phase two 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.

MOTION: to approve the 2017 budget, estimates for 2018 and 2019, and 3-year business plan as per governance policy EL- 3 Financial Planning.
Moved by **Brad Couldwell**/Seconded by **Al Evans**/CARRIED

MOTION: to approve the schedule of fees for 2017 as per governance policy E-2 Resource Allocation.
Moved by **Rick Hackman**/Seconded by **Brad Couldwell**/CARRIED

MOTION: to approve amendments to governance policy GP-7 Council and Committee Expenses including accommodation for the electronic submission of expense claims.
Moved by **Kamal Dullat**/Seconded by **Stan Dyjur**/CARRIED

2.2.1.2 EL-4 Financial Condition

Council received Internal Financial Statements and Variances for the month ending September 30, 2016.

MOTION: that the Registrar's compliance report on EL-4 Financial Condition of the College be approved.
Moved by **Al Evans**/Seconded by **Kelly Boparai**/CARRIED

2.2.1.3 EL-4 Financial Condition (External)

Council received a proposed audit plan from KPMG, ACP's auditors. The report summarizes the planned scope and timing of the annual audit.

MOTION: to accept the audit plan proposed by KPMG.
Moved by **Rick Hackman**/Seconded by **Bob Kruchten**/CARRIED

2.2.1.4 EL-6 Investments

Tom Richards with TD Waterhouse; and ACP's appointed investment counsel, presented his annual report to Council reflecting the performance of ACP's investment portfolios and compliance with its investment policy. Council considered proposed amendments to Executive Limitations Policy EL-6 Investments to open opportunities to generate the highest rate of return while ensuring the safety and availability of capital. The amendments eliminate the 10% per issuer restrictions for GIC purchases, and updates terminology throughout the policy changing "Schedule A Canadian Banks" to "Schedule 1 Canadian Banks".

MOTION: to approve the External Report from ACP's investment counsel for compliance with governance policy EL-6 Investments.

Moved by **Brad Couldwell**/Seconded by **Brad Willsey**/CARRIED

MOTION: to approve amendments to EL-6 Investments.

Moved by **Brad Willsey**/Seconded by **Al Evans**/CARRIED

2.2.2 Governance Policies (GP) – Compliance Reports

Governance Policies define how Council conducts itself. Council reviewed the following governance policies, reflecting on its compliance with each policy

2.2.2.1 GP-7 Council and Committee Expenses

MOTION: that Council is in compliance with GP-7 Council and Committee Expenses.

Moved by **Rick Hackman**/Seconded by **Brad Willsey**/CARRIED

2.2.2.2 GP-13 Handling of Alleged Policy Violations

MOTION: that Council is in compliance with GP-13 Handling of Alleged Policy Violations.

Moved by **Brad Willsey**/Seconded by **Kamal Dullat**/CARRIED

2.2.2.3 GP-14 Criteria for Awards

MOTION: that Council is in compliance with GP-14 Criteria for Awards.

Moved by **Rick Hackman**/Seconded by **Brad Willsey**/CARRIED

2.2.3 Council-Registrar Relationship Policies (CR) Compliance Reports

Council-Registrar Policies (CR) define the working relationship between the Council and the Registrar. Council reviewed CR-1 Global Council-Registrar Relationship, and reflected on its compliance with the policy.

2.2.3.1 CR-1 Global Council-Registrar Relationship

MOTION: that Council is in compliance with CR-1 Global Council-Registrar Relationship.

Moved by **Brad Willsey**/Seconded by **Mary O'Neill**/CARRIED

2.3. Policy Review and Amendment

2.3.1 GP Policies – Policy Review and Amendment

2.3.1.1 GP-7 Council and Committee Expenses

Agenda Item 2.31.1 was addressed concurrently with Agenda Item 2.2.1.1.

2.3.1.2 GP-8 Code of Conduct

At its September meeting, Council asked Registrar Eberhart to draft amendments to GP-8 Code of Conduct to reflect the recent amendments to ACP Bylaws Sec. 23(3)(d) to give guidance if a Council Member no longer meets the eligibility requirements.

MOTION: to approve GP-8 Code of Conduct as amended.

Moved by **Mary O'Neill**/Seconded by **Jennifer Teichroeb**/CARRIED

2.4 Appointment to PEBC Board of Directors

PEBC is seeking the re-appointment of Kaye Moran to serve for a three-year term commencing the end of March 2017. This would be the second term for Kaye Moran.

MOTION: to re-appoint Kaye Moran as ACP's representative to the Pharmacy Examining Board of Canada for a three-year term with an expiry of spring 2020.

Moved by **Brad Willsey**/Seconded by **Kelly Boparai**/CARRIED

2.5 Governance Indicators (Performance Matrix)

At its September meeting, Council approved the Governance Performance Matrix and recommendations that the weighting for the indexes for *Effective Organization* and *Public and Stakeholder Confidence* be reversed (Effective Organization 25% / Public and Stakeholder Confidence 35%) to better balance their impact, however requested that a complementary report be presented in December, changing the weighting of the Critical Success Factors to 20%, 40%, and 40%; the lower weighting being for "effective Organization". Registrar Eberhart presented the first report from ACP's governance matrix, reporting on those data sets for which data is currently available from Alberta Health and Alberta Blue Cross. The information will not be used as a report card, but rather as an internal inventory tool for Council's information. Council requested amendment to the data sets for *Indicator 7: Chronic Care Assessments*: to indicate CACP plus three follow-ups, and to change the weighting of the Critical Success Factors to 40% for Public and Stakeholder Confidence, 40% for Quality Care, and 20% for Effective Organization.

MOTION: to amend Indicator 7 Immunizations to CACP plus three follow-ups.

Moved by **Clayton Braun**/Seconded by **Stan Dyjur**/CARRIED

MOTION: to change the Critical Success Factor weighting to 40% for Public and Stakeholder Confidence, 40 % for Quality Care, and 20% for Effective Organization.

Moved by **Mary O'Neill**/Seconded by **Stan Dyjur**/CARRIED

Opposed: Brad Couldwell

2.6 Ownership Linkage -Engagement with Albertans since Last Meeting

The following issues were introduced and discussed during this forum:

- Councillor Dullat and Council Evans attended Alberta Health Services' "Health Quality Summit" on behalf of ACP. They reported it was an informative summit, however pharmacists were not part of the discussion. The summit focused on quality care; and preventing harm. Councillor Dullat participated in the simulation labs and found them to be informative.

Public Member Evans was inspired by the motivational speaker who focused on “yes we can” not “no we can’t” when acting as health care advocates.

- An experience was shared that a pharmacist warned a patient not to take a sinus medication prescribed by their physician. The pharmacist contacted the specialist to resolve the concern and the specialist agreed; adjusting the medication.
- A patient needed a prescription for a cold sore, receiving it from a pharmacist. The patient was asked what the experience was like for them. The patient shared that until a pharmacist changed a dosage for his daughter’s prescription, he was not aware that pharmacists could provide this level of care.
- A Council Member shared that in their pharmacy they provide Point of Care INR testing. They test, dose and manage the well-being of their patients. A colleague called for help with a patient whose specialist was away for three months. He has heard comments that doctors/specialists have indicated that pharmacists are managing this patient care better than other options.
- Council asked ACP to address ways to recognize/welcome pharmacy technician graduates.
- Council discussed the scope of practice of dietitians. A diabetic patient had their medication adjusted by their dietitian. Registrar Eberhart advised that dietitians had limited prescribing authority, but scopes of practice for health care professionals is changing rapidly with many seeking limited scopes for prescribing drugs.

2.7 Generative Discussion – (please refer to background document appended to agenda)

The objectives of this discussion were to:

- Heighten Council’s awareness about the complexities of approving pharmacy licences, and the changing environmental forces that must be considered;
- Achieve short term guidance to assist our interpretation and application of existing legislation; and,
- Identify areas/questions requiring further discussion to clarify gaps/opportunities that may benefit from legislative, and that will support our desired pharmacy licensing structure for the future.

Council divided into small working group, and reported back after deliberating the following questions:

- 1. Describe your vision of pharmacy services in the future, including what this means in the context of the drug distribution system as part of a changing health system. Please consider the importance of the integrity of drugs received by individuals, and services required to ensure that individuals’ health goals are met.**

Council Observations and Comments

- Mobile pharmacy and medical teams could exist; taking care to individuals, rather than individuals coming to them:
- More telehealth
- There will be more off-site assessment and/or distribution:
 - CSF’s are access to full information,

- No fixed structure.
- There will be access to practice support (i.e. other health professionals) across provincial borders.
- Services will be more driven by patients; more on a demand basis, based on needs.
- Pharmacy services will have an increased presence in the home.
- Community Health Hubs – team based care
 - One stop shop.
- Individuals will look for a one-stop shop (convenience)
- There will be billing numbers for individual practitioners.
- Pharmacy structures/environments will evolve to accommodate new services.
- Private examination rooms to accommodate POCT etc.
- Enhance e-communication between providers (i.e. e-rxing)
 - Phones and faxes will be replaced by secure e-mail, portals, apps.
- Professional judgement autonomy is a CSF for pharmacists to practice to full scope of practice.
- Shift from product based practices to patient based practices.
- Virtual relationships between providers and patients
 - New thinking about how patient relationships are established and how standards are complied with.
- Increase patient ownership and demands; will rely heavily on apps and new personal and non-personal information available to them.
- CSF's for future:
 - Access to health human resources, especially rurally,
 - Collaboration amongst professions (not lip service – true collaboration)
 - Rx's and PT's practice to full scope,
 - Patient truly at the center without turf wars,
 - Technical solutions to facilitate communication between health hubs, professionals and patients:
 - Super Netcare.

2. What are the critical success factors required to ensure this vision is possible? Assuming a network of licensed pharmacies is one of those critical success factors, what are the core/critical requirements that any pharmacy should have to be approved for a license?

Council Observations and Comments

- Flexibility/modular alternatives:
 - Pharmacy Technician recognition of terminology
 - Pharmacy=pharmacy services
 - Pharmacy services does not necessarily equate to a pharmacy
- Patient centered/benefit:
 - How does this improve patient care?
 - What are the desired outcomes?
 - What is the community need?
- Public safety,
- Access to services and products,
- Effective environment and education to support practice,

- Monitoring and assessment,
- Scalability to support and encode innovation,
- Nimble to adapt quickly to societies demands,
- Liberal insight:
 - Opportunities:
 - Patient centered, tailored to patients,
 - Expanded role for the regulator – empower rather than regulate
 - Risks:
 - “how could you have let that happen?”
 - Too much too fast,
 - Inconsistent care.
- Conservative insight:
 - Opportunities:
 - Clear landscape,
 - Clearly educate patients about pharmacy services:
 - Would accommodate possibility of consistent care,
 - We know what we know.
 - Risks:
 - Prevents growth/expansion,
 - Hinders innovation.
- Liberal Insight:
 - Opportunity:
 - Better care for patients,
 - More flexibility,
 - Less cost for licensee,
 - Market driven,
 - Adaptable/flexible,
 - Encourages innovation,
 - Allows profession to evolve,
 - May decrease overall healthcare cost,
 - Risk:
 - Adhering to standards:
 - Security,
 - Supervision.
 - More resource intensive for college to inspect,
 - Sets precedence...where is boundary?
 - Inconsistent license approval process.
 - Confusion for consumer...is this a pharmacy?
- Conservative Insight
 - Opportunity:
 - Consistency across province,
 - Easier to administer and assess adherence to standards.
 - Less cost for ACP, maybe more cost for licensee.
 - Risk
 - Limit creativity and innovation
 - Less options for patient care
 - More cost for licensee
 - Less responsive/flexible to changing environment
 - More cost to overall health system, not meeting AHS initiatives

At the December meeting, Council's discussion focused on emerging trends that impact traditional thinking about what a pharmacy is, and on evolving changes in the health sector, and the way these services and drugs are delivered. Market niches and integrated solutions such as Telehealth, or "virtual" pharmacies, are increasingly a way to the future. It is important for ACP to understand and anticipate these changes as it endeavors to define what a pharmacy of the future is, and to develop Critical Success Factors to support the focus on "services" not products. As patients access different services, how do pharmacists assess and monitor?

At a minimum/basic level, Council considered a pharmacy to be a standardized environment through which drugs and other health products are stored, compounded, dispensed, and sold.

It is reasonable to question if the profession needs the *Pharmacy and Drug Act*. Can pharmacists receive autonomy under the *Health Professions Act*, similar to physicians, through accreditation? Accreditation is flexible and speaks to the "health profession" or to "professional strength". Council's generative discussions are key to long term strategic planning, as traditional beliefs don't necessarily support practices or needs of today's patients. The overarching principles must be grounded in public safety, and align with the six principles of Health Quality Network's "Alberta Quality Matrix for Health":

1. ACCEPTABILITY - Health services are respectful and responsive to user needs, preferences, and expectations.
2. ACCESSIBILITY - Health services are obtained in the most suitable setting in a reasonable time and distance.
3. APPROPRIATENESS - Health services are relevant to user needs and are based on accepted or evidence based practice.
4. EFFECTIVENESS - Health services are based on scientific knowledge to achieve desired outcomes.
5. EFFICIENCY - Resources are optimally used in achieving desired outcomes.
6. SAFETY - Mitigate risks to avoid unintended or harmful results.

2.8 ACP Information Management System (Merlin)

Council received an update on the process re-engineering and project development of ACP's Information Management System; Merlin. Initially, ACP simultaneously performed a review of its registration, and its licensure policies and procedures. As new policies and procedures were developed, the specifications and scope of the Merlin project increased and new opportunities for improved services through these changed processes were identified; requiring an increase in the investment requirements and delivery timelines. This allocation is not included as a budget item, as these allocations are not expensed, but are amortized after being expended.

MOTION: to approve an additional \$100,000 for ACP's Information Management System.

Moved by **Al Evans**/Seconded by **Bob Kruchten**/CARRIED

3. Legislated Responsibilities

3.1 Hearing Tribunal Decisions

3.1.1 Kathryn Kieser – Registration Number 2914

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

3.1.2 Evan King – Registration Number 5235

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

3.1.3 Robert Stadnyk – Registration Number 4957

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

3.1.4 Curtis Crough – Registration Number 3412

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

Concern was expressed that the sanctions prescribed in these cases may not adequately reflect the gravity of the allegations. Council asked Registrar Eberhart to seek legal counsel opinion with respect to sanctions prescribed by Tribunals.

MOTION: to accept the Hearing Tribunal reports as information.

Moved by **Rick Hackman**/Seconded by **Kamal Dullat**/CARRIED

3.2 Model Standards for Pharmacy Compounding Hazardous Sterile Preparations

At its September meeting, Council received the NAPRA “DRAFT” Model Standards for Pharmacy Compounding Sterile Hazardous Products for their review and subsequent approval at the December meeting. In November, Alberta Health Services requested that Council consider amendments to five of the Standards. ACP researched and analyzed the impact of the amendments and recommended that Council adapt the Standards recommended by Alberta Health Services. Council approved the NAPRA’s Model Standards for Compounding Hazardous Sterile Preparations, with the following amendments:

- Page 37 – Table 5 – that an N95 or N100 NIOSH approved mask is not required when compounding hazardous products in a biological safety cabinet or compounding aseptic containment isolator.

Council felt that USP 800 was not specific enough respecting when such masks were required, and was satisfied that when compounding in a BSC or CACI, that adequate protection was provided to pharmacy personnel.

- Page 38 – Section 5.5.3 (Uniform) –pharmacy personnel compounding hazardous products in compliance with these standards, are not required to wear clean room scrubs.

• Council could not find evidence to support the need for wearing clean room scrubs.

In addition to approving the Standards, Council determined that the timeframe for implementation of the Model Standards for Compounding Hazardous Sterile Preparations should be the same as the Model Standards for Compounding Sterile Non-Hazardous Preparations.

MOTION: that the Model Standards for Compounding Sterile Hazardous Products be adapted for use in Alberta as follows:

- Page 36 – section on masks and Table 5 on page 37 be amended to refer to surgical mask as appropriate; however, that the requirement to use a N-95 or N-100 (NIOSH approved) be deleted; and,
- Page 38 – Uniform – be amended by deleting “shall” and inserting “should”
 - This would make surgical scrubs a recommendation; but not a requirement.

Moved by **Brad Willsey**/Seconded by **Al Evans**/CARRIED

MOTION: to approve the NAPRA Model Standards for Compounding Hazardous Sterile Preparations as presented with amendments.

Moved by **Stan Dyjur**/Seconded by **Jennifer Teichroeb**/CARRIED

MOTION: to rescind previous timelines for the effective dates for Model Standards for Compounding Sterile Non-Hazardous Preparations; and to establish new timelines for complying with the standards for Compounding both Sterile Hazardous and Non-hazardous Preparations to:

- Phase 1 – July 1, 2018,
- Phase 2 – January 1, 2019,
- Phase 3 – To be determined.

Moved by **Rick Hackman**/Seconded by **Brad Willsey**/CARRIED

NOTE: Alberta Health Services also identified other sections of the NAPRA Model Standards that they recommended amendment for. Council did not adapt these; however, recommended that these be brought to NAPRA’s attention for further review.

3.3 DRAFT Model Standards for Pharmacy Compounding of Non-Sterile Preparations

In September, Council approved the DRAFT Standards for Pharmacy Compounding of Non-Sterile Preparations for the purposes of a 60-day consultation with registrants and stakeholders. Council received and reviewed comments received in the consultation process.

Following are significant observations/questions from arising from Council’s discussion:

- Clarity is required about what levels A, B, and C mean. There was not concern with the principle, but rather concern that the parameters defining each were not clear;
- For Alberta’s purposes, the standards need to address Pharmacy Technicians, not Pharmacy Assistants;

- Are there other considerations required respecting the compounding of veterinary products;
- The language needs to be reviewed, so that the standards can be easily read and implemented;
- There was lack of support for an “exclusive designated area for compounding. It was suggested that more flexibility to use space for multiple purposes was desirable.

Deputy Registrar Cooney will relay comments from ACP to NAPRA’s National Advisory Committee on Pharmacy Practice. The Committee will consider comments from across Canada, and provide recommendations to the NAPRA Board of Directors in 2017, who in turn will approve national model standards. Council will consider the “approved model”, and determine whether to adopt or adapt it.

3.4 Alberta Health Legislation

3.4.1 Naloxone

Alberta Health is proposing amendment to the Scheduled Drugs Regulation, to move Naloxone to nonprescription status. Council supports the proposal however wants to ensure any risks are mitigated through education, and that packaging has appropriate instructions. This will make Naloxone more readily accessible to first responders, community support groups, other health professionals, and families.

MOTION: to support Alberta Health’s request to move Naloxone to non-prescription status.

Moved by **Mary O’Neill**/Seconded by **Brad Couldwell**/CARRIED

3.4.2 Non-Prescription Codeine

Registrar Eberhart briefed Council about provincial and federal considerations to reschedule non-prescription codeine products. The decision to approve amendments to the Scheduled Drug Regulation to move non-prescription codeine products to prescription status is in cabinet’s hands.

Council prefers a provincial rather than federal solution, as this would still allow pharmacists with “additional prescribing privileges” to provide individuals low dose codeine containing products, if it was determined to be appropriate.

3.5 Medical Assistance In Dying – Report from the Multi-Disciplinary Ethics Review Committee

ACP’s working group on MAID requested that a multidisciplinary ethics review be conducted, to provide direction resulting from potential conflict within the MAID protocol for euthanasia and newly adopted standards and guidelines for prefilling syringes. Council received a copy of the Committee’s final report. Council approved the following guidance for pharmacists and pharmacy technicians who pre-fill syringes for the MAID euthanasia protocol:

- whenever possible, the pre-filling of syringes with the euthanasia protocol should occur in a sterile environment;
- if a sterile environment is not available, then aseptic technique may be used. If aseptic technique is used, then syringes should be pre-filled as close to the arranged pick-up time between the pharmacists and

prescribing physician or nurse practitioner.

- syringes must not be filled more than 24 hours in advance of the planned time of administration.
- Pharmacists and pharmacy technicians must ensure that filled syringes are securely stored in an appropriate environment to ensure stability.

MOTION: to approve the guidance and forward it to Alberta Health Services.

Moved by **Brad Willsey**/Seconded by **Rick Hackman**/CARRIED

3.6 Request from 3M for Pharmacists to Apply Fluoride Varnish

ACP received a proposal from 3M Canada requesting that pharmacists be allowed to administer fluoride varnish. Council considered if this service falls within a pharmacist's scope of practice, or whether this is a question of competencies and standards? If so, what competencies are required? What standards must be met? What environmental and structural considerations are there; if any? In the short term, Council asked Registrar Eberhart to invite 3M Canada to make a presentation to Council. In the long term, ACP should develop a protocol for considering whether an emerging role falls within the scope of practice of either pharmacists or pharmacy technicians. This should include guidance and/or processes to assist pharmacists and pharmacy technicians self-evaluate. If an emerging role or service is determined to be within scope, then guidance is required to guide pharmacists and pharmacy technicians about education and training that is required. Tangentially pharmacists and pharmacy technicians need to be conscious of their responsibility to collaborate; and refer individuals to other professionals, when a service is beyond the scope of their personal competence. They must be aware of their limitations.

3.7 DRAFT CPSA Standards for Consultation

3.7(a) CPSA DRAFT Standards – Safe Prescribing-Clinical

Safe drug therapy requires the contributions of many individuals, and therefore, the sharing and communication of information about prescribing and other drug therapy decisions, are important to success. ACP has advocated the importance of including “indications for use” on all prescriptions for a long time, and require this of pharmacists. Other professions granted prescribing privileges have incorporated this in their standards.

3.7(b) CPSA DRAFT Standards - Supervision of Restricted Activities

Although a well thought out and comprehensive standard, ACP recommends that this standard be further clarified, to differentiate when regulated health professionals are performing services within their scope of practice, and when they may be performing an activity outside of their scope of practice. Where regulated individuals are performing services within their scope of practice, their accountability should be to the individuals they are caring for, the team they are working with, and ultimately the standards and ethics of the college with whom they are registered. In the proposed context, we are unclear about the role and purpose of physicians as “supervisors”.

4. Miscellaneous Business for Council's Consideration

4.1 Report from NAPRA

Anjali Acharya, NAPRA President and ACP's representative on the NAPRA Board of Directors, addressed Council regarding an external report recommending changes to the governance structure of NAPRA. The recommendations resulted from an external governance review conducted by NAPRA, including a review of structures used by other national coalitions of health regulators. The report identified differing views around NAPRA's purpose and value proposition, and how that translates into programs and services; it recognized that the NAPRA Board needs to have a more strategic focus, and pay greater attention to organizational health, including financial and human resources, and effective monitoring and mitigating of risks. In addition, Board members need to better understand their roles and responsibilities, including legal and fiduciary obligations.

There are concerns regarding the duplication of efforts between the Council of Pharmacy Registrars of Canada and the NAPRA Board, and concern around the flexibility of NAPRA, and the impact that board composition, board meeting frequency, decision-making processes and committee structures have its flexibility. The report provided two options for the governance structure along with the pros and cons to both. The options are to keep the status quo composition of the Board, or to have the Registrars as the voting members of the Board.

The Committee on Governance puts forth the following recommendations to the NAPRA Board of Directors:

1. Board Composition:
 - That the NAPRA Board consist of the 14 individuals comprised of registrars from each of the provincial pharmacy regulatory authorities and representatives of the governmental agencies of the territories and the Canadian Forces Pharmacy Services, plus up to three directors at-large.
 - That the three directors at-large may include a registered pharmacist, a registered pharmacy technician and a public member.
 - The Committee recommends that the 'public' director bring an independent view, and therefore:
 - not be a current or former pharmacist or pharmacy technician.
 - The Committee also recommends that the other two director at-large positions (for registered pharmacist and registered pharmacy technician) be drawn from outside the Boards of the PRAs to avoid conflicts of interest.
2. Terms:
 - That the registrars have one year, renewable terms without term limits.
 - That the directors at large have a maximum of two consecutive three-year terms, and that terms be staggered.
3. Decision-making:
 - That the Board continue to operate with its existing consensus decision-making model, with stand aside option.
4. Meetings:
 - That the Board meet six times per year:
 - That four of the six meetings be in-person, for two days each.

- That the remaining two meetings be teleconference meetings, for two hours each.
- 5. Board Committees:
 - That there be no Executive Committee.
 - That the Board hold further discussions on the role and function of other standing and ad hoc committees, once the key decisions around Board structure and function have been made.
- 6. Board Advisory Committees:
 - That the CPRC be disbanded.
- 7. Board Leadership:
 - That the Chair of the Board continue to be elected by the Board.

Financial and Other Implications

In terms of financial implications, additional analysis and discussion is required regarding:

- How to fund the participation of directors at-large on the Board,
- Ensuring that four in-person meetings per year are feasible from budget and staff support perspectives.

Some of the key risks of the proposed model, with mitigation strategies, are outlined below:

- Risk #1: Registrars as the Board may be too insular.
Mitigation: Add directors at-large to bring other perspectives and skill sets.
- Risk #2: Terms and term limits not possible with registrars as the Board, leading to lack of renewal.
Mitigation: Directors at-large, with terms and term limits, will allow for limited renewal.
- Risk #3: Registrars as the Board may be too focused on issues formerly addressed by CPRC.
Mitigation: (1) Directors at-large may help ensure greater focus on governing role; (2) Meeting structures, including a ‘committee of the whole’ approach to former CPRC-work, will provide necessary structure to ensure both the ‘detailed doing’ work and the ‘governing’ work are completed; (3) An effective orientation process for new directors will ensure directors understand their roles and responsibilities.
- Risk #4: Conflicts in fiduciary obligations and potentially employment obligations for registrars.
Mitigation: (1) consensus-based decision making approach; (2) NAPRA members’ (i.e. PRA Boards) input. and buy-in regarding NAPRA priorities.

NAPRA will be deliberating changes to its governance structure in April 2017.

MOTION: to accept recommendations to change the governance structure of NAPRA.

Moved by **Rick Hackman**/Seconded by **Kelly Boparai**/CARRIED

MOTION: to accept the NAPRA Annual Report for 2015-16 as information.

Moved by **Jennifer Teichroeb**/Seconded by **Brad Couldwell**/CARRIED

4.2 Report from the Alberta Pharmacy Students' Association (APSA)

Douglas Lam, APSA's representative to Council reported the following:

Advocacy Initiatives

1. Pharmacy Flu Shot Advocacy Video:
 - The joint project by APSA and RxA was formally published in October 2016. Daniel Leung was the director and Jordon Hon was the videographer.
 - APSA was approached by organizations including Communicable Disease Control, AHS; U of A Student Health Services to share the video.
2. Pharmacy Career Fair
 - The annual Pharmacy Career Fair took place Wednesday Nov. 23rd in the Edmonton Clinic Health Academy. The event was coordinated with the U of A Career Centre.
3. Independent Night
 - Will be held in Jan 2017 and give students the opportunity to talk with independent pharmacists.
4. Career Night
 - Will be held in Mar 2017 and give students the opportunity to interact with pharmacists from a variety of fields including research, community, hospital, industry, and government.
5. PharmD Program Letter to Government
 - In July 2016, APSA sent a letter to Marlin Schmidt, Minister of Advanced Education, urging the government to accelerate the approval process of the now-approved PharmD program at the U of A.

APSA Presence in the Community

1. Pharmacy Trade Show
 - The trade show is to educate pharmacy students about new pharmaceutical OTC drugs, prescription medicines, vaccines, medical devices, point of care systems, and compounding resources. All of these product's use, availability, cost, and other aspects are not currently discussed as part of the pharmacy school curriculum but may be integrated over time.
2. COFA (Council of Faculty Associations)
 - APSA VP Academic has joined the SU COFA in their interdisciplinary campaign this year to promote and advocate for the availability of interdisciplinary courses across different fields of study.
3. Mr. Pharmacy
 - Mr. Pharmacy took place on Saturday Dec. 3rd at the Myer Horowitz theatre. APSA goal was to raise over \$30 000 this year for the Movember cause. As of the date this report was submitted, APSA has raised \$27,700.
4. Run for the Cure
 - This year, UofA Pharmacy raised \$21 756 for breast cancer research. APSA had over 30 people participate in the run for 2016!
5. U of A Alumni Weekend.
 - Several students volunteered their time over the weekend to act as tour guides for the various alumni visiting the new facilities.

Student Services

1. APSA Lounge Revamp Completion
 - The lounge is a space for pharmacy students to enjoy. With the help of donors like Kit Poon, APSA was able to furnish the lounge with new furniture like tables, lamps, and chairs.
2. Wellness Events
 - As a committee, APSA has organized wellness events such as Ice Cream Sundae Day (proceeds went to Movember), 'Eat Well, Do Swell' campaign (providing healthy snacks to students who are studying late on campus), having

HWM's Fruit Cart and David's Tea available in MSB (fresh fruit is available to students by a minimum donation of \$0.50 and proceeds go to the Campus Food Bank)

3. Intramurals and Sporting Events
 - This year, APSA's coed dodgeball team won first place in the recreational tier.
4. Class of 2018 Recipe Book Fundraiser
 - The class of 2018 has put together a cook book filled with recipes and are selling copies as a fundraiser for their grad
5. APSA Student Accommodation Network Forums
 - New resource for pharmacy students by pharmacy students.
 - Students create accounts and post useful information concerning their placements (accommodations, transportation, placement sites, and miscellaneous info) to help others research the most optimal sites for placements.

ACADEMIC EXCELLENCE

1. PharmD Program and Bridging
2. ACP Lunch and Learn on Medical Cannabis

MOTION: to accept the report from APSA as information.

Moved by **Bob Kruchten**/Seconded by **Stan Dyjur**/CARRIED

4.3 Report from the Faculty

Dr. Neal Davies shared information about the bridging program (PBS) for pharmacy students in the BSc. program wishing to pursue a Doctor of Pharmacy (PharmD). The bridging program will enable students currently enrolled in the 3rd year of the BScPharm program to graduate with an entry to practice PharmD degree. In its first offering, the PBS program will have a quota of up to 65 students that may enroll. This is of specific interest to the Faculty's experiential education stakeholders, as this has implications for the number of new 4th year, 8-week placements required in 2017-18. Current third year students, the Class of 2018, may apply to transfer into the PBS program. Students will be selected based on a cumulative GPA from year one to end of the fall term for year three. Applications will be due on February 1, 2017 with offers of conditional acceptance given during winter term 2017. Students will be transferred to the PBS program on May 1, 2017 following successful completion of year three. Students who choose not to apply or are not accepted into the PBS program will continue to complete their 4th year in the BSc. Pharmacy program. As a result, the PBS and BScPharm programs will run concurrently until the last BScPharm class graduates in 2021. Other Faculty initiatives include the convening of a Strategic Planning Committee, hiring a financial officer, putting together a team to prepare for CCAPP accreditation. The Faculty will look at engaging a Job and Organizational Design unit that will be responsible for the planning, development, implementation of a structural review. The review will include an interview of all faculty staff.

Registrar Eberhart thanked the Dean for his report and asked that he consider the working together strategically for the public good, and to consider opportunities to include in the curriculum; MAID, mental health, marijuana, and scope of practice.

MOTION: to accept the report as information.

Moved by **Brad Couldwell**/Seconded by **Jennifer Teichroeb**/CARRIED

4.4 Report from PEBC

A report from the Pharmacy Examining Board of Canada (PEBC) was submitted by Kaye Moran, ACP's appointee to the PEBC Board. The Pharmacy Examining Board of Canada held its 2016 Mid-Year Board Meeting on October 22 in Toronto. The following are excerpts from the report:

- **Computerized Testing**

PEBC recently conducted a feasibility study on the use of computerized testing in the delivery of PEBC multiple choice examinations. The PEBC Board of Directors has been supportive of moving forward with computerized testing in principle and requested further exploration of costs for administering written examinations via computers. In 2015, work was conducted to explore the optimal length of testing time and number of questions needed for the Pharmacist Qualifying Examination Part I (MCQ) in a computer-based examination. This work was used to assess costs for administration of the examination at computer testing centres. Earlier this year, PEBC issued an RFP to multiple computerized testing vendors to determine testing site capacity and costs to administer the Pharmacist Qualifying Examination-Part I (MCQ). This RFP allowed PEBC to assess how many candidates can be accommodated across Canada on a given day to establish the length of the testing window. President McDermaid appointed a RFP Sub-Committee consisting of Board and staff to conduct a preliminary evaluation of the RFP submissions to identify finalists based on capacity, cost, security, and reputation.

A face to face meeting of the two finalist vendors was held in June, with follow-up site visits made by PEBC staff to observe the testing centres of the two vendors. PEBC is in the process of conducting reference checks prior to the final selection of a vendor. At the Mid-Year Board meeting, Board Directors considered the benefits and costs of computerized testing and approved a plan to move forward with computer-based testing for the Pharmacist Qualifying Examination-Part I (MCQ) starting in the Fall of 2017. Implementation of computer-based testing will permit optimization of exam delivery with enhanced security because of the computer-based testing technology utilized in the exam delivery and enhanced candidate monitoring with video technology.

For the Pharmacist Qualifying Examination - Part I which is a two-day exam, there would be time savings for candidates in the reduction from a two-day administration to one. Also, computer-based testing would provide expanded access for candidates through a significant increase in the number of testing sites (up to six times) and a longer testing window allowing for improved scheduling options for candidates. This would minimize their need to travel or accrue potential accommodation costs when sitting for the exam. Furthermore, the expanded access also increases convenience for those who need to schedule around work or other personal obligations or prefer taking examinations at particular times. A detailed communication and implementation plan is being developed.

- **Needs Assessment Study for Specialty Certification**

PEBC continues to explore potential involvement in assessments related to specialty certification and is working with the Specialization in Pharmacy Task Group to refine the definitions of specialty practice and a model of specialty practice. PEBC is committed to working with the Specialization in Pharmacy Task Group to conduct a business case analysis for specialty certification in Canada.

- **Committee on Examinations**

The Committee discussed measures to enhance examination security at examination centres which included discussion of the results of a second pilot security screening study conducted in May 2016. The Committee also discussed the decreasing number of candidates in the Pharmacy Technician OSPE and future exam sites in view of the

impact of past and impending provincial deadlines requiring non-CCAPP graduates to pass the Pharmacy Technician Qualifying Examination and the less than anticipated

number of CCAPP graduates moving forward to become licensed. The Committee received a report of the standard setting workshops conducted in 2016 to establish new passing score standards for both the Pharmacist and Pharmacy Technician Qualifying Examinations based on the updated examination blueprints and the revised NAPRA Entry-to-Practice Competencies.

- **Update on Accommodating the Number of Candidates in the OSCE**

As a result of the inability of PEBC to handle unlimited candidate numbers at examination centres across Canada, the PEBC Board of Directors placed a yearly cap for the OSCE of 3000 candidates for 2016 and for subsequent years, with preference being given to first-time test takers. Although PEBC made plans to accommodate up to 3000 candidates in the OSCE in 2016, PEBC tested only 1572 candidates in May OSCE and received 974 applications for the November OSCE. It is unclear why the number of candidates taking the OSCE dropped in 2016. The recent change in candidate numbers has in part been the result of the increased numbers of International Pharmacy Graduates (IPGs) applying for document evaluation and moving forward through the examination process to the Pharmacist Qualifying Examination-Part II (OSCE) as well as an increase in Canadian graduates. PEBC is a member of the CPhA/AFPC Pharmacy Workforce Planning Committee and will provide ongoing information on national trends of Canadian and IPGs seeking to become licensed in Canada.

MOTION: to accept the report from PEBC as information.

Moved by **Al Evans**/Seconded by **Jennifer Teichroeb**/CARRIED

4.5 Deputy Minister Carl Amrhein

Deputy Minister Carl Amrhein met with Council for discussion on Monday, December 5. Dr. Amrhein's introductory remarks referenced a speech from Minister Sarah Hoffman, to the Accelerating Primary Care Conference in November, addressing the evolution of Alberta's health system. While many topics were covered, some of the sentinel topics were:

- Government welcomes new ideas and alternatives for improving access to health services, within the constraints of a restricted budget;
- The future of healthcare is in community practice and there is a role for pharmacists;
- Pharmacy needs to contextualize its role in health promotion, disease prevention, and the delivery of care, as it would be seen and consistently experienced by Albertans in an integrated, community based system;
- While envisioning an important role for pharmacists, it is government's observation that many pharmacists are not working to full scope, and are not adequately engaged to demonstrate the value that they have;
- He indicated a need to understand what pharmacists do that provide patient results so that this can be packaged and commoditized;
- He challenged Council as to what government, and Albertans can expect to be different upon moving to the Pharm D curriculum;
- Government requires evidence to support policy changes and resource allocation; otherwise we will continue doing what we are doing, and it is not sustainable;
- Government has prioritized the following four (4) IT initiatives:

- Development and implementation of a new CIS for Alberta Health Services that will replace over 1300 existing systems. This includes a contract with Orion to write software to extract data from physician EMR's to NETCARE;
- Expand the number of health professions using and contributing to NETCARE, including dentists, optometrists, and chiropractors;
- Deployment of the Personal Health Portal for Albertans; and,
- Developing aggregated data sets for secondary use (policy and research)
- PCN's and some other GP's simply envision pharmacies/pharmacists as places where their prescriptions are processed and filled.

After Dr. Amrhein's presentation, Council reflected on the following:

- More work needs to be done to educate Dr. Amrhein and the ministry about community based pharmacy practice:
 - Patient stories may provide him context to build from;
- The Minister needs to be educated about pharmacy practice;
- It is important to drive home that "community" extends beyond PCN's;
- What does the Deputy Minister mean by "demonstrate value?" What quantitative information is he seeking?
- It is important to accentuate patient access to health services through pharmacy.

5. Evaluation of Meeting

Council reflected on its and each Council Member's personal performance at the meeting, and considered the electronic meeting evaluation form used to submit their self-evaluation. Council will continue using the current meeting evaluation form, however would like to receive it in paper format at the meeting, with a link to the electronic form for use after the meeting.

5.1 Self-Evaluation of Council Performance at this Meeting

President Pereira 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 September 14 and 16, 2016 Council Meeting

A summary of the September 2016 council meeting evaluations was circulated with the agenda for information.

6. Adjournment

6.1 Forthcoming Events and Council Meeting Dates

6.1.1 Meeting Dates for Spring 2017:

- **March 2-3, 2017 - Council Meeting, Edmonton**
- **March 2, 2017 - APEX Awards, Edmonton**

- **April 27-28, 2017 - Council Meeting, Calgary**
- **April 28-29, 2017 – Leadership Symposium, Calgary**
- **June 21, 2017 - Council Meeting, Edmonton**
- **June 21, 2017 - Celebration of Leadership/Installation of President, Edmonton**
- **June 21-June 23, 2017 - Leadership Forum, Edmonton**

6.2 Adjournment

MOTION: that this meeting of Council be adjourned.

Moved by **Kelly Boparai**

Meeting was adjourned at 5:10 p.m.