

MINUTES
Council Meeting
ALBERTA COLLEGE OF PHARMACISTS
November 30 – December 1, 2015
Westin Hotel, Edmonton

1. Introduction

1.1 Call to Order

President Hackman called the meeting to order at 12:30 p.m.

The business meeting of Council was held over two days. On Monday, November 30, the meeting opened at 12:30 p.m. and recessed at 5:15 p.m. On Tuesday, December 1, Council facilitated an external panel of experts to discuss Agenda Item 3.4 Physician Assisted Dying, from 8:00 - 10:00 a.m. The business meeting of Council reconvened at 10:00 a.m. and adjourned at 4:20 p.m.

1.2 Roll Call

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

- District 1 - Brad Willsey (Past President)
- District 2 - Clayton Braun
- District 3 - Rick Hackman (President)
- District 3 - Taciana Pereira (President Elect)
- District 4 - Kelly Olstad (Absent November 30, Attending Dean's Review Committee meeting on behalf of Council)
- District 5 - Kamal Dullat
- District 5 - Brad Couldwell (Executive Member at Large)
- District A - Kelly Boparai
- District B - Jennifer Teichroeb
- Al Evans - Public Member
- Bob Kruchten - Public Member
- Mary O'Neill - Public Member

Non-Voting

- Jim Kehrer - Dean, Faculty of Pharmacy & Pharmaceutical Sciences
- Mehnaz Anwar – 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
- Ashley Scott Edwards - Communications Coordinator
- Lori Reiser, Advandis Research (via teleconference Nov. 30, 1:00-2:00 pm)
- Dr. Christine Hughes, Faculty of Pharmacy & Pharmaceutical Sciences, University of Alberta, (Nov. 30, 2:00-3:00 pm)
- Terry Schindel, Faculty of Pharmacy & Pharmaceutical Sciences, University of Alberta, (Nov. 30, 2:00-3:00 pm)

- Dr. Ross Tsuyuki, Epicore Centre, Faculty of Medicine, University of Alberta (Nov. 30, 3:00-4:00 pm)
- Dr. James Silvius, AHS (Panel Discussion, Dec. 1, 8:00-10:00 am)
- Dr. Trevor Theman, CPSA (Panel Discussion, Dec. 1, 8:00-10:00 am)
- Gordon Self, Covenant Health (Panel Discussion, Dec. 1, 8:00-10:00 am)
- Paula Hale, Shores Jardine LLP (Panel Discussion, Dec. 1, 8:00-10:30 am)
- Invited Observers (Panel Discussion, Dec. 1, 8:00-10:00 am)
- Tom Richards, TD Waterhouse (Dec. 1, 3:00-3:30 pm)
- Invited Observers
- Members of the Public

1.3 Invocation

Brad Willsey read the invocation.

1.4 Adoption of the Agenda

1.4.1 Consent Agenda

MOTION: to approve the Consent Agenda report presented by Registrar Eberhart.
Moved by **Mary O’Neill**/Seconded by **Jennifer Teichroeb**/CARRIED

1.4.2 Additions to the Agenda

MOTION: to adopt the agenda as circulated.
Moved by **Al Evans**/Seconded by **Jennifer Teichroeb**/CARRIED

1.5 Minutes from Previous Meetings

1.5.1 Minutes – September 23 and 25, 2015 Council Meeting

MOTION: to adopt minutes of the September 23 and 25, 2015 council meeting as circulated.
Moved by **Mary O’Neill**/Seconded by **Brad Couldwell**/CARRIED

1.6 Disposition of Directives

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

MOTION: to accept the Disposition of Directives as information.
Moved by **Brad Willsey**/Seconded by **Kelly Boparai**/CARRIED

1.7 In Camera

MOTION: that Council move into an “In Camera” meeting at 5:30 p.m.
Moved by **Bob Kruchten**/Seconded by **Mary O’Neill**/CARRIED

MOTION: that Council move out of the “In Camera” meeting at 5:35 p.m.
Moved by **Taciana Pereira**/Seconded by **Bob Kruchten**/CARRIED

MOTION: to ratify the e-Ballot of Council from November 6, 2015.
Moved by **Al Evans**/Seconded by **Mary O’Neill**/CARRIED

2. Governance

2.1 ENDS and Executive Limitation Amendments

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 have been provided for each of the following executive limitation policies.

2.2.1.1 EL-3 Financial Planning, 3-Year Business Plan and Budget 2016

Registrar Eberhart presented the final budget for 2016 including estimates for 2017 and 2018 and business plan for 2016-18. The following are amendments to the 2016 budget since Council's review in September:

Revenue

- Adjusted pharmacist, pharmacy technician and pharmacy projections based on updated trends.

Expenses

- Increased postage due to increase in registrant and pharmacy projections.
- Portfolio reviews increased due to increase in registrant projections.
- Increased professional fees.
- Increased advertising expenses.
- Increased FTE for part-time system administrator from 0.50 to 0.53.
- Increased professional development for programmers.
- Reduced amortization on information management system (IMS) as vendor support moved to IT applications.
- Increased IT applications to reflect IMS hosting fee update and to include vendor support.
- Increase in employee satisfaction survey cost based on preliminary quote.
- Increased IT strategic plan implementation to allocate more to project management services for the IMS and the governance reporting project.

Reserve

- Adjusted projection for 2015 year-end surplus, affecting the reserve requirement calculation.

The final schedule of fees for 2016 was presented for Council's approval. The budget proposed a 1.31% cost of living increase to fees for 2016-17. The increase was applied to a majority of the 2016 expenses as per statistics provided in November, from the Conference Board of Canada. Based upon data from the Conference Board of Canada, increases of 2.32% for 2017, and 2.11% for 2018, are projected.

Council considered the relevance of the plans to ACP's strategic direction and the relative balance of investment in core programs. Council also considered whether the budget adequately addressed its strategic direction and the following priorities for 2016:

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

MOTION: to approve the 2016 budget, estimates for 2017 and 2018, and 3-year business plan as per governance policy EL- 3 Financial Planning.
Moved by **Al Evans**/Seconded by **Kelly Boparai**/CARRIED

MOTION: to approve the schedule of fees for 2016 as per governance policy E-2 Resource Allocation.
Moved by **Kamal Dullat**/Seconded by **Mary O'Neill**/CARRIED

MOTION: to approve amendments to governance policy GP-7 Council and Committee Expenses.
Moved by **Mary O'Neill**/Seconded by **Kelly Boparai**/CARRIED

2.2.1.2 EL-4 Financial Condition (Internal)

Council received Internal Financial Statements and Variances for the month ending September 30, 2015.

MOTION: that the Registrar's compliance report on EL-4 Financial Condition of the College be approved.
Moved by **Kamal Dullat**/Seconded by **Jennifer Teichroeb**/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 from KPMG as information.
Moved by **Mary O'Neill**/Seconded by **Kamal Dullat**/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.

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

Moved by **Kamal Dullat**/Seconded by **Brad Couldwell**/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 **Bob Kruchten**/Seconded by **Al Evans**/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 **Mary O'Neill**/Seconded by **Brad Willsey**/CARRIED

2.2.2.3 GP-14 Criteria for Awards

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

Moved by **Mary O'Neill**/Seconded by **Kelly Boparai**/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 **Kamal Dullat**/Seconded by **Mary O'Neill**/CARRIED

2.3. Policy Review and Amendment

Council reviewed these policies and provided recommendations for amendment as appropriate

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.

2.3.2 CR Policies – Policy Review and Amendment

2.3.2.1 CR-1 Global Council-Registrar Relationship

MOTION: to approve governance policy CR-1 Global Council-Registrar Relationship as written.

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

2.3.2.2 CR-2 Direction from Council

MOTION: to approve governance policy CR-2 Direction from Council as written.

Moved by **Kamal Dullat**/Seconded by **Jennifer Teichroeb**/CARRIED

2.3.2.3 CR-3 Accountability of the Registrar

MOTION: to approve governance policy CR-3 Accountability of the Registrar as written.

Moved by **Kamal Dullat**/Seconded by **Mary O’Neill**/CARRIED

2.4 Ownership Linkage

2.4.1 Engagement with Albertans since Last Meeting

Council identified the importance of Council’s engagement with the public and registrants, and agreed to regularly engage with the public and registrants in a structured way. This forum provides Council the opportunity to share insights and feedback received. Council engaged in discussions about the need to provide structured training and education for pharmacy licensees. It was agreed that policies and procedures will be considered when ACP undertake its review of the Standards. An issue was raised about some pharmacist practicing to their full scope while others do not. ACP will continue to support pharmacists and pharmacy technicians through messaging in the LINK and ACP News.

2.5 Report from the Resolutions Committee – President-Elect Pereira

ACP received two resolutions from members. The Resolutions Committee met to consider the resolutions. The Committee declined one resolution, and accepted one in an amended format. Taciana Pereira, President-Elect and Chair of the Resolutions Committee, provided Council with a report on behalf of the Committee.

- Resolution Number One – “Establishing Minimum Requirements with ACP’s Standards of Practice”

The Resolutions Committee proposed an amended version of the resolution. A copy of the amended version is appended as Appendix 1. The reasons for the amendments are as follows:

1. The first clause lacks important context, as the Standard must be interpreted in context with the root of Standard 5, which indicates that “the appropriate response to a drug therapy problem may include any one or more of the following...”. Therefore Standard 5.3(b) is not a requirement by itself, but rather one of several alternatives that a pharmacist may take to resolve a drug related problem.

2. The Standards of Practice for Pharmacists and Pharmacy Technicians are not disease specific.
 3. The merits of the rationale supporting the resolution are likely transferable to practices important to managing patients suffering from other chronic conditions.
 4. There is value in engaging members in discussion about the value of written care plans; the merits of developing them with patients, and ensuring that patients receive and are educated about their care plan.
 5. Subject to member engagement, it may be appropriate for ACP to amend the Standards of Practice for Pharmacists and Pharmacy Technicians to more clearly require written care plans that are developed with, and presented to patients.
- Resolution Number Two – “Recognizing Specialized Credentials for Respiratory Educators”

The Resolutions Committee declined the resolution based upon the following reasons:

1. If specialties in pharmacy are to be recognized, they must be based on a national pharmacy framework. The framework must:
 - a. Establish a philosophy for specialties that provides value to patients, stakeholders, and Canada’s/Alberta’s health system;
 - b. Be competency based and provide rules and processes for:
 - i. Identifying specialties,
 - ii. Qualifying and maintaining specialty status,
 - iii. Using the term specialist or any similar term,
 - iv. Incorporating/implementing specialties within and across practices.
2. ACP supports and encourages pharmacists to engage in professional development to enhance their competencies to better serve their patients and communities. This includes comprehensive training in defined areas that may result in awarding of a “certificate”:
 - a. ACP observes that there are no consistent standards for the awarding of certificates; and those awarded may range from a certificate of completion, to a certificate of achievement, or to a certificate of excellence.
 - b. ACP does not regulate the display or use of the term “certified” or any word akin thereto, unless it is determined that the manner in which the term is used may be misleading and/or detrimental to the public and/or the professions’ best interest.
3. In July 2015, the Canadian Pharmacists Association published the results of a national needs assessment on specialties in pharmacy. The national summary indicates that:
 - a. There is a lack of consensus about the need for, and an approach to, authorizing and administering specialties in pharmacy.
 - b. There is not an agreed upon practice/implementation model for including specialties in pharmacy in Canadas/Alberta’s health system.
 - c. There is no apparent information that demonstrates a value proposition for a “specialty program in pharmacy” for patients or the health system.

4. The Resolutions Committee encourages the sponsors of the resolution to engage in the national discussion through the Canadian Pharmacists Association.

The committee considered the resolutions in context with the rules adopted by Council. The Committee did not find it possible to recommend either resolution in the form and context they were received; and endeavored to amend the first, so that it was in a context that could be considered by ACP. Concern was expressed that the amended version, said something quite different from that originally proposed. The discussion extended to the feasibility of the bylaws accommodating resolutions; and while Council wanted to engage with registrants, whether resolutions were the best manner to achieve this?

Council suggested that the concepts of the resolutions be shared with members for discussion at forthcoming regional meetings; however, that the resolutions in their original or amended forms not be presented. Committee Chair Pereira and Registrar Eberhart were encouraged to connect with the sponsors of the resolutions and discuss Council's direction.

MOTION: to accept the report of the Resolutions Committee.

Moved by **Bob Kruchten**/Seconded by **Brad Couldwell**/CARRIED

2.6 Pharmacist Registrant Survey 2015

ACP conducted its tri-annual survey of registrants. This year, the survey focused solely on clinical pharmacists as a comprehensive survey of pharmacy technicians was completed in 2014. This is the last tri-annual survey that will be completed in this format; as ACP will conduct a more comprehensive survey of registrants, stakeholders, and the public, once every 3-years commencing in 2018.

Lori Reiser of Advanis Research presented the findings to Council. All registered pharmacists were invited via email and through the LINK, to participate. The survey was open from October 6 to October 25, 2015. Of the 4,315 pharmacists invited to participate, 964 completed the survey, for a 22.3% participation rate. In addition, 4 focus groups (2 in Edmonton and 2 in Calgary) were conducted in November 2015. A total of 27 pharmacists participated in the focus groups, representing a mix of age, gender, work setting, and other backgrounds.

The quantitative survey and qualitative research conducted through focus groups, has provided a wealth of information about pharmacists' perspectives about their practices, opportunities, threats, and the College. The objectives of the survey and focus groups were to:

- Conduct a gap analysis to examine pharmacists' knowledge and expectations of ACP, to understand what is important to them versus their satisfaction levels with ACP.
- Examine perceptions of the strengths, weaknesses, opportunities and threats to pharmacists' personal practice and their vision of pharmacy practice in the next 3-5 years.
- Gain a clear understanding of pharmacists' readiness to take an active role in improving the quality of drug therapy and ensuring patients have meaningful experiences.

- Explore satisfaction levels with ACP communication tools around the elements of relevance, style, tone, language and engagement.
- Measure progress and assess trends in targeted areas through comparisons of clinical pharmacists' results from 2009 and 2012 surveys where possible.
- Identify areas to benchmark and issues to explore for the 2018 survey of stakeholders, all registrants, and the public.

Below is a summary of the 2015 survey results:

Opportunities and Threats to Pharmacy in Alberta

- Whether viewed as an opportunity or a threat, adjusting day to day roles to better work within their scope of practice, are top of mind to the majority of pharmacists.
 - There is excitement about the opportunities to participate as a part of a patient's clinical team, to be, as one pharmacist noted "a primary, not ancillary health care provider". Pharmacists appreciate that the government has changed the business model, allowing for compensation for medication reviews/care plans and for consultation.
 - Pharmacists recognize that additional prescribing authority will provide them with increased opportunities to provide patients with a higher level of care.
 - Pharmacists note that they will need to rely on their team, including pharmacy technicians, in order to successfully transition to a more clinical role.
- There are some pressures and concerns around potentially changing and expanding roles, and the impact that this has on day to day work.
 - Corporate community pharmacists note that they are under pressure to conduct a "quota" of medication reviews/care plans, adding time pressure to their work, and potentially eroding trust with primary physicians whose work is being reviewed. Some members expressed this as a conflict between quality and quantity.
 - The public and other healthcare practitioners may not be fully aware and or fully accepting of new roles and responsibilities of ACP registrants.
- There were also indications that some confusion remained about the role of ACP vs. RxA. There is opportunity for ACP to address the roles and responsibilities of organizations and individuals; for example, ACP vs. RxA, and owners vs. licensees vs. individual registrants.
- Pharmacists are also concerned about recent cutbacks in coverage of medications by Alberta Blue Cross and around the pricing of generic drugs.

Expectations of the College

- Pharmacists place a great deal of importance on the development and enforcement of high standards of practice.
 - They feel that ACP does an excellent job of determining entrance requirements, promotes high standards, and protects the general public.
- Pharmacists would like ACP to do more to ensure safe practice environments and coaching and mentoring registrants to achieve compliance with practice standards.
 - Education and skill development are important to pharmacists, showing the importance of ACP and RxA working together on continuing education.
- Pharmacists feel that ACP does a good job of communicating expectations, and in overall governance of the profession. There is less agreement that ACP understands the complex practice challenges faced by registrants. This may be a reflection of a perceived lack of empathy vs. a lack of knowledge or awareness?

Changing Role of Pharmacists

- Pharmacists anticipate that they will be doing “more” in the next few years, with more involvement, monitoring, decision making, and less counting, dispensing, and technical work.
- There is a high degree of agreement that pharmacist’s roles should include education and support, promotion of healthy choices, and coordination of drug therapies.
- Less than half of pharmacists agree that their role should include assessment and primary treatment. In addition, there is less agreement about pharmacists’ role in mental health, pain management, or palliative care.
 - Younger pharmacists are significantly more likely to embrace a more encompassing role for pharmacists, including all aspects of helping patients in public health, chronic disease, primary care, and pain management.

Communication

- Although the majority of pharmacists consider the ACP website their most important source of information, all three of the major communications vehicles are valued by pharmacists.
 - Pharmacists visit the ACP website on average, 7 times per month.
- Pharmacists have a strong desire for information. While satisfied with most information received, pharmacists desire better information on influenza outbreaks and ethical decision making.

Council will engage with registrants to discuss the highlights from the survey during regional meetings and webinars scheduled throughout Alberta in early 2016.

MOTION: to accept the results of the 2015 Pharmacists Registrant Survey for information.

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

3. Legislated Responsibilities

3.1 Hearing Tribunal Decisions

3.1.1 Joyce Chen Pon - Registration Number 3726

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

MOTION: to accept the Hearing Tribunal report as information.

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

3.2 Amendments to the Scheduled Drugs Regulation

Registrar Eberhart provided Council with a policy analysis of alternatives for the scheduling, and sale of non-prescription codeine products. Non-prescription codeine drugs have limited efficacy and are prone to misuse and abuse. Areas of discussion included comments about the public’s right to access Schedule 2 Drugs and that pharmacies have a history of treating these products “not as drugs” but rather as “retail commodities”. Timelines within the recommendation put forth by Registrar Eberhart were considered by Council. Registrar Eberhart asked Council to consider a motion to support the proposed amendments to the *Scheduled Drugs Regulation*.

MOTION: to pursue amendment to the *Scheduled Drugs Regulation* to reschedule codeine containing drugs listed in schedule 2, to schedule 1 (prescription only). Council recommended that the timeline for implementation be “no later than October 1, 2016”.

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

NOTE: Council noted that pharmacists would require tools to support communication with the public, should the amendment occur.

3.3 Scheduling of Naloxone

Registrar Eberhart briefed Council about the provincial initiatives to avail Naloxone (Narcan) kits through community pharmacies. Currently in Alberta, pharmacists can prescribe Naloxone; and pharmacies are ideally situated to make naloxone more readily available to Albertans. Pharmacists are being invited as part of a coordinated provincial strategy to make Naloxone more accessible. However, a secondary legal impediment exists; that being that existing legislation requires that a prescription only be written for the prescribed user of a drug. This is an impediment to accommodating access via prescriptions. Council expressed concern about proper training for pharmacists and patients, time-required to train patients and manage demand, and the availability of alternate dosage forms.

Registrar Eberhart sought Council direction and approval for the following recommendations and next steps:

1. That ACP support policies that can avail Naloxone Kits through every community pharmacy in Alberta.
2. That ACP support in principle, amendments to provincial legislation to permit the prescribing, dispensing, and sale of a drug to an individual who is not intended to be the user of the drug for the purpose of public health or harm reduction. A DRAFT approach may be something akin to the following:
“The Lieutenant Governor in Council may for the purposes of protecting public health or limiting harm to the public or a class of the public, make an order that allows a Schedule 1 drug to be sold or dispensed based on a direction by a person, who is authorized by an Act of the Legislature of Alberta or an Act of the Parliament of Canada to prescribe drugs, directing that a drug be dispensed or sold to a person to allow that person to administer that Schedule 1 drug another person or class of persons.”
3. That ACP work with Alberta Health Services, Alberta Health, and other stakeholders to achieve policy direction, orientation for pharmacists, communication to providers and the public, to avail Naloxone Kits across Alberta communities as soon as possible.

MOTION: to accept the recommendations as provided.

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

3.4 Physician Assisted Dying

The Supreme Court of Canada ruled in February 2015, that Canadians have a right to physician assisted death, and that physicians should be protected from criminal proceedings in respecting this right. The Courts directed federal and provincial jurisdictions to develop legislation to accommodate this right; within one year of the ruling (February 6, 2016).

Council was informed about the ruling, and discussions and initiatives being undertaken to prepare for the Supreme Court's decision coming into effect on February 6, 2016. Registrar Eberhart facilitated a panel discussion to provide an update on the national and provincial discussions about PAD.

Panelists included:

- Paula Hale – legal counsel Shores Jardine addressed the Carter decision, and its legal interpretation
- Dr. Trevor Theman – Registrar CPSA and member of the Provincial/Territorial Advisory Committee addressed medical considerations and key considerations of the provincial/territorial committee
- Dr. Jim Silvius - PAD lead with AHS addressed considerations and initiatives being undertaken by AHS; and,
- Mr. Gordon Self - VP Mission, Ethics, and Spirituality Covenant Health addressed moral and ethical considerations related to PAD, and how Covenant Health was addressing these.

The panel discussion was informative and invited many outstanding questions. Council recognized the need to further contemplate these questions and to provide guidance to pharmacists and pharmacy technicians.

Council directed that a working group be appointed, including Councilors President Rick Hackman, President-elect Taciana Pereira, and Kelly Boparai. Additional participation was suggested from legal counsel, a practicing community and hospital pharmacist, and a designate from RxA.

4. Miscellaneous Business for Council's Consideration

4.1 Report from the 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 2015 Mid-Year Board Meeting on October 24, 2015 in Toronto. The following are excerpts from the report:

- Update on Pharmacy Technician Certification Examinations
The following tables summarize the Pharmacy Technician Examinations that were administered from Fall 2009 to Spring 2015.

Summary of Number of Candidates Taking the Pharmacy Technician Qualifying Examination - Part I (MCQ) for 9 Administrations

Sitting	Winter 2015	Summer 2014	Winter 2014	Summer 2013	Winter 2013	Summer 2012	Winter 2012	Summer 2011	Winter 2011
Number of candidates	1045	1349	1305	1212	1111	1050	861	728	407

Summary of Number of Candidates Taking the Pharmacy Technician Qualifying Examination - Part II (OSPE) for 9 Administrations

Sitting	Winter 2015	Summer 2014	Winter 2014	Summer 2013	Winter 2013	Summer 2012	Winter 2012	Summer 2011	Winter 2011
Number of candidates	1199	1280	1239	1161	1095	962	775	693	357

Summary of Number of Candidates Taking the Pharmacy Technician Evaluating Examination for 9 Administrations

Sitting	Spring 2015	Fall 2014	Spring 2014	Fall 2013	Spring 2013	Fall 2012	Spring 2012	Fall 2011	Spring 2011
Number of candidates	293	367	325	451	504	417	445	1032	661

- Citizenship and Immigration Canada Federal Skilled Worker Program
 In January 2015, foreign skilled workers started to have access to the new Express Entry process – a new electronic application management system. Express Entry is a new way for Citizenship and Immigration Canada (CIC) to manage economic immigration applications online, which results in faster processing times. Express Entry will also make it easier for candidates to secure a job before they arrive, by facilitating matches with Canadian employers. In 2013, Citizenship and Immigration Canada (CIC) Federal Skilled Worker Program (FSWP) designated PEBC as the credential assessment agency for the pharmacy profession in Canada for pharmacists applying under the FSWP program. The issues identified with this new entry system are that there is no longer a designated needed professions list and there are no caps placed on individual professions. From January 2015 to September 2015, PEBC has issued close to 500 Educational Credential Assessment Reports. PEBC is working with other stakeholders that were previously part of the Blueprint for Pharmacy Steering Committee to address the issue of the increasing number of international pharmacy graduates seeking to be certified by PEBC and the impact on pharmacy human resources.
- Feasibility Study on Computerized Testing
 In 2013, PEBC conducted a feasibility study on the use of computerized testing in the delivery of PEBC multiple choice examinations. The PEBC Board of

Directors is supportive, in principle, of moving forward with computerized testing and further exploration of costs for administering written examinations via computers. This past year, further work was conducted to explore the length of testing time needed for the Pharmacist Qualifying Examination Part I (MCQ). This work will allow PEBC to assess how many candidates can be accommodated across Canada on a given day. PEBC is currently working on an RFP for computerized testing vendors in Canada to assess site capacity and administration costs as part of a business case analysis. Apart from putting a traditional paper and pencil examination in a computer testing delivery format, use of computer-based testing can include alternate testing formats and the use of visual formats that cannot be used in a paper and pencil examination.

- Practice Analysis Study

PEBC recently conducted a practice analysis study to validate the updated 2014 *Professional Competencies for Canadian Pharmacists at Entry to Practice* and *Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice* developed by the National Association of Pharmacy Regulatory Authorities (NAPRA) and to determine the relative importance of the competencies for testing purposes. A Practice Analysis Task Force representing key stakeholder groups oversaw the practice analysis. This study included Focus Panels, pretest pilot, and a large-scale on-line survey of pharmacists and regulated pharmacy technician practitioners. These surveys conducted reflected the practice of 1996 pharmacists and 1124 licensed pharmacy technicians from across Canada. The results of the study were used to develop revised test specifications and test content outlines for the Pharmacist and Pharmacy Technician Qualifying Examination blueprints, including both the written and OSCE/OSPE examinations. The results of the analysis will also ensure that these examinations continue to measure the most important activities of pharmacists and pharmacy technicians entering practice. PEBC plans to implement the new blueprints in 2016.

- Accommodating Candidates in the OSCE

Since 2010, PEBC has been experiencing increased numbers of International Pharmacy Graduates (IPGs) applying for document evaluation and moving forward to take the Pharmacist Qualifying Examination- Part II (OSCE). In 2014, 1829 IPGs applied for document evaluation, compared to 1178 in 2009, which represents a 55% increase. For the May 2015 Qualifying Examination, PEBC needed to accommodate 1893 candidates across Canada compared to 1602 in 2014, 1422 in 2013 and 1271 in 2012 {49% increase from 2012 to 2015}. This was accomplished with the addition of OSCE tracks at most centers and development of new sites. PEBC is unable to handle unlimited numbers of candidates at our examination centers across Canada. PEBC is concerned that such high numbers will compromise the integrity of the examination administration. At the Mid-Year Board meeting, the Committee on Examinations recommended that a cap be placed on the number of candidates that will be permitted to take the Pharmacist Qualifying Examination- Part II (OSCE). The Board of Directors approved a cap of 3000 for 2016 with spaces reserved for Canadian graduates. The cap will allow over 2000 IPGs to take the Pharmacist Qualifying Examination- Part II (OSCE) in 2016. Other strategies to handle this situation are currently being explored.

MOTION: to receive the report from PEBC as information.

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

4.2 Report from NAPRA

Following is a summary of the November 7-9, 2015 Board Meeting of the National Association of Pharmacy Regulatory Authorities (NAPRA), submitted by Anjali Acharya, ACP's appointee to the NAPRA Board.

- **Model Standards For Pharmacy Compounding Of Non-Hazardous Sterile Preparations, Model Standards For Pharmacy Compounding Of Hazardous Sterile Preparations and development of Model Standards for Non-Sterile Preparations**

The work to develop model standards for pharmacy compounding on non-hazardous and hazardous sterile preparations has been completed and is to be released in late 2015. The National Advisory Committee on Pharmacy Practice (NACPP) intends to begin the work on the model standards for pharmacy compounding of non-sterile preparations shortly, with the document anticipated for board review in April 2016.

- **Pharmacist's Gateway Project**

Pharmacists' Gateway Canada completed its first year of operations during this period. After more than twelve months of operation (inclusive of the pilot phase), there were 2870 enrolments in the Gateway as of October 14, 2015. More than half of the candidates enrolled were born in India and Egypt. As the Gateway provides a means to follow the progress of these candidates through the path to licensure, it was noted, for the same period, that 1428 candidates succeeded the document evaluation, a total 329 succeeded the evaluating examination and 33 candidates succeeded the qualifying examination. A total of 117 self-assessment tools were purchased. Ongoing management and maintenance of Gateway Project continues.

- **National Drug Schedules (NDS) Program Review**

The Board directed that the second phase of the review of the National Drug Scheduling Model be a key priority for 2016 year.

- **Model Standards of Practice for Pharmacists**

Review and update of the model standards of practice for pharmacists has been set as a priority for 2016. This document was last reviewed in 2009.

- **Technician Bridging Program**

Resources continue to be allocated to maintain this national program with limited uptake. Effective January 1, 2016 Alberta, BC and Ontario will have completed their use of the program. Ongoing use of resources to manage and maintain this program in both French and English will be reviewed by the board in the upcoming year.

- **Areas of Engagement**

NAPRA completed its move to a new location which required extensive resources and time. The organization continues to participate in and monitor developing discussions about access to naloxone for the reduction of opioid overdose related death, prescription drug misuse, drug shortages, physician assisted dying and the development of a pharmacy top level domain.

MOTION: to receive the report from NAPRA as information.

Moved by **Brad Willsey**/Seconded by **Taciana Pereira**/CARRIED

4.3 Report from APSA

A report from the Alberta Pharmacy Students' Association (APSA) was submitted by Mehnaz Anwar, APSA's representative to Council. The report outlines APSA initiatives between September – December 2015. Following are excerpts from the report:

Advocacy Initiatives

- Community Education: teachers from all around the city sign-up for various presentations including Operation Wash-Up, Do Bugs Need Drugs?, Lice Awareness, Pharmacy as a Profession, Smoking, and many more. Another APSA initiative is to create a presentation about the dangers of substance abuse, specifically focusing on fentanyl. Presentations will target junior high & high school populations to create more awareness about the issue, along with the awareness about the availabilities of naloxone kits provided by Street Works.
- Pharmacy Flu Shot Advocacy Video: a video similar to the one produced about mental health awareness but about dispelling common myths about the flu shot and to get vaccinated.
- Advocacy Speaker Series: sessions led by Professor Jody Shkrobot on small (and large) ways students can get involved in advocating for their patients and the profession.
- Monthly Health Campaigns - informative presentations shared with students have included Lupus Awareness, and Diabetes Awareness.
- Major Health Campaign - Anti-Counterfeit Drugs is the theme for this year's initiative; a topic affecting not only developing countries, but also developed countries with the increased prevalence of online pharmacies.
- Pharmacy Career Fair: collaboration with CAPS (U of A Career Centre) which hosted several employers. The event was very well attended by all years of study and resulted in many potential job prospects.
- Independent Night: to be held in January 2016 – will provide students with the opportunity to interact with independent pharmacists during a fun and collaborative evening.
- Career Night: to be held in March 2016 – students will be able to interact with pharmacists from varying practices including research, community, hospital, industry, and government.

Presence

- Publications: there has been a great deal of change in terms of financing APSA publications, especially with the Yearbook APSA decided to do all fundraising for its publications in-house, so no external sources are consulted. Organizations like ACP have helped the student group be more independent and self-sufficient by sponsoring the yearbook this year. ACP's support has been meaningful and inspired students to be more involved.
- Mr. Pharmacy: this year, the goal was set at \$20,000 to raise money for men's health as part of "Movember". As health care professionals, patient care is the top responsibility and with campaigns like Movember, APSA is helping more patients understand the conditions that exist and to receive the care and screening that may save their lives.
- Fundraising - Plan Canada's Stock-A-Pharmacy program will match donations raised in order to supply basic medication to developing countries. Fundraising will mostly take place during Pharmacy Awareness Month in March. This is a CAPSI initiative.

Student Services

- APSA lounge: the lounge received an upgrade involving a new WiiU with games, as well as new board games for students to enjoy.

- Rock climbing: a beginner training session was held at the new UofA climbing wall by pharmacy students. 10-15 pharmacy students came out to try their skills on the climbing wall.
- Wellness Events: pet therapy, ice cream for Halloween (proceeds went to Movember fundraiser), and a financial planning lunch & learn. These activities are all designed to support student well-being.
- Intramurals and Sporting Events: every year, the APSA sports reps are responsible for providing students with a variety of sports activities to reduce stress and provide social opportunities. The majority of APSA's work is in organizing and registering intra-mural sports teams for APSA students throughout the year. APSA also organizes several tournaments and events, such as the Saving Second Base Softball Tournament in September, the Curling Fun- spiel in January, and the Alumni Hockey Game in March. These events are also important contributors to APSA's fund-raising effort and Alumni relations.
- Class of 2017 Grad Committee Fundraising: To date, APSA has organized various fundraisers such as t-shirt sales, bake sales, and samosa sales. Currently they just initiated our Cookie Dough Sale which was a big success for last year's class. The committee is planning on providing fun student events such as Mario Kart Tournaments and a Foosball Tournament using the APSA's Student Lounge. Be on the lookout when APSA launches their big Grad Apparel Sale open to anyone who would like to purchase some Pharmacy-themed apparel.
- APSA Student Accommodation Forums: the creation and implementation of a forums site is a major ongoing project. This site will serve as an interactive environment for students from all years to exchange information and advice concerning placements (accommodations, preceptor, transit, etc.).

Academic Excellence

- PharmD programs: Beginning Sept. 2017, a four year entry level PharmD has been proposed for incoming students. A bridging program from the BSc. to the PharmD degree will be available for students still enrolled at the time the entry level PharmD is introduced. The PharmD for Practicing Pharmacists (full-time, part-time) will be available for current pharmacists.
- ACP Lunch and Learn on Safe Practice and Leadership Award Presentation. ACP spoke to students on how to incorporate safety into our practice. Registrar Eberhart touched upon topics such as insuring proper handling of medications, developing a strong relationship with patients and knowing our own limits of information and when to refer to our resources- which is what truly defines us as professionals. They also presented the Leadership Award for the very first time to Cassandra Woit, who was super excited to be given this opportunity as it has opened up many doors for her.
- Hospital Pharmacy: student interest in hospital pharmacy is increasing. In late September, approximately 150 students gathered together to learn about CSHP and the benefits of becoming a member during the CSHP Membership Drive. One of those benefits includes the Mentorship Program, where students are paired with a hospital pharmacist mentor for the year. As it is nearing the end of November, students will now be matched with their mentors.

MOTION: to accept the report from APSA as information.

Moved by **Kelly Boparai**/Seconded by **Taciana Pereira**/CARRIED

4.4 Practice Research – Impacting Chronic Diseases, Dr. Ross Tsuyuki

Dr. Ross Tsuyuki presented Council with an overview of four recent research projects that he and colleagues from the University of Alberta, conducted about the pharmacist's impact on patients with hypertension, dyslipidemia, and chronic kidney disease (CKD). More than 1 in 10 adults in Canada is living with chronic kidney disease. Pharmacists are frontline health care professionals who see patients with, and at risk of, CKD frequently and therefore could systematically identify these individuals and assist in their management. The results of the research demonstrated that pharmacists working to their full scope of practice are highly effective in supporting patients achieve personal health targets; and through the effective use of laboratory results, can contribute to the early detection of secondary and tertiary health conditions. These results are important to patients, the health care system, and the value proposition of the profession.

MOTION: to accept the report as information.

Moved by **Mary O'Neill**/Seconded by **Taciana Pereira**/CARRIED

4.5 Report from Dr. Christine Hughes and Terri Schindel – Research Project Update - Perceptions of Pharmacists' Role and Professional Development Needs in the Era of Expanding Scopes of Practice

Dr. Christine Hughes and Terri Schindel, with the Faculty of Pharmacy and Pharmaceutical Sciences at the UofA, presented their final report on their team's research project to further explore how pharmacists and other stakeholders including other health care professionals, administrators, and members of the public perceive the pharmacist's role in the changing health care environment in Alberta. In addition, this study evaluated pharmacists' views and attitudes towards professional development. This research was sponsored by ACP. Below are excerpts from the report summary and recommendations:

The research set out to understand how pharmacists and other stakeholders including other health care professionals, administrators, and the public, perceive the pharmacist's role in changing the health care environment in Alberta. In addition, the study evaluated pharmacists' views and attitudes towards professional development. Some of the principle findings of this research, and comparisons to existing literature, are outlined below.

- Pharmacist's Role

The pharmacist's role in practice is changing significantly, most notably in community practice, and is increasingly focused on patient care activities. Pharmacists' description of their role, however, is diverse. This may be representative of the complexity and diversity of pharmacy practice, or potentially due to uncertainty by Alberta pharmacists given the changes in the scope of practice and reimbursement framework in recent years. In the focus group interviews, pharmacists and pharmacy students expressed more uncertainty in the pharmacist's role, as well as concerns about inconsistency in pharmacy practice. Patients and health care professionals, on the other hand, did not express uncertainty about the pharmacist's role, and viewed the pharmacist as important in the safe and effective use of medications by patients. However, physicians and other team members did note that not all pharmacists are taking advantage of the expanded scope of practice, and questioned why this is.

- Workplace Learning is Important
Pharmacists identified that professional development in the workplace, mentorship programs, networking with peers, and inter-professional learning was needed to support current and future roles. Pharmacists also noted that mentorship programs and learning in the workplace with other professionals were among the most effective ways to learn.
- Professional Development is Important but One Size Does Not Fit All
Pharmacists noted that professional development enables them to be successful in their current practice and motivates them to make changes in their practice. They also noted that quality was the most important factor influencing respondents' decisions to enroll in a professional development course or program. This research suggests that pharmacists view professional development as important to support current and future roles. Most pharmacists identified areas of additional training in skills such as physical assessment, interpreting laboratory values and test results, making decisions about complex drug therapy, ordering laboratory tests, and initiating new drug therapy for acute and chronic conditions.

Recommendations

1. Facilitate Workplace Learning

A shift in professional development is needed with a greater emphasis on understanding how professionals learn and the role of workplace learning. Various stakeholders have a role in supporting workplace learning including employers, ACP, RxA, and the Faculty of Pharmacy and Pharmaceutical Sciences. As an example, the Faculty of Pharmacy and Pharmaceutical Sciences could offer components of the current PharmD for Practicing Pharmacists program as professional learning opportunities for pharmacists, including practical experiences.

2. Changes to Undergraduate Education and Professional Development Needed

With changes in the scope of practice, pharmacists are increasingly responsible for patient assessments, drug therapy decisions, and monitoring outcomes. This shift in role requires changes not only to content and skill development (e.g. physical assessment, critical thinking, and decision making skills) but also developing a clear professional identity, which is underpinned by responsibility and commitment to patient care in a collaborative setting.

3. Continue Partnerships between Professional Organizations and Educators

Professional learning occurs over the entire career timeline. Revisiting how university educators and professional organizations work together to best support ongoing practice change and development of professionals, is reinforced by this research.

4. Continue Research on Change in Alberta

There is a need to revisit research on pharmacists' roles, professional identity, and professional activities periodically to evaluate changes over time. With concomitant changes underway in pharmacy education at the undergraduate, post-graduate and continuing development and workplace learning, further research on the role of professional education and training is warranted.

MOTION: to accept the report as information.

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

4.6 Report from External Engagements

4.6.1 FIP Congress and British Health Agencies

Past President Willsey and Registrar Eberhart made presentation to Council about their attendance at the International Pharmaceutical Federation (FIP) Congress in Dusseldorf, Germany in fall of 2015, and the subsequent meetings with British health agencies.

FIP represents 3 million pharmacists and pharmaceutical scientists around the world. The ever changing practice of pharmacy has lead FIP to become globally visible for its advocacy on behalf of the role of pharmacists and pharmacy technicians, in the provision of healthcare, while still maintaining its grounding in the pharmaceutical sciences. In parallel, members of FIP have become the most extensive global pharmacy and pharmaceutical sciences network. This network continues to expand its presence and influence through partnerships with some of the world's leading healthcare, educational and scientific institutions.

This year over 3500 pharmacists and pharmacy technicians from 100 countries, attended the Congress. In addition to many informative general sessions, plenary sessions addressed topics such as "Right Touch" legislation, clinical trials; how to get to market faster and cheaper, and pharmacy genomics.

Alberta is an active participant at FIP, and is recognized as a global leader in pharmacy practice. Attending FIP is a great networking opportunity, and provides opportunity to compare pharmacy practice in Alberta with first and third world countries. Past-President Willsey indicated that consideration would be given to host a FIP Congress in Canada in 2020, if further research and economics prove a value proposition for all.

After the FIP Congress, Past President Willsey and Registrar Eberhart met with the General Pharmaceutical Council in London, the independent regulator for pharmacists, pharmacy technicians, and pharmacies in Great Britain. Over the years, ACP has developed a strong working relationship with the GPC and this provided an opportunity to give updates to one and another, on outstanding and emerging issues such as outcome based standards, pharmacy inspections, pharmacy in hospital environments, advances in technology to enhance distant delivery of service. A recent initiative in England is the branding of "Healthy Living Pharmacies". Owners hire individuals trained to work at the front of the pharmacy/store that are able to talk to patients about issues such as smoking cessation, obesity, diabetes, etc. Although these individuals are "lay people", they have accredited training and are the "Healthy Living Champions" for the pharmacy/store.

Past President Willsey and Registrar Eberhart also met with Harry Cayton Chief Executive of the Professional Standards Authority for Health and Social Care to learn more information about "Right Touch" regulation. The Professional Standards Authority is charged with "promoting health, safety and the wellbeing of patients, service users, and the public by raising standards of regulation and voluntary registration of people working in

health and care”. The Authority is an independent body that is accountable to the UK Parliament and oversees the work of nine statutory bodies that regulate health professionals in the UK and social workers in England.

Right-touch regulation promotes the appropriate balance of legislation required to achieve the desired result; too little is ineffective, too much is a waste of effort. Right-touch regulation means always asking what risk we are trying to regulate, being proportionate and targeted in regulating that risk or finding ways other than regulation to promote good practice.

MOTION: to accept the report as information.

Moved by **Kamal Dullat**/Seconded by **Taciana Pereira**/CARRIED

4.6.2 Right Touch Thinking – Registrar Eberhart

President Elect Pereira, Registrar Eberhart, Deputy Registrar Cooney, and legal counsel Bill Shores and Paula Hale, attended a workshop hosted by the Alberta Federation of Regulated Health Professions and facilitated by Harry Cayton, Chief Executive of the Professional Standards Authority for Health and Social Care. The Authority is the statutory body which oversees the regulation and registration of health and care professions in the United Kingdom. The workshop was held after the meeting with Mr. Cayton in London. Mr. Cayton shared that the Authority is currently doing an audit engagement in Ontario.

ACP representatives did not recommend adoption of “Right Touch legislation in Alberta, as the purpose of the *Health Professions Act* extends beyond preventing harm. However, they emphasized that there was merit for Council to keep the principles of “Right Touch” legislation in mind when discussing policies, and direction for legislation.

MOTION: to accept the report as information.

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

4.6.3 Cameron Institute – Health Policy Assembly

President Hackman and Registrar Eberhart attended a Health Policy Assembly workshop facilitated by the Cameron Institute. President Hackman briefed Council about this experience. The theme of the workshop was “Challenges with Personalized Medicine” with interactive sessions targeting the needs of leaders in clinical, research, managerial and policy positions. The event provided a forum for leaders and experts from across the country to discuss strategic issues facing the health care system in Canada. Personalized medicine means different things to different people, and as a whole is considered a “work in progress”. The groups focused their discussion on four areas: leadership, research, policy development, and economics. In addition, oncology and arthritis were used as model disease conditions to explore the opportunities and challenges for patients, human resources, current budgets and alternative funding models. The workshop was challenging and educational, and was recommended for future presidents.

4.7 Pharmacy Strategic Roadmap

The Alberta College of Pharmacists (ACP) and the Alberta Pharmacists' Association (RxA) hosted a two-day workshop to develop a "Pharmacy Roadmap" for the future of pharmacist and pharmacy technician practice in Alberta. Approximately 30 individuals including pharmacists, pharmacy technicians, physicians nurses, a patient, and other health policy influencers/decision-makers participated in the workshop. Participants brought unique perspectives to the discussion and shared valuable insights and their interpretations of "patient centered care". Through its discussions, the group developed a path for the evolution of pharmacists and pharmacy technicians in Alberta's health system. The Roadmap identifies key themes, objectives and innovative initiatives that ACP and RxA should champion to move pharmacy practice into the future. The key themes focused on:

- Practice Models of Care;
- Technology and Interactivity;
- Drug Products;
- Professionalism;
- Relationships; and
- The Health System.

The Roadmap will be used to create a storyline about the future practice of pharmacy and its impact on the health of Albertans and will help to identify, prioritize and align strategic priorities. With a clear vision for the future, ACP and RxA will communicate with key stakeholders to invite broader engagement.

MOTION: to accept the report as information.

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

4.8 Maximum Financial, Court of Queen's Bench Decision

This decision was provided for Council's information as it reinforces support for the responsibility of pharmacy licensees ensuring the continuing care of patients in the event that a pharmacy closes. The case resulted from a pharmacy owner providing records of his pharmacy, to another in his community, knowing that his pharmacy was closing. His creditors sought financial relief through recall of the records and any other assets that were distributed, several months after the pharmacy had closed. The court dismissed the application of Maximum Financial Services, and concluded that the patient records and prescriptions could not be recalled.

MOTION: to accept the report for information.

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

4.9 "Unleashing Innovation: Excellent Healthcare for Canada" – Naylor Report to the Minister of Health 2015

Council received a copy of this report that was commissioned by former Federal Minister of Health, Rona Ambrose. Although a new government is in place, the issues identified and debated in the report are important to whatever future health system Canadians might enjoy.

An “Advisory Panel on Healthcare Innovation” was tasked with identifying the five most promising areas of innovation in both Canada and internationally; that had the potential to sustainably reduce the growth in healthcare spending while still allowing for improvements in the quality and accessibility of care. The Panel was also asked to recommend ways the federal government could support innovation in those five areas.

Taking into consideration all the feedback, and consistent with its mandate, the Advisory Panel identified five broad areas where federal action was important to promote innovation, and enhance both the quality and sustainability of Canadian healthcare. These were:

- patient engagement and empowerment,
- health systems integration with workforce modernization,
- technological transformation via digital health and precision medicine,
- better value from procurement, reimbursement, and regulation, and,
- industry as an economic driver and innovation catalyst.

Canada’s universal healthcare insurance programs commonly referred to as ‘Medicare’, continues to offer essential services to millions of Canadian, however, the Advisory Panel was clear that a major renovation of the system is overdue, and is chagrined and puzzled by the inability of Canadian governments – federal, provincial, and territorial – to join forces and take concerted action on recommendations that have been made by many previous commissions, reviews, panels, and experts.

MOTION: to accept the report as information.

Moved by **Kelly Boparai**/Seconded by **Jennifer Teichroeb**/CARRIED

4.10 Pharmacare – What is ACP’s Role and how may ACP be Impacted?

Council discussed recent media reports about a proposed national “Pharmacare” program. Council considered ACP’s role in a national program, and what impact either federally or provincially, would discussions about Pharmacare have on ACP’s role in Alberta. Council agreed not to take any action at this time.

5. Evaluation of Meeting

Council reflected on its; and each Council Member’s personal performance, at the meeting.

5.1 Self-Evaluation of Council Performance at this Meeting

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

5.2 Summary of Results for the June 18, 2015 Council Meeting

A summary of the September 2015 council meeting evaluations was circulated with the agenda for information.

6. Adjournment

6.1 Forthcoming Events and Council Meeting Dates

- 6.1.1 March 3-4, 2016, Edmonton**
- 6.1.2 March 3, 2016 – APEX Awards, Edmonton**
- 6.1.3 May 11, 2016 – Council Meeting, Edmonton**
- 6.1.4 May 12-13, 2016 – ACP Leadership Forum**
- 6.1.5 June 23-24, 2016 – Council Meeting, Calgary**
- 6.1.6 June 23, 2016 – Celebration of Leadership/Installation of President,
Calgary**
- 6.1.7 June 25-27, 2016 – CPhA Conference, Calgary**

6.2 Adjournment

MOTION: that this meeting of Council be adjourned.

Moved by **Brad Willsey**

Meeting was adjourned at 4:20 p.m.