

MINUTES
Council Meeting
ALBERTA COLLEGE OF PHARMACISTS
September 23 and 25, 2015
Buffalo Mountain Lodge, Banff

1. Introduction

1.1 Call to Order

President Hackman called the meeting to order at 8:05 a.m. He welcomed Kristel Mason, ACP's Communications Coordinator as an observer.

The business meeting of Council was held over two days. On Wednesday, September 23, the meeting opened at 8:05 a.m. and recessed at 3:15 p.m. On Friday, September 25, the meeting reconvened at 8:30 a.m. and adjourned at 12:08 p.m.

1.2 Roll Call

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

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

Non-Voting

- Mehnaz Anwar – APSA Student Representative

Absent

- Jim Kehrer - Dean, Faculty of Pharmacy & Pharmaceutical Sciences(absent with regret)

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

1.3 Invocation

Kelly Boparai 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 **Al Evans**/Seconded by **Bob Kruchten**/CARRIED

1.4.2 Additions to the Agenda

MOTION: to lift from the table Agenda Items 2.5.1, 2.6, 3.3, 4.3, 4.4, 4.5 and 4.6.
Moved by **Brad Willsey**/Seconded by **Taciana Pereira**/CARRIED

MOTION: to adopt the agenda as circulated, including those items lifted from the table.

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

1.5 Minutes from Previous Meetings

1.5.1 Minutes – June 18, 2015 Council Meeting

MOTION: to adopt minutes of the June 18, 2015 council meeting as circulated.
Moved by **Kelly Boparai**/Seconded by **Kamal Dullat**/CARRIED

1.5.2 Ratification of e-Ballot Minutes – July 3, 2015

MOTION: to ratify and approve the e-Ballot of July 3, 2015 as circulated.
Moved by **Kelly Olstad**/Seconded by **Taciana Pereira**/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 **Bob Kruchten**/Seconded by **Jennifer Teichroeb**/CARRIED

2. Governance

2.1 ENDS and Executive Limitation Amendments

2.1.1 Policy E (Mega-End) – Priorities for 2016-2017

Registrar Eberhart presented the following draft priorities for 2016-2017 for Council’s consideration:

- 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 priorities for 2016-2017 as presented by the Registrar.
Moved by **Kelly Olstad**/Seconded by **Brad Willsey**/CARRIED

2.1.2 DRAFT 3-Year Business Plan and Budget 2016

Registrar Eberhart presented a draft 3-year business plan and financial projections including the budget for 2016, highlighting key assumptions and areas where Council policy direction was required. The budget proposes no increases (except for COLA) to membership fees in 2016 however, Council will consider a COLA increase on expenses that are impacted by current economic conditions; with the exception of fees for additional prescribing applications and re-application fees.

➤ Revenue Assumptions:

- Registration, annual permits, and pharmacy licenses are consistent with the trends provided in previous years, with projected targets of 150 new pharmacists, 550 pharmacists interns, 800 regulated technician registrations in 2016, and 75 more in 2017,
- Based on projections of the Conference Board of Canada for Edmonton, the projected COLA increases are 1.31% (2016), 2.32% (2017), 2.11% (2018),

➤ Expense Assumption:

- COLA adjustments will be applied to relative expenses as per the Conference Board of Canada's final projections,
- Staff increase of 1.67 FTE,
- Mileage rate increase as per Canada Revenue Agency 2015 posted rates,
- Per Diems increase to \$404 daily and \$58 per hour,
- Participation of council members at CPhA conference,
- Legal costs for inducement judicial review drawn from reserves.

Registrar Eberhart reported that based on the current financial position, the draft budget 2016, and estimates for 2017-18, ACP's reserve position aligns with ACP's critical success factors and the following five strategic goals in the 5-year plan (2016-2019) approved by Council:

- Pharmacists will consistently conduct an appropriate assessment of each patient prior to providing any pharmacist service;
- Patient care records will include continuous documentation of pharmacist assessments, treatment plans, record of care, and monitoring results;
- Pharmacy technicians will be integrated into pharmacy practice teams, exercising responsibility for roles they're authorized to fulfill;
- Patients will have access to pharmacist prescribing and injections through all licensed pharmacy practice settings; and,
- Patients will expect pharmacists to provide appropriate assessments, advice, and support about their health (treatment) plan at each encounter.

Council did not recommend any changes to the financial recommendations.
Registrar Eberhart will seek Council approval of the final budget and business plan at the December council meeting.

2.2 Compliance Monitoring and Reports

2.2.1 Executive Limitations – Compliance Reports

Reports from Registrar Eberhart were provided for the following Executive Limitation policies.

2.2.1.1 EL-4 Financial Condition – Internal

Internal Financial Statements and Variances for the month ending July 31, 2015 were submitted for Council’s approval.

MOTION: that the Registrar’s compliance report on EL-4 Financial Condition of the College be approved.

Moved by **Al Evans**/Seconded by **Kamal Dullat**/CARRIED

2.2.1.2 EL-5 Insurance

MOTION: that the Registrar’s compliance report on EL-5 Insurance be approved.

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

2.2.1.3 EL-8 Conflict of Interest

MOTION: that the Registrar’s compliance report on EL-8 Conflict of Interest be approved.

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

Note: Council asked Registrar Eberhart to consider changing the term “conflict of interest” to “disclosure”, both on the reporting form, and future reports to Council.

2.2.1.4 EL-13 Information Management

MOTION: that the Registrar’s compliance report on EL-13 Information Management be approved.

Moved by **Kelly Boparai**/Seconded by **Bob Kruchten**/CARRIED

NOTE: Operations and Finance Director Lynn Paulitsch, noted that the development contract for a new IT System addressed in the report will not be completed by December 31, 2015; however, will be completed first thing in 2016.

2.2.1 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-2 Serving the Public Interest

MOTION: that Council is in compliance with Governance Policy GP-2 Serving the Public Interest.

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

2.2.2.2 GP-8 Code of Conduct

MOTION: that Council is in compliance with Governance Policy GP-8 Code of Conduct.

Moved by **Al Evans**/Seconded by **Kamal Dullat**/CARRIED

2.2.2.3 GP-9 Investment in Governance

MOTION: that Council is in compliance with Governance Policy GP-9 Investment in Governance.

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

NOTE: Council queried whether this policy should be enhanced to specifically address the role of Council in mentoring new council members.

2.2.3 Council-Registrar Relationship Policies (CR) Compliance Reports

Council-Registrar Policies (CR) define the working relationship between Council and the Registrar. Council reviewed CR-2 Direction from Council and CR-3 Accountability of the Registrar, and reflected on its compliance with the policy

2.2.3.1 CR-2 Direction from Council

MOTION: that Council is in compliance with CR-2 Direction from Council.

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

2.2.3.2 CR-3 Accountability of the Registrar

MOTION: that Council is in compliance with CR-3 Accountability of the Registrar.

Moved by **Kamal Dullat**/Seconded by **Kelly Boparai**/CARRIED

2.4 Governance Indicators (Performance Matrix)

At its June meeting, Council approved governance indicators for the critical success factor of *Quality Care*. Registrar Eberhart reviewed the “history” of the work by Council and ACP administration to develop its governance indicators. Council reviewed the final report from Quercus Solutions. The report outlines the 21 indicators and weightings approved by Council for each of the three “Critical Success Factors” (CSF): 11 indicators for the CSF of “*Public and Stakeholder Confidence*”, 6 indicators for the CSF of “*Quality Care*”, and 4 indicators for the CSF of “*Effective Organization*”. In addition, Council reviewed a DRAFT dashboard of the indicators; a tool that will identify ACP’s performance, and monitor trends and changes over time as they relate to the three critical success factors as defined in ACP’s strategic direction. ACP’s budgeting and expenditures align with the indexes, and can be used to consider future resource allocation. The dashboard will illustrate how the information from the indicators will be captured to support Council’s work in the future. Registrar Eberhart and ACP Administration will develop draft metrics based around sustainability, for each indicator, on a segmented scale (from 1-10) for Council’s review at the December council meeting.

MOTION: to approve the final report from Quercus Solutions.

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

2.5 Ownership Linkage

2.5.1 Engagement with Albertans since Last Meeting

Council agreed to regularly engage with the public and registrants in a structured way. Through this discussion, Council shares insights and feedback received.

Councillor Couldwell complimented ACP's Pharmacy Practice Consultants work to support quality improvement instead of "auditing" of a pharmacy.

Concern was raised from several Council Members about the increased number of International Pharmacy Graduates (IPG) coming to practice in Alberta. NAPRA indicated that there are 500 plus candidates registered with the IPG Gateway, who have identified Alberta as their destination. Registrar Eberhart advised Council that the Pharmacy Examining Board of Canada (PEBC) is reviewing its policies to accommodate the increase in applications. Appreciating the steps taken by PEBC to accommodate the escalation of IPGs, Council highlighted the need to ensure quality is not compromised. Registrar Eberhart advised that the mandatory bridging programs in Ontario and B.C. have impacted Alberta, and the College may need to consider the merits of a similar bridging program here.

Councillor Boparai asked Council to consider ways that the College could increase its support of, and bring awareness to, the scope of practice for pharmacy technicians. She indicated that within some pharmacies, the professions struggle with "workflow" practices. Registrar Eberhart advised Council of the partnership with the Pharmacy Technician Society of Alberta, and the Alberta Pharmacists' Association to develop a reference document designed to identify the scope of practice for pharmacy technicians. The reference document will be published in the next edition of the *ACPNews*.

2.6 Generative Discussion

Generative discussions are for exploration; not decision-making. The forum is an opportunity for Council to explore possibilities and to better understand them. These insights can inform Council in its strategic discussions. In the spring, Council was divided into four working groups; with each group requested to explore four environments that could exist, when two influencers intersect. The working groups were requested to consider the following two scenarios:

1. How will technological advancements effect the health system vs. How will individual autonomy effect Albertan's healthcare experiences? and,
2. How will Alberta's economy effect healthcare delivery vs. What is the State of Healthcare Provision?

Council considered how these scenarios will affect the profession and ACP. Records of the discussions of each working group were appended to the agenda.

Following are other observations identified through the discussion:

- Individual's expectations are established through what they experience. Changing expectations (i.e. benefits, services) is difficult;
 - Instant gratification is an impediment to long term change.
- Health costs/capita in Alberta are amongst the highest in Canada without substantive differences in healthcare experiences and health outcomes;
- Opportunities:
 - Change individuals sense of entitlement,
 - Change expectations of how resources are used and distributed,
 - Individuals need to know what they can get from pharmacists.
- Pharmacists and ACP both need to reflect on what we control and what we can influence;
 - Need to get pharmacists to use their skills at the highest level possible.
- In the absence of personal autonomy and empowerment, patients can fall through cracks in a poorly coordinated/integrated system;
 - Opportunity for pharmacists to take on a patient advocate role to mitigate this.
- There is opportunity to create new knowledge through BIG DATA, including opportunities to make pharmacists more aware about their own behaviors, practices, and decisions;
 - An emerging competence may be for pharmacists and pharmacy technicians to be proficient in the use of analytics to support personal and clinical decision-making.
- We are on the frontier of new technologies that will support personalized medicine and care. Undergraduate training and professional development needs to prepare pharmacist to participate in this environment;
 - POCT, genomics, proteionomics, etc.
- To what extent can individuals, society, and the health system benefit from centralized processing, that is decentralized from care and support;
 - What are the critical success factors to balancing efficiencies with effectiveness in providing care?
 - What traditional beliefs respecting the practice of pharmacists and the licensing and operation of pharmacies need to be retained; and which are open to change?

Follow-up: Council requested that the Executive Committee identify two questions that could be explored through a similar process by Council at the February council meeting.

3. Legislated Responsibilities

3.1 Hearing Tribunal Decisions

3.1.1 Adel Agina - Registration Number 3917

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

NOTE: Council queried the appropriateness of prescribing the writing of an essay as part of a sanction? Council felt this to be inappropriate, as assessment is subjective and success unclear. Registrar Eberhart was directed to discuss Council's concern with the Complaints Director and Legal Counsel.

3.2 Continuing Competence Program for Pharmacy Technicians

At its June meeting, Council approved the framework for the Continuing Competence Program for Pharmacy Technicians. Since then, additional work was undertaken to identify the Rules to successfully implement the program. The program will be supported by an online tutorial that will provide direction about the program and how to use the online portal. The program will be implemented effective January 1, 2016.

MOTION: to approve the rules for the Continuing Competence Program for Pharmacy Technicians, subject to amending Rule 5 by removing the requirement that a minimum of five continuing education units must be accredited learning. Moved by **Brad Willsey**/Seconded by **Kelly Boparai**/CARRIED

3.3 Amendments to the Scheduled Drugs Regulation

With the *Scheduled Drugs Regulation* set to expire in the fall of 2016, Registrar Eberhart provided Council with an update on discussions with stakeholders about potential amendments to the Regulation to move non-prescription codeine containing products from Schedule 2 to Schedule 1. Council will continue its discussions at greater length at the December council meeting.

Council expressed general support for the proposed amendment, and observed that pharmacists require more resources and training to deal with addictions.

3.4 Pharmacy Practice Management System Requirements – S2S Interface with NETCARE

Registrar Eberhart briefed Council on the readiness of pharmacy software vendors to move to a system-to-system (S2S) interface, including a policy analysis of alternatives available to achieve this. Council recognized that success was not likely if ACP took sole ownership of this through amendments to its standards; but rather, that a collaborative approach with RxA and Alberta Health be pursued.

Council requested that Registrar Eberhart develop a document supporting real time interfaces between pharmacy practice management systems and NETCARE. The document should be based on patient safety, and should be foundational to seeking agreement from RxA and government to pursue a mandatory solution together.

It was suggested that some pharmacists do not use NETCARE because they don't believe that the data is complete or up to date. However, caution was made to this belief, as the data is more complete and accurate than it ever has been; and, there is minimum information missing. To that end, NETCARE data is a reliable source of information; however, it must be used as a tool to explore other information with patients and should not be used in isolation.

4. Miscellaneous Business for Council's Consideration

4.1 Report from the Faculty

The following report from the Faculty of Pharmacy & Pharmaceutical Sciences was submitted by Dean Kehrer for information.

➤ **Budget**

- The Faculty's budget, like all at the University, is currently unclear. Negotiations with the faculty association have been at an impasse since February. Thus, across the board, merit pay increases did not happen July 1. Although the University was given a 2% budget increase by the new provincial government, whether any will be distributed to the faculties is unknown.
- The government rescinded the most recent market modifier approved for all programs, including pharmacy. However, they will add 50% of the approved amount to our base budget in 2017 and the other 50% the following year. This will leave tuition for our PharmD at about \$10,000/yr., which will be the lowest in Canada except for Memorial, Montreal, and Laval. However, by adding this to our base budget, the Faculty should not get 100% of the amount, rather than 60%.
- The Faculty has received some new funding from the Heritage fund to transition faculty salaries from that money to University money. We have one such faculty member, but because we have already made this transition, this funding will be of benefit in other areas.

➤ **Pharm programs**

- To enhance clarity for all stakeholders, the Faculty has renamed the PharmD programs we will be offering. The "PharmD Program" is what was previously called the "entry-level PharmD". The "PharmD for Practicing Pharmacists" was previously called the "Post-Professional PharmD". The "PharmD for BSc Students" is a third program that will exist for only 3 years solely to bridge students in the BSc program at the time the PharmD begins to the PharmD instead of the BSc. This latter program will entail one additional term of course work in spring/summer following Year 3, and then typical 4th year PharmD rotations. Graduation will still occur in June. This program will be voluntary (although we expect nearly 100% uptake) and apply to the classes of 2018, 2019, and 2020.
- The part-time option for the PharmD for Practicing Pharmacists will be available in January, 2016. Applications are currently being accepted. The full-time option is expected to cease in 2017 because of the advent of the PharmD for BSc students.
- There are currently 21 students enrolled in the full-time PharmD for Practicing Pharmacists program, including 2 from Saskatchewan and 1 from BC.
- The new PharmD program received Faculty Council approval on June 12, 2015 and was approved unanimously by the University of Alberta Academic Standards Committee Subcommittee on Standards (who makes recommendations to the Academic Standards Committee regarding program proposals) on Sept. 3, 2015. The next approval step is the Academic Standards Committee after which we should be able to obtain final University approval and submit the documents to the Provincial Government for approval. Thus far, no impediments have appeared and implementation in Sept. 2017 is expected.

➤ **International partnerships.**

- **China:** One student from China Pharmaceutical University, Nanjing, China, was accepted into our program. Although originally proposed to enter into year 2, this was changed to year 1 so the student can proceed through the PharmD for BSc students. We may take up to two such students yearly.
- **Qatar:** Exchange rotations with Qatar University College of Pharmacy are being explored starting in 2018. Because they are accredited by CCAPP, and the

program is delivered entirely in English, there should be no administrative or language barriers for such an exchange.

- **Kuwait:** Four students from Kuwait are enrolled at UofA and we expect them to apply for admittance to pharmacy in 2017.
- **Faculty Growth and Development**
 - Departures - none since the last report to Council,
 - New appointments/hires
 - Christine Hughes, Vice-Dean of the Faculty (to aid in the dean transition)
 - Jill Hall, Lead for the PharmD for BSc students.
 - Recruitments in process:
 - Assistant Professor Pharmaceutical Sciences
 - Instructional design and delivery expert
 - Social and administrative sciences tenure track faculty position
- **Dean search**

The search process for the next Dean of the Faculty has begun. The search committee has been established.

MOTION: to accept the report submitted from the Dean and the Faculty as information.

Moved by **Al Evans**/Seconded by **Kamal Dullat**/CARRIED

Subsequent to receiving Dean Kehrer's report, President Hackman advised that he had appointed Kelly Olstad as ACP's representative to the Dean's Selection Committee. The timeline for the search indicates that initial interviews will begin January-February, with a decision to be announced in the spring of 2016. Mr. Olstad welcomed Council's input. Council considered the competencies of a Dean that were important to the profession. The Dean should be a leader within the profession who is a strategic partner for the practice of pharmacy. It was agreed that it was important for the Dean to be a strong relationship builder; both within and external to the Faculty.

4.2 Report from CCCEP

Art Whetstone, Executive Director of the Canadian Council on Continuing Education in Pharmacy (CCCEP) submitted a report to Council. Excerpts from the June 30, 2015 report follow:

“The Board of Directors approved the following Tactical Plan for 2015-2016. The Tactical Plan is based on the priority strategies of the current strategic plan. The Board of Directors will review the Tactical Plan following the approval of the new 2016-2019 strategic plan in September 2015.

Carry forward from 2014-2015

- Develop a Quality Assurance System with performance indicators to ensure that CCCEP is achieving excellence in its core business of program accreditation.
- Implement a monitoring system to ensure that accredited programs are delivered as accredited.
- Promote interprofessional CPD and CPE both within and outside of the pharmacy professions through the development of a position statement on interprofessional continuing health education.
- Establish a process recognized by PRAs for the accreditation of CPE

(e.g. certificate programs) that meets the education requirements for regulatory authority to provide expanded services by pharmacy professionals. (Expansion beyond immunization)

Priorities from Strategic Plan implementation (year 4)

- Develop an ongoing quality improvement process to monitor effectiveness and efficiency of CCCEP operations.
- Explore options with other health accreditation organizations to facilitate, coordinate and simplify multi-disciplinary accreditation of interprofessional programs and programs developed for a multi-disciplinary target group/audience.

2016 Accreditation Fees

There will be no change in accreditation fees. The accreditation fees for 2016 will remain the same as those in 2015.

Inter-professional Continuing Education Guidance Statement

The Board established an *Interprofessional Continuing Education Task Group* to conduct a literature review of best practices in interprofessional education and collaborative practice in Canada, United States, and the United Kingdom. The Task Group then developed definitions and a set of principles. The definitions are based on, but adapted from, definitions that are commonly accepted. The principles were adapted from principles identified in the review of best practices. The Canadian Interprofessional Health Collaborative (CIHC) *National Interprofessional Competency Framework* (2010) is widely accepted and adopted by Canadian health organizations. The Task Group recommended that CCCEP endorse this competency framework. The Board of Directors approved-in-principle the definition and guiding principles for Interprofessional education; and endorsed the collaborative practice competencies as defined in the CIHC *National Interprofessional Competency Framework* (2010) as a guide to program providers developing interprofessional education learning activities. The Interprofessional Continuing Education Task Group will prepare a final guidance statement on interprofessional education based on the feedback from the Board and will submit to the Board for approval in November 2015.

Strategic Plan 2015

A strategic planning workshop was held on June 1 to 3, 2015. Leaders from different sectors of pharmacy were invited to participate in the workshop.

Eleven goals in four areas were developed:

- i. Enhancing customer experience
- ii. Supporting advanced practice
- iii. Showcasing our value
- iv. Expanding our services

The Board of Directors is expected to approve the 2016-2019 Strategic Plan in September, with implementation expected to start in January 2016.”

MOTION: to accept as information, the report from the Canadian Council on Continuing Education in Pharmacy.

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

4.3 Report from External Engagements

4.3.1 CARNA Roundtable on the Future of Nursing Practice

Councillor Olstad provided an overview of discussions at CARNA's roundtable on 'Exploring the Future of Expert Care'. Over the past year CARNA engaged thousands of members in a discussion about what makes the RN role unique and valuable among the broadening range of health-care providers.

The same could be asked of pharmacists:

- What is the value add of pharmacists in an environment of an increasing number of care providers?
- What is the value add of pharmacists in an environment of an increasing number of care providers?
- Do pharmacists see their role as a patient advocate? Particularly with physician interactions?
- Do pharmacists have valued and marketable skills outside of healthcare?

Nurses agreed the most important elements their profession will bring to the healthcare systems will be in leadership roles, coordination and continuity of care, clinical expertise, and case management. Nurses believe trends that will have the most impact on delivery of healthcare services by 2030 are:

- a) Population and system demands
- b) Patient centred systems
- c) Leadership and Accountability
- d) Primary Health Care

Technology trends and drivers will play a significant role in the future of healthcare delivery. Virtual delivery of health and wellness services is already impacting how Albertans are seeking and receiving care. Healthcare delivery has become a high-tech industry. In the future, how will pharmacists and pharmacy technicians identify themselves as unique?

MOTION: to accept for information, the report from the CARNA Roundtable.

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

4.4 DRAFT Guidelines

Deputy Registrar Cooney has been working with representatives from CPSA and CARNA to develop guidelines for "Medication and Injection Safety" and "Hand Hygiene", based on infection prevention and control (IPAC) principles. The intent is that these guidelines will be adopted by all three colleges to create standard expectations for pharmacists, nurses, and physicians for hand hygiene, and medication, vaccine, and injection safety. All references used to create the guidelines were included in the documents, however Deputy Registrar Cooney advised that it is important to note that both guidelines rely heavily on Alberta Health Services policies and procedures; resulting in standardization across professions, and consistency in expectations of practice throughout the province.

4.4.1 Medication and Injection Safety

Council received a copy of the guidelines in June. Since then, edits were made. Of most significance is the addition of a section on preparation and administration of hazardous drugs. Additionally, reference to “immediate use CSPs” has been removed. This is an editorial change. The requirements remain the same but because the term “immediate use CSP” is not familiar to most practitioners, it was determined that the term may cause confusion and distract from the requirements. The guidelines are broad to accommodate medicines, vaccines, and injections.

Council accepted the guidelines as amended in principle, subject to some small amendments.

4.4.2 Hand Hygiene

Hand hygiene is the most effective way of preventing the transmission of infections to patients, staff, and visitors in the healthcare system. Once approved, the hand hygiene guidelines will be used to assist ACP’s Pharmacy Practice Consultants, and when the College looks to a review of the “*Standards of Practice for Pharmacists and Pharmacy Technicians*”, the guidelines may become a requirement. During its review of the hand hygiene guidelines, Council suggested minor amendments including:

- There was concern that s5(d) may require amendment to accommodate compliance. It was suggested that this might be accommodated by removing “equipment cleansing”.

Deputy Registrar Cooney noted that CPSA intended to discuss these with their council and that CARNA was pursuing broader consultation. As these are to be guidelines that are jointly agreed upon, Deputy Registrar Cooney was requested to consider Council’s comments, and to reengage with CARNA and CPSA so that all feedback could be considered prior to approving a final version of the two guidelines.

Deputy Registrar will return to Council with a final version of the guidelines that reflects feedback received by all three colleges.

4.5 Optimizing Scopes of Practice

Alberta Health has been a partner and sponsor in a national initiative conducted by the Canadian Health Human Resource Network (CHHRN). CHHRN initiated a project in 2011 to explore ways to transform the health care system through the reconfigurations of the tasks and responsibilities of different health workers (their scopes of practice); the structure and organization of how health professionals interact and work together (their models of care); and the educational, legal, regulatory, and economic contexts in which both scopes of practice and models of care are embedded.

Council reviewed a copy of the Executive Summary of the report and a record of the discussion from a summit held in late 2014 to discuss the report. Council agreed the report highlights the need to optimize the “system” in order to support pharmacists and pharmacy technicians’ use of their full scope at the macro, micro, and meso levels. The high profile report also addresses alternative funding models. Pharmacists and pharmacy technicians are the providers of excellent care with a

focus on “patient-centred” care; what is best for “this” patient, at “this” particular time. A model needs to be developed that reflects roles and responsibilities with a focus on patient care.

MOTION: to accept for information the report from the Canadian Health Human Resource Network.

Moved by **Kelly Boparai**/Seconded by **Mary O’Neill**/CARRIED

4.6 Pharmacy Practice In Australia; Recommendations of the Australian Medical Association

Council received for information, two reports from the Australian Medical Association (AMA), proposing their government establish a funding program to integrate non-dispensing pharmacists within medical general practices. The AMA believes there are significant benefits to be gained from integrating non-dispensing pharmacists into a multi-disciplinary team.

An independent analysis by “*Deloitte Access Economics*” provides the supporting analysis for the recommendation showing that the integration of pharmacists will deliver net savings to the Australian health system of \$545 million dollars over a four year period, primarily through fewer avoidable hospital admissions and a reduction in the utilization of medications.

The multi-disciplinary team model outlined in the AMA report suggests that pharmacists will assist general practices with medication management to deliver:

- Better coordination of patient care;
- Improved prescribing;
- Improved medication use;
- Reduced medication-related problems;
- Fewer adverse drug events;
- Fewer hospital admissions (from reduced ADEs);
- Improved health outcomes for patients, including a better quality of life.

In Alberta, the PCN is an opportunity to build “trust” amongst the profession. Systems need to support pharmacists in their role as healthcare providers; and a system needs to be built where the patient decides who their healthcare team is. Council discussed how to carry forward strategically. Where should be the point of entry for a patient be in the “medical home”? How does the profession maximize excellence within the PCNs.

Despite recognizing commonality in the Australian model and PCN’s in Alberta, Council asserted that integration of community pharmacies across the system was a strategy that pharmacy should keep at the forefront of community-based care.

MOTION: to accept for information the reports from the Australian Medical Association.

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

4.7 Blueprint for Pharmacy – Needs Assessment of Specialization in Pharmacy Canada – Canadian Pharmacists Association Report

Specialization in pharmacy practice has been debated for decades in Canada; and has been reintroduced through the Blueprint for Pharmacy initiative of the Canadian Pharmacists Association. To inform the discussion, a needs assessment was conducted. The needs assessment introduces many questions, and includes alternatives for consideration. It does not provide all of the answers as to whether specialty practices should be pursued.

Council discussed this report and identified principles that can support and inform ACP's contribution to this national discussion, questioning the value proposition specialties in pharmacy bring to the patient and health systems. The Blueprint for Pharmacy appears to be more about recognizing niche pharmacy practices, and referring to the pharmacists having additional training in some disease areas as "specialist".

Moving forward, the College needs to define what a specialist is, and develop appropriate standards. Congruently, standards and definitions need to be developed nationally. The report is a step in advancing this discussion, therefore input from regulators and the profession is imperative.

President Hackman will work with Registrar Eberhart to prepare a letter outlining Council's discussion and direction. Registrar Eberhart will distribute the letter for feedback, to reach consensus.

Additionally, ACP is partnering with RxA to develop a "*Roadmap for Pharmacy Practice in Alberta*" over the next five years. Development of the roadmap begins with a workshop of 25-30 individuals internal, and external to pharmacy, who have been identified as practice leaders, key influencers, and decision-makers.

4.8 Report on the Tri-Provincial Executive

Executive members from the Alberta, British Columbia, and Saskatchewan provincial regulatory authorities (PRA) met in Saskatoon to discuss the following issues:

- Inducements update,
- pharmacy inspections by the "Office of Controlled Substances",
- drug cards,
- the increase in methadone prescribing,
- scopes of practice in each jurisdiction,
- pharmacy technicians
- mobility of registrants between provinces in keeping with the obligations under the Mobility Agreement for Canadian Pharmacist; and,
- pharmacy staff safety and robbery prevention.

The College of Pharmacists of British Columbia (CPBC) has mandated "time-delayed" safes. Council asked Registrar Eberhart to engage with RxA and CSHP on time- delayed safes in pharmacies, taking into consideration: current status, gaps, and roles and responsibilities.

Discussions on the use of drug cards and manufacturers' coupons lead to consensus that it may be difficult to prohibit receipt of these; however, there was merit in addressing the appropriateness of pharmacists or pharmacy technicians providing them. Registrar Eberhart indicated this will be on the agenda of a future meeting of council.

The PRA's have committed to work on a joint project on prescription drug diversion. Prescription drug diversion is a growing concern for health and law enforcement organizations. Most prescription drugs that are diverted to illegal markets are obtained from legitimate sources. Drug traffickers obtain their supplies primarily through traditional means of diversion, including double doctoring, theft, prescription fraud and forgery, and through the internet. Pharmacists play an important role in the efforts to curb drug diversion. The initial goals of the project were two-fold:

1. Quantify the level of potential drug diversion taking place in licensed pharmacies; and
2. Develop reconciliation standards for narcotics in pharmacies.

MOTION: to accept as information the report from the Tri-Provincial Executive Committee.

Moved by **Kelly Olstad**/Seconded by **Kamal Dullat**/CARRIED

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 June 18, 2015 council meeting evaluations was circulated with the agenda for information.

6. Adjournment

6.1 Forthcoming Events and Council Meeting Dates

- 6.1.1 November 30 - December 1, 2015 – Council Meeting, Edmonton**
- 6.1.2 March 3-4, 2016, Edmonton**
- 6.1.3 March 3, 2016 – APEX Awards, Edmonton**
- 6.1.4 May 11, 2016 – Council Meeting, Edmonton**
- 6.1.5 May 12-13, 2016 – ACP Leadership Forum, Edmonton**
- 6.1.6 June 23-24, 2016 – Council Meeting, Calgary**

**6.1.7 June 23, 2016 – Celebration of Leadership/Installation of President
Calgary**

6.1.8 June 25-27, 2016 – CPhA Conference, Calgary

6.2 Adjournment

MOTION: that this meeting of Council be adjourned.

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

Meeting was adjourned at 4:58 p.m.