**MINUTES**
**Council Meeting**
**ALBERTA COLLEGE OF PHARMACISTS**
**April 22-23, 2015**
**Westin Hotel, Edmonton**

## 1. Introduction

### 1.1 Call to Order

President Willsey called the meeting to order at 8:00 a.m. He welcomed Terri Schindel, Associate Dean, U of A Faculty of Pharmacy and Pharmaceutical Sciences, thanking her for joining Council on behalf of Dean Kehrer. Registrar Eberhart acknowledged and welcomed observers from ACP's Registration Department; Linda Hagen, Krassin Antov, Heather Stone, and ACP's Accounts Administrator, Maria Ranson.

The business meeting of Council was held over two days. On Wednesday, April 22, the meeting opened at 8:00 a.m. and recessed at 5:15 p.m. On Thursday, April 23, the meeting reconvened at 8:00 a.m. and adjourned at 12:30 p.m.

### 1.2 Roll Call

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

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

**Non-Voting**

- Bryan Hodgson – APSA Student Representative (April 22, 2:00 - 5:00 pm)

**Regrets**

- Jim Kehrer - Dean, Faculty of Pharmacy & Pharmaceutical Sciences

**Also in attendance:**

- Greg Eberhart - Registrar
- Dale Cooney - Deputy Registrar
- Lynn Paulitsch - Operations and Finance Director
- Shirley Nowicki - Communications Director
- Leslie Ainslie - Executive Assistant

- Terri Schindel - Associate Dean, Under Grad Program, Faculty of Pharmacy & Pharmaceutical Sciences (on behalf of Dean Kehrer)
- Linda Hagen - ACP Registration Manager (April 22, 8:00 - 11:30 am)
- Krassin Antov - ACP Registration Administrator (April 22, 8:00 - 11:30 am)
- Heather Stone - ACP Registration Administrator (April 22, 8:00 - 11:30 am)
- Maria Ranson - ACP Accounting Administrator (April 22, 8:00 - 11:30 am)
- John Stelter – KPMG (April 22, 1:30 – 2:00 pm)
- Leanne Bjornstad – KPMG, KPMG (April 22, 1:30 – 2:00 pm)
- Mehnaz Anwar, Incoming APSA Student Representative (April 22, 2:00 - 5:00 pm)
- Dr. Christine Hughes - UofA, Faculty of Pharmacy and Pharmaceutical Sciences (April 22, 2:00 - 2:45 pm)
- Stephanie Bryson, Quercus Solutions (April 23, 8:00 am - 12:30 pm)
- Jennifer Tran, Quercus Solutions (April 23, 8:00 am - 12:30 pm)

**1.3 Invocation**

Kelly Olstad 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 **Kamal Dullat**/Seconded by **Jennifer Teichroeb/**CARRIED

**1.4.1 Additions to the Agenda**

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

**NOTE**: Council deliberated all agenda items on April 22 with the exception of agenda items 2.3, 2.4, 5.0 and 6.0 addressed during the April 23 meeting of Council.

**MOTION**: that Council adjourn at 5:15 p.m. and reconvene at 8:00 a.m. Thursday, April 23, 2015.
Moved by **Kelly Boparai**/Seconded by **Kamal Dullat**/CARRIED

**1.5 Minutes from Previous Meetings**

**1.5.1 Minutes – February 25-26 2015**

**MOTION**: to approve the minutes of the February 25-26, 2015 as circulated.
Moved by **Bob Kruchten**/Seconded by **Brad Couldwell**/CARRIED

**1.6 Disposition of Directives**

The Disposition of Directives was provided for information. President Willsey invited questions; however, none arose.
**MOTION**: to accept the Disposition of Directives as information.
Moved by **Taciana Pereira**/Seconded by **Rick Hackman**/CARRIED

**1.7 In Camera -** NIL

## 2. Governance

### 2.1 ENDS and Executive Limitation Amendments

#### 2.1.1 Policy E (Mega-End) – 2014 Annual Report

The Annual Report reflects the business undertaken by the College in 2014 and our achievements including the reporting required through the *Health Professions Act* and the Mega-End policy of Council. Upon review, Council requested minor editorial amendments.

**MOTION**: to approve the 2014 Annual Report with amendments and proceed with its publication.
Moved by **Taciana Pereira**/Seconded by **Kelly Olstad**/CARRIED

### 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. Where external reporting is required (EL-4 Financial Condition-External Review), presentations were be made by external experts.

##### 2.2.1.1 EL-4 - Financial Condition – External Review

Council reviewed the audited financial report from ACP's external auditors KPMG, for the year ending December 31, 2014. John Stelter and Leanne Bjornstad, from KPMG presented the external financial report to Council, and responded to questions from Council Members.

**MOTION**: to approve the external audited financial report for the fiscal year ending December 31, 2014.
Moved by **Al Evans**/Seconded by **Brad Couldwell**/CARRIED

***Note***: *All administrative team members with the exception of Maria Ranson, ACP Accounts Administrator, excused themselves for this discussion.*

**MOTION:** that Council thanks Maria Ranson for her diligence in maintaining the accuracy of ACP's financial records during her over 15 years while serving as accounting administrator. Council wishes Maria the very best in her retirement.
Moved by **Rick Hackm**an/Seconded by **Kelly Olstad**/CARRIED

##### 2.2.1.2 EL-4 Financial Condition – Internal

Internal Financial Statements and Variances for the month ending December 31, 2014 were submitted for Council's approval. In addition, Council received for information, an "Analysis of Variance between the 2013 and 2014 Audited Financial Statements", and a "Statement of Surplus" for the Year Ended December 31, 2014.

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

**2.2.2 Governance Policies – Compliance Reports**
Governance Policies (GP policies) define how Council conducts itself. Council reviewed the following governance policies, reflecting on its compliance with each policy

**2.2.2.1 GP-1 Global Governance Process MOTION**: that Council is in compliance with Governance Policy GP-1 Global Governance Process.
Moved by **Rick Hackman**/Seconded by **Kelly Boparai**/CARRIED

**2.2.2.2 GP-10 Council Linkage with Other Organizations**
Council has appointed representatives to NAPRA, CCCEP and PEBC.

**MOTION**: that Council is in compliance with Governance Policy GP-10 Council Linkage with Other Organizations**.**
Moved by **Kamal Dullat**/Seconded by **Bob Kruchten**/CARRIED

**2.2.2.3 GP-11 Council Planning Cycle and Agenda Control**
**MOTION**: that Council is in compliance with Governance Policy GP-11 Council Planning Cycle and Agenda Control.
Moved by **Al Evans**/Seconded by **Taciana Pereira**/CARRIED

**2.2.2.4 GP-12 Handling of Operational Complaints**
**MOTION**: that Council is in compliance with Governance Policy GP-12 Handling of Operational Complaints.
Moved by **Kamal Dullat**/Seconded by **Kelly Boparai**/CARRIED

**2.3 Governance Indicators (Performance Matrix)(Appendix 1 – see portal)**
At its February meeting, Council reached consensus on weighted indicators for the majority of sub-indexes for "Public and Stakeholder Confidence", however asked the Executive Committee to reconsider, and provide draft weightings for indicators under the "Understanding Practice Expectations" sub-index. The Executive Committee submitted that the publically funded services indicator be stratified as follows, based on the logic used by RxA in negotiating the model:

- **Episodic Care Assessments for Albertans Related to the Dispensing of a Prescription**
  - Adaptation of a Prescription Medication
  - Prescription Renewal
  - Refusal to fill a Prescription
  - Trial Prescription
- **Primary Care Assessments for Albertans**
  - Administration of Drugs/Vaccine by Injection
  - Prescribing at Initial Access or Managing Ongoing Therapy
  - Prescribing in an Emergency
- **Chronic Care Assessments for Albertans**
  - Comprehensive Annual Care Plan (CACP)
  - Standard Medication Management Assessment (SMMA)

Appendix 1 provides further insight to Council's discussion, the indicators and weightings that were agreed to support Quality Care.

## 2.4. Strategic Planning - (Appendixes 1 and 2 see portal)

**3-5 year Strategic Goals**

During deliberations, Council consolidated the six strategic priorities identified during the February strategic planning session; and approved the following five (5) strategic goals:

- 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.

**MOTION**: to approve the adapted Strategic Goals.
Moved by **Kamal Dullat**/Seconded by **Taciana Pereira**/CARRIED

**Strategic Actions to Support Strategic Goals**

Registrar Eberhart presented for Council's consideration, draft 3-5 year Strategic Actions to support the Strategic Goals approved by Council. Stephanie Bryson facilitated Council discussion about the strategic actions and how they are critical to achieving the Strategic Goals approved Council. Council provided several suggestions for amending the actions and supported them in principle.

Council asked Registrar Eberhart as to whether completion of the actions would ensure achievement of the goals; and whether ACP had the capacity to deliver on all of the actions within this 5 years cycle. He indicated that every goal would be addressed by multiple actions; and that by at least initiating every action within the 5 year period that every goal would be impacted in some way. He indicated that he did not have enough information at this time to respond to capacity; as that would depend on the business plan and the resources available.

Registrar Eberhart will present an update on business plan development at the June meeting, identifying critical success factors and risks. He will identify early priorities (1 year), mid-term priorities (2-3 years), and longer term business priorities (4-5 years). The latter priorities will be dependent on the early foundational successes.

Appendix 1 outlines the Strategic Actions, and Appendix 2 provides a synopsis of Council's discussions and subsequent amendments to the Strategic Actions.

## 2.5 Nominating Committee Report – Election of Officers

On behalf of the Nominating Committee, President Willsey submitted nominations for the positions of president elect and executive member at large. Taciana Pereira was nominated for the position of President-Elect, and Brad Couldwell was nominated for the position of Executive-Member-at-Large.

### 2.5.1 President–Elect 2015-16

President Willsey submitted the name of Taciana Pereira for the position of president elect. He called for nominations from the floor three times. None were received.

**MOTION**: that nominations cease for the position of president elect; and that Taciana Pereira be appointed as President Elect by acclamation for the 2015-16 council term, commencing July 1, 2015.
Moved by **Rick Hackman/**Seconded by **Al Evans**/CARRIED
**Abstained:** Taciana Pereira

### 2.5.2 Executive Member At Large 2015-16

President Willsey submitted the name of Brad Couldwell for nomination as the executive member at large. He then called for nominations from the floor three times. None were received.

**MOTION**: that nominations cease for the position of executive member at large; and that Brad Couldwell be appointed as Executive-Member-a-Large by acclamation for the 2015-16 council term, commencing July 1, 2015.
Moved by **Kamal Dullat**/Seconded by **Bob Kruchten**/CARRIED
**Abstained:** Brad Couldwell

## 2.6 Ownership Linkage

### 2.6.1 Engagement with Albertans Since Last Meeting

The following issues were introduced and discussed during this forum:

- ACP communication strategies need to inform registrants "WHY" they need to participate in competence programs. It is not sufficient to base this on regulatory requirements; rather, our message needs to focus on ethics and professionalism;
- ACP is welcoming feedback from members about the tutorial and the revised competence program. Overall, there has been strong support, and a small group who do not seem to have bought in. ACP will assimilate all feedback received, and make informed decisions for process improvements;
- It was observed that many members don't know who council is, or what council's role is. There is a need to enhance the engagement of council members with registrants.
- Council had a general discussion arising from the CBC Marketplace story about pharmacists failing to comply with minimum standards when providing schedule 2 drugs. During the discussion council touched base on environmental factors that may impact pharmacist behaviors and performance including technology and the availability of the appropriate human resources.

## 3. Legislated Responsibilities

### 3.1 Hearing Tribunal Decisions

#### 3.1.1 Momataz Ebied - Registration Number 6232

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

**MOTION**: to accept the Hearing Tribunal reports as information.
Moved by **Kamal Dullat**/Seconded by **Rick Hackman**/CARRIED

### 3.2 Report from the Competence Committee

#### 3.2.1 Amended Rules for the Continuing Competence Program

Deputy Registrar Cooney sought Council approval to amend the following three rules of the Continuing Competence Program (CPP) identified through discussion with ACP's Competence Committee; and in preparation for the implementation of the CCP via the on-line portal.

- **Rule 28:** Once the audit is complete, the competence director will notify the clinical pharmacist of the result, in writing, at the last address the clinical pharmacist provided to the college.
    - **Proposed change:** Once the audit is complete, the competence director will notify the clinical pharmacist of the result, in writing, at the last mailing or email address the clinical pharmacist provided to the college.

      The existing Rule 28 implies that the pharmacist would be notified of audit results by standard mail; ACP wants to specify that this notification may be communicated by either email or standard mail.
- **Rule 40:** A clinical pharmacist who is the subject of a referral to the Competence Committee under Rule 38 may, within 15 days of having received notice, submit materials for consideration by the Competence Committee and may request an in-person hearing.
    - **Proposed change:** Remove "and may request an in-person hearing"

      If a pharmacist is referred to the Competence Committee under Rule 38, the Committee will be reviewing the results of the audit of the written materials submitted by the pharmacist. As per the current Rule 40, the pharmacist may submit written materials for the Competence Committee to consider along with the audit results. ACP legal counsel has advised that since the process of the Committee is a review of written materials only, it may be inappropriate to consider "in-person" information at the same time. Note, the removal of this option does not prevent further appeal by the pharmacist. The legislation provides that decisions of the Competence Committee may be appealed to Council.

- **Rule 51:** A pharmacist who is on one of the associate, cancelled or retired register may voluntarily participate in the Continuing Professional Development Program CPD) and submit documentation to ACP through the CPD web portal for pharmacists, located on the ACP website.

  - **Proposed change:** Remove "cancelled" and "retired" from this rule.

  There is a subscription fee for each CPD portal user. Cancelled and retired registrants do not currently have access to the portal; should these individuals want access, they may apply to the associate register.

**MOTION**: to approve amendments to the Rules for the Continuing Competence Program.
Moved by **Kelly Boparai**/Seconded by **Brad Couldwell**/CARRIED

### 3.2.2 Continuing Competence Program Update

Deputy Registrar Cooney submitted an update on the Continuing Competence Program for Council's information.

**MOTION**: to accept the update on the Continuing Competence Program as information.
Moved by **Kamal Dullat**/Seconded by **Jennifer Teichroeb**/CARRIED

## 3.3 Incident Inspections

Registrar Eberhart briefed Council about ACP's findings and recommendations arising from two inspections that he appointed under the *Health Professions Act* and the *Pharmacy and Drug Act* in 2014.

### 3.3.1 Child and Youth Advocate of Alberta – Baby Annie Report

The Registrar established an inspection pursuant to the *Health Professions Act*, to learn about how pharmacy practice may have contributed to the events outlined in the Report of the Child and Youth Advocate.

- Concluding Remarks from the Report: "The Baby Annie case is both tragic and complex. The investigative review by the Office of the Child and Youth Advocate of Alberta identifies that poor coordination of care, combined with multiple individual failures resulted in a number of serious errors that contributed to the death of a newborn infant two weeks after she was born. The report made a total of five recommendations spanning a range of health and family services. The recommendation most relevant to this report is Recommendation #4: "The College of Physicians and Surgeons and the Alberta College of Pharmacists should review the effectiveness of PIN [NETCARE] to detect and flag multi-doctoring and potential safety concerns related to codeine and benzodiazepine prescriptions, with a view to preventing fetal exposure to these medications. While far from being a complete analysis of the situation, this report provides some context to explore these recommendations in more detail.

The fact that our inspector was not able to interview Baby Annie's mother directly and that both the primary physician and the pharmacist who provided most of the patient care have retired presented significant challenges to fully identify all of the contributing factors in this case. Despite this, all of the pharmacies assessed showed a high level of co-operation and a willingness to change their systems to prevent similar events from occurring in the future. One of the vital behaviors the ACP professional practice department currently focuses on with licensees is the need for pharmacists to connect and communicate with the patient in order to understand and assess their situation. This is an essential course of action to deal with substance abuse issues in a positive and informed way.

The Registrar initiated a complaint to the Complaints Director respecting the practices at the primary pharmacy. The licensee has been cooperative in enhancing policies, procedures, and practices related to assessment, documentation, and the routine use of NETCARE. As the primary pharmacist is no longer practicing, this matter was resolved without being referred to a Hearing Tribunal. Follow-up visits have been scheduled and are occurring by ACP practice consultants with all other pharmacies inspected. We have found that the pharmacies are successfully implementing recommendations that will mitigate the probability of reoccurrence."

**3.3.2 NorQuest Immunization Clinic – ACP Report**

This report outlines the details of an inspection conducted by the Alberta College of Pharmacists (ACP) pursuant to s53.1 of the *Health Professions Act* and s21 of the *Pharmacy and Drug Act*. On October 28th, 2014 an influenza vaccination clinic was held at NorQuest College, in Edmonton. The clinic was conducted by Alberta Pharmacy Services (APS), a non-licensed company that provides outreach pharmacy services on behalf of a licensed, Edmonton-based pharmacy. During the course of this clinic, an incident occurred where standard infection control protocols were not observed by one of the student injectors and multiple patients could have been exposed to compromised vaccine. The protocol breach was observed by one of the patients who brought it to the attention of the clinic management and Medical Services Department Staff of NorQuest College.

- Concluding Remarks from the Report - The NorQuest College influenza clinic had the potential for serious negative consequences to the health of those involved. Fortunately, because of the low risk status of the source patients in both the needle stick incidents, serious harm did not occur. A major contributing factor to this case was the inexperience of all parties at APS. APS had limited experience in performing a clinic of this magnitude before and both supervising pharmacists were new graduates that had very limited supervisory experience. As well, all pharmacists involved at APS stated that the NorQuest clinic was modeled on the student influenza clinics that occur at the University of Alberta. However, those that had participated in the University clinic were participants rather than organizers which provided only a cursory understanding of the development and implementation of that clinic and so similarities were superficial at best.

Either way, a clinic of this nature should have been modeled on the *Standards of Practice for Pharmacists and Pharmacy Technicians* and the *Standards of Practice for Licensed Pharmacies* and not on the educational protocols/program of an educational facility. Because of these factors, APS did not adequately plan or prepare for the clinic, as demonstrated by the lack of policies and procedures, training, and student supervision. Large offsite influenza clinics such as this are an example of how the practice of pharmacy is evolving and changing in Alberta. As pharmacists begin to expand their professional boundaries, incidents like this demonstrate the importance of maintaining and applying the standards of practice regardless of the setting in which services are provided.

The co-owners of Community Members Pharmacy, on which APS provided services, have accepted full responsibility for the incident. They have cooperated through the college's inspection. Conditions have been prescribed on the annual practice permits of each, and additional conditions have been place on the pharmacy license of community member's pharmacy.

**3.4 DRAFT Policy for Pharmacists and Pharmacy Technician Immunizations**

Council continued its deliberation about whether pharmacists and pharmacy technicians should be mandated to receive annual influenza immunizations. Pharmacists are primary healthcare providers who work in close proximity to a large population of Albertans. Pharmacists advocate for individuals and families to be immunized, as this is one of the best lines of defense against being affected by influenza.

ACP surveyed registrants asking if pharmacists and pharmacy technicians who are providing direct patient care be required to be immunized or wear protective clothing. In addition, ACP initiated further environmental scanning of other professions:

<u>Environmental Scan</u>

- **CSHP 2014** - All healthcare workers have an ethical responsibility to first do no harm, which includes reducing the risk of transmission of influenza to their patients. The most effective method for preventing the spread of influenza is through annual vaccination, as neither previous influenza infection nor immunization in past years provides sustained protection.
    - Healthcare workers with influenza may transmit the virus to patients whether the infection is symptomatic or asymptomatic. For example, the virus can be transmitted as early as 1 day before the onset of symptoms. Furthermore, some individuals remain asymptomatic throughout the course of their infection but are still capable of transmitting live virus to others.
    - Because immunization rates achieved through voluntary vaccination programs are unacceptably low, mandatory immunization should be considered. Healthcare workers who cannot be vaccinated because of medical contraindications or a shortage of vaccine should be required

to follow appropriate infection control measures such as wearing a mask.

- **WHO March 2014** - The most effective way to prevent the disease and/or severe outcomes from the illness is vaccination. Safe and effective vaccines are available and have been used for more than 60 years. Among healthy adults, influenza vaccine can provide reasonable protection. However among the elderly, influenza vaccine may be less effective in preventing illness but may reduce severity of disease and incidence of complications and deaths.

  Vaccination is especially important for people at higher risk of serious influenza complications, and for people who live with or care for high risk individuals.
  WHO recommends annual vaccination for:
  - pregnant women at any stage of pregnancy
  - children aged 6 months to 5 years
  - elderly individuals (≥65 years of age)
  - individuals with chronic medical conditions
  - ***healthcare workers.***

- **CPSA 2013** - Influenza in a healthy adult can be mild and mistaken as a "routine cold". Too often, a hard-working and "conscientious" physician goes to work 'mildly ill' potentially seeing patients in an office, a long term care or an acute care centre. If the suspected "cold" is actually influenza, the virus may spread to those most susceptible. Patients with underlying health problems, particularly heart and lung disease, are more likely to develop severe influenza with complications, resulting in admission to hospital with pneumonia, myocardial infarction, exacerbation of Chronic Obstructive Pulmonary Disease, etc. These complications are triggered by influenza although the connection is often not made.

- **Canadian Nurses Association 2012** - The rationale for immunizing HCWs is that:
  - HCWs with influenza can be infectious at least one day before their initial signs and symptoms, and most HCWs will continue to work even when ill with influenza, particularly if the illness is mild. Approximately 20 per cent of ill HCWs remain subclinical yet are still infectious.
  - Some groups that are at high risk of influenza complications cannot receive the vaccine, such as babies less than six months of age. Persons who have had an anaphylactic reaction to a previous dose of influenza vaccine or are allergic to a vaccine component should not receive influenza vaccine. Some groups, such as immunocompromised patients, can generally receive inactivated influenza vaccine but may not develop protective immunity. Others, such as the elderly, should be immunized but do not develop good levels of immunity from the vaccine. These vulnerable groups are best protected when their family and the community around them, including RNs, are immunized.

- Occupational exposure of HCWs to influenza is a concern, given the high concentration of seriously ill people in health-care settings. Immunization of workers protects them, their families and those they care for. Measures such as hand hygiene and barrier precautions such as masks constitute important additional protective steps, but they do not offer the same level of protection that immunization does.

- Alberta Health has indicated it was deliberating a provincial mandatory immunization policy however the current Minister of Health stated he would not mandate immunizations.

- CARNA announced their support for "employer policies of mandatory choice of influenza vaccination or wearing protective clothing for anyone working in health care".

Council asked Registrar Eberhart to continue researching the feasibility of a mandatory immunization policy, and to seek legal counsel with respect to authority to mandate, and ACP's potential exposure to risk. Council deliberations introduced the following observations and questions:

- Pharmacy students are required to be immunized against influenza prior to going on practice rotations.
- Should all personnel working in a pharmacy be immunized, or should this be restricted to regulated professionals?
- Should immunizations against mumps, measles and other community acquired diseases be required?
- How would such a policy be enforced?
- What is our jurisdiction to establish such a policy, and what would be the best approach?
- Consideration should be given to including some mandated learning requirements on vaccination and immunization through the competence program;
- Should study policies on yellow-fever requirements; and learn how exemptions are managed;
- Research the possible legal consequences in an environment where immunization was mandated, and if it were determined that an unimmunized regulated member transmitted a communicable disease, who would be liable – the registrant, the employer, and/or ACP?

**3.5 Rules for Resolutions**

At its February meeting, Council requested minor amendments to the draft Rules for Resolutions presented by Registrar Eberhart. Council approved the amended Rules for receiving and deliberating resolutions submitted by members as follows:

<u>Amended Rules for Resolutions - Pursuant to Bylaw 30</u>

1. Council must annually appoint a Resolutions Committee, consisting of not fewer than three members of the council.

a. Council may approve and amend terms of reference for the committee as it determines appropriate.
b. The primary role of the committee will be to:
    i. Facilitate the invitation of resolutions from voting members,
    ii. Identify emerging issues and propose resolutions in response to them, and,
    iii. Review proposed resolutions to ensure that they meet these rules approved by council, prior to them being released for discussion.

*Invitation to Submit Resolutions*

2. The Registrar shall invite resolutions from members annually.
    a. Invitations for resolutions may be published through any official publication of the College; and,
    b. Must be published prior to 4:30 p.m., the first Friday in September
3. Voting Members may submit resolutions to the Resolutions Committee prior to 4:30 p.m. on the first Friday in October.
4. Resolutions must be:
    a. In writing; and,
    b. Signed by at least 10 voting members.
5. Resolutions shall:
    a. be consistent with the *mission, vision and value statements* of the college;
    b. address only one subject;
    c. be factual and include the proposed disposition of the motion approved;
    d. present a positive position to assist in resolving a negative situation. (A resolution should not be entirely critical and a person or group should not be named in it); and,
    e. be supported by primary reference sources (.i.e. statistics or data where appropriate)
6. A resolution cannot address an amendment to any federal or provincial legislation, or ACP bylaws.

*Deliberations of the Resolutions Committee*

7. The Resolutions Committee shall meet annually, prior to the third Friday in October, to review resolutions received, and any that it proposes, to ensure that they comply with section 5 and 6 of these rules.
8. If the committee is satisfied that a resolution meets the requirements of rules 5 and 6, it may approve the resolution for the purpose of discussion with members.
9. Should the committee determine that a proposed resolution does not meet any part of rules 5 or 6, the committee may:
    a. Consult with the resolution sponsors to amend the resolution so that it complies with the rules;
    b. Independently amend the resolution so that it complies with the rules;
    c. Defer the resolution for further discussion with the sponsors, possibly to be considered at a later date; or,
    d. Decline the resolution.
10. Should the committee independently amend, defer, or decline a resolution, the committee must provide reasons for its decision.

11. The committee must provide its decision in writing to the Registrar and resolution sponsors prior to October 31. Written decisions may be delivered electronically.
12. Decisions of the Resolutions Committee are final.

*Engagement and Discussion with Members*

13. The Registrar will annually facilitate discussion about resolutions approved by the committee with members.
14. Resolutions presented to members for discussion may not be further amended.
15. Discussion with members may be in person, or facilitated through any medium that accommodates two-way communication.
16. Comments received from members will be summarized, and made available to council.

*Deliberations of Council and Disposition of Resolutions*

17. Council will consider resolutions approved by the Resolutions Committee and discussed with members, annually at its regularly scheduled meeting in June.
18. The Registrar shall provide the council a summary of the discussions with members about each resolution.
19. Council may:
    a. Support the resolution presented to members for discussion;
    b. Support an amended version of the resolution; or,
    c. Not support the resolution.
20. The decision of council is final, and will be communicated to members, along with reasons for council's decision, in an official publication of the college, no later than June 30.

**MOTION**: to approve the Rules for Resolutions as amended.
Moved by **Brad Couldwell**/Seconded by **Kamal Dullat**/CARRIED

**3.6 Amendments to the Scheduled Drugs Regulation**

The *Scheduled Drugs Regulation* expires in 2016. This is an opportune time to review the regulation, and to make amendments to the schedules. Council reflected on the history of the regulation, its structure and how it is currently administered. Council considered the possibility of seeking and/or supporting the following amendments:

- move several vaccines from schedule 1 to schedule 2 status to accommodate the needs of public health nurses; and,
- move non-prescription codeine products from schedule 2 to schedule 1.

A briefing from Alberta Health indicates that it wishes to make vaccines more accessible. Council has requested that Registrar Eberhart obtain further information from Alberta Health, to better understand how existing policies might be amended to further achieve this goal.

Council had a preliminary discussion about the feasibility of moving non-prescription codeine products from schedule 2 to schedule 1. Council explored the relative therapeutic value of these products, risks associated with them, and whether public need would be negatively impacted if rescheduling were to occur.

### 3.7 Registration

#### 3.7.1 Amended Rules for Structured Practical Training Program

ACP Registration and Competence Departments reviewed the rules for the Structured Practical Training Program (SPT) in preparation of the portal for on-line management of SPT. The review identified two changes, which Deputy Registrar Cooney recommended be applied to both the pharmacy and pharmacy technician programs. The first change will add a rule to the SPT stating that "The SPT learner may not complete SPT hours at a site where he/she has a close personal relationship with the licensee and/or proprietor of the pharmacy", and the second change amends Rule 7 so that an SPT learner may only have a maximum of 1 preceptor per level.

**MOTION**: to approve the recommended amendments to the rules for the Structured Practical Training Program.
Moved by **Al Evans**/Seconded by **Brad Couldwell/**CARRIED

#### 3.7.2 Pharmacy Technician Registration

The deadline for provisional pharmacy technicians qualifying via Path 1 (transition) expires December 31, 2015. Deputy Registrar Cooney briefed Council on the actions that will be taken for those who do not move to the pharmacy technician register on or before January 1, 2016. There are currently 1040 individuals with provisional pharmacy technician practice permits. 868 of those practice permits will expire December 31, 2015. Of those 868, 247 are graduates of accredited programs (Path 2) and 621 are Path 1 candidates.

### 3.8 Honourary Life Memberships

Registrar Eberhart introduced a nomination, recommending that an Honourary Life Membership be awarded to Byron Bergh. In presenting the nomination, he suggested that pending Council's decision that the honour be awarded to Byron on June 17, 2015 at ACP's Celebration of Leadership, when we will install our new president.

**MOTIO**N: to award Byron Bergh with an Honourary Life Membership.
Moved by **Kelly Olsta**d/Seconded by **Kamal Dulla**t/CARRIED

## 4. Miscellaneous Business for Council's Consideration

### 4.1 Report from the Faculty

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

**4.2 Report from CCCEP**

The report from Art Whetstone, Executive Director of the Canadian Council on Continuing Education for Pharmacists, was submitted for information.

**4.3 Report from PEBC**

The report from Kaye Moran, ACP's appointee to the Board of the Pharmacy Examining Board of Canada, was submitted for information.

**OMNIBUS MOTION**: to accept as information reports submitted under Agenda Items 4.1 - 4.3.
Moved by **Brad Couldwell**/Seconded by **Kamal Dullat**/CARRIED

**4.4 Report from Dr. Christine Hughes – Research Project Update - Perceptions Of Pharmacists' Role And Professional Development Needs In The Era Of Expanding Scopes Of Practice**

Dr. Hughes shared highlights of her research on perceptions of pharmacists' roles and their professional development needs in an era of expanding scopes or practice. Her research included responses from over 1000 pharmacists across Canada. She noted a strong desire for pharmacists to take on new roles; however, this was impeded by a lack of confidence by many. She noted the important synergy between gaining knowledge with experience in attaining competent and confident practitioners (Knowledge+ Experience → Confidence).

Following are some highlights of her comments:

- There is a need to clarify the role of pharmacists with the public, within our profession, and amongst stakeholders
- Pharmacists appear to be least confident in physical assessment (where needed), complex specialty compounding, understanding and interpreting lab tests, making decisions about complex drug therapy, initiating new drug therapy
- Practice has been very science-based; however, with the advent of more clinical roles pharmacists need to have confidence in exercising "reasonable judgement". This is not always comfortable, as there is not always an absolute answer. We are on the brink of introducing the need for the "art of pharmacy" that needs to be exercised when using and applying scientific principles to the human condition and need
- Pharmacists need to understand "what they don't know" as much as "what they know"; it is a professional responsibility to understand one's personal professional limitations
- There is increasing differentiation between pharmacists; therefore, a "one-size fits all" approach to professional development will not be a best practice
    - Traditional forms of professional development will not change practice
- Pharmacists are excited about taking "the next step" in advancing their practice (i.e. apply laboratory results as a routine part of practice)
    - There is a need to foster excellence through mentorship, coaching, and peer support

**4.5 Alberta College and Association of Chiropractors (ACAC) White Paper**
The White Paper identifies the intent of the ACAC to petition the Alberta government for an expanded scope of practice including prescribing. Council expressed its opposition to the whitepaper; as they did not see the new roles to fall within the scope or philosophy of Chiropractic practice. The proposal is based on a fundamental change in the beliefs and approach to treatment of chiropractors that it falls outside of the intent of the *Health Professions Act*.

**4.6 Rural Health Services Review – Final Report "Understanding the concerns and challenges of Albertans who live in rural and remote communities."**
Council briefly discussed the report and observed that the process was substantively medically oriented, and that it did not adequately consider pharmacy services in rural communities. It neither recognized how pharmacy was bridging many gaps as a means to improve access; nor did it recognize many challenges that rural pharmacies faced.

## 5. Evaluation of Meeting

Council reflected on its; and each Council Member's personal performance at the meeting and over the past year.

**5.1 Self-Evaluation of Council Performance at this Meeting**
President Willsey reminded Council Members to complete the electronic meeting evaluation form and submit them to Leslie Ainslie for collation and review at its next council meeting.

**5.2 Summary of Results for the February 25-26, 2015 Council Meeting**
A summary of the February 25-26, 2015 council meeting was circulated with the agenda for information.

## 6. Adjournment

**6.1 Forthcoming Events and Council Meeting Dates**

**6.1.1 June 17, 2015 – Installation of the President - Calgary**
**6.1.2 June 18, 2015 - Council Meeting – Calgary**
**6.1.3 September 23-25, 2015 - Council Meeting/Board Development – Banff**
**6.1.4 November 30 - December 1, 2015 – Council Meeting – Edmonton**

**6.2 Adjournment**
**MOTION**: that this meeting of Council be adjourned.
Moved by **Kamal Dullat**/Seconded by **Taciana Pereira**/CARRIED

Meeting was adjourned at 12:30 p.m.