

MINUTES
Council Meeting
ALBERTA COLLEGE OF PHARMACISTS
June 21, 2017
Hotel MacDonald, Edmonton

1. Introduction

1.1 Call to Order

President Pereira called the meeting to order at 8:06 a.m. She welcomed incoming council members Fayaz Rajabali (District 3) and Dana Lyons (District B), and acknowledged observers to council; Past President Don Makowichuk, and ACP Practice Consultants Monty Stanowich and Rakhee Patel.

President Pereira thanked Councillor Clayton Braun (District 2), Councillor Jennifer Teichroeb (District B), and Dale Cooney, Deputy Registrar, for their support on Council and service to the health and wellbeing of Albertans during their tenure.

1.2 Roll Call

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

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

Non-Voting

- Neal Davies - Dean, Faculty of Pharmacy & Pharmaceutical Sciences

Also in attendance:

- Greg Eberhart - Registrar
- Dale Cooney - Deputy Registrar
- Lynn Paulitsch - Operations and Finance Director
- Leslie Ainslie - Executive Assistant
- Barry Strader - Communications Director
- Observers

1.3 Invocation

Clayton Braun read the invocation.

1.4 Adoption of the Agenda

1.4.1 Consent Agenda

MOTION: to lift from the Consent Agenda “Pharmacy License Renewal”.

Moved by **Brad Willsey**/Seconded by **Clayton Braun**/CARRIED

- **Pharmacy License Renewal** – ACP recently published two articles in THE LINK, providing additional insight about the background for, and the intention for the Registrar administering the 30 hour “benchmark” for licensees to be “present” at the pharmacy for which they hold a license. Various concerns have been expressed by registrants, however the articles appear to provide the additional information to better inform licensees. Concerns were expressed by several independent owners that the policy is unreasonable because they have worked for years to prepare for retirement, and now feel unduly bound by this benchmark. Moving forward, Council will review a proposed licensee program, including rules to support it; the 30 hour benchmark will be reviewed and wording within the license application amended to provide disclosure, rather than a declaration of compliance; and, implementation of ACP’s new information system will require new processes at the time of license renewal next year; and communication about expectations and requirements will be disseminated well in advance to ensure clarity and readiness.

MOTION: to accept the Consent Agenda report presented by Registrar Eberhart.

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

1.4.2 Additions to the Agenda

MOTION: to table agenda items 2.1.1, 2.6.1 and 4.2 to the October 2017 meeting.

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

MOTION: to approve the agenda as circulated to Council.

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

1.5 Minutes from Previous Meetings

1.5.1 Minutes – April 27-28, 2017 Council Meeting

MOTION: to adopt minutes of the April 27-28, 2017 council meeting as presented.

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

1.6 Disposition of Directives

The Disposition of Directives was provided for information. President Pereira invited questions; however, none arose. Registrar Eberhart provided Council with a synopsis of his review of the directives from the February 2015 – March 2017 council meetings. A review the outstanding directions will be done on a semi-annual basis and reported back to Council if required.

MOTION: to accept the Disposition of Directives as information.

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

1.7 In Camera

1.7.1 CR-5 Review of Registrar Performance

MOTION: that Council move “In Camera” at 12:25 p.m.

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

Council reviewed the performance of the Registrar during the past year in context with policy CR-5 Monitoring Registrar Performance.

MOTION: that Council move “Out of Camera” at 12:45 p.m.

Moved by **Clayton Braun**/Seconded by **Brad Couldwell**/CARRIED

2. Governance

2.1 ENDS and Executive Limitation Amendments

2.1.1 Policy E-2 (Resource Allocation) – Priorities for 2018

Agenda Item 2.1.1 was tabled to the October 2017 meeting.

2.2 Compliance Monitoring and Reports

2.2.1 Executive Limitations – Compliance Reports

Reports from the Registrar were provided for EL-4 and EL-11.

2.2.1.1 EL-4 Financial Condition – Internal

Council received Internal Financial Statements and Variances for the month ending April 30, 2017.

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-11 Emergency Executive

MOTION: that the Registrar’s compliance report on EL-11 Emergency Executive be approved.

Moved by **Kamal Dullat**/Seconded by **Clayton Braun**/CARRIED

2.2.2 Governance Policies (GP) – 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-3 Governing Style

MOTION: that Council is in compliance with governance policy GP-3 Governing Style. It was observed that Council is “where it needs to be” however, needs to continue having a future focus.

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

2.2.2.2 GP-4 Council Responsibilities

MOTION: that Council is in compliance with governance policy GP-4 Council Responsibilities. Council observed the need to be more effective in cultivating feedback from its morale owners.

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

2.2.2.3 GP-5 President's Role

MOTION: that Council is in compliance with governance policy GP-5 President's Role. Council members recognized President Pereira for her leadership and effectiveness in chairing our meetings over the past year.

Moved by **Bob Kruchten**/Seconded by **Mary O'Neill**/CARRIED

2.2.2.4 GP-6 Council Committees

MOTION: that Council is in compliance with governance policy GP-6 Council Committees.

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

2.2.3 Council-Registrar Relationship Policies (CR) Compliance Reports

CR Policies define the working relationship between the Council and the Registrar. Council reviewed CR-4 Delegation to Registrar, and reflected on its compliance with the policy.

2.2.3.1 CR-4 Delegation to Registrar

MOTION: that Council is in compliance with CR-4 Delegation to Registrar.

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

2.2.3.2 CR-5 Monitoring Registrar Performance

MOTION: that Council is in compliance with CR-5 Monitoring Registrar Performance.

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

2.3. Policy Review and Amendment

2.3.1 EL 10 Support to the Council

Executive Limitation policy EL-10 Support to the Council, is not monitored through our routine reporting cycle; but provides for a "direct inspection" at the request of Council. This means that if Council determines it necessary, it, or a panel of council members appointed by Council, may request review of documents that demonstrate compliance with any of the criteria within the policy.

MOTION: to approve Executive Limitations policy EL-10 Support to the Council, as written.

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

2.3.2 GP Policies – Policy Review and Amendment

Council reviewed these policies and provided recommendations for amendment as appropriate.

2.3.2.1 GP-3 Governing Style

MOTION: to approve governance policy GP-3 Governing Style as written.
Moved by **Al Evans**/Seconded by **Jennifer Teichroeb**/CARRIED

2.3.2.2 GP-4 Council Responsibilities

MOTION: to approve governance policy GP-4 Council Responsibilities as written.
Moved by **Clayton Braun**/Seconded by **Jennifer Teichroeb**/CARRIED

2.3.2.3 GP-5 President's Role

MOTION: to approve governance policy GP-5 President's Role as written.
Moved by **Kelly Boparai**/Seconded by **Brad Willsey**/CARRIED

2.3.2.4 GP-6 Council Committees

MOTION: to approve governance policy GP-6 Council Committees as written.
Moved by **Mary O'Neill**/Seconded by **Brad Willsey**/CARRIED

2.3.3 CR Policies – Policy Review and Amendment

Council reviewed these policies and provided recommendations for amendment as appropriate.

2.3.3.1 CR-4 Delegation to Registrar

MOTION: to approve CR policy CR-4 Delegation to Registrar as written.
Moved by **Stan Dyjur**/Seconded by **Jennifer Teichroeb**/CARRIED

2.4 Governance Matrix – Semi-Annual Report

Council reviewed the second report on the Governance Matrix. The governance report tracks data derived from 20 different indicators; reflecting activity within ACP's three Critical Success Factors: *Quality Care*, *Public and Stakeholder Confidence*, and *Effective Organization*. The report contains current data for all indicators and provided the first opportunity to begin trending against the initial results reviewed at the December 2016 council meeting. The report reflected the following:

- The Public and Stakeholder Confidence Index score increased slightly, as four indicators within this index showed very small positive trends since last measured (indicator 2 – appeals/reviews; indicator 4 – publically funded immunizations; indicator 5 – the number of episodic care assessments performed; and indicator 6 – the number of primary care assessments performed). Despite this, the scoring on indicator 3 (satisfaction with complaints resolution) decreased sharply. The sample size for this indicator is relatively small, therefore any changes in satisfaction, are highly sensitive in this part of the matrix.
- The quality care index score dropped due to a lower score on indicator 14 (scoring on operational index of pharmacies based on PPC assessments). Upon review we learned that the methodology used by our data analyst during this period had changed since the first measurement. This will be addressed for consistency in the future. Despite this, the scores for four other indicators within this index rose slightly since last being measured (indicator 12 – patient care

records; indicator 13 – vital behaviors; indicator 15 – real time NETCARE interface; and indicator 16 – APA and injection services.

- The Effective Organization index dropped slightly, due to a decrease in the score for the expense variance. The variance of expenses to budget experienced by ACP was greater during this period than in the past (expenses lower than budget).
- The overall index dropped from a score of 4.55 in the last reporting period to 4.01 in this reporting period; however, remained above our benchmark score of 3.65.

Council found the presentation of the Matrix scores to still be very “noisy” including too much data. They suggested that ACP administration review alternative ways of reporting; so as to reflect trends, without so many numbers. Council also reviewed recommendations respecting the rating scales for Indicators 7 and 17, and a recommendation that the indexes and benchmarks presented at this meeting be approved for ongoing monitoring, subject to new information suggesting a need for amendment. Council approved the proposed recommendations to the following indicators:

- **Indicator 7 - The percentage of eligible Albertans receiving chronic care assessment and at least three follow-up assessments:**

The rating scale and benchmark for this indicator had been previously set to accommodate the percentage of CACPs and SMMA's. At last report of December 6, 2016, Council chose to exclude SMMA's because the ratio of SMMA recipients to eligible SMMA Albertans is very small and inclusion could mask CACP trending.

Recommendation: Change the baseline/starting point of the measurement scale from 2% to 10%; maintain the increments at 2 percentage points.

Reason: The level of follow-up increases by removing SMMA's from the indicator.

- **Indicator 17 - The percentage of pharmacists who have PRAC ID:**

Reliable data simply reflecting the number of pharmacists having PRAC ID's may not be available. Limited data on the number of unique PRAC ID's ordering lab tests is attainable. Should the definition of the indicator change to provide more meaningful reporting on PRAC ID trending? Alberta Health *Analytics and Performance Reporting Branch* can provide the number of PRAC ID's issued but cannot report on usage. 2,843 PRAC ID's have been issued to pharmacists; none of which were issued recently (within the last 6 months). There also appears to be no way ascertain from this data if the 2,843 pharmacists are actively practicing and actually ordering lab tests. Alberta Health Services *Laboratory Services* can provide aggregate data on the number of unique pharmacists ordering lab test, order frequency, and provide data on the top ten tests ordered. Unfortunately, this data is unique by quarter only. There is currently no annualized data for the number of active “unique” PRAC ID's owning to pharmacists.

Recommendations: That the wording of the indicator used to track PRAC ID's be changed and a measurement scale relative to the data be approved.

Council considered two options:

- **Option A** - The percentage of practicing pharmacists who have ordered lab tests within the last three months.
- **Option B** - The percentage of pharmacists who hold a PRAC ID and have ordered lab tests within the last three months.
- **Option C** - No change to definition: The percentage of pharmacists who have a PRAC ID.

Reason: Reliable data simply reflecting the number of pharmacists having PRAC ID's may not be available.

Council preferred Option B for Indicator 17 as it gives more information about the activity. Council also accepted the recommendation that the indexes and benchmarks presented at this meeting be approved for the purpose of ongoing monitoring; subject to new information suggesting a need for amendment.

MOTION: that the indicator scales for Indicator 7 and 17 be amended as below and, that the indexes and benchmarks presented at this meeting be approved for the purpose of ongoing monitoring, subject to new information suggesting a need for amendment.

Indicator 7 - Rating Scale									
1	2	3	4	5	6	7	8	9	10
10%	12%	14%	16%	18%	20%	22%	24%	26%	28%

Indicator 17 – Rating Scale									
1	2	3	4	5	6	7	8	9	10
25%	30%	35%	40%	45%	50%	55%	60%	65%	70%

Moved by **Brad Couldwell**/Seconded by **Stan Dyjur**/CARRIED

2.5 Alberta College of Pharmacists Name Change

ACP engaged registrants through regional meetings, webinars, and finally through a survey, to learn about their perspectives about whether ACP should change its name. Council reviewed the feedback from the survey and deliberated whether ACP should change its name; and if so, what it should change its name to. Council supported the proposal to change the name of the Alberta College of Pharmacists to the Alberta College of Pharmacy; and will retain the ACP logo. Council supported this change, believing that it may be more inclusive and better reflect the scope of responsibilities of the College. ACP will recommend to Government, amendments to Schedule 19 of the *Health Professions Act* to change the name of the College to the Alberta College of Pharmacy, and to include the modernized role statements in the amendments.

MOTION: to proceed with the name change.

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

MOTION: to rescind motion.

Moved by **Bob Kruchten**/Seconded by **Clayton Braun**/CARRIED

MOTION: that ACP will recommend to Government to change the name of the college.

MOTION: to withdraw previous motion. ALL IN FAVOUR TO WITHDRAW/CARRIED

MOTION: that the Alberta College of Pharmacists recommend to Government, that Schedule 19 of the *Health Professions Act* be amended to change the name of the College to the Alberta College of Pharmacy. and further, that the College retain its logo.

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

2.6 Ownership Linkage

2.6.1 Engagement with Albertans since Last Meeting

Agenda Item 2.6.1 was tabled to the October 2017 meeting.

2.7 Appointments

2.7.1 Corporate

2.7.1.1 Legal Counsel

MOTION: that the legal firm of Shores Jardine LLP, be appointed as ACP's legal counsel for the 2017-18 council term; and that Mr. Jim Casey from Field Law LLP, and Mr. Fred Kozak from Reynolds Mirth Farmer, be appointed as legal advisors to ACP's Hearing Tribunals

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

2.7.1.2 Auditors

MOTION: that the accounting firm of KPMG LLP, be appointed as ACP's auditors for the 2017-18 council term.

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

2.7.1.3 Banking Institution

MOTION: that TD Canada Trust be appointed as ACP's financial institution for the 2017-18 council term.

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

2.7.1.4 Investment Counsel

MOTION: that Mr. Tom Richards of the firm TD Waterhouse, be appointed as ACP's investment counsel for the 2017-18 council term.

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

2.7.1.5 Signing Authority

MOTION: that Greg Eberhart, Dale Cooney, Lynn Paulitsch, Brad Couldwell and Rick Hackman, be granted signing authority on behalf of the College for the 2017-18 council term. All cheques require two signatures and for cheques issued over \$15,000, one of the two signatures must be that of the Registrar, Greg Eberhart, or the Deputy Registrar, Dale Cooney.

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

2.7.2 Committees of Council

2.7.2.1 Nominating Committee

MOTION: that Council appoints Brad Couldwell, Chair (President), Taciana Pereira (Past-President) and Al Evans (Public Member), as the Nominating Committee for the 2017-18 council term.

Moved by **Bob Kruchten**/Seconded by **Mary O'Neill**/CARRIED

2.7.3 CCCEP Board Appointment

MOTION: that Council rescinds the appointment of Debbie Lee, and appoints Pamela Timanson to the CCCEP Board of Directors for a three-year term effective July 1, 2017; expiring June 30, 2020.

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

2.8 Leadership Symposium

Council reflected on the experience at the Leadership Symposium; and discussed the preferred model for addressing “substance misuse” developed at the forum. Following is a summary of observations and comments arising from Council’s discussion:

- What can ACP do to support the normalization of assessments of individuals presenting with mental health needs?
- What education is available to assist pharmacists communicate effectively with individuals having mental health needs?
- How do we create environments in pharmacies where pharmacists can “connect” with individuals when required:
 - How can collaboration with other health professionals be better facilitated?
- Is there any difference in the way we nurture pharmacist performance in caring for individuals with mental health needs, as compared to those suffering from any other condition?
- Opportunities:
 - Education,
 - Guidelines for assessing and monitoring,
 - Normalize/digmatize care,
 - Develop a tool kit.... How to do it?
- Pharmacists already have a tool kit available to them in the form of the vital behaviors promoted by our practice consultants:
 - **KEY MESSAGE** – pharmacists should follow vital behaviors with each, and every patient.

3. Legislated Responsibilities

3.1 Compounding and Repackaging Agreement - Saskatchewan

Council reviewed a DRAFT model agreement for Compounding and Repackaging Pharmacies that provide compounding and repackaging services to pharmacies located and licensed in Saskatchewan. The DRAFT was modelled after that proposed for services to be delivered to British Columbia, but incorporates legal wording based on Saskatchewan legislation. Council approved the DRAFT agreement in principle

with an implementation date of September 1, 2017 pending, review by the Saskatchewan College of Pharmacy Professionals.

3.2 Opiate Reduction Strategy

3.2.1 DRAFT Guidelines/Requirements for Pharmacists and Pharmacy Technicians

As regulators continue to address the ongoing opioid crisis, ACP determined the need to establish clear expectations to address the issues facing pharmacists and pharmacy technicians. Current ACP Standards provide a framework for assessment and documentation of patients, however additional clarification and direction was needed to interpret the Standards with regards to opioid medications. There are complex issues surrounding the use of opioids and these medications potentially pose a significant hazard to the individual, and to the public. In addition to pain management, pharmacists must be prepared to deal with the possibility of addiction, misuse and drug diversion.

The requirements outlined in the DRAFT guidelines are rooted in the *Standards of Practice for Pharmacists and Pharmacy Technicians*, and interprets the Standards in the context of opioid medications; providing five points to adhere to, phrased as “must” statements. In the guidelines, each statement in turn includes additional interpretation which provides pharmacists and pharmacy technicians with overall best practices as well as specific actions to be taken. The five points of guidance are:

- Pharmacists **must** establish and maintain a professional relationship with each individual using opioid medications.
- Pharmacists **must** complete a thorough assessment of each individual who is prescribed or sold opioid medications.
 - This assessment **must** include a review of the Electronic Health Record (Netcare) every time a prescription for an opioid medication is dispensed or an exempted codeine product is sold.
- Pharmacists **must** document details of the assessment in the patient record of care and develop a written treatment plan for patients using long term opioid therapy.
- Pharmacists **must** collaborate with the prescriber and other healthcare professionals involved in the care of individuals using opioid medications.
- Pharmacists and pharmacy technicians **must** monitor individuals for the signs of opioid misuse, diversion or addiction and take appropriate action.

The guidelines include requirements for opioid naive patients, and recommends rather than requires, quantity restrictions., The goal of the guideline is for pharmacists to take responsibility for naïve users, chronic users; and to collaborate with prescribers. Pharmacists should consider care plans etc. prior to dispensing an opiate, and should always have a plan as to what they are going to do to get their patient off of the opiate. Collaboration with other health care professionals is key. There may be push back from physicians and patients however ACP’s guidelines mirror guidelines from the College of Physician and Surgeons of Alberta (CPSA). ACP will engage with CPSA to communicate the requirements of a care plan for chronic users. ACP will socialize the guidelines through its website and newsletter.

Assessment tools to support pharmacists and pharmacy technicians will be reviewed and/or developed and available on ACP's website this fall. Implementation of the new requirements in the guideline is October 1, 2017. It was noted that when communicating the guidelines to pharmacists, ACP should reflect an alternative for exercising diligence when NETCARE is not available, akin to that published by CPSA.

MOTION: to approve the guidelines for the assessment and monitoring of individuals using opioid medications as written.

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

3.2.2 Funding Alternative Treatments for Pain Management

ACP received a request from the Alberta Medical Association (AMA) seeking support to advocate for improved access to non-pharmacologic alternatives to pain management. Depending on the cause and source of pain, there are many preferred alternatives; however, these are not equally or easily accessible. Effective pain management requires consideration of nondrug alternatives as alternatives or to be used complementary with drugs. By recognizing and supporting alternatives, this may encourage improved prescribing, and the decreased use of opiates. Our support may also support other professions get access to Netcare.

MOTION: Council supports the AMA's request to promote improved access to non-drug alternatives for pain management.

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

3.3 Role Statements

Over the past 18 months, ACP has engaged with registrants through regional meetings and webinars about modernizing the role statements for pharmacists and pharmacy technicians. ACP also consulted with provincial colleges of pharmacy and other regulated health professions in Alberta, to guide the development of modernized statements.

MOTION: to approve the model modernized role statements subject to the following amendments:

- Under the section on common roles, replace "trained" with "educated and competent"; and,
- Under the last bullet of the pharmacy technician's role replace "find" with "select".

Moved by **Mary O'Neill**/Seconded by **Bob Kruchten**/CARRIED

The model statements will be adapted as needed to support communication with multiple audiences; however, the facts and context are to remain constant. Legal counsel will be requested to translate the model into a format and language that would be acceptable to government for the purpose of amending Section 19 of the *Health Professions Act*.

3.4 Point of Care Testing Framework

ACP in partnership with RxA, has developed a DRAFT framework to guide pharmacists in using Point of Care testing (POCT). POCT are increasing in scope, precision, and availability. Some are used by individuals, and others are used by health professionals to assist them in the care they provide. To be effective, and to ensure safety through informed decision making, use of POCT must be standardized, and the purpose, and limitations, understood. In 2016, Council approved a “white-paper” that supported the development of the DRAFT framework.

The working group is consulting about the framework with Alberta Health, AHS, the Faculty, HQCA, CPSA and CARNA. ACP/RxA is enquiring as to whether the framework is clear, comprehensive, and whether there are other considerations that ACP has overlooked. To date, feedback has been positive; although CPSA and AHS (laboratory medicine) have queried pharmacists’ scope of practice and whether the use of POCT implies diagnosing. It was noted that CPSA is revising its standards for physicians using POCT, and has expressed interest in working together.

The POCT framework is proposed to serve as a foundation for developing guidelines and standards for pharmacists and pharmacy technicians. The preliminary version of the standards are proposed to be high level, and will be adapted based on the evolution of standards in other professions and AHS.

CONSENSUS: that ACP administration proceeds with the framework with the goal to commence work on draft standards early this fall.

3.5 Mifegymiso

Mifegymiso is a two drug pharmaceutical product recently approved by Health Canada that provides a medical option for early abortion. When the drug was originally approved for sale in Canada, the product monograph indicated that it must only be dispensed by physicians. Through engagement with the Canadian Society of Obstetricians and Gynecologists, and other groups, access to Mifegymiso has been expanded to include pharmacists. Pharmacists must not prescribe Mifegymiso as a requisite to prescribing, is being able to interpret ultrasound results.

On May 11, 2017, ACP was notified by Alberta Health that the Minister had announced that Mifegymiso would be funded by Alberta Health. The preference for distribution communicated by Ministry staff members was for the drug to be dispensed in pharmacies. Council approved new guidelines to support pharmacists and pharmacy technicians when dispensing Mifegymiso. The guidelines are evidenced informed, and consistent with our *Standards of Practice for Pharmacists and Pharmacy Technicians*. They reflect guidance developed by the College of Pharmacists of British Columbia, and the College of Physicians and Surgeons of Alberta.

Significant differences in ACP’s guidelines include:

- a clear statement that pharmacists must not prescribe Mifegymiso; and,
- a requirement that pharmacists must see the patient personally and enter into a dialogue, unless the drug is delivered from the pharmacy to the physician’s office.

MOTION: to approve the guidelines for the dispensing of Mifegymiso.
Moved by **Kamal Dullat**/Seconded by **Brad Willsey**/CARRIED

3.6 Declaration of Intent to Support Integrated Health Records

Council previously reviewed a whitepaper prepared by Alberta Health about “Health Information Exchange–Engaging Providers in Health Information Exchange”. The whitepaper addresses the importance of health information sharing to improve the integration and continuity of patient care. Alberta Health has sought a written commitment of all regulated professions through a standardized “Declaration of Intent” to support integrated health records. Council reviewed the declaration and agreed not to sign the declaration however asked Registrar Eberhart to prepare a letter from Council under the signature of the President. The letter will address ACP’s history of advocating for the sharing of patient information within the circle of care; and, how pharmacists have demonstrated through their practices a willingness to share information with other health professionals. ACP will continue to promote an integrated patient care record in Alberta, and will collaborate with Alberta Health and other health care partners to achieve this goal within reason and our means.

MOTION: that ACP support the principles of the “Declaration of Intent to Support Integrated Health Records” but will submit our support through our own words and context.

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

3.7 Promotion of Schedule 2 and 3 Drugs

ACP Pharmacy Practice Consultants have observed that multiple corporate pharmacies have been, or are currently advertising or selling Schedule 2 and/or Schedule 3 drugs electronically through their websites. The pharmacies were sent letters requesting that these practices cease.

The correspondence outlined that the “The sale of scheduled drugs in Alberta is governed by the *Pharmacy and Drugs Act* (Alberta) and the *Scheduled Drugs Regulation*. The practice of pharmacists and pharmacy technicians with respect to scheduled drugs is regulated through the *Standards of Practice for Pharmacists and Pharmacy Technicians* (Alberta). (Appendix). Schedule 2 drugs must be stored and sold only from the dispensary of a licensed pharmacy. Schedule 3 drugs must only be stored within the prescription department of a licensed pharmacy. A pharmacist must be present whenever schedule 2 or 3 drugs are available for sale. In the case of Schedule 2 drugs, the pharmacist must assess each individual prior to sale, to determine whether the drug being requested is appropriate for the condition to be treated. “Further, I draw your attention to the definition of “sell” in the Pharmacy and Drug Act; specifically, that it includes advertising for sale and offering for sale. By posting these products on your internet site, they are being offered and advertised for sale in contravention of our legislation.”

Subsequently ACP has been asked to clarify its policy; as some corporate pharmacies have indicated that they have routinely promoted Schedule 3 drugs in flyers. Council reviewed a legal opinion from ACP’s legal counsel about the interpretation of the legislation. ACP has jurisdiction to approve parameters for the advertising/sale of Schedule 2 and Schedule 3 drugs.

Council reviewed DRAFT standards about the advertising and offering for sale of Schedule 2 and 3 drugs, to be included in the Standards for the Operation of Licensed Pharmacies. The following guidance takes into consideration that Schedule 2 and Schedule 3 drugs have risk profiles that are different from unscheduled drugs and, therefore, pharmacist oversight and intervention are required as outlined in ACP's *Standards of Practice for Pharmacists and Pharmacy Technicians*. Therefore, sales must not be transacted over the internet through any website, application, or social media solution as outlined below:

Restrictions on Advertising Schedule 2 and Schedule 3 Drugs

- Any Schedule 2 or Schedule 3 drug that is advertised using any medium must be specifically identified as a Schedule 2 or a Schedule 3 drug and be advertised in a separate section of the advertisement from unscheduled products.
- No representation may be made regarding Schedule 2 or Schedule 3 drugs other than with respect to the name, price, and quantity of the drugs.
- Additional notification required:
 - In the case of Schedule 2 drugs, the advertisement must state that *“these drugs must be stored and sold in the dispensary of a licensed pharmacy under the direct supervision of a pharmacist.”*
 - In the case of Schedule 3 drugs, the advertisement must state that *“these drugs must be stored, provided for sale, and sold only in the prescription department of a licensed pharmacy.”*
- The “additional information” must be included in the same section of the advertisement in which the Schedule 2 or Schedule 3 drug is advertised and must be set out in the same font or size as the description of the Schedule 2 or Schedule 3 drugs.

MOTION: to approve the above DRAFT standard for advertising or promoting Schedule 2 and Schedule 3 drugs, to be included in the *Standards for the Operation of Licensed Pharmacies*, for the purpose of consultation.

Moved by **Al Evans**/Seconded by **Stan Dyjur**/CARRIED

4. Miscellaneous Business for Council's Consideration

4.1 Report from NAPRA

A report from the National Association of Pharmacy Regulatory Authorities' April 2017 Board of the Directors meeting was submitted by Anjali Acharya, ACP's appointee to the Board. Below are excerpts from Mrs. Acharya's report:

- **NAPRA Leadership, Board Members and Governance**

NAPRA welcomed its new Executive Director Adele Fifield in September of 2016 and has experienced a positive transition thanks to her strong leadership and board management. This change in leadership comes at a time that NAPRA is evaluating its broader governance structure. A memorandum to NAPRA member organizations on November 26, 2016 outlining the proposed governance changes, resulted in positive feedback and support for ongoing implementation through 2017. It is

anticipated, with the support of member organizations, that NAPRA will undergo bylaw changes in November 2017 effectively changing its board structure at that time. To further support NAPRA's governance work, the board elected to maintain the same executive board nominees into the 2017-2018 board term. The elected NAPRA Executive Committee Members for the 2017-2018 term are

- Anjali Acharya - President
- Craig Connolly - Past President
- Glenda Marsh - Vice President
- Linda Hensman - Director to the Executive Committee

• **National Drug Schedules (NDS)**

The NDS review has begun to evaluate the ongoing structure and mandate of the NDS Program. The program has been in place for 20 years and the review comes at an important time as Health Canada has begun consultations on its new framework of self-care product and non-prescription drugs. Since the last NAPRA Board meeting, the rescheduling of naloxone nasal spray to Schedule 2 was completed (naloxone injection was rescheduled June 2016). Request for Unscheduled status for minoxidil, when sold in preparations for topical use in concentrations of 5% or less, for human use only, is currently open for comments.

• **National Committee on Pharmacy Technicians – Bridging Program**

The Pharmacy Technician Bridging Program will be facing decreased utilization now that the larger provinces have completed their bridging process for the licensing of pharmacy technicians. The program continues to be maintained for 4 provinces and it is expected that in 2018 the program will need to be reevaluated for ongoing use. The program had 1500 enrolments in 2016. NAPRA continues to work with PEBC and other partners in ensuring that pharmacy technicians have access to quality bridging and eventually an evaluation exam to enter the profession through PEBC once the bridging program is complete.

• **Pharmacist Gateway Project**

NAPRA continues to see strong interest and use of The IPG Gateway by international pharmacy graduates. The project has been in operation for 2 years and is averaging 2400 registrants a year. The ability to evaluate the data and outcomes of registrants will be increasingly valuable in the context of workforce and provincial regulatory authority licensure. NAPRA is now in a support and maintenance cycle for The Gateway. The board continues to monitor IPG use of the gateway and the effectiveness of the self-assessment programs on the site. Enhancements to the program were successfully completed this year.

• **NAPRA Model Standards for Pharmacy Compounding of Non-Sterile Preparations**

NAPRA Model Standards for Pharmacy Compounding of Non-Sterile Preparations document was available for extended consultation and received over 800 comments for review.

• **Model Standards of the Practice of Pharmacists**

Review of the Model Standards of the Practice of Pharmacists is expected to begin in late 2017

- **Health Canada**

NAPRA continues to work with Health Canada (and other departments) to provide input into changes to frameworks around non-prescription drugs as well as natural and self-care products; changes to the *Controlled Drugs and Substances Act*; and other areas as requests (e.g. veterinary legislation).

- **Opioid Crisis**

NAPRA has made two commitments to the Joint Statement of Action on the opioid crisis:

1. To develop and implement a pharmacist-patient communication tool that will provide guidance to pharmacists on how to have difficult conversations with patient regarding opioid use.
2. To contribute to national monitoring and surveillance through discussion with Prescription Monitoring Programs and electronic health record programs about utilization of data and to support the adoption into practice of the new national prescribing guidelines.

- **.Pharmacy Global Top Level Domain (GTLD) and online pharmacy**

NAPRA's agreement with NABP with respect to the ".pharmacy" top level domain is ongoing. Several national pharmacy organizations in Canada will be moving to ".pharmacy" webpage addresses this year including NAPRA. Please view www.safe.pharmacy for more information. The Alliance for Safe Online Pharmacies (ASOP) estimates the 96% of online pharmacies operate illegally with many of these masquerading as Canadian pharmacies but operating overseas. Several awareness campaign around the ".pharmacy" domain and online patient prescription safety have begun in the US. NAPRA will be submitting a letter to the US Congress expressing concern about the proposed US Bill s.469 *Safe and Affordable Prescription Drug Importation Act* that would allow Americans to purchase Health Canada approved medication from wholesalers and authorized online pharmacies.

MOTION: to accept the report from NAPRA for information.

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

4.2 Report from the President

Agenda Item 4.2 was tabled to the October 2017 meeting.

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

5.2 Summary of Results for the April 27-28, 2017 Council Meeting

A summary of the April 2017 council meeting evaluations was circulated with the agenda for information.

5.3 Aggregate Results from Council Evaluations During the 2016-17 Council Year

A summary of the aggregate results for the 2016-17 council meeting evaluations was provided to Council for information. Council requested that aggregate results for the past few year council years be available for review at the December council meeting.

6. Adjournment

6.1 Forthcoming Events and Council Meeting Dates

6.1.1 June 21, 2017 – Celebration of Leadership/Installation of President Reception

6.1.2 June 21-23, 2017 - ACP Leadership Forum

6.1.3 October 4-6, 2017 – Council Meeting and Board Development

6.2 Adjournment

MOTION: that this meeting of Council be adjourned.

Moved by **Stan Dyjur**

Meeting was adjourned circa 3:22 p.m.