MINUTES
Council Meeting
ALBERTA COLLEGE OF PHARMACISTS
March 1-2, 2018
Edmonton Alberta

1. Introduction

1.1 Call to Order
President Couldwell called the meeting to order at 8:00 a.m. He welcomed Deputy Registrar Jeff Whissell. He shared that Dr. Tom Keenan, Professor with the Faculty of Environmental Design and Department of Computer Science would be joining Council at 8:30 am to being generative discussions about information technology and that ACP's program directors would join the meeting for a panel discussion with Council, providing department updates. President Couldwell reminded Council that the APEX Awards ceremony was this evening at the Mayfair Golf and Country Club and that Council will adjourn early to allow Council to gather for a group photo session prior to the awards ceremony.

The business meeting of Council was held over two days. On Thursday, March 1, the meeting was called to order at 8:00 a.m. and adjourned at 4:15 pm. On Friday, March 2, the business meeting of Council reconvened at 8:00 a.m. and adjourned at 4:03 pm

1.2 Roll Call
Registrar Eberhart called the roll and identified the following individuals in attendance.

- District 1 - Brad Willsey
- District 2 - Peter Eshenko
- District 3 - Rick Hackman
- District 3 - Fayaz Rajabali
- District 4 - Stan Dyjur (President Elect)
- District 5 - Brad Couldwell (President)
- District 5 - Kamal Dullat (Executive Member at Large)
- District A - Kelly Boparai
- District B - Dana Lyons
- Public Member - Al Evans
- Public Member - Irene Pfeiffer

Non-Voting
- District 3 - Taciana Pereira (Past President)
- Neal Davies - Dean, Faculty of Pharmacy & Pharmaceutical Sciences
- Adi Garg - Student Representative, Faculty of Pharmacy & Pharmaceutical Sciences (Absent March 1)

Also in attendance:
- Greg Eberhart – Registrar
- Kaye Moran – Deputy Registrar
- Jeff Whissell – Deputy Registrar
- Lynn Paulitsch - Operations and Finance Director
- Leslie Ainslie - Executive Assistant

- Barry Strader - Communications Director
- Dr. Tom Keenan (March 1, 8:30 am-12:30 pm)
- Directors: Jim Krempien, Shao Lee, Debbie Lee, Pam Timanson (March 1, 12:00-3:00 pm)

1.3 Invocation
Stan Dyjur read the invocation.

1.4 Adoption of the Agenda

1.4.1 Consent Agenda
MOTION: to lift the discussion with Deputy Minister Milton Sussman from the Consent Agenda
Moved by **Stan Dyjur**/Seconded by **Brad Willsey**/CARRIED

Registrar Eberhart had an introductory meeting with Deputy Minister Milton Sussman discussing the role of pharmacists and pharmacy technicians, our scope of practice, cannabis, primary care and amendments to the *Pharmacy and Drug Regulation* and a broad discussion on public policy and the need to quantify the value of the professions. The Deputy Minister was aware of our scope of practice however indicated government had not considered a means to measure the value of it. With "pharmacy" wrapped in the drug budget, the government is interested in austerity, therefore wherever pharmacy can improve outcomes, it will assist with the measure of that value as the government priority is cost containment. He recognized that pharmacy has a substantive role in community based care and observed that during his tenure most of the attention has been committed to physicians and PCN's during the past two years. The Deputy Minister shared that it is likely that regulatory amendment of the *Pharmacy and Drug Regulation* will not take place prior to the next election, and amendment of the regulation will be made by removing the expiry date. It was noted by Council that pharmacists need to get patients speaking for them, or the risk of government austerity measures will continue.

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

1.4.2 Additions to the Agenda -
1.4.2.1. Appointment to the Interim Condition/Suspension Committee
Anita Warwick resigned from the Interim Condition/Suspension Committee established under section 65 the *Health Professions Act* and section 23.1 of the *Pharmacy and Drug Act*. Council was asked to rescind Ms. Warwick's appointment and to appoint Dianne Veniot for the remainder of the term expiring June 30, 2020.

MOTION: to rescind the appointment of Anita Warwick as a member of the Interim Condition/Suspension Committee under the Health Professions Act and *Pharmacy and Drug Act*, and to appoint Dianne Veniot as her replacement, with Ms. Veniot's term expiring June 30, 2020.
Moved by **Al Evans**/Seconded by **Peter Eshenko**/CARRIED

MOTION: to adopt the agenda as circulated to Council.
MOVED by **Peter Eshenko**/Seconded by **Brad Willsey**/CARRIED

1.5   Minutes from Previous Meetings

1.5.1   Minutes – November 30-December 1, 2017 Council Meeting
MOTION: to adopt minutes of the November 30-December 1 council meeting as presented.
Moved by **Kelly Boparai**/Seconded by **Irene Pfeiffer**/CARRIED

1.5.2   Minutes – February 1, 2018 Teleconference Meeting of Council
MOTION: to adopt minutes of the February 1, 2018 teleconference meeting of Council.
Moved by **Kelly Boparai**/Seconded by **Stan Dyjur**/CARRIED

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

MOTION: to accept the Disposition of Directives as information.
Moved by **Al Evans**/Seconded by **Dana Lyons**/CARRIED

2.   Generative

2.1   Generative Discussion – Information Technology - facilitated by Dr. Thomas Keenan, University of Calgary
Pharmacy in Alberta practices with the broadest scopes of practice in the world; and the professions are actively engaged in patient care at all points of their journey through the health care system. During previous generative discussions, Council identified that technology innovations would be major opportunities and disruptors to pharmacy practice. Council observed three complementary but distinct, areas for change: information technology, distribution technology, and treatment and diagnostic technology.

Dr. Thomas Keenan, with the University of Calgary, facilitated a workshop where Council explored the impacts and possibilities of information technology advancements on pharmacy practice (Appendix 1). These insights will serve as a foundation for generative discussions in other areas and, will ultimately support generative and strategic discussions about the business of the college in these emerging environments. Council members were split into working groups to explore technological trends and to explore what pharmacy practice might look like in a ubiquitous world where the exchange, sharing and use of information was highly enabled. They were then asked to reflect on questions/initiatives that ACP might explore to prepare for such changes. A summary of these exercises follows:

Future Possibilities
- New information technologies will shift enablement, entitlement, authority, and ability. Historical balances of power will shift more towards patients.
- Values and value propositions will change. It will be increasingly important to understand the values of individuals we serve, and what value we can provide to them.

- The value proposition of pharmacists and pharmacy technicians will, and must, change. This means being able to turn information into knowledge that is valued by patients, and it means redefining the services we provide.
- There will be a need for balance. There will be increasingly complexity and stress; endeavoring to deliver on current value propositions, while learning, planning, and developing to deliver on emerging ones.
- Big data will translate into artificial intelligence that may be superior to some human decision-making (i.e. diagnostics). Social consideration such as ethics, morals, and privacy will require increased attention and consideration.
- Individuals will become more self-serving; however, when they determine the need for professional support, they will expect and seek personal experiences that meet their needs
- There will be a need to consider the readiness and needs of all demographic groups; with a high affinity to the technical readiness of younger age groups. Will the concept of being patient centric differ amongst demographics?
- The use of information technology needs to be considered within the cultural norms of individuals and populations:
  - How can we better assess patients based on their diversity?

Reflections and Our Need to Learn More

This exploration created new awareness and identified many questions. Council Members were requested to identify what they would like to learn more about, in order to continue this discussion. Following are some reflections and thoughts, and themes for future learning:

- What are our beliefs and biases, and which need to be reframed in order to remain relevant and valuable to society in the future?
- What does "health informatics" mean and what do we need to learn about it, to make pharmacists and pharmacy professionals successful?
- What is artificial intelligence; what should we be concerned about and how do we make it an opportunity?
  - Artificial intelligence needs to be regulated.
- Our professions should review and clearly define principles to guide our value proposition to society, in an information driven world.
- Change is occurring too quickly. Standards cannot be prescriptive, describing "how" to do things, as by the time they are adopted and implemented, new opportunities and change will occur. It will be impossible to keep prescriptive standards current.
- Ethics will trump standards. Standards will need to be based on principles and ethics; while still having indicators to demonstrate compliance. How can we influence technology development based on the needs of our patients?
- Information technology will facilitate the delivery of knowledge and care across jurisdictions? What do we need to learn, and how do we govern in this environment?
- If ACP has a role influencing the development of technology, what should the priorities be, and how would we approach this?

- What new liabilities exist in a world where more information is available to more individuals? How do expectations change, and might there be expectations amongst populations that invite increasing conflict?
  - What does the delivery of safe, effective, and responsible pharmacy practice mean in a ubiquitous world where information and knowledge is open, accessible, and more transparent?

---

3.   Strategic

3.1   Ownership Linkage -Engagement with Albertans since Last Meeting
The following issues were introduced and discussed during this forum:

Pharmacy Agreement
Observation and comments arising from this discussion include the following:
- Some patients believe that the price of prescription medications will decrease as a result of the contract. In fact, in most cases, the price that most individuals pay, will decrease very slightly.
- Patients are concerned about how the government agreement may impact their pharmacy practice.
  - Individuals who may be most impacted are:
    - Those residing in facilities,
    - The vulnerable.
- ACP will address inquiries from registrants from a patient safety point of view. Despite the contract, registrants will still be expected to comply with the standards of practice, and ACP will monitor to learn if there are any cases that demonstrate a correlation between the contract and risk to patients.
  - We should be aware of individuals who may fall between the cracks, or who may experience emergency situations.
- Our communications team is considering the possibility of media opportunities to discuss the role of pharmacists and the impact of this public policy.

Cannabis for Medical Use
- Registrar Eberhart will inquire about corporate entities that pursue a license to distribute Cannabis for Medical Use through a mail order environment.
- Some Council Members have received calls from the public indicating that they feel the sale of cannabis should be through pharmacies and that pharmacists should be dispensing Cannabis for Medical Use.
- Registrar Eberhart observed that there is no difference between recreational and cannabis for medical use. They are exactly the same products that are subject to the same production and quality assurance requirements but may be regulated separately. They are monitored for quality; however, the federal government will not be evaluating them for safety or efficacy.
- It may be wise for ACP to develop a "public bulletin" to warn the public; particularly seniors, about the potential safety hazards of cannabis (falls, etc.).

3.2   Pharmacy Workplace Conditions

In 2016, ACP partnered with the colleges of pharmacy in Newfoundland, PEI, and New Brunswick to sponsor a survey of pharmacists to learn about their perspectives about workplace issues. Preliminary Alberta findings were shared with registrants attending regional meetings in late 2016 and early 2017. Council reviewed the final report received in December 2017. Although the Alberta response rate was low, and some of the trends in the report lack sufficient context, the results are still substantive enough to indicate growing tensions in practice between employers and employees. These tensions may escalate with changes in health economics and pharmacy reimbursement. Observation and comments that arose from this discussion include:

- ACP must not take responsibility for, or engage in, facilitating employee/employer relationships. In that context, ACP does not have the authority or responsibility to enforce Employment Standards legislation, even though employers have a responsibility to comply with it. Registrants should be directed to get their own legal advice on labor relations. (it was also noted that RxA does not have a responsibility for, nor is it involved in labor relations).
- ACP must focus on the quality of pharmacy practice by monitoring and addressing the competence and performance of pharmacy professionals.
  - Pharmacists and pharmacy technicians must take responsibility for their personal performance.
  - Pharmacists and pharmacy technicians must be aware of and fulfill their professional and ethical responsibilities; including being aware of their fitness to practice.
- Changes in economics and the availability of pharmacy resources may result in increased patient wait times. Pharmacy professionals need to change the expectations of patients, that there may be longer waits for their pharmacy services
- In response to the study, ACP will:
  - Continue socialization about "professionalism" in practice,
  - Develop and deliver the pharmacy licensee program,
  - Publish an article from the President on professionalism and fitness to practice.

3.3   Environmental Scan and Reflection on Strategic Goals

Using its March 2016 environmental scan as a foundation, and trending provided by ACP's program directors, Council reflected on whether there were any significant environmental changes since its last scan that may impact pharmacy practice, or the role and business of the college. ACP's 5-year plan "Setting the Pace" extends to 2020 (2016-2020) and includes 5 strategic goals. Council used a PESTO model (Political, Economic, Socio-cultural, Technological, and Organizational) to conduct a macro-analysis of the changing environment within which the profession of pharmacy works and to assess the relevance and the timeliness of its 5 strategic goals.

Council noted the following changes/trends:

Political:
- likely 1 year away from provincial election;
- relationship/collaboration with government has changed, pharmacy is politically isolated;

- renewed discussion about a National Pharmacare Program;
- legalization of cannabis;
- Community risk associated with misuse and abuse of opioids arising from licit and illicit sources;
  - Advent of harm reduction over preventative strategies.

Economic:

- government policy as substantively reduced the revenue stream to pharmacy; both from drug distribution and professional practice streams (government in austerity mode);
- renegotiation of pharmacy agreement must occur within 2 years, and it is unlikely that the provincial financial position will change substantively before that;
- concern about viability of pharmacy practices, resulting in a feeling of "doom and gloom" amongst some owners and registrants;
- more Preferred Provider Organizations/Policies (PPO's) and in the US, Health Maintenance Organizations (HMO's);
- sourcing and purchasing of companies by big entities such as Amazon.
- loss in gross profits may result in:
  - job loss,
  - wage rollback,
  - workplace erosion.
- some registrants who have been unable to find employment, have opened their own pharmacy:
  - regulation of more pharmacies,
  - reduced revenues may negatively impact demand for pharmacy technicians; in lieu of pharmacy assistants.

Social/Cultural:

- fake news;
- diversity in people (public), registrants, licensees
  - language,
  - culture – Indigenous,
  - ethics,
  - aging – gaps between generations,
  - gender issues ("me too").
- increasing focus on social justice;
- legalization of cannabis;
- need for speed:
  - faster and more in the delivery of care,
- shifting demographics of pharmacy manpower.

Technological:

- Electronic Health Record;
- NETCARE;
- Connect Care – Seamless Care;
- Availability of monitoring devices and programs that pharmacists can upload through Bluetooth. Who owns the information.?
- privacy in devices and methods of communication
  - boundaries - privacy issues-where are the lines drawn.
- internet pharmacy, centralized processing.
- Artificial Intelligence - will corners be cut or compromised.

- e-prescribing is coming; how is it regulated.
- Epidemiology.

Organizational:
- growth in population of pharmacies, pharmacy technicians, and the number of licensed pharmacies;
- increases in the number and complexity of issues:
  o need to understand and consider social justice,
  o shifts in the number and relevance of various "interest groups" (potential stakeholders and partners is shifting),
- increased demand and dependence on "information" and IT to make decisions and manage processes,
- change in expectations and demands on college (capacity stretched):
  - staffing increases to correlate with customer load, issue management, and new processes.
- resistance to college and its programs.

Council then used a SWOT model (Strengths, Weaknesses, Opportunities, and Threats) to evaluate these in context with Council's 5 strategic goals.

Strengths
- Sound organization.
- Council is future focused.
- Strategic goals are relevant, however may require further prioritization.
- Technology is improving; and we can take advantage of this.

Weaknesses
- continuity of Council (50% change in Council in next year).
- Council Members must distinguish and separate ACP responsibilities with external responsibilities and agendas, (daily practice experiences need to inform but not drive Council discussions – need to focus on patient and system issues).
- How do we keep the goals relevant and progressive. Need to keep them sustainable. Are they realistic in the emerging environment?

Opportunities
- Technology to meet goals.
- Do we have the right balance of human resources to balance professional performance expectations and productivity (sustainability) within current and emerging practice environment?
- Still room for uptake and growth of scope of practice and quality improvement – opportunities remain to change patient expectations.
- Partnerships with PTSA, CSHP & RxA to deliver professional development and continuing education.
- Collaboration with other colleges.

Threats
- Economics environment.
- Increased IPGs.
- Missing opportunities is a threat.

- Need to build on APA with only 40% uptake ten years out.
- Lack of clarity on expectations amongst registrants.
- Educate public. Public awareness and expectations is not growing with pace of changing roles and expectations of pharmacists
- Not enough Pharmacy Technicians. Pharmacy assistants (bridging, education).

Council considered if there was any need to change its strategic goals and if there was anything that has an urgency in the next year. Council also considered strategic priorities that need to be addressed in preparation for the development of ACP's future 5 year plan, such as:

- Focusing on appropriate patient assessments.
- Focus on Additional Prescribing Authority (APA) - Need to continue building capacity, so that all pharmacists practice to full scope; and in return, all patients have opportunity to access and experience full scope.
  - The APA application may need to be re-assessed. The image or misconception of the APA application needs to be socialized more to bring clarity amongst registrants to support uptake.
  - APA is being embedded in Pharm D training. Will take time to recalibrate graduating with skills to work to full scope of practice. PharmD graduates still need to apply for APA. The delay is to enhance the clinical experience; so confidence and competence is fostered.

Council reaffirmed its commitment to its five strategic goals:

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

3.4   Panel Discussions with Program Directors

Program directors from ACP's four program areas of registration, competence, professional practice, and complaints, joined Council for a panel discussion to provide an environmental scan of what is being experienced across ACP's programs, reflect on achievements, and discuss trends observed within their program area to identify competence, performance, behavioral gaps or issues that Council should be aware of when considering its priorities. (See Appendix 2-5 for presentations).

Some key observations arising from each discussion include:
- Registration – there is concern about the consistency and integrity of fluency exams administered in Canada vs. other countries:

- o Need to work with NAPRA to determine feasibility for solely accepting evaluations conducted in Canada.
- There is a need to revisit fluency requirements vs. communication requirements and the processes for effectively evaluating each at entry to practice.
- Concern that some registrants aren't exercising the responsibility that they have in engaging with college. This is reflected in registration and competence processes.
- Data and graphics for professional practice is based on 22 indicators that are used in evaluating pharmacists for additional prescribing privileges. A perfect score is 88 (100%). This data is limited by the following:
  - o Statistics do not reflect entire pharmacy population, as resources are weighted towards mid to lower performers,
  - o The data collected at individual "moments in time"; with the aggregate trending based on a cumulation of these moments.
- The number of complaints has increased, possibly in relation to an increase in the number or registrants and an increase in the number of pharmacies.
- The nature of complaints is changing, and more are coming from registrants than from the public and other stakeholders.

3.5   Registration Policies

3.5.1   Registrants

3.5.1.1   DRAFT Policy - Currency of PEBC Qualification Exam Results
To become a pharmacist or pharmacy technician in Alberta, candidates must successfully complete the following entry-to-practice requirements, including:
- PEBC qualifying exam (Part I and II),
- ACP's Ethics and Jurisprudence exam,
- Structured Practical Training (SPT), and
- English fluency (for internationally trained candidates).

Council discussed the need to ensure that documentation and the results of evaluations were current at the time of entry-to-practice; as there is potential risk associated with the integrity of this information if it is protracted over an inordinate period of time. Information collected for registration purposes should be current, valid, and correct.

Council considered whether it was appropriate to require applicants to successfully complete Part I and Part II of the Pharmacy Examining Board of Canada (PEBC) Qualifying Examination and achieve PEBC certification within 3 years prior to initial registration to the clinical pharmacist or pharmacy technician register. Implicitly, an applicant who achieved PEBC certification more than 3 years ago would be required to retake Part I and Part II of the PEBC Qualifying Exam.

This policy would ensure demonstration of the currency of knowledge and skills of applicants. It aligns with entry-to-practice policies in Ontario and Manitoba and aligns with PEBC's three year policy.

MOTION: that applicants to the clinical pharmacist and pharmacy technician register, must successfully complete Part 1 and Part 2 of the Pharmacy

Examining Board of Canada (PEBC) Qualifying Examination and achieve PEBC certification within 3 years prior to admission to these registers. An applicant who achieved PEBC certification more than 3 years ago is required to retake Part 1 and Part 2 of the PEBC Qualifying Exam.
Moved by **Rick Hackman**/Seconded by **Stan Dyjur**/CARRIED

3.5.1.2   DRAFT Policy – Provisional Register Requirements

Pharmacist interns may be registered on the provisional register for up to 2 years to meet all entry-to-practice requirements, including:

- English fluency for international pharmacy graduates (IPGs)
- PEBC Qualifying Exam (Part I and II),
- Structured Practical Training (Levels 1-3; minimum 1000 hours),
- ACP's Ethics and Jurisprudence exam.

An increasing number of intern practice permits are expiring as IPG candidates fail to meet the entry-to-practice requirements (in particular, the PEBC Qualifying Exam) within the required 2-year period. In 2016, approximately 50 practice permits expired, followed by approximately 100 in 2017. According to our reinstatement policies, if the candidate is reinstated to the provisional register, they must re-do the entry-to-practice requirements (e.g. SPT, ethics and jurisprudence exam). These processes are administratively burdensome.

The PEBC Board implemented a policy in 2017 that states: candidates who fail the Part II (OSCE) on the first attempt will be required to pass the Part I (MCQ) before taking a second attempt at Part II (OSCE). If the candidate is unsuccessful, a candidate's timeline to complete the PEBC Qualifying Exam is prolonged and consequently, it becomes additionally challenging for the intern to meet all the entry-to-practice requirements within the 2-year period. Council considered a proposal requiring (International Pharmacist Graduates) IPGs to pass Part I (MCQ) of the PEBC Qualifying Exam prior to applying to the provisional register. This would enhance our confidence that candidates have a standard level of competence prior to beginning their internship experience, and better enable interns to build their knowledge and skills through the Structured Practical Training program; better preparing them to successfully complete all entry-to-practice requirements within the two-year period.

MOTION: to ensure International Pharmacy Graduate (IPG) candidates have a standard level of competence prior to engaging in internship in Alberta, candidates must pass Part 1 (MCQ) of the OEBC Qualifying Exam prior to applying to the provisional pharmacist register.
Moved by **Kamal Dullat**/Seconded by Peter **Eshenko**/CARRIED

3.5.2   Pharmacies

3.5.2.1   Categories for Pharmacy Licenses

Innovations in technology and economic pressures are inviting significant changes on how and where pharmacy practice occurs. There is increasing interest in centralized prescription processing, there is a trend to decentralized

care, and there are new relationships evolving as a result of each of these. These trends do not fit well with existing Regulations, models for licensing pharmacies, and ACP's *Standards of Practice for Pharmacists and Pharmacy Technicians*, and *Standards for the Operation of Pharmacies*.

Council reviewed a briefing document outlining the changing dynamics of pharmacy, including some of the challenges that the Registration Department faces. To guide its discussions Council kept top of mind the six dimensions of the health quality matrix:

- **Acceptability** – Health services are respectful and responsive to user needs, preferences, and expectations.
- **Accessibility** – Health services are obtained in the most suitable setting in a reasonable time and distance.
- **Appropriateness** – Health services are relevant to user needs and are based on accepted or evidence-based practice.
- **Effectiveness** – Health services are based on scientific knowledge to achieve desired outcomes.
- **Efficiency** – Resources are optimally used in achieving desired outcomes.
- **Safety** – Mitigate risks to avoid unintended or harmful results.

Council agreed that at the root of the changing face of pharmacy, it is the pharmacist that is responsible for assessing and prescribing…regardless of the physical description of the pharmacy. Access to records, integration of records, additions to the record, transitions in care and the audit trail must not be relinquished or lost. Council will continue its exploration of whether and how, new practice models fit within existing legislation, whether new policy direction is required, and whether legislative amendment is required to accommodate new opportunities.

3.5.2.2   DRAFT Policy for Shared Premises Pharmacies

Pharmacies are increasingly co-located with other premises and health practices. This has created a lack of clarity about what constitutes the pharmacy, and our effectiveness in regulating practice environments. Due to this trending, it is prudent that Council consider a policy to support our interpretation and application of the requirements for licensing pharmacies.

Council reviewed a DRAFT administrative policy for Shared Premises Pharmacies, to be administered by the Registrar through authority granted under s5.01(d) of the *Pharmacy and Drugs Regulation*. The policy clarifies administrative interpretation and application of requirements outlined legislation and the Standards. The policy addresses pharmacies that share a space with another business or care providers. It sets expectations for autonomous infrastructure, security, privacy, and other considerations important to supporting ethical and effective pharmacy practice environments.

MOTION: to accept for information the administrative policy on shared premises pharmacies.
Moved by **Rick Hackman**/Seconded by **Fayaz Rajabali**/CARRIED

3.5.2.3 NETCARE Access Requirements Prior to Operating a Licensed Pharmacy

Access to NETCARE is required in Standard 4.9 of the *Standards for the Operation of Licensed Pharmacies*. To ensure pharmacists comply with the standard and have access to important patient information required for assessment, a pharmacy needs access to NETCARE prior to opening and operating a community pharmacy. Without access to NETCARE, pharmacists cannot review appropriate information needed to assess the patient and cannot comply with ACP's opioid guidelines (Guidelines for Assessment and Monitoring: Individuals using Opioid Medications). Further, pharmacies are unable to submit patient records to NETCARE preventing other healthcare providers from viewing complete information for the patient.

Although access to NETCARE is required by the Standards, the majority of new pharmacies do not have access to NETCARE at the time of licensing and may not be able to receive access for six to eight months upon opening due to a number of factors including, but not limited to:

- long wait times for the Office of the Information and Privacy Commissioner (OIPC) to accept the Privacy Impact Assessment (PIA), and/or
- applicants not submitting complete information and/or responding in a timely manner.

At its last meeting, Council agreed that all pharmacies must have access to NETCARE prior to receiving a license. The Registrar was asked to "map" the required procedures for achieving access, and to develop a DRAFT policy for Council's consideration in advance of implementation. Currently, the timeframe to register for Netcare may take approximately 3 months, however, Alberta Health is working on expediting this process by accepting the "Complete the Provincial Organizational Readiness Assessment" based on a submitted PIA, rather than waiting for an accepted PIA from OIPC. This would reduce the total timeframe to register for Netcare to one-two months.

MOTION: that:
- Starting July 1st, 2018, applicants for a new community pharmacy licence must complete the seven steps to establish NETCARE connection prior to opening the licensed community pharmacy.
- Licensees for existing community pharmacies without access to NETCARE must initiate and complete the seven steps prior to September 30, 2018, and failing that, the Registrar may impose conditions that prohibit the dispensing of Controlled Substances until connection is made; and further may not issue a license if NETCARE connectivity is not established prior to June 30, 2019.
- Upon application, the Registrar may approve an opening of a new community pharmacy that is in the process of setting up NETCARE.

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

3.5.2.4   Requirements for Policies and Procedures in Advance of Licensing

According to the Standard 1.2b in the *Standards for the Operation of Licensed Pharmacies* (SOLP), a pharmacy must have policies and procedures that ensure that each regulated member practicing in the licensed pharmacy can comply with the law that governs pharmacy operations, drug distribution, and the practice of pharmacists and pharmacy technicians. These policies and procedures must include, but are not limited to sections ensuring:

- that restricted activities are only performed by, or under the lawful supervision of an authorized regulated health professional; staff members who are not regulated members are given clear direction regarding the scope of and limitations on their actions;
- the safety and integrity of the dispensing process and the storage and disposal of drugs;
- there are systems and procedures in place to minimize the risk of a drug incident, an adverse drug event, or a drug error and staff members are trained to comply with these systems and policies and procedures;
- there is a quality assurance process that provides for reporting, investigating, documenting, and evaluating drug incidents that occur in the pharmacy;
- there are procedures to identify theft, loss or diversion of narcotic and controlled drugs;
- effective infection prevention and control;
- appropriate handling of emergencies for when drugs are administered by pharmacists; and
- there are security systems and procedures implemented to ensure unauthorized individuals do not obtain access to drugs or to patient information.

According to Standard 3.6 of the *Standards for the Operation of Licensed Pharmacies*, a licensee must ensure that each regulated member who will practice in a licensed pharmacy undergoes a suitable orientation to the pharmacy's operational policies and procedures.

Despite reference to policies and procedures throughout legislation, ACP's Pharmacy Practice Consultants often identify during a practice visit, the lack of policies and procedures. Council reviewed a DRAFT policy proposing that policies and procedures be required in advance of licensing, opening and operating a pharmacy. Council approved a policy that states "effective July 1, 2018, all new pharmacies must have written policies and procedures in place prior to a licence being issued. All current licensed pharmacies must have written policies and procedures prior to June 30, 2020, after which a licence will not be issued prior to them being in place".

MOTION: that effective July 1, 2018, an application for a new pharmacy license must include policies and procedures acceptable to the college, prior to granting a license. Further, all current licensed pharmacies must have written policies and procedures to the satisfaction of the college prior to June 30, 2020, after which a licence will not be issued until compliance with this

requirement is met. (the date of June 30, 2020 coincides with the new standards for non-sterile compounding coming into effect.)
Moved by **Irene Pfeiffer**/Seconded by **Dana Lyons**/CARRIED

3.6   DRAFT Standards for Pharmacy Compounding of Non-Sterile Preparations
At its last meeting, Council approved DRAFT Standards for Pharmacy Compounding of Non-Sterile Preparations for the purpose of consultation. The consultation period closed on February 20, 2018 and Council reviewed feedback received during the consultation process, including recommendations for several amendments. Additional feedback was received in response to the guidance document. Council approved the amended Standards for Pharmacy Compounding of Non-Sterile Preparations, and deferred consideration of the guidance document to its next meeting, to accommodate consideration of that feedback. Upon approval of the guidance documents, Council's decision and plans for implementation will be communicated with registrants.

MOTION: that Council:
1. Approves the adapted Model Standards for Pharmacy Compounding of Non-Sterile Preparations;
2. Directs that further development to the Guidance Document that accompanies the Model Standards for Pharmacy Compounding of Non-Sterile Preparations be completed for review at the next meeting of Council;
3. Established the following coming into effect date in which pharmacies must be compliant to the Standards:
    3.1. All Standards related to human factors to come into effect at a date 6 months after the availability of education programming (no later than January 1, 2020);
    3.2. All Standards related to facilities and equipment on July 1, 2020, to accommodate time for renovations and construction; and,
    3.3. All facility Standards for new pharmacies would come into effect immediately.

Moved by **Dana Lyons**/Seconded by **Fayaz Rajabali**/CARRIED

3.7   Standards for Compounding Sterile and Non-Sterile Drug Preparations – Dates for Coming into Effect
Council had previously agreed that the date for all compounding standards to fully come into effect should be the same, taking into consideration the significant resources required for equipment and infrastructure, cost, and the availability of trades people. After further discussion, Council agreed that the "Coming into Effect" date for high risk compounding should be expedited to July 1, 2020 with all other "Coming into Effect" dates being July 1, 2021. In addition, it was agreed that a communication and education strategy should be developed to address high-risk compounding.

Council approved the following schedule for all compounding standards to come into effect:

Standards for Compounding Sterile Preparations (Hazardous and Non-Hazardous)
- Priority1 – July 1, 2018
- Priority 2– January 1, 2019
- Priority3:

o   High Risk (category 3) sterile compounding – July 1, 2020
o   All remaining sterile compounding – July 1, 2021

Standards for Compounding Non-Sterile Preparations
* All standards related to human factors - 6 months after the availability of education programming (no later than January 1, 2020);
* All standards related to facilities and equipment - July 1, 2020 (to accommodate time for renovations and construction); and,
* All new pharmacy applications must comply with infrastructure, equipment, and environmental requirements prior to a license being issued regardless of the above dates. Should a new pharmacy not intend on providing these services at the time of application, and choose to do so prior to the scheduled dates, ACP will require them to meet the respective requirements in advance of providing any of these services.

MOTION: to approve the above schedule for compounding standards to come into effect.
Moved by **Dana Lyons**/Seconded by **Fayaz Rajabali**/CARRIED

3.8   DRAFT Standards for Point of Care Testing (POCT)
In 2016 and 2017, ACP partnered with RxA to develop a whitepaper and framework for Point of Care Testing (POCT). The whitepaper and framework have been socialized to different stakeholders and discussed by Council. A first version of the DRAFT standards based on the whitepaper and framework for POCT have been developed in context with existing standards that address using and ordering laboratory tests. They have been informed by standards written by the College of Physicians and Surgeons of Alberta, the Nova Scotia College of Pharmacists, and our Standards of Practice. The DRAFT standards broadly address testing by pharmacy professionals including the use of laboratory tests, ordering laboratory tests, and performing point of care testing. Council approved the DRAFT standards for Point of Care Testing to support a 60 day consultation with registrants and stakeholders.

MOTION: to approve the DRAFT standards for Point of Care Testing for the purpose of a 60 day consultation.
Moved by **Rick Hackman**/Seconded by **Brad Willsey**/Carried

4.   Fiduciary

4.1   Governance Policy Review for Compliance
Council reflected on its compliance with the Governance policies.

4.1.1   Executive Limitation Policies (EL)
A report from Registrar Eberhart was provided for the following Executive Limitation policy**.**

4.1.1.1   EL-4 Financial Condition (Internal)
Council received Internal Financial Statements and Variances for the month ending September December 31, 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

4.1.2 Governance Policies (GP)

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

4.1.2.1 GP-1 Governance Process

Public members commented very positively about ACP's governance processes and policies, and the manner in which ACP went about conducting its business.

MOTION: that Council is in compliance with policy GP-1 Governance Process.

Moved by **Irene Pfeiffer**/Seconded by **Stan Dyjur**/CARRIED

4.1.2.2 GP-10 Linkage with Other Organizations

MOTION: that Council is in compliance with policy GP-10 Linkage with Other Organizations.

Moved by **Kelly Boparai**/Seconded by **Peter Eshenko**/CARRIED

4.1.2.3 GP-11 Council Planning/Agenda Control

MOTION: that Council is in compliance with policy GP-11 Council Planning and Agenda Control.

Moved by **Stan Dyjur**/Seconded by **Dana Lyons**/CARRIED

4.1.2.4 GP-12 Handling of Operational Complaints

MOTION: that Council is in compliance with policy GP-12 Handling of Operational Complaints.

Moved by **Kelly Boparai**/Seconded by **Peter Eshenko**/CARRIED

4.2 Governance Policy Review and Amendment

4.2.1 Governance Policies for Review and Amendment

4.2.1.1 EL-1 General Executive Constraint

MOTION: to adopt policy EL-1 General Executive Constraint as written.

Moved by **Al Evans**/Seconded by **Kelly Boparai**/CARRIED

4.2.1.2 EL-13 Information Management

At a previous meeting, Council requested amendments to the policy to include monitoring and managing cyber security. Council reviewed amendments made to the administrative interpretation of the policy and the EL-13 Information Management report provided by the Registrar.

MOTION: to adopt policy EL-13 Information Management as amended.

Moved by **Kamal Dullat**/Seconded by **Irene Pfeiffer**/CARRIED

MOTION: to approve the Registrar's interpretation of the amended policy.

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

4.2.1.3 EL-7 Interactions with Registrants
MOTION: to adopt policy EL-7 Interaction with Registrants as written.
Moved by **Brad Willsey**/Seconded by **Kelly Boparai**/CARRIED

4.2.2 Governance Policy Review Committee Terms of Reference
Council formed a governance committee responsible for reviewing the governance policies and ACP's bylaws on a cyclical basis. The committee will be a working committee of Council and will report to Council as a whole. Council reviewed the committee's Terms of Reference and requested amendment to state that the committee will meet annually or at the call of the chair; and, will that the committee will report to Council at the next regularly scheduled meeting of Council.

The Governance Committee will include:
- President-elect (Chair)
- Past-president
- Two other voting members of Council
- Registrar - Resource
- Executive Assistant to the Registrar – Secretariat

The compliance reports for the Governance Policies from the Registrar will continue at each council meeting.

MOTION: to amend the Terms of Reference for the governance committee.
Moved by **Kelly Boparai**/Seconded by **Irene Pfeiffer**/CARRIED

MOTION: to appoint Irene Pfeiffer and Peter Eshenko to the governance committee.
Moved by **Al Evans**/Seconded by **Kelly Boparai**/CARRIED

4.3 Business of Council

4.3.1 Nominating Committee Report, Election of Executive Committee Members
On behalf of the Nominating Committee, President Couldwell presented its report to Council for the election of a President-elect and Executive Member at Large for the 2018-2019 council term. The Committee polled the interest of all Council Members prior to making their recommendations therefore nominations from the floor were not sought.

The following three names were submitted by the Nominating Committee for the position of President-elect: Councillor Peter Eshenko (District 2-Southern Alberta), Councillor Fayaz Rajabali (District 3-Edmonton), and Councillor Dana Lyons (District B-Southern Alberta).

MOTION: to accept the report of the Nominating Committee for the position of President-elect for the 2018-2019 council term.
Moved by **Kamal Dullat**/Seconded by **Rick Hackman/**CARRIED.
Abstained: Peter Eshenko, Fayaz Rajabali, Dana Lyons

The Nominating Committee also submitted the name of Irene Pfeiffer (Public Member) and the names of the two individuals who were not elected to the position of President-elect for the nomination to Executive Member at Large.

MOTION: to accept the report of the Nominating Committee for the position of Executive Member at Large for the 2018-2019 term.
Moved by **Kamal Dullat**/Seconded by **Stan Dyjur**/CARRIED
Abstained: Irene Pfeiffer, Peter Eshenko, Fayaz Rajabali, Dana Lyons

Candidates were invited to address Council prior to an election being held through secret ballot for the position of President-elect, followed by an election for the position of Executive Member at Large. Registrar Eberhart served as returning officer, assisted by Past-President Taciana Pereira a non-voting member of Council.

MOTION: that Fayaz Rajabali be appointed as President-elect for the 2018-2019 council term effective July 1, 2018.
Moved by **Brad Willsey**/Seconded by **Kamal Dullat**/CARRIED
Abstained: Peter Eshenko, Fayaz Rajabali, and Dana Lyons

MOTION: that Dana Lyons be appointed as Executive Member at Large for the 2018-2019 council term effective July 1, 2018.
Moved by **Brad Willsey**/Seconded by **Kelly Boparai**/CARRIED
Abstained: Irene Pfeiffer, Peter Eshenko, Dana Lyons

4.4 External Reports

4.4.1 Report from CCCEP
Art Whetstone, Executive Director of the Canadian Council on Continuing Education in Pharmacy (CCCEP) provided a summary from the Board of Directors Teleconference Meeting of November 22-24, 2017. The report was received for information and is available for review by accessing the agenda and its supporting materials.

OMNIBUS MOTION: to accept the reports under Agenda Items 4.4 and 4.5 and 5.1 as information.
Moved by **Al Evans**/Seconded by **Stan Dyjur**/CARRIED

4.4.2 Report from the Faculty
Dr. Neal Davies provided a report from the Faculty of Pharmacy and Pharmaceutical Sciences. The report was received for information and is available for review by accessing the agenda and its supporting materials.

OMNIBUS MOTION: to accept the reports under Agenda Items 4.4 and 4.5 and 5.1 as information.
Moved by **Al Evans**/Seconded by **Stan Dyjur**/CARRIED

4.4.3 Report from APSA
Adi Garg, APSA's representative to Council provided the following Annual Report 2017 – 2018. This report serves to detail both major and minor initiatives that were up taken by APSA in the 2017-2018 academic year on behalf of APSA. The report was

received for information and is available for review by accessing the agenda and its supporting materials.

OMNIBUS MOTION: to accept the reports under Agenda Items 4.4 and 4.5 and 5.1 as information.
Moved by **Al Evans**/Seconded by **Stan Dyjur**/CARRIED

4.5 Hearing Tribunal Decision

4.5.1 Jody Pyne – Registration No. 11077
A copy of the Hearing Tribunal Committee decision was provided to Council for information

4.5.2 Kyle Kostyk – Registration No. 6844
A copy of the Hearing Tribunal Committee decision was provided to Council for information

4.5.3 Pierre Rizk – Registration No. 11721
A copy of the Hearing Tribunal Committee decision was provided to Council for information

OMNIBUS MOTION: to accept the reports under Agenda Items 4.4 and 4.5 and 5.1 as information.
Moved by **Al Evans**/Seconded by **Stan Dyjur**/CARRIED

5. Miscellaneous Reports and Documents for Information

5.1 Report from International Pharmaceutical Federation (FIP) – "Reducing harm associated with drugs of abuse. The role of pharmacists", 2017.
The report from the International Pharmaceutical Federation (FIP) highlights the value of the pharmacist's role in reducing harm from drugs of abuse. The report describes harm reduction services such as needle exchange and opioid substitution in different regions and countries, including Europe, the USA, Canada, central Asia and the Middle East.

FIP's Working Group on Pharmacists' Role in Harm Reduction, which put the report together, encourages pharmacy organizations to engage with policymakers and health authorities to remove barriers that limit the involvement of pharmacists in harm reduction services. The report specifies that "a comprehensive service should include: syringe and needle exchange (with the provision of low-dead space syringes where possible); opioid substitution therapy (preferably with pharmacist prescribing or dose adjustment); naloxone supply for overdoses (including pharmacist-initiated supply); and health promotion (including advice on sexual health)".

In addition, the report also addresses questions about pharmacists/pharmacies supplying or dispensing marijuana or cannabinoid-containing products for the purpose of medical use or recreational use, or both. The working group "considers that arguments could be made for the sale of marijuana from a pharmacy based on harm reduction principles but that such policies must be developed in conjunction with pharmacists, be evidenced based, and take into account concerns over the potential damage to pharmacists' standing in the public eye."

OMNIBUS MOTION: to accept the reports under Agenda Items 4.4 and 4.5 and 5.1 as information.
Moved by **Al Evans**/Seconded by **Stan Dyjur**/CARRIED

5.2 Primary Healthcare Integration Coalition Committee-Report from Rick Hackman

Councillor Rick Hackman is ACP's representative on Alberta Health Service's Primary Health Care Integration Network Coalition. The Coalition has about 30 members consisting of pharmacists, physicians, public advocates, Alberta Health Services, Alberta Health (these primarily from strategy division) and health care professionals from other professions. It is responsible for addressing gaps in care in particular between acute care and community settings. The Coalition is not a decision and implementation making body, but an advisory committee. The Primary Health Care (PHC) Integration Network is focused on improving transitions of care between primary healthcare providers and acute care, emergency departments, specialized services and other community services. This supports Albertans to get the care and social supports they need in the communities where they live. The Coalition is a customized Strategic Clinical Network focused on primary health care related to integration and challenges with transitions in care. The Coalition for Integration was established to stimulate innovative thinking and solutions to integration challenges faced in Alberta. The purpose is to:

- Provide advice on difficult integration challenges being addressed through the PHC Integration Network.
- Review and make recommendations on how to strengthen proposed integration solutions from Strategic Clinical Networks.
- Inform and engage stakeholders across the broader PHC community on topics related to care coordination and improved transitions in care.
- Participate in the co-creation of emerging integration solutions.

Councillor Hackman provided an update from the February 2018 meeting of the Coalition. This was the third meeting of the coalition. Topics for discussion included ideal transitions – what is the ideal journey from home to hospitals to back home. The Coalition broke into groups, allied health professionals, administrators, and the public group. The public group thought more about the "social" components of the transition and that it would be great to have people to help along the way. In general, the group acknowledged the importance of pharmacy. Going forward the hope is that recommendations will be put into action. The language that is used amongst the Coalition are terms such as "Medical Home", and "Medical or Health Ecosystem". Councillor Hackman recommended that pharmacy should dovetail this language.

6. Evaluation of Meeting and Adjournment

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

6.1 Self-Evaluation of Council Performance at this Meeting

President Couldwell reminded Council Members to complete the electronic meeting survey for collation and review at its next council meeting. The self-evaluation is facilitated through Survey Monkey. Leslie Ainslie forwarded a link to the survey.

6.2 Evaluation of Meeting - Summary of Results from the November 30-December 1 Council Meeting

A summary of the November 30-December 1, 2017 council meeting evaluations was circulated with the agenda for information. Council reviewed its self-evaluation of the past meeting in November 30-December 1, 2017 discussing strategic goals and agreed that Council was both reactive and proactive to current issues and trends.

6.4 Forthcoming Events and Council Meeting Dates

- June 11-12, 2018 - 1.5 day council meeting, Calgary
- June 12, 2018 - Celebration of Leadership and Installation of President reception, Calgary
- June 12-14, 2018 - Leadership Forum, Calgary
- October 3-5, 2018 - Fall council meeting and board development

6.5 Adjournment

MOTION: that this meeting of Council be adjourned.
Moved by **Kamal Dullat**
Meeting adjourned circa 4:05 p.m.