

MINUTES
Council Meeting
ALBERTA COLLEGE OF PHARMACISTS
April 9 – 10, 2014
Westin Hotel, Edmonton

1. Introduction

1.1 Call to Order

President Olstad called the meeting to order at 7:59 a.m.

He welcomed new public members Al Evans and Mary O’Neill. President Olstad relayed a message from past Public Member Pat Matusko. Mrs. Matusko said; “Thank-you for providing me the challenge of being a productive member of Council for these last 7 years. I can only hope that my contribution has been a small fraction of what I have learned and experienced”. She went on to convey her congratulations to Al Evans and Mary O’Neill, offering support as they meet the challenges and rewards contributing to “the betterment of the profession of pharmacy, pharmacists and the representation and protection of the public and public health”.

The business meeting of Council was held over two days. On Wednesday, April 9th Council conducted an open meeting from 8:00 a.m. - 12:35 p.m. and a closed meeting from 1:30 -5:00 p.m. On the evening of April 9th Council met with the board of the Health Quality Council of Alberta. Thursday, April 10th was an open meeting that reconvened at 8:00 a.m. and adjourned at 12:47 p.m.

1.2 Roll Call

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

- District 1 – Brad Willsey (President Elect)
- District 2 - Clayton Braun (Executive Member at Large)
- District 3 - Krystal Wynnyk
- District 3 - Rick Hackman
- District 3 – Taciana Pereira
- District 4 - Kelly Olstad (President)
- District 5 - Kaye Moran (Past President)
- District 5 - Kamal Dullat
- Pharmacy Technician - Kelly Boparai
- Al Evans - Public Member
- Bob Kruchten - Public Member
- Mary O’Neill – Public Member

Non-Voting

- Jim Kehrer - Dean, Faculty of Pharmacy & Pharmaceutical Sciences (April 9th only)
- Robin Burns - Pharmacy Technician Observer
- Brad Snodgrass - APSA Student Representative

Also in attendance:

- Greg Eberhart - Registrar
- Dale Cooney - Deputy Registrar
- Lynn Paulitsch – Operations and Finance Director
- Karen Mills – Communications Director
- Leslie Ainslie - Executive Assistant
- Bill Shores, QC, Shores Jardine, LLP - Legal Counsel
- Amy Porath-Waller, Canadian Centre on Substance Abuse (April 9, 10:15-11:00 am)
- Robyn Eeson, KPMG (April 9, 3:15-3:45 pm)
- Members of the Public – Observers (observers were welcomed at each “open” session of council. Those attending the morning of the 9th differed from those attending on the morning of the 10th).

1.3 Invocation

Rick Hackman read the invocation.

1.4 Adoption of the Agenda

President Olstad requested two additions to the agenda: signing of the Registrar’s contract, and the Tri-professional symposium; and then, sought approval of the consent agenda.

1.4.1 Consent Agenda

MOTION: to lift the topics of “Structured Practical Training” and “Registration” from the Consent Agenda for discussion, and to discuss them as agenda item 1.4.1.1 and 1.4.1.2 respectively.

Moved by **Kaye Moran**/Seconded by **Brad Willsey**/CARRIED

MOTION: to approve the agenda as amended.

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

1.4.1.1 Structured Practical Training Program (SPT)

Registrar Eberhart reported that a revised SPT program based on NAPRA’s professional competencies has been developed and piloted. The revised program features more practice-based activities, provides more guidance for interns and preceptors, and consists of detailed assessment tools to clearly outline the expectations of a pharmacist at entry-to-practice. The SPT will be delivered online in a format similar to ACP’s revised Continuing Competence Program.

ACP is proposing that interns in the former program will have six months to complete their internship. During this transition phase, if an intern does not meet this target, they will have to start over using the revised program.

1.4.1.2 Registration

The continual changes in pharmacy practice, service and business models, brings new challenges to ACP's registration department. Because provincial policy does not yet accommodate payment to pharmacists for professional services, registrants are exploring how funding can be accessed on the basis of their services being associated with a pharmacy licence. There is an increase in unique services such as Infusion Therapy, Travel and Diabetes Clinics; through which these pharmacies are not offering a full scope of drug therapy services. ACP must ensure these niche pharmacies operate consistent with principles that focus on the needs of patients, team based-care, and continuity of care. Moving forward, Council needs to explore the implications of a movement toward pharmacist services provided outside of pharmacies, and the policy implications associated with this including new standards and rules foundational to such practices.

1.4.2 Additions to the Agenda

1.4.2.1 Registrar's Contract

President Olstad advised Council that terms for the Registrar's contract had been agreed to, as per Council's direction during its "In Camera" meeting held in December 2013. The contract is signed and is available for review by any voting member of council upon request.

1.4.2.2 Tri-Profession Forum

The Tri-Profession Forum will take place May 22-23 in Edmonton. Leaders of pharmacy, nursing and medicine will meet to discuss the complex professional needs and challenges of pharmacists, nurses and physicians practising in community based environments. They will explore solutions that can benefit one another's practices and ultimately patient care.

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

MOTION: to table Agenda Item 2.3-Governance Indicators and Agenda Item 4.5-Minister's Announcement on Primary Health Care, to the June council meeting.
Moved by **Kaye Moran**/Seconded by **Krystal Wynnyk**/CARRIED

1.5 Minutes from Previous Meetings

1.5.1 Minutes – December 4 - 5, 2013

MOTION: to approve the minutes of the December 4 - 5, 2013 meeting of Council.

Moved by **Kamal Dullat**/Seconded by **Krystal Wynnyk**/CARRIED

1.6 Disposition of Directives

The Disposition of Directives was provided for information. President Olstad invited questions; however, none arose. Lynn Paulitsch, Operations and Finance Director shared with Council that she has begun researching the feasibility of using alternative forms of payment for collecting registration and renewal fees to

minimize service charges. She met with TD Commercial Services to explore payment options and has surveyed ten regulatory bodies within and outside of Alberta. Mrs. Paulitsch will prepare a feasibility analysis for Council's consideration.

MOTION: to accept the report as information.

Moved by **Kamal Dullat**/Seconded by **Kaye Moran**/CARRIED

1.7 In Camera - NIL

2. Governance

2.1 ENDS and Executive Limitation Amendments

2.1.1 Policy E (Mega-End) – 2013 Annual Report

The Annual Report reflects the business undertaken by the college in 2013 and our achievements, including the reporting required through the *Health Professions Act* and the Mega-End policy of Council. Council was presented with several amendments for its consideration, and through discussion identified several other editorial changes to enhance clarity and readability.

MOTION: to approve the 2013 Annual Report with editorial amendments and proceed with its publication.

Moved by **Taciana Pereira**/Seconded by **Krystal Wynnyk**/CARRIED

2.2 Compliance Monitoring and Reports

2.2.1 Executive Limitations – Compliance Reports

Reports from the Registrar were provided for the following Executive Limitation policies. Where external reporting is required (EL-4 Financial Condition-External Review), presentations were made by external experts.

2.2.1.1 EL-4 - Financial Condition – External Review

Council reviewed the audited financial report from ACP's external auditors KPMG for the year ending December 31, 2013. Robyn Eeson from KPMG presented the external financial report to Council, and responded to questions from Council Members.

MOTION: to approve the external audited financial report for the fiscal year ending December 31, 2013.

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

Note: All administrative team members excused themselves for this discussion.

2.2.1.2 EL-4 Financial Condition – Internal

Internal Financial Statements and Variances for the month ending December 31, 2013 were submitted for Council's approval.

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

Moved by **Rick Hackman**/Seconded by **Kamal Dullat**/CARRIED

2.2.1.3 EL-3 Financial Planning – New Fees

At its December 2013 meeting, Council approved new fees for a Complaint Review Committee application (\$200+GST), and appeals of Hearing Tribunal decisions (\$574+GST), for the purposes of a 60-day consultation. Council reviewed the consultation results and gave final approval of the new fees.

MOTION: to approve new fees for a Complaint Review Committee (\$200+GST) application and appeals of Hearing Tribunal decisions (\$574+GST).

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

MOTION: that the new fees come into effect immediately.

Moved by **Brad Willsey**/Seconded by **Krystal Wynnyk**/CARRIED

2.2.2 Governance Policies – Compliance Reports

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

2.2.2.1 GP-1 Global Governance Process

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

Moved by **Kamal Dullat**/Seconded by **Krystal Wynnyk**/CARRIED

2.2.2.2 GP-10 Council Linkage with Other Organizations

Council has appointed representatives to NAPRA, CCCEP and PEBC.

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

Moved by **Kaye Moran**/Seconded by **Kelly Boparai**/CARRIED

2.2.2.3 GP-11 Council Planning Cycle and Agenda Control

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

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

2.2.2.4 GP-12 Handling of Operational Complaints

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

Moved by **Kaye Moran**/Seconded by **Taciana Pereira**/CARRIED

2.3. Governance Indicators (Performance Matrix)

Agenda Item 2.3 Governance Indicators was tabled to the June council meeting.

2.4 Ownership Linkage

2.4.1 Engagement with Albertans Since Last Meeting

Council reflected on the importance of engaging with the public, registrants and stakeholders. Council noted the need to continue engagement in a structured way. Council reflected on their discussion with the Board of the Health Quality Council.

2.5 Generative Discussion

A responsibility of Council is to engage in generative thinking to contemplate long-term planning through the exploration of emerging trends supported by information garnered through environmental scanning. At its December meeting, Council explored the role of pharmacists in 2025 and beyond. During the April meeting, Registrar Eberhart led Council through discussions that explored “what tools will pharmacists and pharmacy technicians require in 2025 to be relevant to Albertans and Alberta’s health system”.

Council broke into three discussion groups, each discussing a series of three questions. Following is a collation of notes recorded by the groups:

Reflect on the collated notes from the December 2013 council discussion, and in 3-4 sentences, restate “the role of pharmacists in Alberta’s health system in 2025 and beyond.”

- what they will do, not how they will do it; and,
- what their value to patients and the health system will be.

Group 1	Group 2	Group 3
<p>Pharmacists will be sought out by patients for individualized coordination of health information and drug therapy, with pharmacy technicians ensuring continued access to timely care and high quality of distribution of medications. Pharmacists and pharmacy technicians will be equal players on the health team who balance focused and comprehensive care to achieve individualized patient outcomes.</p>	<p>Albertans will recognize pharmacists as drug therapy experts, and will achieve their personal health goals by seeking out pharmacists and pharmacy technicians as their primary clinician of choice to coordinate their drug therapy.</p>	<ul style="list-style-type: none"> • Pharmacists won’t be involved in dispensing, delivering medications, administering injections – these roles could be performed by technicians. • Physicians diagnose; pharmacists prescribe. • Clinical care from pharmacists may occur at separate location from where drugs are dispensed. • Pharmacists are seen as a cost in some team environments as their services do not generate revenue. • Accessibility needs to be

		<p>rethought, based on the needs and movement of patients</p> <ul style="list-style-type: none"> • Patient records will be mobilized; patients carry records with them. • If patients receive pharmacist assessment and support in a team environment, is there a need for a pharmacist at the pharmacy? Consensus: yes, pharmacists need to add value every time that a patient is engaged; if not, access is decreased. • Pharmacists can improve access to patients if made more accessible in front-store of pharmacy environment. • Centralized fill. • Greater degree of specialization, but highly coordinated: <ul style="list-style-type: none"> ○ Specialization vs siloed care; what is the risk/benefit.
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Consider the following concepts in context with your role statement: Empowered and enabled patients; Patient centered care; Team-based care; Continuity of care; and Coordination of care. What paradigms must change in pharmacy practice in order for your role statement to be recognized by 2025?

<ul style="list-style-type: none"> • Transition to patient focus, rather than drug focus: <ul style="list-style-type: none"> ○ Personalized, focus on health priorities of patient, ○ More time with, and more discussion with patients, ○ Knowledge translation – health coach. • Balance unique knowledge with comprehensive coordination of all medication therapy. • Remain accessible – drugs and pharmacist knowledge 	<p>To be successful pharmacists will need to:</p> <ul style="list-style-type: none"> • Changing demographics, will augment diversity in patient needs • Be flexible and able to recognize and adapt to constant change; • Listen well; • Communicate well with patients, peers, other professionals, and policy-makers; • Exercise increased responsibility and accountability as records become more accessible to 	<ul style="list-style-type: none"> • Pharmacists will require a holistic approach to care. • Outcomes focused. • Improved access to information through innovative e-solutions: <ul style="list-style-type: none"> ○ Support decision-making and monitoring. • Patients self-monitor and provide data to health professionals. • Develop competence and confidence amongst pharmacists to exercise high quality clinical care. • Develop assessment skills.
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<p>may not be co-located.</p> <ul style="list-style-type: none"> • Beliefs to change: <ul style="list-style-type: none"> ○ How to access pharmacists, ○ How to access medications. • Access needs defining. 	<p>patients and their health team;</p> <ul style="list-style-type: none"> • Empower patients by coordinating their drug therapy, and educating and supporting them to optimize results. • Need to be creative and innovative. • Pharmacists need to understand what it means to take responsibility for drug decisions. • Pharmacists will only be relevant if they are sought out. • Need more outcomes research. 	<ul style="list-style-type: none"> • Enhanced socialization skills need to be taught; high touch. • Need to develop soft skills: <ul style="list-style-type: none"> ○ Judgment, ethical decision-making, working in the “gray zone”.
<p>What are the tools that pharmacists and pharmacy technicians will require in 2025 to fulfill your role statement and be relevant to Albertans and Alberta’s health system? (knowledge, skills, information, technology, infrastructure, relationships, etc.)</p>		
<p>Deferred to next meeting.</p>	<p>Deferred to next meeting.</p>	<ul style="list-style-type: none"> • Appropriate regulatory framework in which to function. • Access to information. • 2025- one patient, one record • Centralized dispensing and/or robotic dispensing. • Training in empathy and care.

2.6 Nominating Committee Report – Election of Officers

On behalf of the Nominating Committee, President Olstad submitted nominations for the positions of president elect and executive member at large. Rick Hackman was nominated for the position of president elect, and Kamal Dullat and Taciana Pereira were each nominated for the position of executive member at large.

MOTION: to accept the report from the Nominating Committee.
 Moved by **Brad Willsey**/Seconded by **Krystal Wynnyk**/CARRIED

2.6.1 President–Elect 2014-15

President Olstad submitted the name of Rick Hackman for the position of president elect. He called for nominations from the floor three times. None were received.

MOTION: that nominations cease for the position of president elect and that Rick Hackman be appointed as president elect by acclamation for the 2014-15 council term, commencing July 1, 2014.

Moved by **Kaye Moran**/Seconded by **Bob Kruchten**/CARRIED

Abstained: Rick Hackman

2.6.2 Executive Member At Large 2014-15

President Olstad submitted the names of Kamal Dullat and Taciana Pereira for nomination as the executive member at large. He then called for nominations from the floor three times. None were received.

MOTION: that nominations cease for the position of executive member at large.

Moved by **Rick Hackman**/Seconded by **Brad Willsey**/CARRIED

The nominees were asked to address Council as to why their nomination should be supported. An election was held by secret ballot and Registrar Eberhart acted as Returning Officer; his count being ratified by Bill Shores, Legal Counsel. Registrar Eberhart advised that Taciana Pereira had received the majority of votes.

MOTION: that Taciana Pereira be appointed as executive member at large for the 2014-15 council term, commencing July 1, 2014.

Moved by **Kaye Moran**/Seconded by **Clayton Braun**/CARRIED

Abstained: Kamal Dullat and Taciana Pereira

MOTION: that the ballots for the 2014-2015 election of officers be destroyed.

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

2.7 Annual General Meeting

Council wishes to increase its engagement with registrants. ACP's annual meeting has been identified as an opportunity for engagement. In 2013, we facilitated remote viewing of the proceedings. Council passed a motion to support virtual annual meetings in the future. The administrative team researched four alternatives for the distance delivery of the annual meeting. Registrar Eberhart provided a summary of the research for Council's consideration. Upon further discussion Council directed Registrar Eberhart to proceed with the delivery of the annual meeting via webcast. Amendments to resolutions will be made by registrants in attendance; however, ACP will facilitate a vote on the final resolutions after the meeting. Only registrants who register for, and participate in, the annual meeting either in person or through distance delivery will be entitled to vote.

3. Legislated Responsibilities

3.1 Hearing Tribunal Decisions

3.1.1 Robin Small - Registration Number 4837

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

3.1.2 Thai Chau - Registration Number 5222

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

MOTION: that Council accepts the Hearing Tribunal reports as information.
Moved by **Kaye Moran**/Seconded by **Rick Hackman**/CARRIED

3.2 Competence Program – Rules

In December 2013, Council approved the Continuing Competence Program (CCP) rules, including specific details about information required in the learning and implementation records. Work on the development of the revised CCP and the web portal continues. The Learning Record and Implementation Record forms have been revised, and an online portal will be available for use by all pharmacists to record their learning and implementation of that learning. The new program will be supported by an online tutorial that will provide direction about the program and how to use the online portal. Heather Baker, Competence Director and Debbie Lee, Practice Development Director demonstrated the portal in its current state. The portal and the tutorial are expected to be available for testing in June and available for roll out on July 1, 2014. It was determined through the development of the tools that several terms within the program rules needed to change. Registrar Eberhart sought Council's approval of these.

MOTION: to approve the amended rules of the Continuing Competence Program as circulated with the agenda.

Moved by **Rick Hackman**/Seconded by **Kamal Dullat**/CARRIED

Note: the competence committee is still considering how to transition registrants selected for competence review during the 2013-14 membership year who have not fulfilled all requirements to the new program.

3.3 Proposal from Dietitians – adjusting insulin and oral hypoglycemic

MOTION: to defer discussions to the Executive Committee.

Moved by **Brad Willsey**/Seconded by **Kaye Moran**/Carried

3.4 Inducements

A portion of this discussion was held during the April 9th closed meeting of council. Council continued its deliberations at the April 10th open council meeting.

The first part of this discussion on April 10th was held "In Camera" as Council received privileged information from legal counsel in support of its deliberations from the previous day. Council, Registrar Eberhart and Legal Counsel participated in the "In Camera" session.

MOTION: that Council move into an "In Camera" session at 9:13 a.m.
Moved by **Kamal Dullat**/Seconded by **Krystal Wynnyk**/CARRIED

MOTION: that Council move out of the “In Camera” session at 10:12 a.m.
Moved by **Mary O’Neill**/Seconded by **Krystal Wynnyk**/CARRIED

On December 4, 2013 Council approved draft amendments to the ACP Code of Ethics, the Standards of Practice for Pharmacists and Pharmacy Technicians, and to the Standards for the Operation of Licensed Pharmacies, for the purpose of distributing these for review and comment as required by the Health Professions and Pharmacy and Drugs Acts.

President Olstad opened this discussion by stating that “the issue of inducements has been on the council agenda for a considerable period of time. We have consulted with stakeholders and have conducted extensive investigation into this complex issue. This is an issue that is critical to the professional integrity and ethics of our profession. With a changing professional landscape and scope of practice, it is critical that a decision be made about inducements in pharmacy practice.” He went on to poll each council member to affirm that “individually you have all received, reviewed, and considered feedback from the review and comment period on our proposed changes.”

Together council reviewed the feedback from registrants, the public, and from stakeholders.

Upon reviewing the feedback received, Council considered the four options available to them in making a decision:

- 1) make no changes - status quo,
- 2) adopt the proposed changes with no further amendments,
- 3) amend and then adopt proposed changes,
- 4) defer consideration to another meeting.

As a result of the review, Council made further amendments and adopted the Code of Ethics, the Standards of Practice for Pharmacists and Pharmacy Technicians and the Standards of Practice for the Operation of Pharmacies as follows:

Amendment to the Code of Ethics

Amend Principle 1 by replacing the current Section 13 with the following:

13. Do not enter into any arrangement with a patient where I provide an inducement to the patient that is conditional on the patient obtaining a drug or professional service from me.

MOTION: to adopt the Code of Ethics as circulated for review and comment.
Moved by **Kaye Moran**/Seconded by **Brad Willsey**/CARRIED (9 For/3 Opposed)

Amendment to the Standards of Practice for Pharmacists and Pharmacy Technicians

Amend the current Standard 1 as follows:

1. Sections 1.17 and 1.18 are renumbered as 1.21 and 1.22.
2. The following is added after Section 1.16:
 - 1.17 In Standard 1.18 and 1.19:
 - (a) “inducement” means
 - i. a reward,
 - ii. a gift, including a gift of cash,
 - iii. a prize,
 - iv. a coupon,
 - v. points or other mechanisms in incentive or loyalty programs that can be redeemed for rewards, gifts, cash, prizes or other goods or services;and
 - (b) “drug product” means
 - i. a Schedule 1 drug,
 - ii. a Schedule 2 drug,
 - iii. a blood product, or
 - iv. a Schedule 3 drug that is provided under a prescription.
 - 1.18 A regulated member must not offer or provide or be party to the offering or provision of an inducement to a patient where the inducement is offered or provided on the condition that the patient obtains:
 - (a) a drug product, or
 - (b) a professional servicefrom the regulated member or licensed pharmacy.
 - 1.19 The following are not prohibited under Standard 1.18:
 - (a) the provision of a drug product, professional service or health care product, aid or device to a patient by a regulated member or licensed pharmacy where, in the professional opinion of the regulated member, it
 - i. is required for compassionate reasons based on the circumstances of the patient, and
 - ii. will support the health care of the patient; and
 - (b) the provision of a drug product, professional service or health care product, aid or device to augment drug therapy or augment a professional service provided by a regulated member.
 - 1.20 Nothing in Standard 1.18 is intended to limit a regulated member from taking any steps required or necessary to comply with the law that governs the practice of pharmacy referred to in Standard 1.1.

MOTION: to adopt the Standards of Practice for Pharmacists and Pharmacy Technicians as amended.

Moved by **Kaye Moran**/Seconded by **Krystal Wynnyk**/CARRIED (8 For/4 Opposed)

Amendment to the Standards for the Operation of Licensed Pharmacies

Amend the current Standard 1 by adding the following after Section 1.2:

- 1.3 A licensee must not require a regulated member to engage in any activity or be party to any arrangement that will result in a contravention of Standard 1.18 of the *Standards of Practice for Pharmacists and Pharmacy Technicians*.

MOTION: to approve amendments to the Standards for the Operation of Licensed Pharmacies as circulated for review and comment.

Moved by **Kaye Moran**/Seconded by **Krystal Wynnyk**/CARRIED (9For/3 Opposed)

MOTION: that the amendments to the Code of Ethics, Standards of Practice for Pharmacists and Pharmacy Technicians, and Standards for the Operation of Licensed Pharmacies approved at today's meeting, come into effect on May 1, 2014.

Moved by **Brad Willsey**/Seconded by **Krystal Wynnyk**/CARRIED

4. Miscellaneous Business for Council's Consideration

4.1 Report from the Faculty

Dean Jim Kehrer provided the following summary from the Faculty of Pharmacy & Pharmaceutical Sciences:

➤ Budget:

- The University's budget is being maintained at the same level as last year. However, because of contractual pay and benefit obligations, there is 3.5% unfunded in the operating budget. How this will impact the Faculty is not yet known.
- The University is strongly emphasizing revenue generating programs. The following are those that the Faculty is focused upon.
 - **PharmD program** - This program generates about \$20,000 from each student. Thus, 40-50 students (the anticipated capacity) has the potential to generate \$800,000 to \$1 million per year in new revenue, with ultimately at least half or more of this from the distance/part-time option that will include online material. Funding from the University to develop this option is expected shortly.
 - **Anatomy & Physiology** - The Faculty is now responsible for teaching this material rather than faculty members in Medicine. The Faculty is putting this material online and will eventually offer stand alone courses that will satisfy pharmacy prerequisites with the new entry level PharmD program. They expect over 200

students to take these courses annually which will yield a substantial revenue stream to the Faculty.

- **Kuwait** - In November, the Faculty signed an agreement with Kuwait. The first students will enrol at the UofA in 2014 with the first ones entering pharmacy in 2017 (up to 5 students per year). These are extra slots and will not displace any domestic students. This will generate \$250,000 per year to the Faculty. This will result in additional \$1 million revenue annually.
- **Calgary** - A draft proposal is being considered by the Provost to expand the UofA program to Calgary. This will include all 4 years of teaching and will require provincial government funding as well as collaborations with the Faculty of Rehabilitation Medicine, the University of Calgary and possibly Bow Valley College.

➤ Faculty Growth and Development:

- Submitted an Interim Accreditation Report to CCAPP,
- Departures from the Faculty:
 - Joe Tabler – returned to AHS)
 - Kristin Kulak – Practice Lab admin; did not return from maternity leave
 - Aaron Cunningham
 - Arianne Arnould
 - Connie McLaws
- New appointments/hires
 - Rene Breault – Director of PharmD (title change)
 - Hoon Sunwoo – Associate Professor, Pharmaceutical Sciences
 - Assistant Professor Pharm. Sci. – interviews completed
 - Gillian Johnson – Practice Lab Administrator
 - Czabrina Wallace – Student Advisor
 - Teri Charrois – Lead, Pharmacy Practice Skills
 - Stuart Drozd – PharmD program manager
- Term for Dean Kehrer ends June 30, 2015. Goals until that time are to:
 - Progress on developing a new PharmD curriculum for all students, with implementation for the class entering in 2017.
 - Progress on offering 4 years of pharmacy in Calgary.
 - Revamp/revitalize the structure of the Faculty's graduate program.
 - Solidify the Faculty's budget so as many positions as possible become funded through base budget.
 - Develop a partnership with the Faculty of Medicine to enable hiring of a Canada Research Chair, replacing the one lost last year.
 - Move forward on a dual graduate degree program with the University of Sao Paulo pharmacy program.

➤ Recent successes at the Faculty:

- Jereme Parenteau - winner of the 2013 Association of Faculties of Pharmacy of Canada student leadership award,
- Nese Yuksel - 2013 Faculty of Pharmacy & Pharmaceutical Sciences Merit Award,
- Laura Coleman - Alberta Guy Genest winner,
- Professional Development Week (PDW) January 2014 in Vancouver:
 - 1st place compounding competition: Sabina Choi, Andrew Noh, Peter Yang, Kati Lorenz,
 - 1st place student literacy challenge: Joshua Torrance,
 - 3rd place patient interview competition: Sabina Choi,
 - 1st Place Blueprint For Pharmacy 2013 Student Leadership in practice change (an essay): Joshua Torrance.

- Advancement and Alumni Relations:
 - Raised approximately \$100,000 for the Centennial
 - Apotex has suspended payments on their \$3 million pledge (they made one \$300,000 payment). Their reasoning was that the policies of the Alberta government make profiting from generic drugs sales problematic
- PharmD:
 - 10 enrolled – they have been exceptional. Graduation is in November, 2014,
 - 29 applicants, 21 enrolled for next year; about half are practising pharmacists,
 - Part-time option anticipated in 2015 or 2016,
 - Approval to convert MPharm to PharmD designation has been obtained. Affects about 12 individuals who have the option to make this conversion.
- BSc Pharm:
 - An online video interview system was used this year.
- Facilities:
 - Construction on the Faculty's new Administrative Offices, research labs, computer lab, student space, practice skills lab, and pharmaceuticals lab spaces in the Medical Sciences remain on track for completion in June 2014.
- Faculty's Centenary:
 - The White Coat Ceremony in January 2014 was a huge success. Speakers included:
 - Lieutenant Governor Donald Ethell,
 - The Honourable Fred Horne, Health Minister,
 - Captain (Navy) Rebecca Patterson, Commander Health Services Group, Canadian Armed Forces,
 - President Indira Samarasekera,
 - Dean James Kehrer.
 - Scheduled events include:
 - Pharmacy Research Day – March 7, 2014
 - Student/Alumni Hockey Game – March 22, 2014; Clare Drake
 - Calgary Alumni Event - May 12, 2014 6:00 PM; Heritage Park (Wainwright Hotel)
 - Dean's Golf Tournament –June 16, 2014; Alberta Springs Golf Course, Red Deer
 - Convocation - June 5, 2014 (Afternoon)
 - Alumni Reunion Weekend -Saturday, September 20, 2014
 - Brunch, Tours, speaker during day. Katz Centre
 - Evening Reception
 - Donor Recognition/Awards Night – October 27, 2014
 - Speakers Series (Fall) - November 19, 2014

MOTION: to accept the report from Dean Kehrer as information.

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

4.2 Report from CCCEP

Debbie Lee, ACP's appointee to the CCCEP Board submitted this report on behalf of CCCEP:

1. Competency-Mapped Accreditation Policy

The Board of Directors approved the Competency-Mapped Accreditation Policy for certificate programs. CCCEP undertook a pilot project to conduct a stage 2 accreditation of Immunization and Injection programs in March 2012. The stage 2 accreditation involves the mapping of the content of a program to a pre-determined set of competencies. The stage 2 review is conducted by a reviewer with expertise in the subject area. The competency-mapping review (stage 2) is conducted following the regular review of the program (stage 1) for accreditation. CCCEP will be discussing with stakeholders other areas for competency-mapped accreditation in 2014.

2. Conflict of Interest Policy

The Board of Directors approved a major revision of the Conflict of Interest Policy. The policy was expanded to include all CCCEP personnel – Directors, Staff and Volunteers. The concept of Covered Persons was introduced to enable CCCEP to include provisions for all CCCEP personnel and other provisions specific to the functions of different groups of CCCEP personnel.

Conflict of interest may incur directly (between the individual and CCCEP) or indirectly (through business, investment or family ties). Conflicts of interest may be actual or perceived conflicts that involve: (1) financial interest, (2) personal interest; (3) gifts, gratuities, entertainment or honoraria from current or potential vendors, suppliers or program providers; or (4) participation in the accreditation review of a program or of an accredited provider with which the Covered Person has a personal or professional relationship or association.

A covered situation means any activity, transaction, contract, agreement, or arrangement between a Covered Person and CCCEP, or between CCCEP and any third party where a Covered Person has a material interest; except a compensation agreement between CCCEP and the covered person.

CCCEP Personnel are expected to: (1) Disclose immediately the existence and circumstances of any Covered Situation to CCCEP; (2) Refrain from using his or her personal influence to affect CCCEP's decision regarding the Covered Situation; (3) Recuse by physically removing himself or herself from any discussions and decisions regarding the Covered Situation except to answer questions, including Board or Officer discussions and decisions on the Covered Situation; and (4) Reassess their potential conflict of interest on a regular basis and whenever they are engaged in a new situation or their relationships (personal or professional) changes. Each covered person will sign an acknowledgement that they have read and understood the policy on a regular basis.

3. Lease Agreement Extension

The Board of Directors approved the extension of the current lease at 2002 Quebec Avenue, Saskatoon, Saskatchewan for a period of two years at the current rental rate and conditions. The current lease expires in February 2014.

4. Specialization in Pharmacy Needs Assessment/Feasibility Study

In January 2012, a Task Group on Specialization in Pharmacy in Canada was established to follow-up on the Action Ideas of the CPD/CE Policy Summit. The Task Group is composed of representatives from the Association of Faculties of Pharmacy Education, Canadian Council on Continuing Education in Pharmacy, Canadian Pharmacists Association, Canadian Society of Hospital Pharmacists and the National Association of Pharmacy Regulatory Authorities. The Task Group has been working on the definition and description of the key concepts regarding specialization and certification and the preparation of a discussion paper on certification and specialization in Canada.

A critical next step is determining the need and demand for specialization in pharmacy by pharmacy professionals, employers and the health system. The Specialization in Pharmacy Task Group submitted a proposal for funding from the Blueprint for Pharmacy. The Blueprint is considering allocating \$20,000-\$25,000. The executive of the Blueprint has endorsed the proposal and recommended to the Steering Committee that the Blueprint provide funding for the needs assessment. The Blueprint Steering Committee approved \$25,500 in funding at its February 2014 meeting.

The estimated cost is \$53,000 to \$67,800, depending on the responses to the RFP. If funds are not needed for the study, they could be used to develop the business case for a specialty certification in pharmacy. CCCEP was asked to consider providing some support for this study. The Board of Directors approved \$5,000 to support a needs assessment of specialization in pharmacy in Canada and the development of a business case for a pharmacy specialty certification system.

5. Update on AFPC-CCCEP Task Group

The Joint AFPC-CCCEP Task provided the following summary and recommendation.

Options for Accreditation

Three primary options for accreditation of pharmacy faculty CE divisions were identified.

1. Individual Learning Activity Accreditation and Provider Accreditation (No change)

CE Divisions/Faculty would continue to accredit individual learning activities as delegated by the provincial authority (for provincial accreditation) and CCCEP (for national accreditation) AND CE Divisions/Faculty wishing to accredit their own learning activities would be accredited by CCCEP as accredited providers through a separate application to CCCEP.

2. Program Provider Accreditation by CCAPP

CE Divisions/Faculty would be accredited as providers by CCAPP, as opposed to CCCEP through an accreditation process developed and operated by CCAPP.

3. Provider Accreditation -Joint CCAPP-CCCEP

CE Divisions/Faculty would be designated as accredited providers by CCCEP through an accreditation process integrated with the CCAPP accreditation process of the degree programs of the faculty. CCCEP's program accreditation standards would be integrated with the CCAPP standards. The process would be overseen by a joint committee of CCCEP and CCAPP.

Themes from Discussions and Research

While there was no prevailing view of a preferred option, several key themes emerged. Five of eight faculty representatives preferred that the development of accreditation criteria for a potential joint accreditation process would be overseen by joint committee of CCCEP and CCAPP representatives. It was important to all involved in the discussions that:

- the quality of pharmacy CE programs in Canada is maintained
- duplication of effort in the accreditation process is minimized
- a robust national continuing education accreditation system is maintained
- impact on regulatory authorities and pharmacy professionals is minimized
- costs associated with the accreditation process remain stable

Recommendation

The Task Group recommends that further discussion on potential integration of the CCAPP and CCCEP accreditation processes is undertaken, with representation from each organization. The issues to be addressed include the role of each organization in a potential joint accreditation process, specific accreditation criteria and standards to be applied, financial responsibilities of each party and resources available.

Board Decision

The Board of Directors (1) accepted the recommendation of the task group, (2) appointed Barb Thomas and Arthur Whetstone to the joint CCCEP-CCAPP task group and (3) requested the Executive Committee to send an update to stakeholders on the issue.

Council noted the potential shortfall for funding of The Specialization in Pharmacy Task Group's project to "determine the need and demand for specialization in pharmacy by pharmacy professionals, employers and the health system". Registrar Eberhart requested that Mrs. Lee engage with the Task Group to identify strategies to address the shortfall, and report her findings to Council.

MOTION: to accept the report from CCCEP for information.
Moved by **Rick Hackman**/Seconded by **Al Evans**/CARRIED

4.3 AFPC Proposal for CCAPP Accreditation of CE Divisions of Faculties of Pharmacy

The Canadian Council on Continuing Education in Pharmacy (CCCEP) is nationally recognized for accrediting professional development programs for pharmacists. ACP and other provincial colleges each have appointees to the CCCEP board, and have delegated its responsibility to accredit learning opportunities for pharmacist to the organization. The Association of Faculties of Pharmacy of Canada (AFPC) has requested that the responsibility for accrediting

professional development programs developed and offered by Canadian Faculties of Pharmacy be delegated to the Canadian Council on the Accreditation of Pharmacy Programs (CCAPP). CCAPP currently has responsibility for accrediting Faculties of Pharmacy and Pharmacy Technician programs in Canada.

CCCEP wrote to Registrar Eberhart seeking support from Council and ACP to maintain its current accreditation role. Registrar Eberhart lead Council through discussions on the merits of CCAPP accrediting professional development programs offered at Canadian Faculties of Pharmacy. Council agreed that CCCEP should remain the nationally recognized body for accrediting professional development programs; however, as these discussions were at a preliminary stage, they sought more information as to why there are two distinct and different processes for accreditation. Debbie Lee, Director of Practice Development, and ACP's appointee to the CCCEP board will respond to CCCEP without taking a firm position until there is further understanding of the accreditation processes.

4.4 Healthcare Professionals Perceptions of Prescription Drug Misuse

The Canadian Centre on Substance Abuse is a not-for-profit organization created in 1988 by an act of parliament. It is responsible for, and dedicated to, reducing alcohol and drug related harms. Amy Porath-Waller, Senior Research and Policy Analyst with the Centre, presented key findings from a recent study of healthcare professionals' perceptions of prescription drug misuse.

Prescription drug misuse (PDM) is one of the leading public health and safety concerns in North America. The definition of PDM is, "The use of a medication for a medical purpose other than as directed or indicated, whether intentionally or unintentionally and whether harm results or not." Although prescribed for therapeutic purposes, these drugs have a high potential for misuse because of their psychoactive properties. The other harms include addiction, withdrawal, injury and death. About 24% of the Canadian general population reported using a psychoactive prescription drug in 2012. Of these users, 6.3% indicated they abuse these drugs. Canada has the second-highest level of prescription opioid use worldwide.

The study examined the role of healthcare professionals in identifying, preventing or inadvertently enabling PDM among patients. Understanding the perspective of healthcare professionals will help to inform development of effective educational and prevention initiatives; and improve the capacity of healthcare professionals to address PDM.

The objectives of the study were to investigate perceptions of PDM among Alberta healthcare professionals. Specific perceptions the study explored include:

- The extent and distribution of PDM
- Clinical characteristics of PDM
- Risk factors for PDM
- Barriers to identifying PDM
- Communication among healthcare professionals about prescriptions

– Strategies for prevention and intervention

ACP participated in an Expert Panel that was established to inform the development of a survey and to interpret the findings:

- Healthcare professionals suspected that opioid misuse was more frequent among patients with chronic pain or a history of substance abuse.
- Healthcare professionals suspected that misuse of sedatives/tranquilizers was more frequent among patients with chronic pain, a history of substance abuse and a mental health diagnosis.
- Healthcare professionals suspected that misuse of prescription stimulants was relatively infrequent across all patients groups.
- Barriers rated as particularly detrimental to identifying PDM in patients included:
 - Patient tendencies:
 - Lack of patient honesty
 - Healthcare professional tendencies:
 - Lack of communication with the patient and his or her family
 - Insufficient time with patients
 - Lack of communication with patients' other healthcare professionals
 - Lack of access to chronic pain or addiction specialists
 - Reluctance to inquire about PDM with patients

Other key findings from the survey portrayed that:

- Healthcare professionals communicated with each other most frequently about prescriptions for opioids compared to the other categories of prescription drugs.
- Positive interactions between the groups were generally reported, with the exception of interactions between physicians and pharmacists.
- Pharmacists reported that during the past three months they were likely to have encountered a situation where a physician:
 - Was difficult to reach directly by phone;
 - Did not promptly return calls;
 - Was not receptive to concerns; or
 - Did not communicate or was not willing to share the therapeutic plan.

Pharmacists indicated that during the past three months they were very likely to have encountered the following prescribing practices:

- Medication was prescribed to a patient that the pharmacist suspected was misusing the prescribed medication;
- Medications were prescribed that should not be taken together (e.g., sedatives and opioids);
- Medication was prescribed to a patient who, in the pharmacist's opinion, probably does not require the medication; or
- Increases in medication that were made too quickly.

Strategies perceived to be very helpful in preventing and addressing PDM in patients are:

- Better connections with professionals in areas such as chronic pain management and mental health;
- Improved access to a provincial database of patients' prescriptions;
- Clinical guidelines for the management of high-risk patients;
- Increased supports for the *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain*;
- Better understanding of reporting protocols and how information is used, track and shared.

In conclusion, the study found many similar perceptions of PDM across the healthcare groups, but some key differences:

- In general, it was agreed that the misuse of prescription opioids and sedatives/tranquilizers was suspected to be more frequent among patients with chronic pain, a substance abuse history or a mental health diagnosis.
- Healthcare professionals did not feel overly effective in preventing and addressing PDM in their patients.
- Only 26% felt they had adequate support to prevent or address PDM among their patients.
- There are communication issues between pharmacists and physicians.

Findings from the study could inform the development of a screening tool to assist in the identification of PDM among patients. The study identified two key areas where healthcare professionals require additional support:

1. Education and training in PDM risk-management and prescribing practices; and
2. Improved access and connections with pain, mental health and addiction specialists.

Further research is needed to develop and evaluate the effectiveness of interventions to improve pharmacist-physician communication.

Council considered the key findings of the study and its role in supporting pharmacists as key contributors to the treatment of Albertans with addictions and mental health issues. Pharmacists' practices will change as the health system becomes more patient centered. Communication issues between the professions could be due to a lack of knowledge from all parties. Tools need to be developed and competencies around mental health and addiction should form part of the Faculty's curriculum.

4.5 Minister's Announcement on Primary Health Care

Agenda Item 4.4 was tabled to the June council meeting.

5. Evaluation of Meeting

5.1 Self-Evaluation of Council Performance at this Meeting

President Olstad requested that all Council Members complete the electronic meeting evaluation form and submit them to Leslie Ainslie for collation and review at its next council meeting.

5.2 Summary of Results for the December 9 and 10, 2013 Council Meeting

A summary of the December 2013 council meeting was circulated with the agenda for information.

6. Adjournment

6.1 Next Meeting Dates

- 6.1.1 May 21, 2014** – Orientation for new Council Members – ACP Office
- 6.1.2 May 21–23, 2014** – APEX Award - Union Bank Inn, Edmonton
- 6.1.3 May 22-23, 2014** – Tri-profession Symposium – Westin Hotel, Edmonton
- 6.1.4 June 11, 2014** – Annual General Meeting (evening) - Edmonton
- 6.1.5 June 12, 2014** – Council Meeting – Hotel MacDonald, Edmonton
- 6.1.6 June 12, 2014** – Installation of the President, Hotel MacDonald, Edmonton
- 6.1.7 June 13-14, 2014** – Leadership Forum, Fort Edmonton Park, Edmonton
- 6.1.8 October 8–10, 2014** - Council Meeting & Board Development, S. Alberta

6.2 Adjournment

MOTION: that this meeting of Council be adjourned.

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

Meeting was adjourned at 12:47 p.m.