

MINUTES
Council Meeting
ALBERTA COLLEGE OF PHARMACISTS
Wednesday, February 13, 2013
Westin Hotel, Edmonton, Alberta

1. Introduction

1.1 Call to Order

President Moran called the meeting to order at 10:05 a.m.

1.2 Roll Call

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

- District 1 - Brad Willsey
- District 2 - Clayton Braun
- District 3 - Krystal Wynnyk
- District 3 - Ahmed Metwally
- District 3 - Rick Hackman
- District 4 - Kelly Olstad (President Elect)
- District 5 - Kaye Moran (President)
- District 5 - Kamal Dullat
- Pharmacy Technician - Kelly Boparai (10:00 am – 2:30 pm)
- Pat Matusko - Public Member (1:30 pm - 4:15 pm via teleconference)
- Bob Kruchten- Public Member

Non-Voting

- Anjali Acharya (Past President)
- Laura Coleman (APSA Student Representative)(10:30 am – 4:15 pm)

Regrets

- Vi Becker - Public Member
- Jim Kehrer (Dean, Faculty of Pharmacy & Pharmaceutical Sciences)
- Robin Burns (Pharmacy Technician) – Observer

Also in attendance:

- Greg Eberhart - Registrar
- Dale Cooney - Deputy Registrar
- Lynn Paulitsch - Operations and Finance Director
- Karen Mills - Communications Director
- Leslie Ainslie - Executive Assistant
- Terry Schindel, Associate Dean, Faculty of Pharmacy & Pharmaceutical Sciences
- Bill Shores - Shores Jardine, LLP (2:30 pm – 4:15 pm)
- Paula Hale - Shores Jardine, LLP (2:30 pm – 4:15 pm)
- Members of the Public

1.3 Invocation

Kelly Boparai read the invocation.

1.4 Adoption of the Agenda

1.4.1 Additions to the Agenda

Council will meet In Camera under Agenda Item 1.7.

MOTION: to adopt the agenda as amended.

Moved by **Bob Kruchten**/Seconded by **Krystal Wynnyk**/CARRIED

1.5 Minutes from Previous Meetings

1.5.1 Minutes – December 6, 2012

MOTION: that minutes of the December 6, 2012 meeting of Council be adopted with the following amendment. In Agenda Item 2.2.4 change “pharmacists” to “registrants” in the first sentence of the first paragraph.

Moved by **Ahmed Metwally**/Seconded by **Brad Willsey**/CARRIED

1.5.2 Minutes – December 11, 2012

MOTION: that minutes of the December 11, 2012 meeting of Council be adopted as circulated.

Moved by **Kelly Olstad**/Seconded by **Kelly Boparai**/CARRIED

1.6 Disposition of Directives

The Disposition of Directives was provided for information. President Moran invited questions. Brad Willsey asked for an update on the uptake of uploading Schedule 2 drugs to NETCARE.

Registrar Eberhart advised Council that many pharmacists were attempting to comply within the limitations of their practice management systems. Because uploading of information is being facilitated in different ways, it is difficult to establish the level of compliance. The system requirements for uploading schedule 2 events are included with those for S2S interfaces. Implementation of these requirements has been further delayed; with full compliance not expected until 2015.

MOTION: to accept the report as information.

Moved by **Pat Matusko**/Seconded by **Brad Willsey**/CARRIED

1.7 In Camera

MOTION: that Council move to an “In Camera” meeting at 3:08 p.m.

Moved by **Rick Hackman**/Seconded by **Krystal Wynnyk**/CARRIED

MOTION: that Council move out of the “In Camera” meeting at 3:50 p.m.

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

2. Governance

2.1 ENDS Policies and Reports – NIL

2.2 Executive Limitations Policies and Reports – NIL

2.3 Governance

OMNIBUS MOTION made to lift Agenda Items 2.3.1, 2.3.2.2, 6.1.1, and 6.1.3 from the table.

MOTION: to lift Agenda Items 2.3.1, 2.3.2.2, 6.1.1 and 6.1.3 from the table.

Moved by **Kelly Olstad**/Seconded by **Krystal Wynnyk**/CARRIED

2.3.1 Board Governance as Leadership

President Moran facilitated a discussion about the importance of board governance as leadership. She emphasized that this was not a discussion about correcting something that was wrong; but rather, an opportunity to engage Council in building a strong foundation for the future. In its broadest definition, Council's role is to ensure the relevance and sustainability of ACP. Council must stay connected to the community and the profession. The diversity of Council allows for this connectivity. Council governance should consist of three thinking approaches: fiduciary, strategic and generative. Council's fiduciary duties are about accountability, compliance and sustainability. To consider what is in the best interest of ACP financially, legally, and legislatively. Strategic thinking is an opportunity to develop long term goals and set direction and policies that again, are relevant and support sustainability. Generative thinking is about looking at current processes, environmental factors and long term thinking relative to supporting the pharmacy practice. Generative thinking is about Council being "in front" of management and issues within the pharmacy professions. A strong governance structure will guide Council's work and build the foundation for continuous improvement and leadership.

2.3.2 GP Policies

MOTION: to lift Agenda Item 2.3.2.1 from the table.

Moved by **Krystal Wynnyk**/Seconded by **Kelly Boparai**/CARRIED

2.3.2.1 GP-14 (Awards) – Proposed Amendment to s1.7

Registrar Eberhart proposed the removal of this item from the Agenda with the intent to readdress the policy during the review of all Governance Policies. A review of GP-14 will not be about removing any awards or decreasing funding, it will be to ensure alignment with ACP's mission, vision and values.

MOTION: to remove GP-14 Awards from the Agenda.

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

2.3.2.2 GP Policies - Review of GP Policies

Council received a proposed cycle for the review of Council's Governance Policies. The review will ensure that the policies remain current, relevant, and clear. The Executive Committee recommended that Council complete a review of all GP and Council-Registrar Relationship (CR) policies in 2013, and continue that review over a three year cycle. An exception to this review will be GP-7, which addresses council and committee per diems and expenses, and that may be considered in conjunction with the budget annually. This review of the policies is separate from Council reviewing its Governance Policies for compliance, which is done with each policy on an annual basis. Council reviewed the following GP policies and asked the Executive Committee to re-draft the policies as indicated below. Council will review the draft policies at the April council meeting.

2.3.2.2.1 Review of GP-1 - Global Governance Process

Council asked the Executive Committee to amend GP-1-Global Governance Process to incorporate "the health of Albertans" and "the integrity of the profession".

2.3.2.2.2 Review of GP-2 - Serving the Public Interest

Council asked the Executive Committee to draft GP-2-Serving the Public Interest to include a statement regarding "the integrity of the profession" and to consider under bullet 3, incorporating "the need to seek to understand".

2.3.2.2.3 Review of GP-3 - Governing Style

Council asked the Executive Committee to review GP-3-Governing Style giving consideration to the inclusion of fiduciary, strategic and generative responsibilities.

2.3.2.2.4 Review of GP-9 - Investment in Governance

MOTION: to approve governance policy GP-9-Investment in Governance.
Moved by **Brad Willsey**/Seconded by **Rick Hackman**/CARRIED

2.4 Ownership Linkage

2.4.1 Engagement with Albertans Since Last Meeting

2.4.1.1 Feedback since last meeting

Council identified the importance of Council's engagement with the public and registrants. Council agreed to regularly engage with the public and registrants in a structured way. Council shared the following insights and feedback received:

- With the new Pharmacy Service Model, there appears to be a disconnect with the delivery of care for travel health services. What services can pharmacists provide? There is a need to partner with Health Canada to educate pharmacists and the public.
- Physicians don't understand pharmacists' expanded scope of practice and what type of "assessment" pharmacists may perform. There's a need for more collaboration with physicians.

- Tools or a system needs to be developed to address issues arising from changes to care plans.
- Primary Care Network pharmacists and community pharmacists need to communicate and connect intra-professionally and define who is responsible for what.
- Need to increase messaging about the role of pharmacists.
- Expanded scopes of practice must be integrated into undergraduate training. Students read standards, but they don't often "see" it in practice. Their ability to apply knowledge and skills depends on the experience that they have had with preceptors.
- Need to provide foundation for students to participate in expanded scopes of practice. The faculty is taking steps to address changes to the profession. Education must play a larger role in the future of the profession.
- The challenge with the current service model is that it invites competition between pharmacists, and between pharmacists and physicians.
 - service models in Europe diminish competition, as they are increasingly not "fee for service" based; therefore inviting stronger team-based relationships.
- Is the new framework making a difference with care plans or SSMA's?
- SSMA's are a great foundation for pharmacists to offer injection services.
- Patients are happy when an SSMA is done by the pharmacy team.

3. Legislated Responsibilities

3.1 Committee Reports

3.1.1 Hearing Tribunal Reports – NIL

3.1.2 Nominating Committee

The Nominating Committee is seeking interest from Council Members to sit as officers of ACP. Positions for President-Elect and Member at Large are open. President Moran, on behalf of the Nominating Committee, requested that any Council Members interested in pursuing either of these positions, contact one of the Nominating Committee members (Kaye Moran, Anjali Acharya, Pat Matusko).

The Committee is also working to identify Public Member candidates to fulfill forthcoming vacancies in 2013 and 2014. Interviews of potential candidates will be held in April. The Nominating Committee would like to have a good pool of individuals to submit to the Minister.

3.2 Competence Program

3.2.1 Philosophy and Principles

At its December 6, 2012 meeting, Council approved a penultimate version of the "Philosophy and Principles" to guide ACP's Competence Program. The draft version was

circulated to registrants for their feedback. Responses received support the philosophy and principles that Council proposed. The revised “Philosophy and Principles” for the Competence Program are:

Philosophy

ACP fosters professional growth that inspires and empowers pharmacists and pharmacy technicians to continuously enhance their practices and support Albertans’ health and wellbeing. With a shared vision of excellent pharmacy practice, ACP and its registrants work together to identify competence goals and milestones signifying success, and ensure that learning transfers into practice.

Principles

The ACP Competence Program is:

1) Flexible

The program is relevant and adaptable to different practice settings and learning preferences, and addresses the full spectrum of learning (knowledge, skills and judgment).

2) Engaging

The program inspires career-long learning, and sparks peer-to-peer interaction through opportunities to connect with mentors, thought leaders, and subject matter experts.

3) Forward-looking

The program helps registrants to meet the changing health needs of Albertans and Alberta’s health system. It integrates with other ACP programs to fully support registrants’ development throughout their careers; and to help the college maintain a comprehensive view of practice in Alberta so that it can act in a way that best supports excellent pharmacy practice.

4) Sustainable

The program design anticipates a growing and diverse population of registrants and practice environments. To ensure consistent delivery and results across such diversity, tools used to enhance and measure competence are evidence informed, are applicable to and can be reasonably applied to a diversity of practices, and are cost effective.

5) Responsible

The program meets all legislative requirements and provides reliable measures by which practitioners, the college, and Albertans can be assured that pharmacy professionals are competent to provide safe and effective care

MOTION: to approve the Philosophy and Principles for the Competence Program as amended.

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

3.3 Inducements and Loyalty Programs

Council reviewed a background paper that describes ACP’s rationale for pursuing a prohibition on inducements and loyalty programs. Approval was sought to share the document with registrants and stakeholders, with the understanding that it is being

provided for information and is not a formal consultation. Council requested minor amendments to the report and agreed that the document supports ACP's value of "transparent expectations and processes". It was suggested that when released, that ACP describe the process used in its development.

MOTION: to approve the document as amended, and that the document be released for public information.

Moved by **Krystal Wynnyk**/Seconded by **Pat Matusko**/CARRIED

OMNIBUS MOTION made to lift Agenda Items 3.4, 5.1, 5.3, 5.4, and 5.5 from the table.

MOTION: to lift agenda items 3.4, 5.1, 5.3, 5.4, and 5.5 from the table.

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

3.4 Medication-Assisted Treatment for Opioid Dependence: Guidelines for Pharmacists and Pharmacy Technicians

ACP has reviewed and updated its guidelines to support pharmacists involved in opioid dependence treatment and to reflect ACP standards to ensure that care is delivered safely and effectively. Under ACP's direction, the guidelines were drafted by a consultant, who had developed similar guidelines in Ontario. The guidelines have been reviewed by Alberta pharmacists and other health professionals involved in the treatment of addiction. At its December meeting, Council was asked to review the guidelines and submitted the following comments to Deputy Registrar Cooney.

- It was identified that information on the chart regarding stability was placed in the incorrect order. This has been corrected in the version that was circulated for consideration at today's meeting.
- Questions/suggestions were posed about the use of "should" and "must" throughout the document. The situations identified were considered however no changes were made. Terms like "should" and "must" are used throughout the document to appropriately align with ACP's Standards of Practice. Since the document is a guideline rather than a standard, judgment and interpretation can be applied as needed, in context with the Standards and ACP's Code of Ethics.
- There was a request for stronger language in the section about notification of prescribers and other pharmacists when patients receiving treatment for opioid dependence are admitted to the hospital. The request did not come in time to make changes prior to this meeting; however additional wording will be added to identify the reasons why such notification is important.

Collaboration with the College of Physicians and Surgeons (CPSA) continues. CPSA has not yet completed their guidelines and it was recommended that the guidelines be approved and amended once CPSA has launched their revised Methadone Maintenance Treatment guidelines this spring. When complete, there may be additional information available for pharmacists that will be added to this document.

Therefore ACP will post the guidelines on the website as a “soft launch” to be followed by additional communication and information to pharmacists once CPSA guidelines are complete. Additionally, the Center for Addiction and Mental Health (CAMH) education program will be adapted to be Alberta specific. When complete this education will be offered to pharmacists and physicians. It is the plan that completion of the guidelines will coincide with the ACP symposium scheduled June 15, 2013 which focuses on addiction.

MOTION: to approve the amended version of Medication-Assisted Treatment for Opioid Dependence Guidelines.

Moved by **Kamal Dullat**/Seconded by **Ahmed Metwally**/CARRIED

4. Consent Agenda

4.1 Report from the Registrar

Registrar Eberhart reported an amendment to the Consent Agenda under Administration. In 2013, the position for a PT Practice Consultant is for half of the year and a full year beginning in 2014.

MOTION: to accept the report as amended.

Moved by **Rick Hackman**/Seconded by **Krystal Wynnyk**/CARRIED

NOTE: Registrar Eberhart was requested to engage with Alberta NETCARE and determine to what extent “masking of personal information” will be accommodated, and whether it will extend to care plans.

5. Miscellaneous Business for Council’s Consideration

5.1 Report from FIP – Report from Past President Anjali Acharya

Past President Acharya made presentation to Council about her attendance at the International Pharmaceutical Federation (FIP) congress in Amsterdam in the fall of 2012. The following is an excerpt from her report

FIP represents 3 million pharmacists and pharmaceutical scientists around the world. “Changes in pharmacy and the emergence of Pharmacy Practice as a cornerstone of the profession, have lead FIP to become globally visible for its advocacy on behalf of the role of the pharmacist in the provision of healthcare, while still maintaining its grounding in the pharmaceutical sciences. In parallel, the membership of FIP has evolved to become the most extensive global pharmacy and pharmaceutical sciences network. This network is continuing to expand its presence and influence through partnerships with some of the world’s leading healthcare, educational and scientific institutions.” Their mission statement is “Improve global health by advancing pharmacy practice and science to enable better discover, development, and access to the safe use of appropriate, cost effective, quality medicines worldwide.”

The sections of pharmacy practice presented at the FIP national congress were:

- Academic
- Clinical Biology
- Community pharmacy
- Hospital pharmacy
- Industrial pharmacy
- Laboratories and Medicines Control
- Military and Emergency Pharmacy
- Pharmacy Information
- Social & Administrative Pharmacy

While ACP falls under the social/administrative pharmacy section, many of the other sections had programs that were relevant to what is happening in Alberta at a regulatory and practice level. Past President Acharya made presentation to the Hospital Pharmacy Section – “clinical pearls section within her specialty of Travel Medicine”. In the future, there are opportunities to provide poster presentations both regulatory and otherwise.

Within the structure of FIP, is the Board of Pharmaceutical Practice with the ultimate objective of unifying the profession. It endeavors to:

- Raise professional standards,
- Develop policy relating to the safe and effective use of medicines,
- Develop and expand continuing education,
- Encourage research into all fields of pharmaceutical practice,
- Recognise and reward excellence in pharmaceutical practice,
- Expand the influence and role of the pharmacist,
- Increase, strengthen and expand the functions of the various sections of FIP,
- Increase the membership, influence the activities of FIP on a worldwide basis,

FIP recognized the invaluable role of technicians in pharmacy and healthcare teams and offered for the first time a special symposium for pharmacy technicians:

- Program on defining the role of the pharmacy technician and pharmacy workforce
- Educational support for Pharmacy Technicians and pharmacy workforce

Canada continues to be a leader in the regulation and development of the pharmacy technician profession. There are some real opportunities here for presentations and engagement at an international level especially with the current development of NAPRA’s Pharmacist and Pharmacy Technician Entry to Practice competencies and our learning’s with the journey through bridging

Past-president Acharya observed that there is a great opportunity to participate in the international dialogue around practice change. What is happening in Alberta was cited in at least two programs during the congress, and “what is happening in Alberta” is still being watched closely internationally. Why does ACP attend FIP? Ms. Acharya expressed that “the true value of attending the FIP congress is that it gives one perspective and forces one to think outside of the current regulatory environment”. She strongly recommended that

ACP continue to have a global presence and find the time to share some of our experiences and successes, as we continue to be global leaders in pharmacy.”

5.1.1 Student Declaration on the Future of Pharmacists

Council received a copy of the “Student Declaration on the Future of Pharmacists” released at the Centennial Congress of the International Pharmaceutical Federation (FIP) in October 2012. The declaration is a collaboration between the European Pharmaceutical Student’s Association and the International Pharmaceutical Student’s Federation. The intent of the declaration is to steer through the current challenges and changes that future pharmacists will face and outlines the opportunities to improve professional development, education processes and the role of pharmacists within health care systems. Council asked APSA President, Laura Coleman to share the declaration with our student association and the pharmacy student body. Registrar Eberhart commented on the importance of collaboration with pharmacists from other geographical settings to exchange knowledge and statistical information. Below is an excerpt from the Declaration:

Where is healthcare headed? And what will be the role of the pharmacist therein?

The pharmaceutical profession is constantly developing to meet the needs and requirements of a rapidly evolving society in the provision of high-level pharmaceutical care. Regardless of the continuous redefinition of several concepts and how they are approached, the patient and their safety is now – and should always be – the main focus.

Representing the future of the pharmaceutical profession, it is of paramount importance that students acquire the necessary qualifications for becoming key players in the healthcare system of tomorrow. To be able to do so, our education system must be up-to-date in what concerns its academic content and, at the same time, we must also learn to be innovative and look critically at our profession. This shall enable us to determine what and where it can be improved and to be proactive in making changes.

However, “change” is a word that permeates our daily lives as we are faced with a veritable kaleidoscope of challenges to overcome and opportunities to seize. Purposeful change can only take place if we have the full cooperation of professional organizations and of the government to drive it; because while the students of today are creating a common vision of tomorrow – a unified understanding of the future of healthcare with a clear focus on the part that pharmacists have to play in it – those entities, as stakeholders in that future, have the resources for making it a tangible reality.

The Declaration is the first embodiment of this vision, representing a remarkable effort in tying together the needs of healthcare providers and receivers alike, as well as the values that drive them. Ranging from education to professional development and beyond, this document states what students see the future of pharmacy as, how they see it taking place, and why it should be so. We sincerely hope that it will serve as a guideline and also as a reminder, lest the concepts at its base or the reasoning behind them become less visible or otherwise forgotten as we move forward.

Because one must never neglect the Past as the Future turns to Present.

MOTION: to accept the report from FIP and the “Student Declaration on the Future of Pharmacists” as information.

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

5.2 Report from CCCEP

Debbie Lee, ACP's representative on the Canadian Council on Continuing Education in Pharmacy (CCCEP) board, submitted a copy of the 2011-2102 Annual Report to Council.

MOTION: to accept the report as information.

Moved by **Krystal Wynnyk**/Seconded by **Clayton Braun**/CARRIED

5.3 Alberta Collaborative Prescribing Demonstration Project

The "Alberta Collaborative Prescribing Project" is a demonstration project between ACP and the College of Physical Therapists of Alberta that examined the feasibility of collaborative prescribing relationships between physiotherapists and pharmacists to deliver appropriate drug therapy to Albertans with musculoskeletal conditions. The project's goal was to evaluate if the referral process from a physiotherapist to pharmacists with additional prescribing authority was feasible, and, if the model was well received by the patient. The project explored ways of delivering care with the potential to facilitate timely access to appropriate drug therapy and improve outcomes for patients. Physiotherapists and pharmacists involved in the project found it to be very collaborative and beneficial to patients. They were very satisfied with the outcomes and felt it added little to their workload. All participants believed the prescribing model benefitted patients. Council was asked to consider if there are other professions that ACP should partner with under a similar project. Council supported expanding the uptake of collaborative practice relationships between pharmacists and physiotherapists; and seeking opportunities for collaboration with other professions.

MOTION: to accept the report as information.

Moved by **Rick Hackman**/Seconded by **Kelly Olstad**/CARRIED

5.4 Alberta Occupational Health and Safety Guidelines and Inspections

Copies of Alberta's Occupational Health and Safety Guidelines were provided to Council for information. It was agreed that it would be most timely to communicate these with registrants at the same time as releasing "sterile product guidelines" that will be considered by Council in June.

MOTION: to accept the Alberta Occupational Health and Safety Guidelines as information.

Moved by **Kelly Olstad**/Seconded by **Rick Hackman**

5.5 Summary of Legal and OIPC Decisions

Registrar Eberhart provided Council with a summary of legal decisions and global trends significant to self-regulation of health professionals in Alberta.

MOTION: to accept the summary as information.

Moved by **Kamal Dullat**/Seconded by **Bob Kruchten**/CARRIED

5.6 Professional Practice Expectations Amongst Employers and Pharmacists in Community Pharmacy Practice Environments – Presentation by Jeff Whissell

This agenda item was deferred to the April council meeting.

6. Evaluation of Meeting

MOTION: to lift agenda item 6.1 from the table.

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

6.1 Compliance with GP Policies

6.1.1 GP-1 Global Governance Process

6.1.2 GP-10 Linkage with other Organizations

6.1.3 GP-12 Operational Complaints

Council members reflected on their conduct, practices, and performance as it related to each of the above policies. Comments arising from this discussion follow:

- No indicators were identified to suggest that council was not in compliance with the Global Governance Process. Council observed that the structure of its agendas and the way that it carried out its business was consistent with this policy;
- President Moran reflected on the many appointments that ACP has with partnering organizations and stakeholders. ACP is substantively engaged with national pharmacy organizations, RxA, PTSA, the Faculty of Pharmacy, CPSA, CARNA, and government. Most of the successes that ACP has been able to achieve is a direct result of partnerships and engagement with other organizations;
- President Moran observed that she had used the policy to address a matter of complaint, and she found the policy to be effective.

6.2 Self-Evaluation of Council Performance at this Meeting

President Moran requested that all Council Members complete their meeting evaluation forms and submit them to Leslie Ainslie for collation.

6.3 Summary of Results for the December 6, 2012 Council Meeting

A summary of the December 6, 2012 council meeting was circulated with the agenda for information.

7. Adjournment

7.1 Next Meeting Dates

7.1.1 Thursday, April 4, 2013 - Edmonton

7.1.2 Friday, June 14, 2013 – Edmonton

7.1.3 June 15, 2013 - AGM/Symposium, Edmonton

7.2 Adjournment

MOTION: that this meeting of Council be adjourned.

Moved by **Rick Hackman**/Seconded by **Krystal Wynnnyk**

Meeting was adjourned at 4:15 p.m.