

**DRAFT MINUTES**  
**Council Meeting**  
**ALBERTA COLLEGE OF PHARMACISTS**  
**October 8 and October 10, 2014**  
**Buffalo Mountain Lodge, Banff**

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**1. Introduction**

**1.1 Call to Order**

President Willsey called the meeting to order at 12:40 p.m. He welcomed new councillors Brad Couldwell, District 5 (Calgary) and Jennifer Teichroeb, District B (Southern Alberta). He thanked Past President Olstad for his leadership during the past year.

The business meeting of Council was held over two days. On Wednesday, October 8, the meeting opened at 12:40 p.m. and recessed at 5:00 p.m. On Friday, October 10, the meeting reconvened at 8:00 a.m. and adjourned at 11:56 a.m.

**1.2 Roll Call**

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

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

**Non-Voting**

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

**Absent**

- Bryan Hodgson - APSA Student Representative – Absent with Regrets

**Also in attendance:**

- Greg Eberhart - Registrar
- Dale Cooney - Deputy Registrar
- Lynn Paulitsch - Operations and Finance Director
- Karen Mills - Communications Director
- Leslie Ainslie - Executive Assistant
- Members of the Public

**1.3 Invocation**

Kamal Dullat read the invocation.

## **1.4 Adoption of the Agenda**

### **1.4.1 Consent Agenda**

**MOTION:** that the following items be lifted from the Consent Agenda for discussion: “College of Pharmacists of BC”, “Performance Management”, Tri-Professional” “Professional Practice” and “Immunizations”.

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

#### **1.4.1.1 College of Pharmacists of B.C. (CPBC)**

The University of B.C.’s Office of Experiential Education is no longer accepting Structured Practical Training (SPT) applications effective October 1, 2014. Therefore they are no longer administering the SPT for CPBC for both pharmacists and pharmacy technicians. The only mechanism applicants have to complete the pharmacist SPT is through the Division of Continuing Pharmacy Professional Development at UBC’s Canadian Pharmacy Practice Program (CP3). For pharmacy technicians, CPBC will administer the SPT. There has not been a decision to determine if they will require the CP3 program for the long term.

#### **1.4.1.2 Performance Management**

ACP has contracted Quercus to facilitate the completion of ACP’s governance matrix. At its December meeting, Council will consider a logic model, draft indicators and weighted measures under the critical success factor (CSF) “Public and Stakeholder Confidence”. ACP will address the CSF “Quality Care” in the spring for consideration at the April council meeting. Work on the fourth index to address the impact of pharmacist’s services on the health of Albertans, has been deferred. While this is an important measure, it is complex, and ACP does not wholly own the outcome.

#### **1.4.1.3 Tri-Professional**

The Tri-Professional Committee is developing terms of reference to support a “Tri-Professional forum or council”; an outcome of the May symposium. It is proposed that the forum/council will include the President and CEO of ACP, RxA, Alberta Medical Association, College and Association of Registered Nurses of Alberta, and the College of Physicians and Surgeons of Alberta. The group will convene to address issues that can improve the working relationships between nurses, pharmacists, and physicians.

#### **1.4.1.4 Professional Practice**

It has been observed by ACP’s practice consultants that the quality of Comprehensive Annual Care Plans (CACP’s) and Structured Medication Management Assessments (SMMA’s) varies substantively in quality. ACP has submitted a proposal for funding to Alberta Health to support the addition of one practice consultant over the next 5 years. The focus would be on quality improvement, and the goal is to increase capacity to support the practice consultants incorporating a review of at least 5 CACP’s or SMMA’s at each pharmacy visit.

ACP's proposal is conditional that none of the information collected through the review process may be used for audit purposes by Alberta Health or Alberta Blue Cross.

#### **1.4.1.5 Immunizations**

Alberta Health has reported that although a same day/next day ordering system was put in place to mitigate overstocking and storage capacity issues, almost all pharmacies ordered more than the maximum numbers of influenza doses, by placing more than one order. To date, vaccine supply has been distributed to more than 1000 pharmacies. Alberta Health anticipates that Flumist will be available the week of November 3. Flumist has a short expiry date so it's imperative that pharmacies not over order.

Four cold chain breaks have been reported at pharmacies resulting from improper temperature monitoring practices, a vaccine fridge partially sealed when closed, and physical malfunction of power surge protectors. One case referred to the College (cold chain but other concerns, as well) will result in a pharmacy site visit. Alberta Health's Immunization Unit is impressed with the rapid follow up by the College. Wholesaler shipments to this pharmacy are on hold until concerns have been addressed. The Immunization Unit is pleased that pharmacies are reporting cold chain breaks and seeking direction on next steps with the vaccine products involved. No pharmacist administration/injection concerns have been reported.

Deputy Registrar Cooney requested an amendment to the Consent Agenda under Competence; noting that under the old competence program, one individual, who has been provided mentoring, was not able to demonstrate his or her competency to the Competence Committee after a third attempt and has entered the fourth phase, not completed the fourth phase.

**MOTION:** to approve the Consent Agenda report presented by Registrar Eberhart as amended.

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

#### **1.4.2 Additions to the Agenda**

##### **1.4.2.1 All-Party Candidate Forum – Edmonton Whitemud**

The College of Alberta Registered Nurses Association, and the College of Physicians and Surgeons of Alberta, contacted ACP to co-host an all-party candidate's open forum in the constituency of Edmonton-Whitemud.

Council considered the engagement opportunity, however declined.

Council supports joint engagement by the three colleges with the government; however, feels that as a regulator, ACP should not sponsor or host political forums during an election process.

**MOTION:** to adopt the agenda as amended.

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

**NOTE:** Council deliberated Agenda Items 1.1-1.7, 2.2. – 2.4, and 3.1 – 3.5 on the afternoon of October 8. The remainder of the business agenda was deliberated on the morning of Friday, October 10.

**MOTION:** that Council adjourn until 8:00 a.m. Friday, October 10, 2014.  
Moved by **Clayton Braun**/Seconded by **Taciana Pereira**/CARRIED

## **1.5 Minutes from Previous Meetings**

### **1.5.1 Minutes – June 12, 2014**

**MOTION:** to approve the minutes of the June 12, 2014 meeting of council as amended to reflect attendance of Brad Couldwell, incoming council member for District 5.

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

### **1.5.2 Ratification of E-Ballot – June 24, 2014**

**MOTION:** to ratify the e-ballot of June 24, 2014.

Moved by **Mary O’Neill**/Seconded by **Kamal Dullat**/CARRIED

## **1.6 Disposition of Directives**

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

**MOTION:** to accept the report as information.

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

## **1.7 In Camera - Nil**

# **2. Governance**

## **2.1 ENDS Policies and Reports**

### **2.1.1 Policy E (Mega-End) – Priorities for 2015-2016**

Registrar Eberhart presented the following draft priorities for 2015-2016 for Council’s consideration:

- Review registration programs, including definitions in legislation, registration requirements and processes, and identify opportunities for improvement and enhancement.
- Complete development of governance indicator project and report on indicators for “Effective Organization”.
- Complete assessment of Association Management Technology, establish plan for implementation, complete needs analysis and procure enterprise reporting tool.
- Implement revised pharmacist competence program and complete plan for pharmacy technician competence program.
- Implement amendments to the Standards of Practice (compounding and inducements).

- Defend amendments to the Standards of Practice and Code of Ethics that are subject to judicial review.

### **2.1.2 DRAFT 3-Year Business Plan and Budget 2015**

Registrar Eberhart presented a draft of the 3-year business plan and financial projections including the budget for 2015-16, highlighting key assumptions and areas where Council policy direction was required.

➤ Revenue Assumptions:

- Registration, annual permits, and pharmacy licenses are consistent with the trends provided in previous years with the exception of a marked increase in technician registrations as candidates move from the provisional register to Pharmacy Technician register.
- Based on projections of the Conference Board of Canada for Edmonton, the projected COLA increases are 2.37% (2015), 1.98% (2016), 2.06% (2017),
- 513 applications for additional prescribing applications based on current trends.

➤ Expense Assumption:

- There will be COLA adjustments applied to relative expenses as per the Conference Board of Canada's final projections,
- Salary adjustments arising from the external salary and benefit review and Council policy have been incorporated,
- Staff increase of .78FTE,
- Practice Development account reallocated to registration, competence, and professional practice,
- Increase the number of days for council meetings.

Items not considered in the budget are unanticipated legal costs, generative responsibilities of Council, revenues for regulated technicians, and legal fees associated with the judicial review of Council's policy on inducements. Registrar Eberhart reported that based on the current financial position, budget 2015, and estimates for 2016-17, ACP's reserve position will drop below policy levels in 2015, however it will rebuild to a positive position in 2017. This is due to draws for legal defence and IT investment. Registrar Eberhart recommended no changes to the reserve position at this time, indicating ACP's reserve position is monitored annually.

Registrar Eberhart asked Council to consider the relevance of the plans to ACP's strategic direction and the relative balance of investment in core programs. Council must determine whether the budget adequately addresses its strategic direction and the proposed priorities for 2015-16.

Council approved in principle, the DRAFT priorities for 2015-16 presented under Agenda Item 2.1, and did not recommend any changes to the financial recommendations. Registrar Eberhart will seek Council approval of the budget and business plan at the December council meeting.

Council noted the increased costs associated with appeals resulting from decisions of the Registrar. Council requested that Registrar Eberhart research the policies of other colleges, and seek legal advice, as to whether it is reasonable to assess costs for appeals and reviews, where the original decisions are upheld.

## **2.2 Compliance Monitoring and Reports**

### **2.2.1 Executive Limitations – Compliance Reports**

Reports from Registrar Eberhart were provided for the following Executive Limitation policies.

#### **2.2.1.1 EL-3 Financial Planning – Credit Card Fees**

At the April 2014 meeting, Council discussed the feasibility of using alternative forms of payment for collecting registration and annual fees to minimize the substantial service charges incurred by ACP. During the discussion Council inquired into the feasibility of eliminating or reducing the fee, or the possibility of recouping the fees by applying a surcharge for those who use credit cards. Lynn Paulitsch, ACP's Operations and Finance Director prepared a feasibility analysis on credit card fees and the alternatives for payment of registration and other fees.

The alternatives to eliminate, reduce or recoup credit card discount fees presented to Council would result in either/or:

- the loss of ability to use credit cards to pay for ACP permits or services; or,
- an increase in ACP fees to offer discounts for those who pay by means other than a credit card.

Council reached consensus that ACP would maintain its current policy to accept payment of fees with credit cards.

#### **2.2.1.2 EL-4 Financial Condition (Internal)**

Council received the Internal Financial Statements and Variances for the month ending July 31, 2014.

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

Moved by **Al Evans**/Seconded by **Kamal Dullat**/CARRIED

#### **2.2.1.3 EL-5 Insurance**

**MOTION:** that the Registrar's compliance report on EL-5 Insurance be approved.

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

#### **2.2.1.4 EL-8 Conflict of Interest**

ACP will review its Conflict of Interest form to ensure the form is clear and consistent. Individuals required to fill out the Conflict of Interest form will disclose their employment whether or not a potential or actual conflict

exists. It is also important, that review of the forms be conducted in context with the Registrar's role; not Council's role.

**MOTION:** that the Registrar's compliance report on EL-8 Conflict of Interest be approved.

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

#### **2.2.1.5 EL-13 Information Management**

**MOTION:** that the Registrar's compliance report on EL-13 Information Management be approved.

Moved by **Rick Hackman**/Seconded by **Brad Couldwell**/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-2 Serving the Public Interest**

**MOTION:** that Council is in compliance with Governance Policy GP-2 Serving the Public Interest.

Moved by **Kelly Olstad**/Seconded by **Clayton Braun**/CARRIED

#### **2.2.2.2 GP-8 Code of Conduct**

**MOTION:** that Council is in compliance with Governance Policy GP-8 Code of Conduct.

Moved by **Clayton Braun**/Seconded by **Kelly Boparai**/CARRIED

#### **2.2.2.3 GP-9 Investment in Governance**

**MOTION:** that Council is in compliance with Governance Policy GP-9 Investment in Governance.

Moved by **Mary O'Neill**/Seconded by **Kelly Olstad**/CARRIED

### **2.2.3 Council-Registrar Relationship Policies (CR) Compliance Reports**

Council-Registrar Policies (CR) define the working relationship between the Council and the Registrar. Council reviewed CR-2 Direction from Council and CR-3 Accountability of the Registrar, and reflected on its compliance with the policy

#### **2.2.3.1 CR-2 Direction from Council**

**MOTION:** that Council is in compliance with CR-2 Direction from Council.

Moved by **Mary O'Neill**/Seconded by **Kamal Dullat**/CARRIED

NOTE: this policy will be updated to reflect when the policy was reviewed.

#### **2.2.3.2 CR-3 Accountability of the Registrar**

**MOTION:** that Council is in compliance with CR-3 Accountability of the Registrar.

Moved by **Mary O'Neill**/Seconded by **Kamal Dullat**/CARRIED

### **2.3. Policy Review and Amendment**

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

#### **2.3.1 GP Policies – Policy Review and Amendment**

**MOTION:** to lift Agenda Item 2.3.1 from the table.

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

##### **2.3.1.1 GP-1 Global Governance Process**

**MOTION:** to approve governance policy GP-1 Global Governance Process as written subject to correcting a typo by inserting “of” in Alberta College of Pharmacists”.

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

##### **2.3.1.2 GP-2 Serving the Public Interest**

**MOTION:** to approve governance policy GP-2 Serving the Public Interest as written.

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

##### **2.3.1.3 GP-3 Governing Style**

**MOTION:** to approve governance policy GP-3 Governing Style as written.

Moved by **Mary O’Neill**/Seconded by **Taciana Pereira**/CARRIED

### **2.4 Ownership Linkage**

#### **2.4.1 Engagement with Albertans Since Last Meeting**

President Willsey and Registrar Eberhart shared their engagement with pharmacists and pharmacy technicians during their Northern Alberta pharmacy tour. There were discussions about the new service framework, and concerns raised about the lack of support some pharmacists were experiencing from employers to provide services defined in the service framework. Currently, only one Pharmacy Technician is working in all of the pharmacies they visited in the ‘Peace Country’. Pharmacists raised concern about the influence/impact of owners on the profession, and how their expectations impact the profession of pharmacy. The priorities of owners are meeting quotas, which is inconsistent with the pharmacist’s interest in addressing patient care. Pharmacists expressed a “disconnect” between expectations and what really happens in the pharmacy workflow. These themes repeated themselves throughout the visits.

Council deliberated the importance of a rural “pharmacist” plan to address staffing shortages. Dean Kehrer indicated that the Faculty of Pharmacy has expanded financial assistance for rural rotations. He also advised that Health Canada had turned down their application for “loan forgiveness” for pharmacists willing to work in remote locations, but indicated that physicians are granted this forgiveness. He also indicated that it was projected that the U.S. may have a 20% surplus of pharmacists due to an escalation in the number of pharmacy programs, and the graduation of more graduates than the U.S. health system required.



### **3. Legislated Responsibilities**

#### **3.1 Hearing Tribunal Decisions**

##### **3.1.1 Khan Qaisar – Registration Number 6257**

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

##### **3.1.2 Sonia Chahal – Registration Number 9820**

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

**MOTION:** to accept the Hearing Tribunal reports as information.

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

#### **3.2 Standards for Sterile Compounding**

ACP is working with provincial regulatory authorities through the National Association of Pharmacy Regulatory Authorities (NAPRA) to develop new standards for the compounding of hazardous and non-hazardous sterile products. In accordance with the *Health Professions Act*, ACP invited feedback from its registrants and stakeholders.

Deputy Registrar Cooney highlighted the feedback received on the draft “Standards for Compounding Non-hazardous Sterile Products” that was incorporated into ACP’s response to NAPRA. ACP continues to receive feedback on both standards. All feedback will be foundational to ACP’s contribution to the national discussion of the standards at the NAPRA meeting in November.

At its February meeting, Council will continue its deliberations and consider if ACP should adopt or amend the national model. When the standards are approved, an implementation date will be set and communicated to registrants and stakeholders.

#### **3.3 Policy Statement on Sampling and Drug Company Coupon Cards**

Pharmaceutical manufacturers have introduced various forms of coupons, inducements, and loyalty programs, as incentives for patients to access their products. By default, pharmacists have become facilitators of these programs however licensees, owners, pharmacists, and pharmacy technicians must not put their ethical and professional obligations at risk when engaging in these programs. Pharmacists and pharmacy technicians should only engage in such programs in an informed manner that consistently invites objective and autonomous decision making that considers the unique needs of each patient.

Council considered how ACP can support pharmacists and pharmacy technicians to practice in an environment that minimizes a conflict of interest, provides for objective drug therapy decisions, and that allows them to demonstrate professionalism through compliance with ACP’s Code of Ethics. Council also considered should pharmacists that are prescribing offer coupons.

Registrar Eberhart proposed that ACP develop guidance for pharmacists, pharmacy technicians, licensees, and owners respecting acceptable conduct when engaging in coupon, inducements, and loyalty programs sponsored by pharmaceutical manufacturers.

Council reviewed a policy adopted by the Quebec Order of Pharmacists, the regulatory body in Quebec. Council considered if they should adopt or adapt the Quebec policy and reached consensus that ACP should adopt an amended version of the Quebec Order of Pharmacists' policy.

**MOTION:** that ACP draft guidelines for pharmacists and pharmacy technicians providing loyalty programs issued by pharmaceutical manufacturers.  
Moved by **Brad Couldwell**/Seconded by **Kamal Dullat**/CARRIED

### **3.4 Review of Resolutions from AGM**

Voting members participating at the Annual General Meeting passed the following resolutions.

#### **3.4.1 Resolution No 1** – To re-affirm the need to transmit complete prescription information via Netcare.

*BE IT RESOLVED, that ACP collaborate with the RxA through their representatives on Alberta Netcare committees and working groups to facilitate a process whereby pharmacists enter the medication name and strength, as well as directions for use and other data as required, within a transmittable field of the computerized prescription entry that will allow identification of complete prescription details in the Pharmaceutical Information Network; and,*

*BE IT RESOLVED, that the undersigned clinical pharmacists\* working with pediatric patients and their families across the province are very willing to collaborate with ACP and RxA through their Netcare representatives, to develop algorithms and/or guidance documents to facilitate implementation of this resolution.*

#### **3.4.2 Resolution No. 2** – To mandate that all drug sampling be done via drug sample cards dispensed from licensed pharmacies.

*BE IT RESOLVED, that the Alberta College of Pharmacists begin discussions with the CPSA to evaluate drug sampling in Alberta.*

In accordance with ACP's bylaws, Council deliberated the resolutions, and reached consensus to support both resolutions however, Council found a high degree of commonality between them. As a result, Council made the following motion:

**MOTION:** that ACP supports the recording of all drug data (drug, strength, dose, instruction) in all Pharmacy Practice Management Systems (PPMS) and Electronic Medical Records (EMR) solutions; and that this complete data should be uploaded into Netcare.

Moved by **Mary O'Neill**/Seconded by **Brad Couldwell**/CARRIED

ACP will advise all members participating on Netcare committees of this motion, and engage with strategic partners such as the College of Physicians & Surgeons of Alberta (CPSA).

### **3.5 Annual General Meeting**

In its continuing commitment to registrant engagement, Council and ACP facilitated this year's Annual General Meeting (AGM) in-person and through webcast. All registrants participating were able to vote electronically on the resolutions passed at the AGM. Council reviewed membership participation and costs associated with holding an AGM. As a result, Council approved, for the purpose of consultation, bylaw amendments that will remove the requirement for an AGM; however will invite alternate forms of engagement, and more frequent opportunities to consider resolutions introduced by members.

The following are the proposed bylaw amendments:

*The Bylaws of the Alberta College of Pharmacists are amended by:*

1. *Deleting the title “**Annual General Meeting**” that appears immediately before section 28 and replacing it with “**Meetings Of Voting Members**”*
2. *Repealing Sections 28 to 32 and replacing them with the following:*

#### **28. Calling meetings of voting members**

- (1) The Council may call meetings of voting members, including:
  - (a) special meetings of all voting members;
  - (b) regional or district meetings;
  - (c) meetings of voting members practicing within a specific practice area;
  - (d) round table meetings; and
  - (e) other meetings that Council considers necessary to share information with voting members or to obtain input from voting members with respect to the College's responsibilities.
- (2) In calling a meeting under Subsection (1), Council may determine the format of the meeting, including:
  - (a) meeting in-person;
  - (b) meeting by electronic means; or
  - (c) a combination of meeting in-person and by electronic means.
- (3) If Council does not determine the format of the meeting under Subsection (2), the Registrar must determine the format of the meeting.

#### **29. Rules for the conduct of meetings**

- (1) The Council may establish rules for meetings of voting members, including rules regarding:
  - (a) notice of meetings;
  - (b) quorum;
  - (c) who may attend;
  - (d) voting;

- (e) procedures applicable to the submission of resolutions to meetings and timelines for submission of resolutions; and
  - (f) procedures governing the conduct of meetings.
- (2) The rules adopted by the Council may apply generally or to a specific meeting.
- (3) If the Council does not establish rules for meetings of voting members, the following rules apply:
- (a) the College must provide at least 15 days' notice of a meeting, specifying the purpose of the meeting, posted on the website of the College;
  - (b) the quorum of a meeting is those voting members present at the meeting;
  - (c) only voting members, members of Council, members of the staff of the College required for support at the meeting and guests invited by the Council may attend the meeting;
  - (d) each voting member has a single vote; and
  - (e) Robert's Rules govern the procedure at a meeting, with all necessary modifications if the meeting is a meeting conducted by electronic means.

### **30. Resolutions**

- (1) The Council may establish rules regarding resolutions of voting members that may be presented to the Council or considered at any meeting of voting members that may be called by the Council.
- (2) The rules under (1) may include:
- (a) timelines or time periods during which resolutions may be submitted;
  - (b) requirements for the number of voting members who must sign a resolution for it to be presented to the Council or considered by a meeting which the Council has called;
  - (c) the number of those voting members who must be present at any meeting, where the resolution may be considered; and
  - (d) provisions for review by a Committee appointed by the Council before the resolution is presented to Council or considered at a meeting of voting members which Council has called.
- (3) The Council may consider a resolution presented to it or that is passed at a meeting of voting members and may dispose of it as Council sees fit.

**MOTION:** to approve the proposed amendments to ACP's bylaws for the purpose of a 60-day consultation.

Moved by **Rick Hackman**/Seconded by **Clayton Braun**/CARRIED

### **3.6 Pharmacy Workflow – Impact of Requirement for Pharmacist Assessment on Refill Prescriptions**

**Motion:** to lift Agenda Item 3.6 from the table.

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

*ACP's Standards of Practice for Pharmacists and Pharmacy Technicians* requires that pharmacists determine the appropriateness of all prescriptions and refills prior to being released to patients. This includes assessment of the patient and any relevant health information about them.

Councillor Boparai expressed concern that some pharmacy technicians are not able to free up the pharmacist, and practice their new scope of practice because they require the pharmacist's assessment prior to refilling a prescription. Pharmacy technicians believe refills are already reviewed by the pharmacist at the initial intake of the original prescription on the first fill; and that most all computer systems are equipped with the ability to pick up interactions after that fill.

It was emphasized that the requirement for patient assessment had a broader purpose than simply monitoring interactions; and rather, was a clinical expectation to monitor patient response to drug therapy, and provide support and intervention as appropriate. In question was whether the standards are overly prescriptive on process, rather than outcomes; and to what degree may there be an impediment to efficiency and effectiveness? To that end, there was not consensus amongst Council Members with respect to a solution, recognizing that amendment to the intent of the standards required more thought and analysis.

Council considered ways that ACP might clarify expectations so that common understanding about this standard could be conveyed, and in addition, provide guidance that may support community pharmacy's improve workflow through optimal use of their human resources. A first step will be to gather insight from ACP's practice consultants about existing good practices. These can be communicated as models for others to consider. They will also provide a foundation for analyzing existing standards when they are reviewed.

### **3.7 Policy Statement on Marihuana for Medical Use**

At the June meeting, Council asked Registrar Eberhart to prepare a policy statement on pharmacy's involvement in the distribution of marihuana for medical use. During its deliberations, Council reviewed ACP's Code of Ethics, and the federal and provincial legislation that governs the practice of pharmacy.

Marihuana is a controlled substance, under Schedule II of the *Controlled Drug and Substances Act* (Canada). The act restricts individuals who can possess marihuana. The *Marihuana for Medical Purposes Regulations* (MMPR) was passed by the Federal Government in response to the courts' requirement to provide access to a legal source of marihuana when prescribed by a physician for medical use. The MMPR regulation defines and differentiates health care practitioners, medical practitioners, nurse practitioners, and pharmacists. A healthcare practitioner means a medical practitioner or a nurse practitioner. It does not include pharmacists. The regulation accommodates and defines roles and responsibilities for health care practitioners, however there is no specific provision for pharmacists to possess marihuana, except by inference.

Marihuana for medical purposes can be provided to a patient directly from a licensed producer, or through their physician or nurse practitioner, upon them receiving it from the licensed producer. There is no provision for a licensed pharmacy to be involved in the distribution of marihuana as a depot or otherwise. A licensed producer may only provide dried marihuana to a patient; it cannot be compounded or incorporated in any other vehicle or formulation.

Council approved the following policy:

1. *Marihuana must not be produced in the premises of a licensed pharmacy.*
2. *None of the other activities referred to in Section 12(1)1 of the Marihuana for Medical Purposes Regulations, SOR/2013-119 may be conducted in a licensed pharmacy.*
3. *No licensee or proprietor of a licensed pharmacy may be a licensed producer as defined in the Marihuana for Medical Purposes Regulations.*
4. *No regulated member of the college may be a licensed producer or responsible person in charge as defined in the Marihuana for Medical Purposes Regulations at the same time that the regulated member engages in the practice of pharmacy.*

The policy will be forwarded to NAPRA, inviting other provincial pharmacy regulatory authorities to consider a similar policy.

**MOTION:** to approve the policy on Marihuana for Medical Use.  
Moved by **Kamal Dullat**/Seconded by **Rick Hackman**/CARRIED

#### **4. Miscellaneous Business for Council's Consideration**

##### **4.1 Report from CCCEP**

Art Whetstone, Executive Director of the Canadian Council on Continuing Education in Pharmacy (CCCEP) submitted a report to Council.

**MOTION:** to accept as information, the report from the Canadian Council on Continuing Education in Pharmacy.

Moved by **Al Evans**/Seconded by **Clayton Braun**/CARRIED

##### **4.2 Report from the Dean and the Faculty of Pharmacy and Pharmaceutical Sciences, U of A**

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

###### **➤ Budget**

- Starting July 1, 2015, all faculties must fund across-the-board and merit pay increases. No additional revenue to do this will come from Central Administration.
- The Faculty has proposed, with strong student support, an increase of ~\$1200 to the Market Modifier for tuition. This would begin with the first class enrolling in the entry-level PharmD program, currently planned for Sept. 2017. All schools in Canada plan to increase tuition as they implement an entry-level PharmD program. The proposed change will put total costs for Alberta student pharmacists at ~\$11,960/year, about the current mean for all schools including those offering only the BSc in Pharmacy, and dramatically lower than schools (UBC, UofT, Waterloo, but excluding Quebec) offering the entry to practice PharmD degree (~\$18,200). A decision by the Alberta Provincial Government on this proposal is expected this month.

- **Post-professional PharmD program.**
  - The Faculty is partnering with the Faculty of Education to create online courses. The part-time option for the PharmD program is expected to be available in 2015.
  - The first 10 Pharm D candidates will graduate in November.
  - Students with the clinical MPharm degree (from the 1980s) will be converted (upon request only) to the PharmD in December.
  
- **International partnerships.**
  - **China:** The Faculty has established a new partnership with China Pharmaceutical University, the only Chinese program with a significant clinical option. The Provost signed an agreement during his visit there this past summer that will have two of their students transfer to the program in 2015, entering into the 2<sup>nd</sup> year. This is a pilot program. They will then proceed through the BSc and PharmD programs. The Faculty has evaluated their curriculum and believes they can be successful in this transfer.
  - **Kuwait:** The Faculty has been informed that the Kuwait government has selected two students who will enroll at UofA in Sept. 2014 and enter the pharmacy program (assuming they meet admission criteria) in Sept. 2017.
  
- **Faculty Growth and Development**
  - The Faculty's Interim Accreditation Report to CCAPP received a very favorable response.
  - Based upon the time frame for implementation of the entry-level-PharmD program, and for the start of the next dean (now July 1, 2016), a one year delay in the next accreditation (to 2017) will be requested.
  - Departures:
    - Bradley Mitchelmore, Clinical Assistant Professor, to a practice position in Ontario.
    - Kamaljit Kaur, Associate Professor Pharmaceutical Sciences, to a faculty position in California
  - New appointments/hires:
    - Theresia Williams – PharmD program development manager
    - John Ussher, Assistant Professor Pharmaceutical Sciences (Nov. 1 start date)
  - The Faculty has now moved into all of its new space, occupying space in Medical Sciences. This has given the Faculty new administrative and student services offices, computer lab, graduate student space, student study space, new practice skills labs and pharmaceuticals labs, new research labs and a new undergraduate student lounge.
    - The Faculty's Centennial time-line is posted outside the new Office of the Dean
  - Centennial
    - The Faculty's Centennial celebrations concluded over Alumni weekend with very successful events.
    - Funding has been secured to initiate the Centennial Picture project to digitize and make searchable all individual and class photos.

Council congratulated Registrar Eberhart, recipient of an Outstanding Pharmacy Alumnus Award, in recognition of pharmacy alumni who have made outstanding contributions to their professions, their communities, to society at large, or to the University of Alberta Faculty of Pharmacy and Pharmaceutical Sciences.

**MOTION:** to accept the report from the Dean and the Faculty as information.  
Moved by **Kamal Dullat**/Seconded by **Brad Couldwell**/CARRIED

**4.3 Symposium on Influenza Immunization in the Healthcare Workplace – A report of conference proceedings – June 11, 2014**

Council received a report from a symposium on influenza immunization in the health care workplace. The report discusses policy alternatives on influenza immunization for healthcare professionals. The College and Association of Registered Nurses (CARNA) supports “employer policies requiring mandatory choice of influenza vaccination or wearing protective clothing for anyone working in health care”, and Alberta Health is currently deliberating a provincial policy.

Council requested that ACP poll its members about mandatory immunization requirements, and subsequent to member feedback, directed the Executive Committee to draft a resolution for Council’s consideration at its meeting in February 2015.

**MOTION:** to accept the report as information.

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

**4.4 Report from the Auditor General – Health: Chronic Disease Management, September 2014**

Upon review of the Auditor General’s report on chronic disease management, the Executive Committee agreed that the report could be more comprehensive; is medically centric, and avoids opportunities that were not researched. The report recommends that the quality of care plans by physicians and pharmacists needs to be addressed to determine their relative value; and, that care plans of pharmacists and physicians need to be integrated within the next 2 years. ACP will engage stakeholders to consider the report’s recommendations.

**MOTION:** to accept the report as information.

Moved by **Kamal Dullat**/Seconded by **Taciana Pereira**/CARRIED

**4.5 Royal Pharmaceutical Society (RPS) Conference – Birmingham, England, September 2014**

Past-president Olstad and Registrar Eberhart attended the RPS Conference in Birmingham, England (September 7-8). Past-president Olstad shared highlights of this experience, and spoke in support of the reports under Agenda Items 4.6 and 4.7. There were six themes highlighted within the RPS conference program:

- Leading Our Profession
- Future Models of Care
- Improving Pharmaceutical Care by Optimizing the Use of Medicines
- Leading Clinical Practice
- Educating for Excellence
- Enhancing Patient Care Through Evaluation and Research

RPS commissioned someone external to pharmacy to prepare the report “Now or Never: Shaping Pharmacy for the Future”. Past-president Olstad questioned whether it would be beneficial to support a similar initiative in Alberta.



Some highlights from the report include:

- new models of care that transcend former sectors and institutions,
- pharmacists having more contact than any other service with patients,
- that despite wider roles, community pharmacists remain marginalized and are unfamiliar to public and government,
- there is an oversupply of pharmacists that is driving down wages/income leading to the potential of pharmacists having to take on new roles on a larger scale.
- pharmacists are an underutilized service,
- over 100 models of care described: chronic disease management, after hours or urgent care, older and vulnerable people, helping people get out and stay out of hospital, and
- lack of national and local leadership with multiple groups claiming to represent pharmacy.

The report recommends that:

- pharmacy must advocate for its own future,
- pharmacy should continue to develop direct patient services,
- stronger local and national leadership is required,
- new roles and consortia must be developed by pharmacists, and
- action is needed now.

The Scottish government engaged with organized pharmacy to deliver a 10-year plan for pharmacy outlined in the report “Prescription for Excellence - A Vision and Action Plan for the right pharmaceutical care through integrated partnerships and innovation”. Their vision is that all patients, regardless of their age and setting of care, will receive high quality pharmaceutical care from clinical pharmacist and independent prescribers, delivered through collaborative partnerships. It is their goal that all pharmacists will have independent prescribing privileges at the end of this period. The plan focuses on common electronic platforms, independent prescribing, on rural/remote/disadvantaged areas, assigning pharmacists directly to patients (case load management), releasing the capacity pharmacists, integrated working between community & hospital, education & training, clinical and professional leadership, and technology.

***The report addresses "Perverse incentives" stating that “targets and bonuses on commercial retail priorities should not be allowed to adversely affect patient care” and it is the Scottish government’s intent to explore new and innovative models to facilitate the professional independence of the pharmacist delivering care to patients.***

In addition, Past-President Olstad and Registrar Eberhart attended meetings with the General Pharmaceutical Council, the National Pharmacy Association, and community and hospital pharmacists in South Hampton.

Past-President Olstad thanked Council for the opportunity to attend the Conference and meet with other pharmacy organizations; expressing that the experience and learnings were very valuable.

**4.6 Report from the Royal Pharmaceutical Society – Now or Never: Shaping Pharmacy for the Future – A report of the Commission on future modes of care delivered through pharmacy – November 2013.**

The Royal Pharmaceutical Society commissioned an external report to address the future of pharmacy. “Now or Never” provides an external perspective and recommendations, based on 360 degree engagement and contribution from across the health system. Past-president Olstad spoke about the report under Agenda Item 4.5.

**4.7 Report from the Scottish Government – “Prescription for Excellence” A Vision and Action Plan for the right pharmaceutical care through integrated partnerships and innovation.**

In 2013, the Scottish government engaged with organized pharmacy to deliver a 10-year plan for pharmacy. Past-president Olstad spoke about the report under Agenda Item 4.5.

**4.8 Report from Alberta Health – Infection Prevention and Control (IPC) Strategy, September 2014**

Council reviewed the report “Infection Prevention and Control Strategy” drafted by Alberta Health. The report proposes responsibilities for regulators like ACP. Deputy Registrar Cooney is a member of the Infection Prevention and Control Working Group that meets in November. ACP will work with other partners to develop common standards, and upon doing so, educate our members about them.

**MOTION:** to accept the report as information.

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

**5. Evaluation of Meeting**

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

**5.1 Self-Evaluation of Council Performance at this Meeting - For Completion**

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

**5.2 Summary of Results for the June 12, 2014 Council Meeting**

A summary of the June 12, 2014 council meeting was circulated with the agenda for information.

**6. Adjournment**

**6.1 Next Meeting Dates**

**6.1.1 December 3-4, 2014 - Council Meeting, Edmonton**

**6.1.2 Proposed Meeting Dates - Spring 2015**

Registrar Eberhart proposed meeting dates for the spring 2015. Leslie Ainslie will email the proposed dates to Council to determine their availability.

**6.2 Adjournment**

**MOTION:** that this meeting of Council be adjourned.

Moved by **Bob Kruchten**/Seconded by **Kelly Boparai**/CARRIED

Meeting was adjourned at 11:56 a.m.