

MINUTES
Council Meeting
ALBERTA COLLEGE OF PHARMACISTS
Wednesday, October 13, 2010, 8:30 a.m. – 4:30 p.m.
Hotel Selkirk, 1920s Street, Fort Edmonton Park, PO Box 2359, Edmonton Alberta

1. Introduction

1.1 Call to Order

President Galvin called the meeting to order at 8:38 a.m.

1.2 Roll Call

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

- District 2 – Wayne Smith
- District 3 - Krystal Wynnyk
- District 3 - Chelsey Cabaj
- District 3 - Ahmed Metwally
- District 4 - Kelly Olstad
- District 5 - Donna Galvin (President)
- District 5 - Anjali Acharya (President Elect)
- District 5 - Kaye Andrews (Vice President)
- Pat Matusko (Public Member)
- Joan Pitfield (Public Member)
- Merv Bashforth (Past President – NonVoting)
- Dr. James Kehrer (Faculty of Pharmacy) (9:10 a.m. – 4:10 p.m.)
- Tim Leung (Student Representative)
- Robin Burns (Pharmacy Technician) - Observer
- Teresa Hennessey (Pharmacy Technician) - Observer

Regrets:

- Vi Becker – Public Member
- Wilson Gemmill – District 1

Also in attendance:

- Greg Eberhart - Registrar
- Dale Cooney - Deputy Registrar
- Lynn Paulitsch - Business Manager
- Karen Mills - Communications Leader
- Leslie Ainslie - Executive Assistant
- Jeff Whissell (11:15 a.m. – 1:20 p.m.)
- Andrew Little (9:55 a.m. – 11:30 a.m.)
- Valerie Labrecque (9:55 a.m. – 11:30 a.m.)
- Giri Puligandia (12:10 p.m. -12:40 p.m.)
- Tom Richards (1:15 p.m. - 1:45 p.m.)
- Cindy Nelson (3:15 p.m. – 3:35 p.m.)

Invocation

Kay Andrews read the invocation.

1.3 Adoption of the Agenda

1.4.1 Additions to the Agenda

1.3.1.1 Proposed Amendments to Registration Requirements of Pharmacy Technicians to the Voluntary Register

ACP will discontinue its voluntary register for pharmacy technicians, upon legislation being proclaimed to accommodate the regulation of technicians. Council considered 3 alternatives and approved the following option as it was the most natural transition towards a regulated environment for pharmacy technicians:

Proceed with renewal as in previous years and change the qualifications for membership on the voluntary register to:

- previous membership on the register, or
- graduation from a CCAPP accredited training program, or
- successful completion of the PEBC Evaluating Exam (or equivalent exam: PTCB Alberta or OCP exams).

MOTION: to approve the amendments recommended to the registration requirements of members on the volunteer pharmacy technician register.

Moved by **Anjli Acharya**/Seconded by **Chelsey Cabaj**/CARRIED

1.4.1.2 Proposed Amendments to the Scope of Practice for Registered Nurses to Include Prescribing

Council requires more information to respond to this proposal and requested the issue be brought forward for further discussion. Registrar Eberhart is to send letter to CARNA with questions for further exploratory discussions as well as invite Mary-Anne Robinson, Executive Director of CARNA to address Council at its next meeting.

1.4.1.3 Joint Executive Committee with CPSA – November 19, 2010

Council suggested that the executive committee consider the following issues for discussion with CPSA:

- The development of common expectations amongst practitioners,
- Exploration of new opportunities for collaboration, and
- The opportunity for future joint EC meetings.

Registrar Eberhart is to follow up with Dr. Theman and report back to the EC.

MOTION: that the agenda be adopted as amended.

Moved by **Kelly Olstad**/Seconded by **Ahmed Metwally**/CARRIED

1.4 Minutes from Previous Meetings

1.5.1 Council Meeting - May 14, 2010

Council noted the following amendments to the May 14, 2010 minutes:

Page 2: 1.4.1 Adoption of the Agenda. Should read “that the agenda be adopted as amended”.

Page 7: 3.2.1 Council Forum with ACP Legal Counsel – Bill Shores QC. Third paragraph, second sentence should read “Together they provide limitations and address the impact on the honor and dignity of the profession and the safety of the public”.

Page 7: 3.2.3 Amendments to the Standards for Pharmacist Practice. Fourth bullet point remove “3” from the word “removed”.

Page 7: 3.2.4 Amendments to the Standards for Operating Licensed Pharmacies. First sentence should read “Deputy Registrar Cooney guided council in discussion about the proposed amendments to the standards for operating licensed pharmacies.

Page 8: 5.1 Presentation by ACP’s Centennial Committee – Chairman Jeff Whissell. Third bullet point “pharmacists” should be “pharmacists”.

Page 8: 5.1 Presentation by ACP’s Centennial Committee – Chairman Jeff Whissell. Second bullet point date should be “May”

Page 8: 5.1 Presentation by ACP’s Centennial Committee – Chairman Jeff Whissell. Last paragraph, first sentence should read “Alberta Pharmacy Centennial Leadership Award”.

MOTION: That the minutes be adopted as amended.

Moved by **Joan Pitfield**/Seconded by **Anjali Acharya**/CARRIED

1.5.2 Teleconference Meeting - August 19, 2010

Council noted the following amendments to the August 10, 2010 minutes:

Page 2: 4 Office Lease. Under “Intent” the last line should read “the Registrar sign a lease agreement on behalf of ACP”.

Page 2: 6 Council Agenda October 13, 2012. Date should read “October 13, 2010”.

MOTION: That the minutes be adopted as amended.

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

1.6 Disposition of Directives

1.6.1 Council Meeting – May 14, 2010

The disposition of directives was provided for information. President Galvin invited questions; however none arose. Council accepted the report as information.

1.7 In Camera – NIL

2. Governance

2.1 ENDS Policies and Reports -NIL

2.2 Executive Limitation Policies and Reports

2.2.1 Policy EL-3 Financial Planning

Registrar Eberhart highlighted assumptions that were foundational to the proposed business plan and budget. He identified the following priorities that were proposed for in 2011:

- Increasing the number of pharmacists who would participate in the college's new competence assessment programs,
- Registering and regulating Pharmacy Technicians upon proclamation of the necessary legislation, including the incorporation of elected pharmacy technicians on council,
- Establishing a foundation for ACP's future operations including our move to new offices and continuing to build our human resource requirements,
- Rebranding the college as a step in enhancing public awareness about ACP, and
- Enhancing pharmacist, public, and stakeholder awareness about the profession through our centennial celebrations.

Council accepted the Registrar's compliance report on EL-3 Financial Planning for information, and did not recommend any changes. The plan will be reviewed and returned to council for approval in December.

2.2.2 Policy EL-4 Financial Condition – Internal Financial Report

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

Moved by **Chelsey Cabaj**/Seconded by **Kelly Olstad**/CARRIED

2.2.3 Policy EL-5 Insurance

Council asked Lynn Paulitsch to review our policies to ensure the appropriate insurance coverage is in place during the transition to ACP's new offices at College Plaza.

MOTION: that the Registrar's compliance report on EL-4 Insurance be approved.

Moved by **Ahmed Metwally**/Seconded by **Kelly Olstad**/CARRIED

2.2.4 Policy EL-6 Investments

MOTION: that the College's Investment Counsel's report on policy EL-6 Investments be approved and that section 6(4.) be amended to include High Interest Savings Accounts as an approved instrument to hold operating funds.

Moved by **Anjali Acharya**/Seconded by **Kelly Olstad**/CARRIED

2.2.5 Policy EL-8 Conflict of Interest

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

Moved by **Ahmed Metwally**/Seconded by **Kaye Andrews**/CARRIED

2.2.6 Policy EL-13 Information Management

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

Moved by **Kelly Olstad**/Seconded by **Joan Pitfield**/CARRIED

2.3 Governance Policy Review and Amendments - NIL

2.4 Council-Registrar Policies – NIL

2.5 Ownership Linkage

2.5.1 Alberta Caregiver Strategy

Mr. Giri Puligandla, Executive Director of Alberta Caregiver Strategy introduced his organization and discussed what is working and not working with respect to pharmacist care from the perspective of his organization. A recent qualitative survey suggests that caregivers rely on pharmacists for important information that they tend not to receive from doctors or their care recipient. Caregivers appear to appreciate the help provided by pharmacists and pharmacies. He recommended that ACP encourage pharmacists to continue assisting caregivers by:

- being reliable brokers of information;
- offering services to relieve caregiver burden; and
- advocate at the individual and system level for caregivers, particularly by ensuring that caregivers have access to the personal information required for them to effectively support those in their care.

2.6 Appointments - NIL

3. Legislated Responsibilities

3.1 Committee Reports

3.1.1 Investigating Committee Decisions - NIL

3.1.2 Competence Committee - NIL

3.2 Provincial Legislation

3.2.1 Regulation of Pharmacy Technicians (Kelly Olstad abstained from this discussion)

The consultation process with respect to proposed amendments to the Pharmacists Profession Regulation has been completed. Most feedback was positive and constructive however the Health Sciences Association of Alberta (HSAA) has expressed concern about the bridging requirements approved by the Alberta College of Pharmacists (ACP) for candidates currently working as technicians wishing to become regulated Pharmacy Technicians under the Health Professions Act (HPA).

ACP has listened to the concerns expressed and has made concessions to the nationally agreed upon transition processes in the spirit of increasing access and minimizing cost to individuals.

Alberta Health and Wellness has requested that ACP consider reviewing accredited technician programs for the purpose of determining whether there has been substantive changes in the curriculum of these programs in recent years prior to accreditation. HSAA has suggested that if substantive curriculum changes have not occurred that grandfathering should be considered.

Council reflected on the policies that have been approved, and observed that they needed to be considered comprehensively, rather than independently. They observed the concessions that they had already made to the national model, and questioned additional risk if further concessions were made.

Council noted that:

- the proposed amendments to the Pharmacists Profession Regulation to accommodate the regulation of pharmacy technicians were highly supported in responses received during consultation,
- they had already responded to the concerns expressed by technicians by making concessions to the national model that had been proposed,
- transitional criteria must be objective and not focus on any employee group,
- there are candidates working in Alberta who graduated from colleges outside of Alberta that have been accredited since their graduation, and it was not feasible to conduct a review on the curriculums of all accredited colleges in Canada, and
- there are already over 200 technician candidates registered in bridging programs in Alberta,

Council agreed by consensus that a review of pharmacy technician curriculums not be undertaken and that the policies approved for the registration of pharmacy technicians not be amended to accommodate grandfathering.

3.3 Standards

Deputy Registrar Cooney advised Council that the consultation period for proposed amendments to the standards of pharmacists practice and the standards for operating licensed pharmacies has closed. Council received an analysis of the comments and recommendations.

3.3.1 Proposed Amendments to the Standards for Pharmacists Practice

Council accepted the majority of the proposed amendments to the Standards for Pharmacists Practice and directed further action as follows:

| Standard | Subsection | Comments | ACP Comments/Proposed Action in Response |
|----------|----------------------|--|--|
| 2 | 2.11 & 2.13 a & b | Do these apply when the pharmacist changes employment? Would the pharmacist upon resigning have to document in each patient's chart & notify each patient of their impending resignation and provide a reason to the patient? | Council requested that administration work with legal counsel to incorporate wording that allows a pharmacist who is leaving employment with a pharmacy without having to contact all patients. Consideration will be given to including this within the notwithstanding clause in standard 2.14 to exempt a pharmacist who has arranged for another pharmacist to take over his/her practice? |
| 3 | 3.1 | How will compliance packaging be affected? With weekly dispensing? | Council directed ACP to work with legal counsel to develop a notwithstanding clause that indicates that where drugs are packaged in limited quantities to comply with distribution systems or processes, in institutions or when other health professionals are involved in administration of drugs, and the pharmacist is satisfied that the drug therapy is evaluated on a regular basis. |
| 3 | 3.5 | d. If practicing where 24/7 hours are not maintained, does the alternate arrangement need to have 24/7 accessible hours? (eg. 2400 to 0600h are not covered by an on-site regulated health professional) | No change to wording, however council directed that the guidelines for ordering lab tests be changed to strongly recommend that pharmacists develop partnerships or group agreements to meet the requirement for 24/7 availability rather than trying to meet this requirement on their own. |
| 5 | 5.1 | I am sure you are going to receive several comments on this clause. My key point is there is clarity for a corporation, pharmacist, or technician that clarifying drug therapy problems are clearly a pharmacist's role. I believe the intent of this clause is clear, however maybe stating the intent more clearly would be helpful. | Wording change - "A pharmacy technician who identifies that a patient has or is likely to have a drug therapy problem must refer the problem or the potential problem and any contributing factors identified to the pharmacist for consideration as outlined in Standard 5.2" |
| 7 | 7.4 | this responsibility should be identified for pharmacy technicians as well as pharmacists as they will often be the last person to address the patient with the dispensed product and it is not a situation that requires therapeutic judgement. "If a drug or blood product is not dispensed in a child-resistant package the pharmacist or pharmacy technician must be satisfied that: | Council directed to change standard to allow technicians to make this judgement also. |
| 8 | 8.3 | Has there been a discussion to "agency trained medication staff" as non-professional staff with respect to entering into dialogue as a requirement? As mentioned above in some LTC institutional settings the prescriptions are dispensed to patients by trained unregulated nursing staff who are supervised by regulated health professionals (RNs and LPNs). It is recommended that the wording of the standard be revised to include the practice in an institutional setting as mentioned above | Council directed administration to consider the suggestion of possible alternative to include wording that indicates administration is "by or under the supervision of" a regulated health professional, and to consider whether a definition of what supervision of administration is required. |

| Standard | Subsection | Comments | ACP Comments/Proposed Action in Response |
|----------|------------|---|---|
| 10 | 10.11 | In most LTC institutional settings adhering USP Chapter 797 standards would be a major challenge primarily because of the costs and logistics involved in renovating and installing clean rooms and laminar flow hoods. In these settings usually only small amounts of sterile products are prepared and they are either used immediately or within 24 hours. For example in Carewest, the only sterile product produced is reconstituted Botox® for a visiting Physiatry Clinic that uses the reconstituted Botox® within about 10 hours. A cold chain is maintained until it is used. According to the manufacturer reconstituted Botox® is good for 24 hours (100 u vials) if stored at 2°C to 8°C. It is recommended that the wording of the standard be revised to include the practice in LTC institutional settings where an exception is made for those sterile products that are either used immediately or within 24 hours. | Council requested additional information regarding USP requirements prior to making a decision, however it was suggested that as described in this standard would not apply. |
| 15 | 15 (b) | prescribe and dispense, and the pharmacist must document the circumstances in the patient record including the conversation with the patient | No change made. Council indicated that the purpose of the Standard is to address safety not conflict of interest therefore the proposed changes to the Standard are not required. |
| 15 | 15 (b) | The way this section is written creates an enormous loophole for the pharmacist to be able to both prescribe and dispense, when this should happen only in exceptional situations. We recommend that the standard read (b) there is no reasonable availability of another pharmacist to dispense the drug, the patient has been advised that it is a conflict of interest for the pharmacist to both | See above |
| 17 | | Standard 17 addresses patient safety when administering injections. CARNA would suggest this section include expectations specific to immunization such as: appropriate handling and storage of vaccines, reporting of adverse immunization reactions according to provincial guidelines and appropriate management of anaphylaxis. | Council requested additional information and suggestions regarding whether a broad standard should be included regarding administration of drugs (all) or whether administration of vaccines via routes other than injection should be included in the standards. |

3.3.2 Proposed Amendments to the Standards of Operating Licensed Pharmacies

Council accepted the majority of the proposed amendments to the Standards for Operating Licensed Pharmacies and directed further action as follows:

| Standard | Subsection | Comments | ACP Comments/Proposed Action in Response |
|----------|------------|--|---|
| 3 | 3.15 | I'm not sure of the correct wording, but does this standard address interns in a Structured Practical Training Program as well as students? | Proposed wording change accepted. Council directed that regulations require provisional pharmacists to practice under these rules also therefore limit indirect supervision to those who have completed the ethics and jp exam and have completed at least level I of the SPT program |
| 5 | 5.14 | Pharmacies must accept for safe disposal ALL sharps that they sell, including lancets used for bloodletting for testing, e.g., blood glucose monitoring, and needles sold for veterinary purposes. | Feedback was considered, however it was decided that pharmacies should participate in the disposal of sharps as indicated in the draft standard. No change made. |
| 5 | 5.14 | If pharmacies will be required to accept used needles for safe disposal, then ACP or RxA needs to put in place a program similar to Envix so that pharmacies can then safely dispose of them. | See above |

| Standard | Subsection | Comments | ACP Comments/Proposed Action in Response |
|----------|------------|---|--|
| 5 | 5.14 | Disposal of environmentally hazardous materials in other industries has followed an "end user" payment and "government coordinated" funding model. The most successful implementation scenarios are where disposal fees or recycling fees are legislated so that a proper disposal system can be implemented, monitored and managed. Community pharmacies are facing substantial cuts to income streams and pharmaceutical and sharps disposal is a substantial cost to pharmacies, especially in remote locations - it is not fair for these locations to have to supplement disposal operations for Albertans. The Government of Alberta should pursue a legislative solution to the proper management of pharmaceutical and biologic waste / sharps similar to the solutions that have been put in place for the management of recyclable beverage containers, motor oil, tires, electronics, etc. RECOMMENDATION: Delete standard 5.14 until such time that a sustainable and safe disposal solution is in place. | See previous. Feedback was considered, however it was decided that pharmacies should participate in the disposal of sharps as indicated in the draft standard. No change made |
| 5 | 5.14 | The EnviRx program charges \$40/8 small sharps containers. It is unfair to impose this cost on pharmacies, especially small independents when many municipalities have alternate methods for safe disposal such as eco stations or fire stations | See above |
| 7 | 7.4 | This standard should only be implemented as stated IF the standard applies to all areas where sterile products are produced – not just licensed pharmacies. The same standards that are applied to facilities run via Alberta Health Services should be used. If there are hospital pharmacy facilities that do not comply with requirements of Chapter 797 of the USP, then licensed pharmacies should not be required to attain this standard. If these are the standards that are currently in place in all facilities utilized in the public sector, then these are reasonable standards to utilize. | Council requested additional information for further discussions. Prior to making a decision. USP 797 standards are very stringent, especially for pharmacies who may prepare individual sterile products or products that require minimal compounding (eg 1 drug in a bag for IV or sc administration or prefilled insulin syringes) to dispense to their patients. |
| 7 | 7.4 | USP 797 is a reasonable guideline to adopt. I know that when the US went in this direction they did provide a transition period so if this is accepted I would suggest that be considered when you roll this out. This tightening of expectations around sterile products is happening in other areas of the world so it is appropriate for Canada and Alberta to be moving in this direction. Thus my comments are around implementation – a transition period and provision of good education to assist pharmacies moving in this direction. | |
| 8 | 8.6(f) | Current pharmacy information management systems are not able to comply with 8.6(f) – there are none on the Canadian market place that do. Current systems are capable of tracking changes within records maintained by the system, but they are not capable of tracking users who "view" information within these systems. This requirement would necessitate a substantial change in information management systems that would not provide any measurable outcome to patient safety or health outcomes. RECOMMENDATION: (f) create an accurate audit trail of persons making changes to information contained within the system; | The standard as worded is unchanged from 2007 standards. In addition since the 2007 standards were created the Health Information Act has been amended and now appears to require an audit trail of persons using the system. Council requested that the HIA be reviewed and additional information provided for future discussion and decision |

| Standard | Subsection | Comments | ACP Comments/Proposed Action in Response |
|----------|------------|---|---|
| 11 & 12 | | given the significance of these proposed changes, I would like to see at minimum, criteria be established which outline the requirements which the College will consider in providing a licensee permission to operate remote dispensing location. As well, that some reasonable limitations are placed on the number and nature of remote dispensaries allowed to operate in Alberta. | Council requested additional information regarding remote dispensing in other jurisdiction for further discussions prior to making a decision regarding whether remote dispensing should be limited to one parent pharmacy in association with a satellite. |
| 12 | | Remote dispensing. It appears that the intent of this is really to ensure remote dispensing is under the control of the licensee who holds both the parent and satellite pharmacy responsibilities. This makes sense. However as a licensee that holds one parent and two satellites my comment is that I do not agree that it should be as restrictive as only remote can occur in satellite to the parent. I have two satellites that can cross cover each other. I would suggest the key is that in a remote dispensing situation there be clear documentation of who is acting as the Remote approval and who is the Remote dispenser. That is not likely the terminology but the current section 12 is too restrictive for the intent I think is appropriate. We do have a situation where one site was the 'parent' in one set of circumstances but the 'satellite' in another. The key is how the ACP wishes to ensure the licensee is held accountable for those locations. If that is the intent it will assist the AHS as one owner to determine licensee decisions in the network of licensed outpatient pharmacies which is why this relationship intent needs to be reviewed and this section reworded then to allow for remote dispensing in a safe manner for all Albertans. | As described above, Council requested additional information for further discussions prior to making a decision. |
| 12 | 12.1a | If hospital pharmacies are licensed as a "Satellite Pharmacy" such as TBCC and Lethbridge are to the CCI, would those sites be able to monitor chemotherapy preparation in other remote pharmacies such as Hinton, Bonnyville? It may be that smaller hospitals might have one "parent pharmacy" to monitor the preparation of all regular medication and have another parent hospital with expertise to monitor chemotherapy preparation? Would that be allowed? | As described above, Council requested additional information for further discussions prior to making a decision. |
| 12 | 12.1a | Do both the Parent Pharmacy and the Satellite pharmacy get ACP approval? Do they need separate approval to be a parent pharmacy and a satellite pharmacy or are they getting approval for telepharmacy and can be both a parent pharmacy and a remote pharmacy i.e. Hinton and Bonnyville might cover for each other when either has a pharmacist away. | See above |

3.3.3 Loyalty Programs

MOTION: to defer discussions to the next Council meeting.

Moved by **Chelsey Cabaj**/Seconded by **Kaye Andrews**/CARRIED

3.4 Bylaws - Proposed Amendments

Council considered proposed bylaw amendments for each of the following bylaws for the purpose of accommodating a 60 day consultation period.

3.4.1 Governance Structure to Accommodate Pharmacy Technicians

Registrar Eberhart advised that three responses had been received to the discussion document that had been circulated. These were available for council's review. Generally, there was support to include two elected technicians on the council.

Council requested that the bylaw be amended to state that two existing elected pharmacist positions be replaced by two elected pharmacy technician positions upon the vacancy of two said pharmacist positions.

3.4.2 Publication of Disciplinary Decisions

Council made recommendation to proceed with amendments to eliminate the ability of hearing tribunals to restrict the authority of the Registrar under section 119(f) of the Health Professions Act.

3.4.3 Levy for Failure to Update Registration Information

Council agreed that a bylaw to accommodate the proposed levy not be considered at this time.

3.4.4 Setting Fees for Appeals

Council agreed that a bylaw to assess fees for appeals not be considered at this time.

3.4.5 Setting Fees for Complaint Reviews and Imposing Cost if Complaints are Frivolous and Vexatious

Council agreed that a bylaw to assess fees for the Complaints Review process not be considered at this time.

MOTION: that bylaw amendments be drafted with respect to those proposed in agenda items 3.4.1 and 3.4.2 for the purpose of accommodating a 60 day consultation period.

Moved by **Kaye Andrews**/Seconded by **Chelsey Cabaj**/CARRIED

4. Consent Agenda

4.1 Report from the Registrar

Registrar Eberhart supplemented his report by advising council about his initiative to invite application for, and appointment to standing committees of the college. He reported that the following names were being put forward for appointment at this time:

Competence Committee – for a 3 year term expiring after the 2013 AGM
Stephanie Morton

Hearings Tribunal Poll – for a 3 year term expiring after the 2013 AGM

Gillian Hansen
Andrea Lewczyk

Paulise Ly
Andrea Outram

MOTION: that the consent agenda be approved including the appointments submitted by Registrar Eberhart.

Moved by **Chelsey Cabaj**/Seconded by **Krystal Wynnyk**/CARRIED

5. Miscellaneous Business for Council's Consideration

5.1 Report from the Faculty

5.1.1 Dean's Report

Dr. Jim Kehrer advised that the faculty's budget has been flatlined, and new resources will not be available this year. Dr. Kehrer addressed revisions to the original Doctor of Pharmacy (PharmD) proposal submitted to Advanced Education and Technology (AET) in 2009.

It is anticipated the new proposal will be available for submission to AET by December 2010. If approved, the first students will be accepted during the fall of 2012.

Features of the revised PharmD submission are:

- the program will be a post-graduate entry level PharmD degree,
- entry to practice requirements remain unchanged,
- competencies align with the 2010 educational outcomes for PharmD programs established by the Association of Faculties of Pharmacy of Canada (AFPC),
- there will be an initial enrolment cap equivalent to 10% of the BSc. graduating class,
- there will be flexibility to admit practicing pharmacists or those having completed a residency.

5.1.2 Report from the Office of Practice Development

Cindy Nelson, Acting Director of the Office of Practice Development at the Faculty of Pharmacy and Pharmaceutical Sciences provided an overview of their mission, goals and objectives. The Office of Practice Development works in partnership with ACP to provide exceptional learning opportunities for Alberta pharmacists.

The Alberta Health and Wellness Action Plan (2008) and the Alberta Pharmaceutical Strategy (2009) introduce roles that government looks to pharmacists to play in health care delivery.

The Office of Practice Development considered these in revising its Strategic and Operational plans. Cindy referred council members to the programs syllabus in the operational plan and noted the following:

- Access to Bootcamp has increased by proving it four times annually,
- The laboratory program will be deluivered twice annually,
- The anticoagulation course is being reevaluated and new materials are being developed. This has resulted from the loss of key personnel, and
- A new Primary Care course is being offered in collaboration with the University of Toronto and the University of Waterloo.

5.2 Minister's Advisory Committee's Report

Council received a copy of the Minister's Advisory Committee's Report as information further to the presentation made to Council on October 12, 2010 by Mr. Fred Horne, MLA Rutherford and Chair of the Minister's Advisory Committee.

5.3 Appointment of Public Members –For Information Only

6. Evaluation of Meeting

6.1 Self-Evaluation of Council Performance at this meeting

President Galvin requested that all council members complete their meeting evaluation forms and submit them to Leslie Ainslie for collation.

6.2 Summary for Council Meeting Self-Evaluation

The summary of the May 14th council meeting was circulated with the agenda for information.

7. Adjournment

7.1 Next Meeting Dates

7.1.1 December 9, 2010

7.1.2 April 7, 2011 (Proposed) Note: Possibly ½ day on April 6 or 8 also

7.1.3 May 20, 2011 – ½ day Council Meeting – Jasper (Proposed)

7.1.4 May 20-21, 2010 – Centennial Conference – Jasper (Proposed)

7.1.5 May 22, 2010 – Board Development (adjourn circa 3:00 p.m.) – Jasper (Proposed)

The proposed dates were agreed to by consensus. However, it was agreed that ACP's AGM would be held on the morning of May 22 in Jasper, and that Board Development would be deferred to the fall of 2011.

7.2 Closing Remarks - NIL

7.3 Adjournment

MOTION: That this meeting of Council be adjourned.

Moved by **Anjali Acharya**/Seconded by **Krystal Wynnyk**/CARRIED

Meeting was adjourned at 4:30 p.m.