



Adapting through crisis:

Meeting Albertans' needs in a pandemic



OUR VISION

Healthy Albertans through excellence in pharmacy practice.

OUR MISSION

The Alberta College of Pharmacy governs pharmacists, pharmacy technicians, and pharmacies in Alberta to serve, support, and protect the public's health and well-being.

OUR VALUES

The Alberta College of Pharmacy values

- **Integrity** - we are honest and demonstrate professional conduct and ethical decision-making.
- **Respect** - we invite diverse perspectives and seek to understand.
- **Transparency** - we have open and clear processes and engagement.
- **Accountability** - we accept responsibility for our decisions and actions.

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SECTIONS

- 3** Council
- 6** Strategic plan
- 7** Highlights
- 18** Accountable to you
 - 18** Registration
 - 21** Professional practice
 - 24** Complaints resolution
 - 27** Competence
- 29** Auditor's report
- 44** Awards

FEATURE ARTICLES

- 1** Rising to the challenge
Alberta pharmacies fill a public need by providing asymptomatic COVID-19 testing.
- 9** Meeting needs, staying safe
Pharmacy teams across Alberta adapted their practices to ensure their patients had access to safe and effective care.
- 15** The forgotten crisis: opioids
While many of us have been focused on COVID-19, pharmacy teams have been helping to fight another deadly crisis.

The 2020-21 Annual Report presents highlights of Alberta College of Pharmacy (ACP) initiatives from March 1, 2020, to February 28, 2021.



Rising to the challenge

Alberta pharmacies fill a public need by providing asymptomatic COVID-19 testing.

After the number of active COVID-19 cases reached its first-wave peak in late April and early May, the number of active cases in Alberta dropped during the summer months of 2020. Still, many Albertans wanted to be sure they had not contracted the coronavirus without realizing it, so demand for asymptomatic testing surged.

In response, Alberta Health introduced asymptomatic COVID-19 testing in community pharmacies, starting with a pilot program in July that was limited to 20 pharmacies.

The Sandstone Pharmacy in Airdrie was included in the pilot. Licensee Ashley Young was confident her pharmacy was ready.

“We had processes in place for injections and point-of-care tests, we completed education on the COVID-19 swab tests, we were already using personal protective equipment (PPE) for injections, and we had a good process in place for cleaning,” said Ashley. “We could modify if needed but it was really just small tweaks to the processes we already had in place. We were ready.”

The pharmacy implemented a new software program to book patient appointments for a throat swab. Upon arriving at the pharmacy, patients were screened and referred to an Alberta Health Services (AHS) symptomatic testing facility if they had any COVID-19 symptoms. Those without symptoms were given a throat swab at the pharmacy, with the sample sent to a lab for analysis. Once the results were available, the pharmacy ensured the sample had been processed and the patient was notified of the result. In all, Ashley's team performed nearly 800 tests with three positive results.

"It was a great convenience for patients," said Ashley. "Some patients were concerned about potentially exposing themselves to the virus by coming in for a test, but that was an opportunity to educate them about the virus. The community really turned to us as leaders to provide care and education."

Once the program was expanded to all Alberta pharmacies in August, Cochrane's Reid McDonald jumped on the opportunity. As soon as his Sunset Ridge Pharmacy was confirmed as an asymptomatic testing site, his team did a trial run by screening and testing all staff members who wanted to be swabbed. When the initial rush for asymptomatic testing occurred, the pharmacy was ready thanks in part to ACP's Laboratory and Point-of-Care Testing Standards, which had come into effect in 2019.

"The standards allowed us to jump in right away," said Reid, Co-owner and Licensee at Sunset Ridge. "We reviewed the Alberta Health requirements and confirmed that we were able to meet what we were being asked to do immediately. Thanks to the standards, we had processes already in place that everyone was aware of. We could react quickly and provide the service almost immediately."

Sunset Ridge performed approximately 550 tests and had no positive results. Pharmacy co-owner Anita McDonald believes her community benefitted greatly from the program.

"We had quite a few teachers book tests with us before school started," said Anita. "A number of them came back on a regular basis for tests for their own peace of mind as they had some high-risk students in their classroom. Other patients liked that the tests took place in a comfortable environment with people they knew."

As of October 20, 2020, more than 659,000 asymptomatic tests were performed in Alberta before the program was paused, with a positivity rate of 0.11 per cent¹. Anita believes the program was a win for Albertans and for pharmacy.

"We proved we could do something on that scale," said Anita. "Pharmacy can play a bigger role in public health. If we can show that we can do something like this on a large scale in a professional manner, I can see our profession growing to do more things like this. It helped Albertans realize that we are here for them in many different respects."



Reid and Anita McDonald, pharmacists and co-owners

Message from the President and Registrar

“When the going gets tough, the tough get going.” It’s an old saying, but it has certainly been the case for Alberta’s pharmacy teams throughout the COVID 19 pandemic. Pharmacy professionals accepted responsibility, confronted risk, and made themselves available to meet the needs of Albertans. As other services closed, demand on pharmacy teams was high, new services were required, and new ways of delivery became necessary.

ACP has supported pharmacy teams throughout COVID-19. Our efforts focused on three goals:

- building capacity within the pharmacy workforce to ensure access to pharmacy services,
- protecting the health of pharmacy teams and the individuals they serve, and
- advocating policies to maintain access to drugs by those who need them most.

Since the outset of the pandemic, ACP has developed and modified guidance for pharmacy teams to achieve these goals. In our annual report, you’ll read about how pharmacy teams put this guidance into action to meet the needs of Albertans.

COVID-19 has required ACP to do things differently, too. Since March 16, 2020, our administration has been decentralized. In the early weeks, some services were temporarily postponed; however, Council provided accommodation for some policies. New ways of delivering services—including virtual services—were explored. We piloted virtual approaches to assessing pharmacy operations and practices and conducting hearings.

COVID-19 has catalyzed the pace of change. It has forced everyone to think differently, resulting in new experiences and new learning. It has invited confidence in innovation and change. In June 2020, ACP Council approved a new five-year plan. The plan focuses on improving the effectiveness of pharmacy practices to meet Albertans’ rapidly evolving health needs, preferences, and expectations. At the same time, ACP will pursue a modern and relevant regulatory framework needed to enable and effectively regulate new practice models. The plan prioritizes the better use of data by the college and pharmacy professionals to make more informed decisions that contribute to the health and well-being of Albertans.

We extend our solace to those who have lost friends and loved ones to COVID-19. We thank the ACP team and Alberta’s pharmacy teams for your commitment and endurance throughout the COVID-19 pandemic. We thank fellow health professionals, essential community services—like our food workers—and our community agencies, who we and our

registrants have been privileged to work alongside. We have all been touched personally and professionally. Together, we look forward to conquering the pandemic in 2021 and returning to our social communities.



Dana Lyons



Greg Eberhart

Dana Lyons
President

Greg Eberhart
Registrar

Message from the public members of Council

Public members are an essential component of ACP Council. They are appointed by the Minister of Health and provide valuable insight, input, and oversight into the college’s policy and decision-making processes. Their contributions to ACP governance help ensure public accountability.

We talk a lot around the Council table—or as was the case this year, in virtual “Zoom” meetings—that the Alberta College of Pharmacy’s moral owner is the public. As public members of Council, that puts extra importance on our role to ensure the college lives up to its mission to serve, support, and protect the public’s health and well-being. In other words, we represent you to make sure your interests are being looked after.

All three of us bring different backgrounds, experiences, and knowledge to Council discussions. Even though none of us are pharmacy professionals, we know what we expect from pharmacy teams, embrace our role in representing public interest and safety, and understand the role the college has in ensuring that pharmacy teams can meet the public’s expectations.

This year, it was an even bigger challenge for pharmacy professionals to meet expectations. They were depended on more than ever to provide acute and ongoing care for Albertans. As a college, we enabled pharmacy teams to provide that care in the most trying of circumstances. In the early stages of the pandemic, we implemented new guidelines almost daily to ensure that quality care could be delivered without compromising the safety of patients and pharmacy team members. In addition, the college had to ensure its core responsibilities were being met.

As a Council, our biggest priority during the year was the finalization of our five-year strategic plan. You can read more about the plan in this annual report. Finalizing the strategic plan is one thing—to implement it is another. Our focus now will be to put the plan into action to ensure we reach our five strategic goals by the end of 2025.

The year ahead will also see major changes to our Council as we prepare to welcome four new public members. This will bring balance to our discussions as public members will make up 50 per cent of Council. Our hope is that this will make our college even more accountable to our moral owner: you.



Christine Maligec



Irene Pfeiffer



Carmen Wyton

Christine Maligec

Irene Pfeiffer

Carmen Wyton

Council

Consisting of pharmacists, pharmacy technicians, and members of the public appointed by the Minister of Health, ACP Council governs the practice of pharmacists and pharmacy technicians and the operation of licensed pharmacies in Alberta. Council deliberations focus on healthy public policy—particularly, policy that supports safe, effective, and responsible pharmacy practices that result in the appropriate use of drug therapy.

Understanding the privilege of self-regulation, Council seeks to govern our registrants in a manner that protects and serves the public interest, while ensuring the integrity of the pharmacist and pharmacy technician professions.

As with most organizations this year, ACP's Council held virtual meetings to reduce the risks of COVID-19.

Guided by the college's mission, vision, and values, Council's biggest priority during the year was to develop a new five-year strategic plan (2021-25).



Top row left to right: **Irene Pfeiffer** (Public Member, Executive Member at Large), **Navjot Singh** (Alberta Pharmacy Students' Association representative, non-voting), **Peter Macek** (Pharmacist, President-elect, District 1), **Dana Lyons** (Pharmacy technician, President, District B)

Second row left to right: **Patrick Zachar** (Pharmacist, District 2), **Christine Maligec** (Public Member), **Craig MacAlpine** (Pharmacist, District 3), **Greg Eberhart** (Registrar)

Third row left to right: **Don Ridley** (Pharmacy technician, District A), **Stan Dyjur** (Pharmacist, District 4), **Fayaz Rajabali** (Pharmacist, Past President, District 3), **Terra Young** (Pharmacy technician colleges representative, non-voting)

Bottom row left to right: **Shereen Elsayad** (Pharmacist, District 5), **Judi Parrott** (Pharmacist, District 5)

Not pictured: **Carmen Wyton** (Public Member), **Neal Davies** (Dean, Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta, non-voting)

Strategic plan (2021-25)

New technologies and innovations will create new opportunities for Albertans. They will be increasingly enabled to participate in and make choices about their care, including when and how they receive it. ACP has developed a five-year strategic plan to better prepare the college and our regulated members to succeed in this continuously changing environment.

Central to the plan is preparing regulated members to perform their core responsibilities well. To achieve this, ACP's core programs will be enhanced to provide better assurance that pharmacy professionals are prepared for success in Alberta's health system, creating more consistent patient experiences and expectations.

Within the plan, Council approved the following five strategic goals, having considered ACP's core responsibilities in context with the college's mission, vision, and values.

- **Goal #1: All applicants are ready to practise pharmacy in Alberta's health system.**
 - All applicants to ACP must be able to demonstrate competencies, values, and professional behaviours important to pharmacy teams' roles and responsibilities in Alberta's health system.
- **Goal #2: There is a modern and relevant framework to regulate pharmacy practice.**
 - A modern and relevant legislative framework will enable practice innovations, balanced with necessary authorities for the college to ensure practice is conducted in a manner that is safe and in the public's best interest.
- **Goal #3: Licensees are qualified and held responsible for practice in their pharmacy.**
 - Licensees are responsible for the operation of, and practices in, their pharmacies. This includes consistent demonstration of ethical and professional behaviours that are patient-centred and committed to improving the health of individuals, families, and their communities.
- **Goal #4: Data intelligence is used by registrants and the college to make more informed decisions.**
 - The success of the college and its regulated members depends on becoming more proficient in collecting, analyzing, and using relevant data to make better decisions. The ability to use relevant data from multiple sources in an informed and timely manner is important to meeting the changing needs and expectations of individuals, families, and our communities.
- **Goal #5: Registrants identified as not being able to meet practice expectations demonstrate practice improvement.**
 - Where it is determined that a registrant does not meet the practice expectations of the college, the registrant must demonstrate practice improvement to a level acceptable to the college. Improved and more consistent pharmacy practices will better meet the needs, and shape the expectations, of Albertans.

When patients consistently experience quality pharmacy practices that effectively meet their personal needs and preferences, we can be confident that we have protected and served the public's best interest.

COVID-19

COVID-19 had a significant impact on the operations of ACP, the operations of pharmacies, and the practices of pharmacists and pharmacy technicians. The pandemic forced ACP to adapt to a rapidly changing environment—almost daily in the early spring—with our effort focusing on three goals:

- building capacity within the pharmacy workforce to ensure access to pharmacy services,
- protecting the health of pharmacy teams and the individuals they serve, and
- advocating policies to maintain access to drugs by those who need them most.

Our earliest priority was to engage provincial and national partners to develop guidance and resources to support pharmacy teams to be as safe and effective as possible during the pandemic.

ACP developed more than 30 COVID-19 guidance documents to enable pharmacy teams to meet the needs of Albertans in different ways, while complying with ACP's standards and Code of Ethics.



Our COVID-19 guidance was built upon the following five principles:

- ethical conduct and decision-making by all registrants,
- effective assessment and critical thinking during every patient encounter,

- maintaining the security of drugs and records,
- maintaining individuals' privacy, and
- effective communication in an environment of rapid change and high demand.



ACP's COVID-19 guidance helped build capacity within pharmacy teams by

- developing policies to support non-practising and retired registrants' return to practice;
- providing guidance to provide patient care (including prescribing) when it was not possible to see the patient; and
- working through the National Association of Pharmacy Regulatory Authorities (NAPRA) to achieve a section 56(1) exemption to the *Controlled Drugs and Substances Act*, allowing pharmacists to prescribe controlled substances for the purpose of continuing care and transferring prescriptions for controlled substances.

Guidance supported the protection of pharmacy teams and the individuals they serve by providing

- general advice about COVID-19,
- preventative measures for pharmacists and pharmacy technicians (e.g., hand hygiene and physical distancing),
- guidance about personal protective equipment (PPE), and
- guidance about PPE when compounding.

ACP contributed to the development of the Canadian Pharmacists Association's (CPhA) guidance: Personal Protective Equipment—Suggested Best Practices for Pharmacies During the COVID-19 Pandemic.

The college also worked with the Alberta Pharmacists' Association (RxA) and Alberta Health to find a solution to provide PPE to all community pharmacies.

ACP worked with partners like Alberta Health, the College of Physicians and Surgeons of Alberta (CPSA), and RxA to provide guidance important to ensuring the availability of drugs to those who need them most.

As the pandemic has progressed, ACP continues to update its guidance to ensure that it is current and relevant as needed in supporting pharmacy teams to provide safe and effective care.

How COVID-19 affected ACP and our registrants:

- ✘ Leadership Forum cancelled;
- ✘ Tri-annual Leadership Symposium cancelled;
- ✘ Grad Brunch cancelled;
- ✘ Celebration of Leadership cancelled;
- ✘ APEX Awards (originally scheduled for March) postponed and held virtually in November;
- ✘ Ethics and Jurisprudence exams postponed, with online exams available in summer 2020;
- ✘ Pharmacy inspections postponed—routine assessments resumed in June;
- ✘ Deadline for achieving Priority 3 of the sterile and non-sterile compounding standards was deferred to July 1, 2021; and
- ✘ ACP office was closed on March 16 and team members, for the most part, worked remotely for the remainder of the fiscal year.

Emergency Authority Bylaw passed

The COVID-19 pandemic prompted Council to address the need for a bylaw to ensure the continuity of ACP business during periods of emergency, disaster, or other disruptive circumstances that impede requirements under the bylaws.

Council approved a bylaw that defines emergency as

- i. a public health emergency under the *Public Health Act*,
- ii. a state of emergency or state of local emergency under the *Emergency Management Act*, or
- iii. another unusual unforeseen circumstance that prevents the college from taking actions, making decisions, or conducting elections under the Bylaws.

Council's authority under the new bylaw is limited by time restrictions. An order made under the Emergency Authority Bylaw must not delay an action, decision, or election, or waive a requirement for a time period that extends beyond the earliest of the date that the emergency passes or is resolved or 180 days.



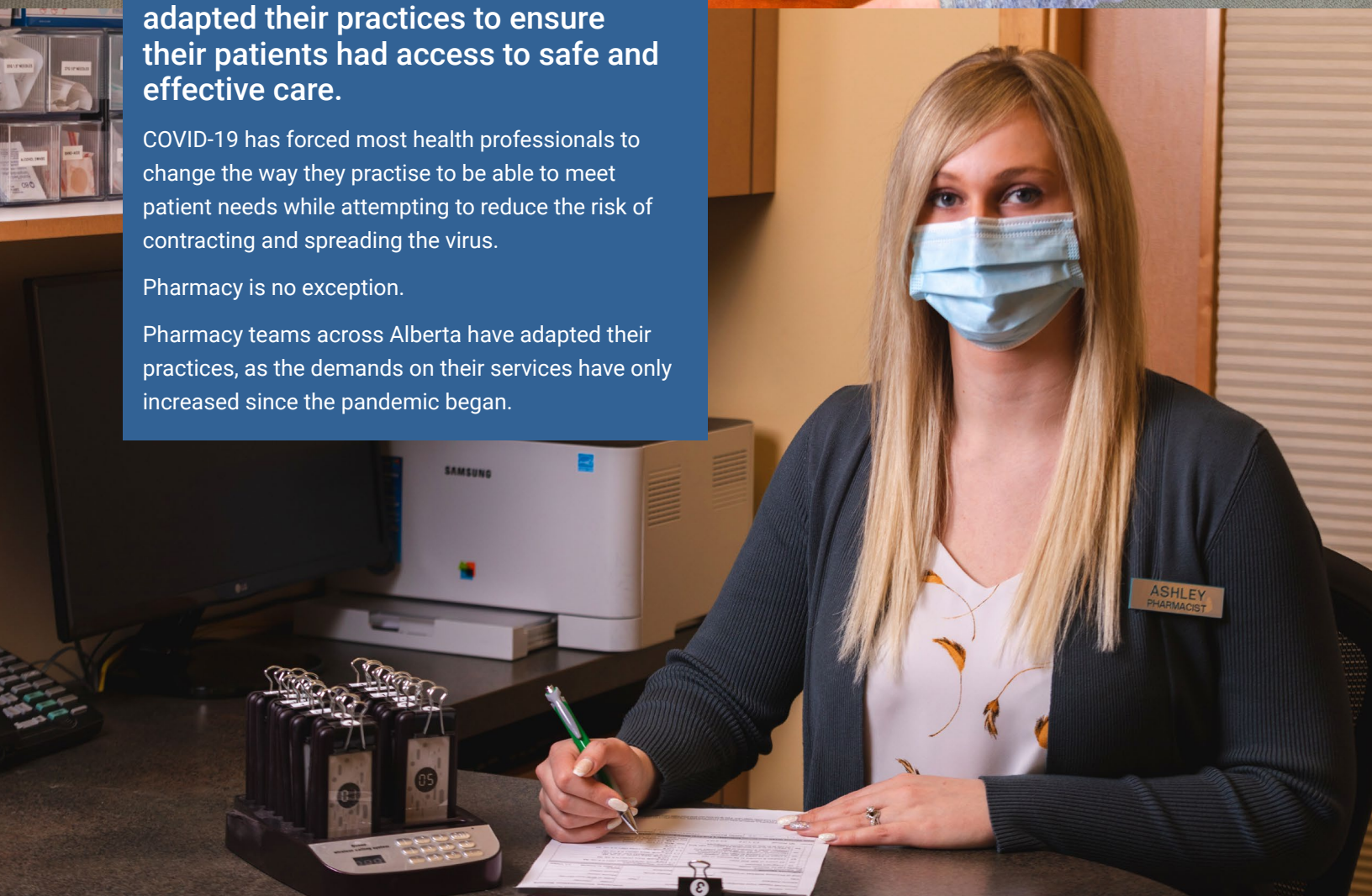
Meeting needs, staying safe

Pharmacy teams across Alberta adapted their practices to ensure their patients had access to safe and effective care.

COVID-19 has forced most health professionals to change the way they practise to be able to meet patient needs while attempting to reduce the risk of contracting and spreading the virus.

Pharmacy is no exception.

Pharmacy teams across Alberta have adapted their practices, as the demands on their services have only increased since the pandemic began.



The two-team system

Many pharmacy teams developed strategies to prepare for the possibility of one of their team members becoming sick or requiring self-isolation. At Gourlay's Pharmacy in Banff, the staff split themselves into two, three-member teams (the A-team and the E-team) who work on different days. That way, if one team member is affected by COVID-19, only their immediate team members need to isolate, allowing the pharmacy to remain open while the other team covers their shifts.

"We involved the staff in developing the idea to make sure they were comfortable with it," said Peter Eshenko, Gourlay's co-owner and licensee. "Thankfully, we haven't had to put it into action. We have been very fortunate. No one on our staff has a lot of exposure to other potential sources of infection. They're sticking to the plan and obeying public health orders."

A third line of defence was available, as Gourlay's co-owner, who is also a pharmacist but who does not practise at the location, was on standby for either team if needed. Peter acknowledges that not all pharmacies are able to split into two teams, but for those that can, it has been an effective system.

"The staff were confident because everyone stuck to their own team and could go home to their own bubble," said Peter. "Our patients love the idea. They saw us as leading by example to reduce risk for our staff and the public. They feel safer visiting the pharmacy and know that the pharmacy will always be open, whether it's the A-team or the E-team working that day."

"Your needle is ready!"

While demand for flu shots was at an all-time high, pharmacy teams had to figure out how to meet this demand while also adhering to public health orders—physical distancing being most important. The last thing pharmacies wanted to see was overcrowding as patients waited to get their flu shot.

Many pharmacies implemented online appointment systems to keep patient traffic at a minimum. Staff at Edmonton's Crestwood Apothecary decided to do things a bit differently.

"Originally, we were going to go strictly with appointments because we had done that before," said pharmacist Ashley Badach. "The concern with appointments was that lots of people show up early or late, which could lead to more grouping in the area in front of our pharmacy."

Rather than using appointments, one of the pharmacy technicians suggested incorporating a pager system like those used in popular restaurants. As patients arrived, they were directed to the flu shot check-in area, where a pharmacy technician conducted COVID-19 screening, helped the patient fill out the necessary forms, and provided a pager to the patient, who could then wait outside until they were summoned.

"We could tell people it was a 20- or 40-minute wait and they could choose to take the pager and wait in their car or come back another time," said Ashley. "We had a lot of feedback from patients that it was awesome. A lot of people are uncomfortable waiting in the pharmacy for a long time, especially during the pandemic. They are familiar with the restaurant pagers—they know how they work. It saved the patients time. They could run other errands while they were waiting. It was more efficient for everyone."

Ashley says the pager system helped build the pharmacy team's confidence that they can handle large demand for immunizations. They intend on continuing to use the system for future flu shot seasons and once community pharmacy is involved in administering COVID-19 vaccinations.

Opposite top, left to right: Hannah King, pharmacy student, Peter Eshenko, co-owner and licensee, Melissa Mauriello, pharmacist
Opposite bottom: Ashley Badach, pharmacist

ACP's first pharmacy technician president

On June 25, 2020, Dana Lyons made history by becoming the first pharmacy technician president of ACP Council. She is the first pharmacy technician in Canada to lead a provincial college of pharmacy.



"I feel honoured and excited to be doing this job," said Dana, a technical practice manager for Provincial Operations, Pharmacy

Services, with Alberta Health Services. "I hope my election inspires other pharmacy technicians to get involved, demonstrates that both pharmacists and pharmacy technicians can be leaders in pharmacy and, most importantly, shows how we can work together in unity."

Council to include 50 per cent public members

Amendments to the *Health Professions Act*, through the *Health Statutes Amendment Act* (Bill 30), require all health regulatory colleges, including ACP, to increase the ratio of public members on college councils, hearing tribunals, and complaint review committees from 25 per cent to 50 per cent.

Council amended its bylaws to meet this new requirement and, as of April 1, 2021, Council will include seven elected pharmacy professionals (five pharmacists and two pharmacy technicians) and seven public members appointed by the Minister of Health.

Codeine syrups moved to TPP Alberta Type 1 status

ACP recommended that the TPP Alberta steering committee change the status of oral liquids containing codeine from Type 2 to Type 1. Prescriptions for drugs with Type 1 TPP Alberta status must be written on the secure TPP Alberta two-part prescription form.

The Council of the College of Physicians and Surgeons of Alberta (CPSA) approved the recommendation, which took effect on July 1, 2020.

In 2019, 254 of the 339 forgeries reported to ACP by pharmacy teams were for codeine-containing syrup. The change in status has helped reduce the number of forged prescriptions for codeine-containing liquids and, more importantly, addresses the harm that could potentially be caused by those who misuse the medication.

New robbery and burglary prevention resource

In late 2020 and early 2021, Alberta pharmacies increasingly became the target of armed robberies. In response, ACP developed a new section of our website, providing the following resources for pharmacy teams:

- how to prevent robberies and burglaries from occurring through education, physical changes to the pharmacy, security equipment, and changes in processes and practices;
- what to do during a robbery;
- what to do after a robbery or burglary; and
- reference materials from the Edmonton Police Service, Calgary Police Service, RCMP, and the Government of Alberta.

ACP created a tool to enable pharmacy professionals to voluntarily report robberies and burglaries to the college. The information collected may help the college with future policy decisions.

Licensee Education Program and Proprietor Self-Assessment launched

ACP teamed up with Queen's University to develop the Licensee Education Program (LEP) and Proprietor Self-Assessment. The program is designed to help pharmacists, licensees, and proprietor's agents

- articulate the licensee's and proprietor's legal responsibilities, and ACP's expectations when operating a pharmacy, with particular focus on the authority, responsibility, and accountability of licensees in context with current legislation;
- use relevant resources to update and maintain knowledge about legislation and standards for operating a pharmacy; and
- develop understanding about the licensee's role as a leader, manager, professional, and clinician.

The LEP consists of two parts:

- Part A (readings, peer conversation and reflection, and an online module), and
- Part B (online module and self-assessment).

As of October 1, 2020, pharmacists applying to be a new licensee for a new or existing pharmacy are required to complete Parts A and B of the LEP before a pharmacy licence will be issued. All licensees are required to complete Part B of the LEP before applying to renew their pharmacy licence in 2021.

As of October 1, 2020, all proprietor's agents must complete the Proprietor Self-Assessment as part of an application for a new pharmacy or an application for a change in proprietor.

Licensees and proprietor's agents who have completed the program will be in a better position to contribute to safe, effective, and appropriate pharmacy care. It will also help ensure expectations of pharmacy proprietors, licensees, staff, and patients are met consistently. As of February 28, 2021, 1,301 regulated members have completed the LEP.

New criteria for becoming licensees or proprietor's agents

As of October 1, 2020, all pharmacists applying for a new pharmacy licence (i.e., pharmacists applying to be licensees) and the associated proprietor's agents must meet new criteria and provide additional information about themselves. These new requirements will provide ACP greater confidence that the prospective licensee or proprietor's agent is informed and capable of fulfilling their legislated responsibilities and the proposed pharmacy may be operated in compliance with the legislation that governs pharmacy practice in Alberta.



The new criteria require pharmacy licence applicants to be a clinical pharmacist in good standing with ACP, submit a criminal record check, and complete Parts A and B of the LEP.

Further to the above criteria, a pharmacy licence applicant must demonstrate they have the qualifications, experience, and/or support to fulfill their role as a licensee.

Bridging program for internationally educated pharmacist graduates

ACP partnered with the University of Alberta (U of A) Faculty of Pharmacy and Pharmaceutical Sciences to begin development of a comprehensive bridging program for internationally educated pharmacist graduates (IEPGs) applying to practise in Alberta.



The bridging program is being designed for IEPGs to apply their knowledge and skills in a new context and provide pharmacy services in alignment with ACP's standards, Code of Ethics, and tenets of professionalism. Participating in the bridging program will enable IEPGs to practise safely, successfully, and confidently in Alberta or any other Canadian jurisdiction.

The goal is to launch the program in the fall of 2021.

New Structured Practical Training admission criteria for pharmacists

Until the bridging program becomes available, ACP made interim changes to the admission criteria for the college's Structured Practical Training (SPT) program for pharmacists.

The changes help create a consistent, standardized learning experience for provisional pharmacists, with a goal that all pharmacists admitted to the clinical register are equally prepared to practise within Alberta's health system.

The amended rules require candidates who wish to enroll in ACP's SPT program to fulfill one of the following four criteria:

- The candidate must be enrolled in or graduated from a pharmacy program offered at a Canadian university that is accredited by the Canadian Council for Accreditation of Pharmacy Programs and recognized by ACP.

OR

- The candidate was previously a pharmacist registered in Alberta.

OR

- The candidate must successfully complete one of two bridging programs approved by Council (University of Toronto or University of British Columbia).

OR

- The candidate must secure an SPT preceptor who can demonstrate experience precepting at least two pharmacy students in their final year of an accredited Canadian pharmacy program within the last three years.

The changes to the admission criteria to the SPT program will better prepare all applicants to ACP's clinical pharmacist register to understand and be able to demonstrate professionalism, ethics, and the values integral to Alberta's health system.

Changes to SPT for pharmacy technicians

Effective January 6, 2021, ACP amended its SPT program rules for internationally educated provisional pharmacy technicians (IEPT). Under the new rules, IEPTs must secure a pharmacy technician or an experienced preceptor for the SPT program who will provide standardized opportunities to learn, observe, experience, practise, and demonstrate the knowledge, skills, judgement, and attitudes important to pharmacy technician practice in Alberta.

For all participants in the SPT program for pharmacy technicians, each rotation must be supervised by a pharmacy technician registered on the pharmacy

technician register or a pharmacist registered on the clinical pharmacist register who meets the following requirements:

- has been registered on the ACP pharmacy technician register or ACP clinical pharmacist register for a minimum of two years,
- has no restrictions on their practice permit that will impact ability to provide a good learning experience,
- has no outstanding complaints that have been referred to a Hearing Tribunal, and
- is not in a close personal relationship with the provisional pharmacy technician being precepted.

Pharmacy's role in animal health

Provincial legislation does not clearly authorize pharmacists or pharmacy technicians to provide services for animals. The *Veterinary Profession Act* restricts the acts of prescribing, compounding, dispensing, and selling drugs for animals to veterinarians. ACP has invested substantively in seeking legislative amendment to address this barrier.

Feedback received from regulated members and stakeholders to proposed amendments to the Standards of Practice for Pharmacists and Pharmacy Technicians prompted Council to review the role of pharmacy professionals in animal health. Legislative amendments are being pursued with the Minister of Health and the Minister of Agriculture and Forestry.

ACP Connect goes virtual

Before the pandemic, ACP Connect provided an opportunity for ACP Council and staff to meet "in-person" with pharmacists and pharmacy technicians to discuss initiatives being introduced by the college and current issues in pharmacy practice. COVID-19 forced ACP Connect to move online for three virtual sessions on December 2 and 3, 2020.

The theme: COVID-19.

ACP registrants were invited to join ACP Council president Dana Lyons and registrar Greg Eberhart for a virtual discussion about what we have all learned through our experiences so far during the pandemic.



Approximately 400 registrants joined the sessions. Attendees were asked to consider what they have done to meet their patients' needs, what has and hasn't worked, and what initiatives should continue post pandemic.

In the online chat, pharmacy professionals noted the pride they felt from being able to meet the public's needs by staying open and becoming healthcare hubs for their communities. Pharmacists' primary care activities increased as other providers were not as accessible. Pharmacies were successful in providing influenza vaccinations, with many pharmacies implementing appointment-based care and pre-appointment COVID-19 screening to reduce risk for patients and staff.

Pharmacy professionals also noted that stress and fatigue affected team members due to long hours, increased demand for services, and staff shortages due to illness or self-isolation requirements.



The forgotten crisis: opioids

While many of us have been focused on COVID-19, pharmacy teams have been helping to fight another deadly crisis.

While COVID-19 has dominated the news and affected everyone's life, another deadly crisis has gained momentum—perpetuated in part by the pandemic.

The opioid crisis seemed to peak in 2018, with 806 Albertans dying from unintentional opioid poisoning (most from fentanyl)². Alberta's healthcare system had focused much of its efforts to address the crisis and was beginning to make progress. In 2019, the number of unintentional opioid poisoning deaths dropped to 626 and was trending lower heading into 2020³.

However, as COVID-19 took hold, the opioid crisis quietly resurfaced. In the first 11 months of 2020, 997 Albertans died from unintentional opioid poisoning⁴—the most such deaths in one year since the Province began tracking the opioid crisis in 2016. Due to lack of access to health services, and a reluctance of some to expose themselves to the risks associated with COVID-19, many Albertans struggling with addiction have gone without the support they need. And the consequences have been deadly.



That's why programs such as the Virtual Opioid Dependency Program (VODP) are so important. VODP allows Albertans who live in remote areas or have mobility issues an opportunity to meet with a physician using video conferencing or over the phone to potentially get started on methadone or suboxone treatment that same day. Physicians can send a prescription immediately to the pharmacy of the individual's choice.

The program's success depends on the work of 400 partner community pharmacies across Alberta—pharmacies like the Lakewood Pharmacy in Edmonton.

One warm August evening just before closing time, pharmacist Gayatri Patel noticed a young man enter the pharmacy. He seemed stressed. He told Gayatri he wanted narcotics.

"Honestly, I was a little scared because I was working alone, and a lot of thoughts were going through my head," remembered Gayatri. "But at the same time, I wanted to help this young man."

She gave the man the phone number for VODP, and he left. She could see him through the window. He had a short conversation, put his phone down, and started crying. She went outside and tried to figure out what had happened with the call, but he was so upset he couldn't answer. Gayatri decided to reach out to VODP from the pharmacy phone.

"I explained the situation to them, that this young man needed help," she said. "Then I gave him the phone and he had a 10-minute chat with VODP, and they did an assessment over the phone."

A VODP physician prescribed suboxone, but Gayatri didn't have it in her pharmacy. So, she arranged for someone from the store to drive to another pharmacy to pick it up.

Lisa Nadon was the person on the other end of the line at VODP. She said the man was so incredibly grateful.



"He just sounded like a normal human being down on his luck. It could happen to any one of us," said Lisa. "When I said to him, 'You are the luckiest man to have that guardian angel right now,' he started crying even more, and he said, 'I know. She is the nicest lady I have ever met.'"

Lisa was impressed with how Gayatri handled the situation, partly because Gayatri's first impulse was not to call police, but rather to help.

"At that moment, I was scared, but at the same time I knew it was my job to provide the help," explained Gayatri. "A lot of people need help. They want to quit this habit, their addiction, so VODP is really essential in our society."

Pharmacists' involvement with VODP doesn't end at filling the initial prescription. Pharmacists play a key role in the ongoing care provided by the VODP team.

"Pharmacists are really an extension of our team," said VODP manager Kelly

Smith. "Often, they are our eyes and ears on the client. They can assess how they feel the client is doing and will pass that information on to our team. We have some clients who don't have cell phones, so we will contact the client through the pharmacist. They monitor whether the client is taking their dose. They provide us with missed-dose notifications. Pharmacists are extremely valuable to us."

With support from community pharmacies, services like VODP will contribute to Alberta regaining momentum in addressing this deadly crisis.

Registration

ACP's registration team ensures that only qualified individuals are registered to practise as pharmacists or pharmacy technicians in Alberta. The team also ensures that those applying for a pharmacy licence meet the criteria to be a licensee and that the pharmacy meets the college's foundational requirements for opening a licensed pharmacy before providing pharmacy services to the public. This work is essential to ACP meeting its mandate to serve and protect the public's interest.

COVID-19 challenges

When ACP decentralized its offices in March, the registration team needed to quickly adapt to the changing environment. Processes are based heavily on faxed and mailed-in paper applications, managing and storing paper files, and printing and mailing out practice permits and licences. While adhering to provincial health measures, the registration team took turns attending the office to ensure applications for practice permits and pharmacy licences were assessed and processed in a timely manner.

Despite the challenges, between April and June, the team assessed and processed the renewal of approximately 6,000 pharmacist practice permits and over 1,500 pharmacy licences, in addition to managing other application types, with minimal disruption.

ACP also implemented emergency registration of inactive pharmacists and pharmacy technicians who wanted to re-enter practice to help with the pandemic.

Normally, pharmacy students and provisional registrants write ACP's Ethics and Jurisprudence Exam in-person at a "brick & mortar" test centre. Due to COVID-19, all test centres were closed. Rather than wait for the test centres to reopen, ACP worked with a third-party provider to make the exam available online, using a virtual proctor. The online exam became available July 15, 2020. The exam is now available to registrants 24 hours a day, seven days a week.

Highlights and trends

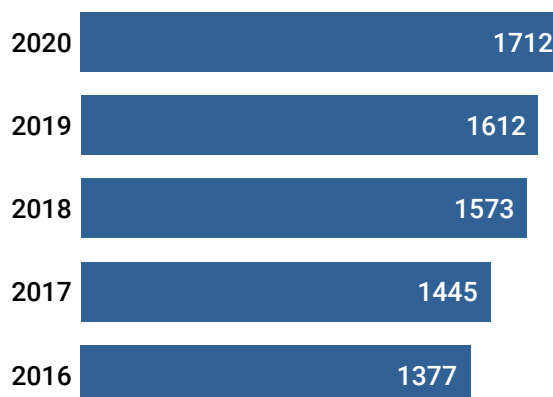
- Significant decrease in the number of new pharmacists (down 42 per cent) and new pharmacy technicians (down 33 per cent), most likely due to the cancellation of the Pharmacy Examining Board of Canada (PEBC) qualifying exams. Successful completion of these exams is required to be admitted to the clinical pharmacist or pharmacy technician registers.
- Significant increase in pharmacy renovation applications (up 146 per cent), most likely due to new compounding standards.

No registration applications were refused, but it is not uncommon for submitted applications to be incomplete. ACP works with applicants to provide all the information necessary to complete their application.

Pharmacists



Pharmacy technicians



Pharmacy licensing: how it's done

Pharmacy owner and pharmacist Ravi Chawla (with licensee Gihan Mohamed) was among the first to apply for a new pharmacy licence under ACP's new criteria for licensees and proprietor's agents, which came into effect October 1, 2020. Ravi, who co-owns four pharmacies in the Edmonton area, submitted his letter of intent for the new Canora Pharmacy on October 18, 2020. At that point, ACP informed him of the new requirements, and he started fulfilling them right away. He and the



Ravi Chawla, pharmacist and pharmacy owner

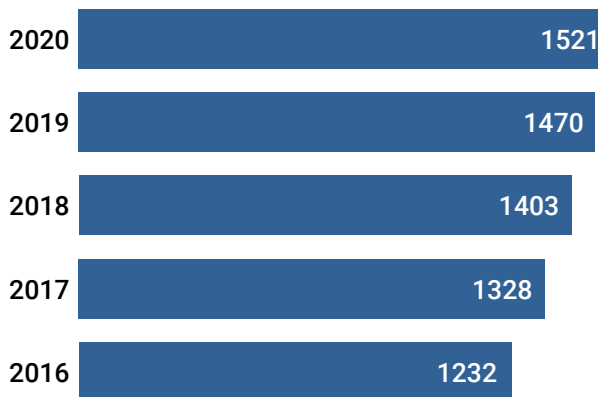
pharmacy's licensee completed the Licensee Education Program, completed their criminal record checks, and submitted all the necessary documents. On January 13, 2021, ACP conducted its mandatory pre-opening inspection (a requirement since 2019).

Ravi's pharmacy was one of the first ever to pass the pre-opening inspection on the day it occurred.

"I submitted all the digital evidence before Tyler Watson (ACP pharmacy practice consultant) arrived," said Ravi. "We met all the college requirements including minimum

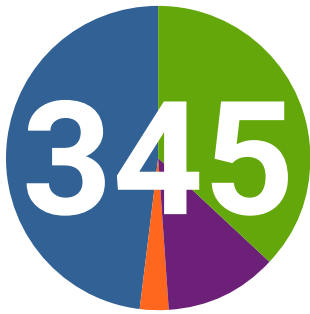
spacing between the aisles, minimum counter area, designated counselling room, and storage area. We went through all the requirements with Tyler and what we had submitted with our floor plan. He found it to be exactly as we had proposed."

Licensed pharmacies



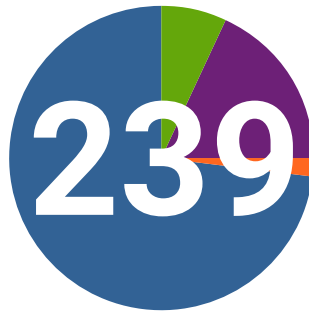
Ravi was able to open his pharmacy to the public two days later. He appreciates ACP's new requirements of licensees and proprietor's agents, as the college's expectations of each role are now crystal clear.

"The Licensee Education Program has been a really good step by the college," said Ravi. "Once the licensee goes through it, they know their duties, what is expected of them, and what is expected of the proprietor. Now, licensees are more aware and diligent of their duties as compared to before. The program was really helpful."



New provisional pharmacists

- 129 University of Alberta
- 41 MACPs*
- 9 graduates of other Canadian universities
- 166 internationally educated



New pharmacist registrants

- 17 University of Alberta
- 43 MACPs*
- 5 graduates of other Canadian universities
- 174 internationally educated



New students

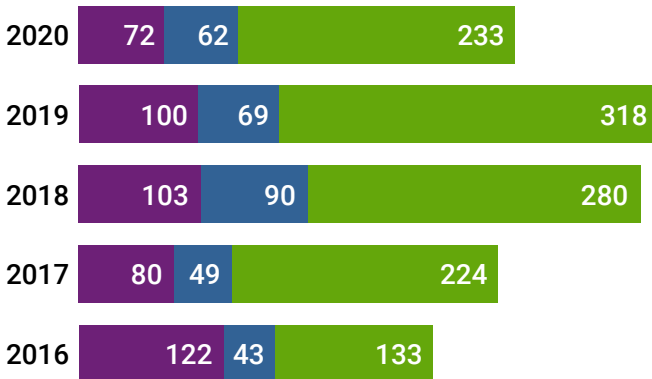
- 141 University of Alberta
- 10 students from other Canadian universities



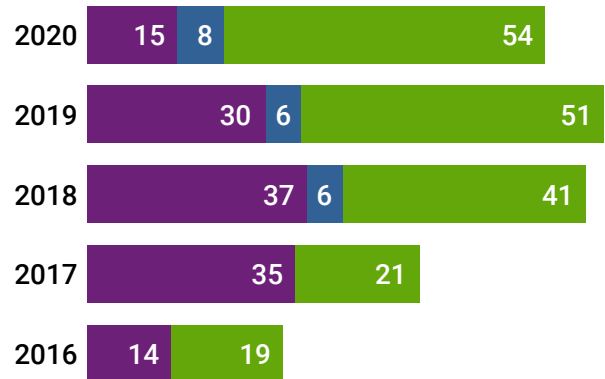
New pharmacy technicians and provisional pharmacy technicians

- 93 practising
- 119 provisional

Inactive pharmacists

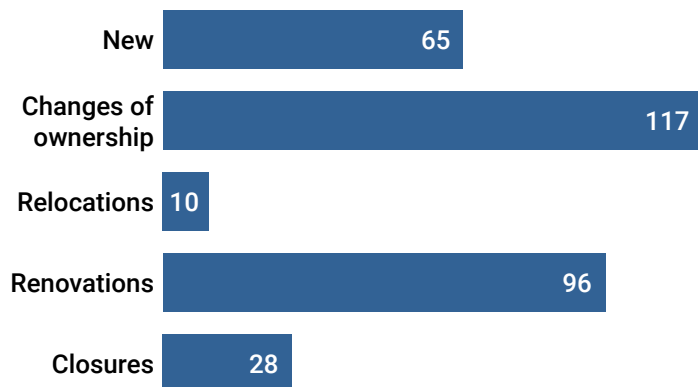


Inactive pharmacy technicians



■ Became associate**
 ■ Retired
 ■ Cancelled or did not renew

Licensed pharmacies



*Mobility Agreement for Canadian Pharmacists

**An associate is a non-regulated member of ACP who has ceased practising as a clinical pharmacist or pharmacy technician, but has not yet retired or cancelled their registration.

Professional practice

ACP's pharmacy practice consultants (PPCs) are field officers and inspectors who work with pharmacy teams to enhance compliance with practice and operational standards, through quality assurance and quality improvement initiatives. PPCs are pharmacists who have experience working in a variety of practice settings. They provide coaching with the goals of promoting quality care and ensuring safety for anyone who accesses pharmacy services.

The PPCs achieve this by conducting pharmacy practice and operations assessments regularly in pharmacies across Alberta. The PPCs help pharmacy teams improve their workflow, adhere to the standards of practice, and empower teams to deliver quality care to their patients.

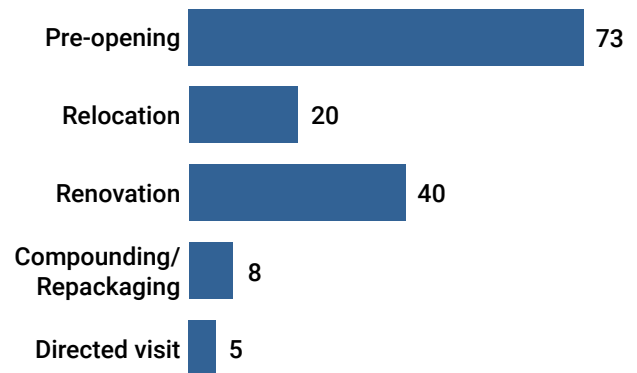
Routine assessments

During a routine assessment, PPCs evaluate how pharmacists assess their patients, and how they monitor and document their patients' progress during and beyond drug therapy. PPCs also evaluate the pharmacy's quality assurance program for reporting and investigating drug incidents, and compliance with the college's foundational requirements for operating a pharmacy.

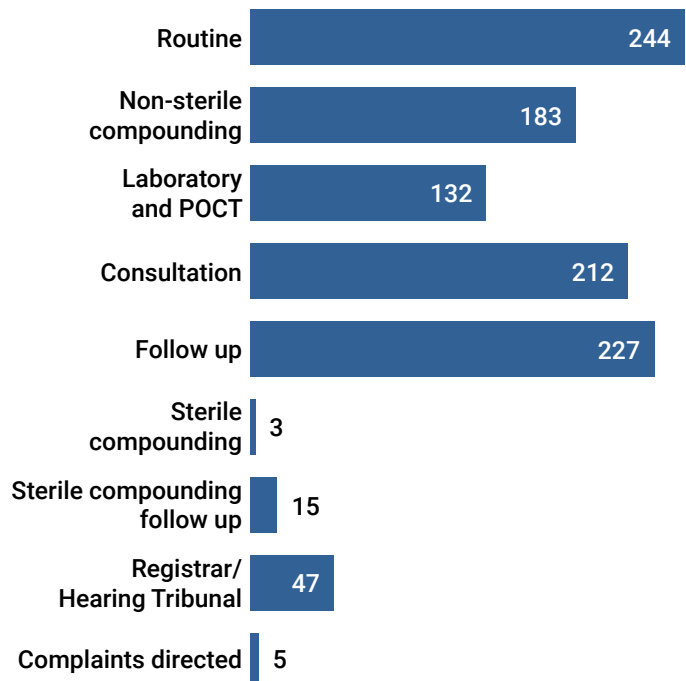
Due to the pandemic, PPCs began conducting some hybrid assessments which included collecting information from a pharmacy digitally and following up with a phone conference before conducting an on-site assessment.

ACP strives to conduct routine assessments of each community pharmacy once every two to three years. This year, ACP's professional practice team expanded two sections of the routine assessment: laboratory and point-of-care testing (POCT) and non-sterile compounding. These additional assessments focus on ACP's Laboratory and Point-of-Care Testing Standards and the Standards for Pharmacy Compounding of Non-sterile Preparations.

Registration assessments



Other assessments



Six-week consultation and 12-week follow-up

PPCs follow a routine assessment with a six-week consultation and a 12-week follow-up. The consultation and follow-up provide pharmacy teams with ongoing support for quality assurance and improvement. The PPCs look for progress, identify barriers, modify goals, and provide support to teams as required. At 12 weeks, PPCs reassess the pharmacy's performance goals set during the routine assessment. PPCs may visit pharmacies for additional consultations as needed. Among all pharmacies where routine assessments were conducted

- 87 per cent required some or slight improvement,
- seven per cent required little to no improvement, and
- six per cent required moderate to significant improvement.

Additional inspections

In 2020, PPCs performed follow-up assessments at all pharmacies that were assessed in 2019 for compliance with the first two priorities of the sterile compounding standards. The first priority requires pharmacies to complete risk assessments, perform a gap analysis, and initiate a quality assurance program. The second priority requires pharmacies to ensure compounding and cleaning personnel are trained, product preparation requirements are met, and the quality assurance program is completed. PPCs also assessed pharmacies for movement towards compliance with the third priority, which requires that proper equipment and facilities be in place. The third priority must be met by July 1, 2021. Sterile compounding inspections for full compliance with the standards will continue in 2021.

The professional practice team also identified the need for inspections prior to issuing a compounding and repackaging licence.

Highlights and trends

Successes in pharmacy practice

- ACP's pre-opening inspection and compounding and repackaging licence application processes have resulted in pharmacy teams being more prepared when the pharmacy opens.
- Initial opioid assessments for new opioid therapy are happening consistently at most pharmacies. Many pharmacy teams have developed templates or use documentation programs to facilitate completing and documenting opioid assessments. However, many continue to require support in gathering relevant data to facilitate ongoing monitoring of patients.
- Many pharmacy teams have changed their workflow to have the pharmacist at prescription intake which has increased opportunities for pharmacists to connect with patients, assess patients, identify drug therapy problems, and monitor therapy.
- Pharmacy teams are encouraging pharmacy technicians to practise to their full scope and pharmacy technicians appear motivated to do so. This has freed up pharmacists' time to focus on patient care activities.
- Collaboration and communication with other healthcare providers has become a routine part of most pharmacy practices whether via phone, fax, or in person.

Opportunities in pharmacy practice

- Meeting the priority deadlines for ACP's non-sterile compounding standards remains a challenge. Many teams require significant education about the standards, particularly with regard to policies and procedures, documentation requirements, staff training, and cleaning.

- Drug errors are reported; however, in many cases quarterly reviews do not occur consistently. Sometimes drug errors are discussed verbally within the pharmacy team but not documented.
- Many pharmacies are not aware of the Guidelines for Medication and Vaccine Injection Safety, which includes a focus on safe handling and storage of hazardous drugs. PPCs continue to work with pharmacy teams to develop policies and procedures, and to obtain appropriate PPE, spill kits, and cytotoxic waste containers to ensure practices are safe.



Kiran Juma, pharmacy practice consultant

- Documentation of patient care activities does not always contain all therapeutic elements and pharmacists often cite lack of time as the contributing factor, especially considering the pandemic. Pharmacists often recognize the need for patient-specific and comprehensive documentation and as a result have started to adopt templates, software programs, etc. to facilitate documentation.

COVID-19 successes

- Many pharmacy teams met the needs of their communities by modifying their practice,

processes, and environments to do so safely. Teams remained well-informed about COVID-19 developments and demonstrated public health stewardship, despite the challenges of the pandemic.

- Pharmacy teams successfully implemented risk mitigation strategies to limit spread of COVID-19. Examples included conducting COVID-19 screening before direct patient care activities, booking appointments for vaccinations, regular cleaning and disinfection activities, wearing PPE, and offering delivery of medications and curbside pickup.
- Pharmacists used their additional prescribing authorization (APA) more often to meet the needs of patients who had difficulty accessing other primary care providers, especially in the early stages of the pandemic.
- Many pharmacies became community healthcare hubs, which prompted pharmacists to collaborate more with other health professionals, ensuring continuity of care for their patients.
- Pharmacists helped their patients by offering virtual care, confirming patient confidentiality through use of secure communications platforms, ensuring practice standards were met, completing patient assessments, and maintaining quality care.

COVID-19 challenges

- Pharmacy teams reported increased workload, long hours, and staff shortages due to illness or exposure to COVID-19. This led to stress and fatigue among pharmacy team members.
- Documentation of patient care activities waned during the early stages of the pandemic due to increased demand for patient services and staff shortages.
- Pharmacy teams expressed concerns about contracting COVID-19 due to risks associated with exposure to patients and each other.

Complaints resolution

Pharmacy services in Alberta are generally provided in a safe and effective manner, contributing to the health and well-being of the individuals and communities they serve. There are times, however, when pharmacy teams fail to meet expectations. This may result in individuals, regulated health professionals, or other stakeholders voicing concern to the college about the practices of some pharmacists or pharmacy technicians.

ACP has responsibility and authority under the *Health Professions Act* (HPA) to enforce ethical conduct and standards of practice to protect the public's health and well-being. ACP makes every effort to resolve complaints in a timely, thorough, and fair way, while remaining transparent in our processes and accountable to the public.

Concerns brought forward to ACP are categorized as follows:

- Issues of public concern – issues that are resolved by ACP through direct collaboration with the complainant and the respondent.
- Formal complaints – more serious matters that require formal investigation. Common characteristics of formal complaints include the alleged conduct being intentional, having the potential to cause public harm, practices that are clearly outside the range of accepted standards, or a demonstration of an incapacity to practice.

Where possible, ACP uses a quality improvement approach to resolve concerns, with a focus on identifying and removing risk, and changing behaviours to minimize the probability of a future occurrence.

Formal complaints are investigated by ACP's complaints director through authority granted under Part 4 of the HPA. Through the investigation, a first priority is to resolve any risk that may be apparent to a patient or the general public. In some instances, remedial or disciplinary action is required.

Highlights and trends

This year, ACP received 46 formal complaints, a reduction from 100 in 2019. Of those 46, six were still under investigation as of December 31, 2020. The

impact of COVID-19 and a focus by all parties to address matters outside of the formal complaints arena each contributed to the reduction in formal complaints submitted to the college. In 2019, 12 formal complaints were submitted by one registrant which were dismissed as an abuse of the complaints process; however, they were still included as formal complaints for that year. This year, there were fewer complaints from third-party insurers as compared to the previous year.

There was a significant increase in the number of allegations (formal complaints) received about unauthorized use and disclosure of patient health information. In 2020, ACP received eight formal complaints from members of the public, pharmacy employers, and Alberta Health about pharmacists' use—and in some instances disclosure—of patient health information from the electronic health record (Netcare).

Five notices were received from pharmacist/pharmacy technician employers and treated as formal complaints, as required in section 57 of the HPA. Section 57(1) of the HPA states

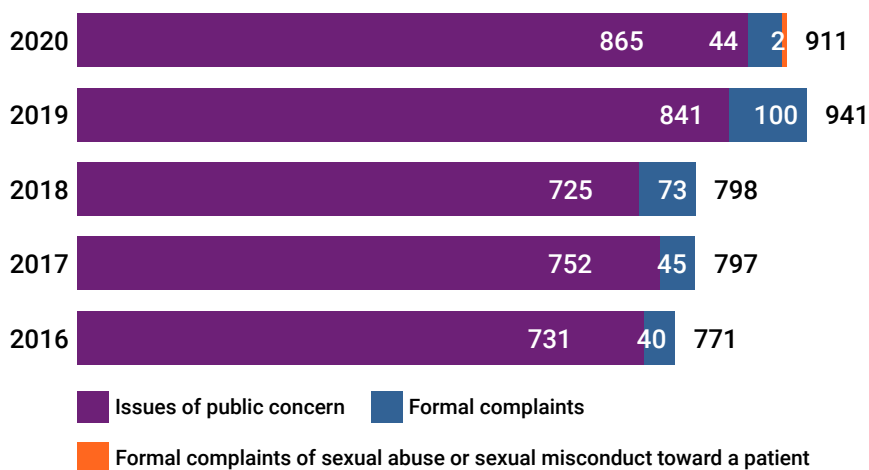
57(1) If, because of conduct that in the opinion of the employer is unprofessional conduct, the employment of a regulated member is terminated or suspended or the regulated member resigns, the employer must, as soon as reasonably possible, give notice of that conduct to the complaints director.

Three formal complaints were received about pharmacists' noncompliance with ACP's COVID-19 guidelines. These matters were all resolved by the complaints director through education and undertakings.

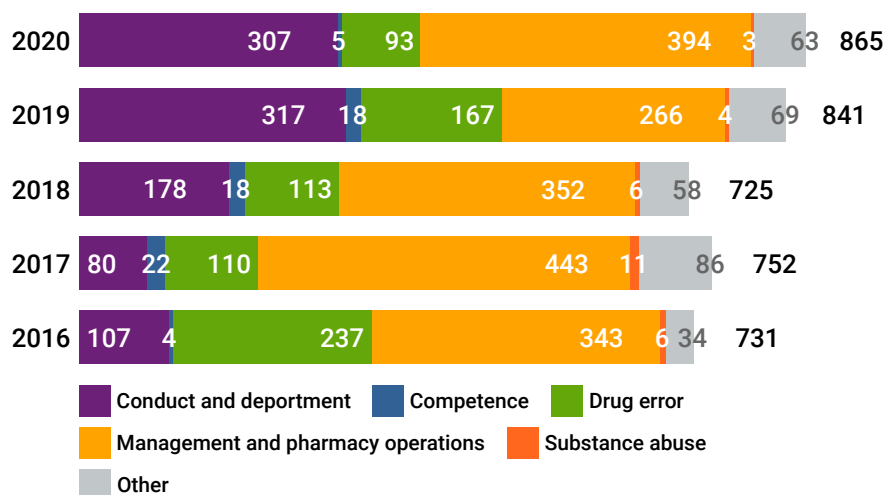
Through ACP's formal complaint process, very few matters involved unskilled practice, lack of judgement, or drug errors. Most complaints alleged the intentional, unprofessional conduct of registrants.

In 2020, the complaints director continued the direction for two registrants to cease providing professional services due to "incapacity*." ACP did not conduct any new incapacity assessments this year.

Complaints received

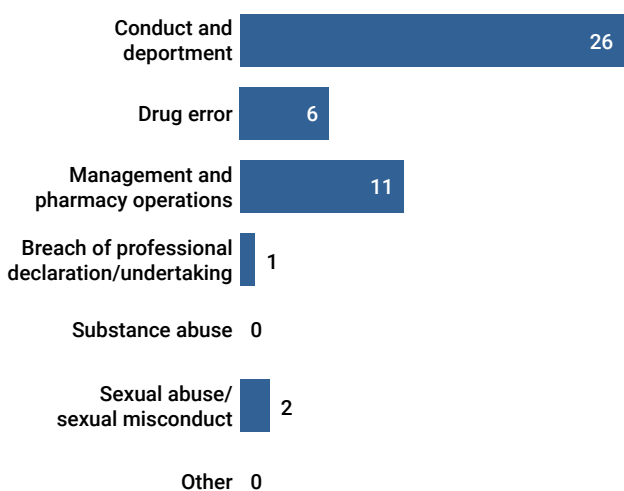


Issues of public concern by type



Formal complaints by type

Of the 46 received in 2020:



In 2020, ACP received two formal complaints alleging registrants of sexual abuse or sexual misconduct toward a patient. In both cases, the complainant accessed the college's patient relations program, which is made available as a requirement of the HPA. The program offers support to patients who come forward with complaints of sexual abuse or sexual misconduct by a pharmacist or pharmacy technician.

*Section 118 of the HPA indicates that if a complaints director has grounds to believe that a regulated member is incapacitated, whether or not a complaint has been made, the complaints director may direct the regulated member to submit to specified physical or mental examinations and to cease providing professional services until such time as the capacity assessment report is received and the complaints director is satisfied the regulated member is no longer incapacitated.

Hearings

ACP held eight disciplinary hearings in 2020, compared to 18 the previous year. All hearings heard by a Hearing Tribunal were open to the public, except for portions of some when personal health information was disclosed.

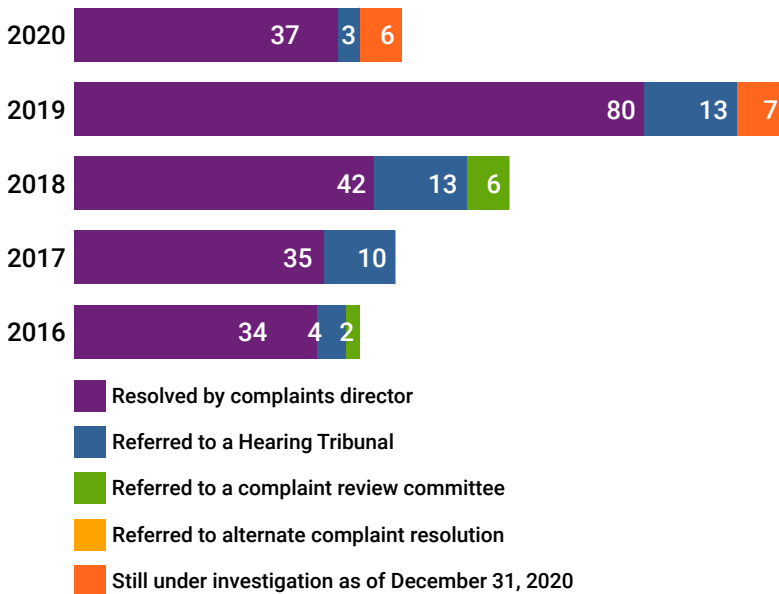
Seven of the eight hearings were completed by video conference due to COVID-19 public health restrictions. Another hearing began in 2020 and will continue in 2021 and is therefore not included in the “completed” count above. One additional hearing was scheduled to be completed in 2020 but was adjourned to January 2021 due to a sudden COVID-19-related isolation requirement of one party to the hearing.

Hearings were held in January 2020 to consider the two appeals received in 2019. The first appeal upheld all four initial findings of unprofessional conduct but dismissed the finding of failing to cooperate with the investigation, an allegation that was added during the original hearing. The second appeal decision upheld all findings of

unprofessional conduct in its entirety. The appellant in this case has subsequently filed to the Alberta Court of Appeal; this hearing is now scheduled in June 2021.

All hearing notices and information about attending a hearing were posted on ACP’s website. Hearing decisions and orders are posted for 10 years from the date of decision on sanction.

Final disposition of complaints



Completed hearings, appeals, and reviews

Hearings	8
Appeal of Hearing Tribunal to Council	0
Appeal of S.118 decision to Council	0
Complaint review committee	0

Competence

Pharmacists and pharmacy technicians (registrants) are required to participate in ACP's Continuing Competence Program (CCP). Participating in the program allows registrants to grow professionally and keep up with new knowledge and changes in standards, guidelines, legislation, technology, and emerging trends in public expectations and pharmacy practice.

In a typical year, the requirements of the CCP are as follows:

1. Complete a minimum of 15 continuing education units (CEUs, equal to one hour of learning) and record all learning on one or more learning record(s).
2. Implement at least one CEU equivalent of learning into their practice and document this on an implementation record.
3. Complete any prescribed learning activity that has been assigned by the competence committee.

Contracted peer assessors audit a percentage of submitted portfolios (online record of the CEUs completed and an implementation record), as determined by Council, to ensure that registrants have met their CCP requirements. Based on the audit results, registrants are placed in one of four categories. Those who have met the requirements are placed in Category 1. Those who have minor deficiencies in their portfolios are placed in Category 2. For these registrants, peer assessors provide feedback to be applied to the registrant's portfolio the following year, which will once again be audited.

Registrants who had more significant gaps in their professional portfolios are placed in Category 3 or 4. These registrants must complete a new portfolio incorporating the feedback provided by peer assessors and complete any additional activities directed by the competence committee. The new portfolio will be audited. The additional activities can include webinars, courses, reflections, self-assessments, and may progress to practice visits.

ACP is developing a program to enhance opportunities for practice improvement by registrants who demonstrate practice and/or competence deficiencies. The program

will identify the registrant's practice strengths and weaknesses, and include observation, reflection, application, coaching, and assessment. Peer coaching elements of the program were piloted in 2018 and 2019 and another is planned for 2021.

COVID-19 accommodations

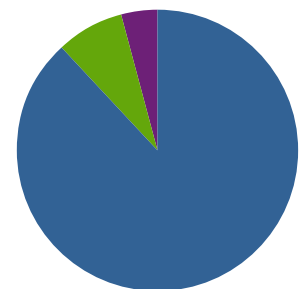
In recognizing the impact of the pandemic on pharmacy team members, ACP Council approved temporary accommodations to the CCP requirements for both pharmacists and pharmacy technicians.

This year, most registrants were required to document a minimum of eight CEUs in one or more learning record(s) and complete the prescribed learning activity for the 2019-20 Continuing Education (CE) cycle. Most registrants did not have to complete implementation records.

Registrants who were placed in Category 2, 3, or 4, and others who had to complete any additional activities directed by the competence committee were required to complete the activities. This included completion of the regular CCP requirements (listed above). These registrants were also subject to an audit of their portfolio by the competence committee. All other registrants were subject to an administrative audit to ensure compliance with the accommodated requirements approved by Council.

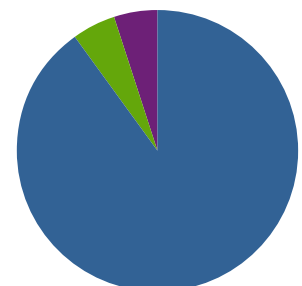
Pharmacists audited (130 total)

- 115 met or exceeded expectations
- 11 minor deficiencies
- 4 referred to competence committee



Pharmacy technicians audited (20 total)

- 18 met or exceeded expectations
- 1 minor deficiency
- 1 referred to competence committee

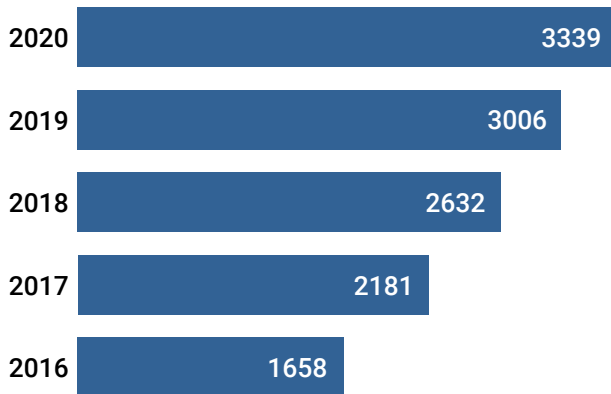


ACP’s competence team took a compassionate approach throughout the pandemic by providing accommodations where possible. The college was mindful and respectful of the pressures on registrants due to their increased workloads and demands and life changes both personally and professionally.

Additional authorizations

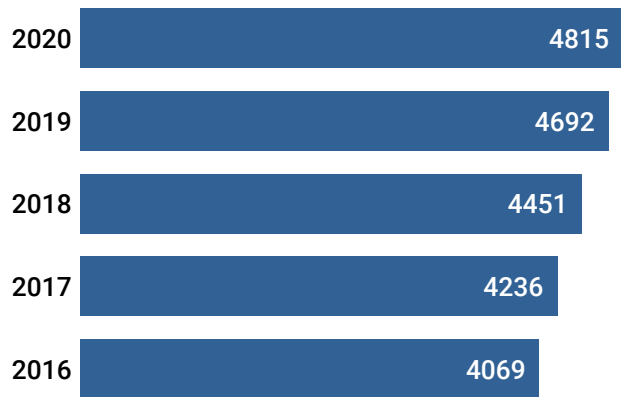
All pharmacists on ACP's clinical register may adapt prescriptions and prescribe in an emergency; however only pharmacists who demonstrate that they have met further requirements outlined in the Pharmacists and Pharmacy Technicians Profession Regulation may initiate prescriptions or prescribe to manage ongoing therapy.

Pharmacists with additional prescribing authorization



Pharmacists in Alberta are also authorized to administer injections once they complete an accredited immunization and injection training program and acquire first aid and CPR certifications.

Pharmacists authorized to administer drugs by injection



Required learning

All regulated members are required, by legislation, to complete ACP’s online course: Standards of Practice: Sexual abuse and sexual misconduct (SA/SM). The course educates regulated members about ACP’s standards, focusing on key definitions, mitigating risk, relationships between regulated members, and expectations of the college and regulated members.

The competence team also worked with the Alberta Federation of Regulated Health Professions (AFRHP) to distribute a mandatory course to educate regulated members about amendments to the *Health Professions Act* addressing SA/SM including its mandatory reporting requirements and the consequences of SA/SM toward a patient. Regulated members must complete both courses by May 31, 2021. Completion of both courses will help regulated members understand what is expected of them and how to hold themselves and others accountable in ensuring the dignity and rights of patients are respected.



Independent auditors' report

To the Council of the Alberta College of Pharmacy

Opinion

We have audited the financial statements of the Alberta College of Pharmacy which comprise:

- the statement of financial position as at December 31, 2020
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Alberta College of Pharmacy at December 31, 2020, and its results of operations and cash flows for the year then ended in accordance with Canadian accounting standards for not for profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “Auditors’ Responsibilities for the Audit of the Financial Statements” section of our auditors’ report.

We are independent of the Alberta College of Pharmacy in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not for profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Alberta College of Pharmacy's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Alberta College of Pharmacy or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Alberta College of Pharmacy's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

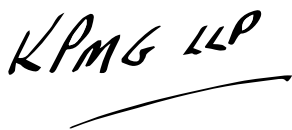
Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
- The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Alberta College of Pharmacy's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Alberta College of Pharmacy's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Alberta College of Pharmacy to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

The logo for KPMG LLP, featuring the letters 'KPMG' in a large, bold, sans-serif font, with 'LLP' in a smaller font to the right. A horizontal line is drawn underneath the letters.

Chartered Professional Accountants
Edmonton, Canada
March 25, 2021


Statement of Financial Position

December 31, 2020, with comparative information for 2019

	2020	2019
Assets		
Current assets:		
Cash	\$ 507,607	\$ 625,092
Investments (note 2)	9,919,149	9,279,074
Accounts receivable (note 3)	61,904	62,501
Prepaid expenses	100,847	99,720
	10,589,507	10,066,387
Legal fees recoverable (note 4)	463,518	185,811
Property and equipment (note 5)	1,253,768	1,023,436
	\$ 12,306,793	\$ 11,275,634
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 232,982	\$ 296,403
Deferred revenue (note 6)	4,635,961	4,198,835
Current portion of deferred lease inducement (note 7)	56,737	76,606
	4,925,680	4,571,844
Deferred lease inducement (note 7)	276,514	333,251
Net assets:		
Invested in property and equipment	920,517	613,579
Internally restricted (note 8)	1,886,000	2,186,000
Unrestricted	4,298,082	3,570,960
	7,104,599	6,370,539
Commitments and contingencies (note 10)		
Impact of COVID 19 (note 12)		
	\$ 12,306,793	\$ 11,275,634

See accompanying notes to financial statements.

On behalf of the Council:


Dana Lyons
Councilor

Fayaz Rajabali
Councilor

ALBERTA COLLEGE OF PHARMACY

Statements of Operations

Year ended December 31, 2020, with comparative information for 2019

	2020	2019
Revenue:		
Registration, annual permit and license fees (note 6)	\$ 8,369,552	\$ 7,782,447
Legal fees assessed (note 4)	500,802	463,665
Investment income (note 9)	375,252	587,351
Other income	271,739	176,933
Prescribing application fee	132,328	185,100
Grant income (note 12)	43,000	-
	9,692,673	9,195,496
Expenditures:		
Operations (note 7)	2,626,839	2,494,424
Complaints resolution (note 4)	1,333,325	1,710,568
Professional practice	1,547,010	1,563,591
Registration and licensure	1,076,279	1,122,837
Competence	799,628	727,325
Communications	581,987	563,937
Governance and legislation	572,256	757,166
Amortization	244,738	222,339
Partnership administration	176,551	201,840
	8,958,613	9,364,027
Excess (deficiency) of revenue over expenditures	\$ 734,060	\$ (168,531)

See accompanying notes to financial statements.

Statements of Changes in Net Assets

Year ended December 31, 2020, with comparative information for 2019

	Invested in property and equipment	Internally restricted (note 8)	Unrestricted	2020	2019
Balance, beginning of year	\$ 613,579	\$ 2,186,000	\$ 3,570,960	\$ 6,370,539	\$ 6,539,070
Excess (deficiency) of revenue over expenditures	(162,686)	-	896,746	734,060	(168,531)
Investments in IT	443,544	-	(443,544)	-	-
Investment in property and equipment, net	26,080	-	(26,080)	-	-
Transfers, net (note 8)	-	(300,000)	300,000	-	-
	\$ 920,517	\$ 1,886,000	4,298,082	7,104,599	6,370,539

See accompanying notes to financial statements.

ALBERTA COLLEGE OF PHARMACY

Statement of Cash Flows

December 31, 2020, with comparative information for 2019

	2020	2019
Cash provided by (used in):		
Operations:		
Excess (deficiency) of revenue over expenditures	\$ 734,060	\$ (168,531)
Items not involving cash:		
Amortization	244,738	222,339
(Gain) loss on disposal of property and equipment	(5,446)	1,393
Realized gains on investments	(44,465)	-
Unrealized gains on investments	(128,935)	(351,095)
Amortization of deferred lease inducement	(76,606)	(58,172)
Allowance for doubtful accounts	-	338,485
Change in non-cash operating working capital:		
Decrease (increase) in accounts receivable	597	(3,906)
Increase in prepaid expenses	(1,127)	(5,593)
Increase in legal fees recoverable	(277,707)	(318,190)
Increase (decrease) in accounts payable and accrued liabilities	(63,421)	127,209
Increase in deferred revenue	437,126	229,391
Increase in deferred lease inducements	-	368,685
	818,814	382,015
Investing:		
Withdrawals of investments, net of purchases	(466,675)	120,563
Proceeds on disposal of property and equipment	8,887	3,861
Purchase of property and equipment	(478,511)	(601,065)
	(936,299)	(476,641)
Decrease in cash	(117,485)	(94,626)
Cash, beginning of year	625,092	719,718
Cash, end of year	\$ 507,607	\$ 625,092

See accompanying notes to financial statements.

Notes to Financial Statements

Year ended December 31, 2020

The Alberta College of Pharmacy ("ACP") is constituted under the Health Professions Act ("HPA") to govern its regulated members in a manner that protects and serves the public interest.

ACP governs pharmacists, pharmacy technicians, and pharmacies in Alberta to serve, support, and protect the public's health and well being. Its vision is healthy Albertans through excellence in pharmacy practice. It does this through the following key lines of work:

- Registration - ensuring that only qualified pharmacists and pharmacy technicians are licensed, and that all pharmacies provide a practice environment that supports quality practice and patient safety.
- Competence - ensuring that all pharmacy professionals continue active learning to maintain their knowledge and skills at the highest level possible.
- Professional practice - supporting pharmacy professionals in meeting and exceeding the standards of practice, with the goal of providing quality care to patients.
- Complaints resolution - managing the complaints resolution process related to pharmacists, pharmacy technicians, and pharmacies.

ACP is a non profit organization and accordingly, is exempt from payment of income taxes.

1. Significant accounting policies:

ACP follows Canadian accounting standards for not for profit organizations, which is Part III of the CPA Canada Handbook Accounting, in preparing its financial statements. ACP's significant accounting policies are as follows:

a. Revenue recognition:

Revenues from registration, annual permit and license fees, and revenues earned from prescribing application fees are recognized in the year in which the related services are provided, the amount to be received or receivable can be reasonably estimated, and collection is reasonably assured.

Investment income includes dividend and interest income, realized gains and losses on investments and unrealized gains and losses on investments and is recognized as it is earned.

Legal fees assessed and other income are recognized as revenue when the amount to be received or receivable can be reasonably estimated and collection is reasonably assured.

ACP applies for financial assistance under available government programs. Government assistance is recognized as grant revenue in the year which the related expenses are incurred.

b. Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Equity instruments that are quoted in an active market are subsequently measured at fair value. All other financial instruments are subsequently recorded at cost or amortized cost, unless management has elected to carry the instruments at fair value. ACP has elected to carry its fixed income securities at fair value.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred.

Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment. If there is an indicator of impairment, ACP determines if there is a significant adverse change in the expected amount of timing of future cash flows, the carrying value of the financial asset is reduced to the highest of the present value of the expected cash flows, the amount that could be realized from selling the financial asset or the amount ACP expects to realize by exercising its right to any collateral. If events and circumstances reverse in a future period, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial carrying value.

c. Property and equipment:

Property and equipment are recorded at cost, less accumulated amortization. ACP provides amortization on its property and equipment using the following methods and annual rates:

Asset	Basis	Rate
Furniture and equipment	Declining balance	20%
Automotive equipment	Declining balance	30%
Computer equipment	Declining balance	30%
Website development	Declining balance	30%
Continuing competence module	Declining balance	30%
Leasehold improvements	Straight-line	Term of lease
Information management system	Straight-line	10 years
Structured practical training module	Declining balance	30%

Assets under development are not amortized until the asset is available for use.

Property and equipment are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable and exceeds its fair value.

Notes to Financial Statements (continued)

Year ended December 31, 2020

d. Leases:

Leases are classified as either capital or operating leases. Leases that transfer substantially all of the benefits and inherent risks of ownership of property to the Organization are accounted for as capital leases. At the inception of the capital lease, an asset is recorded together with its related long term obligation to reflect the acquisition and financing. All other leases are accounted for as operating leases.

Lease inducements received for the purchase of capital assets are recognized as reductions in amortization expense on a straight line basis over the term of the related lease. Deferred lease inducements represent the unamortized value of tenant inducements.

e. Use of estimates:

The preparation of the financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Significant items subject to such estimates and assumptions include the provision for doubtful accounts receivable, the valuation of legal fees recoverable and the carrying amount and useful life of property and equipment. Actual results could differ from those estimates.

2. Investments:

	2020	2019
Cash	\$ 2,018,507	\$ 15,874
Accrued interest receivable	171,335	152,356
Canadian investment savings accounts and money market funds	531,183	2,390,692
Foreign investment savings accounts and money market funds	99,350	67,485
Canadian equities	1,095,667	1,203,882
Foreign equities	1,424,143	1,248,887
Guaranteed Investment Certificates with interest rates ranging from 0.6% to 3.31% (2019 1.60% to 3.31%) and maturity dates ranging from March 2021 to October 2024 (2019 June 2020 to October 2024)	4,578,964	4,199,898
	\$ 9,919,149	\$ 9,279,074

3. Accounts receivable:

Included in accounts receivable are government remittances receivable of \$9,400 (2019 - \$13,172), which includes amounts for GST.

4. Legal fees recoverable:

During the year, ACP assessed legal fees of \$214,269 that were deemed not collectable and are not recorded as legal fees recoverable. In 2019, ACP recorded \$338,485 in bad debt expense, which is included in complaints resolution on the statements of operations, for assessments that were recorded as legal fees recoverable and subsequently deemed to be uncollectable.

5. Property and equipment:

			2020			2019
	Cost	Accumulated amortization	Net book value	Net book value		
Furniture and equipment	\$ 330,762	\$ 237,644	\$ 93,118	\$ 116,397		
Automotive equipment	155,074	101,895	53,179	76,846		
Computer equipment	309,448	206,181	103,267	116,385		
Website development	85,157	78,144	7,013	10,019		
Continuing competence module	26,000	22,432	3,568	5,097		
Leasehold improvements	892,776	535,593	357,183	447,156		
Information management system	806,346	174,948	631,398	244,333		
Structured practical training module	21,000	15,958	5,042	7,203		
	\$ 2,626,563	\$ 1,372,795	\$ 1,253,768	\$ 1,023,436		

Notes to Financial Statements (continued)

Year ended December 31, 2020

6. Deferred revenue:

	2020	2019
Deferred permit and license fees, beginning of year	\$ 4,198,835	\$ 3,969,444
Amounts received during the year	8,806,678	8,011,838
Amounts recognized as revenue during the year	(8,369,552)	(7,782,447)
Deferred permit and license fees, end of year	\$ 4,635,961	\$ 4,198,835

7. Deferred lease inducement:

	2020	2019
Deferred lease inducement, beginning of year	\$ 409,857	\$ 99,344
Amounts recognized against operations expenditures during the year	(76,606)	(58,172)
Deferred lease inducement recognized in the year	-	368,685
Deferred lease inducement	333,251	409,857
Current portion of deferred lease inducement	56,737	76,606
Deferred lease inducement, end of year	\$ 276,514	\$ 333,251

8. Internally restricted net assets:

ACP has established the following reserve funds which shall be maintained at these levels per Council policies:

	2020		2019
Information technology	\$ 800,000	\$	800,000
Non recurring legal costs	500,000		500,000
Capital expenditures	300,000		300,000
Practice research	250,000		250,000
Patient relations program	36,000		36,000
Unexpected expenses	-		300,000
	\$ 1,886,000	\$	2,186,000

During the year, the Council approved the elimination of the unexpected expenses reserve of \$300,000 on the basis that sufficient funds are available in unrestricted net assets.

9. Investment income:

	2020		2019
Unrealized gains on investments	\$ 128,935	\$	351,095
Interest	125,340		149,455
Dividends	76,512		86,801
Realized gains on investments	44,465		-
	\$ 375,252	\$	587,351

Notes to Financial Statements (continued)

Year ended December 31, 2020

10. Commitments and contingencies:

ACP is committed to certain operating leases and contracts, as follows:

	a. Premises	b. Equipment	c. Service Agreements	Total
2021	\$ 245,760	\$ 6,379	\$ 468,914	\$ 721,053
2022	245,760	-	230,548	476,308
2023	245,760	-	-	245,760
2024	255,318	-	-	255,318
2025 and thereafter	1,191,942	-	-	1,191,942
	\$ 2,184,540	\$ 6,379	\$ 699,462	\$ 2,693,966

- a. ACP has an operating lease for its office premises which expires June 2029 and a term parking agreement which extends to the end of the operating lease. ACP is responsible for their proportionate share of operating costs related to the office premises lease.
- b. ACP leases a photocopier with a related service contract that expires in 2021.
- c. ACP entered into a contract in the year for the ongoing development and completion of their information management system and the contract term is expected to terminate in August 2021. ACP also has two software maintenance and support contracts which expire December 2021 and an extended contract for the hosting of its information management system which expires May 2022. ACP entered into a contract for a data replication tool to support the information management system, which expires January 2023.

ACP is also financially committed to a partnership with the National Association of Pharmacy Regulatory Authorities (NAPRA), who provides services complementary to ACP's mandate. The funds transferred to this partnership are reflected in Partnership Administration.

11. Financial risks:

a. Credit risk:

Credit risk is the risk of financial loss to ACP if a customer or party to a financial instrument fails to meet its obligation and arises principally from ACP's accounts receivable and legal fees recoverable. The maximum amount of credit risk exposure is limited to the carrying value of the balances disclosed in these financial statements. ACP monitors the aging of trade receivables and legal fees recoverable and an allowance for credit losses is provided in the period in which the losses become known. The allowance for doubtful accounts as at December 31, 2020 is \$nil (2019 - \$338,485). There has been no change to credit risk exposure from the prior year.

b. Price risk:

Income and financial returns on investments are exposed to price risks. Price risk is comprised of interest rate, foreign exchange and market risk. Interest rate risk relates to the possibility that the investments will change in value due to the future fluctuations in market interest rates. Foreign exchange risk relates to the possibility that the investments will change in value due to fluctuations in foreign currencies. Market risk relates to the possibility that the investments will change in value due to future fluctuations in market place.

These risks are managed by ACP's investment policies, which prescribe the investment asset mix including the degree of liquidity and concentration and the amount of foreign content. In addition, ACP manages its interest rate, credit and currency risk by engaging a professional investment advisor to manage its marketable securities portfolio. There has been no change to price risk exposure from the prior year.

Notes to Financial Statements (continued)

Year ended December 31, 2020

12. Impact of COVID 19:

In March 2020, the COVID 19 outbreak was declared a pandemic by the World Health Organization. This has resulted in the Canadian and Provincial governments enacting emergency measures to combat the spread of the virus. In response to the pandemic, ACP applied for and received \$25,000 from the Temporary Wage Subsidy Program ("TWS"), which is included within government grants in the statement of operations.

With the continually evolving emergency measures in Alberta and Canada as well as the approval of certain vaccines for use, ACP continues to monitor and assess the effect that COVID 19 will have on its operations. The emergency measures continue to impact many businesses, with the ultimate duration and impact being unknown.

13. Comparative amounts:

The financial statements have been reclassified, where applicable, to conform to the presentation used in the current year. The changes do not affect prior year earnings.

ACP Awards

Leadership Development Award

Awarded to a third- or fourth-year pharmacist student at the University of Alberta's Faculty of Pharmacy and Pharmaceutical Sciences who has demonstrated exemplary professionalism, leadership, and citizenship.

2020 recipient - Jessica Buhler



ACP Gold Medal

Awarded to the graduating pharmacist student from the University of Alberta's Faculty of Pharmacy and Pharmaceutical Sciences with the highest academic standing.

2020 recipient - Trina Gartke



APEX Awards

The Alberta Pharmacy Excellence (APEX) Awards recognize excellence in pharmacy practice in Alberta. Initiated in 2007, the awards are jointly funded, promoted, and presented by the Alberta College of Pharmacy (ACP) and the Alberta Pharmacists' Association (RxA). The awards were presented via a virtual celebration this year.



Award of Excellence

Awarded to a pharmacist for their exceptional work, commitment, and innovation in making a notable contribution to pharmacy and the community through a single unique accomplishment or contribution.

Taciana Pereira

Program Performance and Informatics Director, Pharmacy Services, Alberta Health Services

Taciana has been a key contributor to the planning and launch of Connect Care, a new platform that will give healthcare providers a central access point for more complete, up-to-date patient information, provide patients better access to their own information, and make it easier for healthcare providers to communicate with patients and each other.

She is an advocate for the inclusion of pharmacists, and also advocates for patients across the province by creating opportunities for collaborative care to provide the best possible treatments for medical conditions.



M.J. Huston Pharmacist of Distinction

Awarded to a pharmacist who has demonstrated leadership and advanced the pharmacist profession through a long-time commitment to innovation, continual professional development, and quality patient care.

Jenny Wichart

Clinical Practice Leader, Alberta Health Services

Jenny works in pediatric nephrology and transplant at the Alberta Children's Hospital, and participates in transplant research as an investigator for a multi-centre study dealing with transplant education. Throughout her clinical work, Jenny works directly with patients and their families to maximize healthcare outcomes and create positive healthcare experiences. She is also an active preceptor and takes on students and trainees for rotations.

Future of Pharmacy

Awarded to up to three pharmacists per year who have been in practice less than five years and who exhibit strong leadership skills, the initiative to become a role model, and offer extraordinary promise to the profession.

Choi Chung

Pharmacy Manager, Mint Health + Drugs

Choi has found passion for serving and mentoring members of Edmonton's Boyle Street and Boyle McCauley communities, as well as fostering the self-care and well-being of his own pharmacy team. He has conducted extensive work with both the George Spady Society's Detox, Shelter and Place of Dignity program and Ambrose Place.



Colter Young

Pharmacy Manager, Shoppers Drug Mart #3034

Colter works with vulnerable populations as part of the Shoppers Drug Mart-AHS Opioid Dependency Program (ODP) satellite pharmacy in downtown Edmonton. He co-created the CHOICE (Coordinated Hepatitis C and Opioid Dependency Intervention in a Community Environment) Program, allowing patients instant access to screening when they came in for their OST dosing.



Klaudia Zabrzenski

ACE Program Lead, Mint Health + Drugs

Klaudia co-developed the framework for a unique pharmacist-led outreach model, which led to the creation of Edmonton's Adherence and Community Engagement (ACE) Team. ACE brings care to people where they are in the community, recognizing the barriers that can exist in accessing conventional healthcare for those living with homelessness, substance use disorders, HIV, hepatitis C, and mental health disorders.



W.L. Boddy Pharmacy Team Award

Awarded to a healthcare team (pharmacy staff team or multidisciplinary team that includes one or more pharmacists) who, by virtue of their collaboration skills and use of the pharmacist's full scope of practice, positively impact the health of individuals in their community.



Left to right: Ramneet Sandhu (pharmacy assistant), Karyann Dorn (pharmacy technician), Lauren Mark (pharmacist), Andrew Noh (pharmacist), Biena Puthenpurackal (pharmacy assistant)

Mint Health + Drugs, Franklin Station

The Mint Health + Drugs team operates the pharmacy located in the Alex Community Health Centre, a community hub offering clinical and social care to Calgary's most vulnerable. The Franklin Station team has established themselves as clinicians in important areas such as chronic disease management, liver health, smoking cessation, minor ailments, and vaccinations, and has worked to improve medication management and medication safety protocols across many of the Alex's programs.



ACP's framework for professionalism establishes common understandings of professionalism and what it means to be a pharmacy professional.

The framework consists of six tenets of professionalism—ideals that all pharmacy professionals embody.

To learn more, visit

understandingprofessionalism.com

acp

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