



Alberta
College of
Pharmacy

2021-22 Annual Report



Damion Barnes
Pharmacist, Leduc

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.

Visit us online at abpharmacy.ca

Email us at info@abpharmacy.ca

Follow us on   

Sections

- 1 Message from the president and registrar
- 2 Council
- 6 Highlights
- 16 Accountable to you
 - 17 Registration
 - 20 Professional practice
 - 23 Complaints resolution
 - 26 Competence
- 28 Auditor's report
- 32 Awards

Feature articles

- 4 PharmD dream comes true
- 9 Virtual visits
- 13 Licensed to lead

The 2021-22 Annual Report presents highlights of Alberta College of Pharmacy (ACP) initiatives from March 1, 2021, to February 28, 2022.

Message from the president and registrar

COVID-19 has burdened all Albertans. Everyone has been affected personally and emotionally, many physically and professionally. Knowledge and misinformation have collided, inviting tension and lapses in trust within families, friends, and our communities.

The altruism of pharmacists and pharmacy technicians has shone during the pandemic. Collectively, they stepped forward to serve the needs of individuals, families, and our communities, accepting risk and often placing their professional responsibilities before their personal interests. Pharmacy teams shifted to accept new responsibilities, to



Peter Macek, President

do things differently, and to ensure continued access to public health, primary health, and acute care needs. This was enabled through adaptive leadership at all levels, where policies and guidance were perpetually evolving in the interest of protecting the patients they serve, other health providers, and pharmacy teams. This extraordinary commitment has been driven by hope—hope for Albertans to stay well, hope for the recovery of those inflicted by COVID-19, and hope by all of us that a future is near that will allow for the social interactions we previously enjoyed.

“Hope, at its heart, is a perception. Unlike most perceptions, however, this one has the possibility of creating reality. Far from being naive positive thinking, hope is a realistic, yet forward-looking set of beliefs that drives our efforts to bring about a better future. As Barack Obama expressed in the title of his book *The Audacity of Hope* (2006), hope is audacious. It involves taking a cold, hard look at reality, but nonetheless being bold enough to believe that a better future is possible.”¹



Greg Eberhart, Registrar

COVID-19 has not defined hope, but it is apparent that all of us have relied on hope. This is an important moment for all of us to reflect on hope and why it is important. Hope is innate to every individual who pharmacy teams serve. They arrive with hope and look forward to our commitment to being in “their moment” to use our knowledge and skills to support their health journey. They rely on hope as the inspiration that their health will be well enough to live the lives they wish to lead, and to do the things they wish to do.

Our annual report includes stories and illustrates efforts of our college during 2021 to bring hope to Albertans, through every experience they have with their pharmacy team. This is a single chapter in a longer story, one where our college aspires for “Healthy Albertans through excellence in pharmacy practice.”

A handwritten signature in black ink, appearing to be 'P. Macek'.

Peter Macek
President

A handwritten signature in black ink, appearing to be 'G. Eberhart'.

Greg Eberhart
Registrar

¹ Corn, Benjamin W. and David B. Feldman; “Hope is not optimism,” *Aeon*, January 20, 2022

Council

ACP Council governs the practice of pharmacists and pharmacy technicians (regulated members) 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 patients’ health goals being met through the appropriate use of drug therapy. As of April 1, 2021, ACP Council consists of 50 per cent regulated members (five pharmacists and two pharmacy technicians) elected by their peers, and 50 per cent public members, appointed by the Minister of Health.



Peter Macek
President
Pharmacist - District 1



Dana Lyons
Past President
Pharmacy Technician - District B



Irene Pfeiffer
President-Elect
Public Member



Carmen Wyton
Executive Member at Large
Public Member



Patrick Zachar
Councillor
Pharmacist - District 2



Fayaz Rajabali
Councillor
Pharmacist - District 3



Stan Dyjur
Councillor
Pharmacist - District 4



Shereen Elsayad
Councillor
Pharmacist - District 5



Laura Miskimins
Councillor
Pharmacy Technician - District A



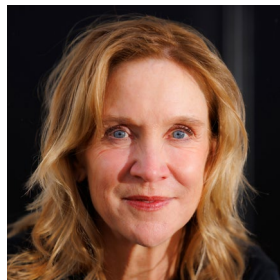
Aquaeno Ekanem
Public Member



Christine Maligec
Public Member



Deb Manz
Public Member



Jane Wachowich
Public Member



Jason West
Public Member

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

This year, most of Council's business was conducted virtually, with one in-person meeting held in Edmonton in December 2021.

A primary focus of Council is implementing the 2021-25 strategic plan. The plan includes five strategic goals:

1. All applicants are ready to practise pharmacy in Alberta's health system.
2. There is a modern and relevant framework to regulate pharmacy practice.
3. Licensees are qualified and held responsible for practice in their pharmacy.
4. Data intelligence is used by registrants and the college to make more informed decisions.
5. Registrants identified as not being able to meet practice expectations demonstrate practice improvement.

The college delivered on the following six priorities during 2021, each being foundational to the long-term plan:

- implemented a new governance structure, including on-boarding new public members, orientation, and board development;
- completed implementing the Standards for Compounding Non-Hazardous and Hazardous Sterile Preparations and Standards for Pharmacy Compounding of Non-Sterile Preparations to meet the July 1, 2021, implementation deadline;
- initiated a plan to restructure and redevelop the Standards of Practice for Pharmacists and Pharmacy Technicians and the Standards for the Operation of Licensed Pharmacies;
- supported the piloting of a bridging program for internationally educated pharmacist graduates (IEPGs) delivered by the University of Alberta's Faculty of Pharmacy and Pharmaceutical Sciences;
- implemented changes resulting from amendments to the *Health Professions Act*, and pursued amendments to the *Pharmacy and Drug Act* and its regulations; and
- continued development, data migration, integration, and testing of ACP's new information management system.

PharmD dream comes true

Completing U of A's PharmD for Practicing Pharmacists program leads to improved patient care.

Growing up in Jamaica, Damion Barnes dreamed of becoming a teacher. He also had a passion for science and studied pharmacy with the goal of one day becoming a university instructor. He practised as a pharmacist for four years in Jamaica, working full-time in a hospital and part-time in a community pharmacy. He also served as chair of the Drugs and Therapeutics Committee at the hospital he worked at in St. Ann's Bay, Jamaica, precepted aspiring pharmacists, and taught pharmacy technician students. You could say when it came to pharmacy in Jamaica, he had his hand in everything.

"Pharmacy practice in Jamaica is different than in Alberta," said Damion, now a community pharmacist in Leduc. "I don't think a lot of countries have a comparable scope of practice to Alberta when you think of prescribing, adapting prescriptions, and administering injections."

Damion followed up his time in Jamaica with a two-year stint as a hospital pharmacist in the British Virgin Islands, but his dream of earning his Doctor of Pharmacy (PharmD) beckoned.

When he was ready to enroll in a PharmD program, Damion looked north. Way north. He had previously visited Canada; he loved the landscapes and the warmth of the people. He discovered that the University of Alberta's (U of A) PharmD for Practicing Pharmacists program was highly regarded with impressive testimonials from graduates. To him, the choice was obvious.

Two years before landing in Canada, Damion contacted the

Alberta College of Pharmacy (ACP) to get the details of the requirements to register as a pharmacist in Alberta. Upon completing the requirements, Damion began practising in Northern Alberta as a relief community pharmacist. He was then accepted in the PharmD for Practicing Pharmacists program in August 2018. While it was demanding, he was able to successfully balance his practice with his education.

"The flexibility is there to take on reduced hours or work full time while honouring your scholarly obligations. The option is also there to complete the PharmD program within a maximum of five years," he said. "I had a structured timetable which helped me to manage the demands of the program while working as a community pharmacist."

Damion graduated in June 2021. He believes his PharmD education strengthened his critical thinking skills in weighing the pros and cons of a given piece of evidence to make better treatment decisions, which ultimately benefits his patients.



Craig MacAlpine, pharmacy licensee, and Damion Barnes, pharmacist

"I have stronger assessment skills, which enables me to perform better therapeutic evaluations while working alongside patients to set achievable goals," explained Damion. "The program also imparts practical ways to go about measuring these goals."

Overall, he has found that since he completed the program, he is better prepared to meet his patients' needs.



Damion Barnes and patient Lisa Ward

"Certain areas of practice where I had limited knowledge, I now approach with confidence," said Damion. "I am able to conduct an appropriate assessment, devise an action plan for monitoring, and follow up with patients, while working more collaboratively with patients and physicians."

Damion's dream of becoming a university instructor remains alive. He currently precepts U of A pharmacy students, mentors internationally educated pharmacist graduates, and is a part-

time lab facilitator for the U of A's Certificate to Canadian Pharmacy Practice (CCPP) program, a bridging program to help internationally educated pharmacist graduates meet Canadian pharmacy practice standards.

"I like to give back in any way I can," he said. "If I see any opportunities to help internationally educated pharmacist graduates, I'm there. I find it's a way to help others with their journey just as others had helped me."

Damion hopes his experience inspires other internationally educated pharmacist graduates to work towards earning their PharmD which will enhance their ability to meet the expanding needs of their patients. Ultimately, he says, their patients will win.

"As part of a profession that continues to grow," he encourages other pharmacists, "don't be afraid to take the next steps. The PharmD program will help you become a more seasoned pharmacist capable of delivering high-quality patient care."



Highlights

ACP Bylaws amended

Council amended the ACP Bylaws to further address eligibility for nomination for election to Council.

The amendment to the bylaws complements amendments to the *Health Professions Act*. It is intended to mitigate potential role conflicts for individuals providing leadership in advocacy organizations and unions having complementary, but distinct, responsibilities from the college.

New mandatory bridging program for internationally educated pharmacist graduates

ACP supported the Faculty of Pharmacy and Pharmaceutical Sciences at the University of Alberta (U of A) in developing an Alberta bridging program for internationally educated pharmacist graduates (IEPGs).

The U of A's Certificate to Canadian Pharmacy Practice (CCPP) pilot program began in the fall of 2021. The goal of the program is to build upon and further develop knowledge and skills and prepare IEPGs to be competent and confident practitioners, prepared to enter pharmacy practice in Alberta. Transitioning pharmacist practice from one jurisdiction to another can be challenging, especially when moving from one country to another. Completing this program will support this transition by building IEPGs' confidence to use their knowledge and skills to meet the health needs of Albertans. Graduates of the program will be prepared to provide quality and safe person-centred care in Alberta's dynamic healthcare environment and diverse settings across Canada's healthcare system.

As of April 1, 2021, all internationally educated applicants to the provisional pharmacist register are required to enroll in the U of A's CCPP program.

Deadline for complying with compounding standards – July 1, 2021

ACP's Standards for the Pharmacy Compounding of Non-sterile Preparations and the Standards for Pharmacy Compounding of Non-hazardous and Hazardous Sterile Preparations took full effect July 1, 2021. Existing pharmacies had the opportunity to use a phased-in approach to comply with the standards, broken down into three priorities. Pharmacies needed to meet Priority One (assessing risks and gaps) and Priority Two (compounding and cleaning, personnel training, and quality assurance) by January 1, 2020. Priority Three ensures pharmacies have the necessary facilities and equipment to prepare compounded products. The deadline to achieve this priority was July 1, 2021. For some pharmacies, renovations were necessary to comply with the standards. These renovations also helped improve patient safety, staff safety, and the quality of the compounded products pharmacies provide.



At minimum, all pharmacies were required to meet the standards to perform Level A compounding (i.e., simple and moderate compounds determined by the pharmacy's risk assessment). While required to meet the standards for Level A compounding, pharmacies may choose to enter into a compounding and repackaging agreement with another pharmacy to provide compounds for their patients that require higher standards.

Since July 1, 2021, ACP's pharmacy practice consultants have continued to inspect pharmacies for compliance with all three priorities of the non-sterile and sterile standards.

New guidelines to support pharmacists in prescribing controlled substances

Health Canada extended the exemption for controlled substances made pursuant to section 56(1) of the *Controlled Drugs and Substances Act* until September 30, 2026. The exemption was initially issued in March 2020 as a measure to improve patient access to prescriptions for controlled substances during the COVID-19 pandemic. To reflect these exemptions as a long-term part of pharmacy practice, ACP published our own Controlled drugs and substances exemption guidelines. The exemptions authorize

1. pharmacists to extend or renew existing prescriptions for controlled substances,
2. pharmacists to transfer prescriptions for controlled substances to other pharmacists,
3. prescribers to verbally prescribe controlled substances (e.g., over the phone), and
4. pharmacy employees or other individuals authorized by the pharmacist to deliver prescriptions of controlled substances to patients' homes or other locations where they may be.

The new guidelines replace the temporary guidelines that were issued at the beginning of the COVID-19 pandemic and interpret the ACP Standards of Practice for Pharmacists and Pharmacy Technicians as they apply to the above exemptions. The guidelines provide regulated members direction and clarity on how the changes from these exemptions should be incorporated as part of their ongoing regular practice, not just within the context of COVID-19. The previous guidelines set forth requirements for renewing prescriptions if the patient's pharmacy was closed due to COVID-19. This has now been removed from the guidelines as a part of transitioning these exemptions away from being strictly COVID-19-related measures.

The guidelines help ensure care for patients who are prescribed controlled substances. Maintaining continuity of care was an important consideration when developing the guidelines, particularly for individuals being treated for opioid use disorder or chronic pain.

New guidelines for opioid agonist therapy

Pharmacists and pharmacy technicians played key roles in the ongoing opioid crisis, not the least of which was providing opioid agonist therapy (OAT) to individuals seeking medical care for opioid use disorder (OUD). In the last five years (2016-2021), there was a substantial increase in the number of individuals dispensed an opioid medication in Alberta, including the following:

- 85 per cent increase in individuals using methadone,² and
- 541 per cent increase in individuals receiving buprenorphine/naloxone.³

In addition, new treatments such as slow-release oral morphine, injectable OAT, naltrexone, and others have emerged.

Seventy-three per cent of licensed community pharmacies have indicated to ACP that they provide OAT services. Of Alberta's more than 1,500 licensed community pharmacies, more than 1,300 are registered to provide Alberta Health Services (AHS) naloxone kits. In 2021, more than 46,000 naloxone kits were distributed by community pharmacies compared to 32,000 the previous year.⁴

To support pharmacy professionals in addressing this public health crisis, ACP developed its Opioid Agonist Therapy (OAT) guidelines, replacing the Opioid Dependence Treatment (ODT) guidelines on July 1, 2021.

The OAT guidelines include updated terminology for the treatment of OUD to minimize confusion and make a distinction between opioid dependence and the use of illicit opioids or non-prescribed use of prescription opioids. The guidelines have a strong focus on person-centred care and the concepts of stigma, trauma-informed care, and harm reduction.

The revised guidelines focus on regulatory and technical information and include direction on the use of naloxone as a tool to treat opioid poisoning. For current clinical information, the guidelines direct regulated members to external resources.

2,3,4 Alberta substance use surveillance system

Virtual visits

Appropriate use of technology contributes to convenience, efficiency, and safety.

Of all the services Lacombe pharmacist John Eshak provides his patients, he gets the most joy from providing travel consultations.

“Travel always has good vibes for me,” said John. “You’re seeing people who are excited to do things. It adds a smile to our pharmacy work.”

With COVID-19 vaccines now readily available and restrictions easing, travel—be it for business or pleasure—is in demand again. John will meet his patients in person for travel consultations, but he also offers a virtual service, which has become a sensible option for people looking to reduce their risk of exposure to COVID-19.



“The pandemic gave us a push,” said John. “It forced us to use technology that was already available but use it the right way.”

John provides his virtual care services based on ACP’s virtual care guidelines, which provide direction about gaining and documenting patient consent, establishing a relationship with the patient, explaining the risks involved to the patient, and ensuring the Office of the Information and Privacy Commissioner (OIPC) has completed a privacy impact assessment of the enabling technology.

“You can’t just use FaceTime,” said John. “It’s important to use legally compliant platforms to keep patients’ information safe. We can’t be so enthusiastic about convenience without being aware of the risks and how to mitigate them.”

Through his virtual care video call platform, John schedules a series of appointments for travel consultations. At first, he collects information about where the patient plans to travel, where they are staying, the purpose and length of their trip, what activities they are planning, and any pre-existing health conditions they have. This helps John research and recommend any vaccines or medications the traveller may need, and offer any other advice to ensure a safe trip.

“He was very thorough—I liked that approach,” said Alexandra Dopodj, who scheduled a virtual travel consultation with John in advance of a trip to South Africa. “I was going to Kruger National Park, and he saw that Malaria was a risk, so he suggested I get some Malaria pills. He also provided information about what foods to be careful about, and what colour and type of clothing I should wear to protect myself from mosquitos and other insects. I thought it was phenomenal service that he provided. That was our initial touchpoint, then I had to go into the pharmacy to get my vaccinations.”

Alexandra appreciated the convenience and being able to see John’s face during the virtual appointment.

“A pharmacist is a person I need to trust,” she said. “I am putting my personal care into their hands. Seeing their face and establishing a connection is important.”

John agrees, adding that he needs to see someone to be able to establish a professional relationship, one of the cornerstones to providing virtual care.

“You can’t provide care with just data or words on a form or a printout of an itinerary,” said John. “Video makes it more personal. I couldn’t do this over the phone. With video, I can see their emotions and reactions. I can also counsel a patient using a presentation by sharing my screen.”

Kevin Wilke also booked a virtual travel consultation with John as he and his wife prepared for a trip to the Maldives. Kevin appreciated the added safety a virtual appointment provided.

“In these situations, especially during COVID, but even without it, when you’re going to a pharmacy for a consultation, or going to a doctor’s office, you’re exposing yourself to potentially ill people,” Kevin said. “Doing a virtual consultation while healthy, you’re not exposing yourself to others who might be sick, which is important, especially right before a trip.”

Kevin appreciated how John not only helped him and his wife prepare for their final destination, but also navigate potential risks along the way.

“We were travelling through some pretty busy airports including Dubai and Doha, Qatar,” he said. “We had a nine-and-a-half-hour layover in Doha. Then we flew to the international airport in the Maldives and then caught a float plane to the island where we were staying. It provided more peace of mind knowing we protected ourselves as best we could.”

While Kevin and Alexandra both enjoyed their virtual care experience and their vacations, John knows not everyone is comfortable using technology for health appointments. But when in-person care is not possible and virtual care is in the best interest of the patient, he is happy to provide the service, knowing that he is helping provide some hope for normalcy back into people’s lives.

Community pharmacies required to install time-delayed safes

Beginning in late 2020, there was a significant increase in armed robberies in Alberta pharmacies. In many instances, a significant amount of violence was experienced, and pharmacy teams reported being bound, threatened with weapons, and physically assaulted.



Police data and evidence from British Columbia demonstrate that time-delayed safes in pharmacies significantly reduce armed robberies, enhance the safety of pharmacy team members and the public, and improve drug security. Taking this into consideration, Council reviewed data from Health Canada, and gathered feedback from regulated members and other stakeholders, prior to approving amendments to the Standards for the Operation of Licensed Pharmacies (SOLP) requiring that community pharmacies store all drugs described in standard 5.11⁵ in a time-delayed safe.

The amended standards came into effect on January 1, 2022, meaning that new pharmacies must comply with these standards prior to opening. Pharmacies that were operating before January 1, 2022, must have time-delayed safes that meet the standards in place prior to July 1, 2022.

⁵ A licensee must ensure that all drugs in a licensed pharmacy are secured against theft, loss, or diversion, including maintaining all schedule 1 narcotics, all drugs designated as type 1 medications by the Tracked Prescription Program Alberta (TPP), and any drugs required by Council, in the manner described in Standard 4.7(d).

Providing pharmacy services to animals

The Standards of Practice for Pharmacists and Pharmacy Technicians (SPPPT) and the Standards for the Operation of Licensed Pharmacies (SOLP) were amended, effective January 1, 2022, to address pharmacy care for animals.

Pharmacy professionals' scope of practice when providing care to animals is limited to compounding, dispensing, and selling drugs, with limited prescribing authority for pharmacists.

Amendments to the standards and ACP's expectations of regulated members include the following:

- Use of schedule 2, schedule 3, and unscheduled medications intended for human use are considered extra label drug use (ELDU) when used in animals, and their initial use requires the animal be assessed by a qualified veterinary professional. As a result, the use of these drugs in animals requires a prescription.
- Pharmacist prescribing is limited to renewing a prescription for continuity of care. This means, for animal patients, pharmacists may not adjust doses, substitute similar drugs, prescribe in emergencies, or prescribe at initial access, as they may for human patients. Pharmacists must not prescribe a drug that is a medically important antimicrobial⁶ for an animal by adapting a prescription from another prescriber, for the purposes of renewal for continuity of care.



⁶ "Medically important antimicrobials include those antimicrobials used in non-medical settings (e.g., food-producing animals) that are members of the same class as those used in human medicine and where there is the potential for these antimicrobials to select for resistance to human pathogens." Definition from the "World Health Organization Guidelines on use of medically important antimicrobials in food-producing animals"

- Administering medications, blood products, or vaccines by injection to animal patients is beyond the scope of pharmacist practice and is not permitted. Similarly, insertion of instruments, devices, or fingers is not permitted. This includes administering suppositories to animals.
- Regulated members are expected to practise within their scope and competencies, and this often requires an additional level of collaboration with the prescribing veterinarian when the pharmacist has questions or determines there may be a drug therapy problem.
- When assessing a prescription for appropriateness, the pharmacist must always consider whether the animal or animal products (such as eggs or milk) may potentially enter the food chain. In these circumstances, the pharmacist must ensure the prescription has a withdrawal time included that will safeguard against any harmful drug residues remaining in the animal product. Additionally, the Food and Drug Regulations s.C.01.610 outlines certain drugs that are prohibited for use in animals that may end up in the food chain. If there is any doubt, the pharmacist should collaborate with the prescribing veterinarian.

New guidelines for virtual care

Virtual care is patient care that uses enabling technology to assist regulated members to serve and care for patients remotely. Even before the COVID-19 pandemic, new technologies and changing patient preferences and expectations led to an increase in the use of virtual technologies to provide care. The pandemic catalyzed interest in this alternative as a means to protect patients and pharmacy teams during the pandemic.

ACP published guidelines for providing virtual care to patients. The guidelines do not change any of the requirements of the SPPPT, nor do they change the regulated member's responsibilities to comply with those standards. These guidelines assist regulated members in considering how to apply the standards when providing patient care virtually.

ACP Connect sessions – Fall 2021

ACP connected with nearly 300 regulated members through two ACP Connect virtual events on October 19 and 20. Participating pharmacists and pharmacy technicians learned about the five goals in ACP's strategic plan, including how the goals were developed, why they're important, and the critical first steps ACP is taking to achieve them.

Participants also discussed how legislation and standards might be modernized to create better patient experiences through new ways of delivering pharmacy care. Topics of conversation included the following:

- What defines a pharmacy?
- What are the core requirements for all pharmacies?
- Should infrastructure and operational requirements be flexible, depending on the types of services provided?
- Are the current licensing categories relevant to the future or are there alternatives that might better reflect future practices?

Following the virtual sessions, ACP met with focus groups of regulated members for roundtable discussions on topics related to new technologies being used to support pharmacy care.

Insights received from participating regulated members will contribute to Council's considerations when modernizing the legal framework for the future.

Licensed to lead

ACP's Licensee Education Program helps pharmacy leaders provide a more consistent level of care for Albertans.

When pharmacist Nishit Bhavsar moved to Calgary from Ontario in 2018, he set a goal to become licensee of his own pharmacy. The licensee is the pharmacist who holds a pharmacy's licence and is responsible for all practice and operations that occur in the pharmacy.

"As a licensee, you are the face of the pharmacy," said Nishit. "I like that responsibility and being a leader. It expands your role as a pharmacist. You can implement a lot of things in your pharmacy that can impact patient care in a positive way."



Nishit Bhavsar, pharmacist

Two years after his arrival in Alberta, Nishit was given an opportunity to achieve his goal. Before he could apply for a pharmacy licence, Nishit had to complete both parts of ACP's Licensee Education Program (LEP). Launched in 2020, the mandatory educational program for licensees and proprietor's agents (pharmacy owners or their representatives) was designed to help current, new, and potential licensees fully understand their roles and responsibilities.

Part A of the LEP includes education about

- the pharmacy licence application process;
- communicating with ACP;
- the physical environment of a pharmacy;
- requirements for the pharmacy's website, advertising, records, and drug inventory;
- the *Health Information Act*;
- pharmacy personnel; and
- quality assurance.

Part B includes education about professionalism and leadership, and a self-assessment.

For Nishit, completing the LEP was a rewarding experience.

"The program really helps," he said. "It defines the role of the licensee and what the college expects from you. That helped prepare me to work at this level. I was learning while taking the course and, because I was also working as a pharmacist, it was like doing a practicum at the same time."

All current licensees were required to complete Part B of the LEP by May 31, 2021, including Spruce Grove's Daryl Balog. A licensee since 2014, Daryl wishes the program had existed when he first made the jump to leading a pharmacy team.

"There's so much information to process when you first become a licensee, so it's nice to have a resource where all this is available in one place," he said. "The LEP would have made the transition to becoming a licensee a lot easier."



Left to right: Samantha Henick, pharmacy assistant, and Daryl Balog, pharmacist



Daryl Balog

As an experienced licensee, Daryl took the option to complete both parts of the LEP. He's glad he did.

"A lot of the program was expanding on knowledge that I already had," said Daryl. "The program went more in-depth on the material than what I had ever done on my own. It was a good refresher. It helped me confirm many things that I was already doing in practice, and it also made me think about a few things to improve on or that I hadn't yet considered."

In the year following the launch of the program, nearly 2,000 learners completed the LEP, with more than half completing both parts of the program.

When surveyed, more than 70 per cent

of participants agreed that the program was valuable, usable, well organized, and that they were able to meet the learning objectives of the program, including

- articulating the licensee's legal responsibilities;
- using relevant resources to update and maintain knowledge about legislation and standards for operating a pharmacy; and
- understanding the role of the licensee as a leader, manager, professional, and clinician.

Overall, 97 per cent of participants reported that their educational needs were addressed through the LEP.

Participants reported significant increases in their perceived confidence about their knowledge of the legislative requirements and standards for operating a pharmacy, use of resources to maintain their legislative knowledge, and understanding of their role as a licensee in terms of leadership and professionalism.

While licensees clearly benefit from completing the LEP, Daryl believes their patients do as well.

"I think anything that can help improve consistency in what people can expect from their pharmacy is a good thing," he said. "It will improve the trust in the profession and the patient experience if all the responsibilities of the licensee are being carried out and consistent amongst different pharmacies."



Accountable to you

Registration

ACP's registration team assesses applications for registration and annual permit renewal to ensure that pharmacist and pharmacy technician applicants meet requirements established under the *Health Professions Act* to be on ACP's register. Complementary processes are carried out under the *Pharmacy and Drug Act* to ensure that applications for pharmacy licences demonstrate that applicants have met the requirements to be a licensee and that foundational requirements for pharmacy licensing are met.

Registration highlights

- The Jurisprudence Learning Module, which must be completed by all pharmacist and pharmacy technician applicants prior to registration, was redeveloped in 2021. Among the changes were the addition of mandatory training courses on protecting patients from sexual abuse and sexual misconduct.
 - In compliance with Bill 21, *An Act to Protect Patients*, all existing registrants were required to complete the training course by May 31, 2021. Starting June 1, 2021, all new applicants to the clinical pharmacist or pharmacy technician register are required to provide evidence of course completion.
- All applicants for new pharmacy licences are required to complete Parts A and B of the Licensee Education Program (LEP). Part A articulates the licensee and proprietor's legal responsibilities, and ACP's expectations when operating a pharmacy, particularly regarding the authority, responsibility, and accountability of licensees in context with current legislation. Part B focuses on professionalism, what it means to be a pharmacy professional, leadership, and conflict management.
 - Prior to renewing their pharmacy licence for July 1, 2021, all licensees currently holding a pharmacy licence were required to complete Part B of the LEP.
- To be able to fulfil their responsibilities and obligations, a licensee must have an active presence at the pharmacy to personally supervise day-to-day operations and ensure that practice proceeds in accordance with the law that governs pharmacy operations, drug distribution, the practice of pharmacists, and the practice of pharmacy technicians. ACP formalized the process to ensure a pharmacy is always under the management and supervision of an approved licensee or a temporary pharmacist in charge (TPIC) should a pharmacy experience a change of licensee or licensee absence. If the licensee is temporarily away for more than 90 days or if the licensee resigns or is terminated, the licence terminates and the pharmacy must close unless a new licensee is approved, or the pharmacy is immediately put under the personal management, control, and supervision of an approved TPIC in accordance with section 14(2) of the *Pharmacy and Drug Act* and section 65 of the ACP Bylaws. If the licensee is temporarily away for vacation or a short-term leave that is less than 90 days, the licensee must assign a TPIC to oversee the pharmacy in their absence.
- In 2021, ACP received a larger number of new applications to the clinical pharmacist and pharmacy technician registers compared to previous years. This is due to the cancellation of the Pharmacy Examining Board of Canada (PEBC) qualifying exams in 2020 which prevented provisional registrants from completing this exam requirement in 2020. Once the exams resumed, provisional registrants were able to complete the exam requirement and apply to either the clinical pharmacist or pharmacy technician register.
- There were no applications to Council to review decisions made by the registrar about the registration of regulated members. There were three applications to Council to review decisions made by the registrar about pharmacy licences. All three decisions were upheld by Council.

Pharmacy renovations

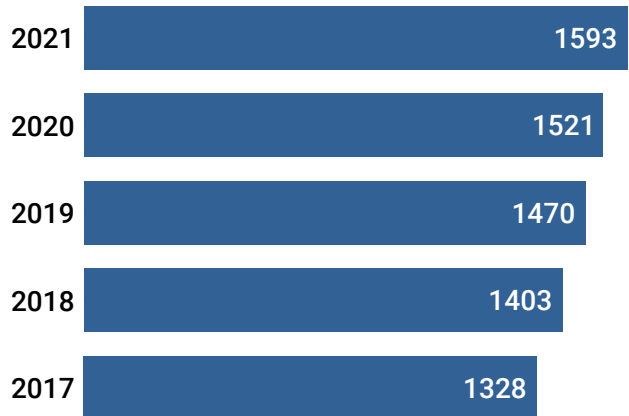
ACP has experienced a significant increase in pharmacy renovation applications during the past two years (2020 and 2021), having received 193 applications compared to 55 during 2018 and 2019. The increase is mostly due to pharmacies completing work to fully comply with the Standards for Pharmacy Compounding of Non-sterile Preparations, which came into full effect on July 1, 2021, and pharmacies adding private consultation rooms to be able to keep up with increased demand for providing immunizations. In other cases, pharmacies have expanded services and simply needed more space to do so.

Licensees must submit an application for renovation to ACP prior to making physical changes to the pharmacy. The application is assessed to ensure the proposed floorplan accommodates the services that the pharmacy is licensed to provide and complies with relevant legislation and standards.

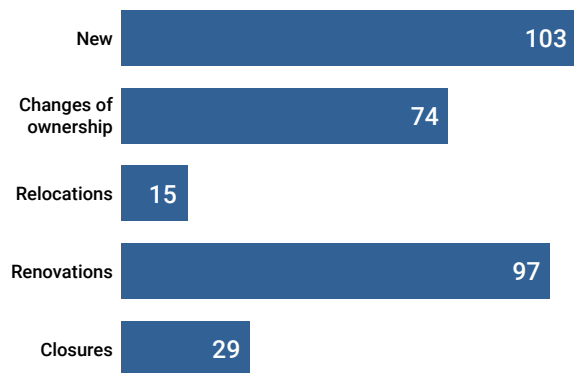
The licensee is referred to relevant legislation and standards if deficiencies are identified in the proposed renovation plan. ACP’s registration assessors aim to coach, mentor, and empower licensees to determine the best solution for a successful renovation of their pharmacy. ACP also ensures the pharmacy has a plan to provide safe and appropriate services to the public while a renovation is taking place.

Once a renovation is completed, an ACP pharmacy practice consultant conducts an in-person renovation assessment to ensure consistency with the plans presented, and compliance with legislation and standards. If changes to the pharmacy are required, the pharmacy practice consultant directs the licensee accordingly.

Total licensed pharmacies



Changes in licensed pharmacies

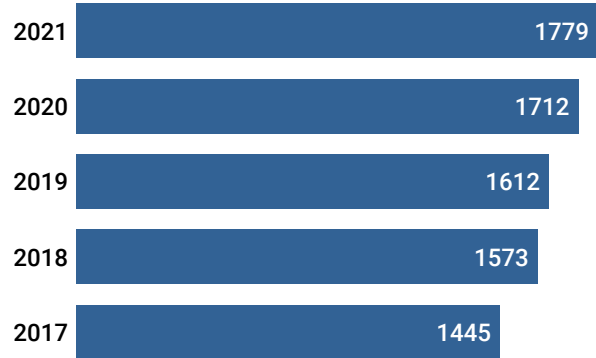


Total registrants

Pharmacists



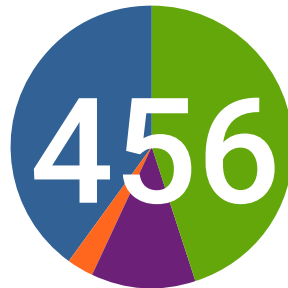
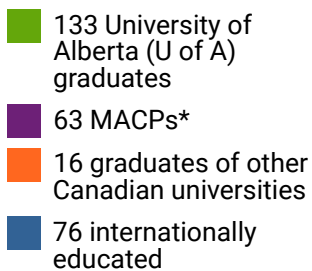
Pharmacy technicians



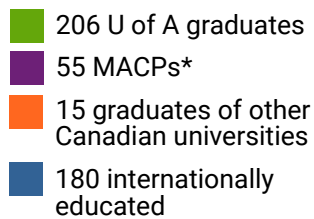
Additions to the register



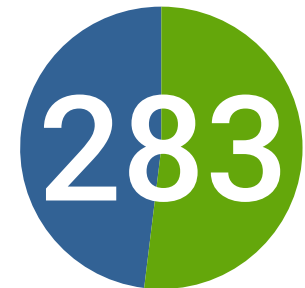
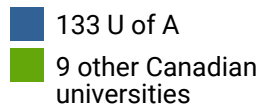
New provisional pharmacists



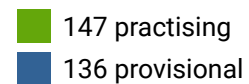
New pharmacist registrants



New students



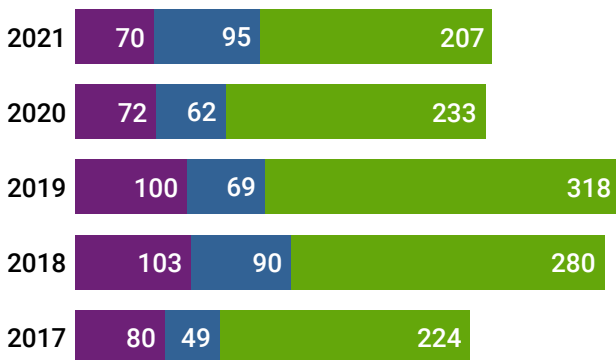
New pharmacy technicians and provisional pharmacy technicians



*Mobility Agreement for Canadian Pharmacists

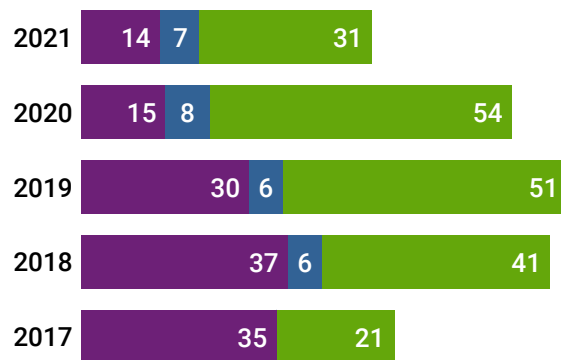
Registrants who became inactive

Pharmacists



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

Pharmacy technicians



**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 team of pharmacy practice consultants (PPCs) is responsible for assessing pharmacies and the practices of pharmacists and pharmacy technicians for compliance with all applicable legislation, standards, and guidelines.

PPCs are pharmacists with experience working in a variety of practice settings. They act as mentors and coaches, working with pharmacy teams to meet the standards through quality control, quality assurance, and quality improvement initiatives. The team’s goal is to promote quality care and ensure safety for anyone who accesses pharmacy services.

Pharmacy assessments

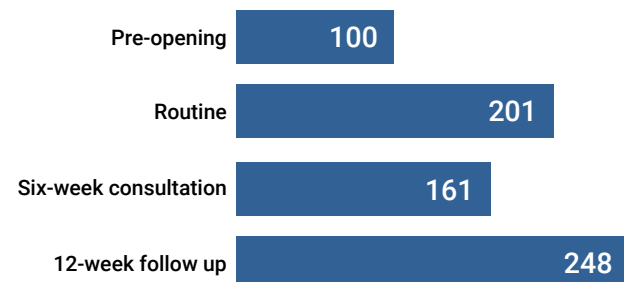
Routine assessments

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 programs for reporting and investigating drug incidents, and compliance with the college’s foundational requirements for operating a pharmacy. ACP strives to conduct routine assessments of each community pharmacy once every two to three years.

PPCs also partner with ACP’s sterile compounding assessors (SCAs), pharmacy technicians with expertise in sterile compounding. Together they performed assessments at all pharmacies that perform sterile compounding services and continued these inspections beyond the July 1, 2021, deadline to achieve full compliance with the sterile compounding standards.

Pre-opening inspections for new pharmacies were carried out by PPCs to ensure ACP’s foundational requirements for opening a licensed pharmacy were met.

Routine assessments conducted



Six-week consultation and 12-week follow-up

PPCs follow a routine assessment with a six-week consultation and a 12-week follow-up. These visits provide pharmacy teams 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.

Other assessments

As part of routine assessments, PPCs conduct additional inspections based on the services provided at a pharmacy. This included 286 non-sterile compounding and 82 sterile compounding inspections in 2021. These inspections are performed to ensure regulated members are adhering to compounding standards with a view of confirming overall quality, safety, and accessibility of compounded preparations to the public. PPCs conducted 224 point-of-care testing (POCT) inspections to affirm that pharmacy teams are adhering to the Laboratory and POCT standards when providing these services. Opioid agonist therapy (OAT) inspections were performed at 61 pharmacies to confirm compliance with ACP’s OAT guidelines, including consistency of care and regulated members’ understanding of the treatments and their roles in managing therapy. PPCs also inspected 55 pharmacies for compliance with the college’s virtual care guidelines, which help regulated members complement in-person care with virtual services when a patient is unable to attend in person.

When pharmacies apply to ACP to renovate or relocate, PPCs must inspect the pharmacy for compliance with the college’s foundational requirements for opening a licensed pharmacy before services can be offered to the public. In 2021, PPCs performed 82 renovation inspections and 14 relocation inspections. When a pharmacy applies to add a compounding and repackaging licence to its existing licence, the pharmacy is inspected for compliance with compounding standards. This occurred 13 times in 2021.

Additional inspections

The registrar ordered 37 inspections under Part 3.1, section 53.1-53.4 of the *Health Professions Act* and section 21 of the *Pharmacy and Drug Act*. The purpose of these inspections was to determine compliance with ACP's Code of Ethics, standards, and the Foundational Requirements: Guidance Document for Opening a Licensed Community Pharmacy.

The registrar-ordered inspections included review of the following:

- prescribing events in which medications, or regimens of those medications, did not appear to be prescribed in accordance with a Health Canada-approved indication, best practice, peer-reviewed clinical literature, or an approved research protocol;
- prescribing without evidence of a comprehensive, independent assessment;
- laboratory tests ordered for patients without a clear rationale documented for the test or actions taken thereafter;
- patient records that were not maintained in a consistent and organized manner conducive to sharing, ease of use, and retrieval of patient information;
- insufficient documentation for clinical activities, contravening the Alberta Blue Cross Pharmaceutical Services Provider Agreement and/or the Alberta Health Compensation Plan for Pharmacy Services Ministerial Order;
- practices and operations related to the compounding of sterile preparations that did not meet standards;
- practices and operations related to the compounding of non-sterile preparations that did not meet standards; and
- the inter-relationship between pharmacies and medical clinics that did not remain distinct according to the practices and operations of each respective profession.

Findings

Based on the inspectors' findings, compliance and improvement was ordered in these areas:

- Pharmacists must demonstrate appropriate use of critically appraised evidence when making clinical decisions to ensure that they provide appropriate assessment, monitoring, and follow-up for their patients.
- Pharmacists must ensure all patient assessments are completed independently and are documented to demonstrate their rationale for clinical decision making.
- Pharmacists must ensure they meet standards related to establishing policies and procedures when providing point-of-care testing (POCT) services, documenting a clear rationale for tests ordered and actions taken.
- Documentation for clinical services such as Comprehensive Annual Care Plans (CACPs) and Short Medication Management Assessments (SMMAs) must demonstrate evidence that all requirements from Schedules 1 and 2 of the Alberta Ministerial Order Compensation Plan for Pharmacy Services are documented and satisfied and meet practice standards.
- Pharmacists must meet minimum standards with respect to the ability to meet licensee responsibilities and operate a licensed pharmacy and must undertake both parts of the Licensee Education Program (LEP).
- Pharmacists must meet minimum standards when providing compounded sterile preparations.
- Pharmacists must meet minimum standards with respect to the ability to provide basic non-sterile compounding services.
- Licensees were ordered to address the lack of independence of their practices and operations and establish clear infrastructure and policies and procedures to keep these pharmacy practices and operations independent and separate from medical clinics.

Actions

Depending on the merits of each case, other actions ordered by the registrar included referral to Professional Practice for quality improvement support and monitoring, imposing conditions on the pharmacy licence, referral to the competence committee for further review, referral to the complaints director for further investigation, referral to Alberta Blue Cross for third-party audit, or some combination thereof.

Highlights and trends

Successes

- PPCs provided pharmacy teams with ongoing COVID-19 guidance to help them through the pandemic. Most pharmacies successfully navigated the requirements of COVID-19 immunizations, COVID-19 testing, and treatment-related considerations.
- ACP began assessing pharmacies' use of POCT, virtual care, and opioid agonist treatment (OAT) against standards and guidelines. POCT has become much more common given the prominence of COVID-19 testing services in pharmacies. Pharmacy professionals are demonstrating an awareness of the standards and the professional practice team has coached them towards compliance when needed.
- PPCs successfully performed inspections that include a review of digitally submitted evidence from licensees, where appropriate, to assess pharmacy practice and operations. This has led to more effective and efficient inspections and increased compliance with standards.
- ACP's Controlled drugs and substances exemption guidelines, which allow pharmacists to extend, renew, or transfer existing prescriptions for controlled substances, have been applied judiciously and thoughtfully.
- Pharmacy technicians continue to add value to pharmacy teams providing patient care by practising to their full scope by understanding their role and responsibilities. These include gathering information for the pharmacist to assess and appropriately referring patients to the pharmacist to determine appropriateness of therapy.

Challenges

- Virtual care services (e.g., assessments performed via video conference) can be complementary to traditional modes of care delivery, but also present challenges in terms of appropriate assessment, record-keeping, and meeting health information requirements. ACP will continue to evaluate virtual care services to ensure standards are being met.
- Some pharmacies routinely sell controlled substances to other pharmacies via compounding and repackaging agreements, without holding a licensed dealer permit as required by Health Canada. PPCs continue to remind pharmacies that this is prohibited.
- PPCs continue to educate pharmacy teams who use technology about the acceptable methods to transmit prescriptions and to create patient records. It is not permissible to prepare a prescription in advance of obtaining the original prescription. This means that images of prescriptions sent by patients via app or website cannot be used to fill a prescription; this also applies to images of prescriptions received via text or email, as well as patient-provided faxes or the patient reading the prescription over the phone.
- Some sterile compounding sites have not met the third priority of the sterile compounding standards (having appropriate facilities and equipment in place) due to the renovations and investments necessary to meet the standards. PPCs continue to work with these sites to achieve compliance.

Complaints resolution

Fairness, diligence, timeliness, transparency, and accountability are some of the main principles that guide ACP's complaints processes. ACP applies these principles to resolve complaints and concerns received about regulated members and pharmacy operations.

ACP has responsibility and authority under the *Health Professions Act* (HPA) to enforce ethical conduct and standards to protect the public's health and well-being. For the most part, pharmacists and pharmacy technicians provide care in a safe and effective manner. However, there are times when pharmacy teams fail to meet the expectations of their patients, other regulated health professionals, other stakeholders, or of our college itself.

Concerns received by ACP are broken down into two categories:

- **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 warrant formal investigation. Common characteristics of formal complaints include the alleged conduct being intentional, having the potential to cause public harm, clearly outside the range of accepted standards, or a demonstration of an incapacity to practise.

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 38 formal complaints, a reduction from 46 in 2020. Of those 38, three remained under investigation as of December 31, 2021. The impact of COVID-19 and a focus by all parties to address matters outside of the formal complaints arena both contributed to the reduction in formal complaints submitted to the college.

There was a 36 per cent increase in the number of issues of public concern received in 2021. ACP received a spike of concerns each time there was a change in Alberta COVID-19 Pharmacy Immunization Program (ACPIP) eligibility requirements, COVID-19 testing involving pharmacies, and COVID-19 health and safety measures affecting pharmacies. These were attributable, in part, to unclear expectations of public policy, or challenges in implementing policy due to a lack of information or vaccines.

In 2021, ACP received four formal complaints from members of the public about pharmacists' use of patient health information from the electronic health record (Netcare) and the accuracy of pharmacy-created patient Netcare records. Four formal complaints were received from third-party insurers about pharmacists' failure to properly comply with billing agreements.

Five notices were received from pharmacist and/or 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.

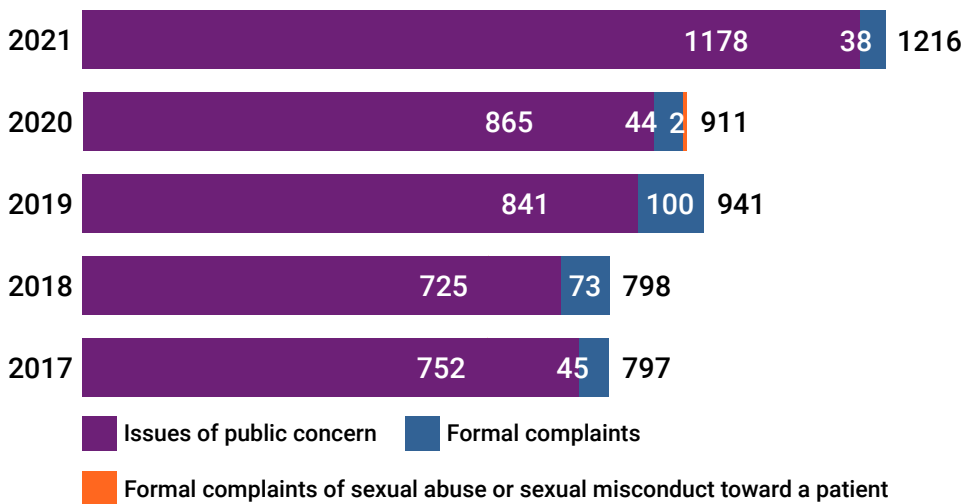
Four formal complaints were received about pharmacists' non-compliance with ACP's inducement restrictions. These matters were all resolved by the complaints director through education and undertakings.

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

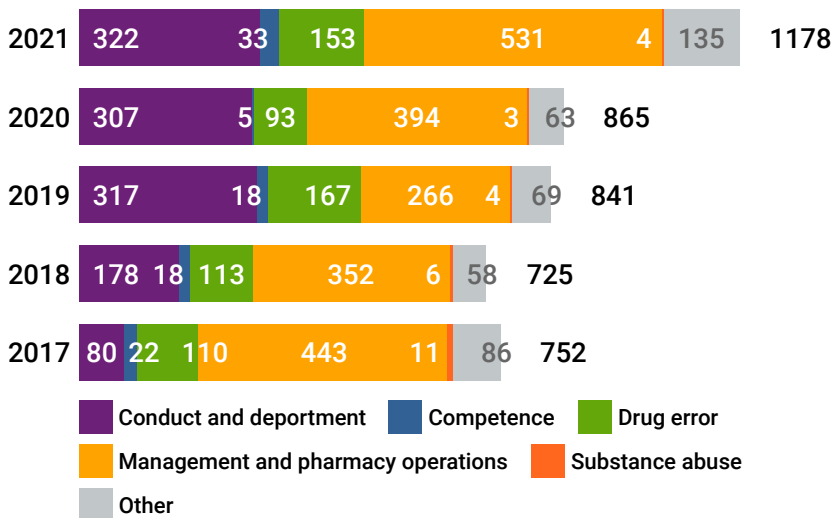
In 2021, the complaints director continued the direction for one registrant to cease providing professional services due to “incapacity*” and initiated the same direction for a second registrant.

In 2021, ACP received no formal complaints alleging sexual abuse or sexual misconduct toward a patient. Stemming from complaints initiated in 2020, two complainants accessed the college’s patient relations program in 2021, 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.

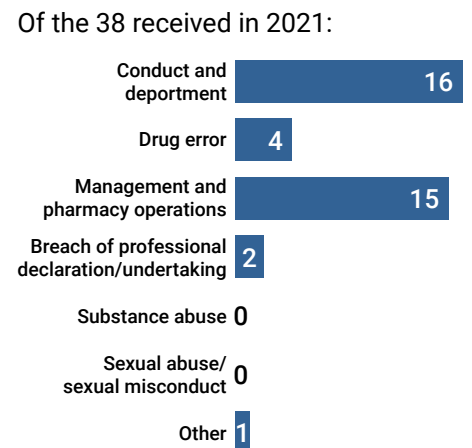
Complaints received



Issues of public concern by type



Formal complaints by type



*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

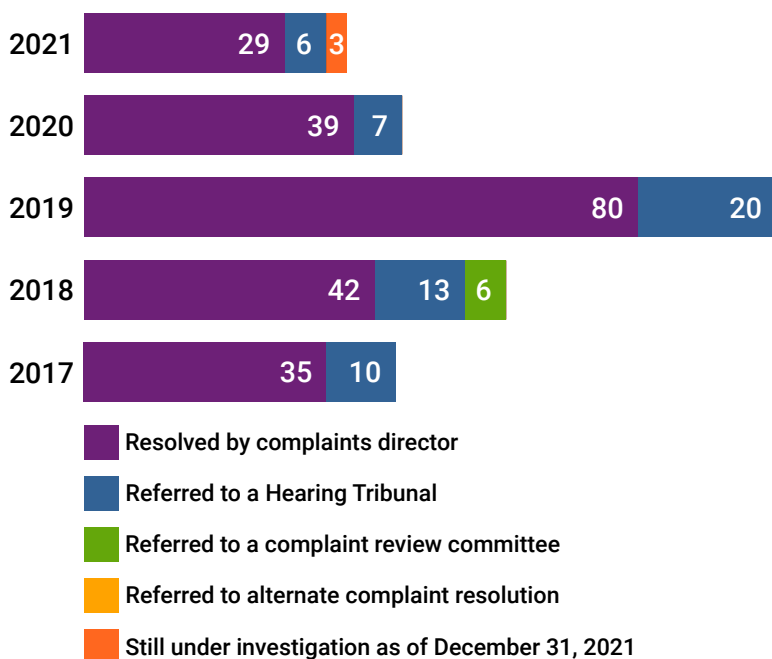
ACP held 10 hearings in 2021, compared to eight in 2020. All hearings were open to the public, except for portions of some when personal health information was disclosed. For hearings that started prior to April 1, 2021, the Hearing Tribunal included a minimum of 25 per cent public members and 75 per cent regulated members (pharmacists and/or pharmacy technicians). For hearings commencing on or after April 1, 2021, the Hearing Tribunal included 50 per cent public members and 50 per cent regulated members. Public members of the Hearing Tribunal pool are appointed by the Government of Alberta while regulated members are appointed by Council.

Eight of the 10 hearings were completed by video conference due, in part, to COVID-19 public health restrictions.

In June 2021, a decision of a panel of Council arising from an appeal of a Hearing Tribunal decision was heard by the Court of Appeal of Alberta. The court ruled in favour of the appellant and varied parts of the panel of Council's decision.

All hearing notices were posted on ACP's website. Hearing decisions and orders are posted on ACP's website 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

*In 2021 there was one appeal to the Court of Appeal of Alberta.

Competence

Pharmacists and pharmacy technicians (registrants) are expected to stay current with their pharmacy knowledge; keep up to date with changes in standards, guidelines, legislation, and technology; and stay informed about emerging trends in public expectations and pharmacy practice. To achieve this, registrants must participate in ACP’s Continuing Competence Program (CCP).

The annual requirements of the CCP are as follows:

1. Complete a minimum of 15 continuing education units (CEUs). Each unit is equal to one hour of learning.
2. Implement at least one CEU equivalent of learning into their practice.
3. Complete any prescribed learning assigned by the competence committee.

Peer assessors audit a cohort of submitted portfolios (online record of the CEUs completed and an implementation record), to determine whether the portfolios have met the established standard and ensure that registrants have met their CCP requirements. Based on the audit results, registrants are placed in one of three categories. Those meeting the requirements are placed in Category 1. Those having minor deficiencies in their portfolios are placed in Category 2. For these registrants, feedback is applied to the registrant’s portfolio the following year, which is again audited.

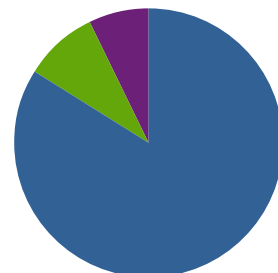
Registrants having more significant gaps in their professional portfolios are placed in Category 3. These registrants must complete a new portfolio reflecting understanding of the feedback provided by peer assessors and must complete any additional activities directed by the competence committee.

The competence committee is appointed by Council and fulfills the legislative responsibilities as outlined in the *Health Professions Act* and the *Pharmacists and Pharmacy Technicians Profession Regulation*. The role of the competence committee is to advise the competence director in matters of development, implementation, and maintenance of the CCP.

There was one application to Council to review a decision of the competence committee. Council asked that the committee’s decision be readdressed.

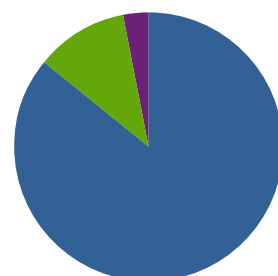
Pharmacists audited (130 total)

- 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



Competence highlights

CCP rules updated

ACP amended the rules for the CCP, bringing more clarity and transparency to the program along with

- introducing the Practice Improvement Program (PIP – see page 27),
- bringing the evaluation for achieving additional prescribing authorization (APA) formally within the CCP,
- adding a definitions section,
- highlighting the authority of the CCP that comes from the *Health Professions Act* and the *Pharmacists and Pharmacy Technicians Profession Regulation*, and
- describing how practice visits are used within the CCP.

Practice Improvement Program

One of ACP's strategic goals is to ensure that registrants identified as not being able to meet practice expectations demonstrate practice improvement. To achieve this goal, ACP developed the Practice Improvement Program (PIP), which launched on January 1, 2022.

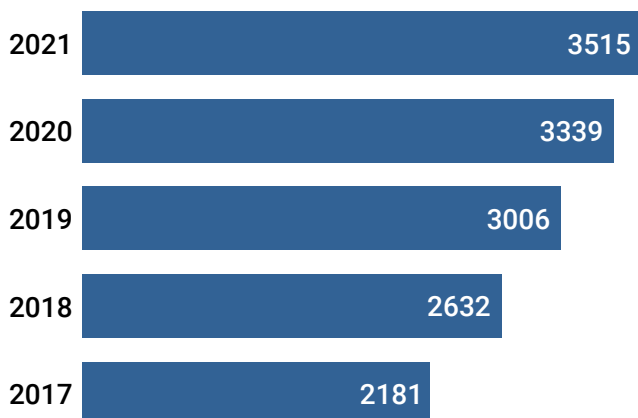
The program is designed to engage registrants individually to reflect on their practice and take action to improve their practice. The program uses learning, coaching, and collaboration with peers to achieve its goals.

The ACP competence team supports referred registrants to achieve specific requirements established by the competence committee. Timelines and milestones are designed to create a roadmap to success, and regular check-ins and communication allow for further assistance where needed. Collaboration with coaches and even those within a registrant's own workplace is encouraged.

Additional authorizations

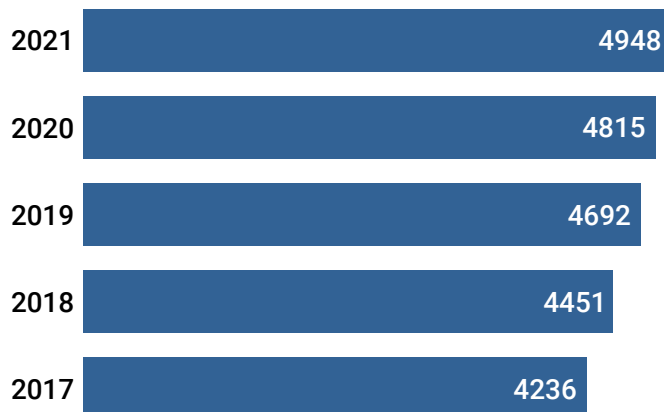
All pharmacists on ACP's clinical register may adapt prescriptions and prescribe in an emergency; however, only pharmacists who demonstrate that they have met further requirements prescribed by Council may prescribe to support management of ongoing therapy.

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 with authorization to administer drugs by injection



Required learning

All registrants were required, by legislation, to complete the following online courses by May 31, 2021:

- ACP's Standards of Practice: Sexual abuse and sexual misconduct (SA/SM) course, and
- The Alberta Federation of Regulated Health Professions (AFRHP) Protecting Patients from Sexual Abuse and Misconduct course.

Completion of both courses helped 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.



Auditor's report



KPMG LLP
2200, 10175 – 101 Street
Edmonton, AB T5J 0H3
Telephone (780) 429-7300
Fax (780) 429-7379
www.kpmg.ca

INDEPENDENT AUDITORS' REPORT

To the Council of the Alberta College of Pharmacy

The accompanying summary financial statements of Alberta College of Pharmacy, which comprise the summary statement of financial position as at December 31, 2021 and the summary statement of operations, are derived from the audited financial statements, prepared in accordance with Canadian accounting standards for not for profit organizations, of Alberta College of Pharmacy as at and for the year ended December 31, 2021.

We expressed an unmodified audit opinion on those financial statements in our auditors' report dated March 15, 2022.

The summary financial statements do not contain all the requirements of Canadian accounting standards for not for profit organizations applied in the preparation of the audited financial statements of Alberta College of Pharmacy. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of Alberta College of Pharmacy.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with the basis described in Note 1.

Auditors' Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements."

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of Alberta College of Pharmacy as at and for the year ended December 31, 2021 are a fair summary of those financial statements, in accordance with the basis described in Note 1.

A handwritten signature in black ink that reads 'KPMG LLP'. The signature is written in a cursive, stylized font and is underlined with a single horizontal stroke.

Chartered Professional Accountants
Edmonton, Canada
March 15, 2022

ALBERTA COLLEGE OF PHARMACY

Statement of Financial Position

December 31, 2021, with comparative information for 2020

	2021	2020
Assets		
Current assets:		
Cash	\$ 112,429	\$ 507,607
Investments	12,253,139	9,919,149
Accounts receivable	83,707	61,904
Prepaid expenses	91,663	100,847
	12,540,938	10,589,507
Legal fees recoverable	242,334	463,518
Property and equipment	1,652,994	1,253,768
	\$ 14,436,266	\$ 12,306,793
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 365,181	\$ 232,982
Deferred revenue	5,092,718	4,635,961
Current portion of deferred lease inducement	36,869	56,737
	5,494,768	4,925,680
Deferred lease inducement	239,645	276,514
Net assets:		
Invested in property and equipment	1,376,480	920,517
Internally restricted	1,886,000	1,886,000
Unrestricted	5,439,373	4,298,082
	8,701,853	7,104,599
	\$ 14,436,266	\$ 12,306,793

On behalf of the Council:


Peter Macek
Councilor

Dana Lyons
Councilor

Statements of Operations

Year ended December 31, 2021, with comparative information for 2020

	2021	2020
Revenue:		
Registration, annual permit and license fees	\$ 9,244,643	\$ 8,369,552
Investment income	668,414	375,252
Other income	380,366	271,739
Prescribing application fee	95,118	132,328
Legal fees assessed	37,284	500,802
Grant income	-	43,000
	10,425,825	9,692,673
Expenditures:		
Operations	2,638,033	2,626,839
Professional practice	1,687,018	1,547,010
Complaints resolution	1,087,585	1,333,325
Registration and licensure	1,029,162	1,076,279
Competence	793,747	799,628
Governance and legislation	575,604	572,256
Communications	510,272	581,987
Amortization	328,604	244,738
Partnership administration	178,546	176,551
	8,828,571	8,958,613
Excess of revenue over expenditures	\$ 1,597,254	\$ 734,060

Notes to the Summary Financial Statements

Year ended December 31, 2021

1. Basis of presentation:

Management is responsible for the preparation of the summary financial statements. The summary financial statements are comprised of the summary statement of financial position and the summary statement of operations, and do not include any other schedules or a summary of significant accounting policies. The summary statement of financial position and summary statement of operations are presented with the same amounts as the audited financial statements.

Complete financial statements are available on the ACP website.



Awards

ACP Awards



Leadership Development Award

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

2021 recipient – Ayush Chadha



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.

2021 recipient – Shannon Taylor



Pharmacy Technician Achievement Award

Awarded to the pharmacy technician with the highest mark on the Pharmacy Examining Board of Canada's Qualifying Exam for Entry to Practice as a Pharmacy Technician.

2021 recipient – Stephen Molyneaux

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.

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.

Carlene Oleksyn

Owner and licensee, Mint Health + Drugs: Meridian Stony Plain

Carlene has successfully implemented a “pharmacist first” model where patients are engaged with a pharmacist for assessment when they first present at the pharmacy. She has received her certificate in Travel Health, is a Certified Diabetes Educator, and presents sessions across the country, inspiring pharmacists to push forward in their practices and enhance their engagement with patients.



Friend of Pharmacy

Awarded to a non-pharmacist/non-pharmacy technician who has contributed significantly to the success of the pharmacist profession.

Rose Dehod

Manager of Professional Development (retired), Alberta Pharmacists' Association

Rose helped many pharmacists move forward in their development as clinicians, and was instrumental in implementing key learning programs such as the Preparation to Administer Injections, Immunizations Course, and the Preparing to Apply for Additional Prescribing Authorization Course. These courses were critical in the early years to support Alberta's expanded scope of practice.



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, demonstrate the initiative to become a role model, and offer extraordinary promise to the profession.



Madeleine Durrant

Pharmacist and clinical coordinator, CareRX

Madeleine has taken on a leadership and mentorship role for nearly 40 pharmacists, and helps to facilitate experiential learning for pharmacy students and interns. She provides care to more than 10 different senior living sites across Edmonton, and created protocols, education, and extensive communication for an influenza vaccination campaign during the pandemic.



Dimitri Kachenyuk

Pharmacist and assistant pharmacy manager, Mint Health + Drugs Edmonton

Dimitri started his career developing a pharmacist-based outreach program for those residing in an inner-city housing facility. Dimitri visited the site each week and eventually earned the trust of the residents. During the first months of the pandemic, Dimitri also led his community pharmacy to provide pharmacy services for the temporary emergency isolation shelter at the Edmonton Expo Centre.



Jantz Selk

Pharmacist, Pharmasave Cardston

Jantz completed therapeutic nutritional courses, helping patients reduce or stop their medications by sharing his knowledge of proper nutrition, and also took on the role of providing travel consultations and vaccines. He is a constant and accessible support for those in the opioid dependency program, and also became a Certified Diabetes Educator (CDE).

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.

La Crete Apple Drugs

The La Crete Apple Drugs team has stood by their community and patients through multiple natural disasters, most recently a forest fire in 2019. They initially offered service to patients in the area by being one of the designated pharmacies for evacuees, then had to adapt again when La Crete itself was evacuated. The pharmacy has also transitioned to an on-call model for local Homecare, EMS teams, and physicians to ensure that patients who wish to remain at home are able to do so.



Left to right: Breanna Friesen (pharmacy assistant), Kaitlyn Fehr (pharmacy assistant), Damen Derksen (pharmacist), Nella Fehr (pharmacist), Amy Wolfe (pharmacy assistant), Cynthia Driedger (pharmacist), Karen Froese (pharmacy technician).

Since 2007, ACP has been privileged and has enjoyed its partnership with the Alberta Pharmacists' Association (RxA) in recognizing achievement in pharmacy practices and celebrating excellence through the APEX Awards. However, after 2021, ACP has been required to step aside to comply with amendments to the *Health Professions Act*. This does not diminish ACP's commitment to excellence, and the college applauds RxA's continuing efforts to celebrate outstanding achievement in pharmacy practice.



1100-8215 112 Street NW
Edmonton AB T6G 2C8

780-990-0321 | 1-877-227-3838

abpharmacy.ca