



acp

Alberta
College of
Pharmacy

Kortney Stanley
Pharmacy technician, Calgary

2022-23 Annual Report



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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The 2022-23 Annual Report presents highlights of Alberta College of Pharmacy (ACP) initiatives from March 1, 2022, to February 28, 2023.

Message from the president and registrar

“The courage to lead”

The courage of pharmacists and pharmacy technicians to lead is making a difference in their practices and our communities. The ability to identify individual and community health needs, the will to challenge risk, and the commitment to personally invest in hard work has allowed them to shape their professions and escalate their positions as cornerstones in the health community.



Irene Pfeiffer, President

Our health system is stressed. Demand for health services is outpacing the ability of qualified health professionals to deliver. Pharmacy teams have been courageous throughout COVID and have resiliently continued their commitment to the healthcare needs of their communities.

Today, there are more pharmacists and pharmacy technicians per 100,000 Albertans than ever before, yet pharmacy teams are more overwhelmed than ever before. Why? They have had the courage to adapt and innovate, using their full scopes of practice to meet the growing needs of those in their care. They have become one of the preferred choices for primary care. They are at the forefront of public health, providing most publicly funded immunizations. They perform testing to screen for diseases and support appropriate drug therapy. And they are investing more time searching for drugs in short supply, often compounding drugs when licensed drug products can't be found.

This year's annual report reflects a changing landscape. Most compelling are the personal stories of pharmacy technicians and pharmacists who have “taken the torch” and marched to the front of their practices to make a difference.

Our report also shares ACP's progress on our strategic plan, a plan focused on making ACP better. Our primary goal is to achieve a regulatory framework that is current and relevant to the future, where pharmacy professionals can thrive with confidence and patients consistently experience a high level of ethical and professional practice. Look forward to an enhanced structured practical training program, new standards of practice, and a new continuous quality improvement program in the future.

We extend special thanks to those pharmacists and pharmacy technicians who have demonstrated their courage to lead. Equally, we extend our appreciation to Council and the ACP administrative team for remaining focused on policies and programs that advance the ethical and professional conduct of regulated members, and the pharmacy experiences that Albertans deserve every day.



Greg Eberhart, Registrar

A handwritten signature in black ink that reads "Irene Pfeiffer".

Irene Pfeiffer
President

A handwritten signature in black ink that reads "Greg Eberhart".

Greg Eberhart
Registrar

Council



Irene Pfeiffer
President
Public Member



Peter Macek
Past President
Pharmacist - District 1



Patrick Zachar
President-Elect
Pharmacist - District 2



Jane Wachowich
Executive Member at Large
Public Member



Fayaz Rajabali
Councillor
Pharmacist - District 3



James Frobb
Councillor
Pharmacist - District 4



Shereen Elsayad
Councillor
Pharmacist - District 5



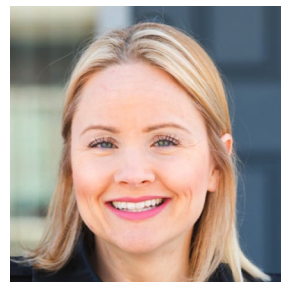
Laura Miskimins
Councillor
Pharmacy Technician - District A



Dana Lyons
Councillor
Pharmacy Technician - District B



Aquaeno Ekanem
Public Member
Resigned July 2022



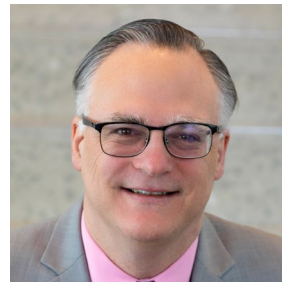
Christine Maligec
Public Member



Deb Manz
Public Member



Carmen Wyton
Public Member



Jason West
Public Member

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. Council includes 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.

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.

Board development

During Council's 2022 board development sessions in September, Council members addressed the importance of diversity, equity, and inclusion in their deliberations and in pharmacy practice as a whole. Council participated in a one-day workshop to explore the concept of unconscious bias, including how to recognize their own biases, and understand and move past their preconceived ideas. Council members were encouraged to emphasize empathy and curiosity, and make true understanding a priority in their work.

On September 30, 2022, the National Day for Truth and Reconciliation, it was Council's honour to welcome Blackfoot elder and knowledge keeper Treffery Deerfoot. Treffery shared some of his own personal experiences to help Council understand the barriers many Indigenous people face when

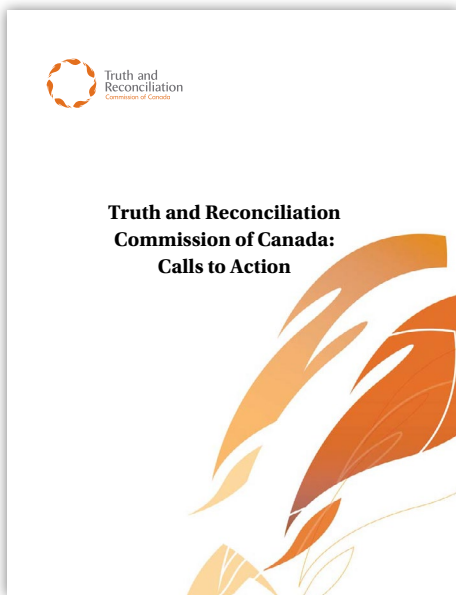
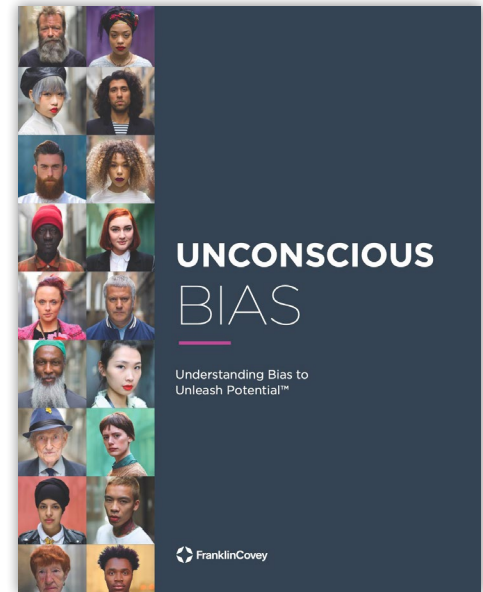
accessing the healthcare system.

He also provided insight into the origins and meanings of many First Nations traditions including connections to the physical and

spiritual world, cultural ceremonies and symbols, and meeting protocols. The visit included a traditional smudging ceremony—an impactful experience which included stories, songs, reflection, sharing, and learning.

In January 2023, Council was privileged to engage with Marty Landrie, Executive Director, Indigenous Wellness Group, Alberta Health Services (AHS), to continue its learning about the history of Indigenous and Metis culture in Alberta. By being more informed and insightful about this history, Council's goal is to become more mindful and better positioned to make meaningful decisions that are respectful and inclusive of Indigenous populations. During this discussion, Mr. Landrie shared highlights of the United Nations Declaration on Indigenous Health, the treaties, and the reports

of the Truth and Reconciliation Commission. He discussed the importance of dialogue, community, and relationships as a foundation to integrating Indigenous health. Council explored cultural safety, and what a vision of western medicine and Indigenous healing co-existing might mean.



2021-25 Strategic Plan

In 2020, ACP Council approved the college's five-year strategic plan (2021-25). The plan includes goals important to the performance of pharmacists and pharmacy technicians, which will contribute to Albertans having more consistent experiences at their pharmacy and achieving their health goals. In executing the strategic plan, ACP's core programs are being enhanced to help create more consistent patient expectations and experiences.

The 2021-25 strategic plan includes the following five 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.**

"It's important that the college gets its strategic direction from Council," said Rob Vandervelde, ACP's Senior Director of Operations and Finance. "Because it has both public members and regulated members, Council has a unique view on the pharmacy experiences that are important to Albertans, while also being aware of the challenges and opportunities facing those who are practising their professions."

In 2022, several initiatives were completed while others will continue or begin in 2023:

- **Redesign of Structured Practical Training (SPT) programs –**

Completed background work to develop the program philosophy that will guide curriculum development for revised SPT programs for pharmacists and pharmacy technicians. Work to redesign the SPT programs will begin in 2023 with the new programs expected to launch in 2025. (Goal #1)

- **Bridging programs for internationally trained applicants**

– In collaboration with ACP, the University of Alberta's Faculty of Pharmacy and Pharmaceutical Sciences piloted the Certificate to Canadian Pharmacy Practice (CCPP) bridging program for internationally educated pharmacist graduates (IEPGs) in 2021. The program prepares IEPGs to practise pharmacy successfully within the Canadian health system and to meet patient expectations. (Goal #1) In June 2022, the first cohort of candidates completed the pilot phase of the program, which is being evaluated to analyze alternatives to make it more accessible.



- **New Standards of Practice for Pharmacists and Pharmacy Technicians (SPPPT)** – Drafted new standards in 2022 which are currently being reviewed by Council as they consider approving them for consultation. The new standards will be person centred with a focus on patient outcomes. (Goal #2)
- **Licensee Competency Framework** – Developed a framework of competencies important to licensees being successful in fulfilling their unique responsibilities. The framework also includes indicators of licensee professional behaviours required for the role of leading a pharmacy team. Council approved the draft framework for consultation. Once it achieves final approval, the framework will be incorporated into the Licensee Education Program (LEP), which will be revised in 2023. (Goal #3)
- **myACP** – Software development for ACP’s new information management system was completed in 2022, with the launch delayed until 2023. myACP will change the way the college operates internally and how regulated members interact with the college, particularly with how they apply for or renew their annual permit or apply for or manage a pharmacy licence. (Goal #4)
- **Medication incident reporting (MIR)** – Dr. Todd Boyle, PhD., Professor of Operations and Management, St. Francis Xavier University, presented Council a framework for a continuous quality improvement program. It was informed by NAPRA’s Model Standards for Continuous Quality Improvement and Medication Incident Reporting and experiences of other provincial colleges of pharmacy that have already implemented programs. This framework will guide ACP’s development, operational, and business planning for this project. The program will help the college and regulated members to better understand the root causes of errors, and gain insight about how to reduce them. (Goal #4)
- **Continuing Competence Program (CCP)** – Rules for the CCP were amended to reflect changes in the program including introduction of the Practice Improvement Program (PIP). A pilot of the PIP launched in 2022 with rules established to govern how regulated members identified as requiring practice improvement are referred to the program. Evaluation of the pilot is underway. (Goal #5)

The myACP project is perhaps the biggest project ACP has ever undertaken. It has taken years of planning, development, training, and testing to get the system to meet the needs of the college’s team members and our regulated members. By providing the ability to streamline workflows, myACP will enable the college to focus more on regulatory compliance and better support regulated members and the public.

“It’s been both challenging and rewarding for our team to work on such a big project,” said Rob. “Every single person at ACP has been heavily involved, whether on software development or related business processes. We’re in the last stages of user testing now and are eager to get to the finish line and go live later this year. It will transform how regulated members interact with the college, so we’ll carefully communicate to them before launch so that nothing is a surprise.”

With the launch of myACP, development of new standards, and other important initiatives on the horizon, 2023 looks to be an important year for ACP, guided by the college’s strategic plan. The ACP team remains focused on achieving the goals and objectives identified in the plan.

“We’re more than two years into the strategic plan, and a lot of work has gone into development of our strategic initiatives, with many course corrections along the way,” said Rob. “We feel privileged to do our work as a regulator, and it’s even more rewarding and exciting when we work on changes that will ultimately improve decision making, pharmacy practice, and the experiences of Albertans.”

The logo consists of three concentric white circles. The word "Highlights" is written in a white, bold, sans-serif font, with the "H" and "i" overlapping the innermost circle.

Highlights

New Standards of Practice for Pharmacists and Pharmacy Technicians

ACP continues development of modernized Standards of Practice for Pharmacists and Pharmacy Technicians (SPPPT). The current SPPPT have been in place since 2007 when pharmacists became regulated under the *Health Professions Act*. Except for a few amendments, the standards have remained mostly intact for the past 15 years. Since the standards were introduced, there have been many changes in pharmacy practice, including the regulation of pharmacy technicians, new technologies, and changing public expectations arising from their experiences with pharmacists' scope of practice. The time has come to refresh the standards as part of ACP's 2021-25 Strategic plan, specifically as it relates to goal #2: There is a modern and relevant framework to regulate pharmacy practice.



The draft standards were built upon a framework of the following eight domains, informed by the model standards of practice developed by the National Association of Pharmacy Regulatory Authorities (NAPRA):

1. **Person-centred care** – Recognizes that each patient is an individual with their own values, needs, and concerns. It optimizes the delivery of health care by having regulated members collaborate with patients to understand what is important to them and adapting care to meet each patient's health needs and goals.

2. **Professionalism and leadership** – Regulated members demonstrate these attributes through altruism and ethical conduct to promote the health of individuals and their communities.
3. **Communication and collaboration** – Effective communication creates a shared understanding through the flow of information among regulated members, patients, and individuals within a patient's circle of care. Collaboration occurs when a regulated member works in partnership with patients and individuals within a patient's circle of care to cooperatively meet patient needs.
4. **Knowledge, skills, and judgement** – In order to provide safe, appropriate, and effective care, every regulated member needs to ensure that they have the knowledge, skills, and judgement required to provide professional services to patients.
5. **Public health and health stewardship** – The health of the community is supported and promoted, and disease is better managed and prevented, when regulated members support public health. Health stewardship is the careful and responsible management of the well-being of the population.
6. **Continuous quality improvement and quality assurance** – Enables the safe delivery of patient care which enhances patient trust in pharmacy practice.
7. **Patient assessment and providing care** – Regulated members collaborate with patients to determine the patients' unique needs, goals, and preferences related to health and well-being. This provides a foundation to assess and determine appropriate professional services for patients.
8. **Drug distribution and compounding** – Includes the technical functions of dispensing, selling, and compounding drugs. The accuracy and safety of drug distribution supports the achievement of patients' health goals.

As part of the process to develop the draft standards, ACP conducted an extensive literature review of standards of practice from jurisdictions around the world

and consulted with an external advisory group of pharmacists, pharmacy technicians, and members of the public. Once the draft standards are approved by Council for consultation, regulated members and interested parties will be encouraged to provide feedback to the college.

Standards of Practice for Virtual Care

After receiving extensive feedback from regulated members, interested parties, and the Minister of Health, ACP implemented the Standards of Practice for Virtual Care (SPVC), replacing ACP's Guidelines for virtual care, originally introduced in July 2021. The SPVC came into effect on June 24, 2022, for regulated members who worked at any newly licensed pharmacy that opened between June 24, 2022, and January 15, 2023. As of January 16, 2023, all regulated members have been required to comply with the standards when providing virtual care to their patients.



The standards were developed with the understanding that the ability of regulated members to routinely engage with patients in person is fundamental to the practice of pharmacy, and that regulated members work collaboratively with patients to mutually identify the patient's needs, goals, and preferences.

Virtual care is defined in the standards as any interaction between patients and regulated members that includes the provision of a professional service and occurs remotely using an enabling technology. Virtual care can

be a valuable tool that can optimize and complement in-person care. Where in-person care is impossible or impractical, virtual care may be able to meet the needs of patients in remote or underserved locations, as well as patients who are otherwise unable to obtain timely in-person care.

These standards seek to balance the use of virtual care with the best interests of patients and the ability of regulated members to provide care that meets their obligation to the SPPPT. Regulated members must individually assess each patient and their unique situation, consider the patient's health status and goals, and then determine if virtual care is an alternative.

It is important to note these are standards of practice that apply to all regulated members, regardless of where they practise, or the operational model that they practise within.

Cross-jurisdictional agreement

ACP collaborated with other members of the National Association of Pharmacy Regulatory Authorities (NAPRA), to create a cross-jurisdictional agreement between all pharmacy regulatory authorities in Canada. The agreement addresses situations when pharmacy services are delivered from one province into another. It facilitates the governance of practices that transcend provincial/territorial borders, respecting the authority of each provincial/territorial jurisdiction. Regulated pharmacy professionals are required to comply with legislated requirements of the jurisdiction they are in and those of any jurisdiction that they provide services into.



Biological Safety Cabinet

Operating Instructions

- 1. The cabinet is designed to protect the operator, the product, and the environment from biological hazards.
- 2. The cabinet is equipped with a HEPA filter to capture and destroy 99.99% of all particles and microorganisms.
- 3. The cabinet is equipped with a UV light to sterilize the work surface.
- 4. The cabinet is equipped with a sash to protect the operator from the work area.
- 5. The cabinet is equipped with a foot pedal to operate the sash.
- 6. The cabinet is equipped with a control panel to operate the cabinet.
- 7. The cabinet is equipped with a power switch to operate the cabinet.
- 8. The cabinet is equipped with a power cord to operate the cabinet.
- 9. The cabinet is equipped with a power outlet to operate the cabinet.
- 10. The cabinet is equipped with a power plug to operate the cabinet.

Leading by example

Pharmacy technician Kortney Stanley shines as her pharmacy's compounding supervisor.

When ACP's Standards for Pharmacy Compounding of Non-sterile Preparations were approved by Council in 2018, pharmacy teams were given until July 1, 2021, to fully comply with the standards. This included ensuring that the pharmacy had the facilities and equipment needed for the compounds the team planned to prepare. For the Copperfield Pharmasave in southeast Calgary, this required a significant structural renovation.

"We used to compound in our dispensary," said pharmacy technician Kortney Stanley. "We had to evaluate what we were compounding and what we needed for our compounding space. Obviously, we needed to consider keeping everyone safe, having an area free of distractions, and ensuring a good workflow. We asked ourselves, 'How will the renovation improve the functionality, efficiency, and safety of the space to produce a high-quality product?'"

As a pharmacy technician with a wealth of experience in compounding pharmacies, Kortney was heavily involved in the design of her team's new compounding space.

"It was a lot of fun," she said. "I got to put my creative cap on. I was actually building my house at the exact same time so there was a lot of design going on, blueprints everywhere. I've only worked in compounding pharmacies throughout my career, and it was rewarding to be involved in the design process. It's the same concept everywhere, but everyone has a different facility and what works for them. We thought about how we saw ourselves as a compounding pharmacy in the future and needed to make sure all the demands of that would be met."

As the renovation was completed, Kortney's contributions to the team reached a new level when she was named the pharmacy's compounding supervisor. In this role, she helped develop the team's compounding policies and procedures, cleaning and maintenance schedules, personal protective equipment (PPE) requirements, site-specific training for new and existing staff, and annual skills assessments.

"It's a big responsibility," said Kortney. "I ensure everyone is trained the same way, that they have proper PPE, that we're preventing cross contamination and producing quality products, and that our team members and patients are safe. It's being a leader and leading by example."



Kortney Stanley, pharmacy technician

For pharmacy licensee Allan Rajesky, it made sense to have a pharmacy technician assume this important role.

“First, we wanted to make sure we had someone who had the education and background to fully understand the requirements of taking on the role, especially when considering the new standards,” said Allan. “Plus, Kortney has many years of compounding experience. She knows inside-out how to make all the compounds, the equipment, and the parameters of what’s required for training, maintenance, cleaning, and documentation. Her skillset really fell in line with what was needed.”



Allan Rajesky, licensee

To enable herself to take on this leadership role, Kortney confirmed her knowledge of ACP’s compounding standards and guidance was up to date. She also ensured she had a thorough understanding of the responsibilities associated with the role of compounding supervisor.

“For example, I needed to ensure that compounding personnel were trained and a skills assessment program was implemented,” she said. “I did basic training modules with a global compounding corporation to ensure my knowledge and skills were up to date and I was able to transfer that knowledge to other compounding personnel. I confirmed that our facilities and equipment met requirements and were maintained, and equipment was certified and calibrated as required. Being present and involved during ACP’s inspection was helpful in gaining insight about what the requirements are and suggestions they had to improve our practice.”

According to Allan, Kortney’s dedication and leadership in her role as compounding supervisor have made his team more efficient and improved the quality and consistency of the compounds they prepare.

“Having documented and clear instructions and procedures, risk assessments, and clear PPE requirements for every compound we make means

everything is going to be done the exact same way no matter who is preparing that compound,” said Allan. “It’s also had a positive effect on staff safety. Having someone to ensure that standards and procedures are being followed and assessed on a regular basis gives us confidence that our staff aren’t being exposed to chemicals that they shouldn’t be.”

Being a leader in the pharmacy has given Kortney the opportunity to grow both personally and professionally and has given her greater fulfillment as a pharmacy technician.

“It’s really rewarding to bring value to the pharmacy and my colleagues this way,” she said. “Being a pharmacy technician in this role allows the pharmacists to focus on providing clinical care. Right now, the demand for that in the community is big. Everyone has their role; it’s important to collaborate and work together and it all comes full circle.”

Amendments to legislation, standards, and bylaws

Amendments to the *Pharmacy and Drug Act* (PDA) and the *Pharmacy and Drug Regulation* (PDR) came into effect on June 1, 2022. This marked the first step in ACP's pursuit of modernized legislation.



Most of these amendments were introduced in the *Health Statutes Amendment Act* (Bill 65-2021). Collectively, they provide more flexibility to establish licensing requirements for licensed pharmacies, enable new authorities to ensure proprietors understand their responsibilities under the Act, and provide harmonization with the *Health Professions Act* (HPA). Through these amendments

- Proprietors must meet requirements established in the regulations.
- Agreements entered into by the Minister or the council with organizations in other jurisdictions responsible for governing pharmacy practice now include pharmacy technicians.
- Requirements about the structure of pharmacies, the storage of drugs, and the maintenance of records are now addressed in standards.
- Bylaw making authority for ACP to assess pharmacy fees is harmonized with that under the HPA for pharmacists and pharmacy technicians.
- Authority for identifying field officers shifted from the regulations to the bylaws.

- Schedule 19 of the HPA was amended, along with the *Pharmacists and Pharmacy Technicians Profession Regulation*, to authorize pharmacists' and pharmacy technicians' roles in supporting animal health.

ACP was also required to amend the *Standards for the Operation of Licensed Pharmacies* (SOLP) to incorporate new standards where authority was transitioned from the PDR. Amendments included requirements that all community pharmacies have a sink with hot and cold running water that is readily accessible for hand hygiene at all times and is located outside of segregated compounding rooms (Standard 4.13(d)), and a private counselling/consultation area within the patient services area that ensures patient confidentiality (Standard 4.19).

All new pharmacies not yet opened as of June 1, 2022, had to meet these requirements prior to scheduling their pre-opening inspection. Where renovation was required, existing pharmacies (those that opened prior to June 1, 2022) have until June 1, 2025, to comply with Standards 4.13(d) and 4.19 as referenced above.

The *Health Statutes Amendment Act, 2020 (No. 2)* (Bill 46), which amended the HPA, redistributed some authorities from the *Pharmacists and Pharmacy Technicians Profession Regulation* to the HPA, the *SPPPT*, and the *ACP Bylaws*. Specifically, the requirements for supervision moved from the regulations into the standards (Standard 20), and the use of the term "specialty" moved from the *ACP Bylaws* into the standards (Standard 1.25). The amendments do not change policies that already exist, but rather incorporate them into the *SPPPT* as required by the amended HPA. These changes came into force on March 31, 2023.

Bill 46 also required ACP to divest itself of any association-related activities. This meant that as of 2022, ACP had to step aside from its partnership with the *Alberta Pharmacists' Association* to sponsor and administer the *APEX Awards*, an annual celebration of excellence in pharmacy practice.

Further amendment to the HPA (Bill 10) required Council to approve a new standard about the prohibition of, and reporting requirements for, female genital mutilation. The new standard will come into effect May 31, 2023.

New Standards of Practice for Continuing Competence

In December 2020, the Government of Alberta passed the *Health Statutes Amendment Act, 2020 (No. 2)*, also known as Bill 46, amending the *Health Professions Act*. The amendments change how continuing competence programs (CCPs) are established and administered by regulatory colleges. The amendments shift authority for the CCPs from regulations to standards of practice. This provides more flexibility for colleges to oversee the CCPs and enables them to more easily remain relevant to contemporary practice.

In response, ACP developed Standards of Practice for Continuing Competence (SPCC), which were approved by Council in September 2022.

The SPCC establish the structure of the CCP, including requirements of regulated members. There are no changes to the CCP—the programs remain the same.

The SPCC will come into force on March 31, 2023.

Mental Health Services Protection Regulation amended

The Government of Alberta announced amendments to the Mental Health Services Protection Regulation under the *Mental Health Services Protection Act*. The Regulation was initially created to establish a regulatory framework for Albertans accessing supervised consumption services. The amendments introduced new Narcotic Transition Services as well as provincial oversight for the emerging field of psychedelic drug treatment services. The amendments took effect October 5, 2022, in a staged approach to allow for transition of care where needed, with all requirements in force as of March 4, 2023.

The amendments included the following significant changes to the way certain opioids, referred to as “designated narcotic drugs,” may be prescribed, dispensed, compounded, and administered:

- The Regulation defines a “designated narcotic drug” as any full-agonist opioid drug including hydromorphone, diacetylmorphine, oxycodone, morphine, and fentanyl; however, buprenorphine, slow-release oral morphine, and methadone

(referred to as “conventional opioid agonist treatment medications”) are excluded from the definition.

- A pharmacist or other authorized regulated health professional may not prescribe, administer, compound, dispense, or sell a designated narcotic drug for opioid use disorder, except as permitted by the Mental Health Services Protection Regulation.
- A pharmacist or other authorized regulated health professional may only dispense a prescription of a designated narcotic drug directly to a patient if the prescription
 - includes the indication for which the drug is being prescribed (i.e., on the TPP Alberta prescription form), and
 - is NOT indicated for an opioid use disorder.
- Any administration of a designated narcotic drug for an opioid use disorder must happen at the location of a licensed Alberta Health Services (AHS) clinic and will be supervised by an authorized regulated health professional to protect against diversion.

ACP directed pharmacists to collaborate with patients and prescribers to support continuity of care for patients affected by the amendments.

Children’s acetaminophen and ibuprofen shortages

At the outset of the 2022-23 influenza season, pharmacies across Alberta experienced shortages of infant and children’s acetaminophen and ibuprofen. Pharmacy teams applied existing standards and guidelines to ensure Albertans had access to the medications they needed.

In some cases, pharmacy teams were able to compound acetaminophen and ibuprofen products from active pharmaceutical ingredients. ACP recommended that pharmacy teams compound these products in the same concentration as commercially available products to reduce the chances of dosing errors. In other cases, pharmacy teams were able to repackage medications from bulk stock to accommodate patients’ needs. For compounded and/or repackaged products, ACP recommended that pharmacy teams use the same size packaging as the commercially available products, once again to help avoid dosing errors. Once available, pharmacies provided imported acetaminophen and ibuprofen for infants and children.

Many pharmacies kept these medications behind the counter to ensure an opportunity to counsel parents and caregivers according to the needs of their children. It was important that pharmacy teams spent the time necessary to educate parents and caregivers about the appropriate dosage for their children, taking into consideration differences in drug concentration.

ACP Connect

The college engaged with regulated members with two series of in-person ACP Connect sessions.

Spring sessions were held in Medicine Hat, Calgary, Edmonton, and Grande Prairie, with the Edmonton session live streamed for those who were unable to attend in person. The spring sessions provided regulated members the opportunity to discuss and provide feedback about the Standards of Practice for Virtual Care (SPVC), as part of the consultation process. Regulated members’ insights helped enhance the standards that were ultimately approved by Council.

Fall sessions were held in Lethbridge and Edmonton, with a live stream of the Edmonton event made available for

virtual participants. The fall sessions reviewed legislative and regulatory amendments that occurred in 2022 and how they affect regulated members, introduced the concept for ACP’s new SPPPT, and explored key questions and considerations in determining the boundaries of pharmacy practice. Insights from regulated members informed the development of the new standards.

Overall, more than 300 regulated members attended the sessions, either in person or virtually.

New registrant “Welcome to pharmacy” events

As in-person gatherings began to resume in 2022, ACP once again invited new regulated members to celebrate their entrance into their pharmacy profession. Unlike events in the past, which focused on new graduates of the University of Alberta’s Faculty of Pharmacy and Pharmaceutical Sciences, a new approach was launched that included all new regulated members, including internationally educated pharmacist graduates, pharmacists from other jurisdictions within Canada, and pharmacy technicians.



Events were held in Calgary and Edmonton in October 2022. A combined total of 225 new pharmacists, new pharmacy technicians, and other guests attended the events, which included welcome greetings from Council president Irene Pfeiffer, ACP registrar Greg Eberhart, and special guests.



Preventing robberies, preventing trauma

ACP's time-delayed safe mandate is helping make pharmacies and communities safer.

Amira Aly is a pharmacy owner and licensee in northwest Calgary. Her pharmacy is far from the city centre, in a newer, quiet suburban neighbourhood. Yet, Amira and her team have found themselves in the middle of the opioid crisis, experiencing not one, but four armed robberies between July 2021 and December 2022.

"It's very scary," said Amira. "I remember in one instance, my pharmacist was giving an injection to a patient. Her husband was waiting outside. During the injection, she noticed a guy with a gun in the pharmacy. Everyone was terrified. One member of my team has worked with me for a long time. Seeing her eyes looking that scared—I never imagined that the eyes could talk that much. That really hurt me a lot."

As the leader, Amira's main concern during the robbery was the safety of her team, her patients, and other individuals in the store. A robbery is a traumatic, chaotic, emotional experience for all victims.

"During the robbery, you are freaking out," said Amira. "You are trying to hold yourself together and do what the robbers are asking you to do. But you can't help but think, 'What if they use the gun?' After they leave, you ask yourself, 'Did that just happen?' It's like a nightmare."

The trauma suffered by Amira's team made them apprehensive to return to work, not knowing if the robbers would return. Amira provided whatever support she could to help them recover.

"I hired a counsellor who came to spend the evening with us," she said. "You give your team the time off they need. You do everything you can for them—counselling, therapy—but it's always in the back of their minds. You're always watching the entrance, the security monitor. It changes you."

The experiences suffered by Amira and her team are one example of what was happening across Alberta. In Edmonton, 21 pharmacy robberies occurred in 2020 and 39 in 2021, compared to five robberies in 2019. The situation was even worse in Calgary where, after experiencing no pharmacy robberies in 2019, the Calgary Police Service (CPS) reported 25 pharmacy robberies in 2020 followed by 89 in 2021.

This alarming trend prompted police services to team up with ACP and the Alberta Pharmacists' Association (RxA) to form a pharmacy robberies working group to explore potential solutions. Inspired by success achieved in British Columbia in 2015, the working group recommended to ACP Council that the college require all pharmacies to store narcotics and other at-risk substances in metal safes equipped with time-delay locks. Council accepted this recommendation and approved amendments to the Standards for the Operation of Licensed Pharmacies effective January 1, 2022. Since that date, new pharmacies have been required to have a time-delayed safe installed prior to opening. Existing pharmacies were required to have their safes installed and in use by July 1, 2022. ACP also strongly recommended pharmacies implement other security measures, such as video surveillance systems, alarms, and having policies and procedures to help prevent robberies.

"It was gratifying," said CPS constable Anthony Thompson of the amendments to the standards. "We knew this could be one of the key elements in turning the tide with pharmacy robberies. For those changes to come through as soon as they did was an excellent example of the college recognizing the need."

Amira admits she had mixed emotions when the time-delayed safe requirement was first announced.

"I didn't want robbers in the pharmacy waiting for the time delay to open," said Amira. "I just wanted them to take what they wanted and leave as quickly as possible, because the longer they are in the pharmacy, the more trauma you experience. I was also worried that the robbers may become impatient and hurt someone. But it also gave me hope."

I hoped it would work like it did in other provinces. I believed that the college did their best to research this. I hoped that it would make the situation better.”



Cst. Anthony Thompson, Calgary Police Service

The good news is that the time-delayed safe requirement has made a difference. In the six months following the July 1, 2022, implementation, Calgary experienced 14 attempted pharmacy robberies (many of them unsuccessful) and only one since October 2022. In Edmonton, the trend was even more positive. The Alberta capital experienced 10 robberies in 2022, but none since March of that year.

“I’m incredibly proud and honoured to have seen how this has positively affected the pharmacy community in Calgary and the entire province,” said Anthony. “By continued engagement with our affected communities and together strategizing solutions, we become more effective in preventing crime as opposed to trying to arrest our way out of these crime trends. However, this will only remain successful if our pharmacy teams continue to comply and keep their safes locked and access them in a regimented manner.”

Since ACP introduced the time-delayed safe requirement, pharmacy colleges in Saskatchewan and Ontario have approved similar mandates. In the meantime, the positive trend in reducing pharmacy robberies gives Amira hope for a safer future.

“Definitely. You need to have hope,” she said. “I just wish my team to be safe and to feel safe.”



Accountable to you

Registration

The role of ACP's registration team is to ensure only qualified individuals are admitted to, and remain on, pharmacist and pharmacy technician registers administered under the *Health Professions Act* (HPA). The registration team also confirms that applicants for pharmacy licences have met the requirements to be a pharmacy licensee based on the *Pharmacy and Drug Act* (PDA) and ACP's foundational requirements for opening a licensed pharmacy. This activity includes assessment of applications for pharmacist and pharmacy technician initial registration, renewal of annual practice permits, and renewal of pharmacy licences.

Highlights and trends

Increased pharmacist mobility from other parts of Canada

The mobility of pharmacists into Alberta from other provinces appears to be increasing. In 2022, nearly twice as many pharmacists from other provinces registered to practise in Alberta compared to the previous year. At the same time, ACP experienced a decrease in the number of internationally educated pharmacist graduates (IEPGs) joining the clinical register. This may be attributed to the requirement for IEPGs to complete the mandatory Certificate to Canadian Pharmacy Practice bridging program via the University of Alberta (U of A).

There was also a shift in the number of U of A graduates becoming pharmacist registrants during the last three years. In 2020, Pharmacy Examining Board of Canada (PEBC) qualifying exams, which are required for pharmacist applicants, were not available for most graduates due to COVID. These graduates were delayed in taking their exams until 2021. In 2022, the number of U of A graduates joining the clinical pharmacist register returned to typical pre-COVID numbers.

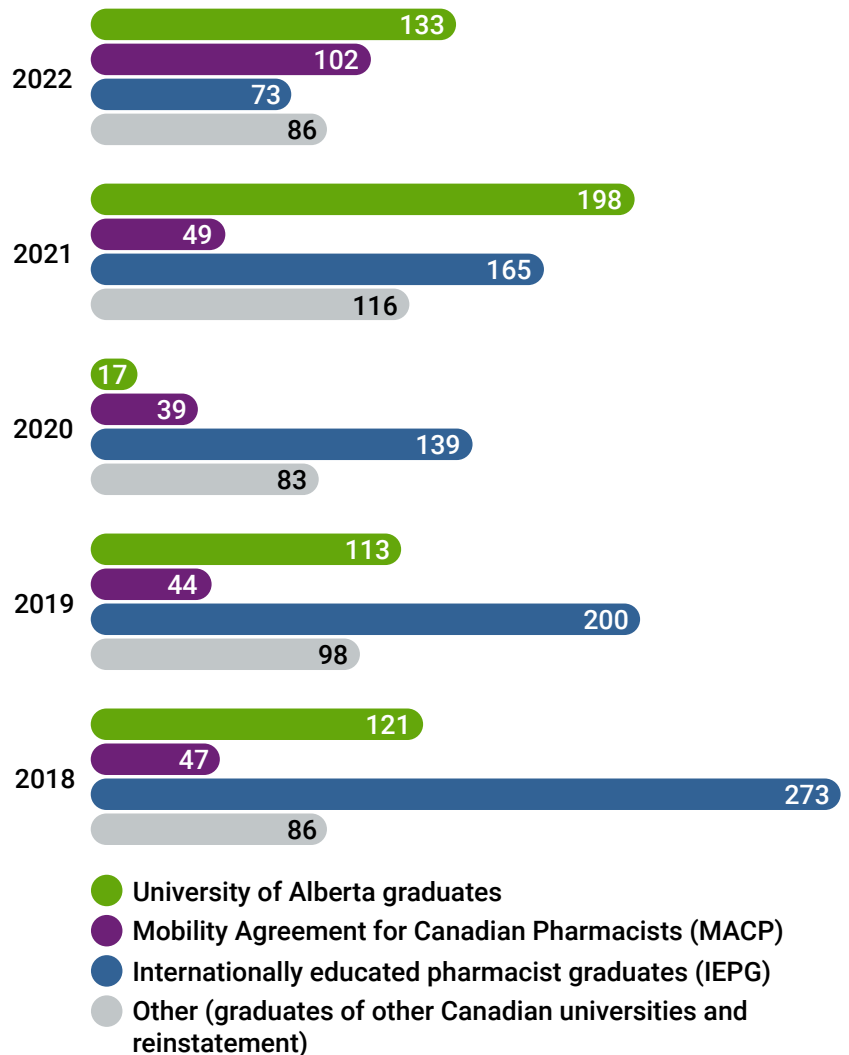
The graph on the right illustrates trends in applications during the last five years.

Per capita change in pharmacies/regulated members

The per capita rate of increase in the number of new pharmacies opening in Alberta each year continues to outpace the rate of increase in the number of pharmacists and pharmacy technicians. In 2022, the number of community pharmacies per 100,000 population reached 36.8, an increase of more than 33 per cent compared to 2015. During that same period, the number of pharmacy technicians grew by 24.7 per cent and the number of pharmacists grew by only 11 per cent.

These disproportionate growth trends—along with increased public demand resulting from pharmacy teams providing expanded primary and public healthcare services—have resulted in a shortage of regulated pharmacy professionals.

New pharmacist registrants

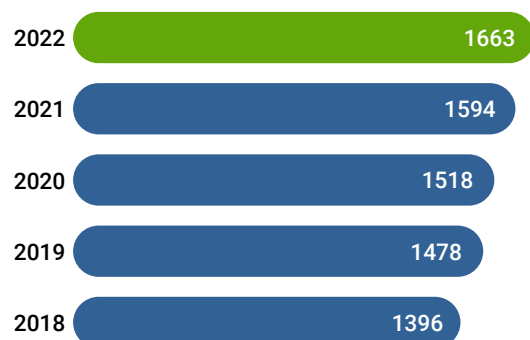


Pharmacies with mail order licences

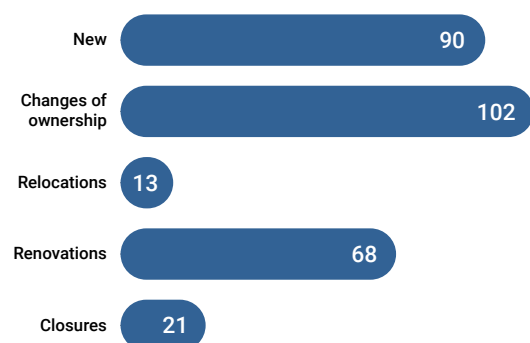
After the Standards of Practice for Virtual Care (SPVC) were approved in June, the registration team initiated an educational process to support licensees of pharmacies that hold a mail order licence to self-assess whether they comply with the requirements of the SPVC.

The SPVC are an important tool to support ACP's expectation that pharmacies prioritize providing in-person care to their patients and that virtual care, including mail order services, should only be offered when in-person care is impossible or impractical. ACP works to ensure this is understood and valued by the licensee before issuing a mail order pharmacy licence.

Total licensed pharmacies



Changes in licensed pharmacies

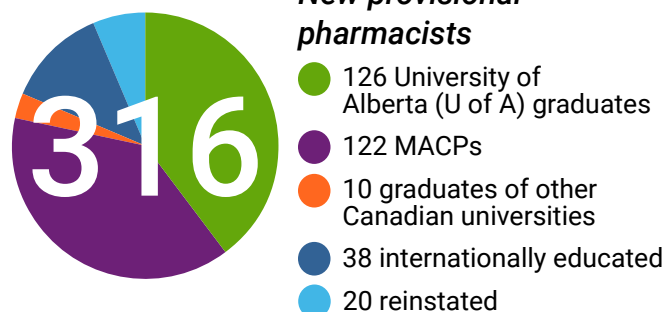


Structured Practical Training

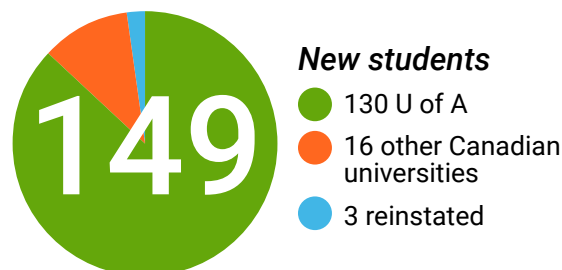
Before being accepted onto the clinical pharmacist or pharmacy technician registers, provisional registrants must successfully complete ACP's Structured Practical Training (SPT) for pharmacists or pharmacy technicians. These are competency-based training programs that allow soon-to-be pharmacists and pharmacy technicians the opportunity to practise and demonstrate their skills in a supervised environment.

The goal of the programs is to support provisional registrants in their journey to becoming proficient, patient-centred, and outcomes-focused pharmacy professionals by allowing them to apply their professional knowledge and skills in a practical setting, develop and demonstrate entry-to-practice competencies, and identify their strengths and areas for improvement. This enables provisional registrants to develop their own learning plans to improve their practice accordingly.

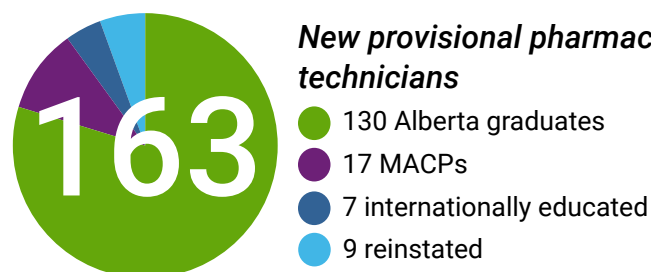
New provisional pharmacists



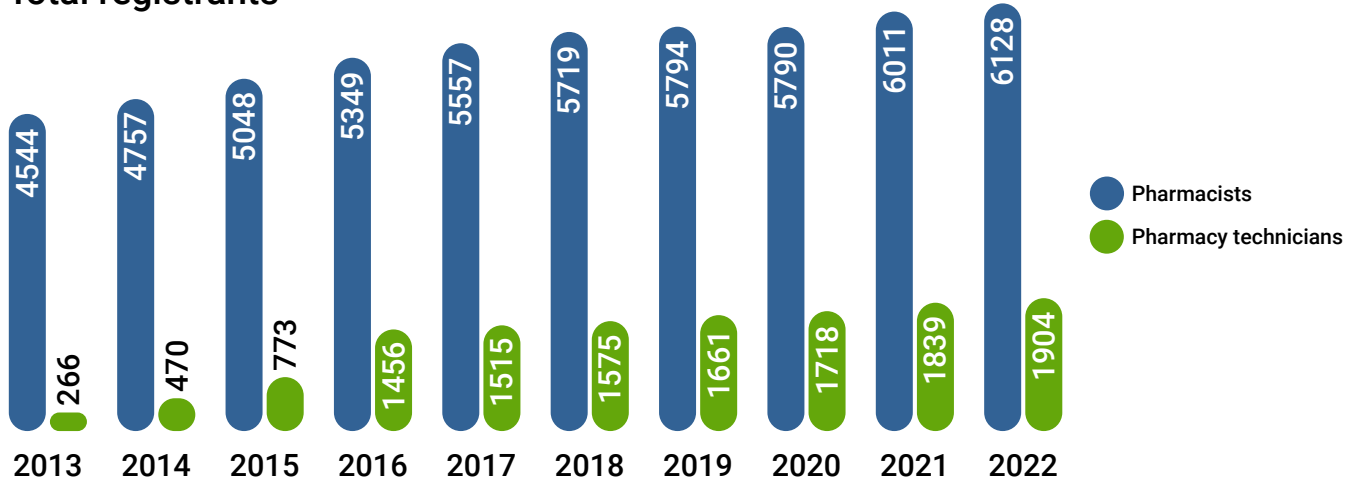
New students



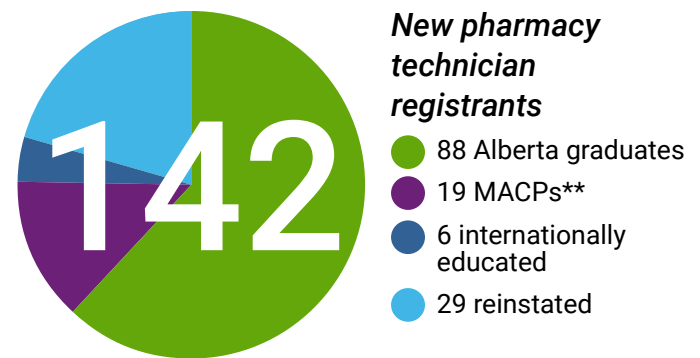
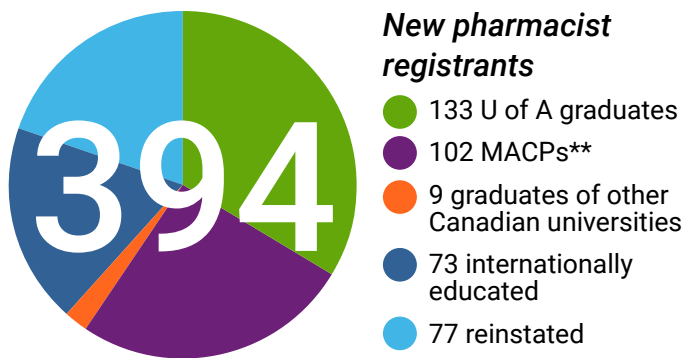
New provisional pharmacy technicians



Total registrants*

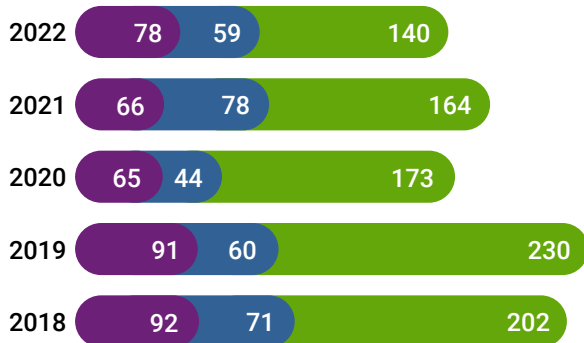


Additions to the register

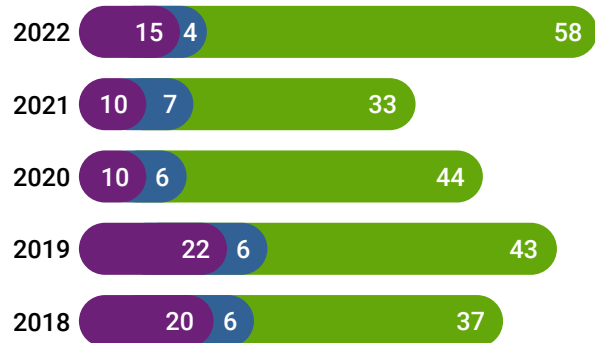


Registrants who became inactive

Pharmacists



Pharmacy technicians



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

*Totals from previous annual reports have been adjusted to more accurately reflect year-over-year changes as of December 31 of each year.

**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.



On the path to practice

Completing the Certificate to Canadian Pharmacy Practice program is one important step for internationally educated pharmacists.

"I love research and teaching, but I had to be out there, helping people."

With her education and experience, Rejitha Suraj had a number of exciting career paths to choose from. After completing her pharmacy education in India, she moved on to Malaysia to teach, and then to Australia to complete her PhD. A post-doctoral position at the University of Calgary brought her to Alberta in 2018.

In 2021, Rejitha felt the pull to get back to her true passion of working with patients in pharmacy.

"I've always been committed to helping patients and I wanted to practise in Alberta where there were opportunities to practise to my full scope as a pharmacist," she said.

By this time, the world was well into the COVID-19 pandemic and Rejitha was eager to start in a community pharmacy to help as a frontline healthcare worker. As she prepared to start, Rejitha realized there would be an additional step before she could practise in Alberta – she would be required to enrol in the inaugural class for the Certificate to Canadian Pharmacy Practice (CCPP) program at the University of Alberta (U of A).

The CCPP program was developed by the Faculty of Pharmacy and Pharmaceutical Sciences at the U of A, with insight from ACP, as an Alberta bridging program for internationally educated pharmacist graduates (IEPGs). The CCPP program launched in 2021 and all new internationally educated applicants to the provisional pharmacist register were required to enrol in the 10-month program.



Dr. Sherif Mahmoud, Director, CCPP program, University of Alberta

"When I realized that there was a new program to complete before I could start practising, I was concerned," said Rejitha. "I felt ready to practise as a pharmacist and it seemed like things weren't going to be easy."

Rejitha was not alone in her skepticism. Dr. Sherif Mahmoud, Clinical Associate Professor at the U of A, oversees the CCPP program. He said other applicants expressed frustration when first learning about the required program.

"Prospective students would ask, 'I am already a pharmacist, why do I need to spend another 10 months to get my practice permit in Alberta?'" said Sherif.

Sherif is also an IEPG; he completed his pharmacy education in Egypt, and he had a simple answer.

"We're here to support you and prepare you to practise within Alberta's unique healthcare system because a pharmacist's role looks different around the world," said Sherif. "Practising as a pharmacist in Australia or the U.K. or the United States or Nigeria or Egypt will look different."

The CCPP program helps ensure pharmacist candidates are prepared to meet patient needs within Alberta's healthcare system. Alberta's pharmacists have a wide scope of practice compared to other countries and other provinces in Canada. In Alberta, pharmacists assess health and drug therapy needs, work with

patients to develop health plans, educate and support patients to use treatments properly, coach patients about healthy living, and direct pharmacy teams. A pharmacist's authorized activities include dispensing and prescribing drugs and administering drugs and vaccines by injection.

Despite her initial caution, Rejitha found value in the CCPP program once she got started.

"I loved the practical component of the course," she said.

Rejitha added that the focus on Canadian culture offered some of the most valuable takeaways.

"The focus on culture was so beneficial. I had already lived in Canada for three years, but I didn't know all of the aspects of Canadian culture," said Rejitha. "These cultural considerations affect many aspects of practising in Alberta."

Rejitha explained that her learnings from the CCPP program have helped shape her approach in practice, especially with how she communicates with patients.

"Part of the culture of Alberta's healthcare system is that, as a healthcare professional, you have to be more of a listener; that's what the program taught me," said Rejitha. "I work hard to help patients understand and to get the whole picture before making decisions about their care."

Sherif said that many students discovered unexpected and important takeaways while completing the program, including cultural learnings, how to assess patients, and when it is appropriate to prescribe medications. Looking towards the future, he plans to continue to optimize the program to ensure learners get the most value.

"We're exploring various options to make the program as flexible as possible to meet learners' needs while continuing to meet program objectives," he said.

Six months after she completed the program, Rejitha reflected on her experience and had some advice to share with IEPGs who are on the path to becoming pharmacists in Alberta.

"The journey to become a pharmacist is never easy but I encourage you to keep climbing the ladder of success because once you get to the top, it's absolutely worth it."



Competence

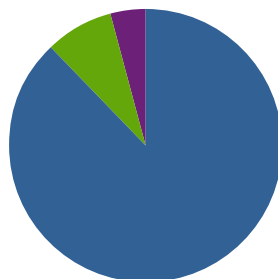
Each year when pharmacists and pharmacy technicians renew their practice permit, they complete the requirements of the Continuing Competence Program (CCP) and submit a professional portfolio to the college. Fulfilling these requirements assists regulated members to

- continuously improve their level of professional knowledge and skill,
- take responsibility for maintaining a high standard of professional competence,
- evaluate their individual practice and assume responsibility for improvement, and
- keep informed about new pharmaceutical knowledge.

Peer assessors audit a percentage of submitted portfolios to determine whether the portfolios have met the established standards. When peer assessors identify significant gaps, errors, or omissions in a regulated member’s professional portfolio, the regulated member must complete a new portfolio reflecting understanding of the feedback provided by peer assessors and complete any additional activities directed by the competence committee. The new portfolio they complete will also be audited.

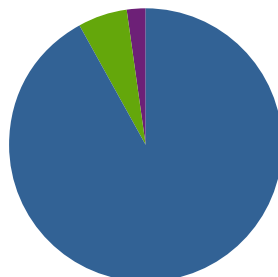
Pharmacists audited (445 total)

- 392 met or exceeded expectations
- 36 minor deficiencies
- 17 referred to competence committee



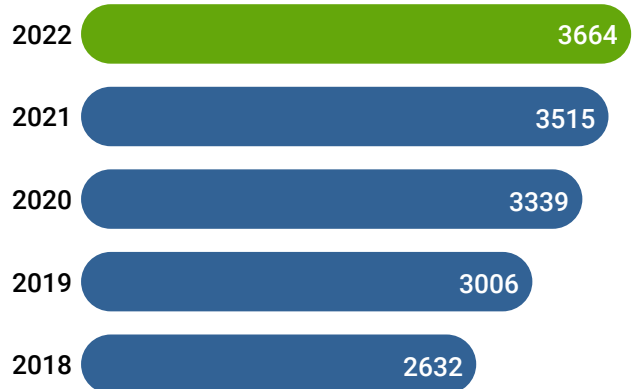
Pharmacy technicians (137 total)

- 126 met or exceeded expectations
- 8 minor deficiencies
- 3 referred to competence committee

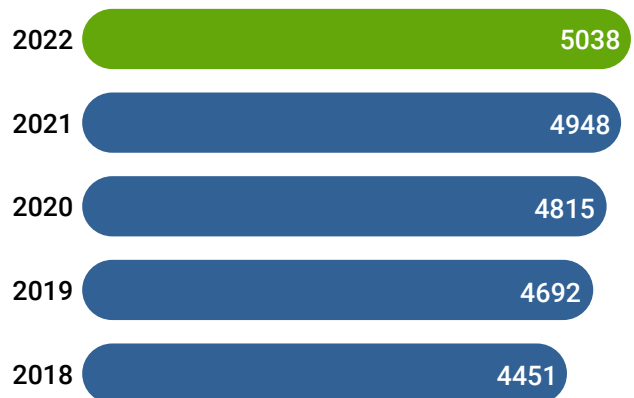


Direction for the development and maintenance of the CCP comes from ACP’s competence committee—a group of five pharmacists and three pharmacy technicians appointed by Council. The committee fulfills their responsibilities as provided in the *Health Professions Act*.

Pharmacists with additional prescribing authorization



Pharmacists with authorization to administer drugs by injection



Competence assessments

The competence committee may require a regulated member to undergo an assessment to evaluate their competence. Competence assessments and practice visits of pharmacist practices revealed a recurring trend of inconsistencies and a lack of quality in documenting patient care. To encourage improvement, the competence committee prescribed learning about documentation and the completion of implementation records. Within the Practice Improvement Program (PIP), a workshop was created to provide further support to regulated members in the areas of documentation and patient assessment.

Peer coaching has also helped support improvements. This has been particularly successful for those pharmacists who are the sole pharmacy professional at their pharmacy.

The competence committee did not direct any further competence assessments or practice visits for any pharmacy technician competence cases in 2022. Pharmacy technicians who were found to have deficiencies with their professional portfolios during two consecutive audits were directed to participate in a webinar series to support them in meeting program standards. The subsequent audit of their portfolios completed in this series were successful and their competence cases were closed.

Competence highlights

Standards of Practice for Continuing Competence (SPCC)

As outlined in the annual report highlights, ACP has developed SPCC. While the rules for the CCP remain unchanged, ACP has developed new program manuals for pharmacists and pharmacy technicians, replacing the previous CCP rules and guide documents. The manuals provide regulated members with more clarity and transparency about how the CCP works.

Evaluation of CCP

An evaluation of the CCP was completed to determine whether the program was meeting its intended goals and objectives, explore regulated members' experiences, and inform how changes could be made to evolve and improve the program. Sources of data for the evaluation included results from the optional annual survey completed by regulated members, focus groups with regulated members, and statistical program data. The evaluation found that regulated members are completing required learning and implementation via participation in the CCP and find the program beneficial in maintaining competence. This suggests that regulated members are meeting their professional responsibility for maintaining their competence and continuously improving their level of professional knowledge and skill. As well, the evaluation found that most regulated members appear

satisfied with the CCP as it facilitates their reflective processes in continuing professional development.

Areas identified for improvement included making the program platform more user friendly, recognition of the differences between the pharmacist and pharmacy technician professions, and modification of the records used in the professional portfolio.

Practice Improvement Program

In January 2022, ACP introduced the PIP to help achieve the strategic goal that regulated members identified as not being able to meet practice expectations demonstrate practice improvement. The program is structured to allow referral of regulated members who may demonstrate practice deficiencies as identified by the CCP and other ACP programs. The PIP uses an individualized approach to support regulated members in improving specific areas of their practice.

As part of the PIP, a new competence assessment, the virtual practice review, was developed and implemented in 2022. The PIP provides a multi-faceted approach to assessment and work continues to identify and develop new assessments to be used within the PIP.

Additional workshops with a hands-on approach will give PIP participants opportunities to apply learnings to their professional practice. It also creates opportunities for them to ask questions about their person-centred care processes, collaborate with other professionals, and receive feedback from the facilitator.

Required learning

For the 2022-23 continuing education cycle, all regulated members are required to complete an equity, diversity, and inclusion course. This module, which includes education about Indigenous trauma and equity-informed practice, was developed through a collaboration between ACP, the Saskatchewan College of Pharmacy Professionals, the College of Pharmacists of Manitoba, Continuing Professional Development for Pharmacy Professionals, and Len Pierre Consulting—a multidisciplinary team of consultants and facilitators that advises and trains teams on Indigenous cultural safety, reconciliation, decolonization, and anti-racism.



Ahmed Chabouk
PharmD, APh

Delivering hope

ACP's Standards of Practice for Virtual Care help pharmacy teams provide access to services some Albertans may not otherwise have.

When owner and licensee Ahmad Chehade opened UPharmacy on Edmonton's south side in early 2020, he had no idea what was about to happen a few weeks later: COVID.

"For about six months, people were afraid to leave their houses," said Ahmad. "Pharmacies had to adapt to get medications to people who didn't want to leave their homes."

Ahmad decided that providing virtual and mail order services would be essential to ensure his patients had access to the care and medications they needed during the pandemic. However, Ahmad could sense a societal shift taking place and saw the potential for these services long term. He applied to ACP and received a mail order licence to support patients who were unable to visit the pharmacy in person. Since then, Ahmad and his team have become leaders in providing virtual care and mail order services to bariatric patients to support obesity management.

"We get involved both before and after surgery," said Aaron Chy, pharmacist at UPharmacy. "We'll get folks who are referred to us, and they can be from anywhere in Alberta."

It's always Aaron's goal to provide services in person to establish relationships and learn each other's expectations; many of Aaron's patients still prefer in-person care. For others, virtual care is a necessity because reduced mobility due to their health conditions or financial circumstances make in-person care impractical or even impossible.

Typically, Aaron connects with bariatric patients monthly to support them in qualifying for surgery and to provide follow-up care. Aaron ensures he collaborates with the patient's existing pharmacy team and provides care in parallel with them.

"We identify what they're already doing and how we can fit in," said Aaron. "Generally, because of the unique knowledge and additional resources that go into this area, the patient may not get the chance to get this level of care with their existing pharmacy team. Continuing their relationship with their existing team can sometimes help the patient stay organized with what they were doing already. Our main goal is for the patient to reach their goals, understand what they're doing during the process, be enabled to make decisions, and feel confident in what they're doing."



Aaron Chy, pharmacist

To provide direction for pharmacy teams, ACP established virtual care guidelines in 2021, which were replaced by Standards of Practice for Virtual Care (SPVC) in 2022. These standards were developed with the understanding that virtual care is meant to optimize and complement in-person care. A mail order licence is required when a

pharmacy team provides restricted activities, including the dispensing and selling of drugs, to patients who they do not see regularly in person.

"The standards make sense," said Ahmad. "We can't get into the habit of doing everything remotely. The standards allow us to provide virtual care in unique circumstances, like our bariatric patients who have mobility issues, but the foundation for pharmacy professionals will always be in-person care."

Aaron agrees, adding that it's easy to get too excited too quickly when new technologies emerge.

"The standards are important to make sure there is an accountability to what is going on," said Aaron. "They help us make sure that when we're innovating with these new ideas, they are actually good ideas and being done diligently and safely and in compliance with the standards. You don't want a whole bunch of people doing things wildly different and getting carried away. The standards keep us on the right track and make sure that it's being done right."

One of Aaron's patients, Patrick Caple, lives in a long-term care facility in Innisfail and is working towards a double lung transplant. To qualify for the surgery, he had to lose some weight. To achieve this, Patrick needed help beyond exercise and diet, so he was prescribed weight-loss medication and referred to UPharmacy for support. Aaron and the team are able to provide a level of care virtually that Patrick would otherwise not have access to.

"I rely on my dad to take me to Edmonton or anywhere else for doctor's appointments. He's in his 80s," said Patrick. "There's no way we're going up and down the highway to pick up my meds. I'm not in any condition to even be a passenger in a car that much. What Aaron and his team do is remarkable."



With Aaron's help, Patrick has lost 60 pounds and is confident he'll qualify for surgery.

"This would not be possible without working with Aaron and his team," said Patrick. "I've built a good rapport with them. I hope I get the chance to meet them in person and thank them myself."

For Aaron, it's been rewarding to see Patrick come this far.

"I speak to Patrick just about once a month and sometimes its easy to forget that he lives almost 200 kilometres away," said Aaron. "I just hope one day I'll be able to shake his hand and congratulate him on his progress in person. The fact that we're able to create relationships and work together with our patients as if they were in our very own backyard is inspiring. It speaks volumes about the potential for virtual care, and the difference we can make for Albertans facing barriers every single day."



Patrick Caple, patient

Professional practice

ACP’s Professional Practice team measures, monitors, supports, and helps improve pharmacist and pharmacy technician practice and pharmacy practice environments. The Professional Practice team works to achieve consistent compliance with the college’s standards.

Pharmacy practice consultants (PPCs), who are pharmacists, and sterile compounding assessors (SCAs), who are pharmacy technicians, conduct pharmacy operations and practice inspections as well as non-routine inspections ordered by the registrar. In doing so, they fulfill the responsibilities of field officers (*Pharmacy and Drug Act (PDA)*) and inspectors (*Health Professions Act (HPA)*). The team uses quality control, assurance, and improvement approaches to address practices and pharmacy operations determined to not be in compliance with the standards; influence and sustain practice behaviours; and coach pharmacy teams to meet or exceed standards to ensure quality care and public safety when accessing pharmacy services.

Pharmacy inspections

Routine inspections

During these inspections, PPCs evaluate records of patient assessments and prescribing decisions to ensure that standards specific to initiating and adapting prescriptions are met. This includes a review of the patient information gathered, how information is evaluated, the goals of therapy, the evidence used to make prescribing decisions, and the monitoring and follow up required to ensure the patients’ goals for care are being met.

Routine inspections are in depth and have focused more on the implementation of new standards related to virtual care, updated SOLP, as well as the continued implementation of non-sterile compounding standards. Additionally, with the introduction of new technologies in practice, the Professional Practice team works with licensees to ensure privacy and confidentiality are addressed through the submission of privacy impact assessments to the Office of the Information and Privacy Commissioner (OIPC) to meet standards.

PPCs also conduct six-week consultations and 12-week follow-up inspections to provide ongoing support for quality assurance and improvement.

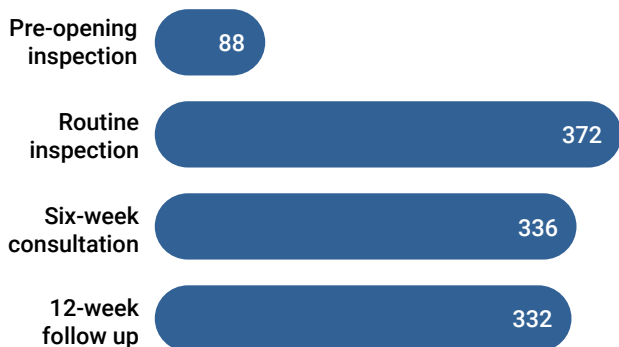
Compounding inspections

Pharmacies that perform high-risk sterile compounding are inspected every 18 months or sooner. The college’s SCAs work with community pharmacy teams that require quality improvement. ACP continues to address deficiencies with institutional sites facing challenges in meeting sterile compounding standards due to infrastructure barriers.

The Professional Practice team continues to prioritize the inspection of pharmacies that provide Level B and/or C non-sterile compounding services and direct renovations as needed to meet standards.

At minimum, all pharmacies must meet the standards to perform Level A (basic) compounding.

Assessments conducted



Non-routine inspections

In 2022, the registrar ordered 50 inspections under Part 3.1, section 53.1-53.4 of the HPA and Section 21 of the PDA for the following key concerns:

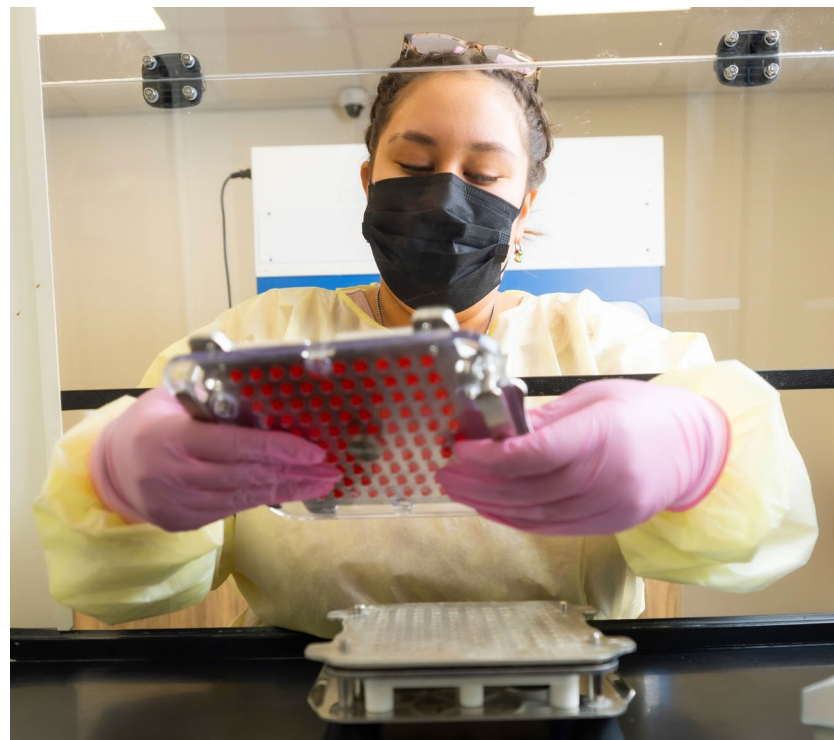
- practices and operations related to the compounding of sterile preparations that did not meet standards;
- practices and operations related to the compounding of non-sterile preparations that did not meet standards;
- documentation for clinical services such as comprehensive annual care plans and short medication management assessments that did not demonstrate evidence that all requirements from the Standards of Practice for Pharmacists and Pharmacy Technicians (SPPPT) and the SOLP were met;
- practices not in compliance with the Narcotic Control Regulations (NCR), the Benzodiazepines and Other Targeted Substances Regulations (BOTSR), and Part G of the Food and Drug Regulations (FDR);
- regular, non-emergency compounding and repackaging of narcotics and controlled substances without a Controlled Drugs and Substances Dealer's Licence under the Narcotic Control Regulation (CRC 1040);
- inappropriate storage and procurement of medications outside of a pharmacy;
- inappropriate prescribing of drugs without a patient assessment completed by the pharmacist;
- lack of collaboration with other healthcare professionals; and
- lack of compliance with conditions on a pharmacy licence.

Interventions were prescribed based on the unique attributes of the results of each of these inspections. Depending on the merits of each case, these included follow-up monitoring and coaching by practice consultants, prescribing of conditions on a pharmacy licence, an order to close a pharmacy, referral to the competence committee for further review, and referral to the complaints director for further investigation. In some situations, a combination of more than one of these interventions was prescribed.

Highlights and trends

Successes

- Many pharmacies that provide compounding services are using the full scope of practice of pharmacy technicians. Pharmacy technicians have assumed the role of compounding supervisor in many practice sites. This allows pharmacists to attend to the clinical needs of patients.



- Some pharmacy licensees and proprietors are undertaking renovations to support compounding of Level B and C non-sterile preparations according to standards, and supporting their community pharmacy partners through compounding and repackaging agreements. New agreements in 2022 have made the roles and responsibilities of each licensee clearer.
- Pharmacies continue to provide COVID-19 prevention (vaccinations) and treatment. Anti-viral therapy is being initiated and managed by pharmacists when warranted. Pharmacy teams manage these activities through procedures that are more consistent and streamlined, including systematic processes for booking and managing immunizations.
- The Standards of Practice for Virtual Care (SPVC) have clarified the requirements for virtual care and ensured virtual services are complementary to in-person care. The standards are being implemented effectively by pharmacy teams.
- Overall, clinical practice skills are being demonstrated more effectively among community pharmacists, which is being influenced by new graduates of the University of Alberta's PharmD program and the Certificate to Canadian Pharmacy Practice bridging program for internationally educated pharmacist graduates.
- Clarity was provided to community pharmacy teams about their responsibilities to meet standards for completing the final check of prescriptions filled at a pharmacy providing repackaging services through a compounding and repackaging licence.
- Pharmacies are noting that a shortage of applicants is making it difficult to fill positions for pharmacists. Retaining pharmacy team members is an increasing challenge, especially in rural Alberta.
- Many pharmacy teams do not realize that phone conversations with patients may be considered virtual care and do not have a system in place to document these interactions. These pharmacy teams must review their policies and procedures to ensure that they are meeting the documentation requirements as described in the SPVC.
- Drug shortages have been a significant challenge for pharmacies. Pharmacy teams continue to grapple with shortages of common products such as antibiotics. This has resulted in the need for additional time and resources to be spent helping patients find the medications they require.
- As public awareness about prescribing pharmacists grows, so do challenges with patient expectations. Some pharmacists feel pressure from the public to provide prescribing services when it may be more appropriate to refer them to another primary care provider.
- Most pharmacies are documenting drug incidents regularly. However, consistency of quarterly reviews by the licensee remains a challenge.

Challenges

- There remains a gap in some pharmacies being prepared to compound at a basic level (Level A non-sterile compounding). Some pharmacy teams lack required equipment (e.g., eye wash station, dedicated lab coat, external weights for their scale) and proper documentation (e.g., policies and procedures, skills assessment/training log, risk assessments, master formulations).

Complaints resolution

When Albertans visit their pharmacy, they should always expect safe, responsible, and professional pharmacy services. For the most part, pharmacists and pharmacy technicians are able to meet these expectations and provide quality care to their patients. However, there are times when pharmacy teams fail to meet the expectations of their patients, other regulated health professionals, other interested parties, or the college.

In some cases, individuals will contact ACP about their concerns, which are divided 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. Examples include complaints about alleged misconduct that is intentional, has the potential to cause public harm, is clearly outside the range of accepted standards, or demonstrates an incapacity to practise.

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. 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.

ACP applies principles such as objectivity, fairness, timeliness, thoroughness, and transparency to resolve complaints and concerns received about regulated members and pharmacy operations.

Highlights and trends

Of the 42 formal complaints received, 14 remained under investigation as of December 31, 2022 (10 of which were received between November 24, 2022, and December 21, 2022).

In 2022, ACP experienced an increase in concerns about the transfer of pharmacy services between providers and was often able to remind regulated members about the expectations outlined in ACP's Guidance for requests to transfer patient care.

Two individuals issued complaints to the Ombudsman about ACP's complaints processes. Both were addressed and resolved through the Ombudsman's early resolution process to the satisfaction of all parties. As a result, ACP modified some of its complaints processes to allow for even greater opportunities for complainants to be heard and have their concerns addressed.

In 2022, one individual was dissatisfied with the ACP complaints director's decision to dismiss their two complaints. The individual requested that a complaints review committee (CRC) review the dismissal decisions. In both matters, the CRC upheld the complaints director's decision to dismiss the individual's complaints due to a lack of evidence of unprofessional conduct.

Complaints trends recognized within the last five years include increases in the following areas:

- complaints involving pharmacies' dealings with third-party insurer agreements,
- complaints about regulated members' use and disclosure of personal health information,
- complaints about pharmacists exceeding their scope of practice, and
- complaints about pharmacists providing professional services (dispensing and prescribing) to themselves and immediate family.

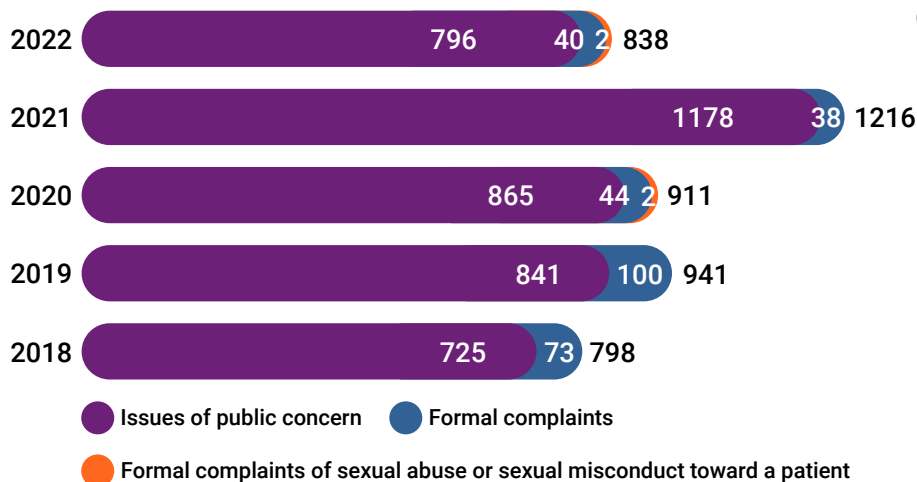
In 2022, the complaints director ordered one regulated member to be assessed and another regulated member to cease providing professional services because of incapacity* matters under section 118 of the HPA.

ACP received two formal complaints alleging sexual abuse or sexual misconduct toward a patient in 2022. One matter was investigated and referred to a Hearing Tribunal. The other matter remains under investigation. There were no complaints alleging sexual abuse or sexual misconduct toward a patient in 2021. For the two complaints alleging sexual abuse or sexual misconduct filed in 2020, one is currently in the hearing process (the accused regulated member remains suspended since 2020), while the other was dismissed due to insufficient evidence of unprofessional conduct.

Arising from complaints initiated in 2020, two complainants accessed the college’s patient relations program in 2022. The program is made available as a requirement of the HPA. The program offers third-party counselling services to patients who come forward with

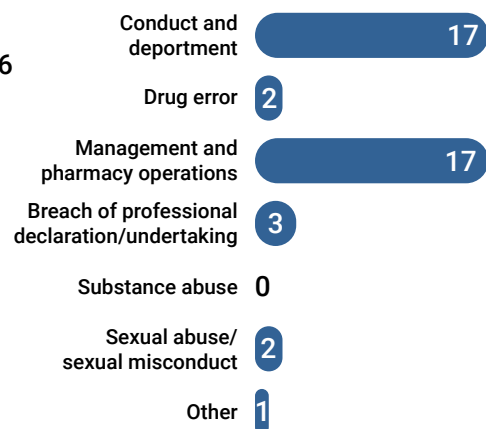
complaints of sexual abuse or sexual misconduct by a pharmacist or pharmacy technician. The patient relations program also ensures that pharmacists, pharmacy technicians, and ACP staff receive training to prevent and address sexual abuse and sexual misconduct.

Complaints received

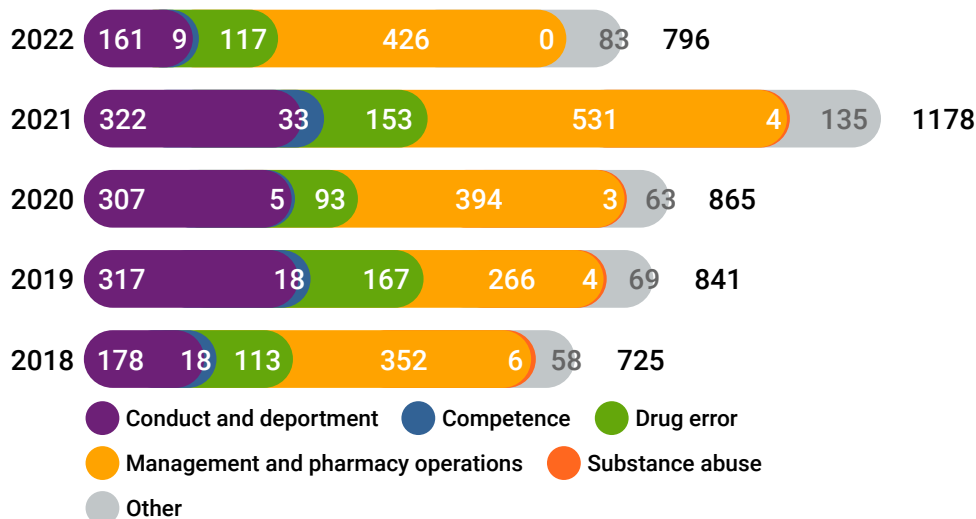


Formal complaints by type

Of the 42 received in 2022:



Issues of public concern 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

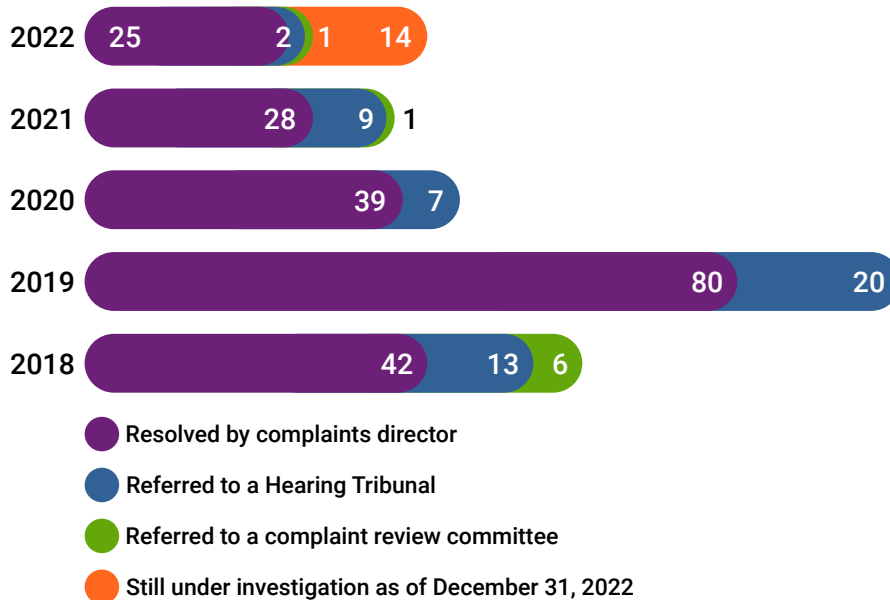
ACP held 14 hearings in 2022, compared to 10 in 2021. All hearings were held via video conference and were open to the public, except for portions of some when personal health information was disclosed. In accordance with the HPA, Hearing Tribunals assembled to adjudicate a conduct hearing include 50 per cent public members and 50 per cent regulated members (pharmacists and/or pharmacy technicians). Tribunal members are assigned from a roster of public members appointed by the Government of Alberta and a pool of regulated members appointed by Council.

Of these 14 hearings, all but three investigated persons chose to retain legal counsel. Ten of the 14 cases were not contested. The average duration of the hearings process (from referral to final written decision) was approximately eight months.

There were no appeals of hearing decisions to ACP Council or the Court of Appeal of Alberta in 2022. The one formal complaint alleging sexual abuse and sexual misconduct referred to hearing in 2022 is scheduled to be heard in 2023.

All upcoming hearing notices are posted on ACP's website. Hearing decisions and orders are posted on ACP's website for 10 years from the date of the final written decision.

Final disposition of complaints



Auditor's report





KPMG LLP
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Edmonton, AB T5J 0H3
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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, 2022 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, 2022.

We expressed an unmodified audit opinion on those financial statements in our auditor's report dated April 27, 2023.

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.

Auditor's 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, 2022 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, slightly slanted style. Below the signature is a long, horizontal, slightly curved line that underlines the text.

Chartered Professional Accountants
Edmonton, Canada
April 27, 2023

Summary Statement of Financial Position

December 31, 2022, with comparative information for 2021

	2022	2021
Assets		
Current assets:		
Cash	\$ -	\$ 112,429
Investments	12,163,969	12,253,139
Accounts receivable	107,377	83,707
Prepaid expenses	160,699	91,663
	12,432,045	12,540,938
Legal fees recoverable	382,865	242,334
Property and equipment	2,007,793	1,652,994
	\$ 14,822,703	\$ 14,436,266
Liabilities and Net Assets		
Current liabilities:		
Bank indebtedness	47,467	-
Accounts payable and accrued liabilities	\$ 308,467	\$ 365,181
Deferred revenue	5,362,950	5,092,718
Current portion of deferred lease inducement	36,869	36,869
	5,755,752	5,494,768
Deferred lease inducement	202,776	239,645
Net assets:		
Invested in property and equipment	1,768,152	1,376,480
Internally restricted	1,886,000	1,886,000
Unrestricted	5,210,022	5,439,373
	8,864,174	8,701,853
	\$ 14,822,703	\$ 14,436,266

On behalf of the Council:



Irene Pfeiffer
Councilor



Peter Macek
Councilor

Summary Statement of Operations

Year ended December 31, 2022, with comparative information for 2021

	2022	2021
Revenue:		
Registration, annual permit and license fees	\$ 9,869,899	\$ 9,244,643
Legal fees assessed	439,486	37,284
Other income	275,981	380,366
Prescribing application fee	97,216	95,118
Investment (loss) income	(192,512)	668,414
	10,490,070	10,425,825
Expenditures:		
Operations	3,197,110	2,638,033
Professional practice	1,858,336	1,687,018
Complaints resolution	1,104,207	1,087,585
Registration and licensure	1,077,026	1,029,162
Competence	1,025,268	793,747
Governance and legislation	885,812	575,604
Communications	578,169	510,272
Amortization	415,850	328,604
Partnership administration	185,971	178,546
	10,327,749	8,828,571
Excess of revenue over expenditures	\$ 162,321	\$ 1,597,254

Notes to the Summary Financial Statements

Year ended December 31, 2022

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.

Recognition



Student recognition



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.

2022 recipient – Oluwatobiloba (Tobi) Obatusin



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.

2022 recipient – Alexi Yuzwenko



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.

2022 recipient – Olivia Haller

Honorary Life Memberships

Honorary Life Membership awards are presented to current or former regulated members who, in the opinion of Council, rendered distinguished service to the practice of pharmacists or pharmacy technicians.

Sheila Kelcher

Sheila practised as a community pharmacist in Edmonton for 38 years and was a member of the academic staff at the University of Alberta’s Faculty of Pharmacy and Pharmaceutical Sciences for 26 years. She played a key role in shifting the curriculum at the faculty from being focused solely on medications to a patient-care focus.

Sheila also served on the Pharmacy Examining Board of Canada (PEBC) including a term as president. Part of her work included helping develop the Objective Structured Clinical Examination (OSCE), which objectively evaluates if pharmacy students have the necessary skills before beginning pharmacy practice.

After her retirement in 2008, Sheila established the Sheila Kelcher Scholarship with support from her friends, family, and colleagues to help support the next generation of pharmacists.

“I honestly was so surprised, and I had no idea ever that this would be an award coming my way,” said Sheila. “I got thinking about my pharmacy career, which was quite a long one and varied, and I realized I had many opportunities along the way to do some special things for the profession, so I guess that’s why it all worked out.”



Sheila Kelcher (centre), with (left to right) ACP councillor Fayaz Rajabali, registrar Greg Eberhart, and ACP councillors Peter Macek and Dana Lyons

Rosemary Bacovsky

Rosemary has been a leader in the profession, including having served as president of the Canadian Society of Hospital Pharmacists both provincially (1987-88) and nationally (1985-86). She was also a council member with the Alberta Pharmaceutical Association (1986-88). Rosemary was one of the earliest advocates for an expanded scope of practice for pharmacists.

“My vision was pharmacists taking a proactive role in drug therapy management and with independent prescribing privileges,” said Rosemary.

After leading a grassroots initiative to lobby decision makers, Rosemary contributed to an ACP task force which developed a framework for pharmacist prescribing in Alberta. When she first began her career as a pharmacist, she never could have imagined the scope of practice the profession enjoys today.



Rosemary Bacovsky (centre)

Honorary Memberships

Honorary Membership awards are presented to an individual who has never been a regulated member and has, in the opinion of Council, rendered distinguished service to the practice of pharmacists or pharmacy technicians.

Joan Pitfield

Patricia (Pat) Matusko, who nominated Joan for this award in 2021 prior to Joan’s passing, was honoured to accept the award on behalf of her colleague and friend. Pat got to know Joan through their time serving together on ACP’s Council, where Joan served as a public member from 2005-11.



Joan Pitfield
1948-2021

“Joan inspired me. She worked hard, using her expertise in law and her involvement in the community to advocate for Albertans,” said Pat. “She always brought her vigour and her empathy to the table.”

During Joan’s time on Council, important initiatives were underway, including the development of Standards of Practice for Pharmacists and Pharmacy Technicians and the Code of Ethics. Joan’s contributions from a public

perspective were instrumental, as was her deep community connection and her commitment to the Albertans she represented.

“Joan invariably would present the opinion of the public, even if it was not her own,” Pat explained. “She could debate a point as the public would.”

Lynn Paulitsch

Lynn Paulitsch was the first person hired by ACP when the college was formed in 2000. She served over 20 years as ACP’s Operations and Finance Director before retiring in 2020.

Lynn’s leadership was imperative during the inception of ACP and the Alberta Pharmacists’ Association (RxA), as it was during implementation of pharmacists’ new scope of practice, and when pharmacy technicians became regulated. Her commitment to ensuring the college was a “workplace of choice” was essential to building a strong team, having the skills and resources necessary to the college’s achievements.

“It was a real time of building, building our own team, and a time of divesting ourselves from the association. It took us and RxA a few years to figure out each other’s clear roles,” said Lynn of her early days with the college. “It was an exciting time to begin something new.”



Pat Matusko (centre)



Lynn Paulitsch (centre)

Opposite: ACP’s Welcome to Pharmacy event, October 28, 2022, Alberta Art Gallery





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