



2015 - 2016 Annual Report

Going the distance to care for Albertans



Our mission

The Alberta College of Pharmacists governs pharmacists, pharmacy technicians, and pharmacies in Alberta to support and protect the public's health and well-being. We take responsibility for pharmacy practice by setting and enforcing high standards of competence and ethical conduct.

Our vision

Healthy Albertans through excellence in pharmacy practice.

Our values

The Alberta College of Pharmacists values:

- The health, safety, and well-being of Albertans
- Professional and ethical conduct
- Accountability for decisions and actions
- Transparent expectations and processes
- Collaboration and partnerships
- Innovation and creativity in fulfilling our mission
- A positive culture and working environment for our employees

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This 2015-2016 Annual Report presents highlights of Alberta College of Pharmacists (ACP) initiatives from March 1, 2015, to February 29, 2016.

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Going the distance to care for Albertans

Message from the president and registrar



(L) Greg Eberhart
and Rick Hackman

Individuals, families, our communities, and our health system are increasingly benefitting from clinical services provided by pharmacists, and the new responsibilities being accepted by pharmacy technicians (Alberta's newest regulated health professionals). Over the past decade our college has worked with partners like Alberta Health, the Alberta Pharmacists' Association, the Faculty of Pharmacy and Pharmaceutical Sciences (University of Alberta), the Pharmacy Technician Society of Alberta, and other regulated professions to create enablers and overcome barriers important to these experiences.

These efforts have resulted in an environment that is the envy of pharmacists and pharmacy technicians across Canada, and the rest of the western world. And, most importantly, Albertans are benefitting from having their health needs addressed on a timely basis by the complimentary and overlapping scopes of practice exercised by our professions.

By incorporating their unique roles in the delivery of care to individuals, pharmacists have the ability to focus on clinical practice, while pharmacy technicians efficiently manage the technical responsibilities of dispensing – resulting in a high performance environment.

New Alberta based research has demonstrated the ability of pharmacists to identify individuals at risk of renal disease at a very early stage. This has huge potential for early intervention, improved patient health experiences, and cost-savings. Pharmacists have used new authorizations to actively manage diabetes patients and support them to achieve target blood glucose levels. They helped hypertensive patients to gain control of their blood pressure; anticoagulation patients manage their blood-thinners; and asthmatic patients enjoy more active, hospital free days by getting the right drugs and supporting them to use them properly. In 2015-2016 community based pharmacists administered more influenza immunizations through Alberta's publically funded immunization program than any other provider group. This list of experiences and opportunities continues to grow.

We are proud of our pharmacists and pharmacy technicians; and thankful to our partners who continue to work with us to develop new possibilities and even better experiences for the future. We welcome and encourage Albertans to share their pharmacy experiences with us, as your insight is equally important to pharmacy practice even better meeting your personal and family health needs.


Rick Hackman
President


Greg Eberhart
Registrar



Our journey

In the words of a public member on ACP council

Several years ago, while waiting at the pharmacy to have my prescription filled by a competent pharmacy technician, I watched a number of clients interacting face-to-face with a healthcare professional – the pharmacist. It struck me then that the public was being offered specialized, direct and personalized professional health care. I was impressed. We were being served from a specifically knowledgeable and professional level of care.

When I fast-forward to today and consider my role as a public member on the Alberta College of Pharmacists' council, my observation is the same, but with a twist.

As a public member of the college, I have the opportunity to express my appreciation for this unique role that pharmacy holds within the healthcare system. And yet, I also have the added personal responsibility to marry my once-perceived perspective of the

public's demand for a caring, informed, regulated and "centred-on-me" (aka: "person-centred") approach, to others' wellness plans and to their ill-begotten circumstances. As the saying goes, it is an honour and a privilege.

It is now my real experience that ACP plays an important collaborative and visionary role in the delivery of healthcare in Alberta. My role is to bring the perspective and the expectations of the public to the discussion table.

Time and again, I know WE are being heard.

Mary O'Neill
Public Member

Our 2015 journey in numbers*

1,154
Licensed Pharmacies
An increase of 4.4 per cent from 2014

71
New Pharmacies
Corporate 17
Independent 54

5,055
Clinical Pharmacists
A 6.2 per cent increase over 2014

501
New Pharmacist Registrants

782
New Pharmacy Students and Interns

1,560
Pharmacy Technicians
744 Regulated Pharmacy Technicians, 816 Provisional Pharmacy Technicians

*All data as of December 31, 2015



Marking significant milestones

In 2015, the Alberta College of Pharmacists saw many examples of high performing practices across Alberta in its ongoing efforts to help Albertans experience innovative and comprehensive health care. ►

“My family of four went to Shoppers Drug Mart in St. Albert for our flu shots this year. My husband is a paramedic who administers flu shots as part of his job, so he is quite familiar with the process and what the patient experience should be like. We all had a positive experience and would definitely go back to our pharmacy for our shots next year.”
 – Shanlyn Cunningham, St. Albert

- As of February 29, 2016, there were 1244 pharmacists with additional prescribing authorization in Alberta, an increase from 841 the previous year. Being authorized to initiate drug therapy enables pharmacists to actively respond to the health needs of patients they serve.
- Pharmacists immunized over 465,000 Albertans during the 2015-2016 Influenza Immunization Program.
- Pharmacy technicians are critical to advancing pharmacy practice in Alberta. In 2015, 744 new pharmacy technicians completed the necessary requirements to become registered members with the college and fully integrated into pharmacy practice teams. Their technical work enables pharmacists to spend their time providing direct patient care.

- ACP unveiled a new competence program for pharmacy technicians to support their professional development.
- ACP celebrated many outstanding pharmacy practitioners, leaders and future leaders of the professions in 2015 for their contributions and professional successes in pharmacy.
- The college received a 100 percent satisfaction rating from individuals who had forwarded issues of concern, and upon conclusion, responded to our college's satisfaction survey.

(L-R) Galina Annenkova, Dwayne Alahakkone, Kenzie Mergaert, Christine Wernikowski-Woo, Valerie Kalyn, Simon Hoang, Angie Park, April Pratt. This team, from Shoppers Drug Mart Millrise Centre, are past recipients of the W.L. Boddy Pharmacy Team award. CALGARY

Observations from the field in 2015

- Many pharmacists provide remote clinical services for their patients. Pharmacists are going to lodges and residences to provide support, conduct assessments and develop plans to meet patients' health priorities.
- Pharmacies are becoming the destination of choice for patients wanting flu vaccinations or injection services. Today very few pharmacists are not authorized to administer injections.
- The expectations individuals have of their pharmacist are evolving. Just as getting injections at a pharmacy is now the norm, expectations from patients are evolving to include advanced clinical care, including developing care plans and prescribing where appropriate.
- Expectations from other health professionals are changing about the role of pharmacists. More and more physicians rely on pharmacists' clinical expertise through collaborative team relationships to enhance care for their patients. An increasing





Michelle Berresheim, clinical practice leader at Queen Elizabeth II Hospital, expertly gives a patient a flu injection. Michelle is a 2015 Future of Pharmacy Apex award recipient. GRANDE PRAIRIE

number of individuals are being referred by physicians to pharmacists for drug-related decisions.

- Pharmacy design is evolving. New pharmacies are designed to enhance clinical services for patients (e.g., one or more private assessment or injection rooms) and to facilitate pharmacist/patient accessibility (e.g., access to a pharmacist at prescription drop off).
- A growing number of pharmacies successfully utilize regulated technicians in their workflow to create efficiencies and to minimize technical roles historically performed by pharmacists. Improved workflow allows pharmacists more time to spend with their patients in a clinical role.
- A growing number of pharmacists experience a general feeling of excitement and improved job satisfaction as they expand their clinical focus in fulfilling their scope of practice.

Ensuring the health and wellness of our communities is a collective responsibility. Influenza is ranked among the top 10 infectious diseases affecting the Canadian population and, as healthcare professionals, pharmacists play an important role in the battle to stop its spread. Pharmacists' participation helps protect high risk groups including children, seniors, pregnant women, and those working in close contact with vulnerable patients and seniors.

A scenic landscape of a mountain lake. In the foreground, several large, smooth, brown and grey rocks are scattered along the shore. The water is a clear, vibrant blue, reflecting the surrounding mountains and sky. In the middle ground, a small red boat with several people is on the water. The background features steep, rocky mountains with patches of snow and dense evergreen forests. The sky is a clear, bright blue with a few wispy clouds.

Guiding the way: Council highlights

The ACP Council is the policy-making group who provides leadership and guidance for pharmacy in Alberta. Council is comprised of nine elected practitioners and three government appointed public members. ▶

The past year has been exciting for ACP and the professions we govern. We've followed through on our commitment – to invest in improving pharmacy practice; to support pharmacists and pharmacy technicians (the professions) to perform confidently to a high standard, regardless of their practice environment; and to create building blocks for change in our health system that will result in better patient experiences.

The college's greatest responsibility is to Albertans, ensuring they receive safe, effective, appropriate pharmacy care. In our 2016–2020 strategic plan, we have built a foundation where all patients will come to



Back row (L to R): Al Evans; Jennifer Teichroeb; Kamal Dullat; Brad Couldwell; Greg Eberhart; Bob Kruchten.
 Front row (L to R): Kelly Olstad; Taciana Pereira; Brad Willsey; Mary O'Neill; Rick Hackman; Kelly Boparai.
 Missing: Clayton Braun, Mehnaz Anwar and Dr. James Kehrer

more clearly understand the expectations they should have of their pharmacy team. They will have access to all available pharmacy services and experience consistency at every visit. The college will continue to support and enable the professions to put individuals at the centre of care!

Strategic planning

If we truly put individuals at the centre of their care, we must be responsive, challenge old norms, collaboratively drive change within our health system, and invest in ways to improve how services are delivered.

While some changes can be achieved quickly; others – like legislative change – can take years.

Having insight into the current operating environment of ACP and the professions, council explored the following questions when developing our plan for 2016-2020:

- How can we enhance the public's understanding and expectations about what pharmacists do?
- How can we improve the consistency of quality pharmacy practice across Alberta?
- How can we improve the quality of patient assessments performed by pharmacists prior to making drug use decisions (for dispensing, prescribing, or injecting purposes)?
- How can we enhance the use of pharmacy human resources; and specifically, how can pharmacy technicians be more effectively incorporated into practice?

Council

Councillors

- Brad Willsey, District 1
- Clayton Braun, District 2
- Rick Hackman, District 3
- Taciana Pereira, District 3
- Kelly Olstad, District 4
- Kamal Dullat, District 5
- Brad Couldwell, District 5
- Kelly Boparai, Pharmacy Technicians-District A
- Jennifer Teichroeb, Pharmacy Technicians-District B
- Al Evans - Public Member
- Bob Kruchten - Public Member
- Mary O'Neill - Public Member

Non-voting members

- Dr. James Kehrer, Dean, Faculty of Pharmacy and Pharmaceutical Sciences
- Mehnaz Anwar, Vice President-Academic, Alberta Pharmacy Students' Association



Pharmacist/owner Graham Anderson consults with pharmacy assistant Chelsea House at Sherwood Dispensaries. Graham is a 2016 Future of Pharmacy Apex award recipient. SHERWOOD PARK

Setting goals for 2016-2020

Pharmacy technician integration

Pharmacy technicians will be integrated into pharmacy practice teams, exercising responsibility for roles they are authorized to fulfill.

Appropriate patient assessments

Pharmacists will consistently conduct an appropriate assessment of each patient prior to providing any pharmacist service.

Comprehensive patient care records

Patient care records will include continuous documentation of pharmacist assessments, treatment plans, record of care, and monitoring results.

Access to prescribing and injections

Patients will have access to pharmacist prescribing and injections through all licensed pharmacy practice settings.

Patient expectations

Patients will expect pharmacists to provide appropriate assessments, advice, and support about their health (treatment) plan at each encounter.

Sterile compounding – preparation and administration guidelines for medication, vaccines and injection safety

Pharmacy compounding involves the preparation of customized medications that are not commercially available for individual patients with specialized health needs. Injection and intravenous therapies are becoming more complex. Patients may now receive continuous antibiotic therapy or chemotherapy, among other therapies, for several days at home. Consequently, attention must be paid to: the environment in which these products are prepared, the training of personnel, and to the quality assurance procedures to prevent complications and to protect the public more generally.

Council approved, in principle, new standards for compounding sterile hazardous and non-hazardous products developed Canada-wide through the National Association of Pharmacy Regulatory Authorities (NAPRA), *Model National Standards for Compounding Sterile Hazardous and Non-Hazardous Drug Products*. The standards were developed under the guidance of a national steering committee, including pharmacists with compounding expertise. Additional requirements

in the new standards include an onsite quality assurance program, increased oversight, beyond-use-dates and recall procedures, among others. Subject to further review, council looks forward to final approval later in 2016; including guidance for implementation and compliance.

Amendments to Alberta's Scheduled Drugs Regulation

The *Scheduled Drugs Regulation*, which define access to all drugs, expires in September, 2016. In Alberta, drugs fall under one of the following scheduling categories:

Schedule 1: Drugs that require a prescription as a condition of sale.

Schedule 2: Drugs that are available only from the pharmacist and without a prescription. There is no opportunity for patient self-selection.

Schedule 3: Drugs that are available without a prescription from the self-selection area of a pharmacy.

Unscheduled: Drugs not listed in Schedule 1, 2, or 3 which may be sold from any retail outlet.

ACP will be reviewing the current regulation and make recommendations to Alberta Health for possible amendments of particular drugs.

Non-prescription codeine products and vaccines

Non-prescription codeine products are narcotics used in the treatment of coughs and mild to moderate pain. If misused or abused, some products can cause serious side effects, including: liver failure, slowed heart rates, stomach pain, and nausea. In 2015, council began



exploring opportunities to amend the *Scheduled Drugs Regulation*, expiring in 2016, to move non-prescription codeine products from Schedule 2 to Schedule 1 to address the misuse and abuse of these drugs.

Mandatory immunizations

Pharmacists are primary health care providers who are easily accessible by most Albertans. Pharmacists advocate for individuals and families to be immunized, as this is one of the best lines of defence against being affected by influenza. Council examined the issue of whether pharmacists and pharmacy technicians should be mandated to receive annual influenza immunizations. Further research on the feasibility of a mandatory immunization policy will take place in 2016.

Serena Rix (left), pharmacist, Grey Nuns Community Hospital, reviews patient records with pharmacy technician Allana Evans. Serena received the highest honours from the Apex award committee in 2016 - the Award of Excellence.
EDMONTON



Taryn Heck (right), clinical pharmacist, Mazankowski Alberta Heart Institute examines a patient's medication with team member Darlene Rebeyka. Taryn is a 2016 Future of Pharmacy Apex award recipient. EDMONTON

Guidelines for hand hygiene and medication and injection safety

ACP works with the College of Physicians and Surgeons of Alberta and the College and Association of Registered Nurses of Alberta to develop standardized guidelines across the professions. These guidelines for 'medication and injection safety' and 'hand hygiene' are based on infection prevention and control principles. The intent is that these guidelines will be adopted by all three colleges to create standard expectations for pharmacists, nurses, and physicians for hand hygiene and medication, vaccine, and injection safety. Council accepted the guidelines with minor amendments in principle and a final version is anticipated in 2016.

Structured Practical Training

Structured Practical Training is a supervised competency-based training period that provides new pharmacist and pharmacy technician candidates the opportunity to practice their skills in a supervised

practice environment before assuming sole responsibility. Council approved new rules for ACP's Structured Practical Training Program (SPT) for both the pharmacist and pharmacy technician programs. A new and comprehensive SPT program to support internationally trained candidates will also be rolled out in 2016.

System-to-system interface with Netcare

Netcare is a secure and confidential electronic system that hosts limited personal health information about Albertans, available to authorized health professionals at the point of care. Health professionals having access to complete patient health information, are able to make better decisions about their patients' health care.

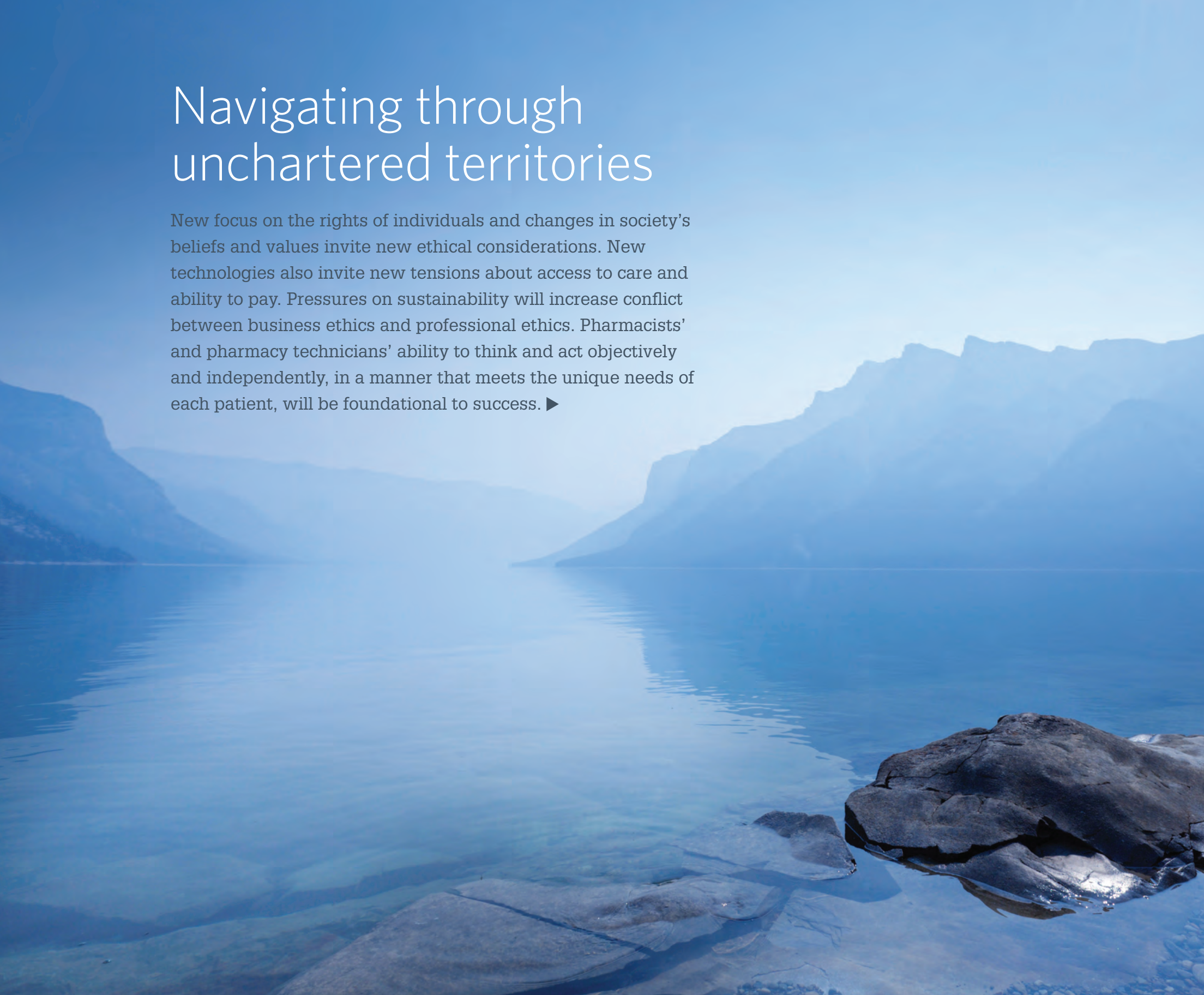
A real time interface between pharmacy practice management systems and Netcare would allow pharmacy teams easier access to more up-to-date and complete information. Additionally, a real time interface can improve workflow, which is important to pharmacy team efficiency and effectiveness.

Council considered the feasibility of mandating a real time interface at all licensed pharmacies, observing this as a critical success factor to pharmacist performance. Council committed to working with government and the Alberta Pharmacists' Association (RxA) to jointly achieve the desired end state, which will enhance both pharmacists and patient experiences.

Complementary to this initiative, ACP continues to work with government and other partners to implement an e-prescribing solution. This is an example of how secure electronic communication has potential to improve communication between individual's health team members.

Navigating through uncharted territories

New focus on the rights of individuals and changes in society's beliefs and values invite new ethical considerations. New technologies also invite new tensions about access to care and ability to pay. Pressures on sustainability will increase conflict between business ethics and professional ethics. Pharmacists' and pharmacy technicians' ability to think and act objectively and independently, in a manner that meets the unique needs of each patient, will be foundational to success. ►



Physician-assisted death

Physician-assisted death (PAD) will likely include the services of a pharmacist and/or a pharmacy technician in preparing and dispensing drugs.

ACP engaged with the Alberta Pharmacists' Association, the College of Physicians and Surgeons of Alberta, Alberta Health, and Alberta Health Services to address how physician-assisted death will be implemented in Alberta. Guidance was provided to pharmacists and pharmacy technicians about how to comply with ACP's Standards and Code of Ethics, in a transitional environment where federal and provincial legislation to support PAD remains under discussion and development. A working group continues to address protocols, processes, accessibility to drugs, procedural safeguards, and the integration of AHS and community-based services.

Point of care testing

With emerging technologies, patients will more actively participate in their care and will seek advice that supports their personal health needs. They will increasingly access more health information through new sources (not all of which may be correct or understood by them). They will engage in more self-care and self-diagnosis, and will want faster and easier access to services that support them in achieving

their personal health goals. In 2015, ACP initiated a project to develop a framework to guide pharmacist and pharmacy technician decision-making when using point of care technologies. The final framework will address roles, responsibilities, knowledge, ethics, practice environments, privacy, and record keeping, amongst other considerations.

Combating opiate deaths

There were 213 deaths involving fentanyl in the first nine months of 2015. Fentanyl is a synthetic opiate, primarily used for pain management. It is a drug that is legal with a prescription and is 100 times stronger than morphine. Illicit sources of fentanyl are a major contributor to the escalation in deaths that have been observed.

ACP worked with Alberta Health, Alberta Health Services (AHS), and the Alberta Pharmacists' Association to consider regulatory amendments, and develop programs and processes to enhance community based access to Naloxone; an antidote to fentanyl and other opiate overdoses. Naloxone kits were developed by AHS, and as of February 26, 2016, 396 pharmacies had registered to provide Naloxone kits. This complemented access that was facilitated through nurses, first responders, and other community based agencies.



The driving force of partnerships

“We know that to be effective, we cannot operate in isolation. We must be inclusive of a diversity of perspectives and partnerships in order to maintain a keen awareness of our evolving landscape, while training a purposeful eye toward distant horizons.”

– Rick Hackman

excerpt from presidential inaugural address, June 2015 ▶



(L-R) Andrea Pickett, Melissa Dechaine, Tara Grimstead are pharmacists at the St. Albert and Sturgeon Primary Care Network and are recipients of the 2016 W.L. Boddy Pharmacy Team award. ST. ALBERT

Recognizing our partners

It is important that we recognize our partners, who are instrumental to the work we do, and the successes we experience. None are more important than the public we serve, and who through government have given us the privilege to govern pharmacists, pharmacy technicians, and the operation of pharmacies in Alberta. Our relationships and engagement with other partners is diverse. Some are strategic alignments. Others support program delivery or research and innovation that is important to pharmacy's contribution to an accessible and sustainable quality health system.

Through the National Association of Pharmacy Regulatory Authorities (NAPRA), we work together with other provincial colleges of pharmacy to bring

national consistency to the governance of pharmacy practice across Canada. Provincially, we work through the Alberta Federation of Regulated Health Professionals (AFRHP), to positively impact policies, programs and legislation. This is to improve the governance and practices of health professionals governed under the Health Professions Act.

We are privileged through the *Health Professions Act* to be responsible for establishing the minimum educational requirements for pharmacists and pharmacy technicians. This includes recognizing schools that are able to deliver candidates able to meet these requirements. We achieve this through our support to the Canadian Council on the Accreditation of Pharmacy Programs (CCAPP), a national entity that accredits schools of pharmacy and pharmacy technicians across Canada.

With this foundation, we are privileged to have a close working relationship with the Faculty of Pharmacy and Pharmaceutical Sciences (U of A) and Alberta's accredited pharmacy technician programs to develop well educated, competent new candidates for pharmacy practice. The Pharmacy Examining Board of Canada (PEBC) is our national partner, who we recognize as our authority in evaluating both pharmacists and pharmacy technicians before they enter practice. In each case, PEBC administers written and practical evaluations that are competency based and psychometrically valid, to ensure that only qualified individuals become registered to practice in Alberta.

Pharmacists and pharmacy technicians must continue learning throughout their professional careers. We support the Canadian Council on Continuing Education for Pharmacists (CCCEP), which accredits professional development programs for pharmacists and pharmacy technicians, and facilitates access to

them. Complementary to our provincial educational programs for pharmacists and pharmacy technicians, our major partners in delivering professional development are the Alberta Pharmacists' Association (RxA) and the Pharmacy Technician Society of Alberta, respectively.

We have responsibility to develop and monitor registrant adherence to our standards of practice and our code of ethics. Today, overlapping scopes of practice between professions are common in Alberta. Therefore, we work closely with other provincial



Above: Roberta Stasyk, manager, Pharmacy Services at the Royal Alexandra Hospital, regularly consults with her 140-member team, including clinical pharmacist Edward Leung, as seen here. Roberta was the recipient of the prestigious M.J. Huston Pharmacist of Distinction award in 2015. EDMONTON

regulators, whose members perform similar or complementary roles to our registrants, to develop common standards and guidelines where possible. During the past year this was demonstrated through our partnership with other colleges to develop guidance on “Hand Hygiene” and for “Medication and Injection Safety”.

Our interest in continuously improving how our registrants contribute effectively and responsibly to the healthcare experiences of Albertans require enabling policies, programs and legislation. We develop these foundations in partnership with Alberta Health, the Health Quality Council of Alberta, and Alberta Health Services. During this past year, we contributed substantively to improving access to Naloxone as an intervention to combat opiate overdoses. We provided guidance and protocols for pharmacists to support physicians prescribing drugs for physician-assisted death, and enhancements to Alberta’s provincially funded immunization program.

Left: Abdul Kanji is a pharmacist/owner of Corner Drug Store. He is a past recipient of the Pfizer Consumer Healthcare Bowl of Hygeia award. CALGARY



Piloting a course for change

Understanding the nature of trends and current issues within our environment strengthens our ability to plan and respond to factors that could have a significant impact on pharmacy practice and ACP's operations in the future. We must ask ourselves: What might happen? What are our options? What will we do and how will we do it? ►



ACP Pharmacist Survey 2015

ACP conducted a comprehensive survey, combined with focus groups with clinical pharmacists, to learn about pharmacists' perspectives about their practices, opportunities and threats they face, and to measure their expectations and satisfaction of ACP. ACP's next survey will be in 2018, and will be its first to reach all stakeholders simultaneously – including the public, stakeholders, and all ACP registrants.

Highlights

Opportunities in pharmacy

- There is excitement about the opportunities to participate as a part of patients' clinical teams.
- Pharmacists recognize that additional prescribing authorization gives them increased opportunities to provide patients with a higher level of care.
- Pharmacists note that they will need to rely on their team, including pharmacy technicians, in order to successfully transition to a more clinical role.
- There are some pressures and concerns around potentially changing and expanding roles and the impact that this has on day-to-day work.

Expectations of ACP

- Pharmacists place a great deal of importance on the development and enforcement of high standards of practice.
- Pharmacists feel that ACP does an excellent job of determining entrance requirements, promotes high standards of practice, and protects the general public.

- Pharmacists would like ACP to do more to ensure safe practice environments – coaching and mentoring registrants to achieve compliance with practice standards.
- Education and skill development are important to pharmacists, showing the importance of ACP and the Alberta Pharmacists' Association working together on continuing education.
- Pharmacists feel that ACP does a good job of communicating expectations and in governing the profession overall. There is less agreement that ACP understands the complex practice challenges faced by registrants. This may be a reflection of a perceived lack of empathy versus a lack of knowledge or awareness.

Changing role of pharmacists

- Pharmacists anticipate they will be doing 'more' in the next few years – more involvement, monitoring, decision-making, and less counting, dispensing, and technical work.
- There is a high degree of agreement that pharmacists' roles should include education and support, promotion of healthy choices, and coordination of drug therapies.
- Younger pharmacists are significantly more likely to embrace a more encompassing role for pharmacists, including all aspects of helping patients in public health, chronic disease, primary care, and pain management. However, pharmacists of all ages are least likely to be comfortable with a role in the treatment of mental health and addiction.



Jody Keller is the pharmacist/owner of Carstairs Family Pharmasave and Didsbury Pharmasave. Jody was a past recipient of the prestigious M.J. Huston Pharmacist of Distinction award.

PHARMACIST FEEDBACK ...

"Medication reviews and assessments are a great opportunity to see the complete picture of a patient's health – advanced prescribing authority will give me opportunities to give better care to patients."

A vision for the future of pharmacy in Alberta

The Alberta College of Pharmacists (ACP) and the Alberta Pharmacists' Association (RxA) worked with thought leaders in health care, higher education, government, pharmacy innovators, and researchers to create an innovative, relevant, and pragmatic roadmap for the future of pharmacy in Alberta.

Each partner brought unique perspectives and generously shared their insights and interpretations of 'person-centred care'. Through vigorous discussions, the partners revealed a path for pharmacists and pharmacy technicians in Alberta's health system.

The roadmap will serve as a guide for ACP and RxA to identify, prioritize, and align strategic priorities. Equally important, the roadmap will also help ACP and RxA identify the relationships with the key stakeholders critical to the success of the work set out in *Pharmacy 2025 – a vision for the future of a healthy Alberta*.

Research and innovation

Targeting hypertension by helping pharmacists deliver enhanced patient care

Patients with high blood pressure benefit from the expanded role played by pharmacists in Alberta. This is according to the Rural Alberta Clinical Trial in Optimizing Hypertension (RxACTION) study, led by Dr. Ross Tsuyuki, professor of medicine at the Faculty of Medicine & Dentistry and a member of Alberta Health Services Cardiovascular Health & Stroke Strategic Clinical Network.

In the study, researchers compared conventional treatment of hypertension to "enhanced" pharmacist care — in which pharmacists independently prescribe antihypertensive drugs and take a more active role in managing patients. They found that at six months, the enhanced care resulted in significantly larger reductions in both systolic and diastolic blood-pressure compared with usual care. Patients who received the enhanced care were also twice as likely to reach their recommended blood-pressure targets as those treated conventionally. The RxACTION project included 248 patients from 23 communities — most of them in rural Alberta.

The results consistently demonstrate that pharmacists working at full scope of practice are highly effective in supporting patients in achieving personal health targets. Through the effective use of laboratory results, they can contribute to the early detection of secondary and tertiary health conditions. These results are important to patients, the health system, and the profession.

PHARMACIST FEEDBACK ...

"There is opportunity to further develop scope of practice of pharmacists in the delivery of cognitive and other pharmacy services."

Dr. Ross Tsuyuki (left) is joined by Lonni Johnson (right), a pharmacist who participated in the study, along with her patient Bernie Frost, who took part in the RxACTION study for three years.



Perceptions of pharmacists' roles in the era of expanding scopes of practice

Dr. Christine Hughes and Terri Schindel with the Faculty of Pharmacy and Pharmaceutical Sciences at the University of Alberta led an ACP sponsored research project. The focus was to understand how pharmacists and other stakeholders including other health care professionals, administrators, and the public, perceive the pharmacist's role in changing the health care environment in Alberta.

The team's published report, "*Perceptions of pharmacists' roles in the era of expanding scopes of practice*" was published by Research and Social and Administrative Pharmacy and is available for purchase online by visiting www.ScienceDirect.com.

Below is the written summary extracted from: "*Perceptions of pharmacists' roles in the era of expanding scopes of practice.*"

"The role of the pharmacist, as perceived by pharmacists and other stakeholders, is changing in Alberta, shifting toward patient care in contrast to a focus on drug distribution. This shift is associated with collaboration and the assumption of greater responsibility for patient care. The regulatory framework and compensation framework for clinical pharmacy services create a unique practice environment that support pharmacists' roles in the era of expanded scopes of practice. However, inconsistencies among pharmacists in taking up the expanded role, including prescribing, and the diversity of views among pharmacists in terms of how they describe the pharmacist's role and the importance of various day-to-day activities in practice, suggest that change is still ongoing as pharmacists make meaning of their new roles and the expanded scope of practice in Alberta. There is a need to revisit the status of pharmacists' roles worldwide as scopes of practice, professional roles, and activities change over time."



ACP Council members commit to their Change Day pledges. Back row (L to R): Bob Kruchten, Terri Schindel (representing U of A Faculty of Pharmacy), Brad Willsey, Kamal Dullat, Al Evans, Clayton Braun, and Mehnaz Anwar. Front row (L to R): Jennifer Teichroeb, Rick Hackman, Taciana Pereira, Kelly Boparai, and Kelly Olstad.

Change Day Alberta

Through the Health Quality Council of Alberta's Health Quality Network, ACP was a proud sponsor of Change Day Alberta. This exciting social movement centred on the idea that one act can lead to improvement in care for patients, clients, residents, families, and the health system. Change Day allowed every Albertan, whether they work in healthcare or not, to share their ideas freely and contribute to an improved health system.

Change Day began as a grassroots movement started by the UK's National Health Service. It has grown to become a global movement with campaigns taking place in Australia, New Zealand, Saskatchewan, British Columbia, and Alberta.

Leading up to April 4, 2016, Albertans were invited to make a pledge for change, share it, and act on it. Pledges were divided into three main categories: My Health, Caring for Others, and Start Something New. Pledges were made directly on the Change Day Alberta website by visiting: www.changedayab.ca

ACP employees embraced the Change Day movement by proudly displaying their pledges on office doors and cubicle walls. This act promoted accountability and sparked conversation about what could be done to support one another in following through with pledges and acting on ideas for change. ACP Council members also demonstrated leadership and support for the Change Day movement by engaging those within the communities where they live and work.

A misty forest of birch trees with a path leading through them. The trees are tall and thin, with white bark and dark spots. The ground is covered in green grass and bushes. The overall atmosphere is serene and natural.

Strengthening the pathways to accountable and competent pharmacy practitioners

ACP ensures that only qualified pharmacists and pharmacy technicians are licensed to practice, that they maintain their knowledge and skills at the highest level possible; and we also ensure all pharmacies provide a practice environment that supports quality care and patient safety. ►

Professional Practice

ACP promotes person-centred, collaborative health care that best uses the skills and knowledge of all health care professionals. Through our work, we support pharmacists and pharmacy technicians to perform confidently at a high level.

ACP's pharmacy practice consultants (PPCs) assess pharmacies and help pharmacy teams to best meet the college's standards in their own practice setting. During a three-year cycle, every pharmacy is visited by a practice consultant who conducts a routine assessment focusing on the pharmacy operations and practices. The PPCs conduct a six-week post-routine follow-up visit, and another after three months. Should pharmacies demonstrate a need for additional support, the PPCs schedule supplementary visits.

Pharmacy assessment in 2015 performed by type

Data as of December 31, 2015

Routine	417
Consultation*	488
Follow up	399
Sterile compounding	17
Sterile compounding consultation	15
Sterile compounding follow-up	14
Renovation	4
Relocation	13
Directed visit	57
Total	1424

*Some consultations are performed remotely

Performance

To ensure ACP delivers resources where they are needed most, ACP classifies pharmacies as high, medium, or low performing. The classification is based on a series of indicators in six comprehensive categories: practice environment, which includes staffing and workload; assessment, care plan and follow up; documentation; communication; quality assurance programs; and complaints. The aim of the ACP is to support and empower pharmacy teams to practice confidently at a high level in each of these areas, and ensure Albertans receive quality care at every visit. ACP provides coaching opportunities, and the tools and resources needed to support pharmacy teams in achieving positive and long-term sustainable change.

Percentage of pharmacies:

	High performing	Medium performing	Low performing
2015	66.8%	29.6%	3.6%
2014	71%	26%	3%
2013	66%	29%	5%

Successes in practice

- The level of patient care and monitoring by pharmacists has never been better and the corresponding documentation is reflecting that care. Pharmacists realize the importance of documenting to facilitate patient monitoring and to support clinical decision-making.
- Pharmacists embrace holistic care of their patients, and prioritize care with patient involvement.
- Many pharmacists have now evolved their practice to provide regular monitoring of their patients and their health conditions, not just their medications.

PHARMACIST FEEDBACK ...

"I would like to thank you for your guidance and support. You have assessed my pharmacy in a professional, friendly, fair and impartial way."

PHARMACIST FEEDBACK ...

"The visit was unexpectedly positive! I felt that the ACP was genuinely there to work with me for the advancement of my practice and improvement of patient care."



Travis Featherstone is a past APEX Future of Pharmacy award recipient. He is an innovator and is excited about the breadth of learning opportunities available to pharmacists. EDMONTON

PHARMACIST FEEDBACK ...

"I thank you for the fruitful visit to our store! Your words of appreciation have inspired me to do more. I believe that our expanded scope of practice will empower us, all the more, in the realm of wellness."

This level of care has created a stronger pharmacist/patient relationship and has enabled pharmacists to play a larger role in the well-being of individuals.

- Pharmacy teams believe and practice the importance of vital behaviours:

Connecting with patients – Pharmacists should engage patients at every encounter and create an opportunity for patients to collaborate in their care.

Confirming and documenting indication – Gathering the indication for use is essential to determining if a medication is appropriate for individuals. Pharmacists are encouraged to document the indication, so other pharmacists can access this information. This provides valuable information at the next encounter and promotes continuity of care for individuals

Accessing Netcare – Netcare is a critical source of information in conducting a thorough assessment. Pharmacists should use Netcare routinely as part of their assessment, care plan development, and follow-up.

Assessing at refill – Pharmacists are encouraged to go beyond asking, "Do you have any questions?" Pharmacists should enquire specifically about how therapy is progressing, whether the individual is experiencing the desired result, and if the individual is experiencing any unwanted side effects or toxicity. By reconnecting with individuals, pharmacists can find out how their medications are working for them and adjust their care plan as needed.

- There are niche pharmacies that operate in very collaborative environments. The pharmacist is a valued member of the team and participates in the intake process – a medication review is completed

and a monitoring plan is put into place. These types of practices extend beyond Primary Care Networks and are now opening in the community.

Common Opportunities for improved practice

Pharmacists and pharmacy technicians continually strive to improve their practices, build upon their knowledge and skills in order to provide Albertans with an accessible and supportive environment for primary care. Opportunities for improvement continue in the following areas:

- Building rapport and engaging individuals at every encounter to create opportunities for individuals to collaborate in their care.
- Ensuring individual records are comprehensive, consistent, and support continuous care (e.g., assessment and care plans).
- Further integrating pharmacy technicians into the dispensing process and focusing more time on individual care.
- Pursuing real time interface between pharmacy practice management systems and Netcare to allow pharmacy teams easier access to more up-to-date and complete information.
- Innovative practice settings are evolving. Emerging opportunities will change the traditional ideas and how pharmacists and pharmacy technicians practice, and ACP must proactively respond to factors impacting the profession of pharmacy.

Competence

The Alberta College of Pharmacists fosters professional growth that inspires and empowers pharmacists and pharmacy technicians to continuously enhance their practices and support Albertans' health and well-being.

Maintaining competence is a professional responsibility and the hallmark of self-regulated professionals. According to ACP's Code of Ethics, pharmacy technicians and pharmacists have a professional responsibility to:

- Continuously improve their level of professional knowledge and skill;
- Take responsibility for maintaining a high standard of professional competence;
- Evaluate individual practice and assume responsibility for improvement; and
- Keep informed about new pharmaceutical knowledge.

With a shared vision of excellent pharmacy practice, ACP and its registrants work together to identify competence goals and milestones signifying success and ensure that learning transfers into practice.

Continuing competence program for pharmacists

Each year, as part of annual permit renewal, pharmacists must confirm they have completed professional development requirements. A new online program was launched in 2014 to help pharmacists develop professionally, track their growth over time, and build a portfolio to showcase their knowledge, skills, and abilities. Pharmacists completed the first cycle of the new competence program in July 2015.

Pharmacists participated in learning activities related to: pharmacy practice, improving their medical knowledge, and incorporating a systems-based approach to problem solving and continuous improvement. For example, some learning outcomes demonstrated by pharmacists included:

- Incorporating a new step/tool into the patient care process;
- Managing a patient's drug therapies and completing a care plan;
- Implementing a new or revised policy, procedure, or program within their pharmacy; or
- Executing a health promotional activity or implementing a patient education program.

Competence program survey

Over 1300 pharmacists completed a feedback survey on the new competence program. Their input led to the creation of several new program tools to help pharmacists succeed. Of the pharmacists who responded to the survey:

82% either agreed or strongly agreed that the program helped them maintain and/or improve their competence

81% 81 percent either agreed or strongly agreed that the competence program portal was easy to navigate

39% 39 percent rated the competence program as excellent or very good and 34 percent as good

PHARMACIST FEEDBACK ...

"I like that it 'makes' us do useful and practical continuing education to better our practice I believe it is a very useful program and I think will help me become a better pharmacist!"



Robert Mattice, pharmacist/owner of Grand Centre Value Drug Mart, takes pride in building strong patient relationships. Robert is the recipient of the 2015 Pfizer Consumer Healthcare Bowl of Hygeia award. COLD LAKE

PHARMACIST FEEDBACK ...

"I enjoyed the flexibility of the new program. I found the ability to apply it to one's practice environment in an individual manner welcoming. Being able to submit real life learning in an area of interest provided validity to the program and reduces the anxiety of being evaluated on areas outside of one's everyday practice."

Hugo Leung is a past APEX Future of Pharmacy award recipient. He is known for taking a multifaceted approach to influence how pharmacists practice in the future. EDMONTON



Auditing professional portfolios

ACP selects a percentage of portfolios to be audited by standardized pharmacist assessors. Portfolios may be selected for audit through random selection, based on a late or incomplete portfolio submission, or upon request of the registrar. The purpose of the audit is to conduct a random check – ensuring the competence program is meeting its objectives; that learning is being implemented into practice and is meeting established requirements.

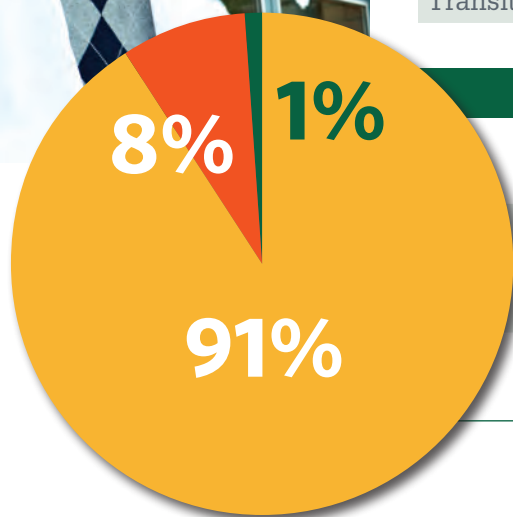
In 2015, 535 portfolios were audited. Of those, 91 percent met/exceeded established requirements. Another eight per cent did not meet the established requirements due to minor deficiencies. Only one percent of the audited portfolios had significant gaps, errors, or omissions, and these pharmacists were referred to the competence committee for support.

Audited portfolios in 2015

Total portfolios audited	535
Random selection	473
Late submissions	44
Transitioned from previous program	18

Audit results

Met/exceeded established standards	485 (91%)
Did not meet the established standards due to minor deficiencies	42 (8%)
Referred to competence committee	8 (1%)



ASSESSOR FEEDBACK ...

"I am impressed with the pharmacists I audited. Each pharmacist, in their own right, is making a difference to our society. I am humbled and I will strive to do better myself."

Transition pathway for pharmacy technicians concludes

Pharmacy technicians became the newest regulated health profession in Alberta on July 1, 2011 and the newest registrants of the Alberta College of Pharmacists.

Candidates, not having graduated from an accredited pharmacy technician program were provided a four-year window to complete a bridging program, qualifying examinations, and transition to becoming a pharmacy technician. Bridging was designed to supplement knowledge gained through a combination of formal education and/or on-the-job training.

In December 2015, the bridging pathway to becoming a pharmacy technician closed. At the December 31, 2015 deadline, there were 744 individuals registered on the pharmacy technician register compared to 457 in 2014. Effective January 1, 2016, candidates who wish to register on the pharmacy technician register must be a graduate from an accredited program or be licensed in another Canadian jurisdiction. With the close of the bridging program, a substantive increase in the number of pharmacy technicians will be evident in next year's annual report.

New competency program for pharmacy technicians

ACP's new Continuing Competency Program (CCP) for pharmacy technicians is designed to help technicians identify their learning needs, create plans to bridge knowledge gaps, and record and reflect upon their learnings. By identifying appropriate learning activities and implementing that learning into practice, pharmacy technicians can continually build their competence and confidence to assure individuals and health care colleagues that they are able to provide quality care throughout their career.

The CCP for pharmacy technicians rolled out in January 2016, with the first cycle results to be reported in the 2016-2017 annual report.

Additional prescribing authorization

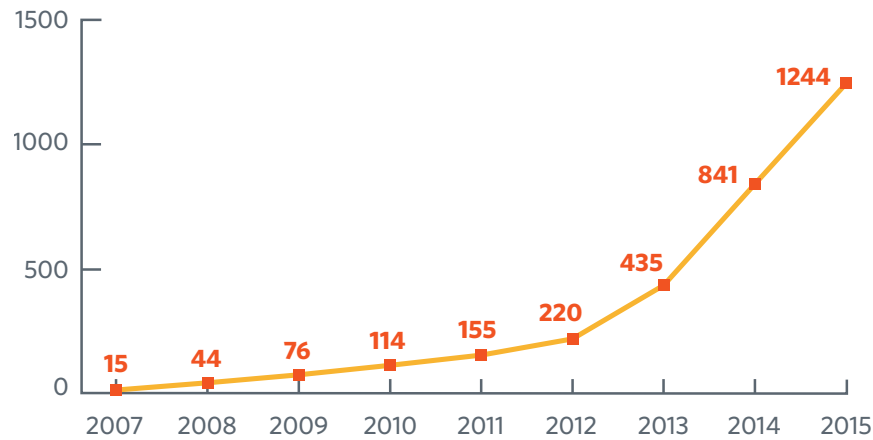
All pharmacists in Alberta have been authorized since 2007 to prescribe drugs to adapt prescriptions initiated by another prescriber (e.g., refill, change the dosage form, or substitute a generic for a brand name drug). A growing number of pharmacists are also recognizing that additional prescribing authorization – being authorized to initiate drug therapy – complements traditional services and enables them to better respond to the health needs and goals of individuals they serve.

In 2015, the college received 510 applications for additional prescribing authorization, compared to 485 in 2014, and 257 in 2013. Interest is building in all areas of pharmacy practice, however most noticeably among community pharmacists.

As of February 29, 2016, there were 1244 pharmacists with additional prescribing authorization in Alberta.

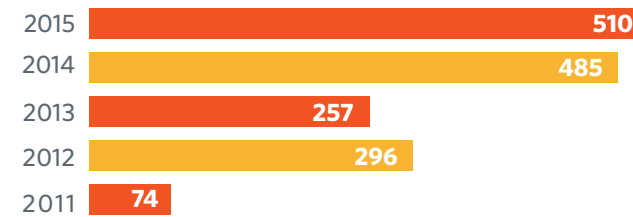
Pharmacists with additional prescribing authorization

Data as of February 29, 2016



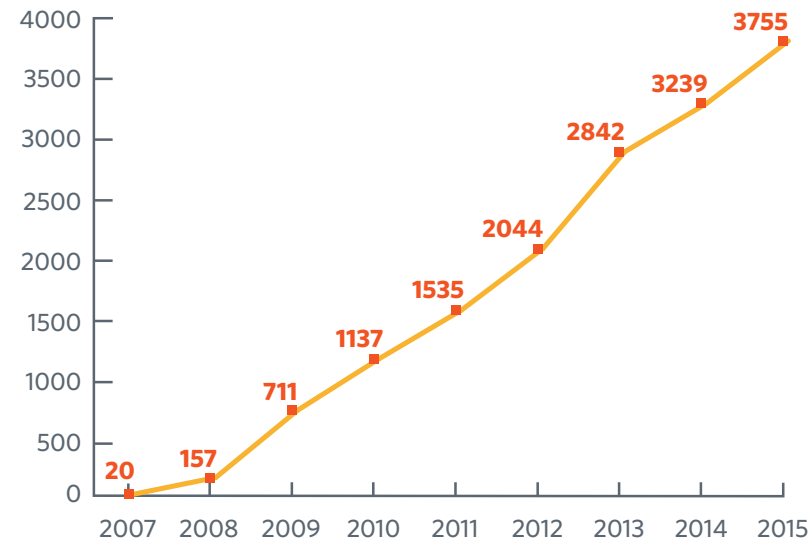
Number of additional prescribing authorization applications received

Data as of December 31, 2015



Pharmacists authorized to administer drugs by injection

Data as of February 29, 2016





Val Langevin, pharmacist, Shopper's Drug Mart, mentors U of A pharmacy student, Cassandra Voit. Val is the recipient of the prestigious M.J. Huston Pharmacist of Distinction award in 2016. Cassandra, fourth year student, was awarded the inaugural ACP Leadership Development Award. SYLVAN LAKE

Starting interns off on the right foot

In order to practice as a pharmacist in Alberta, an intern must meet entry-to-practice requirements; these requirements are determined by ACP to ensure pharmacists are competent to perform their authorized roles. ACP enhanced its Structured Practical Training (SPT) program to better support pharmacy interns with their journey to becoming proficient, individual-centred, and outcomes-focused. Pharmacy interns must complete a minimum of 1000 hours of structured practical training before qualifying to register as a pharmacist. The new program consists of several interactive online modules that makes the information engaging and allows learners access whenever and wherever they wish.

ACP is committed to ensuring safe, effective, and responsible pharmacy practice in Alberta. In 2016, ACP is implementing a new Structured Practical Training program to ensure all pharmacists, including internationally-trained graduates, are practicing at a level that meets the Standards of Practice. The

SPT program's activities and assessments are based on the nine nationally accepted entry-to-practice competencies developed by the National Association of Pharmacy Regulatory Authorities (NAPRA).

Registration

ACP ensures that only qualified pharmacists and pharmacy technicians are registered, and that licensed pharmacies meet the requirements to provide safe and effective practice settings for pharmacy professionals.

2015 was a notable year for the Registration department:

- 1.** The pharmacy technician *Path 1: Transition to regulation* closed on December 31, 2015.

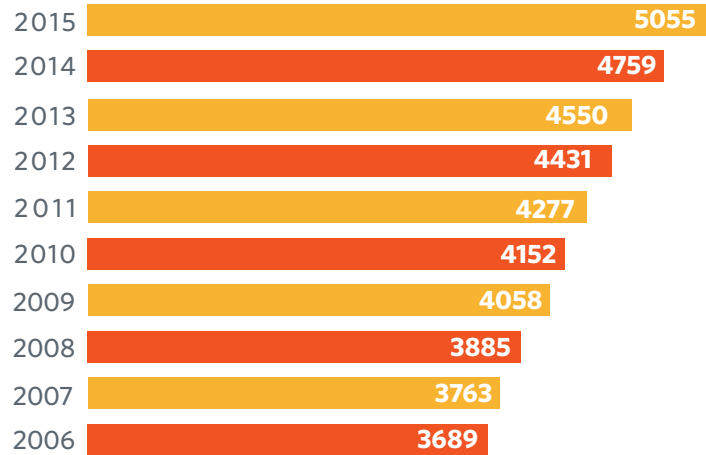
- 2.** The number of new pharmacists registering in Alberta with foreign credentials (aka: internationally-trained graduates) more than doubled from 121 in 2014 to 276 in 2015. The number of internationally-trained graduates registering in Alberta is increasing due in part to changing policies in other provinces.

To become a pharmacist or pharmacy technician in Alberta, individuals must demonstrate that they meet the registration requirements prescribed in the Pharmacists and Pharmacy Technicians Profession Regulation. Amongst other requirements, this includes demonstration of competence through written and practical evaluations administered by the Pharmacy Examining Board of Canada (PEBC); and a computer mediated jurisprudence exam.

Pharmacists

Data as of December 31, 2015

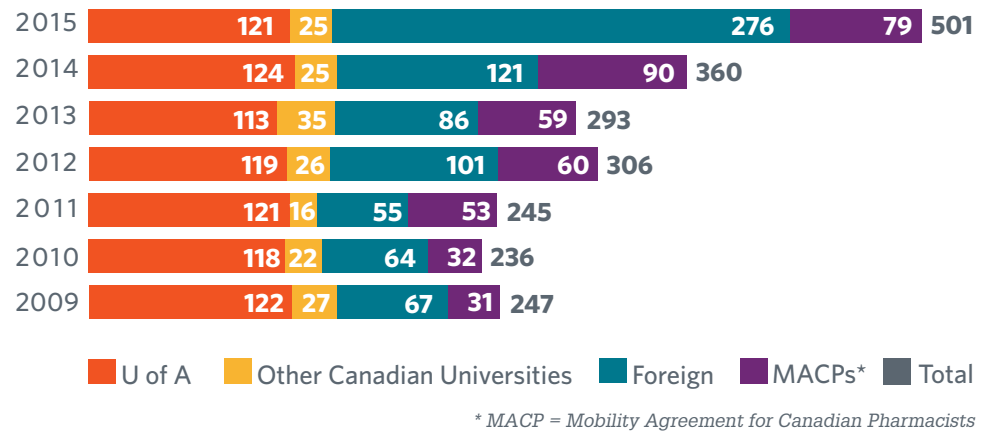
Practising pharmacists



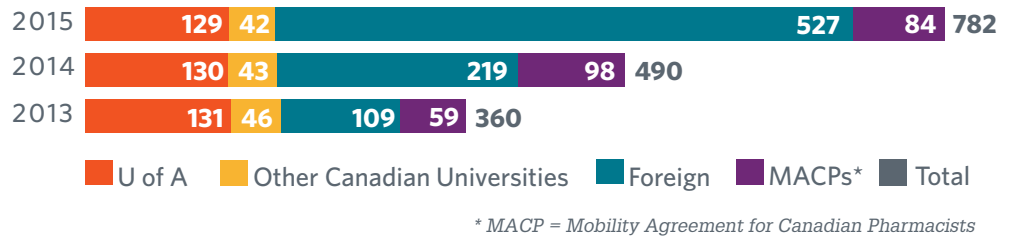
In 2015, 39 pharmacist practice permits were not renewed for not meeting annual permit renewal requirements.

Associate and retired pharmacists			
	Associate	Retired	Total
2015	204	818	1022
2014	180	733	913
2013	193	681	874
2012	218	619	837
2011	219	572	791
2010	245	528	773
2009	270	488	758

New pharmacist registrants



New pharmacy students and interns



Pharmacists on the courtesy register*

2015	0
2014	0
2013	1

*The college maintains a courtesy register for pharmacists from other provinces who are temporarily in Alberta to provide accredited continuing education, or working as a locum pharmacist. ACP did not register anyone on the courtesy register in 2015.



Sue Allen, pharmacy technician at the Hinton Health Care Centre prepares customized chemotherapy IV's for cancer patients. She says it makes it easier for local patients as they don't have to drive all the way to Edmonton for treatment. HINTON

Pharmacy technicians are integral to the pharmacy team.

Pharmacists and pharmacy technicians work together with overlapping and complementary scopes of practice. By regulating both pharmacy technicians and pharmacists, ACP can be assured – and can assure the public – that these regulated individuals have met national and provincial entry-to-practice requirements and are competent to fulfill their roles and responsibilities.

Pharmacy Technicians

Data as of December 31, 2015

Practicing pharmacy technicians		
	Pharmacy technicians	Provisional pharmacy technicians*
2015	744	816
2014	457	1104
2013	163	960
2012	115	1192
2011	8	969

*The provisional register is for individuals working toward registration as a pharmacy technician.

In 2015, 13 pharmacy technician practice permits were not renewed for not meeting annual permit renewal requirements.

Associate and retired pharmacy technicians			
	Associate	Retired	Total
2015	13	0	13

New pharmacy technician registrants		
	Pharmacy technicians	Provisional pharmacy technicians
2015	323	265

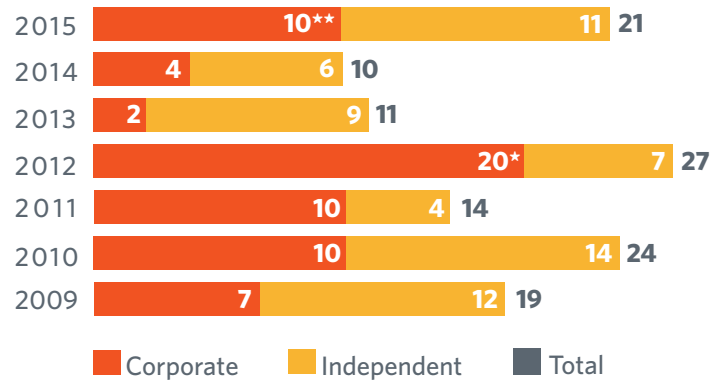
Pharmacies

Data as of December 31, 2015

Licensed pharmacies



Pharmacy closures



*Includes 14 Zellers and 2 Bay pharmacies, as a result of company sale / restructuring

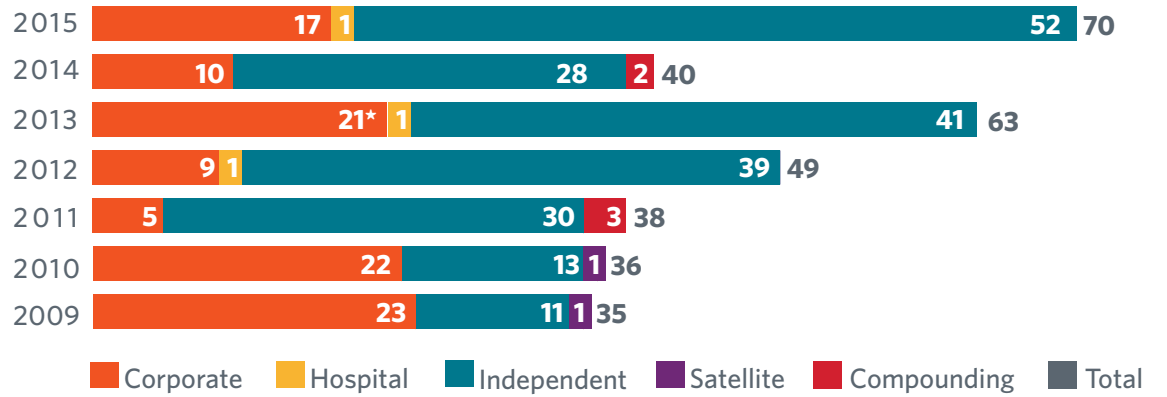
**Includes 7 Target pharmacies – 5 in Calgary and 2 in Edmonton, as a result of store closures

Pharmacy changes in 2015

	Edmonton	Calgary	Other	Total
Changes of ownership	20	13	28	61
Renovations	4	2	8	14
Relocation	6	4	8	18
Total	30	19	44	93

New pharmacies

Licensed



*Includes introduction of 12 Target pharmacies



Ashten Langevin, (left) pharmacist, Foothills Medical Centre Inpatient Pharmacy is a valued member of the hospital's interdisciplinary team. Ashten is a 2016 Future of Pharmacy Apex award recipient. CALGARY

Complaints

ACP manages the complaints resolution process related to pharmacists, pharmacy technicians, and pharmacies with a focused effort on addressing concerns in a direct, education-focused manner.

While our emphasis is on ensuring excellent pharmacy practice through quality improvement, there are times when remedial or disciplinary action is necessary. We make every effort to resolve complaints in a timely, thorough, and fair way, while remaining transparent in our processes and accountable to the public.

Highlights of 2015

- A survey conducted with those involved in the formal complaints resolution process in 2015 revealed that 100 percent of the complainants and 91 percent of the respondents who responded to the survey expressed satisfaction with the complaints resolution process.
- The average number of days to resolve formal complaints in 2015 at the Complaints Director level was 40 days.
- There were no applications submitted to the Complaint Review Committee to review a decision of the Complaints Director.
- There were no investigations into ACP complaint department processes, nor reviews of ACP complaint decisions by external bodies (e.g., Ombudsman, Office of the Information and Privacy Commissioner, Human Resources Canada, the courts).

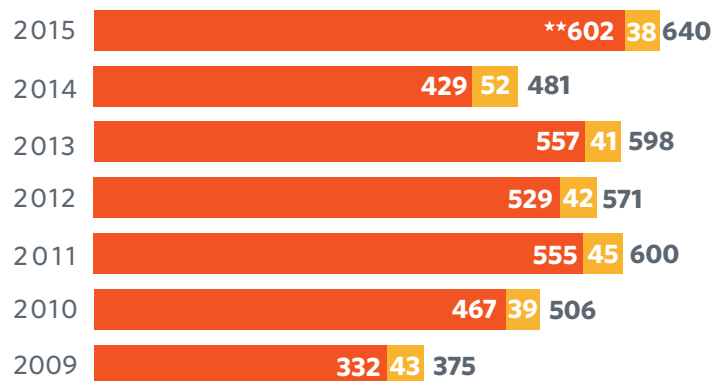
Transparency in the process

All hearing notices and information about attending a hearing were posted on the ACP website. All hearings heard by a hearing tribunal were open to the public. Hearing decisions and orders are posted for 10 years on the ACP website (pharmacists.ab.ca) under Resource Centre>Complaints>Hearing Decisions.

In 2015, the complaints director had grounds to conclude that four registrants were incapacitated and directed each to be assessed and cease providing professional services.*

**Section 118 of the Health Professions Act states 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.*

Complaints received



- Issues of public concern*
- Formal complaints
- Total

*Issues of public concern are those resolved through a customer service approach. More serious complaints are formally investigated by the Complaints Director.

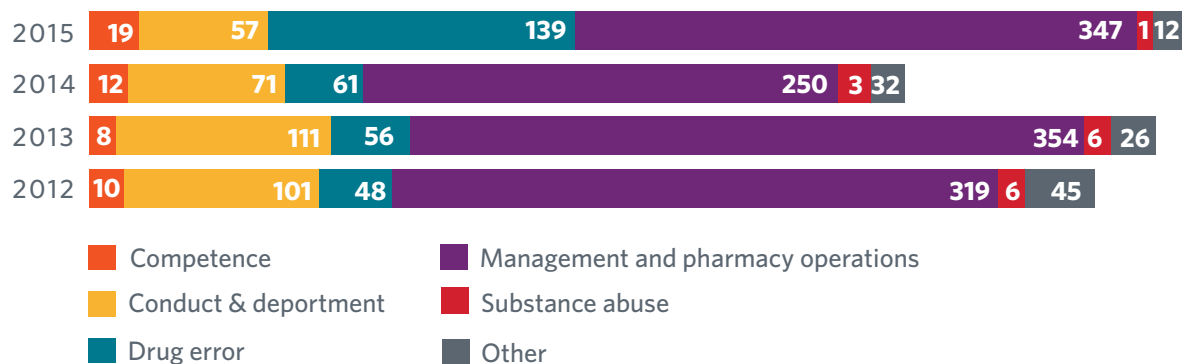
** The number of issues of public concern received in 2015 increased approximately 40 percent from 2014. This increase is related to:

- a) The public having an increased awareness of the pharmacists' role (e.g., to ensure appropriate information about the patient is accessed prior to dispensing a prescription, or sell an exempted codeine product);
- b) Pharmacists inadvertently recording dispensing information to indicate the prescriber of a narcotic/targeted medication was a pharmacist when it was actually a physician;
- c) Pharmacists dispensing small, interim quantities of narcotics/targeted medications under their own authority; and
- d) Greater public awareness of ACP's role in resolving concerns.

Hearings, appeals, and reviews in 2015

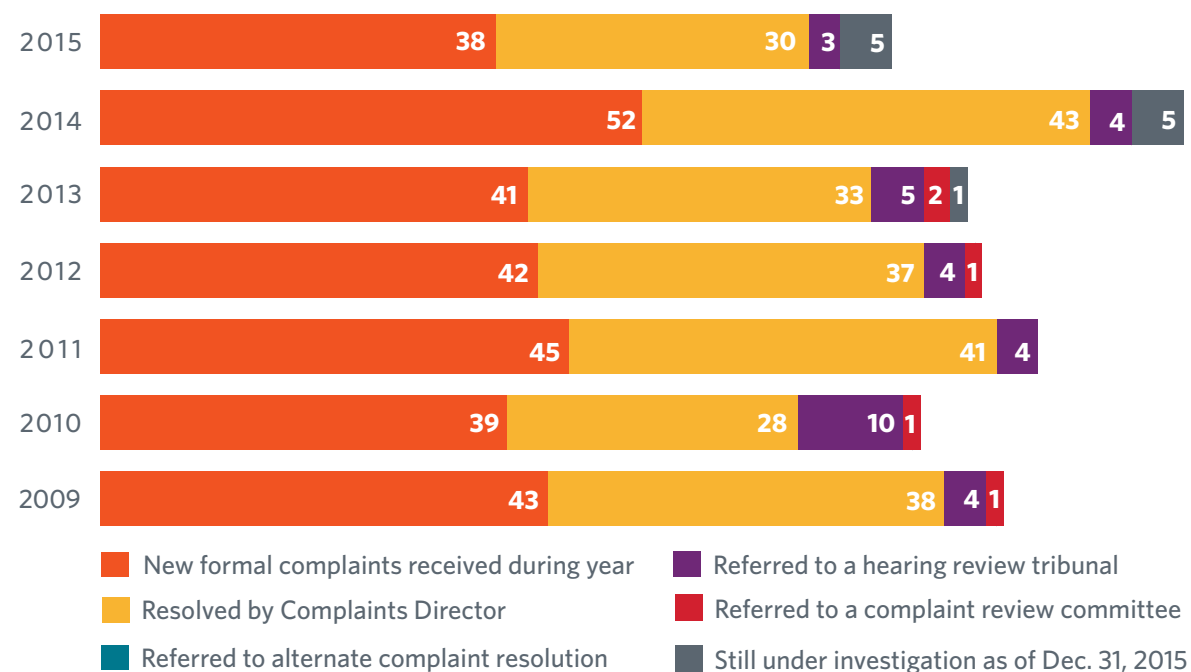
Hearings	6
Appeal of hearing tribunal decision to council	1 (scheduled to be heard March 4, 2016)
Appeal of s.118 decision to council	1 (appeal abandoned on March 25, 2015)
Complaint Review Committee	0

Subject of public concern



- Competence
- Management and pharmacy operations
- Conduct & deportment
- Substance abuse
- Drug error
- Other

Final disposition of complaints as of December 31, 2015



- New formal complaints received during year
- Resolved by Complaints Director
- Referred to alternate complaint resolution
- Referred to a hearing review tribunal
- Referred to a complaint review committee
- Still under investigation as of Dec. 31, 2015

A look back in time ...



As we journey through our work, we come to appreciate the points of interest and the rest stops along the way. It's only when we reflect on where we have been that we can truly appreciate where we are, and effectively chart a course for the future.

Our history dates back to 1892 with the passage of an act through the legislative assembly of the Northwest Territories. This progressive act required that all persons carrying on business as a chemist or druggist needed to be registered.

In 1911, seven pharmacists formed the first council of the Alberta Pharmaceutical Association (APhA). Our profession grew and evolved as a result of the efforts of many successive councils. To commemorate the pharmacy centennial celebrations, a committee in the late eighties worked to compile a book on the history of pharmacy in Alberta. The editor in chief, and former registrar, Don Cameron wrote in his preface:

“It is said that pharmacy has made greater strides as a science in the last 50 years than it made in the fifty generations which preceded ... we owe a huge debt to those who practised with the tools with which they were provided, to the visionaries who looked into the future as

far as the human eye could see and changed pharmacy from an art form to a true science ... from the purveyor of a few herbs and ointments to a researcher sharing in the probing of new ways to treat as yet incurable disease.”

Don wrote that over 20 years ago. In the years since:

- APhA made the first presentations to government advocating for the pharmacists' role and pharmacist prescribing authorization to the health workforce rebalancing committee in 1994.
- APhA held its first conversations on a policy-driven governance model and a transition into two organizations in 1994-95 (a regulatory body versus an advocacy body).
- In 2000, the Alberta Pharmaceutical Association divided into two bodies: the Alberta College of Pharmacists (ACP) and the Alberta Pharmacists' Association (R&A).
- APhA engaged in the process that led to the proclamation of the Health Professions Act in 1999.
- In 2007, the *Health Professions Act* and the *Pharmacy and Drugs Act* gave rise to pharmacists' scope of practice as we know it today.
- In 2009, pharmacists were given access to laboratory results through the Alberta Netcare portal, and in 2010, they were able to also order lab tests to better assist patients in managing their medications and chronic health conditions.
- In 2011, pharmacy technicians were recognized as a distinct health profession.

Ours is a rich history and truly reflective of an epic Alberta story — a story rooted in the values that built this province — a story of a pioneering spirit and independence, of struggle and sacrifice, of devotion and tenacity, and of challenge and triumph.

– Rick Hackman

excerpt from presidential inaugural address, June 2015



Financial Performance

Financial Statements of Alberta College of Pharmacists
for the year ended December 31, 2015 ▶



Independent auditors' report

To the Council of Alberta College of Pharmacists

We have audited the accompanying financial statements of the Alberta College of Pharmacists, which comprise the statement of financial position as at December 31, 2015, the statements of operations, changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

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

Auditors' responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Alberta College of Pharmacists as at December 31, 2015, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

A handwritten signature in black ink that reads 'KPMG LLP' with a horizontal line underneath.

Chartered Professional Accountants

May 11, 2016

Edmonton, Canada

Alberta College of Pharmacists

Statement of financial position


December 31, 2015, with comparative information for 2014

	2015	2014
Assets		
Current assets:		
Cash	\$ 626,990	\$ 445,325
Investments (note 2)	7,537,792	6,525,661
Accounts receivable (note 4)	24,626	22,794
Prepaid expenses	105,369	108,806
	<u>8,294,777</u>	<u>7,102,586</u>
Legal fees recoverable	125,742	112,415
Property and equipment (note 3)	486,821	568,622
	<u>\$ 8,907,340</u>	<u>\$ 7,783,623</u>
Liabilities and net assets		
Current liabilities:		
Accounts payable and accrued liabilities (note 4)	\$ 238,728	\$ 259,784
Deferred revenue (note 5)	3,393,559	2,773,948
	<u>3,632,287</u>	<u>3,033,732</u>
Deferred lease inducement (note 6)	218,556	258,294
Net assets:		
Invested in property and equipment	486,821	568,622
Internally restricted (note 7)	2,150,000	2,150,000
Unrestricted	2,419,676	1,772,975
	<u>5,056,497</u>	<u>4,491,597</u>
Commitments and contingencies (note 9)		
	<u>\$ 8,907,340</u>	<u>\$ 7,783,623</u>

See accompanying notes to financial statements.

On behalf of the Council:

Councilor 

Councilor 

Alberta College of Pharmacists

Statements of operations

December 31, 2015, with comparative information for 2014

	2015	2014
Revenue:		
Annual permit and license fees (note 5)	\$ 6,240,847	\$ 5,624,134
Investment income (note 8)	191,419	223,770
Other income	539,453	299,476
	<u>6,971,719</u>	<u>6,147,380</u>
Expenditures:		
Operations (note 6)	1,623,666	1,417,185
Professional practice	1,215,186	1,080,234
Registration and licensure	809,248	690,823
Governance and legislation	766,609	815,312
Complaints resolution	741,137	536,196
Competence	491,468	560,080
Communications	461,292	447,075
Partnership administration	173,584	151,655
Amortization	124,629	139,214
	<u>6,406,819</u>	<u>5,837,774</u>
Excess of revenue over expenditures	<u>\$ 564,900</u>	<u>\$ 309,606</u>

See accompanying notes to financial statements.

Alberta College of Pharmacists

Statements of changes in net assets

December 31, 2015, with comparative information for 2014

	Invested in property and equipment	Internally restricted (note 7)	Unrestricted	2015	2014
Balance, beginning of year	\$ 568,622	\$ 2,150,000	\$ 1,772,975	\$ 4,491,597	\$ 4,181,991
Excess (deficiency) of revenue over expenditures	(128,159)	(175,579)	868,638	564,900	309,606
Investment in property and equipment, net	46,358	—	(46,358)	—	—
Transfers, net	—	175,579	(175,579)	—	—
	\$ 486,821	\$ 2,150,000	\$ 2,419,676	\$ 5,056,497	\$ 4,491,597

See accompanying notes to financial statements.

Alberta College of Pharmacists

Statement of cash flows

December 31, 2015, with comparative information for 2014

	2015	2014
Cash provided by (used in):		
<i>Operations:</i>		
Excess of revenue over expenditures	\$ 564,900	\$ 309,606
Items not involving cash:		
Amortization	124,629	139,214
Loss on disposal of property and equipment	3,530	2,802
Realized losses on investments	11,800	1,067
Unrealized gains on investments	(73,932)	(93,956)
Amortization of deferred lease inducement	(39,737)	(39,738)
Change in non cash operating working capital:		
Increase in accounts receivable	(1,832)	(1,761)
Decrease (increase) in prepaid expenses	3,437	(16,064)
(Increase) decrease in legal fees recoverable	(13,327)	26,785
(Decrease) increase in accounts payable and accrued liabilities	(21,056)	81,753
Increase in deferred revenue	619,611	189,063
	1,178,023	598,771
<i>Investing:</i>		
Net purchases of investments	(950,000)	(554,074)
Proceeds on disposal of property and equipment	93	1,261
Purchase of property and equipment	(46,451)	(65,224)
	(996,358)	(618,037)
Increase (decrease) in cash	181,665	(19,266)
Cash, beginning of year	445,325	464,591
Cash, end of year	\$ 626,990	\$ 445,325

See accompanying notes to financial statements.

Alberta College of Pharmacists

Notes to financial statements

Year ended December 31, 2015

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

ACP governs pharmacists, pharmacy technicians, and licenses pharmacies. The practices and expectations of pharmacists continue to change. These changes are reflected in Council's updated strategic direction. Effective communication and targeted education require investment to ensure clear expectations. Investment in developing and implementing tools and programs to monitor and measure pharmacist and pharmacy technician competency and practice performance will continue. Timely access to quality information about registrants and their practices will be critical to quality improvement. These are integral to fulfilling the Council's commitment to patient safety and quality pharmacist and pharmacy technician practice.

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

1. Significant accounting policies:

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

(a) Revenue recognition:

Revenues from annual permit and license fees are recognized in the year in which the related services are provided and collection is reasonably assured.

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

Other income consists primarily of service fees, grant revenue and legal fee recoveries. Revenue is recognized as follows:

- revenue from service fees is recognized in the year in which the related service is provided.
- revenue from grants is recognized as the related expenditures are incurred.
- revenue from legal fee recoveries is recognized when collection is reasonably assured.

(b) Financial instruments:

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

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

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

(c) Property and equipment:

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

Asset	Basis	Rate
Furniture and equipment	Declining balance	20%
Automotive equipment	Declining balance	30%
Computer equipment	Declining balance	30%
Website development	Declining balance	30%
Registrant database	Straight-line	5 years
Continuing competence module	Declining balance	30%
Leasehold improvements	Straight-line	Term of lease

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

(d) Deferred lease inducements:

Lease inducement benefits are amortized on a straight-line basis over the term of the lease as a reduction of operations expenditures.

(e) Use of estimates:

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

2. Investments:

	2015		2014	
Cash	\$	74,140	\$	52,620
Canadian investment savings accounts and money market funds		3,652,780		2,797,351
Canadian fixed income with interest rates ranging from 1.70% to 6.14% (2014 – 1.90% to 6.14%) and maturity dates ranging from February 2016 to October 2020 (2014 – June 2015 to November 2018)		2,470,765		2,452,099
Accrued interest receivable		30,997		28,002
Preferred shares		–		26,410
Canadian equities		490,768		497,460
Foreign investment savings accounts and money market funds		55,694		46,627
Foreign equities		739,524		625,092
Fixed income mutual funds		23,124		–
	\$	7,537,792	\$	6,525,661

3. Property and equipment:

	2015		2014	
	Cost	Accumulated amortization	Net book value	Net book value
Furniture and equipment	\$ 267,776	\$ 178,700	\$ 89,076	\$ 88,356
Automotive equipment	82,284	70,029	12,255	17,507
Computer equipment	193,400	138,584	54,816	60,958
Website development	85,157	43,430	41,727	59,610
Registrant database	182,216	182,216	-	-
Continuing competence module	17,250	8,520	8,730	11,025
Leasehold improvements	502,530	222,313	280,217	331,166
	\$ 1,330,613	\$ 843,792	\$ 486,821	\$ 568,622

4. Accounts receivable (payable):

Included in accounts receivable (payable) are government remittances payable of (\$16,360) (2013 – \$7,507 receivable), which includes amounts for GST and payroll related taxes.

5. Deferred revenue:

	2015	2014
Deferred permit and license fees, beginning of year	\$ 2,773,948	\$ 2,584,885
Amounts received during the year	6,860,458	5,813,197
Amounts recognized as revenue during the year	(6,240,847)	(5,624,134)
Deferred permit and license fees, end of year	\$ 3,393,559	\$ 2,773,948

6. Deferred lease inducement:

	2015	2014
Deferred lease inducement, beginning of year	\$ 258,294	\$ 298,031
Amounts recognized against operations expenditures during the year	(39,738)	(39,737)
Deferred lease inducement, end of year	\$ 218,556	\$ 258,294

7. Internally restricted net assets:

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

	2015	2014
Capital expenditures	\$ 300,000	\$ 300,000
Information technology	800,000	800,000
Non-recurring legal costs	500,000	500,000
Practice research	250,000	250,000
Unexpected expenses	300,000	300,000
	\$ 2,150,000	\$ 2,150,000

8. Investment income:

	2015	2014
Dividends	\$ 36,965	\$ 50,364
Interest	92,322	80,517
Realized losses on investments	(11,800)	(1,067)
Unrealized gains on investments	73,932	93,956
	\$ 191,419	\$ 223,770

9. Commitments and contingencies:

ACP has an operating lease for its office premises which expires June 2021. ACP leases a photocopier with a related service contract which expires December 2016 and leases two operating vehicles which expire April 2017. The combined commitments are as follows:

2016	\$ 156,997
2017	147,886
2018	144,500
2019	144,500
2020	144,500
2021	72,250
	\$ 810,633

ACP is responsible for their proportionate share of operating costs related to the office premises lease.

ACP is also financially committed to partnerships with several organizations who provide services complementary to ACP's mandate. These include:

- the National Association of Pharmacy Regulatory Authorities (NAPRA); and
- the Canadian Council on Accreditation of Pharmacy Programs.

Funds transferred to these partnerships are reflected in Partnership Administration.

10. Financial risk:

Income and financial returns on investments are exposed to credit and price risks. Credit risk relates to the possibility that a loss may occur from the failure of another party to perform according to the terms of the contract. Price risk is comprised of interest rate, foreign exchange and market risk. Interest rate risk relates to the possibility that the investments will change in value due to the future fluctuations in market interest rates. Foreign exchange risk relates to the possibility that the investments will change in value due to fluctuations in foreign currencies. Market risk relates to the possibility that the investments will change in value due to future fluctuations in market place.

These risks are managed by ACP's investment policies, which prescribe the investment asset mix including the degree of liquidity and concentration and the amount of foreign content. In addition, ACP manages its interest rate, credit and currency risk by engaging a professional investment advisor to manage its marketable securities portfolio.

11. Comparative information:

Certain comparative information has been reclassified to conform with the financial statement presentation adopted in the current year.



Committed, motivated, and willing to go the extra mile

Alberta pharmacists and pharmacy technicians continue to be leaders and innovators in their professions. ACP takes great pride in the reputation we have earned with our counterparts across our borders. In our scrapbook of memories in 2015, we pause to recognize the following people and celebrate their contributions to their professions. ►

APEX Awards 2015

In a reflective evening of celebration, pharmacists from across Alberta were recognized for excellence in pharmacy practice at the 2015 APEX Awards. Jointly funded and presented annually by ACP and the Alberta Pharmacists' Association (RxA), the APEX Awards honour the extraordinary pharmacists who have made a difference in the profession, in their communities, and in the lives of others. Visit pharmacists.ab.ca for complete profiles of our recipients.

M.J. Huston Pharmacist of Distinction

Presented 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.

Roberta Stasyk
*Manager, Pharmacy Services,
 Royal Alexandra Hospital,
 Alberta Health Services; Edmonton*

Friend of Pharmacy

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



Ann Vlahadamis
*Nurse Practitioner,
 Cross Cancer Institute,
 Alberta Health Services;
 Edmonton*

Pfizer Consumer Healthcare Bowl of Hygeia

The Bowl of Hygeia is awarded to a pharmacist who has compiled an outstanding record of community service which, apart from his/her specific identification as a pharmacist, reflects well on the profession.



Robert Mattice
*Pharmacist/Owner,
 Grand Central Value Drug
 Mart; Cold Lake*

W.L. Boddy Pharmacy Team Award

Presented to a health care team (pharmacy staff team or multidisciplinary team that includes one or more pharmacists) in Alberta 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.

Pharmacare Clinical Pharmacist Team

(L-R) Jayson Lee, Tyler Watson, Gillian Hansen, Ryan Stempfle, Travis Featherstone, Michael Paulsen, Ashley Young, Andrew Fuller, Ron Marcinkoski. EDMONTON

Future of Pharmacy recipients

Presented to up to three pharmacists per year who have been in practice at least one and not more than five years; exude enthusiasm and passion for pharmacy; demonstrate leadership skills; and offer extraordinary promise to the profession.



Michelle Berresheim
*Clinical Practice Leader,
 Queen Elizabeth II
 Hospital, Alberta Health
 Services; Grande Prairie*



Andrew Fuller
*Clinical Operations
 Manager, Pharmacare;
 Edmonton*



Tyler Watson
*Clinical Operations
 Manager, Pharmacare;
 Edmonton*



Cassandra Voit
a leader in the making

Sue Allen works at the Hinton Health Care Centre and enjoys seeing first-hand how the pharmacy team makes a difference in the lives of those they serve.



ACP Leadership Development Award

In 2015, the inaugural ACP Leadership Development Award was presented to Cassandra Voit, a fourth year Pharmacy student at the University of Alberta. Created to support the development and advancement of professionalism, citizenship, and leadership in pharmacy, the award provides up to \$5,000 for an exemplary third or fourth year University of Alberta pharmacy student to participate in a high-level professional development course or leadership conference. Cassandra used this opportunity to attend the FIP World Congress of Pharmacy and Pharmaceutical Sciences 2015 in Dusseldorf, Germany.

Sue Allen achieves highest mark in PEBC exam

Sue Allen, a Hinton-area pharmacy technician, achieved the highest mark on the Pharmacy Examining Board of Canada's (PEBC) Qualifying Exam for Entry to Practice as a Pharmacy Technician. For her accomplishment on the PEBC exam, Sue was honoured with an ACP award and a \$1,000 cheque on September 18, 2015, at the Pharmacy Technician Society of Alberta (PTSA) Conference in Edmonton.

Honorary Life Membership – Byron Bergh

Byron Bergh was presented with an Honorary Life Membership during ACP's Celebration of Leadership on June 17, 2015. Byron practiced as a pharmacist in Alberta for 40 years. Throughout his career, Byron was involved in many facets of the profession including owning and working in independent community settings. Byron chaired the Alberta Pharmacists' Associations Internship Committee, and as a member on the Alberta Pharmacy Economics Committee. He was chair of a Pharmacy Cooperative, Caremart, and was the Alberta Pharmacists' Association's twelfth President. During his tenure (2012-2013) he was instrumental in achieving three new agreements, including: the Alberta Blue Cross Provider Agreement, the Ministerial Order, and The Memorandum of Understanding between The Alberta Pharmacists' Association and Alberta Health implemented in 2014.

Gold, silver and a 4.0

U of A Pharmacy student June Chen graduates with a gold and silver medal plus a stellar GPA

June Chen is the recipient of the Alberta College of Pharmacists Gold Medal, presented each year to the top graduating student from the Faculty of Pharmacy and Pharmaceutical Sciences. Adding to her medal count, June also received the Alberta Premier's Silver Medal, which is awarded to "the undergraduate student who achieves the highest academic standing throughout his or her undergraduate degree in the Faculty of Law, Faculty of Medicine and Dentistry, or Faculty of Pharmacy and Pharmaceutical Sciences." June achieved a perfect 4.0 grade point average – the highest possible grade attainable.



During the celebratory ACP Grad Breakfast held on June 4, 2015, ACP president Brad Willsey (left) presented June Chen with the ACP Gold Medal for achieving the highest academic standing in her graduating class. James Kehrer, Dean, Faculty of Pharmacy and Pharmaceutical Sciences (right) participated in the celebrations, and says June was an academic standout from the beginning.



Outgoing president Brad Willsey presents Byron Bergh with the ACP Honorary Life Membership during the ACP Celebration of Leadership held June 17, 2015



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