



acp Alberta
College of
Pharmacists

TRUSTING RELATIONSHIPS | OUR FOCUS ON MEANINGFUL PATIENT CARE

OUR VISION

Healthy Albertans through excellence in pharmacy practice.

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 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; and
- a positive culture and working environment for our employees.

Visit us online at abpharmacy.ca

Email us at info@abpharmacy.ca

Follow us on [!\[\]\(6059a5aa8b4ca7bb793408023d6c6e42_img.jpg\)](#) [!\[\]\(d293b9aef7d8767760396289fbc64e8a_img.jpg\)](#) [!\[\]\(17b8ec23ac3db44f57c5269d03d8ed28_img.jpg\)](#)

The 2017-18 Annual Report presents highlights of Alberta College of Pharmacists (ACP) initiatives from March 1, 2017, to February 28, 2018.



04 Message from President and Registrar

05 Message from public members of Council

06 Council

07 2017 Highlights

- Ban on inducements reinstated
- Opioid guidelines introduced
- Alberta's Community Based Naloxone Program
- Codeine
- Triplicate Prescription Program
- ACP's position statements on medical/recreational cannabis
- Modernizing role statements
- A Vision for the Future of a Healthy Alberta
- Health Information Strategy
- It's official: ACP to become the Alberta College of Pharmacy
- Pharmacists' role in women's health
- Collaboration improves medication and vaccine safety
- Structured Practical Training program revamped
- Caring for our communities

17 Accountable to you

- Registration
- Professional Practice
- Competence
- Complaints

26 Independent Auditors' Report

39 Awards

TRUSTING RELATIONSHIPS | PUTTING PATIENTS AT THE CENTRE

Pharmacists and pharmacy technicians, at entry to practice, commit to serve patients, society, and our professions by “living” our Code of Ethics. Pharmacists and pharmacy technicians are privileged to serve individuals, families, and communities by supporting them to be as healthy as possible. Health is their reason for being, through the care they provide.

Caring means that pharmacy professionals work **with** individuals and their families. It includes how they practise with other members of an individual’s health team to address **their** personal health priorities and health goals. Success depends on the relationships that pharmacy professionals build, the respect they provide, the trust they earn, and their willingness to be “in the moment” for individuals when they need them most.

Caring is absent of judgement or stigma. It demands discretion, respecting ability, preference, and choice. Relationships and trust are not incidental—the strongest and most meaningful are built over time, strengthened through each experience.

Caring is an experience, defined not just by what pharmacists and pharmacy technicians do, but equally by how they do it. How they communicate (listening, speaking, and body language) is the gateway to every experience. Empathy and listening build trust and possibility.

Throughout this year, we have been repeatedly reminded about the importance of care. The opiate crisis has invited greater awareness about professional behaviours and meaningful assessments when caring for vulnerable individuals. It has emphasized the importance of building relationships with everyone we care for, because the trust we build today will enable us to be most effective when they need us most.

Behaviours that evoke care are paramount to the professionalism demonstrated by pharmacists and pharmacy technicians. During the past year, our college has initiated a dialogue to heighten awareness of professional behaviours. Our goal is to integrate the desired behaviours of pharmacy professionals into all programs administered by the Alberta College of Pharmacists.

We invite you to read our annual report and learn about how ACP has nurtured the care provided by Alberta’s pharmacists and pharmacy technicians, and the impact of their care through the patient stories we have shared.



L to R:
Brad Couldwell,
Greg Eberhart

Brad Couldwell
President

Greg Eberhart
Registrar

MESSAGE FROM PUBLIC MEMBERS OF COUNCIL

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

As public members of ACP Council, we represent all Albertans. We bring our unique and diverse perspectives to the table in Council discussions—and our views are valued. We contribute to governing the practice of pharmacy in Alberta.

2017 saw significant change to the way pharmacy services were delivered to Albertans, which demanded adjustments by individuals and pharmacy professionals. The changes that took place, including reinstating the ban on inducements and the introduction of guidelines for assessing patients with opioid medications, were necessary steps towards increasing the overall quality of pharmacy practice, and the health and well-being of Albertans. In particular, pharmacy professionals are well positioned to make a positive difference in the opioid crisis, and Council will continue to support pharmacists and pharmacy technicians to make that difference.

As we move forward to 2018 and beyond, the public members of Council will continue to have the best interests of all Albertans as our priority when developing policies and standards to support pharmacy practice. Albertans can rest easy in knowing that ACP Council is committed to achieving and maintaining excellence in pharmacy practice.

We have more work to do to achieve the goals Council has set for itself, but we are confident we will get there through rigorous debate and proactive decision making, always taking into consideration the needs of individuals and the health system today and in the long term. It is our aim to help maintain Alberta as a leader in the development and support of pharmacy practice in Canada.



L to R:
Al Evans,
Irene Pfeiffer

Al Evans
Al Evans

Irene Pfeiffer
Irene Pfeiffer

COUNCIL

ACP Council—comprised of pharmacists, pharmacy technicians, and members of the public appointed by the Minister of Health—governs the practice of pharmacists and pharmacy technicians and the operation of licensed pharmacies through authority granted it under the *Health Professions Act* and the *Pharmacy and Drug Act*. Council “carries out its activities and governs its regulated members in a manner that protects and serves the public interest,” while ensuring the integrity of the pharmacist and pharmacy technician professions.

ACP’s vision is “Heathy Albertans through excellence in pharmacy practice.” This vision is at the forefront of Council deliberations, constantly focused on enabling and guiding pharmacists and pharmacy technicians to provide high quality and ethical care to Albertans.

Council is guided by the college’s vision, mission, and values in striving to achieve the five strategic goals identified in the college’s five-year (2016-2020) strategic plan. This plan has five strategic goals:

- 1 Pharmacy technicians will be integrated into pharmacy practice teams, exercising responsibility for roles they’re authorized to fulfill.**
- 2 Pharmacists will consistently conduct an appropriate assessment of each patient prior to providing any pharmacist service.**
- 3 Patient care records will include continuous documentation of pharmacist assessments, treatment plans, record of care, and monitoring results.**
- 4 Patients will have access to pharmacist prescribing and injections through all licensed pharmacy practice settings.**
- 5 Patients will expect pharmacists to provide appropriate assessments, advice, and support about their health (treatment) plan at each encounter.**

To read the entire plan, visit ACP’s website at abpharmacy.ca.



COUNCILLORS

- Brad Willsey**, District 1
- Peter Eshenko**, District 2
- Rick Hackman**, District 3
- Fayaz Rajabali**, District 3
- Stan Dyjur**
(President-Elect), District 4
- Brad Couldwell**
(President), District 5
- Kamal Dullat**, District 5
- Kelly Boparai**, Pharmacy Technician – District A
- Dana Lyons**, Pharmacy Technician – District B
- Taciana Pereira**
(Past President)
- Al Evans**
Public Member
- Irene Pfeiffer**
Public Member
- Neal Davies**
Dean, Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta
- Adi Garg**
Student Representative

Back row L - R: Brad Willsey, Dana Lyons, Peter Eshenko, Rick Hackman, Kamal Dullat, Greg Eberhart, Neal Davies, Stan Dyjur.
Front row L - R: Fayaz Rajabali, Taciana Pereira, Kelly Boparai, Brad Couldwell, Al Evans, Adi Garg, Irene Pfeiffer.

2017 HIGHLIGHTS



BAN ON INDUCEMENTS REINSTATED

September 22, 2017, was a significant day for the practice of pharmacy in Alberta.

That morning, the Alberta Court of Appeal ruled that ACP is within its mandate to ban pharmacists, pharmacy technicians, and licensed pharmacies from offering inducements in exchange for the provision of prescribed drugs, Schedule 2 drugs, or professional services.

The Court of Appeal overturned a Court of Queen's Bench ruling from April, 2016, that prevented ACP from enforcing the ban, which was first introduced in 2014. The ban prevents pharmacists, pharmacy technicians, and licensed pharmacies from offering loyalty programs, reward points, cash, or other incentives to patients for the products and services mentioned above.

The Alberta Court of Appeal's decision supported ACP Council's amendments to the college's Standards of Practice for Pharmacists and Pharmacy Technicians, Standards for the Operation of Licensed Pharmacies, and Code of Ethics. These policies are consistent with those in other jurisdictions and professions, such as medicine.

What's most important to pharmacy professionals is the health of the individuals they serve, their families, and their communities. This ruling helps ensure that professional relationships and decisions important to the care of individuals are focused on the health needs of the individual.

1,328

licensed pharmacies
(up 7.8 per cent from 2016)

PHARMACY PROFESSIONALS' ROLE IN ADDICTIONS

OPIOID GUIDELINES INTRODUCED

With no signs of Alberta's opioid crisis slowing down, ACP introduced new guidelines for assessing individuals using opioid medications. The guidelines are based on the existing Standards of Practice for Pharmacists and Pharmacy Technicians, and provide clarity and context specific to opioids. The guidelines, which came into effect October 1, 2017, include five key requirements:

1. Pharmacists **must** establish and maintain a professional relationship with each individual using opioid medications.
2. Pharmacists **must** complete a thorough assessment of each individual who is prescribed opioid medications or sold an exempted codeine product.
 - This assessment **must** include a review of the Electronic Health Record (Netcare) every time a prescription for an opioid medication is dispensed or sold.
3. Pharmacists **must** document details of the assessment in the patient record of care and develop a written treatment plan for individuals using long-term opioid therapy or for those determined to be at high risk of misuse or addiction.
4. Pharmacists **must** collaborate with the prescriber and other healthcare professionals involved in the care of individuals using opioid medications.
5. Pharmacists and pharmacy technicians **must** monitor individuals for the signs of opioid misuse, diversion, or addiction and take appropriate action.

Even though they are based on existing standards, the opioid guidelines proved to be an adjustment for both pharmacists and individuals who use opioid medications. ACP has encouraged pharmacy professionals to be empathetic, reduce stigmatization, and use their professional judgement when conducting assessments. Albertans should always expect their pharmacist to assess the appropriateness of any

medication they've been prescribed, opioid or otherwise.

ACP also supported a request from the Alberta Medical Association to promote improved access to non-drug alternatives for pain management. It's hoped improved access to therapies and services that have evidence-based support can help prevent patients from requiring long-term opioid therapy.

As the most accessible healthcare professionals, pharmacists are well positioned to make a positive difference in the opioid crisis, one interaction at a time.

ALBERTA'S COMMUNITY BASED NALOXONE PROGRAM

2017 saw many changes to Alberta's Community Based Naloxone Program. In February, Naloxone became an unscheduled drug in Alberta, meaning that it may be available in locations other than pharmacies. Recognizing this, ACP updated its Naloxone guidelines to accommodate the provision of Overdose Response Kits by pharmacy technicians and pharmacy assistants.

Once pharmacy technicians and pharmacy assistants have received the appropriate training, they are eligible to train individuals how to self-administer Naloxone. It is the responsibility of pharmacy licensees (pharmacists who oversee practice within a pharmacy) to ensure their staff are appropriately trained and perform consistently within ACP's guidelines, the Standards of Practice, and the Code of Ethics.

CODEINE

ACP has actively supported an initiative to move non-prescription drugs containing codeine to prescription status. Some medications containing codeine include pain medication, muscle relaxants, and cough suppressants.

All drugs, whether accessed by prescription or not, have risks associated with them, including those products containing codeine.

Despite evidence that demonstrates the lack of efficacy for these products, and despite other countries rescheduling these products to make them less accessible, Alberta's government has not supported this policy direction, for fear that those seeking nonprescription codeine preparations may default to riskier behaviours.

TRIPPLICATE PRESCRIPTION PROGRAM

ACP is a partner in the Triplicate Prescription Program (TPP) which was established in 1986. The TPP mandate is

- to monitor prescribing, dispensing, and utilization practices regarding targeted medications;
- to improve patient care by providing relevant information and feedback on targeted drugs to prescribers and pharmacists;
- to provide timely and relevant information on targeted medications to consumers, regulatory bodies, and stakeholders;
- to work with stakeholders to enable system level change that ensure appropriate use of targeted medications; and
- to ensure efficient and effective functioning of the TPP program.

In 2017, due to the potential risk of abuse, misuse, and diversion, the TPP added tramadol and stimulants (mixed amphetamine salts, dextroamphetamine, and lisdexamfetamine) to the list of TPP medications to be monitored.

108

new licensed pharmacies
opened in 2017

ACP'S POSITION STATEMENTS ON MEDICAL/RECREATIONAL CANNABIS

ACP Council issued position statements on both cannabis for recreational use and cannabis for medical use, in anticipation of the decriminalization and legalization of cannabis.

Council recommended to Alberta's Cannabis Secretariat that sites distributing recreational cannabis should not be permitted to use terms such as "dispensary" or pharmacy-related symbols such as the green cross, which could lead the public to believe the distribution site is a pharmacy or has professional oversight from pharmacy practitioners.

ACP also reminded pharmacy professionals that the Access to Cannabis for Medical Purposes Regulation accommodates access to cannabis by individuals through the authorization of a physician or nurse practitioner. It does not authorize pharmacists or pharmacy technicians who work outside of a hospital to be in possession of cannabis.

ACP encouraged pharmacists to discuss cannabis use when assessing individuals about their health and medication use, and to educate the public about the risks of cannabis.

Meanwhile, until federal policies and legislation are amended to recognize and accommodate cannabis products as licensed drug products (i.e.: assigned a Drug Identification Number), ACP's position is that they must not be stored, compounded, dispensed, administered, or sold from a licensed pharmacy.

Still, ACP supports pharmacists and pharmacy technicians compounding and dispensing cannabis, as part of ethically approved, peer-reviewed health research designed to further our understanding about its potential therapeutic benefit, safety, and efficacy.

ACP does not support the use of smokable cannabis products, which have potential to negatively impact health status, particularly respiratory health.

MODERNIZING ROLE STATEMENTS

Do you know what a pharmacist's role is within the health system? Or a pharmacy technician's? There may be more to each professional's role than meets the eye, especially considering the scope of practice pharmacy professionals enjoy in Alberta.

After collecting input from pharmacy and other health professionals, ACP developed modernized role statements for pharmacists and pharmacy technicians. Role statements describe a professional's identity and purpose within the health system, focusing on what they do, rather than why or how they do it.

The updated role statements provide meaning to individuals and families who use pharmacy services, and offer clarity to other health professionals, community service providers, and stakeholders who practise with or who are impacted by pharmacy services.

Role statements for Alberta pharmacists were last developed in 1995, as a precursor to the *Health Professions Act*. The role statements for pharmacy technicians were developed in 2008, in advance of technicians becoming regulated. As much has changed since then, the modernized role statements are based on current practices, and provide a platform for the future.

The modernized role statements for pharmacy professionals have been approved by ACP Council and are recommended for inclusion in Schedule 19 of the *Health Professions Act*.

1,445

pharmacy technicians
(up 4.9 per cent from 2016)

BUILDING RELATIONSHIPS LEADS TO QUALITY CARE

For 30 years, Edmonton's Reg Prandle has been dealing with high blood pressure. In 2004, he had two heart attacks, which meant adding to Reg's already long list of prescription medications. Included in his regimen were medications such as Ramipril, beta blockers, cholesterol medications, and others, right down to a daily dose of aspirin.

The problem was the combination of drugs and the doses involved were making Reg feel lightheaded. About five years ago, Reg saw pharmacist Manju Nagra for the first time.

It turned out to be a life-changing decision.

After a few visits for regular refills of his medications, Reg revealed to Manju how he was feeling and how he didn't believe he needed to take so much medication. Manju listened to Reg's concerns and conducted a full assessment.

"We looked at his previous history, bloodwork, blood pressure readings, called him at home to monitor trends at different times of the day; and, based on his symptoms and looking at different references, the doses seemed a bit high," she said. "He was relatively healthy and didn't have any additional risk factors. We felt he was taking too many medications and some of the doses needed to be tapered."

Manju reached out to Reg's doctor, hoping to collaborate and come up with a new approach for Reg's therapy. After a few attempts and not getting anywhere, Manju recommended Reg see another physician she thought would be a good fit for him.

Reg agreed, and the new physician was much more open to collaboration. The result was a new plan that not only reduced the number of medications Reg was taking, but the doses as well. It's led to an improved quality of life—he's not lightheaded anymore, and his pill burden has been reduced. It's the result of developing a trusting, professional relationship with his pharmacist.

"It's a very important relationship," Reg said. "I know that Manju would advocate on my behalf to my doctor. That's what I need. She's another person on my side. She's honest and open with me about what I can and should do with regards to medication. I trust her integrity, that she's a qualified pharmacist, and she's doing a good job."

Manju says it's rewarding to know she made a difference for one of her patients.

"It's nice to know you actually helped improve someone's condition or quality of life," she said. "I don't think I did anything drastic, but we got things moving in the right direction to provide better care. It doesn't happen overnight. It may take some trial and error to help a patient reach a goal. You have to be patient and persistent."

Reg's goal is to come off all medications, but for now, he feels better and has his pharmacist to thank.



L to R: Reg Prandle with pharmacist
Manju Nagra, Edmonton, AB
Moments in Digital Photography

A VISION FOR THE FUTURE OF A HEALTHY ALBERTA

For the first time ever, ACP, the Alberta Pharmacists' Association, the Pharmacy Technician Society of Alberta, and the Alberta branch of the Canadian Society of Hospital Pharmacists collaborated to create a 10-year roadmap for the future of pharmacy in Alberta. *A Vision for the Future of a Healthy Alberta* sets out a clear vision for how Alberta's pharmacy professionals will contribute to the sustainable health and wellbeing of individuals and communities by practising to full scope.

The vision is based on six themes:

1. care,
2. professionalism,
3. relationships,
4. integrated technology,
5. quality drug distribution, and
6. engaging health system.

Altruistic, person-centered care has become the focus of pharmacy practice. It's not just about treating disease. It's about preventing disease and helping individuals achieve their health goals.

The vision calls on pharmacists and pharmacy technicians to not only meet professional standards and expectations, but exceed them. Standards are established as a baseline, a minimum. By exceeding what's expected of them, pharmacists and pharmacy technicians will be more able to provide the best care possible.

5,559

clinical pharmacists
(up 3.7 per cent from 2016)

HEALTH INFORMATION STRATEGY

ACP continued to invest hundreds of leadership hours contributing to provincial e-health committees, supporting the college's strategic goal to have patient care records that will include continuous documentation of pharmacist assessments, treatment plans, records of care, and monitoring results.

Integrated health system technology is also one of the six themes identified in *A Vision for the Future of a Healthy Alberta*. The vision supports pharmacists in conducting assessments by accessing health information from all available appropriate sources, including other health providers, through real-time integration of systems across all levels of care. As new person-specific health information becomes available, technology enables timely interventions to benefit individuals. Standardized clinical support tools that are integrated into systems will support pharmacists to make evidence-informed decisions at the point of care.

With the above in mind, ACP contributed to the development of a draft provincial Health Information Strategy. Consistent with the vision and goal mentioned is the fact that most healthcare is accessed in our communities. The college has advocated that resources be reallocated to better integrate the information created with every person interaction across the healthcare continuum. Priority should be given to those professions involved in drug therapy, as it is amongst the most common interventions individuals receive. That said, appropriate drug therapy is dependent on health professionals working together with current and accurate information.

ACP also contributed to and supported the Health Information Executive Committee's (HIEC) white paper titled *"Health Information Exchange – Engaging Providers in Healthcare Innovation."* The objective of the publication was to "demonstrate that the potential benefits of an integrated health record are substantial, and that the concerns of providers can be managed. Health care and medical science should embrace well-proven technologies that benefit their patients." The white paper contains 20 recommendations, including the need for professional regulatory and education

bodies to discuss education and competency building in information exchange and management.

Canada Health Infoway (CHI), through the endorsement of Alberta Health, pushed to deliver an e-prescribe limited production roll-out (LPR) in Alberta. While ACP supports the concept of a single e-prescribing solution in Alberta, we are yet to support the CHI proposal until it is evaluated and we better understand its impact on pharmacy practice. However, ACP is working with CHI and Alberta Health in the development of e-prescribe and will monitor its impact on pharmacy practice and patient care.

IT'S OFFICIAL: ACP TO BECOME THE ALBERTA COLLEGE OF PHARMACY

On July 1, 2018, ACP will stand for *Alberta College of Pharmacy*.

The name change was initially approved by ACP Council in June, 2017. The Government of Alberta's *Miscellaneous Statutes Amendment Act* (Bill 34) included an amendment to schedule 19 of the *Health Professions Act* to reflect the college's new name, and was passed in the Legislature on December 15, 2017.

In the spring of 2017, most registrants responding to an ACP survey supported changing the name. After considering the feedback of registrants, Council chose *Alberta College of Pharmacy* as the new name for the college, pending government approval. The name allows ACP to maintain its established logo and initials.

The new name is more inclusive of all the college's registrants—pharmacy technicians and pharmacists—and better reflects the very broad responsibilities of ACP, which include governing licensed pharmacies. For ACP, the new name also represents an opportunity to build awareness about the environments pharmacy professionals work in, and ensure those environments provide the conditions and technologies to be effective and successful.

As a result of the name change, the college's website address has changed to abpharmacy.ca.

PHARMACISTS' ROLE IN WOMEN'S HEALTH

Mifegymiso®—a drug used for the medical termination of a pregnancy—became available with a prescription in Alberta pharmacies. Pharmacists are now able to dispense Mifegymiso® directly to patients, but are not able to prescribe it.

ACP developed guidelines to support pharmacists to dispense the drug and encouraged pharmacy professionals to complete a training program provided through the Society of Obstetricians and Gynaecologists to help ensure they have adequate knowledge about Mifegymiso® and the legislation and policies for its distribution and administration.

Pharmacy professionals are not required to dispense Mifegymiso® and can choose to exercise a conscientious objection as accommodated in the ACP Code of Ethics. However, a pharmacy professional who refuses to dispense must assist individuals in obtaining appropriate pharmacy services from another pharmacy or health professional.

616,518

Pharmacists administered more than half of the total influenza vaccines during the 2017-18 season.

TRUSTING YOUR PHARMACIST CAN HELP ACHIEVE HEALTH GOALS

Trust. For many, it is something that is earned by establishing and maintaining a solid relationship.

Susan Dechant trusts her pharmacist.

For almost 20 years, the Manning resident has depended on her pharmacist, Erin Albrecht, for medication and advice. Erin has helped Susan through migraines, menopause, anxiety, arthritis, and other health issues. Recently, Susan received a cortisone injection for hip and back pain. The injection didn't help the pain, which triggered her anxiety. The result was a snowball effect that worsened her other conditions.

Susan was taking several medications, began feeling overwhelmed, and was experiencing terrible side effects. She sought Erin's advice. Erin looked at previous care plans she had done with Susan and collaborated with her doctor to find a solution.

"It was important to be there for Susan and listen to what she was saying," said Erin. "When setting goals with patients, I ask them about the quality of life are they aiming for."

Complicating things further, Susan was hoping to travel to Australia for six weeks to be with her daughter, who was expecting her second child. Susan was still struggling with pain and anxiety.

"It would have been devastating for Susan and her daughter if she was unable to go," said Erin. "As we got closer to her trip, Susan was getting more anxious and did not want to take the medications her doctor had prescribed."

Erin noticed that the combination of medications Susan was taking could be contributing to serotonin syndrome (undesired symptoms experienced resulting from drugs like Susan was taking). She shared her observations with Susan's doctor, and they collaborated to find a better alternative. Erin worked closely with Susan to help her understand why the alternative might work better for her.

"It was a tough process because I don't like to take too many pills," said Susan. "At that time, it was a necessity. My nerves were still bothering me, but we got our routine down pat. Once I was down there and a week or two went by, the meds started to kick in and I started to feel a lot better."

For Susan, it meant everything to be there for the birth of her grandchild.

"It made a big difference," Susan said. "I didn't want to miss it. I missed the first baby, so it was crucial I was there for the second one and be there with my daughter and her little family."

And for Erin, it meant the world to help her longtime patient reach a goal and improve her quality of life.

"I was so happy for her," said Erin. "She did a great job to hang in there. She had to do the work. She had to take the medicine and take care of herself and deal with things while she was gone. I just have so much respect for her. I know she has the strength to tackle more hurdles that may come."



Erin Albrecht, pharmacist,
Manning, AB

COLLABORATION IMPROVES MEDICATION AND VACCINE INJECTION SAFETY

Most of Alberta's pharmacists have earned authorization to administer medications and vaccines by injection. In fact, most Albertans who receive a flu shot each year receive it from a pharmacist.

ACP collaborated with the College of Physicians and Surgeons of Alberta (CPSA) and the College and Association of Registered Nurses of Alberta (CARNA) to create Guidelines for Medication and Vaccine Injection Safety.

Proper aseptic technique in conjunction with infection prevention practices for handling and administering injections can prevent the transmission of blood borne viruses and other pathogens to individuals during routine health care procedures. Already considered best practices, the clearly stated guidelines provide healthcare professionals direction to ensure medications and vaccines are stored, handled, prepared, and administered consistently, effectively, and safely.

ACP also collaborated with 11 other Alberta health profession regulators to develop resources for health

professionals who are at risk of exposure, or who may have been exposed, to blood and body fluid. Representatives from each college worked with consultants to develop a series of online tools based on published resources from Alberta Health and Alberta Health Services.

The tools are designed to support community health care providers and increase their awareness about the appropriate response to blood and body fluid exposure.

STRUCTURED PRACTICAL TRAINING PROGRAM REVAMPED

ACP launched a new version of its Structured Practical Training (SPT) program for provisional pharmacists. The new SPT program focuses on mastering the competencies required at entry to practice, as opposed to a traditional, time-based system of completing a set number of practicum hours. The new program offers an objective approach to assessing a provisional pharmacist's readiness for practice, while providing a personalized learning experience to meet identified developmental needs. Plus, the new SPT program is managed in a user-friendly, online environment.



2,181

pharmacists have additional
prescribing authorization

University of Alberta pharmacist students celebrated the completion of their program at ACP's annual Grad Breakfast.

MAKING A DIFFERENCE IN THE OPIOID CRISIS, ONE RELATIONSHIP AT A TIME

Pharmacist Stan Dyjur was a strong supporter of ACP's new opioid assessment guidelines when they were introduced in October. He knew that pharmacists were well positioned to make a difference in the opioid crisis. He became an even stronger supporter thanks to a first-hand patient experience he was involved with in his practice.

In his initial interview of a newly-admitted patient, Stan noticed a high dose of daily oral hydromorphone, well above the threshold of 90 oral morphine equivalents per day noted in the national guidelines recommended by ACP. The patient was taking the medication for hip and back pain and—even though it was not as effective as desired—was not open to changing the dose or trying something different to manage pain.

Stan was persistent.

He noticed an order for acetaminophen that the patient was unaware of and brought this up in their second discussion. In their third discussion, the patient began to ask questions about the acetaminophen as a potential option. By their fifth discussion, the patient agreed to try a low dose of around-the-clock acetaminophen, other non-drug treatments, and a decreased dose of hydromorphone.

"I think building a relationship was key in opening the patient up to change," said Stan. "I followed up regularly, just asking the patient how their day was going. I'm a pharmacist, so I'm always thinking about medication, but I didn't ask about specific therapies every time—sometimes just asking them how they were doing."

Thanks to the new treatment protocol, the patient experienced less pain and less lightheadedness. This helped the patient achieve their goals of being discharged and reunited with family.

"Did the patient initially think that cutting back on the hydromorphone would be part of that goal? It's hard to say," noted Stan. "But that's our role as pharmacists, to build a relationship with our patients, figure out what their personal health goals are, apply our expertise, and introduce drug and non-drug treatments, so they can reach their goals as easily and safely as possible."

Helping his patient was a rewarding experience for Stan—one he will always remember.

"It was amazing," he said. "I always try to think that if it was my family member or a loved-one in the hospital, what would I want the pharmacist to do? When you see what you're able to do for a patient, from the family point of view, it's why I got into the profession. I sometimes wonder if what I do makes a difference. Interventions like this don't happen with every patient interaction, but when they do, it's pretty special."



Stan Dyjur, pharmacist,
Red Deer, AB

ACCOUNTABLE TO YOU

ACP ensures Albertans are cared
for by competent, responsible
pharmacy professionals

ACP is responsible for registering all pharmacists and pharmacy technicians, and licensing pharmacies in Alberta. 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.

2017 HIGHLIGHTS AND TRENDS

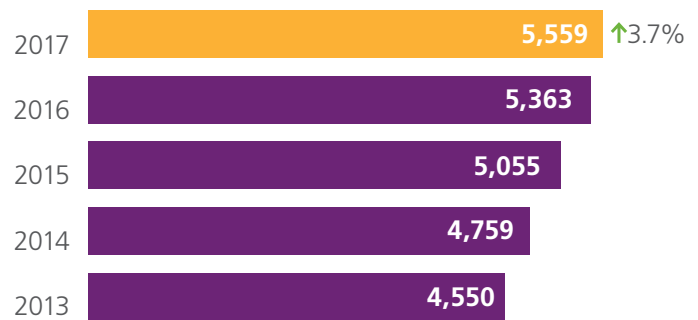
ACP continued to see increases in both the number of pharmacists registered and the number of licensed pharmacies in Alberta. In 2017, ACP added 529 new pharmacists to the clinical register, on par with the increase experienced in 2016. Among the new pharmacists are 351 international pharmacy graduates, compared to 110 who were trained at the University of Alberta.

Also trending is an increase in the number of pharmacists who cancelled or did not renew their registration. In 2017, 224 registrants made this decision, compared to 133 the previous year and 54 in 2015. It is believed that most of these registrants are international pharmacy graduates who moved to other provinces to practise pharmacy.

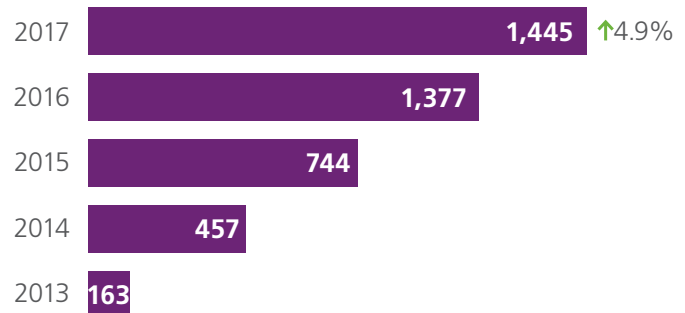
The increase in the number of registered pharmacy technicians stabilized in 2017. This is due to the closing of the transition pathway for existing provisional pharmacy technicians to become pharmacy technicians in 2016. The transition pathway opened in 2011 when pharmacy technicians became regulated by ACP. All new candidates must now complete an accredited educational program, or be registered as a pharmacy technician in another province and transfer through the labour mobility agreement.

In 2017, 108 new licensed pharmacies opened, while 12 closed. Once again, this growth is consistent with that experienced last year. Most new licensed pharmacies are independently owned.

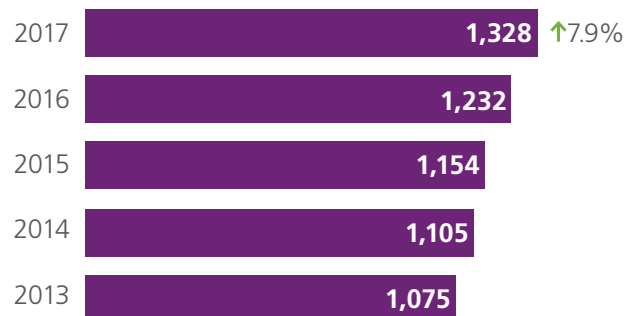
PHARMACISTS



PHARMACY TECHNICIANS



LICENSED PHARMACIES



12

Pharmacy closures

1,328

Licensed pharmacies

108

New pharmacies licensed

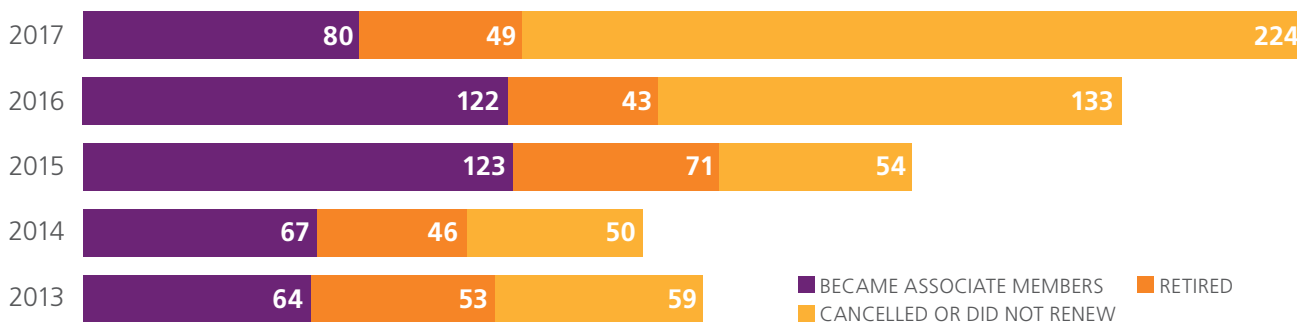
174

New pharmacy technicians & provisional pharmacy technicians
(107 practising and 67 provisional)

56

Inactive pharmacy technicians
(35 associates, 21 cancelled /non-renewals, 0 retired)

INACTIVE PHARMACISTS



5,559

Practising pharmacists

529

New pharmacist registrants

(110 U of A, 19 other Canadian universities, 351 foreign, 49 MACPs
*MACP = Mobility Agreement for Canadian Pharmacists)

156

New pharmacist students
(135 University of Alberta, 21 other Canadian universities, 0 foreign, 0 MACPs)

555

New provisional pharmacists

(120 University of Alberta, 366 Foreign, 59 MACPs, and 10 other Canadian universities)

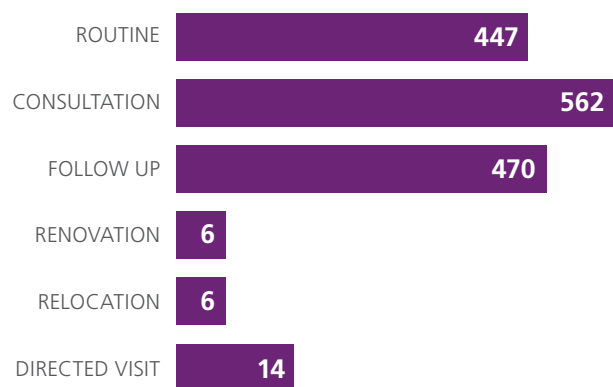
ACP supports pharmacists and pharmacy technicians to perform with confidence and at a high level through the work of our pharmacy practice consultants. Our consultants work with pharmacy professionals to improve performance by conducting practice and operations assessments in pharmacy practices across Alberta. The consultants' primary goal is to promote quality patient care and ensure the safety of all Albertans who access pharmacy services.

Practice consultants function as coaches, mentors, partners, and teachers. They are pharmacists who understand the challenges pharmacy professionals face each day in their practice. The consultants work closely with pharmacy teams to help improve their workflow, adhere to standards of practice, and empower teams to deliver quality care to their patients.

ROUTINE ASSESSMENTS

Routine assessments focus on key practice areas including patient assessment, care planning, monitoring, documentation, and quality assurance programs for reporting and investigating drug incidents. ACP aims to assess each pharmacy every two to three years.

PHARMACY ASSESSMENT



Some consultations are performed remotely.

SIX-WEEK CONSULTATION AND 12-WEEK FOLLOW-UP

These assessments are intended to provide pharmacy teams with ongoing support for quality improvement. Practice consultants focus on multiple interventions over a short period to promote sustained practice and behaviour changes. At six weeks, the consultants monitor change, identify barriers, modify goals, and provide support to teams as required. At 12 weeks, another follow-up is performed to reassess the performance goals set during the routine assessment. Some pharmacies may receive additional consultations as needed.

PHARMACY FEEDBACK

HOW PHARMACY TEAMS HAVE IMPROVED THEIR PRACTICE FOLLOWING VISITS FROM OUR PHARMACY PRACTICE CONSULTANTS

“The guidance I received on improving my documentation of clinical services (especially care plans and follow ups) was very helpful and got me thinking on a broader scale about ensuring processes are in place to ensure better continuity of care with other pharmacy professionals.”

“Better care and connectivity through increased interaction with patients as we started discussing indications and outcomes for prescribed meds.”

“We have become more efficient in identifying patients who qualify for care plans. Also, our record keeping has been revised to be more organized and easier to access.”

Jenny Edwards, Internal
Medicine Pharmacist, Alberta
Health Services. 2017 Future of
Pharmacy APEX Award. ▶



PRACTICE SUCCESS

- **Opioid guidelines** – Although many pharmacy teams initially had challenges implementing ACP’s opioid guidelines introduced in October 2017, practice consultants have noted improved documentation and monitoring of patients using opioid medications. These skills are transferable to other therapeutic areas, which is a positive development.
- **Patient relationships** – Practice consultants have observed pharmacy professionals building great, professional relationships with patients. Individuals are asking pharmacists more questions and being counselled more often, leading to improved verbal communication skills for pharmacists and patients achieving their goals of therapy.
- **Netcare** – More pharmacies have gained access to Netcare’s real time integration, allowing pharmacy teams to upload dispensing transactions, giving all health practitioners instantaneous access to the most accurate medication history via the electronic health record.

COMMON OPPORTUNITIES FOR IMPROVEMENT

- **Integrating pharmacy technicians into pharmacy teams** – ACP has developed a tool to facilitate discussion about the roles and responsibilities of pharmacists and pharmacy technicians. Through increased awareness, our goal is for pharmacy technicians to be better integrated into practice, and to practise to their full scope.
- **Technology** – Improved or updated software systems to support documentation processes can contribute to a pharmacy meeting ACP’s Standards of Practice for Pharmacists and Pharmacy Technicians, and Standards of Practice for the Operation of Licensed Pharmacies. Some pharmacies continue to operate without the ability to scan documents or with restricted internet access (which could be used to download care plan forms or check for email alerts).
- **Effective collaboration with other prescribers** – Pharmacists need to build trusting, professional relationships with other healthcare providers to deliver optimum care to individuals.
- **Communication between pharmacy team members** – Fewer overlapping shifts and busier workflow can inhibit communication among team members.
- **Independent pharmacies** – Insufficient size and layout can limit the availability of space necessary for confidential and private discussions with patients.

COMPETENCE

Pharmacy professionals maintain competency in their practice through professional development and lifelong learning. ACP supports this with our continuing competence program (CCP). ACP and its registrants work together to identify competence goals to ensure that learning transfers into practice.

CCP FOR PHARMACISTS AND PHARMACY TECHNICIANS

Pharmacy professionals are required to build on their competencies to assure themselves, their patients, and their healthcare colleagues that they are providing quality care throughout their careers.

All pharmacy professionals must complete the competence program requirements annually to earn practice permit renewal.

The CCP's five guiding principles are the following:

- 1 **Flexible** – to accommodate different practice settings and learning preferences and to address the full spectrum of learning.
- 2 **Engaging** – to inspire career-long learning, peer-to-peer interaction, and opportunities to connect with mentors, thought leaders, and subject matter experts.
- 3 **Forward-looking** – to help meet the changing needs of Albertans, integrate with other ACP programs, and provide support throughout careers.
- 4 **Sustainable** – to anticipate growing and diverse populations and use evidence-informed tools that can be applied to a diversity of practices.
- 5 **Responsible** – to meet legislative requirements and provide reliable measures to ensure that regulated members are competent to provide safe and effective care.

Every year, all pharmacy technicians and pharmacists must complete the following requirements:

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

Areas of learning fall under the following competency categories, as established by the National Association of Pharmacy Regulatory Authorities:

- Ethical, Legal, and Professional Responsibilities;
- Patient Care;
- Product Distribution;
- Practice Setting;
- Health Promotion;
- Knowledge and Research Application;
- Communication and Education;
- Intra/Inter-professional Collaboration; and
- Quality and Safety.

LEARNING OUTCOMES DEMONSTRATED BY PHARMACISTS IN 2017 INCLUDED

- managing a patient's drug therapy and completing a care plan;
- implementing a new or revised policy, procedure, or program within their pharmacy; and
- executing a health promotion activity or implementing a patient education program.

PHARMACY TECHNICIANS' LEARNING OUTCOMES INCLUDED

- collaborating with pharmacists to provide/support patient care;
- developing, implementing, and/or evaluating a new procedure, tool, or program; and
- educating a patient or colleague.

AUDITING PROFESSIONAL PORTFOLIOS

Each registered pharmacist and pharmacy technician must complete a professional portfolio—an online record that demonstrates how they have implemented at least one hour of their learning into practice, highlighting measurable outcomes.

Each year, ACP selects a percentage of professional portfolios for audit by peer assessors. Portfolios may be selected for audit through random selection, based on a late or incomplete submission, or upon the request of the registrar. The purpose of the audit is to ensure compliance with the requirements of the competence program.

In 2017, 493 pharmacist portfolios were audited. Of those, 84 per cent met or exceeded established requirements, unchanged from 2016. Twelve per cent did not meet the established requirements due to minor deficiencies. Another four per cent of portfolios audited had significant gaps, errors, or omissions, and were referred to the competence committee for support.

This was the first year pharmacy technicians' portfolios were officially audited. One hundred and eighty-one pharmacy technicians' portfolios were audited by peer assessors. Results of the audits were not available at the time of publication.

Overall, the peer assessors were inspired and impressed with the work pharmacy professionals are

doing across practice settings. However, they did express a need for pharmacy professionals to provide more detail in their portfolios, including information about the desired outcome of the learning being implemented into their practice.

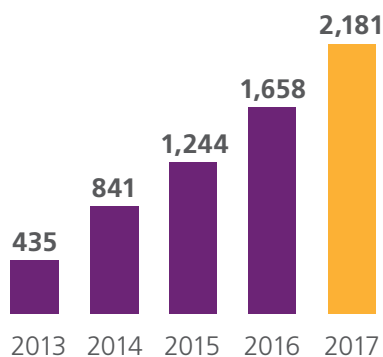
ASSESSOR FEEDBACK

"I was fascinated and inspired to learn about all the different possibilities for implementation in various settings. Some were very unique and very strong, which inspired me to complete a stronger implementation myself next year."

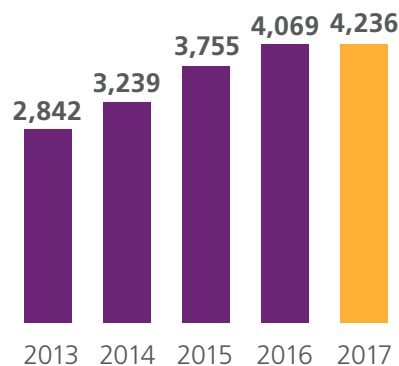
ADDITIONAL PRESCRIBING AUTHORIZATION

Since 2007, pharmacists in Alberta have had the ability to adapt prescriptions initiated by another prescriber or apply for authorization to initiate drug therapy (i.e.: prescribe drugs). As of December 31, 2017, 2,181 pharmacists in Alberta have obtained additional prescribing authorization, up from 1,658 a year earlier.

PHARMACISTS WITH ADDITIONAL PRESCRIBING AUTHORIZATION



PHARMACISTS AUTHORIZED TO ADMINISTER DRUGS BY INJECTION



One of ACP's core responsibilities is to resolve complaints about pharmacists, pharmacy technicians, and licensed pharmacies in Alberta. While most Albertans have positive experiences with their pharmacy teams, there are times when concern is raised by members of the public and by regulated health professionals.

ACP takes an education-based approach when resolving concerns, with an emphasis on ensuring excellent pharmacy practice through quality improvement. However, in some instances, remedial or disciplinary action is necessary. The *Health Professions Act* grants ACP the authority to enforce ethical conduct and standards of practice to protect the public's health and well-being. ACP makes every effort to resolve complaints in a timely, thorough, and fair way, while remaining transparent in our processes and accountable to the public.

Concerns brought forward to ACP are broken down into two categories:

- **Issues of public concern** – issues that are resolved by ACP through a customer service approach.
- **Formal complaints** – more serious complaints that are formally investigated by the complaints director.

2017 HIGHLIGHTS

In 2017, the average number of days to resolve formal complaints by the complaints director was 19 days, down from 36 days in 2016. This resulted from several formal complaints being resolved in fewer than seven days, accommodated through the cooperation of respondents who promptly complied with the requirements.

More concerns were resolved through a direct, responsive, and informal process. This process involves ACP's Complaints Department staff speaking with both the complainant and then the respondent, providing information, education, reference to applicable standards and/or guidelines, and then assisting the parties to resolve the concern between themselves.

The number of issues of public concern increased in 2017, as did issues where the complainant was a pharmacist or other health care professional, and not a member of the public.

There were no applications received requesting a review of a decision of the complaints director by the Complaints Resolution Committee. And there were no requests for review of processes or decisions arising from ACP's complaints resolution program to ACP Council, the Courts, the Ombudsman, the Office of the Information and Privacy Commissioner, or the Human Rights Commission.

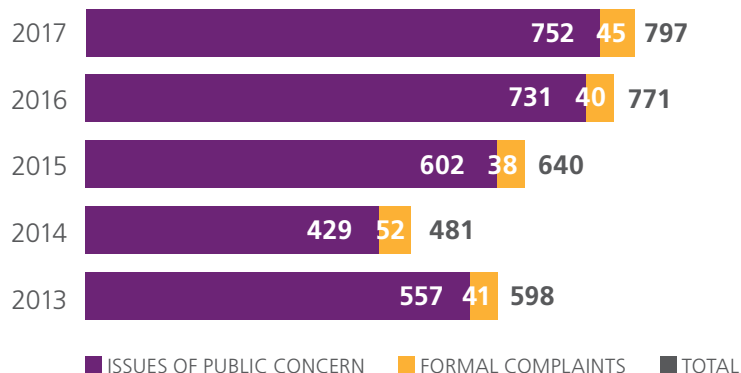
TRANSPARENCY IN THE PROCESS

All hearing notices and information about hearings were posted on the ACP website. All hearings heard by a hearing tribunal were open to the public, except for portions of two hearings when personal health information was discussed. Hearing decisions and orders are posted for 10 years on the ACP website (abpharmacy.ca) under Resource Centre>Complaints>Hearing Decisions.

In 2017, the complaints director did not have grounds to conclude that any registrants were incapacitated, requiring a direction to cease providing professional services and to be assessed.*

**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.*

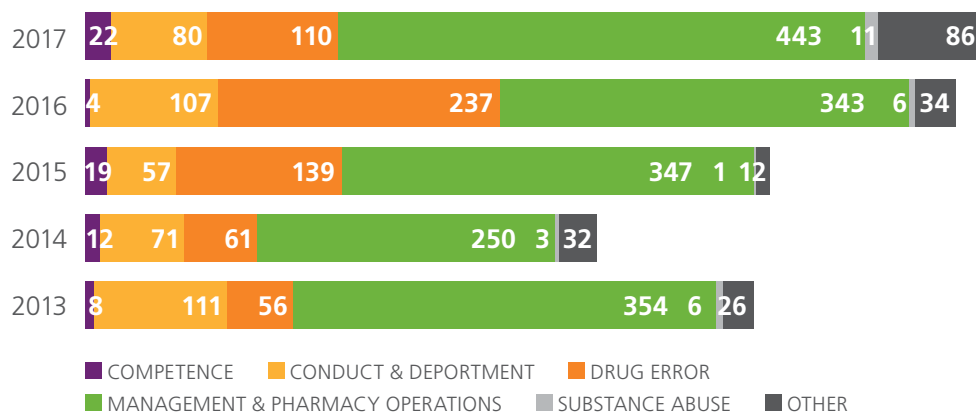
COMPLAINTS RECEIVED



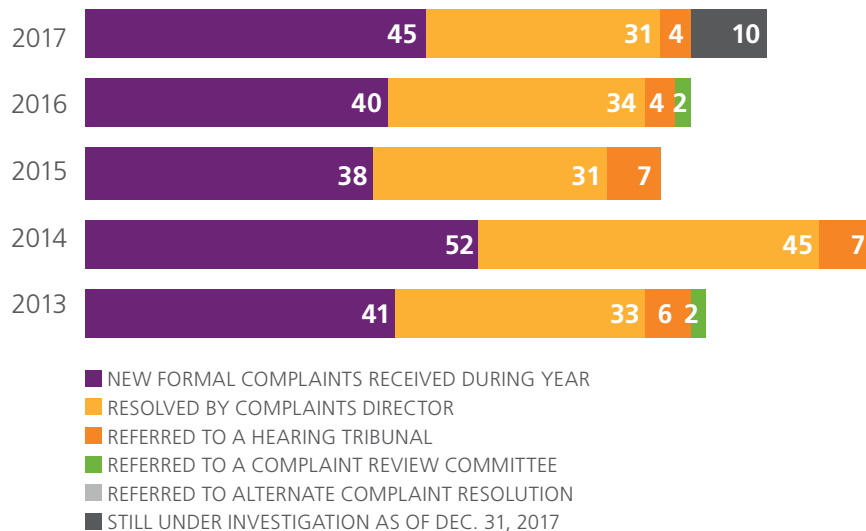
The number of issues of public concern received in 2017 increased approximately 3 per cent compared to 2016. This increase is related to

- concerns received about the fall 2017 introduction of the prohibition on pharmacy inducements and the introduction of the ACP Opioid Guidelines, and
- an increase in the number of concerns received from pharmacists about the practice and conduct of other pharmacists.

SUBJECTS OF PUBLIC CONCERN



FINAL DISPOSITION OF COMPLAINTS



HEARINGS, APPEALS AND REVIEWS IN 2017

HEARINGS	7
APPEAL OF HEARING TRIBUNAL DECISION TO COUNCIL	0
APPEAL OF S.118 DECISION TO COUNCIL	0
COMPLAINT REVIEW COMMITTEE	0

AUDITORS' REPORT



INDEPENDENT AUDITORS' REPORT

To the Council of Alberta College of Pharmacists

We have audited the accompanying financial statements of Alberta College of Pharmacists, which comprise the statement of financial position as at December 31, 2017, 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

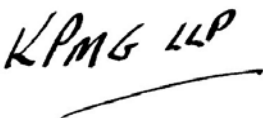
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable 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 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 Alberta College of Pharmacists as at December 31, 2017, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.



Chartered Professional Accountants
Edmonton, Canada

ALBERTA COLLEGE OF PHARMACISTS
STATEMENT OF FINANCIAL POSITION

December 31, 2017, with comparative information for 2016

	2017	2016
Assets		
Current assets:		
Cash	\$ 466,395	\$ 362,154
Investments (note 2)	9,571,337	9,037,630
Accounts receivable (note 4)	45,096	37,460
Prepaid expenses	107,795	95,168
	<u>10,190,623</u>	<u>9,532,412</u>
Legal fees recoverable	116,927	165,358
Property and equipment (note 3)	624,767	517,739
	<u>\$ 10,932,317</u>	<u>\$ 10,215,509</u>

Liabilities and Net Assets

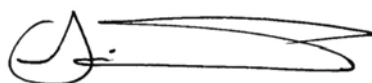
Current liabilities:		
Accounts payable and accrued liabilities (note 4)	\$ 200,603	\$ 154,565
Deferred revenue (note 5)	3,845,319	3,694,901
	<u>4,045,922</u>	<u>3,849,466</u>
Deferred lease inducement (note 6)	139,081	178,819
Net assets:		
Invested in property and equipment	624,767	517,739
Internally restricted (note 7)	2,150,000	2,150,000
Unrestricted	3,972,547	3,519,485
Commitments and contingencies (note 9)	6,747,314	6,187,224
	<u>\$ 10,932,317</u>	<u>\$ 10,215,509</u>

See accompanying notes to financial statements.

On behalf of the Council:



Brad Couldwell
 Councilor



Stan Dyjur
 Councilor

ALBERTA COLLEGE OF PHARMACISTS
STATEMENTS OF OPERATIONS

Year ended December 31, 2017, with comparative information for 2016

	2017	2016
Revenue:		
Registration, annual permit and license fees (note 5)	\$ 7,298,278	\$ 6,914,264
Investment income (note 8)	318,308	279,932
Legal fees assessed	39,175	226,354
Prescribing application fee	218,075	209,650
Other income	141,112	119,629
	8,014,948	7,749,829
Expenditures:		
Operations (note 6)	2,212,837	1,637,103
Professional practice	1,269,174	1,274,698
Registration and licensure	1,044,346	909,907
Complaints resolution	852,654	679,555
Governance and legislation	775,204	817,128
Communications	511,862	557,650
Competence	434,510	439,430
Amortization	187,918	120,498
Partnership administration	166,353	183,131
	7,454,858	6,619,100
Excess of revenue over expenditures	\$ 560,090	\$ 1,130,729

See accompanying notes to financial statements.

STATEMENT OF CHANGES IN NET ASSETS

Year ended December 31, 2017, with comparative information for 2016

	Invested in property and equipment	Internally restricted (note 7)	Unrestricted	2017	2016
Balance, beginning of year	\$ 517,739	\$ 2,150,000	\$ 3,519,485	\$ 6,187,224	\$ 5,056,495
Excess (deficiency) of revenue over expenditures	(188,196)	(64,804)	813,090	560,090	1,130,729
Investments in IT	225,374	(225,374)	-	-	-
Investment in property and equipment	69,850	-	(69,850)	-	-
Transfers, net	-	290,178	(290,178)	-	-
	\$ 624,767	\$ 2,150,000	\$ 3,972,547	\$ 6,747,314	\$ 6,187,224

See accompanying notes to financial statements.

ALBERTA COLLEGE OF PHARMACISTS
STATEMENT OF CASH FLOWS

Year ended December 31, 2017, with comparative information for 2016

	2017	2016
Cash provided by (used in):		
Operations:		
Excess of revenue over expenditures	\$ 560,090	\$ 1,130,729
Items not involving cash:		
Amortization	187,918	120,498
(Gain) loss on disposal of property and equipment	279	(1,932)
Realized gains on investments	(52,938)	(13,794)
Unrealized gains on investments	(117,400)	(116,827)
Amortization of deferred lease inducement	(39,738)	(39,737)
Change in non-cash operating working capital:		
Increase in accounts receivable	(7,636)	(12,834)
(Increase) decrease in prepaid expenses	(12,627)	10,201
Decrease (increase) in legal fees recoverable	48,431	(39,616)
Increase (decrease) in accounts payable and accrued liabilities	46,038	(84,165)
Increase in deferred revenue	150,418	301,342
	762,835	1,253,865
Investing:		
Net purchases of investments	(363,369)	(1,369,217)
Proceeds on disposal of property and equipment	306	6,665
Purchase of property and equipment	(295,531)	(156,149)
	(658,594)	(1,518,701)
Increase (decrease) in cash	104,241	(264,836)
Cash, beginning of year	362,154	626,990
Cash, end of year	\$ 466,395	\$ 362,154

See accompanying notes to financial statements.

ALBERTA COLLEGE OF PHARMACISTS
NOTES TO FINANCIAL STATEMENTS

Year ended December 31, 2017

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 ACP'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 ACP'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

ALBERTA COLLEGE OF PHARMACISTS
NOTES TO FINANCIAL STATEMENTS

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
Information management system	Straight line	5 years
Structured practical training module	Declining balance	30%

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

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

(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:

	2017	2016
Cash	\$ 17,528	\$ 74,027
Accrued interest receivable	77,116	37,273
Canadian investment savings accounts and money market funds	4,186,646	4,030,690
Foreign investment savings accounts and money market funds	147,382	54,087
Canadian equities	814,485	795,852
Foreign equities	982,370	931,009
Fixed income funds	-	55,796
Guaranteed Investment Certificates with interest rates ranging from 1.46% - 2.22% (2016 - 1.50% - 2.22%) and maturity dates ranging from July 2018 - February 2022 (2016 - July 2018 to December 2021)	2,986,000	1,965,000
Canadian fixed income with interest rates ranging from 2.22% - 6.14% (2016 - 2.02% to 6.14%) and maturity dates ranging from March 2018 to November 2018 (2016 - January 2017 to November 2018)	359,810	1,093,896
	<u>\$ 9,571,337</u>	<u>\$ 9,037,630</u>

3. PROPERTY AND EQUIPMENT:

	2017		2016	
	Cost	Accumulated amortization	Net book value	Net book value
Furniture and equipment	\$ 276,201	\$ 205,827	\$ 70,374	\$ 78,238
Automotive equipment	111,591	71,419	40,172	27,370
Computer equipment	217,610	162,267	55,343	49,405
Website development	85,157	64,711	20,446	29,209
Registrant database	182,216	182,216	-	-
Continuing competence module	26,000	15,597	10,403	6,111
Leasehold improvements	502,530	324,210	178,320	229,269
Information management system	293,761	58,752	235,009	98,137
Structured practical training module	21,000	6,300	14,700	-
	<u>\$ 1,716,066</u>	<u>\$ 1,091,299</u>	<u>\$ 624,767</u>	<u>\$ 517,739</u>

Management regularly reviews its property and equipment to eliminate obsolete items.

ALBERTA COLLEGE OF PHARMACISTS
NOTES TO FINANCIAL STATEMENTS

4. ACCOUNTS RECEIVABLE:

Included in accounts receivable are government remittances receivable of \$13,163 (2016 – \$3,413), which includes amounts for GST and payroll related taxes.

5. DEFERRED REVENUE:

	2017	2016
Deferred permit and license fees, beginning of year	\$ 3,694,901	\$ 3,393,559
Amounts received during the year	7,448,696	7,215,606
Amounts recognized as revenue during the year	(7,298,278)	(6,914,264)
Deferred permit and license fees, end of year	\$ 3,845,319	\$ 3,694,901

6. DEFERRED LEASE INDUCEMENT:

	2017	2016
Deferred lease inducement, beginning of year	\$ 178,819	\$ 218,556
Amounts recognized against operations expenditures during the year	(39,738)	(39,737)
Deferred lease inducement, end of year	\$ 139,081	\$ 178,819

7. INTERNALLY RESTRICTED NET ASSETS:

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

	2017	2016
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:

	2017	2016
Dividends	\$ 66,955	\$ 54,159
Interest	81,014	95,152
Realized gains on investments	52,938	13,794
Unrealized gains on investments	117,401	116,827
	\$ 318,308	\$ 279,932

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 that expires in 2021. ACP also has a subscription for software which expires in May 2019 and a contract for the development of its information management system. The combined commitments are as follows:

	Premises	Equipment	Service Agreements	Total
2018	\$ 144,500	\$ 6,379	\$ 134,937	\$ 285,816
2019	144,500	6,379	34,411	185,290
2020	144,500	6,379	9,000	159,879
2021	72,250	6,379	-	78,629
2022	-	-	-	-
	\$ 505,750	\$ 25,516	\$ 178,348	\$ 709,614

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.

A child is being held up by two hands, one from the left and one from the right, against a bright orange sunset background. The child is wearing a patterned dress and has their mouth open in a joyful expression. The word "AWARDS" is written in large, white, bold, sans-serif capital letters in the upper right quadrant of the image.

AWARDS

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

AWARD OF EXCELLENCE

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

2017 WINNER

Michelle Foisy
Clinical Pharmacist,
Northern Alberta HIV
Program, Royal Alexandra
Hospital, Edmonton



Michelle provided leadership in updating and implementing the most recent version of the Alberta Health Services and Covenant Health HIV Perinatal Protocol, which helps guide management of HIV-infected pregnant women and preventing transmission of HIV to the newborn child.

M.J. HUSTON PHARMACIST OF DISTINCTION

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

2017 WINNER

Ryan Abell
Director, Pharmacy Services,
Central Zone, Alberta Health
Services, Red Deer



Ryan is a leader in innovation and pharmacy practice and works with those on the front lines to ensure that pharmacy's value is maximized and understood by those who influence decisions. His leadership and vision were pivotal in expanding unit-based pharmacist services at the Red Deer Regional Hospital Centre.

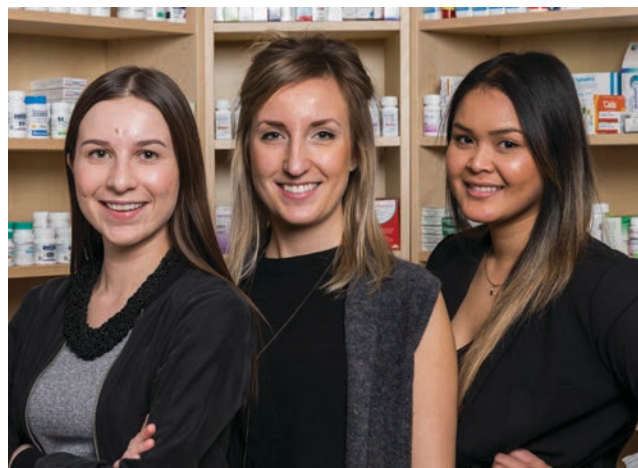
W.L. BODDY PHARMACY TEAM AWARD

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

2017 WINNER

Adherence & Community Engagement (ACE) Team, Mint Health + Drugs Community Members Pharmacy, Edmonton

Launched in August of 2016, the ACE Team is Edmonton's only pharmacist-led HIV outreach team, consisting of two pharmacists, Klaudia Zabrzanski and Essi Salokangas, and licensed practical nurse Sokun Om. The ACE team approaches HIV/AIDS care using a holistic lens and intensive care management.



FUTURE OF PHARMACY

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

2017 WINNERS

Andrew Noh

Clinical Pharmacist, Mint Health + Drugs Community Members Pharmacy, Edmonton



Andrew works primarily with inner-city patients who often require daily assistance. He provides marginalized patients with the immediate support they need, expanding his focus well beyond the traditional roles of a pharmacist.

Gina Giurguis

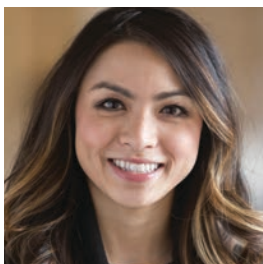
Clinical Pharmacist, Calgary Co-Op, Calgary



In her role as a community pharmacist, Gina conducts diabetes clinics and provides smoking cessation consultations. She is also involved in improving public health by promoting and administering vaccines for shingles, pneumonia, and influenza.

Jenny Edwards

Internal Medicine Pharmacist, Peter Lougheed Centre, Calgary



Jenny is part of a multi-disciplinary internal medicine team that includes internists, resident physicians, nurses, pharmacists, and students. She meets patients in the emergency department to complete best possible medication histories and medication reconciliations and follows up with patients throughout their stay.

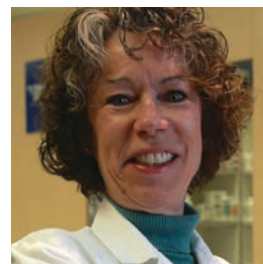
FRIEND OF PHARMACY

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

2017 WINNER

Dr. Charlotte Jones

Associate Professor, UBC Faculty of Medicine, Kelowna, B.C.



Before moving to B.C., Charlotte spent much of her career in Alberta, involved in many studies and projects that involved collaboration with pharmacists. She is currently working on the Alberta-wide Rx EACH study, the largest-ever randomized trial of pharmacist identification and management of cardiovascular risk factors.

PFIZER CONSUMER HEALTHCARE BOWL OF HYGEIA

Awarded to a pharmacist who has compiled an outstanding record of community service which, apart from their specific identification as a pharmacist, reflects well on the profession.

2017 WINNER

Ken Forgach

Clinical Pharmacist, Critical Care, Royal Alexandra Hospital, Edmonton



On top of his full-time position, Ken volunteers three to five days a week. He has established several programs including the Hymningbirds, which makes regular visits to local hospitals, nursing homes, soup kitchens, and prisons. He also created Burgers, Bananas & Blessings—a monthly summer barbecue for Edmonton's hungry and homeless.

PHARMACY TECHNICIAN AWARD OF ACHIEVEMENT

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

2017 WINNER

Jennifer Bibby

Jennifer is a graduate of the Pharmacy Technician program at Bow Valley College. She was presented her award at the 27th annual Alberta Pharmacy Technician Conference in Edmonton.



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.

2017 WINNER

Jenna Buxton



HONORARY LIFE MEMBERSHIP

Mike Bain

A retired pharmacist, Mike is the founder and curator of the Castor Pharmacy Museum.

LEADERSHIP DEVELOPMENT AWARD

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

2017 WINNER

Aliaksandr Savin





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