

2018-19 Annual Report



Pharmacist Tim Logan and pharmacy technician Tiana Cunningham,
Chinook Regional Hospital, Lethbridge

OUR VISION

Healthy Albertans through excellence in pharmacy practice.

OUR MISSION

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

OUR VALUES

The Alberta College of Pharmacy values

- 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.

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Email us at info@abpharmacy.ca

Follow us on   

The 2018-19 Annual Report presents highlights of Alberta College of Pharmacy (ACP) initiatives from March 1, 2018, to February 28, 2019.



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Message from the President and Registrar

Success in pharmacy practice is defined through the experiences individuals have with their pharmacy team and, more specifically, the degree to which their pharmacy team significantly impacts their personal health needs and expectations. This story replicates itself from individuals to families, through families to friends, and from friends across communities. Success is impacted in every patient experience—the success of the individual, the success of the pharmacist and their team, and, ultimately, the success and relative value of pharmacy teams to all Albertans.

The roots to success are grounded in ethics and professionalism, which define “care”—the human component of being a healthCARE professional. Years of education, accumulation of knowledge, and development of skills are lost if pharmacy teams do not consistently provide great patient experiences that exude ethical and professional conduct. Pharmacy owners must also identify with, internalize, and nurture ethical and professional behaviours through supportive practice environments.

Success depends on ethical behaviour. The 12 principles of ACP’s Code of Ethics commit pharmacists and pharmacy technicians to use their knowledge, skills, and resources to serve patients, contribute to society, and act as stewards of their professions.



Stan Dyjur, left, and Greg Eberhart

These are foundational to the purpose of pharmacy practice. Success depends on every pharmacist and pharmacy technician demonstrating the 12 principles in every patient experience, every day of every month of every year.

Success depends on professional behaviour. In 2018, ACP approved a framework that uses six pillars to illustrate “tenets of professionalism.” Patients, pharmacy professionals, our health system, and our communities are successful when pharmacy professionals

- are person-centred in their care,
- use good judgement,
- provide leadership in their practice and across their communities,
- collaborate with other health and community providers,
- actively learn on a continual basis, and
- demonstrate values consistent with ethical behaviour.

We invite you to read our annual report and experience how Alberta pharmacists, pharmacy technicians, and pharmacy teams are achieving success by demonstrating ethical and professional behaviour. What’s compelling is that when patients experience success, their pharmacy team is able to share in their joy and satisfaction.

Stan Dyjur

President

Greg Eberhart

Registrar

Message from the public members of Council

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

It's stated clearly in ACP's mission; one of the college's primary responsibilities is to serve, support, and protect the public's health and well-being.

That's why our role as public members of ACP Council is so vital. We serve on Council to represent the public's point of view. We carefully consider the value and impact to Albertans with every decision Council makes in an effort to govern and improve pharmacy practice. As Council members, one of our goals is to help ensure that Albertans have high expectations of their pharmacy teams, and that those expectations are met on a consistent basis.



Left to right, Irene Pfeiffer, Al Evans, and Christine Maligec

To achieve this goal, Council moved forward with several initiatives to raise the bar on pharmacy practice in Alberta in 2018. We established new standards for the compounding of sterile and non-sterile preparations. We introduced new standards for laboratory and point-of-care testing. And we supported pharmacists to implement new opioid guidelines we approved in late 2017. We did this to make for better pharmacy experiences and better care for individuals.

As public members, we are making a difference at the Council table. Our voices are heard. Our views are valued. And we aren't finished yet.

Council has more work to do to achieve the goals identified in our five-year plan. And our priorities for 2019 have set a clear path of where we would like to take pharmacy practice in Alberta this year and beyond. We will continue to bring your interests to the forefront, with your health and well-being as our top priority.

Irene Pfeiffer

Al Evans

Christine Maligec

Voting member until November 3, 2018.
Ex-officio member from November 3, 2018 to February 21, 2019.

Council

COUNCILLORS

Peter Macek

Pharmacist, District 1

Peter Eshenko

Pharmacist, District 2

Fayaz Rajabali

Pharmacist (President Elect),
District 3

Craig MacAlpine

Pharmacist, District 3

Stan Dyjur

Pharmacist (President), District
4

Brad Couldwell

Pharmacist (Past President),
District 5

Judi Parrott

Pharmacist, District 5

Don Ridley

Pharmacy Technician, District A

Dana Lyons

Pharmacy Technician, District B

Christine Maligec

Public Member

Irene Pfeiffer

Public Member

Al Evans

Public Member
Voting member until November
3, 2018

NON-VOTING MEMBERS

Neal Davies

Dean, Faculty of Pharmacy and
Pharmaceutical Sciences,
University of Alberta

Kristen Farrell

Student Representative

Healthy Albertans through excellence in pharmacy practice. ACP's vision is what guides Council in its deliberations, with a focus on quality pharmacy practice and enabling pharmacy professionals to consistently deliver ethical, person-centred care.

ACP Council consists of pharmacists, pharmacy technicians, and members of the public appointed by the Minister of Health. Council's role is to govern the practice of pharmacists and pharmacy technicians and the operation of licensed pharmacies in Alberta. This authority is granted through the *Health Professions Act* and the *Pharmacy and Drug Act*.

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

Guided by the college's mission, vision, and values, Council strives to achieve the five goals identified in its five-year (2016-2020) strategic plan:

- 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.



Back row left to right: Irene Pfeiffer, Dana Lyons, Neal Davies, Peter Macek, Greg Eberhart, Don Ridley, Al Evans, Kristen Farrell.

Front row left to right: Judi Parrott, Peter Eshenko, Brad Couldwell, Stan Dyjur, Fayaz Rajabali, Craig MacAlpine, Christine Maligec

2018-19 Highlights

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Full Scale launched

ACP launched a new publication—Full Scale—published on the ACP website three times per year, focusing on the latest issues affecting pharmacy practice. The first edition of Full Scale featured the opioid crisis, providing background information and personal stories to add context to the issue.



Look for more issues of Full Scale in 2019.

Making a difference in the opioid crisis

To further support pharmacy professionals' care for individuals who use opioid medications, ACP and the Alberta Pharmacists' Association (RxA) hosted a professional development course in Edmonton in March. The program invited pharmacy professionals to be more sensitive to the personal needs of individuals who are prescribed opioids.

ACP and RxA also partnered to organize a panel discussion exploring issues about substance use and harm reduction in September in Calgary. Pharmacy professionals learned how to avoid and reduce stigma and apply harm reduction principles in their practices.



Registrar Greg Eberhart discussed the college's contributions to address the opioid crisis with visits on CTV 2's Alberta Primetime, Global Edmonton, and 630 CHED. He introduced ACP's brochure—Understanding your pharmacist's role in assessing medication risk—created to support pharmacy professionals in explaining the assessment process to individuals using opioid medications.

Foundational requirements for opening a licensed community pharmacy

ACP's Guidance Document for Opening a Licensed Community Pharmacy provides potential pharmacy proprietors and licensees with the college's foundational requirements for licence application. The document includes ACP's interpretation and application of existing provincial legislation. It helps clarify ACP's expectations of proprietors and licensees so that requirements of licensed community pharmacies are met prior to opening.

The biggest change is a mandatory pre-opening inspection by ACP pharmacy practice consultants. Prior to opening, a pharmacy must pass the pre-opening inspection. If any deficiencies are found, the pharmacy will not be permitted to provide pharmacy services until the deficiencies are corrected.

ACP provided a compliance checklist and an online tool to assist potential proprietors and licensees to meet the requirements.

Cannabis

ACP contributes to cannabis legislation

On October 17, 2018, cannabis for recreational use was legalized in Canada.

Under the federal legislation, each province is responsible for establishing and enforcing regulations for the sale, distribution, and consumption of cannabis. ACP contributed to the Alberta legislation by recommending that cannabis retailers be prohibited from using business names and signage that include any term commonly associated with medicine, health, or pharmaceuticals, such as pharmacy, dispensary, apothecary, drug store, medicine, medicinal, health, therapeutic, or clinic. Further, ACP recommended any symbol or graphic commonly associated with these terms (such as the green cross) be prohibited.

The Province accepted these recommendations as part of the *Gaming and Liquor Statutes Amendment Act*, which received Royal Assent on June 11, 2018.

ACP introduces guidance for pharmacy professionals and proprietors

On the day that cannabis for recreational use was legalized, ACP introduced two documents to support pharmacy practices:

- Introduction to the *Cannabis Act* and regulations; and
- Guidance for pharmacists, pharmacy technicians, and pharmacy proprietors – cannabis for medical purposes.



The two documents provide pharmacy professionals and proprietors with background and context for the legislation, and guidance for caring for individuals who may inquire about or who use cannabis for medical purposes.

Among the highlights of the guidance document are the following:

- Pharmacists and pharmacy technicians cannot compound cannabis for medical purposes, nor can pharmacists authorize (prescribe) or adapt an authorization for cannabis for medical purposes.
- Pharmacies cannot sell or promote cannabis for medical purposes without holding a licence issued by Health Canada.
- Pharmacists should educate individuals and the public about the potential benefits and risks associated with cannabis use.

New testing standards and guidance introduced

Conducting point-of-care testing using new technologies is an emerging trend in community pharmacies in Alberta. To ensure ACP's standards were keeping pace with this trend, the college developed new Standards of Practice and Guidance for Laboratory and Point-of-Care Testing (POCT). ACP's goal was to create a framework where pharmacists could use these technologies safely and effectively to provide better care for Albertans.

POCT technologies have been sold and used for a long time by pharmacists to support patients to manage their diabetes and blood clotting disorders, and determine pregnancy. More recently some pharmacists have used tests to determine the presence of streptococci when individuals present with upper respiratory tract symptoms. Performing these tests provides immediate results for pharmacists to support their assessment of patients and can be beneficial when laboratory testing is not easily accessible.

The new testing standards replace sections 3.6 to 3.9 of the Standards of Practice for Pharmacists and Pharmacy Technicians, and took effect January 1, 2019.



More efficient. More effective.

Pharmacy professionals are making a difference for ER patients at Chinook Regional Hospital.

The addition of pharmacy professionals to the emergency (ER) department at Chinook Regional Hospital in Lethbridge has taken patient care to a higher level. Since late 2016, pharmacists and pharmacy technicians have been part of the hospital's ER team, working alongside physicians and nurses to provide more efficient and effective patient care.

Pharmacists are engaged in patient care in the ER for many reasons, including consults with other health professionals and prescribing the most appropriate antibiotics when necessary.

Once an ER physician decides a patient needs to be admitted to hospital, the physician may ask for a medication review. In those cases, a pharmacy technician interviews the patient to collect a Best Possible Medication History (BPMH). The pharmacy technician asks the patient about all the medications they are taking at home, how they are taking them, what allergies they have, and other medication-related questions.

"Once I've explained why I'm doing it and why I'm asking so many questions, patients usually feel comforted that somebody has time to consider all of their medication information," said Tiana Cunningham, a pharmacy technician at Chinook.

Once Tiana has completed the BPMH, she reviews it with pharmacist Tim Logan and points out any medication problems she has identified. Tim then completes a full medication review with the patient, performs a clinical assessment, and provides whatever education the patient needs about their medications.

"We sit down with each patient, explain any changes we're making with their medications, and how they can prevent another trip to the ER in the future," said Tim. "If there is a clear diagnosis that is new to them, I explain what the disease is, what causes it, and how it will be treated in hospital."

Having pharmacy professionals in the ER means that, once admitted, patients receive the medications they need much faster than before. By having an already-completed BPMH to refer to, the admitting physician can

immediately address any medications the patient was already taking at home.

"In the past, home medications were being addressed on the nursing floors after the patient had been admitted for some time," said Tiana. "Medications related to their admission diagnosis would get addressed in admission medication orders, but regular home

medications that the patient needs would be delayed or even missed. The BPMH includes accurate, updated information everyone needs."

When a patient is discharged, the hospital pharmacy team communicates any new or changed prescriptions to the patient's community pharmacy. When the patient picks up their next prescriptions, they're encouraged to follow up with their community pharmacist.

Both Tiana and Tim feel rewarded by their work in the ER.

"I love it," added Tiana. "I feel like I'm making a difference to patients' health by being able to clarify their medications right at admission. And it's given me an opportunity to educate other health professionals about pharmacy technicians and what we can do for them."



Pharmacy technician Tiana Cunningham, left, and pharmacist Tim Logan

Non-sterile compounding standards and guidance phased in

In an important move to improve quality and safety, ACP introduced a complete set of standards and guidance for compounding non-sterile preparations. The standards and guidance were based on those developed by the National Association of Pharmacy Regulatory Authorities (NAPRA), adapted for Alberta pharmacy practice by ACP, and informed through consultation with Alberta pharmacy professionals.



Due to the significant changes introduced in the standards, a phased approach to implementation was approved. Once a risk assessment has been completed, pharmacies that perform non-sterile compounding must demonstrate the standards involving human factors (e.g., quality assurance program, personal protective equipment, additional training for staff, etc.) by January 1, 2020. Any renovations or additional equipment required to meet the standards must be in place by July 1, 2020.

Guidelines for manufacturers' coupons

It's a common practice in health care.

Some drug manufacturers encourage health care providers to give coupons to individuals to introduce them to new drug therapy. It's considered by many to be an alternative to providing drug samples at the start of treatment.

ACP developed guidance for pharmacy professionals about the use of manufacturers' coupons in pharmacy practice. The guidance is as follows:

"Regulated members

1. may accept manufacturers' coupons, subject to consideration of principles arising from ACP's Code of Ethics and Standards of Practice for Pharmacists and Pharmacy Technicians; and,
2. must not provide manufacturers' coupons to persons to obtain drug products and services, unless the exceptional circumstances contemplated by the compassionate exception apply."

The guidance reminds pharmacy professionals about their responsibility to act in the best interest of individuals, free from bias and conflict of interest, and to make evidence-informed decisions to ensure each individual's right to appropriate health care.



Compassion guidelines

Compassion is something patients and their families expect every time they receive care. And it's something pharmacy professionals strive to provide.

However, it is often unclear exactly what compassion is and how it should be applied to pharmacy practice.

To help clarify what compassion in pharmacy practice involves, ACP developed guidelines defining compassion in the context of the Standards of Practice of Pharmacists and Pharmacy Technicians.

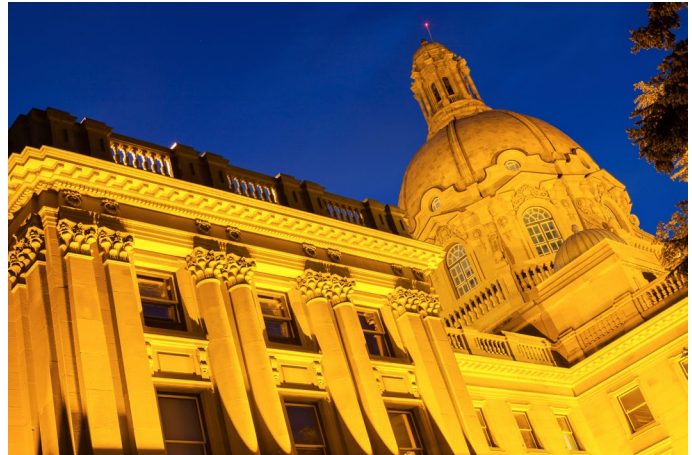
The document provides pharmacy professionals a framework for applying their professional judgement when assessing if a specific individual requires a drug product, professional service, healthcare product, aid, or device for compassionate reasons.

In general, pharmacy professionals may only provide a product or service for compassionate reasons based on a unique individual patient assessment. Compassion and compassionate care cannot be commoditized or generalized and must always be provided in the health interests of the patient and not for the commercial interests of the pharmacy.



Bill 21: An Act to Protect Patients

On November 19, 2018, Bill 21—*An Act to Protect Patients*—was passed by the Alberta Legislature. The legislation includes amendments to the *Health Professions Act* to address sexual abuse and sexual misconduct of patients by regulated health professionals.



Under the Act, ACP was required to develop new standards of practice for pharmacy professionals that set out who is considered to be a patient, when a sexual relationship may occur between a regulated member and a patient, and when a person who is a spouse of or in an adult interdependent relationship with a regulated member may also be a patient.

These standards have been approved by the Minister of Health and ACP Council and take effect April 1, 2019.

ACP is working to develop a patient relations program, including a fund to provide treatment or counselling to those affected by sexual abuse or sexual misconduct by its registrants. College staff are receiving training about sexual abuse and sexual misconduct. And hearing decisions involving sexual abuse or sexual misconduct will be posted on the college website indefinitely.

Comprehensive care

What a successful pharmacist-patient relationship looks like.

Tammy Ryfa is a regular patient of the Mint Health + Drugs Meridian Pharmacy in Stony Plain. She suffers from multiple sclerosis (MS) and cares for her elderly parents who each take multiple medications.

Tammy is in the pharmacy often.

“Carlene and the staff are an integral part of my healthcare team,” said Tammy during a recent visit. “They’ve seen me at my worst and my best.”

Carlene Oleksyn is Meridian’s owner and licensee, which means she oversees the pharmacy’s staff and practice. At Meridian, patients first interact with a pharmacist, who conducts a clinical assessment and reviews the appropriateness of any prescribed medications.

For patients such as Tammy, who have chronic conditions, the pharmacist sets up a care plan, assessing the patient’s health status, what medications they are taking, and the patient’s health goals. During each visit, the pharmacist refers to the care plan to make sure the patient is on track with meeting their health goals. They monitor the patient’s weight, blood pressure, and other important information. If she hasn’t seen Tammy in a while, Carlene calls her to see how she’s doing.

At least annually, Carlene reviews Tammy’s entire care plan with her. “Before Tammy comes in, I’ve actually gone through her care plan to make sure we don’t miss anything when we sit down together at our review,” Carlene said. “Is there anything Tammy forgot to tell us? Are there any new tests? Any new drugs? We check her immunizations to make sure they’re up to date. We do a lot of prep work before we see each patient.”

Carlene says following up is beneficial for both the

patient and the pharmacist.

“Follow-up teaches you a lot as a clinician and allows the relationship to grow between the patient and the pharmacist,” said Carlene. “Tammy and I, and our entire team, have a relationship because we all know what’s going on.”

During a regular follow-up, Carlene spotted a potentially serious situation when Tammy received her latest immunizations at a public health facility. Tammy was

given a live vaccine, which is not recommended for MS patients, who have compromised immune systems.

“That’s the importance of care planning,” said Carlene. “When Tammy came in, I knew right away when I reviewed her file that she was going to get her vaccinations, so I knew to ask her how it went. She gave me her vaccination card and we found a pretty critical drug-related problem.”

Carlene had Tammy contact her MS doctor right away, then followed up with her to make sure she was okay. A close relationship with her pharmacist has made Tammy more in tune with her health.

“It’s made me more aware of the medications I’m taking for my condition,” Tammy said. “Because I have MS, a lot of people, including doctors, just focus on that, but Carlene is more focused on my overall care.”

For Carlene, knowing that she is making a difference for patients such as Tammy makes it worth the effort.

“I feel good about the way I practise,” she said. “When I go home at night, I know I’ve made a difference! It’s a more holistic way of practising. The result is better care for patients.”



Pharmacist Carlene Oleksyn, left, and Tammy Ryfa

Antimicrobials for animals

As of December 1, 2018, farmers across Canada now require a prescription to acquire antibiotics for their livestock. Producers can no longer buy these drugs directly from co-operatives, feed mills, livestock medicine outlets, or other places where over-the-counter animal medications are sold. The decision has a major impact on pharmacy practice.

In order to get a prescription, producers must work with a veterinarian. An established vet-client-patient relationship (VCPR) must be present before a producer can receive a prescription for a medically important antibiotic. The producer has the choice of having the prescription filled by the veterinarian or taking it to a pharmacist.

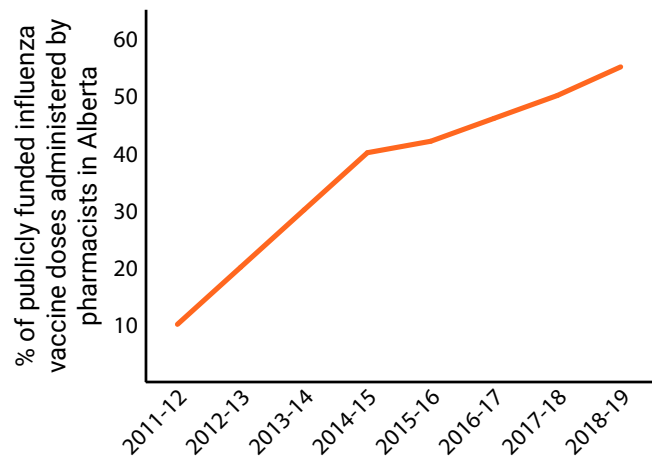


ACP's position is that pharmacists must have the knowledge and skills required to provide appropriate care when dispensing medication for animals. Further, ACP has determined that prescribing or adapting a prescription for an animal is not within pharmacists' legislated scope of practice.

Immunizations by pharmacists reach new high

The 2018-19 Alberta Influenza Immunization Program expanded publicly funded immunizations available from pharmacists to include anyone five years of age and older. Previously, pharmacists were only able to administer the vaccine to those nine years of age and older. Pharmacists administered more than 26,000 doses of influenza vaccine to Albertans between the ages of five and eight.

In total, pharmacists administered over 720,000 flu shots during the season and are now responsible for over 55 per cent of all doses administered in Alberta.



Source: Alberta Health

Tri-annual survey

ACP learns about public, stakeholder, and regulated member perspectives about pharmacy practice and ACP through a survey that it conducts tri-annually. Historically, each group was surveyed separately, rotating annually over a three-year cycle; however, in 2018, all subjects were surveyed simultaneously, using similar questions.

The survey was complemented with round-table discussions with members of the public and regulated members, and interviews conducted with a select cohort of stakeholders. The survey was conducted from February to April 2018 by Advanis Inc. ACP wishes to monitor trends, so the 2018 survey results set a new baseline for future measurement.

Albertans generally have an accurate understanding about the functions and responsibilities of the college. Registrants and stakeholders agree that ACP is committed to patient safety.

The 2018 survey again affirmed that individuals above 55 years of age tended to be more satisfied than others about the services received from their pharmacist, with those aged 34 years and under being much less satisfied. Individuals who relied on pharmacist services more than five times in the past year were also more inclined to be very satisfied or satisfied with services received.

Public's expectations of pharmacists versus how well they believe their expectations were met

The public generally rated pharmacist services quite high; however, some behaviours were observed as meeting expectations more than others.

We learned that pharmacy teams are substantively meeting the expectations that the public identified as being most important to them including

- providing information and support to use their medications properly,
- administering immunizations, and
- asking about their symptoms and current health conditions.

The public had lower expectations of pharmacy teams with respect to

- providing information and advice to promote healthy lifestyles,
- assessing symptoms and prescribing medication, and
- engaging with them to understand their long-term health goals.

Two areas where the public felt that pharmacy teams should improve to meet their expectations were

- collaborating with all members of their health team, and
- promoting and creating awareness about public health issues.

Regulated members' perspectives about the importance of roles performed by ACP versus the extent to which ACP is fulfilling its mandate

Regulated members of the college rated the performance of the college lower than our stakeholders. Regulated members observed that the college was substantively achieving its mandate in fulfilling some roles identified as being highly important, including

- promoting high standards of professional and ethical conduct,
- protecting the health of Albertans, and
- determining entry to practice requirements.

We learned that regulated members had lower expectations of the college with respect to

- developing practice tools,
- representing the interests of patients to government, and
- facilitating access to skills enhancement programs.

However, there were three areas that regulated members felt that the college could improve upon to meet their expectations. Those were

- advocating for the role of pharmacy in an evolving health system,
- ensuring safe practice environments, and

- educating the public about pharmacist and pharmacy technician roles.

These insights are one piece of information that ACP Council will consider when developing plans and priorities for the future. They also suggest that some regulated members may still be confused about the role of the college versus the role of advocacy organizations.

Some other findings in the report included the following:

- While there are differences in the perspectives of the public, stakeholders, and pharmacists about the role of pharmacists, there is strong agreement amongst all of them that pharmacists
 - inquire about current health/symptoms;
 - gather patients' health histories, test results, and medications taken;
 - educate and support patients on the proper use of medication;
 - administer immunizations; and
 - promote and create awareness about public health issues.
- Pharmacists and pharmacy technicians are concerned about threats to their scopes of practice (i.e., not being able to work to full scope, having their scope change, overlapping/ competing scopes of practice), drug shortages, and government cutbacks. That said, registrants see opportunity in using their full scopes of practice to meet patient health needs in a timely and effective manner.
- Stakeholders are concerned about inconsistent application of the full scopes of practice, conflicts between the business and practice of pharmacy, and a lack of government resources. Stakeholders see opportunities for technology and people to create opportunities for more client-centred care.

Accountable to you

acp

Meeting the challenges of a constantly changing landscape

Debbie Lee is a detail-oriented person.

It's a reason why she loves her role as ACP's registration director, overseeing the registration of pharmacists, pharmacy technicians, and licensed pharmacies,



Debbie Lee, ACP Registration Director

ensuring they all meet the necessary requirements, and developing policies and procedures to make it all work.

It's a big job.

"We have so many different types of applicants for different registers, all with a different set of requirements," said Debbie.

"For pharmacy licences, we review different types of applications for approval, such as new pharmacies, changes of licensee, changes of proprietor, change of location, change of hours, renovations, and so on.

Our team oversees that and makes sure our registers are

accurate, up to date, and comply with legislation."

The biggest challenge for the registration team lately has been the variety of applications the college receives for new pharmacy licences.

"We are getting more applications that don't fit the mould of a traditional pharmacy," said Debbie. "We always have to consider what is written in legislation, what is in the best interest of the patient, and what makes sense. And we have to be as consistent as possible when we make decisions."

To support prospective proprietors and licensees, Debbie developed a guidance document for opening a licensed community pharmacy. This document clarifies foundational requirements which are based on existing legislation and standards. ACP also made it mandatory for new pharmacies to pass a pre-opening inspection before they can open to provide pharmacy services.

“The foundational requirements clearly define the college’s expectations prior to issuing a licence to open and operate a pharmacy. This makes it easier for proprietors, licensees, pharmacists, and pharmacy technicians who will be employed there,” said Debbie. “There are certain standards pharmacies must meet before opening. The guidance document ensures we have the same understanding of the standards, making it easier for our registration team when providing direction to prospective licensees and for our practice consultants when performing pre-opening inspections. It’s benefitted everybody.”

2018 also saw the registration team develop new policies for entry to practice. Applicants must successfully complete part I and part II of the Pharmacy Examining Board of Canada (PEBC) qualifying examination and achieve PEBC certification within three years prior to initial registration to the clinical pharmacist or pharmacy technician register. Also, before being added to the provisional pharmacist or pharmacy technician register, international graduates must successfully complete part I of the PEBC qualifying exam.

“Our goal is to ensure that our provisional registrants have an acceptable level of knowledge and competence before they are admitted to the provisional register and start practising in a pharmacy,” said Debbie.

Debbie enjoys the challenge of establishing new registration policies that contribute to Albertans receiving more consistent, quality care from their pharmacy teams.

“I feel like registration is the heart of the college, because everything relates back to registration,” she said. “We’re the gatekeepers about who is admitted to the register and we work with other departments to maintain our registers. It’s such a big task. I love being part of that.”

2018 trends

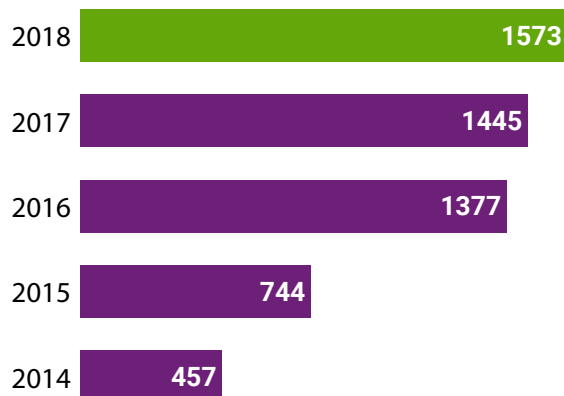
For the third consecutive year, there was a significant increase in the number of pharmacists who cancelled or did not renew their registration. It is believed that most of these registrants were international pharmacy graduates who moved to other provinces to practise pharmacy.

Also, the number of provisional pharmacy technicians who registered with ACP more than doubled compared to the previous year (162 in 2018 compared to 67 in 2017). And the number of pharmacy closures in 2018 increased to 22 from 12 the previous year.

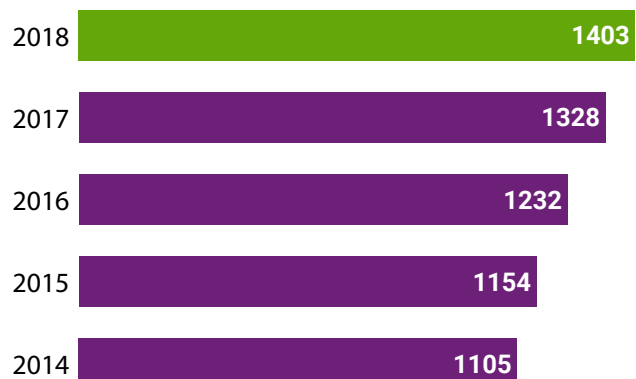
Pharmacists



Pharmacy technicians



Licensed pharmacies

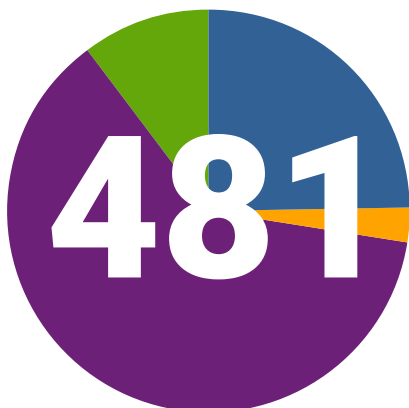


By the numbers: Registration



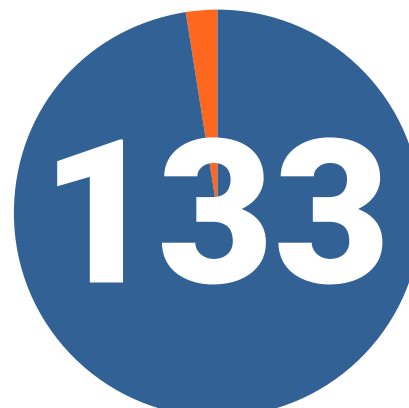
New provisional pharmacists

(121 University of Alberta, 198 foreign, 52 MACP*s, 17 other Canadian universities)



New pharmacist registrants

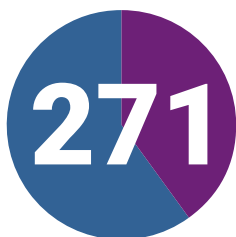
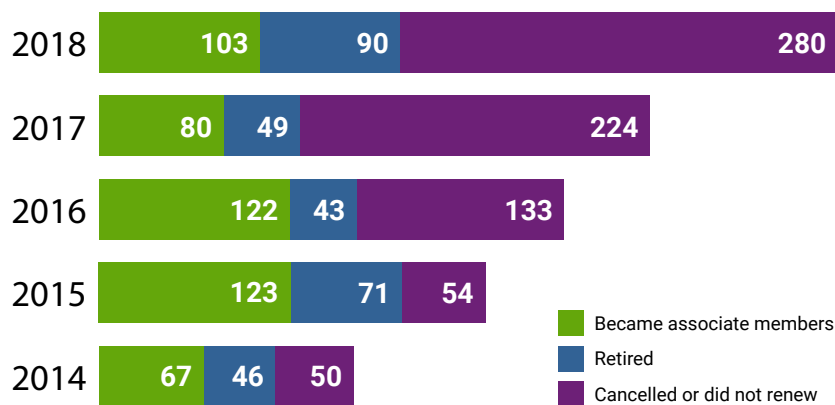
(120 University of Alberta, 299 foreign, 49 MACP*s, 13 other Canadian universities)



New pharmacist students

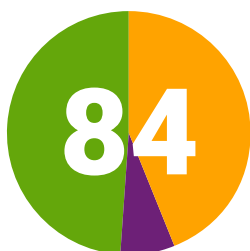
(130 University of Alberta, 3 other Canadian universities)

Inactive pharmacists



New pharmacy technicians and provisional pharmacy technicians

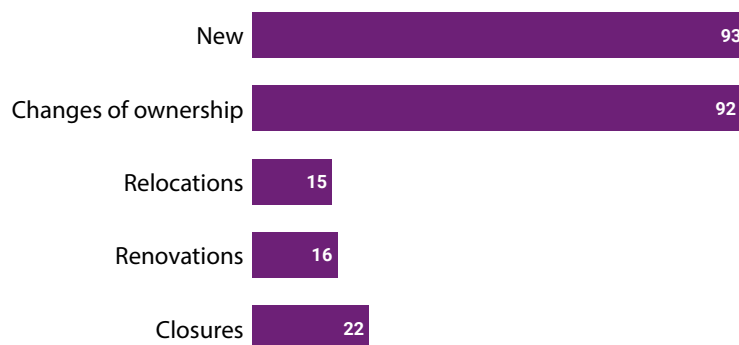
(109 practising and 162 provisional)



Inactive pharmacy technicians

(37 associates, 6 retired, 41 cancelled or did not renew)

Licensed pharmacies



*MACP = Mobility Agreement for Canadian Pharmacists

Professional Practice



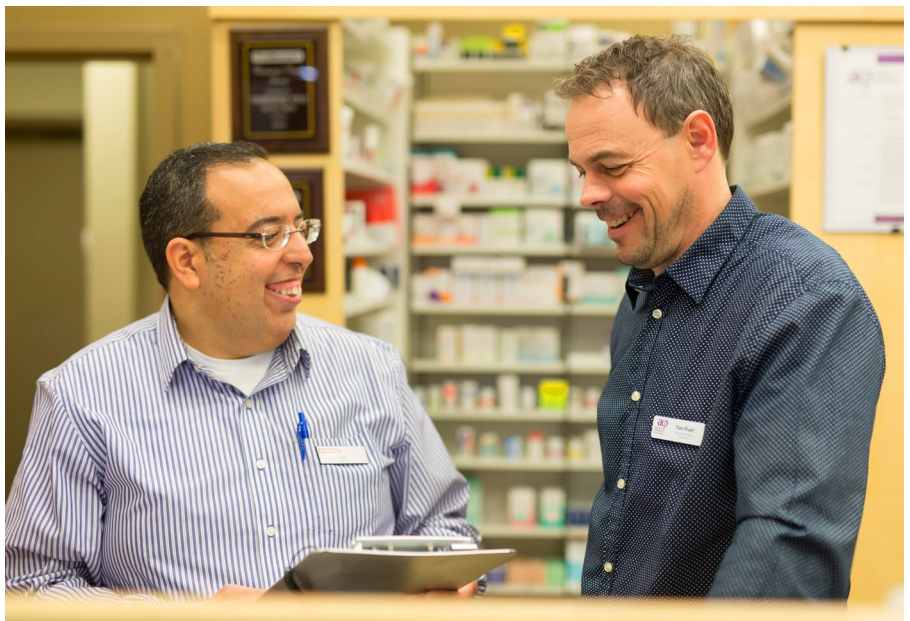
Coach. Mentor. Partner.

Supporting pharmacy teams to improve patient care.

Karl Phillips has been a practising pharmacist in Alberta since moving here from Egypt in 2004. For the last seven years, he's been the licensee at a pharmacy in Red Deer. In 2015, he met ACP pharmacy practice consultant Tim Fluet for the first time, during a routine pharmacy assessment.

"From the first minute I met with Tim, I could sense right away the amount of knowledge and the very valuable advice he had," said Karl. "He really feels our challenges and is able to come up with realistic solutions."

As a pharmacy practice consultant, Tim is a coach, a mentor, a partner, and a teacher. He supports pharmacy professionals like Karl to meet and exceed ACP's standards of practice with the goal of providing quality care to patients.



Pharmacist Karl Phillips, left, and pharmacy practice consultant Tim Fluet

"Karl has a genuine concern for his patients and their health," said Tim. "He's great to work with because he understands how important patient care is. He sees my visits as a positive opportunity to improve the level of care he can provide. He always had the people skills and his patients loved him, but he knew he needed to improve his clinical skills to be able to help them more."

One way Tim helped Karl improve his clinical skills was to encourage a more efficient way of documenting patient records. Karl had been filing hard copies for years, which took up much of his team's time and resources. Now, they scan and save documents electronically. Tim then worked with Karl to focus on gathering the most appropriate information from patients, leading to better assessments and the ability to better monitor ongoing therapy.

"Now, I'm able to free up more of my time for patient counselling," said Karl. "We know all our patients by name. We know their families. We always talk to our patients; that's very valuable in building professional relationships. The patients appreciate that."

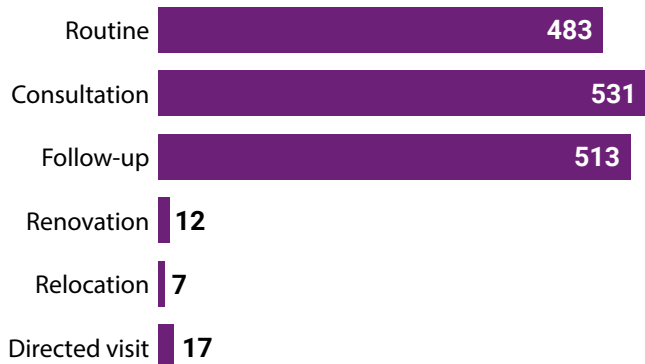
Tim is part of a team of six consultants who are each responsible for a geographic territory (Tim's is central Alberta). It's each consultant's goal to call on every licensed community pharmacy in their territory with a series of visits (a routine assessment, consultation, and follow-up) every two and a half years. Professional practice director Shao Lee leads the team, setting ACP's strategies for measuring, monitoring, supporting, and improving pharmacy practice in Alberta.



Shao Lee, ACP Professional Practice Director

"Our consultants take a quality improvement approach to enhance the practice and operations of pharmacies," said Shao. "We encourage pharmacists and pharmacy technicians to work collaboratively to improve practice by engaging patients, asking for indication of therapy, accessing Netcare for relevant information, and monitoring patients to ensure appropriateness of therapy and to promote quality care."

ACP Pharmacy Assessments



With Tim's encouragement, Karl is now finalizing his application for additional prescribing authorization, which will further increase the level of care he is able to provide to his patients. It's another example of how Karl wants to get better.

"Karl's clinical skills improved with each visit," said Tim. "There is now good documentation to support his clinical decisions and he's able to provide more value to patients with the medication reviews he completes, as his process is much more comprehensive and thorough when screening for potential drug therapy problems."

Karl appreciates the support he has received from Tim and the success his practice has experienced in the last three years.

"I can't say enough about Tim and the value he gives," said Karl. "I feel very comfortable following his lead."

For Tim, seeing pharmacy professionals like Karl make progress is what it's all about.

"It's rewarding," said Tim. "I want everyone to be successful and I want every pharmacist to provide a high level of care for their patients. The most gratifying is when they feel that reward as well. We work on making advancements and improvements together. Once that pharmacist feels good about the progress we're making, I know we can continue to build on that."

Complaints Resolution



Resolving complaints using a fair, thorough, and objective approach

Based on the results of our 2018 survey, most Albertans' expectations of their pharmacy teams are being met with satisfaction. However, there are instances when individuals contact ACP with a concern.

Jim Krempien is the college's complaints director. It's his role to resolve issues of public concern and formal complaints related to the conduct of ACP's regulated



members—including pharmacists, pharmacy technicians, provisional registrants, and pharmacist students—and the operation of licensed pharmacies.

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.

"If individuals have concerns about their experience with pharmacy practice, they have avenues to resolve that," said Jim, a former Canadian Armed Forces pharmacist with experience participating in military summary trials. "When it's appropriate, we encourage resolution to occur

by getting the pharmacy professional and the complainant to communicate directly. That's where we often find people can get effective and efficient resolution to their concerns."

When direct resolution isn't possible or appropriate, the concern may become a formal complaint requiring investigation. Jim strives to be fair, thorough, and objective in pursuit of a solution that appropriately responds to the facts of the case. Ultimately, this includes measures to mitigate reoccurrence of the events that led to the complaint.

In his 11 years as ACP's complaints director, Jim says he has yet to see a registrant who wants to make a mistake or wants to have their conduct called into question.

"By and large, pharmacists and pharmacy technicians are honourable and professional in applying the privileges Albertans have entrusted them with and they take it very seriously," he said. "Often when things go wrong, they're unintended. When we explain what should have happened or why something did happen, both parties are often quite satisfied with that."

A fair and just hearings process

The hearings process at ACP is led by hearings director Margaret Morley. She was appointed by Council in 2010 to facilitate and coordinate Hearing Tribunals, as required of the hearings director in legislation.

Margaret plays a key role with respect to hearings, appeals, and requests for review when a complaint has been dismissed. She appoints members of the hearing committee to a Hearing Tribunal or complaint review committee (CRC) and serves as the primary conduit for communication between the complaints director, the Hearing Tribunal, the complainant, the investigated person, and the various legal counsels who support each. Margaret functions



Margaret Morley
ACP Hearings Director

independently from the complaints director to ensure separation of the investigation and hearings functions.

Hearings are much like proceedings in a court of law. Evidence is presented by both sides to the Hearing Tribunal, which makes a ruling based on that evidence. As in the judicial system, there are avenues for appeal that further accommodate objectivity, fairness, and effectiveness.

An ACP team member since 2001, Margaret holds a certification in administrative justice and works passionately to ensure the discipline process at ACP adheres to the principles of fairness and natural justice.

2018 Highlights

In 2018, the number of formal complaints requiring investigation increased (73 in 2018 compared to 45 in 2017). The number of formal complaints referred to a hearing in 2018 increased to 13 from a 10-year historical average of approximately six referrals per year.

The number of issues of public concern decreased from 752 in 2017 to 725 in 2018.

In 2018, the complaints director directed two registrants to be assessed and or cease providing professional services due to "incapacity."¹

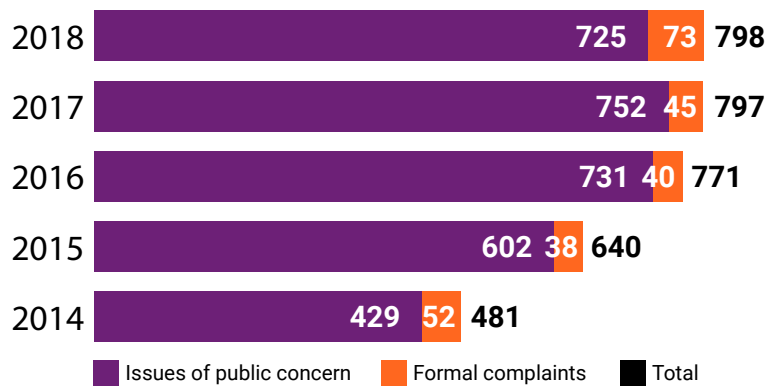
ACP received one application requesting a review of a decision of the complaints director by the CRC. The CRC decision upheld the complaints director's decision. There were no requests for review of processes or decisions arising from ACP's complaints resolution program to ACP Council, the Courts, the Ombudsman, the Office of the Information and Privacy Commissioner, or the Human Rights Commission for which ACP was required to respond.

All hearing notices and information about attending scheduled hearings in 2018 were posted on the ACP website. All hearings heard by a Hearing Tribunal were open to the public, except for portions of four 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.

¹Section 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.

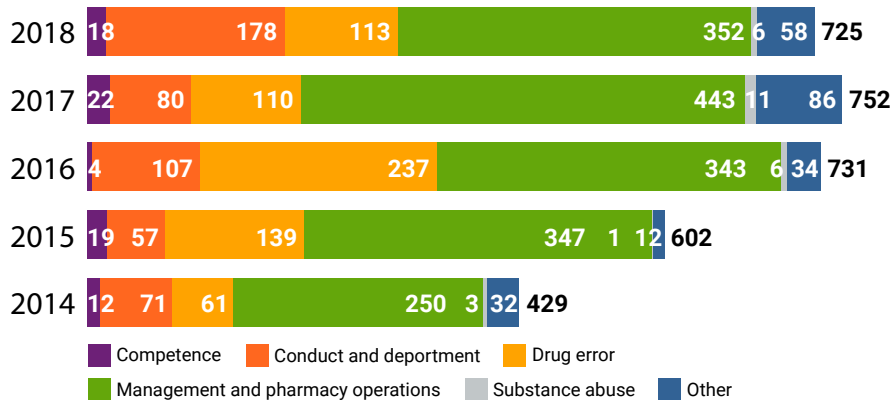
By the numbers: Complaints Resolution

Complaints received

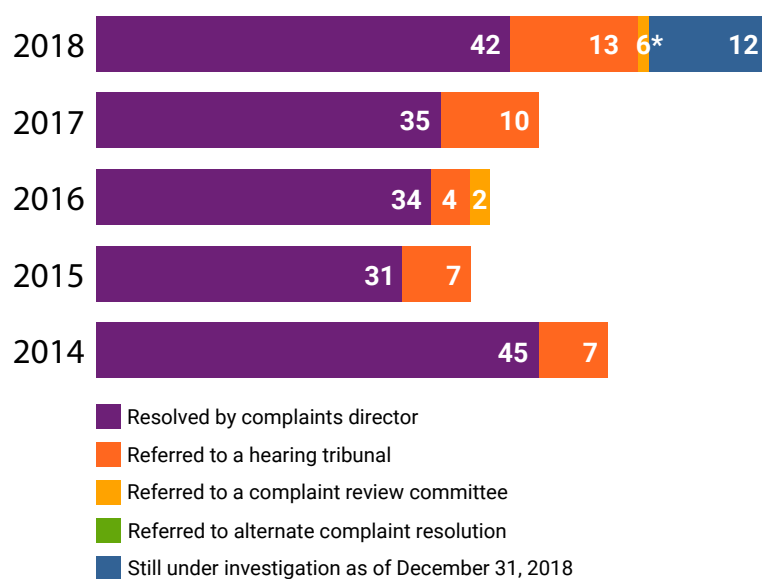


Issues of public concern are those resolved through a customer service approach. More serious complaints are formally investigated by the Complaints Department.

Subjects of public concern



Final disposition of complaints



Completed hearings, appeals, and reviews in 2018

Hearings	11
Appeal of hearing tribunal decision to Council	0
Appeal of S.118 decision to Council	0
Complaint review committee	1

*Of the six formal complaints that were referred to the CRC process, only one was heard by the CRC in 2018. The other five complaints shall be heard in 2019.

Never stop learning

Continuing competence leads to better patient outcomes.

Through their active learning and enhancement of practices, pharmacy professionals can assure themselves, their patients, and their healthcare colleagues that they are providing quality care throughout their careers. That is the essence of ACP's Continuing Competence Program (CCP).



Pamela Timanson, PhD, ACP's Competence Director

"As professionals, we have an innate desire to learn so that when we're faced with problems, we're looking for solutions," said Pamela Timanson, ACP's Competence Director. "That drive keeps us going forward. The program has been designed to facilitate and support pharmacy professionals in that learning."

Pamela—a former high school science teacher who has a

PhD., specializing in educational administration and leadership—and ACP's Competence Department work together with registrants to identify yearly competence goals and ensure learning transfers into practice.

This is achieved through the following annual CCP requirements for pharmacists and pharmacy technicians:

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.

- Complete any prescribed learning activity that has been assigned by the competence committee. In 2017-18, prescribed learning focused on documentation (pharmacists) and NAPRA's model standards for pharmacy compounding of non-hazardous sterile preparations (pharmacy technicians).

Areas of learning in the CCP include ethical, legal, and professional responsibilities, patient care, quality and safety, and knowledge and research application.

Auditing professional portfolios

Each registered pharmacist and pharmacy technician must complete a professional portfolio—an online record of the CEUs and prescribed learning activities completed—and an Implementation Record, which demonstrates how they have implemented at least one hour of their learning into practice, highlighting measurable outcomes.



Pharmacists

724 portfolios audited (13% of total submitted)

- 84% met or exceeded requirements
- 12% minor deficiencies
- 4% significant gaps, errors, or omissions



Pharmacy technicians

211 portfolios audited (13% of total submitted)

- 83% met or exceeded requirements
- 13% minor deficiencies
- 4% significant gaps, errors, or omissions

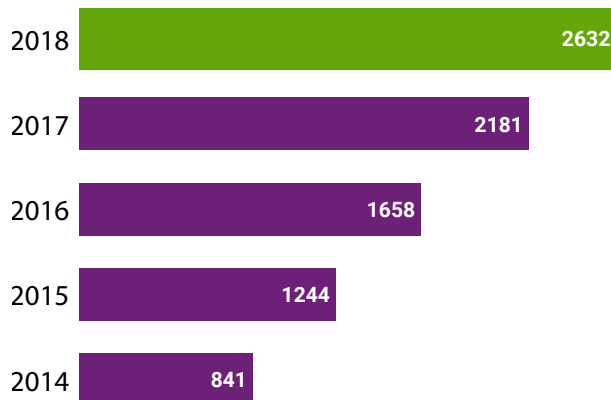
For those who had minor deficiencies, peer assessors provided feedback to be applied in the registrant's portfolio the following year, which will once again be audited. For those who were referred to the competence committee for additional support, ACP team members worked with them more directly through webinars and one-on-one support to clarify the program's expectations and provide constructive feedback.

"Many of the participants go on to meet or exceed the established requirements upon a subsequent audit," said Pamela. "We often hear about these registrants sharing what they have learned with other pharmacy professionals, and that is a big success."

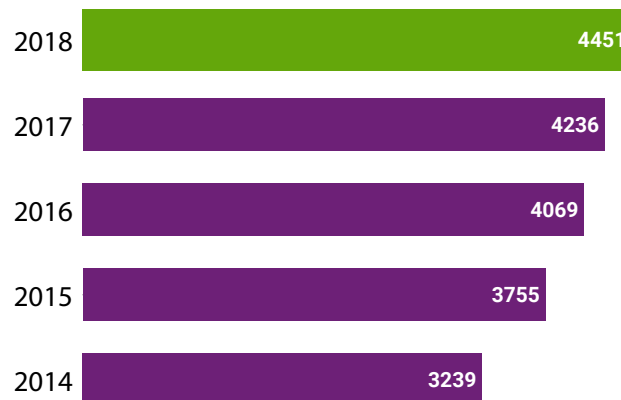
Another support offered in the program is peer coaching, which was piloted in 2018. Registrants were able to observe the pharmacy practice of a peer and then have that peer come into their workplace to provide feedback on their processes. The pilot was well received and, with some minor changes, the peer coaching program will continue in 2019.

"When we can see the improvement, get to know people, hear their experiences, learn where they want to go, and experience that growth with them, that's fantastic."

Pharmacists with additional prescribing authorization



Pharmacists authorized to administer drugs by injection



Tenets of Professionalism

In 2018, ACP's Competence Department developed a framework for professionalism for pharmacists and pharmacy technicians. The project allowed ACP to establish common understandings of professionalism and what it means to be a pharmacy professional.

The framework was developed based on research and consultation with registrants at regional meetings and advisory groups throughout the year, and conversations with many of the college's stakeholders locally, nationally, and internationally.



Once research and consultation concluded, six tenets of professionalism were identified:

- An engaged pharmacy professional is
 - person-centred,
 - a collaborator,
 - a leader, and
 - an active learner.
- An engaged pharmacy professional has
 - good judgement, and
 - values.

"The most important and powerful piece of this work was hearing from registrants on what professionalism means to them and how they would describe their profession and themselves," said Pamela. "Their words and feelings are reflected throughout the framework. This work came from them and we hope to continue it in that manner."

The professionalism framework has been approved by Council and will be an underlying premise in all college programs and communications.

Licensee Education Program

Competence and Registration collaborated to develop a licensee/proprietor's agent education program, designed to support licensees and proprietors' agents to understand and fulfill their roles and responsibilities. This program is intended for new and current licensees, and new proprietors' agents.

The learning outline, objectives, structure, and rules for the program have been completed. It will be piloted in the fall of 2019 with a full launch anticipated in early 2020.

Reasons for developing the program included the following:

- to clarify and enhance understanding of the role of a licensee, pharmacy requirements, and the licensure application process; and
- to enhance the resources and information available to licensees about their role, responsibilities, expectations, and the application process.

"Better understanding will hopefully lead to better patient experiences within pharmacies," said Pamela. "Licensees will better understand professionalism, their role in creating a positive workplace culture and environment, what it means to be a leader and role model, and the roles and responsibilities a leader has in supporting the professional learning and competence of pharmacy teams."

Auditor's report

ap



Independent Auditor's Report

To the Council of the Alberta College of Pharmacy

Opinion

We have audited the financial statements of the Alberta College of Pharmacy (formerly the "Alberta College of Pharmacists") which comprise:

- the statement of financial position as at December 31, 2018
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Alberta College of Pharmacy at December 31, 2018, and its results of operations and cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

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

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

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

Other Information

Management is responsible for the other information which comprises the information, other than the financial statements and the auditors' report thereon, included in the 2018-19 Annual Report.

Our opinion on the financial statements does not cover the other information and we do not and will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit and remain alert for indications that the other information appears to be materially misstated.

We obtained the information, other than the financial statements and the auditors' report thereon, included in the 2018-19 Annual Report as at the date of this auditors' report.

If, based on the work we have performed on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact in the auditors' report.

We have nothing to report in this regard.

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

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

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

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Alberta College of Pharmacy's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Alberta College of Pharmacy's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion.

Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Alberta College of Pharmacy to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

A handwritten signature in black ink that reads "KPMG LLP". The letters are bold and slanted. A long, thin horizontal line is drawn underneath the signature, starting from the left and ending under the "P" in "LLP".

Chartered Professional Accountants
Edmonton, Canada
April 4, 2019


Statement of Financial Position

December 31, 2018, with comparative information for 2017

	2018	2017
Assets		
Current assets:		
Cash	\$ 719,718	\$ 466,395
Investments (note 2)	9,048,542	9,571,337
Accounts receivable (note 4)	58,595	45,096
Prepaid expenses	94,127	107,795
	9,920,982	10,190,623
Legal fees recoverable	206,106	116,927
Property and equipment (note 3)	649,964	624,767
	\$ 10,777,052	\$ 10,932,317
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities (note 4)	\$ 169,194	\$ 200,603
Deferred revenue (note 5)	3,969,444	3,845,319
	4,138,638	4,045,922
Deferred lease inducement (note 6)	99,344	139,081
Net assets:		
Invested in property and equipment	649,964	624,767
Internally restricted (note 7)	2,150,000	2,150,000
Unrestricted	3,739,106	3,972,547
	6,539,070	6,747,314
Commitments and contingencies (note 9)	\$ 10,777,052	\$ 10,932,317

See accompanying notes to financial statements.

On behalf of the Council:



Stan Dyjur
Councillor



Fayaz Rajabali
Councillor

Statements of Operations

Year ended December 31, 2018, with comparative information for 2017

	2018	2017
Revenue:		
Registration, annual permit and license fees (note 5)	\$ 7,488,451	\$ 7,298,278
Investment income (note 8)	13,901	318,308
Legal fees assessed	191,142	39,175
Prescribing application fee	172,275	218,075
Other income	191,280	141,112
	8,057,049	8,014,948
Expenditures:		
Operations (note 6)	2,360,333	2,212,837
Professional practice	1,423,152	1,269,174
Registration and licensure	1,169,537	1,044,346
Complaints resolution	1,019,734	852,654
Governance and legislation	811,563	775,204
Communications	570,717	511,862
Competence	544,304	434,510
Partnership administration	208,716	166,353
Amortization	157,237	187,918
	8,265,293	7,454,858
Excess (deficiency) of revenue over expenditures	\$ (208,244)	\$ 560,090

See accompanying notes to financial statements.

Statements of Changes in Net Assets

Year ended December 31, 2018, with comparative information for 2017

	Invested in property and equipment	Internally restricted (note 7)	Unrestricted	2018	2017
Balance, beginning of year	\$ 624,767	\$ 2,150,000	\$ 3,972,547	\$ 6,747,314	\$ 6,187,224
Excess (deficiency) of revenue over expenditures	(159,452)	(61,456)	12,664	(208,244)	560,090
Investments in IT	69,043	(69,043)	-	-	-
Investment in property and equipment, net	115,606	-	(115,606)	-	-
Transfers, net	-	130,499	(130,499)	-	-
	\$ 649,964	\$ 2,150,000	3,739,106	6,539,070	6,747,314

See accompanying notes to financial statements.

Statement of Cash Flows

December 31, 2018, with comparative information for 2017

	2018	2017
Cash provided by (used in):		
Operations:		
Excess of revenue over expenditures	\$ (208,244)	\$ 560,090
Items not involving cash:		
Amortization	157,237	187,918
Loss on disposal of property and equipment	2,215	279
Realized losses (gains) on investments	9,827	(52,938)
Unrealized losses (gains) on investments	155,086	(117,400)
Amortization of deferred lease inducement	(39,737)	(39,738)
Change in non cash operating working capital:		
Increase in accounts receivable	(13,499)	(7,636)
Decrease (increase) in prepaid expenses	13,668	(12,627)
Decrease (increase) in legal fees recoverable	(89,179)	48,431
Increase (decrease) in accounts payable and accrued liabilities	(31,409)	46,038
Increase in deferred revenue	124,125	150,418
	80,090	762,835
Investing:		
Net purchases of investments	357,882	(363,369)
Proceeds on disposal of property and equipment	4,001	306
Purchase of property and equipment	(188,650)	(295,531)
	173,233	(658,594)
Increase in cash	253,323	104,241
Cash, beginning of year	466,395	362,154
Cash, end of year	\$ 719,718	\$ 466,395

See accompanying notes to financial statements.

Notes to Financial Statements

Year ended December 31, 2018

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

ACP governs pharmacists, pharmacy technicians, and licenses pharmacies. New technologies are introducing new drug distribution models and systems, while pharmacists increasingly focus on individuals benefiting from the drug treatment they require. Pharmacists and pharmacy technicians continue to perform at a high level and where they do not, ACP ensures that a responsive complaints process is available. ACP has experienced an increase in the number of complaints investigated, the significance of these complaints, and in turn the number of Hearing Tribunals appointed. ACP is mindful of a rapidly changing future. The Council of ACP has initiated discussions about a new 5 year plan (2021-2025). ACP will need to balance compliance and enforcement strategies with quality improvement initiatives that include effective communication, education, monitoring and mentoring. Timely access to quality information about registrants and their practices will be critical. These are integral to fulfilling 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.

Effective from July 1, 2018, the name of ACP was changed from "Alberta College of Pharmacists" to "Alberta College of Pharmacy."

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.

Notes to Financial Statements (continued)

Year ended December 31, 2018

b. Financial instruments:

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

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

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

c. Property and equipment:

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

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

Prior to January 1, 2018, the information management system was amortized using the straight line method over 5 years. This change in accounting estimate has been adopted prospectively.

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.

Notes to Financial Statements (continued)

Year ended December 31, 2018

2. Investments

	2018	2017
Cash	\$ 18,330	\$ 17,528
Accrued interest receivable	122,374	77,116
Canadian investment savings accounts and money market funds	2,714,938	4,186,646
Foreign investment savings accounts and money market funds	45,994	147,382
Canadian equities	1,007,559	814,485
Foreign equities	1,061,095	982,370
Guaranteed Investment Certificates with interest rates ranging from 1.46% to 3.31% (2017 - 1.46% to 2.22%) and maturity dates ranging from April 2019 to November 2022 (2017- July 2018 to February 2022)	4,078,252	2,986,000
Canadian fixed income with interest rates ranging from nil% to nil% (2017 - 2.22% to 6.14%) which matured in November 2018 (2017 - maturing March 2018 to November 2018)	-	359,810
	\$ 9,048,542	\$ 9,571,337

3. Property and equipment

	2018		2017	
	Cost	Accumulated amortization	Net book value	Net book value
Furniture and equipment	\$ 276,046	\$ 219,754	\$ 56,292	\$ 70,374
Automotive equipment	147,504	70,820	76,684	40,172
Computer equipment	208,979	153,246	55,733	55,343
Website development	85,157	70,845	14,312	20,446
Continuing competence module	26,000	18,718	7,282	10,403
Leasehold improvements	529,655	375,159	154,496	178,320
Information management system	362,804	87,929	274,875	235,009
Structured practical training module	21,000	10,710	10,290	14,700
	\$ 1,657,145	\$ 1,007,181	\$ 649,964	\$ 624,767

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

4. Accounts receivable:

Included in accounts receivable are government remittances receivable of \$9,961 (2017 - \$13,163), which includes amounts for GST and payroll related taxes.

5. Deferred revenue:

	2018		2017
Deferred permit and license fees, beginning of year	\$ 3,845,319	\$	3,694,901
Amounts received during the year	7,612,576		7,448,696
Amounts recognized as revenue during the year	(7,488,451)		(7,298,278)
Deferred permit and license fees, end of year	\$ 3,969,444	\$	3,845,319

6. Deferred lease inducement:

	2018		2017
Deferred lease inducement, beginning of year	\$ 139,081	\$	178,819
Amounts recognized against operations expenditures during the year	(39,737)		(39,738)
Deferred lease inducement, end of year	\$ 99,344	\$	139,081

Notes to Financial Statements (continued)

Year ended December 31, 2018

7. Internally restricted net assets:

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

	2018		2017
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:

	2018		2017
Dividends	\$ 98,942	\$	66,955
Interest	79,871		81,014
Realized gains (losses) on investments	(9,827)		52,938
Unrealized gains (losses) on investments	(155,085)		117,401
	\$ 13,901	\$	318,308

9. Commitments and contingencies:

ACP has an operating lease for its office premises which expires June 2029. ACP leases a photocopier with a related service contract that expires in 2021. ACP also has two subscriptions for software which expire in May 2019 and October 2020, and a software maintenance and support contract which expires December 2020. The combined commitments are as follows:

	Premises	Equipment	Service Agreements	Total
2019	\$ 168,390	\$ 6,379	\$ 94,827	\$ 269,596
2020	191,160	6,379	27,840	225,379
2021	191,160	6,379	-	197,539
2022	191,160	-	-	191,160
2023 and thereafter	1,338,120	-	-	1,338,120
	\$ 2,079,990	\$ 19,137	\$ 122,667	\$ 2,221,794

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

ACP has a contract for the development of its information management system. The remaining commitment for this project is \$110,713.

Subsequent to year end, ACP entered into an agreement to complete the construction of the new office space in the amount of \$348,356 between April and June 2019.

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.

Notes to Financial Statements (continued)

Year ended December 31, 2018

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.

Awards

acp

APEX Awards

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

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.

2018 recipient - Connie Kastelan

Project pharmacist, Royal Alexandra Hospital, Edmonton

Throughout her more than 40-year career as a pharmacist, Connie's genuine care for both her patients and her colleagues, her compassion, and her commitment to quality pharmacy practice have inspired those around her. During the Fort McMurray wildfire in 2016, Connie coordinated medications and related supplies for residents of Fort McMurray, emergency workers, and AHS medical staff.



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.

2018 recipient - Margaret Gray

Clinical Practice Manager – North, Alberta Health Services, Edmonton

Margaret continually pursues personal professional development; teaches students, residents, fellow pharmacists, and other health care professionals; and fosters life-long learning in others. She has helped advance pharmacy practice through contributions to policy development for Regional Pharmacy Services to support the evolution of pharmacists practising to full scope in Alberta.

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.



2018 recipient - Jessica Gagatek, Ginny Cummings, and Nyanza Austin-Bishop

Multidisciplinary Care Team, Complex Chronic Disease Management Clinic (CCDMC), Calgary

Based at the Peter Lougheed Centre, the team consists of internal medicine physicians, nurse clinicians, and pharmacists. The CCDMC sees patients with multiple comorbidities who have had several emergency department visits or hospitalizations. The clinic's goal is to help stabilize patients' chronic conditions and prevent readmission to hospital.

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.

2018 recipients



Cole Mondor

Owner and manager, Mint Health + Drugs, Church Street, Edmonton

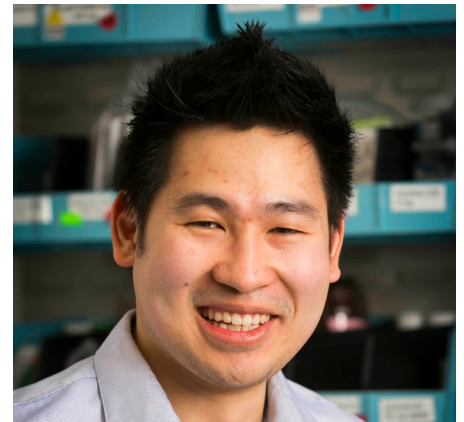
Cole opened his own pharmacy just three years after graduating from the University of Alberta. He is dedicated to working with patients with a myriad of health complexities including addiction, mental health conditions, and blood-borne infections.



Joshua Torrance

Clinical pharmacist, Stroke Prevention Clinic, Red Deer Regional Hospital Centre

Josh is dedicated to his patients and has pursued learning physical examination skills to monitor the effects of drug therapy wherever possible. He has also created several databases for pharmacists to use in the inpatient unit and the outpatient clinic to help streamline the pharmacist assessment process.



Vincent Ha

Clinical pharmacist, Cross Cancer Institute, Edmonton

Vincent has contributed to valuable clinical research by publishing three papers in peer-reviewed pharmacy journals. He is also a regular guest lecturer for the oncology pharmacy module at the University of Alberta's Faculty of Pharmacy and Pharmaceutical Sciences and in the Bachelor of Radiation Therapy program.

Friend of Pharmacy

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

2018 recipient - Dr. Chandra Thomas

Nephrologist, Alberta Health Services, and Clinical Associate Professor, Department of Medicine, University of Calgary

Whenever Chandra has an idea for improving the care of patients, she ensures all stakeholders are engaged. She reached out to ACP and RxA to connect the Southern Alberta Renal Program (SARP) with community pharmacists. And she advocated for the addition of a community pharmacist representative on SARP's medication safety committee.



Pfizer Consumer Healthcare Bowl of Hygeia

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.

2018 recipient - Craig Brown

Community pharmacist, Vermilion

For over 35 years, Craig has been giving back to his community. He is an active member of the Vermilion Rotary Club, worked to promote and raise the profiles of the Vermilion Fire School and Lakeland College, chaired the Main Street Revitalization Program, and helped raise funds to rebuild the Vermilion Seniors' Lodge. He also organized mobile flu clinics and home health care programs.

ACP Awards

Honorary Life Membership

2018 recipient - George Doherty

At ACP's annual Celebration of Leadership in Calgary, the college bestowed its highest honour, the Honorary Life Membership Award, to retired pharmacist George Doherty.

George began practising in Calgary in 1966. In those days, the profession was a bit different than it is today.

"When I graduated, it was back in the 'lick and stick' days," recalled George. "A lot of what we did made me wonder why I became a pharmacist. My belief was you were supposed to help people. As much as we tried to do that, we were quite limited."

By the time George and business partner Skip Gibson opened the Market Mall Pharmacy in 1977, they began practising with patient care as a priority. They trained to become specialists in hypertension, diabetes, and asthma. They made a difference. George recalled one instance with a young boy struggling with asthma who had been in and out of the hospital for years.

"The boy lived in a situation that triggered asthma," George said. "The family had a cat in the house, both parents smoked, and this poor child was struggling all the time. His parents came in and we chatted about how their living environment was really hurting their son. We got him a peak flow meter, and we educated the child and the parents. The mom quit smoking. The dad quit smoking around his son. The child understood his medication better. And he wasn't in the hospital again."

George is perhaps best known for formulating and developing, George's Special Dry Skin Cream, which was created in 1996 after a dermatologist asked him to come up with a cream with few additives to help with eczema. At first, he made the cream by hand with a spatula. It was effective, but lumpy. Then, one night, he woke up with an idea.

"I thought of using my wife's cake mixer to blend it," he said. "I took the mixer into the pharmacy and started whipping the cream up in a different manner. It turned into this white, super-rich cream. The dermatologist liked it. The patients who tried it liked it. Down the road, we discovered it really did help things like eczema and psoriasis and radiation burns with cancer patients, as well as being a super moisturizer for dry skin. It was really an interesting ride."

For all that George accomplished in his pharmacy career, he is most excited about the future of the profession.

"I envision it's going to be a wonderful career," he said. "Pharmacists are going to be better at helping people than they ever were before. They're going to be on the same level as other health professionals. When I first started practising, we were looked at more as merchants than professionals. I'm happy for the new people. I'm kind of envious."



George Doherty, left, and ACP Council past president Brad Couldwell



Pharmacy Technician Award of Achievement

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

2018 recipient - Victoria Knight



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.

2018 recipient - Nichole Murray



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.

2018 recipient - Hannah Kaliei



Pharmacy technician Korrin Lenderbeck,
Crestwood Apothecary, Edmonton



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