



Alberta  
College of  
Pharmacy



Rey Gabriel  
Pharmacist, Wembley

## 2019-20 Annual Report

## OUR VISION

Healthy Albertans through excellence in pharmacy practice.

## OUR MISSION

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

## OUR VALUES

The Alberta College of Pharmacy values

- **Integrity** - we are honest and demonstrate professional conduct and ethical decision-making.
- **Respect** - we invite diverse perspectives and seek to understand.
- **Transparency** - we have open and clear processes and engagement.
- **Accountability** - we accept responsibility for our decisions and actions.

Visit us online at [abpharmacy.ca](http://abpharmacy.ca)

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**The 2019-20 Annual Report presents highlights of Alberta College of Pharmacy (ACP) initiatives from March 1, 2019, to February 29, 2020.**





BY AGE 65  
YOU'RE AT A  
HIGHER RISK  
FOR SERIOUS  
COMPLICATIONS  
FROM DRUGS  
GET THE FLU SHOT  
ANNALS

GARDEN MARKET IGA  
VARUN SOLANKI  
Pharmacist Manager/Pharmacist



# Building trust

## Banff pharmacist connects with patient to help him overcome addiction

Pharmacists—such as Varun Solanki of Banff—are doing their part to address the opioid crisis, one patient at a time.

For the last three years, Varun has cared for a patient we will call “Michael,” who, after suffering a heart attack years earlier, was taking multiple medications for pain, headaches, and anxiety, including acetaminophen with codeine and lorazepam.

“Before taking those medications, I would have panic attacks,” said Michael. “One time I was on the highway driving to Calgary and a panic attack came. I stopped the car and I didn’t know what to do because I didn’t have my medication. I had a bottle of cold water, so I got out of the car and poured it over my head. I was thinking, ‘Should I stop someone for help? Should I call for an ambulance?’ I thought I was going to die.”

At the time, Varun was providing Michael what he believed was appropriate care.

“He would show up late in the day and say he would need the medication and ask if I could help him out,” remembered Varun. “He always had a valid prescription, so I would. But sometimes he would ask for an early refill. After doing thorough medication reviews with him, I figured out what was going on.”

Michael showed clear signs of medication misuse, and possibly even substance abuse. He received his medications weekly, or sometimes semi-monthly; however, he would often run out after several days and return to the pharmacy. When Michael would ask for an early refill, Varun would refer him to his physician for further assessment or, if Michael was really struggling, to the hospital’s emergency department to help him with any withdrawal symptoms he may have been suffering.

***“Before, if I felt bad, I would take a pill. If I still felt bad, I would take a few more. Now, I’ve changed.”***



Varun became more and more concerned about Michael and wanted to work more closely with him and other members of his health team. So, Varun set up a meeting between himself, Michael, and Michael’s physician to get everyone on the same page and come up with a plan that would work best for Michael.

“I explained the whole situation,” Varun recalled. “The amount of medications he was taking gave him headaches and made him feel anxious and angry. I observed that these were possibly related to the over-use of his medications. I was concerned about the amount of all the medications he was taking, not just the opioids. We discussed all of this at the doctor’s office.”

After the meeting, all three agreed on a plan to reduce the amount of medication Michael was taking and set up a daily dispense program. It's been a difficult journey for all involved, but the measures that Varun encouraged appear to be working for Michael.



"Before, if I felt bad, I would take a pill. If I still felt bad, I would take a few more," said Michael. "Now, I've changed, so I take one dose a day and that's it. I'm okay with it. I feel better. I can do everything, except I'm still afraid to go to the woods for a hike. My wife likes to do that, but I'm afraid of being too far from the hospital. My anxiety is still there, but my panic attacks happen very seldom now."

And because of the improvements he has been able to make to his health and his quality of life, Michael is thankful for the care he received from his pharmacist.

"Varun was actually the first person who wanted to help me with this,"

said Michael. "Nobody wanted to help me before. I really appreciate it. He's been very professional."

Varun knew intervening with Michael's drug therapy would be a huge challenge, but he also knew it would be worth the effort.

"I knew it was going to be work," said Varun. "But at the same time, I knew that if I did not choose to address the problem, I was of no use here as a pharmacist. If I can improve a situation, why wouldn't I? It's my professional responsibility."



# Council



## Message from the President and Registrar

Alberta's pharmacy teams have been entrusted to serve Albertans and their families. Globally, the scope of practice that Alberta's pharmacy professionals are privileged with is second to none. Our college is committed to continuously improving the experiences that Albertans have with their preferred pharmacy team.

Pharmacy practice in Alberta is "consistently inconsistent." While this is normal across most regulated health professions, it reflects a gap that impacts individuals' experiences with pharmacy practice, the extent their needs are met, and their expectations of their pharmacy team. Our annual report highlights efforts that ACP is taking to address this gap, some great experiences that individuals have had with their pharmacy team, and insights where improvement is required.

During 2019, our Council identified and learned about global trends that will impact how pharmacy is practised now and in the future.

Together, these themes are informing our next five-year plan:

- developing a practice framework relevant to the needs of Albertans and a changing health system, accommodating new technologies and practice models (amendments to legislation and standards);
- modernizing entry to practice requirements and processes;
- identifying registrants who may have competence deficiencies and supporting practice improvement;

- assessing candidates applying to be a pharmacy licensee and supporting those in this role; and
- using data intelligence and analytics to support registrants to improve their practices and to support the college to make more informed decisions.

The plan has a heavy emphasis on improving ACP's core programs. However, ultimate success depends on the personal commitment of every pharmacy professional in Alberta to

- continually grow their competence to be effective and relevant;
- perform professionally and ethically at every patient encounter; and
- practise to their full scope, ensuring every patient receives the benefit of their knowledge and skills.

While pharmacy teams and owners inquire about taking on new roles and providing additional services, it's important that their core responsibilities be consistently performed well, prior to pursuing new roles. Only then will pharmacy practice become less "consistently inconsistent."



Greg Eberhart, left, and Fayaz Rajabali

Fayaz Rajabali  
President

Greg Eberhart  
Registrar



## Message from the 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 help ensure public accountability.*

Of all the responsibilities ACP has as a regulatory authority, the most important, by far, is to serve and protect the public's health and wellbeing. As public members of Council, we share in that responsibility. It is our duty to provide perspective on behalf of Albertans—particularly those who access pharmacy services on a regular basis—to ensure that this remains the college's top priority.

The quality of care, including public safety, is and must be at the heart of every decision Council makes. New practice standards and guidelines for pharmacy professionals, physical requirements for community pharmacies, policy development, legislative amendments, continuing competence requirements, complaints resolution, and entry-to-practice requirements are all implemented with quality care and public safety as the end goal.

When the college required that new pharmacies pass a pre-opening inspection before offering pharmacy services to the public, we did it to ensure that these new pharmacies and their teams were indeed ready and able to meet all that was required of them. That way, a member of the public should be able to walk into a new pharmacy and expect that the care they receive has been enabled through pharmacy infrastructure and operations that meet our standards.

When we approved changes to the college's Structured Practical Training program, we did it to ensure that those who enter pharmacy practice are ready to practise, and that they have the necessary training and experience as it relates to Alberta's health system and the expectations of Albertans.

When we introduced new Standards for Pharmacy Compounding of Non-sterile Preparations, we did so with the intention of not only creating safer environments for pharmacy team members, but better-quality products that are both safe and effective for patients.

As public members, we ensure your interests—and your safety—are at the centre of every discussion at the Council table. As the college continues its work to support and advance safe and effective pharmacy practice through its next five-year strategic plan, you can rest assured that your health and wellbeing are our first consideration.



Left to right, Carmen Wyton, Irene Pfeiffer, and Christine Maligec

Carmen Wyton

Irene Pfeiffer

Christine Maligec

# Council

Consisting of pharmacists, pharmacy technicians, and members of the public appointed by the Minister of Health, ACP Council governs the practice of pharmacists and pharmacy technicians and the operation of licensed pharmacies in Alberta. Council deliberations focus on health public policy—particularly, policy that supports safe, effective, and responsible pharmacy practices that result in the appropriate use of drug therapy.

Understanding the privilege of self-regulation, Council seeks to govern our registrants 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](http://abpharmacy.ca).



Back row left to right: Irene Pfeiffer, Neal Davies, Greg Eberhart, Brad Couldwell, Peter Macek, Stan Dyjur, Terra Young.  
Front row left to right: Judi Parrott, Craig MacAlpine, Dana Lyons, Fayaz Rajabali, Carmen Wyton, Peter Eshenko, Christine Maligec  
Not pictured: Don Ridley, Jadin Chahade.

## Councillors

### Peter Macek

Pharmacist, District 1

### Peter Eshenko

Pharmacist, District 2

### Fayaz Rajabali

Pharmacist (President), District 3

### Craig MacAlpine

Pharmacist, District 3

### Stan Dyjur

Pharmacist (Past President), District 4

### Brad Couldwell

Pharmacist, District 5

### Judi Parrott

Pharmacist, District 5

### Don Ridley

Pharmacy Technician, District A

### Dana Lyons

Pharmacy Technician (President Elect), District B

### Christine Maligec

Public Member

### Irene Pfeiffer

(Executive Member at Large), Public Member

### Carmen Wyton

Public Member

## Non-voting members

### Neal Davies

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

### Terra Young

Pharmacy Technician Colleges Representative

### Jadin Chahade

Student Representative





# Highlights

## Standards of practice for sexual abuse and sexual misconduct take effect

Bill 21, *An Act to Protect Patients*, took effect on April 1, 2019. The Act established requirements of all regulated health professions to address sexual abuse and sexual misconduct of patients by regulated health professionals, including pharmacists and pharmacy technicians. Among the requirements are severe mandatory penalties that are consistent across all health professions.

The legislation requires the college to permanently cancel the practice permit of any regulated member whose conduct is determined to be sexual abuse of a patient. In such cases, the legislation does not allow the opportunity for the regulated member to apply for reinstatement.

The legislation also requires the college to, at minimum, suspend the practice permit of any regulated member whose conduct is determined to be sexual misconduct

The college was required to establish standards of practice for sexual abuse and sexual misconduct. The standards include the following themes:

- prohibition on sexual relationships between regulated members and their patients,
- communication required before engaging in appropriate physical contact with a patient,
- limits on providing professional services to spouses, adult interdependent partners, and persons in existing sexual relationships,
- limited circumstances in which regulated members may enter into a sexual relationship with a patient or former patient, and
- mandatory duty to report sexual abuse and sexual misconduct.



toward a patient. If a regulated member's practice permit is cancelled as a result of sexual misconduct towards a patient, the regulated member is ineligible to apply for reinstatement for five years.

The legislation requires the college to post a regulated member's discipline history for sexual abuse or misconduct on ACP's public-facing website. Hearing decisions involving sexual abuse are required by legislation to remain on the website indefinitely.

ACP worked with other professional colleges to establish a Patient Relations Program to support patients who come forward with complaints of sexual abuse or sexual misconduct. The program provides funds for treatment and/or counselling for patients who allege sexual abuse or sexual misconduct by a regulated member.

Finally, all ACP staff, Council, and members of ACP's Hearing Tribunal pool received training to prevent and address sexual abuse and sexual misconduct.



## Helping pharmacies meet the non-sterile compounding standards

Pharmacies that provide non-sterile compounding services had until January 1, 2020, to meet the first two priorities of ACP's Standards for Pharmacy Compounding of Non-sterile Preparations, approved by Council in 2018.



To comply with Priority One, pharmacy teams had to complete a risk assessment for all non-sterile compounds being prepared in the pharmacy. They also had to identify any additional training, equipment, or facility improvements that might be required to meet the standards. Priority Two required pharmacy teams to assess the skills and responsibilities for the pharmacy's compounding and cleaning personnel and provide any necessary training. Pharmacies were also required to revise or develop policies and procedures, including a quality assurance program.

The third priority, which addresses facilities and equipment required to meet the standards, must be met by July 1, 2020, by pharmacies providing non-sterile compounding services.

The goals of the standards are to ensure the quality and safety of the compounds being prepared, and the safety of the team members involved in non-sterile compounding.

ACP's pharmacy practice consultants have provided on-site support to pharmacies striving to meet the standards. Tools and resources that ACP developed to support implementation of the standards are available on the ACP website.

## Licensee Education Program

To help community pharmacy licensees and proprietors better understand their own roles and responsibilities—and each other's—ACP teamed with Queen's University to create the Licensee Education Program and Proprietor Self-Assessment, scheduled to launch in spring of 2020.

The program was designed to help licensees and proprietors

- articulate the licensee's and proprietor's legal responsibilities and ACP's expectations when operating a pharmacy, particularly regarding the authority, responsibility, and accountability of licensees, in context with current legislation;
- use relevant resources to update and maintain knowledge about legislation and standards for operating a pharmacy; and
- develop understanding about the pharmacy licensee's role: leadership, management, professionalism, and clinician.

A limited number of licensees were invited to participate in a pilot of the program. Their feedback contributed to the final product. As of October 1, 2020, all pharmacists applying for a licence to operate a new or existing pharmacy must complete the Licensee Education Program before a licence is issued.

Completion of the program will help licensees and proprietors contribute to safe, effective, and appropriate pharmacy care for Albertans.





## Ready to serve

### ACP's pre-opening inspection leads to Wembley's first pharmacy

When Wembley first hit the Alberta map in 1924, it had a post office and railway station. Today—nearly 100 years later—Wembley finally has its first pharmacy.

The town's 1,516 residents have pharmacist Rey Gabriel to thank for that.

Originally from the Philippines, Rey practised in Alberta for six years before deciding to make a difference for a community needing health services and that didn't have direct access to pharmacy services. That's when he discovered Wembley, 20 minutes west of Grande Prairie.

Rey applied to ACP for a pharmacy licence. ACP registration assessor Nicole Pacholek ensures that applicants understand and meet ACP's Foundational Requirements for Opening a Licensed Pharmacy. The foundational requirements are based on provincial legislation and ACP's standards to guide prospective licensees about what facilities, equipment, systems, and operating policies and procedures their pharmacy must have to provide safe and effective care to their patients. Nicole supported Rey through the application process.

"It was positive from the start," said Nicole. "Rey was prepared and good at keeping us in the loop about construction and getting the pharmacy ready for the pre-opening inspection."



Before providing pharmacy services to the public, licensees must pass a pre-opening inspection. To prepare, Rey reviewed the college's Foundational Requirements Compliance Checklist to ensure he had everything he needed in place before opening.

ACP's Rakhee Patel, then Rey's pharmacy practice consultant (PPC), conducted the pre-opening inspection. Rakhee had already worked with Rey during his time as a licensee in Tofield and was excited to see what he had done in Wembley.

"Rey had a few questions and emailed me before I headed out for the inspection, which we always encourage," said Rakhee. "We try to ensure the pre-opening inspection is as successful as it can be, making sure there are no surprises for anyone. When I arrived, I was happy to see that the pharmacy was wonderfully set up. It's very professional looking and patient focused. He's put a lot of work into his pharmacy and it really showed."

During a pre-opening inspection, the PPC reviews the pharmacy's compliance with the foundational requirements, ensuring that it is ready to support pharmacy practices that can be safe and effective for the public. Among the requirements for a licensed pharmacy are a private or semi-private counselling area to ensure patient confidentiality, and proper storage facilities to ensure that the quality and integrity of drugs and healthcare products are maintained. A licence to operate and commence providing pharmacy services is not provided until all requirements are met.

Rakhee noted during Rey's pre-opening inspection that he was missing one item: a pharmacy refrigerator to store medications requiring refrigeration. Before Rey could open, he had to provide Rakhee with digital evidence that an acceptable refrigerator was in place.

"Rakhee was awesome," said Rey. "During the inspection, I was able to find out what I needed to complete in order to provide pharmacy services to my patients—completing reference materials, having all the equipment in place to process prescriptions. If that compliance checklist isn't there, I probably wouldn't have been ready to open."

Rey's Remedy's Rx Wembley Pharmacy officially opened on November 1, 2019, and it has made a significant difference to the community. Dwight Munn is the pastor at a local church and has transferred his prescriptions to Rey.

***"He counsels you on what you're taking and what it's doing. That's a big benefit."***

"The people are really encouraged by Rey coming and the pharmacy being here," said Dwight. "The convenience is wonderful. Rey's knowledge is great, too. He counsels you on what you're taking and what it's doing."

That's a big benefit. We're hoping to get a physician's clinic here, but it's very positive to be able to walk in and get help from Rey."

Rey says he has been humbled and flattered by the feedback he is receiving from the town's residents and it's inspiring him to do more.

"So far, the people in town are very supportive," said Rey. "They'll do anything they can do to help me grow. You can definitely feel the people like the services I'm providing. There's still room for improvement, but I'm just getting started."



## Changes to Structured Practical Training program

To provide better assurance that all pharmacists admitted to the clinical register are ready to practise safely, effectively, and responsibly to the standards and ethics required in Alberta, Council approved changes to ACP's Structured Practical Training (SPT) program.

Completion of SPT is one of the elements required for anyone applying to the clinical pharmacist register. It consists of competency-based training under the supervision of a preceptor in a pharmacy. It's an opportunity for provisional pharmacists to practise their skills in a supervised environment before practising independently and assuming sole responsibility.



Once the changes take effect, candidates applying to ACP's SPT program must meet **one of the following criteria**:

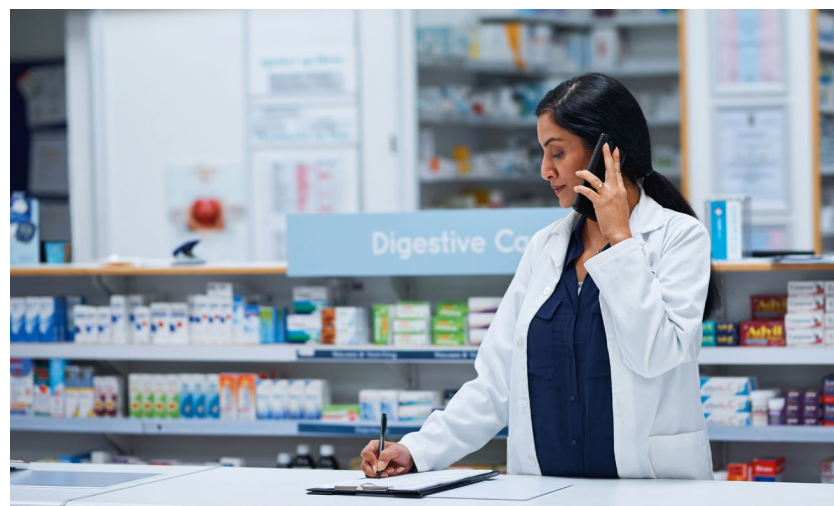
- The candidate is enrolled in an accredited Canadian pharmacy program that is recognized by Council. These are pharmacy programs offered at a Canadian university and accredited by the Canadian Council for Accreditation of Pharmacy Programs.
- The candidate was previously a pharmacist registered in Alberta.
- The candidate has successfully completed one of the two bridging programs recognized by Council. These bridging programs are
  - The International Pharmacy Graduate (IPG) program at the Leslie Dan Faculty of Pharmacy at the University of Toronto (U of T), and

- University of British Columbia Canadian Pharmacy Practice Program (CP3) full program for International Pharmacy Graduates.
- The candidate has secured an SPT preceptor for each level of SPT who
  - meets the SPT rules for an approved preceptor, and
  - has experience precepting at least two pharmacy students in their final year of an accredited Canadian pharmacy program within the last three years.

## ACP introduces guidance for transfer of patient care

In October, ACP published a guidance document that details best practices and obligations when a transfer of patient care is requested. Patients have the right to choose which pharmacy they receive their pharmacy services from, and may ask to move their care, information, and prescriptions at any time.

When a transfer is requested, it should be facilitated by both the transferring and receiving parties. The regulated member transferring care must complete the process in a timely manner that ensures patient care is not disrupted. Requests to transfer care can be made to a pharmacy verbally by the regulated member on behalf of the patient, verbally by the patient, or in writing as a transfer request signed by the patient. Regulated members should not contact the patient to pressure or incent them to continue care at their pharmacy.



The receiving regulated member must provide specific information about what has been requested for the transfer, be respectful of the workload at the transferring pharmacy, and not request information that is not relevant to or necessary for the care that is being transferred.

## Interprovincial services

ACP Council approved a policy that requires pharmacists and pharmacy technicians who provide services to individuals who reside in other provinces or territories to comply with the legal requirements governing pharmacy practice in both Alberta and the jurisdiction into which they deliver pharmacy services.



Also, licensed pharmacies that provide services to other provinces or territories must hold a mail order licence from ACP. The regulated members working in the pharmacy providing these services should have access to and be able to contribute to any provincial patient, health, or drug information system in the receiving jurisdiction.

To ensure transparency and notice of intent, a pharmacy licensee must notify ACP and the pharmacy regulatory body in the jurisdiction where they intend to provide pharmacy services from their pharmacy to individuals located in and residing in the jurisdiction.

## New standards address defining “emergency”

The term “emergency” is referred to multiple times in the Standards of Practice for Pharmacists and Pharmacy Technicians (SPPPT). Until now, the term didn’t have a clear definition—what constitutes an emergency had always been a judgement call. Emergency is now clearly defined in the standards as follows:

“Emergency means a circumstance where a patient urgently requires a professional service that includes a restricted activity for the purposes of preventing imminent mortality or morbidity.”

This amendment was proposed because regulated members have expressed uncertainty about how best to interpret the term within the SPPPT. By defining the term, it is ACP’s goal to provide greater clarity about what is an emergency, especially as it applies to Standards 11 (Complying with regulatory framework if prescribing) and 13 (Adhere to restrictions when prescribing in an emergency).

## New standard clarifying pharmacists’ role in the insertion and removal of instruments, fingers, or devices

Another new standard helped clarify the limitations of a pharmacist’s role when inserting or removing instruments, devices, or fingers beyond the anal verge or beyond the labia majora.

Pharmacists have had the authority to perform this restricted activity since the inception of the Pharmacists Profession Regulation in 2007 (now the Pharmacists and Pharmacy Technicians Profession Regulation). However, since this was not observed as a “regular” role of pharmacists and only intended to be performed in exceptional circumstances, development of standards at that time was not prioritized.



## Team effort

### Edmonton pharmacy collaborates with ACP to meet non-sterile compounding standards

When the Apollo Clinical Pharmacy on Edmonton's north side opened in February 2019, their primary focus was to deliver patient-centred, clinical care. They wanted to stand out—and make a difference for their patients.

"It's the way pharmacy is going nowadays," said Apollo licensee Tom Grigoropoulos. "A lot of places I've practised at in the past were just dispensing medications. We want to be ahead of the game. Our pharmacists all have additional prescribing authority, two of us are certified in travel medicine, we provide compounding services as well."

To provide compounding services is significant. As a new pharmacy, Apollo had to fully comply with ACP's new Standards for Pharmacy Compounding of Non-sterile Preparations before opening. This was a huge undertaking for Tom as licensee, and for pharmacist Tamara Tachuk, the pharmacy's compounding supervisor.

"We were lucky that we hadn't opened already so we had a fresh start," said Tamara. "But there was so much to do. We didn't come from a big compounding background; we had to get up to speed quickly. I spent many hours drafting policies and procedures, lots of time on the design of the compounding space itself, and we completed courses to help us, not only with technique but with the new standards."



Approved by ACP Council in 2018, the non-sterile compounding standards are being phased in with three priority deadlines. The standards focus on assessing risks and gaps, compounding and cleaning, personnel training, quality assurance, and the facilities and equipment required to perform non-sterile compounding. Pharmacies that were open prior to August 2018 must be fully compliant with the standards by July 1, 2020. The main goals of the standards are to ensure the safety of pharmacy staff and the quality of products being prepared for patients.

"Often in the past, compounds were prepared on the side counter of the pharmacy," said Tom. "The staff themselves were not protected. A lot of the powders we work with can be toxic if inhaled. The new standards require the compounder to wear appropriate personal protective equipment. The compounds are made in a secure, clean environment, uninterrupted, and with up-to-date equipment and formulas."

Once Apollo passed its pre-opening inspection, ACP pharmacy practice

consultant Tyler Watson worked with the pharmacy's staff to ensure compliance with the standards. Tyler's role is to ensure that pharmacy teams are aware of, understand, and apply the standards to their practice.

"We needed to make sure the pharmacy team interpreted the standards appropriately," said Tyler.

For each compound a pharmacy plans to prepare, a risk assessment must be performed to ensure the required equipment and environment is available, staff are properly protected, and the ingredients are handled appropriately. Tyler worked with the team to streamline their workflow and processes and procedures to ensure compounded products are produced in a safe and efficient manner. Apollo staff appreciated Tyler's knowledge and experience.

"We put a lot of time into the risk assessments, so it helped to know that we were on the right track," said Tamara.

***"A lot of places I've practised at in the past were just dispensing medications. We want to be ahead of the game."***

"Tyler came up with some ideas to make the information from the risk assessment readily available when you actually go to prepare the compound."

The non-sterile compounding standards are already making a difference for patients. Tamara says superior compounding techniques—combined with state-of-the-art equipment—result in better quality products.

"I'm confident that the product the patient is getting is accurate, safe for them, and produced in a clean environment," said Tamara. "We have a lot of patients who tell us a cream is the best one they've had. It's smoother. It doesn't separate. I don't think it's a difference in ingredients—it's the same formula they would get at another pharmacy—I think the process we use makes for a better product."

For Tyler, seeing a pharmacy team not only meet the standards, but apply them to their everyday practice, is extremely satisfying.

"It immediately puts a smile on my face when I see the work that's been put in and the collaboration that's taken place," Tyler said. "When you see the growth, the engagement, and the desire to do the right thing, it results in mitigating risks for compounding staff and having high-quality products for patients. We're winning on both fronts."



Left to right, Tamara Tachuk, Tyler Watson, and Tom Grigoropoulos



## Laboratory and point-of-care standards amended

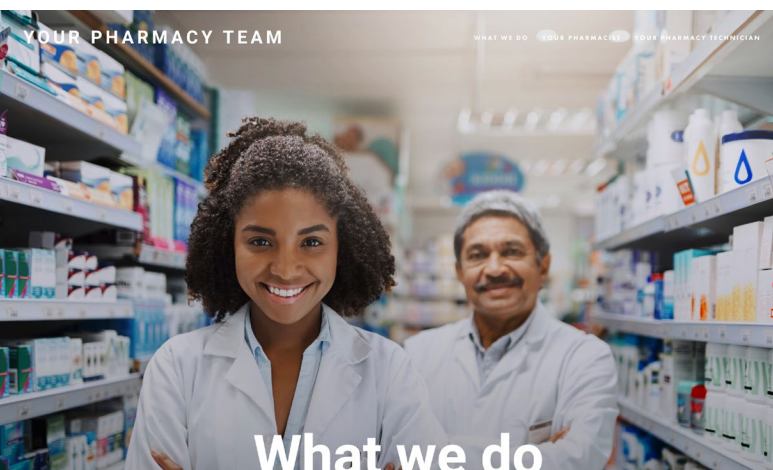
Council approved amendments to the college's Standards for Laboratory and Point-of-Care Testing upon receiving request for clarification from Alberta Health.

Five changes were made to the standards, with the primary change addressing the responsibility to report positive tests of communicable disease to the medical officer of health. The previous wording of the standard created an impression that the medical officer of health would manage the care of an individual with a communicable disease. The medical officer of health's role is to monitor disease trends and not to directly treat patients.

All new and amended standards can be viewed on the Standards of Practice page of the ACP website.

## "Your Pharmacy Team" website launches

To help the public learn what to expect from their pharmacy team, ACP developed a website that explains the differences between pharmacists and pharmacy technicians, and how their work complements each other's.



The "Your Pharmacy Team" website breaks down the roles and responsibilities of each profession, clearly laying out what an individual should expect from their pharmacist or pharmacy technician, each time they receive pharmacy services.

## ACP Connect events

During the fall and winter of 2019-20, the college held a series of events called "ACP Connect" (previously known as "Regional Meetings") to meet face-to-face with pharmacy professionals. Council president Fayaz Rajabali and registrar Greg Eberhart explored emerging trends and issues in pharmacy practice. They discussed what the future may look like for pharmacy, considering technological advances and changing patient expectations and preferences.



Events were held in Lethbridge, Calgary, and Grande Prairie.

Attendees discussed the challenges pharmacy practice will face in the future and how many of those challenges can be turned into opportunities for better patient care.



# Investing in leadership

## ACP initiatives build a foundation for future pharmacy leaders

The Alberta College of Pharmacy has identified **leadership** as a critical success factor for pharmacists and pharmacy technicians in fulfilling their responsibilities to individuals, society, and our professions. For the sixth year, ACP hosted a Leadership Forum to nurture aspiring pharmacy leaders. Twenty pharmacists and pharmacy technicians participated in a two-and-a-half-day facilitated forum, mentored by college leaders, to develop their personal leadership skills.

Every three years, ACP hosts a Leadership Symposium event, where participants in the previous three Leadership Forums gather to discuss a specific topic important to pharmacy practice. The discussions at the Leadership Symposium help provide context as the college develops future policies, standards, and guidelines.

Our college believes that the seeds of leadership lie within everyone, and that it is our responsibility to support registrants to germinate those seeds and build the courage to pursue their passion and create opportunities for themselves and others. Learning to lead themselves is the foundation to leading others and creating new possibilities otherwise unattainable.

Again this year, we observed individuals finding new confidence in themselves that lead to new opportunities. In some cases, it empowered them to lead the pursuit of solutions to problems their pharmacy team was experiencing. Some chose new directions in their careers, while others became motivated to pursue leadership opportunities with ACP or other organizations.

One successful story is Calgary's Tana Yoon, a pharmacy technician with over 30 years' experience in front-line practice, education, and management. Tana has always been keen to lead



Tana Yoon

and was involved in initiating the Pharmacy Technician Certification Board of Alberta in the 1990s as a first step toward pharmacy technicians becoming regulated in Alberta.

Tana engaged in ACP's leadership forum and her excitement and commitment to leadership grew. In 2019, she again achieved a "first" by becoming the first pharmacy technician to serve on the National Association of Pharmacy

Regulatory Authorities' (NAPRA) Board of Directors. Tana is one of three public members named to the board in 2019.

“As a pharmacy technician, my appointment is a chance to showcase the relevance of our profession,” said Tana.

“Inclusion at the national level is quite a critical juncture for us. This demonstrates to our profession that we do have a lot of responsibility and part of that includes fulfilling roles like this.”



Dillon Lee, left, and Stan Dyjur

Another way ACP invests in leadership is the Leadership Development Award, which is awarded to a third- or fourth-year University of Alberta (U of A) pharmacy student who has demonstrated exemplary professionalism, leadership, and citizenship.

This year, the award went to third-year student Dillon Lee, who was recognized in part for developing a healthcare guide for new Canadians and international university students who were finding it difficult to navigate the healthcare system.

“My experience, growing up as a Korean Canadian and having parents who have English as a second language, I thought to myself, pharmacists learn all these

communications skills, but if the patient simply doesn't understand, is this being lost?” said Dillon. “I had a question about what is the best way to provide pharmacy services and counselling to new Canadians and international students. I decided to pursue an independent research study on it.”

ACP will contribute \$5,000 to Dillon to help her attend the conference or symposium of her choice. She is hoping to attend an event to learn more about quality improvement and/or change management. In the meantime, she will continue looking for ways to improve pharmacy care.

# Accountable to you

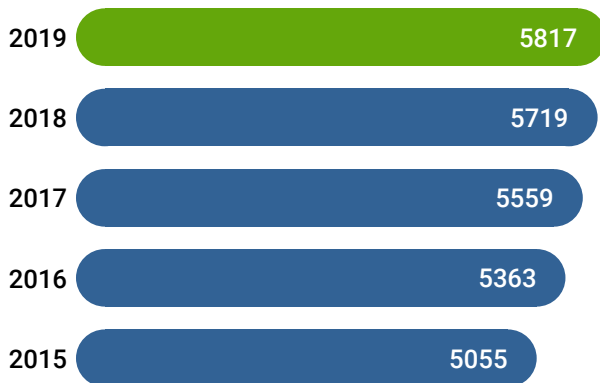




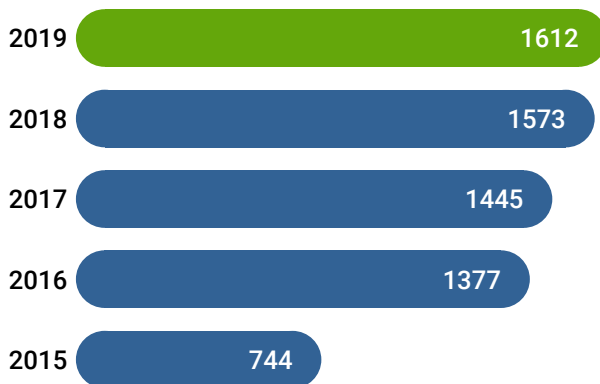
# Registration

One of ACP's primary functions is to register pharmacists and pharmacy technicians, and license pharmacies in Alberta. ACP's Registration team ensures that only qualified pharmacists and pharmacy technicians are awarded permits to practise in Alberta. They also ensure that all pharmacies meet the foundational requirements important to delivering quality care to the public. Assuring that pharmacy professionals and licensed pharmacies meet our registration requirements is the first step ACP takes in protecting and serving the public interest—ACP's top priority.

## Pharmacists



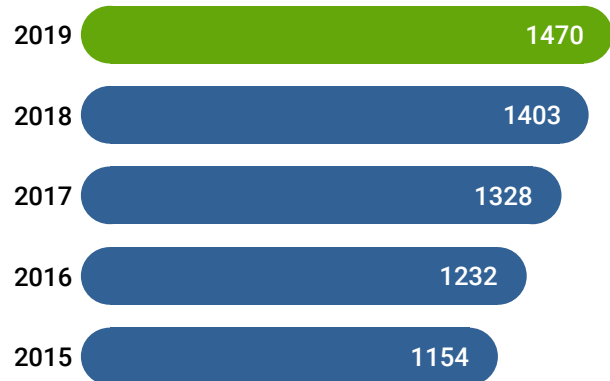
## Pharmacy technicians



All pharmacist and pharmacy technician applicants must meet numerous requirements before being eligible for the clinical pharmacist or pharmacy technician register. Among the requirements are successful completion of ACP's Structured Practical Training program, the college's Ethics and Jurisprudence exam, and parts I and II of the Pharmacy Examining Board of Canada's qualifying exam.

Before being issued a licence, a new pharmacy must pass a pre-opening inspection, conducted by an ACP pharmacy practice consultant. Pharmacies must meet all foundational requirements of a licensed community pharmacy before opening. If any deficiencies are noted in the pre-opening inspection, they must be addressed before the pharmacy is able to provide pharmacy services to the public.

## Licensed pharmacies



## Highlights and trends

During 2019, ACP received 39 applications for pharmacy renovations compared to 16 the previous year. Most pharmacies that applied were renovating to comply with ACP's new non-sterile compounding standards. ACP also experienced an increase in new pharmacy licence applications, with 107 in 2019 compared to 91 in 2018. Most new pharmacy licence applications received were for independently owned community pharmacies, most of which are owned by pharmacists.

The number of new pharmacists added to ACP's clinical pharmacist register was lower than in 2018. This year, 412 pharmacists were added to the clinical register, compared to 481 in 2018. This is mostly due to an 18 per cent decrease in the number of international pharmacy graduates (IPGs) who became clinical pharmacists (245 in 2019 compared to 299 in 2018).

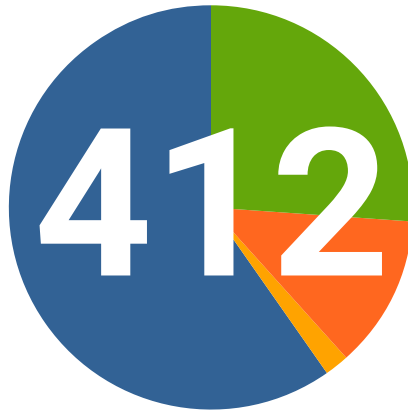
Pharmacy technician registration continued its upward trend, with 138 new technicians joining the pharmacy technician register. This compares to 109 new pharmacy technicians added to the register in 2018.

# Registration by the numbers\*



## New provisional pharmacists

123 University of Alberta, 47 MACPs\*\*, 15 other Canadian universities, 209 foreign



## New pharmacist registrants

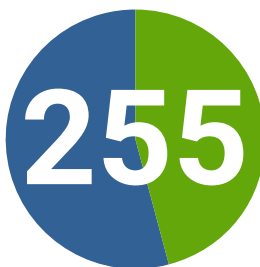
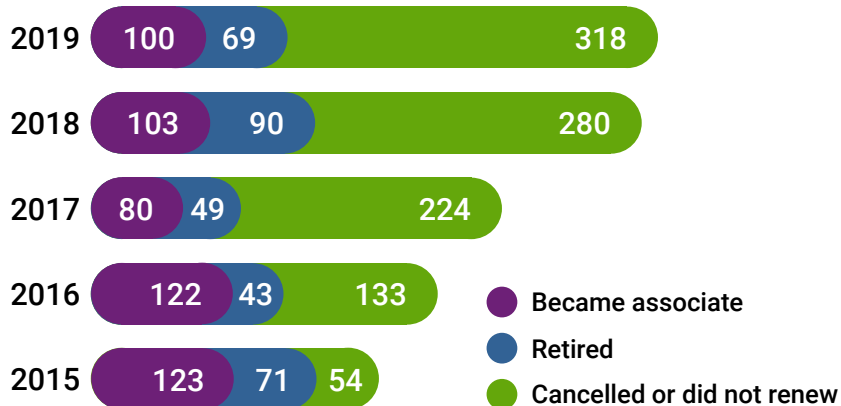
109 University of Alberta, 48 MACPs\*\*, 10 other Canadian universities, 245 foreign



## New pharmacist students

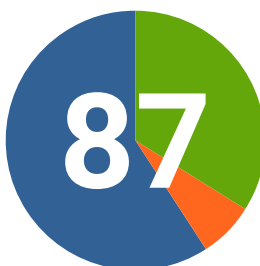
135 University of Alberta, 6 other Canadian universities

## Inactive pharmacists



## New pharmacy technicians and provisional pharmacy technicians

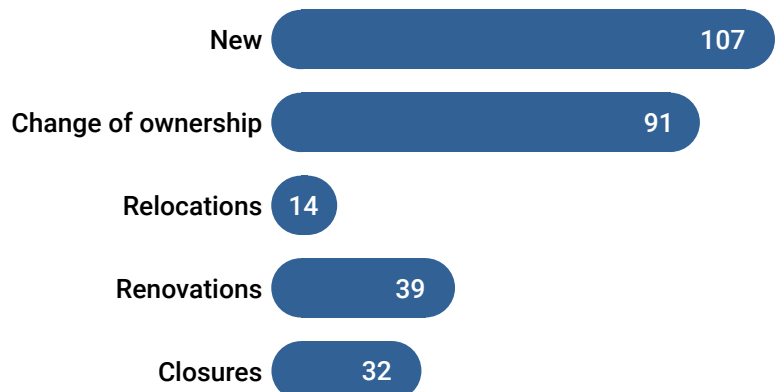
138 practising  
117 provisional



## Inactive pharmacy technicians

30 associates  
6 retired  
51 cancelled or did not renew

## Licensed pharmacies



\*Changes to the register as of December 31, 2019

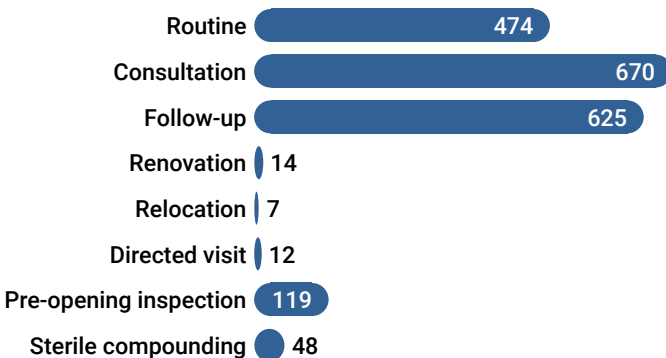
\*\*Mobility Agreement for Canadian Pharmacists

# Professional practice

ACP works with pharmacy teams to support practice improvement, ensuring pharmacy professionals can perform with confidence and provide the best possible care for Albertans. The college's pharmacy practice consultants (PPCs) achieve this through pharmacy practice and operations assessments in pharmacies across Alberta. The PPCs' main goals are to promote quality care and ensure safety for anyone accessing pharmacy services.

PPCs are pharmacists who have experience working in a variety of practice settings. They pass their knowledge and experience on to pharmacy teams by being coaches, mentors, partners, and teachers. The PPCs help pharmacy teams improve their workflow, adhere to the standards of practice, and empower teams to deliver quality care to their patients.

## Pharmacy assessments



### Routine assessments

ACP strives to conduct routine assessments of each community pharmacy once every three years. PPCs evaluate the pharmacists' patient assessments, care planning, monitoring, documentation, and quality assurance programs for reporting and investigating drug incidents. PPCs also assess the pharmacy's compliance with foundational requirements.

### Six-week consultation and 12-week follow-up

Following each routine assessment, pharmacies can expect two more visits from their PPC. The six-week consultation and 12-week follow-up provide pharmacy teams with ongoing support for quality improvement. The

PPCs monitor change, identify barriers, modify goals, and provide support to teams as required. At 12 weeks, PPCs reassess the pharmacy's performance goals set during the routine assessment. Some pharmacies may receive additional consultations as needed.

### Inspections directed/requested by the registrar

In 2019, the registrar ordered 29 inspections under section 53.1-53.4 of the *Health Professions Act* and Section 21 of the *Pharmacy and Drug Act*. The purpose of these inspections was to determine compliance with the Code of Ethics, Standards of Practice for Pharmacists and Pharmacy Technicians (SPPPT), Standards for the Operations of Licensed Pharmacies (SOLP), Medication-Assisted Treatment for Opioid Dependence: Guidelines for Pharmacists and Pharmacy Technicians (ODT Guidelines), and Guidance for Assessment and Monitoring: Individuals Using Opioid Medications. The inspections included review of the following:

- practices and operations related to the compounding of sterile preparations for veterinary clients;
- lack of reporting to Health Canada of unexplained drug shortages during inventory counts;
- lack of processes relating to drug inventory management, including the generation and maintenance of a perpetual inventory of the controlled substances on the pharmacy premises;
- professionalism including adherence to the ban of inducements;
- ensuring prescription appropriateness, authenticity, and completeness;
- comprehensive pharmacist assessments and monitoring for opioid therapy for patients; and
- compliance with Triplicate Prescription Program (TPP) requirements.



## Findings

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

- Pharmacists must provide appropriate assessments and documentation when individuals seek sterile-compounded preparations for human or veterinary use.
- Prescription departments and dispensaries must have appropriate security systems to ensure protection against theft, diversion, and tampering with drugs/health products and that unauthorized individuals do not obtain access to drugs or patient information. The dispensary must only be accessible to personnel approved by the licensee.
- Pharmacists must collaborate with other health professionals involved in their patients' care.
- Pharmacists must provide appropriate assessment, monitoring, and follow-up, and ensure all are documented to demonstrate their rationale for clinical decision making.

## Actions

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

## Highlights and trends

### *Successes in pharmacy practice*

- ACP's pre-opening inspection process helps pharmacies meet the legislative requirements at opening.
- More pharmacists are fully embracing their expanded scopes of practice, including additional prescribing authority and authority to administer

drugs by injection. Patients can access these services more consistently and are beginning to expect them.

- Pharmacists have become much more consistent in using information available on Netcare to assess patients, especially before dispensing narcotics and controlled drugs.
- Implementation of ACP's non-sterile compounding standards has been a success and a challenge, but pharmacy teams are aware of the standards and striving for compliance.
- Implementation of the NAPRA sterile compounding standards has led to significant upgrades to infrastructure and the quality and safety of sterile compounding practices. Assessing compliance will be an important area of focus for the college in 2020.

### *Opportunities in pharmacy practice*

- Opioid assessments: pharmacists have embraced their role in monitoring for potential abuse/overuse/misuse of narcotics and are generally performing these thoroughly. Continued improvement in monitoring for treatment effectiveness is needed. Discussing health goals with patients would make the assessment process more meaningful.
- While most pharmacy teams are aware of the new standards for non-sterile compounding, much work remains to educate them about how to implement and comply with the standards.
- Documentation that accurately reflects all elements of clinical decision-making, such as patient symptoms and history, options considered, and a monitoring plan, continues to be challenging for many pharmacists to consistently build into their practice. Additionally, having documentation be easily retrievable, to facilitate monitoring by all members of the pharmacy team, remains an area for improvement.

# Complaints resolution

In general, most Albertans have positive experiences when accessing pharmacy services. However, there are times when concerns about pharmacists or pharmacy technicians are raised by members of the public or regulated health professionals.

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

- **Issues of public concern** – issues that are resolved by ACP through collaboration with the complainant and the respondent.
- **Formal complaints** – more serious matters that warrant formal investigation. Common characteristics of formal complaints include the alleged conduct being intentional, having the potential to cause public harm, clearly outside the range of accepted standards, or a demonstration of an incapacity to practise.

Where possible, ACP uses a quality improvement approach to resolving concerns, with an interest in identifying and removing risk, and changing behaviours to minimize the probability of a future occurrence. In some instances, remedial or disciplinary action is necessary. ACP has authority under the *Health Professions Act* 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.

## Highlights and trends

This year, ACP received 100 formal complaints, 27 more than in 2018. Of those, 24 were still under investigation as of December 31, 2019. Impacting this trend was an increase in the number of formal complaints received from pharmacists about the professional and ethical conduct of other pharmacists.

There was a significant increase in the number of formal complaints received from third-party insurers with concerns about alleged unethical conduct of registrants, licensees, and pharmacy proprietors. In 2019, ACP received 19 formal complaints from third-party insurers.

Eleven formal complaints resulted from ACP-ordered

assessments and inspections of pharmacies. Details of those inspections can be found in the Professional Practice section of the annual report.

ACP received 12 formal complaints from one registrant, primarily about ACP team members and complaints panel members. The complaints director dismissed these complaints and considered them to be an abuse of the process.

Through ACP's formal complaint process, very few matters involved unskilled practice, lack of judgement, or drug errors. Most complaints related to intentional, unprofessional conduct of registrants.

Issues of public concern reported to the college increased by approximately 17 per cent from 2018. This partially resulted from several Netcare records indicating that a pharmacist had prescribed a controlled medication. Currently, federal legislation does not authorize this.

In 2019, the complaints director directed two registrants to be assessed and/or cease providing professional services due to "incapacity." \*

ACP received five applications requesting a review of the complaints director's decision to dismiss complaints. All five applications were from the same registrant. The college's complaint review committee (CRC) upheld the complaints director's decision in all five applications.

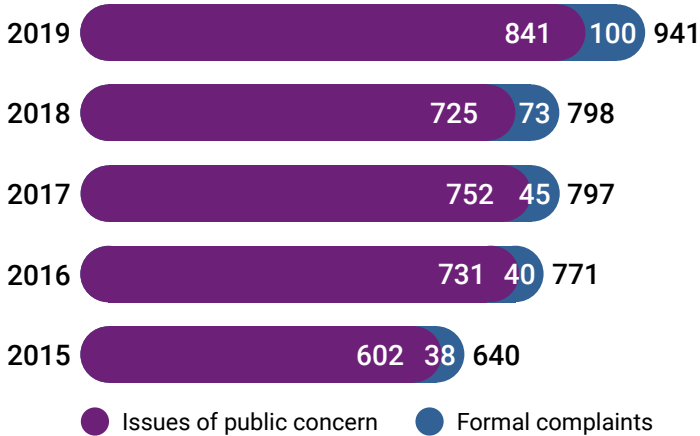
In 2019, ACP did not receive any complaints of sexual abuse or sexual misconduct by a regulated member towards a patient. Therefore, no one accessed the college's patient relations program due to a sexual abuse or sexual misconduct complaint.

ACP held 18 disciplinary hearings in 2019, compared to 11 the previous year. All hearings heard by a Hearing Tribunal were open to the public, except for portions of some hearings when personal health information was disclosed.

All hearing notices and information about attending a hearing were posted on the ACP website. Hearing decisions and orders are posted for 10 years on the ACP website under Resource Centre > Complaints > Hearing Decisions.

# Complaints resolution by the numbers

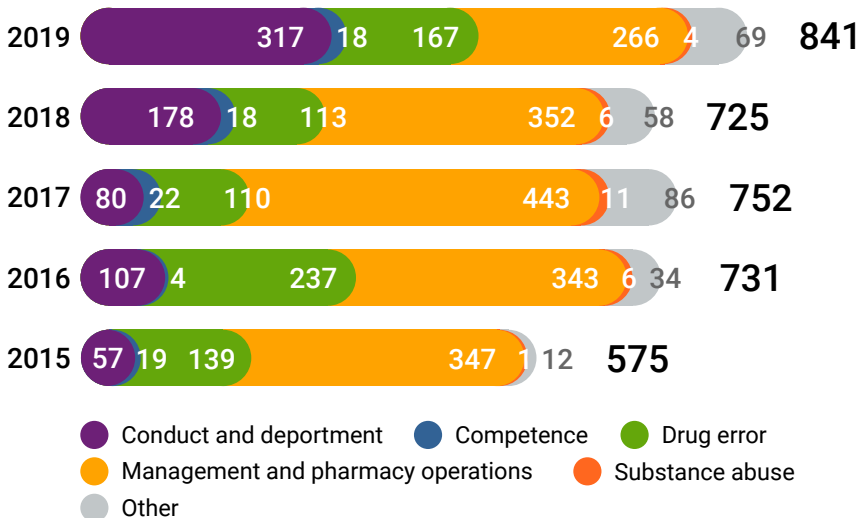
## Complaints received



## Completed hearings, appeals, and reviews

Hearings	18
Appeal of Hearing Tribunal to Council	2
Appeal of S.118 decision to Council	0
Complaint review committee	5

## Issues of public concern by type

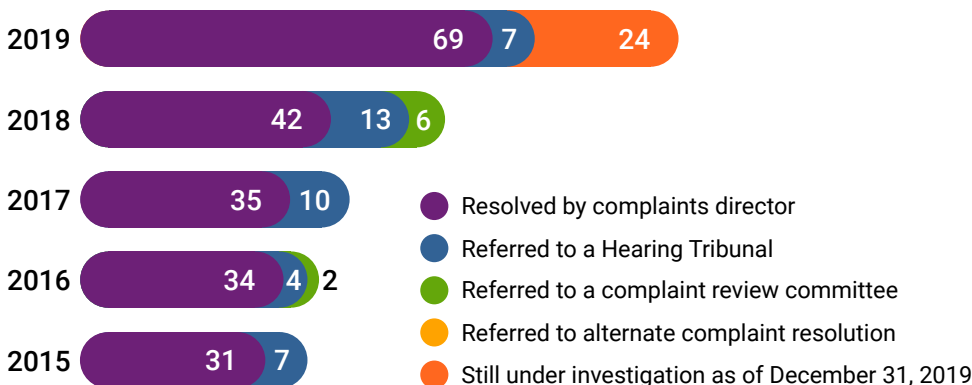


## Formal complaints by type

Of the 100 received in 2019:

Conduct and department	41
Drug error	10
Management and pharmacy operations	40
Breach of professional declaration/undertaking	5
Substance abuse	2
Other	2

## Final disposition of complaints



\*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.



# Competence

All pharmacy professionals registered with ACP must participate in the college's Continuing Competence Program (CCP). Participating in the CCP allows pharmacy professionals to keep up with changes in standards, guidelines, legislation, technology, and public expectations in pharmacy practice. This assures pharmacy professionals—along with their patients and colleagues—that they are providing quality care throughout their careers. The requirements of the CCP are as follows:

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.
3. Complete any prescribed learning activity that has been assigned by the competence committee.

## Auditing professional portfolios

All pharmacists and pharmacy technicians (registrants) must complete a professional portfolio and an implementation record. The professional portfolio is an online record of the CEUs and prescribed learning activities completed. The implementation record demonstrates how pharmacists and pharmacy technicians applied at least one hour of their learning into practice, highlighting measurable outcomes.



### Pharmacists

724 portfolios audited  
(15% of total submitted)

- 87% met or exceeded requirements
- 9% minor deficiencies
- 4% significant gaps, errors, or omissions

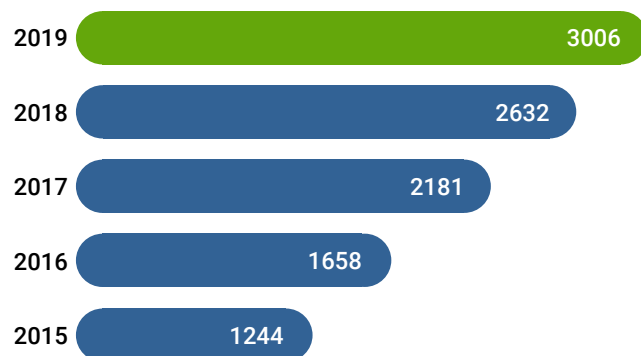


### Pharmacy technicians

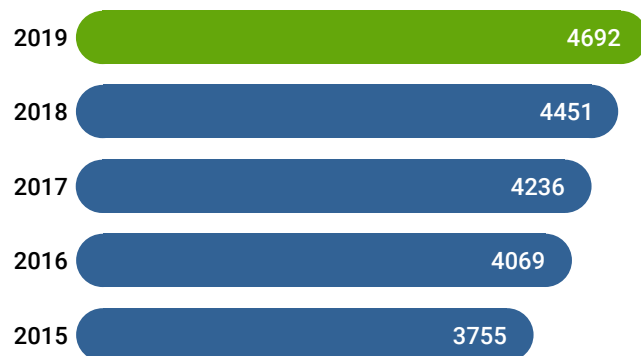
218 portfolios audited  
(14% of total submitted)

- 92% met or exceeded requirements
- 6% minor deficiencies
- 2% significant gaps, errors, or omissions

## Pharmacists with additional prescribing authorization



## Pharmacists authorized to administer drugs by injection



Each year, contracted peer assessors audit a percentage of submitted portfolios, as determined by Council, to ensure that registrants have met their CCP requirements. For those who have minor deficiencies in their portfolios, peer assessors provide feedback to be applied to the registrant's portfolio the following year, which will once again be audited.

Registrants who had more significant gaps in their professional portfolios must complete a portfolio using the feedback provided by peer assessors and complete any additional activities as directed by the competence committee. These activities can include webinars, courses, reflections, self-assessments, and may progress to practice visits.

ACP is developing a program to better support practice improvement of registrants who demonstrate practice/competence deficiencies. The program will identify the registrant's practice strengths and weaknesses, and include observation, reflection, application, coaching, and assessment. The initial phase of the program was piloted in 2018 and throughout 2019 and has proved to be a good means to support practice improvement.

## Highlights

- Based on feedback from peer assessors, and to enhance awareness, understanding, and application of new standards, guidelines, and legislation, the competence committee determines the prescribed learning activity for pharmacists and pharmacy technicians. In 2018, it became a requirement for health professionals to report privacy breaches. To help registrants understand the requirements, this year's required learning was a Privacy and Confidentiality module that
  - outlined the legislative requirements for patient privacy and confidentiality, including recent amendments to the *Health Information Act*;
  - described the importance of patient privacy and confidentiality;
  - identified and explained common privacy breaches and best practices to prevent them; and
  - enabled registrants to generate strategies to implement best practices into their professional practice.
- As required by *An Act to Protect Patients*, ACP created a mandatory online course—"Standards of Practice: Sexual abuse and sexual misconduct"—to educate regulated members about ACP's standards, focusing on key definitions, mitigating risk, relationships between regulated members, and expectations of the college and regulated members. The Competence team also worked with the Alberta Federation of Regulated Health Professions (AFRHP) to distribute a mandatory course to educate regulated members about the Act, including its mandatory reporting requirements and the consequences of sexual abuse and sexual misconduct toward a patient. Completion of both courses will help regulated members understand what is expected of them and how to hold themselves and others accountable in ensuring the dignity and rights of patients are respected.

## National engagements

The Canadian Council on Continuing Education in Pharmacy (CCCEP) is a national organization established to accredit continuing pharmacy education programs for pharmacy professionals. ACP's competence director sits on the CCCEP Board of Directors, collaborating with other regulators to ensure our continuing education programs are relevant, standardized, and consistently meet adult learning principles and best practices.

ACP's competence director is also a member of NAPRA's Culture of Professionalism Working Group. The objective of this working group is to assist NAPRA to provide a national context to restore a culture of professionalism within pharmacy practice. The competence director's previous work to develop ACP's Professionalism Framework and the tenets of professionalism greatly inform the perspectives she brings to NAPRA's working group.



Tristan Lai  
2019 APEX Award winner

Rexall  
Tristan



# Auditor's report





# Independent auditors' report

To the Council of the Alberta College of Pharmacy

## Opinion

We have audited the financial statements of the Alberta College of Pharmacy which comprise:

- the statement of financial position as at December 31, 2019
- 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, 2019, 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.

## 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.

The logo for KPMG LLP, featuring the letters 'KPMG' in a large, bold, sans-serif font, with 'LLP' in a smaller font to the right. A horizontal line is drawn underneath the letters.

Chartered Professional Accountants  
Edmonton, Canada  
April 3, 2020



## Statement of Financial Position

December 31, 2019, with comparative information for 2018

	2019	2018
<b>Assets</b>		
Current assets:		
Cash	\$ 625,092	\$ 719,718
Investments (note 2)	9,279,074	9,048,542
Accounts receivable (note 3)	62,501	58,595
Prepaid expenses	99,720	94,127
	10,066,387	9,920,982
Legal fees recoverable (note 4)	185,811	206,106
Property and equipment (note 5)	1,023,436	649,964
	\$ 11,275,634	\$ 10,777,052
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 296,403	\$ 169,194
Deferred revenue (note 6)	4,198,835	3,969,444
Current portion of deferred lease inducement (note 7)	76,606	58,172
	4,571,844	4,196,810
Deferred lease inducement (note 7)	333,251	41,172
Net assets:		
Invested in property and equipment	1,023,436	649,964
Internally restricted (note 8)	2,186,000	2,150,000
Unrestricted	3,161,103	3,739,106
	6,370,539	6,539,070
Commitments and contingencies (note 10)		
Subsequent event (note 13)		
	\$ 11,275,634	\$ 10,777,052

See accompanying notes to financial statements.

On behalf of the Council:


Fayaz Rajabali  
Councilor

Dana Lyons  
Councilor

**Statements of Operations**

Year ended December 31, 2019, with comparative information for 2018

	2019	2018
<b>Revenue:</b>		
Registration, annual permit and license fees (note 6)	\$ 7,782,447	\$ 7,497,135
Investment income (note 9)	587,351	13,901
Legal fees assessed	463,665	191,142
Prescribing application fee	185,100	172,275
Other income	176,933	182,596
	<b>9,195,496</b>	<b>8,057,049</b>
<b>Expenditures:</b>		
Operations (note 7)	2,494,424	2,360,333
Complaints resolution (note 4)	1,710,568	1,019,734
Professional practice	1,563,591	1,423,152
Registration and licensure	1,122,837	1,169,537
Governance and legislation	757,166	811,563
Competence	727,325	544,304
Communications	563,937	570,717
Amortization	222,339	157,237
Partnership administration	201,840	208,716
	<b>9,364,027</b>	<b>8,265,293</b>
Deficiency of revenue over expenditures	\$ (168,531)	\$ (208,244)

See accompanying notes to financial statements.

## Statements of Changes in Net Assets

Year ended December 31, 2019, with comparative information for 2018

	Invested in property and equipment	Internally restricted (note 7)	Unrestricted	2019	2018
Balance, beginning of year	\$ 649,964	\$ 2,150,000	\$ 3,739,106	\$ 6,539,070	\$ 6,747,314
Excess (deficiency) of revenue over expenditures	(223,732)	(36,086)	91,287	(168,531)	(208,244)
Investments in IT	-	-	-	-	-
Investment in property and equipment, net	597,204	-	(597,204)	-	-
Transfers, net	-	72,086	(72,086)	-	-
	\$ 1,023,436	\$ 2,186,000	3,161,103	6,370,539	6,539,070

See accompanying notes to financial statements.



## Statement of Cash Flows

December 31, 2019, with comparative information for 2018

	2019	2018
Cash provided by (used in):		
Operations:		
Excess of revenue over expenditures	\$ (168,531)	\$ (208,244)
Items not involving cash:		
Amortization	222,339	157,237
Loss on disposal of property and equipment	1,393	2,215
Realized losses (gains) on investments	-	9,827
Unrealized losses (gains) on investments	(351,095)	155,086
Amortization of deferred lease inducement	(58,172)	(39,737)
Allowance for doubtful accounts	338,485	6,153
Change in non-cash operating working capital:		
Increase in accounts receivable	(3,906)	(13,499)
Decrease (increase) in prepaid expenses	(5,593)	13,668
Increase in legal fees recoverable	(318,190)	(95,332)
Increase (decrease) in accounts payable and accrued liabilities	127,209	(31,409)
Increase in deferred revenue	229,391	124,125
Increase in deferred lease inducements	368,685	-
	382,015	80,090
Investing:		
Withdrawals of investments, net of purchases	120,563	357,882
Proceeds on disposal of property and equipment	3,861	4,001
Purchase of property and equipment	(601,065)	(188,650)
	(476,641)	173,233
Increase (decrease) in cash	(94,626)	253,323
Cash, beginning of year	719,718	466,395
Cash, end of year	\$ 625,092	\$ 719,718

See accompanying notes to financial statements.

## Notes to Financial Statements

Year ended December 31, 2019

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.

### 1. Significant accounting policies:

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

#### a. Revenue recognition:

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

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

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

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

**b. Financial instruments:**

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

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

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

**c. Property and equipment:**

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

Asset	Basis	Rate
Furniture and equipment	Declining balance	20%
Automotive equipment	Declining balance	30%
Computer equipment	Declining balance	30%
Website development	Declining balance	30%
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%

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.



**Notes to Financial Statements (continued)**

Year ended December 31, 2019

**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:**

	2019	2018
Cash	\$ 15,874	\$ 18,330
Accrued interest receivable	152,356	122,374
Canadian investment savings accounts and money market funds	2,390,692	2,714,938
Foreign investment savings accounts and money market funds	67,485	45,994
Canadian equities	1,203,882	1,007,559
Foreign equities	1,248,887	1,061,095
Guaranteed Investment Certificates with interest rates ranging from 1.6% to 3.31% (2018 - 1.46% to 3.31%) and maturity dates ranging from June 2020 to October 2024 (2018 - April 2019 to November 2022)	4,199,898	4,078,252
	<b>\$ 9,279,074</b>	<b>\$ 9,048,542</b>

### 3. Accounts receivable:

Included in accounts receivable are government remittances receivable of \$13,172 (2018 - \$9,961), which includes amounts for GST.

### 4. Legal fees recoverable:

	2019		2018	
Legal fees recoverable	\$	524,296	\$	212,259
Allowance for doubtful accounts		(338,485)		(6,153)
	\$	185,811	\$	206,106

### 5. Property and equipment:

	2019		2018	
	Cost	Accumulated amortization	Net book value	Net book value
Furniture and equipment	\$ 330,762	\$ 214,365	\$ 116,397	\$ 56,292
Automotive equipment	180,600	103,754	76,846	76,684
Computer equipment	315,903	199,518	116,385	55,733
Website development	85,157	75,138	10,019	14,312
Continuing competence module	26,000	20,903	5,097	7,282
Leasehold improvements	892,776	445,620	447,156	154,496
Information management system	362,804	118,471	244,333	274,875
Structured practical training module	21,000	13,797	7,203	10,290
	\$ 2,215,002	\$ 1,191,566	\$ 1,023,436	\$ 649,964

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

**Notes to Financial Statements (continued)**

Year ended December 31, 2019

**6. Deferred revenue:**

	2019	2018
Deferred permit and license fees, beginning of year	\$ 3,969,444	\$ 3,845,319
Amounts received during the year	8,011,838	7,621,260
Amounts recognized as revenue during the year	(7,782,447)	(7,497,135)
Deferred permit and license fees, end of year	\$ 4,198,835	\$ 3,969,444

**7. Deferred lease inducement:**

	2019	2018
Deferred lease inducement, beginning of year	\$ 99,344	\$ 139,081
Amounts recognized against operations expenditures during the year	(58,172)	(39,737)
Deferred lease inducement recognized in the year	368,685	-
Deferred lease inducement	409,857	99,344
Current portion of deferred lease inducement	76,606	58,172
Deferred lease inducement, end of year	\$ 333,251	\$ 41,172



## 8. Internally restricted net assets:

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

	2019	2018
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
Patient relations program	36,000	-
	<u>\$ 2,186,000</u>	<u>\$ 2,150,000</u>

## 9. Investment income:

	2019	2018
Unrealized gains (losses) on investments	\$ 351,095	\$ (155,085)
Interest	149,455	79,871
Dividends	86,801	98,942
Realized gains (losses) on investments	-	(9,827)
	<u>\$ 587,351</u>	<u>\$ 13,901</u>

**Notes to Financial Statements (continued)**

Year ended December 31, 2019

**10. Commitments and contingencies:**

ACP is committed to certain operating leases and contracts, as follows:

	a. Premises	b. Equipment	c. Service Agreements	Total
2020	\$ 247,212	\$ 6,379	\$ 123,848	\$ 377,439
2021	247,212	6,379	88,633	342,224
2022	247,212	-	24,633	271,845
2023	247,212	-	-	247,212
2024 and thereafter	1,455,246	-	-	1,455,246
	<u>\$ 2,444,094</u>	<u>\$ 12,758</u>	<u>\$ 237,114</u>	<u>\$ 2,693,966</u>

- a. ACP has an operating lease for its office premises which expires June 2029 and a term parking agreement which extends to the end of the operating lease. ACP is responsible for their proportionate share of operating costs related to the office premises lease.
- b. ACP leases a photocopier with a related service contract that expires in 2021.
- c. ACP also has a subscription for software which expires in October 2020, and two software maintenance and support contracts which expire December 2020 and December 2021. ACP also entered into an extended contract for the hosting of its information management system which expires May 2022, and has a contract for the development of curriculum and evaluation services for the Licensee and Proprietor's Education Program to February 2020.

ACP is also financially committed to a partnership with the National Association of Pharmacy Regulatory Authorities (NAPRA), who provides services complementary to ACP's mandate. The funds transferred to this partnership are reflected in Partnership Administration.

## 11. Financial risks:

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.

## 12. Comparative information:

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

## 13. Subsequent event:

Subsequent to December 31, 2019, the COVID-19 outbreak was declared a pandemic by the World Health Organization and has had a significant financial, market and social dislocating impact.

At the time of approval of these financial statements, an estimate of the financial effect of the pandemic on ACP is not practicable.

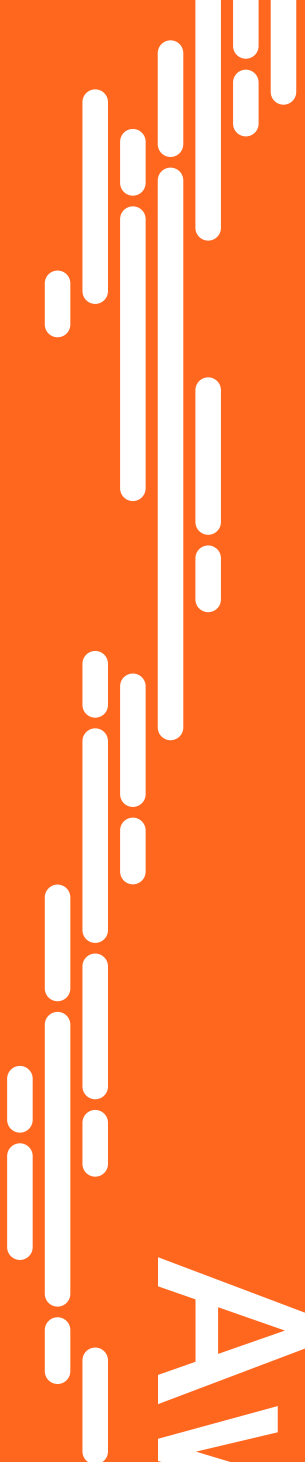


Shawn Knutson,  
2019 APEX Award winner





# Awards



## Honorary Life Memberships

### 2019 recipient - Steve Long

As a former director of pharmacy for the Calgary Regional Health Authority and executive director for Alberta Health, Steve's list of accomplishments matched his surname—long. He helped implement new technologies to hospital pharmacies, contributed to the building of Calgary's central production facility, and helped plan for pharmacy services at both the Alberta Children's Hospital and the South Health Campus Hospital. He was also a leader in developing a culture of safety and increased awareness of risks and medication incidents.

"My hope from the legacy perspective is that pharmacists will become more accountable and more focused on assessment, care planning, and outcomes, and viewed as an active participant by the rest of the team in that process, and that technicians will be recognized to support that practice as we go forward," he said.

"We've made great strides over the 39 years that I've been

engaged in this practice and I'm sure that over the years to come there will be others who will follow that will do great things, too."

Steve received his award at the Celebration of Leadership ceremony on June 11, 2019.



Stan Dyjur, left, and Steve Long

### 2019 recipient - Linda Poloway

After beginning her career in Red Deer in 1975, Linda quickly became involved in leadership roles at the provincial level and served as president of the Canadian Society of Hospital Pharmacists (CSHP). She was a Council member with the Alberta Pharmaceutical Association (APhA), co-chairing the committee that recommended the creation of ACP and RxA. Linda was also a co-chair of the working group that developed a role statement for pharmacists, laying the foundation for the current role statement in the *Health Professions Act*. In 2007, she left pharmacy to become the patient safety officer at the Health Quality Council of Alberta.

"If I had a legacy, it would have been to make a difference in everything that I did. In our pharmacy department in Red Deer, we were trailblazers. We did stuff before Edmonton and Calgary did," she said. "It's nice to know that I had an impact on what I

see now are really amazing pharmacy services by amazing people."

Linda received her award at the Celebration of Leadership ceremony on June 11, 2019.



Stan Dyjur, left, and Linda Poloway

## 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.

2019 recipient - Matthew Breault



## 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.

2019 recipient - Cassandra Cooper



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## 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.

2019 recipient - Jackie Liu

*Health Care Team Lead, Mosaic Refugee Health Clinic, Calgary*

In collaboration with physicians, Jackie established a process that secured vital medications for vulnerable newcomers to Canada. Essential medications could be prescribed to patients without coverage and the cost would be covered by the funds in the donation account. Jackie and his team also created temporary clinics with a basic pharmacy and resettlement centre when refugees from Syria arrived in 2015.



## 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.

### 2019 recipient - Dr. Tammy Bungard

*Anticoagulation Management Service (AMS)  
Program Director, Associate Professor,  
University of Alberta*

Dr. Bungard started AMS in 2001 as the first pharmacist-run anticoagulation clinic in Canada. She collaborated with physicians to order lab tests and prescribe anticoagulation therapy, all before pharmacists' scope of practice was expanded. Dr. Bungard has also made numerous contributions to the profession through research, mentorship, and advocacy as an associate professor of medicine in the Faculty of Medicine and Dentistry and lecturer for the Faculty of Pharmacy and Pharmaceutical Sciences at the University of Alberta.



## 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.

### 2019 recipient - Tristan Lai

*Pharmacy manager, Rexall Pharmacy Group*

Tristan, a pharmacist and pharmacy manager, has also been a board member of the Edmonton Men's Health Collective, an organization that provides a voice for LGBTQ men in addressing their health determinants and needs through various initiatives. Some of Tristan's involvements include advocacy work for pre-exposure prophylaxis (PrEP) and HIV Edmonton, developing an opioid awareness project, and delivering harm reduction training.



## 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.

### 2019 recipients



#### **Bowden Sych**

*Clinical pharmacist and pharmacy owner, Pharmasave, Fairview*

Since graduating from the University of Alberta, Bowden has demonstrated his dedication to his community, profession, and patients. From going to the pharmacy to provide medications after hours, to making house calls to provide injections and make deliveries, Bowden puts his patients first.



#### **Essi Salokangas**

*Clinical pharmacist, Addiction Recovery and Community Health (ARCH) team, Edmonton*

Essi is part of the Inner City Health and Wellness Program at the Royal Alexandra Hospital. As the first pharmacist to join the ARCH team, Essi has established and implemented a clear vision for her role. She has contributed to the Supervised Consumption Service and injectable opioid agonist therapy program.



#### **Shawn Knutson**

*Assistant Manager, Mint Health + Drugs, Sherwood Park*

In addition to his day-to-day practice, Shawn has worked with the Robin Hood Association, an organization that provides services to adults with developmental disabilities. As the sole pharmacist working with the organization, Shawn uses his full scope of practice to close gaps in care and advocates for his patients with complex needs.

## 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.

### 2019 recipients - Curtis Claassen, Dr. Jeffrey Buchalter, Nancy Thornton

*Comprehensive Children's Epilepsy Centre, Alberta Children's Hospital, Calgary*

The CCEC team consists of neurologists, epileptologists, nurses, a pharmacist, and other professionals. The team aims to provide the most comprehensive care to children with epilepsy and seizures in Alberta. To do this, they have conducted research for improving patient outcomes and provided education to stakeholders for optimizing resources. They have also created a medication dosing handbook, clinical therapy pathways, and documentation templates.



Left to right, Curtis Claassen, Dr. Jeffrey Buchalter, Nancy Thornton



## Friend of Pharmacy

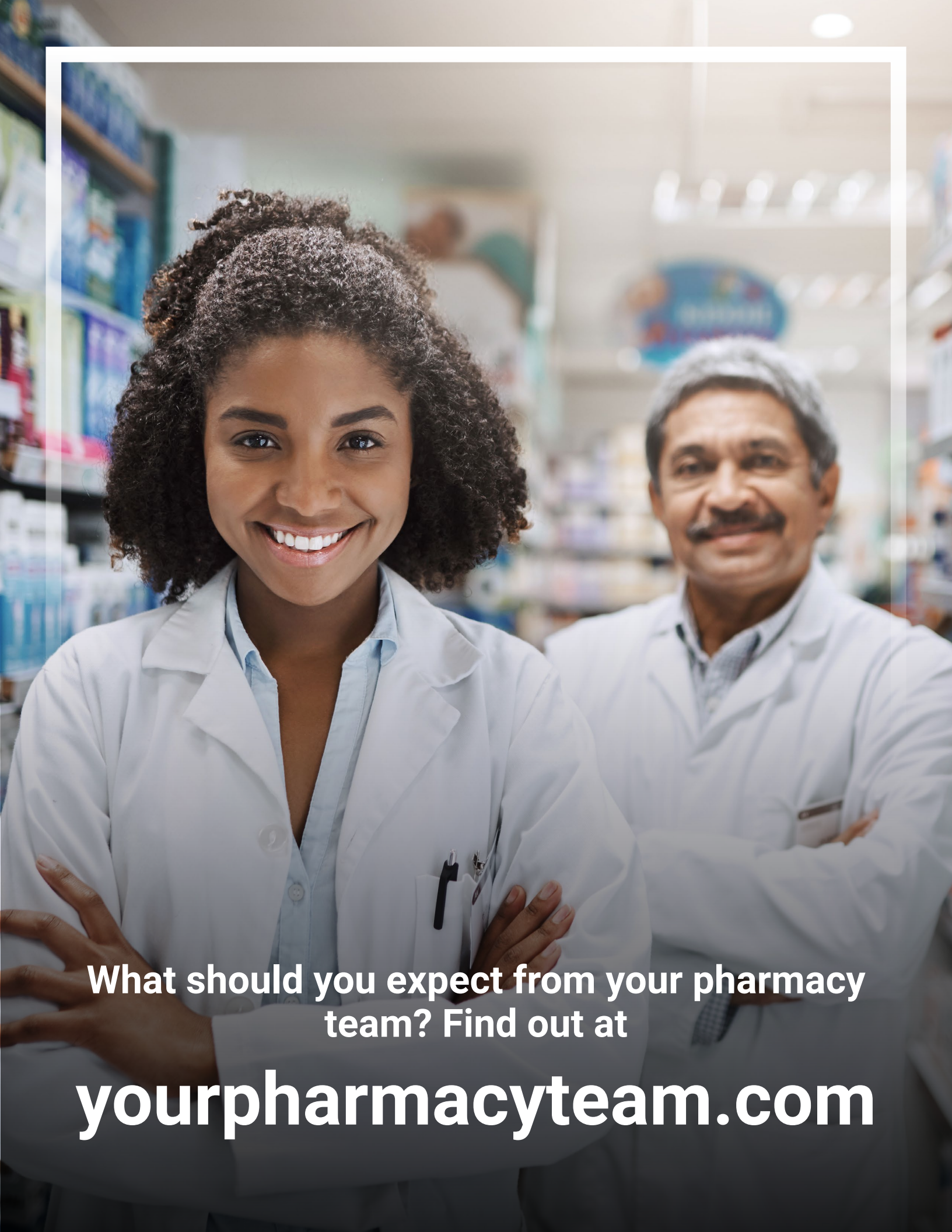
Awarded to a non-pharmacist who has contributed to the success of the profession of pharmacy.

### 2019 recipient - Dr. Rahim Kachra

*Physician, Clinical Associate Professor, Cumming School of Medicine, University of Calgary*

Dr. Kachra, a specialist physician in General Internal Medicine with Alberta Health Services (AHS), has gone above and beyond to champion the profession of pharmacy. He was an early adopter of pharmacist prescribing, continuously advocates for his team, and recommends team members to teaching opportunities. He spends time with not only pharmacists, but also students and residents to help them understand how patient presentations may relate to drug related problems.





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