



Ripples of change

in the care of Albertans

2016 - 2017 ANNUAL REPORT



Our mission

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

Our vision

Healthy Albertans through excellence in pharmacy practice.

Our values

The Alberta College of Pharmacists values:

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

Visit us online at

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This 2016-2017 Annual Report presents highlights of Alberta College of Pharmacists (ACP) initiatives from March 1, 2016, to February 28, 2017.

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Still waters

Reflecting on 10 years of progress

Message from President and Registrar

An extraordinary year

On April 1, 2017, we will celebrate 10 years since Alberta legislation came into effect allowing pharmacists to prescribe Schedule 1 drugs and administer drugs by injection. This change invited a new focus on people rather than on prescriptions. It introduced a dramatic shift in the culture of pharmacist practice and changes in pharmacist behaviours that continue to be a work in progress.

ACP has contributed to many initiatives that complement this milestone, further enabling Alberta pharmacists to impact the needs of individuals, their families, and our health system: providing opportunities greater than in any other jurisdiction in the world. This is a time to: reflect on the achievements we have made, recognize the gaps Albertans are still experiencing in the health system, and identify the opportunities pharmacists have to positively impact the health and well-being of the individuals and families they serve.

Pharmacy teams continue to be amongst Alberta's most accessible health professionals, serving individuals and families in most communities across Alberta and across all aspects of our health system. Their role is increasingly focused on the health of individuals – not dispensing drugs. Central to this focus is the growing need to ensure the appropriateness of drug use. Pharmacists consider a breadth of information ranging from the conditions individuals are treated for, symptoms they are experiencing, drugs they are taking, laboratory results, and lifestyle considerations to determine if drug therapy is best for them. It is often important for pharmacists to adjust dosages to minimize adverse effects, or to work with other members of the individual's health team to discontinue certain treatments.

The 2016-2017 year was extraordinary in many ways. The passing of federal legislation to decriminalize Medical Assistance in Dying (MAID), Alberta's growing opiate crisis, and anticipation of federal legislation to decriminalize/legalize marijuana all demanded attention apart from ACP's routine responsibilities. In all cases, ACP engaged nationally and provincially, advocating policies that: are evidence-informed, preserve and protect individuals' choices and dignity, provide for quality healthcare experiences and results, and ensure the safety of our communities. During the period of



Greg Eberhart and Taciana Pereira

March to June, 2016, ACP invested substantively to protect pharmacists and pharmacy technicians who prepared drugs for MAID, pending amendments to the criminal code.

ACP continued its commitment to developing the framework in which pharmacists and pharmacy technicians practice: all focused on our commitment to quality and safety. New Standards for Sterile Compounding were approved; Standards for Non-sterile Compounding are under development. We collaborated with other colleges to develop multiple guidelines to support infection control. We partnered with RxA to write a whitepaper on Point of Care Testing in pharmacy, a precursor to developing a framework and standards for pharmacists choosing to use these technologies to support their practices. And finally, we have begun modernizing the role statements for pharmacists and pharmacy technicians: a stepping stone to clarifying the expectations of individuals, health professionals, community agencies, and stakeholders who use, partner with, or are impacted by pharmacy services.

We invite you to read our annual report; reflect through the stories of pharmacy professionals, the individuals they serve, and how pharmacy teams are making a difference in the lives of Albertans. These illustrate examples that we encourage all pharmacists to aspire to and strive to have available to all Albertans in their community.


Taciana Pereira
President


Greg Eberhart
Registrar



From L-R: Public members Al Evans, Mary O'Neill, Bob Kruchten.

Needs of Albertans spur currents of change

In the words of our public members on ACP Council

Public members with strong governance skills and diverse backgrounds and experiences are critical to our success. They provide valuable public input, oversight, and representation into college policy and decision-making processes. Their contributions are a crucial component of self-regulation that ensures public accountability.

As public members with the Alberta College of Pharmacists, we have the privilege to bring the perspectives and the expectations of the public to the forefront of Council discussions. We work alongside remarkable pharmacist and pharmacy technician leaders who provide guidance and policy direction for pharmacy in Alberta.

We have the opportunity to observe and appreciate the growth of pharmacy practices, maturing as an integral component of the Alberta health care system. Pharmacists and pharmacy technicians are passionately embracing their roles in patient care and safety, focusing on the provision of the right solution, at the right time, in the right place.

The Council has always had a dedicated elected board and a very vigorous professional and forward-looking administration. Through its governance policies and practices, we are proud to say that we believe ACP is responding and visioning on all fronts – with the utmost responsibility and with the strongest ethical outreach. They continually seek to understand how its decisions will affect individuals accessing pharmacist services, our communities and our health system.

The college is committed to its vision, Healthy Albertans through Excellence in Pharmacy Practice. As public members, our voices are heard and we know that our participation on Council is valued and appreciated.


Al Evans


Mary O'Neill


Bob Kruchten

Making waves! Stories from the frontlines

Every day, Albertans benefit from care they receive from the professions we regulate. The complementary roles of pharmacists and pharmacy technicians working to their full scope of practice create a patient-focused environment built around patient needs. Over 100,000 Albertans access community pharmacists daily for advice and services that help people stay in their homes as they age; support people with mental health conditions and addictions; address the challenges of living with chronic disease; and, manage health conditions and improve the quality of people's lives.

Through a collaborative model, individuals become active partners in their own health and are engaged to participate in, and make informed decisions about, their health goals and health treatments. Collaboration extends to other health providers involved in an individual's care, where a shared understanding of an individual's needs, and the experiences of their conditions, elevates the level of care provided by everyone on the team, resulting in better health outcomes.

Our college is privileged to govern pharmacist and pharmacy technician practices, so that Albertans can benefit from their knowledge and skills to meet their personal health goals, safely and effectively. Here are a few stories and successes we would like to share.

Protecting Albertans through provincial immunization program

Pharmacists play an important role in Alberta's publicly funded immunization program and are the most accessible healthcare providers in the community to offer this service. Pharmacists advocate for individuals and families to be immunized, as this is one of the best lines of defence against being affected by influenza. According to Alberta Health, as of December 31, 2016, Albertans received 1,067,931 publicly-funded immunizations during the 2016-2017 influenza campaign. Of these, 503,789 were performed by pharmacists – an increase of nearly six per cent from the 2015-2016 campaign.

Saving lives through the naloxone program

Pharmacists play an integral role in the delivery of care to Alberta's vulnerable populations and are highly encouraged to participate in the Alberta's Take Home Naloxone program. Over 650 pharmacies in all corners of the province are ready to supply naloxone, a drug that can temporarily reverse a deadly fentanyl overdose and has been proven to save lives. According to the Alberta Pharmacists' Association (RxA), as of December 31, 2016, 2,335 pharmacists have received the training delivered by RxA to dispense and support individuals asking for naloxone.

Embedding our watermark in 2016*

1,232	Licensed Pharmacies An increase of 6.8 per cent from 2015
90	New Pharmacies Corporate 9 Independent 81
5,363	Clinical Pharmacists An increase of 6.1 per cent over 2015
656	New Pharmacy Students and Interns
1,377	Pharmacy Technicians

*All data as of December 31, 2016

Evolving to a more clinical focus

Pharmacists are making clinical decisions to improve the health and well-being of their patients and are feeling good about providing this level of care. ACP's pharmacy practice consultants have heard from many pharmacists expressing, "I want to focus on clinical care rather than dispensing." And, as more pharmacists begin to embrace the opportunities offered by the clinical services framework in Alberta, there is a correlation to increased sense of professional satisfaction. Best of all, Albertans are benefitting from the personalized care they receive at their pharmacy. To learn more, please read the "Professional Practice" section of this annual report.

Additional Prescribing Authorization enables pharmacists to prescribe

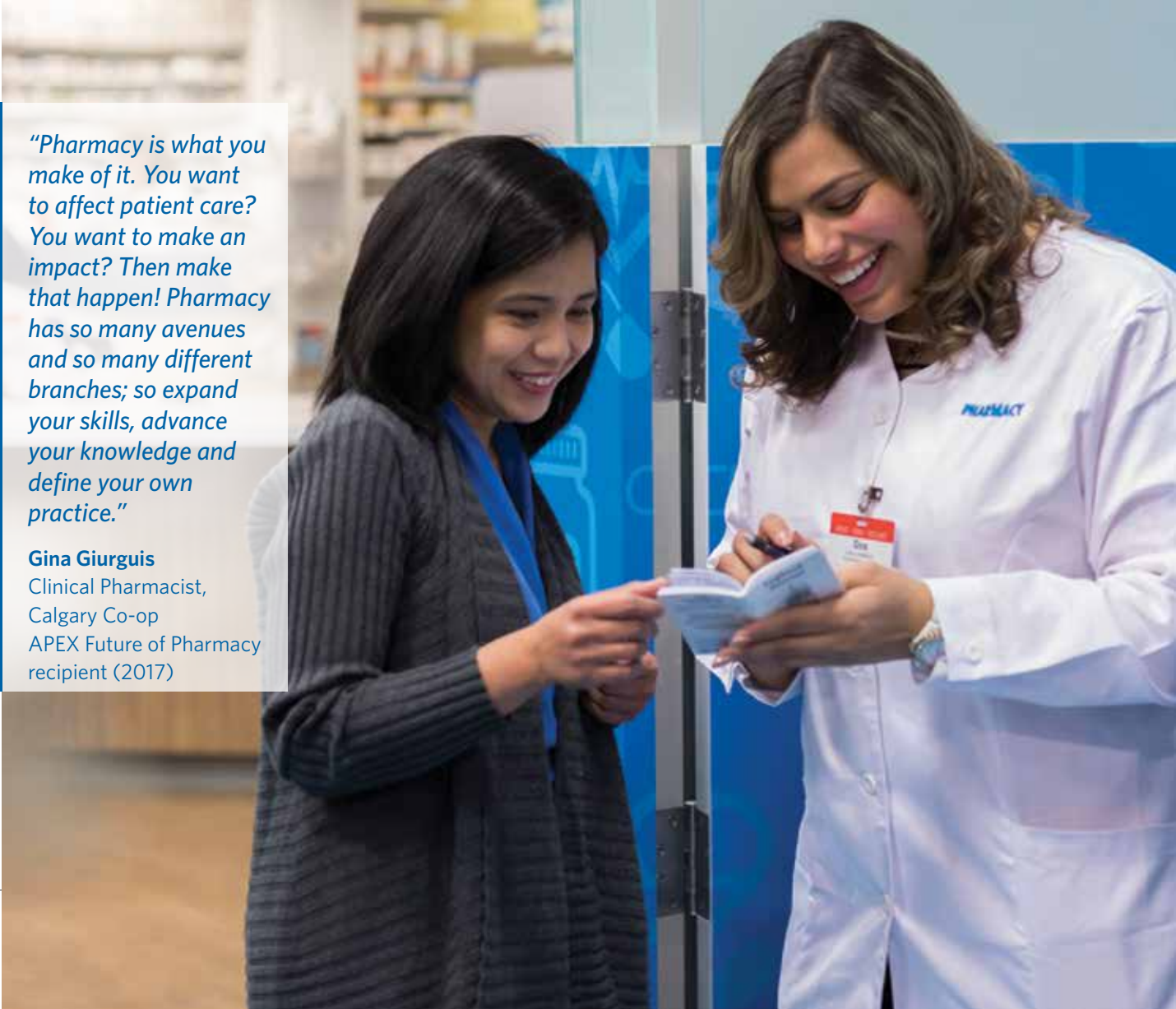
In Alberta, 1,658 pharmacists have Additional Prescribing Authorization (as of December 31, 2016). Being authorized to initiate drug therapy (prescribe) enables pharmacists to actively respond to the health needs of patients they serve. As pharmacists improve their clinical skills, more and more are seeing initial access prescribing as an important goal.

In the spring of 2016, Council approved a policy allowing new graduates from an approved PharmD program the opportunity to apply for additional prescribing authorization privileges upon graduation – waiving the mandatory one-year practice requirement. Their applications will be weighted on patient cases that they contribute to through the clinical experiences in their studies.

The Doctor of Pharmacy (PharmD) academic credential is an undergraduate, professional doctorate. Unlike the PhD that focuses on research, the undergraduate PharmD is a clinical doctorate degree that serves to recognize the completion of advanced education in patient care. In 2018, the Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta, will introduce the PharmD program as the full time undergraduate program for pharmacist candidates.

Pharmacy technicians are being utilized more than ever in pharmacy practice

Pharmacy workflows are evolving as pharmacy technicians assume technical responsibilities that were traditionally performed by pharmacists. This has enabled pharmacists to spend more time engaging with patients and providing clinical care. In Alberta, there are 1,377 pharmacy technicians registered with our college (as of December 31, 2016).



"Pharmacy is what you make of it. You want to affect patient care? You want to make an impact? Then make that happen! Pharmacy has so many avenues and so many different branches; so expand your skills, advance your knowledge and define your own practice."

Gina Giurguis
Clinical Pharmacist,
Calgary Co-op
APEX Future of Pharmacy
recipient (2017)

Stories from the front lines

Community pharmacist's care plan results in great improvements to patient's health conditions

At our community pharmacy, we care for a 69-year-old male patient living with diabetes (10+ years), high blood pressure and peripheral neuropathy (damage to peripheral nerves, often causing weakness, numbness and pain, usually in hands and feet). The patient is independent, retired and lives with his wife.

This gentleman has been a long-term patient with us and we have worked over the years to build a relationship with him incrementally. When he was ready for more help with managing his health, we were there to provide him with the support and expertise that he needed.

In October, 2016, when our team was assessing the patient's prescription, our review of Netcare indicated the patient's A1C (a blood test to gauge how well a patient is managing their diabetes) increased to 9.1% from 8.2% from 15 months previous. The target for A1C should be <7%.

The A1C test result reflects your average blood sugar level over a set period of months. The higher an A1C level, the poorer one's blood sugar control and the higher the risk for diabetes complications, such as heart attack, kidney failure, and vision loss.

The patient expressed great frustration with his situation.

He had seen an endocrinologist within the past year, and regularly visited his family physician every three months, yet his health appeared to be on a steep decline. He consented to a care plan with our pharmacy team.

We initially develop a care plan with a patient, discussing their medication concerns and health related goals for the upcoming year. The care plan is a dynamic document where pharmacists will add more information to the patient record and follow up based on previous work done. The team effort approach that we believe in focuses on continuity of care.

In our collaborative care plan, the patient was engaged in goal setting and agreed to strive toward improving his blood sugar control and weight loss.

At our last appointment, the patient expressed, "It feels like I have a new lease on life".

We set up a plan to which included nutritional guidance, an activity prescription and medication management.

The results after three months are as follows:

1. Patient is feeling better than he has in years.
2. His A1C is 7.5% as of December 31, 2016 (in October 11, 2016, his A1C level was 9.1%).
3. His weight has dropped 10.4 kg, from 142 kg to 131.6 kg.
4. His waist circumference has reduced by 15 cm, from 146 cm to 131 cm.
5. His insulin requirement has dropped by 77 units, from 170 units to 93 units.
6. He has increased mobility and is able to walk more confidently with less chance of falling.

It's very important for us to meet the patients where they are at in terms of their health management and help them move towards their goals. As health care providers, it is crucial that we conduct all our interactions with the patient's goals and best interests as our primary motivation.

As a community pharmacist, we are uniquely positioned and trusted by patients to support them when they are ready to engage in the next level of their care journey.

It may start with their first interaction with our team or their tenth; we are ready and engaged to move their evolution forward in a positive/collaborative direction.

Community Pharmacist

Calgary

An aerial photograph of a massive waterfall cascading down a rocky cliff. The water is a vibrant turquoise color, and the surrounding landscape is lush and green. The image is partially obscured by a large, semi-transparent blue circular graphic on the right side.

The cascade effect

Decisions that build, influence
and sustain change

COUNCIL

Councillors

- Brad Willsey**, District 1
- Clayton Braun**, District 2
- Rick Hackman**, District 3
- Taciana Pereira**, District 3
- Stan Dyjur**, District 4
- Kamal Dullat**, District 5
- Brad Couldwell**, District 5

- Kelly Boparai**, Pharmacy Technician, – District A
- Jennifer Teichroeb**, Pharmacy Technician – District B
- Al Evans**, Public Member
- Bob Kruchten**, Public Member
- Mary O’Neill**, Public Member

Non-voting members

- Neal Davies**, Dean, University of Alberta Faculty of Pharmacy and Pharmaceutical Sciences
- Douglas Lam**, Student Representative, University of Alberta Faculty of Pharmacy and Pharmaceutical Sciences

Council highlights

Through our work, ACP strives to enable quality experiences that effectively address the personal health needs of individuals, every time they visit their pharmacy team. Our college and Council work to ensure Albertans have access to, and receive, quality care from competent and responsible practitioners who practice in safe and effective practice environments.

Setting the pace for pharmacy excellence in person-centred care

ACP regulates within an increasingly complex social, technological, economic, and political environment that continues to shift. In 2016, ACP developed a three-year business plan with careful consideration of trends and emerging issues impacting individuals, pharmacy teams, and the

health system. In the end, we are confident that our efforts will result in Albertans having clearer expectations of their pharmacy team and more consistent quality experiences at each visit.

Through our 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;

Back row (L to R): Brad Willsey; Clayton Braun; Kamal Dullat; Bob Kruchten; Rick Hackman; Brad Couldwell; Neal Davies. Front row (L to R): Al Evans; Jennifer Teichroeb; Mary O’Neill; Greg Eberhart; Taciana Pereira; Douglas Lam; Kelly Boparai; Stan Dyjur



Council invites discussion about the roles of pharmacists and pharmacy technicians and the expectations the public should have of our professions.



4. Patients will have access to pharmacist prescribing and injections through all licensed pharmacy practice settings; and
5. Patients will expect pharmacists to provide appropriate assessments, advice, and support about their health (treatment) plan at each encounter.

There will be heightened awareness and confidence about Alberta's pharmacy teams' contribution to the right care, in the right place, at the right time, by the right professionals, with the right information. These linkages will:

- Help people stay in their homes as they age;
- Support people with mental health conditions and addictions;
- Address the challenges of living with chronic diseases;
- Manage health conditions;
- Support patients in learning about their health conditions, the treatments they receive and the results they should expect; and
- Improve quality of people's lives.

To read our plan, visit ACP's website at pharmacists.ab.ca.

Engagement with pharmacists and pharmacy technicians

ACP Council is committed to enhancing engagement with registrants and stakeholders. Engaging with all stakeholders leads to a better understanding about the experiences, needs and issues that matter. Involving those who have a right to be heard allows ACP to build trust, confidence, and credibility in our work and supports transparency in regulatory decision making.

In the spring of 2016, ACP hosted regional meetings in Edmonton, Calgary, Killam, Red Deer, Grande Prairie, Vermilion, Medicine Hat, and Lethbridge. Over 250 pharmacists and pharmacy technicians participated in the discussions and workshop-style breakout sessions.

The spring regional discussions centred on four topics: practice challenges facing pharmacists and pharmacy technicians; perceived roles in mental health and addictions; developing and implementing person-centred care plans; and specialties in pharmacy practice. In the fall, ACP continued the discussions at regional meetings with pharmacists and pharmacy technicians in Edmonton and Lethbridge, followed by an online webinar. Based on what we heard in the spring, we refined the scope of conversations to drill down into two subject areas:

1. Pharmacist and pharmacy technician practice conditions (stemming from a survey conducted with Alberta pharmacists in this subject area); and

2. Modernizing role statements for pharmacists and pharmacy technicians.

Through these discussions, we learned that:

- Many pharmacists felt operational issues such as an inadequate manpower balance and inadequate information systems impacted workflow and their performance. They felt that when employers established performance targets based on volume (e.g., number of care plans or follow-ups), without considering the quality of plans or the care provided to individuals, their performance was negatively impacted.

"It's all about the patient – it has to be! I sympathize, being an owner, that there are declining revenues, and it needs to be addressed. But doing things just to make money, and that is not clinical, isn't appropriate."

- Pharmacists could benefit from further professional development and strengthened relationships with

community agencies, to gain confidence in caring for community members suffering from mental health conditions or addictions.

- Pharmacists were more interested in being able to identify peers who had advanced training or learning to improve intra-professional practice relationships, as compared to introducing 'specialties/specialization' into pharmacy practice. Pharmacists were more compelled with the concept of 'pharmacists are the health system's specialists in drug therapy.'
- Some registrants suggested that the Alberta College of Pharmacists should consider changing its name to better reflect that it regulates multiple professions.

The role of your pharmacist and pharmacy technician in caring for your health and well-being

One of the Council's five strategic goals for 2016-2020 is to enhance the understanding and the expectations individuals have of pharmacy practice and their pharmacy teams. Role statements provide meaning to individuals and families who use pharmacy services and provide clarity to other health professionals, community service providers and stakeholders who practice with, or who are impacted by, pharmacy services.

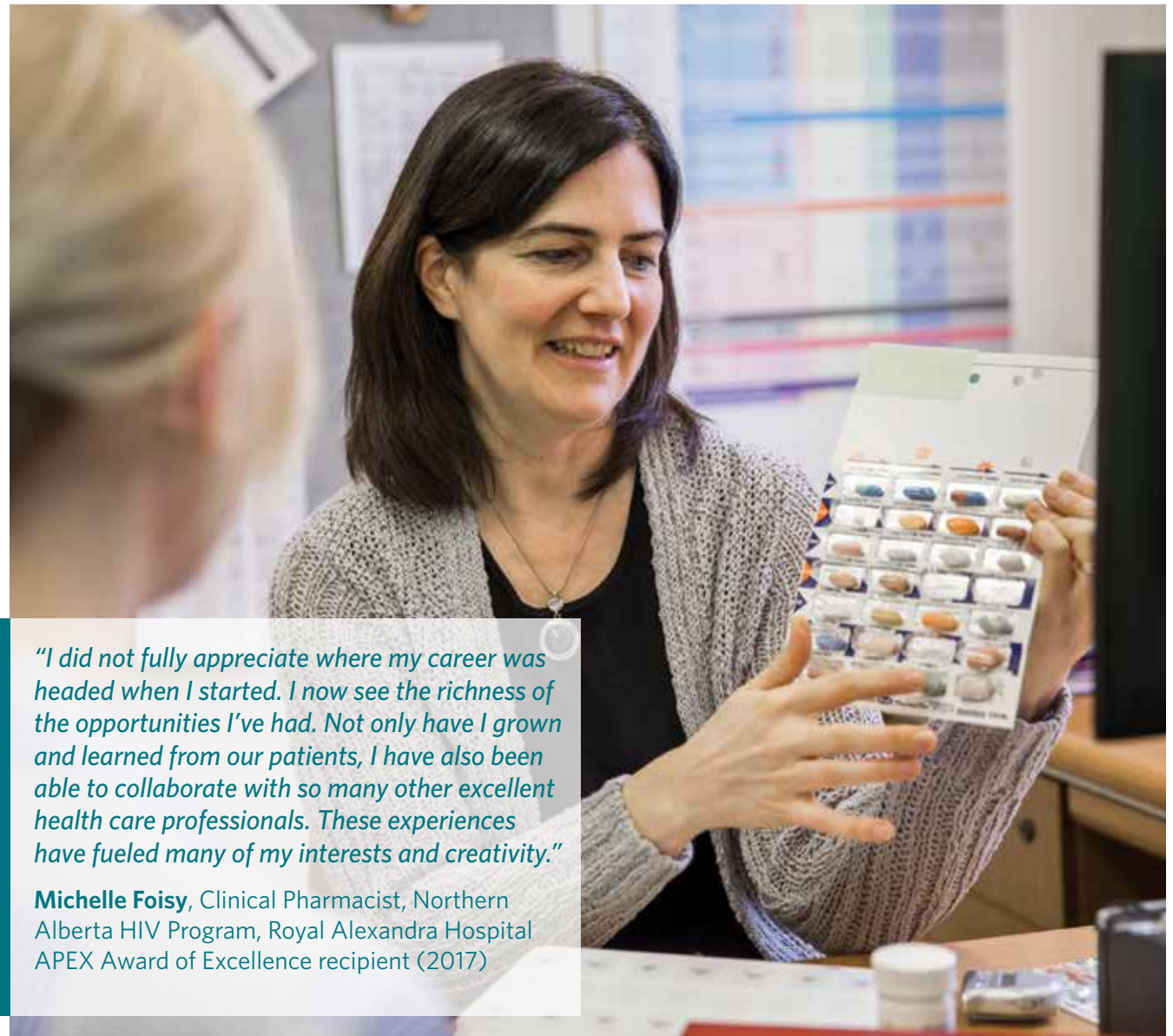
Modernized role statements should inform the expectations the public has of their pharmacy teams, providing a clear roadmap for our professions to fulfill the roles they are authorized to deliver. These descriptive statements provide a foundation to a profession's identity and purpose within Alberta's health system.

Role statements for Alberta pharmacists were last developed in 1995, as a precursor to the *Health Professions Act*. The role statements for pharmacy

technicians were developed in 2008, in advance of technicians becoming regulated under the *Health Professions Act*. Much has changed since then.

In 2016, ACP began a consultation process with pharmacists and pharmacy technicians to modernize role statements based on current

practices, while keeping an eye to the future. The role statements will continue to evolve based on input and feedback received through the consultation process with additional stakeholders. It is ACP's goal to approve modernized statements by June, 2017.



"I did not fully appreciate where my career was headed when I started. I now see the richness of the opportunities I've had. Not only have I grown and learned from our patients, I have also been able to collaborate with so many other excellent health care professionals. These experiences have fueled many of my interests and creativity."

Michelle Foisy, Clinical Pharmacist, Northern Alberta HIV Program, Royal Alexandra Hospital
APEX Award of Excellence recipient (2017)



In September, 2016, the Alberta College of Pharmacists (ACP) presented PTSA with a \$25,000 grant to support the professional development of pharmacy technicians. From L-R Kelly Boparai, Pharmacy Technician – ACP Council Member District A; Jennifer Teichroeb, Pharmacy Technician – ACP Council Member District B; Taciana Pereira, ACP President; Laura Miskimins, PTSA President; Don Ridley, PTSA Conference Manager.

ACP and the Pharmacy Technician Society of Alberta celebrate five years as a regulated profession

Pharmacy technicians from across the province gathered at an ACP-hosted reception to celebrate the five-year anniversary of pharmacy technicians becoming a regulated health profession in Alberta.

In recognition of the monumental journey to regulation, and of all those who contributed along the way, ACP presented the Pharmacy Technician Society of Alberta (PTSA) and its members with a \$25,000 professional development grant.

“Our commitment to pharmacy technicians, regardless of practice environment, is to continue supporting their professional practice journey and ensure they have the understanding, tools and knowledge to confidently perform at a high level,” commented ACP Council President Taciana Pereira. “In fact, one of our five goals in our five-year strategic plan is to increase the integration of pharmacy technicians into pharmacy practice teams, to allow them to exercise responsibility for the roles they are authorized to do.”

Part of ACP’s role as a college is to work with PTSA to provide leadership and guidance to pharmacy technicians, helping them to contribute to the health and well-being of Albertans. ACP has entrusted PTSA to invest in professional development for pharmacy technicians that is guided by the competencies of the profession and the emerging needs of pharmacy practice.

New compounding standards

Pharmacy compounding involves the preparation of prescribed medications that are not commercially available. The Alberta College of Pharmacists has collaborated with other colleges of pharmacy across Canada through the National Association of Pharmacy Regulatory Authorities (NAPRA) to develop a set of three standards on compounding:

- Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations;
- Standards for Pharmacy Compounding of Hazardous Sterile Preparations; and
- Standards for Pharmacy Compounding of Non-sterile Preparations.

ACP Council approved Standards for Pharmacy Compounding of Non-hazardous Sterile

Preparations in June, 2016, and Standards for Pharmacy Compounding of Hazardous Sterile Preparations in December, 2016. The compounding of sterile preparations requires high-quality standards to ensure preparation quality and safety. Sterile preparations include those for injection, inhalation, and administration into the eye or the ear. Attention must be paid to the development and implementation of policies and procedures regarding personnel, equipment, facilities, and quality assurance. Council outlined a three-phased implementation schedule for pharmacies who prepare sterile products:

Deadline	
Phase 1	July 1, 2018
Phase 2	January 1, 2019
Phase 3	To be determined

The third standard, Standards for Pharmacy Compounding of Non-sterile Preparations, is still in development. A consultation with registrants, stakeholders, Alberta Health, and Alberta Health Services regarding a draft of these standards took place in the fall of 2016. Comments have been forwarded to NAPRA’s National Advisory Committee on Pharmacy Practice charged with developing a national model standard. Once the committee is satisfied that the draft is ready for adoption, the NAPRA Board of Directors will consider adopting the document as Model National Standards for Pharmacy Compounding of Non-sterile Preparations. This decision is expected during the second half of 2017. Thereafter, ACP Council will deliberate adopting or adapting this as a provincial standard.

Compounding and repackaging agreement is amended

Compounding and repackaging agreements are a regulated requirement clarifying the roles, responsibilities, and accountabilities of pharmacies solely involved in compounding and repackaging drugs.

ACP council reviewed and amended the terms of the compounding and repackaging agreement required between licensees of compounding and repackaging pharmacies and community pharmacies for services provided in Alberta. A critical amendment to the agreement states, “Except in emergencies, a compounding and repackaging pharmacy must not compound or repackage any drug, or combination of drugs, listed in the schedules or regulations to the *Controlled Drugs and Substances Act*.”

The agreement only facilitates relationships between licensed pharmacies located in Alberta. Moving forward, ACP is developing an agreement to facilitate compounding and repackaging services that may be provided into other provincial/territorial jurisdictions.

Integrating pharmacy records within the provincial health system

ACP is highly engaged in provincial initiatives to enhance information management and information technology solutions. Health professionals having access to complete health information about the individuals they serve are enabled to make better care decisions.

A real-time interface between pharmacy practice management systems and Netcare (Alberta’s


electronic health information system) would allow pharmacy teams easier access to current and complete health information. Additionally, a real-time interface can improve workflow, which is important to pharmacy team efficiency and effectiveness.

ACP is a significant partner in evolving the electronic health record. ACP will facilitate the integration of pharmacy practices with the integrated patient health record through continued participation on the provincial information technology initiatives.



“It is nice to see clinical pharmacy services expand and grow and know that you were a part of making that happen. I’ve always been that guy who asks a lot of questions and wants to understand the ‘why’ behind current practice. Invariably, that leads to rolling up the sleeves and looking for better ways to do things.”

Ryan Abell, Director, Pharmacy Services, Central Zone,
Alberta Health Services, Red Deer
APEX M.J. Huston Pharmacist of Distinction recipient (2017)



*Guiding our professions
through the white water*

Overcoming uncertainties
in our complex health system

ACP regulates in an increasingly complex social, technological, economic, and political environment that will continue to shift. The following is a summary of the major complexities that took place in 2016 and the work the college has done to support pharmacists and pharmacy technicians.

Opioid crises - a cohesive and coordinated approach

Fentanyl and other opioids continue to have a deadly impact on Alberta communities. According to Alberta Health, in 2016, 343 people died of apparent drug overdoses related to fentanyl in this province. That compares to 257 in 2015. Opioid overdoses continue to happen at alarming rates. Enhancing access to naloxone is an important step towards saving lives and protecting the public's health.

In response to an influx of illicitly produced fentanyl in street drugs and an increasing number of deaths in Alberta associated with overdose, Alberta Health (AH) and Alberta Health Services (AHS) have implemented Alberta's Take Home Naloxone (THN) kit program. The program facilitates the distribution of THN kits to Albertans at risk of opioid overdose at no charge.

In February, 2017, naloxone became an unscheduled drug, allowing anyone to get a kit without a prescription. The Alberta College of Pharmacists supported the government's work in addressing the opioid crises and strongly embraced its decision to amend the Scheduled Drug Regulation – thereby making naloxone available to as many Albertans in need as possible.



As of December 31, 2016, 2,335 pharmacists completed the THN kit training program provided by the Alberta Pharmacists' Association and 653 community pharmacies registered to supply naloxone.

Non-prescription codeine products

Council recommended amendments to the Scheduled Drugs Regulation to move non-prescription codeine-containing products from Schedule 2 to Schedule 1 (requiring a prescription).

All drugs, whether by prescription or not, have risks associated with them, including those products containing codeine. When not used in its correct dosage, or when it is overused, over-the-counter products containing codeine may result in serious side effects. Yet, there are some cultural beliefs that non-prescription drugs are safe and have low-risk potential.

Should government amend the Scheduled Drugs Regulation to move non-prescription codeine-containing products to prescription status, ACP will embark upon a public education campaign and provide additional guidance and support to pharmacists and pharmacy technicians in caring for their patients.

Medical Assistance in Dying

One of the most sensitive and complex issues introduced to the healthcare community this past year was the decriminalization of Medical Assistance in Dying. Medical Assistance in Dying (MAID), whether it occurs in a facility or in a community setting, requires the services of a pharmacist and/or a pharmacy technician to prepare and dispense the drugs. Throughout 2016, new developments in policies, legislation, and regulations about MAID began to unfold – creating a transitional environment with many unanswered questions for health professionals. ACP partnered

with Alberta Health Services (AHS), Alberta Health (AH), the College of Physicians and Surgeons of Alberta (CPSA), and the College and Association of Registered Nurses (CARNA) to address how MAID would be implemented in Alberta, including guidance to our professions. The college also participated in a working group to address protocols, processes, ethics, accessibility to drugs, and procedural safeguards.

Guidance assisted pharmacists and pharmacy technicians fulfil their professional responsibilities to serve patients requesting MAID. Guidance underscored the responsibility to deliver service in a manner consistent with ACP's Code of Ethics and in compliance with ACP's Standards for the Practice of Pharmacists and Pharmacy Technicians. An online webinar was held for pharmacists and pharmacy technicians to help address their practice questions and concerns about MAID.

Point-of-care testing

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

The evolution and availability of new technologies may be amongst the most disruptive changes emerging in pharmacy practice, but also presents opportunity for our professions. Point-of-care testing in pharmacies can support pharmacists to apply their knowledge and expertise about drugs

and drug therapy when responding to individuals' health needs. It can empower pharmacists with information needed to perform therapeutic monitoring, population screening, and to make therapeutic decisions that improve outcomes and potential costs to the health system.

ACP has undertaken a project with the Alberta Pharmacists' Association (RxA) to develop a framework to assist pharmacists and pharmacy technicians make informed decisions about using point-of-care technologies. Our goal is to assist our professions to make informed decisions before using a point-of-care test and to provide guidance when using the tests. The framework will address point-of-care testing as a complementary source of information to support pharmacists fulfil their current responsibilities. Work continues into 2017.

Marihuana for medical use

In October, 2014, Council approved a policy prohibiting the sale of marihuana from pharmacies, based on federal legislation, the Marihuana for Medical Purposes Regulations. In August, 2016, the regulation was repealed and replaced by the Access to Cannabis for Medical Purposes Regulations. The new regulations permit individuals to grow cannabis for personal use in limited quantities subject to an order from a medical practitioner.

In 2016, the federal government committed to decriminalize and legalize marihuana for recreational use resulting in national public debate. Subject to further review of federal legislation, and the evolution of federal/provincial policy respecting the decriminalization and legalization of cannabis, ACP amended its policy in context with the new regulation.

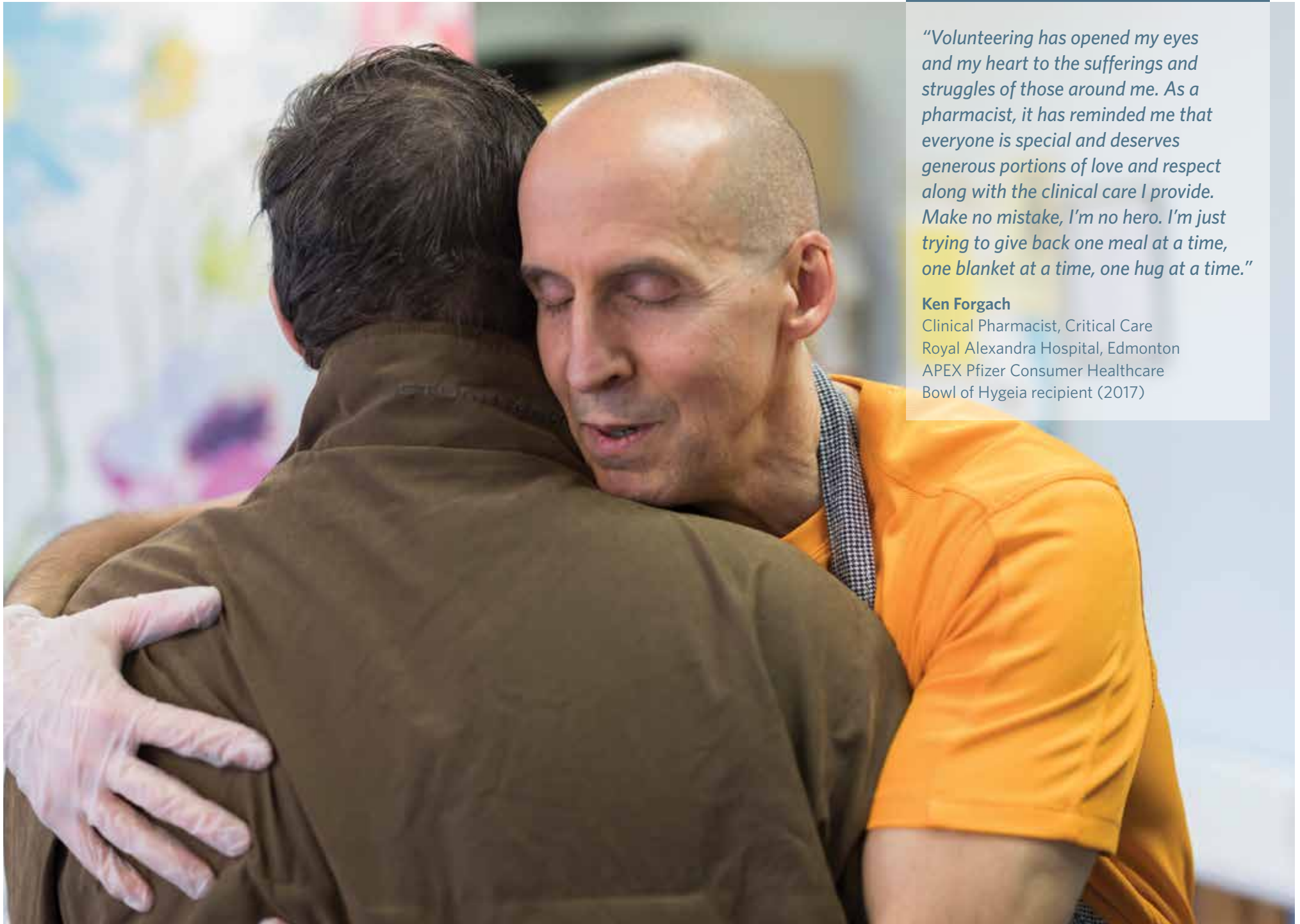
ACP supports policies that provide for the safe and effective use of licensed drug products, the responsible use of substances used for recreational purposes, and mitigate risk to individuals and our communities. These principles form the foundation for the evolution of ACP's policies about the role of pharmacists, pharmacy technicians, and the operation of licensed pharmacies should marihuana be legalized and made available for recreational and/or medical purposes.

Providing pharmacy services for displaced Fort McMurray residents

Across the country, and especially in Alberta, there was an outpouring of support for those displaced by the Fort McMurray wildfires. Canadians opened their homes, hearts, and wallets to support the people who live and work in Fort McMurray.

Due to the fires and resulting evacuations that took place in Fort McMurray, many individuals were seeking temporary pharmacy services from other Alberta pharmacies. ACP appreciated all the efforts of our professions who reached out to help and support their colleagues and patients during what was a very difficult time.


ACP provided guidance to pharmacists and pharmacy technicians on how to care for temporarily displaced individuals to ensure continuity of care. We recognized the burdens that these circumstances caused, the limited time pharmacists had to address all the issues they faced; the challenges of looking after new patients with limited information; and the limits to their physical and emotional energy. ACP could not be more proud of our pharmacists and pharmacy technicians who did all they could, and more, to help those in need.



“Volunteering has opened my eyes and my heart to the sufferings and struggles of those around me. As a pharmacist, it has reminded me that everyone is special and deserves generous portions of love and respect along with the clinical care I provide. Make no mistake, I’m no hero. I’m just trying to give back one meal at a time, one blanket at a time, one hug at a time.”

Ken Forgach

Clinical Pharmacist, Critical Care
Royal Alexandra Hospital, Edmonton
APEX Pfizer Consumer Healthcare
Bowl of Hygeia recipient (2017)



*We are in this
together—riding
the wave of change*

Our place in an evolving and
integrated healthcare environment



“At the end of the day, my goal is to set my patients up for success.”

Ashten Langevin, Pharmacist
Foothills Medical Centre, Calgary
APEX Future of Pharmacy recipient (2016)

A vision for the future of a healthy Alberta

In late 2015, ACP and the Alberta Pharmacists' Association (RxA) began developing a 10-year vision and roadmap for pharmacy practice in Alberta. During 2016, input was received from stakeholders, patients, and leaders of other Alberta-based pharmacy organizations to capture the multi-profession, collaborative nature of our professions. When health professionals work together with pharmacy, we emphasize “care” in the hub of collaboration in patient care.

The vision will guide our organizations to identify, prioritize, and align strategic priorities. Equally important, the roadmap identifies the importance of our relationships with key stakeholders critical to the success of the work set out in *A Vision for the Future of a Healthy Alberta*.

ACP, the Alberta Pharmacists' Association, the Pharmacy Technician Society of Alberta, and the Canadian Society of Hospital Pharmacists - Alberta Branch look forward to sharing this vision with pharmacists, pharmacy technicians, and other key audiences in 2017.

Confronting Alberta's opioid crisis

Triplicate Prescription Program

Misuse of prescription drugs affects everyone – patients, their families and friends, co-workers, and employers. Alberta's Triplicate Prescription Program (TPP) brings together more partners than any other drug monitoring program in Canada to reduce misuse and abuse of prescription drugs and promote patient safety. ACP is one of 10 partners in the program. The program tracks listed medications to monitor and report on prescribing and dispensing patterns. Since 2012, the TPP has extracted prescribing and dispensing data for Alberta patients from the Pharmaceutical Information Network (PIN).

When the data meet certain criteria, those involved in the care of the patient are alerted, provided with information, and directed to resources to support them in providing safe care. Correspondence is sent to pharmacists to create awareness about apparent risks and provide opportunity for ACP's practice consultants to work with pharmacists to improve pharmacy practices, diminish patient risk, and improve care.

Appropriate prescribing – responsible access to opiate treatment

ACP participated in an opioid prescribing forum in the fall of 2016 hosted by the College of Physicians

and Surgeons of Alberta (CPSA). Realizing that physician prescribing and medical regulation are key components in addressing the opioid crisis, a panel of speakers addressed the broad issue regarding over-supply of opioids as well as implications for patient care. Speakers also broached specific initiatives to promote appropriate prescribing and implications for physicians and other healthcare team members. The participants included individuals from CPSA, Alberta College of Pharmacists, Alberta Health Services, Edmonton Police Service, and Alberta Health as well as physician experts in chronic pain management.

Work will continue through several task forces set up by the provincial government to address the opioid crises in Alberta. ACP will continue to participate in the Appropriate Opioid Prescribing Working Group, established as part of the Response Team created by Alberta Health. The working group will focus on the reduction of harm from opioids in Alberta through collaboration on appropriate opioid prescription and dispensing and on public and professional education approaches.

Preventing infectious disease

Guidelines for hand hygiene and medication and injection safety

ACP, in partnership with the College of Physicians and Surgeons of Alberta and the College and Association of Registered Nurses of Alberta, developed and adopted guidelines for medication and injection safety and hand hygiene. These guidelines are based on infection prevention and control principles.

Hand hygiene is the most effective way of preventing the transmission of healthcare-associated infection to patients, staff, and visitors

in all healthcare settings. Effective hand hygiene programs include proper training and education on policies, procedures, and practices that are reviewed on a regular basis.

Proper aseptic technique in conjunction with basic infection prevention practices for handling medications, vaccines, and administration of injections can prevent the transmission of blood borne viruses and other microbial pathogens to patients during routine health care procedures. Pharmacists and pharmacy technicians must be aware of safe practices and ensure that appropriate policies and procedures, knowledge, training, and equipment are available to implement these practices.

Guidelines for protecting health professionals from blood and body fluid exposure

ACP partnered with 11 colleges regulating health professionals in Alberta, supported by a grant from Alberta's Occupational Health and Safety Policy and Program Development branch of the Ministry of Jobs, Skills, Training and Labour. The goal was to develop standard guidance and supporting resources for post-exposure management and prophylaxis (PEP) following blood and body fluid exposure (BBFE) in community practice settings. A series of online tools were developed to train health care professionals how to: identify their responsibilities about blood and body fluid exposure prevention; identify potential risks and hazards in the workplace; identify controls used to mitigate and eliminate risks; and, should exposure occur, what an employee and employer should do. These online tools are now available at www.bbfeab.ca

Thank you for the support of our valued partners in healthcare and pharmacy practice

ACP envisions a state where people within their communities will understand and come to rely upon their pharmacy team, not only for their medications, but for comprehensive and innovative health care. There is much work to be done, and it cannot be done alone. We value the relationships we have with other organizations, associations, and our healthcare partners who are instrumental to the work we do and the successes we experience.

National Association of Pharmacy Regulatory Authorities (NAPRA). We work together with other provincial colleges of pharmacy to bring national consistency to the governance of pharmacy practice across Canada.

Canadian Council on the Accreditation of Pharmacy Programs (CCAPP) is a national entity that accredits schools of pharmacy and pharmacy technicians across Canada.

Faculty of Pharmacy and Pharmaceutical Sciences (U of A) and Alberta's accredited pharmacy technician programs at **Bow Valley College, Norquest, CDI, and Red Deer College** develop well-educated, competent new candidates for pharmacy practice.

Pharmacy Examining Board of Canada (PEBC) is our national authority in evaluating both pharmacists and pharmacy technicians before they enter practice.

Canadian Council on Continuing Education for Pharmacists (CCCEP) accredits professional development programs for pharmacists and pharmacy technicians.

Alberta Pharmacists' Association (RxA), the **Pharmacy Technician Society of Alberta (PTSA)**, and the **Canadian Society of Hospital Pharmacists-Alberta Branch** each focus on enhancing professionalism through education and collaboration while setting sights on a vision to be the voice of a unified, innovative, and inspired profession.

Health Quality Council of Alberta (HQCA) promotes and improves patient safety and health service quality across Alberta.

Alberta Health Services (AHS) works in partnership with Alberta Health to ensure all Albertans have access to high quality health services across the province.

Alberta Health sets policy, legislation and standards for the health system in Alberta.

Stories from the front lines

Providing active compassionate care to individuals with terminal illness

Working in a palliative care unit, we care for a very vulnerable patient population. Whether they are admitted to improve symptom control, or spend the last days of their lives with us, these patients require specialized help from a multidisciplinary team.

Pharmacists play a role in this service, delivering the medications required to provide symptom control and comfort. For some of our patients, this may involve providing the drug(s) needed to remain in their home as long as possible. This usually requires a huge effort from many people. Some individuals are only at home for a few days, while others can remain in the community for many months, and in some cases, years.

Families and friends must be willing and able to provide care at home. Homecare, including the palliative team, must come to assess and treat new and changing healthcare needs, as well as provide nursing services such as catheter care, maintaining sites for subcutaneous drug administration, or bathing and dressing changes.

“Ima” was a 58-year old lady with terminal lung cancer. She had been admitted to the unit for pain control. During her admission, her pain was managed and we discontinued unnecessary medications. Despite having lost a lot of weight and being extremely frail and dyspneic, Ima wished to return home to die. Although this did not seem to be a good idea, she was determined to end her days drinking coffee on her balcony, and watching the world go by.

Her family was willing to provide the care needed, and homecare was engaged, so it was up to the pharmacists to organize her medications with her community pharmacy. Discharge medication reconciliation was completed and the prescriptions were faxed to her community pharmacy. We call the pharmacy ahead of time to provide any pertinent information, and we offer our contact information should further questions arise. Ideally, we will give adequate time to procure medications and organize compliance packaging as necessary. We advise when the patient will be leaving, so the community pharmacist knows when to start the ‘bubble packs.’ This way, a palliative patient can go straight home

“By waiting until the patient is truly stabilized, and providing good seamless care back into the community, we have the best chance for a successful discharge.”

and a family member will be able to collect the medications with minimum fuss.

By waiting until the patient is truly stabilized, and providing good seamless care back into the community, we have the best chance for a successful discharge. We enable the patient to remain at home for as long as possible.

I went to Ima’s room the day of discharge, to inform her that everything had been organized. She was very weak and tired so medication counselling was provided to the family with adequate explanation of dosing times, use of compliance packaging and other pertinent information. Although I was sad to give her thin

body one last hug and say good-bye, I was happy that we were able to make Ima’s last wish come true, and her family was relieved that they could care for her, at home, until the end.

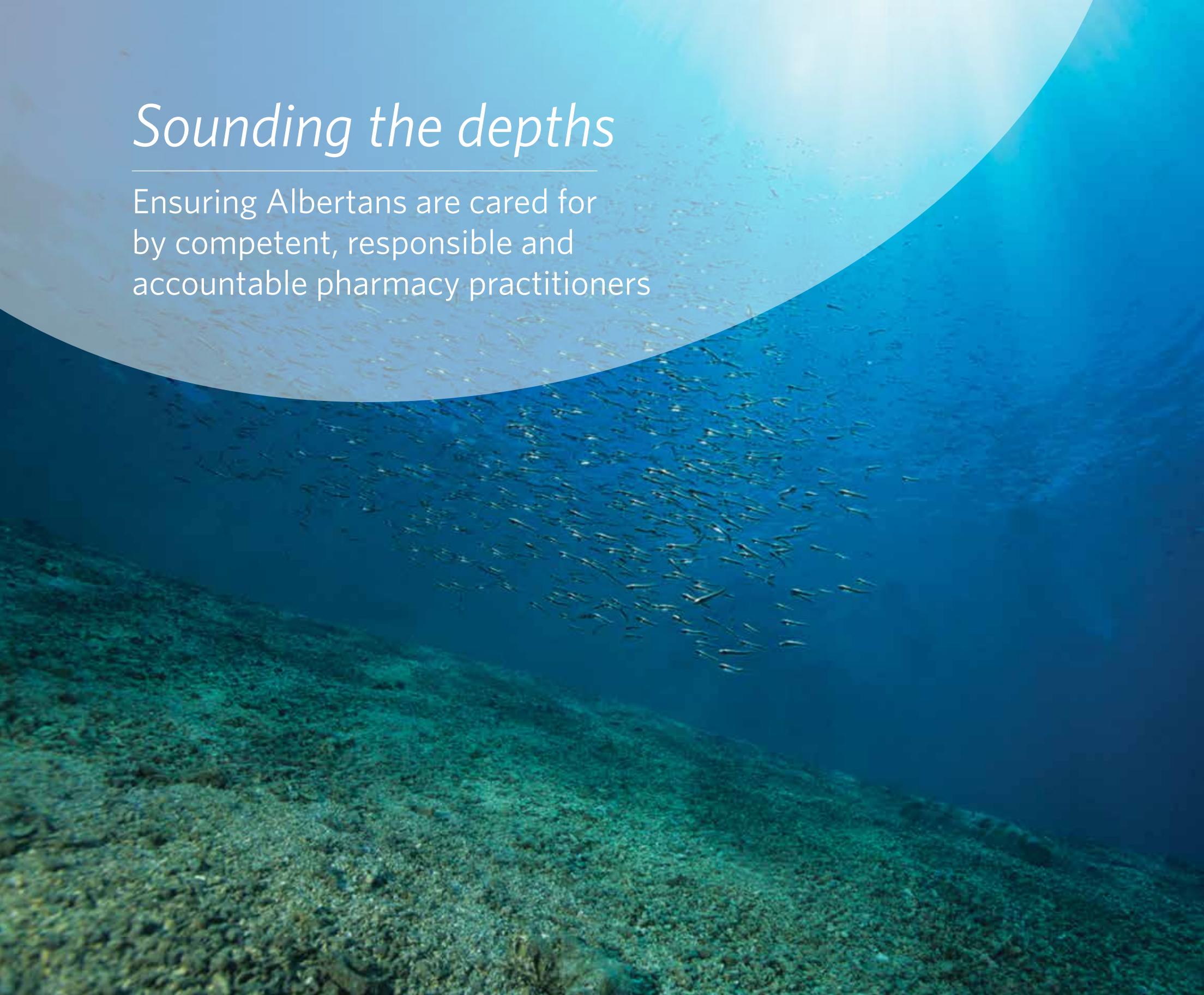


**Serena Rix,
Pharmacist**

Grey Nuns
Community Hospital
2016 APEX Award of
Excellence Recipient

Sounding the depths

Ensuring Albertans are cared for
by competent, responsible and
accountable pharmacy practitioners



Professional Practice

Supporting pharmacists and pharmacy technicians to perform confidently at a high level

Our work enables Albertans to feel confident and safe in the services that they receive from pharmacists and pharmacy technicians. We mandate life-long learning, have a responsibility to guide continuous quality improvement in all practice environments, and remain steadfast in our commitment to support and enable our professions to put Albertans at the centre of care. Through our work, Albertans will come to clearly understand the expectations they have of their pharmacy teams, have access to all available pharmacy services, and experience consistency at every visit.

Our team of practice consultants reflects our largest investment in monitoring and improving pharmacy practice. We recognize the magnitude of change our professions are experiencing and we continue to develop tools and provide coaching and mentoring to individuals and pharmacy teams.

Our pharmacy practice consultants (PPCs) conduct pharmacy practice and operations assessments with pharmacy teams in various practice settings throughout Alberta. Their primary goal is to promote quality patient care and ensure the safety of every Albertan accessing pharmacy services.

Practice consultants are coaches, mentors, partners, and teachers. They understand practice challenges and are committed to closely working with pharmacy teams to improve their workflow, adhere to standards of practice, and empower teams to deliver quality care to their patients. Our

consultants develop trusting relationships with pharmacists and pharmacy technicians and spend face-to-face time facilitating, coaching, influencing, and providing educational tools to encourage incremental improvements to the pharmacy team's practice.

Pharmacy assessment in 2016 performed by type

Routine	496
Consultation*	560
Follow up	473
Sterile compounding	53
Sterile compounding consultation	15
Sterile compounding follow-up	11
Renovation	5
Relocation	6
Directed visit	28
Total	1647

*Some consultations are performed remotely

Routine assessment

Routine assessments focus on the practice and operations of a pharmacy team and their adherence to the Standards for the Operation of Licensed Pharmacies, Standards of Practice for Pharmacists and Pharmacy Technicians, as well as other legislation. The assessment focuses on key practice areas including patient assessment, care plans, follow up, documentation, and quality assurance programs for reporting and investigating drug incidents.

Six-week consultation and 12-week follow-up

The purpose of the six-week consultation and 12-week follow-up is to provide pharmacy teams with ongoing support for quality improvement. Practice consultants focus on multiple interventions over a short time frame to promote sustained practice and behavior changes. They monitor change, identify barriers, modify goals, and provide support to the pharmacy team as required. At 12 weeks, another follow-up is performed to reassess the performance goals set during the routine assessment. Some pharmacies may receive additional consultations as needed.

PHARMACIST FEEDBACK

“During the course of our pharmacy assessment, our practice consultant focused on key areas of practice and made very valuable suggestions about developing a relationship with patients, identifying their needs, and developing corresponding care plans and documentation. We had team meetings and discussed how to implement these suggestions in our practice. I think that we are doing great in achieving set goals.”

PHARMACIST FEEDBACK

“Our pharmacy has increased the amount of time we spend with patients — increasing the level of care we provide, and ultimately our patients have benefitted.”

Practice consultants use a Chat, Check, and Chart framework to successfully help pharmacists meet ACP's standards.

Pharmacy performance

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

Practice consultants use a Chat, Check, and Chart framework to successfully help pharmacists meet ACP's standards by providing guidance around patient conversations, assessment, and monitoring. The tools guide pharmacists in implementing consistent patient care processes that incorporate

PHARMACIST FEEDBACK

"The recommendations made (by my practice consultant) were very positive and done in a collaborative manner. This made it easier for us to make some changes to our practice."

assessment, planning, and supporting and monitoring individuals to achieve their personal health goals. The Chat, Check, and Chart (CCC) series is adapted from Chat, Check, and Chart by Dr. Lisa Guirguis of the Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta.

Percentage of pharmacies

	High performing	Medium performing	Low performing
2016	69.6%	26.7%	3.7%
2015	66.8%	29.6%	3.6%
2014	71%	26%	3%
2013	66%	29%	5%

Practice successes

- More pharmacies are participating in real-time integration projects with Netcare which facilitates access to appropriate information (e.g., patient profiles, lab values) as part of conducting a patient assessment.
- Pharmacy workflows are evolving as pharmacy technicians assume the technical responsibilities of dispensing that were once traditionally held by the pharmacist. This has enabled pharmacists to spend more time engaging with their patients and providing clinical care.
- There is an increased focus on patient assessment and the appropriateness of drug therapy, particularly identifying the indication for all prescribed medications (what the drug is prescribed for).
- Much like the relationship between pharmacy teams and their patients, the pharmacy practice

consultants are establishing better relationships, both with respect to trust and rapport, with pharmacists and technicians. This helps to influence better practice and better patient care.

- Practice consultants are making a difference in improving practice and pharmacy teams are incrementally making strides to improve their performance.

Common opportunities for improved practice

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

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



“We hope that in achieving greater patient stability and suppressed viral loads, our team’s interventions can demonstrate reduced HIV viral transmission, reduced instances of new HIV cases, as well as a reduction in hospitalizations and incarcerations.”

Klaudia Zabrzanski, Clinical Pharmacist and team member with **Essi Salokangas**, Clinical Pharmacist and **Sokun Om**, Licensed Practical Nurse, Adherence and Community Engagement (ACE) Team: Mint Health + Drugs - Community Members Pharmacy (CMP), Edmonton, APEX W.L. Boddy Pharmacy Team Award recipients (2017)

Competence

Wielding knowledge to improve the care for all Albertans

ACP is committed to the vision of excellence in pharmacy practice in Alberta. We support pharmacists and pharmacy technicians in their professional development through a continuing competence program; we believe that lifelong learning is mandatory to maintain professional competency. ACP fosters professional growth that inspires and empowers pharmacists and pharmacy technicians to continuously enhance their practices to support Albertans' health and well-being. ACP and its registrants work together to identify competence goals and milestones signifying success and to ensure that learning transfers into practice. Albertans can and should expect the very best from their pharmacy teams.

Continuing competence program for pharmacists and pharmacy technicians

Competencies are often described as significant job-related knowledge, skills, abilities, attitudes, and judgments required for competent performance by members of a profession. (*Raymond MR. Job analysis and the specification of content for licensure and certification examinations. Applied Measurement in Education. 2001; 14(4): 369-415.*) In meeting our regulatory responsibilities, we require pharmacists and pharmacy technicians to build on their competencies to assure themselves, their patients, and their healthcare colleagues that they are providing quality care throughout their careers.

All pharmacists and pharmacy technicians registered with the college must complete the competence program annually to meet requirements for practice permit renewal. Pharmacy technicians were introduced to a new competence program in 2016 to mirror the online program and experience of pharmacists. Results of their participation, and assessment of their learning, will take place in the spring of 2017.

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

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

The program is delivered and managed through a web portal, an online management system that enables pharmacists and pharmacy technicians to document and track their learning experiences and build a professional portfolio. To help pharmacists and pharmacy technicians identify their learning needs and potential implementation objectives, a collection of self-reflection and self-assessment tools are available through the web portal.

The five guiding principles of ACP's Continuing Competence Program are:

Flexible: to accommodate different practice settings and learning preferences and to address the full spectrum of learning;

Engaging: to inspire career-long learning, peer-to-peer interaction, and opportunities to connect with mentors, thought leaders, and subject matter experts;

Forward-looking: to help meet the changing needs of Albertans, integrate with other ACP programs, and provide support throughout careers;

Sustainable: to anticipate growing and diverse populations and use evidence informed tools that can be applied to a diversity of practices; and

Responsible: to meet legislative requirements and provide reliable measures that facilitate ensuring that regulated members are competent to provide safe and effective care.

In 2016, ACP saw 55,000 learning records submitted by pharmacists and almost 16,000 learning records from pharmacy technicians. Learning records document: the type of learning activity (group program, workshop, self-study, etc.); the competency categories that the learning related to; the key elements of learning; and an overview of how their learning impacted their practice.

Areas of learning embrace the following competency categories, as established by the National Association of Pharmacy Regulatory Authorities for Canadian pharmacy professionals:

- Ethical, Legal and Professional Responsibilities
- Patient Care

- Product Distribution
- Practice Setting
- Health Promotion
- Knowledge and Research Application
- Communication and Education
- Intra/Inter-professional Collaboration
- Quality and Safety

Pharmacists and pharmacy technicians participated in learning activities related to: pharmacy practice, improving their medical knowledge, and incorporating a systems-based approach to problem solving and continuous improvement.

Learning outcomes demonstrated by pharmacists included:

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

Pharmacy technicians learning outcomes included:

- Collaborating with pharmacists to provide/support patient care;
- Developing, implementing, and/or evaluating a new procedure, tool, or program;

- Educating a patient/colleague; or
- Performing a new/reinforced skill and demonstrating competence to a peer.

Auditing professional portfolios

Professional portfolios are the online records that demonstrate how pharmacists and pharmacy technicians have implemented their learning into practice – highlighting the measurable outcomes.

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

In 2016, 500 pharmacist portfolios were audited. Of those, 84 per cent met/exceeded established requirements. Another 13 per cent did not meet the established requirements due to minor deficiencies. Only three per cent of the audited portfolios had significant gaps, errors, or omissions, and these pharmacists were referred to the competence committee for support. Moving forward, ACP is considering an opportunity for practice consultants to visit those pharmacists requiring additional support to help meet identified developmental needs.

Upon completing the audit, many pharmacist assessors were inspired and impressed with the great work pharmacists are doing across various practice settings; however, there was an identified need for pharmacists to provide more information on the steps they took to implement their learning, including detailed results on learning outcomes.

ASSESSOR FEEDBACK

"I continue to be impressed with the efforts extended by many pharmacists and the general improvement in care plans."

Helping interns achieve entry-to-practice requirements

Based on new rules and guidance provided by the Council, ACP transformed and launched a new Structured Practical Training (SPT) program for pharmacy interns – moving away from a traditional time-based system of completing a set number of practicum hours to a structure that focuses on mastering the competencies required at entry-to-practice.

Structured practical training is the in-pharmacy training period required by the college for registration as a pharmacist in Alberta. Throughout the program, interns practice their skills and apply their knowledge in a supportive learning environment under the supervision of an experienced pharmacist, known as a preceptor. Throughout three levels of internship, interns must increasingly demonstrate their ability to use professional judgment to make clinical decisions and provide safe and effective patient care. In the last level of structured practical training, interns are expected to work independently, supervise other staff members, and demonstrate a thorough understanding of the Standards of Practice for Pharmacists and Pharmacy Technicians.

Additional prescribing authorization

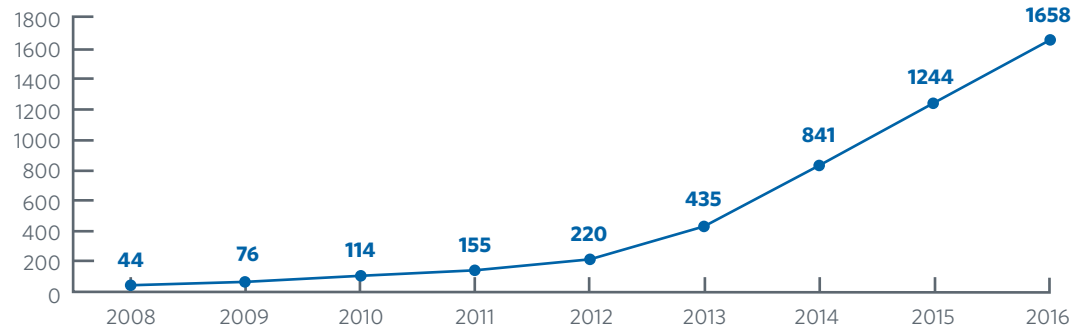
All pharmacists in Alberta have been authorized since 2007 to prescribe drugs to adapt prescriptions initiated by another prescriber (e.g., refill, change the dosage, or substitute a drug that is expected to have a similar therapeutic effect). A growing number of pharmacists are also recognizing that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

In 2016, the college received 640 applications for additional prescribing authorization, compared to 510 in 2015, and 458 in 2014. Interest continues to build in all areas of pharmacy practice, however most noticeably among community pharmacists.

As of December 31, 2016, there were 1,658 pharmacists with additional prescribing authorization in Alberta.

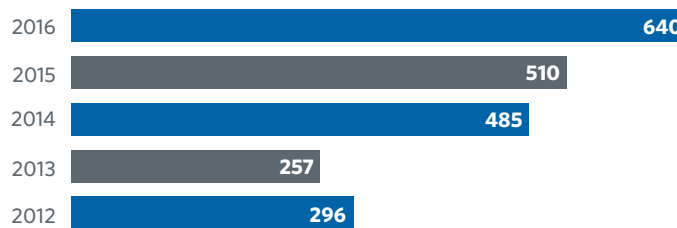
Pharmacists with additional prescribing authorization

Data as of December 31, 2016



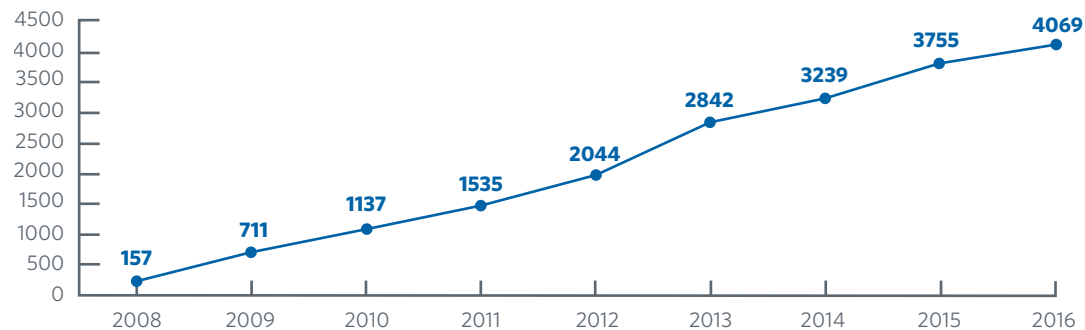
Number of additional prescribing authorization applications received

Data as of December 31, 2016



Pharmacists authorized to administer drugs by injection

Data as of February 28, 2017



Collaboration: Essential to pharmacists' changing roles and continuing professional development

Dr. Christine Hughes and colleagues from the Faculty of Pharmacy and Pharmaceutical Sciences and the Faculty of Extension at the University of Alberta received funding in 2014 to explore how pharmacists and other stakeholders including other health care professionals, administrators, and the public, perceive the pharmacist's role in Alberta's changing the health care environment. In 2016, the researchers presented results from the second part

of their study looking at the continuing professional development needs. The following points highlight important findings that may influence how professional development opportunities may be delivered in the future:

- Pharmacists want continuing professional development to support their roles. Topics identified by pharmacists included: clinical

decision-making, patient assessment, and applying evidence to patient care.

- The preferred continuing professional development approaches emphasized learning at work and collaboration. Approaches included mentoring and teaching pharmacy students.
- In the delivery of health services, collaboration is promoted as both desirable and necessary to solve complex patient problems and fulfill societal needs. Learning at work in collaboration with other health care professionals is a promising continued professional development strategy to support health care system changes.
- Health care educators need to consider ways to transform continuing professional development to support changing roles, collaboration, and delivery of health services.

The University of Alberta research team members:

Dr. Christine A. Hughes

Terri Schindel, PhD (Candidate)

Dr. Nesé Yuksel

Dr. Rene Breault

Dr. Jason Daniels

Dr. Stanley Varnhagen



From L-R: Faculty of Pharmacy and Pharmaceutical Sciences team members: Terri Schindel, Dr. Rene Breault, Dr. Christine Hughes, Dr. Nesé Yuksel.

PHARMACIST FEEDBACK

“Thank you so much to all ACP members for their kind and professional support.”

Registration

Meeting the requirements to practice and operate in Alberta

Registration and licensing are amongst ACP's most important responsibilities. ACP ensures that only qualified pharmacists and pharmacy technicians are registered and that licensed pharmacies meet the requirements to provide safe and effective practice settings for pharmacy professionals.

Registration highlights and trends in 2016

Pharmacy technician registration requirements

Effective January 1, 2016, pharmacy technicians must successfully complete an accredited program or be licensed in another Canadian jurisdiction to become registered with the college. With the close of the bridging program transition pathway in December, 2015, there was a substantive increase in pharmacy technician registrations with the college. Of the 700 new pharmacy technicians who registered in 2016, 617 registered effective January 1, 2016, due to the transition period closing.

Internationally-trained pharmacists

The increased number of new pharmacists registering in Alberta with foreign credentials continues to be a trend. In 2016, ACP saw 329 new internationally-trained pharmacists register with the college, up from 276 in 2015. The number of internationally-trained pharmacists registering in Alberta is increasing due in part to changing policies in other provinces. ACP introduced a robust new structured practical training program in early 2017 to support new pharmacists in their journey to become proficient, patient-centred, and outcomes-focused pharmacists at entry-to-practice.

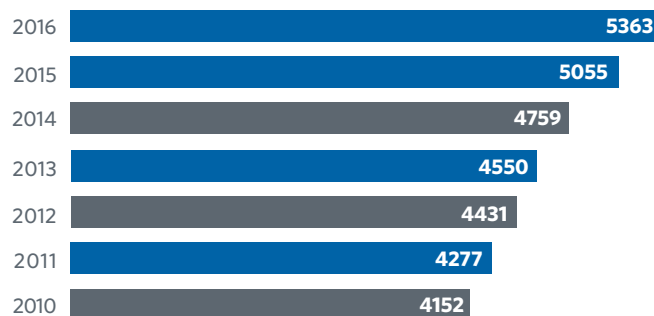
Increase in pharmacy openings

ACP witnessed a growing trend in Alberta with the opening of new independently-owned pharmacies. In 2016, ACP licensed 81 new independent pharmacies: 26 in Edmonton; 28 in Calgary; and another 27 in other areas of the province.

Pharmacists

Data as of December 31, 2016

Practicing pharmacists



In 2016, 47 pharmacists* did not meet annual permit renewal requirements.

*These registrants did not meet requirements for annual permit renewal by the date established in the bylaws; however, some may have met the requirements at a later date.

Associate and retired pharmacists

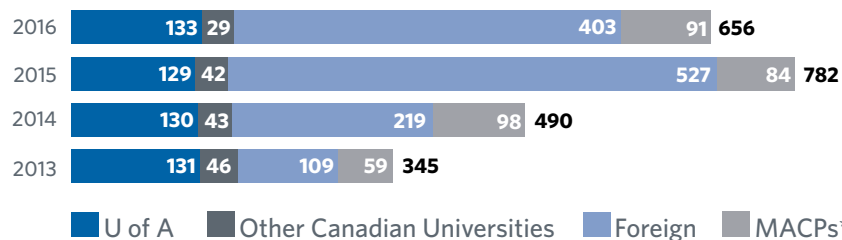
	Associate	Retired	Total
2016	225	880	1105
2015	204	818	1022
2014	180	733	913
2013	193	681	874
2012	218	619	837
2011	219	572	791
2010	245	528	773

Pharmacists on the courtesy register*

2016	0
2015	0
2014	0

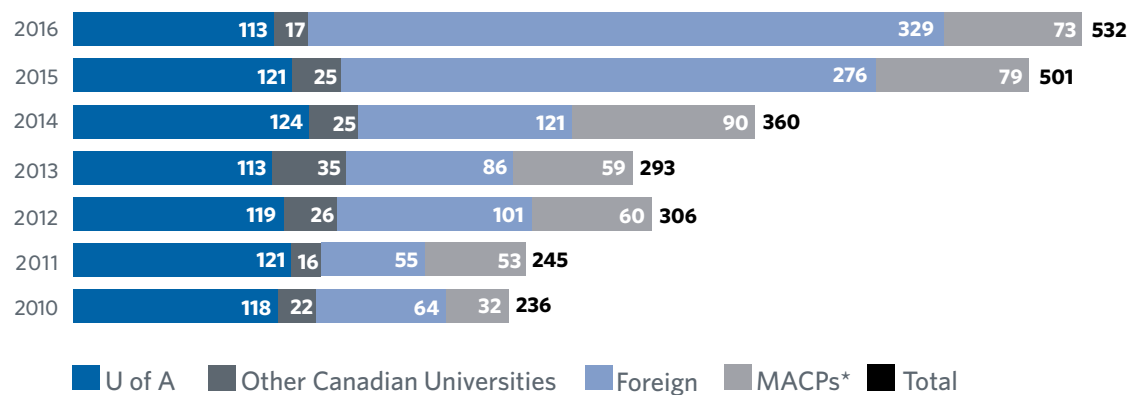
*The college maintains a courtesy register for pharmacists from other provinces who are temporarily in Alberta to provide accredited continuing education or working as a locum pharmacist. ACP did not register anyone on the courtesy register in 2016.

New pharmacy students and interns



*MACP = Mobility Agreement for Canadian Pharmacists

New pharmacist registrants



*MACP = Mobility Agreement for Canadian Pharmacists



"I am fortunate to be surrounded by compassionate and hard-working co-workers and professionals who dedicate their time to improving the lives of our patients," says Andrew. "Working in a collaborative circle inspires me to learn, network, and provide the best care possible."

Andrew Noh, Clinical Pharmacist, Mint Health + Drugs - Community Members Pharmacy (CMP), Edmonton
APEX Future of Pharmacy recipient (2017)

Pharmacy Technicians

Data as of December 31, 2016

Practicing pharmacy technicians

	Pharmacy technicians	Provisional pharmacy technicians*
2016	1377	101
2015	744	816
2014	457	1104
2013	163	960
2012	115	1192
2011	8	969

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

The 700 new pharmacy technicians who registered in 2016 include 617 who registered effective January 1, 2016 due to the closing of the bridging program transition pathway.

In 2016, 29 pharmacy technicians* did not meet annual permit renewal requirements.

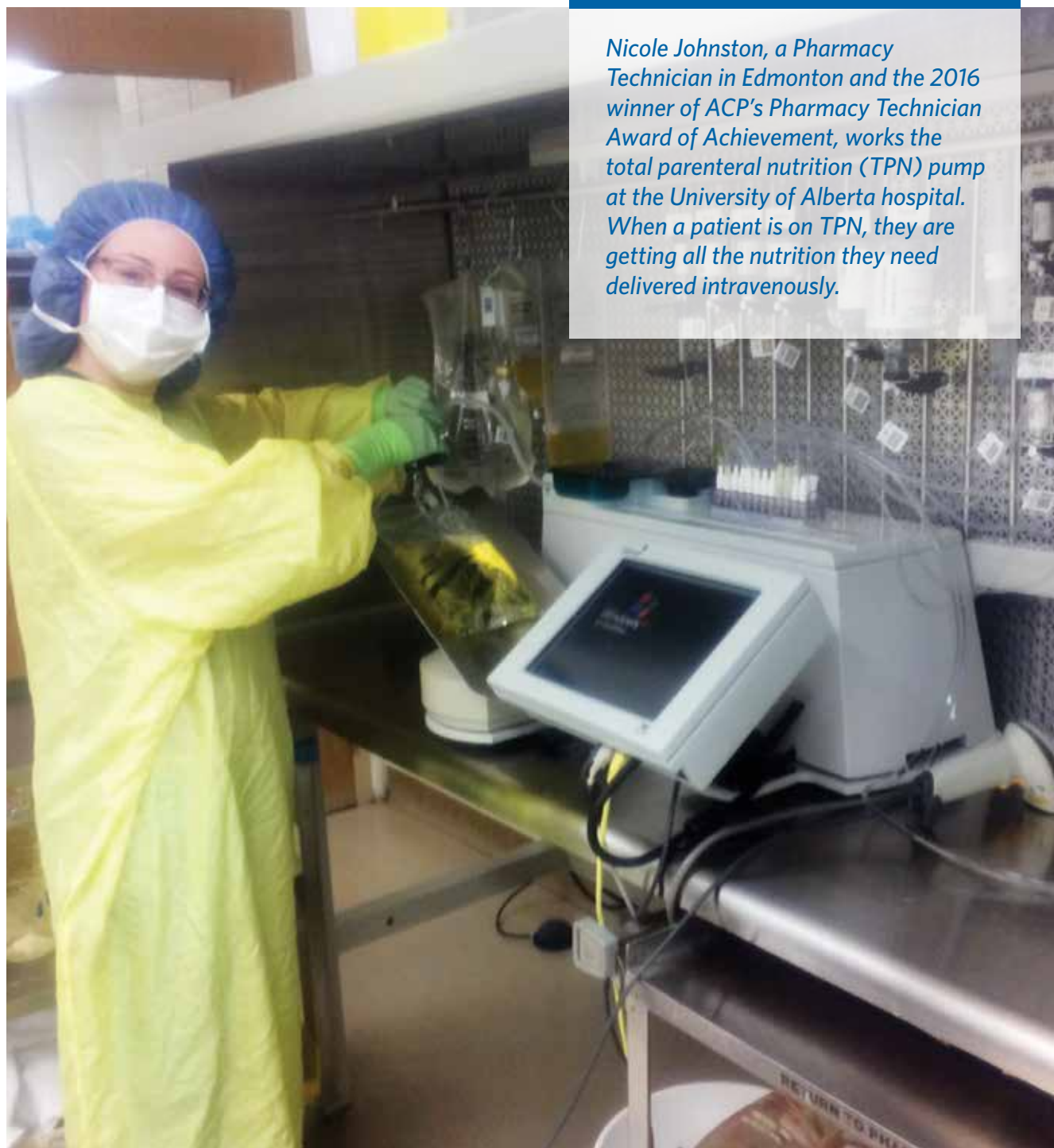
*These registrants did not meet requirements for annual permit renewal by the date established in the bylaws; however, some may have met the requirements at a later date.

Associate and retired pharmacy technicians

	Associate	Retired	Total
2016	32	0	32

New pharmacy technician registrants

	Pharmacy technicians	Provisional pharmacy technicians
2016	700	101



Nicole Johnston, a Pharmacy Technician in Edmonton and the 2016 winner of ACP's Pharmacy Technician Award of Achievement, works the total parenteral nutrition (TPN) pump at the University of Alberta hospital. When a patient is on TPN, they are getting all the nutrition they need delivered intravenously.

Pharmacies

Data as of December 31, 2016

Licensed pharmacies

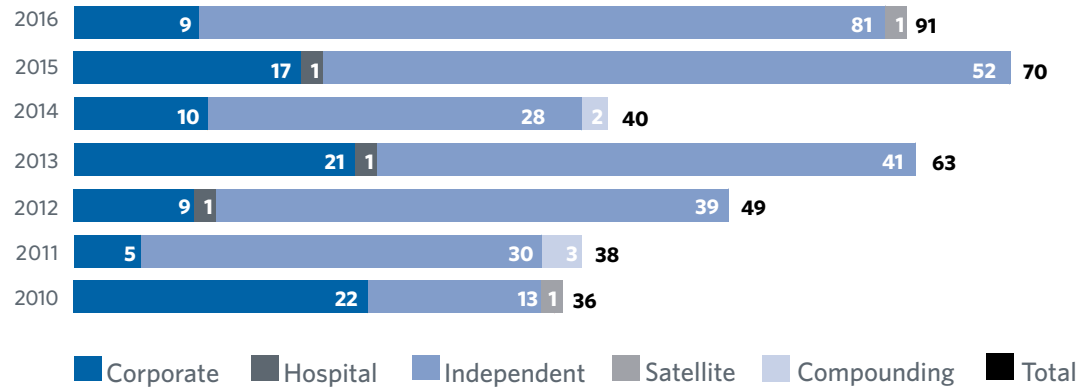


Pharmacy changes in 2016

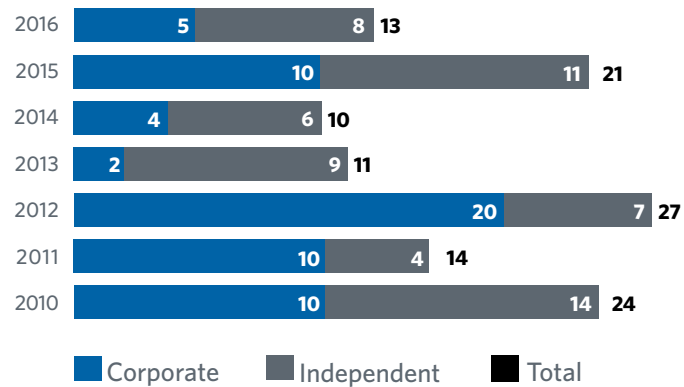
	Edmonton	Calgary	Other	Total
Changes of ownership	45	33	89	167
Renovations	4	2	8	14
Relocation	6	4	8	18
Total	55	39	105	199

The pharmacy changes of ownership include 95 Rexall pharmacies who changed ownership in late December, 2016.

New pharmacies licensed

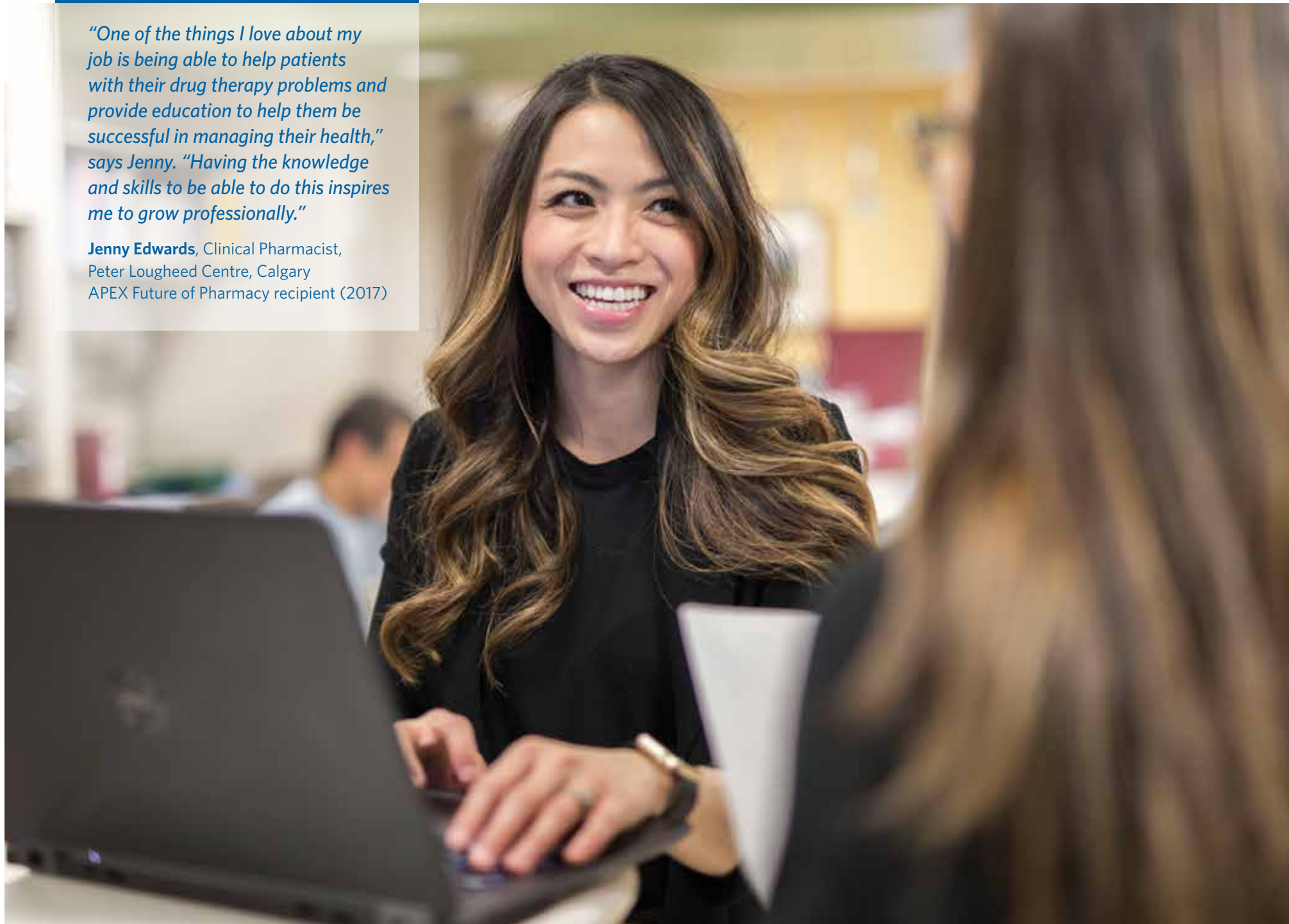


Pharmacy closures



“One of the things I love about my job is being able to help patients with their drug therapy problems and provide education to help them be successful in managing their health,” says Jenny. “Having the knowledge and skills to be able to do this inspires me to grow professionally.”

Jenny Edwards, Clinical Pharmacist,
Peter Lougheed Centre, Calgary
APEX Future of Pharmacy recipient (2017)



Complaints

Managing public concerns with an accountable, transparent, and education-focused framework

Most Albertans have very positive experiences with their pharmacy and the professionals we regulate. However, there are times when issues of concern come to the attention of the college. It is our mandated responsibility to address concerns through a transparent process about patients' experiences. The process further helps us identify gaps between patient expectations, their experiences of care, and the quality of care they received.

The *Health Professions Act* governs the complaint and discipline process for regulated health professionals in Alberta. The Act grants ACP the authority to enforce ethical conduct and standards of practice to protect the public's health and well-being.

ACP manages the complaints resolution process related to pharmacists, pharmacy technicians, and pharmacies with a focused effort on addressing concerns in a direct, education-focused manner. While our emphasis is on ensuring excellent pharmacy practice through quality improvement, there are times when remedial or disciplinary action is necessary. We make every effort to resolve complaints in a timely, thorough, and fair way, while remaining transparent in our processes and accountable to the public.

Highlights of 2016

- The average number of days to resolve formal complaints at the complaints director level was 36 days, down from 40 days in 2015.
- There were two applications submitted to the Complaints Review Committee to review a decision of the complaints director, and both were dismissed.
- There were four investigations into the ACP complaint department processes and reviews of hearing tribunal decisions: two submitted to the ombudsman (one dismissed, one abandoned) and two appeals to Council (one dismissed, one abandoned). No applications for a review were made to other external bodies, such as the Office of the Information and Privacy Commissioner, Human Rights Commissioner or the courts.
- The complaints department saw an increase in workload; however, it maintained a consistent to high level of satisfaction with those involved in the process.

Formal complaints - trends

- ACP saw an increase in the resolution of formal complaints through dismissals.
- ACP saw a continued relative decrease in number of formal complaints versus issues of public concern; there was a greater

percentage of complaints being resolved through a more direct, responsive, educational, and informal process.

- There was a relative increase in the number of formal complaints referred to Hearing Tribunals.

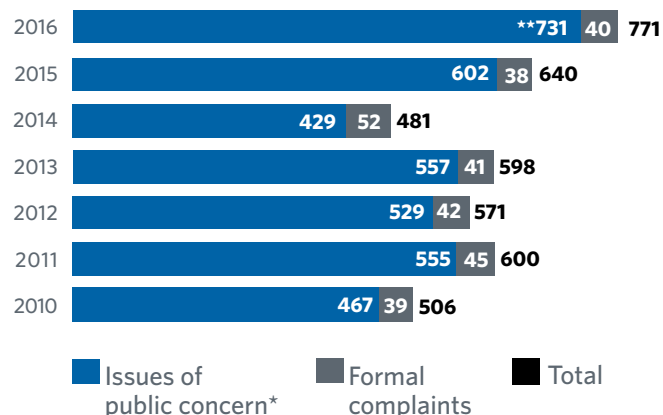
Transparency in the process

All hearing notices and information about attending a hearing were posted on the ACP website. All hearings heard by a hearing tribunal were open to the public. Hearing decisions and orders are posted for 10 years on the [ACP website](#).

In 2016, the complaints director had grounds to conclude that two registrants were incapacitated and directed each to be assessed (and one to cease providing professional services).*

**Section 118 of the Health Professions Act states that if a complaints director has grounds to believe that a regulated member is incapacitated, whether or not a complaint has been made, the complaints director may direct the regulated member to submit to specified physical or mental examinations and to cease providing professional services until such time as the capacity assessment report is received and the complaints director is satisfied the regulated member is no longer incapacitated*

Complaints received



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

**The number of issues of public concern received in 2016 increased approximately 21 per cent from 2015. This increase is related to:

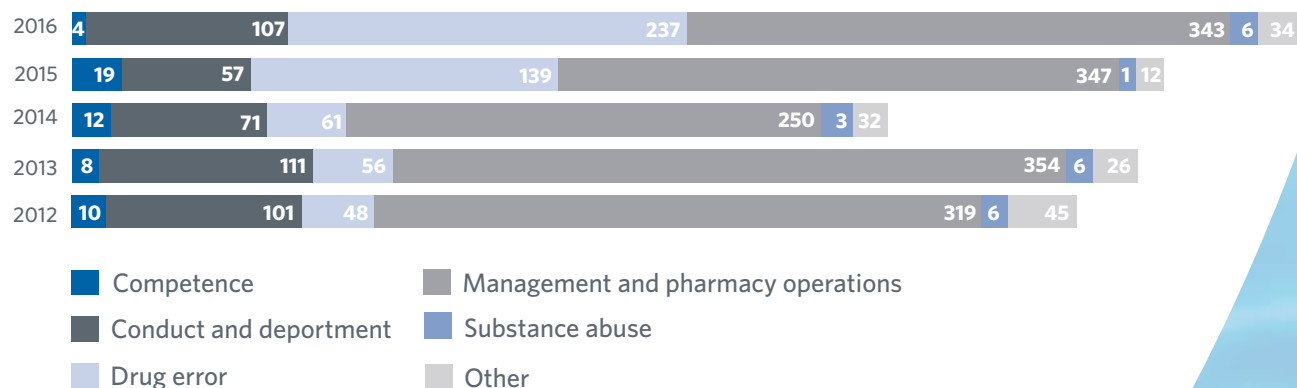
- the public having an increased awareness of the pharmacists' role (e.g., to ensure appropriate information about the patient is accessed prior to dispensing a prescription, or selling an exempted codeine product);
- an increased number of concerns received by pharmacists about the practice and conduct of other pharmacists;
- pharmacists inadvertently recording dispensing information to indicate the prescriber of a narcotic/targeted medication was a pharmacist when it was actually a physician; and
- greater public awareness of ACP's role in resolving concerns.

Hearings, appeals and reviews in 2016

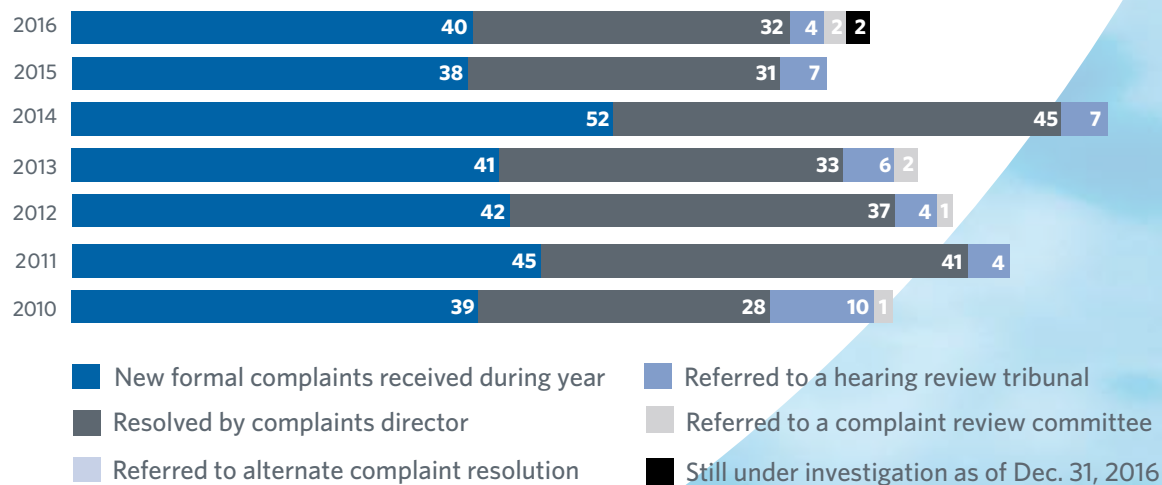
Hearings	6
Appeal of hearing tribunal decision to Council	1
Appeal of s.118 decision to Council	0
Complaint Review Committee*	2

*Both 2016 Complaints Review Committee decisions confirmed the Complaint Director's decision to dismiss

Subject of public concern



Final disposition of complaints as of December 31, 2016





Financial Transparency

Financial Statements of
Alberta College of Pharmacists
for the year ended
December 31, 2016

Independent Auditors' Report



To the Council of the Alberta College of Pharmacists

We have audited the accompanying financial statements of the Alberta College of Pharmacists, which comprise the statement of financial position as at December 31, 2016, the statements of operations, changes in net assets, and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

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

Auditors' responsibility

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

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

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Alberta College of Pharmacists as at December 31, 2016, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

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

Chartered Professional Accountants

April 28, 2017, Edmonton, Canada

Alberta College of Pharmacists

Statement of Financial Position

December 31, 2016, with comparative information for 2015

	2016	2015
Assets		
Current assets:		
Cash	\$ 362,154	\$ 626,990
Investments (note 2)	9,037,630	7,537,792
Accounts receivable (note 4)	37,460	24,626
Prepaid expenses	95,168	105,369
	9,532,412	8,294,777
Legal fees recoverable	165,358	125,742
Property and equipment (note 3)	517,739	486,821
	\$ 10,215,509	\$ 8,907,340

Liabilities and Net Assets

Current liabilities:		
Accounts payable and accrued liabilities (note 4)	\$ 154,563	\$ 238,728
Deferred revenue (note 5)	3,694,901	3,393,559
	3,849,464	3,632,287
Deferred lease inducement (note 6)	178,819	218,556
Net assets:		
Invested in property and equipment	517,739	486,821
Internally restricted (note 7)	2,150,000	2,150,000
Unrestricted	3,519,487	2,419,676
	6,187,226	5,056,497
Commitments and contingencies (note 9)		
	\$ 10,215,509	\$ 8,907,340

See accompanying notes to financial statements.

On behalf of the Council:

Councilor Tatiana Perein

Councilor Leah Halman

Alberta College of Pharmacists

Statement of Operations

December 31, 2016, with comparative information for 2015

	2016	2015
Revenue:		
Registration, annual permit and license fees (note 5)	\$ 6,914,264	\$ 6,240,847
Investment income (note 8)	279,932	191,419
Legal fees assessed	226,354	276,404
Prescribing application fee	209,650	170,100
Other income	119,629	92,949
	<hr/> 7,749,829	<hr/> 6,971,719
Expenditures:		
Operations (note 6)	1,637,103	1,623,666
Professional practice	1,274,698	1,215,186
Registration and licensure	909,907	809,248
Governance and legislation	817,128	766,609
Complaints resolution	679,555	741,137
Communications	557,650	461,292
Competence	439,430	491,468
Partnership administration	183,131	173,584
Amortization	120,498	124,629
	<hr/> 6,619,100	<hr/> 6,406,819
Excess of revenue over expenditures	<hr/> \$ 1,130,729	<hr/> \$ 564,900

See accompanying notes to financial statements.

Alberta College of Pharmacists

Statement of Changes in Net Assets

December 31, 2016, with comparative information for 2015

	Invested in property and equipment	Internally restricted (note 7)	Unrestricted	2016	2015
Balance, beginning of year	\$ 486,821	\$ 2,150,000	\$ 2,419,676	\$ 5,056,497	\$ 4,491,597
Excess (deficiency) of revenue over expenditures	(118,566)	(219,825)	1,469,120	1,130,729	564,900
Investment in property and equipment	149,484	-	(149,484)	-	-
Transfers, net	-	219,825	(219,825)	-	-
	\$ 517,739	\$ 2,150,000	\$ 3,519,487	\$ 6,187,226	\$ 5,056,497

See accompanying notes to financial statements.

Statement of Cash Flows

December 31, 2016, with comparative information for 2015

	2016	2015
Cash provided by (used in):		
<i>Operations:</i>		
Excess of revenue over expenditures	\$ 1,130,729	\$ 564,900
Items not involving cash:		
Amortization	120,498	124,629
Loss on disposal of property and equipment	(1,932)	3,530
Realized losses on investments	(13,794)	11,800
Unrealized gains on investments	(116,827)	(73,932)
Amortization of deferred lease inducement	(39,737)	(39,737)
Change in non-cash operating working capital:		
Increase in accounts receivable	(12,834)	(1,832)
Decrease in prepaid expenses	10,201	3,437
Increase in legal fees recoverable	(39,616)	(13,327)
Decrease in accounts payable and accrued liabilities	(84,165)	(21,056)
Increase in deferred revenue	301,342	619,611
	1,253,865	1,178,023
<i>Investing:</i>		
Net purchases of investments	(1,369,217)	(950,000)
Proceeds on disposal of property and equipment	6,665	93
Purchase of property and equipment	(156,149)	(46,451)
	(1,518,701)	(996,358)
(Decrease) increase in cash	(264,836)	181,665
Cash, beginning of year	626,990	445,325
Cash, end of year	\$ 362,154	\$ 626,990

See accompanying notes to financial statements.

Notes to Financial Statements

Year ended December 31, 2016

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

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

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

1. Significant accounting policies:

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

(a) Revenue recognition:

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

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

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

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

(b) Financial instruments:

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

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

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

(c) Property and equipment:

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

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

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

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

(d) Deferred lease inducements:

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

(e) Use of estimates:

The preparation of the financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial

statements and the reported amounts of revenue and expenses during the year. Significant items subject to such estimates and assumptions include the valuation of legal fees recoverable and the carrying amount of property and equipment. Actual results could differ from those estimates.

2. Investments:

	2016	2015
Cash	\$ 74,027	\$ 74,140
Accrued interest receivable	37,273	30,997
Canadian investment savings accounts and money market funds	4,030,690	3,652,780
Foreign investment savings accounts and money market funds	54,087	55,694
Canadian equities	795,852	490,768
Foreign equities	931,009	739,524
Fixed income funds	55,796	23,124
Guaranteed Investment Certificates with interest rates ranging from 1.50% to 2.22% and maturity dates ranging from July 2018 to December 2021.	1,965,000	-
Canadian fixed income with interest rates ranging from 2.02% to 6.14% (2015 – 1.70% to 6.14%) and maturity dates ranging from January 2017 to November 2018 (2015 February 2016 to October 2020)	1,093,896	2,470,765
	\$ 9,037,630	\$ 7,537,792

3. Property and equipment:

			2016	2015
	Cost	Accumulated amortization	Net book value	Net book value
Furniture and equipment	\$ 272,663	\$ 194,425	\$ 78,238	\$ 89,076
Automotive equipment	81,573	54,203	27,370	12,255
Computer equipment	189,119	139,714	49,405	54,816
Website development	85,157	55,948	29,209	41,727
Registrant database	182,216	182,216	-	-
Continuing competence module	17,250	11,139	6,111	8,730
Leasehold improvements	502,530	273,261	229,269	280,217
Information management system	98,137	-	98,137	-
	\$ 1,428,645	\$ 910,906	\$ 517,739	\$ 486,821

Management regularly reviews its property and equipment to eliminate obsolete items. The information management system is under development and has not been amortized. Amortization of this asset will commence when the asset is available for use.

4. Accounts receivable (payable):

Included in accounts receivable (payable) are government remittances receivable of \$3,413 (2015 – payable of \$16,360), which includes amounts for GST and payroll related taxes.

5. Deferred revenue:

	2016	2015
Deferred permit and license fees, beginning of year	\$ 3,393,559	\$ 2,773,948
Amounts received during the year	7,215,606	6,860,458
Amounts recognized as revenue during the year	(6,914,264)	(6,240,847)
Deferred permit and license fees, end of year	\$ 3,694,901	\$ 3,393,559

6. Deferred lease inducement:

	2016	2015
Deferred lease inducement, beginning of year	\$ 218,556	\$ 258,294
Amounts recognized against operations expenditures during the year	(39,737)	(39,738)
Deferred lease inducement, end of year	\$ 178,819	\$ 218,556

7. Internally restricted net assets:

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

	2016	2015
Capital expenditures	\$ 300,000	\$ 300,000
Information technology	800,000	800,000
Non recurring legal costs	500,000	500,000
Practice research	250,000	250,000
Unexpected expenses	300,000	300,000
	\$ 2,150,000	\$ 2,150,000

8. Investment income:

	2016	2015
Dividends	\$ 54,159	\$ 36,965
Interest	95,152	92,322
Realized gains (losses) on investments	13,794	(11,800)
Unrealized gains on investments	116,827	73,932
	<u>\$ 279,932</u>	<u>\$ 191,419</u>

9. Commitments and contingencies:

ACP has an operating lease for its office premises which expires June 2021. ACP leases a photocopier with a related service contract that expired in 2016 and was replaced with a new contract. ACP also leases two operating vehicles which expire in April 2017. ACP also has a subscription for software which expires in May 2019 and a contract for the development of its information management system for which \$184,276 of capital expenditures are expected in 2017. The combined commitments are as follows:

2017	\$ 214,406
2018	211,866
2019	150,879
2020	150,879
2021	90,671
	<u>\$ 818,701</u>

	Premises	Equipment and Vehicles	IT Software Subscription	Total
2017	\$ 144,500	\$ 8,919	\$ 60,987	\$ 214,406
2018	144,500	6,379	60,987	211,866
2019	144,500	6,379	-	150,879
2020	144,500	6,379	-	150,879
2021	72,250	6,379	-	90,671
	<u>\$ 650,250</u>	<u>\$ 34,435</u>	<u>\$ 121,974</u>	<u>\$ 818,701</u>

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

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

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

Funds transferred to these partnerships are reflected in Partnership Administration.

10. Financial risk:

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

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

Reflective waters

A look at those who inspire,
make an impact, and
influence our world



Pharmacists and pharmacy technicians recognize their responsibility and privilege to be members of their patients' health teams. Regardless of their practice settings, they clearly are committed to improving the health of every individual they serve. Whether they choose a traditional pharmacy career in community practice or hospital, or extend to industry, managed care, ambulatory clinics, practice research, academia or consulting, they rise and adapt to the challenges of our current health system. We are honoured to celebrate the following individuals for their accomplishments. We invite you to reflect with us on their inspiring contributions to the health and well-being of Albertans and the advancement of our professions.



Dr. Ross Tsuyuki's research demonstrated that pharmacists with an advanced scope of practice could identify patients with poorly controlled risk factors and significantly reduce their risk for cardiovascular events. Adopting these practice innovations could have major public health benefits.

Alberta pharmacists help lower patients' cardiac risk in RxEACH*

An Alberta community-based pharmacist intervention trial – in which pharmacists prescribed and adjusted medications and ordered laboratory tests – reduced the risk for major cardiovascular events by 21 per cent.

These benefits were seen in the RxEACH study of 723 high-risk patients (those with diabetes, vascular disease, chronic kidney disease, or high Framingham risk) who had at least one uncontrolled risk factor (hypertension, hyperglycemia, hyperlipidemia, smoking).

Dr. Ross Tsuyuki, a pharmacist and Professor of Medicine at the University of Alberta, led the study and presented his findings in a late-breaking clinical trials session at the American College of Cardiology meeting in Chicago in April, 2016. The research paper was simultaneously published in the prestigious Journal of the American College of Cardiology.

Pharmacists identified patients at high risk for cardiovascular events using a systematic approach. "Indeed, most of the patients enrolled had poorly controlled diabetes, blood pressure, dyslipidemia, and 27 per cent were smokers," Tsuyuki noted.

Patients were randomized into two groups; one group received the special intervention and the other received usual pharmacy/physician care. The usual care group received typical pharmacy/physician care with no specific interventions or follow-up for three months. Patients in the special intervention group received a medication-therapy-management consultation with their pharmacist in which the pharmacist measured their blood pressure, waist circumference, height, and weight; ordered laboratory tests; and discussed risk factors and their specific cardiovascular risk scores with the patient. The pharmacists saw the patients in the intervention group every three to four weeks for three months, prescribed, adjusted medications, and relayed information to the patient's physician after each patient contact.

At three months, the patients estimated cardiovascular disease risk was virtually

unchanged in the usual-care group. However, it dropped from 25.5 per cent to 20.5 per cent in the pharmacist-intervention group (a 21 per cent relative risk reduction).

Another important finding – pharmacists' systematic assessment of patients identified that 40 per cent had chronic kidney disease, of which almost half were previously unrecognized (e.g., pharmacists uncovered chronic kidney disease).

Dr. Tsuyuki stresses that pharmacists with an advanced practice scope could identify patients with poorly controlled risk factors and considerably reduce their risk for cardiovascular events. "We think this represents a new paradigm of community-based cardiovascular risk reduction," he said, adding that patients liked receiving the intervention from their pharmacist and stressed that it involves close collaboration their family-care physicians.

When asked, "What should clinicians and patients take away from your research?" Dr. Tsuyuki stated:

- Community pharmacists can identify patients with poorly controlled risk factors;
- They can take responsibility to help patients manage their risk factors;
- Patients were very satisfied with the care they received from their pharmacist; and
- For health policymakers – "If you are truly serious about reducing the burden of cardiovascular diseases (our number one killer), you could have 450,000 helping hands in the US and Canada if you take steps to engage pharmacists."

*Excerpts from "Journal of the American College of Cardiology" Vol. 67, No. 24, 2016; "Effectiveness of Community Pharmacist Prescribing and Care on Cardiovascular Risk Reduction: Randomized Controlled RxEACH Trial"; medicalresearch.com, clinicaltrialsresults.org.

2016 APEX Awards

Pharmacists and friends from across Alberta gathered to celebrate excellence in pharmacy practice at the 2016 APEX Awards held March 3, 2016, in Edmonton. Jointly funded and presented by ACP and the Alberta Pharmacists' Association (RxA), the APEX Awards honour the extraordinary and inspiring people who have made a difference in the profession, in their communities, and in the lives of others.

Visit pharmacists.ab.ca/apex-awards for complete profiles of our recipients.

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.

Serena Rix

Pharmacist, Grey Nuns Community Hospital; Edmonton



Serena Rix, Pharmacist
Grey Nuns Hospital; Edmonton



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.

Val Langevin

Pharmacist, Shoppers Drug Mart; Sylvan Lake

Val Langevin, Pharmacist
Shoppers Drug Mart; Sylvan Lake

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 their collaboration skills and use of the pharmacist's full scope of practice, positively impact the health of individuals in their community.

St. Albert & Sturgeon PCN Pharmacist Team; St. Albert

Melissa Dechaine, Tara Grimstead, Lisa Tate, Lindsay Torok-Both, Andrea Pickett



(L-R): Tara Grimstead, Andrea Pickett, Melissa Dechaine, Lisa Tate, Lindsay Torok-Both,
St. Albert & Sturgeon PCN Pharmacist Team; St. Albert



Graham Anderson, Pharmacy Manager/Co-Owner
Sherwood Dispensaries; Sherwood Park



Taryn Heck, Pharmacist, Mazankowski Alberta
Heart Institute (MAHI); Edmonton



Dr. Sadia Shakil, Physician,
Horizon Family Practice; Edmonton

Friend of Pharmacy

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

Dr. Sadia Shakil

Physician, Horizon Family Practice;
Edmonton

ACP Leadership Development Award

The 2016 ACP Leadership Development Award was presented to Alyssa Schmode, a fourth-year pharmacy student at the University of Alberta. Created to support the development and advancement of professionalism, leadership, and citizenship, the award provides up to \$5,000 for an exemplary third- or fourth-year University of Alberta pharmacy student to participate in a high-level professional development course or leadership conference. Alyssa used this opportunity to attend the Leaders in Healthcare 2016 conference in Liverpool, England.

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.

Graham Anderson

Pharmacy Manager/Co-Owner
Sherwood Dispensaries; Sherwood
Park

Taryn Heck

Pharmacist, Mazankowski Alberta
Heart Institute (MAHI); Edmonton

Ashten Langevin

Pharmacist, Foothills Medical Centre;
Calgary



Ashten Langevin, Pharmacist, Foothills Medical
Centre; Calgary



Alyssa Schmode, 4th year pharmacy student,
University of Alberta

Pharmacy Technician Award of Achievement

Nicole Johnston of Edmonton was the 2016 recipient of the Pharmacy Technician Award of Achievement. The award is presented annually by the college to the Alberta pharmacy technician with the highest mark on the Pharmacy Examining Board of Canada's Qualifying Exam for Entry to Practice as a Pharmacy Technician. For her accomplishment on the PEBC exam, Nicole was honoured by the college with an award and a \$1,000 prize on September 16, 2016, at the Pharmacy Technician Society of Alberta conference in Calgary.

ACP Gold Medal

Megan Hanks is the recipient of the Alberta College of Pharmacists Gold Medal, presented each year to the top graduating student from the University of Alberta Faculty of Pharmacy and Pharmaceutical Sciences. Megan was recognized for her unparalleled academic achievement at the annual ACP Grad Breakfast in June, 2016.

Honorary Life Membership

ACP was proud to bestow Rosemarie Biggs with an Honorary Life Membership, the college's most prestigious recognition, during ACP's Celebration of Leadership in June, 2016. Rosemarie is a pharmacy pioneer, leader, humanitarian, caregiver, researcher, mentor, teacher, and philanthropist. In her 40 years in community pharmacy, Rosemarie has contributed to committees, boards, and councils for numerous organizations including the Alberta Pharmaceutical Association, National Association of Pharmacy Regulatory Authorities, Strathcona County Women's Shelter, Robin Hood Association, and the University of Alberta. Rosemarie has also contributed to several ACP task forces over the years which has helped push pharmacy practice forward in Alberta, such as defining the role of pharmacists and expanding pharmacists' scope of practice.



Nicole Johnston (L) was honoured by 2016/2017 ACP President Taciana Pereira (R) on September 16, 2016, at the PTSA Conference in Calgary.



During the celebratory ACP Grad Breakfast held on June 14, 2016, the 2015/2016 ACP President Rick Hackman (R) and Dr. James Kehrer, Dean, University of Alberta Faculty of Pharmacy and Pharmaceutical Sciences (L) presented Megan Hanks (C) with the ACP Gold Medal for achieving the highest academic standing in her graduating class.



2015/2016 ACP President Rick Hackman presented Rosemarie Biggs with an Honorary Life Membership during the ACP Celebration of Leadership held in June 2016.



Alberta's own Dr. Nesé Yuksel named Pharmacist of the Year by the Canadian Pharmacists Association (CPhA)

Alberta pharmacist Dr. Nesé Yuksel was presented with the Pharmacist of the Year award at the Canadian Pharmacists Conference on June 25, 2016, in Calgary. The award is conferred annually by the Canadian Pharmacists Association to recognize a pharmacist who demonstrates leadership and exemplifies the evolution of the pharmacy profession toward an expanded role in health care.

One of the first 15 pharmacists in Alberta to receive Additional Prescribing Authorization (APA) in 2007, Nesé has been a vocal advocate for expanded pharmacist

practice and has contributed many hours to committees, publications, interviews, and more in support of APA. She is now turning that passion into evidence and collaborating on research to support the uptake of pharmacist prescribing in Alberta.

Nesé is currently the Division Chair of Pharmacy Practice and a Professor at the University of Alberta and practices on an interdisciplinary team at the Lois Hole Hospital for Women's menopause clinic. Nesé holds a BSc (Pharm) degree from the University of Alberta and a PharmD from the State University of New York.

Alberta pharmacist Dr. Nesé Yuksel was honoured by the Canadian Pharmacists Association during an award ceremony on June 25, 2016, at the Canadian Pharmacists Conference held in Calgary.

Stories from the front lines

Pharmacy team working on psychiatric unit credited for saving patient's life

I have had the privilege to work on a collaborative team overseeing the acute adult psychiatry units at Red Deer Regional Hospital Centre. I am one of the pharmacists who started the practice back in 2012, and am very happy and proud of the care we provided to our patients over the years.

Last year, I was stopped by a lady in public. She recognized me as part of her husband's healthcare team in 2012 and told me that she was convinced that the pharmacist team was the reason her husband was alive today.

Her husband was presenting with very acute bipolar depression and going through several medication changes. He was also experiencing gastrointestinal symptoms, including extreme vomiting and diarrhea.

It seemed like a mystery to everyone what was going on, including me — still new to the field of mental health. However, I remembered the patient was on lithium and I ordered a lithium level lab test for the patient that morning.

For whatever reason, it took all day to get that result back (odd, because it usually takes a couple of hours in hospital), so I called the lab before I went home as the patient was due for a bedtime dose of lithium.

Lab results revealed that the patient's level was around 3.0 (more than three times the therapeutic range of 0.5 - 1.0 mEq/L). Of course, the bedtime dose of the medication was stopped.

"She was convinced that the pharmacist team was the reason her husband was alive today."

I remembered that the attending psychiatrist came to the unit the next day and advised us that the bedtime dose would have probably sent the patient to the intensive care unit, or worse.

When we first joined the unit, I am not sure that the role of the pharmacist was very clear to all members of the treatment team, but I think that this patient's case really set the stage for our practice. The impact we continue to make is valued by the entire multi-disciplinary team, and by patients and their families.

I recently chatted with that psychiatrist over the phone, and he continues to be a huge supporter and believer in the need for, and resulting impact of, pharmacists in patient care. She was convinced that the pharmacist team was the reason her husband was alive today.

Hospital Pharmacist

Red Deer, Alberta



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