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Building better patient care



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This 2014-2015 Annual Report presents highlights of Alberta College of Pharmacists (ACP) initiatives from March 1, 2014 to February 28, 2015.

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 pharmacists.ab.ca

Quality care

ACP's primary responsibility is to ensure safe, effective, and responsible pharmacy care for Albertans. We do this by setting, guiding, and monitoring expectations for pharmacists and pharmacy technicians. We have adapted the six dimensions of the Health Quality Matrix developed by the Health Quality Council of Alberta into our governance policies. We define quality care in the context of pharmacy practice as that which:

- Is accessible, acceptable, and appropriate to the patient;
- Responds to the patient's and the public's health needs; and
- Is provided safely, effectively, and efficiently by accountable pharmacy practitioners within appropriate pharmacy care settings.

Building better patient experiences

*Message from
the President
and Registrar*



From President Brad Willsey's inaugural address

Albertans have expectations when they access pharmacy services. They expect that they will be greeted professionally and that their individual needs will be listened to and effectively responded to. From our perspective this means that their pharmacy team will empathetically take the time to understand their health interests and concerns. Further, that their pharmacist will conduct an appropriate assessment, and develop a plan that may include lifestyle considerations, appropriate drug therapy, and/or referral to another member of their health team. It means ensuring that patients are supported in learning about their health conditions, the treatments they receive, and the results that they should expect. Ongoing monitoring and support from their pharmacy team is key to successfully supporting patients in becoming more independent in their care.

ACP's vision is "Healthy Albertans through excellence in pharmacy practice." Our college continues to invest in improving pharmacy practice, health system supports and public policy that will result in better patient experiences wherever pharmacy services are accessed across Alberta.

We invite you to enjoy our 2014-2015 Annual Report – our story about how we continued to build better pharmacy practices in Alberta last year, and some of the experiences that Albertans benefited from.

Sincerely,



Brad Willsey
President



Greg Eberhart
Registrar

So the question becomes ... How do we drive and further enhance quality care through pharmacist and pharmacy technician services? I believe the most significant way that our profession can do this is by having pharmacists and pharmacy technicians competently and confidently working to full scope as active participants, collaborating and partnering with our other health care colleagues ... this will enhance and maintain good and accessible healthcare for Albertans.



At a glance

Highlights of 2014-2015

Additional prescribing authorization applications nearly doubled

- ACP approved 375 applications in 2014 compared to 215 in 2013. As of February 28, 2015, 841 pharmacists now hold additional prescribing authorization.

Publically funded immunizations conducted by pharmacists increased by 50 per cent

- As of February 28, 2015, Albertans received 1,225,383 publically funded immunizations during the 2014-2015 influenza campaign. Of these, 486,317 (40 per cent) were performed by pharmacists; an increase of nearly 50 per cent from the 2013-2014 campaign.

New Competence Program launched

- In July 2014, ACP rolled out a new competence program offering pharmacists a new and improved way to support their professional development, enhance their knowledge and skills, and maintain their competence.

Connecting with partners, stakeholders, and communities

- Council met with leaders from the Alberta Alliance on Mental Illness and Mental Health, the Health Quality Council of Alberta, and Alberta Health during its business meetings; providing opportunity to discuss current issues and opportunities to work together.
- Seniors United Now (SUN-Edmonton) invited ACP to discuss the role of pharmacists and the use of drugs by seniors through community-based presentations and discussions.
- ACP engaged with leaders from the Alberta Pharmacists' Association, College of Physicians and Surgeons of Alberta, Alberta Medical Association, and College and Association of Registered Nurses of Alberta in a tri-professional symposium to discuss and explore how organizational leadership might better demonstrate collaboration.

Increased use of technology to engage registrants

- ACP unveiled a newly designed website in 2014 to provide registrants a full suite of tools and resources to enhance their practice; while providing the public with the ability to search for a pharmacist and/or pharmacy in their region.
- ACP's 2014 annual general meeting was hosted virtually in an effort to broaden registrant participation.
- ACP facilitated its first "Tweet-a-Thon" using social media to generate discussion about the future of pharmacy practice.

Pharmacy technician feedback

- ACP held focus groups and surveyed pharmacy technicians across Alberta to learn about their expectations of, and satisfaction with ACP; and determine their knowledge of ACP's mandate and priorities.
- Pharmacy technicians are eager to learn, want clarity about the roles and responsibilities they can take on, and want assistance to integrate more effectively in pharmacy practice.

Stakeholder confidence

- ACP surveys stakeholders every three years to monitor progress in targeted areas. A highlight of the 2014 survey demonstrates ACP achieved stakeholder confidence in the areas of credibility, trusting relationships and being considered a valued partner.

Observations from the field

Areas in which pharmacists are doing well:

- Pharmacists are taking a more holistic, clinical approach versus a transactional approach to patient care, and are focused on providing continuous care versus one-time care.
- Pharmacists are embracing their full scope of practice – ordering and following up on lab tests where appropriate, providing injections, and initial access prescribing.
- Patient assessments are more comprehensive as pharmacists gather appropriate information from all available sources of data.

Areas for improvement:

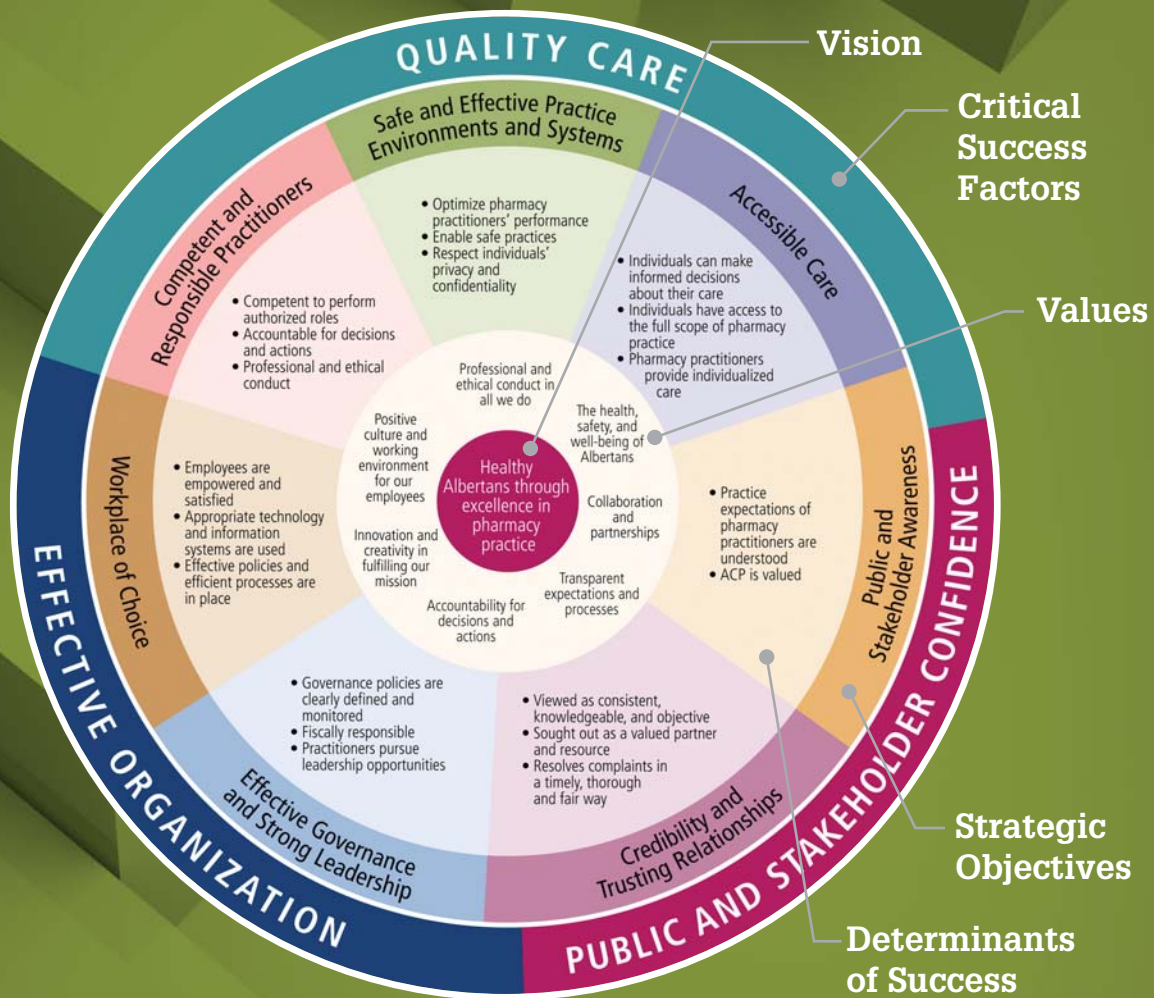
- Continue building rapport and engage patients to participate in their own care.
- Prioritize patient care over the dispensing process.
- Improve work flow to enhance efficiencies within the pharmacy.
- Further integrate pharmacy technicians into the dispensing process and focus time on patient care.

Building our strategy

Priorities for 2014

Every year, ACP council approves strategic priorities and action plans to serve as a roadmap for the college. All priorities are designed to support the college's mandate – protecting the health and well-being of Albertans.

In 2011, ACP adopted a circular matrix to define our strategic direction. The model brings focus to our vision through the lens of our values and the dynamic relationships between our three critical success factors and seven strategic objectives.



ACP priorities for 2014	Actions taken
Implement a revised competence program for pharmacists by July 2014	<ul style="list-style-type: none"> ■ Developed and piloted a new competence program through an online portal and launched the program on July 1, 2014 ■ Developed an e-learning module for pharmacists to learn about the new program
Increase the use of Triplicate Prescription Program (TPP) data intelligence to monitor and improve pharmacist practice	<ul style="list-style-type: none"> ■ Continued partnership with the College of Physicians and Surgeons of Alberta (CPSA) to identify and monitor high-risk patients ■ Identified and contacted pharmacies with high-risk patients to monitor the use of certain drugs prone to misuse and abuse for non-medical purposes: <ul style="list-style-type: none"> • Very few prescriber-patient combinations (four per cent) and pharmacies (10 per cent) required more than one notification letter about high risk patients using opioids before closing the case • No cases to date have been re-opened or have required additional education or referral to complaints
Determine whether to amend the Standards and Code of Ethics to prohibit inducements, and if approved, establish an effective date	<ul style="list-style-type: none"> ■ Draft amendments to ACP's Standards and Code of Ethics were circulated for review and comment ■ Council approved amendments to the Standards and Code of Ethics, to come into force on June 10, 2014*
Maintain active process to increase number of pharmacists with additional prescribing authorization	<ul style="list-style-type: none"> ■ ACP increased the size of its pool of standardized assessors who review applications for additional prescribing authorization ■ 485 applications for additional prescribing authorization were received
Increase registrant engagement through technology, including delivery of an inaugural virtual Annual General Meeting (AGM)	<ul style="list-style-type: none"> ■ Hosted the 2014 AGM both virtually and physically ■ Launched a re-developed website ■ Facilitated ACP's first "Tweet-a-Thon" using social media to engage with pharmacists, pharmacy technicians, students, and general public
Complete council's governance matrix to monitor organizational performance by June 2014	<ul style="list-style-type: none"> ■ Weighted indicators for being an "Effective Organization" were approved ■ Staff and council drafted weighted indicators for "Public and Stakeholder Confidence" ■ Governance indicators for "Quality Care" will continue to be developed in 2015
Complete Operational Needs Reporting Analysis and GAP analysis of current association management software by December 2014	<ul style="list-style-type: none"> ■ Operational reporting needs were identified and documented in concert with the information system GAP analysis ■ The analysis of the current information system's ability to satisfy ACP's known and anticipated requirements to 2020 was partially completed. ■ Recommendations are due in June 2015

* The prohibition on inducements was to come into effect on June 10, 2014. Sobeys, operating as Safeway and Sobeys in Alberta, applied to the Court of Queen's Bench for a stay on the prohibition, until a judicial review could be heard by the Court of Queen's Bench. The application for the stay was heard on May 23, 2014. On June 4, 2014, the judge granted the stay until Safeway/Sobeys' application for judicial review is heard and ruled upon.

ACP council and committees

Members as of December 31, 2014

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



ACP Council 2014

Back row (L to R):
Al Evans
Jennifer Teichroeb
Kamal Dullat
Brad Couldwell
Greg Eberhart
Bob Kruchten

Front row (L to R):
Kelly Olstad
Taciana Pereira
Brad Willsey
Mary O'Neill
Rick Hackman
Kelly Boparai
Bryan Hodgson

Council

Councillors

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

Ex-officio non-voting members

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

Council Committees

Executive Committee and Officers

Brad Willsey, President
Kelly Olstad, Past President
Rick Hackman, President-elect
Taciana Pereira, Executive Member
at Large

Nominating Committee

Brad Willsey
Kelly Olstad
Bob Kruchten

Resolutions Committee

Rick Hackman
Al Evans
Kelly Boparai

Statutory Committees

Competence Committee

Paul Gustafson
Margaret Gray
Jill Hall
Cheryl Harten
Teresa Hennessey
Valerie Kalyan
Shawn Lee
Krystal Wynnyk

Interim Condition/Suspension Committee

Dr. Judith Baker
Catherine Biggs

Hearings Tribunal Pool

Rizwan Ahmed
Jonathan Cummings
Marlene Gukert
Gillian Hansen
Christopher Heitland
Carin Jensen
James Johnston
Kevin Kowalchuk
Naeem Ladhani
Hugo Leung
Paulise Ly
Anthony Nickonchuk
Denise Nilsen
Dr. Richard Parrish
Judi Parrott
Rakhee Patel
Mark Percy
Beverley Rushton
William Veniot
Dianne Veniot
Anita Warnick
Teryn Wasilevko

Joint ACP/RXA Committee

APEX Awards Committee

Chandel Lovig
Judi Parrott
Amyr Kanjee
Julia Zhu

Provincial Committees

ACP appointee(s) to:

Minister's Advisory Committee on Primary Health Care

Kelly Olstad

Primary Health Care Strategic Planning Working Group

Greg Eberhart

Alberta NETCARE Projects

Health Information Executive Committee
Greg Eberhart

IMIIT Steering Committee

Greg Eberhart

Medication Domain Steering Committee

Dale Cooney

Integrated Clinical Working Group

Kaye Moran
Brian Jones

Shared Health Record

Dianne Veniot

Faculty of Pharmacy and Pharmaceutical Sciences Committees

Admissions Committee
Kelly Olstad

Curriculum Committee

Debbie Lee

Pharmacy Experiential Advisory Committee

Debbie Lee

Pharm D Admissions Advisory Committee

Greg Eberhart

Pharm D Steering Committee

Kaye Moran

Alberta Federation of Regulated Health Professions

Greg Eberhart

Health Quality Network

Greg Eberhart

Triplicate Prescription Program Steering Committee

Dale Cooney
Shao Lee

Cooperative on Prescription Drug Misuse (CoOPDM)

James Krempien

National Pharmacy Organizations

ACP appointee to:

Canadian Council on Continuing Education for Pharmacists (CCCEP)

Debbie Lee

National Association of Pharmacy Regulatory Authorities (NAPRA)

Anjli Acharya
Greg Eberhart

Council of Pharmacy Registrars of Canada (CPRC)

Greg Eberhart

National Advisory Committee on Pharmacy Practice (NACPP)

Dale Cooney

National Committee on Regulated Pharmacy Technicians

Dale Cooney

Pharmacy Examining Board of Canada (PEBC)

Kaye Moran



Building excellence in pharmacy practice

Council highlights

Arguably, Alberta pharmacists have greater opportunity to apply their knowledge and skills to benefit patients than in any other Canadian province, and most other countries. However, we have just begun! Patient and health system needs are increasingly being challenged. ACP has a role and responsibility to respond to these challenges, to enhance accessibility, improve quality care, and contribute to a sustainable health care system. There is much building to do so that Albertans consistently experience the potential value Alberta pharmacists and pharmacy technicians can provide them.

Council has made this part of their business. Council began exploring pharmacy practice in 2025 and beyond, exploring changes in population and health system needs, health care delivery, pharmacy practice, and changes that ACP should consider to effectively fulfill its mandate in the future.

Council highlights in 2014

Guiding and building practice

Inducements – amendments to standards and code of ethics stayed

The mandate of the college is to govern pharmacy in “a manner that protects and serves the public interest” including the integrity of the pharmacy professions.

Following a 60-day review and comment period that ended January 31, 2014, ACP council approved amendments to the Standards of Practice for Pharmacists and Pharmacy Technicians, the Standards for the Operation of Licensed Pharmacies, and the Code of Ethics to prohibit the provision of inducements offered on the condition of patients purchasing drugs or using a professional service from a pharmacist or pharmacy technician.

During its deliberations council was conscious about the importance that:

- Care decisions are based solely on the best healthcare;
- The highest ethical standards are observed; and
- Outside influences are removed from the relationships between patients and pharmacy professionals, and between pharmacists and other healthcare providers.

The amendments were to come into effect on June 10, 2014. Sobeys, operating as Safeway and Sobeys in Alberta, applied to the Court of Queen’s Bench for a stay on the prohibition until a judicial review could be heard by the Court. The application for stay was heard on May 23, 2014. On June 4, 2014, the judge in chambers granted the stay until Sobeys’/Safeway’s application for judicial review is heard and a ruling made.

The judicial review, originally scheduled for January 15, 2015, was adjourned due to the unavailability of a judge. It is now scheduled for December 2 and 3, 2015.

ACP council made an informed decision within its authority and responsibilities to amend the standards and Code of Ethics. ACP intends to rigorously defend the amendments.

Sterile compounding standards

ACP is working with other provincial pharmacy regulatory organizations through the National Association of Pharmacy Regulatory Authorities (NAPRA) to develop new standards for compounding hazardous and non-hazardous sterile products. In accordance with the *Health Professions Act*, ACP invited comments from our registrants and stakeholders during a 60-day review period in the fall of 2014. Comments received by ACP were shared nationally. A national working group established by NAPRA reviewed and made subsequent amendments. Provincial pharmacy regulatory authorities have been invited to comment on these, and it is anticipated that national model standards will be approved during the spring of 2015. ACP council will review and make a decision to adopt or adapt the national standards, and establish a date for implementation during 2015.

Marihuana for medical purposes

Upon review of the Marihuana for Medical Purposes Regulations; provincial legislation governing the practice of pharmacists and pharmacy technicians, and the operation of licensed pharmacies; and ACP’s Code of Ethics, council approved a policy regarding marihuana for medical purposes:

1. Marihuana must not be produced in the premises of a licensed pharmacy.
2. None of the other activities referred to in Section 12(1)1 of the Marihuana for Medical Purposes Regulations SOR/2013-119 may be conducted in a licensed pharmacy.
3. No licensee or proprietor of a licensed pharmacy may be a licensed producer as defined in the Marihuana for Medical Purposes Regulations.
4. No regulated member of the college may be a licensed producer or responsible person in charge as defined in the Marihuana for Medical Purposes Regulations at the same time that the regulated member engages in the practice of pharmacy.

Governance

Annual general meeting

In 2014, ACP registrants were able to participate in ACP's annual general meeting in person or virtually, using webcast technology and electronic voting to engage registrants across the province.

Voting members supported two resolutions:

1. That ACP collaborate with the Alberta Pharmacists' Association (RxA) through their representatives on Alberta Netcare committees and working groups to facilitate a process whereby pharmacists enter the medication name and strength, as well as directions for use and other data as required, within a transmittable field of the computerized prescription entry. This process will allow identification of complete prescription details in the Pharmaceutical Information Network.
2. That ACP begin discussions with the College of Physicians and Surgeons of Alberta (CPSA) to evaluate drug sampling in Alberta.

At their October 2014 meeting, ACP council responded by approving the following motion:

"That ACP supports the recording of all drug data in all Pharmacy Practice Management Systems (PPMS) and Electronic Medical Records (EMR); and that complete drug data should be uploaded and included in the drug profile on Netcare."

Council believes the details of each ingredient contained in compounded formulations and all patient samples, regardless of how they are provided, be documented to uphold patient safety.

Bylaw amendments

Registrant attendance at recent annual general meetings has consistently decreased. Council reached out to registrants by availing virtual participation in the 2014 meeting. However, of the 5,019 eligible registrants, only 44 voting members attended the AGM (14 online and 30 in person), and, of those, 20 were ACP council or staff.

Given the options that now allow greater access and flexibility coupled with the declining participation in annual general meetings, ACP council proposed amendments to its bylaws that: remove the requirement for an Annual General Meeting, and invite alternate forms of engagement and more frequent opportunities to consider resolutions introduced by voting members. After a 60-day review period, council approved amendments to the bylaws (to come into effect immediately) rescinding the requirement for an annual general meeting, yet inviting opportunities for registrant engagement through other opportunities.

Working towards the future

Visionary leadership

Council incorporated long-term (10 years and beyond) and strategic (three to five years) planning into its annual business cycle. This year, council continued exploring critical questions in their pursuit of consistent excellence in pharmacy practice. Council will approve strategic goals derived from these discussions to serve as the foundation for ACP's priorities and business plan development.

Critical questions

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

Promoting leadership in pharmacy practice

Council identified strong leadership as a critical success factor for the future of the college and pharmacy professions. ACP actively identifies

opportunities to engage pharmacy practitioners to prepare them for leadership in the profession. On June 13-14, 2014, the college held its first annual leadership forum for aspiring pharmacy leaders. Hosted in Edmonton and facilitated by the Banff Centre for Leadership, the forum guided 15 pharmacists through a series of developmental discussions and sessions designed to help them lead in a world of constant change.

Aligning awards with goals for pharmacy practice

Starting in 2015, the ACP Leadership Development Award (established by council in 2013) will provide up to \$5,000 to a student entering the third or fourth year of the pharmacy program at the University of Alberta, who has demonstrated high levels of leadership, citizenship, and professionalism. The award must be used to further develop the recipient's leadership abilities.

Beginning in 2015, ACP will also annually award one prize of \$1,000 to the pharmacy technician registered with ACP who achieved the highest mark on the Pharmacy Examining Board of Canada's Qualifying Exam in the past calendar year.

In the spotlight



*Thuy Pham, Pharmacist,
Calgary*

All my life I have wanted to be a pharmacist.

The experience of working in a low-economic area of Calgary is giving me new vision to do something bigger and different. I want to make sure that all of my patients' health needs are being met and that my skills are in line with what they need.

I enjoy giving my patients a personal connection in their community; someone they can trust and rely upon. I have become a well-known name in the area that people ask for.

Building relationships

*Reaching out to
our stakeholders
and partners*



The health of Albertans is the heart of ACP's business. ACP's mission and vision focus on positively impacting the health of individuals through excellence in pharmacy practice. However, as a single entity within Alberta's broader health system, interdependencies amongst partners and stakeholders are critical to success.

It is critical for ACP to earn the confidence of the public, our partners and stakeholders. To build and maintain trust and credibility, ACP strives to understand the needs and priorities of its partners and stakeholders. Collaboratively, we create opportunities and benefits that are not achievable by any one organization.

Meeting members

ACP facilitated regional meetings with registrants in Red Deer, Calgary, Lethbridge, Edmonton, and Vermilion. ACP president Brad Willsey and registrar Greg Eberhart travelled throughout Alberta to hear registrants' thoughts on the evolution of pharmacy practice.

Questions explored included:

- What new models of care or ways of delivering pharmacy services do you see coming in the next five to ten years?
- What training will pharmacists and pharmacy technicians need to meet the changing needs of their patients, communities, and the health system?
- What role will technology play in pharmacy practice?

Liking, sharing, and chatting on social media

ACP continued to use social media as a channel to engage audiences, share meaningful content, and create new connections. ACP's Twitter following grew to 857 followers, while ACP's Facebook page grew to 624 fans.

In February 2015, ACP held its first Twitter-based Tweet-a-Thon, engaging with registrants, students, and the public using the #pharmAB hashtag. Registrar Eberhart and ACP staff connected with Albertans and participated in a lively discussion about the future of pharmacy.

Launching a new and improved website

After months of development and user testing, ACP launched a newly designed website in July 2014 offering more functionality to meet user needs. For the public, the new ACP website introduces a new "Find a Pharmacist" search feature; allowing members of the public to find a pharmacist or pharmacy by location, and/or by authorizations (injections, additional prescribing authorization).

The new website also supports registrants with a wealth of resources on pharmacy practice in Alberta, including registration and competence

information, legislation and standards, practice tools, and a series of news feeds designed to keep registrants up-to-date.

Welcoming new graduates

On June 5, 2014, ACP hosted the annual Grad Breakfast to welcome new University of Alberta (U of A) graduates to the pharmacy profession. Over 230 new graduates, their families, U of A faculty, ACP and the Alberta Pharmacists' Association (RxA) staff attended the event.

The U of A presented two Preceptor of the Year awards to deserving pharmacist preceptors. The Value Drug Mart leadership award was presented to Jessica Pynch, and the ACP-sponsored Gold Medal was presented to Sabrina Phippen.

New for 2014, the Grad Breakfast featured a live-streamed Twitter feed and live-tweeting of the awards presentations.

Celebrating excellence in pharmacy practice

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

On behalf of ACP and RxA, the APEX Awards Committee was pleased to select the following 2014 award winners:

M.J. Huston Pharmacist of Distinction

Rita Bowron
Safeway Pharmacy #285, Calgary

W.L. Boddy Pharmacy Team Award

Safeway Pharmacy, Airdrie
Chris Borys, manager

Award of Excellence

Jeff Schlotter
Rexall Specialty Pharmacy, Edmonton

Friend of Pharmacy

Dr. Andrew Cave
Family physician and professor, Department of Family Medicine, Faculty of Medicine and Dentistry, U of A; Edmonton

What we heard from stakeholders

- Access to, and collaboration with other health professionals is paramount to treating patients with mental illness or addictions. Pharmacists should get to know the other health professionals who are providing care to their patients, and if not the health professionals, the clinic or the organizations providing care and support.

Comment from Alberta Alliance on Mental Illness and Mental Health

- Great event – appreciated networking, getting to know other professions, and understanding their leadership roles. Helped me to think differently about things and understand issues differently.

Comment from participant in Tri-Profession Symposium 2014

- Now is the time and opportunity for new ideas and new solutions for delivering healthcare to Albertans.

Council discussions with Alberta Health

Future of Pharmacy

Ashley Davidson

Associate Owner/Pharmacist, Shoppers Drug Mart #323; St. Albert

Tim Leung

Pharmacist, University of Alberta Hospital; Edmonton

Ashley Young

Pharmacist, Pharmacare Specialty Pharmacy; Edmonton

Pfizer Consumer Healthcare Bowl of Hygeia

Don Makowichuk

LifeMed Pharmacies, Edmonton

ACP and RxA hosted an awards ceremony and dinner on May 21, 2014, at the Union Bank Inn in Edmonton. More than 50 invited guests attended the event to celebrate and honour the award winners and their contributions to excellence in pharmacy practice.

Creating and maintaining partnerships

Faculty of Pharmacy centennial

ACP was a Gold Sponsor; supporting the Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta, celebrate its centennial year. Over the past century, the faculty has provided excellence in teaching, and research that has translated into new Alberta based companies and health solutions benefiting individuals globally. ACP continues to support practice-based research conducted by faculty members, recognizing the importance of this to changing practice in Alberta.

White Coat ceremony

The White Coat ceremony is a yearly tradition where first year U of A pharmacy students are officially inducted into the profession of pharmacy. Students receive a white coat and name tag to use for labs and placements. On January 30, 2014, hundreds gathered at the Myer Horowitz Theatre to kick off celebrations for the Faculty of Pharmacy and Pharmaceutical Sciences centennial. The ceremony marked the

beginning of a journey to becoming a health care professional and marked the faculty's one-hundredth anniversary at the University of Alberta.

Tri-profession symposium

Strengthening the Bond: Alberta's Tri-Professional Forum was held on May 22 and 23, 2014 in Edmonton at the Westin Hotel. In total, 67 board, council and senior staff members from the five partner organizations attended the Forum.

The purpose of the Tri-Professional forum was to explore the following question: How can we better understand each profession's complex needs and challenges in order to benefit patient care? More specifically, the forum's objective was to seek understanding about the complex professional needs and challenges of pharmacists, nurses, and physicians practising in community-based environments; and, based on this understanding, to explore solutions that can benefit one another's practices and ultimately patient care.

Tri-provincial executive committee meeting

Executive members of the College of Pharmacists of British Columbia, Alberta College of Pharmacists, and Saskatchewan College of Pharmacists met in Edmonton on July 24, 2014 to exchange and dialogue about current and emerging issues and provincial priorities. The group committed to undertaking at least one joint project together. This has resulted in an initiative to address drug diversion from pharmacies. The project will include two objectives:

- To develop a methodology to quantify the level of drug divergence from pharmacies; and
- To develop narcotic reconciliation standards for pharmacies.

In the spotlight



*Rita Bowron, Safeway Pharmacy #285, Calgary
M.J. Huston Pharmacist of Distinction Recipient 2014*

Learning is what motivates me. I like applying what I learn to the patients in my care. Everyone's needs are unique.

I find counselling patients to be the most rewarding thing about my work, especially coming up with targets or goals, and seeing them act on these, and experience improved outcomes or prevent something negative from happening with their diabetes, cardiovascular problems, etc.

You need to like talking to people and learning their story. You need to have a passion for learning and collaborating, and a willingness to embrace change.

What we heard

- ACP is an excellent partner and a strong leading regulator in Alberta. It is always a pleasure to work with [ACP].
- The Alberta College of Pharmacists plays a vital role in the province, and over the past several years has been the key driver in making significant and vital changes to the scope of practice of pharmacists. Ensuring the pharmacy community fully embraces this, and any new role, while balancing economic drivers behind owning and operating a business will be key.
- ACP has supported an expanded role for pharmacists that is in the public interest and within the scope of pharmacist training and expertise; and they are ahead of other areas of the country in this regard.
- The organization has made a real difference in healthcare in Alberta. In my opinion they are worldwide care leaders in pharmacy practice.

Comments from the ACP stakeholder survey

Stakeholders' survey

ACP surveys pharmacists, the public, and stakeholders on a three-year rotating cycle. ACP's stakeholders are partners in provincial and national governments, Alberta Health Services, academia, corporate pharmacy owners, the pharmaceutical industry, law enforcement agencies and other health profession colleges and associations.

Key findings

Overall, pharmacists are seen by government, corporate, and health organizations as having an important role in:

- Public health and wellness
- Treating minor ailments
- Chronic disease management
- Addictions and mental health
- Palliative care

When asked to indicate the areas they would like to see pharmacists further incorporate into their practice, respondents' comments reflected four themes:

- Practising to full scope
- Collaborating and sharing information
- Focusing on clinical care and follow up with patients
- Documenting care for better information sharing and record keeping

These comments indicate that there is room to improve practice and a need for pharmacists to educate patients and stakeholders about the services they are already offering, and the ways that they are already working with other health professionals.

To learn more about the survey findings, view the full report on the ACP website at pharmacists.ab.ca/articles/stakeholder-survey-results.

Building a regulated profession

Pharmacy technician survey results



On July 1, 2011 pharmacy technicians became the newest regulated health profession in Alberta; and the newest registrants of the Alberta College of Pharmacists. Pharmacy technicians are integral to the pharmacy team. Pharmacists and pharmacy technicians now work together with overlapping and complementary scopes of practice.

We have an incredible opportunity to keep Alberta pharmacists and pharmacy technicians positioned at the forefront of innovative, accessible, and comprehensive patient care. ACP will continue their work to see pharmacy technicians effectively integrated into as many pharmacy practices as possible.

What we heard

- I love having the knowledge to share with fellow coworkers. I believe it has a huge advantage to the public allowing more time to be spent with the pharmacist. In addition, I can help mentor and teach pharmacy assistants to be able to help them learn more. Pharmacy Technicians have a lot to offer the medical field.
- I do perceive myself differently. I feel as though my co-workers ask me for my opinion much more. I have also been told that I am a valuable source of knowledge and provide an important transition between assistants and pharmacists. I also love learning about health care and the body, so now my knowledge and willingness to learn is used daily. I believe my fellow technicians feel the same way ... I personally love every minute of it.
- I feel more confident now in my decision making knowing my scope of practice. I was always confident in the past in my abilities and competencies, but now I know I'm not "maybe" stepping over a line, etc., as I now know exactly what I can and can't do or say. For me this is comforting and reassuring. It's also nice that I can now explain to other professionals what my scope of practice is and say, "Yes, I can do this" or "No, I cannot" – the definition of what and who a tech is has helped me in my practice.
- What has changed is that I am considered a more valuable team member to doctors and nurses, in addition to my co-workers.

Participant comments from the pharmacy technician survey on becoming regulated

Background

In October 2014, ACP commissioned focus groups and a survey to gather feedback from pharmacy technicians registered with ACP to:

1. Assess their awareness, expectations, and understanding of self-regulation, ACP's mandate, and ACP's current business and priorities;
2. Learn about pharmacy technicians' expectations of and satisfaction with ACP; and
3. Learn more about roles pharmacy technicians are fulfilling.

Key survey findings

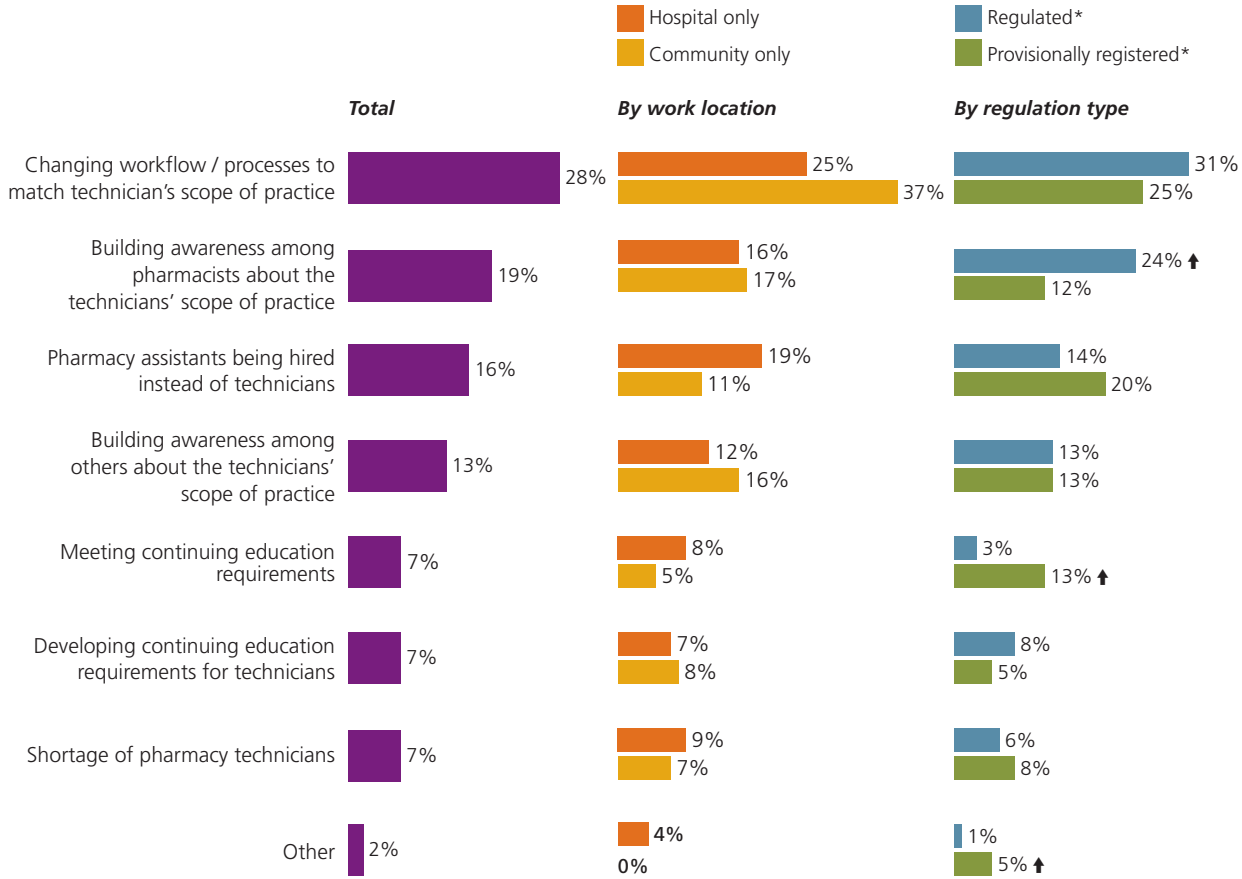
Expectations

- When asked about perceived challenges to their profession in the next 12 months, pharmacy technicians are concerned about changing workflows and about increasing pharmacist awareness about their scope of practice.
- They expect ACP to play a key role in this educational process, helping pharmacists and pharmacy owners understand the differences between technicians and assistants, and how to incorporate both into their practice.
- Despite the intense period of education and exams that accompanied the initial regulation period, pharmacy technicians are eager to participate in continuing education geared to their scope of practice.

Scope of practice

- Although many pharmacy technicians are not presently performing the full range of roles outlined in the scope of practice, this is often because the task is not performed at all in their work setting.
- One notable exception to this is "final checks"; one-quarter of technicians report that their pharmacist is not comfortable with them performing this task.
- More training in inventory ordering, final checking, and transferring prescriptions may be in order, as one in 10 technicians who perform these tasks do not feel competent.

Greatest challenge for pharmacy technicians in the next year



Significantly more regulated technicians say that the greatest challenge will be "building awareness among pharmacists." Significantly more provisionally registered technicians say that the greatest challenge will be "meeting continuing education requirements."

* Provisional Pharmacy Technicians are individuals who are completing training and preparing for final evaluation to become a pharmacy technician.

Building a better health system



ACP actively contributes to the discussion and development of health policies and programs; promoting policies and programs that support safe, effective, and responsible pharmacy practice in a health system where patients have easy access to sustainable quality care.

During 2014, ACP participated in the following public policy discussions:

Netcare

The first pharmacy vendor (KROLL) successfully completed conformance testing and piloted a system-to-system integrated solution with Netcare. By February 28, 2015, five pharmacies were able to upload dispensing events and review patient records in real time.

Primary Health Care strategy

The report sets three strategic directions: enhancing the delivery of care, bridging cultural change, and establishing building blocks for change. While a significant goal is to establish a health home for all Albertans, it was observed that primary healthcare is delivered across communities, and that further work is required to effectively address integration of these services (i.e., linkage between Primary Care Networks and community-based pharmacies).

Auditor General's report on chronic disease management

In our presentation to the Public Accounts Committee about the Auditor General's report, ACP addressed the following themes:

- Chronic disease management must be patient-centred. Patients require easy and unimpeded access to their personal health information, in a format that informs and empowers them to be actively involved in their health and healthcare decisions.
- Electronic Medical Records (EMR) systems must be strengthened; however, these must not be physician or Primary Care Network centric. Investment in EMRs must address the practice requirements of all health professionals contributing to chronic disease management.
- Common decision support tools must be accessible and usable by pharmacists and all other regulated health professionals contributing to chronic disease management.

- Initiatives to standardize and improve the quality of care plans will make them more usable and valuable to patients and their health team members.

Rural Health Review Committee

ACP advocated the contributions of pharmacists to primary healthcare, chronic disease management, and public health in communities where access to health services is often compromised. ACP also addressed the significant contribution of pharmacists to leadership and the economy of small rural Alberta communities.

Regulatory amendments to expand scopes of practice

ACP supports and advocates for health professionals to work to their full scope of practice. ACP reviewed and commented on regulatory proposals to expand the scopes of practice of dietitians, optometrists, and paramedics; all of whom sought authority to prescribe, compound, dispense, and/or sell drugs. In all cases, ACP did not support the proposals, as ACP did not find that the proposals were supported by adequate rationale, reasonable evidence, training and/or standards of care.

The rapid increase in the number of professions being granted prescribing and dispensing privileges is rapidly escalating the need for pharmacists to be more diligent in comprehensively assessing patients and their drug history, to ensure that appropriate coordination of therapy is achieved.

Innovation through partnership

ACP continued to see powerful examples of collaboration, innovative work and proactive leadership with our partner organizations across Canada. Collectively, we understand the necessity and value of sharing ownership of the challenges before our professions; and we have embraced every opportunity to work together to advance the delivery of safe and effective health care to Canadians.

Our organizations share a commitment and resolve to strive for excellence in every aspect of pharmacy practice and uphold the highest ethical standards. We endeavor to ensure that pharmacists and pharmacy technicians are leaders in their profession by providing the tools and resources needed for ongoing professional development and achieving advanced levels of competency. By working together we are confident that pharmacy teams across Canada will continue to be the most trusted, available, and accessible health care providers for patients and their health care needs.

National Association of Pharmacy Regulatory Authorities (NAPRA)

The National Association of Pharmacy Regulatory Authorities (NAPRA) serves as an umbrella association of the provincial pharmacy regulatory authorities. NAPRA provides national leadership in pharmacy regulatory practices that enhance patient care and public protection.

National Bridging Education Program for Pharmacy Technicians

The National Pharmacy Technician Bridging Education Program assists individuals already working as pharmacy assistants to upgrade their knowledge and skills, and to prepare for the pharmacy technician qualifying exam.

Administration of the program was nationalized under NAPRA, to serve on behalf of all provincial pharmacy regulatory authorities. Alberta candidates subscribing to this path for registration as a

technician must successfully complete the Pharmacy Examining Board of Canada's Qualifying Examination prior to December 31, 2015.

Pharmacist's Gateway Canada

The Gateway, an online web-portal funded by a grant from the federal government was developed by NAPRA in collaboration with the provincial and territorial pharmacy regulatory authorities, and the Pharmacy Examining Board of Canada to help pharmacists from other countries seeking registration in Canada.

Pharmacy is often practised differently in other countries and the requirements for entering practice vary as well. The process of registering in Canada may be more complex, more expensive and take longer than an applicant expects.

The Gateway was designed to present information about the Canadian registration process and requirements in a way that is easy to understand. It also provides useful and up-to-date information about life, and pharmacy practice in Canada. It will help International Pharmacy Graduates (IPGs) make informed decisions before starting the process to become licensed as a pharmacist in Canada.

Committee on Pharmacy Compounding

Compounding of pharmaceutical products is a fundamental and important part of pharmacy practice. NAPRA's Committee on Pharmacy Compounding continued its work to prepare national model standards for compounding non-hazardous and hazardous sterile products. Background work on the revised guidelines commenced in 2013 and a dedicated group of members worked throughout 2014 to revise existing guidelines in this area. Recommendations will be considered by the Board in April 2015. ACP will either adopt or adapt the national model standards for implementation in Alberta.

The Pharmacy Examining Board of Canada

The Pharmacy Examining Board of Canada (PEBC) is the national certification body for the pharmacy professions in Canada. The purpose of the Board is to assess the qualifications of pharmacists and pharmacy technicians on behalf of provincial regulatory authorities. Through its comprehensive assessment process, PEBC ensures those entering the professions have the necessary knowledge, skills and judgment to safely and effectively practice pharmacy.

The PEBC is conducting a practice analysis study to validate the competencies required of pharmacists and pharmacy technicians at entry-to-practice. The validated competencies will form the basis of testing for the Pharmacist and the Pharmacy Technician Qualifying Examinations, and the results of the study will be used to revise the blueprints for both the pharmacist and pharmacy technician examinations. It is anticipated that the blueprint will be implemented in 2016.

PEBC is also working with the Blueprint for Pharmacy steering committee to explore a needs assessment study for specialty certification in Canada.

Finally, the PEBC has conducted a feasibility study to deliver computerized testing for its multiple choice examinations. Further work is being explored to use computer-based technology for alternate testing formats. A cost analysis and capacity evaluation is currently underway.

Canadian Council on Continuing Education in Pharmacy

The Canadian Council on Continuing Education in Pharmacy (CCCEP) is the national organization established to accredit continuing pharmacy education programs.

To qualify as accredited programs in Alberta, Canadian pharmacy professional development programs must be either accredited by CCCEP, or delivered by a provider accredited by CCCEP.

In 2014, the CCCEP Board furthered its work on two important initiatives designed to support innovation and the expanded scope of pharmacy practice:

1. A Certificate Program was introduced to identify national standards for continuing education in areas of advanced practice, beginning with accreditation to perform immunization and injection services.
2. CCCEP is one of five key Canadian pharmacy groups collaborating through the Blueprint for Pharmacy initiative to determine the need, demand, and feasibility of recognizing specialty pharmacy practice in Canada.

Building access to quality patient care



Since 2007, all Alberta pharmacists have been authorized to prescribe drugs; specifically to adapt existing prescriptions so that unique patient needs are met, and required treatment is not interrupted.

A rapidly growing number of pharmacists have been assessed and granted “additional prescribing authorization”; enabling them to initiate treatment, and manage drug therapies for chronic conditions. This builds upon traditional services and enables them to better respond to the health goals and needs of the individuals they serve.

Building capacity and growing accessibility through new roles

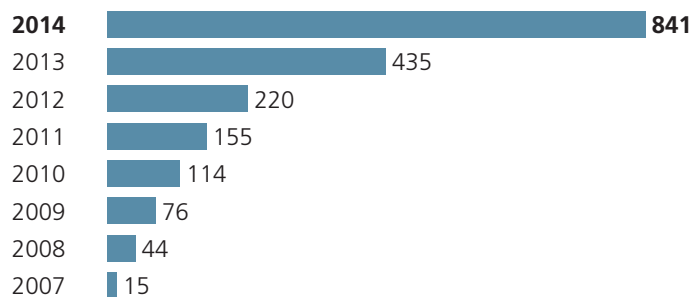
Additional prescribing authorization

Prescribing activities can be grouped into three general categories:

- *Initial access prescribing* – prescribing when a patient chooses a pharmacist for advice about and treatment of conditions that have not been previously assessed by another health professional.
- *Prescription modification* – modifying a prescription written by another prescriber to alter dosage, formulation, regimen or duration of the prescribed drug, or provide a therapeutic alternative to improve drug therapy or provide continuity of therapy.
- *Drug therapy management* – initiating, maintaining, modifying or changing drug therapy.

Pharmacists with additional prescribing authorization

Data as of Feb. 28, 2015



ACP received 485 applications for additional prescribing authorization in 2014, compared to 257 received in 2013. Interest is building in all areas of pharmacy practice, most noticeably among community pharmacists.

In the spotlight



*Lonni Johnson,
Winter's Pharmacy*

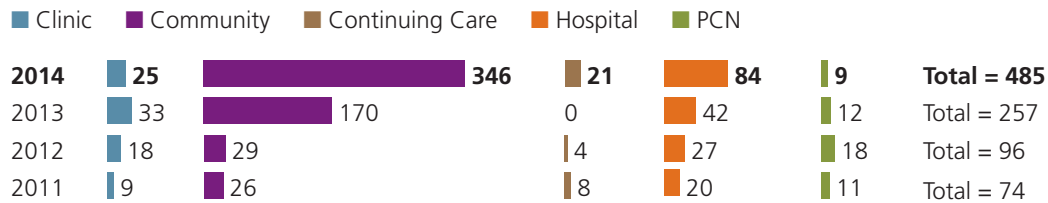
The influenza immunization campaign reminds Albertans about the positive reasons to vaccinate against influenza.

My patients come in asking for the flu shot because they know it is available from me each year. Word of mouth from friends and family is also a large part of the promotion.

We increased our dialogue with our patients and encouraged questions about influenza immunizations while we performed travel consultations and medication assessments.

Winter's Pharmacy and five other pharmacies in Calgary and Edmonton partnered with Alberta Health, the Public Health Agency of Canada, Vaccine Manufacturers, Alberta Innovates Technology Futures, and Alberta's OKAKI Health Intelligence to develop and pilot a new model of *immunization records management* in pharmacies.

Number of additional prescribing authorization applications received by practice setting*

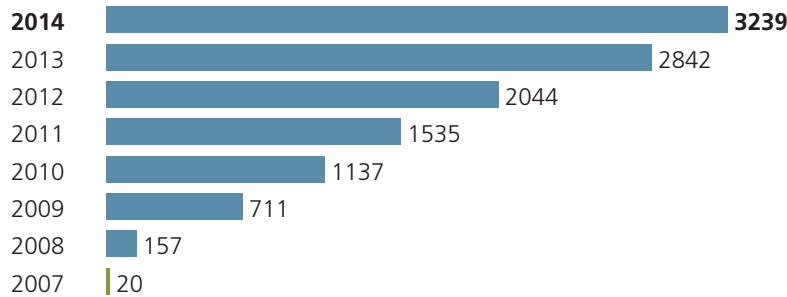


* Applicants may identify multiple practice settings

Authorization to administer drugs by injection

Pharmacists authorized to administer drugs by injection

Data as of Feb. 28, 2015



New injection renewal process

New for 2014, pharmacists with authorization to administer drugs by injection were required to declare that they met the following conditions prior to renewing their practice permits:

1. have and will maintain valid CPR – minimum Level C;
2. have and will maintain valid first aid certification;
3. have administered an injection within the past three years; and
4. have reviewed the *Standards of Practice for Pharmacists and Pharmacy Technicians* within the past 12 months, and have implemented the required policies and procedures for handling emergencies.

Helping patients manage their health

ACP’s 30-page health journals help patients track symptoms, moods, and health issues and note their questions and concerns. Once again, ACP distributed over 25,000 health journals free of charge in 2014. To order health journals, please email: communications@pharmacists.ab.ca

Building public trust

*Accountable and
competent pharmacy
practitioners*



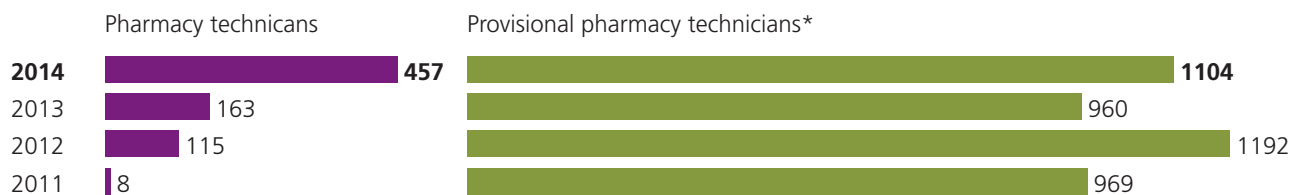
ACP is responsible for quality pharmacy practice in Alberta. Our first obligation is to the public, ensuring they receive safe, effective, appropriate pharmacy care. Major activities include: ensuring that only qualified pharmacists and pharmacy technicians are registered in the province, and that Alberta pharmacists and pharmacy technicians maintain their knowledge and skills at the highest level possible. ACP also ensures that pharmacies provide environments that support quality pharmacy practice and client safety.

Registering pharmacy technicians and pharmacists

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

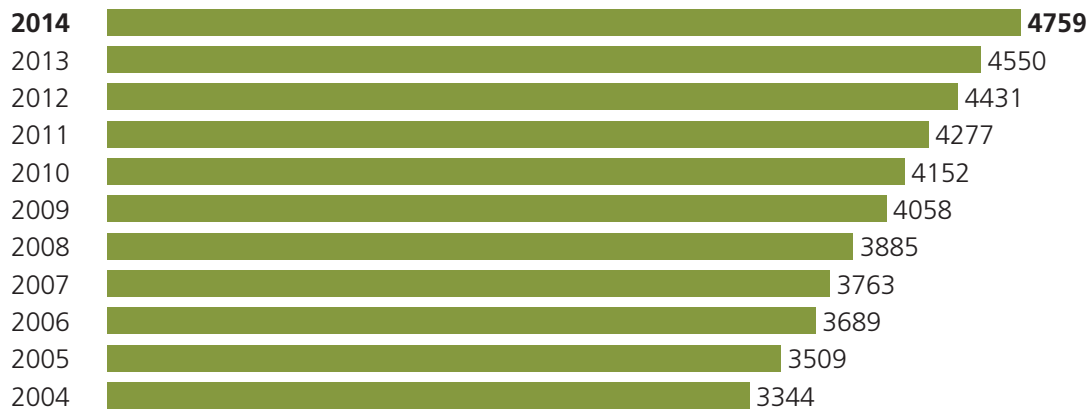
Data as of Dec. 31, 2014

Pharmacy technicians



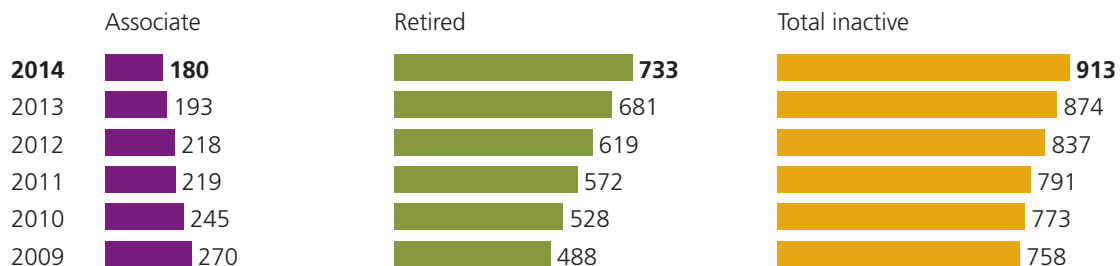
* The provisional register is for individuals working toward registration as a pharmacy technician.
Number of pharmacy technician practice permits not renewed: 11

Practising pharmacists

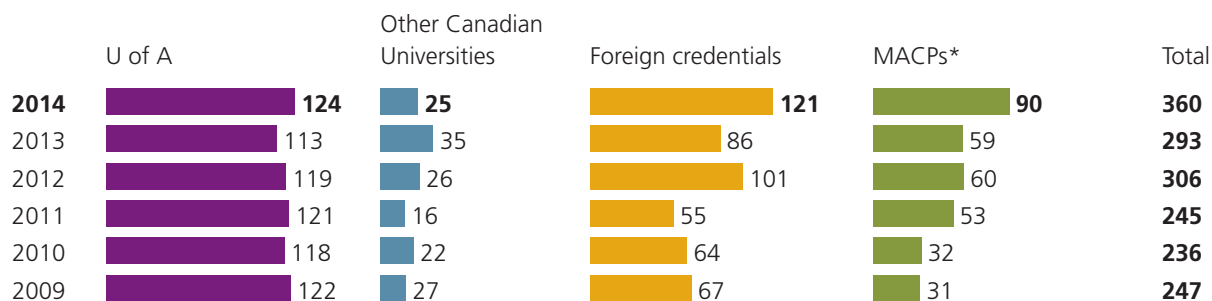


Number of pharmacist practice permits not renewed: 49

Associate and retired

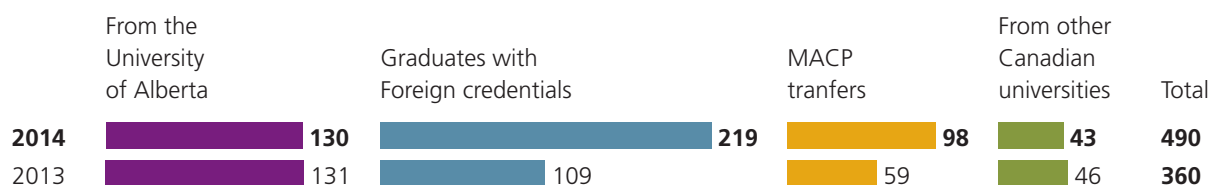


New pharmacist registrants



* MACP = Mobility Agreement for Canadian Pharmacists

New students and interns



Pharmacists on the courtesy register



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 2014.

Supporting interns with new tools

In April 2014, ACP launched an interactive online jurisprudence learning module covering the Standards of Practice, the Code of Ethics, and federal and provincial legislation pertaining to pharmacy practice. Providing 10 hours of interactive study material, this module has proven to be a valuable resource not only for interns preparing for the Ethics and Jurisprudence Exam, but also to more experienced practitioners, as it tests their knowledge on relevant legislation.

Since rolling out the online jurisprudence learning module, approximately 1800 registrants have accessed it. The learning module was a finalist in the “Best in the E-Learning” category at the 2014 Digital Alberta Awards.

The jurisprudence learning module was made possible by funding from Alberta Enterprise and Advanced Education.

Introducing ACP's new Continuing Competence Program

The *Health Professions Act* requires ACP council to establish a continuing competence program. Maintaining competence is a professional responsibility and it means keeping up with (or ahead of) the changes in the profession.

Pharmacists have a professional responsibility to:

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

ACP created a new Continuing Competence Program (CCP) to help pharmacists meet these responsibilities. By identifying appropriate learning activities and implementing learning into practice, pharmacists can continually build their competence and confidence to assure themselves, their patients, and their healthcare colleagues that they are providing quality care throughout their career.

On July 1, 2014, the college launched the new Continuing Competence Program (CCP), replacing the former RxCEL competence program. This revised program focuses on quality improvement and the application of knowledge to empower all pharmacists on the clinical register to continuously enhance their practice.

Program requirements

Every year, all pharmacists on the clinical register 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)*,
2. Implement at least one CEU equivalent of learning into their practice and document this on an *Implementation Record*, and

* 1 CEU = 1 hour of learning

3. Complete any prescribed learning that has been assigned by the Competence Committee.

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

More information about the Continuing Competence Program is available at pharmacists.ab.ca/ccp-requirements.

Assessing competence – transitioning to the new Continuing Competence Program

In the former RxCEL competence program, a cohort of pharmacists were randomly selected annually to undergo a competence assessment. Pharmacists could select from one of two assessment tools to evaluate their competence, either a knowledge assessment, or maintenance of a professional portfolio demonstrating learning implementation. A pharmacist remains active in their cohort until he/she has successfully completed the competence assessment requirements and/or activity prescribed by the competence committee.

With the introduction of the new competence program, a 2014 cohort was not selected. Instead, the college focussed on transitioning registrants to the new program while supporting pharmacists who had not yet successfully completed the assessment requirements.

In 2014, 163 pharmacists completed one of the two competence assessment processes; 70 pharmacists successfully completed the knowledge assessment exam and 68 pharmacists successfully completed the professional portfolio. Success rates for both the knowledge assessment and the portfolio averaged 85 per cent.

In 2014, 22 pharmacists who were not successful on their second or third attempts at

	2010 COHORT Deadline Aug. 31 2011	2011 COHORT Deadline Apr.15, 2012	2012 COHORT Deadline May 31, 2013	2013 COHORT Deadline Apr. 30, 2014	2014 Activity***
Selected	97	401	252	231	n/a
Exempted*	1	9	15	10	n/a
Move to inactive status	10	42	28	27	21
Active in the cohort	86	350	209	194	n/a
Successfully completed	86	347	207	183	138
Yet to complete**	0	3	2	11	16

* Pharmacists who have completed a competence review in BC or Ontario within five years of being selected for assessment in Alberta are exempt. In addition, in 2012, council decided that pharmacists holding additional prescribing authorization are exempt from competence assessment for five years following the granting of the authorization.

** Cases may be deferred due to maternity, paternity, or medical leave as long as the pharmacist is not currently practising. When the pharmacist returns to practice they re-enter the program. Therefore, some individuals remain in the program after the cohort deadline. The competence committee is responsible for granting deferrals and for establishing deadlines for completion of steps in the program upon return to practice. Pharmacists are considered compliant and are allowed to continue in the program as long as they meet the established deadlines.

***Includes the activity of pharmacists from previous years' cohorts

the competence assessment were referred to the competence committee for direction. The knowledge assessment exam is no longer a competence assessment option; all remaining pharmacists from 2011-2013 cohorts have been transitioned into the new program, and will complete activities as directed by the competence committee.

Auditing professional declarations

In December 2014, 474 pharmacists were selected for random audit of their professional declarations. In the past, as part of the former RxCEL program, a pharmacist's learning portfolio was audited. In 2014, with the transition to the new competence program, the audit focussed on verifying whether pharmacists had valid personal professional liability coverage; and for pharmacists authorized to administer drugs by injection, whether he/she had valid and current CPR (minimum Level C) and First Aid (standard or emergency) certification at the time of the audit.

An additional eight pharmacists were audited due to non-compliance with their previous

learning portfolio audits. The audit reviewed continuing professional development activities claimed on their 2013/2014 Continuing Professional Development (CPD) log.

Failure to provide the requested documentation may result in a referral to the complaints director for further investigation and if applicable, removal of a pharmacist's authorization to administer drugs by injection.

Random audits conducted	474
Directed audits conducted	8
Successful compliance	472
Removal of authorization to administer drugs by injection	10
Referral to Complaints Director	0

Building improved practices – inspections conducted at the direction of the Registrar

Some critical events were brought to ACP's attention in 2014. ACP responded immediately to protect and serve the public interest by establishing inspections under the authority of the *Health Professions Act* and *Pharmacy and Drugs Act* to determine the causes or contributing factors to the events, and to determine measures important to mitigating risk and preventing reoccurrence.

“Baby Annie”

In April 2014, the Office of the Child and Youth Advocate of Alberta released his report into the death of 14-day-old “Baby Annie” (not her real name). Baby Annie lived a short life, complicated by an unstable family environment which included the abuse of drugs and alcohol. Significant to her death was the abuse of Tylenol #1 and benzodiazepines by her mother throughout pregnancy. Prior to Annie's birth and after her birth, a number of professionals were involved in providing services to the family. One professional stated, “We all failed this baby – Why?”

ACP conducted a comprehensive inspection of pharmacists' roles in contributing to these events. It was found that Baby Annie's mother had accessed multiple pharmacies to procure Tylenol #1 and benzodiazepines; albeit the majority of benzodiazepines were accessed from a single pharmacy. We found that most pharmacists had failed to access Netcare to review the mother's comprehensive medication record prior to dispensing. While depending on their own records, they were unable to consider drugs that the mother was accessing from other pharmacies. If they had done so, it is probable that abuse patterns would have been identified and appropriate interventions could have occurred.

It was determined that the primary pharmacy had provided benzodiazepines pursuant to prescriptions from a physician. However, it was determined that improvement in the practices at the pharmacy were warranted. The practice has responded to recommendations provided by the college, and monitoring and coaching continues.

Review of patients' comprehensive medication records through Netcare is now a “vital behaviour” that ACP's practice consultants monitor during pharmacy visits; and in each instance provide coaching to ensure it becomes a routine practice of pharmacists.

Compromised vaccine

In October 2014, a pharmacy provided an influenza clinic at Norquest College in Edmonton. Under the supervision of two clinical pharmacists, services were delivered by pharmacy students from the University of Alberta Faculty of Pharmacy and Pharmaceutical Sciences. A student injected a patient with an unfilled syringe, and upon recognizing the oversight, inserted the used syringe into a multi-dose vial of vaccine. The compromised vaccine was then used to immunize three additional patients. Testing of all affected patients was immediately conducted by Alberta Health Services' Needle Stick Response Team, and it was determined that the affected patients were not at risk.

ACP conducted a comprehensive inspection to determine the contributing factors to the event. It was found that the clinic was poorly planned by the owners. The primary contributing factors were determined to be inadequate training and orientation of the students by the owners prior to the clinic, and inadequate supervision by the pharmacists at the time of the clinic. The pharmacy owners accepted full responsibility for the events, conditions were prescribed on their practice permits, and corrective measures are being addressed to prevent reoccurrence. Both ACP and Alberta Health are reviewing policies to optimize safety and accountability when community based services are delivered as an extension of regulated facilities.

Resolving complaints

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.

Many of the complaints received in 2014 were significantly more complex, lengthy, and resource intensive than in previous years.

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

In 2014, the complaints director had grounds to conclude that four registrants were incapacitated and directed each to be assessed and cease practice.*

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

Complaints received

	Issues of public concern*	Formal complaints	Total
2014	429**	52***	481
2013	557	41	598
2012	529	42	571
2011	555	45	600
2010	467	39	506
2009	332	43	375

* Issues of public concern are those resolved at the administrative level. Formal complaints are usually more involved and require extensive investigation. Formal complaints may be referred to a hearing tribunal for resolution.

** The number of issues of public concern is lower than in past years, as fewer concerns were raised about pharmacists failing to access Netcare/PIN information prior to dispensing medications. (particularly those with abuse potential (e.g., narcotics, benzodiazepines, zopiclone) and selling codeine exempt products (e.g., Tylenol #1).

*** The number of formal complaints is higher than past years (up 20%) due to increasing number of registrants (pharmacists and technicians) and pharmacies, and pharmacists embracing their expanded scope of practice (sometimes resulting in errors/complaints due to changing/new processes for delivering clinical services and traditional drug distribution).

In the spotlight



Nancy Brook, former public member, ACP Hearing Tribunal

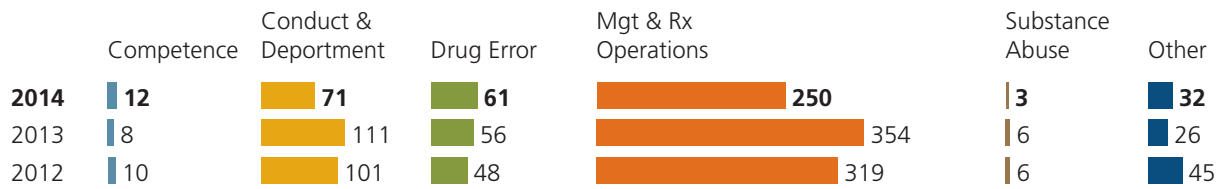
The role of the ACP Hearing Tribunal is to hear complaints of professional misconduct through a formalized hearing process which is run very similarly, and with most of the formalities, of a court room.

Our responsibility is to hear evidence and make a decision about guilt or innocence while ensuring a fair process. We also hold the responsibility to determine the penalties that would be imposed upon a member if he/she is found guilty.

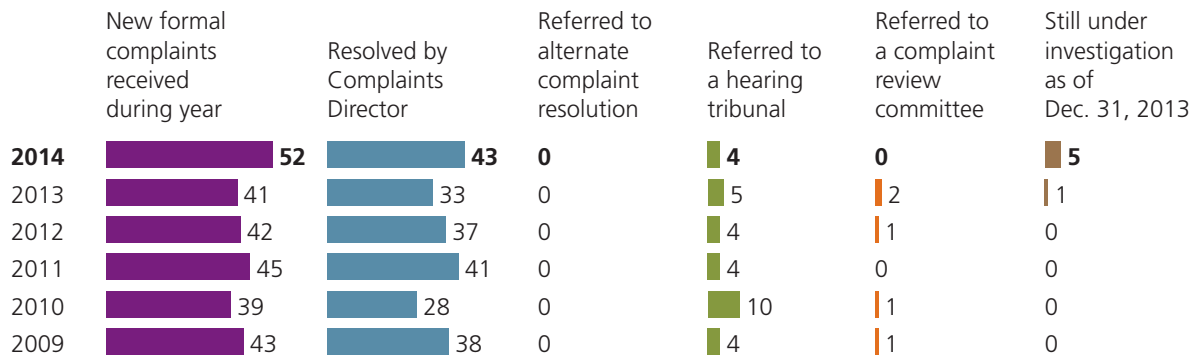
Determining innocence or guilt is a complex issue - a person must be thorough, thoughtful, and fair when participating in this process. It is a huge responsibility. As a public member represented on the tribunal I could share a perspective from the public's point of view.

I believe this process is just and fair, and vital to maintaining public safety and the integrity of the profession.

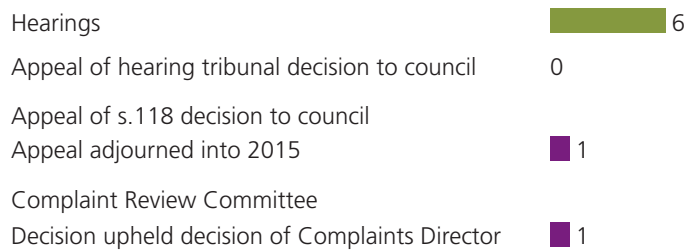
Subject of public concern



Final disposition of complaints as of Dec. 31, 2014



Hearings, appeals, and reviews in 2014



Building performance excellence

*Safe and appropriate
care settings*



Pharmacists and pharmacy technicians cannot effectively introduce new patient care services by continuing to do things the same way as when their focus was on drug distribution. Success depends on changes in workflow, incorporating new technologies, and optimizing the use of each human resource to the extent that they are qualified and authorized.

ACP practice consultants visit pharmacies throughout Alberta to share their expertise and make recommendations – allowing pharmacy teams to improve their practice, expand their knowledge and improve their effectiveness. The consultation process ultimately allows pharmacy teams to optimize their patients' experiences.

Licensing pharmacies

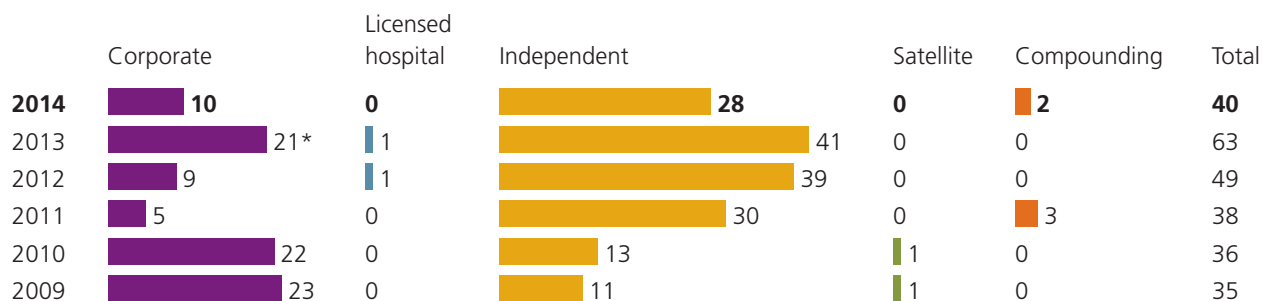
ACP ensures that all licensed pharmacies provide a practice environment that supports quality practice and patient safety.

Licensed pharmacies

Data as of Dec. 31, 2014

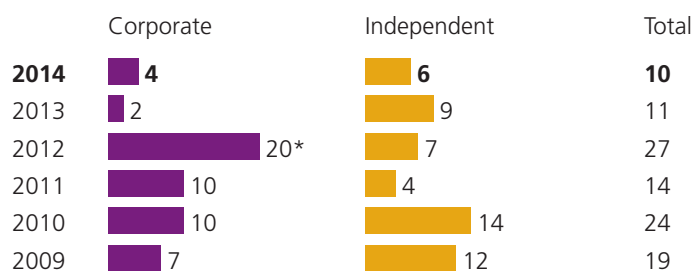


New pharmacies



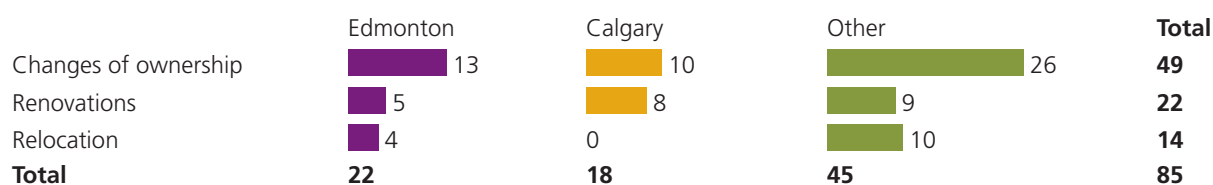
* Includes introduction of 12 Target pharmacies

Pharmacy closures



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

Pharmacy changes in 2014



Assessing pharmacy performance

Our pharmacy practice consultants (PPCs) assess pharmacies and help pharmacy teams learn how to best meet the college's standards in their own practice setting.

Routine assessments focus on operations and practices, and provide coaching to support change. PPCs aim to conduct full (routine) assessments of each pharmacy once every three years. The PPCs follow up to ensure that deficiencies are corrected and to provide educational tools and resources to help pharmacy staff implement recommendations.

Renovation and relocation assessments are done to determine if changes match the application information provided to the college and meet all applicable legislation and standards. PPCs also conduct an abridged assessment of operations and practice at this time.

Directed visits arise from issues of public concern identified by the complaints department. These visits are educational in nature. A report from each visit is provided to the complaints department for further follow-up if required.

Pharmacies assessed

Routine	429
Consultation*	627
Follow up	181
Sterile compounding**	4
Renovation	14
Relocation	12
Directed visit	34
Total	1301

* Some consultations are performed remotely

** In the latter half of Q4, we began using a separate questionnaire to better support PPCs in their assessment of sterile compounding performed by licensed pharmacies.

In the spotlight



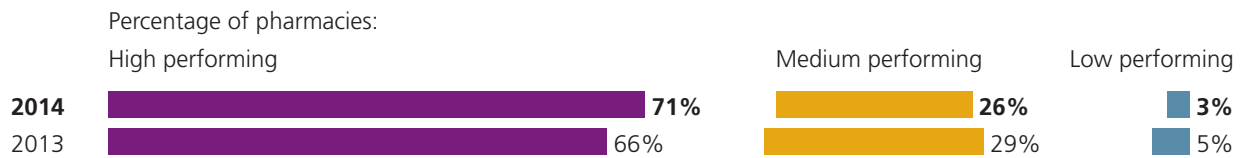
Jennifer Voice, ACP Pharmacy Practice Consultant

When I conduct pharmacy assessments, I feel like I am a part of the pharmacy team. It's a "we are all in this together" attitude. It's a time of great change in our profession and that change can sometimes be difficult to manoeuvre. It is my role to support pharmacists and pharmacies through this change until it feels normal because, in the end, these changes are very positive for Albertans.

Pharmacists are recognizing the importance of really connecting with patients, involving them in their own care and participating in the decision making process. Pharmacists are asking more questions – questions beyond "have you had this before?" They are asking questions like "do you know why you are taking this medication?" and "how do you feel on this medication?" Pharmacists are utilizing more resources that are available to them, such as Netcare, to evaluate whether therapy is appropriate for their patients. Pharmacy is becoming less and less about getting that pill into that bottle.

I've said it before – I am proud of my pharmacies!

Performance



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 categories: practice environment, which includes staffing and workload; assessment, care plan and follow up; documentation; communication; quality assurance programs; and complaints.

Pharmacy practice consultants take a coaching approach to assist pharmacy teams to improve workflow and patient care, while ensuring that all practices comply with the standards and legislation. They use the *Chat, Check, and Chart* method as the foundation for monitoring excellent pharmacy care. *Chat, Check, and Chart* is a system that helps pharmacists efficiently yet thoroughly assess a prescription for accuracy, check for allergies and medical conditions to ensure the therapy is safe, and then document all dispensing information. The coaching approach has shown very positive results.

Vital behaviours

ACP introduced a new tool, *Vital to Chat, Check, Chart* based on the *Chat, Check, and Chart* method. *Vital to Chat, Check, Chart* describes the four vital behaviors that are important in influencing and sustaining enhanced practice change in pharmacists. A vital behavior is a behavior that takes 20 per cent effort and gives 80 per cent of your results.

The four vital behaviors include:

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

2. **Confirming and documenting indication** – Gathering the indication is essential in determining if a medication is appropriate and effective for patients. Pharmacists are encouraged to document indication so other pharmacists can access this information. This provides valuable information at the next encounter and promotes continuity of care for the patient.
3. **Accessing Netcare** – Netcare is a critical source of information in conducting a thorough assessment. Pharmacists should be using Netcare routinely as part of their assessment, care plan, and follow up.
4. **Assessing at refill** – Pharmacists are encouraged to go beyond asking, “Do you have any questions?” Pharmacists should enquire specifically about how therapy is progressing, whether the medication indicated is effective at achieving the desired result, and if the patient is experiencing side effects or toxicity. By reconnecting with patients, pharmacists can use the opportunity to find out how their medications are working for them and adjust their care plan as needed.

RICK®

To assess the pharmacy’s willingness to implement these behaviors, pharmacy practice consultants use the RICK® method.*

- **Readiness** – Is the pharmacist committed to the process and are they ready to make a change starting today?
- **Importance** – Does the pharmacist understand why making these changes is important? Is this a priority for them?
- **Confidence** – Does the pharmacist believe that change is possible? Are there barriers in their way or challenges we can support them with?

* RICK® is a registered trademark of Health Change Associates®.

- **Knowledge** – Does the pharmacist have the knowledge and clinical skills to make the desired change?

What pharmacists and pharmacy technicians are doing well

- Pharmacists are taking a more holistic, clinical approach versus a transactional approach to patient care; and are focused on providing continuous care versus one-time care.
- Pharmacists are embracing their full scope of practice – ordering and following up on lab tests where appropriate, providing injections and initial access prescribing.
- Patient assessments are more comprehensive as pharmacists gather appropriate information from all available sources of data.
- Documentation has become more enhanced and specific to ensure prescribed medication is safe, effective, and that patients understand how to adhere to the therapy.

Common opportunities for improvement

- Continue building rapport and engage patients to participate in their own care.
- Prioritize patient care over the dispensing process.
- Improve work flow to enhance efficiencies within the pharmacy.
- Further integrate pharmacy technicians into the dispensing process and focus time on patient care.
- Documenting assessment and care plans can be improved to allow other health care providers to provide monitoring and follow up.

Developing opportunities for improved practice

CAMH Opioid Dependence Treatment Core Course – Alberta version

ACP was part of the planning committee to design the collaborative Opioid Dependence Treatment Core Course for health professionals involved in opioid dependence treatment based on the original CAMH program in Ontario.

The Opioid Dependence Treatment Core Course, offered by the University of Calgary's Continuing Medical

In the spotlight



Rick Siemens, past ACP councillor/president

At the time when I was on council, pharmacists were just expanding their scope of practice. I felt that as a member of council, it was my duty to lead by example.

I was one of the first fifteen [pharmacists in Alberta] to receive additional prescribing authorization. I viewed myself as a model for other pharmacists – an inherent responsibility that I believed I owed to the profession. When I was president, I believed that by having expanded privileges, I needed to practice that way every day and make it a key component of my responsibilities.

It is an exciting time to practice and a challenging time to practice.

The tools pharmacists have been given can delve so much deeper than just dispensing, and once that is known – think of what we can accomplish.

Education and Professional Development Office, is the foundation of the Opioid Dependence Treatment Certificate Program.

In this core course, physicians, nurses, pharmacists, and counsellors/case managers learn skills and review guidelines for effective and safe management of clients receiving methadone or buprenorphine maintenance treatment for opioid dependence. The course is designed to promote inter-professional collaboration among the health care team involved in opioid dependence treatment.

High Risk Patient Index Project (HIRPI)

ACP's pharmacy practice consultants (PPCs) use the Triplicate Prescription Program data profiles to assess opioid management and dispensing trends, and to support practice improvement.

Correspondence is sent to pharmacists creating awareness about apparent risks, and provides opportunity for the PPCs to work with pharmacists to change vital behaviours to improve pharmacy practices to diminish patient risk and improve care. In addition, the information determines strategies that ACP might take where it is determined that pharmacists practice is either not addressing, or is ineffective in addressing, appropriate drug use.

In 2013, the College of Physicians and Surgeons of Alberta (CPSA) and Alberta College of Pharmacists (ACP) began piloting a more proactive, population and risk-based approach to Triplicate Prescription Program (TPP) patients and their associated practitioners. The initial high-risk measure that ACP and CPSA agreed to work on jointly was: The High Risk Patient Index 600 (HRPI600), identifying patients who saw three or more known prescribers, attended three or more known pharmacies and received greater than 600 oral morphine equivalents per day (OME/day) in a three month period.

Key findings:

- Analyses of the quarterly data had to be carried out one month after the end of a quarter to allow for the majority of reversals and dispenses to be submitted.
- HRPI600 patients use anywhere from three to eight physicians and three to six pharmacies.
- Most HRPI600 cases were new and only five per cent of the cases were flagged in a second quarter. The majority of new cases only required one notification letter before case resolution.
- ACP will continue to monitor and intervene with new HRPI600 cases, determine additional interventions that may be needed and identify other high-risk measures that may be added to the process.

It was initially thought that synchronizing ACP and CPSA practitioner interventions for the same case patients would increase effectiveness. However, it is unclear if the HRPI600 pharmacy intervention is having any effect on the number of HRPI600 patients, or if the pharmacy intervention is feasible at the dispense level when physicians may be unwilling to discuss patient care with concerned pharmacists. A review of next steps is planned in 2015.



Building a sustainable future for ACP

Financial operations

The Alberta College of Pharmacists strives to be a high performing, fiscally responsible organization. Effective governance and strong leadership are foundational to ACP's success.



Independent auditors' report

To the Council of Alberta College of Pharmacists

We have audited the accompanying financial statements of the Alberta College of Pharmacists, which comprise the statement of financial position as at December 31, 2014, 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, 2014, 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 purple ink that reads 'KPMG LLP' with a horizontal line underneath.

Chartered Accountants
April 22, 2015
Edmonton, Canada

ALBERTA COLLEGE OF PHARMACISTS

Statement of financial position

December 31, 2014, with comparative information for 2013

	2014	2013
Assets		
<i>Current assets:</i>		
Cash	\$ 445,325	\$ 464,591
Investments (note 2)	6,525,661	5,878,698
Accounts receivable (note 4)	22,794	21,033
Prepaid expenses	108,806	92,742
	7,102,586	6,457,064
Legal fees recoverable	112,415	139,200
Property and equipment (note 3)	568,622	646,675
	\$ 7,783,623	\$ 7,242,939
Liabilities and Net Assets		
<i>Current liabilities:</i>		
Accounts payable and accrued liabilities (note 4)	\$ 259,784	\$ 178,032
Deferred revenue (note 5)	2,773,948	2,584,885
	3,033,732	2,762,917
Deferred lease inducement (note 6)	258,294	298,031
<i>Net assets:</i>		
Invested in property and equipment	568,622	646,675
Internally restricted (note 7)	2,150,000	2,150,000
Unrestricted	1,772,975	1,385,316
	4,491,597	4,181,991
Commitments and contingencies (note 9)		
	\$ 7,783,623	\$ 7,242,939

See accompanying notes to financial statements.

On behalf of the Council:



Councilor



Councilor

ALBERTA COLLEGE OF PHARMACISTS

Statements of operations

Year ended December 31, 2014, with comparative information for 2013

	2014	2013
Revenue:		
Annual permit and license fees (note 5)	\$ 5,624,134	\$ 5,224,733
Investment income (note 8)	223,770	304,491
Other income	299,476	242,807
Convention	-	24,105
	6,147,380	5,796,136
Expenditures:		
Operations (note 6)	1,417,185	1,268,309
Professional practice	1,080,234	843,635
Governance and legislation	815,312	518,312
Registration and licensure	690,823	639,233
Complaints resolution	536,196	647,258
Communications	447,075	506,491
Competence	302,306	416,161
Practice development	257,774	267,556
Partnership administration	151,655	207,298
Amortization	139,214	119,838
	5,837,774	5,434,091
Excess of revenue over expenditures	\$ 309,606	\$ 362,045

Statement of changes in net assets

Year ended December 31, 2014, with comparative information for 2013

	Invested in property and equipment	Internally restricted (note 7)	Unrestricted	2014	2013
Balance, beginning of year	\$ 646,675	\$ 2,150,000	\$ 1,385,316	\$ 4,181,991	\$ 3,819,946
Excess (deficiency) of revenue over expenditures	(142,016)	(249,047)	700,669	309,606	362,045
Investment in property and equipment, net	63,963	-	(63,963)	-	-
Transfers, net	-	249,047	(249,047)	-	-
Balance, end of year	\$ 568,622	\$ 2,150,000	\$ 1,772,975	\$ 4,491,597	\$ 4,181,991

See accompanying notes to financial statements.

ALBERTA COLLEGE OF PHARMACISTS

Statement of cash flows

Year ended December 31, 2014, with comparative information for 2013

	2014	2013
Cash provided by (used in):		
<i>Operations:</i>		
Excess of revenue over expenditures	\$ 309,606	\$ 362,045
Items not involving cash:		
Amortization	139,214	119,838
Loss on disposal of property and equipment	2,802	12,749
Realized losses on investments	1,067	12,076
Unrealized gains on investments	(93,956)	(153,400)
Amortization of deferred lease inducement	(39,738)	(39,738)
Change in non-cash operating working capital:		
(Increase) decrease in accounts receivable	(1,761)	59,409
Increase in prepaid expenses	(16,064)	(19,049)
Decrease (increase) in legal fees recoverable	26,785	41,224
Increase in accounts payable and accrued liabilities	81,753	75,566
Increase in deferred revenue	189,063	203,193
	598,771	673,913
<i>Investing:</i>		
Net purchases of investments	(554,074)	(240,371)
Proceeds on disposal of property and equipment	1,261	5,944
Purchase of property and equipment	(65,224)	(130,268)
	(618,037)	(364,695)
(Decrease) increase in cash	(19,266)	309,218
Cash, beginning of year	464,591	155,373
Cash, end of year	\$ 445,325	\$ 464,591

See accompanying notes to financial statements.

ALBERTA COLLEGE OF PHARMACISTS

Notes to financial statements

Year ended December 31, 2014

Alberta College of Pharmacists (ACP) is constituted under the *Health Professions Act* (HPA) to support and protect the public's health and well-being.

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:

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

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

(d) Deferred lease inducements:

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

(e) Use of estimates:

The preparation of the financial statements requires management to make estimates and

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

2. Investments:

	2014	2013
Cash	\$ 52,620	\$ 20,589
Canadian investment savings accounts and money market funds	2,797,351	2,342,158
Canadian fixed income with interest rates ranging from 1.90% to 6.14% (2013 – 1.90% to 6.14%) and maturity dates ranging from June 2015 to November 2018 (2013 – March 2014 to March 2018)	2,452,099	2,395,541
Accrued interest receivable	28,002	26,090
Preferred shares	26,410	26,300
Canadian equities	497,460	456,217
Foreign investment savings accounts and money market funds	46,627	42,608
Foreign equities	625,092	569,195
	\$ 6,525,661	\$ 5,878,698

3. Property and equipment:

			2014	2013
	Cost	Accumulated amortization	Net book value	Net book value
Furniture and equipment	\$ 267,478	\$ 179,122	\$ 88,356	\$ 107,657
Automotive equipment	82,284	64,777	17,507	25,010
Computer equipment	182,531	121,573	60,958	67,980
Website development	85,157	25,547	59,610	63,913
Registrant database	182,216	182,216	-	-
Continuing competence module	15,750	4,725	11,025	-
Leasehold improvements	502,530	171,364	331,166	382,115
	\$ 1,317,946	\$ 749,324	\$ 568,622	\$ 646,675

4. Accounts receivable (payable):

Included in accounts receivable (payable) are government remittances receivable of \$7,507 (2013 – \$1,669 payable), which includes amounts for GST and payroll related taxes.

5. Deferred revenue:

	2014	2013
Deferred permit and license fees, beginning of year	\$ 2,584,885	\$ 2,381,692
Amounts received during the year	5,813,197	5,427,926
Amounts recognized as revenue during the year	5,624,134	5,224,733
Deferred permit and license fees, end of year	\$ 2,773,948	\$ 2,584,885

6. Deferred lease inducement:

	2014	2013
Deferred lease inducement, beginning of year	\$ 298,031	\$ 337,769
Amounts recognized against operations expenditures during the year	39,737	39,738
Deferred lease inducement, end of year	\$ 258,294	\$ 298,031

7. Internally restricted net assets:

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

	2014	2013
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:

	2014	2013
Dividends	\$ 50,364	\$ 49,328
Interest	80,517	89,687
Realized gains (losses) on investments	(1,067)	12,076
Unrealized gains on investments	93,956	153,400
	\$ 223,770	\$ 304,491

9. Commitments and contingencies:

ACP is committed under an operating lease for its office premises which expires June 30, 2021. ACP also leases a photocopier with related service contract, expiring December 2016. In 2014, ACP entered into two operating vehicle lease agreements, commencing April 6, 2014 and expiring April 6, 2017. The combined commitments are as follows:

2015	\$	149,772
2016		156,997
2017		147,886
2018		144,500
2019		144,500
Thereafter		216,750
	\$	960,405

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.

During the normal course of operations, ACP has been named as a defendant in two legal claims. Management believes that the aggregate contingent liability of ACP arising from these claims is not material.

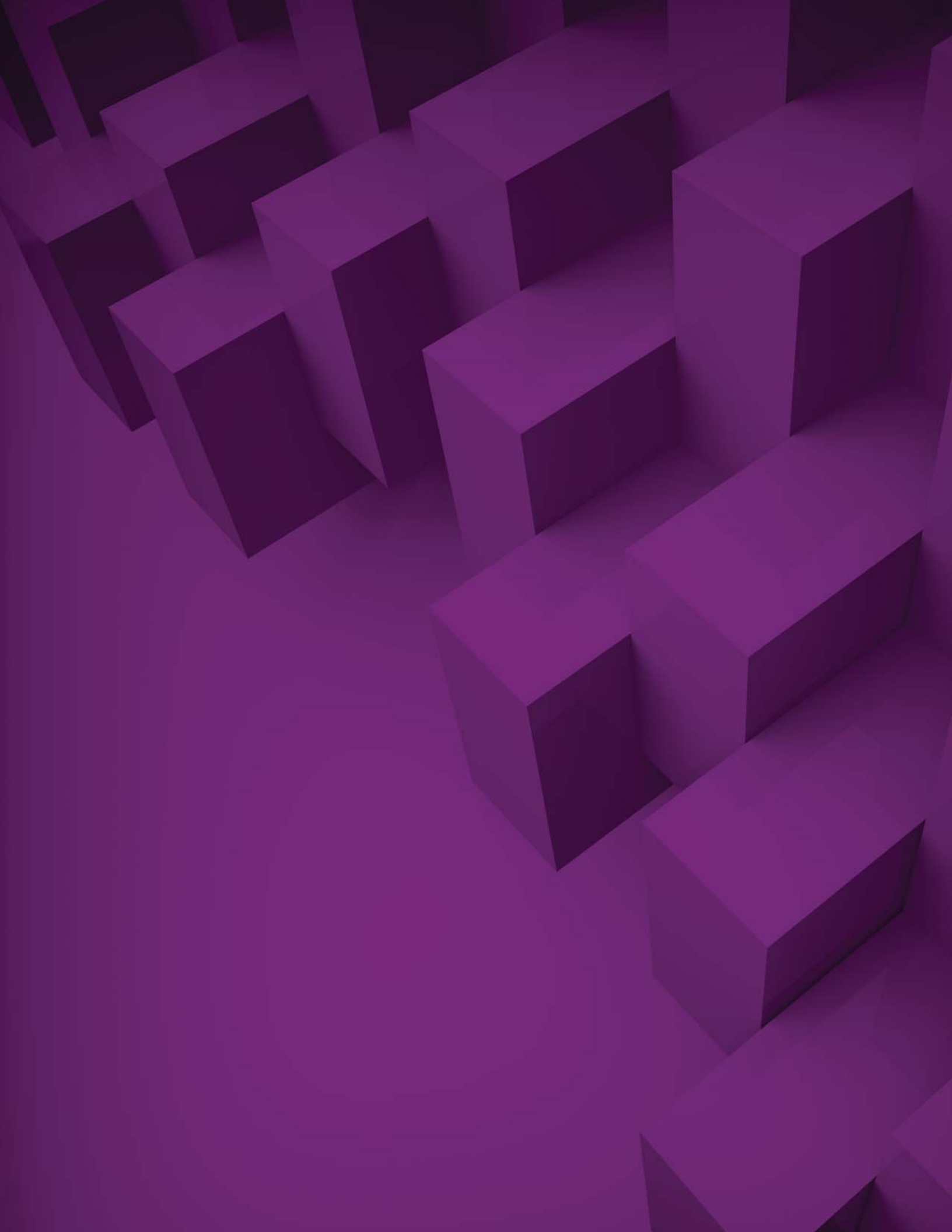
10. Comparative information:

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

11. 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.





Alberta
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