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alberta college of  
**pharmacists**



# safe, effective, responsible pharmacist practice

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## Our mandate

Our mandate is to be responsible for pharmacist practice:

- that ensures public safety,
- that supports appropriate and effective use of drugs, and
- in which the public benefits from pharmacist knowledge and skills.

As a result, we focus on three core business processes, namely:

- registering pharmacists and licensing pharmacies,
- measuring and supporting the competence of pharmacists, and
- resolving complaints about pharmacists' practices and pharmacies' operations.

## Our values

- The health of the client is paramount in all we do.
- We are dedicated to continually advancing our skills, knowledge and practice standards.
- We seek continuous improvement through creativity and innovation.
- We are accountable for our professional conduct.
- We are committed to healthy work environments that stimulate pride and personal satisfaction for our members and employees.
- We believe partnerships and teamwork are central to our achievements.



## Message from the president and the registrar

# Pharmacist roles and relationships: the next 100 years

**A**s we celebrate the province's 100th anniversary, let us all recognize that the celebration is really about people, about families and about communities, the fabric of our past and the essence of our future.

We recognize that, in the early 1900s, pharmacists, doctors, nurses and dentists formed the core of Alberta's earliest health systems. In some instances, they worked independently; in other instances, they worked as a team.

The evolution of technology and the growth of our communities have dramatically changed those health systems. In addition, they have modified relationships and altered the way we provide our services. However, our goal remains the same—quality health care for all Albertans.

Science and technology continue to rapidly change the world of health care and the profession of pharmacy. There is more pharmaceutical knowledge than previous decades, also more pharmaceutical technologies, and there are more interventions and therapies. Many of the interventions and therapies are more potent, more specific, more expensive, and potentially more dangerous than earlier modalities. Pharmacist practice in Alberta's second millennium hinges on our ability to manage the new knowledge and

therapeutic advancements to benefit clients and the health system, and on our ability to advise other health professionals and decision makers about their appropriate use.

Because of the changing nature of the health system and the growth of information and technology, we will see the evolution of new relationships and new ways to deliver and optimize client care. We will see new relationships between Albertans and pharmacists, and new relationships between pharmacists and other health professionals. The new ways of working together will require that pharmacists and other professionals be allowed to practise to the full extent of their knowledge and skills. In the case of pharmacists, an expanded practice includes the authority to prescribe and administer drugs by injection. When pharmacists have been empowered to fully utilize their knowledge and skills to the betterment of Albertans, relationships between the pharmacists and other health professionals caring for a common client will undoubtedly change...enter the world of "collaboration."

Collaboration can be defined as "interprofessional process of communication and decision making that enables the separate and shared knowledge and skills of health care

providers to synergistically influence the client/patient care provided" (Way, Jones and Busing 2000). For clients, collaboration will mean they can access care at multiple points in the system, knowing that they will benefit from the decisions of their entire health team, not just a single caregiver. In the world of pharmacy, clients will find it is easier to get the prescription medication and advice they need. Improved communication among health team members will allow for better decision making and improved quality of patient care.

The roots of collaboration start with individual health professionals. Collaboration is based on a personal commitment to the well-being of common clients, and includes trust, respect, and open and effective communication. Albertans will be served well when pharmacists and other health professionals consistently work together through improved collaborative relationships.

Tracy Marsden, President

Greg Eberhart, Registrar



**Jennifer Herrick**



## Setting the standard for the next 100 years

**T**he pharmacy profession in Alberta has a rich and varied history. The early days of compounding all medications have given way to new technologies and sophisticated manufacturing. Over the last 100 years, Alberta's pharmacists have adapted to the changes and continue to be leaders in innovative health care delivery and patient care. Many have moved from dispensing to direct patient care, bringing their distinct knowledge and skills to bear in unique service-delivery models.

We invite you to meet some Alberta pharmacists who, by the nature of their practices and their care and concern for others, contribute uniquely to patient care and are leaders in our health system. You will meet others who use their pharmacist knowledge and skills in unique environments, always with the same goal in mind—quality patient care.

### **M.J. Huston Pharmacist of the Year\***

#### **Jennifer Herrick**

Research/Drug Information Pharmacist  
Calgary Health Region / Calgary

Jennifer Herrick, the newest M.J. Huston Pharmacist of the Year, is known for excellence in pharmacist practice, particularly in geriatric

assessment, and drug information services and research.

In Jennifer's words, she has "the best clinical practice." She's a member of the two-person team at the Calgary Health Region Geriatric Outpatient Assessment Clinic, working in tandem with the geriatrician, Dr. D. Burback. In addition to drug reviews with patients, she conducts initial cognitive assessments for patients, thus contributing to patient management. The assessment includes collecting the patient's history from the family. During this process Jennifer begins to appreciate the impact of dementia, particularly Alzheimer's, on families.

Participating in the follow-up patient visits means Jennifer gets to know the patients and their families well. "It's a difficult disease," she declares. "I am amazed and humbled by how families care for their loved ones."

The geriatrician is particularly appreciative of her guidance regarding management of the patients' medications. He often contacts her about more complex geriatric patients he sees in hospital inpatient units, especially patients with cognitive or mood disorders.

As a result of her work at the clinic, Jennifer has presented on a variety of

geriatric medicine topics to pharmacy and interdisciplinary audiences. She is also a preceptor for pharmacy students and hospital pharmacy residents at the clinic.

Jennifer devotes 60 per cent of her practice to supporting pharmacy's involvement in research. She works with both industry-sponsored and grant-funded research in the region. She notes that the latter is more creative because the team is able to determine how to do the research, develop protocols, etc. "It can take from two months to two years to get a study up and running," she says. Typically there are 60 or 70 ongoing at any time.

One aspect of this work is coordinating the pharmacy residents' research projects. Jennifer works with the residents to select a topic, determine the research question, and develop the proposal for review by hospital committees. She also helps to find a principal investigator for the studies and lines up resources, such as a biostatistician, to support the resident.

Jennifer sees her involvement in research as a natural step given her background in drug information. She worked with the region's drug information centre for eight years,

achieving great satisfaction in supporting the decisions of other health professionals. "The investigational research I'm currently involved in is kind of the opposite side of the drug information service," she comments, since it generally results in new, or confirms existing, information used in practice.

Jennifer is also a willing volunteer for the profession. In recognition of her efforts she received the Canadian Society of Hospital Pharmacists (CSHP) Alberta Branch Recognition Award for Team Work in 2003 and the CSHP Alberta Branch Practitioner Award in 2004. Her practice has a non-traditional flavour, something she enjoys immensely. According to her nominators, she makes a difference in patients' and families' lives, as well as in the lives of her colleagues, and is a role model for pharmacists.

*\* The M.J. Huston Pharmacist of the Year award is presented to a college member who has demonstrated outstanding professional excellence in pharmacist practice.*

### **W.L. Boddy Pharmacy of the Year\***

**Crescent Rexall Pharmacy**  
Sylvie Druteika, Manager / Edmonton

Sylvie Druteika describes Crescent Rexall Pharmacy as a small-town pharmacy in a big city, alluding to the friendly, caring attitude of staff and the high level of service. Personal relationships are important in this pharmacy.

"Patients know about me and I know about their lives," says Sylvie. As a result, she and her staff feel comfortable about speaking when they see a problem, and patients feel equally comfortable about bringing their health concerns to the pharmacy staff.

"Knowing the patients so well means we're better able to talk with them and ask questions," she adds.

Quality relationships with health care professionals are also a priority. Sylvie and her staff focus on creating strong collaborative bonds with physicians

and other health care providers in the building and in the community. Through this strong connection the Crescent Rexall pharmacists enhance patients' outcomes and long-term health.

According to Sylvie, another means to assure good patient outcomes is the pharmacy's involvement in research and in special projects designed to advance patient care. She says, "Crescent Rexall's participation amplifies the pharmacists' individual practices, provides unique services for patients, and offers a challenge and professional satisfaction for staff." Dr. Roy Gritter, a nearby physician, notes that Sylvie and her staff "are always looking into ways to improve patient care." An example of this commitment is the pharmacists' participation in the Anticoagulation Management Program based at the University of Alberta (UofA) Hospital. The pharmacists are able to monitor patients' anticoagulation therapy, identifying and dealing with problems, while freeing physicians from this aspect of care. Other research involvement has included the Study of Coronary Risk Intervention by Pharmacists (SCRIP) and two sub-studies MORESCRIP and SCRIP 2.

The surrounding community is populated by a significant number of seniors. As a result, the pharmacy offers many programs that help patients maintain their health, such as diabetes clinics and cholesterol monitoring. Over 80 patients benefit from the compliance-packaging program offered at Crescent Rexall.

Sylvie credits much of the pharmacy's success to her collaborative relationship with colleague Karen Schultz who moved to another pharmacy in mid 2004. "Most of the projects have only been possible because we were both involved," Sylvie says.

Supporting pharmacy students is an important aspect of Crescent's operations. Students bring new ideas that challenge staff and patients alike. Visitors to the pharmacy regularly find students working through their

practicum and internship program, all under the watchful eye of the pharmacist team. Additionally, Sylvie is a teaching assistant in the UofA's pharmacy professional practice lab.

According to personnel at a neighbouring pharmacy, Crescent Rexall Drugs and its staff are highly regarded by both patients and health care professionals for their positive impact on the community's health. The staff's emphasis on community and a high standard of practice, and the trust and respect from patients and other health professionals, mean the community's health is in good hands.

*\* The W.L. Boddy Pharmacy of the Year award is presented to an Alberta pharmacy whose health professionals, by virtue of their practice, have had a positive impact on the health of their community.*

### **Anita Warnick**

Consultant Pharmacist / Calgary



Anita Warnick's practice is a combination of hospital- and community-based practice, and offers her an

incredible variety of experiences. Primarily she does consulting work for Pharmacy On-Call and the Health Resources Centre in Calgary, and works on a casual basis for the Calgary Health Region.

For Pharmacy On-Call she attends palliative care rounds at Rosedale, Sarcee and Agape hospices. These multidisciplinary meetings help to bring the resources of all of the health professions to bear on patient care. Anita says, "This is a really interesting aspect of pharmacy. Many drugs are used differently in palliative care than they are in the general population."

She also visits residents at two retirement communities on behalf of Pharmacy On-Call to discuss their medications and help them manage their drug regimen.



**Sylvie Druteika, Manager, Crescent Rexall Pharmacy**



**Cynthia Brocklebank**



Her work with the Health Resources Centre is two-fold. She provides pharmacist support to the bone and joint program by maintaining the drug inventory in the pharmacy and operating rooms, discussing medications with the patients, and offering drug information support to the health care team.

In addition, Anita contributes to the Medical Assessment Program offered by HRC for the Workers' Compensation Board (WCB). Individuals who have been receiving WCB compensation for a long period attend the 10- to 12-day, multidisciplinary assessment where the goal is to determine each individual's potential for rehabilitation. Most of the patient concerns are related to chronic pain or psycho/social issues. Her role is to review the medication profile, consult with other pharmacists as necessary to determine alternative methods of medication delivery, and contribute to team decisions about care. She particularly appreciates the multidisciplinary approach to care. "It's far better than just one person making decisions from one professional standpoint," she comments.

Her drug information services extend beyond pharmacists and health professionals. Some of her other clients include lawyers involved in personal injury litigation.

Anita has been interested in hospital practice since graduation. However, she is increasingly pulled towards an unmet need in the community. During the year she worked at the Calgary Health Region Geriatric Outpatient Assessment Clinic, she was constantly amazed at the way patients and families were handling (or not handling) drug therapy.

"They would dump a bag full of medications in front of me at the clinic and describe what sounded like a rather haphazard way of managing medications," she said. This experience confirmed the cry from Calgary's Home Care nurses for help with individuals attempting to manage their drug therapy at home. Anita expresses

frustration at the difficulty in getting pharmacists to the front line, i.e., into the patients' homes, to see what's really happening. "There's so much the patient or family wouldn't think to comment on that's affecting drug therapy. A pharmacist would be able to identify issues or situations that could jeopardize the resident's safety." She continues to research ways to make this happen.

Anita notes that every day is different. "It keeps me on my toes, keeps me fresh," she says. She enjoys being challenged and the variety of her work and the issues she addresses ensure she's kept that way.

### **Award of Excellence\*** **Cynthia Brocklebank**

Clinical Pharmacy Specialist,  
Anticoagulation / Regional Outpatient  
Pharmacy Services / Calgary Health  
Region / Calgary

Cynthia (Cyndy) Brocklebank has been recognized with an ACP Award of Excellence for her work with the Calgary Health Region's anticoagulation management service (AMS). Under her direction the single anticoagulation clinic at the Peter Lougheed Hospital (PLH) expanded to a regional service at three adult acute hospital sites.

Cyndy's involvement with the anticoagulation service began as a staff pharmacist and expanded during a 2001 Pharm D rotation at the PLH clinic. She later assumed the management of the clinic on an acting basis and began planning the service's expansion to other hospital sites. Shortly after she became the permanent manager in the fall of 2002, the Rockyview Hospital AMS Clinic opened (February 2003) and the Foothills Medical Centre AMS Clinic followed in March.

The initial focus at the two new clinics was deep-vein thrombosis and pulmonary embolism. Within months, all cardiac indications were added to the mix, followed by stroke indications and direct referrals from community family

physicians. By September 2003 all three clinics were managing anticoagulation therapy for all indications.

The planning and implementation period was challenging, but rewarding, for Cyndy. "It's been satisfying," she says with a smile, "and continues to keep me very busy!"

Cyndy has been responsible for developing and disseminating the regional anticoagulation management protocols to staff and stakeholders. In addition, she's involved in direct patient care, drug information and support, statistical reporting, coordination of clinic procedures, and in-services and liaison with physicians and other health care providers.

When a patient is referred to the anticoagulation service, pharmacists order the required lab tests and determine and adjust therapy as appropriate, managing the patient according to the clinic's policies. Some patients return to the referring physician once they are stabilized on their therapy; others remain with the service for extended periods. The average time a patient is managed by the clinics is four months; however, some remain with the service for years.

Cyndy notes that the service is growing quickly. In fact, the January/February 2005 statistics show that 1,636 patients were referred to the AMS clinics, compared to 1,381 in all of 2004! She now has the challenge of dealing with the clinics' capacity. As a result she is examining alternate ways to manage the chronic, stable patients who require only regular follow-up and do not have many ties to the acute-care sites.

In addition, she is involved in the development of a disease-management computer system that is now in the advanced testing stage. The system will be tied to the regional chronic-disease management program and will help pharmacists communicate with other health care professionals.

Cyndy is known in the region as a committed professional who

consistently pursues excellence. Her nominators note that she serves as a role model for all pharmacists. In her letter of commendation, Cyndy's immediate supervisor, Arlene Banbury, patient care manager, says, "Cyndy puts into practice each day the knowledge and commitment to patient care that exemplifies the best of our profession of pharmacy."

*\* The ACP Award of Excellence is presented to a member for a single, unique accomplishment or contribution to the field of pharmacy.*

### **Award of Excellence\* Bradley Marshall**

Pharmacist / Marshall Prescription Centre / Calgary

Brad Marshall, a fourth-generation pharmacist, is being recognized with an ACP Award of Excellence for an anticoagulation management service (AMS). His focus has been on a pharmacist-driven anticoagulation program for long-term care residents at Calgary's InterCare sites.

Long-term care residents at Calgary's InterCare are the beneficiaries of the anticoagulation program. During a Pharm D rotation, Brad worked with an anticoagulation protocol in which pharmacists ordered tests and monitored the anticoagulation therapy. He saw great potential for the protocol in long-term care where anticoagulation therapy is not always well managed.

When he joined Marshall Prescription Centre as a pharmacist after graduation, he worked with InterCare's medical director to adapt the protocol and quickly received a positive response from physicians and nursing staff alike. Brad comments that, prior to the introduction of the protocol in 2000, anticoagulation therapy for residents was extremely time consuming for nursing staff and physicians. Now pharmacists take responsibility for the therapy as soon as the residents are referred to the program.

An additional benefit for residents and nursing staff is that dosing is now more consistent, a far cry from what he observed as an assistant before he

became a pharmacist. "I noticed strange [anticoagulation] dosing for some residents—3 mg Monday to Friday, 2.5 mg Saturday, skip a dose on Sunday, and so on. It seemed rather confusing." The anticoagulation program permits pharmacists to determine an effective level of drug therapy for individual residents and ensure that dosing is the same day after day unless lab results show a need for change.

The Calgary Health Region has now adopted the protocol for use in other facilities. "The protocol has moved from our three trial facilities to at least 10 or 12 others in Calgary," says Brad. In addition, other health regions have shown interest in incorporating the program into their long-term-care facilities, a fact Brad finds quite satisfying.

A new challenge has arisen with the addition of palliative-care beds in the InterCare facilities. Brad comments, "Managing anticoagulation therapy for palliative patients is much more difficult given the complexity of their medical conditions and the other medications they are taking." He clearly relishes this new opportunity to use his knowledge and skills.

He also notes with satisfaction that, according to data collected prior to introducing the protocol, Brad and the other pharmacists have been able to increase the number of patients within an acceptable international normalization ratio (INR) range by 12 to 15 per cent.

The anticoagulation program has been operating through Marshall's for five years. According to Brad, the protocol has increased an awareness of the clinical pharmacists' role in long-term care, rather than just a dispensing focus. He was confident the protocol had great potential; it appears he was right.

*\* The ACP Award of Excellence is presented to a member for a single, unique accomplishment or contribution to the field of pharmacy.*

### **Rock Folkman**

Chair, Pharmacy Technician Program / Red Deer College / Red Deer



Rock Folkman is a pharmacist with a passion for his work. For the past 24 years he has been part of the Pharmacy

Technician Program at Red Deer College (RDC). Currently serving as the premier program's chair, he's justifiably proud of its reputation and its graduates.

During his fourth year of university studies, Rock worked as a teaching assistant. "I loved it!" he says. "I loved the interaction with students and knew if I got a chance, I'd be in a teaching environment again." Keeping that experience in mind, he took some courses in education while pursuing his pharmacy career. It was a natural move to apply at the college when a position became available.

Arriving at RDC in 1981 landed Rock in an exciting atmosphere. "Colleges and universities are so full of life!" he declares. Add to the atmosphere a field that's always changing and you have a mix that holds great appeal for him. "Pharmacy keeps changing and, because of the changes, keeps being interesting," he says. In addition, the world of pharmacy technicians is also changing. "After years of talk about accreditation and registration and certification, we're finally close to seeing something concrete happen," he says.

The RDC program currently has 44 students taking courses on campus and another 44 who are learning primarily on-line with some on-campus labs. The 14-course program can be completed in 10 months on campus. Some students study on a part-time basis over two years. During the last 24 years he led enhancements to the curriculum and development of course



**Bradley Marshall**

Wyeth Consumer  
Healthcare  
Bowl of Hygeia



**Ted Szumlas**

manuals. Some of the manuals are used by other pharmacy technician programs in Canada, notably in British Columbia and Saskatchewan.

When he started at the college, the program was still considered groundbreaking. "It wasn't the norm to have a technician in a community pharmacy at that time," he notes. Part of his job was to introduce pharmacists to technicians and the role they can play in supporting pharmacist practice. Today it's unusual not to find a technician in a pharmacy. However, there's still a need to ensure the technicians are well trained, qualified, focused on patient safety, and understand their role related to pharmacy services.

Over the years Rock continued to work part-time in a community pharmacy. His practice experiences give him real-life situations he can take back into the classroom. He now finds it increasingly difficult to find time to practise, especially since he assumed the presidency of the Canadian Pharmacy Technician Educators Association last year.

After 24 years at Red Deer College, Rock says a job offer elsewhere would have to be "pretty enticing" for him to leave his current work. "It's a good career," he says with satisfaction. "It's stimulating, exciting, always changing."

### **Wyeth Consumer Healthcare Bowl of Hygeia\***

#### **Ted Szumlas**

Owner / Manager / Bashaw Drugs / Bashaw

Ted loves being a part of the pharmacy profession! He also loves being a part of the Bashaw community where he has served extensively since moving there in 1991. It's Ted's vast contribution to his community that has resulted in him being heralded as this year's recipient of the Wyeth Consumer Healthcare Bowl of Hygeia.

When Ted and his wife Diane moved to Bashaw, they wanted their children to live where they could have a sense of community—where they would know

everybody, feel safe, and have a sense of belonging.

Ted says, "[Community members] left me alone for a few months after we moved here, then I was approached to serve on the Chamber of Commerce." Thus began his significant tally of community service, including a three-year term as the town's mayor.

In addition to serving on the chamber executive (two of those years as president), he has been active in many community building and economic development organizations. A short list includes the Bashaw Health and Wellness Association, the Bashaw Handi-Van Society, the Bashaw Agriculture Society, the Bashaw Curling Club, the Bashaw Economic Development Committee and the Bashaw Senior Class Graduation Association. He has provided advice and assistance in the organization of events, fund raising and governance.

He has also been an active in the support and design of local health services, including consultation on the design of services after health care regionalization in the 1990s.

Recruitment of physicians was a major focus for the last few years; Ted worked closely with the David Thompson and East Central regional health authorities and the Rural Physician Action Plan to find a physician to replace the long-serving doctor who retired. Their efforts saw fruition when a new physician arrived in 2004.

Ted continues to advocate for a system of primary-care services to rural communities, and is an integral part of providing health care services to both the community and the Bashaw Health Centre. He owns and manages Bashaw Drugs, and serves the local 32-bed lodge and the 28-bed hospital.

Another major focus of Ted's activities has been politics. In addition to his service as mayor from 1995 to 1998, Ted was actively involved in the Ponoka-Rimbey Progressive Conservative Constituency Association, serving as president for eight years, and now serves as

president of the newly created Lacombe-Ponoka constituency association. He sees a major part of his contribution as being the eyes and ears of the community, conveying information about community concerns to the local MLA.

"Being a pharmacist is ideal for this role," says Ted. "People talk to their pharmacist about their health concerns. This develops into friendly relationships where they also share their community perspectives. You can identify the public's concerns and how government policies impact our community."

Despite all of the time and energy devoted to his community, Ted prioritizes family time. "Family is really important to Diane and me," he comments. "I've set aside so much time for my job, so much for my community, and neither of those intrude on my family time."

Quoting a friend, Ted says, "You can be as busy as you want to be; there's always work to do." He notes that the community opened their arms to the Szumlas family and the family is delighted to be a part of it. "Being community makes it easy to continue to serve."

*\* The Wyeth Consumer Healthcare Bowl of Hygeia is awarded to a pharmacist who has compiled an outstanding record of community service which, apart from the recipient's specific identification as a pharmacist, reflects well on the profession.*

### **Captain Richard Quinlan**

Pharmacist, Health Service Support Company / Task Force Kabul, Operation Athena / Department of National Defence



Captain Richard (Rick) Quinlan is experiencing the adventure of a lifetime. He is the only pharmacist among approximately

700 Canadian soldiers in Kabul, Afghanistan. As part of the contingent of 50 medical personnel in the Health

Service Support Company (HSS Coy) at Camp Julien, his practice is similar to, yet radically different from, those of other Alberta pharmacists.

Although Rick is a recent pharmacy grad (2003), he has served in the military for almost 22 years in a variety of capacities including air traffic controller and medical assistant. His most recent posting as the HSS Coy pharmacist began in January 2005 when he and his colleagues arrived at Kabul International Airport wearing their helmets and flak vests. "Once on the ground, we grabbed our weapons and loaded into armoured vehicles for the ride to Camp Julien," he says.

His purview includes responsibilities one would normally consider part of community pharmacy practice, i.e., dispensing medications, counselling patients, and interacting with other health care professionals about drug therapy. In addition, he has some typical hospital practice responsibilities, such as stocking appropriate medications on the ward, and in the operating room and the front medical station (similar to a walk-in clinic). Ensuring that appropriate medical equipment is available and maintaining the equipment are part of his job, as is the administration of the X-ray and laboratory departments. He also supplies units outside the camp with medical equipment and medications, and specialized items such as first aid kits for combat first responders. Further, maintaining the blood and oxygen supply fall within his duties, as does being prepared for location-specific emergencies like storing cobra anti-venom. He has a complement of four staff to assist him.

The medical services are located inside huge tents, like canvas Quonset huts, called biospheres. There are three tents, side by side, that are connected in the middle. The pharmacy walls are made of two-meter tall, plasticized canvas, and the floor space is about three by four meters. "Needless to say, the amount of different medications on hand have

to be restricted due to lack of space," he comments. Usually the most common or lowest strength of a medication is held instead of all strengths available.

Rick had a wooden door installed to control access to the pharmacy, making it the only office with a door. Outside of the pharmacy are containers that hold medical items, equipment and medications. "We need to keep on hand an inventory for at least a month in case there are problems with our supply line or there are mass casualties," he notes. "Unfortunately, there is no 'just in time' ordering here! You don't realize how much you depend on that until you no longer have it."

The Camp Julien health care team of about 50 medical personnel, includes physicians, nurses, a physician's assistant, medics, and X-ray, lab and other health care personnel. "Our common goal is the welfare of the patient," Rick says, "and everyone is willing to help in that direction." He often serves a triage function, sometimes recommending an OTC, other times referring the individual to a physician.

"I personally enjoy the patient counselling time in military practice," he says. "We don't deal with money issues and nobody is rude or in a rush."

Preparing for deployment to Kabul required weapons training and classroom work about the culture and background of Afghanistan. The troops were exposed to scenarios with mines and explosives, even an obstacle course that simulated driving through the city of Kabul with people walking around (some of whom were not friendly), and driving through ambushes. In addition, there were two weeks in a mock-up camp where the team really jelled, proving that the team members were capable of handling what was expected of them.

HSS Coy provides essential medical and dental services to the Canadian members of Task Force Kabul and to

the military and civilian personnel from various nations who live at Camp Julien. They are part of Operation Athena, Canada's contribution to the International Security and Assistance Force, helping to maintain security in Kabul and the surrounding areas so that the Afghan government and UN agencies can rebuild the country. Of approximately 900 Canadian troops deployed on Operation Athena, about 700 are located at Camp Julien in Kabul; the remainder are deployed elsewhere in southwest Asia.

Rick jokes that not too many pharmacists in Canada would carry a helmet and flak vest to and from work, nor would they spend time counting bullets and firing a rifle and pistol. "That definitely makes this experience unique," he says, "along with sleeping in a tent for six months."

### **Donna Kowalishin Honourary Life Member\***

Pharmacist / Shoppers Drug Mart /  
Edmonton

Donna Kowalishin is known to colleagues and patients alike as the consummate professional. Her commitment to the profession and her patients has earned her an honorary life membership in the Alberta College of Pharmacists. She exemplifies commitment to the profession, with dignity, says Berndt Staeben, past president of the Canadian Pharmacists Association (CPhA). His comments are echoed by Chuck Wilgosh who has served on many college committees with Donna. "She has very high professional and ethical standards," he notes.

Looking back over her pharmacy career, Donna sees volunteering for the profession as a progression. Her work as a lab assistant at the UofA's Faculty of Pharmacy and her contact with students led her to join the then Alberta Pharmaceutical Association, now Alberta College of Pharmacists, Internship Committee. There she helped prepare jurisprudence exams and performed other committee work.



**Donna Kowalishin**

"Then people encouraged me to run for Council," she comments. She was elected in 1989. Donna describes her service on Council as hugely eye-opening. Prior to becoming a councillor, she didn't understand the scope of the issues in which the association was involved. "When you're a councillor, you realize it's your responsibility to deal with the issues and try to make a difference."

After serving on Council, including her term as president in 1992/93, she was appointed to the Canadian Pharmacists Association (CPhA) board. Her involvement there spanned 10 years from 1994 to 2004 and included a term as president in 2002/03.

"The CPhA board was somewhat different," notes Donna. The practice issues discussed by the board are the same, but they're addressed on a national basis with a larger audience, i.e., looking at federal health issues, using federal contacts, and addressing national health policy and how pharmacy is included in primary care. In addition, the CPhA represents Canadian pharmacists in the international arena, a whole new field for Donna.

Reflecting on her volunteer experience in the profession, Donna says, "I enjoyed working with and interacting with peers." Your horizons are broadened and you learn from each other, she says. In her view, your purpose is to make a difference for pharmacy because you believe in what pharmacists can contribute.

"The more you get involved, the more you learn," she adds. Although she has practised only in community pharmacy, she feels strongly that, as a result of what she has learned through volunteering, she has gained insight into institutional practice and military practice, among others.

"That's a reward in itself," she declares. "It changes how you view your own practice and increases your appreciation for the work others do." The experiences also give you more

confidence in yourself and your practice, she adds.

All of her experiences underline the fact that professional organizations are based on team work, just as in practice. She says, "You always have the patient in mind."

Rick Hackman, a former ACP president and fellow councillor, remarks, "Donna doesn't rest on her laurels, but leads by example in the way she practises herself. She's a consummate professional, working to make a difference in people's lives."

Donna says she is pleased and humbled to receive the honorary life membership. "I was involved because I love the profession and my reward was getting to know and work with so many pharmacists. Having experienced all of that, then having friends recognize my contribution is the ultimate honour."

*\* The Honorary Life Membership is awarded to pharmacists who have rendered distinguished service to the profession.*

### **Diane Duncan**

Academic Detailer / Alberta Drug Utilization Program / Calgary\*

### **Paula Cunningham**

Academic Detailer / Alberta Drug Utilization Program / Calgary\*



Diane Duncan and Paula Cunningham aim to change that phenomenon among Calgary's family physicians.

They are the key staff members for an academic detailing pilot project under the Alberta Drug Utilization Program. The pilot is being conducted in cooperation with the Calgary Health Region and the College of Physicians and Surgeons of Alberta.

Ask the average physician about academic detailing and you will probably get a blank look. Pharmacists

Diane and Paula will share evidence-based drug information with family physicians and provide them with individualized consultation on prescribing practices. The goal is to encourage changes in prescriber behaviour in keeping with provincial clinical practice guidelines and evidence-based research. Over the life of the project, a minimum of two disease states will be addressed, the first of which is dyslipidemia. (Other topics have not yet been chosen.)

Paula says, "The project is a multi-faceted intervention beginning with a continuing medical education (CME) event on dyslipidemia." Physicians who attend the CME will be able to request a visit by an academic detailer, and either Diane or Paula will follow up on the request. The academic detailer visit is also available to physicians who did not attend the CME.

After the academic detailing session, each participating physician may request a prescriber feedback report comparing his or her prescribing to that of peers in the region. In addition, they can attend opinion-leader consultation sessions, i.e., sessions with six or eight other physicians and a dyslipidemia expert.

The first academic detailing topic for the Calgary Health Region was chosen through consultation with the region's Department of Family Medicine and its Chronic Disease Management Group, and the UofC's Faculty of Medicine. The intent is to complement the work of these groups towards improving the management of dyslipidemia. "The information provided during the academic detailing visits will adhere to the provincial clinical practice guidelines for managing dyslipidemia that have been locally validated," says Diane.

"A big challenge for the project is that many physicians don't know what academic detailing means," comments Paula. However, that void will be addressed at the CME when



the project is described and physicians will be encouraged to participate. In addition, Paula and Diane set up booths at conferences and discuss the project with delegates.

The CME sessions are planned for mid-March and mid-April. In the meantime, the two academic detailers are building their knowledge base by reading the evidence-based literature in the field. Diane notes, "We've had to accomplish an intensive amount of work before we are ready to go to physicians' offices." Besides ensuring they are fully grounded in the disease state, they have worked with key stakeholders in the region to match their messages with regional needs.

Each visit to a family physician will likely take about 20 to 30 minutes. Diane or Paula will leave the physician with three key messages about dyslipidemia, namely that treatment is under prescribed, it is important to address adherence to treatment, and it is important to monitor treatment to ensure patients are meeting their targets. However, discussions will be tailored according to each physician's information needs. Physicians will also receive a two-page reference sheet summarizing key points from the treatment guidelines.

The pilot started in 2001 in the David Thompson Health Region (DTHR). As the program built momentum, increasing numbers of physicians became involved. The data collected so far show a positive response from physicians. The Calgary launch is intended to assess the program in an urban setting.

Diane and Paula's enthusiasm and their belief in the potential for academic detailing is clearly evident as they talk about the project. They are keen to begin meeting with physicians to discuss the clinical practice guidelines.

*\* This article was prepared before the first CME in March. As of April 26, 20 physicians have indicated an interest in a visit by an academic detailer.*

## Roland Coppens

Pharmacy Manager / Shoppers Drug Mart #328 / Edmonton



Roland Coppens, pharmacy manager for Shoppers Drug Mart (SDM) #328 in Edmonton, is becoming

known for his work with international pharmacy graduates (IPGs). To date, five IPGs have completed their internship with him and one other is nearly ready to challenge the entry to practice evaluations.

"It's a little intimidating to mentor someone who you could be taking courses from," says Roland, in reference to the academic qualifications of his IPG interns. Four of the six have a Pharm D, one of whom has a PhD and another is completing PhD studies. "Their therapeutic knowledge is stellar," he adds.

"Language and cultural issues are a major problem for these individuals," notes Roland. "Patients take for granted that someone will understand them when they talk about body parts or functions without specifically mentioning them." The interns learn to be quick about picking up on what people are saying and, as they do so, they begin to develop a relationship of trust with the patients.

Another major hurdle is the mechanics of pharmacy practice. Adapting to the use of computer technology as part of practice can be a major learning step. Challenges also arise from a lack of systems information, such as inventory management and working with insurance claims.

Roland observes, "In addition, there are 1001 things that Canadians know about pharmacists simply from being Canadian and being exposed to pharmacists." Add to that knowledge

everything students learn in university about pharmacist practice. "Someone from another country like Iran or Nigeria doesn't have the same background," he notes. "Our job as mentors is to help them assimilate the information and be able to use it in their practice."

Roland started down this road when he realized that pharmacists from other countries were having difficulty finding internship placements. "They need help and we can't develop pharmacists as quickly as we need them," he says. Providing an opportunity for an international grad to fulfil their internship requirements seems like a logical step.

He has had total support from his SDM associate, Shawn Cripps. Together they determine when they can assume responsibility for another grad.

Supporting an IPG intern involves a major investment of time and effort, and everyone in the pharmacy shares in the workload. Exposure to all of the other staff members means the interns learn from the wealth of experience in the pharmacy.

One of the benefits to a mentor is an opportunity to learn about another culture and other pharmacist practices. "Often I will ask, 'How would you handle this situation in your home country?'" says Roland.

"I feel in some ways like an older brother," he remarks. "You have a sense of pride when the grad is ready to move on to licensing as a fully qualified pharmacist. They did all the work, but you contributed."



## Highlights of our activities and achievements 2004/05

**O**ur mandate is to be responsible for pharmacist practice:

- that ensures public safety,
- that contributes to the appropriate and effective use of drugs, and
- through which the public benefits from pharmacist knowledge and skills.

As a result, we focus on three core business processes, namely:

- registering pharmacists and licensing pharmacies,
- measuring and supporting the competence of pharmacists, and
- resolving complaints about pharmacists' practices and pharmacies' operations.

We are pleased to offer you the following highlights of our activities and achievements over the past year.

### **Registering pharmacists and licensing pharmacies**

- During 2004, the college processed 43 new pharmacy applications and registered 163 new pharmacists.
- The jurisprudence exam, a requirement for candidates for practice in Alberta, was offered 10 times in 2004; 270 exams were administered in total. Of the

*The Registration department is responsible for maintaining an accurate register that identifies individuals qualified to practise pharmacy in Alberta. Our registration system is based on the mutual recognition agreement with other Canadian pharmacy regulatory organizations, and accommodates movement of qualified pharmacists between Alberta and other provinces. We are committed to timely and accessible registration processes.*

candidates who took the exam, 18 were unsuccessful on their first attempt but passed on a subsequent try. One candidate required three attempts to pass and one required four. Three candidates who were unsuccessful on their first attempt have yet to challenge the exam again. The success rate was 90.1 per cent.

- Candidates for the jurisprudence exam included new university graduates from Alberta and other provinces, licensed pharmacists from other provinces moving to Alberta under the mutual recognition agreement, pharmacists coming to Alberta from other countries, and Alberta pharmacists reinstating their practice after time away from the profession.
- The college is working with the Canadian Association of Pharmacy Technicians – Alberta Branch (CAPT – AB) to standardize technician skills.

Most recently the working group has discussed the feasibility of registering technicians on a voluntary basis. Achieving the standardization of pharmacy technicians' knowledge, skills and practice is important to the public, the pharmacy profession and the college to ensure safety within Alberta's drug distribution system. Work on this initiative will continue throughout 2005.

### **Field audits**

- A total of 151 field audits/assessments of licensed pharmacies were completed in 2004. They focused on the pharmacies' compliance with federal and provincial legislation; the pharmacies' operations; and factors that may affect patient safety, such as operational systems (including policies and procedures), technologies and human resources.

## Pharmacy statistics 2004

	Changes of Ownership				New Pharmacies				Renovations				Relocations			
	Edm	Cal	Other	Total	Edm	Cal	Other	Total	Edm	Cal	Other	Total	Edm	Cal	Other	Total
January		1		1		4		4	2	1		3	1	1		2
February	1	2	1	4		4	3	7		1		1				0
March			1	1		2	1	3	2	2	1	5			1	1
April	1	2	1	4				0	1		2	3				0
May				0			1	1				0			1	1
June				0				0				0				0
July	2		3	5		1	1	2		1	1	2			1	1
August		2	7	9		3	1	4	2	3	4	9	1			1
September	1	2	1	4		3	4	7	1	2		3			1	1
October		1	2	3		2		2		1	2	3	1			1
November	1		1	2		2	2	4			1	1			1	1
December	1			1				0	2			2		1	1	2
Totals	7	10	17	34	0	21	13	34	10	11	11	32	3	2	6	11

### New pharmacies 2004

	Edm	Cal	Other	Total
Corporate	0	9	9	18
Independent	0	12	4	16
Total	0	21	13	34

### Pharmacy closures 2004

	Edm	Cal	Other	Total
Corporate	0	0	1	1
Independent	3	2	4	9
Total	3	2	5	10

### Historical data\*

	Retail	Hospital	Total
2003/2004	867	137	1004
2002/2003	829	142	971
2001/2002	790	140	930
2000/2001	793	141	934
1999/2000	780	141	921

\* from annual reports

## Pharmacist demographics 2004

Status	Practising Community	Practising Hospital	Total Practising	Non-Practising Members	Retired & Honourary Life	Total Non-Practising	Subtotals	Totals
Total	2944	400	<b>3344</b>	327	397	<b>724</b>	4068	4068
By Gender	Male #	1170	101	<b>1271</b>	111	253	1635	4068
	Male %	40%	25%	<b>38%</b>	34%	64%	40%	
	Female #	1774	299	<b>2073</b>	216	144	2433	
	Female %	60%	75%	<b>62%</b>	66%	36%	60%	
By Grad Place	UofA	2087	292	<b>2379</b>	232	306	2917	4068
	Canadian	634	94	<b>728</b>	77	81	886	
	OOC	223	14	<b>237</b>	18	10	265	
By Location	Calgary area	872	125	<b>997</b>	43	87	1127	4068
	Edmonton area	1031	158	<b>1189</b>	65	134	1388	
	Other in Alberta	912	117	<b>1029</b>	29	95	1153	
	Out of Alberta	129	0	<b>129</b>	190	81	271	
By Age	29 yrs & less	466	20	<b>486</b>	30	0	516	4068
	30-39 yrs	943	96	<b>1039</b>	104	0	1143	
	40-49 yrs	800	152	<b>952</b>	100	0	1052	
	50+ yrs	735	132	<b>867</b>	93	397	1357	
By Years Licensed	5 yrs & less 2004-2000	656	22	<b>678</b>	38	0	716	4068
	6-10 yrs 1999-1995	460	48	<b>508</b>	55	1	564	
	11-15 yrs 1994-1990	417	61	<b>478</b>	45	1	524	
	16-20 yrs 1989-1985	362	65	<b>427</b>	55	3	485	
	21-25 yrs 1984-1980	321	69	<b>390</b>	47	4	441	
	26+ yrs 1979 & earlier	728	135	<b>863</b>	87	388	1338	

**Pharmacist demographics 2004** *continued*

**Internship program registrants**

Graduates from the University of Alberta	95
Graduates from other Canadian universities	74
Graduates with foreign credentials	43
<b>Total</b>	<b>212</b>

**Previous stats from AGM Reports**

	Practising Comm	Practising Hospital	Total Practise	Male %	Female %	Retired	Non-Practise	Total Inactive	UofA	Other Cdn University	Foreign Cred / MRA	Total Registrants
2003/2004	2809	387	3196	38	62	333	397	730	93	53	17	163
2002/2003	2698	398	3096	39	61	353	373	726	94	53	28	175
2001/2002	2586	414	3000	41	59	368	363	731	108	76	26	210
2000/2001	2484	429	2913	39	61	349	341	690	100	40	8	148
1999/2000	2374	444	2818	43	57	367	333	700	90	33	4	127
1998/1999	2331	439	2770	40	60	403	307	710	88	41	1	130
1997/1998	2247	435	2682	40	60	462	275	747	90	35	6	131
1996/1997	2170	431	2603	41	59	495	264	759	92	18	5	115
1995/1996	2132	409	2531	40	60	577	227	804	96	17	12	125
1994/1995	2055	441	2496	41	59	563	207	770	101	42	0	143
1993/1994	1974	477	2451	43	57	535	160	695	95	28	8	131

The general practice environment and the promotion of a culture of safety were also addressed.

**2004 Inspections**

Changes of ownership	29
New pharmacies	36
Pharmacy relocations	11
Pharmacy renovations	29
Routine	40
Requested by Infringement Committee	6

■ College team members visited pharmacies throughout the year to discuss emerging issues and to address pharmacists' concerns and questions. In addition, the visits gave the college team an opportunity to monitor pharmacies' compliance with storing scheduled drugs and compliance with the college's request to store single-entity ephedrine and pseudoephedrine products in the dispensary.

**Measuring and supporting the competence of pharmacists**

**Continuing Professional Development**

The RxCEL Learning Portfolio is a system for pharmacists to plan, record and reflect on continuing professional development activities. It consists of a record of learning activities and supporting documentation for those activities. All practising members are required to submit their record in the form of a completed professional development log in order to renew their annual registration.

■ Audits of the 2002/03 learning portfolios were completed in early 2004. Out of 300 audits, there were 298 confirmations of compliance, for a 99.3 per cent compliance rate. Only two files were referred to the Competence Committee. In order to be deemed satisfactory, a learning portfolio's records must be an accurate representation of allowable professional development activities and contain adequate documentation to support all continuing education unit (CEU) claims.

■ All professional development logs (PDLs) submitted during the 2004/05 registration renewal process were reviewed closely to ensure compliance with the program guidelines. Issues or

*The Competence department is responsible for the development and implementation of the RxCEL Competence Program. The assessment of competence helps pharmacists maintain competence and meet professional standards. The program offers pharmacists a number of tools to help them maintain and/or improve their knowledge and skills. One component of the competence program is mandatory continuing education. All practising pharmacists are required to complete 15 hours of professional development in each membership year.*

*The Education department was created in 2004 to support college strategies. In collaboration with college partners, it facilitates the development and delivery of learning opportunities to support the professional development of pharmacists.*

concerns were addressed either by telephone, e-mail or mail. Audits of 600 2003/04 PDLs are under way.

■ Work on the self-assessment component of the learning portfolio and feedback from members prompted a review of the learning portfolio processes and forms. Revised forms that more effectively meet members' needs will be distributed in September 2005. The professional development log and the learning project record have been streamlined for easier use.

### Self Assessment

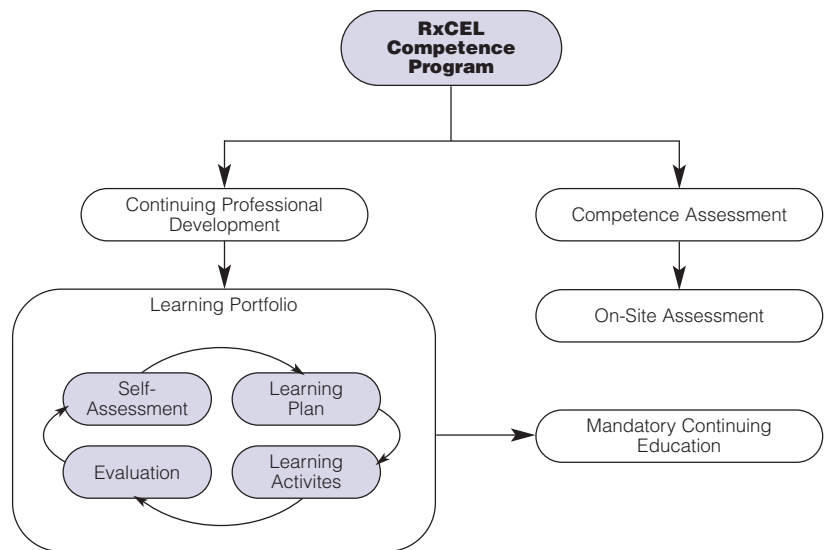
The self-assessment tools and process will help pharmacists assess their own professional competencies, identify their learning priorities, and plan learning activities to address them.

■ Preliminary development of the new self-assessment tool was completed by April 2004 and a pilot of the tool began in September 2004. The pilot includes investigating how the self-assessment tool integrates with the learning portfolio. Revision of the self-assessment program continues based on feedback from the pilot project and discussions with the Competence Committee and other experts. The program and manual, along with the *Competency Profile for Alberta Pharmacists*, will be mailed to all practising members in September 2005.

### Competence Assessment

Assessment of competence involves two steps: identifying performance expectations and ensuring that pharmacists perform to these standards. The on-site assessment program measures more than competence; it also measures the pharmacist's performance. An assessment is conducted at the pharmacist's practice site, with the goal of determining whether the pharmacist is practising at a competent level. The program is designed to be non-disciplinary, educational and practical.

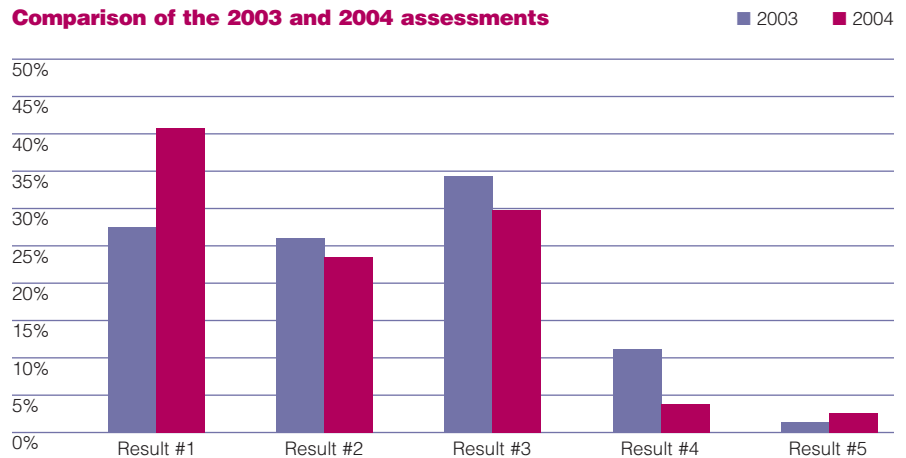
■ In 2004 we conducted 81 on-site assessments. Of these, 74 were first assessments, three were second assessments, and four were third



### Aggregate results of the 2004 assessments

Recommendation	1st assessments	2nd assessments	3rd assessments	Total	%
All criteria at or above peer mean, no further action required (Result #1)	32	0	1	33	40.74
Please work to enhance your practice in the identified areas; no follow up required (Result #2)	19	0	0	19	23.46
Please develop learning projects in the identified areas and submit to the Practice Review Panel (Result #3)	19	3	2	24	29.63
Please develop learning projects in the identified areas and undergo a reassessment (Result #4)	3	0	0	3	3.7
Referral to registrar (Result #5)	1		1	2	2.47
Total:				81	100

### Comparison of the 2003 and 2004 assessments



assessments. This brings the total number of completed assessments since the beginning of the program to 474, with 440 pharmacists assessed. We are currently evaluating the impact of the on-site assessment program on pharmacists' practice.

- We are encouraged that over 40 per cent of pharmacists assessed in 2004 scored at or above the peer mean in all areas. Our on-site assessments will continue in 2005.

### Accreditation

Providers of pharmacy continuing education programs for Alberta pharmacists can request that ACP review a provincial program for relevance to pharmacy practice, accuracy and lack of bias. A specific number of continuing education units is assigned to programs that meet the criteria. The college uses the Canadian Council on Continuing Pharmacy Education criteria when accrediting programs.

- The college accredited 68 continuing education programs in 2004. The accreditation process often includes informing and advising education providers about the components of a quality education program and the accreditation process, and helping them resolve issues with their submissions. Many sample forms have been developed to support this process.

### Educational initiatives

- The Accelerated Clinical Training (ACT) project was funded by Alberta Health and Wellness in September 2004. This collaborative partnership involving the college, the UofA's Faculty of Pharmacy and Pharmaceutical Sciences, the Capital Health region and Shoppers Drug Mart will permit 40 fourth-year students to participate

in five days of training to enhance their workplace skills. The project will explore the extent to which increased student workplace readiness and reduced on-site orientation time will increase institutional and community preceptor willingness to accept student placements.

## Resolving complaints about pharmacists' practices and pharmacies' operations

### Complaints resolution

- In 2004, 74 formal (written) complaints were referred to the Infringement Committee. Of these, 27 have been resolved. In addition, we have resolved 14 complaints carried over from 2003 and one carried over from 2001, for a total of 42 resolved complaints. Forty-six informal (oral) complaints were resolved in 2004.

- The resolution of complaints is increasingly complex due to the changing nature of pharmacist practice and the complexity of the health system.

- All hearings held in 2004 were open to the public.

- During 2004, ACP's Council considered one appeal of an Investigating Committee decision. Also ACP's Appeals Committee heard one appeal regarding a decision made by the Infringement Committee.

## Investigational summaries

### Files closed by the Infringement Committee

The following examples are provided simply to portray the nature of complaints considered by the Infringement Committee.

- A customer complained that he had received poor customer service, did not receive pharmacist follow-up about taking Novo Ketoconazole with Protein C Reactive pill, and did not receive a three-month supply of medication as requested.

The customer had attended at the pharmacy around 5 p.m. to have several prescriptions filled. The pharmacist attempted to phone the customer's doctor to confirm whether there was a possibility of medication conflict, but the doctor was away on

*The college is committed to ensuring that no harm shall come to a patient as a result of pharmacist practice. To that end, we ensure that the public has recourse for the resolution of unsafe or unethical pharmacist practice and that pharmacies have safe and effective environments within which pharmacists can optimally use their knowledge and skills to benefit client health. The latter is measured and monitored through a field audit process.*

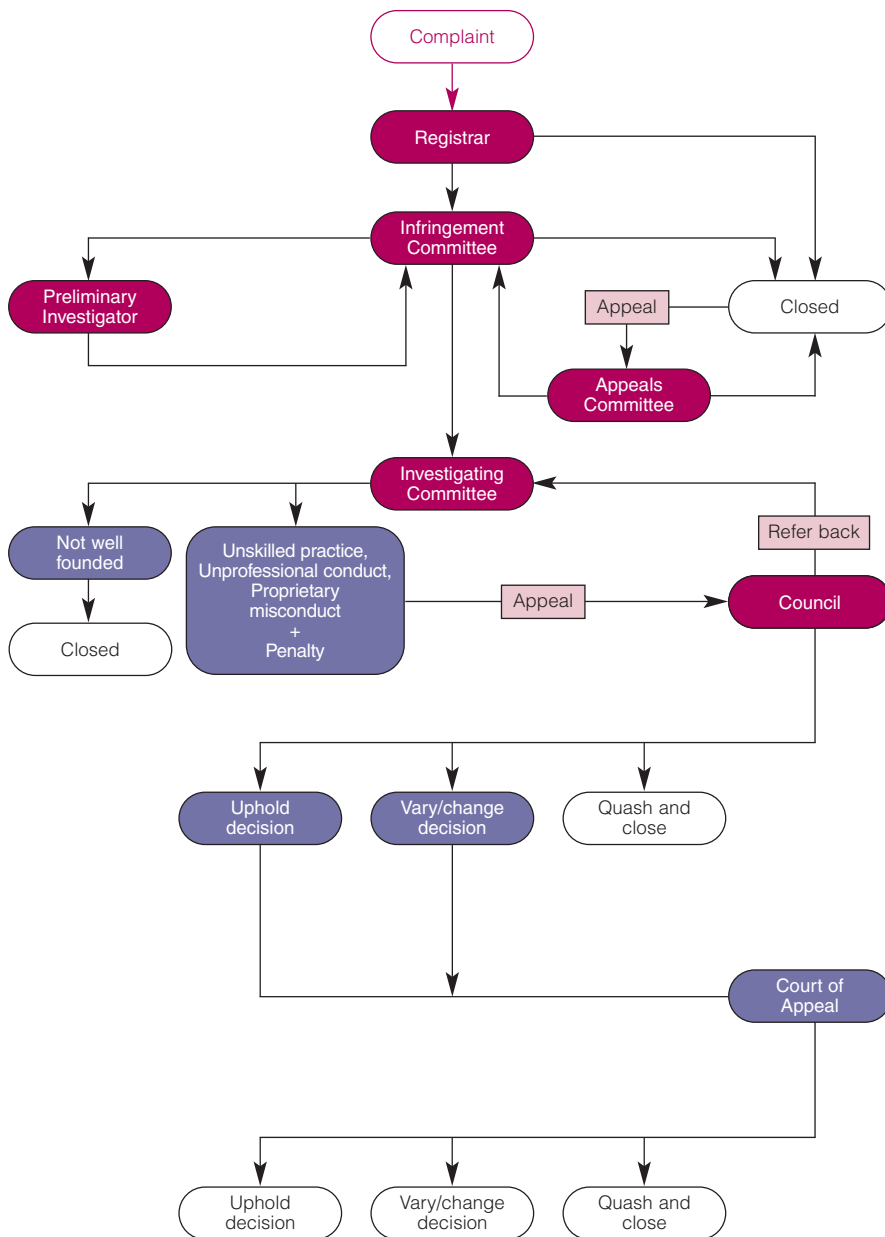
*Complaints about pharmacists and proprietors are investigated and resolved in accordance with Part 7 of the Pharmaceutical Profession Act.*

*The college endeavours to clarify the source or cause of the each complaint and determine measures to prevent similar occurrences in the future.*

## Historical Data of the Complaints Resolution Process

	2000	2001	2002	2003	2004
Files brought forward from previous year		33	42	36	39
New complaints received during year	66	65	40	46	74
Files closed during year	33	56	46	43	42

When a complaint is received by the office of the registrar, the registrar then reviews the complaint and if he believes that the conduct of a member or proprietor constitutes or may constitute unskilled practice, professional misconduct or proprietary misconduct, he refers the matter to the Infringement Committee. The committee normally appoints a preliminary investigator to collect all relevant information on the matter. Upon considering the preliminary investigator's report, the committee may determine that the matter is frivolous or vexatious, that there is insufficient evidence of unskilled practice, or that the matter should be referred to an investigating committee for formal investigation.



vacation until the following week. When the pharmacist received a call from the doctor's office regarding the prescription, the pharmacist contacted the pharmacy manager who telephoned the customer.

The Infringement Committee determined that the decision to telephone the doctor for clarification was appropriate and that the delay in providing the information occurred because the doctor had been away. The file was closed.

■ A customer alleged that her privacy had been violated when she was required to place her contact information, reason for needing the over the counter (OTC) medication, and her signature in a binder in order to purchase Tylenol 1 at the pharmacy.

The customer alleged that she was able to identify the names of previous purchasers of the product in the binder. The customer was advised that unless she entered the information, the pharmacy would not sell her the Tylenol 1. The pharmacy had developed a log sheet to document OTC narcotic sales and a patient-information sheet for codeine products.

The pharmacy acknowledged that the proper procedures had not been followed and, as a result, the customer had seen information concerning other patients. The pharmacy manager advised employees about the incident. He also reviewed policies and procedures, and revised them to ensure greater patient privacy. In view of the actions taken by the pharmacy manager, the Infringement Committee directed that the file be closed.

■ A customer complained that a pharmacy dispensed clonazepam containing cornstarch after the customer had advised the pharmacy of her allergy to corn and requested that the pharmacy take measures to ensure that none of the medications dispensed to her contained corn or corn derivatives.

The pharmacy confirmed that the customer was dispensed clonazepam containing cornstarch for a period of

approximately a year and that the error was detected only when the customer phoned and asked the pharmacy to check all of her prescriptions for corn fillers. The pharmacy determined that all medications dispensed were corn-free except the Pharmascience brand of clonazepam. This medication was replaced with the Apotex brand which did not contain cornstarch.

The pharmacy acknowledged an initial error in that the note on file concerning the corn allergy did not come to the attention of the dispensing pharmacist. As a result, he did not check for cornstarch filler in the brand dispensed. The pharmacy changed the medication information file so that the computer record flags allergies more boldly and prints a message on medication label notes to alert the pharmacist about the allergies. The Infringement Committee acknowledged the suffering experienced by the customer but in view of the new system adopted by the pharmacy directed that the file be closed.

■ A customer alleged that she was treated in a rude and humiliating manner by a pharmacist who lectured her on how to use her medical plan correctly within earshot of other customers. The customer also alleged that the pharmacist was rude when she picked up her medication by asking if the customer had used the medication previously and then stating, “Yes, you did – in 2001” followed by “Don’t you remember these pretty little yellow pills?”

The Infringement Committee suggested that the pharmacist consider whether the topics could have been broached and discussed in a more sensitive manner, but determined that the file should be closed.

■ A customer alleged that a pharmacist had refused to fill a prescription for Percocet and had defaced the prescription by writing “refused” on it.

The customer had brought the prescription to the pharmacist who attempted to confirm it with the physician, who was unavailable. The

pharmacist reviewed the customer’s medication files and became concerned that the customer may have been obtaining prescriptions written by a number of physicians for narcotics and controlled drugs. The pharmacist decided not to fill the prescription and marked “refused” on it.

The Infringement Committee noted the provisions of Section 4.4(e) of the *Standards of Practice—The Pharmacist* which states the pharmacist shall intervene in drug therapy when in the pharmacist’s professional opinion the prescribed therapy is not in the patient’s best interest. The Infringement Committee determined that the pharmacist had acted in accordance with this standard. The file was closed.

■ A doctor alleged that a pharmacy refused to fill a prescription for one of his patients.

The pharmacists on duty did not recall the patient or the prescription. The medication was common and in stock on the day in question. The pharmacy did not have a file for the patient and the doctor had not discussed the issue with the pharmacy before filing the complaint. Given these circumstances, the file was closed.

#### **Appeal of Infringement Committee decision**

During 2004 one complainant appealed a decision of the Infringement Committee to the Appeals Committee.

■ A group of veterinarians alleged that a pharmacist attempted to diagnose a dog’s ear infection, then prescribed and dispensed an antibiotic, Gentocin Ophthalmic drops. The complainant also alleged that the pharmacist had provided Surolan drops, a prescription medicine for veterinary use, for another dog without receiving a prescription and that the pharmacist sold a compounded equine liniment, but refused to disclose the ingredients to one of the veterinarians who inquired in relation to a horse the veterinarian was treating.

The Infringement Committee determined that it was unable to substantiate the allegations concerning the canine. In the case of liniment, the pharmacist was ordered to disclose the ingredients to the Infringement Committee before the file would be closed.

The committee concluded by asking both professionals to attempt to work towards a more amicable professional relationship.

One of the complaining veterinarians appealed the decision to ACP’s Appeals Committee. The committee reviewed all of the evidence, unanimously confirmed the Infringement Committee’s decision, and dismissed the appeal.

#### **Investigating committee decisions**

■ An investigating committee determined that the conduct of a member amounted to professional misconduct where the member acknowledged filling a number of prescriptions written by American physicians for patients. The member filled the prescriptions for American tourists attending at the pharmacy and continued to fill other prescriptions (mailed or faxed to the member) for those individuals after they returned to the US.

The Investigating Committee determined that the member had contravened the *Pharmaceutical Profession Regulation*, the *Food and Drug Regulation*, Schedule 1 of the *Pharmaceutical Profession Act* and Section 4.3 of the *Standards of Practice*. The Investigating Committee issued an order that the member not fill any prescriptions that had not complied with the provisions of the *Pharmaceutical Profession Act*, the *Pharmaceutical Profession Regulation*, the *Food and Drug Regulation* and the *Standards of Practice* and, in particular, that no prescriptions be filled that had not been provided by a practitioner licensed and authorized to prescribe in Canada. The member was also reprimanded and directed to



pay costs of the investigation and hearing.

■ An investigating committee considered a matter in which the member acknowledged that he contravened Section 15(1) of the *Pharmaceutical Profession Regulation* and filled two prescriptions provided to him for Oxycodone with Oxy-Contin. The member acknowledged that he had displayed lack of judgement by failing to fill the prescription as written by the physician, by failing to follow-up with the physician as to the medication dispensed, and by failing to document any interventions made.

The committee considered as mitigating circumstances the prior history of the patient, the distress and insistence of the patient, and the fact that the doctor could not be contacted because of the late hour of the day. These factors were considered as mitigation of penalty only and not as a justification for the action taken. The member was assessed a cautionary letter of warning and directed to pay all of the costs incurred in the investigation and hearing.

■ An investigating committee heard a complaint arising from an incident in which a pharmacist filled a prescription for a newborn infant and, as a result of a calculation error, the infant received 30 mg Ranitidine twice daily instead of 6 mg twice daily. The complaint also alleged that the manager had not appropriately responded to the concern when it was identified.

The Investigating Committee determined that the manager had acted in a manner consistent with the expected behaviour of a pharmacy licensee and had completed the necessary steps following a medication error.

In respect to the pharmacist who filled the prescription, the Investigating Committee determined that the pharmacist contravened Section 15(1) of the *Pharmaceutical Profession Regulation* by failing to ensure that the drug was dispensed in accordance with the directions of the prescriber.

It also determined that the pharmacist contravened Section 5.19(k) of the *Standards of Practice* by failing to perform a final check to ensure that each step in the dispensing had been completed accurately.

After hearing submissions on penalty, the Investigating Committee determined that the member should be given a written reprimand and be ordered to pay costs of the investigation and hearing.

### Appeals to Council

One member appealed an investigating committee decision to Council.

■ The college's Council upheld an investigating committee decision that a member was guilty of professional misconduct by failing to maintain a current library and by failing to update it to the required minimum standard.

The complaint arose after an extended series of requests by college inspectors and the registrar, pointing out the omissions, and asking that they be addressed. The member chose not to attend the original hearing before the Investigating Committee and failed to comply with portions of the Investigating Committee order, which resulted in further conditions being imposed by the committee.

At the appeal, Council was advised that the member had written and passed the jurisprudence exam as directed by the Investigating Committee. Council then directed that the member could practise without conditions as long as the member practised in accordance with the standards, laws and regulations governing the pharmacy practice in Alberta. It also directed that there be a routine on-site competence assessment and that the member must pay all costs associated with the investigation and all hearings. In addition, Council directed that there be a further inspection of the pharmacy in the first quarter of 2005 to ensure that the pharmacy conformed to the regulations and all required texts were present. The costs of this inspection were to be borne by the member.

## Providing quality governance and strong leadership

■ Council has continued its commitment to the Carver model of policy governance. Councillors received external coaching after each meeting in 2004, with the goal of improving Council's focus on the college's future strategies rather than on the short-term action plans that are the responsibility of the administration. Through this process, the councillors are increasingly aware that their moral owners are the members of the public. Council's three strategic priorities are public safety, quality pharmacist practice, and accessibility to the knowledge and skills of pharmacists.

■ Councillors, in their unique capacity as Pharmacists Association of Alberta (RxA) shareholders, supported a review of the current governance structure. As a result of member input via focus groups and surveys, the shareholders have agreed to reconstituting RxA as a separate organization with an elected board that reports directly to its own members. The new organization is expected to be operational by July 1, 2005.

■ In March 2004 councillors and college administration met with members of the Legislative Assembly (MLAs) to discuss pharmacy-related issues. The MLAs were knowledgeable about pharmacist practice and the potential contribution pharmacists can make to the health system. MLAs were complimentary about their own relationships with pharmacists.

■ In June 2004 the college hosted the annual grad breakfast for over 230 guests, including graduands and their families and friends. Gary Mar, minister of Health and Wellness, addressed the grads, reminding them that their humanity, i.e., their personal commitment, their advice and their commitment to excellence, are important elements of the service they offer. Following Mr. Mar's theme, ACP President Tracy Marsden reminded grads that their humanity, knowledge and skills are a powerful combination

*The college's Council consists of 10 elected pharmacists from across the province, two public members appointed by the minister of Health and Wellness, the dean of the UofA's Faculty of Pharmacy and Pharmaceutical Sciences, and the president of the Alberta Pharmacy Students Association (ex-officio/non-voting).*

that can make a tremendous contribution to health care.

■ In July 2004, President Tracy Marsden hosted a news conference to announce the college's Action on Meth, an initiative to support government and community efforts to curb the production and use of methamphetamine. Solicitor General Heather Forsythe and Health and Wellness Minister Gary Mar spoke at the news conference, as did the mother of a meth addict. Representatives from law enforcement agencies were present to offer their support and commendation.

Ms Marsden indicated that pharmacies were requested to voluntarily move single-entity ephedrine and pseudoephedrine products into the dispensary and to restrict the quantity of ephedrine and pseudoephedrine products that can be sold in a single

transaction. By the end of July the majority of Alberta pharmacies had complied with the request.

The Action on Meth initiative generated significant positive media coverage for the college and its members. It followed previous college efforts to inform its members about the scope and dangers of methamphetamine usage, to encourage their diligence in restricting access to meth precursors, and to encourage pharmacy staff to watch for unusual purchasing practices that could be related to meth production.

■ Throughout 2004 the college participated in the solicitor general's multi-stakeholder committee seeking to determine ways to reduce methamphetamine production and use in Alberta. Our participation has ensured that pharmacy-related issues are part of the group's discussions and

that pharmacists' potential contributions can be included in strategies to address the issue. We have also helped to identify ways our profession can support the law enforcement efforts and inhibit the growth of this clandestine industry.

■ The college participates in the Health Quality Council of Alberta's Health Quality Network, a forum with representation from each health authority, ACP, the Alberta Association of Registered Nurses, the College of Physicians and Surgeons of Alberta the Alberta Medical Association, and a representative from the Federation of Health Regulatory Organizations. The network has reviewed and discussed the results of the 2003 and 2004 patient satisfaction surveys conducted by HQCA. ACP is participating on subcommittees appointed to prioritize and standardize approaches to complaints resolution and collecting feedback from Albertans. A significant goal of the network is to create a just culture when responding to incidents and errors in the health system. The importance of identifying and reporting both near misses and actual incidents is an important precursor to improving the system and individual performance. To accommodate and encourage such



*From left to right: Aryn Kanjee, District 5; Tracy Marsden, President, District 5; Karen Wolfe, President Elect, District 6; Michael Faulkner, Public Member; Catherine McCann, District 3; Ian Hamilton, District 1; Lea Ann Luchka, District 5; Dianne Donnan, District 4; Don Makowichuk, Past President, District 3; Jeff Whissell, Vice President, District 3 ■ Missing: Burke Suidan, District 2; Dr. Franco Pasutto, Dean, Faculty of Pharmacy and Pharmaceutical Sciences; Greg Moffatt, Public Member; Andrea Linn, 2004 President, Alberta Pharmacy Students Association*

disclosure and reporting, the threat of punishment and penalty must be minimized.

■ In December 2004 the college received correspondence from Iris Evans, minister of Alberta Health and Wellness, supporting its proposal for pharmacist prescribing and the administration of drugs by injection. The new authority, in many instances, is dependent on pharmacists working collaboratively with other health care providers. We continue to work with the minister's department and other health professional organizations to determine the parameters of this new scope of practice.

■ Throughout 2004 the college continued to work with Alberta Health and Wellness to create draft regulations to the *Health Professions Act* and the *Pharmacy and Drug Act*. The latter will undergo amendment before the new regulations can be considered. We anticipate proclamation of these acts for pharmacy in 2006, with implementation beginning July 1, 2006.

■ The provincial *Personal Information Protection Act* and the federal *Personal Information Protection and Electronic Documents Act*, came into effect on Jan. 1, 2004 as they relate to

pharmacist practice. These acts are in addition to the provincial *Health Information Act*. The college worked with Alberta Health and Wellness, the Office of the Information and Privacy Commission, and the Pharmacists Association of Alberta to help members understand, implement, and comply with the legislation.

■ The college contributed to the government's triennial review of the *Health Information Act*, offering information about the impact of the act on pharmacist practice. Several of our recommendations were accepted by the review committee; others were referred for further consideration during 2005.

■ In October 2004 the college participated in and was a sponsor of Halifax 4: Canadian Healthcare Safety Symposium. Over 400 delegates from across Canada joined colleagues from the US, Europe and Australia to hear patient-safety experts. The conference highlighted the need to build a culture of safety versus assigning blame for an error or adverse event. Experts underscored the need to provide safe and effective systems that prevent harm to patients, and emphasized that employers and employees all have a

responsibility in this regard. Highlights of the conference were communicated to ACP members, along with a commitment to continue to bring safety issues to their attention.

■ In late 2004, draft principles for sharing patient-specific information among health professionals were distributed to members for their feedback. The principles were jointly developed by ACP, the Alberta Medical Association, the College of Physicians and Surgeons of Alberta, the Alberta Association of Registered Nurses, and RxA, and were intended to support effective and responsible sharing of patient information. The group's goal is to reach a common understanding about balancing the need to share patient-specific information to ensure appropriate care while respecting each patient's right to privacy.

■ In January 2005, the college participated in the inaugural White Coat Ceremony for first-year students. It was jointly sponsored by ACP, the UofA's Faculty of Pharmacy and Pharmaceutical Sciences, RxA, and the Pharmacy Alumni Association. The ceremony highlighted professionalism and ethics as the



From left to right: Roberta Stasyk, Pat Barnes, Maria Ranson, Lynn Otteson, Randy Frohlich, Jill Moore, Linda Kruger, Linda Hagen, Dale Cooney, Misti Denton, Margaret Morley, Lucy Rachynski, Merv Blair, Greg Eberhart, Cheryl Shea, Kathy Smart, Joanne Donnelly ■ Missing: Lynn Paulitsch, Lynn Szoo

students were welcomed to the profession and presented with their white coats. Chancellor Eric Newell addressed over 200 students and guests on the themes of honesty, integrity, high standards, respecting the patient's dignity, and building a high level of professional trust with the client.

## **Maintaining effective administrative functions to support our core businesses**

### **Communication**

■ The May 2004 conference and annual general meeting at the Sheraton Cavalier Hotel in Calgary was a tremendous success, with a larger number of delegates than previous years. Attendees were impressed by the calibre of speakers and anticipated readily using their new learning in their practices. Short videos of each award winner, shown at the Awards Luncheon, were a highlight of the conference. The videos portrayed our award recipients in action and demonstrated why they were recognized as outstanding pharmacists.

■ Plans are under way for an historic joint conference with the Alberta Association of Registered Nurses. This ground-breaking event will mark the first time two distinct health professions will demonstrate the spirit of working together by holding one conference to address common issues and concerns. The joint conference will reflect the manner in which pharmacists and nurses work together for better patient care.

■ Our revamped website was launched in January 2004 to the acclaim of members. The changes give members direct access to drug schedules, the Triplicate Prescription Program drug list, prescriber lists, college newsletters and e-mail. A new section, *Council At Work*, was introduced to provide information about council deliberations and activities, and the search feature was improved to ensure more accurate and complete search results. The changes were the

result of member feedback and staff suggestions about the site. The January 2005 survey results show that members find the new site easy to use and supportive to their practices.

■ During March 2004 the website received a record 1.5 million hits. This number is almost twice the 2003 monthly norm. Subsequent monthly statistics have also been consistently high.

■ The membership e-mail system continues to be an important part of the college's communication initiatives. As of December 2004, 67 per cent of our members were signed onto the system. This number has been relatively static since June. The majority of members not signed onto the system indicate they will participate when they purchase a computer or when they have access to their e-mail at work.

■ In support of pharmacists' efforts to ensure patient safety, the college issued 57 safety advisories informing members about drug-safety issues such as newly discovered drug interactions or unexpected post-market determination of adverse reactions. In addition, each edition of the college newsletter has included at least one article focused on patient safety.

### **Administration**

■ An external employee satisfaction survey was conducted in June 2004. The results were very favourable and generally well above the norm when compared to other North American organizations. The report provided by the external consulting firm indicated that the results are evidence of a positive working environment with effective leadership and communication, and a committed, engaged and satisfied workforce.

■ An external compensation survey was conducted in November 2004 to ensure that the college's compensation program is competitive within the marketplace. Some salary grids were adjusted in response to the survey results.

■ Three of our team members assumed new roles in 2004: Merv Blair

as complaints director, Jill Moore as registration director, and Randy Frohlich as patient-safety advocate. Dale Cooney joined ACP as deputy registrar and Lucy Rachynski filled the newly created position of education director. In addition, we created a customer service agent position to provide support to the complaints director and the patient safety advocate. Joanne Donnelly has joined our team to fill this role.

### **Information technology**

■ We continued development of our new central information system during 2004. This system will manage membership registration information. It will also enable members to update their personal information and renew their membership through the college's website. Project completion is planned for the spring of 2005.

### **Privacy legislation**

■ In keeping with the *Personal Information Privacy Act* that came into effect on Jan. 1, 2004, ACP developed a privacy policy and communicated the policy to members via our website. A college privacy procedures manual was developed to help staff ensure that the policy's principles are followed throughout our business processes.

### **Records management**

■ The college commenced a multi-year project to establish and operationalize records retention policies. This initiative required considerable research to identify the regulatory requirements for records retention. Those requirements will be integrated with ACP's records classification system over the next three years.

### **Planning and reporting**

■ Department directors and management participated in a series of facilitated planning sessions during the fall of 2004. The purpose of the sessions was to establish college goals and strategies for the next three to five years in alignment with the ends established by Council.

## Our strategic partners



**E**ffective relationships with individuals and organizations are extremely important to our success. Without these collaborative efforts we could not pursue many of the initiatives in which we are currently involved. We are pleased to report on the major achievements of our strategic partners as they relate to our contributions.

### **Report from Continuing Pharmacy Education, Faculty of Pharmacy and Pharmaceutical Sciences, UofA**

■ The priority initiative for program development identified by the college for 2004 and 2005 is the implementation of the self-assessment (SA) component of the RxCEL Competence Program. The development and pilot phase of the SA project will conclude in the summer of 2005 and the delivery of educational programs will take place from the fall 2005 through to 2007.

■ The office is working with the college on two evaluation projects—evaluation of the self-assessment pilot and evaluation of the impact of the on-site assessment program. The results of the former are being used to modify the SA program before distribution to members. The results of the latter will

*The Office of Continuing Pharmacy Education (CPE) remains an important component of the partnership between the faculty and the college. Our partnership and our shared commitment to continuing professional development enable CPE to maintain its national leadership in course development.*

be used by the Competence Committee to improve the program and determine its place in pharmacist competence assessment.

■ In early 2004 CPE was accredited as an approved provider with the Canadian Council on Continuing Education in Pharmacy (CCCEP). CPE is one of only two approved providers in Canada, a testament to the consistent high quality of CPE's programs. The accreditation through CCCEP has been renewed for 2005.

■ In 2004 a total of 7,284 distance learning courses were distributed. Of these 5,355 were print courses, a decrease of 38 per cent from the previous year. The biggest change from 2003 was the discontinuation of CCCEP Home Study Program. This change, along with increased uptake of web courses, increased number of CPE options for Alberta pharmacists, and increases in non-accredited learning opportunities may be contributing factors to the reduction in distribution.

■ A total of 1,929 web courses were distributed in 2004, representing a significant increase over previous years (362 in 2002 and 390 in 2003). The increased interest may be influenced by the introduction of a free web-course option for ACP members.

■ As a result of feedback from ACP members, a single PHARMALearn course (anticoagulation) was made available in both web and print formats. The two options were popular with pharmacists. As funding permits, CPE will continue to develop programs in both formats. The PHARMALearn – Diabetes print program will be launched in 2005.

### **Report from the National Association of Pharmacy Regulatory Authorities (NAPRA)**

■ 2004 was a year of transition for NAPRA. Barbara Wells resigned from the position of executive director early 2004. As a result, much of the year was

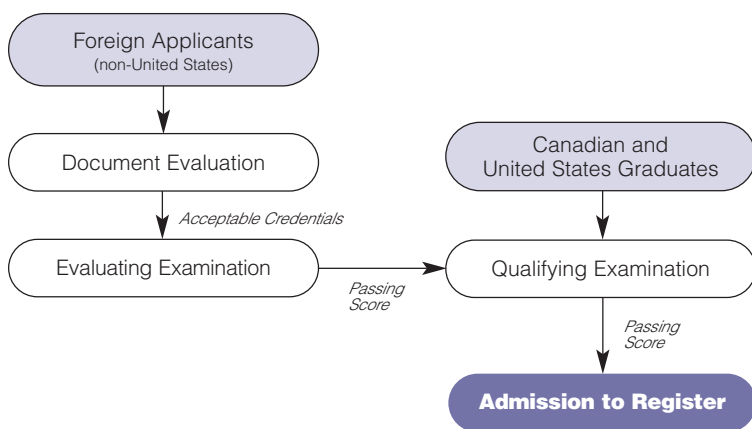
*The National Association of Pharmacy Regulatory Authorities was created by Canada's provincial pharmacy licensing bodies to support them in taking a national approach to common issues.*

dedicated to filling the vacant position and rebuilding the administrative team. The new executive director is Ken Potvin whose background includes roles in an industry association, the Canadian Institute for Health Information, and hospital and community pharmacy practices. In addition, Catherine Biggs, an Edmonton pharmacist, was hired as the director, pharmacy practice support programs, and Arvind Mani was hired as the director, corporate services.

■ Issues of national significance that NAPRA continues to address were: programs related to the memorandum of agreement, international mail-order pharmacy and drug scheduling.

### Report from the Pharmacy Examining Board of Canada (PEBC)

■ The certification process for registering with PEBC in 2004 was as follows:



*The purpose of the Pharmacy Examining Board of Canada is to evaluate pharmacist candidates against criteria adopted by the National Association of Pharmacy Regulatory Authorities to determine whether the candidate has the skills and knowledge to be licensed. To that end, the board awards qualification certificates to applicants who pass a qualifying examination.*

■ During 2004, 951 names were added to the PEBC register, compared to 876 in 2003.

■ Qualifying examination— A total of 1,545 candidates wrote the Qualifying Examination Part I (multiple choice questions), compared to 1,255 in 2003, and a total of 1,406 candidates took the Qualifying Examination Part II (objective structured clinical examination), compared to 1,255 in 2003. In addition, 31 candidates were assessed for non-certification purposes, 10 of which were for ACP.

■ The Qualifying Examination Part I was held at each of the faculties and colleges of pharmacy for the spring and fall sittings and, for the spring sitting, at two extra centres in Ontario. The spring sitting of Part II was offered at 11 examination centres. The fall sitting of Part II was offered at five centres.

■ Evaluating Examination—A total of 1,053 candidates wrote the Evaluating Examination, compared to 933 in 2003. The evaluating exam was held at eight of the Canadian faculties and colleges of pharmacy and at one centre in London, England.

■ PEBC is addressing the need for increased numbers of assessors and sites to accommodate the larger numbers of exam applications.

### Report from the Canadian Council on Continuing Education in Pharmacy (CCCEP)

■ In 2004, the Office of Continuing Pharmacy Education, UofA, and the Canadian Pharmacists Association successfully renewed their status as approved providers. As a result, these two organizations are able to accredit their own continuing education offerings, using the policies, procedures and criteria as adapted from the American Council on Pharmaceutical Education and the CCCEP. A third organization has now submitted an application for approved provider status.

■ The number of program submissions continues to increase each year, as does the number of programs that are accredited. In 2003/04, 145 programs were accredited, compared to 138 in 2002/03, 136 in 2001/02, and 103 in 2000/01. CCCEP is pleased to note that the number of quality Canadian continuing education courses continues to increase, providing Canadian pharmacists a variety of accredited programs from which to choose.

■ Plans are under way for the 6th International Conference on Lifelong Learning in Pharmacy, which is being hosted by the UofS College of Pharmacy and Nutrition, along with CCCEP and the Associations of Faculties of Pharmacy of Canada. This international conference will be

*The Canadian Council on Continuing Education in Pharmacy is the national coordinating and accrediting body for continuing pharmacy education (CPE) in Canada. Its members are appointed by provincial pharmacy regulatory organizations and other pharmacy organizations. CCCEP is dedicated to the advancement of lifelong learning by Canadian pharmacists and strives to coordinate activities aimed at understanding, developing, implementing, and evaluating learning.*

held in Saskatoon in June 2005, the first time it has been held in Canada. The conference program will reflect local, national and international experiences in a wide range of areas pertinent to continuing professional development.

■ In November 2004, Susan Lessard-Friesen (Manitoba) was elected president, Gary Meek (New Brunswick) was elected vice president, and Roberta Stasyk (Alberta) was elected treasurer. These officers will serve a two-year term.

■ The 2004 CCCEP annual report is available on the CCCEP website at [www.cccep.org](http://www.cccep.org)

### **Report from the Alberta Management Committee on Drug Utilization (AMCDU)/Alberta Drug Utilization Program (ADUP)**

■ The academic detailing (behavioural change) initiative has been expanded to the Calgary Health Region with two pharmacists preparing to meet with physicians (see Diane Duncan and Paula Cunningham on page 14). Two other pharmacists, Penny Lindballe and

Jennifer Winter, assume the academic detailing role in specific centres within the David Thompson and East Central health regions. The goal of the initiative is to encourage changes in prescriber behaviour in keeping with provincial clinical practice guidelines and evidence-based research.

■ The community patient-safety initiative commenced in April 2005 under the direction of pharmacist Lisa Devos. A sample of 30 pharmacies from London Drugs, Westfair Foods, and Value Drug Mart are participating in the pilot program that focuses on patient education and medication error prevention. The multi-faceted, educational and non-punitive approach will include patient education, a quality assurance tool for pharmacists to use during the dispensing process, a self-assessment process, and reporting on medication errors and near misses with a focus on root-cause analysis.

■ Jody Kluchky, another Alberta pharmacist, is leading the drug utilization review initiative. She researches and develops retrospective drug-utilization review methods and performs complex

database analysis using administrative claims data. Based on clinical practice guidelines, the drug-utilization review initiative examines prescribing patterns from physician billing, pharmacy claims and laboratory databases. This information is used to identify levels of guideline adherence and utilization. Educational needs and the effect of the academic detailing activities are evaluated.

### **2004 Conference Sponsors**

The college was privileged to partner with the following companies that provided unrestricted educational grants to support learning. The grants were applied to our conference and annual general meeting in May 2004. We sincerely thank our sponsors for their continued support of our event!

Abbott  
Alberta Blue Cross  
Alberta Wellnet  
Apotex  
AstraZeneca  
Aventis  
Bayer HealthCare Diagnostics Division  
Canadian Association of Chain Drug Stores  
Cobalt Pharmaceuticals  
DrugStore Pharmacy  
Genpharm  
IMS Health  
Janssen-Ortho Inc.  
Kingston Ross Pasnak  
London Drugs  
McKesson Canada  
Merck Frosst  
Novopharm  
Pfizer  
Pharmassist (Katz Group)  
Procurity Pharmacy Services Inc.  
ratiopharm  
Sabex  
Safeway Pharmacy  
Save-On Foods  
Shoppers Drug Mart  
Shores Belzil Jardine  
Taro Pharmaceuticals  
Valeant Pharmaceuticals (ICN)  
Value Drug Mart  
Wyeth Consumer Healthcare

*AMCDU/ADUP continues in its role to develop, implement and evaluate drug-use management initiatives in the province. Its multidisciplinary/multi-sector membership includes professional organizations, government, health authorities and universities. Pharmacists are a key stakeholder in governance, program operations and the success of the program's initiatives.*

# Alberta College of Pharmacists

## Financial statements

Year ended December 31, 2004

### Auditors' report

March 3, 2005  
Edmonton, Alberta

To the members of  
Alberta College of Pharmacists:

We have audited the statement of financial position of the Alberta College of Pharmacists as at December 31, 2004 and the statements of operations, changes in net assets and cash flow for the year then ended. These financial statements are the responsibility of the College's management. 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 plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements.

An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2004 and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Kingston Ross Pasnak LLP  
Chartered Accountants



## Statement of Operations

Alberta College of Pharmacists  
Year ended December 31, 2004

	2004	2003
<b>REVENUES</b>		
Membership fees	\$ 3,688,491	\$ 3,440,499
Other	162,741	169,217
Convention	118,601	102,660
Investment income	81,420	52,147
	<b>4,051,253</b>	<b>3,764,523</b>
<b>EXPENDITURES</b>		
Partnership administration	1,540,681	1,424,883
Operations	652,384	561,640
Competency	464,305	365,413
Communications	374,730	432,894
Governance and legislation	353,810	329,892
Registration and licensure	324,156	280,096
Complaints resolution	251,385	222,245
Amortization	48,524	51,349
	<b>4,009,975</b>	<b>3,668,412</b>
<b>EXCESS OF REVENUES OVER EXPENDITURES</b>	<b>\$ 41,278</b>	<b>\$ 96,111</b>

## Statement of Changes in Net Assets

Alberta College of Pharmacists  
Year ended December 31, 2004

	Invested in Property and Equipment	Internally Restricted	Unrestricted	2004 Total	2003 Total
Balance, beginning of year	\$ 159,778	\$ 1,121,765	\$ 511,732	\$ 1,793,275	\$ 1,697,164
Excess of revenues over expenditures	(49,734)	-	91,012	41,278	96,111
Transfers	-	112,882	(112,882)	-	-
Purchase of property and equipment	109,744	-	(109,744)	-	-
Balance, end of year	\$ 219,788	\$ 1,234,647	\$ 380,118	\$ 1,834,553	\$ 1,793,275

# Statement of Financial Position

Alberta College of Pharmacists  
December 31, 2004

	2004	2003
<b>ASSETS</b>		
CURRENT ASSETS		
Cash	\$ 336,374	\$ 91,325
Marketable securities (Note 3)	2,786,268	2,694,915
Accounts receivable	34,972	39,694
Prepaid expenses	71,241	80,392
Prepaid grant to Pharmacists' Association of Alberta (Note 8)	590,960	570,976
	3,819,815	3,477,302
LEGAL FEES RECOVERABLE	38,412	56,904
PROPERTY AND EQUIPMENT (Note 4)	219,788	159,778
	\$ 4,078,015	\$ 3,693,984
 <b>LIABILITIES AND NET ASSETS</b>		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 150,782	\$ 134,792
Deferred revenue (Note 5)	2,092,680	1,765,917
	2,243,462	1,900,709
NET ASSETS		
Invested in capital assets	219,788	159,778
Internally restricted (Note 6)	1,234,647	1,121,765
Unrestricted	380,118	511,732
	1,834,553	1,793,275
	\$ 4,078,015	\$ 3,693,984

APPROVED BY THE COUNCIL



Councillor



Councillor

# Statement of Cash Flow

Alberta College of Pharmacists  
Year ended December 31, 2004

	2004	2003
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Cash received from members	\$ 3,867,250	\$ 3,494,915
Cash received from projects and events	119,354	109,135
Cash received from investments	81,420	52,147
Cash received from other sources	334,314	168,404
Cash paid to suppliers and employees	(2,395,627)	(2,247,205)
Cash paid for partnership administration	(1,560,665)	(1,444,191)
	446,046	133,205
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of property and equipment	(109,744)	(81,604)
Proceeds on disposal of property and equipment	100	465
	(109,644)	(81,139)
<b>NET INCREASE IN CASH AND CASH EQUIVALENTS</b>	<b>336,402</b>	<b>52,066</b>
<b>CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR</b>	<b>2,786,240</b>	<b>2,734,174</b>
<b>CASH AND CASH EQUIVALENTS, END OF YEAR</b>	<b>\$ 3,122,642</b>	<b>\$ 2,786,240</b>
Cash and cash equivalents are comprised of:		
Cash	\$ 336,374	\$ 91,325
Marketable securities	2,786,268	2,694,915
	\$ 3,122,642	\$ 2,786,240

# Notes to the Financial Statements

Alberta College of Pharmacists  
Year ended December 31, 2004

## NOTE 1

### General

The Alberta College of Pharmacists was formed under the *Pharmaceutical Profession Act*. It governs the pharmacy profession in Alberta to support and protect the public's health and well-being. The college ensures excellent pharmacist practice by setting and enforcing high standards of practice, competence and ethical conduct.

The college anticipates proclamation of the *Health Professions Act* and the *Pharmacy and Drug Act* during 2006. The college will experience new costs when implementing and governing the profession under the new legislation. In the short term, this will include the development and delivery of the education and communication programs to ensure that pharmacists are knowledgeable about their responsibilities under the new legislation. In the longer term, new costs will be incurred in developing and implementing tools and programs to monitor and measure pharmacist competency and practice performance. These are integral to filling the Council's commitment to patient safety and quality pharmacist practice.

### Income Taxes

The college is a nonprofit organization and accordingly, is exempt from payment of income taxes.

## NOTE 2

### Significant Accounting Policies

Significant accounting policies observed in the preparation of the financial statements are summarized below. These policies are in accordance with Canadian generally accepted accounting principles.

### Marketable Securities

The college carries marketable securities at the lower of cost or market value and

takes dividends into income as received and interest as earned.

### Property and Equipment

Property and equipment are recorded at cost. The college provides amortization on its property and equipment using the diminishing balance method at the following annual rates:

	Rate
Furniture and equipment	20%
Computer equipment	30%
Website development	30%
Automotive equipment	30%

### Revenue

Revenue from membership fees and conventions, as they relate to the current year, are recognized when collected.

Revenue from investment income is recognized when earned.

Other income consists primarily of registration fees, grant revenue and legal fees recoverable. Revenue is recognized as follows:

- revenue from registration fees is recognized when collected.
- revenue from grants is recognized as the related expenditures are incurred.
- revenue from legal fees recoverable is recognized when the college is reasonably assured of collection.

### Deferred Revenue

Deferred revenue consists primarily of membership fees and convention revenues collected in advance, as well as grant contributions that are recognized as income when the related expenditures are incurred.

### Leases

Leases are classified as capital or operating leases. A lease that transfers substantially all of the benefits and risks incident to the ownership of property is classified as a capital lease. All other

leases are accounted for as operating leases, wherein rental payments are expensed as incurred.

### Contributed Services

Volunteers contributed numerous hours in carrying out the activities of the college. Due to the difficulty in determining their fair value, contributed services are not recognized in the financial statements.

### Statement of Cash Flow

The college is using the direct method in its presentation of the Statement of Cash Flow.

### Financial Instruments

The college's financial instruments consist of cash, marketable securities, accounts receivable and accounts payable. Unless otherwise noted, it is management's opinion that the college is not exposed to significant interest, currency or credit risks arising from these financial instruments. The fair value of these financial instruments approximate their carrying values, unless otherwise noted. The college manages its interest rate, credit and currency risk by engaging a professional investment advisor to manage its marketable securities portfolio.

### Measurement Uncertainty

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Such estimates include providing for amortization of capital assets. Actual results could differ from those estimates.

### Note 3

#### Marketable Securities

	2004	2003
Canadian cash (Market value \$23,773)	\$ 23,773	\$ 30,244
Canadian fixed income (Market value \$2,383,551)	2,358,575	2,216,744
Canadian equities (Market value \$233,204)	204,403	202,124
U.S. equities (Market value \$284,008)	256,589	315,551
	2,843,340	2,764,663
Allowance for excess of cost over market value	(57,072)	(69,748)
	\$ 2,786,268	\$ 2,694,915

### Note 4

#### Property and Equipment

	2004		2003	
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Furniture and equipment	\$ 206,218	\$ 145,725	\$ 60,493	\$ 67,879
Computer equipment	92,146	64,181	27,965	32,048
Website development	68,160	53,966	14,194	20,277
Automotive equipment	58,340	23,586	34,754	20,279
Membership database	82,382	-	82,382	19,295
	\$ 507,246	\$ 287,458	\$ 219,788	\$ 159,778

Amortization provided for in the current year totalled \$48,524; (2003 - \$51,349).

Amortization has not been provided on the membership database as it is not available for use.

### Note 5

#### Deferred Revenue

	2004	2003
Deferred membership and license fees	\$ 1,883,970	\$ 1,728,425
Deferred Accelerated Clinical Training grant	174,359	-
Convention	17,418	16,665
Deferred competency grant	8,073	20,827
Deferred Alberta Provider Registry grant	8,860	-
	\$ 2,092,680	\$ 1,765,917

### NOTE 6

#### Internally Restricted Net Assets

The college has established a reserve fund for offsetting emerging, unanticipated expenses and for the development of new programs. The reserve is equal to one half year's operating expenses, defined as total expenditures for the current fiscal year less the amount granted to other organizations through Partnership Administration.

### Note 7

#### Commitments

Effective July 1, 2001 the college signed a lease agreement for new

office premises. Under the terms of the lease the college is committed to annual basic rent of \$48,695 per annum to June 30, 2006, and annual basic rent of \$62,496 from July 1, 2006 to June 30, 2011.

The college is also committed to one photocopier lease for fifty-six months that commenced in May 2004. The minimum lease payment in 2004 is \$10,783.

The college is also committed to take part in a joint conference with the Alberta Association of Registered Nurses in June 2005. Financial penalties according to the terms of the agreement with the host facility, for cancellation of the event, would amount to \$250,000.

The college is also financially committed to partnerships with several organizations who provide services complimentary to the college's mandate. These include:

- the National Association of Pharmacy Regulatory Authorities (NAPRA);
- the Pharmacists' Association of Alberta;
- the Faculty of Pharmacy (University of Alberta);
- the Canadian Council on the Accreditation of Pharmacy Programs (CCAPP); and

- the College of Physicians and Surgeons.

Funds transferred to these partnerships are reflected in Partnership Administration.

### NOTE 8

#### Related Party Transactions

The council members of the Alberta College of Pharmacists are the shareholders of the Pharmacists' Association of Alberta.

The association was incorporated under the provisions of Part 9 of the *Alberta Companies Act*. It is a nonprofit organization and accordingly is exempt from payment of income taxes under the *Income Tax Act (Canada)*.

The association is responsible for promoting and advancing the value of Alberta pharmacists. It is also responsible for promoting a working environment for Alberta pharmacists that is conducive to quality pharmacist practice, career satisfaction and professional pride. Among other responsibilities, it will be increasingly offering programs and benefits to enhance pharmacists' professional and personal well-being.

Pursuant to an agreement between the college and the association, the college paid the association a grant of \$1,170,693 to support operations of the association for the period of July 2004 to June 2005. \$590,960 of this amount is prepaid as at December 31, 2004.

# Committee Members

## Statutory Committees

### Appeals Committee

Karen Wolfe, Chair  
Michael Faulkner  
Catherine McCann

### Continuing Competence Committee

Donna Pipa, Vice Chair  
Susan Haunholter  
Sandra Leung  
Nadine Velasco  
Jeff Whissell  
Diane Duncan  
Jennifer Herrick  
Nese Yuksel (Dean's Appointee)  
Theresa Schindel (Resource)  
Roberta Stasyk (Resource)

### Entry to Practice Committee

Jody Shkrobot, Chair  
Marlene Gukert  
Joyce Markson-Besney  
Karin Nadori  
Vera Stepnisky  
Cheryl Cox (Dean's Appointee)  
Jill Moore (Resource)

### Infringement Committee

Tracy Marsden  
Greg Eberhart

## Standing Committees

### Investigating Committee Pool

#### Committee Chairs

Don Carley  
Bret Dolman  
Norm Hodgson  
Jim Krempien  
Bonnie Oldring  
Sonal Shah  
Ron Welch

#### Other Serving Members:

Mohamed Elsalhy  
Ken Hanson  
Sylvia Jackson  
Donna Kowalishin  
Jamie Raisbeck  
Curtis Ross  
Debbie Santos  
Jeremy Slobodan  
Mark Snaterse  
Charles (Chuck) Wilgosh

### Awards Committee

Don Makowichuk, Chair  
Catherine Biggs  
Burke Suidan  
Gladys Whyte

## Council Committees

### Executive Committee

Tracy Marsden, President  
Karen Wolfe, President Elect  
Jeff Whissell, Vice President  
Don Makowichuk, Past President

### Nominating Committee

Tracy Marsden, Chair  
Don Makowichuk  
Dr. Franco Pasutto

### Resolutions Committee

Jeff Whissell, Chair  
Amyr Kanjee  
Dianne Donnan

## ACP Working Groups

### Collaboration and Standards of Practice Working Group

Karen Wolfe  
Catherine Biggs  
Chris Chiew  
William Ford  
Richard Hackman  
Cindy Jones  
John McVey  
Laurie Reay  
Karen Schultz  
Anita Warnick  
Dr. Cheryl Wiens  
Dr. Nese Yuksel  
Donna Pipa (Resource)  
Greg Eberhart (Resource)  
Dale Cooney (Resource)

### Pharmacy Informatics Committee

Judy Baker  
Ian Bateson  
Ramona Bosnyak  
William Ford  
Karl Frank  
Richard Hackman  
Norman Hodgson  
Donald Makowichuk  
Neil Devchand  
Jody Shkrobot  
Linda Miller (Alberta Wellnet Resource)  
Gary Robertson (Alberta Wellnet Resource)  
Stewart Ingram (Alberta Wellnet Resource)  
Greg Eberhart (ACP Resource)

## Regional Diabetes Pharmacy Project Steering Committee

Angela Estey  
Kerry Greenaway  
Gail Hufty  
Chad Mitchell  
Dr. Richard Lewanczuk  
Scot Simpson  
Sherri Pozerniuk  
Brad Willsey  
Barry Cavanaugh  
William Ford  
Greg Eberhart

## External Appointments

### Partnerships with RxA

*RxA Futures Committee*  
Greg Eberhart  
*Governance Review Steering Committee*  
Don Makowichuk  
Tracy Marsden  
Greg Eberhart, Resource

### ACP Appointee to NAPRA

Burke Suidan

### ACP Appointee to PEBC

Vera Stepnisky

### ACP Appointee to CCCEP

Roberta Stasyk

### ACP Appointees to Faculty of Pharmacy and Pharmaceutical Sciences Committees

*Curriculum Committee*  
Jeff Whissell  
*Admissions Committee*  
Brad Willsey

### ACP Appointees to Alberta Wellnet Projects

*Electronic Health Record Implementation Steering Committee*  
Don Makowichuk  
*Wellnet Data Stewardship Committee*  
Richard Hackman  
Norman Hodgson  
Ramona Bosnyak (alternate)  
*IM Committee*  
Don Makowichuk  
*IT Committee*  
Ian Bateson  
*PIN Working Group*  
Dr. Judy Baker  
Donna Pipa  
*IM/IT Governance Council*  
Greg Eberhart  
*EHR Audit and Security Committee*  
Merv Blair

## ACP Appointees to DUE Quarterly

Bonnie Oldring  
Dr. Cheryl Wiens  
Jill Moore (Resource)

## ACP Appointee to Health Services Utilization Advisory Working Group

Dr. Harold Lopatka

## ACP Appointee to Alberta Initiative for Musculoskeletal Disorders

Catherine Biggs

## ACP Appointee to the Alberta Management Committee on Drug Utilization

Brad Willsey, Co-chair  
Dale Cooney (ACP Resource)

## ACP Appointees to the Triplicate Prescription Program Steering Committee

Don Makowichuk  
Merv Blair

## ACP Appointee to the Non-prescription Needle Use Steering Committee

Jill Moore

## ACP representative to the Provincial Methamphetamine Working Group

Lindsay Torok-Both

## ACP Appointee to the Capital Health Pandemic Influenza Vaccines and Antiviral Subcommittee

Susan Fryters

## ACP Appointee to Alberta Health's Alberta Pandemic Influenza Self-Care Working Group

Lisa DeVos



safe, effective, responsible pharmacist practice

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