



alberta college of
pharmacists



annual report 2005-2006

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Our vision

Safe, effective, responsible pharmacist practice

Our mission

The Alberta College of Pharmacists governs the pharmacy profession in Alberta to support and protect the public's health and well-being.

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 pharmacists and other employees.
- We believe partnerships and teamwork are central to our achievements.

Our goals

- Public Safety: pharmacist practice does not present a risk to clients.
- Quality Pharmacist Practice: pharmacists take responsibility for appropriate drug therapy.
- Clients Benefit from Pharmacist Knowledge and Skills: clients know what level of skill to expect from their pharmacist and receive it 100 per cent of the time.

safe, effective, responsible pharmacist practice

Message from the president and registrar

"The pharmacy practitioner is the atom—the irreducible constituent—of the profession of pharmacy. If it were not for the personal health care service that individual pharmacists provide to individual clients, pharmacy would be merely an area of knowledge and an array of technical functions in the sequence of steps from drug discovery to drug consumption. It is pharmacy practitioners who have made personal commitments to attain and maintain the knowledge required to help people with their medication-related needs. It is pharmacy practitioners who have internalized the ethical standards of pharmacy. The core values of the profession, as well as the yearning for continued improvement of the profession, reside in the hearts of practitioners, not in the policies and procedures of providers."

William A. Zelmer, Am J Health-Syst Pharm. 2005; 62:259-65

¹ The author defines provider as "the corporate or institutional owners of pharmacy facilities."

Pharmacist practice is about people. It's about personal relationships between pharmacists, clients and other health professionals. It's about pharmacists' action based on the unique health needs of individual clients, supporting them to make informed decisions, and taking personal responsibility for their drug therapy. Pharmacists' personal commitment to the well-being of their clients is the root of professionalism—the profession's reason for being, and the only reason for its future.

Much has been written about the growing needs of patients and the growing challenges before the health system. Choice, accessibility, cost-containment and safety are recurring themes.

Many commentaries have also been written about the challenges before pharmacists: manpower disparity, outdated reimbursement models that incent drug distribution rather than patient care, and pharmacy environments and systems that do not welcome patient care. The needs of clients, the health system and pharmacists, while different, have much in common. Their interdependence provides great opportunities for pharmacists. Cumulatively, the decisions and actions of individual pharmacists will provide significant solutions for clients, the health system and pharmacists themselves.

Individual pharmacists must take personal responsibility for their professional development, conduct and practice, and the drug use of their clients. The combined thrust of individual pharmacists advocating for the needs of their clients will create the momentum necessary to motivate providers to implement systems and structures to accommodate better practice and improved care. Better care will result in healthier clients, a healthier system and greater

professional rewards for pharmacists. While this value proposition benefits everyone, it is dependent on the commitment and actions of individuals.

Our annual report introduces you to pharmacists who, each in their unique way, have taken personal responsibility for their professional development, conduct and practice, and the drug use of their clients. They have been privileged with the same basic, quality educational beginnings and have faced the same challenges as other pharmacists. Their personal interest in the needs of people, the needs of the system and the needs of their communities have guided their professional development, priorities and commitment to care. They have accepted personal responsibility to make a difference—a difference in the health of their clients, a difference in their communities, and a difference in our health system.

May their actions serve as an inspiration to all of us!



Karen Wolfe
President



Greg Eberhart
Registrar





AMS has become a model for the role of pharmacists in managing and prescribing medications for chronic conditions.

Pharmacists are highly skilled and knowledgeable health professionals. They offer direct patient care, disease state management and drug information services, and fulfil administrative and educational roles, including research. They are health service providers, disseminators of drug information, consultants, drug therapy experts, specialty practitioners, and contributors to their communities.

You will find pharmacists in almost every aspect of health care including primary care venues, acute-care hospitals, long-term care institutions, community pharmacies, health clinics, and myriad other health service sites. They are attentive to new ways to work with patients and other health care professionals.

Pharmacists are the most accessible health care professional. You will find them in both urban and rural settings. In fact, you will find them in almost every Alberta community.

Join us in the following short visits with a number of Alberta pharmacists, including four award winners, who apply their pharmacy expertise using a variety of approaches. You will see many ways Alberta's pharmacists contribute to the health of their patients, to the health care system and to their communities.

Award of Excellence*

Tammy Bungard

Anticoagulation Management Service Director
University of Alberta Hospital, Edmonton



Tammy is the inspiration and leader of a pharmacist-managed anticoagulation management service (AMS) that, according to her nominators, has become one of the most sought-after services in the Capital Health region. For this significant achievement she is being recognized with an ACP Award of Excellence.

AMS aims to optimize anticoagulation management through pharmacist expertise and intervention, in collaboration with physicians, and to reduce the rates of stroke, blood clots and bleeding for patients managed in the service. The service began as a pilot project funded by Alberta Health and Wellness through the Health Innovation Fund. AMS accepted its first patient in April 2001 and continued as a pilot project through to December 2004, when Capital Health assumed its funding as a highly successful, continuing regional program.

The project demonstrated improved control of anticoagulant therapy and decreased rates of adverse outcomes compared with control prior to referral to the program. The project also demonstrated cost savings to the health care system and a high level of patient satisfaction.

The AMS pharmacists are responsible for managing the anticoagulation therapy for each patient. They have a team of physicians available for consultation should their expertise be necessary. The pharmacists' contact with patients is personalized and involves close monitoring of the drug therapy. Detailed documentation on each patient permits the pharmacists to follow trends and identify concerns as they arise.

The process of creating the clinic required Tammy, who completed her Pharm D** in 1998, to work closely with cardiology, haematology and internal medicine physicians to ensure the program would be well accepted and to develop the required protocols and policies for enhanced patient care. The AMS is now viewed as a critical resource for these disciplines. In fact, the program was so successful that the cardiac surgeons asked AMS to take over the anticoagulation management of all patients with mechanical valves, in addition to others referred to the service.

The original project also focused on developing the skills of pharmacists throughout Alberta so that patients elsewhere could have access to the same high level of care. A number of community pharmacists and rural hospital pharmacists assumed responsibility for anticoagulation management within their regions. If there's a component of the original project Tammy's disappointed with, it would be that the infrastructure to support the service in the community is generally not available. "This lack of support made the success of anticoagulation management programs based in community pharmacies much harder to maintain."

Yet, within the hospital environment, the picture is different. According to Dr. Stephen Archer, director of the cardiology division at the UofA and a medical director of AMS, "The main problem with the anticoagulation management service has been controlling its rate of growth." The clinic had 13,500 patient contacts in 2005, and employs two full-time pharmacists plus Tammy, and often has pharmacist-trainees on site.

Dr. Wayne Tymchuk, deputy director of the cardiology division and director of the University Hospital's Cardiac Intensive Care Unit, adds, "Through the [pharmacists'] efforts, significant patient morbidity and, perhaps, mortality has been avoided with this service, which is reliable, effec-

tive and prompt." As a result, AMS has become a model for the role of pharmacists in managing and prescribing medications for chronic conditions.

As she discusses the AMS, Tammy notes that, although the service fills a definite need, "It is only responsible for one part of patient care. The collaborative relationships we develop with other health professionals, including primary care physicians, are a vital component of what we do."

Nonetheless, the unqualified success of the service in the Capital Health region is undeniable, and that success can be attributed to Tammy's initiative.

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

** A Pharm D is a Doctor of Pharmacy degree received after two years of post-graduate study dedicated to clinical training and care.

Linda Poloway

Patient Safety Coordinator
David Thompson Health Region



Linda has an electrifying enthusiasm for her new job. After working as a pharmacist for many years, Linda now finds herself identifying and addressing patient safety issues throughout the David Thompson Health Region (DTHR), and not just those related to medication. Her involvement began in 2001 when she was the region's director of pharmacy. At her urging, the region established an interdisciplinary medication safety committee that, among other tasks, created a blueprint of medication processing. The blueprint identified steps from the selection of a drug for inclusion in the formulary and purchasing, to dispensing and administration. The committee discovered that the process was riddled with risks. As a result, the committee members prioritized the risks according to severity and frequency, and set about resolving some of the problems.

In June 2004, the region experienced a medication fatality and asked the Institute for Safe Medication Practices (ISMP) to review the incident. Their report included over 22 recommendations, 12 of which were drug related. Linda took a leading role in implementing the majority of those medication recommendations, and discovered a passion for working in the safety arena. She then took that interest to the next level by accepting the position of patient safety coordinator for the region.

"Patient safety pushes me," says Linda. "It forces me into areas I'm not comfortable with and forces me to learn." She has no regrets about changing her career. In fact, her new position has allowed her to apply her pharmacy learning in a new way. "Pharmacists are very analytical and take a methodical approach to problem solving," notes Linda. "This job is a good fit for me since much of my work is to identify or listen to concerns about patient safety, then work with others to determine cause and find reasonable solutions for improvement." She has taken formal training so she can lead root-cause analysis processes with the region's staff.

The other side of her work is to take a prospective look at patient care processes, i.e., when planning a new program or service, examining what could go wrong and putting measures in place to mitigate risk. In the patient safety world this approach is called failure modes effects analysis, a process she used in pharmacy prior to formal training. Now it's a purposeful activity applied to day-to-day patient care. For example, hospital beds can harm patients if they are not regularly maintained. However, when the hospital constantly has 100 per cent capacity, there is no opportunity for the beds to be made accessible to the maintenance department for review and necessary repair. Linda's involvement in facilitating the purchase of extra beds has allowed the department to conduct their preventive maintenance and keep patients safe.

In fulfilling her mandate, Linda brings the various health disciplines together to discuss an issue, with a goal of making care safer for the patient. An example of a major project is producing a list of abbreviations used in prescribing drugs that contribute to medication errors in the region, and ensuring the abbreviations are not used. This task is not easily accomplished given the range of health professionals involved and the breadth of the region. An interdisciplinary committee began with the American ISMP list and customized it for practice within Canada. As a result, a list of about 30 error-prone abbreviations have now been deemed prohibited in the David Thompson region. An educational program for all health professionals introduces five to seven of the prohibited abbreviations every month via posters and educational sessions to help staff understand the need for change and participate in the change.

The region will study the effectiveness of the various tools used to educate its health professionals about the abbreviations and, in cooperation with the Health Quality Council of Alberta (HQCA), will examine the interventions that affect



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physician prescribing behaviour. HQCA intends to use the same model of implementing a prohibited list of abbreviations in all regional health authorities.

Linda’s job list is long, but exciting. Each task presents new challenges that help her grow, yet which result in safer care for patients.

W.L. Boddy Pharmacy of the Year*
Red Deer Co-op Plaza Pharmacy

Gordon Matthies, Manager, Red Deer



The Red Deer Co-op Plaza Pharmacy prides itself in placing the patient’s needs first. This philosophy, along with a commitment to quality patient care, has resulted in the pharmacy being named the W.L. Boddy Pharmacy of the Year.

Gordon Matthies, manager, is justifiably proud of the pharmacy and its staff. “Our staff believe in the value of professional services and care enough about people to ‘go the extra mile,’” he notes.

Patient-care plans that are beyond the norm are an important part of the pharmacy’s services. Pharmacists interview patients and carefully maintain records for easy reference by staff. A record may include observations about the patient’s progress, notes from home visits and calls to patients, clinical practice guidelines as appropriate, adjustments to therapy, and the like, all of which serve to provide solid data when discussing a patient with a physician or other health care provider.

One of the pharmacy’s hallmarks is the busy private counselling room. Patients know they will meet there with a pharmacist each time they get a new prescription or when they need to learn about managing their illness, whether it’s how to monitor their blood glucose or how to make lifestyle changes to improve their blood cholesterol levels.

Gordon identifies the pharmacy staff as early adaptors. “We need to keep learning and keep moving forward,” he says. Part of that learning is visiting other pharmacies to find out about their best practices. “We look for the best of the best, and bring those ideas back to our pharmacy to see how we can incorporate them.” The focus is always on improving patient care.

Another way the pharmacy staff keep abreast of new developments is by working with pharmacy students. “They keep us on our toes,” remarks Gordon. “If we expect them to do

patient care, they have to see us doing patient care.” The students’ experience mirrors an ideal practice—they are strictly involved in patient care, whether they are completing a care plan, visiting a patient at home, or counselling about a new medication or an over-the-counter product.

Compounding medications is an important part of the pharmacy’s services, as are the monthly health clinics for testing blood glucose and blood pressure levels, and screening for cholesterol. Home visits often identify problems such as food and drug interactions, non-adherence to therapy or other barriers to treatment. The pharmacy staff then address the issue, either by assuming responsibility for the care or by notifying another health care provider to arrange appropriate treatment.

Presentations to schools, community groups and other health care providers are a valued community service. In particular, the pharmacy’s presentation on over-the-counter medications is seen by employers as an important contribution to work-place health and safety. This fee-for-service presentation was recognized as a top national Pharmacy Awareness Week project by the *Pharmacy Practice* journal in the late 1990s.

Staff are also encouraged to participate in and contribute to the profession in others ways. Involvement in clinical studies and on committees for professional organizations are two examples, in addition to participating in the University of Alberta’s preceptorship program. Also, two of the pharmacy’s technicians teach at the Red Deer College’s technician program.

According to a local physician, the pharmacy has a reputation for consistently working with patients to address the appropriate balance between their lifestyle and medication needs. Patients’ needs come first.

* 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.

M.J. Huston Pharmacist of the Year*

Ron Pohar

Clinical Pharmacist, Edmonton



The newest M.J. Huston Pharmacist of the Year is known for his work in the mental health field, particularly with individuals who live in the inner city. Working out of Myro’s Pharmacy, Ron offers clinical pharmacy services in a number of inner-city group



“Our staff believe in the value of professional services and care enough about people to ‘go the extra’ mile.”



red deer co-op pharmacy



*... the award reflects
"the support of the whole
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homes and at the Capital Health's Community Living Program (CLIP).

CLIP has been the impetus for one of his most recent endeavours, i.e., as a key contributor to its Tobacco Dependence Clinic, or TDC. This clinic, specially designed for mental health clients, helps them address their physical health by quitting smoking.

The clinic's program is run by a nurse, a psychiatrist and a pharmacist. The psychiatrist completes assessments of individuals who might benefit from the program, and does ongoing physical assessments of participants. The nurse offers a support group that is based on behaviour modification therapy. Ron manages the nicotine replacement treatment by determining the medication and dosage, and then monitoring each client's progress through frequent and regular contact.

Ron says, "In managing TDC clients, we must be very attentive to monitoring their physical health, particularly blood pressure and cardiac function, given that they are often on multiple nicotine-replacement therapies." One of Ron's key roles is to help the clients remain motivated. "It's very difficult for our clients to abstain from smoking since they are surrounded by others in their peer group who smoke. They need intensive support and monitoring at the beginning of treatment."

A problem recognized by clients and health care providers is that tobacco products are so readily available and usually prominently displayed in the clients' environment. "A client will tell me they saw 'the power wall,' that is, the cigarette display, as soon as they walked in, and found his or her temptation to purchase cigarettes too strong to resist," he remarks.

Ron's work in the mental health field began immediately after graduation when he worked at the Salvation Army addiction and rehabilitation centre. "When working with addictions, I had no choice but to address the mental health problems at the same time," he says. "I think working in the mental health field is the most rewarding thing a person can do."

Ron's practice takes him to a number of other sites, including the People In Need Society facilities and Meadows Lodge, among others. At these facilities, his attention is directed to patients of Myro's Pharmacy, in addition to those in the TDC program.

Ron is also known for his expertise in geriatrics. Three days a week he attends to clients at Canterbury Court, a seniors residence in Edmonton. There he works with a team of nurses, physicians, Home Care staff, residents and residents' families. "This is really a multidisciplinary team," says Ron, "with excellent communication among the team members. It's lots of fun and very rewarding." Ron's role varies from medication reviews to addressing specific problems he discovers or concerns raised by other team members, including the residents or their families. He's particularly appreciative of the trust and rapport that's developed among the team members who've worked together for many years. "Those relationships are important for quality patient care," notes Ron.

When asked about being named Pharmacist of the Year, Ron says he's delighted to be recognized for the work he does, but adds that the award reflects "the support of the whole pharmacy staff behind me."

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

Scot Simpson

Researcher, Assistant Professor,
Faculty of Pharmacy and Pharmaceutical Sciences
University of Alberta, Edmonton
and Clinical Pharmacist



"I really want to move the profession forward," says Scot as he talks about his goals. "I'd like pharmacists to be recognized consistently as leaders in medication management." Hence his research activities are aimed at demonstrating the value of pharmacists, showing the profession's impact on clinical care and the economic outcomes of care.

"At the end of the day," he notes, "if we can show a pharmacist has value in lowering the patient's risk of chronic disease and improve the patient's health, that's what's important."

Scot is an assistant professor at the UofA's Faculty of Pharmacy and Pharmaceutical Sciences who spends about one-quarter of his time teaching students about epidemiology and practice research, as well as medication management of diabetes and other diseases of the endocrine system. He sees part of his role as helping the



"I'd like pharmacists to be recognized consistently as leaders in medication management."



scot simpson



donna galvin



"It's great to be part of the incredible volunteerism that's such a big part of this city."



students understand how research findings can be incorporated into daily practice.

His teaching responsibilities mirror his research interests, that is, demonstrating the value of pharmacist practice to patient care. One of his major projects is the Vascular Intervention Program, or VIP, a controlled clinical trial conducted in family medicine clinics. The purpose of this study is to measure the impact of pharmacist practice on cardiovascular disease risk. A key focus of the project is blood pressure management. The pharmacist completes medication reviews for patients, identifies drug-related problems, works with the patient and the physician to develop recommendations, and then implements those recommendations and follows up closely with the patient.

The goal of another project is to establish a network of pharmacists who are interested and/or trained in diabetes care. During the summer break, a student will survey pharmacists to measure whether the level of a pharmacist's training in diabetes management influences the amount of diabetes care that pharmacist undertakes. The ultimate result will be to identify pharmacists interested in diabetes care, and to use that information to connect patients from the Capital Health's regional diabetes program with pharmacists who can help them manage their condition. Scot anticipates the same template could be used for other chronic diseases, such as asthma.

Scot is a co-principal investigator for a hypertension study in Airdrie that involves researchers from the University of Calgary and McMaster University. The study consists of training peer health educators to interact with their friends and neighbours to help improve awareness of a specific disease. In this instance, senior volunteers from the community helped their peers learn more about high blood pressure. Based in community pharmacies, the educators ran sessions for other seniors from September to November 2005; topics included blood pressure, the effects of the disease on health, and risk factors. Patients having difficulties managing their disease were referred to a pharmacist or a physician, depending on the problem. Project researchers followed up with patients in March 2006 to determine whether there have been changes in blood pressure management among the participants.

How did Scot become interested in research? When he graduated with his bachelor's degree in pharmacy in 1990 and began working as a hospital pharmacist, he quickly became aware of the challenges pharmacists face in

demonstrating their contributions to patient care. He obtained a Pharm D* degree in 1997 from the University of Toronto with the intent of expanding his clinical skills and abilities. During this program he became interested in study design and the evidence that supports the pharmacist's role. Upon completion of the Pharm D, he began a post-doctorate program at the UofA Hospital, division of cardiology.

"My PharmD and post-doctorate experiences really whet my appetite for research," says Scot. He realized he needed more formal training to become an independent researcher, so he completed a masters of science in experimental medicine through the UofA's Faculty of Medicine. He worked with the Alliance for Canadian Health Outcomes Research in Diabetes, a national group that undertakes epidemiologic and practice-based research in diabetes, for four years before joining the UofA team.

He sees a good fit with the various components of his career—research to demonstrate the value of pharmacist interventions, teaching to help future pharmacists understand how to incorporate evidence-based research into their practices, and his own practice at a family medicine clinic at the UofA Hospital where he can use that evidence-based information.

* A Pharm D is a Doctor of Pharmacy degree received after two years of post-graduate study dedicated to clinical training and care.

Wyeth Consumer Healthcare Bowl of Hygeia*

Donna Galvin

Consultant Pharmacist, Okotoks



Donna's signature volunteerism, leadership, enthusiasm and commitment to Alberta's western heritage have garnered her recognition as a Wyeth Consumer Healthcare Bowl of Hygeia recipient. The award recognizes community service.

Donna has compiled a long and outstanding history of service to the Calgary community. The Calgary Exhibition and Stampede has been the most significant beneficiary of her attention. Her involvement began in 1973 with the Band Management Committee and as one of the first members of the Stampede Show Band Committee. This greenhorn committee member became responsible for 300 visiting band members from other cities who were billeted in schools across Calgary. The Show Band provides experience and training for high school students in music and showman-

ship and is one of several youth-development programs funded by the stampede.

In 1985 Donna moved on to the stampede's Promotion Committee, a long-standing commitment that saw her serving three years as vice chair and recently completing two years as chair. "The chairmanship was like a full-time job," she notes.

The committee consists of 140 volunteers who promote the stampede year-round locally and nationally. Committee members are involved in out-of-town parades, attending caravan breakfasts each morning of the stampede, visiting local campgrounds, conducting a corporate western decorating contest and a dress-western event, welcoming visitors at the Calgary International Airport, and many other responsibilities. All of this activity sees volunteers interacting extensively with local citizens and visitors to spread our western spirit and help to preserve and promote our western heritage and values. "The stampede is not just another tourist attraction," notes Donna, "but is a not-for-profit organization that contributes to the community 365 days a year."

Donna is also known for her work with the Canadian Cancer Society. She became a Reach to Recovery volunteer in 1982, and grew into the position of provincial volunteer trainer, a responsibility she assumed for five years. She has been a member of the Junior League and a volunteer ski guide at Lake Louise and, throughout her children's academic years, she volunteered for school activities.

Despite the time she commits to being a volunteer, Donna still finds time to be a dedicated pharmacist. Her passion for her volunteer work mirrors her passion for the profession. For the past two years she has been the pharmacist consultant for the Integrated Multidisciplinary Pharmacist Acute Care Community Treatment (IMPACCT) project and a pharmacist representative on the Calgary Cardiovascular Network. She has also been involved in pharmacist remediation services, the Enhancement of Secondary Prevention (ESP) Study, SCRIP (Study of Coronary Risk Intervention by Pharmacists), and consulting contracts that included designing, instructing, and evaluating disease-specific learning modules for a national retail pharmacy organization.

These activities follow many years of community and hospital practice experience.

When asked why she is so committed to stampede volunteering, Donna replies, "We have something unique in our

western heritage. We need to nourish it, promote it, and ensure it continues to be a vital part of our community." And she loves the camaraderie and fun. "You meet wonderful people," she remarks. "I really believe in this! I believe Calgary has something really unique. It's great to be part of the incredible volunteerism that's such a big part of this city."

Her deep commitment to her community, both as a health care professional and as a community member, are now recognized through the Bowl of Hygeia.

* 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.

Donna Pipa

Consultant Pharmacist, Cochrane



After 17 years as a pharmacist at Calgary's Alberta Children's Hospital, Donna chose to leave full-time pharmacist practice in 1998 and, in her words, "spend time at home with the kids." Little did she know the profession wasn't ready to let her opt out for long!

Within months Donna was working on Alberta's electronic health record (EHR), serving on the initial Pharmaceutical Information Network (PIN) Working Group to develop the business requirements for PIN. Involvement in the working group meant drawing on her experience in pharmacist practice and applying it to PIN, one of the basic components of the EHR.

Initially occupying her time for two days a week, her role has since evolved into employment as the southern Alberta deployment team leader. Her team works within regional health authorities 1, 2 and 3 to incorporate the EHR in pharmacies, physicians' offices, hospital sites and clinics. As a result, the team helps physicians, pharmacists and their staff register with the EHR and establish the technical requirements to incorporate the province-wide system in their workflow. Then the deployment team trains the new EHR participants and offers follow-up support as needed.

Donna has also become a field resource for the TOP (Toward Optimized Practice) program. TOP helps physicians remain up to date on practice improvements and new evidence-based information, and to translate that knowledge into practice. In other words, TOP identifies what's



A theme that runs through all of [Donna's] activities is that the projects are all forward thinking ...

new, what works, and then helps physicians incorporate the new information into their practices.

She is now participating with a team whose goal is to include pharmacists in the primary care networks (PCNs) emerging throughout the province. Although this project is in its early stage, Donna says, "I anticipate it will not be difficult to sell." There is general awareness that drug therapy is becoming increasingly complex and there is increased recognition that one person cannot be aware of all the new developments in patient care. The project is based on the premise that having a resource within a PCN that can concentrate on drug therapy issues will improve patient safety and promote better health outcomes.

Donna was also a leading resource in the development of the pharmacy assistant program offered at the Southern Alberta Institute of Technology. For a year and a half she helped establish the program, develop the training modules, coordinate the first three intakes of students, and provide instruction to the students.

To what does she credit her ability to assume such varied responsibilities? Donna identifies her education and years of experience as primary factors. Also, the network of colleagues she developed over the years has been instrumental in identifying her as a potential contributor to projects.

When you talk with Donna about her consulting experience, her joy in her work is evident. A theme that runs through all of her activities is that the projects are all forward thinking, i.e., planning for the future. "It gives me a sense of accomplishment to know we are working towards something better," she declares.

Sandra Rees

Liaison Officer, Canadian Agency for Drugs and Technologies in Health (CADTH), Edmonton



In a world where health care decision makers are searching for the right information to make the right decision, Sandra is there to help. She's a liaison officer with the Canadian Agency for Drugs and Technologies in Health (CADTH), formerly the Canadian Coordinating Office for Health Technology Assessment or CCOHTA. Her job is to link evidence-based information and other resources that can contribute

to good decision making to the people who make health care decisions.

Attracted by the idea of providing evidence-based information throughout Alberta's health system, she supports Alberta health professionals' access to the information and resources that are available through CADTH and its national and international partners. She also gathers and communicates to CADTH any health technology concerns and potential assessment topics important to health care stakeholders in our province. To do this, she meets with a wide variety of stakeholders across Alberta. Her goal is to increase awareness of CADTH's programs and services, link decision makers with resources, and support the use of evidence in decisions.

After Sandra graduated with her pharmacy degree in 1993, she worked in community and hospital settings, but felt there must be other ways to use her education. She began a PhD program in pharmacokinetics, left that work in 1999, and joined the Alberta Drug Utilization Program (ADUP) as the trial prescription program manager. At ADUP she was responsible for designing, implementing, and evaluating the program. During her five years there, she was also instrumental in implementing the academic detailing initiative in the David Thompson Health Region where she met with physicians and provided evidence-based information to support their therapeutic decisions. Academic detailing satisfied her desire to encourage health professionals, in this case physicians, to use evidence-based information in their patient care activities. "It was one of my most rewarding jobs," she says. "The physicians were great to work with. They were appreciative of the unbiased information I provided them, along with the tools for using best practices in patient care."

Sandra's been a CADTH liaison officer for a full year now and sees her role as broader than the experience at ADUP because more technology is involved. In fact, CADTH defines health technology as "any technology used to promote health; prevent, diagnose or treat disease; or aid in rehabilitation or long-term care. They include drugs, vaccines, devices, medical and surgical procedures and health systems." (CADTH About HTA information sheet)

The variety and the opportunity to meet with health professionals of all types and at all levels are bonuses in her work. But the best part is contributing to the use of unbiased evidence in decisions.



Academic detailing satisfied [Sandra's] desire to encourage health professionals ... to use evidence-based information in their patient care activities.



sandra rees

Highlights of our activities and achievements 2005/06

Our 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

Registration

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 and licensing processes.

■ During 2005, our registration department:

- processed 32 new pharmacy applications and registered 212 new pharmacists; and,
- offered the jurisprudence exam 10 times. The exam is a requirement for licensure in Alberta; 300 exams were administered during the year. Of the candidates who took the exam, 13 were unsuccessful on their first attempt, but passed on a subsequent try. Four candidates required three attempts to pass. Six candidates who were unsuccessful on their first attempt have not yet challenged the exam again. The success rate was 92.7 per cent.

■ In 2005, the candidates licensing as pharmacists included 95 new university graduates from the University of Alberta, 74 who graduated from other Canadian provinces, and 43 pharmacists relocating to Alberta from other countries.

■ Council is examining its role in registering or regulating pharmacy technicians. We have consulted with other pharmacy regulatory authorities, pharmacy technician educators, and the Canadian Association of Pharmacy Technicians – Alberta Branch to discuss the issue. 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. We will continue to address this concern during 2006.

Education

The Education department was created to support college strategies in collaboration with college partners. The department facilitates the development and delivery of learning opportunities to support the pharmacists' professional development as we work to achieve the strategies.

■ Throughout 2005 the college participated in the Faculty of Pharmacy and Pharmaceutical Sciences' Curriculum Committee at the University of Alberta, a committee mandated with guiding and monitoring implementation and modification of the new undergraduate program curriculum. The committee reviewed plans from the courses introduced into the first year program and their related evaluation results. The work of this committee supports the education of pharmacy students that meets national accreditation standards and prepares them for licensure with the college.

■ The college also participated in the faculty's Experiential Education Committee. The committee's role is to advise the faculty on the collaborative process between the university and members of the Network of Off-campus Learning Centres as a means of enhancing experiential education and pharmacy practice opportunities. Effective experiential learning for students will support the licensure of competent pharmacists to serve the Alberta public.

■ During 2005, 41 fourth-year students enrolled in the Accelerated Clinical Training (ACT) project and were placed in community and hospital sites throughout Alberta. The students participated in three to five days of targeted training based on specific clinical needs identified by community and hospital preceptors. ACT sought to determine if the training, provided in advance of clinical rotations, increased the value of the patient-care skills that students brought to the sites, and if such student preparation would encourage preceptors to increase future clinical placement capacity. The project report is due in May 2006. (The ACT project was funded by Alberta Health and Wellness and is a collaborative partnership involving the college, the University of Alberta's Faculty of Pharmacy and Pharmaceutical Sciences, the Capital Health region and Shoppers Drug Mart.)

Pharmacist Demographics

	Practising Membership			Inactive			New Registrants					
	Comm	Hospital	Total Pract	Male (%)	Female (%)	Non-Pract	Retired	Total Inactive	UofA	Other Cdn Univ	Foreign Cred / MRA	Total Registrants
2005/2006	n/a	n/a	3509	n/a	n/a	312	410	722	n/a	n/a	n/a	n/a
2004/2005	2944	400	3344	38	62	327	397	724	95	74	43	212
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

Students and Interns - 2005

Graduates from the University of Alberta (this includes graduating classes of 2008 and 2009)	281
Graduates from other Canadian Universities	46
MRA Transfers	47
Graduates with foreign credentials	98
Total	472

Pharmacy Statistics

	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	2	3		1	1	2		2		2				0
February	3			3				0		1	2	3			1	1
March	1	1	1	3	1	1	2	4	1	1		2				0
April			3	3		1	1	2			2	2	1			1
May	4		1	5		1	2	3			2	2			1	1
June	1	1	2	4	1	1		2			1	1		1		1
July			2	2	1		1	2			1	1				0
August	1	1	4	6			2	2		1	2	3			1	1
September	2	4	6	12			1	1	1			1	1	1	1	3
October		2		2	2		3	5		1		1	1			1
November		2	3	5	1	2	5	8				0		1		1
December	2		2	4			1	1	1	1	2	4	1	1		2
Totals	14	12	26	52	6	7	19	32	3	7	12	22	4	4	4	12

Licensed Pharmacies

2005/2006	883
2004/2005	873
2003/2004	867
2002/2003	829
2001/2002	790
2000/2001	793
1999/2000	780
1998/1999	769
1997/1998	754
1996/1997	751
1995/1996	747
1994/1995	734

New Pharmacies

	Edm	Cal	Other	Total
Corporate	1	4	11	16
Independent	5	3	8	16
Total	6	7	19	32

Pharmacy Closures

	Edm	Cal	Other	Total
Corporate	2	1	0	3
Independent	4	6	9	19
Total	6	7	9	22

■ In March 2006 ACP initiated a pilot program to prepare foreign-trained candidates for licensure in Alberta. Based on a communication and cultural awareness program prepared by Manitoba Labour and Immigration, the International Pharmacist Orientation (IPO) pilot focuses on workplace application of specific knowledge and skills related to practice and consists of nine days of classroom training distributed over seven weeks. Between classroom sessions, participants practise the course skills in their workplace. An IPO mentor travels to the participant worksites to coach the participants on unique learning needs and to assist with the transfer of learning to the pharmacy setting. Supervisors and colleagues of international pharmacists were invited to a six-hour seminar on strategies for building on and enhancing multicultural diversity in the pharmacy workplace.

■ The college has established a partnership with the Faculty of Pharmacy and Pharmaceutical Sciences to develop a structured practical training program. The goal is to revise the existing experiential programs to meet the requirements of the *Health Professions Act* and to recognize the time spent by Alberta students in their clinical placements. We believe that working together to develop this program will avoid duplication of efforts and improve communication between the college and the faculty. ACP and the faculty are currently reviewing the competency profile developed by the college, in conjunction with the competency-based standards of practice developed by the National Association of Pharmacy Regulatory Authorities, to verify the competencies that students must be able to observe, experience, and demonstrate through the structured practical training program.

Pharmacy assessments

The pharmacy assessment process monitors pharmacies to ensure safe and effective environments within which pharmacists can optimally use their knowledge and skills to benefit client health.

■ Twenty-seven per cent (or 241) of community pharmacies were assessed during 2005. Of these, 56 were corporate and 185 were independent pharmacies.

■ Of the 241 pharmacies assessed, 23 required second assessments to address areas that required significant improvement.

■ Pharmacy assessments focused on four areas and their effect on patient safety, namely:

1. the physical environment of the pharmacy,
2. pharmacist practice,
3. human resources (sufficiency/insufficiency), and
4. technology and its use.

Measuring and supporting the competence of pharmacists

The Competence department is responsible for the development and implementation of the RxCEL Competence Program. The program offers pharmacists a number of tools to maintain and/or improve their knowledge and skills, including the continuing professional development plan and the on-site assessment program.

Pharmacy assessments

Independent	185
Corporate	56
Total	241
Second assessments	23
Total assessments	264

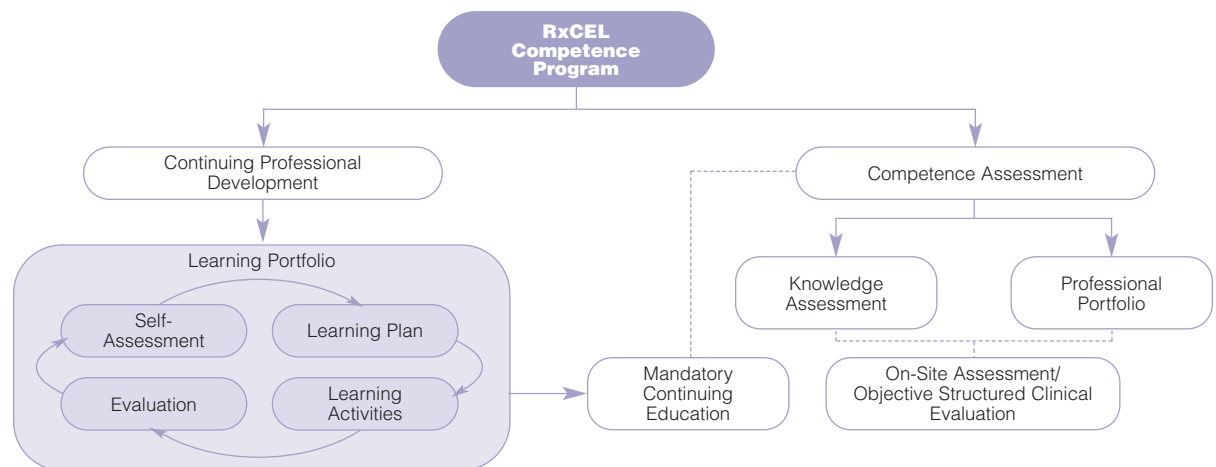
■ In June 2005 Council approved the Competence Committee's recommendation to revise the competence program, as illustrated in the graphic below.

Continuing Professional Development

■ Continuing professional development is recognized nationally and internationally as the route to continuing competence. The International Pharmaceutical Foundation (FIP) states: "Pharmacists are health care professionals whose professional responsibilities include seeking to ensure that people derive maximum therapeutic benefit from their treatments with medicines. This [quest] requires them to keep abreast of developments in pharmacy practice and the pharmaceutical sciences, professional standards requirements, the laws governing pharmacy and medicines, and advances in knowledge and technology relating to [the] use of medicines. This [professional expertise] can only be achieved by an individual's personal commitment to continuing professional development."

(FIP Statement of Professional Standards, Continuing Professional Development, September 2002)

■ In April 2005 we concluded the pilot of the continuing professional development (CPD) program's self-assessment component. As a result of pharmacist input during the pilot project, the entire CPD program was refined, and then distributed in September 2005 to all pharmacists, along with the competence profile. The learning portfolio



portion of the CPD program now includes four elements: self-assessment, learning plan, learning activities and evaluation. The on-line CPD log became available to pharmacists in June 2005.

■ Normally 20 per cent of all learning portfolio records are audited annually. During the audit we review the accuracy of allowable professional development activities and ensure there is adequate documentation to support all continuing education claims. Audits of the 2003/04 learning portfolios were completed in early 2005. Out of 600 audits there were 598 confirmations of compliance, for a 99.7 per cent compliance rate. Only two files were referred to the Competence Committee for further action.

■ In September 2005 we began audits of the 2004/05 learning portfolios. We will conduct 700 audits for the 2004/05 registration year, which is over 20 per cent of registered pharmacists.

Competence Assessment

Assessment of competence helps pharmacists maintain competence, identify their strengths and areas for improvement, meet professional standards, and comply with legislation. The assessment involves two steps: establishing performance expectations in the form of standards and ensuring that pharmacists perform to the identified standards. The on-site assessment program measures

competence and performance and is designed to be educational, practical and non-disciplinary. The assessment is conducted at the pharmacist's practice site.

■ We conducted 40 on-site assessments. Of these, 37 were first assessments and three were second assessments. We also conducted one directed assessment at the request of the registrar, bringing our total assessments to 514 completed since 1998, through which 477 pharmacists were assessed. Refer to the aggregate results of the 2005 assessments below.

Accreditation

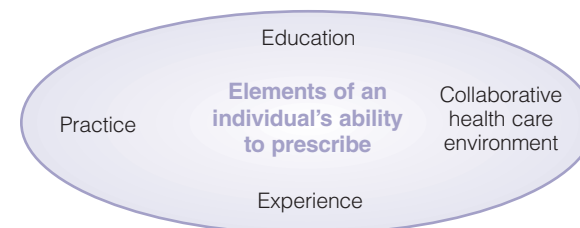
ACP staff continues to review and accredit continuing education programs for Alberta pharmacists to ensure a program is relevant to pharmacy practice, lacks bias, and is accurate. The college uses the Canadian Council on Continuing Education in Pharmacy criteria when accrediting programs.

■ The college accredited 92 continuing education programs in 2005. The accreditation criteria were reviewed and updated in November 2005; the new standards came into effect in January 2006.

Criteria for prescribing authority

■ As directed by Council, the Competence Committee researched and considered criteria for authorization for pharmacists who wish to prescribe drugs when accessed

by a patient as the first point of care and when working collaboratively with the patient's health care team to manage therapy for chronic diseases. Council approved the committee's initial template in June 2005. The committee subsequently submitted their recommendations to Council in February 2006; Council continues to discuss the recommendations and their implications.



Presentations

■ The self-assessment program was the subject of a presentation at the Association of Medical Education in Amsterdam in August 2005 and the on-site assessment program evaluation was presented at the National Continuing Competence Conference in Edmonton in November 2005. The RxCEL Continuing Professional Development program was featured at the Sixth International Conference on Life Long Learning in Pharmacy in Saskatoon in June and at the American Council for Pharmaceutical Education Conference in Chicago in September.

Resolving complaints about pharmacists' practices and pharmacies' operations

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. 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 each complaint and determine measures to prevent similar occurrences in the future.

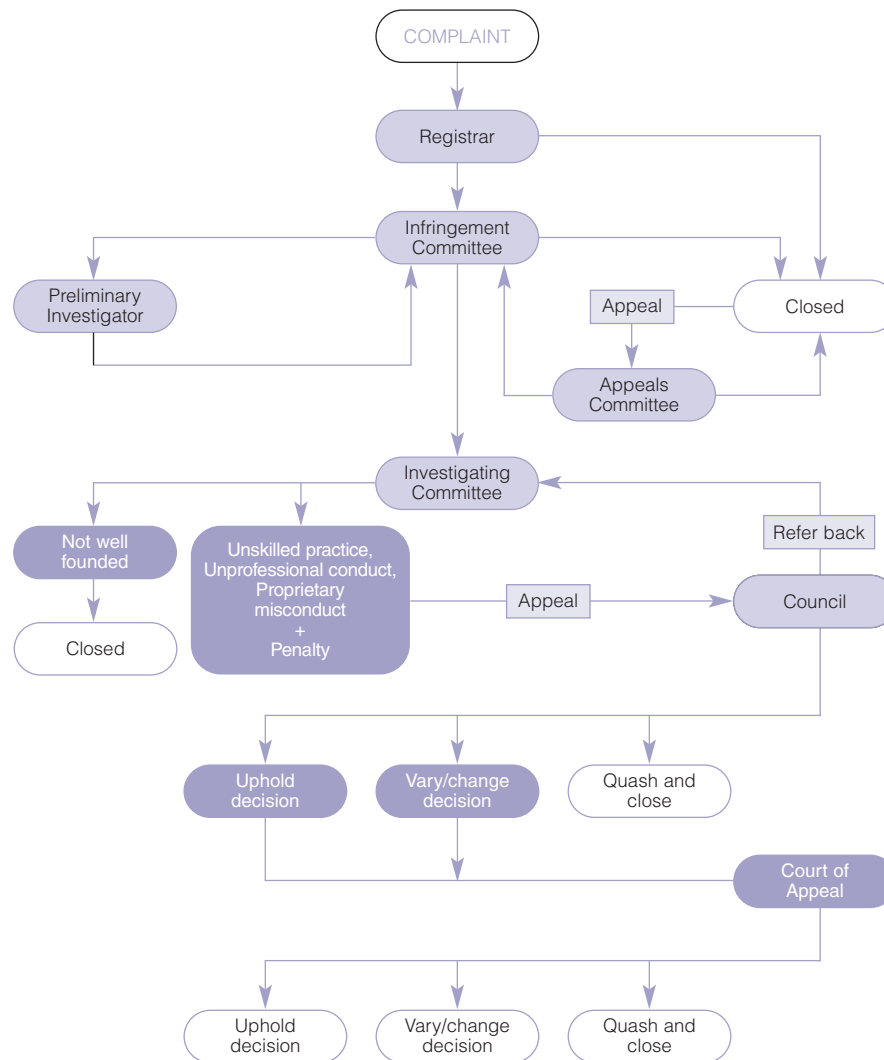
Aggregate results of the 2005 assessments

Recommendation	1st assessments	2nd assessments	3rd assessments	Total	%
All criteria at or above peer mean, no further action required (Result #1)	12	1	0	13	31.7
Please work to enhance your practice in the identified areas; no follow up required (Result #2)	9	2	0	11	26.8
Please develop learning projects in the identified areas and submit to the Practice Review Panel (Result #3)	14	0	0	14	34.2
Please develop learning projects in the identified areas and undergo a reassessment (Result #4)	3	0	0	3	7.3
Referral to registrar (Result #5)	0	0	0	0	0

When a complaint is received by the registrar's office, he reviews the complaint and, if he believes that the conduct of a member or proprietor 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.



Complaints resolution

■ In 2005 59 formal (written) complaints were referred to the Infringement Committee. Of these, 32 have been resolved. In addition, we resolved 18 complaints carried over from 2004 and three carried over from 2003, for a total of 53 resolved complaints. The college resolved 104 informal (verbal) complaints in 2005.

■ 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 2005 were open to the public.

Investigational summaries

Files closed by the Infringement Committee

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

■ A customer alleged that she was incorrectly dispensed Seroquel 100 mg instead of Topamax 100 mg.

In January 2005 a pharmacist gave the patient Seroquel 100 mg rather than her refill of Topamax 100 mg. The prescription was labeled correctly but contained the wrong medication.

The error was discovered by the patient only after she had ingested four of the Seroquel pills. As a result she suffered sleepiness, nausea and diarrhea.

When contacted, the pharmacy apologized for the error and replaced the medication. A medication dispensing error report was completed and the doctor was contacted and advised of the error.

The pharmacy staff surmised that the error occurred due to the similarity of the colour of the two medications as well as their position beside each other on the pharmacy shelf.

The Infringement Committee recommended that the pharmacy strictly adhere to the triple-check system and noted that, if this procedure had been followed, the error could have been avoided. The committee also recommended that the pharmacists collaborate to ensure medications that are similar in any way (name, packaging or colour) not be stored near each other.

■ A customer complained that the pharmacist incorrectly dispensed a prescription for his son. The prescription itself

Historical Data of the Complaints Resolution Process

	2001	2002	2003	2004	2005
Files brought forward from previous year	33	42	36	39	71
New complaints received during year	65	40	46	74	59
Files closed during year	56	46	43	42	53

was a pre-printed prescription from a dermatologist in which the dermatologist would check off a box indicating the main ingredient for therapy, then draw a line across to and tick the box for the additives.

Within a few days of applying the medication the patient experienced an adverse reaction to it. The patient noticed the label indicated that the cream contained phenol plus menthol. He discontinued using it and contacted the pharmacy for verification.

The pharmacist clarified that phenol plus menthol were not to be included in the compound. This information was contrary to the pharmacist's interpretation of the initial prescription.

The Infringement Committee was very concerned about this error. Although it is unacceptable for the pharmacist to make assumptions at any time, the committee observed that the prescription was indeed ambiguous and appears to have been a contributing factor to the error.

The Infringement Committee's recommendation to the pharmacist points out that it is entirely unacceptable for a pharmacist to make an assumption about the content of the prescription at any time without checking with the physician. The committee asked that the pharmacist review the standards of practice, follow the triple-check program and, when in doubt, contact the patient's physician for clarification.

Before closing the file the Infringement Committee wrote to the physician/dermatologist involved, copying the College of Physicians and Surgeons of Alberta. The correspondence indicated that the committee members believe prescription forms such as the one used in this incident are inappropriate because they have the potential for uncertainty and may subsequently lead to medication dispensing errors.

The Infringement Committee then directed that this file be closed.

■ A customer alleged that a pharmacist had refused to fill a triplicate prescription for a narcotic 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; the physician was unavail-

able. 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 narcotic and controlled drugs. The pharmacist decided not to fill the prescription and marked "refused" on it.

The Infringement Committee noted that the provisions of Section 4.4(e) of the *Standards of Practice—The Pharmacist* state the pharmacist shall intervene in drug therapy when, in the pharmacist's professional opinion, the prescribed therapy is not in the patient's best interests. The committee determined that the pharmacist had acted in accordance with this standard.

The file was closed.

■ The guardian of a patient in a long-term care facility alleged that the patient was over-medicated when the prescribing physician increased her prescription for Ativan from 0.5 mg to 2 mg. The guardian felt that the dispensing pharmacist should have alerted the physician or the family to the increased risk of over medication. The guardian also complained to the College of Physicians and Surgeons of Alberta (CPSA) concerning the doctor.

The investigation revealed that the patient had been transferred to a new facility. The physician, faced with a new and unfamiliar patient, decided to increase the dosage, and the pharmacist complied. The patient had a negative reaction to the increased dosage and the doctor subsequently reduced it.

The Infringement Committee had the opportunity to review a Health Facilities Review Board report which made a number of recommendations for changes at the facility in question. The committee also reviewed a copy of the investigating committee report from the CPSA that determined the physician "did not behave inappropriately."

While it recognized and appreciated the concerns of the complainant, the Infringement Committee concluded that the complaint should not be referred to an investigating committee. The Infringement Committee made the following recommendations.

1. The medication regimen of all patients being admitted to or transferred between long-term care or nursing-home

facilities should be reviewed by a pharmacist. If possible, this review should involve other members of the patient's care team in advance of the admission or transfer.

2. Pharmacists, nurses and physicians share the responsibility to monitor and respond to significant changes in drug therapy. When substantial changes are recommended, monitoring must be particularly acute.

3. Pharmacist services to long-term care facilities and nursing homes should be contracted in a manner that ensures the provision of pharmaceutical care. The contract should clearly identify the pharmacist's responsibility in monitoring and managing drug therapy, and in providing in-service training to other health professionals and other care providers involved in the administration of drugs.

■ A customer alleged she was incorrectly dispensed Seroquel 100 mg chocolate chews rather than Seroquel 25 mg chocolate chews for her son's medication.

In August 2005 the prescription was logged by the pharmacy technician and checked by the pharmacist as it did not need to be filled that day. The prescription was dispensed later that month.

The patient ingested two doses, morning and lunchtime, of the Seroquel 100 mg chocolate chews which resulted in the patient displaying symptoms which the mother described as "being out of it." Before giving the patient his evening dose, his mother checked the prescription and realized it was for 100 mg chews instead of the usual 25 mg chews. There was no physical difference in the appearance between the two strengths.

The patient's mother immediately informed the pharmacy of the difference in the prescription and then obtained a correct prescription for Seroquel 25 mg chews from the prescribing physician. This corrected prescription was dispensed in September 2005.

The Infringement Committee observed that:

1. the mother did not receive any verbal counselling when receiving the prescription for her son;
2. the medication label did not include instructions for use;
3. the pharmacy team failed to adequately review the patient medication record, and failed to identify that the

child had not ever previously received such a large dose of Seroquel; and,

4. the pharmacy team failed to incorporate an effective error prevention system within their dispensing process.

The Infringement Committee provided the following recommendations.

1. Pharmacy staff should converse with all patients or their agent when prescriptions are received, and provide verbal counselling when processed prescriptions are returned. Written information should only be provided as a supplement to the verbal counselling, not in isolation or as a default by itself.

2. All prescriptions must be labelled appropriately to include instructions for use.

3. Patient medication records must be checked and any changes in dose or formulation of medication should be verbally drawn to the attention of the patient or their agent.

4. The pharmacy team should adhere to the triple-check system whereby:

a. each prescription is checked thoroughly when it is first presented as per Standard 4.3:

b. each prescription should be carefully reviewed at least twice during the dispensing process, including a cross-check of the medication against the prescription to ensure that the right medication is contained within the package;

c. at the time the medication is presented to the patient, a final check should be conducted with the patient, allowing observation of the medication label and confirming that the correct medication is being dispensed as per Standard 5.1(k).

5. The pharmacy team should review the *Standards of Practice – The Pharmacist*, published by the Alberta College of Pharmacists, to ensure that their policies and procedures are amended to incorporate these standards.

Immediately, the pharmacy implemented two new policies whereby all pharmacists are required to

- open the prescription bags when they are presented to patients for the purpose of verifying the medication content with the patient; and,

- discuss with, and verbally counsel, the patient about their medications.

When the Infringement Committee was assured that the pharmacy staff had implemented the above recommendations, the committee closed the file.

■ A customer alleged that a pharmacist incorrectly dispensed her prescription for Gastrolyte® with Colyte®. The pharmacist stated the error occurred as a result of misinterpretation of the physician's handwriting; however the pharmacist failed to take adequate steps to confirm the instructions with the prescriber. Also, incomplete or ineffective counselling of the patient's agent failed to identify that a dispensing error had occurred.

The medication incident report was not completed until after the pharmacist received correspondence from the Alberta College of Pharmacists. This report should have been completed as soon as the incident was brought to the attention of the pharmacist by the patient. The medication incident report did not identify either primary/secondary or direct/indirect contributing factors to the incident. Neither did it identify corrective measures proposed to prevent future occurrences.

The Infringement Committee recommended that the pharmacist:

1. review the pharmacy's policies and procedures for dispensing to ensure that they fully comply with the standards of practice published by the Alberta College of Pharmacists and, further, to incorporate a triple-check system within the pharmacy's dispensing policies and procedures, whereby;

a. each prescription is checked thoroughly when it is received as per Standard 4.3,

b. the prescription is carefully reviewed at least twice during the dispensing process, including a cross-check of the medication against the prescription to ensure that the right medication is contained within the package; and,

c. at the time the medication is presented to the patient, a final check is conducted with the patient, allowing observation of the medication label;

2. incorporate an appropriate incident/error reporting system in the pharmacy, including policies that require:

a. documentation immediately upon the incident being reported,

b. documentation of all direct and indirect factors that may have contributed to the event, and

c. measures proposed to prevent reoccurrence.

3. ensure that, where there is doubt about a prescription or the instructions on a prescription, verification be pursued with the prescriber.

The Infringement Committee requested a written response from the pharmacy outlining the measures that were taken and any new policies and procedures that were implemented to prevent reoccurrence. After receipt of the pharmacy's written response, the Infringement Committee closed the file.

Investigating committee decisions

■ An investigating committee determined that a registrant's conduct amounted to unprofessional conduct when he wrote to at least seven Alberta physicians asking them to review patient charts along with the patients' prescriptions from US physicians, and then issue a prescription for the registrant's pharmacy. The letter stated: "Remuneration is generous and is paid to your account monthly." None of the physicians who were sent the letter contacted the pharmacist. One of the physicians notified the College of Physicians and Surgeons of Alberta (CPSA) who filed a complaint with the Alberta College of Pharmacists.

The CPSA position is that any physician who reviews patient charts of American patients, along with the U.S. physicians' prescription, and who then issues a prescription for a Canadian pharmacy to dispense, would be engaging in what might be considered conduct unbecoming.

In reaching its finding of unprofessional conduct, the Investigating Committee determined that the pharmacist's conduct breached Principle VI of the *Code of Ethics* and, in particular, guidelines 2 and 7 of that principle:

Guideline 2: Pharmacists obey the laws, regulations, bylaws and standards that affect the practice of pharmacy, not only in letter, but in spirit.

Guideline 7: Pharmacists do not enter into any arrangement with prescriber of drugs that could reasonably be perceived as affecting the prescriber's independent professional judgement in the prescribing of drugs.

The pharmacist was reprimanded and directed to pay the costs of the investigation and hearing. The decision was published in the college's newsletter with the pharmacist's name included.

■ An investigating committee considered a matter in which a registrant acknowledged that, as licensee and proprietor, the pharmacist had failed to institute sufficient systems and procedures to provide suitable protection against theft or diversion, a failure that facilitated the act of tampering with computer records to hide the loss of drugs. The pharmacist also acknowledged the failure to take sufficient steps to protect narcotics on the premises from loss or theft.

The issue arose after the pharmacy determined that, during a 32-month period, it received approximately 41,200 Oxycontin tablets but dispensed only 30,510 tablets; approximately 10,700 tablets were missing.

The evidence indicated that an internal diversion by a non-pharmacist family member had gone undetected because of the lack of a proper computer security system as required by Section 45(3)(e)(i) of the *Pharmaceutical Profession Regulation*, the lack of internal controls and monitoring, and the failure to conduct checks and reconciliations at regular intervals. The Investigating Committee noted the extensive efforts of the pharmacist to remedy the situation and to prevent further problems with medication security.

The Investigating Committee reprimanded the pharmacist and directed that the pharmacist be assessed all costs of the investigation and hearing. The committee also ordered that the results of the hearing be published in the college's newsletter without identifying the pharmacist or the pharmacy.

The Investigating Committee made concluding comments that noted how easily the pharmacy's inventory system could be manipulated to hide drug diversion, in particular narcotics and controlled drugs, if regular checks are not performed and proper security measures are not taken.

■ An investigating committee considered three complaints from members of the public that were received within a three-month period regarding dispensing errors that occurred at a pharmacy that was part of a larger chain of pharmacies. The hearing concerned the actions of a pharmacist who was the pharmacy manager and licensee.

After a four-day hearing, the Investigating Committee found that the pharmacist engaged in conduct that constituted unskilled practice of pharmacy and unprofessional conduct. The committee found that, as a licensee and pharmacy manager, the pharmacist displayed a lack of judgement in pharmacy practice by:

1. allowing the operation of a system where a cashier rather than a pharmacist extended the offer of counselling to patients, when this offer occurred at all, at the point of dispensing the drug;
2. allowing a system that routinely resulted in inadequate and inappropriate levels of patient counselling;
3. not ensuring that a proper continuous quality improvement process was in place and being followed by all staff; and,
4. allowing staffing levels to be overwhelmed by the workload to the point that three related errors occurred in a relatively short time.

The committee heard evidence of the extensive steps taken by the pharmacist and the pharmacist's employer to:

- increase pharmacist/patient contact;
- ensure that additional pharmacists and other staff were in the pharmacy during peak prescription volume times;
- redesign and remodel the pharmacy to improve the working area for pharmacists;
- require that new prescriptions not be released to a patient until a pharmacist intervened;
- change the computer system to allow pharmacists to place overrides requiring that prescriptions not be released without pharmacist intervention; and,
- increase emphasis on and documenting of verbal patient counselling.

As a result, the Investigating Committee issued a written cautionary statement to the pharmacist. The committee

also directed the pharmacist to take such steps as were reasonably necessary so that appropriate staffing levels were maintained, that greater efforts were made to ensure patients were offered counselling, that counselling was regularly provided to patients, and that pharmacy procedures and systems for public protection were upheld by all pharmacy staff. Two meetings at the pharmacy were directed in the following six months between the pharmacist and a college inspector to review the steps taken to comply with the Investigating Committee's directions. The member was also assessed the costs of the investigation and hearing, and publication was ordered in the college newsletter without disclosing the identity of the pharmacist or the pharmacy.

■ An investigating committee determined that the proprietors of a chain pharmacy had engaged in proprietary misconduct in relation to a series of newspaper advertisements. The advertisements made various statements concerning fees charged by other pharmacies or statements alleged to have been made by the former Alberta Pharmaceutical Association.

The Investigating Committee determined that each of the three types of advertisement was inaccurate and misleading and thereby breached Section 32(7)(b) of the *Pharmaceutical Profession Regulation*. The committee dismissed allegations that the advertisements were deprecating to another pharmacist or pharmacy as to fees (Section 32(7)(e) of the regulation). It also found that one of the advertisements harmed the honour and dignity of the profession contrary to Section 32(7)(i) by incorrectly and deliberately misquoting the Alberta Pharmaceutical Association and by drawing the organization into an advertisement meant to compare fees between professional pharmacies.

In reaching a decision on penalty, the Investigating Committee noted that there had not been a repeat occurrence of the same or similar advertising by the proprietors. It also recognized that when the advertisements were published there were limited precedents regarding advertising matters.

The Investigating Committee ordered that the manager and the proprietors be jointly reprimanded for proprietary

misconduct and assess costs for the hearing and investigation in the amount of \$35,000. The committee also directed that the results of the hearing be published in the college's newsletter with a link to the ACP website where a full copy of the decision would be posted.

In conclusion, the Investigating Committee offered the following principles and guidelines that it suggested should be included in the published summary of the case.

- Pharmacies using comparative advertising and making statements regarding the practice of other pharmacists, pharmacies or organizations, must ensure the complete accuracy of wording, facts and sources of quotations used in the advertisement.
- The onus is directly on the advertiser to ensure completeness, accuracy and lack of misleading statements.
- Advertisements must be crafted with extreme care and caution to ensure that all statements are complete and accurate, and not subject to any unstated qualifications which might render the content misleading. If qual-

ifications exist which might modify a reader's interpretation of any portion of the content of the advertisement, these qualifications must be expressly stated within the advertisement.

- It is not appropriate to quote, represent the opinion of, or in any way reference, the position of the Alberta College of Pharmacists or other professional organizations in any advertisement by a pharmacy provider for commercial purposes.

Governing and leading the profession

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 University of Alberta's Faculty of Pharmacy and Pharmaceutical Sciences, and the president of the Alberta Pharmacy Students Association (ex-officio/non-voting).

■ The college welcomed Joan Pitfield as a public appointee to Council in June 2005. She brings strong public policy and private sector business experience to Council, with a clear commitment to the college's role of governing the profession in the best interest of the public.

■ The Pharmacists Association of Alberta, an entity of the college, was dissolved and replaced by the Alberta Pharmacists' Association (RxA) on July 1, 2005. As a result of this change, ACP's councillors no longer are involved in the association's governance.

■ Council continued its commitment to policy governance. Councillors reviewed and revised the college's Executive Limitation policies, resulting in less redundant, more relevant and clearer parameters under which the registrar manages ACP's operations. Councillors are committed to reviewing all Governance Process policies during the 2006/07 council term.

Legislation

■ A delegation from ACP and the College of Physicians and Surgeons of Alberta participated in a facilitated process to develop a collaborative framework for pharma-



From left to right: Michael Faulkner, Public Appointee to Council; Lane Casement, District 5; Karen Wolfe, President, District 6; Tracy Marsden, Past President, District 5; Dianne Donnan, Vice President, District 4; Catherine McCann, District 3; Jeff Whissell, President Elect, District 3; Lea Ann Luchka, District 5; Ian Hamilton, District 1; Joan Pitfield, Public Appointee to Council; Rick Siemens, District 2 • Missing: Jim Krempien, District 3

cist prescribing. Consensus was achieved on principles to support prescription modification and continuing care, also on comprehensive drug therapy/chronic disease management. However, the participants were unable to agree on principles to support primary care prescribing. Despite this lack of consensus, the college continues to pursue prescribing rights for Schedule 1 drugs, and the authority to administer drugs by injection, through the regulations to the *Health Professions Act*.

■ The college consulted with pharmacists and stakeholders throughout the year to discuss policies supporting the draft regulations to the *Health Professions Act* and the *Pharmacy and Drug Act*. In particular, Council hosted forums in Edmonton, Calgary and Lethbridge to discuss the draft regulations.

■ Draft regulations to the *Health Professions Act* and the *Pharmacy and Drug Act* were distributed to pharmacists and external stakeholders for formal consultation during November. Feedback received from regional health authorities, other colleges regulating health professionals, pharmacists and others was generally very positive. The issues that attracted the greatest response included the proposed scope of practice, the supervision of non-pharmacist personnel, conditions on restricted activities, and the proposed educational and administrative register. Written comments were collated with those received through the pharmacist forums (see bullet above), and further addressed with Alberta Health and Wellness in December. Multiple amendments to the draft regulations remain under discussion.

■ Throughout the year ACP responded to consultations about the policy frameworks and regulations for other health professions regulated under the *Health Professions Act*. The most significant of the responses were related to registered nurses and physicians, each of whom sought the authority to compound and dispense drugs. As a result of ACP's contribution, the role of nurses in compounding, dispensing, and selling drugs has been reasonably restricted to meet the nurses' practice needs, yet maintain the integrity of the drug distribution system. Most importantly, nurses are expected to comply with the ACP's standards when dispensing drugs. Their compliance is a significant factor in patient safety.

■ ACP worked with other regulated health professions to support further amendment to the *Health Professions Act*. Specific to pharmacists, the amendments restrict the use of the title "clinical pharmacist." At the time of writing, the amendment, as included in Bill 14, has not yet been passed.

■ An amendment to the *Scheduled Drug Regulation* in December placed all products containing pseudoephedrine as a single entity in Schedule 2. This amendment regulated the action pharmacists voluntarily undertook in 2004 in response to concerns about methamphetamine production. The amendment mirrored decisions by the governments of Manitoba and Saskatchewan and preempted the recommendations of the National Drug Scheduling Advisory Committee (NDSAC). NDSAC also recommended that products containing pseudoephedrine in conjunction with other therapeutic ingredients be placed in Schedule 3. As of April 2006, all provinces, with the exception of BC and Alberta, have adopted the NDSAC recommendations.

Public Policy

■ The college continued to participate in the solicitor general's methamphetamine 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 law enforcement efforts and inhibit the growth of this clandestine industry.

■ ACP participated in multiple consultations with the MLA Task Force on Continuing Care Health Service and Accommodation Standards. Among other key messages, ACP recommended that:

- staffing within all continuing care facilities and programs should include clinical pharmacist services. The pharmacist should be contracted not only to support patients, but also to support other professionals and caregivers involved in providing drug therapy;
- a clinical pharmacist should review the medications

used by seniors prior to admission to any facility and at least quarterly thereafter;

- Alberta Health and Wellness should initiate and coordinate a provincial multidisciplinary review program through which medication/drug programs in all senior's facilities are reviewed cyclically; and,

- medication administration should only be performed by adequately trained individuals such as registered nurses or licensed practical nurses. ACP believes that a medication administration course is not adequate training to safely administer medications. To ensure safe and effective medication administration, the individual administering the medications must know the drug's intended effect, contraindications, potential adverse effects, when to hold or discontinue medication, and when to contact a physician, and have the skills and knowledge to monitor the drug's effectiveness.

■ In March 2006 ACP made a presentation to the minister of Health and Wellness about the government's proposed health policy framework. Among other key messages, ACP recommended that the health system:

- remain patient centered. The system should empower patients to be more active in decisions about their care by better accommodating patient choice and availing new alternatives through which they can access the care of their choice;

- manage health care costs and enhance the value of health care through more effective use of health care providers. Authorizing pharmacists to prescribe Schedule 1 drugs will improve accessibility within the system, and will improve quality by making pharmacists directly responsible for drug therapy;

- retain a focus on quality and safety as key determinants of the system's effectiveness. These determinants are significant to personal wellness and containing costs;

- create new compensation models that encourage the behaviours we desire from providers, patients and system administrators. The models should reward quality (outcomes) with a focus on prevention, with less emphasis on quantity (volume).

■ March 2006 correspondence from Minister of Health Iris Evans advised that pharmacists would be provided

access to laboratory results through Alberta Netcare. This announcement has been long awaited by the profession, as laboratory results are foundational to pharmacists in effectively monitoring and effecting appropriate drug therapy.

■ College staff reviewed the *Policy on Manufacturing and Compounding Drug Products in Canada* drafted by Health Canada. The issues identified as requiring clarification included: preparation of veterinary drugs, repackaging drugs, and the existence of compounding and repackaging pharmacies as described in the draft regulations to the *Pharmacy and Drug Act*. These concerns were submitted to the National Association of Pharmacy Regulatory Authorities (NAPRA) and were included in NAPRA's official position on the document. No response has been received from Health Canada and no further drafts of the document have been made available.

■ In December the media raised concerns about pharmacists collecting patient-specific information at the time they provide emergency contraception. The college subsequently participated in discussions with the Canadian Pharmacists Association and other provincial regulatory authorities regarding the practice and its implications. We provided by request information regarding practice in Alberta to the Office of the Information and Privacy Commissioner and then had a follow-up meeting with the commissioner in January 2006. The commissioner recognizes that the college has the right and responsibility to establish standards of practice for pharmacists and that, if the standards require pharmacists to collect patient information, they may collect it. However, he encouraged the college to be conscious of the principles within the *Health Information Act* when developing its standards, in particular that the least amount of information necessary should be collected.

■ ACP continues to participate on the Steering Committee for the Enhancing Clinical Capacity Project. The project, funded by Alberta Health and Wellness and led by the Health Sciences Council at the University of Alberta, is piloting the placement of an interdisciplinary team of health science students in a regional chronic disease management program. The site chosen for the project is the Capital Health Regional Diabetes Program. The

purpose of the steering committee is to oversee the development and implementation of the project; to discuss and resolve issues that could affect successful implementation; to oversee the evaluation of the project; to identify and refer long-term barriers and challenges that can affect interdisciplinary team work to the appropriate organizations (regional health authorities, professional organizations, university, government); and to make appropriate recommendations to resolve the challenges.

Patient Safety

■ ACP remains an active partner in the Health Quality Network of the Health Quality Council of Alberta (HQCA). A cohort of questions about pharmacist practice has been included in the council's 2006 Patient Satisfaction Survey. Results will be available later in 2006. Other HQCA initiatives ACP engaged in were the development of:

- a provincial framework for complaints/concerns resolution;
- a provincial framework for the disclosure of harm to patients and families; and
- the *Health Report to Albertans* for 2006 which will focus on empowering patients in becoming more actively involved in their drug therapy.

Maintaining effective administrative functions to support our core businesses

Communication

■ ACP was a key player in the historic joint conference with the then Alberta Association of Registered Nurses (AARN), now the College and Association of Registered Nurses of Alberta. This highly successful and groundbreaking event marked the first time two distinct health professions joined forces to demonstrate the spirit of working together by hosting a joint conference to address common issues and concerns. Of the registrants from the two organizations, 49 per cent were AARN members and 51 per cent were registered pharmacists. Three physicians and other pharmacy and nursing representatives constituted the remainder of the attendees. Delegates

were highly complimentary about the event and the impact of two professions meeting to discuss issues. They encouraged additional joint events and recommended including physicians in future planning.

■ ACP has led discussions with physicians and nurses about a 2007 tripartite event that will highlight how pharmacists, nurses and physicians can and do work together to advance patient care. The joint event will be held from May 3 to 6 at the Banff Springs Hotel.

■ In June 2005 the college hosted the annual grad breakfast for over 220 guests, including graduands and their families and friends. Health Minister Iris Evans addressed the grads; she is a strong supporter of pharmacy and encouraged the new grads to ensure that their strengths are used in the most effective ways towards the health of Albertans. She also encouraged them to be good listeners so they will know what their patients need and so their patients will feel valued.

■ The college was a key supporter of the 2005 Halifax 5 patient safety conference. The October event, themed *Advancing the Culture of Safety*, focused on problems faced by health care providers in their efforts to offer safe care to their patients. Patient safety experts from Canada and other countries gave presentations.

■ On Jan. 12, 2006, the college joined the University of Alberta's Faculty of Pharmacy and Pharmaceutical Sciences, the Alberta Pharmacists' Association and the Pharmacy Alumni Association in orchestrating the second annual White Coat Ceremony for first-year students. The ceremony marked the culmination of studies in professionalism and ethics, a fitting opportunity to introduce the students to their future responsibilities as practising pharmacists. After an address by Rosemarie Biggs, a retired pharmacist, the students were robed with their white coats, signed the *Pledge of Professionalism*, and repeated the ACP *Code of Ethics*.

■ In response to a request for feedback, pharmacists advised us that they use the college's website primarily as a reference source and to look for new information. The college's e-mail system, the *News and Events* section, and the prescriber lists were viewed as the most valuable sections by the respondents.

■ In support of pharmacists' efforts to ensure patient safety, the college informed Alberta pharmacists about 81 safety advisories related to 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.

■ In July 2005 the college launched **heads up!**, a supplement to ACP's bimonthly newsletter, to highlight the latest news about legislative changes and related developments, such as new standards of practice. The supplement has become a valuable tool for pharmacists as they seek to understand the issues being addressed and the impact of the new legislation will have on their practices.

Information Technology

■ The college installed all six modules of the new Alinity registration and licensing management system. Pharmacists are now able to update their profile, maintain

their continuing professional development log, and renew their registration on-line. In addition, the system supports management of information related to pharmacy assessments, complaints resolution and competency assessments. Over 80 per cent of the pharmacists who used the on-line system during the 2005/06 registration renewal period rated the new services as excellent or satisfactory. Progress is now under way to modify the system to meet the demands of the new legislation.

■ ACP continued to work with other colleges of pharmacy and national pharmacist advocacy organizations through the Canadian Institute for Health Information on the Pharmacy Human Resources Database Development Project. The goal is to define data sets that can be collected to assist in pharmacist-manpower planning. As a complement to this undertaking, ACP has incorporated the requirements into the proposed regulations to the *Health Professions Act*, and has designed our new registration information system to accommodate this data.

Policies and Procedures

■ ACP now has an emergency disaster recovery binder to be used in case of catastrophic circumstances affecting the college's premises or employees. The binder is stored off-site at the college's legal counsel's office and will be updated annually.

Performance Management

■ We completed development of the college's performance scorecard during the report year. The scorecard is designed to measure ACP's progress towards its goals, i.e., public safety, quality pharmacist practice and clients benefiting from pharmacists' knowledge and skills.

Customer Service

■ ACP now has an inquiry management system to provide timely and consistent responses to questions from Albertans or pharmacists, especially as related to critical or emergent issues.



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

Our strategic partners

Effective partnerships with individuals and organizations are critical to our success. Without these collaborative relationships 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 activities.

Report from the Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta

- The total number of applicants for the 2005/06 academic year was 841, for 130 seats. A breakdown of the applicants who were admitted to the faculty include 107 Albertans, 22 non-Alberta Canadians and two non-Canadian applicants. Of these 84 are female and 47 male.
- The 2005 graduating class received the top class standing in the Pharmacy Examining Board of Canada examinations for the 15th time in 17 years. Also, John-Michael Gamble, a UofA graduate, won the George A. Burbidge Memorial Award for the highest marks in the Pharmacy Examining Board of Canada examination. Since 1990, 11 UofA pharmacy students have achieved this outstanding honour.
- The BSc program was reviewed by the Canadian Council for Accreditation of Pharmacy Programs and granted full accreditation for a six-year period to 2010.

Office of Continuing Pharmacy Education

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

- One of two priority initiatives under the faculty/ACP memorandum of understanding was the development of the RxCEL Continuing Professional Development (CPD) Program, intended to promote continuing professional development for all pharmacists registered in Alberta. CPE's involvement included assistance with planning and implementing the pilot; developing and refining the CPD process, forms and tools; developing training programs for workshop facilitators; and delivering the educational programs to Alberta pharmacists. The educational program was delivered in two formats: live, interactive workshops and a print course. Seven workshops were offered across the province.
- The second ACP-priority initiative was the development of a distance learning course on laboratory values. The

course, *Navigating Laboratory Values: An Introductory Course for Pharmacists*, is scheduled for launch in the fall of 2006. It will support pharmacists' access to laboratory values and their application of those values to patient care.

- In 2005, CPE distributed 6094 distance learning courses. Of these, 75 per cent or 4564 were print courses, and 1530 were web-based.
- During the report year, 2217 Alberta pharmacists accessed learning through CPE.

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

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

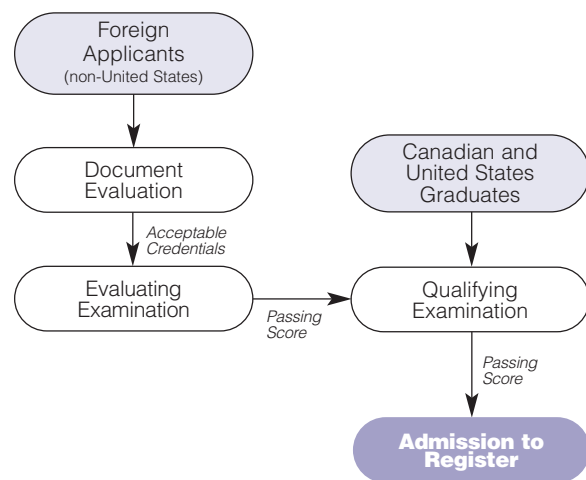
- NAPRA contributed to Health Canada discussions on topics such as international pharmacy/cross-border sales, electronic prescriptions, manufacturing and compounding drug products, drug product licensing, natural health product licensing, and adverse drug reaction reporting, among others.
- In response to concerns about crystal methamphetamine precursors, the National Drug Scheduling Advisory Committee recommended that all single-entity pseudoephedrine products be moved to Schedule II of the national drug schedules, and that all combination pseudoephedrine and ephedrine products be placed in Schedule III. The changes became effective on April 10, 2006, in all provinces except British Columbia and Alberta. Our province requires an order from the Lieutenant Governor in Council to move the combination products into Schedule III. (Single-entity products are already in Schedule II.)
- NAPRA has been accepted as a voting member of the Canadian Patient Safety Institute.
- NAPRA published its *Supplemental Standards of Practice for Schedule II and III Drugs* in 2005 and is in the process of completing its *Guidelines to Pharmacy Compounding*.
- At the November board meeting, by-law amendments were approved that will significantly alter the funding and

governance structure of the organization. The funding will move from a fixed per-capita assessment to a sliding-scale model. The second important change relates to the voting structure, with pharmacy regulatory authorities now having one vote per jurisdiction versus the former weighted voting.

Report from the Pharmacy Examining Board of Canada (PEBC)

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. The board awards qualification certificates to applicants who pass the qualifying examinations.

The certification process for registering with PEBC in 2005 was as follows:



A total of 1741 candidates wrote the Qualifying Examination Part I (multiple-choice questions), compared to 1545 in 2004, and 1594 candidates took the Qualifying Examination Part II (objective structured clinical examination), compared to 1406 in 2004. In addition, 36 candidates were assessed for non-certification purposes during the year, 15 of which were assessed at ACP's request.

The spring Qualifying Examination Part I was held at each of the faculties and colleges of pharmacy. In addition, the exam was offered at two extra centres in Ontario. The spring Qualifying Examination Part II was held at 13 examination centres. For the fall sitting of Part II, PEBC staged the exam in six centres, including one new centre in Calgary.

A total of 1185 evaluating examination applications were received during the year, compared to 1268 in 2004. The Evaluating Examination was held in January and July at eight of the faculties and colleges of pharmacy in Canada and at one centre in London, Eng. Of the 975 candidates who wrote the exam, 587 passed and were permitted to apply for the Qualifying Examination. This number is compared to 638 who passed in 2004.

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

The Canadian Council on Continuing Education in Pharmacy is the national coordinating and accrediting body for continuing pharmacy education in Canada. 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.

During its 2005 strategic planning process, the CCCEP board identified the need to implement the philosophy of continuing professional development into the accreditation guidelines. The board will continue to consider how best to support the philosophy of continuing professional development in their policy role.

In conjunction with the Association of Faculties of Pharmacy of Canada and the College of Pharmacy and Nutrition at the University of Saskatchewan, CCCEP co-hosted the 6th International Conference on Life Long Learning in Pharmacy in June 2005. The theme for the event was *Practice, Academia and Industry—Building Bridges through Continuous Professional Development*.

Additional information about CCCEP's activities can be found in the annual report on its website at www.cccep.ca.

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

AMCDU/ADUP's role has been to develop, implement, and evaluate drug-use management initiatives in Alberta. Its multidisciplinary/multi-sector membership included professional organizations, government, health authorities and universities. Pharmacists were a key stakeholder in governance, program operations and the success of the program's initiatives. The Alberta government has chosen not to fund the program beyond March 2006.

The community pharmacy pilot project was completed during 2005. The project assessed implementation issues, methods and tools for a safety and quality improvement program. Tools developed for the project include a pharmacists' checklist for use when communicating with patients, an error and near-miss reporting system, and a pharmacy quality improvement tool kit. The findings were very encouraging, with 50 per cent of eligible pharmacies participating. Participating pharmacies showed an average of 16 per cent improvement in adherence to practice standards, identified over 500 medication errors and near misses, and made 28 distinctive pharmacy operational changes to improve safety and quality. The tools will be modified for future evaluation and use.

The physician behavioural initiative with six pharmacist academic detailers continues to grow and mature as a demonstration project in the David Thompson and Calgary Health regions. Dyslipidemia and community-acquired pneumonia clinical practice guidelines were addressed. Approximately 300 educational visits were conducted with 250 physicians participating. The internal evaluation on a previous topic, osteoporosis, showed that the multi-faceted intervention improved family medicine physicians' adherence to clinical practice guidelines by 10 per cent. The ADUP model of contracting with local community pharmacists to assist with the academic detailing has been very successful; efforts will continue to expand upon this component of the initiative in the future.

Alberta College of Pharmacists Financial Statements

Year Ended December 31, 2005

Auditors' Report

February 28, 2006
Edmonton, Alberta

To the registrants of the Alberta College of Pharmacists:

We have audited the statement of financial position of the Alberta College of Pharmacists as at December 31, 2005 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, 2005 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, 2005

		2005	2004
REVENUES			
	Annual permit and license fees	\$ 3,939,802	\$ 3,688,491
	Other	355,410	162,741
	Convention	194,224	118,601
	Investment income	107,091	81,420
		4,596,527	4,051,253
EXPENDITURES			
	Partnership administration	1,613,388	1,540,681
	Competency	751,359	464,305
	Operations	653,524	652,384
	Communications	551,894	374,730
	Governance and legislation	466,953	353,810
	Registration and licensure	325,882	324,156
	Complaints resolution	278,686	251,385
	Amortization	75,361	48,524
		4,717,047	4,009,975
	(DEFICIENCY) EXCESS OF REVENUES OVER EXPENDITURES	\$ (120,520)	\$ 41,278

Statement of Changes in Net Assets

Alberta College of Pharmacists

Year ended December 31, 2005

	Invested in Property and Equipment	Internally Restricted (Note 6)	Unrestricted	2005 Total	2004 Total
Balance, beginning of year	\$ 219,788	\$ 1,234,647	\$ 380,118	\$ 1,834,553	\$ 1,793,275
(Deficiency) excess of revenues over expenditures	(77,002)	-	(43,518)	(120,520)	41,278
Transfers	-	317,183	(317,183)	-	-
Purchase of property and equipment	107,897	-	(107,897)	-	-
Balance, end of year	\$ 250,683	\$ 1,551,830	\$ (88,480)	\$ 1,714,033	\$ 1,834,553

Statement of Financial Position

Alberta College of Pharmacists

Year ended December 31, 2005

	2005	2004
ASSETS		
CURRENT ASSETS		
Cash	\$ 40,046	\$ 336,374
Marketable securities (Note 3)	3,015,404	2,786,268
Accounts receivable	35,719	34,972
Prepaid expenses	69,674	71,241
Prepaid grant to Alberta Pharmacists' Association (Note 8)	611,644	590,960
	3,772,487	3,819,815
LEGAL FEES RECOVERABLE	36,798	38,412
PROPERTY AND EQUIPMENT (Note 4)	250,683	219,788
	\$ 4,059,968	\$ 4,078,015
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 223,769	\$ 150,782
Deferred revenue (Note 5)	2,122,166	2,092,680
	2,345,935	2,243,462
NET ASSETS		
Invested in property and equipment	250,683	219,788
Internally restricted (Note 6)	1,551,830	1,234,647
Unrestricted (deficiency) surplus	(88,480)	380,118
	1,714,033	1,834,553
	\$ 4,059,968	\$ 4,078,015

APPROVED BY THE COUNCIL



Councillor



Councillor

Statement of Cash Flow

Alberta College of Pharmacists

Year ended December 31, 2005

		2005	2004
CASH FLOWS	Cash received from registrants	\$ 4,009,763	\$ 3,867,250
FROM OPERATING	Cash received from projects and events	186,805	119,354
ACTIVITIES	Cash received from investments	107,091	81,420
	Cash received from other sources	324,538	334,314
	Cash paid to suppliers and employees	(2,954,796)	(2,395,627)
	Cash paid for partnership administration	(1,634,071)	(1,560,665)
		39,330	446,046
CASH FLOWS FROM	Purchase of property and equipment	(107,897)	(109,744)
INVESTING ACTIVITIES	Proceeds on disposal of property and equipment	323	100
		(107,574)	(109,644)
NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS		(68,244)	336,402
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR		3,122,642	2,786,240
CASH AND CASH EQUIVALENTS, END OF YEAR		\$ 3,055,450	\$ 3,122,642
Cash and cash equivalents are comprised of:	Cash	\$ 40,046	\$ 336,374
	Marketable securities	3,015,404	2,786,268
		\$ 3,055,450	\$ 3,122,642

Notes to the Financial Statements

Alberta College of Pharmacists
Year ended December 31, 2005

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 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 non-profit 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:

	<i>Rate</i>
Furniture and equipment	20%
Computer equipment	30%
Website development	30%
Automotive equipment	30%
Registrant database	5 years straight-line

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 registrant 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

Fair value

The College's financial instruments consist of cash, marketable securities, accounts receivable and accounts payable and accrued liabilities. The fair value of these financial instruments approximates their carrying value due to the short-term maturity of these instruments, unless otherwise noted.

Interest rate, credit and currency risk

The College manages its interest rate, credit and currency risk by engaging a professional investment advisor to manage its marketable securities portfolio.

Use of Estimates

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. Actual results could differ from those estimates. The significant estimates pertain to the physical and economic lives of property and equipment and the recoverability of accounts receivable.

Note 3

Marketable Securities

	2005	2004
Canadian cash (Market value \$22,823)	\$ 22,823	\$ 23,773
Canadian fixed income (Market value \$2,563,430)	2,563,610	2,358,575
Canadian equities (Market value \$276,573)	200,380	204,403
U.S. equities (Market value \$323,351)	273,206	256,589
	3,060,019	2,843,340
Allowance for excess of cost over market value	(44,615)	(57,072)
	\$ 3,015,404	\$ 2,786,268

Note 4

Property and Equipment

	2005		2004	
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Registrant database	\$ 154,345	\$ 30,869	\$ 123,476	\$ 82,382
Furniture and equipment	200,746	142,158	58,588	60,493
Computer equipment	110,550	76,195	34,355	27,965
Automotive equipment	58,340	34,012	24,328	34,754
Website development	68,160	58,224	9,936	14,194
	\$ 592,141	\$ 341,458	\$ 250,683	\$ 219,788

Amortization provided for in the current year totalled \$75,361; (2004 \$48,524).

Note 5

Deferred Revenue

	2005	2004
Deferred permit and license fees	\$ 1,953,065	\$ 1,883,970
Deferred International Pharmacists Orientation grant	103,964	-
Deferred Accelerated Clinical Training grant	46,277	174,359
Convention	10,000	17,418
Deferred Alberta Provider Registry grant	8,860	8,860
Deferred competency grant	-	8,073
	\$ 2,122,166	\$ 2,092,680

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 office premises. Under the terms of the lease the College is committed to annual basic rent of \$48,685 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 56 months that commenced in May 2004. The minimum lease payment in 2005 was \$10,783.

The College is also committed to hold the 2006 Annual General Meeting, and in doing so has contracted the services of a local host facility and conference management company. Total financial penalties according to the terms of the agreements for cancellation would amount to \$58,750.

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

- the National Association of Pharmacy Regulatory Authorities (NAPRA);
- the Pharmacists' Association of Alberta, replaced in October 2005 by the Alberta Pharmacists' Association;
- the Faculty of Pharmacy and Pharmaceutical Sciences (University of Alberta);
- the Canadian Council on the Accreditation of Pharmacy Programs; and
- the College of Physicians and Surgeons of Alberta.

Funds transferred to these partnerships are reflected in Partnership Administration.

Note 8

Related Party Transactions

The Council members of the Alberta College of Pharmacists were the shareholders of the Pharmacists' Association of Alberta until September 16, 2005. The Pharmacists' Association of Alberta was fully dissolved on October 25, 2005. The services formerly provided by the Pharmacists' Association of Alberta have continued to be delivered by the new Alberta Pharmacists' Association. The Council members are not shareholders of the Alberta Pharmacists' Association.

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, increasingly it will be offering programs and benefits to enhance pharmacists' professional and personal well-being.

Pursuant to a final agreement between the College and the Association, the College paid the Association a grant of \$1,123,288 to support operations of the Association for the period of July 2005 to June 2006. The final amount of \$611,644 is prepaid as at December 31, 2005. In addition, the College will pay \$100,000 on receipt of the Association's financial statements, provided it has fully complied with its obligations under the final agreement. The College has accrued the \$100,000 as part of accounts payable and accrued liabilities.

Committee Members

(as of December 31, 2005)

Statutory Committees

Appeals Committee

Jeff Whissell, Chair
Michael Faulkner
Catherine McCann

Continuing Competence Committee

Jeff Whissell, Chair
Josiah Akinde
Jennifer Herrick
Sandra Leung
Dr. Scot Simpson
Anita Warnick
Dr. Nese Yuksel
Thomas Schadek
Theresa Schindel (*Resource*)
Roberta Stasyk (*Resource*)

Entry to Practice Committee

Jody Shkrobot, Chair
Marlene Gukert
Karin Nadori
Jason Remillard
Deborah Van Haaften
Cheryl Cox (*Dean's Appointee*)
Jill Moore (*Resource*)

Infringement Committee

Karen Wolfe
Greg Eberhart

Standing Committees

Investigating Committee Pool

Committee Chairs
Judith Baker
Catherine Biggs
Rene Breault
Bret Dolman
Norman Hodgson
Donna Kowalishin
Bonnie Oldring
Sonal Ejner
R.H. (Bob) Sprague
Ron Welch

*Other Pharmacists
Serving on Investigating
Committees*

Don Carley
Ken Hanson
Curtis Ross
Debbie Santos
Jeremy Slobodan
Mark Snaterse
Charles (Chuck) Wilgosh

Awards Committee

Tracy Marsden, Chair
Don Makowichuk
Burke Suidan
Gladys Whyte

Council Committees

Executive Committee

Karen Wolfe, President
Jeff Whissell, President Elect
Dianne Donnan, Vice President
Tracy Marsden, Past President

Nominating Committee

Karen Wolfe, Chair
Tracy Marsden
Dr. Franco Pasutto

Resolutions Committee

Dianne Donnan, Chair
Ian Hamilton
James Krempien

ACP Working Groups

Standards of Practice Working Group

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

Pharmacy Informatics Committee

Donald Makowichuk, Chair
Dr. Judy Baker
Ian Bateson
Ramona Bosnyak
Tom Curr
Neil Devchand
Richard Hackman
Norman Hodgson
Jody Shkrobot
Greg Eberhart (*Resource*)
Cameron Johnston (*RxA Resource*)
Linda Miller
(*Alberta Netcare Resource*)
Gary Robertson
(*Alberta Netcare Resource*)
Stewart Ingram
(*Alberta Netcare Resource*)

Regional Diabetes Pharmacy Project Steering Committee

(dissolved May 2005)
Angela Estey
Kerry Greenaway
Gail Hufty
Chad Mitchell
Dr. Richard Lewanczuk
Dr. Scot Simpson
Sherri Pozerniuk
Brad Willsey
Barry Cavanaugh
(*RxA Resource*)
William Ford (*RxA Resource*)
Greg Eberhart (*ACP Resource*)

Accelerated Clinical Training Advisory Task Force Members

Margaret Ackman, Capital Health
Susan Bowser, Shoppers Drug Mart
Cheryl Cox, Faculty of Pharmacy and Pharmaceutical Sciences, UofA
Marlene Gukert, Faculty of Pharmacy and Pharmaceutical Sciences, UofA
Terri Schindel, Faculty of Pharmacy and Pharmaceutical Sciences, UofA
Jeff Whissell, Capital Health
Brad Willsey, ACP appointee
Dalyce Zuk,
Student representative
Lucy Rachynski (*Resource*)

International Pharmacy Orientation Project

Employer Advisory Group
Ben Bhatti, Canada Safeway Ltd.
Jody Shkrobot, Value Drug Mart Associates Ltd.
Mark Snaterse, Capital Health
Murray Whitby, The Medicine Shoppe Canada Inc.
Sammy Lee, Overwaitea Food Group

International Pharmacist Advisory Group
Josiah Akinde, The Medicine Shoppe #230, Calgary
Alison Creedon, Drugstore Pharmacy, Sylvan Lake
Karin Nadori, Independent advisor, Calgary
Carol Vorster, Northern Lights Health Region

Working Group on Collaborative Prescribing Practices

ACP representatives
Bunny Ferguson, Public Member
Richard Hackman
Donna Pipa
Dr. Nese Yuksel
Greg Eberhart

CPSA representatives
Tom Biggs, Public Member
Dr. Ray Hulyk
Dr. George Goldsand
Dr. Bryan Ward

External Appointments

ACP Appointee to NAPRA

Burke Suidan

ACP Appointee to PEBC

Vera Stepnisky

ACP Appointee to CCCEP

Robert Stasyk

ACP Appointee to Faculty of Pharmacy and Pharmaceutical Sciences Committees

Admissions Committee
Brad Willsey

Curriculum Committee

Lucy Rachynski
Jeff Whissell

Experiential Education Committee
Lucy Rachynski

ACP Appointees to Alberta Netcare Projects

Alberta Secure Access Service Steering Committee
Ian Bateson

Netcare Data Stewardship Committee

Richard Hackman
Norman Hodgson
Ramona Bosnyak (alternate)

Information Management Committee

Don Makowichuk

PIN Stewardship Committee

Don Makowichuk

PIN Patient Safety Advisory Panel

Dr. Judy Baker
Ramona Bosnyak

EHR Audit and Security Committee
Merv Blair

ACP Appointees to DUE Quarterly

Dr. Cheryl Wiens
Jill Moore (*Resource*)

ACP Appointee to Health Services Utilization Advisory Working Group

Dr. Harold Lopatka

ACP Appointee to the Alberta Management Committee on Drug Utilization

Brad Willsey
Dale Cooney (*Resource*)

ACP Appointees to the Triplicate Prescription Program Steering Committee

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 Pharmacists and Primary Care Networks Advisory Committee

Catherine Biggs

ACP Appointee to the Provincial Coordinating Committee for Opioid Dependency

Jill Moore

ACP Appointee to the Health Sector Information and Access to Privacy Network Task Group Addressing Orphaned Health Records

Jill Moore

ACP Appointee to the Steering Committee for Enhancing Clinical Capacity

Dale Cooney

alberta college of
pharmacists



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