



safe, effective, responsible pharmacist practice

alberta college of
pharmacists





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.



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Message from the president and registrar

“Over the long term, the big question for pharmacy is whether the profession will be able to develop a role in which its special knowledge can be brought to bear where it is most needed – at the point where decisions about drug usage are made in medical care. The most common proposal is that the pharmacist should become a drug information or therapy consultant to those who presently make the decisions, the physicians and the self-medicating patrons. It has even been suggested that the ultimate goal should be to give the pharmacist the responsibility for prescribing medication and monitoring the patient’s response to this therapy regimen.”

*Pharmacy in a New Age
Report of the Commission on Pharmaceutical Services
The Canadian Pharmaceutical Association 1971*



Jeff Whissell

Greg Eberhart

It has taken nearly 36 years to achieve a regulatory environment that recognizes the commission’s vision, and pharmacists in Alberta are the first in Canada to have the opportunity to experience it! Our challenge is no longer whether this can be achieved, but rather to ensure that pharmacists deliver upon the opportunity. Success depends on the commitment of all pharmacists in Alberta, both as individuals and as a profession.

The new practice framework is about improving the health of Albertans through the knowledge and skills of pharmacists. A central component of improving Albertans’ health is improved drug therapy.

Our new practice framework provides opportunities. Pharmacists may pursue them based on their patient and community need, their personal motivation and ability, and their relationships with other health professionals.

Not all pharmacists will capitalize on the full spectrum of opportunity that the new legislation allows. What is important is that every pharmacist takes **responsibility** for identifying real and/or potential drug-related problems and **acts** to provide excellent drug therapy outcomes for patients. When dispensing, this will involve pharmacists contacting the original prescriber to discuss their observations, or recommending alternatives for direction. When prescribing, it may involve pharmacists discontinuing, changing, continuing and/or initiating new therapies that best meet the patients’ needs. Every pharmacist must create their own vision for their practice and their patients within this new framework.

Whether you are a patient or a fellow health professional, we encourage you to get to know your pharmacist. And, we are encouraging them to get to know you. By forming a professional relationship, you will best be able to understand how they can help you. Communicating and learning from one another will ensure everyone’s success.

The new roles and services to be provided by pharmacists are another FIRST for Alberta. This first is not just about pharmacists, but rather it’s about you, and new opportunities to improve health care in Alberta. Together, we can make a difference!

“We must be the change we wish to see in the world.”

– Mahatma Gandhi

Jeff Whissell, President

Greg Eberhart, Registrar



Alberta pharmacists will soon embark on a unique adventure. After years of contemplation, planning, debate, consultation and negotiation, the new regulations and standards governing pharmacist practice come into effect on April 1, 2007. The resulting framework gives Alberta pharmacists the broadest scope of practice in the country. Alberta is leading an exciting development for the pharmacy profession world-wide.

Join us now as we introduce you to a few Albertans with a vision of how the changes to pharmacist practice might look. You will meet pharmacists, three of whom have been recognized by their peers as demonstrating excellence in care and commitment to their communities, and a physician, a nurse practitioner and a consumer of health services who look forward to pharmacists taking on this new challenge.

M.J. HUSTON PHARMACIST OF THE YEAR*



VAL FONG

*Operations Manager, Pharmacy Services
Chinook Health Region, Lethbridge*

There are many ways to describe Val Fong—the consummate professional, compassionate health care provider, reliable team member, inspiring role model, effective decision maker, and creative problem solver.

Val's passion for being a pharmacist and providing patient care is evident, but she is quick to deflect attention and credit for this

award to the many teams she works with. She likens patient care to a rowing team. Val says, "Each individual has their separate role, but when everyone rows in unison, the strides are greater and the direction is clear. Everyone has a vital role and, without pharmacy, the picture just isn't complete. Pharmacists are the experts when it comes to drug therapy and, when patients have the benefit of an entire team of health care providers at their bedside, that's when true optimal care is delivered."

In rowing you have to work together to get the boat to move in the right direction. The better you work together, the more efficiently the team performs. In her current role as operations manager for Chinook Health (Lethbridge and area), Val develops creative ways for the Chinook Health's pharmacy team to "move the boat in the right direction" to achieve patients' needs.

Assuming this position was a difficult choice for Val. She has a passion for working with patients and helping them optimize their drug therapy. When she was the pharmacist on the nursing units, she diligently educated patients so they understood their medications and why they were important. "I got an adrenaline rush from helping patients, especially when you can see the light turn on when they understand," she says.

Val's selection as the M.J. Huston Pharmacist of the Year recognizes her consistent efforts to provide quality patient care. "It's all about the patient," she declares. She observes that as pharmacists work with patients, they learn about the patient's problems. "What they tell pharmacists is different than what they tell the physician or the nurse." As a result, the pharmacist is often able to identify the means to make a difference in the patient's care.

Each individual has their separate role, but when everyone rows in unison, the strides are greater and the direction is clear.

*Val Fong
M.J. Huston Pharmacist of the Year*

Val is excited about the potential the new scope of practice has for patient care. She envisions the flow of patient care decisions changing as pharmacists assume more responsibility. "Once the pharmacists have ensured the physician's trust and respect, drug therapy decisions can be expedited by the physician and pharmacist working collaboratively towards a common goal." Val sees a future where her commitment to patient care is shared by interdisciplinary health care teams across the province.

Val's commitment shines through all areas of her work. Early in her career she began volunteering for the profession by contributing to the Canadian Society of Hospital Pharmacists (CSHP). She began at the local level and went on to represent the Lethbridge chapter on provincial and national committees. In recognition of her sustained and significant contributions, Val was honoured as the first recipient of the Meritorious Service Award for CSHP Alberta Branch in 2005.

Her commitment to team work is also evident in everything she does. When reflecting on winning the Pharmacist of the Year award, Val remarked, "Although an individual is being acknowledged, it's the whole team that's being recognized. This award is a tribute to everyone I work with." She was also recognized for her commitment to teamwork when she received the Teamwork Recognition Award from the CSHP Alberta Branch in 2003.

Val's known for her sense of humour and the joy she breathes into her work and life. When Val's around, there's often laughter, despite the serious nature of the work. "It's humbling to be singled out by the profession," she says, "especially when it's something you have fun doing!"

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



RYAN DIPROSE

*Community Pharmacist
Grandin Prescription Centre, St. Albert*

Ryan Diprose knows about change, having moved from hospital pharmacy to a community pharmacy environment in 2005. As committed as he is to his current practice, he looks forward to the opportunities presented by the new practice framework and being able to serve his patients better.

Ryan says that in his practice he strives to be as patient-centred as possible in a busy community setting. The pharmacy's staffing allows him to spend time with patients assessing what they need and how he can help them. "It's very satisfying to bridge the gaps in a patient's health care and to see them enjoy a better quality of life," he remarks.

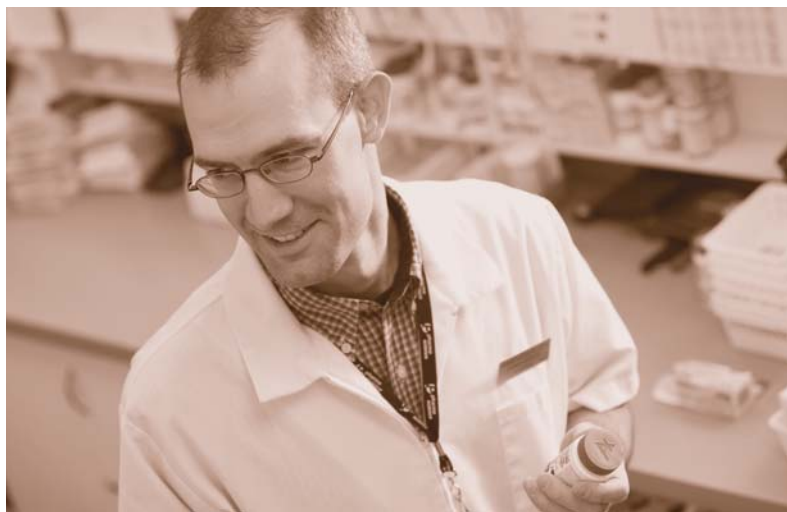
The pharmacists he practises with have been discussing how to incorporate the new authority into their daily work. They realize the need to remodel the pharmacy to enhance their private patient areas and accommodate the changing workflow. They've also talked about the different disease states they want to learn more about and serve better under the new authority.

An electronic record keeping system that permits the kind of documentation needed to support more extensive involvement in patient care decisions will be important. Point-of-care electronic documentation with the ability to immediately access all lab information and databases at the same workstation is essential, says Ryan. To be able to forward this information, care plans and additional questions to other health care providers in a timely fashion will allow for a very effective and efficient process.

He notes that the new practice framework is not only ushering in an exciting time for pharmacists, but also for technicians. There is the potential for technicians to take a greater role in the pharmacy. Although the technicians at Grandin Prescription Centre already undertake much of the technical work, he sees the need to empower them to take more responsibility, especially once technicians are regulated. He sees their regulation as a logical step so that pharmacists will have more time to spend with patients.

Determining the future of pharmacist services isn't a solitary exercise. "We'll need to talk to our patients to find out where we can best use the pharmacists' skills and knowledge, matching them with our patients' needs," he explains.

He also knows that talking with other health care professionals will be important. "Although we have good relationships with the physicians we work with, we still have work to do," remarks Ryan. He notes the need to develop the trust that will be essential to ease





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physician concerns about pharmacists' ability to make drug therapy decisions. "For some physicians, this isn't a big step. For others, it's a stretch," he states. "Clearly we have to work on developing trust and changing physicians' impression of what our skills and knowledge really are and how they can be applied to benefit patients."

For most community pharmacists, interactions with physicians and other prescribers are very prescription-based. "We need to change that to demonstrate our ability to help them keep up to date about new drug therapies, best practices and the like."

He sees patients benefiting from pharmacists' new practice framework by having more timely access to their drug therapy and experiencing better continuity of care. He sees the potential for less duplication of services among health professionals and better use of everyone's knowledge and skills. The bonus for pharmacists will be "using our skills to a fuller degree."

He notes that some parts of the new regulations and standards will be easy to incorporate into the environment at his workplace. Others will take more time; things won't change overnight he says.

Ryan recommends that each pharmacist assess their skills and knowledge continually to identify where they need to improve or learn more. An important question is "What would benefit my patients? Building our skill set and building relationships will be the key to our success!"

Ryan is excited about the future. In the hospital environment he was able to use his skills more fully and was recognized as part of an interdisciplinary team. He anticipates the same will hold true in the community in due time.

W.L. BODDY PHARMACY OF THE YEAR*



THE DISPENSARY LTD.

Joe Tabler, Owner/Manager


Red Deer

What do you get when you combine a traditional pharmacy dispensary, a comprehensive compounding laboratory, complementary medicine and a passion for personalized care? In Red Deer, you get The Dispensary Ltd., named the W.L. Boddy Pharmacy of the Year.

When Joe Tabler, owner and manager, opened the pharmacy in 1999, he wanted it to be a "real" one. To Joe, a "real" pharmacy is one that is patient-focused and based on the apothecary model, i.e., one where compounding medications plays a major role.

"I love chemistry," he declares. "I enjoy figuring out a formula and stabilities, and adjusting pHs." He and his staff use raw chemicals to create compounds that are compatible with both the chemicals and the patient. The result is that patients can get medication that is no longer available on the market or medicine that's free of preservatives or fillers that can irritate allergies. The medication can take almost any form: lozenge, capsule, suppository, injectable fluid or ointment.

The staff at The Dispensary are also very knowledgeable about complementary medicine and make it a major part of their patient care services. "The more we learned about complementary medicine, the more we discovered how little we knew," remarks Joe. This fact drove them to find the best sources of quality training for the pharmacy's pharmacists and technicians.



We want to see clients early on, before they get sick. We want to help them stay healthy.

*Joe Tabler, The Dispensary
W.L. Boddy Pharmacy of the Year*

“All of the complementary medicines we recommend are evidence-based,” notes Joe. “You won’t find any fad products here.”

The pharmacy staff are also focused on prevention. “We want to see clients early on, before they get sick. We want to help them stay healthy,” says Joe. One of the pharmacists, Stacy Helgeson, is known for her interest in helping people make valuable changes to their health.

Over time the pharmacy has developed a solid reputation for its unique services, receiving referrals from physicians in the Red Deer area who feel their patients could benefit from The Dispensary’s compounding service and knowledge about integrative medicine. Joe says that they are ahead of the new standards in their collaborative relationships and documentation. “They’re both an important part of what we do,” he says. “In fact, we’re document freaks. We document everything!”

Word of mouth is another important source of referrals. A satisfied client will readily refer friends to Joe and his staff, and their reputation builds. Yet Joe is always aware that, although it can take time to build a good reputation, “you can lose it in five minutes.” As a result, the staff are extremely careful about checking each others’ work and documenting activities so that another staff member can step in if needed to continue the quality of care the pharmacy strives to achieve.

The pharmacy’s layout has evolved over the seven plus years it has been open. A separate counselling room has been a mainstay; it will soon be complemented by a second counselling room. The compounding lab is now off-site and designed to meet the rigorous U.S. Pharmacopeia standards that will soon be required by the new ACP standards. Joe comments that it isn’t easy to meet those

standards, but he’s determined to have the best environment possible to ensure safe and efficient compounding of medications.

Another intriguing feature at the pharmacy is the coffee bar. “People will tell you things over coffee that they wouldn’t say otherwise,” notes Joe. “We’re able to hear the whole story, then are better able to help them.”

The staff don’t stop their services at the pharmacy doors either. They are often found offering presentations in the community, supporting health-related causes, and generally serving as good corporate citizens.

Joe and his staff look forward to the new regulations coming into effect and the opportunities they offer. “The new regulations and standards are needed,” says Joe. “They free us up to practise how we should. They also help us to branch out into areas of specific interest.” The increased accountability for pharmacists is a good thing he notes. “We’re all professionals and should be recognized as such.”

* 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.



CHERYL GELINAS

*Pharmacist 1, Anticoagulation Clinic
Red Deer Regional Hospital, Red Deer*

Cheryl is somewhat of a pioneer in pharmacist practice, particularly in anticoagulation therapy. She sees her practice as a prototype of where the profession is moving.

Cheryl began work with the anticoagulation service almost eight years ago when the program was established. She was given a full three weeks to work with the team before the doors to the service opened!

A huge challenge was finding a source of training since the signature Anticoagulation Management Service at Edmonton’s University Hospital had not yet been created. As a result, much of her knowledge is the result of self-learning. She also participated in a six-week Internet-based course from the University of Southern Indiana. She diligently created a library of useful references and attended as many meetings and conferences as possible to continue to acquire knowledge in the field.

A major achievement was writing the U.S. national certification board of anticoagulation providers examination which, at that time, was limited to American citizens. Gaining permission to write the exam required her to develop an extensive portfolio (75 examples of patient encounters) and to have worked in anticoagulation for



six months. She found the process of preparing the portfolio was very valuable; she learned a great deal about the therapy and about documenting.

Passing the exam confirmed she was on the right track in her patient-care efforts, and gave her a distinct feeling of accomplishment. She will continue to re-certify with the U.S. program until she gains additional prescribing authority from ACP.

Cheryl says the new practice framework won't change her practice a great deal, other than she will be able to take responsibility for the drug therapy decisions she makes. However, she expects the new authority will help patients gain access to their drug therapy more smoothly. "It should also take a load off the physicians," she notes, "since they won't always have to review the decisions made by the rest of the team."

"Internists provide the diagnosis and pharmacists structure the anticoagulation therapy per protocol now," she says. "The changes under the new regulations mean that we'll be able to do the prescribing based on a physician's diagnosis and take responsibility, rather than determine therapy under the signature of a physician."

"It's an exciting time for pharmacists!" she declares. "There are so many more options available to them under the new regulations." She foresees that, over time, more community pharmacists will be willing to assume responsibility for anticoagulation therapy. Patients will then have easier access to their therapy and be able to have it monitored in their community.

Even more exciting, in Cheryl's mind, is the ability to administer drugs by injections. If a community pharmacist is able to help with injections, a patient who is unable or unwilling to self inject but

requires low molecular weight heparin by injection won't have to wait for a Health Care nurse or attend a clinic or the Emergency Department. Since patients only need, on average, a five- to 10-day supply of the heparins, community pharmacists would not be taking on a great burden. Yet a pharmacist's support would make life much easier for a patient with a chronic condition.

Cheryl's practice is highly collaborative. "Our team is fully interdisciplinary; we work closely with the nurses and the physicians and communicate regularly. I've worked in a collaborative environment and I know it works," she says. "I'm excited for the patients who will benefit and for the pharmacists who will embrace the changes. Their practices will be much more rewarding!"

WYETH CONSUMER HEALTHCARE BOWL OF HYGEIA*



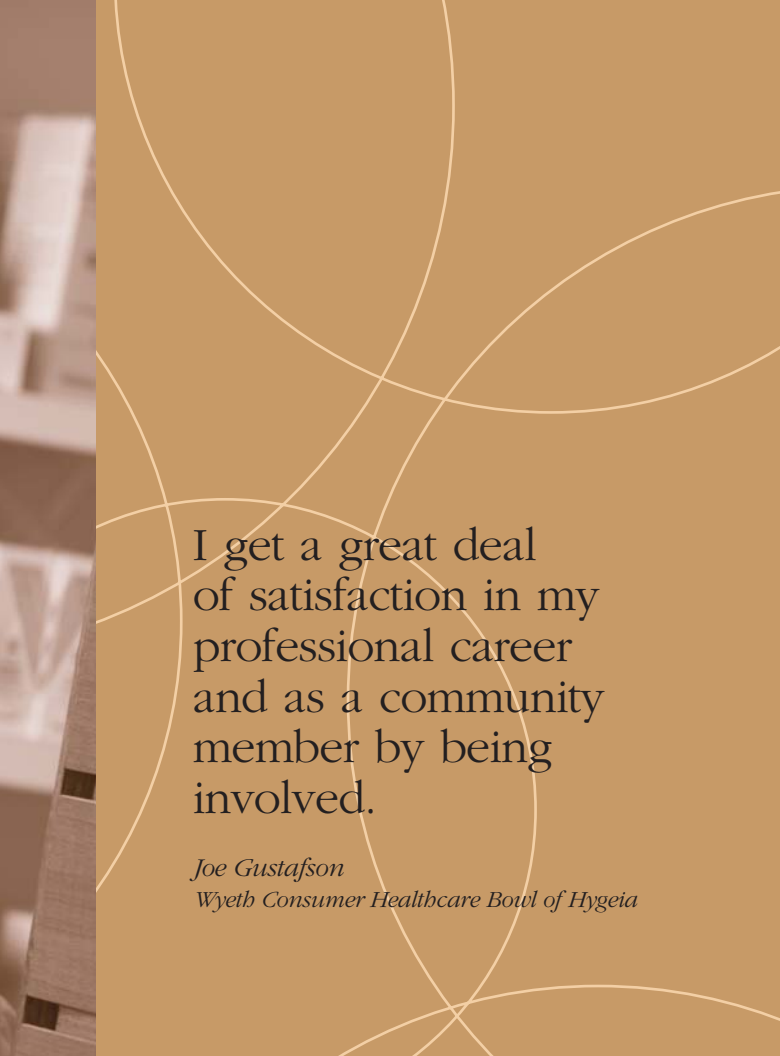
JOE GUSTAFSON

Owner/Licensee

Olds Value Drug Mart, Olds

Joe Gustafson, the newest recipient of the Wyeth Consumer Healthcare Bowl of Hygeia, has always been and continues to be an active member of the Olds community. He spends countless hours volunteering, administering and helping local non-profits, community members and other businesses.

Joe's community involvement comes from a desire to make things better in the community for everyone. He also sees it as a responsibility of being part of a community. In his words, "That's what makes a community a community."



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Joe Gustafson
Wyeth Consumer Healthcare Bowl of Hygeia

After purchasing the Olds Value Drug Mart in 1973, Joe's first major community involvement was on the Board of Trade. There were business issues in the community he felt he could contribute to. He also joined the local Kiwanis Club and wholeheartedly assumed the Kiwanis focus on children and youth. Between being a Kiwanian and the father of five children, it was a natural progression to be involved with the schools, sports teams and other child-related activities. "If the activity is youth oriented, our answer is always yes," he says.

"I believe you get out of life what you put into it," he remarks. Joe's business philosophy is that he should support activities within the community. "I get a great deal of satisfaction in my professional career and as a community member by being involved." He also believes professional people have a responsibility to share their skills.

Joe mentions that he has always tried to keep his volunteer work separate from his business so that people don't feel obligated. Volunteers are often selling tickets to this fundraiser or that fundraiser; Joe has made a point of never asking people to buy tickets himself while they are in the pharmacy, but allows groups to sell tickets through the store.

According to his nominators, it's often joked that when Joe is not counselling patients in the pharmacy, he's busy working for someone else in his office. And despite compiling a lengthy submission of community activities, those same nominators readily admit that no one is entirely certain of all of the activities, groups and services Joe has been involved with since that list is so extensive! A partial picture of Joe's activities includes:

- Venturer leader with Scouts Canada, including hiking the West Coast Trail and Mount Assiniboine Pass, and paddling the Bowron Lakes circuit;
- chairman of the Olds Institute for Economic Development;
- board member for the Horizon School for disabled children;
- chairman of the Olds Municipal Planning Committee;
- chairman of the Value Drug Mart Associates Board; and
- leader for the Boys and Girls Club.

He has also organized intramurals at the Olds Junior/Senior High School; chaired the fundraising committee for the school's Sports Council; served on the UofA's Faculty of Pharmacy Fundraising Committee; and managed a midget hockey team.

Joe and his wife were recognized for parent support from Bert Church in Airdrie and for parent volunteerism from Olds Junior/Senior High School. He was named the Western Canadian Kiwanian of the Year in 1986 and was awarded a Centennial Medal from the Province of Alberta in 2005.

In addition, Joe is known as an outstanding pharmacist and was named the M.J. Huston Pharmacist of the Year in 1999. He observes that participating in a major UofA study from 1997 to 1999 made him think like a clinical pharmacist instead of a dispensing pharmacist. "It changed how we practised—we have given more responsibility to the technicians and concentrated more on talking with and helping our patients." He's enthusiastic about the new regulations and standards and what they can mean to the profession. He notes that they will require much more from pharmacists and should result in more patient-focused care. Despite the fact that he has begun to pass his business on to family and has reduced his working hours, he's not ready to bow out of the profession yet. "It's a fascinating time! I want to see how it turns out."

* 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.



PATRICK RURKA

Owner/Manager

Rimbey Value Drug Mart, Rimbey

Patrick felt he needed a change after working in a hospital environment for five years. He started thinking about his original goal when he was in university, that of setting up a community practice. He's now met that goal and finds it rewarding and energizing.





Patrick's busy practice recently changed with the addition of another pharmacist who works two weeks out of three. The additional pharmacist support has given him more flexibility to attend to direct patient care and counselling. He sees the requirements of the new prescribing authority reinforcing the need to learn more about patients and their needs. He notes that, as time goes on, patients will begin to expect more of their pharmacist's time; he sees that as a good thing.

Patrick expects that patients will benefit from better monitoring of their health condition and, hopefully, a better understanding of both their condition and the medications they need to take, as pharmacists have more opportunity to work with them.

Having a new pharmacist on board and considering the changes to the practice framework has also motivated the staff to evaluate how they work together and with other health professionals. They realized the entire staff needs to review pharmacy workflow to make the best use of each person's knowledge and skills. Doing this with the new regulations and standards in mind will be a challenging and, Patrick anticipates, rewarding exercise.

Of benefit to his practice is the collegial relationship he has with the other pharmacy in town. "We often share meds, and discuss therapeutic questions and difficult patient care issues," he says. "Patients in this community cannot help but benefit as we assume new services and new responsibilities under the regulations."

While evaluating processes and relationships, Patrick's staff also recognize that more documenting will be required under the new regulations. Finding the time to complete the appropriate documentation will be challenging.

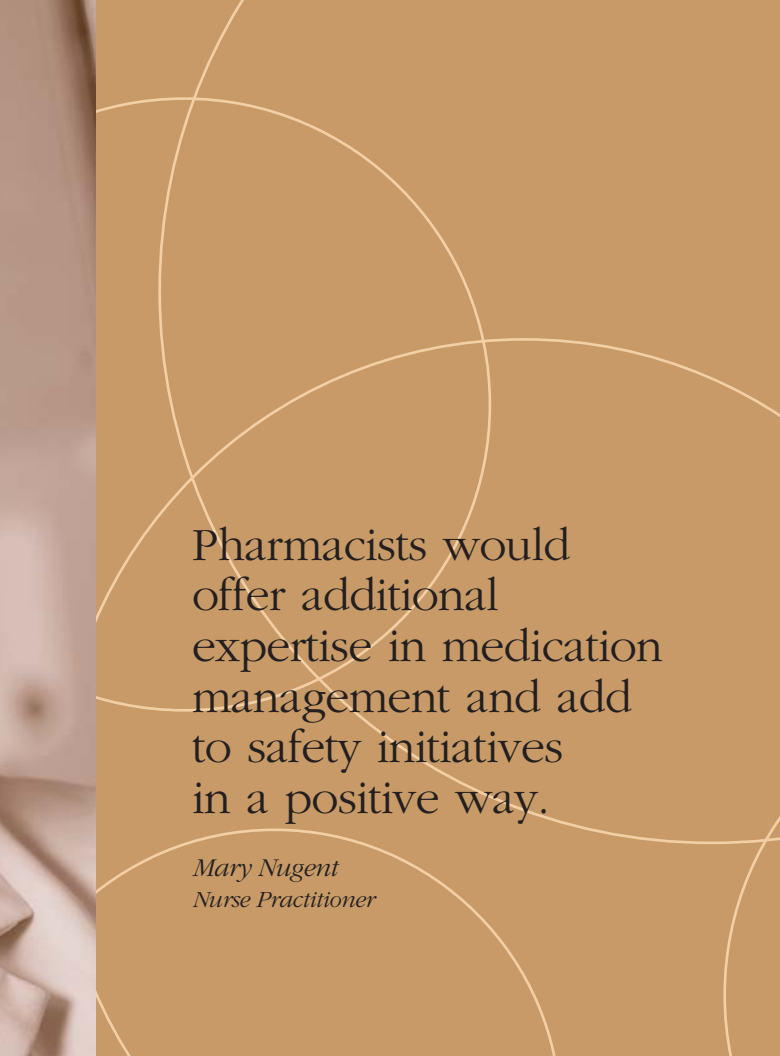
"Given that we are such a small community, we have a good relationship with our physicians," says Patrick. "We keep them informed via fax or telephone about our actions and decisions." He can see that this activity needs a more formalized process. He's confident it will improve and help to make their professional relationships stronger.

The physicians in Rimbey are open-minded about all health professionals being able to use their knowledge and skills to the greatest extent. That fact bodes well for Patrick and the other Rimbey pharmacists and their willingness to take on new responsibilities. He looks forward to a closer working relationship with physicians.

He sees obtaining additional prescribing authority being of value in some of the work he currently does. For instance, when a patient complains of symptoms specific to gastrointestinal reflux disease and has none of the other symptoms that might indicate a more serious concern, he would have a greater number of medications he could recommend to a patient to meet their needs. He also sees the potential for playing a larger role in chronic disease management through the pharmacy.

Patrick remarks, "I'm excited about the changes we'll see in the profession. There's so much potential for better patient care. We could play a bigger role in helping them get timely access to their care."

"It will all take time, though," he adds. "We'll all be cautiously evaluating what we can do and, once we've made some changes, evaluating the results. It will be great!"



Pharmacists would offer additional expertise in medication management and add to safety initiatives in a positive way.

Mary Nugent
Nurse Practitioner



MARY NUGENT

Nurse Practitioner
Associated Medical Clinic, Taber

The collaboration and teamwork pharmacists will be expected to participate in as part of the new practice framework is something Mary Nugent understands well. She's the nurse practitioner working at the Associated Medical Clinic in Taber, a clinic with forward-thinking physicians who see the value of involving other health professions in direct patient care.

Although the physicians were interested in having someone with her skills on the team, initially Mary still had to prove herself and develop rapport and trust with them. She expects pharmacists will have to do the same if they want to take on more responsibility for drug therapy.

Throughout her career as a nurse practitioner, Mary has encountered many of the same situations in her work that pharmacists will face as they begin to practise under the new framework. For some health professionals, having a colleague from another profession assuming more responsibility was seen as threatening (to someone's "turf") or worrisome (that they will not make a good decision). Nonetheless, the gradual work of building trust and proving that her skills and knowledge are up to the task was worth it.

The ability to build rapport and trust before taking on more responsibility was a major factor in her success. Her willingness to acknowledge her limitations and to know when to go to others for advice or support is another. And the need to work through road blocks as they appear was something Mary faced head on. As a result, Mary has a busy, challenging and rewarding practice.

Mary predicts that pharmacists may find they are constantly educating others about their role, just as she is. Nonetheless, she sees a great potential for pharmacists who want to take on more responsibility.

"We're resource-limited in health care," she notes. "We need to use everyone's skills and knowledge to the fullest extent to benefit patients and the health system."

She sees a great role for pharmacists on health teams, especially for teams that serve seniors. Many elderly patients are on multiple medications that require monitoring and adjusting. Since pharmacists specialize in drugs and drug therapy, "they can be a valuable resource for teams, identifying evidence-based practices that would be helpful for patients." They can also play a big role in health promotion and disease prevention according to Mary, along with offering expertise in non-pharmaceutical interventions.

Mary believes all of these activities would be a tremendous benefit to patients. She predicts better patient care, a decrease in drug therapy mistakes, improvement in chronic disease management, increased prevention programming, and better monitoring of treatment, especially ones as sensitive as anticoagulation, as a result of pharmacists' expanded scope of practice.

"Pharmacists would offer additional expertise in medication management and add to safety initiatives in a positive way," she adds. "Pharmacists have different resources than other health professionals, so they would be a helpful source of up-to-date information." They would also be able to help standardize how and what information is given to patients.

"The bottom line would be better patient outcomes," she says, "something that we all want to achieve."

As pharmacists move into a new world, she has one last piece of advice. "Be patient. Other health professionals may be leery of you wanting to take on more responsibility, and members of your own profession may do the same. You'll need to work slowly and consistently to build trust, but it will be worth it!"



BUNNY FERGUSON

Alberta citizen
Edmonton

Bunny Ferguson is enthusiastic about how Alberta pharmacists can contribute to the health system under their new scope of practice.

"For me, it's all about better access and greater patient choice," she states. "We know how difficult it is to see a physician. If pharmacists can help to fill the gap, we've increased accessibility to health care and given patients more choice."



Since the health system's resources are stretched, using all health professionals' knowledge and skills to the maximum seems a logical step to Bunny. Health professionals working in teams means health care expertise can be used more efficiently and effectively. Pharmacies are in almost every Alberta community, she adds, so Albertans will have easier access to the care they need.

"I've encouraged my family, including my mother, to go to one pharmacist so the pharmacist can get to know them and their health needs," she says. "Building a relationship and trust with that professional means the pharmacist will be better able to help them." With the broader scope of practice and the ability to take more responsibility for drug therapy decisions, pharmacists will be able to provide even more support to my family and others, she adds.

"In the future, this is the way to go," Bunny declares. "The changes may start out slowly, but start they will and it will be to everyone's benefit."

Bunny served as the college's first public member on Council from 1995 to 1997, and has continued to remain an advocate for pharmacist practice. Her advice for new pharmacists is to take on the challenge of the broader scope of practice with confidence. "They're ready," she says. "They've been working in teams in university so they should carry that experience into their new career."

For pharmacists who've been working for years, Bunny recommends that they do what they need to do to become more effective health care providers under the new legislation. "If you need more education, do it. Take pride in your professional status and take on new responsibilities." However, she says, if you're not going to change your practice, let your patients know. "It's important to communicate with your patients so they know what to expect!"

Bunny sees a role for all health professionals to support the new authority and to help to communicate the new roles that pharmacists will soon assume. "The future is in teamwork for the benefit of Albertans. The team should be helping to support and promote the new role," she adds. Everyone has to work together to spread the word.

RICHARD LEWANCZUK

*Professor of Medicine, University of Alberta,
and Regional Medical Director*

Chronic Disease Management, Capital Health, Edmonton



Dr. Richard Lewanczuk sees the new role of pharmacists as complementary to his work as a physician. His specialist practice in endocrinology, diabetes and hypertension incorporates pharmacist services already, both in the on-site clinics and in the community. The diabetes and hypertension services are offered through multidisciplinary clinics. "We have a pharmacist directly in the hypertension clinic, but we

often link with community pharmacists for diabetes and hypertension," he says.

The clinic's physicians encourage or arrange for patients to consult with their community pharmacist for education in blood glucose

testing, use of monitors, use of insulin delivery devices, and other services. Hypertensive patients who are unable to self-monitor are referred to pharmacies for blood pressure checks. He notes, "For patients who can or are able to self-monitor, we give them some guidance regarding blood pressure monitor selection and encourage them to discuss the matter with their pharmacist."

Richard notes that a principle of chronic disease management is to use community resources whenever possible. Another principle centers on delivery system design, specifically the use of multidisciplinary teams.

In Capital Health's chronic disease management services, a patient's pharmacist is part of their health team. As a result, Richard's team has worked with pharmacy professional bodies to ensure that pharmacist practice is integrated with chronic disease management. "For example," he states, "we try to ensure that information provided by pharmacists to patients is consistent with what is provided by Capital Health. We also have catalogued the services provided by pharmacists so that we can refer patients to them."

In addition, there are a number of clinics or primary care networks where pharmacists participate directly in patient care. "We are trying to understand how best to make use of their expertise in these settings," he notes.

He sees pharmacists having an important role in his practice. "I utilize pharmacist expertise for patient counselling and education, medication reviews, and for delegated medication adjustments in some cases." He adds that pharmacists can also play a valuable role in screening for disease or looking for co-morbidities in patients with existing disease. Similarly, pharmacists can play a valuable role in enhancing patient adherence to a treatment plan.

As pharmacists begin to exercise their new authority, Richard sees them helping in the management of acute situations where a medication needs to be changed or started. He notes that these steps would be taken within the collaborative relationship that is so important to the pharmacists' new authority.

"Because it is not always easy to come to an appointment at one of my clinics, pharmacists' accessibility to patients makes their involvement as part of a patient's health team appealing." Patients see their pharmacists much more often than they see physicians, he notes. Thus the pharmacists' new authority expands the capacity of the health care system. Similarly, he sees that it increases efficiency and achieves the patient-centredness that health professionals strive for. "Furthermore," he remarks, "it expands the expertise available to a patient. They have a new type of player on their health team."

Richard recommends that pharmacists proactively communicate with physicians and other health care providers. "There is a lot of angst among physicians currently," he remarks. Pharmacist communication could be around individual patients, he adds, but pharmacists should also initiate discussions with physicians about how they see the new pharmacist practice integrating with their own practices. "By maintaining communication and really functioning as part of the overall team, I think pharmacists can allay physician concerns and the new role will be accepted."



Anjali Acharya



Merv Bashfort



Lane Casement



Dianne Donnan



Michael Faulkner



Wilson Gemmill



Jim Krempien



Tracy Marsden



Catherine McCann



Joan Pitfield



Rick Siemens



Jeff Whissell, President

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, and the dean of the University of Alberta's Faculty of Pharmacy and Pharmaceutical Sciences. The president of the Alberta Pharmacy Students Association participates as a non-voting member.

Council set four priorities for 2006:

- implement the regulations to the *Health Professions Act* and *Pharmacy and Drug Act*;
- develop and implement the standards of practice for pharmacists and pharmacy operations;
- develop and implement criteria for additional prescribing authorization; and
- develop communication and education plans for pharmacists and the public.

Through the information that follows, you can trace the steps ACP took to achieve these goals.

LEGISLATION

- On May 30, 2006, the Alberta Cabinet approved the *Pharmacists Profession Regulation* to the *Health Professions Act*. The regulation gives Alberta pharmacists the most comprehensive scope of practice in Canada and is based on pharmacists working as part of a health team. Effective and cooperative relationships with

patients and other health professionals are critical to the framework's success.

- On Oct. 10, 2006, the *Pharmacy and Drug Regulation* and the *Transition Regulation* were approved to accommodate the profession's move to a new regulatory environment. The *Pharmacy and Drug Regulation* supports the *Pharmacy and Drug Act* in regulating pharmacy operations and drug scheduling.

STANDARDS

- On Feb. 8, 2007, Council approved the *Standards for Pharmacist Practice* and *Standards for Operating Licensed Pharmacies*. The new standards, new legislation, Code of Ethics, and our by-laws create the new practice framework for Alberta pharmacists.

Approval of the standards culminated an extensive consultation process with pharmacists and stakeholders to ensure the standards' comprehensiveness, practicality and clarity. We thank all those who participated in the standards development process.

CRITERIA FOR PRESCRIBING

- Inherent in the standards is the concept of pharmacists taking more responsibility for appropriate drug therapy. Work is under way to define the requirements for pharmacists seeking additional authorization for initial access prescribing and drug therapy management under sections 16(3) and (4) of the *Pharmacists Profession Regulation*. An expert panel appointed by Council has developed criteria for a professional portfolio. Each pharmacist pursuing this new authority must submit such a portfolio. The panel is now developing the adjudication process for evaluating applications.

- Council approved requirements for pharmacists to administer drugs by injection. Councillors identified the competencies and activities that must be included in any program training pharmacists who want to qualify under the *Pharmacists Profession Regulation*. Pharmacists who successfully complete an approved program will be eligible to apply to the registrar for the authority to administer drugs by subcutaneous and intramuscular injection.

COMMUNICATION AND EDUCATION

In September 2006, Council approved a communication plan to reach the college's audiences. The objectives of the plan are to facilitate:

1. Albertans knowing what to expect from their pharmacist,
2. pharmacists understanding their new practice framework and the attending expectations and responsibilities,
3. other health professionals understanding pharmacists' expanded scope and how this can benefit patient care and health care team relationships,
4. employers knowing how to support pharmacist practice by understanding practice expectations, and
5. Albertans understanding the role of the college and knowing how to contact us.

The plan will guide the college's communication activities for the next several years.

Learn more about ACP's information initiatives in the Communications portion of this report (page 22).

In addition to achieving its goals, ACP's Council maintained its commitment to previous initiatives and partnerships.

PUBLIC POLICY

- The college continued our participation in the solicitor general's methamphetamine multi-stakeholder committee. This group seeks to reduce methamphetamine production and use in Alberta. Our involvement ensures that pharmacy-related issues are discussed and that pharmacists' potential contributions are included in strategy development. We have also helped identify ways our profession can support law enforcement efforts to deter meth production.
- In early 2006, pharmacists were granted access to laboratory results through Alberta Netcare, the provincial electronic health record. This privilege means pharmacists can more effectively monitor a patient's progress and identify when drug therapy may require modification to ensure better health outcomes.

PATIENT SAFETY

ACP remains an active partner in the Health Quality Network of the Health Quality Council of Alberta (HQCA). We actively contributed to the:

- HQCA's 2006 patient satisfaction survey which included questions about pharmacists and pharmacist services. Pharmacists garnered the highest level of patient satisfaction of any health professional group. Seventy-one per cent of Albertans interacted with a pharmacist in 2006. This was second only to interactions with a family doctor (72 per cent). The public was also very much in favour of improved cooperation between health care professionals.

The public's high satisfaction with pharmacists combined with their support for cooperative health care confirmed that the public is ready for pharmacists' expanded scope of practice;

- development of the HQCA's open disclosure framework. The framework provides guidelines for sharing information with patients and their families when a patient experiences unanticipated harm during care. Publication of the framework came as the result of an extensive review of literature, policies, and practices in Canada and around the world. The findings are also informed by consultations with legal experts, health professionals, stakeholders, patients and family members; and
- writing of the HQCA's 2007 *Health Report to Albertans*, which was distributed broadly through daily newspapers, other media, physicians' offices and pharmacies. The report focuses on medication safety, in particular the patient's responsibility to be more active in their drug therapy.

OTHER IMPORTANT NOTES FROM COUNCIL

- Council supported initiatives to regulate pharmacy technicians. As a first step, individuals completing programs recognized by Council will be able to register as pharmacy technicians, an unregulated registrant category under our by-laws. Technicians will begin registering with ACP in January 2008. Their registration will identify them as individuals who have met requirements set by Council and who can perform the functions of pharmacy technicians described in the standards.
- ACP supports a national framework to regulate pharmacy technicians. We are working with and supporting the complementary efforts of other provincial and national pharmacy and pharmacy technician organizations pursuing this goal.
- Council continued its review of governance process policies during the 2006/07 council term. In December 2006, Council supported amendments to the current by-laws for the purpose of consultation. The major change within the by-laws is realignment of council boundaries. The number of elected council members is proposed to decrease from 10 to 9. New council districts will be effective in 2009.
- ACP continued to respond to consultations on the policy frameworks, regulations, and standards for other health professions regulated under the *Health Professions Act*.
- Council appointed delegates to three committees. Dianne Donnan was appointed as ACP's delegate to the National Association of Pharmacy Regulatory Authorities's board for a two-year term to expire in April 2008. Council appointed Vera Stepnisky to the Pharmacy Examining Board of Canada board for a second three-year term ending in March 2009. Lucy Rachynski was appointed as ACP's representative on the Canadian Council on Continuing Education in Pharmacy board.
- Michael Faulkner, one of Council's two public appointees, regrettably resigned from Council in the fall to relocate to Vancouver. Michael served on Council for two years, contributing significantly to the evolution and effectiveness of ACP's governance. He diligently ensured that Council discussions remained focused on the needs of the public, and was instrumental in our success to achieve new legislation. Council extends its gratitude to Michael and wishes him the very best in his new home.

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 2006, our registration department:

- processed 45 new pharmacy applications,
- registered 269 new pharmacists, and
- offered the jurisprudence exam 10 times. The exam is a requirement for licensure in Alberta. The success rate for the jurisprudence exam was 85.8 per cent.

This was the first year that the number of candidates applying from out of province and out of country was greater than the number of

Jurisprudence exam attempts

Total examinations administered	385
Number of successful candidates on:	
first attempt	333
second attempt	38
third attempt	6
fourth attempt ¹	1
Number of candidates who have yet to challenge the exam again	7

1. Fourth attempt offered only for those with extenuating circumstances.

new candidates graduating from the University of Alberta's Faculty of Pharmacy and Pharmaceutical Sciences.

In 2006, the candidates licensing as pharmacists included 103 new university graduates from the University of Alberta, 21 who graduated from other Canadian universities, and 145 pharmacists coming to Alberta from other countries or other provinces.

EDUCATION



The Education department supports college strategies in collaboration with college partners. The department facilitates the development and delivery of learning opportunities to support the pharmacists' professional development.

13

International Pharmacist Orientation (IPO) pilot program

- In 2006, education activities focused on change, both for individual pharmacists and for the profession. In the spring, 14 international pharmacists participated in a nine-day International Pharmacist Orientation (IPO) pilot program funded by Alberta Health and Wellness. The program's goal was to accelerate international pharmacist readiness to practise. The IPO program content dealt with communication and cultural expectations and patient counselling preparation. Three Alberta pharmacists served as mentors to the participants during the program.
- Participant and supervisor satisfaction with the course was high. Participants reported increased confidence in areas related to patient and colleague interaction. Employers noted improved in-person and telephone counselling skills.

Pronunciation Enhancement Pilot (PEP)

- As a follow-up to the IPO project, ACP partnered with the Edmonton Mennonite Centre for Newcomers to organize a unique eight-week pilot to explore the impact of instructor-led, online learning and telephone coaching on vocal clarity. The IPO program had identified a number of challenges international pharmacists experienced in the pharmacy workplace. One

challenge – pronunciation clarity – was a particular concern because it reduces effectiveness in vital oral licensing examinations and opportunities for internationally educated pharmacists to work in remote sites.

- Thirteen pharmacists from six locations in Alberta registered in the Pronunciation Enhancement Pilot (PEP). The project resulted in measurable improvement in vocal clarity in the short time-frame.

Orientation to the new practice framework

- The college developed and coordinated an orientation program to help pharmacists benefit from the legislative change coming in the spring of 2007. All pharmacists will be required to complete the orientation. Pharmacists will be able to meet this requirement by either home study or by attending one of over 30 live seminars held in 13 sites throughout the province.

PHARMACIST STATISTICS

Practising Membership

	Comm	Hospital	Total Practising	Male (%)	Female (%)
2006/07	n/a	n/a	3689	38	62
2005/06	n/a	n/a	3509	n/a	n/a
2004/05	2944	400	3344	38	62
2003/04	2809	387	3196	38	62
2002/03	2698	398	3096	39	61
2001/02	2586	414	3000	41	59
2000/01	2484	429	2913	39	61
1999/00	2374	444	2818	43	57
1998/99	2331	439	2770	40	60
1997/98	2247	435	2682	40	60
1996/97	2170	431	2603	41	59
1995/96	2132	409	2531	40	60

Inactive Membership

	Associate	Retired	Total
	307	426	733
	312	410	722
	327	397	724
	333	397	730
	353	373	726
	368	363	731
	349	341	690
	367	333	700
	403	307	710
	462	275	747
	495	264	759
	577	227	804

New Registrants

	UofA	Other Cdn Universities	Foreign Cred/MRA	Total Registrants
2006/07	103	21	145	269
2005/06	n/a	n/a	n/a	n/a
2004/05	95	74	43	212
2003/04	93	53	17	163
2002/03	94	53	28	175
2001/02	108	76	26	210
2000/01	100	40	8	148
1999/00	90	33	4	127
1998/99	88	41	1	130
1997/98	90	35	6	131
1996/97	92	18	5	115
1995/96	96	17	12	125

Students and Interns - 2006

Graduates from the University of Alberta	159
Graduates from other Canadian Universities	24
Mutual Recognition Agreement Transfers	74
Graduates with foreign credentials	117
Total	374

PHARMACY STATISTICS

2006	Changes of Ownership				New Pharmacies				Renovations				Relocations				Summary			
	Edm	Cal	Other	Total	Edm	Cal	Other	Total	Edm	Cal	Other	Total	Edm	Cal	Other	Total	Edm	Cal	Other	Total
January	4		2	6	1		6	7			2	2			1	1	5		11	16
February			1	1	1	2	1	4									1	2	2	5
March			2	2		1	3	4	1			1		1	1	2	1	2	6	9
April	2	1	2	5	1			1			3	3	1	1	1	3	4	2	6	12
May		8	2	10		2	1	3						1	1			10	4	14
June					4			4			2	2			2	2	4		4	8
July	2	2	3	7			3	3									2	2	6	10
August	1		1	2		2	1	3		1	1	2		2		2	1	5	3	9
September					5			5		1	1	2	1	1	1	3	6	2	2	10
October	2		1	3	1	4		5			1	1			1	1	3	4	3	10
November	3			3	1	1	2	4			1	1	1		2	3	5	1	5	11
December	1		4	5		1	1	2		1	5	6	1	2	1	4	2	4	11	17
Totals	15	11	18	44	14	13	18	45	1	3	16	20	4	7	11	22	34	34	63	131

New Pharmacies 2006

	Edm	Cal	Other	Total
Corporate	6	6	9	21
Independent	6	7	9	22
Certified	2			2
	14	13	18	45

Pharmacy Closures 2006

	Edm	Cal	Other	Total
Corporate			1	1
Independent	4	6	7	17
	4	6	8	18

Licensed Pharmacies

	Retail
2006/07	906
2005/06	879
2004/05	873
2003/04	867
2002/03	829
2001/02	790
2000/01	793
1999/00	780
1998/99	769
1997/98	754
1996/97	751
1995/96	747

Measuring and supporting the competence of pharmacists

CONTINUING COMPETENCE



The competence department develops and implements the RxCEL Competence Program. The college's competence program offers pharmacists a number of tools to help them maintain and improve their knowledge and skills.

16 Continuing Professional Development (CPD)

Continuing professional development is recognized nationally and internationally as the key to continuing competence.

Learning Portfolio

Council approved the Competence Committee's recommendation to remove the requirement for a portion of the mandatory CEUs to be obtained from accredited continuing education events. Effective July 1, 2006 and beginning with the 2006/07 membership year, pharmacists may accrue all of their CE requirements from non-accredited learning activities if doing so is more relevant to their practice.

Online CPD Log

In spring 2006, over 800 pharmacists submitted their CPD log online as part of their registration renewal. The online CPD log now has over 1700 accredited courses in its database. The online log offers several benefits for pharmacists, including the facilities to enter an accredited Canadian program from a drop-down menu, automatically add credits, and submit the CPD log electronically at registration renewal time.

CPD Plan

In 2006, the Competence Committee requested that an online version of the Continuing Professional Development Plan be researched. Since the current CPD Plan is a large and complex document consisting of a self-assessment tool, learning plan and learning evaluation, development of an online version will be an involved process. We are investigating a variety of options for delivering this tool.

Learning Portfolio audit

We completed the audits of the 2004/05 learning portfolios in early 2006.

- Of the 713 audits, there were 711 confirmations of compliance, one education letter, and one referral to the Competence Committee with subsequent referral to the Infringement Committee.

In September 2006 we began audits of the 2005/06 learning portfolios. We will conduct 719 audits—approximately 20 per cent of registered pharmacists.

The most common problems the Competence department identified during learning portfolio audits were:

1. lack of acceptable documentation of non-accredited learning;
2. failure by pharmacists to ascertain that learning activities claimed as accredited learning were, in fact, accredited by a pharmacy accrediting body; and
3. inability to produce the required supporting documentation for learning activities claimed on the continuing professional development log.

Competence Assessment

The *Health Professions Act* requires the Alberta College of Pharmacists to establish a continuing competence program that enables pharmacists “to maintain competence and to enhance the provision of professional services.” Competence assessment is an important component of ACP's competence program. Assessment of competence helps pharmacists maintain competence, identify their strengths and areas for improvement, and meet professional standards.

According to the Competence Program model approved by Council in June 2005, competence assessment will include:

- *Knowledge assessment and professional portfolio review* – The ACP assessment tools are similar to those used by the College of Pharmacists of British Columbia (CPBC) in their Professional Development and Assessment Program. ACP is actively pursuing a partnership with CPBC to share knowledge about their experience with these assessment tools.

In 2006, the Competence Committee began defining the criteria for the professional portfolio. Work on this assessment tool will continue in 2007. Use of a professional portfolio for competence assessment is consistent with the process to gain additional authorization for initial access prescribing and drug therapy management currently being considered by ACP's Expert Panel on Prescribing.

- **On-site assessment** - The on-site assessment tool will be revised to reflect the new standards of practice that come into effect on April 1, 2007.
- **Objective structured clinical evaluation (OSCE)** – The college will likely look to the Pharmacy Examining Board of Canada to deliver this assessment tool.

ACP participated in discussions with the pharmacy regulatory authorities of the four western provinces on partnership opportunities for continuing competence initiatives.

Accreditation

The Competence department reviews and accredits continuing education programs for Alberta pharmacists. ACP accreditation assures pharmacists that a program has been reviewed for relevance to pharmacy practice, lack of bias and accuracy.

- We accredited 73 continuing education programs in 2006.
- We entered all ACP- and Canadian-Council-on-Continuing-Education-in-Pharmacy-accredited programs into a database of accredited programs for pharmacists using the online continuing professional development log.
- The department implemented new accreditation criteria in January 2006. The criteria include full disclosure of potential conflicts of interest by continuing education providers, speakers, authors, and reviewers, as well as the acknowledgement that the speaker has personally reviewed the material. The intent of the revised accreditation criteria is to provide further assurances that accredited programs are accurate, unbiased and relevant.

Criteria for prescribing authority

The Competence Committee submitted their recommendations for additional authorization for initial access prescribing and for drug therapy management to Council in February 2006. Their recommendations were accepted by Council and an expert panel was struck to continue the work on defining the criteria for additional authorization.

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 patient health.

ACP assessed 194 pharmacies in 2006. Of the 158 full assessments, 82 were of independent pharmacies and 76 were of corporate pharmacies.

An additional 127 drop-in visits were also done, resulting in a total of 321 pharmacy visits/assessments completed in 2006.

During the assessments, several practice activities that enhanced patient safety were noted. These activities included:

- reviewing medications with patients prior to their release,
- storing medications either in plastic bags or 'clipped' bags prior to release,
- following written policies and procedures to comply with HIA,
- maintaining up-to-date references,
- having available and using other-than-English computer-generated label instructions,
- enhancing narcotic security through cycle counts, etc.,
- increasing the use of scanning technology to reduce error potential,
- implementing Interactive Voice Response technology, and
- increasing front-end counselling versus back-end counselling, i.e., talking with patients before filling a prescription, rather than after.

We were also pleased to see an increase in the number of pharmacies that have access to Netcare, the provincial electronic health record.

Assessments also revealed areas where improvements are required. To ensure patient safety, continuity of care and the integrity of the drug distribution system, pharmacists need to:

- document all Schedule 2 sales, not just high-risk products;
- conduct appropriate assessments before dispensing Schedule 2 drugs;
- store Schedule 2 products only in the dispensary;
- secure Schedule 3 products when a pharmacist is not on duty;
- store products containing single-entity pseudoephedrine intended for use in children appropriately;
- keep patient counselling as private as possible;
- incorporate private or semi-private counselling areas within new pharmacy designs;
- include sufficient information on the new label when repackaging drugs;
- include chemicals in dating checks; and
- notify ACP prior to changes in the pharmacy hours.

Reason for full assessments	Pharmacies assessed
Change of ownership	44
New pharmacy	50
Pharmacy relocation	11
Pharmacy renovation	14
Routine	39
Reason for other assessments	
Pharmacy requested	14
Follow-up visit	22
Total 2006 assessments	194

Resolving complaints about pharmacists' practices and pharmacies' operations

The college is committed to ensuring that no harm comes to a patient as a result of pharmacist practice. To that end, we ensure that the public has options for the resolution of unsafe or unethical pharmacist practice. ACP adheres to Part 7 of the Pharmaceutical Profession Act in its investigations of complaints about pharmacists and proprietors. The college strives to clarify the source or cause of each complaint and determine measures to prevent similar occurrences in the future.

In 2006, 58 formal (written) complaints were referred to the Infringement Committee. Of these, 36 have been resolved. In addition, we resolved 20 complaints carried over from 2005, for a total of 56 resolved complaints. The college resolved 119 informal (verbal) complaints in 2006.

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 2006 were open to the public.

The following are key-point summaries of complaints investigations considered by the Infringement and Investigating Committees.

INVESTIGATIONAL SUMMARIES

Selected files closed by the Infringement Committee

These examples portray the nature of complaints considered by the Infringement Committee.

Number of complaints referred to Infringement Committee	2002	2003	2004	2005	2006
Files brought forward from previous year	42	36	39	71	77
New complaints received during year	40	46	74	59	58
Files closed during year	46	43	42	53	56

2. Section 4.7(c) states "The pharmacist shall interact with the patient regarding the selection and proper use of Schedule 2 drugs or non-prescription medication listed in Appendix A and, where appropriate, shall document the interaction." Appendix A includes codeine and its salts.

Summary One

A customer complained when he requested ASA with codeine and the pharmacist asked for his name so that it could be recorded. The customer refused to give his name, so the pharmacist then refused to sell the tablets to him. The customer felt that he had been treated rudely.

When questioned by the Infringement Committee, the pharmacy manager responded that the pharmacy's policy was to document the sale of Schedule 2 drugs to comply with the ACP Standards of Practice.²

The Infringement Committee determined that the collection of the individually identifiable health information was authorized by Section 4.7(c) of the Standards of Practice and therefore was authorized under Section 20(b) of the *Health Information Act*.

Summary Two

An individual encountered a series of mistakes in a pharmacy's billings for her father-in-law who had coverage through the Department of Veterans Affairs (DVA). The pharmacy's invoices did not list the medications being charged for and, after investigation, the complainant determined that the pharmacy was billing for medications that were covered by Veterans Affairs.

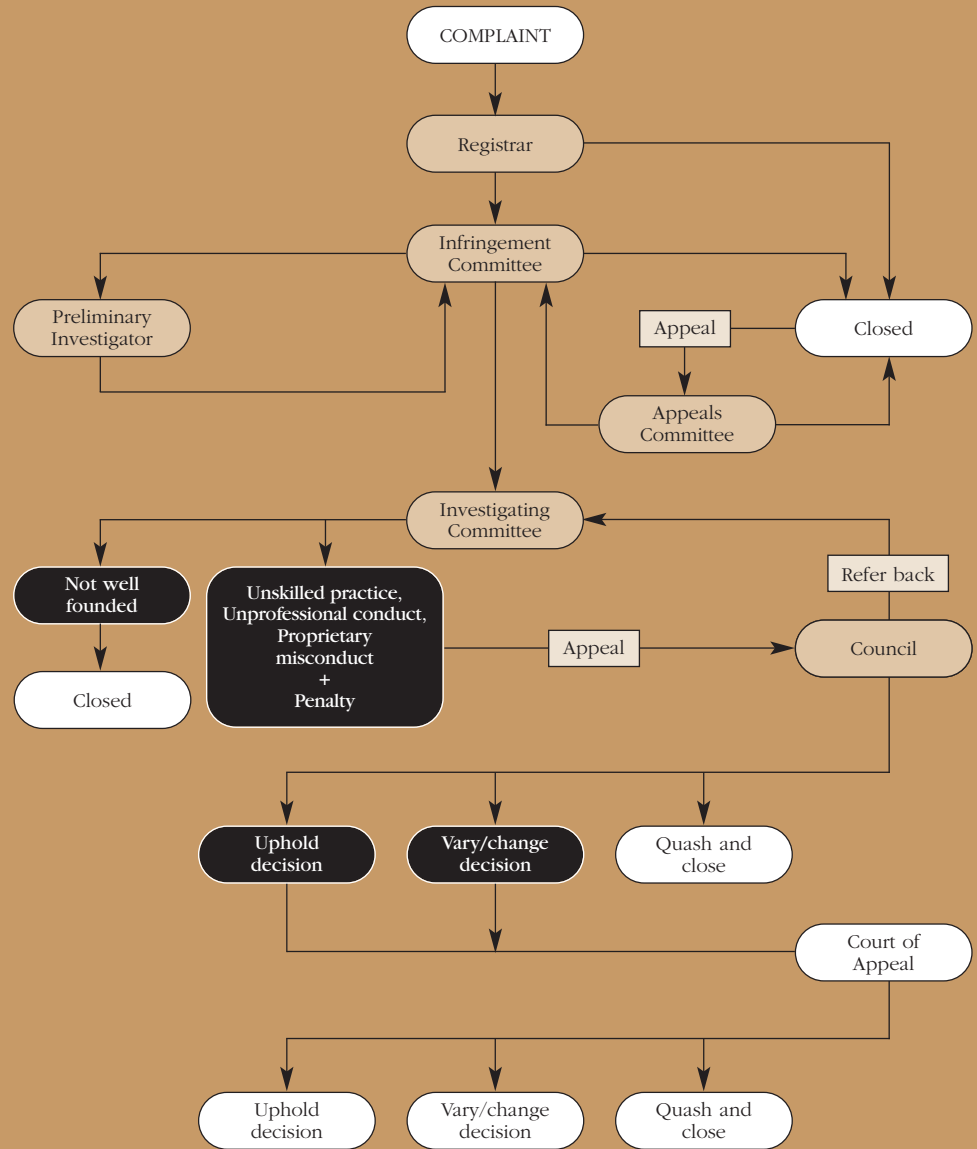
The college investigator found that a pharmacist formerly employed with the pharmacy had not obtained the DVA coverage number or patient's proper mailing address. This lack of information caused a series of mistaken invoices.

The pharmacy manager apologized to the complainant, implemented new billing procedures and reminded all staff of the importance of responding to customer concerns immediately when they were received.

In notifying the complainant of the outcome of the investigation, the Infringement Committee added its apologies to the complainant for

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.*

* This process was in effect until March 31, 2007.



the time it took and the frustration she experienced in attempting to have her father-in-law's billing information corrected.

The complainant replied, thanking the College for how quickly and fairly the complaint had been dealt with and for the fact that she was notified of the outcome of the complaint. She concluded by stating, "The way that you dealt with this issue gives me greater confidence in the pharmacists in Alberta."



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Summary Three

A physician complained that in one month, 11 different pharmacies had dispensed to his patients the generic brand of Pred Forte even though the prescriptions had requested Pred Forte with the words "No substitution" being circled on the prescription.

Our investigation found that, among the cases brought to its attention, most pharmacists failed to identify that the prescription for Pred Forte was not to be substituted. The prescription had not specified the name of the manufacturer and had not specified in the prescriber's own handwriting that no generic or brand name equivalent could be substituted, as required in Section 88 of the *Pharmaceutical Profession Act* and in the publication, "Drug Prescriptions: Terms and Conditions of Filling Prescriptions for Ambulatory Patients" (p. 8), jointly published by ACP and the College of Physicians and Surgeons of Alberta. Instead, a pre-printed box labelled "no substitution" was checked and initialled.

The Infringement Committee recommended that the physician modify his prescribing practice to comply with these requirements.

Summary Four

A physician complained that a pharmacist withheld needed prescribed medication and made no effort to contact him.

The physician had written a triplicate prescription in November for a seven-year-old patient with a seizure disorder. The patient's father gave the prescription to the pharmacist, who declined to fill it because he had concerns about a possible adverse reaction.

The pharmacist phoned the physician's office that evening (a Friday), but did not listen to the complete recording or leave a message because he incorrectly assumed there would be no one in the office on the weekend.

No one from the pharmacy had attempted to phone the physician by 1 p.m. on Monday when the patient's father came to the pharmacy. The father decided to not get the prescription filled. The pharmacy understood that he would discuss it with the physician the next day and returned the original prescription to the father.

The physician was not contacted by the father and did not find out that the prescription had not been filled until the beginning of February when he met the patient and the patient's mother.

The Infringement Committee observed that the pharmacy's failure to listen, document and communicate effectively contributed to suffering that was preventable and had a negative impact on the care of the child.

The Infringement Committee recommended that to avoid similar incidents in the future, the pharmacists should:

- listen carefully to any recorded message provided by a physician's office and follow the instructions offered;
- contact the physician's office as soon as possible if there are any doubts about a prescription;
- thoroughly document their decisions, actions, supporting reasons and follow-up required by other team members;
- immediately communicate any dispensing decision that is contrary to the physician's order and the reasons for it to the physician by telephone and/or facsimile; and
- improve their professional approach and interactions with colleagues and clients and not assume that other staff or the client will take responsibility for the patient's continuity of care.

The Infringement Committee indicated that an apology to the patient's parents should be forthcoming and that its recommendations should be implemented immediately to prevent any possible similar incident.

Summary Five

A customer with a prescription for Pravastatin 10 mg was dispensed Simvastatin 10 mg instead. The patient noted that the medication looked different but assumed that a change had occurred and did not discuss this with the pharmacist. The patient took the medication for a few months and suffered a number of significant side effects. The error was only discovered when the patient attended at the pharmacy with some medication remaining and asked if the pills had changed shape.

The pharmacy replaced the remaining Simvastatin with a full prescription for Pravastatin at no charge. The pharmacist also indicated that, while the incorrect drug was dispensed, they belonged to the same family of drugs and had almost identical profiles. The cus-

tomers were not satisfied with the response.

The Infringement Committee recommended the pharmacy:

- ensure that the triple check system is followed with each prescription dispensed;
- be empathetic and understanding if a dispensing error occurs and a customer brings it to their attention;
- never imply that a medication error is insignificant; and
- complete a Drug Error Report immediately when an error is brought to their attention.

INVESTIGATING COMMITTEE DECISIONS

Selected files considered by investigating committees

The following examples illustrate the nature of complaints considered by investigating committees. For further case details, see the college's newsletter, **acp news**, or visit the *Complaints Resolution* section of our website (pharmacists.ab.ca).

Case One

At an Investigating Committee hearing, a registrant admitted that:

- she had closed her pharmacy in August and notified ACP that this was a temporary closure;
- she did not notify ACP until the end of March of the following year that the closure was permanent;
- for 10 months between the time she closed one pharmacy and opened another, she carried on her pharmacy business from her home;
- she did not notify ACP of this fact and continued to operate out of her home despite receiving a letter from ACP in December that required her to stop immediately if she was engaging in the exclusive scope of practice of pharmacy from her home; and
- she failed to respond to inquiries from other pharmacists and the preliminary investigator.

Based on these admissions and the evidence presented to it, the Investigating Committee determined that:

- the failure to notify ACP of the permanent closure of a licensed pharmacy and the operation of an unlicensed pharmacy out of the registrant's home constituted professional and proprietary misconduct;
- the failure to respond to inquiries from other pharmacists constituted professional misconduct; and
- the failure to respond promptly to the inquiries of the preliminary investigator constituted professional misconduct.

As a result of their determinations, the Investigating Committee issued a severe reprimand, fined the registrant \$10,000, required the registrant to pay the costs of the proceedings, and directed publication of the decision in **acp news** disclosing the registrant's name.

Case Two

A registrant admitted at an Investigating Committee hearing that he had attempted to cross into the U.S. with a package of prescription drugs addressed to an individual in South Carolina and that he intended to mail the package from the U.S.

The registrant admitted that:

- he knew it was illegal to send the medications by mail into the US or take them across the border;
- he had dispensed the drugs without a prescription;
- he had fictitiously created prescription labels;
- he had obtained the drugs from the pharmacy inventory of his employer and altered the inventory to cover the missing drugs; and
- he packaged the drugs, addressed them to the individual, and transported them into the US with the intention of mailing them from the US to avoid detection by Customs.

The Investigating Committee determined that the registrant's actions constituted professional misconduct.

The Investigating Committee issued the registrant a letter of reprimand for his conduct, fined him \$5000, ordered he pay all costs of the hearing and investigation, had ACP notify his former employer of this decision, and directed publication of the decision in **acp news** disclosing the registrant's name.

Case Three

During a routine pharmacy field audit, it was discovered that a registrant, who was also the pharmacy owner and licensee, was operating an Internet pharmacy as part of the operations of his pharmacy. The process of having prescriptions from American customers prescribed by American physicians prepared at his pharmacy came into question.

Prescriptions were faxed to the registrant's pharmacy through a U.S.-based company. A daily summary of those prescriptions was created and faxed to a Canadian licensed physician (recruited and paid by the U.S.-based company), who "co-signed" the transaction record and returned it by fax to the pharmacy. The registrant accepted this returned fax as legitimate authorization and dispensed the medications.

At the Investigating Committee hearing, the registrant acknowledged that this relationship with the U.S.-based company was inappropriate because:

- a non-pharmacy entered into agreements with U.S. customers to sell them Canadian drugs and facilitate the delivery of those drugs to those U.S. customers;
- the U.S.-based company obtained and maintained all medical information;
- the full electronic records and patient profiles were maintained by the U.S.-based company, a non-pharmacy; and
- the U.S.-based company received financial benefit from the registrant's pharmacy in return for patients being directed to his pharmacy.



It is incumbent on every professional to practise in a manner that makes business secondary to all professional decisions. When the business decisions come first, they come at the expense of the profession.

The registrant also acknowledged that "co-signed" reports did not constitute valid prescriptions and that his acceptance of these "prescriptions" and his participation with the co-signing physician breached the Code of Ethics.

The Investigating Committee was concerned that the registrant's actions called into question the alignment of his goals with those of the pharmacy profession. The committee reminded the registrant that "there is a potentially difficult position for those pharmacists that are owner operators concerning the benefits of lucrative business opportunities at the expense of following all the laws governing the profession. It is incumbent on every professional to practise in a manner that makes business secondary to all professional decisions. When the business decisions come first, they come at the expense of the profession."

The registrant terminated his Internet pharmacy operations when it became clear that the medical regulatory authorities disapproved.

Based on the registrant's acknowledgements and the evidence presented at the hearing, the Investigating Committee ordered that the registrant receive a letter of reprimand, pay 75 per cent of the costs of the investigation and hearing, and directed publication of the decision in **acp news** disclosing the registrant's initials.



Merv Blair



Toni Bos



Dale Cooney



Misti Denton



Jill Moore



Margaret Morley



Lynn Otteson



Lynn Paulitsch

Administering effectively to support our core businesses

COMMUNICATION

- In November 2006, ACP conducted an audit to gauge the quality of our communication with pharmacists. Sixty-nine per cent of respondents described the tone of communications with college representatives as friendly and service oriented.

When asked, “On a scale of 1 to 5, (with 1 being the poorest rating and 5 the best) how you would rate the effectiveness of the college’s overall communications with you?”, 74 per cent of respondents answered four or higher.

- In January 2007, we commissioned focus groups with “average Albertans” in Edmonton, Calgary and Westlock. The focus groups were designed to learn about the participants’ relationship with their pharmacists, their expectations about the pharmacists’ role in health care delivery, and to solicit feedback about pharmacists’ expanded scope of practice. Participants generally were very supportive of pharmacists and the services they offer, and see their pharmacist as the hub of their health care. When they understood the parameters around pharmacist prescribing, participants were supportive of the profession’s new authority.
- Also in January 2007, the college commissioned a survey to measure public expectations about pharmacists’ services, to learn more about their experiences with pharmacists’ services, and to record initial responses to the concept of pharmacist prescribing. The results show extremely high satisfaction with current pharmacist services and strong public support for pharmacist’s expanded scope of practice.

- Planning occurred throughout the year for the unprecedented 2007 tri-profession conference involving physicians, nurses and pharmacists. Proposed by ACP, the conference promises to be an historic event. Our objective is to have delegates leave the event with a better understanding of how the other professions work, how each profession can contribute to patient care and how each profession can work with the others to optimize care. There is significant interest about the event across Canada and even beyond our borders.
- May 2006 marked the first time ACP sent only electronic versions of **acp news** to individuals requesting an electronic, rather than paper, copy of our newsletter. This was a first step in automating the newsletter. As email subscriber rates rise, so will electronic newsletter possibilities. As of December 2006, 73 per cent of pharmacists had activated their ACP email account.
- In June 2006, we hosted the annual grad breakfast for over 230 guests, including U of A Pharmacy graduands and their families and friends. Dr. Indira Samarasekera, the UofA’s president and vice-chancellor, was the guest speaker. She encouraged the graduates to remain connected to the university, no matter where their careers took them.
- The college supported the 2006 Halifax 6 Canadian health care safety symposium. The October event, themed *Safety management: Changing the way we do things*, provided insight to health care providers which supported their efforts to offer safe patient care.
- On Jan. 11, 2007, the college joined the UofA’s Faculty of Pharmacy and Pharmaceutical Sciences, the Alberta Pharmacists’



Joanne Donnelly



Greg Eberhart, Registrar



Randy Frohlich



Linda Hagen



Linda Kruger



Karen Mills



Lucy Rachynski



Maria Ranson



Cheryl Shear



Kathy Smart



Roberta Stasyk



Lynn Szoo

Association, and the Pharmacy Alumni Association in orchestrating the highly successful third annual White Coat Ceremony. The ceremony for first-year students marked the culmination of their studies in professionalism and ethics. After an address by Dr. A. Cook, dean of the Faculty of Rehabilitation Medicine and chair of the Health Sciences Council, the students were robed with their white coats, signed the Pledge of Professionalism, and repeated the ACP Code of Ethics.

- In support of pharmacists' efforts to ensure patient safety, the college sent Alberta pharmacists 101 Health Canada safety advisories. In addition, every issue of the college's newsletter included articles related to patient safety.

OPERATIONS

Information Technology

- ACP completed revisions to our registration information system and registration renewal processes in support of the national Pharmacy Health Human Resources Database Development Project. This project is administered by the Canadian Institute for Health Information (CIHI). The project's goal is to collect statistics and prepare annual reports to aid in pharmacist manpower planning. ACP collected and submitted the first set of anonymized data to CIHI in October 2006. We expect the initial annual report containing national pharmacist data in 2007.
- We continued to work with our software supplier of the registration information system to support audit, performance management and statistical reporting.

- ACP's registration information system underwent its first major upgrade since its installation in April 2005. In addition, significant revisions were implemented to meet the preliminary needs of the new legislation. Further revisions will be required in early 2007 to deal with the remaining legislative changes resulting from the passing of the regulations.

Policies and Procedures

- ACP now has email management policies, guidelines and procedures. The policies and guidelines cover regulatory and employee responsibilities, effective use of email, and email management. All staff members received the policy manual and training during 2006.

Performance Management

- ACP's performance scorecard was designed in 2005 to measure ACP's progress towards our vision of safe, effective and responsible pharmacist practice. During 2006, staff collected baseline data on 28 of the 44 performance scorecard measures. ACP's staff, management and Council received their first report on the December 2006 results early in 2007. Development of reports, charts and surveys for the remaining measures will continue through 2007.

Establishing and sustaining collaborative relationships

Effective partnerships with individuals and organizations are critical to our success. Without these collaborative relationships we could not pursue many of our initiatives. 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 2006/07 academic year was 756, for 130 seats. A breakdown of the applicants who were admitted to the faculty includes 102 Albertans, 27 non-Alberta Canadians and 2 non-Canadian applicants. Of these, 78 were female and 53 male.
- The 2006 graduating class received the top class standing in the Pharmacy Examining Board of Canada examinations for the 16th time in 18 years.
- The faculty hosted the Association of Faculties of Pharmacy of Canada Annual Conference from June 2 to 6, 2006. The focus of the conference was “Preparing Pharmacists for the Future;” the event was attended by over 75 delegates. In January 2008, the students from the faculty will host the national Canadian Association of Pharmacy Students and Interns Professional Development Week focusing on the theme “Empowering our Patients.” ACP is a major contributor to the event.
- Canada’s largest drug store chain of companies, Edmonton-based Katz Group, and the Alberta government are each contributing \$7 million to the University of Alberta. This \$14 million dollar investment is the largest ever one-time gift to a Canadian pharmacy school. The Katz Group has also committed to assist the university in raising an additional \$5.5 million from pharmaceutical and related industries. The provincial government has agreed to match those monies as well, for a total investment of \$25 million. When all funds are collected, \$12.5 million will be used to support capital costs of the faculty’s new facilities, \$10.5 million to support state-of-the-art educational and research programs, and \$2 million to fund a joint health law research chair in the Faculty of Law. To acknowledge this significant donation, the university will officially name the health sciences building, now under construction at the corner of 87th Avenue and 114th Street, The Katz

Group-Rexall Centre for Pharmacy and Health Research. This facility is expected to open in phases, starting in fall 2007.

Report from the Office of Continuing Pharmacy Education



The UofA’s 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.

The partnership between ACP and the Faculty of Pharmacy and Pharmaceutical Sciences, Office of Continuing Pharmacy Education (CPE) has maintained a strong commitment to continuing professional development over the years. The partnership will continue with a renewed commitment to provide a new generation of learning opportunities.

Over the last year, a new direction for CPE was charted to coincide with the new legislation governing pharmacists. Future programming will lead the development of comprehensive learning programs that will enhance pharmacist practice. Development of two new programs began in 2006. The first addressed pharmacists’ use of lab values and was offered in the fall 2006. The experience and feedback from pharmacists taking the lab values program were instrumental in developing a second initiative that focuses on managing anticoagulation. Programs of this scope and quality are not readily available anywhere—nationally or internationally. In addition to developing new programs, CPE distributed 4,440 distance learning courses. Of these courses, 80 per cent (3526) were print courses and 914 were web-based.

The faculty is a leader in education in both the undergraduate and post-graduate levels. The faculty received a Commonwealth of Learning Excellence in Distance Education Award for the PHARMALearn – Anticoagulation educational program. This award recognizes excellence in materials produced by publicly funded or not-for-profit institutions in Commonwealth countries. The faculty was one of three Commonwealth institutions selected by an adjudication panel of experts.

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.

Highlights:

NAPRA's Board of Directors approved the English language proficiency standards. The revised standards will greatly assist pharmacy regulatory authorities in their assessment of candidates. The document, *Language Proficiency Requirements for Licensure as a Pharmacist in Canada*, is considered one of the key foundational documents underlying the mutual recognition agreement (MRA).

NAPRA finalized and approved its *Guidelines to Pharmacy Compounding*. This document guides the pharmacy profession and complements Health Canada's draft *Policy on Manufacturing and Compounding Drug Products in Canada* (POL-0051).

A process has begun to revise the professional competencies for Canadian pharmacists at entry to practice, which provide the foundation for:

- *Educational Outcomes for a Baccalaureate Pharmacy Graduate in Canada*, produced by the Association of Faculties of Pharmacy of Canada;
- *Accreditation Standards and Guidelines for Pharmacy Professional Degree Programs in Canada*, from the Canadian

Council for Accreditation of Pharmacy Programs; and

- *Qualifying Examination and the Objective Structured Clinical Examination*, administered by the Pharmacy Examining Board of Canada.

Under the direction of the NAPRA board, the national office initiated a process to develop national competencies for Canadian pharmacy technicians at entry to practice. This is a significant project, being conducted in collaboration with a number of provincial and national stakeholder groups.

NAPRA completed a project to identify natural health products (NHPs) currently listed in the National Drug Schedules (NDS). A total of 116 listings were identified as qualifying for regulation under the *Natural Health Product Regulations*, by Jan. 1, 2010 at the latest. NAPRA's board approved a policy clarifying that NHPs, as designated by a natural product number (NPN) or drug identification number-homeopathic medicine (DIN-HM), are not considered within the scope of the NDS. Health Canada and NAPRA officials agreed that collaborative work was needed to ensure NAPRA's concerns about safety and product efficacy are addressed. Additionally, they agreed that a regulatory amendment would be pursued to ensure that only products intended for self-care and self-selection are regulated as NHPs.

The National Drug Scheduling Advisory Committee was very productive in 2006, making recommendations on nine drug scheduling review requests. A pilot project to revise the scheduling factors was also initiated in 2006.

The NAPRA board approved a policy to clarify the status of products that appear on the Health Canada Drug Product Database as "Schedule F Recommended." Approved products falling within this category have received a Notice of Compliance from Health Canada, with the expectation that they be marketed and labelled as prescrip-

A special thank you to our partners in an extraordinary year

This past year has been very exciting, for the college, the profession and the public. We have taken many important (and long-anticipated) steps towards enhancing pharmacists' ability to affect patient care, such as:

- *pharmacist access to laboratory values,*
- *approval of the Health Professions Act and Pharmacy and Drug Act regulations,*
- *a set implementation date of April 1, 2007 for our new regulations, and*
- *consulting on and updating our standards of practice and by-laws.*

Our achievements are the results of the tireless efforts of many people. Significant roles were played by our key partners, including government members who, as a whole, have supported us along our journey. Council and the college staff's unwavering belief in the added benefit pharmacists can offer Albertans has also been instrumental in the advances of the past year. We look back with gratitude to all those who helped us along the way.

Most importantly though, we must acknowledge that everything we have achieved has been possible because Albertans continue to support the role of the pharmacist as their drug therapy expert. They are the reason we have a pharmacy profession and they will be the primary beneficiaries of our new authority in years to come.

Over the next few years, Albertans will see changes in the services they can expect from their pharmacist. The new legislative authority has the potential to make access to appropriate drug therapy much easier and will result in significantly better use of health care resources.

Health care professionals will also see changes. Successful integration of the new authority into pharmacist services and health care teams is dependent on the collaborative relationships between health care providers. As a result, the nature and flavour of interactions among health professionals will be different in years to come.

This is an exciting time for Albertans, health professionals and the health system. We look forward to carrying the present enthusiasm into our new era of pharmacist practice. It's going to be a great journey!

tion drugs, though the addition of the medicinal ingredient to Schedule F is not finalized. The NAPRA policy clarifies the placement and conditions for the sale of these drugs through their inclusion in Schedule I of the National Drug Schedules.

NAPRA continued its role in ensuring the voice of pharmacy regulators is heard when working with other organizations including: Health Canada, Human Resources and Social Development Canada, the Canadian Patient Safety Institute, the Pharmacy Examining Board of Canada, the Canadian Council for Accreditation of Pharmacy Programs, the Canadian Pharmacy Technician Educators Association, the Canadian Pharmacists Association, the Canadian Society of Hospital Pharmacists, and the Canadian Association of Chain Drug Stores.

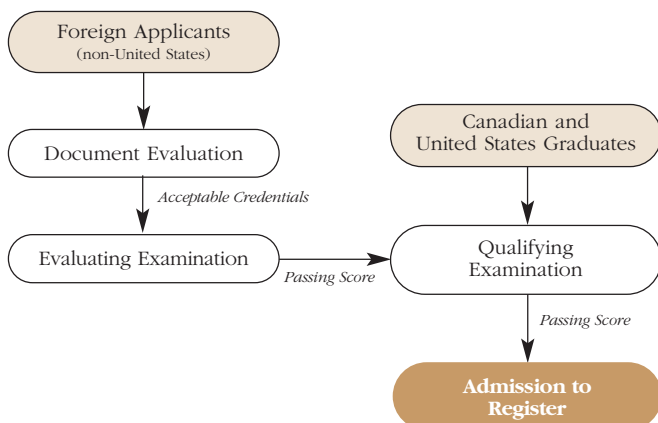
NAPRA provided internship experiences for two pharmacy students – one from the undergraduate pharmacy program at the University of British Columbia and the other from a Masters program at the University of Toronto.

REPORT FROM THE PHARMACY EXAMINING BOARD OF CANADA (PEBC)

The Pharmacy Examining Board of Canada evaluates 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.

PEBC is a non-profit organization with more than 40 years of experience in assessing the qualification and competence of candidates for licensing by the provincial pharmacy regulatory bodies. PEBC's certification process ensures the quality of pharmacists entering practice and is a vital component in the delivery of safe and effective health care to Canadians.

- The certification process for registering with PEBC in 2006 was as follows:



During 2006, a total of 1175 names were added to the PEBC register, for a total of 27,658 registrants.

Evaluating Examination

- A total of 1,168 applications for the Evaluating Examination were received during the year, compared to 1,185 in 2005.
- The exam was held at seven of the faculties and colleges of pharmacy in Canada and at one centre in London, England.

Of the 953 candidates who wrote the Evaluating Examination (compared to 975 in 2006), 540 passed and were permitted to apply for the Qualifying Examination, compared to 587 in 2005. There appears to be a downward trend in international candidates applying to write the Evaluating Examination.

Qualifying Examination

- A total of 1,687 candidates wrote the Qualifying Examination - Part I (multiple choice questions), compared to 1,741 in 2005; and 1,601 candidates took the Qualifying Examination – Part II (objective structured clinical examination), compared to 1,594 in 2005. A total of 1175 candidates (877 in Spring, 298 in Fall) qualified for registration.
- In addition, there were 17 candidates assessed for non-certification purposes in 2006, 11 at ACP's request.
- The Qualifying Examination Part I was offered at each of the faculties and colleges of pharmacy. The spring Qualifying Examination – Part II (OSCE) was held at 13 examination centres. In the fall, seven exam centers offered the Part II (OSCE).

REPORT FROM THE CANADIAN COUNCIL ON CONTINUING EDUCATION IN PHARMACY (CCCEP)

The Canadian Council on Continuing Education in Pharmacy is the national accrediting body for continuing pharmacy education in Canada. CCCEP's mission is "to advance pharmacy practice through quality life-long learning." CCCEP accreditation is a peer review for relevance to practice, quality learning experience, and non-bias. The CCCEP Criteria and Guidelines have been used as models for accrediting pharmacy continuing education programs in Canada and internationally.

The major activities of CCCEP in 2006 included:

- accrediting 146 programs;
- receiving all programs electronically for review;
- revising the Guidelines and Criteria to accommodate e-based programs and better meet the needs of program providers;
- introducing a Learning Panel Review Checklist and a revised accreditation review process; and
- developing a privacy policy.

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

Alberta College of Pharmacists Financial Statements

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February 28, 2007

AUDITORS' REPORT

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, 2006 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, 2006 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

Kingston Ross Pasnak LLP
Chartered Accountants



STATEMENT OF OPERATIONS

ALBERTA COLLEGE OF PHARMACISTS
Year ended December 31, 2006

		2006	2005
REVENUES	Annual permit and license fees	\$ 3,729,566	\$ 3,939,802
	Other	402,296	355,410
	Investment income	155,620	107,091
	Convention	113,645	194,224
		4,401,127	4,596,527
EXPENDITURES	Partnership administration	997,915	1,613,388
	Operations	766,194	653,524
	Quality pharmacist practice	655,679	751,359
	Communications	452,160	551,894
	Registration and licensure	374,556	325,882
	Governance and legislation	358,166	466,953
	Complaints resolution	342,774	278,686
	Amortization	76,024	75,361
		4,023,468	4,717,047
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENDITURES		\$ 377,659	\$ (120,520)



STATEMENT OF CHANGES IN NET ASSETS

ALBERTA COLLEGE OF PHARMACISTS
Year ended December 31, 2006

	Invested in Property and Equipment	Internally Restricted	Unrestricted	2006 Total	2005 Total (Note 6)
Balance, beginning of year	\$ 250,683	\$ 1,551,830	\$ (88,480)	\$ 1,714,033	\$ 1,834,553
Excess (deficiency) of revenues over expenditures	(82,152)	-	459,811	377,659	(120,520)
Transfers	-	(751,830)	751,830	-	-
Purchase of property and equipment	55,338	-	(55,338)	-	-
	223,869	800,000	1,067,823	2,091,692	1,714,033
Change in accounting policy (Note 3)	-	-	119,057	119,057	-
Unrealized gains on available for sale financial assets arising during the period	-	-	94,719	94,719	-
Accumulated gains included directly in the statement of changes in net assets	-	-	213,776	213,776	-
Balance, end of year	\$ 223,869	\$ 800,000	\$ 1,281,599	\$ 2,305,468	\$ 1,714,03



STATEMENT OF FINANCIAL POSITION

ALBERTA COLLEGE OF PHARMACISTS

December 31, 2006

	2006	2005
ASSETS		
CURRENT ASSETS		
Cash	\$ 224,615	\$ 62,869
Marketable securities (Note 3)	3,498,201	2,992,581
Accounts receivable	35,343	35,719
Prepaid expenses	164,517	69,674
Prepaid grant to Alberta Pharmacists' Association (Note 9)	-	611,644
	3,922,676	3,772,487
LEGAL FEES RECOVERABLE	32,782	36,798
PROPERTY AND EQUIPMENT (Note 4)	223,869	250,683
	\$ 4,179,327	\$ 4,059,968
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 212,542	\$ 223,769
Deferred revenue (Note 5)	1,661,317	2,122,166
	1,873,859	2,345,935
NET ASSETS		
Invested in property and equipment	223,869	250,683
Internally restricted (Note 6)	800,000	1,551,830
Unrestricted surplus (deficiency)		
Cumulative excess of revenues over expenses	1,067,823	(88,480)
Cumulative net unrealized gains and losses on available for sale financial assets	213,776	-
	2,305,468	1,714,033
	\$ 4,179,327	\$ 4,059,968

APPROVED BY THE COUNCIL

Councillor

Councillor



STATEMENT OF CASH FLOW

ALBERTA COLLEGE OF PHARMACISTS
Year ended December 31, 2006

	2006	2005
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from registrants	\$ 3,430,738	\$ 4,009,763
Cash received from projects and events	103,645	186,805
Cash received from investments	155,620	107,091
Cash received from other sources	259,012	324,538
Cash paid to suppliers and employees	(3,055,599)	(2,954,796)
Cash paid for partnership administration	(386,271)	(1,634,071)
	507,145	39,330
CASH FLOWS FROM INVESTING ACTIVITIES		
Net purchase of marketable securities	(505,621)	(205,261)
Purchase of property and equipment	(55,338)	(107,897)
Proceeds on disposal of property and equipment	1,784	323
Net asset write up of investments	213,776	-
	(345,399)	(312,835)
NET INCREASE (DECREASE) IN CASH	161,746	(273,505)
CASH, BEGINNING OF YEAR	62,869	336,374
CASH, END OF YEAR	\$ 224,615	\$ 62,869

NOTES TO THE FINANCIAL STATEMENTS

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 will begin registering pharmacists under the *Health Professions Act* and the *Pharmacy and Drug Act* effective April 1, 2007. 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 educa-

tion 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 market value.

Property and Equipment

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

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

Revenue

Revenue from membership fees and conventions are recognized in the year in which the related services are provided.

Investment income includes dividend and interest income, and realized and unrealized investment gains and losses. Unrealized gains and losses on available-for-sale financial assets are included directly in net assets, until the asset is removed from the statement of financial position. Unrealized gains and losses on held for trading financial assets are included in investment income and recognized as revenue in the statement of operations.

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

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

Deferred Revenue

Deferred revenue consists primarily of registration 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

The College adopted market value accounting for investments effective January 1, 2006 to comply with the new CICA Handbook Section 3855. The valuation basis as at December 31, 2005 is cost since generally accepted accounting principles preclude restatement of prior years when adopting market valuation of investments. The change in accounting policy resulted in recording an increase in net assets at January 1, 2006 of \$119,057.

	2006	2005
HELD FOR TRADING		
Canadian fixed income	\$ 2,807,470	\$ 2,563,610
AVAILABLE FOR SALE		
Canadian equities	324,075	200,380
U.S. equities	366,656	273,206
	690,731	473,586
	3,498,201	3,037,196
Allowance for excess of cost over market value	-	(44,615)
	\$ 3,498,201	\$ 2,992,581

NOTE 4

Property and Equipment

	Cost	Accumulated Amortization	2006 Net Book Value	2005 Net Book Value
Registrant database	\$ 182,216	\$ 67,758	\$ 114,458	\$ 123,476
Furniture and equipment	201,289	145,805	55,484	58,588
Computer equipment	99,880	69,938	29,942	34,355
Automotive equipment	58,340	41,310	17,030	24,328
Website development	68,160	61,205	6,955	9,936
	\$ 609,885	\$ 386,016	\$ 223,869	\$ 250,683

Amortization provided for in the current year totalled \$76,024; (2005 - \$75,361).

NOTE 5

Deferred Revenue

	2006	2005
Deferred permit and license fees	\$ 1,649,845	\$ 1,953,065
Deferred Alberta Provider Registry grant	9,473	8,860
Deferred International Pharmacists Orientation grant	1,999	103,964
Deferred Accelerated Clinical Training grant	-	46,277
Convention	-	10,000
	\$ 1,661,317	\$ 2,122,166

NOTE 6

Internally Restricted Net Assets

The college has established reserve funds for offsetting emerging unanticipated expenses, capital acquisition, and for the development of new programs. Under amended council policies, internally restricted funds shall maintain at a minimum a stabilization reserve of \$500,000 and a capital purchases reserve of \$300,000.

NOTE 7

Commitments

Effective July 1, 2001 the college signed a lease agreement for office premises and storage. Under the terms of the lease the college was committed to annual basic rent of \$50,685 per annum to June 30, 2006, and will be committed to annual basic rent of \$64,595 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 2006 was \$10,783.

The college, in partnership with two other health profession regulatory bodies and two other associations, is also committed to hold the 2007 Tripartite Health Professional Conference, 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 \$626,722.

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

- the National Association of Pharmacy Regulatory Authorities (NAPRA);
- the 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

Subsequent Event

Subsequent to the year-end, the college signed a contract relating to conference space at a local host facility for the 2008 Conference and Annual General Meeting. Total financial penalties according to the terms of the agreement for cancellation would amount to \$15,300.

NOTE 9

Related Party Transactions

The council members of the Alberta College of Pharmacists were the shareholders of the Pharmacists' Association of Alberta until September 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.

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 last half of this grant was expensed in 2006 under Partnership Administration. In addition, the college paid \$100,000 in 2006 on receipt of the association's financial statements and management letter, as the association fully complied with its obligations under the final agreement.

Committees

Committee Members (as of December 31, 2006)

STATUTORY COMMITTEES

Appeals Committee

Dianne Donnan, Chair
Michael Faulkner
Catherine McCann
Joan Pitfield

Continuing Competence Committee

Jennifer Herrick
(Interim Chair)
Josiah Akinde
Sylvie Druteika
Dr. Michelle Foisy
Sandra Leung
Thomas Schadek
Scot Simpson
Anita Warnick
Dr. Nese Yuksel
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

Jeff Whissell
Greg Eberhart

STANDING COMMITTEES

Investigating Committee Pool

Judith Baker
Catherine Biggs
Rene Breault
Don Carley
Bret Dolman
Sonal Ejner
Norm Hodgson
Bonnie Oldring
R.H. (Bob) Sprague

Awards Committee

Tracy Marsden, Chair
Don Makowichuk
Joan Pitfield
Burke Suidan

COUNCIL COMMITTEES

Executive Committee

Jeff Whissell, President
Dianne Donnan, President Elect
Jim Krempien,
Vice President
Joan Pitfield,
Public Member

Nominating Committee

Jeff Whissell, Chair
Dr. Franco Pasutto
Joan Pitfield

Resolutions Committee

Jim Krempien, Chair
Lane Casement
Rick Siemens

ACP WORKING GROUPS

Standards of Practice Working Group

Catherine Biggs
Bill 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
Judy Baker
Ian Bateson
Ramona Bosnyak
Tom Curr
Neil Devchand
Richard Hackman
Norman Hodgson
Jody Shkrobot
Greg Eberhart (Resource)
Stewart Ingram (Alberta Netcare Resource)
Cameron Johnston (RxA Resource)
Linda Miller (Alberta Netcare Resource)
Gary Robertson (Alberta Netcare 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.
Sammy Lee,
Overwaita Food Group
Jody Shkrobot,
Value Drug Mart Associates Ltd.
Mark Snaterse,
Capital Health
Murray Whitby,
The Medicine Shoppe Canada Inc.

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

EXTERNAL APPOINTMENTS

ACP Appointee to NAPRA

Dianne Donnan

ACP Appointee to the Council of Pharmacy Registrars

Greg Eberhart

ACP Appointee to PEBC

Vera Stepnisky

ACP Appointee to CCCEP

Lucy Rachynski

ACP Appointee to Faculty of Pharmacy and Pharmaceutical Sciences Committees

Admissions Committee

Brad Willsey

Curriculum Committee

Jim Krempien

Experiential Education Committee

Lucy Rachynski

ACP Appointees to Alberta Netcare Projects

Alberta Secure Access Service Steering Committee
Ian Bateson

Netcare Data Stewardship Committee

Rick Hackman
Norm Hodgson
Ramona Bosnyak (alternate)

Information Management Committee

Don Makowichuk

PIN Stewardship Committee

Jim Wan

PIN Patient Safety Advisory Panel

Dr. Judy Baker
Ramona Bosnyak

ACP Appointees to DUE Quarterly

Noreen Vanderburgh
Dr. Cheryl Wiens
Jill Moore (Resource)

ACP Appointees to the Triplicate Prescription Program Steering Committee

Merv Blair

ACP Appointee to the Non-prescription Needle Use Steering Committee

Dale Cooney

ACP Appointee to the Federation of Regulated Health Professions

Greg Eberhart

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

safe, effective, responsible pharmacist practice

alberta college of
pharmacists



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