

appropriate  
safe  
accessible  
efficient  
appropriate  
safe  
accessible  
efficient  
acceptable  
effective



## 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. We take responsibility for pharmacy practice by setting and enforcing high standards of competence and ethical conduct.

## Our values

- The health of the patient 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.

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# Being the change we wish to see



In 2008, we witnessed incredible changes. Old guards and old ways fell as new leaders and new ways of thinking rose up to take their place. Pharmacy practice felt the impact of those transformations.

## What changes most affected pharmacy practice?

In 2008, we were introduced to a new government outlook (new Minister of Health, new health board, and several legislative amendments), a new economy that demanded even more efficient use of scarce resources, and heightened expectations of pharmacist services.

## How did ACP lead the profession through these changes?

Never satisfied to sit back and let others dictate the future, the Alberta College of Pharmacists (ACP) had prepared for a new era of pharmacy practice years before by initiating robust registration, competence, and assessment programs; advocating for enabling legislation; and cultivating collaborative relationships with our registrants, stakeholders, government, and the public. In 2008, we built on this strong foundation.

### *ACP never lost sight of our priority: the public's health and well-being*

The Alberta College of Pharmacists continued to empower the public by launching our public awareness campaign, sponsoring public education events, welcoming a third public member to our council, and keeping our processes, particularly complaint resolution, transparent and accessible.

At the same time, we employed more staff in the field to ensure that there are qualified pharmacy practitioners working in safe, effective pharmacy practice settings.

### *ACP worked to increase capacity of pharmacists, pharmacy technicians, and systems*

The authorities to administer drugs by injection and to prescribe drugs are giant strides toward recognizing pharmacists' abilities and to improving access to quality health care for Albertans. Only one year after being granted, pharmacist prescribing is now not only being accepted, but expected.

To meet this expectation, ACP educated pharmacists about the expanded scope of practice and facilitated thorough, yet flexible application systems for the new authorizations. We continued to collaborate with the U of A's Office of Continuing Pharmacy Education to develop courses that support pharmacists in the new practice framework and align with provincial health system priorities.

The college also continued its preparations to regulate pharmacy technicians in 2010. We continued our voluntary registration of technicians and elected two pharmacy technician observers to council. We also kept working with national partners to establish entrance to practice requirements, enabling legislation, and bridging programs for these pharmacy professionals. All of these efforts are paving the way for more appropriate use of pharmacists' and pharmacy technicians' skills to ultimately offer better care to Albertans.

To improve existing programs and services, ACP introduced new ideas and technologies.

In the last year, we:

- revisited our mission, vision, values, and strategic direction to ensure that we are prepared for the opportunities of the future;
- redesigned our annual conference to include greater pharmacist participation;
- introduced a new Code of Ethics for consultation;
- implemented a program for novice pharmacy licensees to familiarize them with the standards and processes involved in managing a pharmacy under the new legislation;
- streamlined registration, competence, and election processes through online offerings; and
- communicated better. ACP updated our website to make access to information easier and faster. We also expanded *The Transition Times* and introduced *The Link*, a bi-weekly e-newsletter, to give pharmacists the information they need to operate in the new practice framework.

### ***ACP championed cooperation***

ACP works with stakeholders across the province, the nation, and the world to ensure safe, effective pharmacy care is accessible to all Albertans. In 2008, we joined forces with our provincial colleagues at the U of A, the Alberta Pharmacists' Association, the Health Quality Council of Alberta, Alberta Health and Wellness, other regulated health professions and Alberta Health Services to offer better health care for Albertans.

We collaborated with our national partners to facilitate the transfer of pharmacists between provinces, to create national examinations and standards that will ensure a high standard of patient care across the country, and to envision the future of pharmacy in Canada with the *Blueprint for Pharmacy*.

As global leaders in the evolution of pharmacist practice, we encouraged our international colleagues by sharing our experiences at conferences, in professional journals, through forums, and in answers to questions from around the world.

### **Where to next?**

John F. Kennedy said, "Change is the law of life. And those who look only to the past or present are certain to miss the future." Standing on the solid platform of principles and values ACP has built, we have a clear view ahead. Focusing on our priority, "Albertans' health and well-being", keeps us on course through turbulent times. Staying true to our values of continual practice advancement, innovation, accountability and partnership allows us to be successful while contributing to the success of others. These same grounding principles will guide us as we continue to advocate for the appropriate use of health professionals and resources. On this solid foundation, we will continue to meet the demands of responsible self-regulation as we maintain high standards of pharmacy practice and insist on safe, effective, patient-centred care by pharmacy professionals.

Looking forward,



President

Rick Siemens

A handwritten signature in red ink that reads "Rick Siemens".



Registrar

Greg Eberhart

A handwritten signature in red ink that reads "Greg Eberhart".

plan ensure safety  
 accountability  
**Governing responsibly** integrity  
 progress strategy vision leadership

**Extending our leadership,  
 sharing our successes**

The opportunities provided to patients and pharmacists as a result of legislation proclaimed in 2007 are unique in the western world. While legislative amendment by itself has not catalyzed change, it is the foundation from which to address complementary systemic changes required in Alberta, and create a leading vision for pharmacists,

stakeholders, and policy makers across Canada and internationally. ACP leaders made presentations to other provincial pharmacy organizations, the Canadian Agency for Drugs and Technology in Health Symposium, Capital Health's "Accelerating Primary Care" Conference, and the administrative section of the International Pharmaceutical Federation Congress in Basel, Switzerland. These dialogues increased understanding about how Alberta pharmacists are preparing to better



*ACP council: (Back, L to R) Anjli Acharya, Dianne Donnan, Vi Becker, Jeff Whissell, Robin Burns, Merv Bashforth, Pat Matusko, Catherine McCann, Joan Pitfield (Front, L to R) Rick Siemens, Kaye Andrews, Teresa Hennessey, Wilson Gemmill, Joseph Blais, Krystal Wynnyk, Donna Galvin*

address the needs of patients and Alberta's health system, and the contemplation of new possibilities in other jurisdictions. In 2008, New Brunswick, Ontario, and British Columbia introduced legislation recognizing the role of pharmacists as prescribers.

## Contributing to the sustainability of Alberta's health system

ACP made submission to Alberta Health and Wellness about its proposed Provincial Pharmaceutical Strategy. We emphasized that sustainability required systemic change, including strategies that would change the behaviours of pharmaceutical manufacturers and suppliers, health professionals, and patients. We argued that sustainability could not be achieved simply by modifying policies supporting Alberta's Drug Benefit list, the identification of benefits, procurement strategies, and reimbursement policies. Longer term sustainability requires a commitment to quality and safety, where strategic initiatives support decisions and behaviours that result in appropriate drug use.

## Building our practice framework

The regulatory framework within which pharmacists practice and pharmacies operate is dynamic. It is constantly changing to enable new opportunities and to respond to new risks. Consistent with its values and strategic goals, ACP continued pursuit of an improved practice framework that provides new opportunity with the necessary accountabilities. The advent of new technologies, new team players, and a more global health environment drove deliberations in 2008.

Schedule 19 of the *Health Professions Act* was amended in December 2008 to accommodate the regulation of pharmacy technicians by ACP. A role statement for technicians was approved, and the foundation for the development of supporting regulations established. ACP looks forward to registering the first regulated pharmacy technicians in late 2010.

The *Pharmacy and Drugs Act* was amended in December 2008, providing a new framework for the distant delivery of pharmacy services and, specifically, mail order pharmacy services. The Act introduced a new four-part definition for "dispensing" and new authorities for regulation development. The amendments provide new requirements and expectations to ensure accountability. We anticipate amendments to the *Pharmacy and Drugs Regulation* in early 2009, so that the amendments to the Act can be proclaimed.

ACP's Code of Ethics (1995) was assessed by a multidisciplinary review committee, with two goals. First, the college wanted to ensure that the Code

adequately addressed emerging considerations important to patients, society, and our profession. Secondly, ACP wanted to ensure that the Code provided adequate guidance to pharmacists and pharmacy technicians as they took on new roles and provided new services. The committee recommended a new ethical framework including 12 principles, each supported by multiple interpretive guidelines. The committee also recommended that the vocabulary and tone of the Code be changed to a form that invited "internalization and ownership" by pharmacists and pharmacy technicians.

A 60-day consultation period commenced at the end of December 2008, and the council will consider feedback from registrants and stakeholders in the spring of 2009.

## Restructuring for the future

Like pharmacists, ACP must change to effectively address the future. Our success is not guaranteed by simply repeating what has been successful in the past. In entering 2009, ACP is restructuring its administration to more appropriately dedicate resources to practice change and the increasing accountabilities expected by patients and government. One section of ACP's administrative team will take responsibility for the integrity of our register, leading all programs that support entry to the register and the requirements of registrants in maintaining registration status. The second section of our team will address the performance of pharmacists, pharmacy technicians and the quality of pharmacy operations. ACP will be pursuing new programs that provide better insight about the prescribing and dispensing decisions of pharmacists, their impact on appropriate drug therapy and patient care. This is consistent with emerging expectations that pharmacists will take greater responsibility for appropriate drug therapy.

prevent harm **listen**  
 maintain accountability  
 Ensuring quality pharmacy practice support  
 take responsibility **assess**



ACP staff:



Toni Bos



Janet Bradshaw



Dale Cooney



Joanne Donnelly



Greg Eberhart



Randy Frohlich



Linda Hagen



James Krempien



Linda Kruger



Maria Lee



Grace Magyar



Karen Mills



Jill Moore-  
Kirkland



Margaret  
Morley



Lynn Paulitsch



Maria Ranson



Cheryl Shea



Roberta Stasyk



Whitney  
Tushingham

Vic Kalinka - photo not available

# Working with pharmacists and pharmacy technicians

## Registering pharmacy professionals

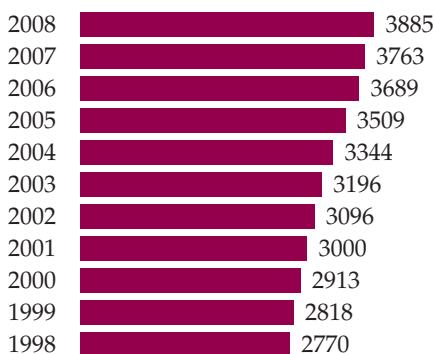
During 2008, ACP's registration department:

- continued the voluntary registration of pharmacy technicians (843 technicians registered in 2008),
- registered 227 new pharmacists,
- offered the jurisprudence exam 10 times. The exam is a requirement of licensure in Alberta. The success rate for the jurisprudence exam was 90 per cent.

## Pharmacist registration statistics

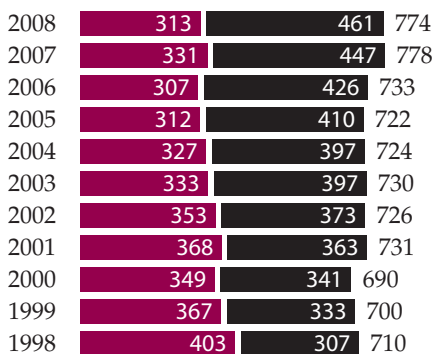
Data as of Dec. 31

### Practising registrants



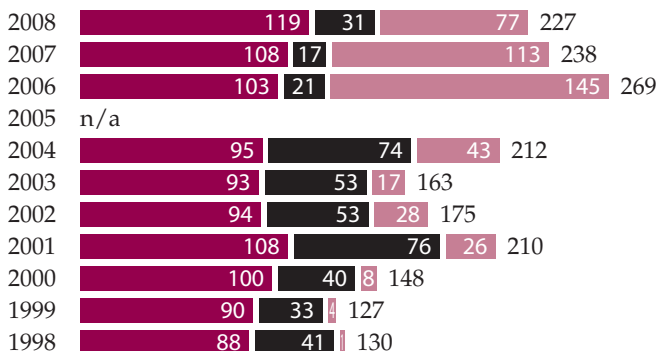
### Inactive

- Associate
- Retired



### New registrants

- University of Alberta
- Other Canadian universities
- Foreign credentials / Mutual Recognition Agreement (MRA)



### Students and Interns

- From the University of Alberta
- From other Canadian universities
- MRA transfers
- Graduates with foreign credentials



## Pharmacy technician statistics

Currently, technician registration with the Alberta College of Pharmacists is voluntary.

Data as of Dec. 31

### Registered technicians





## Two pharmacists receive honorary ACP life membership

In its 98-year history, the Alberta College of Pharmacists (formerly the Alberta Pharmaceutical Association) has recognized 41 pharmacists who have made outstanding contributions to the profession over an extended period of time with honorary life memberships. Those ranks are about to grow by two.

Marilyn Thornton and Stanley Lissack will receive the college's highest honour at the 2009 APEX Awards Gala in Banff.

Marilyn earned a BSc Pharm from the U of A. She went on to work in community, hospital, and long-term care settings before turning her skills to pharmacy administration with the Capital Care Group, The Alberta Pharmaceutical Association (as Assistant Registrar), and most recently as Director, Pharmaceuticals and Life Sciences Branch, Alberta Health and Wellness. Marilyn has served the profession as a pharmacist, advocate, regulator, mentor and guide throughout her career. Her keen mind and caring ways created a legacy of improved systems, progressive policies, and empowered peers.

After earning his BSc Pharm at the U of A, Stan worked in Lethbridge and Calgary before purchasing his own pharmacy in Daysland. While operating his pharmacy, Stan served terms as both Alberta Pharmaceutical Association and Canadian Pharmacists Association (CPhA) president and played a pivotal role in both organizations. Stan sold his pharmacy and accepted the position of Registrar of the Saskatchewan Pharmacists' Association. Following his tenure there, he moved to Astra Pharma Inc. where he quickly rose to the position of national vice president. In addition to working for the profession at a national level with CPhA, Stan served as president with both the Canadian Society of Industrial Pharmacists and the Canadian Foundation for Pharmacy. In 2007, Stan was selected as one of CPhA's Pharmacists of the Century.

Congratulations Marilyn and Stan and thank you for your tremendous contributions to the profession!

## Ensuring competence to practice

The RxCEL Competence Program and ACP's competence department contribute to safe, effective and appropriate pharmacy practice by supporting pharmacists' competence. ACP's continuing competence program provides for registrants to maintain competence and to enhance the provision of professional services. The Competence Program consists of both continuing professional development and competence assessment.

## Continuing Professional Development and the RxCEL Learning Portfolio

Continuing professional development (CPD) is the foundation of the RxCEL Competence Program. ACP's Competence Committee has adopted FIP's definition of continuing professional development: "the responsibility of individual pharmacists for systematic maintenance, development and broadening of knowledge, skills and attitudes, to ensure continuing competence as a professional, throughout their careers".<sup>1</sup> To support pharmacists' CPD, ACP introduced the online CPD Plan in 2008. The online CPD Plan allows pharmacists to systematically evaluate their learning needs, develop learning plans to address those needs, document their learning activities, and evaluate their learning, all in a confidential electronic format.

While the college cannot access individually-identifying information, we do have access to aggregate information that we may share with external stakeholders. For example, we can pinpoint the most commonly identified areas for learning plans, which we can then share with continuing education providers. In this way, we ensure that resources are in place to meet the demands of pharmacists.

### Learning Portfolio audit findings

In 2008, we conducted 738 learning portfolio audits. In May 2008, eight registrants were advised that because of non-compliance with the learning portfolio audit they would not be able to renew their annual permits. Ultimately, three pharmacists had their practice permits cancelled because of non-compliance with the learning portfolio audit.

### Enhanced audits

In September 2008, we combined audits of registrants' liability insurance and learning portfolios, now called "Audit of Professional Declarations". In 2008-09, we will complete audits of the learning portfolios of all registrants (other than new registrants).

### Accreditation

ACP ensures high standards of continuing professional development materials for Alberta pharmacists by accrediting provincial CE programs. ACP accreditation assures pharmacists that these CE programs have been reviewed for accuracy, relevance, and lack of bias. In 2008, we accredited 68 programs. We also worked with the Alberta Pharmacists' Association to approve additional trainers for their *Administering Injections and Immunizations Preparation Course* so it could be delivered through partners such as corporate pharmacy organizations.

1 (FIP [International Pharmaceutical Federation] Statement of Professional Standards Continuing Professional Development, September 2002)

## Competence Assessment

Competence assessment in the RxCEL Competence Program serves two purposes. External assessment (as opposed to self-assessment) provides pharmacists with objective feedback on their knowledge, skills, and abilities. It also demonstrates ACP's commitment to its mission of setting and enforcing high standards of practice, competence and ethical conduct to ensure safe, effective, and appropriate pharmacy practice.

In 2008, the competence committee and the competence department developed two assessment options in the competence assessment section: the professional portfolio and the knowledge assessment. The professional portfolio is built on the foundation of CPD and allows the pharmacist to demonstrate how CPD impacts his or her practice. ACP is partnering with the College of Pharmacists of British Columbia on the knowledge assessment option. Both options will be piloted, evaluated and refined in 2009.

There were no cases which called for an on-site competence assessment in 2008.

### ***Assessing applications for additional prescribing authority and authority to administer drugs by injection***

Applications for additional prescribing authorization are being accepted and assessed monthly. A *Guide to Receiving Additional Prescribing Authorization* and tips from assessors are available on the ACP website. We worked to increase awareness of the additional prescribing authorization, the process for receiving it, and encouraged qualified pharmacists to apply through a special issue of *The Transition Times*, newsletter articles, and presentations. Approximately 1% of pharmacists on the clinical register (44) currently have additional prescribing authorization. Our goal is to increase this number to 5% in 2009.

Multiple courses on the administration of drugs by injection were offered by the Alberta Pharmacists' Association in 2008. Completion of the course along with proof of a valid CPR and first aid certification are requirements for authorization. Approximately 4% of pharmacists on the clinical register (157) currently have authority to administer drugs by injection.

## Resolving complaints

In 2008, 66 formal (written) complaints were referred to the complaints director. Of these, 58 were resolved at the complaints director level, 5 were referred to a hearing tribunal, and 3 were still under investigation as of the end of December 2008. In addition, the complaints department resolved 17 formal complaints carried over from previous years. The college received and resolved 285 informal (verbal) complaints in 2008, a 59% increase from the 179 received and resolved in 2007. We attribute the increase in the recorded number of informal complaints to an increased awareness of the college through our public awareness campaign and a revised tracking system initiated by our new complaints director.

The resolution of complaints has become increasingly complex due to the changing nature of pharmacist practice and the complexity of the health system. The complexity was magnified during 2008 by having to work under two different sets of legislation as we continued to transition the complaints process from the *Pharmaceutical Profession Act* to the *Health Professions Act* and the *Pharmacy and Drug Act*. As of the end of December 2008, there were still 16 formal complaints being dealt with under the old Act: 14 under review by an Investigating Committee and 2 under preliminary investigation. All formal complaint files opened in 2008 were investigated and resolved under the *Health Professions Act* and/or the *Pharmacy and Drug Act*, or referred to a hearing.

The flow chart on page 9 outlines the current complaints resolution process under the *Health Professions Act*.

Also during 2008:

- there were no appeals of Investigating Committee or hearing tribunal decisions heard by council. The decisions of the complaints director regarding four formal complaints were reviewed by a Complaints Review Committee in 2008. In these matters, the committee confirmed two of the complaints director's decisions and referred two decisions to a hearing.
- there were no regulated members dealt with under Section 118 of the *Health Professions Act* regarding matters of assessing incapacity.
- all hearings were open to the public.

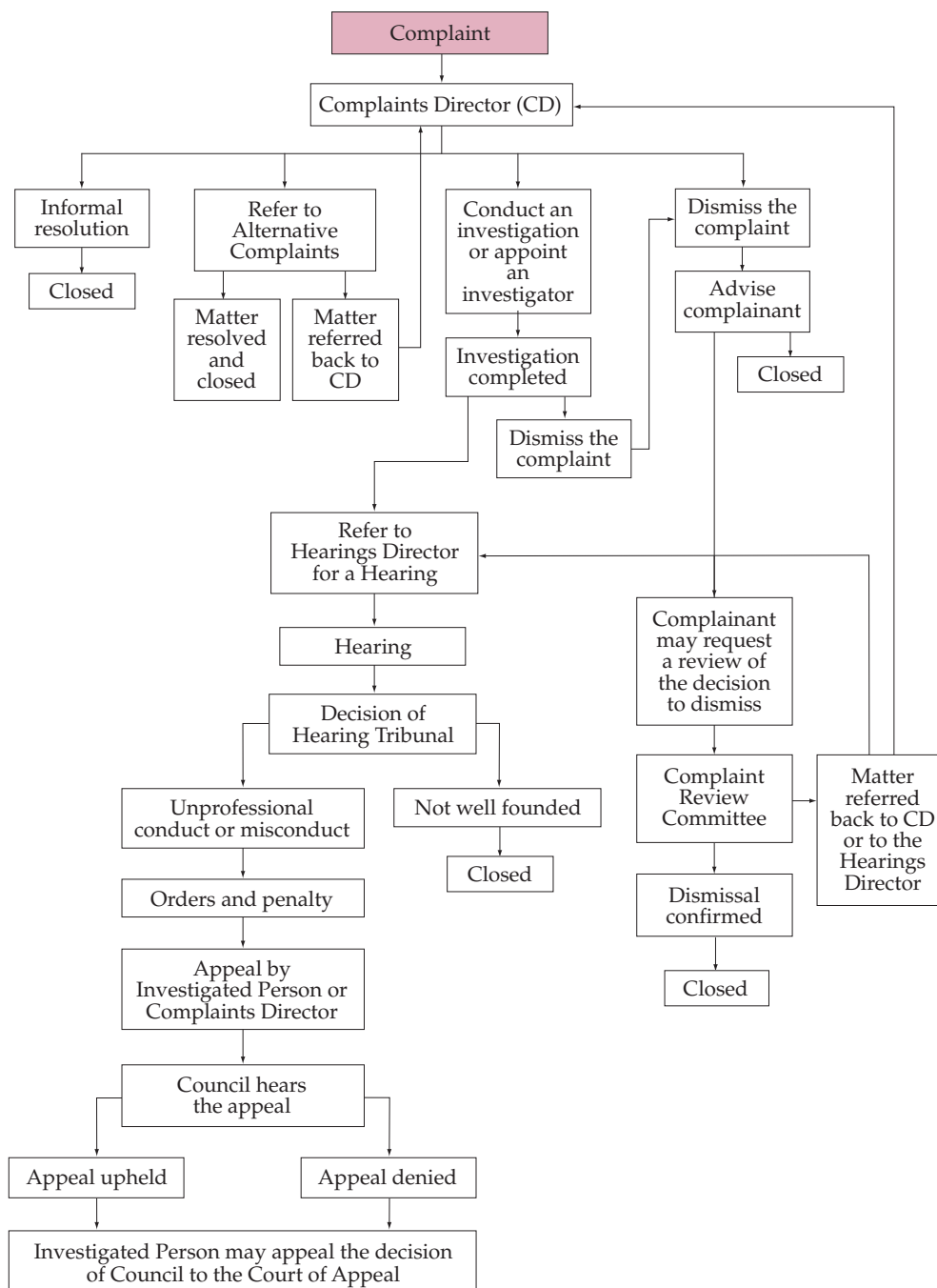
	2003	2004	2005	2006	2007	2008
Formal complaint files brought forward from previous year	36	39	71	77	21	36
New formal complaints received during year	46	74	59	58	52	66
Formal complaint files closed during year	43	42	53	56	61	75

The complaints department increased its presence in the field and devoted more time to meeting and communicating with complainants and respondents alike. At the conclusion of many formal investigations, the complaints department recommended practice changes to pharmacists to help them meet or exceed ACP's high professional standards. Also, the department

initiated a process of recognizing the commendations often received from the public in regards to a pharmacist's practice.

With the assistance of the ACP communications department, we continued to educate pharmacists about how best to respond to concerns and relate to patients and families.

**Complaints resolution process under the *Health Professions Act***  
*Effective April 1, 2007*



# Working with pharmacists and pharmacy technicians

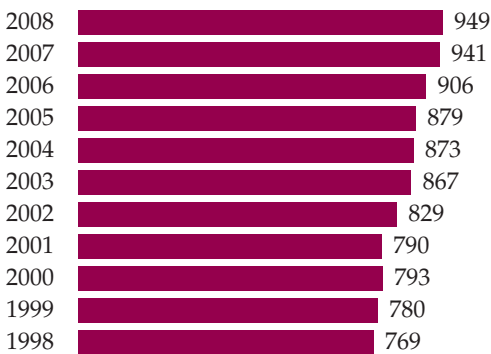
## Licensing pharmacies

During 2008, the registration department licensed 27 new pharmacies in Alberta, down from 51 in 2007. There were 19 pharmacy closures (up from 16 in 2007) and 121 changes (new ownership, renovations, or relocations).

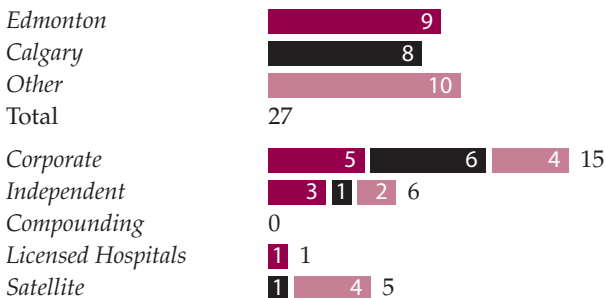
### Pharmacy statistics

Data as of Dec. 31

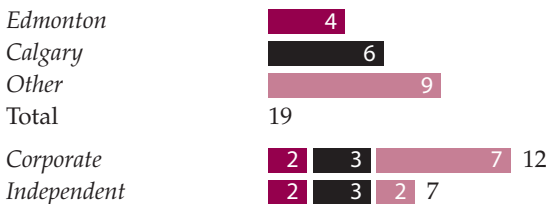
#### Licensed pharmacies (Retail)



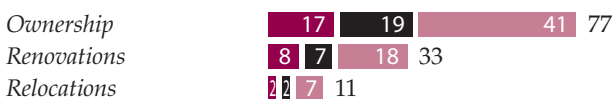
#### New pharmacies 2008



#### Pharmacy closures 2008



#### Pharmacy changes 2008



## Assessing pharmacies

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 632 pharmacies from January 1, 2008 to December 31, 2008 – up from 378 assessments in 2007. This increase resulted from our hiring of a second full-time Practice Consultant and one part-time contract Practice Consultant. Increasing staff in the field was one more measure the college took toward its commitments to support pharmacists in this time of practice change and to protect the public's health and well-being.

Of this year's assessments, 184 found no deficiencies, 238 found one to three deficiencies, and 226 found three or more deficiencies.

Reason for full assessments	Pharmacies assessed
Change of ownership	82
New pharmacy	33
Pharmacy relocation	11
Pharmacy renovation	36
Routine	221
<b>Reason for other assessments</b>	
Pharmacy requested	19
Drop-in visit	230
Re-visit	16
<b>Total pharmacies assessed</b>	<b>632</b>

# Communicating effectively

write teach  
relevant talk accurate  
learn listen current  
share



## First, we listened.

At regional meetings, conferences, forums, through surveys, emails, and phone calls, we listened to pharmacists, pharmacy technicians, our stakeholders, and the public. We heard how our registrants wanted to help the public better understand the vital role pharmacists can play in their health. We took note when stakeholders asked how health professionals could work together to benefit the patient. We listened when pharmacists sought guidance to help them deal with the complexities of today's practice. We paid attention when our health colleagues worried about dwindling resources and changing legislation. We listened when the public asked where they could find accessible, effective care.

## Then we took action.

Our in-depth survey of our local, provincial, and national stakeholders asked them to list ACP's strengths and areas for improvement. Respondents cited ACP's top strengths as being innovative and hard working in order to expand the pharmacist role in the health care system, demonstrating strong leadership, and being a well run organization.

When asked what areas ACP could improve upon or expand, respondents mentioned providing more education about the emerging role of the pharmacist, including prescribing medication and administering immunizations, and promoting the role and competence of pharmacists to the general public.

In response to stakeholder and pharmacist feedback and council direction, we launched a three-year public

awareness campaign to help the public understand the changing scope of pharmacist practice. Acting on the high value we place on collaboration, we welcomed the Alberta Pharmacists' Association and the College of Pharmacists of BC as partners in this venture. Radio, magazine, and online ads across the province reminded Albertans of the important role a pharmacist can play in their health.

To help pharmacists better understand the changing practice environment, we hosted six live forums across the province in the fall. We continued bi-monthly publication of *acpnews*, the college's newsletter. We then published two issues of *The Transition Times*, a newsletter focused specifically on adapting to changing practice models. Improving communication and understanding additional prescribing authorization were the editions' themes. To give pharmacists even more timely access to information, we updated our website and introduced a bi-weekly electronic newsletter, *The Link*.

We redesigned our annual conference to include interactive, participant need-based sessions and were gratified to receive extremely positive feedback on the new format. We invited pharmacist input on our proposed Code of Ethics at two live forums and teleconference sessions.

To help our health professional colleagues understand pharmacy's changing scope, we presented at conferences, submitted articles to their newsletters, met with their association and college administrations, and are proud to be co-hosting the second tri-profession conference, *Strengthening the Bond: Culture, Collaboration, and Change*, to be held in Banff in May 2009.



# Cultivating partnerships

ACP's efforts over the past year were enriched by the contributions of our many partners. Some particularly noteworthy combined efforts include:

- welcoming Ontario and Quebec as NAPRA members;
- partnering with the Alberta Pharmacists' Association (RxA) to launch a three-year public awareness campaign;
- assisting the Canadian Pharmacists Association with the *Blueprint for Action for the Pharmacy Profession in Canada*;
- joining the U of A Faculty of Pharmacy and Pharmaceutical Sciences to welcome students into the profession at the White Coat Ceremony, register students, guest lecture at classes, sponsor scholarships and events, and host the Grad Breakfast; and
- working with the College of Physicians and Surgeons of Alberta and stakeholders to develop new programs to improve prescribing and dispensing practices, and the safe use of drugs in our communities.

We recognize the value of collaboration and are deeply appreciative of the generosity and wisdom of our partners. Their involvement is critical to our success.

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

Three major initiatives required much of the Faculty's focus in 2008:

- **Curriculum and program development** – The BSc graduating class of 2008 was the first to complete their degree in the new modular curriculum launched in 2004. The Faculty's limited enrollment entry-level PharmD proposal is now in the university's governance system. Montreal, Laval and Toronto are replacing their BSc programs; Montreal began implementation in 2008, Laval is expected to do so in 2009, and Toronto's proposal is before their provincial government. Other faculties are in the planning or feasibility stages.
- **Faculty growth and development** – New tenure-track hires include Dr. Hoan Bahn, Dr. Carlos Velazquez, Dr. Arno Siraki and Dr. Paul Jurasz. Future recruitment will have an increased focus on clinical staff.
- **Facilities** – There have been numerous meetings with university officials with regard to Faculty space needs and eventual relocation of the Faculty to the Katz Group-Rexall Centre for Pharmacy and Health Research/Medical Sciences Building. The target date for occupancy has not been confirmed.

### *Undergraduate enrollment*

The total number of applicants in 2008-09 was 578; admission intake is 130 students. Applications were received from 295 Albertans, 239 non-Albertan Canadians, and 44 international students. Admitted students comprised 107 Albertans, 17 non-Albertans, 6 international; 86 female, 44 male.

### *Graduate and research programs thriving*

Our program included 55 graduate students from 17 countries. Of these, there were 32 research

associates/post doctoral Fellows/visiting scientists. Staff continue to be very competitive in attracting funding from federal, provincial, and corporate sources. Research areas include pharmacokinetics, drug metabolism, toxicology, biotechnology, protein modeling and interaction, medicinal chemistry, pharmaceuticals, nano-formulations, radiopharmacy, vaccines, diabetes, oncology, diagnostics, drug delivery and pharmacy practice research in various areas including infectious diseases, diabetes, cardiology and ageing.

### ***Mentorship project proceeding***

The Faculty and the Pharmacy Alumni Association have completed the evaluation of the mentorship pilot project and are preparing to launch the second phase in the fall of 2009. The objective is to match undergraduate pharmacy students with practicing pharmacists. Easing student's transition into the profession will improve job satisfaction and retention.

### ***Dean search underway***

Dean Franco Pasutto will complete 10 years as Dean of the Faculty on July 1, 2009. A Dean Selection Committee has interviewed three candidates and it is expected that an announcement will be made prior to July 1.

## **Report from the Office of Continuing Pharmacy Education**

*The U of A'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.*

It has been a productive and rewarding year as foundations were laid for new directions in the area of Practice Development. The focus of 2008 was to cultivate strategic, incremental growth to support the new practice framework in Alberta to meet needs of Albertans. Highlights include development of a strategic plan presented to ACP council; establishing a new mission to develop "learning opportunities that promote greater involvement with patient care and support pharmacists learning and skill development for additional prescribing authority in the new practice framework"; and development of a course in women's health – menopause. Established courses in Anticoagulation and Laboratory Values were maintained. The addition of two new positions in Practice Development will increase our capacity to meet our goals to develop and deliver quality programs. We benefited by collaborations over the last year, including a partnership with Alberta Health Services to produce a new position in the area of Anticoagulation.

Another position was posted for Associate Director – Practice Development. With these significant accomplishments over the last year, foundations for further growth were built. We look forward to continuing our partnership with the Alberta College of Pharmacists and building momentum for change.

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

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

NAPRA welcomed a new member and a new Executive Director this year. Yukon increased NAPRA's membership by one in January. In July, Carole Bouchard was welcomed as the association's new Executive Director. Ms. Bouchard, a pharmacist by training, began her career as a community pharmacist and a pharmaceutical sales representative. She left the private sector to begin a 20-year career with Health Canada including positions with the Therapeutic Products Directorate and the Drug Strategy and Controlled Substances Programme.

There was no shortage of projects to help Carole become immersed in her role. The highest profile projects of 2008 were the Agreement on Internal Trade (AIT), the renewal of the Mutual Recognition Agreement (MRA) for the Profession of Pharmacy in Canada, recommendations brought forward in the *Blueprint for Pharmacy and Moving Forward: Pharmacy Human Resources* documents of significance for regulators, and preparations for the changes in the way natural health products are identified.

With the date to have all Natural Health Products identified with a Natural Products Number (NPN) or a Drug Identification Number – Homeopathic Medicine (DIN-HM) approaching, talks resumed between the Natural Health Products Directorate (NHPD), Health Canada and NAPRA. As of January 1, 2010, all natural health products (NHPs) must be in compliance with the criteria set out in the *Natural Health Products Regulations*. It follows that a large number of these products – previously classed and scheduled as drugs under the definition set forth in the *Food and Drug Regulations* – will fall outside of NAPRA's National Drug Schedules (NDS). To prepare for this significant change, representatives of NHPD and NAPRA have met throughout the year.

The Mutual Recognition Agreement enshrines the principles to allow for an agreed upon recognition of training and credentials amongst all provinces and

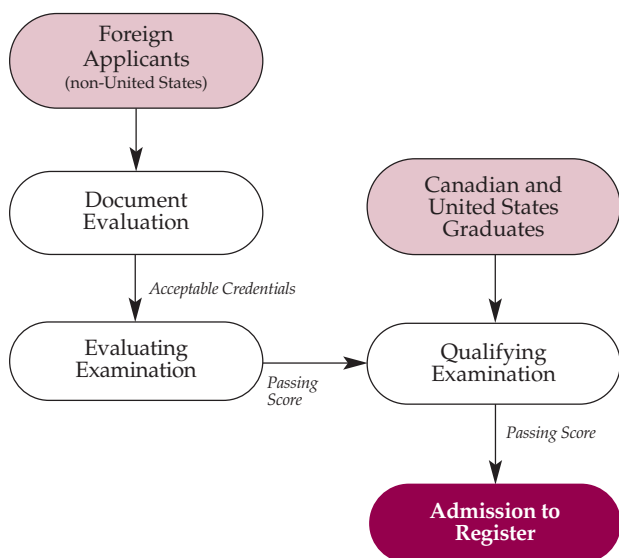
territories that will lead to greater labour mobility for pharmacists. A one-day facilitated session in April and meetings between NAPRA executives and involved parties have improved understanding and allowed progress on several issues.

One issue was the necessity to clearly understand the entry to practice process in Québec as it compares to that used in other jurisdictions. In October, this information was presented to a meeting of all the representatives from all provincial and territorial pharmacy regulatory jurisdictions by a consultant who completed a thorough examination of the subject matter. This common understanding was a significant achievement and one that precipitated finding common ground on other issues throughout the rest of the meeting. NAPRA and its members are committed to work through the outstanding issues to complete the renewal of the MRA in time for the April 1, 2009 deadline.

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

*The Pharmacy Examining Board of Canada evaluates pharmacist candidates against competencies adopted by the National Association of Pharmacy Regulatory Authorities to determine whether the candidates have the required knowledge, skills and abilities to enter practice. The board awards qualification certificates to applicants who pass the qualifying examinations.*

The certification process for registering with PEBC in 2008 was as follows:



During 2008, a total of 1,215 names were added to the PEBC register, for a total of 29,986 registrants.

### Pharmacist Evaluating Examination

- A total of 1,226 applications for the Evaluating Examination were received during the year, compared to 1,040 in 2007.
- Of the 988 candidates who qualified for, and wrote the Evaluating Examination (compared to 866 in 2007), 542 passed and were permitted to apply for the Qualifying Examination, compared to 614 in 2007.
- The exam was held at eight of the faculties and colleges of pharmacy in Canada and at one centre in London, England.

### Pharmacist Qualifying Examination

- A total of 1,700 candidates wrote the Qualifying Examination - Part I (multiple choice questions), compared to 1,682 in 2007; and 1,631 candidates took the Qualifying Examination - Part II (Objective Structured Clinical Examination or OSCE), compared to 1,645 in 2007. A total of 1,215 candidates qualified for registration, compared to 1,113 in 2007.
- In addition, there were 11 candidates assessed for non-certification purposes in 2008, 3 at the request of the Alberta College of Pharmacists.
- The Qualifying Examination Part I was offered at each of the faculties and colleges of pharmacy as well as at one additional site in Ontario for the spring sitting. The spring Qualifying Examination - Part II (OSCE) was held at 13 examination centers. In the fall, seven exam centers offered the Part II (OSCE).

### Pharmacy Technician Evaluating Examination

- The PEBC Pharmacy Technician Evaluating Examination will begin in 2009 and will be held at selected locations in Canada. Pharmacy technicians who are currently in the profession (graduates of programs prior to, or without CCAPP accreditation including programs who received a deferred accreditation status, or on-the-job-trained and have not previously passed the OCP Pharmacy Technician Certification Examination or the PTCB (AB) Certification Examination) must successfully complete the PEBC Evaluating Examination to be eligible to apply for the Qualifying Examination.

### Pharmacy Technician Qualifying Examination

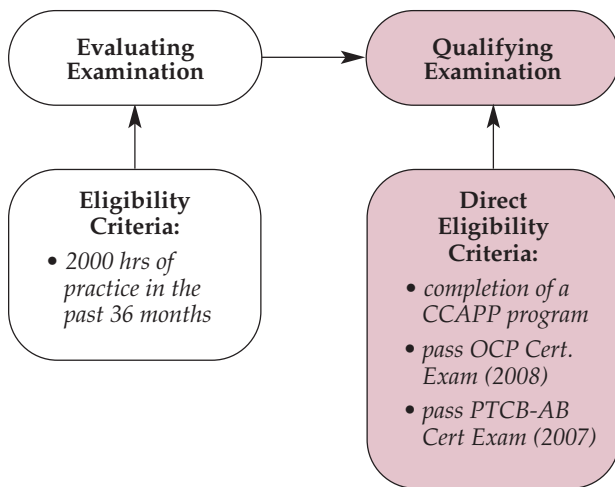
- The PEBC is in the process of developing and piloting a national entry-to-practice Pharmacy Technician Qualifying Examination for the assessment and certification of the competence of pharmacy technicians. The Pharmacy Technician Qualifying Examination will consist of two parts:



a written multiple choice question examination (MCQ) and a performance-based examination, called an Objective Structured Performance Examination (OSPE).

- The development of the examination is being overseen by a fifteen-member National Steering Committee that includes representation from national pharmacist and pharmacy technician organizations and a representative from ACP. After piloting the examination in 2009 in Ontario, the national Pharmacy Technician Qualifying Examination will begin in the summer of 2010, at multiple sites in Canada.
- The eligibility criteria for both the Pharmacy Technician Evaluating and Qualifying examinations are outlined below.

### Pharmacy technician Qualifying Examination eligibility criteria



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

*The Canadian Council on Continuing Education in Pharmacy (CCCEP) is dedicated to the advancement of learning by pharmacy professionals in Canada. Its mission is to advance pharmacy practice through quality continuing pharmacy education. CCCEP accredited programs are reviewed for accuracy of content, relevance to practice, quality of the learning experience, and bias.*

During 2008, CCCEP:

- accredited 171 programs;
- completed the new governance system, including a new financial policy;
- revised the accredited provider renewal process and renewed accredited provider status of the three accredited providers, including Continuing Pharmacy Education at the University of Alberta;
- developed a guidance document for provincial accreditation bodies;
- expanded program accreditation services to include continuing education programs for pharmacy technicians; and
- began development of a new website and an online, searchable accredited program database.

You can find additional information about CCCEP, including a database of all CCCEP-accredited programs, on their new and improved website at [www.cccep.ca](http://www.cccep.ca).

Alberta College of Pharmacists  
**Financial Statements**

Year Ended December 31, 2008

February 27, 2009

## Auditor's 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, 2008 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, 2008 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

*Kingston Ross Pasnak LLP*

Chartered Accountants

## Statement of Operations

Year Ended December 31, 2008

		2008	2007
<b>REVENUE</b>	Annual permit and license fees	\$ 4,015,169	\$ 3,596,165
	Other	117,461	149,629
	Investment income	150,604	240,364
	Convention	122,450	7,126
		<b>4,405,684</b>	<b>3,993,284</b>
<b>EXPENDITURES</b>	Operations	882,060	834,379
	Communications	727,149	481,965
	Quality pharmacist practice	674,842	775,571
	Complaints resolution	482,535	470,246
	Governance and legislation	455,073	422,252
	Registration and licensure	387,512	376,737
	Partnership administration	346,236	405,330
	Amortization	71,928	71,349
		<b>4,027,335</b>	<b>3,837,829</b>
<b>EXCESS OF REVENUE OVER EXPENDITURES</b>		<b>\$ 378,349</b>	<b>\$ 155,455</b>

## Statement of Changes in Net Assets

Year Ended December 31, 2008

	<i>Invested in Property and Equipment</i>	<i>Internally Restricted</i>	<i>Unrestricted</i>	2008	2007
<b>Balance, beginning of year</b>	\$ 173,242	\$ 800,000	\$ 1,273,905	<b>\$ 2,247,147</b>	\$ 2,091,692
Excess of revenue over expenditures	(72,190)	-	450,539	<b>378,349</b>	155,455
Purchase of property and equipment	47,733	-	(47,733)	-	-
	148,785	800,000	1,676,711	<b>2,625,496</b>	2,247,147
Accumulated gains on available for sale financial assets, beginning of year	-	-	107,754	<b>107,754</b>	213,776
Changes to available for sale financial assets arising during the period	-	-	(113,276)	<b>(113,276)</b>	(106,022)
Accumulated gains included directly in the statement of changes in net assets	-	-	(5,522)	<b>(5,522)</b>	107,754
<b>Balance, end of year</b>	<b>\$ 148,785</b>	<b>\$ 800,000</b>	<b>\$ 1,671,189</b>	<b>\$ 2,619,974</b>	<b>\$ 2,354,901</b>

## Statement of Financial Position

December 31, 2008

		2008	2007
<b>ASSETS</b>			
CURRENT	Cash	\$ 51,874	\$ 263,711
	Marketable securities (Note 3)	4,341,742	3,675,503
	Accounts receivable	49,333	42,795
	Prepaid expenses	78,665	63,503
		<b>4,521,614</b>	<b>4,045,512</b>
LEGAL FEES RECOVERABLE		32,914	64,615
PROPERTY AND EQUIPMENT (Note 4)		148,785	173,242
		<b>\$ 4,703,313</b>	<b>\$ 4,283,369</b>
<b>LIABILITIES AND NET ASSETS</b>			
CURRENT	Accounts payable and accrued liabilities	\$ 108,182	\$ 143,226
	Deferred revenue (Note 5)	1,975,157	1,785,242
		<b>2,083,339</b>	<b>1,928,468</b>
NET ASSETS	Invested in property and equipment	148,785	173,242
	Internally restricted (Note 6)	800,000	800,000
	Unrestricted	1,676,711	1,273,905
	Cumulative net unrealized gains and losses on available for sale financial assets	(5,522)	107,754
		<b>2,619,974</b>	<b>2,354,901</b>
		<b>\$ 4,703,313</b>	<b>\$ 4,283,369</b>

APPROVED BY THE COUNCIL

 Councillor

 Councillor

## Statement of Cash Flow

Year ended December 31, 2008

	2008	2007
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Cash received from registrants	\$ 4,243,582	\$ 3,611,015
Cash received from projects and events	112,950	16,625
Cash received from investments	160,706	240,364
Cash received from other sources	113,665	216,130
Cash paid to suppliers and employees	(4,005,611)	(3,734,781)
	<b>625,292</b>	<b>349,353</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Net purchase of marketable securities	(789,396)	(282,431)
Purchase of property and equipment	(47,733)	(27,826)
	<b>(837,129)</b>	<b>(310,257)</b>
<b>NET (DECREASE) INCREASE IN CASH</b>	<b>(211,837)</b>	<b>39,096</b>
CASH, BEGINNING OF YEAR	263,711	224,615
<b>CASH, END OF YEAR</b>	<b>\$ 51,874</b>	<b>\$ 263,711</b>

Interest is paid on bank balances at prime minus 3.00%.

# Notes to Financial Statements

Year Ended December 31, 2008

## 1. General

The Alberta College of Pharmacists (the “College”) 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 began registering pharmacists under the *Health Professions Act* and licensing pharmacies under the *Pharmacy and Drug Act* as of April 1, 2007. The College will experience new costs during the implementation and governing of the profession under the current legislation. In the short term, this will include the development and delivery of education and communication programs to ensure that pharmacists are knowledgeable about their responsibilities under the new legislation. In the longer term, new costs will be incurred in developing and implementing tools and programs to monitor and measure pharmacist competency and practice performance. These are integral to fulfilling 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.

## 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

Marketable securities are classified as available-for-sale or held-for-trading and are recorded at market value.

### Property and Equipment

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

<i>Automotive equipment</i>	30%	<i>diminishing balance method</i>
<i>Computer equipment</i>	30%	<i>diminishing balance method</i>
<i>Website development</i>	30%	<i>diminishing balance method</i>
<i>Furniture and equipment</i>	20%	<i>diminishing balance method</i>
<i>Registrant database</i>	5 years	<i>straight-line method</i>
<i>Leasehold improvements</i>	4 years	<i>straight-line method</i>

### Revenue

Revenues from annual permit and license 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 service fees, grant revenue and legal fee recoveries. Revenue is recognized as follows:

- revenue from service fees is recognized in the year in which the related service is provided.

- revenue from grants is recognized as the related expenditures are incurred.
- revenue from legal fee recoveries is recognized when the College is reasonably assured of collection.

### Deferred Revenue

Deferred revenue consists primarily of permit and license 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.

### 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.

### Capital Disclosures

Effective January 1, 2008, the College has adopted the new CICA handbook section 1535 “Capital Disclosures.” This section establishes standards for disclosing information about the entity’s capital and how it is managed, in order for a user of the financial statements to evaluate the entity’s objectives, policies and processes for managing capital. The required disclosure is contained in Note 9.

## 3. Marketable Securities

	2008	2007
<b>Marketable Securities (at market):</b>		
<i>Held for trading</i>		
Canadian fixed income	\$ 4,033,266	\$ 3,278,105
<i>Available for sale</i>		
Canadian equities	138,643	176,306
U.S. equities	169,833	221,092
	308,476	397,398
	\$ 4,341,742	\$ 3,675,503

## 4. Property and Equipment

	<i>Cost</i>	<i>Accumulated amortization</i>	<i>2008 Net book value</i>	<i>2007 Net book value</i>
Furniture and equipment	\$ 214,155	\$ 153,562	\$ 60,593	\$ 49,282
Registrant database	182,216	141,537	40,679	77,568
Computer equipment	88,026	59,059	28,967	29,602
Automotive equipment	58,340	49,996	8,344	11,921
Leasehold improvements	9,137	2,343	6,794	-
Website development	68,160	64,752	3,408	4,869
	\$ 620,034	\$ 471,249	\$ 148,785	\$ 173,242

Amortization provided for in the current year totaled \$71,928; (2007- \$71,349).

## 5. Deferred Revenue

	<i>2008</i>	<i>2007</i>
Deferred permit and license fees	\$ 1,975,157	\$ 1,771,905
Convention	-	9,500
Deferred Alberta Provider Registry grant	-	3,837
	\$ 1,975,157	\$ 1,785,242

## 6. Internally Restricted Net Assets

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

## 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 is 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 60 months that commenced on December 24, 2007. The minimum lease payment in 2008 was \$11,046.

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); and
- the Canadian Council on the Accreditation of Pharmacy Programs.

Funds transferred to these partnerships are reflected in Partnership Administration.

Prior to year-end, the College entered into a contract with four other partners for the 2009 conference. Total financial penalties for conference cancellation could amount to \$134,384.

## 8. Financial Instruments

The College's financial instruments consist of cash, accounts receivable, legal fees recoverable marketable securities, accounts payable and accrued liabilities. Other than those risks specifically noted below, it is management's opinion that the

College is not exposed to significant interest rate, currency or credit risks arising from these financial instruments.

### Fair value

Cash and marketable securities are carried at fair value, and the carrying values of accounts receivable, accounts payable and accrued liabilities approximate their fair values due to the immediate or short term maturity of these instruments.

### Interest rate risk

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

## 9. Capital Disclosures

The College's objective in managing capital is to ensure sufficient liquidity to meet its monthly operating requirements and undertake selective expansion initiatives for the benefit of its registrants, while at the same time taking a conservative approach towards management of financial risk.

The College's capital is comprised of its net assets. The College's primary use of capital is to invest in low risk marketable securities. The College currently funds these requirements out of its internally generated cash flows.

Council has a policy of maintaining an internally restricted stabilization reserve at an amount equal to or greater than \$500,000 and a capital purchases reserve at an amount equal to or greater than \$300,000.

# ACP Committees

Committee Members (as of December 31, 2008)

## STATUTORY COMMITTEES

### Continuing Competence Committee

Josiah Akinde  
Sylvie Druteika  
Jennifer Herrick  
Jason Howorko  
Kim Mettimano  
Thomas Schadek  
Scot Simpson  
Anita Warnick  
Roberta Stasyk, *Resource*

## STANDING COMMITTEES

### APEX Awards Committee

Rami Chowaniec  
Audrey Fry  
Donna Pipa  
Matt Tachuk

### Complaints Review Committee

Rick Hackman  
Clarence Weppler

### Hearings Tribunal Pool

Judy Baker  
Catherine Biggs  
Don Carley  
Lane Casement  
Dean England  
Peter Fenrich  
Kim Fitzgerald  
Joe Gustafson  
Peter Macek  
Joyce Markson-Besney  
Bonnie Oldring  
Anne Pfeifle,  
*Public Member Contact*  
Todd Read  
Deana Sabuda  
Debbie Santos  
Jeremy Slobodan  
Bob Sprague  
Penny Thomson  
Brad Willsey

## COUNCIL COMMITTEES

### Executive Committee

Rick Siemens, *President*  
Dianne Donnan,  
*Past President*  
Merv Bashforth,  
*President Elect*  
Donna Galvin,  
*Vice President*

### Nominating Committee

Dianne Donnan  
Franco Pasutto  
Rick Siemens

### Resolutions Committee

Merv Bashforth  
Pat Matusko  
Krystal Wynnyk

## EXTERNAL APPOINTMENTS

ACP appointee(s) to:

### Alberta Netcare Projects

*Electronic Health Record  
Data Stewardship  
Committee*  
Jody Shkrobot  
Brad Willsey

### Information Management Committee

Don Makowichuk

### PIN Stewardship Committee

Jim Wan

### PIN Patient Safety Advisory Panel

Judy Baker  
Minda Dien

### Shared Health Record

Dianne Donnan

### CCCEP

Roberta Stasyk

### Centennial Committee

Jeff Whissell  
Donna Kowalishin  
Judi Lee  
W. G. (Bill) Lesick  
Joan Pitfield  
Larry Shipka  
Bob Sprague  
Karen Mills, *Resource*

### Cooperative on Drug Misuse (CO-OP DM)

Greg Eberhart

### Council of Pharmacy Registrars

Greg Eberhart

### DUE Quarterly

Cheryl Sadowski  
Noreen Vanderburgh  
Jill Moore, *Resource*

## Ethics Review Committee

Tracey Bailey  
Ben Bhatti  
Dianne Donnan  
Joe Doolan  
Glen Griener  
Donna Kowalishin  
Nora Macleod-Glover  
Kelly Olstad  
Bill Shores, *complimentary contribution*  
Eric Wasylenko  
Greg Eberhart, *Resource*  
Darcey-Lynn Marc,  
*Resource*

## Faculty of Pharmacy and Pharmaceutical Sciences Committees

*Admissions Committee*  
Vacant

*Curriculum Committee*  
James Krempien

*Experiential Education Committee*  
Dale Cooney

## Federation of Regulated Health Professions

Greg Eberhart

## NAPRA

Dianne Donnan

## National Opioid Use Guideline Group

James Krempien

## PEBC

Jeff Whissell

## Pharmacists and Primary Care Networks Advisory Committee

Catherine Biggs

## Triplicate Prescription Program Steering Committee

Dale Cooney  
James Krempien

alberta college of  
**pharmacists**



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