

Expectations

2010-2011 ANNUAL REPORT
AND APEX AWARDS

alberta college of
pharmacists



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This 2010-2011 Annual Report presents highlights of Alberta College of Pharmacists (ACP) initiatives from March 1, 2010 to February 28, 2011.

alberta college of
pharmacists



Vision

Healthy Albertans through excellence in pharmacy practice

Mission

The Alberta College of Pharmacists (ACP) 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.

Values

The Alberta College of Pharmacists values:

- the health, safety and well-being of Albertans
- professional and ethical conduct in all we do
- transparent expectations and processes
- accountability for decisions and actions
- collaboration and partnerships
- innovation and creativity in fulfilling our mission
- a positive culture and working environment for our employees

To fulfill our responsibilities, the college:

- registers pharmacists and licenses pharmacies in Alberta;
- develops standards, code of ethics, and guidelines for pharmacist practice and pharmacy operation;
- monitors pharmacist practice and pharmacies to ensure they meet established standards;
- administers the pharmacist internship program, through which new candidates gain practical experience in preparation for their final entry to practice evaluation;
- participates in local, provincial and national forums when health policy is debated;
- manages the complaints resolution process related to pharmacists and pharmacies; and
- promotes appropriate medication use through education, information sharing, and partnerships with stakeholders, other health care providers, and the public.

*High achievement
always takes place
in the framework of
high expectation.*

Charles F. Kettering

► Healthy Albertans are at the heart of ACP's business. In fact, we've made them our vision: *Healthy Albertans through excellence in pharmacy practice*. Albertans provide ACP the privilege of governing pharmacists and pharmacies, and soon pharmacy technicians, expecting and trusting our commitment to their health.

ACP's Code of Ethics establishes our expectations of pharmacists and pharmacy technicians when they are interacting with patients, other health professionals, and society. ACP further defines its expectations of pharmacy practitioners through the standards or practice.

ACP expects pharmacists and pharmacy technicians to focus on the health needs of each individual accessing their care and to meet these needs safely, effectively, and responsibly.

This means that:

- pharmacists will assess each patient to understand their health status and health priorities;
- pharmacists will develop, implement, and monitor care plans and treatment alternatives cooperatively with patients, their caregivers, and other health professionals;
- pharmacists will assess the need for, and the appropriateness of, drug therapy and take the appropriate action when they determine that drug therapy may be inappropriate;
- pharmacists will educate patients and their caregivers about drug therapy, support them in using drugs properly, and monitor and adjust treatment to ensure drug therapy is appropriate for their health goals;
- pharmacy technicians will join pharmacists in taking responsibility for processing and packaging drugs safely, accurately, and efficiently;
- pharmacy practitioners will preserve the integrity of Alberta's drug distribution system to ensure access to, and confidence in, the quality of drugs across our health system; and



Donna Galvin, President



- pharmacy managers, owners and employers will provide safe and effective practice environments that support quality practices and patient privacy.

In 2011, Alberta pharmacists celebrate 100 years of self-regulation. Throughout the last century, ACP and its predecessor, the Alberta Pharmaceutical Association, have worked to maintain the trust of Albertans and to provide them with the best care possible. As a result, Albertans and Alberta pharmacists have benefited in many ways. Alberta was the first province in Canada to incorporate mandatory continuing education for pharmacists, mandatory patient records, and the authority for pharmacists to prescribe drugs and administer drugs by injection.

ACP continues to build upon this legacy by leading with a view to improving access to quality pharmacy care within Alberta's health system. Strong leadership, good governance and an effective ACP administrative team will promote safety and continuously improve the performance of pharmacy practitioners.

Through the earned confidence of its partners, stakeholders and Albertans, ACP will remain a valued leader in Alberta's health system.

In this way, we will meet the expectations of the public and ourselves: *Healthy Albertans through excellence in pharmacy practice.*



Greg Eberhart
 Greg Eberhart, Registrar

Your expectations open or close the doors of your supply. If you expect grand things, and work honestly for them, they will come to you; your supply will correspond with your expectation.

Orison Swett Marden

New strategic plan

► To guide ACP in fulfilling its mandate to protect the public and pursuing our vision of “Healthy Albertans through excellence in pharmacy practice,” council updated its strategic plan in 2010. Realizing our vision and meeting the three critical success factors – quality patient care, effective organization, and public and stakeholder confidence – will be achieved through ACP’s pursuit of the seven strategic objectives, shown in the outer ring.



This plan will be supported by five-year action plans and three-year financial projections, which council will review and update annually.

While developing the plan, council set six priorities for 2010. They are outlined below, along with significant activities undertaken to achieve them. This report expands on details about these and other business of the college during 2010-11.

ACP priorities for 2010

1. Help pharmacists embrace their full scope of practice

Major activities

- Partnered with laboratory providers to enable pharmacists to order lab tests.
- Assessed an increased number of applications for additional prescribing authorization and authority for pharmacists to administer drugs by injection. As of Feb. 28, 2011, 114 pharmacists were authorized as initial prescribers (a 40% increase from 2009) and 1137 (27% of pharmacists) were authorized to administer drugs by injection.

- Developed tools to facilitate patient assessment and pharmacist documentation. A one-day “Chat, Check and Chart” symposium provided hands-on learning for pharmacists. The tools are used by ACP’s practice consultants when assessing pharmacists and pharmacies to improve practice.

2. Raise public and stakeholder expectations of pharmacy practitioners

Major activities

- Partnered with the College of Pharmacists of British Columbia to deliver waves 4 and 5 of our three-year public awareness campaign.
- Planned and began the profession’s centennial celebrations.
- Surveyed 1200 Alberta residents about their perceptions of pharmacists, pharmacies, and ACP.
- Past-president Merv Bashforth served on Phase I, and Registrar Greg Eberhart served on Phase II of the Minister’s Advisory Committee on Health which explored the possibility of a new Alberta Health Act. They heard first-hand from Albertans about their health needs and expectations.

3. Optimize pharmacy workforce

Major activities

- Prepared to regulate pharmacy technicians
 - Held 60-day consultations on proposed amendments to the Pharmacists Profession Regulation, practice standards and the ACP bylaws that were needed to accommodate pharmacy technician regulation.
 - Worked through Alberta Health and Wellness to achieve a final draft of proposed amendments to the Pharmacists Profession Regulation to enable the regulation of pharmacy technicians.
 - Coordinated bridging programs to support pharmacy technician candidates preparing for their entry to practice evaluations. The four required bridging programs for technicians are being offered in-class and online by three accredited institutions in Alberta. In the winter 2011 semester, over 550 candidates were registered in a bridging program course.
- Responded to the Alberta Pharmaceutical Strategy Part 2, the white papers on IT needs for pharmacy / primary health care, and AHW / AHS’s proposed five-year IT plan, making it clear that pharmacy practice management systems must support pharmacists’ increasing roles in patient care. Systems simply accommodating a “fill and bill” style of practice are not acceptable. ACP remains concerned that the current priorities within Alberta Netcare’s strategic direction do not sufficiently respond to these concerns.

4. Ensure pharmacists are competent to perform authorized roles

Major activities

- Audited 469 pharmacist professional declarations (11% of practicing pharmacists) to determine compliance with continuing education and insurance requirements.

- Piloted and implemented two new competence assessment tools, knowledge assessment and practice portfolio, to measure the competence of pharmacists.

5. Hold pharmacists accountable for decisions and actions

Major activities

- Assessed 551 pharmacies (56% of licensed pharmacies).
 - Increased assessment and mentoring capacity by doubling the number of practice consultants.
- Began developing new strategies to evaluate performance and identify risk.
- Investigated the 39 formal complaints received in 2010 promptly, fairly, and openly and received very high satisfaction ratings from complainants and pharmacists.

6. Maintain effective policies and efficient processes at ACP

Major activities

- Piloted electronic assessment tools and the use of wireless technologies to conduct pharmacy assessments. This is the latest online initiative and will join the online jurisprudence exam, knowledge assessment, e-newsletter, and resource-packed website (pharmacists.ab.ca).
- Conducted a staff satisfaction survey; once again, staff satisfaction was extremely high as 77% of staff indicated they were satisfied with their employment at the college.
- Researched lease opportunities, and negotiated a 10-year contract at College Plaza, commencing July 1, 2011, that optimizes the use of ACP’s resources while maintaining excellent access to key clients and partners.

Set your expectations high; find men and women whose integrity and values you respect; get their agreement on a course of action; and give them your ultimate trust.

John Akers

Alberta College of Pharmacists 2010 Council

Officers

- *President:* Donna Galvin
- *President Elect:* Anjali Acharya
- *Vice President:* Kaye Andrews
- *Past President:* Merv Bashforth (non-voting)

Councillors

- Wilson Gemmill, *District 1*
- Wayne Smith, *District 2*
- Ahmed Metwally, *District 3*
- Chelsey Cabaj, *District 3*
- Krystal Wynnyk, *District 3*
- Kelly Olstad, *District 4*
- Anjali Acharya, *District 5*
- Kaye Andrews, *District 5*
- Donna Galvin, *District 5*

Public members

- Vi Becker
- Pat Matusko
- Joan Pitfield

Non-voting members

- Dr. James Kehrer, *Dean, Faculty of Pharmacy and Pharmaceutical Sciences*
- Timothy Leung, *President, Alberta Pharmacy Students' Association*
- Robin Burns, *pharmacy technician observer*
- Teresa Hennessey, *pharmacy technician observer*

A primary responsibility of leadership is to communicate expectations, both with words and actions.

John Maxwell

Governing responsibly

► The Alberta College of Pharmacists' mandate is established through the *Health Professions Act*. We govern the practice of pharmacists (and pharmacy technicians in the future) and the operation of pharmacies to protect the health and well-being of the public. The college is governed by a 12-member council (9 elected pharmacists and 3 public members appointed by the Minister of Health and Wellness). ACP represents the interests of the public and sets the expectations for pharmacy professionals by:

- registering pharmacists and licensing pharmacies;
- measuring and supporting the competence of pharmacists;
- establishing standards and monitoring compliance with them; and
- resolving complaints about pharmacists' practices and pharmacies' operations.

Communicating clearly

Public awareness campaigns

► In 2010, ACP sought to raise the public's awareness and expectations of pharmacists. Our spring campaign familiarized the public with the many roles pharmacists play and reinforced that pharmacists are key players on their health team. The fall campaign focused on increasing awareness of ACP and its role as the protector of the public's health and well-being. Both campaigns used radio, print and online messaging throughout the province.

Public survey

In October, ACP commissioned a telephone survey of 1200 Albertans to measure:

- expectations of pharmacists;
- public importance/satisfaction with current pharmacy service;
- comfort and satisfaction with, and importance of pharmacists prescribing (including adapting) and injecting; and
- awareness of ACP.

ACP also sought to identify gaps in patients' healthcare expectations that pharmacists could fill.

Overall satisfaction with pharmacists was extremely high; 97% of respondents reported being satisfied (70% very satisfied).

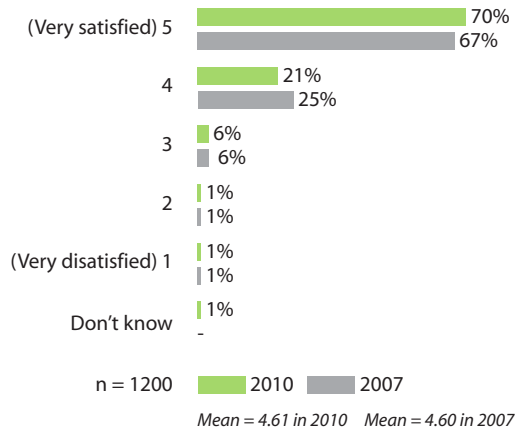
The public is now placing greater importance on the new practices that have been added to pharmacists' scope of practice. As awareness of these care options grow, we expect importance ratings to increase even more.

Although satisfaction is very high, we still wanted to see where attention might be needed. By rating both the satisfaction and importance for several pharmacist services, we were able to identify both strengths and areas in which there were opportunities for improvement.

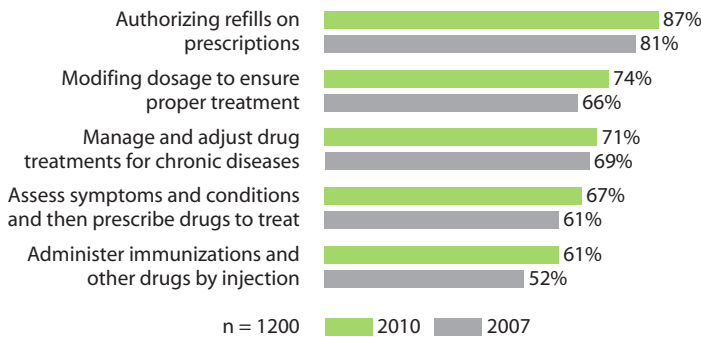
Pharmacists' key strengths

- Providing individuals with enough information to know how to properly take/use their drugs.

Overall satisfaction with pharmacists

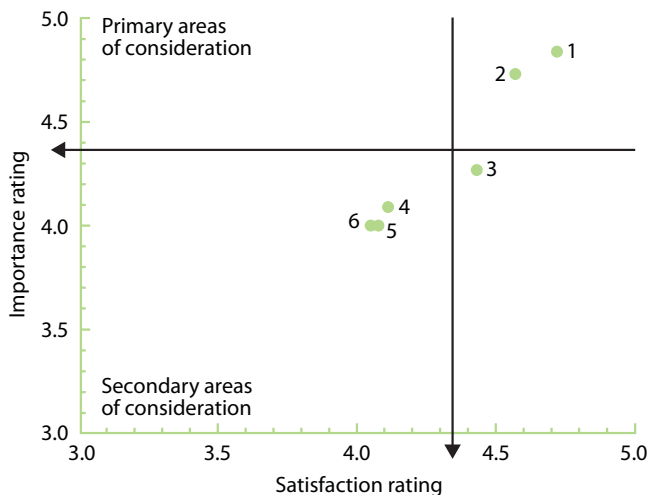


Importance of pharmacist services



Importance versus satisfaction with pharmacist services

- 1 ● Providing information on drugs
- 2 ● Evaluating prescriptions
- 3 ● Helping with non-prescription drugs
- 4 ● Assessing you for potential health risks
- 5 ● Providing advice to improve health
- 6 ● Following up to monitor your response



Note: Quadrant axes set at 4.33 mean satisfaction rating, 4.32 mean importance rating.
 Scale: 1 = not at all important/satisfied and 5 = critically important/very satisfied

- Evaluating individuals' prescriptions to ensure they are getting the right drug, for the right reason, in the right dose, and in the right amount.

Three greatest opportunities for improvement in pharmacist practice

- Assessing individuals for potential health risks.
- Providing advice to improve health.
- Following up to monitor patient response to drug therapy.

ACP council and administration will take these survey results into consideration as we develop the five-year action plans.

Consulting and collaborating

Preparing to regulate a brand-new profession, pharmacy technicians, is a big undertaking and we knew right away that discussion, collaboration, and consultation was the key to a successful beginning.

For almost a decade, ACP has worked alongside technicians, pharmacists, government, educators, and public members to ensure an inclusive and cooperative process as we developed a framework for technician regulation.

In 2010, ACP continued to seek input from all involved and held three formal consultations. Each focused on a component critical to welcoming and supporting pharmacy technicians prepare to take on new roles and responsibilities. We asked for feedback about our bylaws so that we could prepare for the election of technicians to our council. We also sought input on amendments to the Standards of Practice and the Pharmacists Profession Regulation, which had been drafted to clarify the expectations of pharmacists and pharmacy technicians as they begin to work together in new ways.

ACP also continued to work with partners to support the evolving and expanding scope of pharmacy practice. With the U of A Faculty of Pharmacy and Pharmaceutical Science, we partnered to provide leading-edge, evidence-based courses that incorporated both theory and practice for pharmacists. We continued dialogue with other provincial regulators and national pharmacy bodies to encourage individual-focused care that is increasingly provided through health teams.

Don't lower your expectations to meet your performance. Raise your level of performance to meet your expectations. Expect the best of yourself, and then do what is necessary to make it a reality.

Ralph Marston

Upholding entry to practice requirements

▶ ACP protects the public by ensuring that pharmacists have the knowledge, skills and abilities to provide safe, effective, and responsible pharmacy care. One of the ways we do this is through setting high entry to practice standards for pharmacists and stringent licensing requirements for pharmacies.

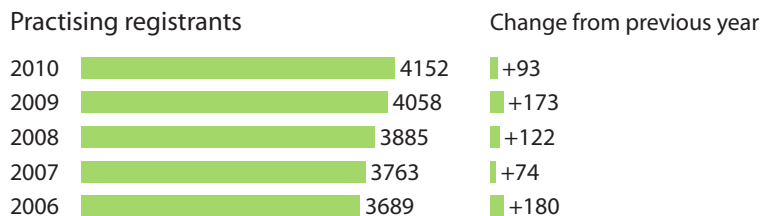
All pharmacists practising in Alberta must be registered with the Alberta College of Pharmacists. Entry to practice requirements include:

- successful completion of an undergraduate pharmacy degree and post-graduate internship or structured practical training,
- successful completion of the Pharmacy Examining Board of Canada exams,
- successful completion of the provincial ethics and jurisprudence exam,
- two letters of character reference,
- a criminal record check, and
- professional liability insurance coverage (minimum \$2 million dollars).

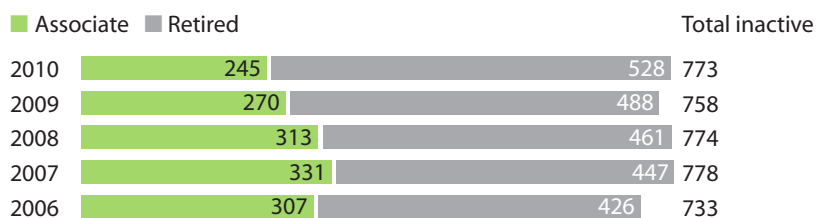
Foreign-trained candidates must also provide proof of English language fluency.

2010 pharmacist registration statistics

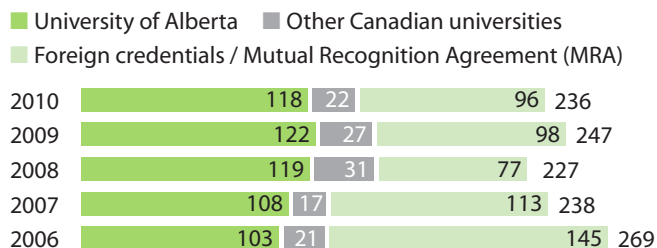
Data as of December 31, 2010



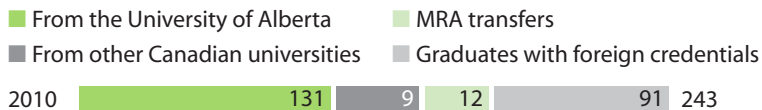
Associate and retired



New registrants



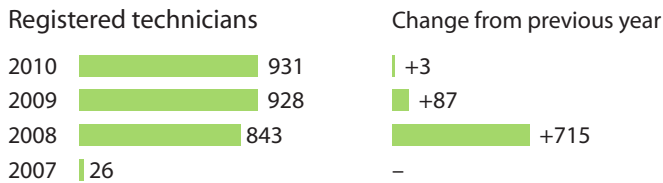
Students and Interns



Pharmacy technician statistics

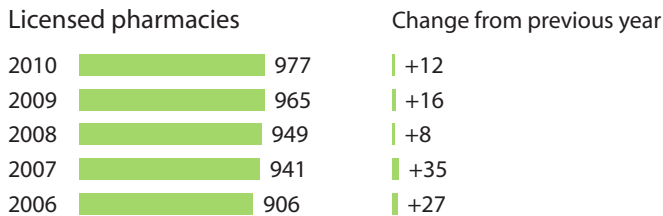
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Currently, technician registration with the Alberta College of Pharmacists is voluntary. Pharmacy technicians are not currently regulated.

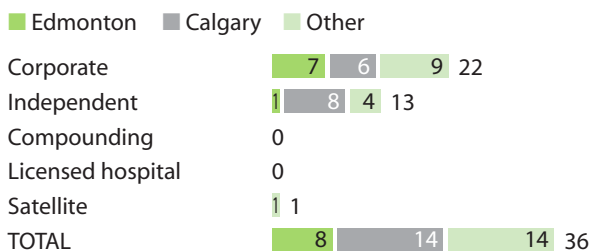


2010 pharmacy statistics

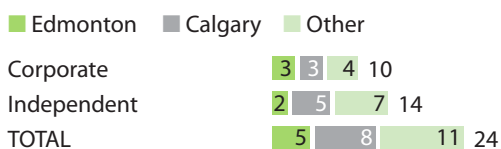
Data as of December 31, 2010



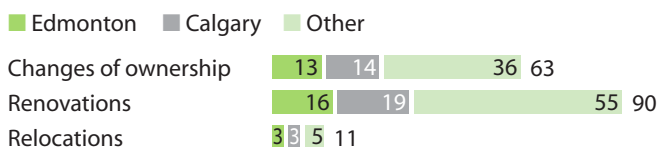
New pharmacies 2010



Pharmacy closures 2010



Pharmacy changes 2010



“

The licensure process was very clear and simple. The staff, communication and process are very professional.

2010 pharmacy licensee

Defining expectations for new practices

Regulating pharmacy technicians

Council approved amendments to the Pharmacists Profession Regulation and is now awaiting cabinet's approval to begin regulating pharmacy technicians.

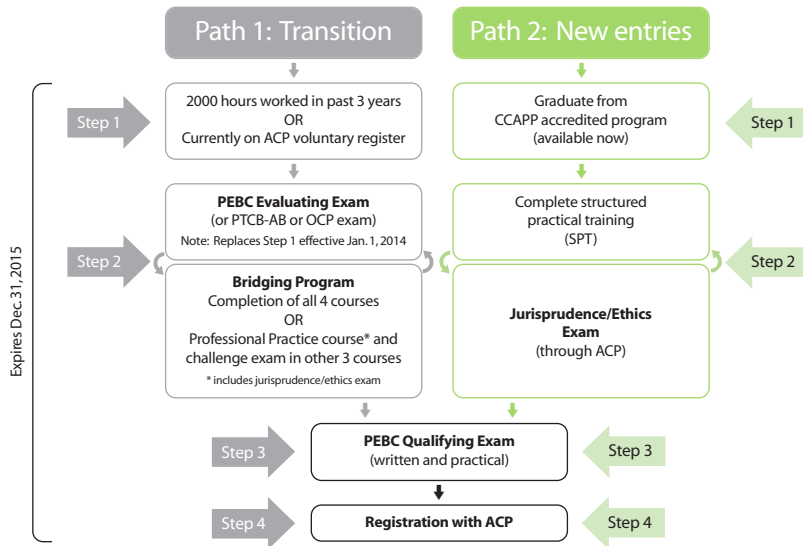
Regulated pharmacy technicians will be directly responsible and accountable for the technical functions related to prescription preparation and processing. They will have to demonstrate key competencies through nationally administered exams and will take on the responsibility, accountability, and any resulting legal liability for their work. They will then be authorized to work under the direction of a pharmacist (i.e., unsupervised), rather than under supervision.

By regulating pharmacy technicians, ACP can be assured – and can assure the public – that:

- regulated pharmacy technicians will have met national and provincial entry to practice standards and are competent to take on more responsibility within the compounding and dispensing functions.
- pharmacists have more time to deliver patient care (medication management, prescription adaptation and initial prescribing, immunization, etc.).

Registration requirements for pharmacy technicians will parallel the requirements for pharmacists as appropriate. Technicians will be required to successfully complete an accredited training program and successfully complete the Pharmacy Examining Board of Canada (PEBC) Qualifying Examination for pharmacy technicians. Candidates who are currently practising will need to demonstrate

Technician regulation process



academic equivalency by completing a four-course bridging program.

Authorizing pharmacist prescribing

All practising pharmacists in Alberta are authorized to prescribe drugs in emergencies and to adapt prescriptions initiated by other prescribers. A growing number of pharmacists are also recognizing that additional prescribing authorization – being authorized to initiate drug therapy based on their own assessment of the patient, or the recommendation of another authorized prescriber, or in consultation with another health professional – complements traditional services and enables them to better respond to the health needs and goals of individuals they serve.

As of Feb. 22, 2011, 114 pharmacists held additional prescribing authorization (a 40% increase from 2009).

Practice areas of pharmacists with additional prescribing authorization

Anti-coagulation	17	9%
Cardiovascular diseases	37	19%
Endocrinological diseases	26	14%
Gastrointestinal diseases	7	4%
Geriatrics	6	3%
Hematological conditions	18	9%
Infectious diseases	22	12%
Musculoskeletal diseases	7	4%
Neurology	2	1%
Other	16	8%
Palliative care	3	2%
Psychiatric diseases	2	1%
Renal diseases	3	2%
Respiratory	13	7%
Travel medicine	4	2%
Women, men and child health	8	4%

Where pharmacists with additional prescribing authorization practice

Clinic	41	36%
Community	24	21%
Continuing Care	5	4%
Hospital	35	31%
Primary Care Network	9	8%

Enabling pharmacists to order lab tests

Pharmacists must collect and consider appropriate information to evaluate and respond to patients' needs, particularly to determine whether patients have any actual or potential drug-related problems. Until this year, lab data was only available to pharmacists if ordered by another practitioner. This was a less than ideal situation for both pharmacists and patients. That has now changed for the better.

In January 2010, the practitioner identification number (PRAC ID) application process opened to pharmacists. This number is the unique identifier administered by Alberta Health and Wellness to identify service providers.

In April, following a 60-day consultation with pharmacists and other health professionals and colleges, council amended the standards to incorporate minimum requirements of pharmacists when ordering lab tests.

In December, a pilot group of 60 pharmacists was invited to begin ordering lab tests. The pilot is testing administrative procedures. Anticipating positive pilot results, we expect that all pharmacists with PRAC ID numbers will be invited to engage in 2011.



This is better than CEUs (continuing education units) will ever be, and allows for alternate learning and ways of documenting that learning and application to practice, over and above other assessments. Helps reflect my actual practice better.

Professional Portfolio pilot participant

- provides a reference for pharmacists' ongoing self-assessment of competence;
- provides direction to undergraduate pharmacy programs about essential curriculum components;
- serves as a reference to inform employers and other stakeholders of the competence and potential of pharmacists in the health care team; and
- provides baseline information and reference for long-term human resource planning for health care.

The profile was published in August 2010 and is posted on the ACP website.

2. RxCEL Continuing Professional Development Plan

The Continuing Professional Development Plan guides pharmacists through:

- self-assessment to identify their unique learning needs,
- development of a learning plan in which they:
 - outline which competency areas they will work on
 - write a learning objective for each competency
 - identify how they plan to meet each learning objective, and
 - set a target date for meeting each objective,
- completion of learning activities, and
- evaluation of their learning.

The updated Plan was posted on the ACP website in October.

Assessing competence

Competence assessment in the RxCEL Competence Program:

- provides pharmacists with objective feedback on their knowledge, skills, and abilities.
- demonstrates ACP's commitment to its mission of setting and enforcing high standards of practice, competence and ethical conduct.

The RxCEL Competence Program primarily uses three tools to assess competence:

- learning portfolio audits,
- the knowledge assessment, and
- the professional portfolio.

Each year, as part of annual permit renewal, pharmacists sign a professional declaration stating that they have completed the learning activities they have identified. Audits validate compliance with legislated requirements. The majority of audits are random; however, reviews of registrants who have been non-compliant in the past may be directed.

Learning Portfolio audit results

The number of audits completed in 2009 decreased due to budget restrictions. In 2010, fewer learning portfolio audits were completed, anticipating that more would be conducted through the two new

assessment tools. A delay in the release of the new tools meant that fewer audits were completed in 2010 than planned.

When appropriate, the competence department issues education letters to audited pharmacists. These letters point out minor errors that, while not resulting in an unsuccessful audit, nonetheless need to be corrected. In 2010, 70 education letters were issued.

	2006	2007	2008	2009	2010
Audits conducted	713	719	738	597	469
Successful compliance	711	715	730	586	466
Referrals to Competence Committee	1	3	8	3	6
Letters of non-compliance	1	3	8	3	3
Referral to Complaints Director	1	1	0	2	0

Two new competence assessment tools introduced

The knowledge assessment and the professional portfolio were added to the competence assessment kit in 2010. The knowledge assessment is a three-hour, open-book, computer-based assessment. The professional portfolio is based on the RxCEL Learning Portfolio and allows pharmacists to demonstrate to the college and provide evidence of how they maintain and enhance their practice.

In July, 100 pharmacists were randomly selected for competence assessment. Another 400 were selected in February 2011. They must complete their chosen competence assessment tool (either Knowledge Assessment or Professional Portfolio) within 14 months of being selected.

A Competence Assessment Handbook, developed by ACP staff, is mailed to all pharmacists when they are selected for competence assessment and is available on the ACP website.

Program accreditation ceased

In July 2010, ACP ceased accrediting provincial continuing pharmacy education programs (except for injections training programs). Accreditation is available nationally through the Canadian Council on Continuing Education in Pharmacy. Duplicating CE program accreditation when a national process already exists is illogical.

Assessing practice

▶ ACP's Professional Practice department monitors and evaluates pharmacies to ensure safe and effective environments where pharmacists and pharmacy technicians can optimally practice and individuals receive safe, appropriate, and responsible care. This also provides an opportunity to learn more about the decisions that pharmacists are making, and mentoring them to provide care that facilitates patient safety and achievement of their health goals and complies with our standards.

ACP conducted 551 pharmacy assessments (56% of licensed pharmacies) in 2010. Of those, 177 pharmacies had no deficiencies, 140 had one to three, and 234 had more than three deficiencies.

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Preparing for the KA was a positive experience for me. The practice exams, the reviewing of resources, reviewing of other areas of pharmacy that I haven't been involved in for awhile ... I am comfortable with the extra effort I put into preparing for the exam.

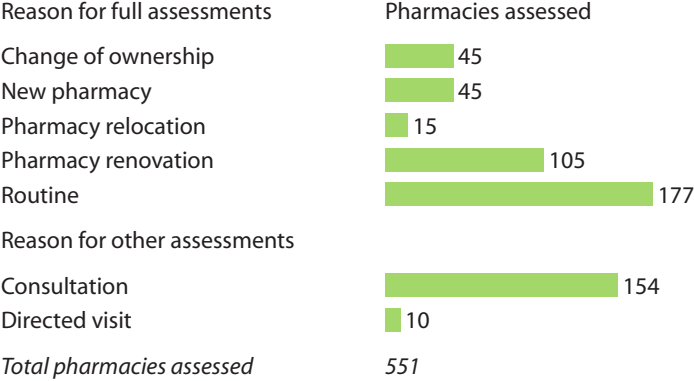
Knowledge Assessment pilot participant



These assessments are essential to our practice. It is great that the intent isn't 'disciplinary' but more to ensure correct policies/procedures are being adhered to. Would like to see this done every year, although not practical.

Follow up is conducted within three months for all pharmacies found to have a deficiency. Improved compliance rates are extremely high, with a five-year average of 93% of pharmacies reporting no deficiencies three months after their assessment.

Pharmacy assessments in 2010



Deficiencies three months post inspection

	2006	2007	2008	2009	2010
No deficiencies	93%	97%	92%	90%	94%
1 to 3 deficiencies	5%	1.5%	2%	2%	3%
More than 3 deficiencies	2%	1.5%	6%	8%	3%



As a first time pharmacy manager the assessment process couldn't have been more helpful and easy. It is obvious ACP wants pharmacists to be the best they can be at providing patient care.

Expect people to be better than they are; it helps them to become better. But don't be disappointed when they are not; it helps them to keep trying.

Merry Browne

Resolving complaints

► The Alberta College of Pharmacists protects the public by ensuring that pharmacists in Alberta practice safely, competently and ethically. While our emphasis is on ensuring quality pharmacy practice by setting out clear expectations and education, there are times when remedial or disciplinary action is necessary.

Complaints received by the Alberta College of Pharmacists are addressed within the authority provided in the *Health Professions Act* (HPA). Section 55(2) of the HPA allows the complaints director to take a variety of actions, including:

- encourage the complainant and the investigated person to communicate with each other and resolve the complaint;
- with the consent of the complainant and the investigated person, attempt to resolve the complaint;
- make a referral to an alternative complaint resolution process. When alternative complaint resolution is used, the complaint is either successfully resolved through mediation or is referred back to the complaints director for a resolution;
- request an expert to assess and provide a written report on the subject matter of the complaint;
- conduct, or appoint an investigator to conduct, an investigation.

If satisfied that the complaint is trivial or vexatious, or that there is insufficient or no evidence of unprofessional conduct, the complaints director may dismiss the complaint. Otherwise, the matter will be referred to a hearing tribunal.

Complaints received

Year	Complaint type:	Informal*	Formal**	Total
2010		467	39	506
2009		332	43	375
2008		285	66	351
2007		179	52	231
2006		119	58	177

* Informal complaints are those resolved at the administrative level, without requiring a formal complaint resolution process.

** Formal complaints are those in which an official investigation results.

We attribute this year's increase in informal complaints to an increased awareness of complaints processes, an increasing number of practising pharmacists and the requirement implemented in 2009 for all pharmacies to display signs notifying individuals of their options for having their complaints addressed.





It seems a very efficient process to develop the customer trust in our pharmaceutical care. I am fully satisfied with the process.

Pharmacist respondent



I really felt like your organization took my concerns to heart. Again thank you. Your people were superb. Thank you for making a difficult situation easier.

Complainant

Fewer formal complaints, faster resolution

In 2010, the complaints department resolved more complaints, when appropriate, at the pharmacy licensee level. This approach promotes better communication between individuals and pharmacists, improves collaboration, and offers more opportunity for pharmacist education. The success of this initiative is reflected, in part, in the decrease in formal complaints. This effort also helped meet the public’s expectation and ACP’s commitment of having concerns resolved transparently and promptly.

Final disposition of formal complaints by year

	2006	2007	2008	2009	2010
New formal complaints received during year	58	52	66	43	39
Resolved by Complaints Director	57	46	60	36	22
Referred to a hearing tribunal	0	5	5	4	9
Referred to a complaint review committee*	n/a	1	1	1	1
Still in process as of Dec. 31, 2010	1	0	0	2	7

* The complaint review committee process started on April 1, 2007 when ACP came under the *Health Professions Act and Pharmacy and Drug Act*.

Hearings, appeals and reviews – 2010

Hearing Tribunal hearings	4
Appeals of Investigating Committee and council decisions heard by Alberta Court of Appeal <i>Court of Appeal supported the Investigating Committee and Council decisions and dismissed the appeal.</i>	1
Complaints Director decision referred to Complaints Review Committee <i>Complaints Review Committee supported the Complaints Director’s decision to not refer a matter to a Hearing Tribunal</i>	1
Interim Suspension Reviews under s.65 of the HPA	2

All hearings were open to the public. Reports and decisions of Investigating Committees and Hearing Tribunals are posted on the ACP website (pharmacists.ab.ca) under Complaints Resolution.

No regulated members were dealt with under Section 118 of the *Health Professions Act* regarding matters of assessing incapacity.



Independent auditor's report

To the Registrants of the Alberta College of Pharmacists

We have audited the accompanying financial statements of the Alberta College of Pharmacists (the "College"), which comprise the statement of financial position as at December 31, 2010, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Alberta College of Pharmacists as at December 31, 2010, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

A stylized signature of 'KPMG LLP' in a white, handwritten-style font. The signature is positioned above a thin white horizontal line.

Chartered Accountants
April 7, 2011
Edmonton, Canada

Alberta College of Pharmacists

Statement of financial position

December 31, 2010, with comparative figures for 2009

	2010	2009
Assets		
Current assets:		
Cash	\$ 16,929	\$ 179,134
Investments (note 2)	5,088,370	4,671,258
Accounts receivable	48,876	91,249
Prepaid expenses	105,174	41,032
	5,259,349	4,982,673
Legal fees recoverable	109,412	51,388
Property and equipment (note 3)	134,068	100,574
	\$ 5,502,829	\$ 5,134,635
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 77,869	\$ 82,769
Deferred revenue (note 4)	2,247,493	2,137,582
	2,325,362	2,220,351
Net assets:		
Invested in property and equipment	134,068	100,574
Internally restricted (note 6)	800,000	800,000
Unrestricted	2,159,832	1,980,163
Cumulative net unrealized gains on available for sale financial assets	83,567	33,547
	3,177,467	2,914,284
Commitments and contingencies (note 7)		
	\$ 5,502,829	\$ 5,134,635

See accompanying notes to financial statements.

On behalf of the Council:



Councillor



Councillor

Alberta College of Pharmacists

Statement of operations

December 31, 2010, with comparative figures for 2009

	2010	2009
Revenue		
Annual permit and license fees (note 4)	\$ 4,440,270	\$ 4,219,688
Other income	296,053	239,732
Investment income (note 5)	80,962	140,704
Convention	50,352	-
	4,867,637	4,600,124
Expenditures		
Operations	1,121,433	956,098
Quality practice	1,015,446	901,972
Communications	668,246	694,251
Complaints resolution	516,797	514,772
Registration and licensure	509,229	464,987
Governance and legislation	425,381	409,109
Partnership administration	348,517	332,828
Amortization	49,425	70,866
	4,654,474	4,344,883
Excess of revenue over expenditures	\$ 213,163	\$ 255,241

See accompanying notes to financial statements.

Alberta College of Pharmacists

Statement of changes in net assets

Year ended December 31, 2010, with comparative figures for 2009

	Invested in property and equipment	Internally restricted	Unrestricted	Cumulative net unrealized gains on available for sale financial assets	2010	2009
Balance, beginning of year	\$ 100,574	\$ 800,000	\$ 1,980,163	\$ 33,547	\$ 2,914,284	\$ 2,619,974
Excess (deficiency) of revenue over expenditures	(52,119)	-	265,282	-	213,163	255,241
Purchase of property and equipment	85,613	-	(85,613)	-	-	-
Changes to available for sale financial assets arising during the year	-	-	-	50,020	50,020	39,069
Balance, end of year	\$ 134,068	\$ 800,000	\$ 2,159,832	\$ 83,567	\$ 3,177,467	\$ 2,914,284

See accompanying notes to financial statements.

Alberta College of Pharmacists

Statement of cash flows

December 31, 2010, with comparative figures for 2009

	2010	2009
Cash provided by (used in):		
Operations:		
Excess of revenue over expenditures	\$ 213,163	\$ 255,241
Items which do not involve cash:		
Amortization	49,425	70,866
Loss on disposal of property and equipment	2,394	964
Unrealized losses (gains) on investments classified as held for trading	20,623	(46,676)
Changes in non-cash operating working capital:		
Accounts receivable	42,373	(54,549)
Prepaid expenses	(64,142)	37,633
Legal fees recoverable	(58,024)	(18,474)
Accounts payable and accrued liabilities	(4,900)	(25,413)
Deferred revenue	109,911	162,425
	310,823	382,017
Investments:		
Purchase of property and equipment	(85,613)	(23,697)
Proceeds on disposal of property and equipment	300	78
Net purchase of marketable securities	(387,715)	(179,501)
	(473,028)	(203,120)
Increase (decrease) in cash	(162,205)	178,897
Cash, beginning of year	179,134	237
Cash, end of year	\$ 16,929	\$ 179,134

See accompanying notes to financial statements.

Alberta College of Pharmacists

Notes to financial statements

Year ended December 21, 2010

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 wellbeing.

The College began registering pharmacists under the *Health Professions Act* (HPA) and licensing pharmacies under the *Pharmacy and Drug Act* as of April 1, 2007. Amendments to the Pharmacists Profession Regulation are expected in 2011, authorizing the College to regulate pharmacy technicians. This will increase the number of regulated members the College has responsibility for. Core responsibilities and business processes established under the HPA will need to be replicated for pharmacy technicians. Concurrently, the practices and expectations of pharmacists continue to change. These changes are reflected in Council's updated strategic direction. Effective communication and targeted education require investment to ensure clear expectations. Investment in developing and implementing tools and programs to monitor and measure pharmacist and pharmacy technician competency and practice performance will continue. Timely access to quality information about registrants and their practices will be critical to quality improvement. These are integral to fulfilling the Council's commitment to patient safety and quality pharmacist and pharmacy technician practice.

The College is a non-profit organization and accordingly, is exempt from payment of income taxes.

1. Significant accounting policies

Significant aspects of the accounting policies adopted by the College are as follows:

a) Revenue recognition:

Revenues from annual permit and license fees and conventions are recognized in the year in which the related services are provided and collection is reasonably assured. Investment income includes dividend and interest income, realized gains and losses on investments and unrealized gains and losses on investments classified as held for trading. 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 collection is reasonably assured.

b) Financial instrument and risk management:

Cash is classified as held-for-trading. Investments in Canadian and US equities and preferred shares are classified as available-for-sale. All other investments are classified as held-for-trading. Accounts receivable and legal fees recoverable are classified as "loans and receivables". Accounts payable and accrued liabilities are classified as "other financial liabilities". Financial assets and financial liabilities classified as held-for-trading are measured at fair value with changes in those fair values recognized in the statement of operations. Financial assets and liabilities classified as available-for-sale are measured at fair value with changes in those fair values recognized in the statement of changes in net assets until realized, at which time the cumulative changes in fair value are recognized in the statement of operations.

Transaction costs are recognized immediately in the statement of operations. Trade-date basis of accounting is used for financial instruments. The College has elected to exclude the application of Section 3855 of the CICA Handbook for contracts to buy or sell non-financial items and embedded derivatives within these contracts and for embedded derivatives within lease and insurance contracts.

Income and financial returns on investments are exposed to credit and price risks. Credit risk relates to the possibility that a loss may occur from the failure of another party to perform according to the terms of the contract. Price risk is comprised of interest rate, foreign exchange and market risk. Interest rate risk relates to the possibility that the investments will change in value due to the future fluctuations in market interest rates. Foreign exchange risk relates to the possibility that the investments will change in value due to fluctuations in foreign currencies. Market risk relates to the possibility that the investments will change in value due to future fluctuations in market prices.

These risks are managed by the College's investment policies, which prescribe the investment asset mix including the degree of liquidity and concentration and the amount of foreign content. In addition, the College manages its interest rate, credit and currency risk by engaging a professional investment advisor to manage its marketable securities portfolio.

c) 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:

Asset	Basis	Rate
Automotive equipment	Declining balance	30%
Computer equipment	Declining balance	30%
Website development	Declining balance	30%
Furniture and equipment	Declining balance	20%
Registrant database	Straight line	5 years
Leasehold improvements	Straight line	term of the lease

d) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that

affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year. The significant estimates pertain to the physical and economic lives of the property and equipment and the recoverability of accounts receivable. Actual results could differ from those estimates.

e) Capital management:

The College's capital is comprised of its net assets. The College uses its capital to meet monthly operating requirements and to undertake selective expansion initiatives. Therefore, the College primarily invests in low risk marketable securities, taking a conservative approach towards the management of financial risk.

2. Investments

	2010	2009
Cash	\$ 27,779	\$ 42,535
Canadian money market funds	2,727,640	2,177,238
Canadian fixed income with interest rates ranging from 4.05% to 6.25% (2009 - 4% to 6.375%) and maturity dates ranging from February 2011 to July 2015 (February 2010 to July 2015)	1,637,937	1,972,250
Accrued interest receivable	17,209	20,381
Preferred shares	25,830	25,350
Canadian equities	366,510	185,859
US equities	285,465	247,645
	\$ 5,088,370	\$ 4,671,258

3. Property and equipment

			2010	2009
	Cost	Accumulated amortization	Net book value	Net book value
Automotive equipment	\$ 89,570	\$ 63,620	\$ 25,950	\$ 5,841
Computer equipment	110,620	64,351	46,269	34,540
Website development	68,160	66,490	1,670	2,386
Furniture and equipment	208,778	168,758	40,020	50,035
Registrant database	182,216	182,216	-	3,789
Leasehold improvements	28,125	7,966	20,159	3,983
	\$ 687,469	\$ 553,401	\$ 134,068	\$ 100,574

Included in leasehold improvements is \$18,988 of cost that relates to office premises that will be leased by the College commencing July 1, 2011 (note 7). The leasehold improvements will be amortized over the term of the lease.

4. Deferred revenue

	2010	2009
Deferred permit and license fees, beginning of year	\$ 2,137,582	\$ 1,975,157
Amounts received during the year	4,550,181	4,382,113
Amounts recognized as revenue during the year	4,440,270	4,219,688
Deferred permit and license fees, end of year	\$ 2,247,493	\$ 2,137,582

5. Investment income

	2010	2009
Dividends	\$ 13,346	\$ 11,130
Interest	98,054	92,263
Realized gains	(9,815)	(9,365)
Unrealized gains (losses) on investments classified as held for trading	(20,623)	46,676
	\$ 80,962	\$ 140,704

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 and contingencies

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 and their proportionate share of operating costs.

During the year, the College signed a lease agreement for office premises and storage, effective July 1, 2011. Under the terms of the lease the College is committed to annual basic rent of \$130,050 from July 1, 2011 to June 30, 2016, \$144,500 from July 1, 2016 to June 30, 2021 and their proportionate share of operating costs.

The College is also committed to one photocopier lease for 60 months that expires December 2012. The minimum lease payment in 2010 was \$11,046 (2009 - \$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 Accreditation of Pharmacy Programs.

Funds transferred to these partnerships are reflected in Partnership Administration.

During the normal course of operations, the College has been named as a defendant in various legal claims. Management believes that the aggregate contingent liability of the College arising from these claims are not material and are within the insurance limits of the College and accordingly no provision has been made in these financial statements.

Committee members as of December 31, 2010

Council Committees

■ Executive Committee

Donna Galvin, *President, chair*
Anjali Acharya, *President Elect*
Kaye Andrews, *Vice President*
Merv Bashforth, *Past President*

■ Nominating Committee

Donna Galvin, *chair*
Joan Pitfield
Merv Bashforth

■ Resolutions Committee

Anjali Acharya, *chair*
Pat Matusko
Ahmed Metwally

Statutory Committees

■ Competence Committee

Anita Warnick, *chair*
Thomas Schadek, *vice chair*
Josiah Akinde
Sylvie Druteika
Jason Howorko
Kim Mettimano
Stephanie Morton
Scot Simpson

■ Review Committee established under s65 of HPA

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
Todd Read
Deana Sabuda
Debbie Santos
Jeremy Slobodan
Bob Sprague
Penny Thomson
Brad Willsey

Joint ACP/RxA Committees

■ APEX Awards Committee

Rami Chowaniec
Audrey Fry
Naila Lalani
Donna Pipa

■ Centennial Celebrations Committees

Steering Committee

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

Art Committee

Joan Pitfield, *chair*
Ross Bradley
James Krempien
Larry Shipka

Fundraising Committee

Bob Sprague, *chair*
Byron Bergh
Terry Legaarden
Brent Teulon

Publications Committee

Judi Lee
Donna Pipa
Terri Schindel
Rob Vretaner

Recognition Committee

Donna Kowalishin, *chair*
Erin Meier
Bunny Ferguson
Kelly Olstad
Franco Pasutto

Scholarship Committee

Larry Shipka, *chair*
Terry Legaarden
Joan Pitfield

Provincial Committees

ACP appointee(s) to:

■ **Alberta Netcare Projects Clinical Working Group**
Kaye Andrews
Brian Jones

■ **Electronic Health Record Data Stewardship Committee**
Jim Krempien

■ **Health Information Executive Committee**
Greg Eberhart

■ **IM/IT Steering Committee**
Greg Eberhart

■ **Electronic Prescription Domain Steering Committee**
Dale Cooney

■ **PIN Patient Safety Advisory Panel**
Judy Baker
Minda Dien

■ **Shared Health Record**
Dianne Donnan

■ **Cooperative on Drug Misuse (CoOP DM)**
Greg Eberhart

■ **DUE Quarterly**
Dr. Cheryl Sadowski
Noreen Vanderburgh

■ **Faculty of Pharmacy and Pharmaceutical Sciences Admissions Committee**
Krystal Wynnyk

■ **Federation of Regulated Health Professions**
Greg Eberhart

■ **Health Quality Network**
Greg Eberhart

■ **Triplicate Prescription Program Steering Committee**
Dale Cooney
Shao Lee

National Pharmacy Organizations

ACP appointee to:

■ **CCCEP**
Roberta Stasyk

■ **Council of Pharmacy Registrars of Canada**
Greg Eberhart

■ **NAPRA**
Dianne Donnan

■ **National Opioid Use Guideline Group**
James Krempien

■ **PEBC**
Jeff Whissell

■ **PEBC Technician Exam Steering Committee**
Dale Cooney

alberta college of
pharmacists



Exceeding expectations 2011



*Let your dreams
outgrow the shoes of
your expectations.*

Ryunosuke Satoro



The M.J. Huston Pharmacist of Distinction Award is presented to a college registrant who has demonstrated outstanding professional excellence in pharmacist practice.

Diane Miller

Manager,
Health Select Pharmacy;
Calgary

► Diane Miller is building her practice with an eye to the future. “I want to be the ‘go to’ person for medication questions. My vision is to see practice where the doctor diagnoses and then hands it over to the pharmacist for the drug therapy. I would like to sit in the doctor’s office and be the last stop for patients. All the medications and prescriptions would come through me. All the counselling would happen right there.

“My goal is to be surrounded by like-minded people who want to provide excellent care. Pharmacy is a team, and if your team isn’t willing to work with you toward your goal, you won’t get there. I couldn’t be the pharmacist I am without the people I work with. As a manager, I am now encouraging my staff to pursue certifications and other in-depth education. We’re working toward offering more clinical services and direct patient care and fewer hours in the dispensary. I don’t want to become obsolete. Dispensing may be passing to pharmacy technicians, but there’s still a role for us as medication experts. Right now we’re the only professionals reimbursed for product and that has to change.”

Diane is amassing the tools she will need to build her vision into reality. She has her authorization to administer drugs by injection and has applied for additional prescribing authorization. She provides medication reviews, diabetes and cardiovascular disease management, lab result interpretation and home visits. She has built strong collaborative relationships with other health professionals, most recently through the Pharmacy Practice Models Initiative. She has extended her vision beyond Canada by providing funding and medications for the last five years for a physician who makes multiple visits per year to provide care in Haiti.

Diane’s hard work, positive attitude and focus on patient care has gained her many admirers.



“She has an incredible depth of knowledge... and is a valuable asset in helping with decision making,” offers Dr. Trevor Bernhardt. “She also provides clear explanations and education to every client she sees. She is an exemplary role model... and someone I believe everyone looks up to, admires, and has the utmost respect for.”

“I couldn’t think of anyone better than her for the [award],” declares patient Silvina Sabatini. “Diane has been a constant for our family. She has also gone above and beyond her duties as a pharmacist to make sure that we are taken care of. Special mention to her efforts of coming to visit me once a week at my home to help me take control of my diabetes.”

“I would like to formally acknowledge the efforts of Diane Miller,” wrote another patient. “She was instrumental in helping me successfully wean off an addiction to a prescription drug. She accomplished this by setting up weekly one-on-one progress checks, customizing my medication and dosage, and packaging the medication in daily, easy-to-track, bubble packs. During this very difficult stage, she showed compassion and made herself available whenever I had questions, or just needed a hug.”

“My customers have followed me to all my stores,” Diane marvels. “To me, that’s the ultimate compliment. I just try to offer excellent service to anybody who walks in the door. And I’m prepared to do whatever is needed to make the pharmacy a warm, safe place. If that means mopping the floors or cleaning shelves, I’ll do that. I want to reach out to people because I truly care.”



The Pfizer 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.

Tania Mysak

Clinical Practice Manager,
North & Experiential
Education, Alberta Health
Services – Pharmacy
Services, University of
Alberta Hospital;
Edmonton

► It should come as no surprise that Tania's Facebook profile photo depicts a young woman in a Wonder Woman costume. In addition to completing her PharmD in 2000, holding the position of Clinical Practice Manager, North & Experiential Education, Alberta Health Services – Pharmacy Services at the U of A Hospital, and being the mother of two young children, Tania continuously carves out time to support and develop her community.

Tania's volunteer involvement with the Ukrainian community dates back to her teens when she tagged along with her father to help out in the kitchen for the Karpaty Ukrainian pavilion during Folkfest, Saskatoon's multicultural festival. "That was when I noticed the sense of community, and family. My Ukrainian community gave me discipline and support and opportunity. Now, I want to make sure that my children have those same opportunities. It won't just happen by itself, so I feel it's important to support our community and cultivate it."

Tania has cultivated and nurtured her culture and community wherever she has lived. She has been involved in church, choir, and dance groups in Saskatoon, Yorkton, Vancouver, and Edmonton.

No matter the project, organization or location, Tania is known for consistently delivering high quality contributions and getting the job done. "There's no point in doing a job poorly," explains Tania. "And, I believe it's important to make the time to get involved. Nobody has more or less time. You just have to choose your priorities, decide how you want to spend your time, and find something you're passionate about. If you make the time, you get as much or more out of it as you put in."

Tania is not one to just watch from the sidelines either. "My parents taught me that if you're not going to be involved, be quiet. If you are going to be involved, roll up your sleeves." That's advice she's taken to heart as the president of the National Executive of Ukrainian Orthodox Youth; treasurer and chair of Tropak Ukrainian Cultural and Education Society, president of the Ukrainian Women's Association of Canada – Lesia Ukrainka Branch, member of the Joint Standing Committee of the Ukrainian Self-Reliance of Canada and the Ukrainian Orthodox Church of Canada, and secretary and now capital campaign organizing committee member of St. John's Institute.

It is with the last two projects that Tania has been most involved recently. Working with the St. John's Institute, Tania is taking a leadership role in its ongoing revitalization. Her involvement brings a "youthful" perspective and has encouraged other young professionals to take on leadership positions in the organization.

For the Joint Standing Committee, Tania conducted focus groups and a survey across the country to gauge the needs and interests of young adults and increase their involvement in the Ukrainian community. She was able to draw on her analytical abilities honed as a pharmacist to bring focus to her findings. "I always find that volunteering enhances my work and vice versa. Through volunteering, I use and improve my communication and strategic thinking, see different approaches and learn new skills."

While Tania finds many rewards in volunteering, she is by no means the only one benefitting. Audrey Sojonky, a Vancouver committee colleague, sums it up this way, "Tania demonstrated strong leadership ability, balanced with graciousness and a genuine respect for everyone whom she encountered. In my opinion, she is a real gem with a very bright future."

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

Nese Yuksel

Associate Professor, U of A;
NAMS Certified
Menopause Practitioner;
Edmonton

► A woman suffering from the dramatic onset of menopause following surgery believed there was no relief possible for her symptoms due to contraindications related to cancer. This woman was referred to the menopause clinic for a consultation. There, she met Nese and the clinic team for a comprehensive assessment and candid discussion about her symptoms, her concerns, and her choices. That patient now tells the story of that appointment as being the most comprehensive care she ever received, and one that changed her life for the better.

The ability to have such a positive effect on another human being is truly amazing – and so is the person capable of creating such impact. Nese Yuksel is one such amazing person. Deb van Haaften, a long-time colleague, describes Nese as, “one of the pre-eminent and stellar pharmacy practitioners in Canada. She has left an indelible mark on the profession of pharmacy both in Alberta and in Canada as she has displayed very high standards in clinical practice, teaching, research and the role of the pharmacist as an advanced practitioner in the health care setting.”

In her many roles, Nese Yuksel positively impacts countless lives for the better. Through her work in women’s health, she has advanced the role of the pharmacist, promoted team-based care, and improved patients’ lives. As an educator of students, colleagues and patients, she has replaced misinformation, assumptions, and fear about women’s health issues with facts, research, and hope.

“While I knew I wanted to be a pharmacist, I didn’t go looking for women’s health,” recalls Nese. “After finishing the PharmD, I worked as a hospital pharmacist and clinical coordinator for a number of years. I was a clinical coordinator at the Grey Nuns Hospital, when the opportunity arose to work in the area of women’s health with the start of a new interdisciplinary clinic in menopause in 1998. I ended up starting as the clinical pharmacist in the Mature Women’s Clinic at the Grey Nuns Hospital, and then the Osteoporosis Clinic a year later. I would not say I had much expertise in the area when I first started, but I learnt through reading as much as I could in the area, and especially from my patients, and team members. I found that I really loved this area of practice. So much so that in 2008 I became a North American Menopause Society Certified Menopause Practitioner. I love continuing to learn and finding ways to best help our patients. I especially like working with the wonderful team members I have had the pleasure to work with over the years.



“As I always say to my students, be open to opportunities. Be reflective, figure out what’s going to make you happy and satisfied. Then figure out what you can do to enhance that.”

When asked what patients can expect from her, Nese doesn’t hesitate.

“My patients will leave informed and involved in the decision making. I will work with where they’re coming from – their values, beliefs – and work to get the best option for them. I will offer them as balanced and non-judgemental a view as possible, and not be afraid to say what we do and don’t know.” It is this straightforward, authentic approach that has earned Nese such a high reputation amongst both patient and her professional colleagues.

It was no surprise then that when plans for Women’s Health Ambulatory Clinics at the Lois Hole Hospital for Women were announced, Nese was sought out as team member to join the Menopause Clinic that was being developed. She continues to practice there.

In addition to her clinical practice, Nese passes on her knowledge as an Associate Professor at the U of A Faculty of Pharmacy and Pharmaceutical Sciences. There, she is both teacher and role model for practice that exemplifies the full scope of practice in Alberta. She is also a sought-after speaker for other professionals and the public. Her almost 90 presentations around the globe on a variety of women’s health issues have been well received. Nese has become known for her ability to translate complex scientific information for a lay audience.

As a researcher, she has brought new knowledge and insights to the areas of menopause, osteoporosis and contraception. She also serves as an expert reviewer in the area of women’s health on several medical journals.

No matter the role, Nese handles them all with grace, calm, and one critical constant – excellence.

The W.L. Boddy Pharmacy 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.

Loblaws Pharmacy 4009

Nabil Fanous, Manager;
Beaumont

► The first clue that there might be something special about Loblaws Pharmacy 4009 was the fact that they were nominated for the W.L. Boddy Pharmacy Award not by a single person, but by a physician, other health care professionals and several patients. Next came the details...

Two pharmacists, Nabil Fanous and Barb Willis, along with two pharmacy assistants, Donna Eisenkrein and Irene Roadhouse, operate the pharmacy 9-9 on weekdays and 9-6 on weekends. The pharmacists personally do deliveries in Edmonton and Beaumont after their shifts. They offer injections and custom compounding. They offer asthma, diabetes and osteoporosis clinics. Staff know the majority of patients by name and visit them if they are in hospital. They call *every* patient to follow up the day after they have a prescription filled. Because the pharmacy closes on statutory holidays, the staff personally notify in excess of 700 patients annually to inform them of the closures to allow for refills or to discuss adaptation if they will not have enough medication.

"We really try to offer total patient care; we go as deep as possible with each patient," says Nabil. "We counsel not only on their prescription, but tie in their other medications, over-the-counter products, and lifestyle. We work with their doctor and their other health professionals. We always try to make the circle complete."

To make the care more complete for patients, the pharmacy purchased a wheelchair for their store to assist patients with mobility problems. They also have a unique crutch rental program. "Patients pay \$3.00 for a one-week rental," explains Nabil. "Obviously, this isn't to make us money, but is just a sign of commitment with the patient." The pharmacy is also purchasing a nebulizer (a device used to administer medication in the form of a mist inhaled into the lungs) that will be available for patients to rent.



When speaking with their patients, their appreciation quickly becomes obvious. "Nabil and Barb are leaders in the workplace, supervising staff and mentoring, never being rattled by problems brought to them by their patients, employer or customers. Such problems are approached with calm and a 'let's figure out together how we can solve this' approach," notes one patient.

Another remarked, "They are a sterling example. The pride in their profession and their care of patients is what distinguishes them within the community and the profession. As employees of a major company they stand true to their profession while functioning within the parameters of their employer – not always an easy task."

The highest praise, though, comes in the form of patient referrals. Patients are keen to refer others to this pharmacy – so much so that patients are now traveling from Edmonton for their pharmacy care.

"We always try and remember that each patient comes to us for safety and care," points out Nabil. "It's not about our problems or if we're having a bad day. They are going through a lot and need our help. We must always be patient and focus on their needs. Our greatest success is having a good relationship with our patients."

The Partners in Practice Award is presented annually to recognize a collaborative effort between a pharmacist and one or more other health professionals to optimize patient care and/or safety.

Cardiac Transplant Team

University of Alberta /
Mazankowski Alberta
Heart Institute;
Edmonton

Team Leader: Glen Pearson, pharmacist





Ilene Burton,
registered nurse



Wayne Tymchak,
transplant cardiologist



Linda Figgures,
physical therapist

► The Cardiac Transplant Team from the University of Alberta/Mazankowski Alberta Heart Institute is celebrating its 25th anniversary this year. They can also celebrate being one of the largest cardiac transplant programs in North America, performing 663 transplants to date; caring for patients from Alberta, northern BC, Saskatchewan, Manitoba and the Northwest Territories; having surgical outcomes and patient long-term survival rates superior to international averages; and providing exceptional patient care before, during, and for the rest of a patient’s life after transplant.

The Cardiac Transplant Team truly exemplifies the spirit of a collaborative patient care practice. The full clinic staff consists of one pharmacist, five cardiologists, three registered nurses, eight rehabilitative therapists, six thoracic transplant surgeons, two dieticians and a social worker. Their program demonstrates what can be achieved through the positive interaction of a varied group of health professionals, who each bring their unique skills and knowledge to assist patients with their complex health decision.

To what does the team attribute their success? “First, our starting point for every decision is the goal for the patient,” explains team leader and pharmacist Glen Pearson. “From there, it’s the openness of the team members; if you’re willing and capable, you’re accepted. There’s as much work as you’re willing to do. There are no territory or title hang-ups. In fact, sometimes it’s a little confusing for the patients! At a first meeting, I might do the initial assessment and take their history, or it could be a nurse. Another patient will see me write a prescription and assume I’m a physician. By the time they’ve had their transplant though, they understand what special skills each team member brings.”

Once accepted for transplant, patients are seen in the team’s clinic weekly to monthly, depending on how stable they are, up to transplant. Patients wait on average one-half to one-and-a-half years for a matching organ; the longest wait has been seven years. Following transplant, patients remain in hospital approximately two weeks, and then in Edmonton for the first three months so that they can be seen weekly to monitor for rejection and receive individually tailored immunosuppressive medication regimens. After this, patients return home but continue to receive follow-up care from the clinic for the rest of their lives.

Outpatient nurse coordinator Ilene Burton tells patients, “once you get on the heart transplant list, you are ours forever – like family, you are stuck with us!” She says this jokingly, but it really does reflect the team’s philosophy of care. The team directly manages or collaborates with every health professional involved in providing health care services to the transplant patients for the rest of their lives. The complexity of medication management and post-transplant issues makes it difficult for non-transplant health professionals to manage these patients, so the team coordinates all care. This level of care is unique to this cardiac transplant program. Ilene fields 20-40 calls from patients or about patients every day, collaborates with team members on the issues and communicates back to the person making the inquiry. In this way, she is the “face” of the team – and has been for 24 years!

The team is an assembly of over-achievers and representatives of the very best practitioners from each discipline. Working in such an environment motivates all team members to keep the bar high and be the best practitioners possible. This is likely the result of the bar being set high right from the beginning by team founders Dr. Dennis Modry, cardiovascular surgeon, and Dr. Jeffrey Burton, cardiologist. They were ahead of their time in their vision to bring together a multi-disciplinary team to work together for the benefit of the patient.

Their vision is now an exemplary reality and, while rewarding for team members, it is patients who are benefitting the most. Team co-founder Jeffrey Burton sums it up best. “The combined effort and skills of these talented professionals have not only improved the efficiency and efficacy of our outpatient program but have also made the patient journey safer, more comfortable and, we believe, longer.”

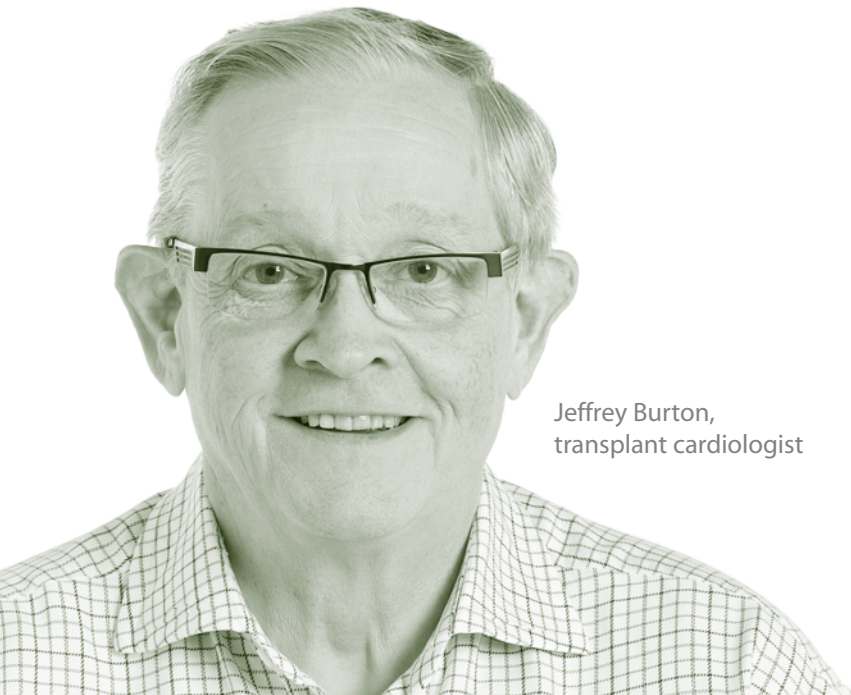
Go team!



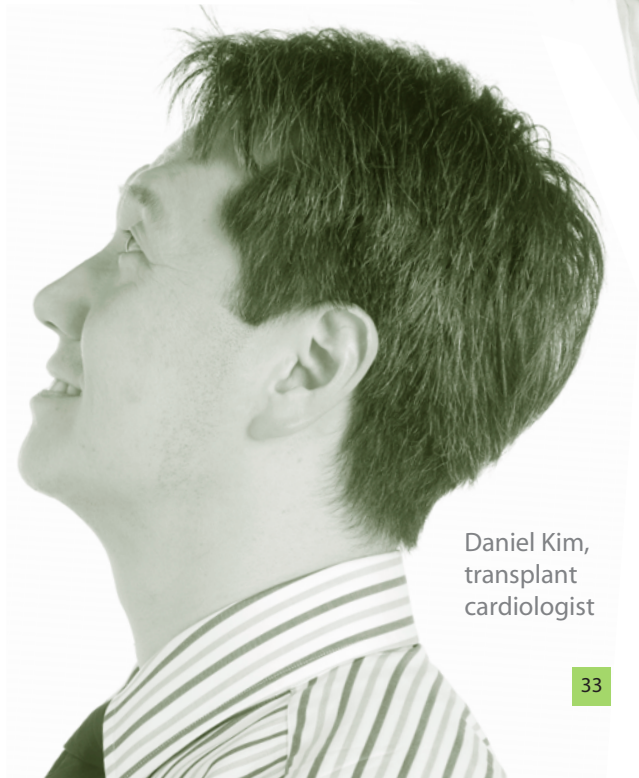
Celine Lozinsky,
registered nurse



Grace Hubert,
dietician



Jeffrey Burton,
transplant cardiologist



Daniel Kim,
transplant
cardiologist

The Future of Pharmacy is presented to pharmacists who exude enthusiasm and passion for the future of pharmacy, are visionary, and offer extraordinary promise to the profession. Nominees must have been in practice for at least one year and not more than five years.

Brett Baumbach

Rexall Myros;
Edmonton

► “It’s important to see where people are coming from – to treat the whole person and not just the illness.” While true for any health professional, this statement takes on extra meaning for Brett’s patients. Brett works at Rexall Myros in Edmonton’s inner city. In addition to medical challenges, many of his patients must also deal with homelessness, poverty, and mental health issues.

In Brett, his patients have found a skilled professional and passionate advocate. “These patients have really opened my eyes to the social issues affecting health and wellness and the difficulties people have to overcome. I’ve learned a lot from them. It’s really easy to pigeonhole people in certain situations, but you have to treat everyone as an individual. I try to uncover the whole picture and history, not just where they are now.”

Brett chose pharmacy to feed his interest in helping people, direct patient contact, and community building. He began his practice in a well-to-do West End neighbourhood, but felt the pull to do and learn more.

“As a student, I didn’t really know what opportunities were out there. I think it’s important to look for opportunities. It’s too easy to become complacent. Working here has opened my eyes to what pharmacists can really do. We can be someone patients can turn to and trust. These patients don’t have a lot of constants in their lives, so it’s good to be one.”

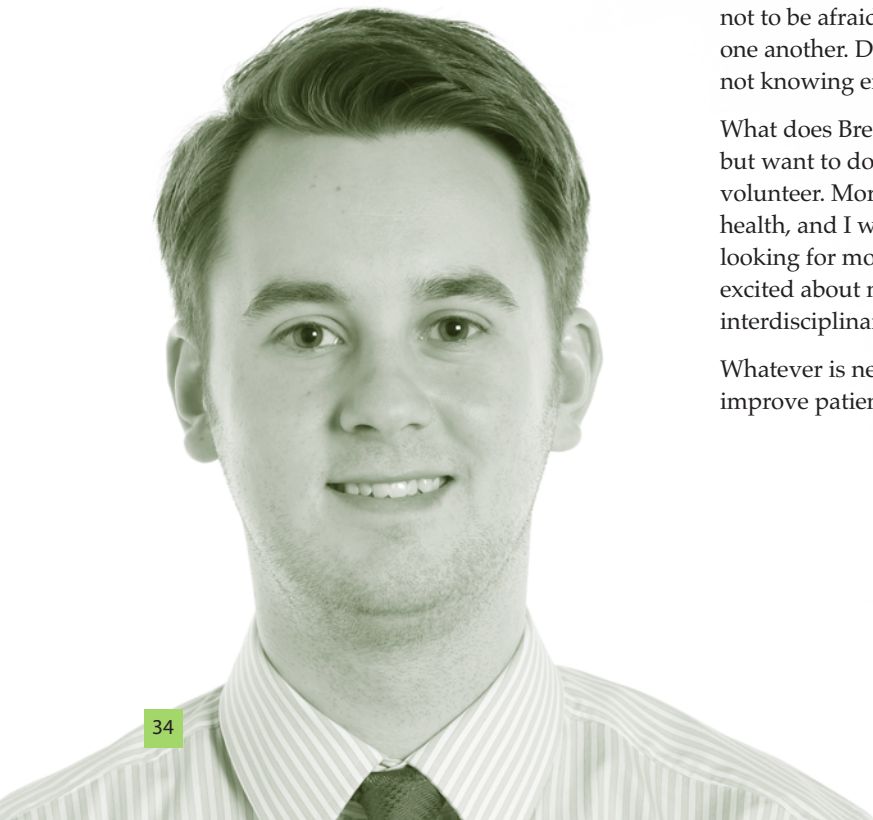
Brett sees the inner city as the model for what healthcare should be in Alberta. “There are so many types of professionals working together, and all of them are passionate about their patients. There is no stigma around titles; everything is very patient-centered, and communication between professionals is great. All of this adds up to very good continuity of care.”

In addition to the health professionals Brett collaborates with through the pharmacy, he works alongside a nurse practitioner one day each week at a men’s housing facility.

“There are so many good practitioners, you can really learn a lot. I’ve been lucky to be surrounded by supportive people and have learned not to be afraid to reach out. Good pharmacists need to learn from one another. Don’t be afraid to not know, but don’t be satisfied with not knowing either.”

What does Brett’s future hold? “I still see myself in this community, but want to do more. More community involvement, maybe as a volunteer. More learning – I’m exploring a designation in mental health, and I want to learn more about addiction. I’m always looking for more ways to synthesize theory and application. I’m also excited about new opportunities like prescribing and more interdisciplinary work.”

Whatever is next, it is clear that Brett’s passion and commitment will improve patient care and be a model for those around him.



Candace Necyk

Sobeys Pharmacy Group/
CARE Program for Integrative
Health and Healing;
Edmonton

► “I want to make a difference for more than just me.”

It is this goal that has already propelled Candace Necyk to become a pharmacy leader, educator, and patient safety advocate. Candace divides her time between community practice with Sobeys, facilitating labs and lecturing at the Faculty, and completing her Masters. In her “spare time,” she precepts students and volunteers on various clinical research projects.

Candace’s interest in patient safety came about during a summer research project. “I saw such a lack of patient safety around natural health products. People just assume that natural means safe, so they don’t think about interactions. So many people use non-prescription medication, but it’s so often overlooked. Less than half of patients tell their doctor or pharmacist about any natural health product use. A few simple, direct questions from a pharmacist play such a significant role in decreasing adverse events. That really got me interested in the whole patient safety field.”

Candace is now looking to spread the message of patient safety and pharmacist potential to a wider audience. “I see myself playing a more active role in practice change. I see opportunities in the academic world and would like to do research that supports practice change. I also want to play more of a leadership role to help move practice to what a pharmacist’s role should be. I can’t really make an impact unless I can get messages out to more people. These kinds of roles will help me do that.

“I love being involved in knowledge transfer and spreading the messages to bigger groups. It’s really more about teaching attitude than training – everyone *can* do it, they just need to *do it*. And we need to start the ideas with pharmacy students. Once you get into practice, habits are formed and the busyness becomes too easy an excuse. It’s so easy to let outside influences dictate your practice.”

It’s also important to Candace that information be practical. “When I moved from school to work, there was a big gap between theory and practice. I thought, “if we just learned x and y, it would be so much more applicable.”

The study Candace has recently been involved in ties her interests in patient safety and applicable learning together. The study tested the following exercise on consecutive patients dropping off or picking up prescriptions at community pharmacies and it found significantly higher rates of adverse events identified – and only takes 15 seconds! That makes it applicable in any type of practice.

Question 1: During the last 1 month, have you taken any prescription medications? If YES, what were those medications?

Question 2: During the last 1 month, have you taken any natural health products? If YES, what were those products?

Question 3: During the last 1 month, have you experienced any unexpected or undesirable effects? If YES, what were those effects?

An early leader herself, Candace is also extending a hand to others following the trail she is blazing. This is best expressed through the words of one of her students. “My preceptor, Candace, constantly encouraged me to push the boundaries and aim high for success. She never undermined my qualifications and constantly provided constructive feedback that allowed for self-improvement. I strongly feel she has significantly contributed to my development as a student pharmacist and will continue to do so as I transition into a practicing pharmacist.”

Whether as a teacher, patient safety advocate or practice leader, look to Candace to lead the way.



Arden Barry

University of Alberta/
Mazankowski Alberta
Heart Institute;
Edmonton, AB

► In a short time, Arden Barry has covered a lot of ground: literally and figuratively. After completing a biochemistry degree in Vancouver, Arden began work as a pharmacy technician at an inner city pharmacy in Victoria. Then, his interest in the technical side of pharmacy operations took him to northern BC as an IT and workflow consultant. His BScPharm, residency, and PharmD brought him back to Vancouver. Now, he's working in Edmonton as a Clinical Post-Doctoral Fellow in cardiovascular pharmacotherapeutics.

It's not just only his geographic scope that is wide either – his view of his future is just as expansive. "I want to be a clinical pharmacy practitioner, a speaker at pharmacy-related educational events, a preceptor for pharmacy students and residents, conduct research and contribute to the pharmacy literature, advocate for the expanded professional role of pharmacists and, above all, enjoy what I do every day."

While those may sound like lofty goals so early in a career, Arden has already started meeting most of them. He has practised in community and hospital pharmacy; has already become a popular speaker; taught pharmacy technicians, pharmacy students, and fellow pharmacists; and presented and published his research. He continually advocates for the expanded role of pharmacists by modeling the changes he wants to see and educating colleagues from other disciplines through dialogue and his example. He is also challenging hospital pharmacists to re-evaluate their current practice and take steps toward more collaborative patient care in two recently published articles.¹

Amidst all the moves and projects, there have been constants in Arden's journey. The first has been his ability to learn from the people around him. "I've always had an interest in working with people. I've also had really great people to guide me. My first pharmacy manager who hired me as a technician really modeled how clinical practice can work in community pharmacy. My second pharmacy manager in Vancouver was one of the most caring, concerned people I've ever met. A PharmD student co-worker and community pharmacist had an amazing gift for translating clinical trial information into advice for her patients. My coordinators and advisor in my PharmD program all had an infectious passion for clinical pharmacy. All these people were great role models. Now, working with Glen [Pearson] and the people here, I am very excited because I have great mentors and opportunities. We can all learn so much from each other."

The second factor that has never wavered is Arden's drive to learn. "I *hate* not knowing!" he exclaims. "Even after my residency, I wasn't satisfied; I wanted to know more. I felt limited." Arden admits it's often a struggle to keep up with literature and best practices. "I used to have difficulty accessing the applicable research material I wanted. I finally have a good process to identify material, but now I can't read and remember it all!" he laughs. "I find that teaching is the best way for me to reinforce my own learning. Between the preparation, answering questions and interacting with students, I definitely have to know what I'm talking about."

"Now, with the learning I've done and the great mentors I've had, I can see how much pharmacists can really do. Just looking at the drugs limits our view. When we view the patient as a whole and include them in the process, there's a bigger picture. Then, by focusing on what information is needed to make the best possible decision and becoming efficient at collecting it, our care for patients can really improve."

The picture that Arden sees is very big indeed. We have just begun to see the outlines of what is to come. Stay tuned for a masterpiece.

¹ Barry AR, Pearson GJ. Prescribing by Pharmacists and Collaborative Care: Are We Ready to Accept the Baton and Get in the Race? *Can J Hosp Pharm* 2010;63(1):59.
Barry AR, Pearson GJ. Making Hospital Pharmacists Indispensable on the Healthcare Team: Revolution in Waiting. *J Pharm Prac & Res* 2009; 39(4):256-57.



Celebrating a century of excellence

In 2011, Alberta marks a century of regulated pharmacy practice. Alberta pharmacists are commemorating this milestone through a year-long celebration.

“For a century, pharmacists have made very important contributions to the health and well-being of Albertans through their work in rural locations, urban communities, hospitals, academia, and research. We are passionate about celebrating 100 years of the profession of pharmacy in Alberta,” says Jeff Whissell, Chair of the Centennial Committee. The committee is jointly supported by the Alberta College of Pharmacists (ACP) and Alberta Pharmacists’ Association (RxA).

The centennial celebrations will promote the profession’s commitment to care, leave a legacy of pride and further develop the profession. Pharmacists, ACP, and RxA will also recognize and recommit to the innovation and high standards that have made Alberta a world leader in pharmacy practice.

Celebration highlights include:

- A centennial website at <http://pharmacy100.ab.ca>.
- A Facebook page at <http://www.facebook.com/AlbertaPharmacyCentennial>.
- The Alberta Pharmacy Centennial Award of Distinction, recognizing the individuals who are advancing and/or have advanced pharmacy in Alberta to the leadership position it holds today.
- A commissioned artwork, to be unveiled at the Centennial Conference on May 21, 2011.
- The Alberta Pharmacists’ Centennial Leadership Award, established to inspire and recognize practitioners of the future through an endowment that will provide one year’s tuition to a U of A pharmacy student each year. Donors can help build this legacy via the centennial website.

CELEBRATING
PHARMACY
A CENTURY OF EXCELLENCE



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