



2011-2012 ANNUAL REPORT



Celebrating a century of healthy Albertans through excellence in pharmacy practice

Table of Contents

| | |
|----|--|
| 1 | A century of commitment |
| 2 | Our strategic plan |
| | QUALITY CARE |
| 5 | Competent and responsible practitioners |
| 13 | Safe and effective practice environments and systems |
| 17 | Accessible care |
| | PUBLIC AND STAKEHOLDER CONFIDENCE |
| 21 | Public and stakeholder awareness |
| 27 | Credibility and trusting relationships |
| | EFFECTIVE ORGANIZATION |
| 31 | Effective governance |
| 34 | Workplace of choice |
| 36 | Financial Statements |

All of our work is guided by our mission, vision and values.

Our mission

The Alberta College of Pharmacists governs pharmacists, pharmacy technicians and pharmacies 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.

We ensure that:

- only qualified pharmacists and pharmacy technicians are licensed,
- all pharmacists and pharmacy technicians maintain their knowledge and skills at the highest level possible, and
- all pharmacies provide a practice environment that supports quality practice and patient safety.

Our vision

Healthy Albertans through excellence in pharmacy practice

Our values

The Alberta College of Pharmacists values:

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

Visit us online at pharmacists.ab.ca.

This 2011–2012 annual report presents highlights of Alberta College of Pharmacists (ACP) initiatives from March 1, 2011 to February 29, 2012.

A CENTURY OF COMMITMENT



Anjali Acharya



Greg Eberhart

Since J.D. Higinbotham opened his Fort MacLeod drugstore in 1884, pharmacists have played a key role in the lives of Albertans.

Since 1911, the Alberta College of Pharmacists (known until 2000 as the Alberta Pharmaceutical Association (APhA)), has worked to ensure Albertans receive the highest quality care from their pharmacist. When J.D. Higinbotham was elected as our first president in 1911, he set high expectations for the profession. We are proud to continue that tradition.

For the last 100 years we have taken responsibility for ensuring pharmacists provide Albertans with safe, appropriate, effective care. In July of 2011, we were pleased to welcome Alberta's newest health professionals – pharmacy technicians – as registrants of the college.

We have seen pharmacy through prohibition, the Great Depression, influenza epidemics, and the introduction of fax machines, computers, electronic health records, and robotic dispensing machines.

We have led the practice of pharmacy in Canada by being the first to implement mandatory continuing education, patient medication records, and gain the authorization for pharmacists to administer drugs by injection and prescribe.

No matter the challenges or changes, our commitment has been and continues to be unwavering: *Healthy Albertans through excellence in pharmacy practice.*

A handwritten signature in gold ink, appearing to read 'Anjali Acharya'.

Anjali Acharya
President

A handwritten signature in gold ink, appearing to read 'Greg Eberhart'.

Greg Eberhart
Registrar

OUR STRATEGIC PLAN



The college's strategic plan guides our council and staff as we protect the public and work to ensure *Healthy Albertans through excellence in pharmacy practice*. We align our efforts with the plan's seven strategic objectives, continuously focusing on the three critical success factors: quality care, effective organization, and public and stakeholder confidence. The plan is supported by five-year action plans, three-year financial projections, and annual council priorities. Council set the following five priorities for 2011.

| Goal | New initiatives we took to reach goals |
|---|---|
| 1. Ensure pharmacists are competent to perform authorized roles | <ul style="list-style-type: none"> ■ Selected 400 pharmacists (approx. 10% of registrants) for competence assessment <ul style="list-style-type: none"> • Each was required to complete either a knowledge exam or a professional portfolio ■ Introduced web-based assessment and quality assurance tools ■ Began unannounced pharmacy assessments |
| 2. Begin regulating pharmacy technicians | <ul style="list-style-type: none"> ■ Achieved amendment to the Pharmacists Profession Regulation, authorizing the regulation of pharmacy technicians effective July 1, 2011 ■ Amended the Standards of Practice, the Standards for Operating Licensed Pharmacies, and our bylaws to include pharmacy technicians as regulated health professionals |
| 3. Enhance public and stakeholder awareness about pharmacy practice through our centennial celebrations | <ul style="list-style-type: none"> ■ Partnered with the Alberta Pharmacists' Association to produce the centennial conference, a commemorative magazine and postcard booklet, awards of distinction, an endowment, a commissioned painting, and a number of regional events ■ Incorporated centennial messaging in our fall public awareness campaign |
| 4. Rebrand ACP and create greater awareness amongst registrants, the public and stakeholders about the important role that the college plays in Alberta's health system | <ul style="list-style-type: none"> ■ Introduced a new visual identity in May ■ Distributed rebranded signage, literature, licences and practice permits ■ Conducted a stakeholder satisfaction survey ■ Ran a public awareness campaign in the fall, focused on ACP's mandate to govern pharmacy practice and protect the public |
| 5. Relocate the ACP office | <ul style="list-style-type: none"> ■ Secured a more cost-effective location (College Plaza), while preserving a professional presence and access to key partners and stakeholders |

Our annual report provides further insight into our work over the past year to reach these goals and enable quality care, earn public and stakeholder confidence, and ensure we are an effective organization.

In 1905

following the creation of the

provinces of Alberta and Saskatchewan, Alberta pharmacists began agitating for their own pharmaceutical association. The *Alberta Pharmaceutical Association Act* came into effect in January 1911, making pharmacy a self-regulated profession in Alberta.

J.D. Higinbotham was one of the driving forces behind the formation of the Alberta Pharmaceutical Association (APhA) and served as the first president. He was honoured by being issued registration certificate #1.



J.D. Higinbotham

The Pharmaceutical Association of Alberta

THIS IS TO CERTIFY

Over the last 100 years, we have issued over 10,000 registration certificates. Though the registration certificate formats have changed, our high standards haven't. When they enter the profession and throughout their careers, we take steps to ensure that all pharmacists and pharmacy technicians:

- are competent to perform their roles,
- are accountable for their decisions and actions, and
- act professionally and ethically.

having complied with the provisions of the
Pharmaceutical Association Act of Alberta
has been duly registered as a member of the
Association and is entitled to be styled a
Pharmaceutical Chemist and to enjoy all
the privileges of such as set forth in and under
the Province of Alberta, Canada, in and under
An Act respecting Chemists and Druggists.

PRESIDENT



QUALITY CARE

COMPETENT AND RESPONSIBLE PRACTITIONERS

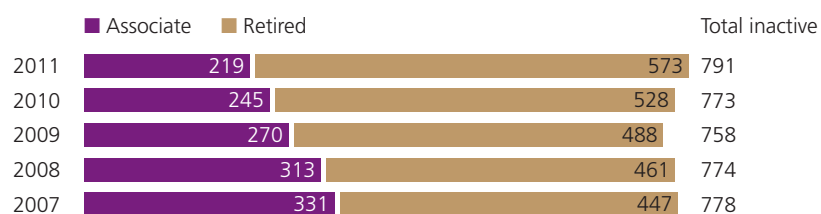
Pharmacist registrants

Data as of December 31, 2011

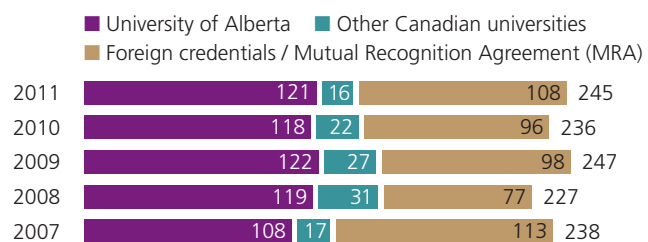
PRACTISING REGISTRANTS



ASSOCIATE AND RETIRED



NEW REGISTRANTS



STUDENTS AND INTERNS



Pharmacy technicians

Data as of December 31, 2011



The provisional register is for individuals working toward registration as a pharmacy technician. As of Dec. 31, 2011, it was comprised of 814 individuals who had been on ACP's voluntary technician register (this register was rescinded on Dec. 31, 2011), and 155 new registrants who applied after the provisional register came into being on July 1, 2011.

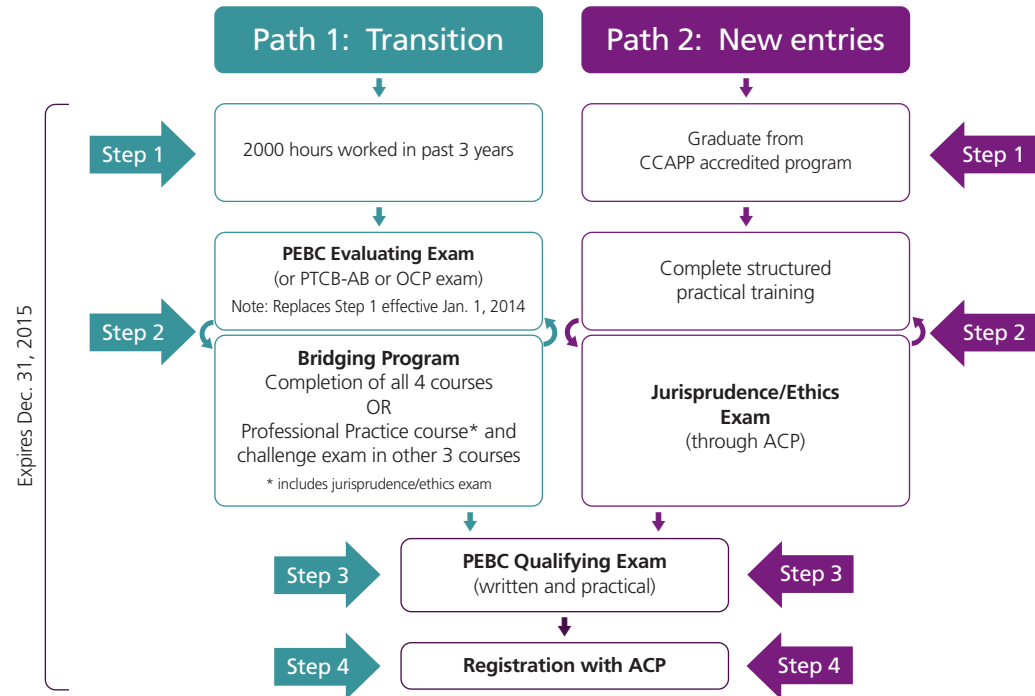
Welcome Alberta's newest health professionals – pharmacy technicians

On July 1, 2011, pharmacy technicians became the newest regulated health profession in Alberta – and the newest registrants of the Alberta College of Pharmacists. Alberta Health and Wellness Minister Gene Zwozdesky announced the passing of amendments to the Pharmacists Profession Regulation at ACP's annual general meeting in Jasper on May 22. That was the final step in what had been over ten years in planning.

"For almost a decade, pharmacy technicians, pharmacists, and ACP have worked together to develop the framework for technician registration in Alberta," said ACP Registrar Greg Eberhart on the day of the Minister's announcement. "We're excited to see the legislation – the last piece of the puzzle – finally in place. It's good news for the professions and the public."

Registrar Eberhart explained, "The regulation of pharmacy technicians helps fulfill two of the college's primary goals: protecting the public and optimizing the use of pharmacy professionals' skills. By regulating pharmacy technicians, ACP can be assured – and can assure the public – that these regulated individuals have met entry-to-practice standards and are competent to take on more responsibility within compounding and dispensing functions."

Paths to technician regulation



Understanding pharmacist and pharmacy technician roles

Pharmacists must still assess the appropriateness of each prescription and assess and counsel patients. However, once the pharmacist has assessed the patient and their prescriptions, regulated pharmacy technicians will be able to compound and dispense drugs without a pharmacist having to perform the final check. They will also be able to supervise other technicians, assistants and pharmacy technician students in the pharmacy.

Is pharmacy technician registration mandatory?

No. ACP does not expect that all individuals currently working as technicians will pursue registration. Pharmacy licensees are not required to hire a pharmacy technician. In fact, we anticipate that uptake will be gradual and that there will continue to be a variety of viable pharmacy business models with and without regulated technicians. However:

- only those individuals on an ACP technician register may call themselves a pharmacy technician; and
- only regulated pharmacy technicians (i.e., those who have met the criteria and are officially registered on the pharmacy technician register) may work under indirect supervision.

Role comparisons

| | Pharmacists | Pharmacy technicians |
|------------------|---|--|
| Roles | <ul style="list-style-type: none"> ■ assess patient ■ review patient history, medication history ■ ensure appropriate drug therapy ■ counsel patient ■ monitor ongoing therapy ■ provide direction to technician <p><i>(Pharmacists continue to be authorized to conduct all pharmacy technician roles.)</i></p> | <ul style="list-style-type: none"> ■ prepare and distribute prescriptions ■ compound ■ sell ■ check to ensure correct drug is dispensed ■ copy prescriptions for authorized recipients ■ transfer prescriptions to, and receive prescriptions from, other pharmacies ■ receive and transcribe verbal prescriptions given by a prescriber ■ instruct patients re: health aids and devices ■ check compounds and prescriptions prepared by individuals employed in a pharmacy |
| Responsibilities | <ul style="list-style-type: none"> ■ continue to be accountable for the overall supervision of pharmacies and the systems that are in place to ensure the safe storage, compounding, packaging and distribution of drugs. ■ continue to be solely responsible and accountable for assessing the appropriateness of drug therapy (both new and continuing) and providing patient consultation. A prescription cannot be released to the patient without a pharmacist having performed these functions. | <ul style="list-style-type: none"> ■ always practice in an environment where: <ul style="list-style-type: none"> • procedures are in place to ensure the safety and integrity of the dispensing or compounding process (i.e., under the direction of a pharmacist). • a pharmacist is available to ensure appropriateness of drug therapy and consult with patients. ■ exercise professional judgement at all times and be able to recognize when the clinical expertise of the pharmacist is required. |

In 1975

Alberta pharmacists were the first in Canada, and first health professionals in Alberta, to implement mandatory continuing education requirements. Doreen Zinyk played a key role. In 1974, Doreen became the first female president of the Alberta Pharmaceutical Association (now the college). She was also the Alberta appointee to the Canadian Council on Continuing Education in Pharmacy (CCCEP). Concurrently, she held the position of Continuing Education Coordinator for the Faculty of Pharmacy. Combining her roles and her passion for continuing education, Doreen helped position Alberta pharmacists as leaders in being able to prove their competence to themselves and the public.



Doreen Zinyk

Keeping up with the rapid changes in healthcare can be daunting. The study guide for our jurisprudence exam (an exam on pharmacy laws and rules) lists 28 separate pieces of legislation that pharmacists must be familiar with – and that doesn't include the Standards of Practice, the Code of Ethics, drug names and uses, patient assessment techniques, chemistry, biology or technology information they also must know.

It is also not enough for pharmacists and pharmacy technicians to just be able to demonstrate their competence when they enter practice either. They must continually update their skills and knowledge. That's why we invest in a leading-edge continuing competence program to help pharmacists and pharmacy technicians (and Albertans) be confident in their competence throughout their careers.

Supporting and measuring pharmacist competence

The *Competency Profile for Alberta Pharmacists*, created in 2005 and updated in 2010, details the knowledge and skills Alberta pharmacists need and is a reference for self-assessment. Pharmacists can use our *RxCEL Continuing Professional Development Plan* system at any point in their career to assess their learning needs, develop a plan, complete learning activities, and evaluate their progress.

We help pharmacists measure their progress through our learning portfolio audits, knowledge assessment and professional portfolio tool.

Learning portfolio audits

Each year, as part of annual permit renewal, pharmacists sign a professional declaration stating that they have completed the learning activities entered in their continuing professional development log. 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.

Competence assessment

The college's competence assessment program is designed to help pharmacists assess their own levels of competency. Through this assessment, they can identify their strengths and focus on areas where they may wish to enhance their knowledge or skills.

Because pharmacists practice in a variety of settings and their role is evolving and expanding, assessment must be flexible. With this in mind, we designed two options for pharmacists: the knowledge assessment and the professional portfolio.

The knowledge assessment is a three-hour, open-book, computer-based assessment. The professional portfolio asks pharmacists to provide case studies and documentation that demonstrate how they maintain and enhance their practice.

In 2011, the college selected 400 pharmacists who must complete either the knowledge assessment or professional portfolio before applying for their annual permits in May 2012. The online Competence Assessment Tutorial we introduced in May helps pharmacists decide which tool best suits them.

We also provide our Competence Assessment Handbook, the Continuing Competence section of our website, newsletter articles, a system tutorial and a practice quiz to guide pharmacists through the competence assessment process. In 2011, we added professional portfolio tips, and gave 13 in-person group presentations.

Learning portfolio audits

| | 2007 | 2008 | 2009 | 2010 | 2011 |
|-----------------------------------|------|------|------|------|------|
| Audits conducted | 719 | 738 | 597 | 469 | 441 |
| Successful compliance | 715 | 730 | 586 | 466 | 433 |
| Referrals to Competence Committee | 3 | 8 | 3 | 6 | 8 |
| Letters of non-compliance | 3 | 8 | 3 | 3 | 8 |
| Referral to Complaints Director | 1 | 0 | 2 | 0 | 0 |

Competence assessment statistics

| Pharmacists | 2010 Cohort (completion deadline: Aug. 31, 2011) | 2011 Cohort (completion deadline: Apr. 15, 2012) |
|----------------------------------|--|--|
| Selected | 98 | 400 (approx. 10% of clinical pharmacists) |
| Deferred* | 4 | 17 |
| Non-compliant | 6 | 3 |
| Outstanding | 8 | 194 |
| Knowledge Assessment completed | 56 | 175 |
| Successful on first attempt | 50 (90%) | 163 (93%) |
| Unsuccessful on first attempt | 4 | 12 |
| Successful on rewrite | 1 (brings success rate to 91%) | 2 (brings success rate to 94%) |
| Yet to attempt rewrite | 3 | 10 |
| Unsuccessful after two attempts | N/A | 1** |
| Professional Portfolio completed | 32 | 12 |
| Successful on first attempt | 26 | 12 |
| Successful on second attempt | 1 | N/A |
| Yet to submit second attempt | 5 | N/A |

* The pharmacist's case has been deferred to the following year because they are on maternity leave, paternity leave, or medical leave and not currently practising.

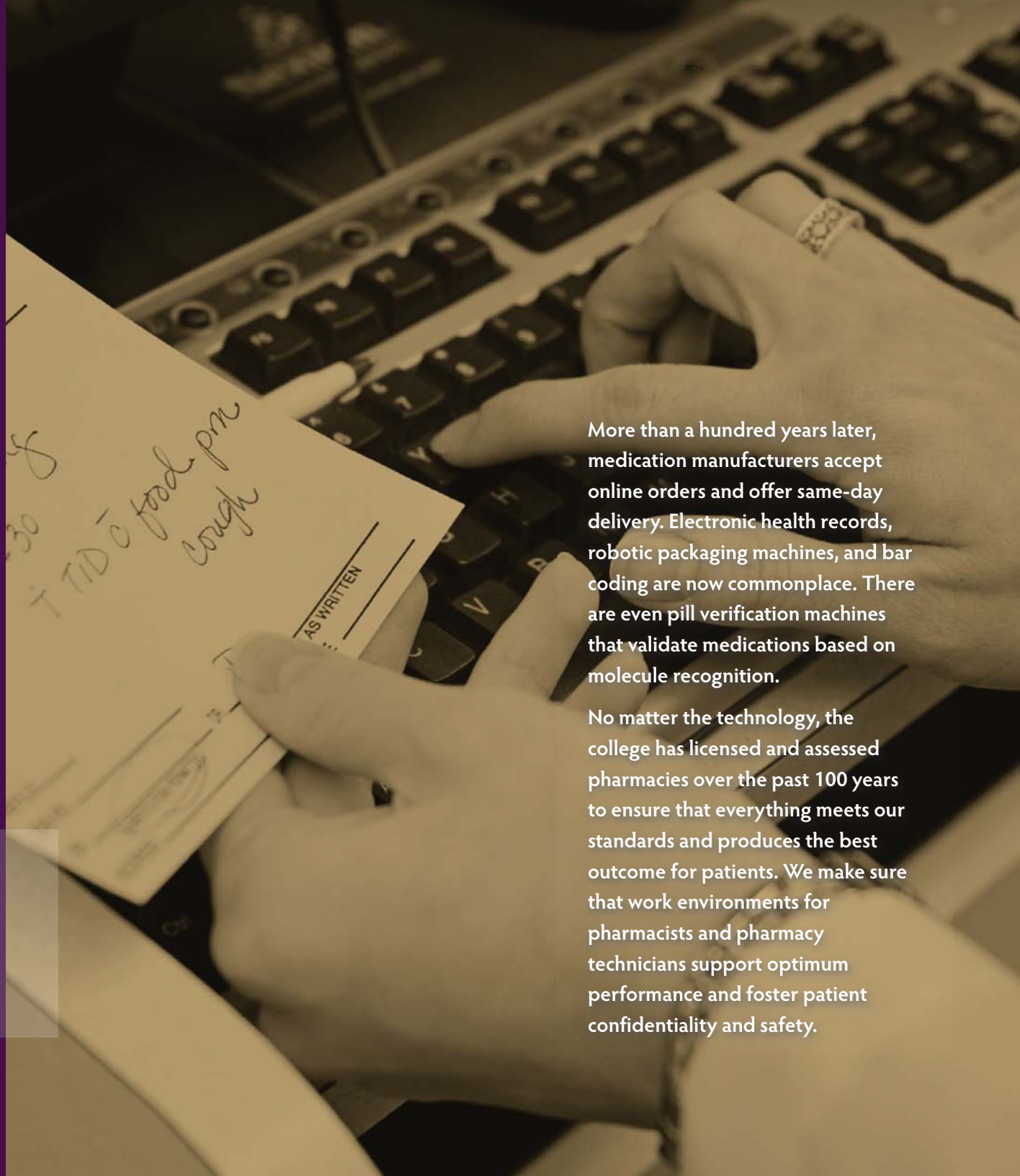
** This case is also included in "Unsuccessful on first attempt".

In 1882

the pharmacists
in Fort Edmonton

used riverboats to transport medications purchased from Central Canada across the North Saskatchewan River. The time between order and delivery of medication could be months.

Before computers were introduced in 1980, patient records were all hand written. Pharmacists would have to manually sift through alphabetically sorted records when filling a prescription.



More than a hundred years later, medication manufacturers accept online orders and offer same-day delivery. Electronic health records, robotic packaging machines, and bar coding are now commonplace. There are even pill verification machines that validate medications based on molecule recognition.

No matter the technology, the college has licensed and assessed pharmacies over the past 100 years to ensure that everything meets our standards and produces the best outcome for patients. We make sure that work environments for pharmacists and pharmacy technicians support optimum performance and foster patient confidentiality and safety.



QUALITY CARE

SAFE AND
EFFECTIVE PRACTICE
ENVIRONMENTS
AND SYSTEMS

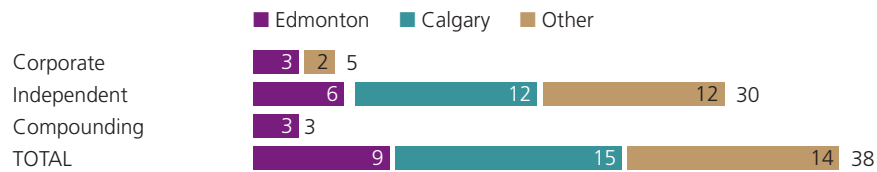
Pharmacy statistics 2011

Data as of December 31, 2011

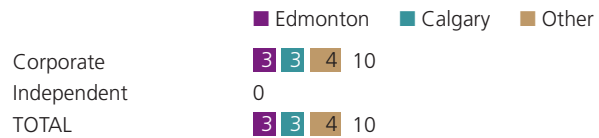
LICENSED PHARMACIES



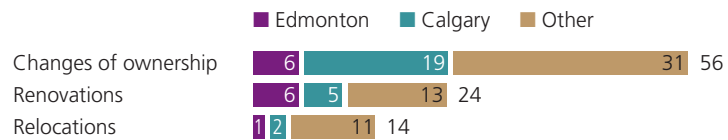
NEW PHARMACIES 2011



PHARMACY CLOSURES 2011



PHARMACY CHANGES 2011



Pharmacy assessments

Our pharmacy practice consultants (PPCs) assess pharmacies and help pharmacy staff learn how to best meet the college's standards in their own work setting.

PPCs aim to conduct routine (full) assessments of each pharmacy once every three years, focusing on operations and practices, and providing coaching to support changes required. The PPCs complete follow-up consultation visits with all pharmacies that had a routine assessment to ensure that deficiencies are corrected and to provide educational tools and resources to support the implementation of recommendations.

PPCs conduct renovation and relocation assessments to ensure that changes are completed according to the information provided to the college, and that the changes meet all federal and provincial legislation and standards. They also conduct an abridged assessment of operations and practice at this time.

Directed visits arise from issues of public concern as identified by the complaints department. These visits are educational in nature, and a report from each visit is provided to the complaints department for further follow-up if required.

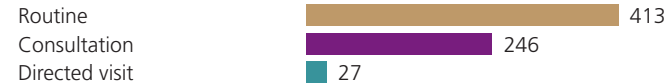
To ensure that we deliver resources where they are needed most, we classify pharmacies as high, medium or low performing. The classification is assigned after a routine assessment, and is based on a series of indicators in six categories: practice environment, which includes staffing and workload; assessment, care plan and follow up; documentation; communication; quality assurance programs; and complaints.

Pharmacies assessed 2011

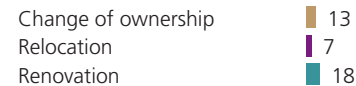
Data as of December 31, 2011

Reason for assessment:

PRACTICE RELATED



INITIATED BY CHANGE

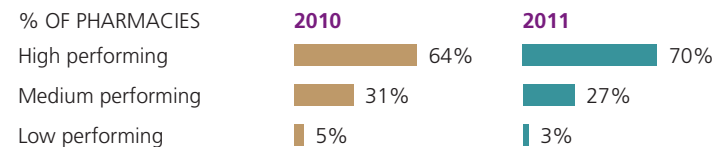


TOTAL



Performance rating

% OF PHARMACIES



Through education and coaching on our key initiatives such as Chat, Check, and Chart and lean management, we increased the number of high performing pharmacies from 64% to 70% from 2010 to 2011.



Chat, Check and Chart focuses on integrating patient assessment and documentation into existing pharmacy practices. Chat, Check and Chart began as a one-day workshop in May 2010, and proved to be a powerful tool, as pharmacists' efficiency and confidence in completing patient assessments and documentation increased significantly after the workshop. To sustain this change, we now thread Chat, Check and Chart throughout our programs and coaching, including licensee and pharmacy team education, academic detailing during assessments, preceptor education, and lectures presented to pharmacy students. Uptake has been very positive, with most pharmacists initially focusing on improving patient assessment.

Lean management is a philosophy that focuses on increasing efficiencies in work flow, standardizing processes, and eliminating wastes. We include this philosophy in our programs and coaching to support the integration of patient assessment and documentation. Currently, ACP is working with five corporate pharmacies to demonstrate that incremental changes in work flow, such as allocating appropriate roles to the right staff, will support improved patient assessment and documentation.



In January 2012, our professional practice department introduced *The Systems Approach to Quality Assurance for Community Pharmacies*. Written in collaboration with the Institute for Safe Medication Practices Canada, this comprehensive resource helps pharmacy teams reduce recurrence of drug incidents and become competent patient safety advocates.

Four components guide pharmacy teams toward more effective patient care:

1. The Systems Approach to Quality Assurance for Community Pharmacists (51 page book or PDF)
2. Incident Analysis Process Summary and Quick Reference Guide (20 page book or PDF)
3. A Patient Safety Primer
4. Three narrated online tutorials



QUALITY CARE

ACCESSIBLE CARE

Until 1965

pharmacists
were not

allowed to print the name of the medication on the bottle they gave to a patient. The thinking was that too much information would scare the patient. Thank goodness that has changed.



Today, pharmacists educate and engage patients as active participants in their own care.

Albertans also enjoy the greater access to care they have had since 2007 when pharmacists were given the legislative authority to administer drugs by injection and prescribe. For example, a Calgary patient who had needed pre-travel vaccinations told us she, "went to see Betty [a pharmacist at a travel clinic] to get ready for our family trip overseas. From start to finish, she made us feel completely at ease. She reviewed our medical and vaccination history, filled in the gaps to ensure we had a safe and healthy trip and even followed up after we received our vaccinations to ensure everything was okay. With Betty being a pharmacist, I knew we were in good hands."

Administering drugs by injection

As of Feb. 29, 2012, there were 1535 pharmacists in Alberta who had received the authority to administer drugs by injection. This is a 35% increase from last year.

In 2011, pharmacists with authorization to administer drugs by injection participated in the provincial Influenza Immunization Program and immunized over 81,600 Albertans, greatly extending the reach of the program.

Additional prescribing authorization

All pharmacists in Alberta have been authorized since 2007 to prescribe drugs to adapt prescriptions (i.e., refill, change the dosage form, or substitute a generic for a brand name drug). A growing number of pharmacists are also recognizing that additional prescribing authorization – being authorized to initiate drug therapy – complements traditional services and enables them to better respond to the health needs and goals of individuals they serve.

The college received 56 applications for additional prescribing authorization in 2011, a 5% increase over 2010. Interest is building most noticeably in community pharmacy and continuing care.

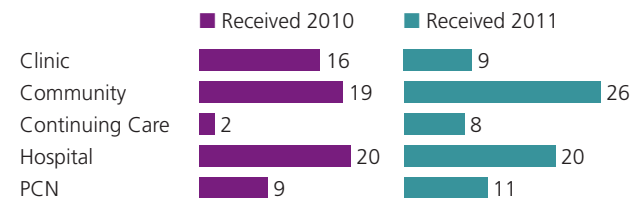
As of February 29, 2012, there were 155 pharmacists with additional prescribing authorization.

All pharmacists can now order lab tests

Pharmacists must collect and consider appropriate information to evaluate patients' health needs. Until 2010, 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 April, a pilot group of 60 pharmacists were invited to register with labs to begin ordering lab tests for their patients. The process opened to all clinical pharmacists in May.

Practice settings at time of additional prescribing application



From 1911

to 2000,
the Alberta

Pharmaceutical Association (APhA) governed pharmacy in Alberta. On July 1, 2000, to more clearly delineate the regulatory and advocacy roles, the APhA was divided into two bodies: the Alberta College of Pharmacists (ACP) and the Alberta Pharmacists' Association (RxA).



As a single entity within Alberta's broader health system, collaboration is critical to our success. Our partners and stakeholders must understand our role and have confidence in us. Therefore, we consider their needs and priorities and align our efforts whenever possible to create opportunities and benefits that are not achievable by any one organization.

During 2011, ACP introduced a new visual identity for the college, ran a multi-media public awareness campaign, co-hosted the profession's centennial celebrations, and conducted a stakeholder survey to help us ensure that the public and stakeholders understand what to expect of pharmacy practitioners and value the college as a partner and resource.



PUBLIC & STAKEHOLDER CONFIDENCE

PUBLIC AND STAKEHOLDER AWARENESS

Stakeholder survey

In October, ACP commissioned an online survey of our stakeholders. We measured their confidence in the college and sought their feedback on the perceived roles of pharmacists, the college and current issues impacting practice.

High-level leaders from provincial government, Alberta health groups and colleges, national pharmacy organizations, national health organizations (non-pharmacy), corporate pharmacy, pharmaceutical manufacturers and police participated.

The results confirm that stakeholders are confident in ACP's work. Specifically, stakeholders understand the role of the college and recognize its value. We are sought out as a valued partner and resource (91 points*) and seen as a reliable source of knowledge (91 points*). ACP is viewed as an essential organization (94 points*) that acts ethically (91 points*) and professionally (89 points*). Overall, the college earned scores that make it a model of excellence.

*All scores out of a possible 100 points. Index scores were used to transform a 5-point scale (where 5 is 'strongly agree' and 1 is 'strongly disagree') into a single score with a range of 100 points. An index score is not a percentage. Higher scores indicate a higher level of agreement or satisfaction.

Result highlights

Overall satisfaction increased

Overall stakeholder satisfaction increased from an average of 68 points in 2008 to 78 out of 100 points in 2011. Scores ranged from a high of 83 points from government and health organizations to a low of 62 from corporate organizations.

Relationship with ACP valuable

Stakeholders regard the college as a valuable partner with whom they are proud to associate.

Stakeholders value pharmacists

A large majority of stakeholders strongly agree that pharmacists play an important role in ensuring the quality and safety of drugs, making the best drug therapy decisions and preventing the abuse of prescription drugs. Most stakeholders consider pharmacists to be valuable healthcare team members who contribute to the overall health care of individuals.

Nix reward programs

About two-thirds of stakeholders feel it is inappropriate to issue points, rewards or incentives (e.g., Air Miles®, Optimum Points®, coupons) in return for professional goods or services rendered from a health professional. These results are similar to those from our 2008 stakeholder survey.

What is your level of agreement with each statement about the college?

| The Alberta College of Pharmacists is... | Index Scores (out of 100) | | | |
|--|---------------------------|---------------------|-----------|----------|
| | Government | Health Organization | Corporate | Average* |
| a. An organization that is/would be valuable as a partner | 95 | 94 | 73 | 91 |
| b. A reliable source of knowledge | 93 | 91 | 83 | 90 |
| c. An organization we are/would be proud to be associated with | 93 | 91 | 83 | 90 |
| d. Accountable for its actions | 88 | 87 | 75 | 84 |
| e. In step with current trends | 85 | 86 | 63 | 83 |
| f. Realistic in its expectations | 75 | 71 | 57 | 68 |

* weighted average

How important are pharmacists with respect to each activity or role?

| Activity or role | Index Scores (out of 100) | | | |
|--|---------------------------|----------------------|-----------|----------|
| | Government | Health Organizations | Corporate | Average* |
| a. To ensuring the quality and safety of drugs | 92 | 95 | 88 | 93 |
| b. To making the best drug therapy decisions | 97 | 92 | 85 | 91 |
| c. As members of health care teams | 89 | 91 | 87 | 89 |
| d. To preventing the abuse of prescription drugs | 89 | 89 | 87 | 88 |
| e. To an individual's overall health care | 78 | 85 | 88 | 85 |

* weighted average

Centennial celebrations

Alberta marked a century of regulated pharmacy practice in 2011 and we celebrated! It was a year of recognition and recommitment to the innovation and high standards that have made Alberta a world leader in pharmacy practice.

The Centennial Committee, jointly supported by the Alberta College of Pharmacists (ACP) and the Alberta Pharmacists' Association (RxA), rolled out a year that truly did the profession proud.

To see more coverage of our centennial year, visit the centennial website at pharmacy100.ab.ca.



An endowment will leave a lasting legacy of the year's celebrations.



Remembering years past – the dress evening at the centennial conference.



The Centennial Committee: Back row (l to r): Greg Eberhart, Karen Mills, Larry Shipka, Donna Kowalishin, Judi Parrott, Joan Pitfield, Bob Sprague / Front row (l to r): Cynthia Rousseau, Jeff Whissell (chair), Bill Lesick.



Artist Ingrid Christensen poses with her commissioned centennial painting, "Completing the Circle."



Alberta's government commemorated pharmacy's 100th anniversary with a speech in the legislature. RxA and ACP reps were in attendance.



The class of 2014 celebrated pharmacy's centennial.



Congratulations to the Alberta Pharmacy Centennial Award of Distinction recipients! This award celebrates 103 individuals who have advanced pharmacy practice in Alberta.

The commemorative magazine, featuring highlights and stories from the century. Copies are available from the college.

Centennial souvenir postcard book



A new look for a new century



To reflect ACP's rich history and progressive outlook, we updated our look. The deep purple and phi [ϕ], the first letter of the Greek word *pharmakon* (pharmacy), celebrate pharmacy's past. The modern **a** reflects ACP's innovative leadership, which enables high standards of pharmacy practice.

We sought input from and tested the new look with registrants, stakeholders, and colleagues from other professions before the design was finalized. Participants agreed that the new design more closely reflects the professionalism and attributes of the college than did the old image. Its bold, clean design and classic colour will also withstand trends and time.

We introduced our new look at our annual general meeting in May.

Public awareness campaign



The sixth wave of ACP's public awareness campaign ran from Oct. 17 to Nov. 13. Our messages were placed in media designed to reach our target market: women aged 35-54, the primary heads of household health. Over four weeks, radio, newspaper, online and clinic TV ads made the public more aware of ACP's role and reassured them that pharmacy practice in Alberta is safe.

The campaign also promoted our centennial celebrations and showcased ACP's new brand.

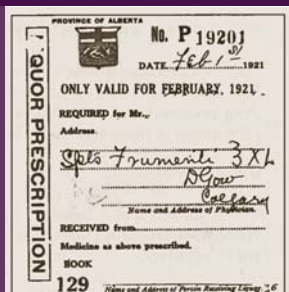


PUBLIC & STAKEHOLDER CONFIDENCE

CREDIBILITY AND TRUSTING RELATIONSHIPS

In 1916 amendments to the

Pharmacy Act permitted us to discipline our own members. In 1921, the council of the day showed they took their disciplinary role seriously by moving that any pharmacist found guilty of violations of the *Liquor Act* (remember, this was during prohibition) be struck off the register.



ethics

stan

As the regulatory body, it is our job to protect the public. Our mission and vision propel us to positively impact the health of individuals through excellence in pharmacy practice. As a self-regulated body, we hold ourselves to an extremely high standard to earn and maintain the trust of Albertans.

A 2011 hearing tribunal summed up this expectation well when they wrote in their decision, *"Pharmacists enjoy the privilege of self-regulation. As part of this privilege there is an expectation that pharmacists conduct themselves according to professional and ethical standards. ... There is zero tolerance for a member that exhibits ungovernability."*

Resolving complaints

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. We make every effort to resolve complaints in a timely, thorough and fair way.

We attribute this year's increase in informal complaints to an increased awareness about the college and the complaints processes, and an increasing number of practising pharmacists. Also, a number of complaints were about patients gaining access to substances with abuse potential at multiple overlapping points in the health care continuum. We resolved these concerns by teaching pharmacy staff involved to use the Pharmacy Information Network within the provincial Electronic Health Record before making a final decision about dispensing a medication.

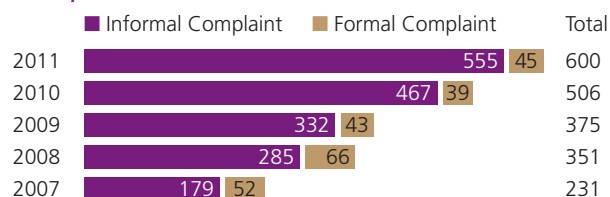
Few formal complaints, fast resolution

In 2011, the complaints department resolved an increasing percentage of complaints 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 promptly and transparently.

All hearings were open to the public. Hearing decisions and orders are posted for 10 years on the ACP website (pharmacists.ab.ca) under *Complaints Resolution*.

There were no instances of a regulated member having to be dealt with under Section 118 of the *Health Professions Act* regarding matters of assessing incapacity.*

Complaints received



*Informal complaints are those resolved at the administrative level. Formal complaints are usually more involved and require extensive investigation. Formal complaints may be referred to a hearing tribunal for resolution.

Final disposition of formal complaints by year

| | 2007 | 2008 | 2009 | 2010 | 2011 |
|--|------|------|------|------|------|
| New formal complaints received during year | 52 | 66 | 43 | 39 | 45 |
| Resolved by Complaints Director | 46 | 60 | 38 | 28 | 38 |
| Referred to a hearing tribunal | 5 | 5 | 4 | 10 | 3 |
| Referred to a complaint review committee | 1 | 1 | 1 | 1 | 0 |
| Still in process as of Dec. 31, 2011 | 0 | 0 | 0 | 0 | 4 |

Hearings, appeals and reviews 2011

| | |
|--|---|
| Hearings | 6 |
| Appeals of decision to council <i>Decision upheld</i> | 1 |
| Appeals of decision to Supreme Court of Canada <i>Decision upheld</i> | 1 |
| Interim suspension reviews <i>Suspension imposed</i> | 1 |

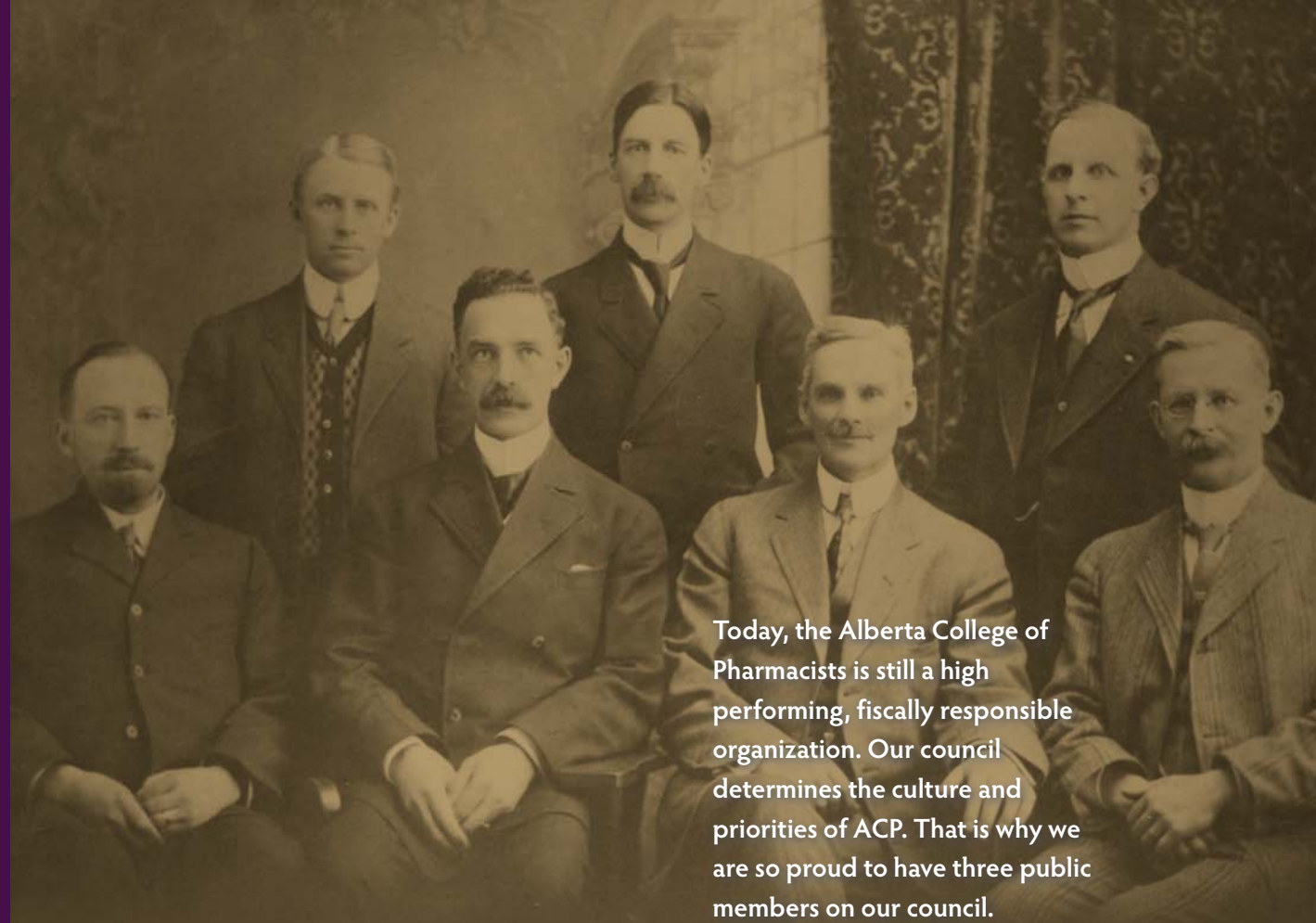
* Section 118 of the *Health Professions Act* states that if a complaints director has grounds to believe that a regulated member is incapacitated, whether or not a complaint has been made, the complaints director may direct the regulated member to submit to specified physical or mental examinations, or both.

In 1911

– March 14 and 15,
to be exact – the

first meeting of the first Council of
the Alberta Pharmaceutical
Association was held in Calgary.
Seven men were present.

The new association elected
their permanent officers:
J.D. Higinbotham as President
and D.W. McDonald as Registrar-
Treasurer. They then elected a
three-member Board of
Examiners and drafted the
association's bylaws. It was a very
productive first meeting!



Today, the Alberta College of
Pharmacists is still a high
performing, fiscally responsible
organization. Our council
determines the culture and
priorities of ACP. That is why we
are so proud to have three public
members on our council.

Bunny Ferguson served as the
college's first public member on
council from 1995 to 1997. The
tradition has continued ever since.
Public members now make up a
quarter of our voting council
members. Because the college
represents the public, it is critical
that we have public voices present
and involved in leading the college.



Bunny Ferguson



EFFECTIVE ORGANIZATION

CREDIBILITY AND TRUSTING RELATIONSHIPS

ACP committees

Committee members as of December 31, 2011

COUNCIL COMMITTEES

Executive Committee

Anjali Acharya, President, chair
Kaye Moran, President Elect
Kelly Olstad, Vice President
Donna Galvin, Past President

Nominating Committee

Anjali Acharya, chair
Donna Galvin
Pat Matusko

STATUTORY COMMITTEES

Competence Committee

Jason Howorko, chair
Stephanie Morton, vice chair
Eric Campbell
Sylvie Druteika
Margaret Grey
Paul Gustafson
Valerie Kalyn
Scot Simpson

Interim Condition / Suspension Committee²

Catherine Biggs
Rick Hackman

Resolutions Committee

Kaye Moran, chair
Vi Becker
Chelsey Cabaj

Hearings Tribunal Pool

Lane Casement
Peter Fenrich
Kimberly Fitzgerald
Marlene Gukert
Joseph Gustafson
Gillian Hansen
James Johnston
Paulise Ly
Peter Macek
Joyce Markson-Besney
Andrea Outram
Mark Percy
Todd Read
Deana Sabuda
Jeremy Slobodan
Penny Thomson
Dianne Veniot
Bill Veniot
Anita Warnick
Brad Willsey

JOINT ACP/RxA COMMITTEES

APEX Awards Committee

Melissa Dechaine
Audrey Fry
Naila Lalani
Donna Pipa

Centennial Celebration Committees

Steering Committee

Jeff Whissell, chair
Donna Kowalishin
Karen Mills
Bill Lesick
Judi Parrott
Joan Pitfield
Cynthia Rousseau
Larry Shipka
Bob Sprague

Art Committee

Joan Pitfield, chair
Ross Bradley
James Krempien
Karen Mills
Larry Shipka

Fundraising Committee

Bob Sprague, chair
Byron Bergh
Terry Legaarden
Karen Mills
Brent Teulon

Publications Committee

Karen Mills
Judi Parrott
Donna Pipa
Cynthia Rousseau
Terri Schindel
Rob Vretaner

Recognition Committee

Donna Kowalishin, chair
Greg Eberhart
Bunny Ferguson
Erin Meier
Karen Mills
Kelly Olstad
Franco Pasutto

Scholarship Committee

Larry Shipka, chair
Terry Legaarden
Joan Pitfield
Cynthia Rousseau

NATIONAL PHARMACY ORGANIZATIONS

ACP appointee to:

CCCEP

Roberta Stasyk

Council of Pharmacy Registrars of Canada

Greg Eberhart

NAPRA

Dianne Veniot

National Committee on

Regulated Pharmacy Technicians

Dale Cooney

National Opioid Use Guideline Group

James Krempien

PEBC

Jeff Whissell

PROVINCIAL COMMITTEES

ACP appointee(s) to:

Alberta Netcare Committees

Integrated Clinical Working Group Steering Committee

Donna Pipa

Patient Portal Steering Committee

Roberta Stasyk

Patient Portal Working Group

Susan Casey

Health Information Standards Committee of Alberta (HISCA)

Ramona Bosnyak

Alberta Netcare Projects

Integrated Clinical Working Group

Kaye Moran
Brian Jones

Electronic Health Record Data Stewardship Committee

James Krempien

Health Information Executive Committee

Greg Eberhart

IMIIT Steering Committee

Greg Eberhart

Medication Domain Steering Committee

Dale Cooney

Shared Health Record

Dianne Veniot

Cooperative on Drug Misuse

(CoOP DM)

Greg Eberhart

DUE Quarterly

Cheryl Sadowski

Noreen Vanderburgh

Faculty of Pharmacy and Pharmaceutical Sciences

Admissions Committee

Kelly Olstad

Federation of Regulated

Health Professions

Greg Eberhart

Health Quality Network

Greg Eberhart

Triplicate Prescription Program Steering Committee

Dale Cooney

Shao Lee

² Established under Section 65 of the *Health Professions Act*



EFFECTIVE ORGANIZATION

WORKPLACE OF CHOICE

In 1943

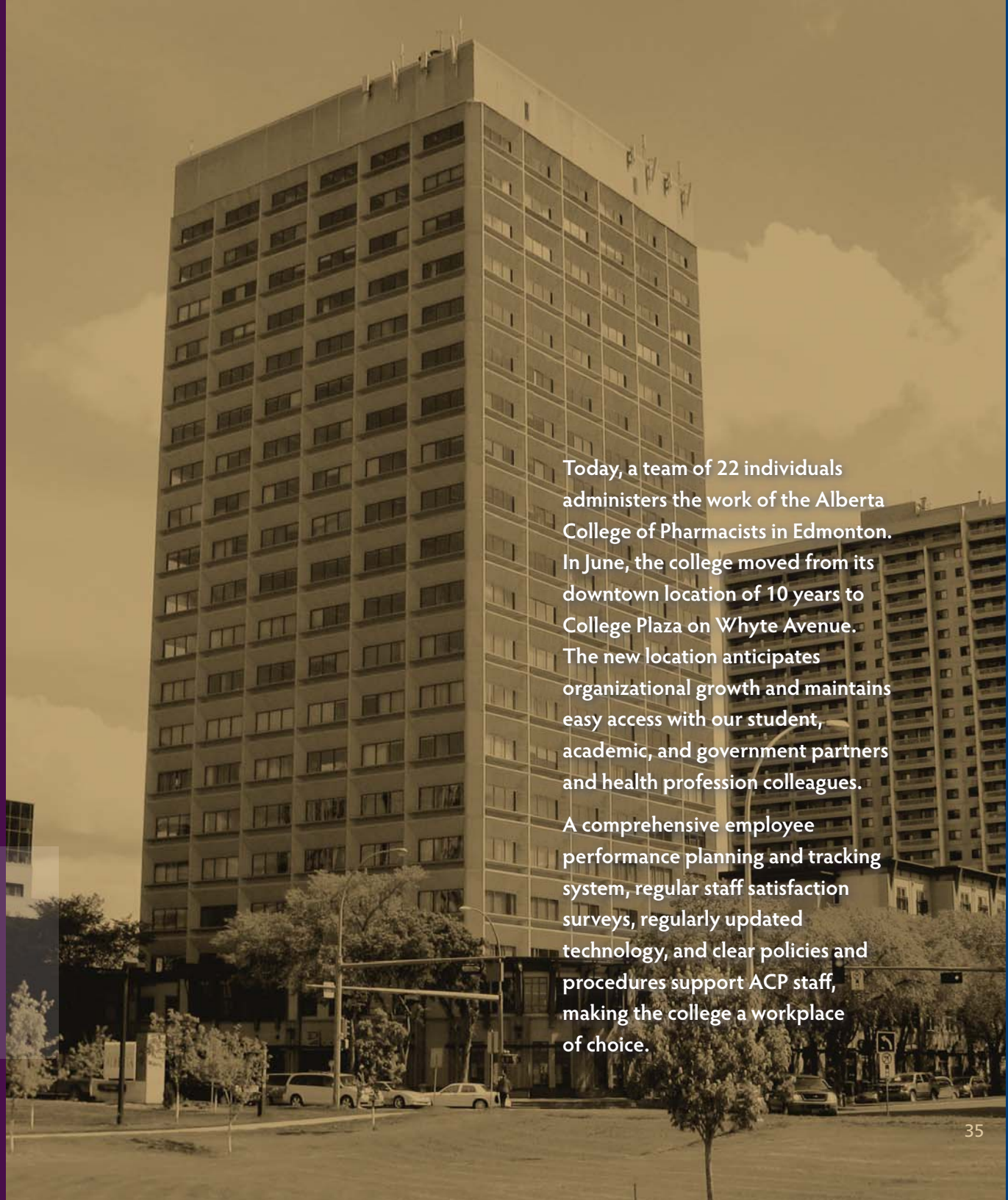
Clarence Watson
Pickup became

the Registrar-Treasurer of the Alberta Pharmaceutical Association. He was the first in the job's 32-year history to have that office as his sole practice of pharmacy. No longer was the position a part-time one operated in conjunction with the co-incident operation of a pharmacy.

The Association had "come of age." Spacious (by standards of those days) offices were rented in the Ingram Block in Calgary, and, in a sense, Alberta pharmacy had its first home.



*Cameron House in Edmonton,
home to ACP from 1980 to 1994*



Today, a team of 22 individuals administers the work of the Alberta College of Pharmacists in Edmonton. In June, the college moved from its downtown location of 10 years to College Plaza on Whyte Avenue. The new location anticipates organizational growth and maintains easy access with our student, academic, and government partners and health profession colleagues.

A comprehensive employee performance planning and tracking system, regular staff satisfaction surveys, regularly updated technology, and clear policies and procedures support ACP staff, making the college a workplace of choice.

FINANCIAL STATEMENTS

of ALBERTA COLLEGE OF PHARMACISTS

Year ended December 31, 2011



Independent
auditor's
report

KPMG LLP is a Canadian limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity.

KPMG Canada provides services to KPMG LLP.

To the Council of Alberta College of Pharmacists

We have audited the accompanying financial statements of Alberta College of Pharmacists (the "College"), which comprise the statement of financial position as at December 31, 2011, 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 accounting standards for not-for-profit organizations, 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 audits. We conducted our audits 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 in our audits is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2011, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Comparative Information

We draw attention to note 1(a) to the financial statements which describes that the College adopted Canadian accounting standards for not-for-profit organizations on January 1, 2011 with a transition date of January 1, 2010. These standards were applied retrospectively by management to the comparative information in these financial statements, including the statement of financial position as at December 31, 2010 and January 1, 2010 and the statements of operations, change in net assets and cash flows for the year ended December 31, 2010 and related disclosures. We were not engaged to report on the restated comparative information prepared under Canadian accounting standards for not-for-profit organizations adopted January 1, 2011 by the College, and as such, it is considered unaudited.



Chartered Accountants
April 5, 2012
Edmonton, Canada

Statement of Financial Position

December 31, 2011, with comparative information for December 31, 2010 and January 1, 2010

| | Dec. 31, 2011 | Dec. 31, 2010 | Jan. 1, 2010 |
|---|---------------|---------------|--------------|
| ASSETS | | | |
| Current assets: | | | |
| Cash | \$ 338,865 | \$ 16,929 | \$ 179,134 |
| Investments (note 2) | 4,683,909 | 5,088,370 | 4,671,258 |
| Accounts receivable | 39,466 | 48,876 | 91,249 |
| Prepaid expenses | 102,360 | 105,174 | 41,032 |
| | 5,164,600 | 5,259,349 | 4,982,673 |
| Legal fees recoverable | 112,781 | 109,412 | 51,388 |
| Property and equipment (note 3) | 691,378 | 134,068 | 100,574 |
| | \$ 5,968,759 | \$ 5,502,829 | \$ 5,134,635 |
| LIABILITIES AND NET ASSETS | | | |
| Current liabilities: | | | |
| Accounts payable and accrued liabilities (note 4) | \$ 72,987 | \$ 77,869 | \$ 82,769 |
| Deferred revenue (note 5) | 2,275,178 | 2,247,493 | 2,137,582 |
| | 2,348,165 | 2,325,362 | 2,220,351 |
| Deferred lease inducement (note 6) | 377,506 | - | - |
| Net assets: | | | |
| Invested in property and equipment | 691,378 | 134,068 | 100,574 |
| Internally restricted (note 8) | 800,000 | 800,000 | 800,000 |
| Unrestricted | 1,751,710 | 2,243,399 | 2,013,710 |
| | 3,243,088 | 3,177,467 | 2,914,284 |
| Commitments and contingencies (note 9) | | | |
| | \$ 5,968,759 | \$ 5,502,829 | \$ 5,134,635 |

See accompanying notes to financial statements.

On behalf of the Council:



Councilor



Councilor

Statement of Operations

December 31, 2011, with comparative information for December 31, 2010

| | 2011 | 2010 |
|---|--------------|--------------|
| REVENUE | | |
| Annual permit and license fees (note 5) | \$ 4,630,723 | \$ 4,440,270 |
| Other income | 150,394 | 296,053 |
| Investment income (note 7) | 29,303 | 130,982 |
| Convention | 209,916 | 50,352 |
| | 5,020,336 | 4,917,657 |
| EXPENDITURES | | |
| Operations (note 6) | 1,018,380 | 1,121,433 |
| Professional practice | 929,953 | - |
| Communications | 856,629 | 668,246 |
| Complaints resolution | 571,979 | 516,797 |
| Governance and legislation | 449,320 | 425,381 |
| Registration and licensure | 542,925 | 509,229 |
| Competence | 377,320 | 1,015,446 |
| Partnership administration | 104,746 | 348,517 |
| Amortization | 103,463 | 49,425 |
| | 4,954,715 | 4,654,474 |
| Excess of revenue over expenditures | \$ 65,621 | \$ 263,183 |

See accompanying notes to financial statements.

Statement of Changes in Net Assets

December 31, 2011, with comparative information for December 31, 2010

| | 2011 | 2010 |
|--|--------------|--------------|
| Balance, beginning of year | \$ 3,177,467 | \$ 2,914,284 |
| Excess (deficiency) of revenue over expenditures | 65,621 | 263,183 |
| Investment in property and equipment, net | - | - |
| | \$ 3,243,088 | \$ 3,177,467 |

Statement of Cash Flows

December 31, 2011, with comparative information for December 31, 2010

| | 2011 | 2010 |
|--|------------|------------|
| Cash provided by (used in): | | |
| OPERATIONS | | |
| Excess of revenue over expenditures | \$ 65,621 | \$ 263,183 |
| Items which do not involve cash: | | |
| Amortization | 103,463 | 49,425 |
| Loss on disposal of property plant and equipment | 2,392 | 2,394 |
| Realized losses on investments | 20,582 | 9,815 |
| Unrealized losses (gains) on investments | 77,507 | (29,397) |
| Amortization of deferred lease inducement | (19,869) | - |
| Change in non-cash operating working capital: | | |
| Decrease in accounts receivable | 9,410 | 42,373 |
| Decrease (increase) in prepaid expenses | 2,814 | (64,142) |
| Increase in legal fees recoverable | (3,369) | (58,024) |
| Decrease in accounts payable and accrued liabilities | (4,882) | (4,900) |
| Increase in deferred revenue | 27,685 | 109,911 |
| | 281,354 | 320,638 |
| FINANCING | | |
| Proceeds from deferred lease inducement | 397,375 | - |
| INVESTING | | |
| Net proceeds (purchases) of investments | 306,372 | (397,530) |
| Proceeds on disposal of property and equipment | 12,455 | 300 |
| Purchase of property and equipment | (675,620) | (85,613) |
| | (356,793) | (482,843) |
| Increase (decrease) in cash | 321,936 | (162,205) |
| Cash, beginning of year | 16,929 | 179,134 |
| Cash, end of year | \$ 338,865 | \$ 16,929 |

See accompanying notes to financial statements.

Statement of Cash Flows

Year ended December 31, 2011

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* (HPA) and licensing pharmacies under the *Pharmacy and Drug Act* as of April 1, 2007. In the current year, the College implemented regulation of pharmacy technicians. This increased 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:

The College follows Canadian accounting standards for not-for-profit organizations in preparing its financial statements. The College's significant accounting policies are as follows:

a) Basis of presentation:

On January 1, 2011, the College adopted Canadian Accounting Standards for Not-for-Profit Organizations, Part III ("Part III") in the CICA Handbook. These are the first financial statements prepared in accordance with Part III.

In accordance with the transitional provisions in Part III, the College has adopted the changes retrospectively, subject to certain elections allowed under these standards. The transition date is January 1, 2010 and all comparative information provided has been presented by applying Part III.

A summary of transitional adjustments recorded to net assets and excess of revenue over expenditures is provided in note 11.

b) 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 and is recognized as it is earned.

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.

c) Financial instruments:

(i) Initial measurement:

Financial instruments are measured at fair value on origination or acquisition.

(ii) Subsequent to initial recognition:

Investments in equity instruments that are quoted in an active market and free standing derivatives that are not designated in a qualifying hedging relationship are measured at fair value without any adjustment for transaction costs that may be incurred on sale or other disposal. Changes in fair value are recognized in income in the period incurred.

continued

(ii) Subsequent to initial recognition *continued*

Other financial instruments have been elected to be measured at fair value without any adjustment for transaction costs that may be incurred on sale or other disposal. Changes in fair value are recognized in income in the period incurred.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred.

d) 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 |
|-------------------------|-------------------|---------|
| Furniture and equipment | Declining balance | 20% |
| Automotive equipment | Declining balance | 30% |
| Computer equipment | Declining balance | 30% |
| Website development | Declining balance | 30% |
| Registrant database | Straight-line | 5 years |

Leasehold improvements are amortized over the term of the lease.

Property and equipment are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable and exceeds its fair value.

e) Deferred lease inducements:

Lease inducement benefits are amortized on a straight-line basis over the term of the lease as a reduction of operations expenditures.

(f) Use of estimates:

The preparation of the 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 revenue and expenses during the year. Significant items subject to such estimates and assumptions include the carrying amount of property and equipment. Actual results could differ from those estimates.

2. Investments:

| | Dec. 31, 2011 | Dec. 31, 2010 | Jan. 1, 2010 |
|--|---------------|---------------|--------------|
| Cash | \$ 31,498 | \$ 27,779 | \$ 42,535 |
| Canadian money market funds | 2,192,768 | 2,727,640 | 2,177,238 |
| Canadian fixed income with interest rates ranging from 2.74% to 6.25% (2010: 4.05% to 6.25%) and maturity dates ranging from May 2012 to March 2018 (2010: Feb. 2011 to July 2015) | 1,624,476 | 1,637,937 | 1,972,250 |
| Accrued interest receivable | 15,109 | 17,209 | 20,381 |
| Preferred shares | 27,240 | 25,830 | 25,350 |
| Canadian equities | 397,731 | 366,510 | 185,859 |
| US equities | 395,087 | 285,465 | 247,645 |
| | \$ 4,683,909 | \$ 5,088,370 | \$ 4,671,258 |

3. Property and equipment:

| December 31, 2011 | Cost | Accumulated amortization | Net book value |
|-------------------------|---------------------|--------------------------|-------------------|
| Furniture and equipment | \$ 250,577 | \$ 107,974 | \$ 142,603 |
| Automotive equipment | 82,284 | 31,244 | 51,040 |
| Computer equipment | 115,996 | 78,342 | 37,654 |
| Website development | 73,560 | 66,991 | 6,569 |
| Registrant database | 182,216 | 182,216 | - |
| Leasehold improvements | 477,381 | 23,869 | 453,512 |
| | \$ 1,182,014 | \$ 490,636 | \$ 691,378 |

December 31, 2010

| | | | |
|-------------------------|-------------------|-------------------|-------------------|
| Furniture and equipment | \$ 208,778 | \$ 168,758 | \$ 40,020 |
| Automotive equipment | 89,570 | 63,620 | 25,950 |
| Computer equipment | 110,620 | 64,351 | 46,269 |
| Website development | 68,160 | 66,490 | 1,670 |
| Registrant database | 182,216 | 182,216 | - |
| Leasehold improvements | 28,125 | 7,966 | 20,159 |
| | \$ 687,469 | \$ 553,401 | \$ 134,068 |

January 1, 2010

| | | | |
|-------------------------|-------------------|-------------------|-------------------|
| Furniture and equipment | \$ 209,238 | \$ 159,203 | \$ 50,035 |
| Automotive equipment | 58,340 | 52,499 | 5,841 |
| Computer equipment | 105,286 | 70,746 | 34,540 |
| Website development | 68,160 | 65,774 | 2,386 |
| Registrant database | 182,216 | 178,427 | 3,789 |
| Leasehold improvements | 9,137 | 5,154 | 3,983 |
| | \$ 632,377 | \$ 531,803 | \$ 100,574 |

5. Deferred revenue:

| | Dec. 31, 2011 | Dec. 31, 2010 | Jan. 1, 2010 |
|---|---------------------|---------------------|---------------------|
| Deferred permit and license fees, beginning of year | \$ 2,247,493 | \$ 2,137,582 | \$ 1,975,157 |
| Amounts received during the year | 4,656,935 | 4,550,181 | 4,382,113 |
| Amounts recognized as revenue during the year | 4,629,250 | 4,440,270 | 4,219,688 |
| Deferred permit and license fees, end of year | \$ 2,275,178 | \$ 2,247,493 | \$ 2,137,582 |

4. Accounts payable and accrued liabilities:

Included in accounts payable and accrued liabilities are government remittances payable of \$2,509 (December 31, 2010: \$460, January 1, 2010: \$127), which includes amounts payable for GST and payroll related taxes.

6. Deferred lease inducement:

| | Dec. 31, 2011 | Dec. 31, 2010 | Jan. 1, 2010 |
|---|---------------|---------------|--------------|
| Deferred lease inducement, beginning of year | \$ - | \$ - | \$ - |
| Amounts received during the year | 397,375 | - | - |
| Amounts recognized against operations expenditure during the year | 19,869 | - | - |
| Deferred lease inducement, end of year | \$ 377,506 | \$ - | \$ - |

7. Investment income:

| | 2011 | 2010 |
|--|-----------|------------|
| Dividends | \$ 37,670 | \$ 13,346 |
| Interest | 89,722 | 98,054 |
| Realized (losses) on investments | (20,582) | (9,815) |
| Unrealized gains (losses) on investments | (77,507) | 29,397 |
| | \$ 29,303 | \$ 130,982 |

8. 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.

9. Commitments and contingencies:

The College is committed under an operating lease for its office premises which expires June 30, 2021. The College also leases a photocopier with related service contract, expiring December 2016. The combined commitments are as follows:

| | |
|------------|--------------|
| 2012 | \$ 139,613 |
| 2013 | 139,613 |
| 2014 | 139,613 |
| 2015 | 139,613 |
| 2016 | 146,838 |
| Thereafter | 650,250 |
| | \$ 1,355,540 |

The College is responsible for their proportionate share of operating costs related to the office premises lease.

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

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

10. Financial risk:

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 place.

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.

11. Transitional adjustments:

a) Net assets

The following table summarizes the impact of the transition to Part III on the College's unrestricted net assets as at December 31, 2010:

| | Cumulative net unrealized gains on available for sale financial assets | Unrestricted | Unrestricted net assets as at Dec. 31, 2010 |
|---|---|--------------|---|
| As previously reported under Canadian generally accepted accounting principles, December 31, 2010 | \$ 83,567 | \$ 2,159,832 | \$ 2,243,399 |
| Adjustment to reflect cumulative net unrealized gains on available for sale financial assets through excess of revenue over expenditures | (83,567) | 83,567 | - |
| Restated, December 31, 2010 | \$ - | \$ 2,243,399 | \$ 2,243,399 |

The following table summarizes the impact of the transition to Part III on the College's unrestricted net assets as at January 1, 2010:

| | Cumulative net unrealized gains on available for sale financial assets | Unrestricted | Unrestricted net assets as at Jan 1, 2010 |
|---|---|--------------|---|
| As previously reported under Canadian generally accepted accounting principles, December 31, 2009 | \$ 33,547 | \$ 1,980,163 | \$ 2,013,710 |
| Adjustment to reflect cumulative net unrealized gains on available for sale financial assets through excess of revenue over expenditures | (33,547) | 33,547 | - |
| Restated, January 1, 2010 | \$ - | \$ 2,013,710 | \$ 2,013,710 |

b) Excess of revenue over expenditures:

As a result of the retrospective application of Part III, the College recorded the following adjustments to excess of revenue over expenditures for the year ended December 31, 2010:

| Excess of revenue over expenditures: | |
|---|------------|
| As previously reported under Canadian generally accepted accounting principles for year ended December 31, 2010 | \$ 213,163 |
| Adjustment to recognize changes to available for sale financial assets through excess of revenue over expenditures | 50,020 |
| Restated for the year ended December 31, 2010 | \$ 263,183 |

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