

Healthy Albertans through excellence in pharmacy practice



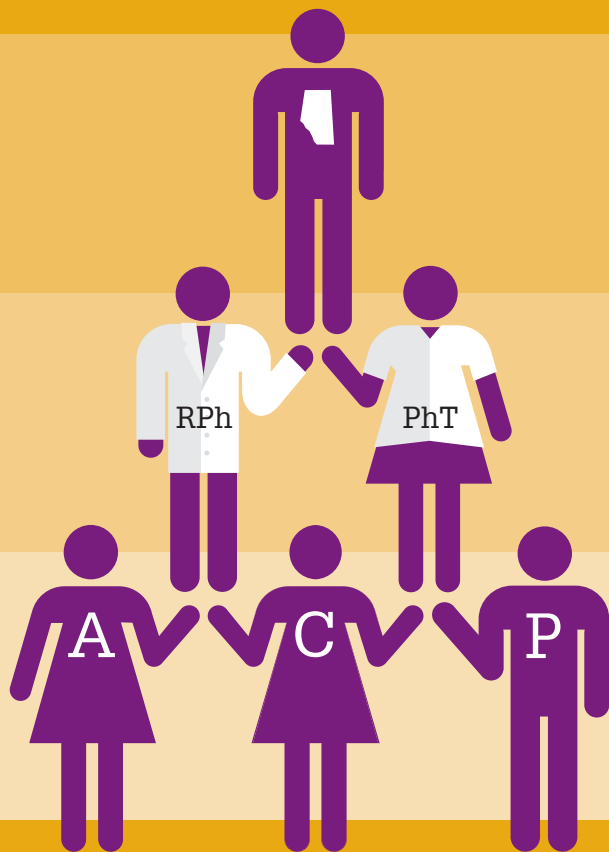
2012 – 2013 Annual Report



This 2012–2013 annual report presents highlights of Alberta College of Pharmacists (ACP) initiatives from March 1, 2012 to February 28, 2013.

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Visit us online at pharmacists.ab.ca



Our vision

Healthy Albertans through excellence in pharmacy practice.

Our mission

The Alberta College of Pharmacists governs pharmacy technicians, pharmacists 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.

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 partnerships;
- Innovation and creativity in fulfilling our mission; and
- A positive culture and working environment for our employees.


Governing pharmacy to meet the needs of Albertans

We use the following six dimensions, as set out in the Alberta Quality Matrix for Health, as touchstones when making decisions. It keeps us focused on what matters most: patients receiving safe, appropriate, effective pharmacy care.




Acceptability
Health services are respectful and responsive to user needs, preference and expectations.

Accessibility
Health services are obtained in the most suitable setting in a reasonable time and at a reasonable distance.




Appropriateness
Health services are relevant to user needs and are based on accepted or evidence-based practice.

Effectiveness
Health services are provided based on scientific knowledge to achieve desired outcomes.



Efficiency
Resources are optimally used in achieving desired outcomes.

Safety
Mitigate risks to avoid unintended or harmful results.



Letter from the president and the registrar

The Alberta College of Pharmacists governs pharmacy in Alberta. Our job is to serve and protect the public interest and the integrity of the professions we govern.

To retain the high level of confidence, trust and respect that is given to pharmacists and pharmacy technicians, they must remain competent and professional in all they do. As professionals, pharmacists and pharmacy technicians are expected to abide by a higher standard of conduct. Our Code of Ethics and Standards of Practice specify that they must always:

- Conduct themselves ethically;
- Maintain professional integrity;
- Build trusting relationships with patients and other members of their health team;
- Preserve patients' privacy and the confidentiality of patients' health information;
- Continually grow their professional competence;
- Make objective, evidence-informed decisions;
- Resolve patients' health needs efficiently and effectively; and
- Base their decisions on what is best for the patient's health.

For over a century, the college has set and maintained high ethical and practice standards for pharmacy. We have worked with government to increase patients' access to pharmacy care. We have achieved the broadest scope of practice for pharmacists in Canada, which means the most accessible care for patients. Since 2011, we've regulated pharmacy technicians; this allows the full use of technicians' skills and more time for pharmacists to spend with patients. And we are working provincially and nationally to create



pharmacy practice management systems, electronic health records, and continuing education to further support patient care.

We have made great strides forward for pharmacy and Albertans. However, we have never done this alone. Achieving the sizeable goals of best patient care, appropriate drug therapy, the integrity of the drug system, and health system sustainability requires shared understanding of goals and consequences of decisions. The continued cooperation of our registrants, our colleagues in other health professions and government will be required as we face the challenges of increasing demands and decreasing resources in the years ahead.

As the world of pharmacy changes, what is most important to remember is this –

Pharmacy care always has been and will continue to be guided by four basic tenets:

1. Put patient needs first
2. Make informed decisions
3. Use resources responsibly
4. Collaborate and communicate

These tenets have guided us to our current success and we remain committed to them. And, as we continue to advance pharmacy practice and patient care, we remain committed to achieving our vision:

Healthy Albertans through excellence in pharmacy practice.

Kaye Moran
President

Greg Eberhart
Registrar



Alberta
College of
Pharmacists

Code of Ethics

Principles

The responsibility that comes with being an essential health resource is significant. As professionals, pharmacists and pharmacy technicians are challenged and expected to abide by a higher standard of conduct.

Pharmacists and pharmacy technicians use their knowledge, skills and resources to

- serve patients,
- contribute to society, and
- act as stewards of their professions.

As a pharmacist or as a pharmacy technician, I must:

Patients

- 1 Hold the well-being of each patient to be my primary consideration
- 2 Respect each patient's autonomy and dignity
- 3 Maintain a professional relationship with each patient
- 4 Respect each patient's right to confidentiality
- 5 Respect each patient's right to health care

Society

- 6 Advance public health and prevent disease
- 7 Use health resources responsibly
- 8 Serve as an essential health resource

Profession

- 9 Ensure that I am competent
- 10 Act with honesty and integrity
- 11 Demonstrate responsibility for self and other health professionals
- 12 Nurture the profession

Council's strategic goals

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.

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

GOAL 1:
Review and improve processes used to grant additional prescribing authorization.

GOAL 2:
Implement online pharmacy licensee education program.

GOAL 5:
Develop an IT plan to support ACP's strategic plan.

GOAL 4:
Develop processes for collecting, recording and reporting on data about indicators of success.

GOAL 3:
Develop engagement strategy addressing pharmacists, pharmacy technicians, owners, stakeholders and the public.





Back row (L to R): Clayton Braun, Pat Matusko, Robin Burns, Greg Eberhart, Krystal Wynnyk, Kaye Moran, Anjali Acharya, Rick Hackman, Ahmed Metwally, Vi Becker
 Front row (L to R): Kelly Boparai, Brad Willsey, C. K. (Kamal) S. Dullat, Kelly Olstad, Kenneth Soong, Robert Kruchten

2012 Council of the Alberta College of Pharmacists

Officers:

President: Kaye Moran
 President Elect: Kelly Olstad
 Vice President: Krystal Wynnyk
 Past President (non-voting): Anjali Acharya

Councillors:

Brad Willsey, District 1
 Clayton Braun, District 2
 Rick Hackman, District 3
 Ahmed Metwally, District 3
 Krystal Wynnyk, District 3
 Kelly Olstad, District 4
 C. K. (Kamal) S. Dullat, District 5
 Kaye Moran, District 5
 Kelly Boparai, Pharmacy Technician

Public members:

Vi Becker
 Robert Kruchten
 Pat Matusko

Non-voting members:

Robin Burns, Pharmacy Technician Observer
 Dr. James Kehrer, Dean, Faculty of Pharmacy and Pharmaceutical Sciences
 Ken Soong, President, Alberta Pharmacy Students' Association

ACP Committees

Committee members as of December 31, 2012

COUNCIL COMMITTEES

Executive Committee

Kaye Moran, President, chair
 Kelly Olstad, President Elect
 Krystal Wynnyk, Vice President
 Anjali Acharya, Past President

Nominating Committee

Kaye Moran, chair
 Anjali Acharya
 Pat Matusko

Resolutions Committee

Kelly Olstad, chair
 Vi Becker
 Clayton Braun

STATUTORY COMMITTEES

Competence Committee

Jason Howorko, chair
 Eric Campbell
 Sylvie Druteika
 Margaret Gray
 Paul Gustafson
 Valerie Kalyn
 Scot Simpson

Interim Condition / Suspension Committee¹

Judy Baker
 Catherine Biggs

¹ Established under Section 65 of the *Health Professions Act*

Hearings Tribunal Pool

Denise Batiuk
Lane Casement
Peter Fenrich
Kim Fitzgerald
Marlene Gukert
Gillian Hansen
Sherilyn Houle
Carin Jensen
James Johnston
Paulise Ly
Peter Macek
Joyce Markson-Besney
Catherine McCann
Anthony Nickonchuk
Andrea Outram
Mark Percy
Todd Read
Deana Sabuda
Jeremy Slobodan
Penny Thomson
Dianne Veniot
William Veniot
Anita Warnick

JOINT ACP / RxA COMMITTEE

APEX Awards Committee

Donna Pipa, chair
Melissa Dechaine
Naila Lalani
Julia Zhu

PROVINCIAL COMMITTEES

ACP appointee(s) to:

Minister's Advisory Committee on Primary Care

Anjli Acharya / Kaye Moran

Primacy Care Strategic Working Group

Greg Eberhart

Alberta Netcare Projects Clinical Working Group

Kaye Moran
Brian Jones

Electronic Health Record Data Stewardship Committee

James Krempien

Health Information Executive Committee

Greg Eberhart

IM / IT Steering Committee

Greg Eberhart

Medication Domain Steering Committee

Dale Cooney

Shared Health Record

Dianne Veniot

Cooperative on Drug Misuse (CoOP DM)

Greg Eberhart
James Krempien

Faculty of Pharmacy and Pharmaceutical Sciences Committees

Admissions Committee

Kelly Olstad

Curriculum Committee

Debbie Lee

*Pharmacy Experiential Advisory
Committee*

Debbie Lee

*Pharm D Admissions Advisory
Committee*

Greg Eberhart

Pharm D Steering Committee

Kaye Moran

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:

Canadian Council on Continuing Education for Pharmacists (CCCEP)

Debbie Lee

Council of Pharmacy Registrars of Canada (CPRC)

Greg Eberhart

CPRC Working Group on Pharmacy Practice Management Systems

Greg Eberhart

National Association of Pharmacy Regulatory Authorities (NAPRA)

Anjli Acharya

National Advisory Committee on Pharmacy Practice (NACPP)

Dale Cooney

National Committee on Regulated Pharmacy Technicians

Dale Cooney

National Opioid Use Guideline Group

James Krempien

Pharmacy Examining Board of Canada (PEBC)

Jeff Whissell

Preparing pharmacists

Snapshot of practice

Data as of December 31, 2012

Practising
pharmacists



4431

New registrants

University of Alberta	119
Other Canadian universities	26
Foreign creds / MRAs	161

Total

306



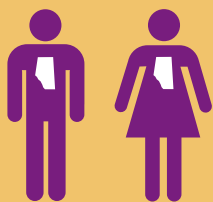
Pharmacists who have additional
prescribing authorization as of
Feb. 28, 2013

220 ↑ 33%
from 2011



Pharmacists who have
authorization to inject as of
Feb. 28, 2013

2044 ↑ 42%
from 2011



Through the provincial Influenza Immunization Program,
pharmacists immunized over

148,000

Albertans –
almost twice
as many as
last year.

Licensed
pharmacies

1023



Number of initial prescribers growing

All pharmacists in Alberta are authorized to refill a prescription, 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 95 applications for additional prescribing authorization in 2012, an increase of almost 50% over the 56 we received in 2011. As of February 28, 2013, there were 220 pharmacists with additional prescribing authorization – a 42% increase from 2012.

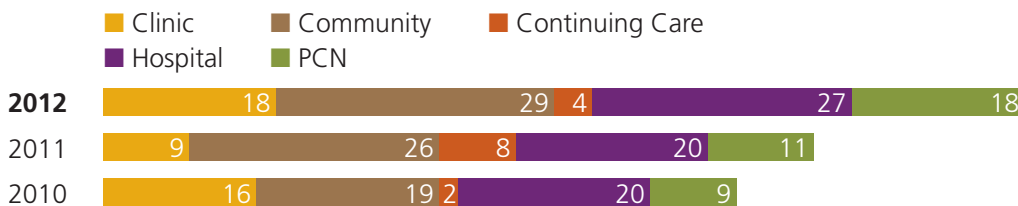
Additional prescribing authorization application process updated

An improved application process, guide, and forms for obtaining additional prescribing authorization were introduced in January 2013. In June, ACP council approved changes to clarify and streamline the process. A group of pharmacists, including those who assess applications, then reviewed and refined the process.

What remains the same?

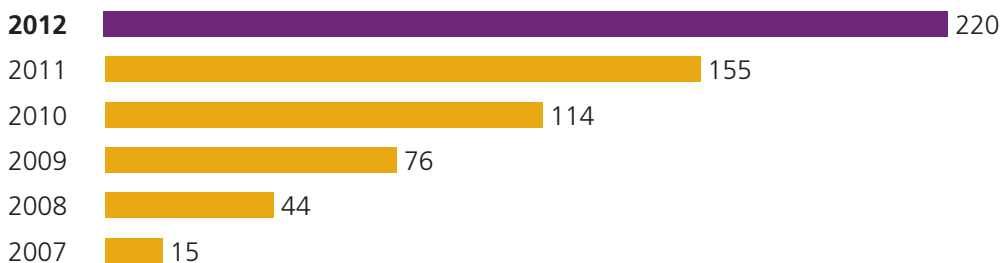
Criterion-based peer assessment: Feedback from stakeholders, and analysis of the process and the results, supported continued use of a criterion-based peer assessment of applications. The assessment is based on the framework of key activities identified as being important to effective

Practice settings at time of additional prescribing application*



* applicants may identify multiple practice settings

TOTAL with additional prescribing authorization



prescribing, each of which is grounded in the standards of practice.

Requirement for three cases: Applicants must submit cases as evidence of the care they have provided to three patients within the past two years. This establishes a reliable framework by which to rate an applicant's readiness to initiate or manage ongoing drug therapy. Psychometric evaluation of the process confirms validity and reliability; and pharmacists who have completed the process indicate that, although it is challenging, it has positive outcomes.

The application fee: The fee has not changed since 2008. The fee does not cover the full costs of assessing the application; however, council chose not to increase the fee so as to not deter pharmacists from applying. Council will continue to assess the fee annually.

What changed?

Requirement for two years of direct patient care experience reduced to one

Requirement to submit letters of collaboration eliminated: Instead, applicants must now describe the process they use to collaborate with other health professionals. In addition, collaboration has been added to the list of key activities for assessing each case.

Key activity indicators have been revised: The key activities and indicators have been revised to provide a more valid, reliable and acceptable method of assessing cases presented by applicants.

Assessment process has been streamlined: Each application is now assessed by two, rather than three, peer assessors; while maintaining a high degree of validity and reliability in the process.

New national policies and recertification process adopted for the authorization to administer drugs by injection

ACP has harmonized its policies on authorization to administer drugs by injection with other provincial jurisdictions. In December 2012, ACP council agreed to:

- **Adopt national competencies** for administering immunizations and injections. These competencies are equivalent to those previously approved by ACP; however, adoption clearly demonstrates our commitment to the national model.
- **Recognize CCCEP Stage 2 accredited programs** as acceptable training. This means that ACP will cease provincial accreditation of injection training programs and rescind the ACP "Guidelines and Criteria for Injection and Immunization Continuing Education Programs for Alberta Pharmacists" when all programs currently accredited by ACP have transitioned to CCCEP Stage 2 accreditation.
- **Adopt a new policy for reauthorization.** Effective at the time of annual permit renewal in 2014, pharmacists who have been authorized to administer drugs by injection will be required to complete a professional declaration annually as part of their registration renewal indicating that they maintained both their clinical and technical competencies, and have valid CPR and First Aid certification.
- **Recognize pharmacists authorized to administer drugs by injection** from other Canadian jurisdictions that have adopted CCCEP accreditation of training programs and the national policy on recertification.

Since the early 1990s, we have been developing a framework that enables pharmacists to fully use their skills to better respond to changing environments and patient needs.

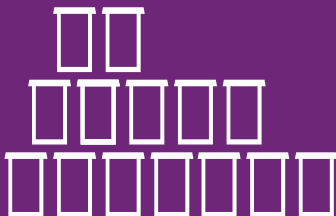
Yesterday



Dispensed drugs



Made recommendations, followed orders from others



Driven by prescription transactions / volume

The college supports registrants in this new world of practice through: professional development, advocating for IT solutions and access to information that allows healthcare professionals to make sound decisions

Today



Manage drug therapy

- Conduct medication reviews
- Monitor treatments and outcomes, order lab tests
- Create comprehensive care plans



Key members of multidisciplinary healthcare teams

Make drug therapy decisions, coordinate drug therapy

Adapt and refill prescriptions, prescribe drugs*

*All pharmacists in Alberta are authorized to adapt and refill prescriptions. Pharmacists must receive a separate authorization before being allowed to initiate prescriptions.



Monitor treatments, and focus on results and outcomes

Statistics

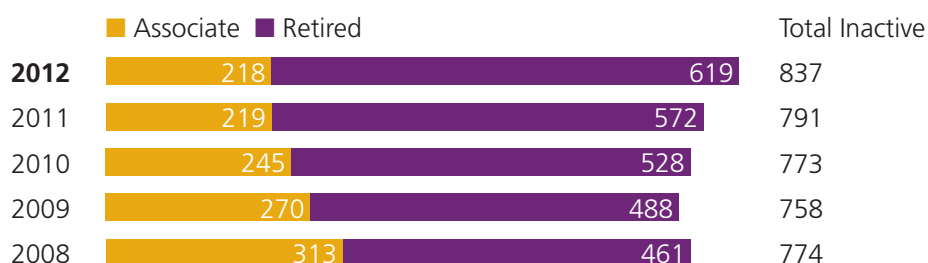
Pharmacist registrants

Data as of Dec. 31, 2012

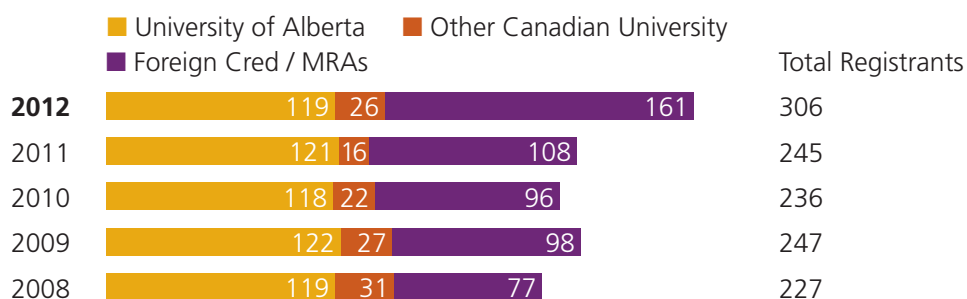
Practising pharmacists



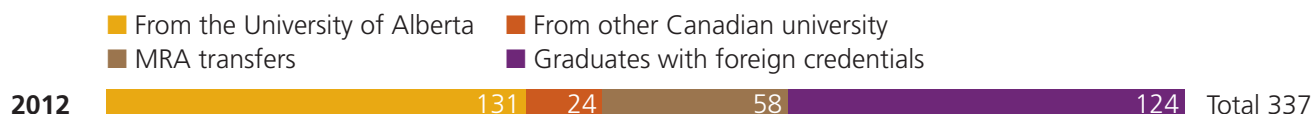
Associate and Retired



New registrants



Students and Interns



The college maintains a courtesy register for pharmacists from other provinces who are temporarily in Alberta to provide accredited continuing education, or working as a locum pharmacist. However, we received no registration requests for our courtesy register in 2012.

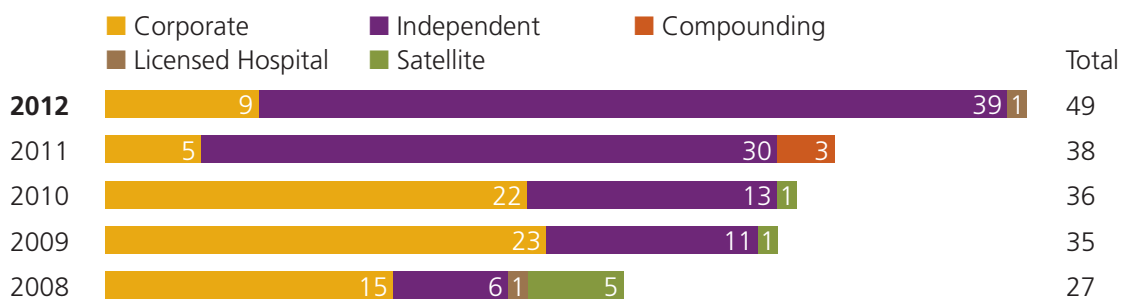
Pharmacies

Data as of Dec. 31, 2012

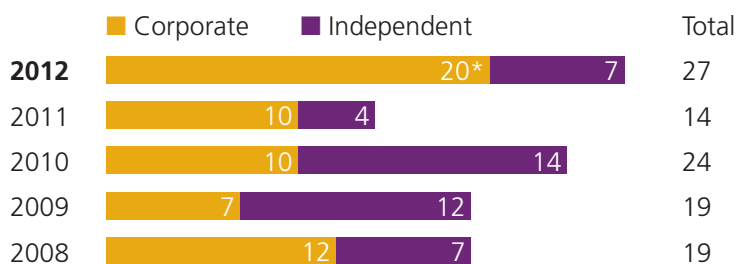
Licensed pharmacies



New pharmacies

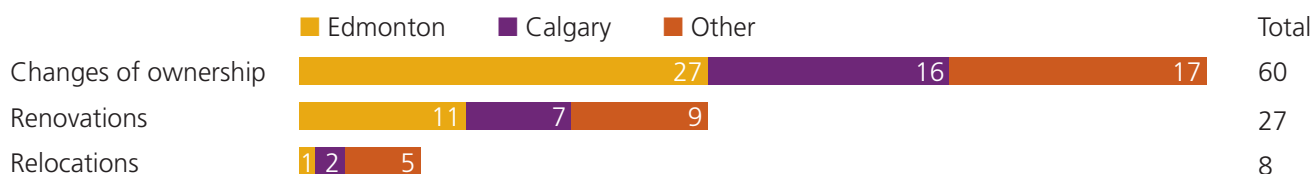


Pharmacy closures



*includes 14 Zellers and 2 Bay pharmacies, as a result of company sale / restructuring

Pharmacy changes in 2012



Welcoming pharmacy technicians



First technician elected to council



Kelly Boparai is ACP's first elected pharmacy technician. She joins Robin Burns, Pharmacy Technician Observer, in ensuring that the

perspective of pharmacy technicians is represented on council. "I am very excited to further my new-found knowledge and apply it to help make new advances in my profession as well as to help protect the well-being of the public," explains Kelly. "I look forward to helping to shape the future of pharmacy practice and patient care.

"My desire to be on ACP council is not only because of the introduction of pharmacy technicians in their new and pivotal role but because of my desire to be a part of an organization that is so crucial to the development and growth of our profession as well as helping the general public that entrusts us with their well-being."

Technician added to competence committee



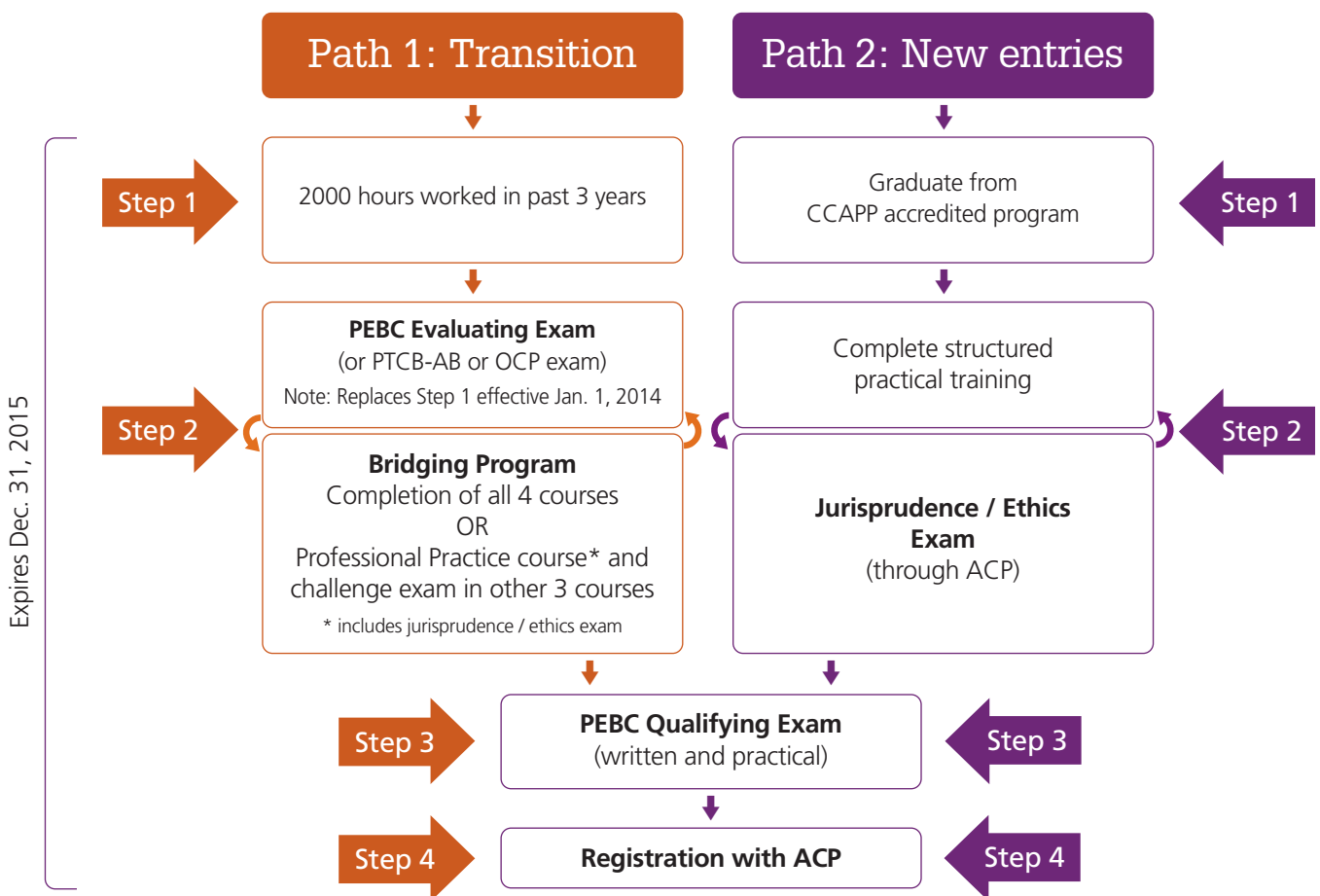
ACP council appointed **Teresa Hennessey** as the first pharmacy technician on the Competence Committee.

Teresa's insights and experience will be valuable as we develop the continuing competence program for pharmacy technicians.

As regulated health professionals, pharmacy technicians are legally responsible and accountable for their work. Although unregulated practitioners feel a personal responsibility for the work they undertake, this is different than the legal responsibility, accountability and liability conferred with regulated status.

Having mechanisms to ensure accountability is important to the public, the profession, and the college. The regulation of technicians provides a greater degree of protection for the public as pharmacy technicians take on more responsibility (e.g., performing restricted activities unsupervised and supervising others) and permit more effective use of the skills of pharmacists.

Paths to technician regulation



Before regulation



No formal education requirements



No professional liability requirements



Had to work under the supervision of a pharmacist



Limited ability to transfer between provinces

Once the pharmacist has assessed the patient and their prescriptions, regulated pharmacy technicians may compound and dispense drugs without a pharmacist having to perform the final check. They may also supervise other technicians, assistants and pharmacy technician students in the pharmacy.

Today

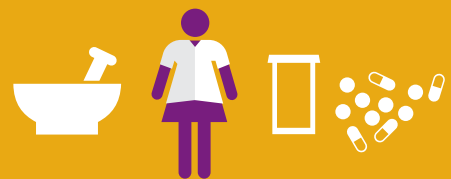


Must complete nationally-recognized education requirements and demonstrate key competencies through nationally administered exams



Directly responsible and accountable for the technical functions related to prescription preparation and processing

Must carry professional liability insurance



May independently perform technical dispensing functions, thereby freeing pharmacists to spend more time on direct patient care



Have qualifications recognized across Canada, enabling technicians to easily move between provinces

Role comparisons

Roles

Pharmacists

- Assess patient
- Review patient history, medication history
- Ensure appropriate drug therapy
- Counsel patient
- Monitor ongoing therapy
- Provide direction to technician

(Pharmacists continue to be authorized to conduct all pharmacy technician roles.)

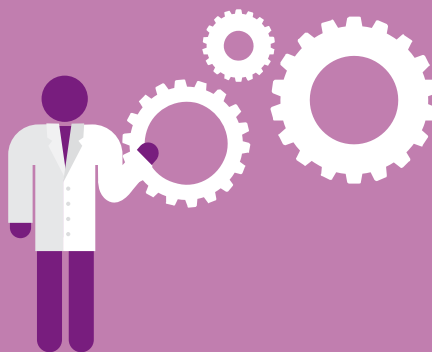
Pharmacy Technicians

- 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
- Are authorized to check work of individuals employed in a pharmacy

Responsibilities

- 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.

- Always practice in an environment where:
 - 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 are able to recognize when the clinical expertise of the pharmacist is required.



Mentoring and monitoring for quality patient care

The Alberta College of Pharmacists is responsible for quality pharmacy practice in Alberta. To fulfill our mandate, the college:

When they enter the profession and throughout their careers, we take steps to ensure that all pharmacists and pharmacy technicians:

Registers pharmacists and pharmacy technicians, and licenses pharmacies



Are competent to perform their roles



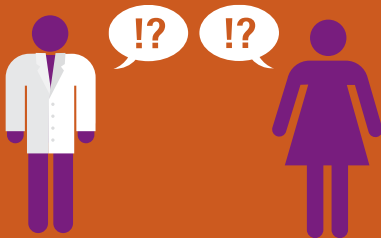
Measures and supports the competence of pharmacists and pharmacy technicians



Are accountable for their decisions and actions



Resolves complaints about pharmacists' and pharmacy technicians' practices and pharmacies' operations



Act professionally and ethically



The college supports professional practice and safe, effective care through...



Continuing competence

99% successful compliance with learning portfolios

Each year, as part of annual permit renewal, pharmacists must confirm that they have undertaken continuing professional development. 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.

92% successful on first attempt of competence assessments

The college's competence assessment program helps 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.

In 2012, the college selected 252 pharmacists who must complete either the knowledge assessment or professional portfolio before applying for their annual permits in May 2013.

Our online tutorial helps pharmacists decide which evaluation tool best suits them. Pharmacists can also use our assessment handbook, website, newsletter articles, system tutorial, and practice quiz as they work through the process.

Updated philosophy and guidelines

In December 2012, ACP council adopted a new philosophy and guidelines for the Competence Program. This was the first phase of an in-depth review that will take place throughout 2013.

The program's updated philosophy emphasizes quality improvement.

Philosophy

ACP fosters professional growth that inspires and empowers pharmacists and pharmacy technicians to continuously enhance their practices and support Albertans' health and well-being. With a shared vision of excellent pharmacy practice, ACP and its registrants work together to identify competence goals and milestones signifying success, and ensure that learning transfers into practice.

Guiding principles

The ACP Competence Program is:

Flexible – The program is relevant and adaptable to different practice settings and learning preferences, and addresses the full spectrum of learning (knowledge, skills, and judgment).

Engaging – The program inspires career-long learning, and sparks peer-to-peer interaction through opportunities to connect with mentors, thought leaders, and subject matter experts.

Forward-looking – The program helps registrants to meet the changing health needs of Albertans and Alberta's health system. It integrates with other ACP programs to fully support registrants' development throughout their careers; and to help the college maintain a comprehensive view of practice in Alberta so that it can act in a way that best supports excellent pharmacy practice.

Sustainable – The program design anticipates a growing and diverse population of registrants and practice environments. To ensure consistent delivery and results across such diversity, tools used to enhance and measure competence are evidence informed, are applicable to and can be reasonably applied to a diversity of practices, and are cost effective.

Responsible – The program meets all legislative requirements and provides reliable measures by which practitioners, the college, and Albertans can be assured that pharmacy professionals are competent to provide safe and effective care.

New program rules support new philosophy

To reinforce the new philosophy and guiding principles, council approved changes to the Competence Program rules.

- Pharmacists who have received additional prescribing authorization will be exempt from selection for competence assessment for five years following the granting of the authorization.
- In situations where registrants have not effectively demonstrated their competence on two successive assessments, the committee may now consider completion of a professional portfolio, with or without mentorship; mentorship; prescribed learning; an Objective Structured Clinical Exam (OSCE); or an on-site visit to gather information to determine an appropriate learning option.



Practice development

New staffing: Practice Development Director

Pharmacists have access to a wide range of disease-state-specific education and general practice information. However, there is little to help pharmacists and technicians practice in accordance with ACP standards and guidelines. Therefore, a new staff position was established to develop and deliver programs that can help pharmacists and pharmacy technicians change their practice behaviours consistent with the expectations of the standards.

Clear direction for practice development

Council issued the following statement to clarify the college's role in continuing education for pharmacists and pharmacy technicians.

POLICY STATEMENT:

ACP has a responsibility to provide tools and processes for its registrants to incorporate continuous learning and quality improvement within their practices. ACP's primary role in practice development is to provide access to learning experiences that prepare and enable its registrants to meet the Standards and Code of Ethics approved by ACP's council, and ancillary federal and provincial standards that they must comply with.

ACP has a secondary responsibility to facilitate access to broader professional development experiences through other organizations and academia that prepare pharmacists and pharmacy technicians to take on new roles and provide new solutions that better respond to the needs of patients and our health system.

Patient-centered care advanced by third tri-professional conference

In May 2012, over 300 pharmacists, physicians, and nurses gathered in Banff to grapple with what patient-centered care really looked like in practice. They left with practical information to move forward, as individual practitioners and members of healthcare teams, toward improved patient care.



Professional practice

New online assessment process introduced

In December 2012, ACP's professional practice department rolled out an online pharmacy assessment process.

Pharmacy assessment process



R symbolizes a Routine assessment. For renovation, relocation, and consultation assessment types there is no requirement for the licensee to complete a self-assessment.

Before the assessment, the licensee must complete a self-assessment of the pharmacy operations and processes, which allows for valuable self-reflection on the current operations and the pharmacy's compliance with the standards. A visit from an ACP practice consultant follows.

Key benefits of online assessment:

- Simple and easy to use
- Fast, efficient and good for the planet – no more stacks of paper!
- One central location for all pharmacy assessment information
- Pharmacy teams can track how they are continuously improving practice and operations

Greater support for licensees

Licensees are responsible for ensuring that all pharmacy staff are familiar with the pharmacy systems, operations, and practices. While we find the vast majority of licensees are meeting that responsibility, we also heard some concerns from licensees about not being at their pharmacy when an assessment occurs (assessment visits are unannounced). In response, we launched a licensee support program.

When a licensee is absent during a pharmacy assessment, the pharmacy practice consultant phones them within 10 days after the assessment. This program:

- Improves licensees' access to pharmacy practice consultants;
- Clarifies any noted deficiencies and recommendations for the licensee; and
- Increases ACP's reach with all members of the pharmacy team to ensure quality practice and patient safety.

New risk reduction tool introduced

Together with the Institute for Safe Medication Practices Canada (ISMP Canada), ACP developed the second module for *The Systems Approach to Quality Assurance: A Framework for Mitigating Risk*.

Practitioners can use this simple quality assurance approach, also known as Failure Mode and Effects

Analysis (FMEA), in their pharmacy to identify risks and prevent "accidents waiting to happen" by:

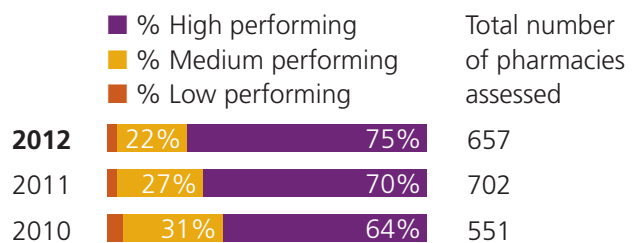
- Reducing the likelihood of and, where possible, eliminating failures before they occur;
- Making failures visible before they reach a patient; and
- Reducing the impact of a failure if it does reach a patient.

Mentoring leads to over 10% increase in high performing pharmacies

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.

Through education and coaching, we increased the number of pharmacies assessed as being high performing from 64% in 2010 to 75% in 2012.

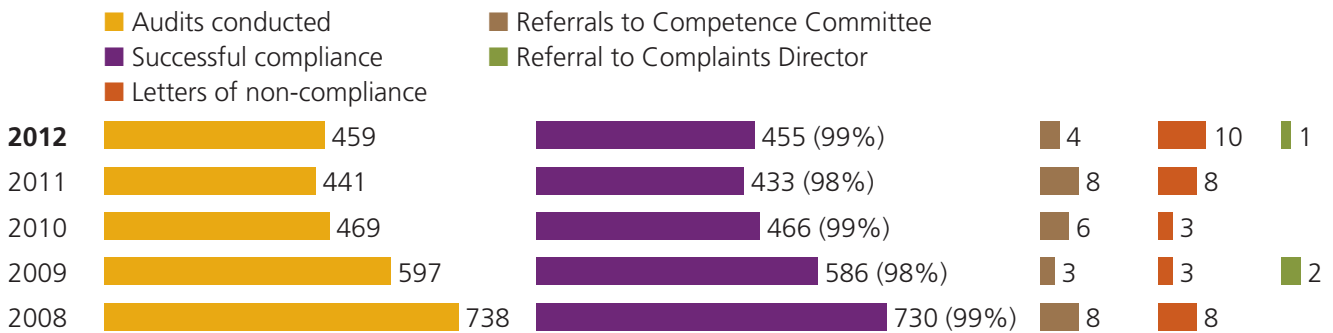
Performance rating of pharmacies



Statistics

Continuing competence

Learning portfolio audits



Competence assessment

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 by incorporating new learning into practice.

Pharmacists	2010 Cohort – Completion deadline: Aug. 31, 2011	2011 Cohort – Completion deadline: Apr. 15, 2012	2012 Cohort – Completion deadline: May 31, 2013
Selected	98	400 (approx. 10% of clinical pharmacists)	252 (approx. 5% of clinical pharmacists)
Deferred*	4	17	9
Non-compliant	6	3	0
Outstanding	8	194	97
Knowledge Assessment (KA) completed	56	175	109
Successful on first attempt of KA	50 (90%)	163 (93%)	98 (90%)
Unsuccessful on first attempt of KA	4	12	11
Successful on rewrite of KA	1 (brings success rate to 91%)	2 (brings success rate to 94%)	2 (brings success rate to 92%)
Yet to attempt rewrite KA	3	10	9
Unsuccessful after two attempts of KA	-	1	-
Professional Portfolio completed	32	12	15
Successful on first attempt	26	12	10
Successful on second attempt	1	-	-
Yet to submit second attempt	5	-	5

* The pharmacists' cases have been deferred to the following year because they are on maternity leave, paternity leave, or medical leave and not currently practising.

Pharmacy assessment

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.

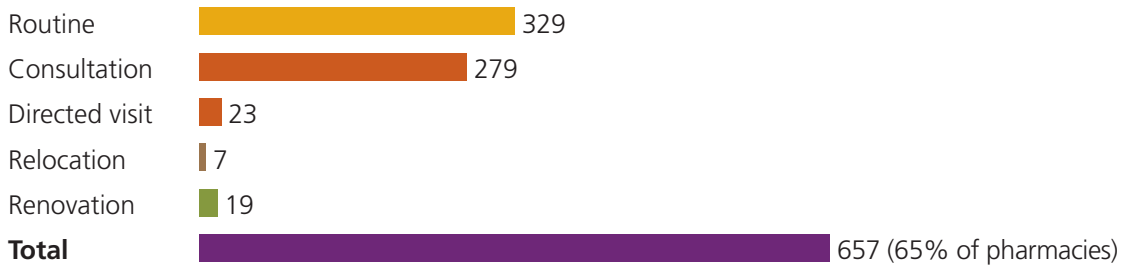
Routine assessments focus on operations and practices, and provide coaching opportunities to support changes required. PPCs aim to conduct full (routine) assessments of each pharmacy once every three years. The PPCs follow-up to ensure that deficiencies are corrected and to provide educational tools and resources to help pharmacy staff implement the PPC's recommendations.

Renovation and relocation assessments are done to evaluate whether changes match the application information provided to the college, and that the changes meet all applicable legislation and standards. PPCs also conduct an abridged assessment of operations and practice at this time.

Directed visits arise from issues of public concern 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.

Pharmacies assessed – 2012

Reason for assessment:



Maintaining the integrity of pharmacy



Resolving complaints

Our emphasis is on ensuring quality pharmacy practice by setting out clear expectations and education, but there are times when remedial or disciplinary action is necessary. We make every effort to resolve complaints in a timely, thorough and fair way.

Fewer, but more complex, complaints

42 While we experienced a slight decrease in the number of complaints this year, many of the complaints were significantly more complex, lengthy, and resource intensive than seen in previous years. We attribute this increase in complexity to the expanding role and expectations of pharmacists.

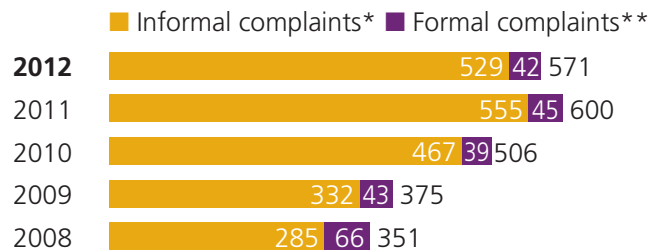
This year, a number of complaints were about patients receiving substances with abuse potential at multiple points in the health care continuum. We resolved these concerns by teaching pharmacy staff to use the provincial Pharmacy Information Network before making dispensing decisions.

Increased transparency for hearings process

Starting on November 1, 2012, ACP began publishing notices about all upcoming hearings on our website. We also implemented processes to better accommodate public attendance at hearings.

Statistics

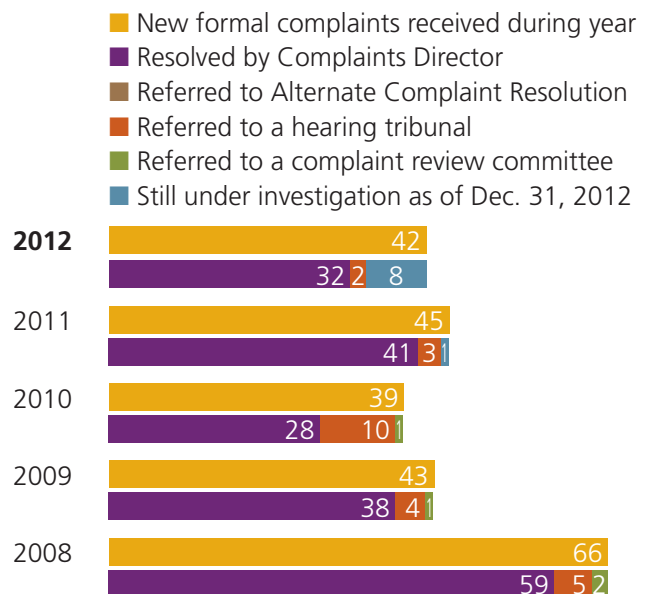
Complaints received



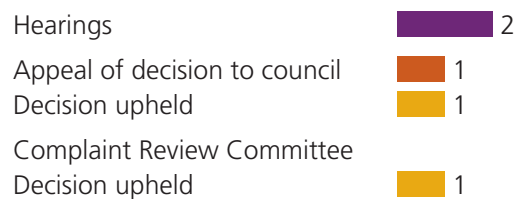
* Informal complaints are those resolved at the administrative level. Formal complaints are usually more involved and require extensive investigation.

** Formal complaints may be referred to a hearing tribunal for resolution.

Final disposition of formal complaints by year



Hearings, Appeals and Reviews – 2012



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

One regulated member was directed to be assessed for incapacity and to cease providing professional services. As of December 31, 2012 the regulated member had not submitted for the assessment.*

* 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 and to cease providing professional services until such time as the capacity assessment report is received and the complaints director is satisfied the regulated member is no longer incapacitated.



Proposed prohibition on inducements

The college's job is to regulate pharmacies, pharmacists and pharmacy technicians in a manner that protects and serves Albertans. We, and pharmacists and pharmacy technicians as health professionals, cannot condone programs that disrupt relationships between pharmacists, other health professionals, patients, and pharmacy employers; or programs that introduce ethical conflict. Therefore, the college has proposed prohibiting inducements that are offered conditional on a patient being provided a drug or professional service from a pharmacist or pharmacy technician.

In 2012, ACP council studied the inducements issue by commissioning a whitepaper examining national trends and precedents, conducting public focus groups, interviewing stakeholders and surveying registrants. The research found that:

70% of pharmacists and pharmacy technicians are asking us to prohibit inducements.²

75% of pharmacists and pharmacy technicians believe it is appropriate for the college to pursue a prohibition.²

60% Most pharmacists and pharmacy technicians (60%) believe inducements

target certain populations – in particular seniors and people with low incomes – and believe that it is inappropriate to do so.²

When the college surveyed the public in 2010 and stakeholders in 2011,

51% of the public and

65% of stakeholders considered it inappropriate to receive points, rewards or incentives in return for products or services received from a health professional.

Prohibiting inducements is about ensuring a practice environment where:

- Healthcare decisions are made based solely on the patient's health needs and goals;
- Pharmacists practice on the basis of the highest ethical standards applicable to health professionals; and
- Outside influences, real and perceived, are removed from patient-professional relationships.

The prohibition would apply only to drugs and professional services, not all pharmacy transactions. The prohibition would apply equally to all pharmacists, pharmacy technicians and pharmacies that operate in Alberta.

2. Calder Bateman / Leger Marketing, Survey of ACP Registrants, Fall 2012

Staying engaged

Increasing engagement opportunities

In May 2012, council approved a communications plan that includes several new channels for engagement with registrants, Albertans, and stakeholders. The plan outlines how we will:



Build capacity to respond to requests for information



Seek input into decisions



Ensure ACP's practice expectations are understood by all audiences



Strive to use technologies and formats that allow for the inclusion of as many voices as possible and practical

One of the keys to enacting this plan is upgrading our current technology. We have begun a website upgrade to support planned social media, blogging, and facilitate more opportunities for dialogue and interaction.



Consulting with the public

In fall 2012, the college commissioned a series of focus groups in Edmonton, Calgary, High River and Barrhead. We heard that the public values pharmacists and has a great deal of trust in their abilities, but have a low awareness of the expanded role of pharmacists and the role of the college.



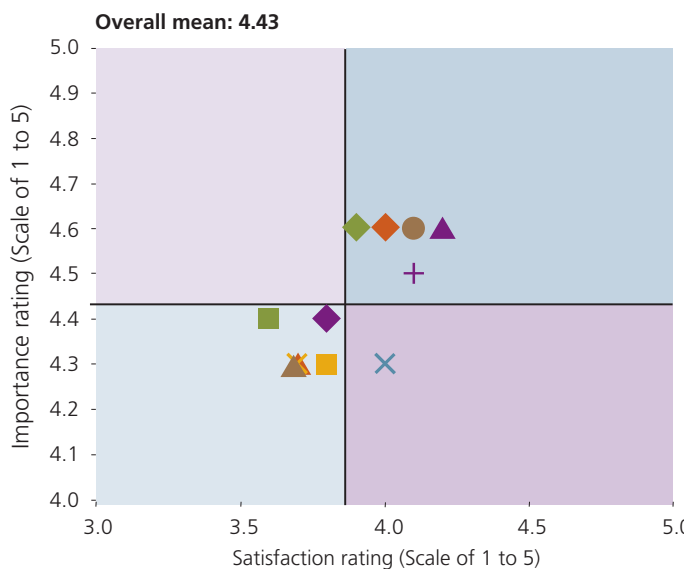
Raising public awareness

Radio, online, and video ads ran across the province in the fall of 2012 with a goal of helping the public understand the how the college and pharmacists work together to ensure Albertans receive excellent care.

Listening to registrants

ACP surveys its key audiences – registrants, the public, and stakeholders – through a three-year cycle. This year, registrants shared their views with us.

Overall satisfaction with ACP very high



- ◆ Determine entry to practice requirements of applicants
- Educate the public about pharmacy services
- ▲ Protect the health and well-being of Albertans
- × Represent the interest of patients to governments and other health care professions
- × Deliver professional development courses
- Promote high standards of professional and ethical conduct among its registrants
- + Resolve complaints about registrants and pharmacies
- ▲ Measure the competence of registrants throughout their careers
- ◆ Ensure effective practice environments for registrants
- ◆ Coach and mentor registrants to achieve compliance with practice standards
- Monitor and measure the performance of registrants to support quality improvement
- ▲ Develop practice tools (e.g., forms, charts, algorithms) for registrants

Pharmacy technicians have the lowest levels of satisfaction with ACP. Given that the relationship between ACP and technicians is very new, as are the requirements for technician regulation, some technician uncertainty and dissatisfaction was expected.

Threats and opportunities identified

A brief review of the opportunities and threats facing pharmacy in Alberta found these results.

Key threats

- Limited availability of continuing education
- Blurry lines between pharmacist and technician roles (with change to technician scope)
- Loss of independents in favour of corporate / chain pharmacies
- Heavy workload / staff shortages
- Remuneration / salary concerns
- Concerns or difficulties in expanding scope of pharmacy roles

Key opportunities

- Expanding the scope of practice
- Ability to prescribe and order lab tests
- Specialization opportunities
- Ability to charge fees for consultation or counselling
- Focusing on patient counselling
- Continuing education

The full report of survey findings is available on the ACP website.

Planning for the future



IT strategy approved

In December 2012, council approved a multi-year IT strategy. The plan will ensure that ACP has the technology, resources, and reporting systems to efficiently and reliably support our programs and registrants.



Making sure we are using data wisely

Over the past decade, the college has seen a significant increase in the amount of data we collect and in the requests for that data. To ensure we are collecting and using data most effectively, council set a review of the process for collecting, recording and reporting on data as one of their 2012 priorities.

We began with an organization-wide needs assessment. We then conducted a review of the indicators and measures needed to support our strategic plan. Work will continue over the next year to identify and implement the measures and mechanisms we need to ensure reliable reporting and informed decision making.

Independent auditors' report

To the Council of Alberta College of Pharmacists

We have audited the accompanying financial statements of Alberta College of Pharmacists ("ACP"), which comprise the statement of financial position as at December 31, 2012, 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 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 in our audit 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 ACP as at December 31, 2012, 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.



Chartered Accountants
April 4, 2013
Edmonton, Canada

ALBERTA COLLEGE OF PHARMACISTS

Statement of Financial Position

December 31, 2012, with comparative information for 2011

	2012	2011
Assets		
Current assets:		
Cash	\$ 155,373	\$ 338,865
Investments (note 2)	5,497,002	4,683,909
Accounts receivable	71,361	39,466
Prepaid expenses	73,693	102,360
	5,797,429	5,164,600
Legal fees recoverable	180,424	112,781
Property and equipment (note 3)	654,938	691,378
	\$ 6,632,791	\$ 5,968,759
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities (note 4)	\$ 93,384	\$ 72,987
Deferred revenue (note 5)	2,381,692	2,275,178
	2,475,076	2,725,671
Deferred lease inducement (note 6)	337,769	377,506
Net assets:		
Invested in property and equipment	654,938	691,378
Internally restricted (note 8)	800,000	800,000
Unrestricted	2,365,008	1,751,710
	3,819,946	3,243,088
Commitments and contingencies (note 9)		
	\$ 6,632,791	\$ 5,968,759

See accompanying notes to financial statements.

On behalf of the Council:



Councilor



Councilor

ALBERTA COLLEGE OF PHARMACISTS

Statement of Operations

Year ended December 31, 2012, with comparative information for 2011

	2012	2011
Revenue		
Annual permit and license fees (note 5)	\$ 5,152,031	\$ 4,630,723
Other income	383,162	150,394
Investment income (note 7)	187,252	29,303
Convention	23,000	209,916
	5,745,445	5,020,336
Expenditures		
Operations (note 6)	1,202,568	1,018,380
Professional practice	844,797	929,953
Communications	575,608	856,629
Governance and legislation	554,885	449,320
Complaints resolution	531,140	571,979
Registration and licensure	467,488	542,925
Competence	404,887	377,320
Partnership administration	279,455	104,746
Practice development	175,945	-
Amortization	131,814	103,463
	5,168,587	4,954,715
Excess of revenue over expenditures	\$ 576,858	\$ 65,621

See accompanying notes to financial statements.

ALBERTA COLLEGE OF PHARMACISTS

Statement of Changes in Net Assets

Year ended December 31, 2012, with comparative information for 2011

	Invested in property and equipment	Internally restricted	Unrestricted	2012	2011
Balance, beginning of year	\$ 691,378	\$ 800,000	\$ 1,751,710	\$3,243,088	\$3,177,467
Excess (deficiency) of revenue over expenditures	(135,609)	-	712,467	576,858	65,621
Investment in property and equipment, net	99,169	-	(99,169)	-	-
	\$ 654,938	\$ 800,000	\$ 2,365,008	\$3,819,946	\$3,243,088

See accompanying notes to financial statements.

Statement of Cash Flows

Year ended December 31, 2012, with comparative information for 2011

	2012	2011
Cash provided by (used in):		
Operations:		
Excess of revenue over expenditures	\$ 576,858	\$ 65,621
Items not involving cash:		
Amortization	131,814	103,463
Loss on disposal of property plant and equipment	3,795	2,392
Realized losses on investments	14,038	20,582
Unrealized losses (gains) on investments	(60,876)	77,507
Amortization of deferred lease inducement	(39,737)	(19,869)
Change in non-cash operating working capital:		
(Increase) decrease in accounts receivable	(31,895)	9,410
Decrease in prepaid expenses	28,667	2,814
Increase in legal fees recoverable	(67,643)	(3,369)
Decrease in accounts payable and accrued liabilities	20,397	(4,882)
Increase in deferred revenue	106,514	27,685
	681,932	281,354
Financing:		
Proceeds from deferred lease inducement	-	397,375
Investing:		
Net proceeds (purchases) of investments	(766,255)	306,372
Proceeds on disposal of property and equipment	3,363	12,455
Purchase of property and equipment	(102,532)	(675,620)
	(865,424)	(356,793)
(Decrease) increase in cash	(183,492)	321,936
Cash, beginning of year	338,865	16,929
Cash, end of year	\$ 155,373	\$ 338,865

See accompanying notes to financial statements.

Notes to Financial Statements

Year ended December 31, 2012

Alberta College of Pharmacists ("ACP") is constituted under the *Health Professions Act* ("HPA") to support and protect the public's health and well-being.

ACP governs pharmacists, licenses pharmacies and in 2011, ACP began governing pharmacy technicians. This increased the number of regulated members ACP 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.

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

1. Significant accounting policies

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

(a) Revenue recognition

Revenues from annual permit and licence 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.

(b) Financial instruments

Financial instruments are recorded at fair value on initial recognition. Equity instruments that are quoted in an active market are subsequently measured at fair value. All other financial instruments are subsequently recorded at cost or amortized cost, unless management has elected to carry the instruments at fair value. ACP has elected to carry its fixed income securities at fair value.

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

Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment. If there is an indicator of impairment, ACP determines if there is a significant adverse change in the expected amount of timing of future cash flows, the carrying value of the financial asset is reduced to the highest of the present value of the expected cash flows, the amount that could be realized from selling the financial asset or the amount ACP expects to realize by exercising its right to any collateral. If events and circumstances reverse in a future period, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial carrying value.

(c) Property and equipment

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

<i>Asset</i>	<i>Basis</i>	<i>Rate</i>
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.

(d) 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.

(e) 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

	2012	2011
Cash	\$ 25,401	\$ 31,498
Canadian money market funds	2,833,285	2,192,768
Canadian fixed income with interest rates ranging from 2.74% to 6.14% (2011: 2.74% to 6.25%) and maturity dates ranging from March 2014 to March 2018 (2011: May 2012 to March 2018)	1,662,501	1,624,476
Accrued interest receivable	14,867	15,109
Preferred shares	27,100	27,240
Canadian equities	478,464	397,731
US equities	455,384	395,087
	\$ 5,497,002	\$ 4,683,909

3. Property and equipment

	Cost	Accumulated amortization	2012 Net book value	2011 Net book value
Furniture and equipment	\$ 262,785	\$ 136,769	\$ 126,016	\$ 142,603
Automotive equipment	82,284	46,556	35,728	51,040
Computer equipment	180,029	98,827	81,202	37,654
Website development	73,560	67,342	6,218	6,569
Registrant database	182,216	182,216	-	-
Leasehold improvements	477,381	71,607	405,774	453,512
	\$ 1,258,255	\$ 603,317	\$ 654,938	\$ 691,378

4. Accounts payable and accrued liabilities

Included in accounts payable and accrued liabilities are government remittances payable of \$nil (2011: \$2,509), which includes amounts payable for GST and payroll related taxes.

5. Deferred revenue

	2012	2011
Deferred permit and licence fees, beginning of year	\$ 2,275,178	\$ 2,247,493
Amounts received during the year	5,258,545	4,658,408
Amounts recognized as revenue during the year	5,152,031	4,630,723
Deferred permit and licence fees, end of year	\$ 2,381,692	\$ 2,275,178

6. Deferred lease inducement

	2012	2011
Deferred lease inducement, beginning of year	\$ 377,506	\$ 397,375
Amounts recognized against operations expenditures during the year	39,737	19,869
Deferred lease inducement, end of year	\$ 337,769	\$ 377,506

7. Investment income

	2012	2011
Dividends	\$ 44,825	\$ 37,670
Interest	95,589	89,722
Realized losses on investments	(14,038)	(20,582)
Unrealized gains (losses) on investments	60,876	(77,507)
	\$ 187,252	\$ 29,303

8. Internally restricted net assets

ACP 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

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

2013	\$ 139,613
2014	139,613
2015	139,613
2016	146,838
2017	144,500
Thereafter	505,750
	\$ 1,215,927

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

ACP is also financially committed to partnerships with several organizations who provide services complementary to ACP'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, ACP has been named as a defendant in various legal claims. Management believes that the aggregate contingent liability of ACP 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 ACP's investment policies, which prescribe the investment asset mix including the degree of liquidity and concentration and the amount of foreign content. In addition, ACP manages its interest rate, credit and currency risk by engaging a professional investment advisor to manage its marketable securities portfolio.



pharmacists.ab.ca

acp Alberta
College of
Pharmacists

1100-8215 112 Street NW
Edmonton AB T6G 2C8
780-990-0321 / 1-877-227-3838
Fax: 780-990-0328