DOING MORE THAN COUNTING
PILLS

2013–2014 ANNUAL REPORT

Alberta College of Pharmacists
The number of pharmacists with additional prescribing authorization is up 98% from last year.

The number of registered pharmacy technicians is up 40% from last year.

Council unanimously supported proposed amendments to the standards and code of ethics to prohibit inducements, for the purpose of inviting review and comment as required by the Health Professions Act.

Progress on the enhanced Competence Program means we’re on track for the July 2014 release. Council approved new program rules, new tools are being developed, and the online modules are currently in testing. The program will give pharmacists easy access to a flexible program that they can tailor to their practice and use to plan and support their professional development throughout their career.

Visit us online at pharmacists.ab.ca
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.

Our vision
Healthy Albertans through excellence in pharmacy practice.
Quality improvement is the driving force behind every college initiative. We clearly outline our expectations, then support and educate practitioners to ensure they meet them and provide Albertans excellent pharmacy care.

We expect pharmacy practitioners to focus on the health needs of each individual accessing their care and to meet these needs safely, effectively, and responsibly. This means that:

- Pharmacists will assess each individual seeking care to understand their health status and health priorities;
- Pharmacists will develop, implement, and monitor care plans and treatment alternatives cooperatively with individuals, their caregivers, and other health professionals;
- Pharmacists will assess the need for, and the appropriateness of, drug therapy and take action when they determine that drug therapy may be inappropriate;
- Pharmacists will educate individuals and their caregivers about drug therapy, support them in using drugs properly, and monitor and adjust treatment to ensure drug therapy is appropriate for their health goals;
- Pharmacy technicians will join pharmacists in taking responsibility for processing and packaging drugs safely, accurately and efficiently;
- Pharmacists and pharmacy technicians will advocate for policies and implement practices that preserve, ensure access to, and provide confidence in the quality of drugs across our health system; and
- Pharmacy managers, owners and employers will provide safe and effective practice environments that support quality practices and patient privacy.

We know that everyone in healthcare really has two jobs when they come to work every day: to do their work well and to continually improve it. We model and promote this philosophy to realize our vision of Healthy Albertans through excellence in pharmacy practice.

We invite you read on to learn about the many ways we help pharmacists and pharmacy technicians meet these expectations and deliver excellent pharmacy care.

Kelly Olstad
President

Greg Eberhart
Registrar
QUALITY PATIENT CARE:
Planned and purposeful

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 summarizes our work over the past year to reach our goals and enable quality care, ensure we continue to be an effective organization, and earn public and stakeholder confidence.

You can view ACP’s full strategic plan on the ACP website under About ACP.
## Setting strategic goals

<table>
<thead>
<tr>
<th>ACP goals for 2013</th>
<th>Actions to reach goal</th>
<th>Aligns with which strategic objectives?</th>
</tr>
</thead>
</table>
| Enhance the Competence Program to reflect the philosophy, principles, and amended rules for the program approved by council in 2012. | - In-depth review of program and tools, involving ACP staff, Competence Committee, registrants, and stakeholders.  
- Approved Competence Program rules in December 2013.                                                                                                     | - Competent and Responsible Practitioners  
- Credibility and Trusting Relationships                                                                                                                       |
| Pursue the prohibition of inducements and loyalty programs provided in return for drugs and professional services. | - Published background paper, *Inducements for Drugs and Professional Services: A basis for a prohibition*, research summary, and FAQ document.  
- A panel of council met with multiple pharmacy stakeholders.  
- Council unanimously supported amendments to ACP’s Standards and Code of Ethics for the purpose of circulating the amendments for review and comment to registrants and stakeholders.  
- Circulated the proposed amendments for review and comment (Nov. 27, 2013 to Jan. 31, 2014).  
- Educated the public about the roles of pharmacists and pharmacy technicians through a multi-channel public awareness campaign. | - Competent and Responsible Practitioners  
- Public and Stakeholder Awareness  
- Credibility and Trusting Relationships  
- Effective Governance and Strong Leadership                                                                                                                   |
| Increase engagement with registrants, the public, and stakeholders through more channels for interaction. | - Looked to registrant survey results for engagement and communication preferences.  
- Began upgrade to ACP website to include blogs, reader comments, and a greater variety of video and audio files.  
- Designed interactive online modules for jurisprudence exam preparation, our Structured Practical Training program.  
- Launched Facebook and Twitter accounts.  
- Participated in numerous intra- and inter-professional projects and committees.                                                                       | - Accessible Care  
- Public and Stakeholder Awareness  
- Credibility and Trusting Relationships                                                                                                                     |
| Develop a performance management matrix to inform decisions necessary to carry out ACP’s strategic plan. | - Reviewed current indicators and measures.  
- Developing logic models and assessing performance measures for each college program.  
- Developing an appropriate index for each key success factor and for an overall Corporate Performance Index.  
- Developing a reporting system and cycle.                                                                                                                  | - Effective Governance and Strong Leadership  
- Workplace of Choice  
- Credibility and Trusting Relationships                                                                                                                     |
| Review ACP’s technology needs, explore the potential of an online learning system, and begin identifying our association management system (AMS) needs. | - Completed initial phase of technology needs analysis.  
- Purchased Articulate Storyline online learning software.  
- Postponed AMS needs analysis until 2014, when we will have in-house IT expertise.                                                                           | - Effective Governance and Strong Leadership  
- Competent and Responsible Practitioners  
- Workplace of Choice                                                                                                                                         |
Our 27 staff support our 7,200 registrants through every stage of practice to ensure...

Our council sets the direction for the college and professions.

ACP activities are governed by the Health Professions Act.

Healthy Albertans through excellence in pharmacy practice

Having the right people in place

ACP council and committees
Members as of December 31, 2013

COUNCIL

Officers
President: Kelly Olstad
President Elect: Brad Willsey
Executive Member at Large: Clayton Braun
Past President: Kaye Moran

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

Public members
Vi Becker
Bob Kruchten
Pat Matusko

Non-voting members
Robin Burns, Pharmacy Technician Observer
Dr. James Kehrer, Dean, Faculty of Pharmacy and Pharmaceutical Sciences
Laura Coleman, President, Alberta Pharmacy Students’ Association

COUNCIL COMMITTEES

Executive Committee
Kelly Olstad, President, chair
Brad Willsey, President Elect
Clayton Braun, Executive Member at Large
Kaye Moran, Past President
Greg Eberhart, Registrar

Nominating Committee
Kaye Moran, chair
Kelly Olstad
Vi Becker

Resolutions Committee
Brad Willsey
Clayton Braun
Robert Kruchten
### STATUTORY COMMITTEES

**Competence Committee**
- Margaret Gray, chair
- Paul Gustafson, vice chair
- Margaret Batz
- Jill Hall
- Cheryl Harten
- Teresa Hennessey
- Valerie Kalyn
- Shawn Lee

**Knowledge Assessment Sub-Committee**
- Margaret Baril
- Catherine Biggs
- Jeff Kapler
- Tania Mysak
- Kit Poon
- Andrea Rushfeldt

**Interim Condition/Suspension Committee**
- Judy Baker
- Catherine Biggs

**Hearings Tribunal Pool**
- Denise Batiuk
- Lane Casement
- Peter Fenrich
- Kim Fitzgerald
- Marlene Gukert
- Gillian Hansen
- Sherilyn Houle
- Carin Jensen
- Jim Johnston
- Naeem Ladhani
- Paulise Ly
- Peter Macek
- Joyce Markson-Besney
- Catherine McCann
- Tony Nikenchuk
- Andrea Outram
- Mark Percy
- Todd Read
- Beverley Rushton
- Deana Sabuda
- Jeremy Slobodan
- Penny Thomson
- Dianne Veniot
- Bill Veniot
- Anita Warnick

### JOINT ACP/RxA COMMITTEE

**APEX Awards Committee**
- Chandel Lovig, chair
- Melissa Dechaine
- Amyn Kanjee
- Julia Zhu

**PROVINCIAL COMMITTEES**

ACP appointee(s) to:
- **Minister’s Advisory Committee on Primary Care**
  - Anjli Acharya
  - Kaye Moran
- **Primary Care Strategic Planning Working Group**
  - Greg Eberhart
- **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
  - **IMIT Steering Committee**
    - Greg Eberhart
  - **Medication Domain Steering Committee**
    - Dale Cooney
  - **Shared Health Record**
    - Dianne Veniot
  - **Cooperative on Prescription Drug Misuse (CoOPDM)**
    - James Krempien
  - **Faculty of Pharmacy and Pharmaceutical Sciences Committees**
    - **Admissions Committee**
      - Kelly Olstad
    - **Curriculum Committee**
      - Debbie Lee
    - **Pharmacy Experiential Advisory Committee**
      - Debbie 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

1. Established under Section 65 of the Health Professions Act
Measuring college performance

Council began development of a performance matrix to identify trends for evidence-based decisions, improved program management, and accountability as council members work to achieve ACP’s strategic objectives and vision.

The matrix will be based on ACP’s three critical success factors: quality care, effective organization, and public and stakeholder confidence. A fourth dimension will address pharmacy practice in relation to provincial health trends.

At their April meeting, council was introduced to a proposed matrix to monitor governance, leadership, and workplace of choice; all of which are reflected in ACP’s strategic objectives under the “Effective Organization” critical success factor.

Council reviewed a series of measures proposed to monitor and trend governance. The measures track:

- The identification and nurturing of strong leaders,
- Investment in leadership and governance,
- Compliance with governance policies,
- Assessment of leadership of individual council members, and
- The effectiveness and productivity of council as a whole.

At its June meeting, council approved additional measures to monitor fiscal responsibility, operational performance, and employee satisfaction. These measures combine to complete the development of the “Effective Organization” matrix.

The measures required for monitoring and improving quality care and public and stakeholder confidence have been narrowed down. Approval and implementation of the matrix is expected in 2014.
Aligning awards with goals for pharmacy practice

Council approved substantive changes to our awards policy in 2013.

The APEX Awards were restructured, in partnership with RxA, to streamline the program, increase the prestige, and better capture today’s practice.

Starting in 2015, our new ACP Leadership Award will provide up to $5,000 to a student entering the third or fourth year of the pharmacy program at the University of Alberta, who has demonstrated high levels of leadership, citizenship, and professionalism. This award will replace the college’s sponsorship of individual class, citizenship, and sportsmanship awards that were presented by the Alberta Pharmacy Students’ Association. The award will go toward advancing the recipient’s leadership skills through attendance at a pharmacy leadership conference or leadership training program.

Starting in 2015, ACP will award annually one prize of $1,000 to the pharmacy technician registered with ACP who achieved the highest mark on the Pharmacy Examining Board of Canada’s Qualifying Exam in the past calendar year.

Engaging broadly

Opening more channels for conversation

ACP is taking advantage of technology to provide more frequent and flexible means of communicating with our registrants, stakeholders, and the public.

In August 2013, we launched Twitter and Facebook accounts to interact with and listen to a wider audience. We hope you will like, share, and chat on our pages! Visit us at:

Facebook – https://www.facebook.com/ACPharmacists
Twitter – Twitter.com (search for @ACPharmacists).

(Note: Our Facebook page is an organizational page. That means when you “Like” us, you get to see our posts in your newsfeed, but we don’t get any access to your personal Facebook account.)

Rethinking meetings and conferences

Starting in 2014, ACP’s annual general meetings will be hosted virtually, using technology to reach as many registrants as possible.

There is an increasing number of quality professional development opportunities available to registrants and we now use webinars, live streaming, online modules, and other tools to offer more accessible, inclusive, and flexible presentation options for registrants. We still value face-to-face interaction too. Therefore, we will continue to host regional meetings and, while we have decided to not routinely hold an annual conference, we may periodically host symposiums or partner with other organizations to deliver in-person events on a specific strategic issue.
Supporting professional involvement

Voting members attending the AGM passed a resolution directing, “that ACP encourage membership in a professional organization of a registrant’s choice by creating an optional selection at the time of registration and annual permit renewal.”

Council passed a motion that ACP will, at the time of annual permit renewal, facilitate registrant awareness about and encourage them to belong to professional pharmacy organizations of their choice.

Working nationally

ACP is a founding member of the National Association of Pharmacy Regulatory Authorities (NAPRA). NAPRA enables provincial pharmacy regulators, like ACP, to take a national approach to common issues. In 2013, ACP worked with NAPRA on four projects that will benefit pharmacy practice in Alberta and across the country.

1. Requirements for Pharmacy Practice Management Systems were approved and published in November 2013. Developed by a working group that included Registrar Eberhart, this document sets the minimum requirements for pharmacy practice management systems and applies to everyone involved in providing or using information technology in pharmacies. The requirements are designed to ensure that pharmacists have access to the information and technology they need to comply with NAPRA’s Standards for Pharmacy Practice.

2. Competencies for Entry to Practice for Pharmacists and Pharmacy Technicians – A NAPRA working group that included Deputy Registrar Cooney reviewed and updated the core competencies for pharmacist and pharmacy technician candidates. The updated competencies will serve as a foundation when NAPRA develops new national standards for practice. They will also influence the programming and curriculum choices of the Association of Faculties of Pharmacy in Canada (AFPC) and the evaluation content chosen by the Pharmaceutical Examining Board of Canada (PEBC).

3. Pharmacy technician bridging program – To ensure national consistency and optimize resources, NAPRA took over the administration of the pharmacy technician bridging program. Candidates who had already taken some provincial bridging courses may take the remaining course(s) in the national program without duplicating or missing any information.

4. International Pharmacy Graduate (IPG) Gateway to Canada Project – NAPRA is developing a web-based portal to streamline the registration of foreign-trained candidates. When the portal is ready, all foreign candidates will be required to register nationally. This will consolidate document management and registration criteria evaluation. The program will also help candidates evaluate their readiness for practice in Canada and prepare for required examinations. Only after a candidate has fulfilled basic registration requirements, will NAPRA forward their documentation to the provincial college(s) of the candidate’s choice so they can participate in structured practical training.
QUALITY PATIENT CARE: Accessible and appropriate

Pharmacists who have additional prescribing authorization as of Feb. 28, 2014:

435↑ 98%
from 2012

Pharmacists who have authorization to inject as of Feb. 28, 2014:

2842↑ 39%
from 2012

Pharmacists immunized over

315,000
Albertans through the provincial Influenza Immunization Program – over twice as many as last year.
Number of initial prescribers up 98%

All pharmacists in Alberta are authorized to refill a prescription, change the dosage form, or substitute a generic for a brand name drug. With an additional authorization, pharmacists may also initiate drug therapy. This complements traditional services and results in patients receiving appropriate, timely care without having to use emergency facilities.

**Pharmacists with additional prescribing authorization** *(as of Feb. 28)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>435</td>
</tr>
<tr>
<td>2012</td>
<td>220</td>
</tr>
<tr>
<td>2011</td>
<td>155</td>
</tr>
<tr>
<td>2010</td>
<td>114</td>
</tr>
<tr>
<td>2009</td>
<td>76</td>
</tr>
<tr>
<td>2008</td>
<td>44</td>
</tr>
<tr>
<td>2007</td>
<td>15</td>
</tr>
</tbody>
</table>

The college received 257 applications for additional prescribing authorization in 2013, compared to 95 in 2012. Interest is building in all areas of pharmacy practice, most notably among community pharmacists.

**Practice settings at time of additional prescribing application***

<table>
<thead>
<tr>
<th>Year</th>
<th>Clinic</th>
<th>Community</th>
<th>Continuing Care</th>
<th>Hospital</th>
<th>PCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>33</td>
<td>170</td>
<td>42</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>18</td>
<td>29</td>
<td>4</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>9</td>
<td>26</td>
<td>8</td>
<td>20</td>
<td>11</td>
</tr>
<tr>
<td>2010</td>
<td>16</td>
<td>19</td>
<td>20</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

* Applicants may identify multiple practice settings

Pharmacists offering injections up 39%

**Pharmacists authorized to administer drugs by injection** *(data as of Feb. 28)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2842</td>
</tr>
<tr>
<td>2012</td>
<td>2044</td>
</tr>
<tr>
<td>2011</td>
<td>1535</td>
</tr>
<tr>
<td>2010</td>
<td>1137</td>
</tr>
<tr>
<td>2009</td>
<td>711</td>
</tr>
<tr>
<td>2008</td>
<td>157</td>
</tr>
<tr>
<td>2007</td>
<td>20</td>
</tr>
</tbody>
</table>
The benefit to Albertans of the increase in pharmacists authorized to inject was clearly reflected in the seasonal influenza immunization numbers. This year, pharmacists immunized over 315,000 Albertans – more than twice as many as the previous year. The number was limited only by the shortage of vaccine.

Alberta Health and the pharmacy community have agreed there is a need to review and enhance vaccine procurement and distribution processes for future campaigns. A working group of public health and pharmacy representatives, including ACP, is now considering enhancements for future seasons.

Creating partnerships for better care

Pharmacists and physiotherapists team up for better patient care

ACP and the Physiotherapy Alberta College + Association have trialed an Alberta Collaborative Prescribing Project over the past two years. The project examined the feasibility of collaborative prescribing relationships between physiotherapists and pharmacists to deliver appropriate drug therapy to Albertans with musculoskeletal conditions.

Participating physiotherapists, pharmacists, and patients felt they benefited from the arrangement. Practitioners were very satisfied with the outcomes and felt it added little to their workload.

ACP and CPSA partner to safeguard high risk patients

In August 2013, ACP and the College of Physicians & Surgeons of Alberta (CPSA) began using Triplicate Prescription Program data to identify patients who are potentially high risk because they are receiving unusually high amounts of an opioid and seeing multiple physicians and pharmacies.

When indicators identify their patients as fitting the high-risk criteria, the colleges alert the physicians and pharmacists and make them aware of best practices as defined by the Canadian Guideline for Safe and Effective Use of Opioids. As a result, the pharmacist and physician can provide a more coordinated response.

Some identified patients are struggling with addiction disorder, so getting appropriate treatment is important to their care. To further support practitioners and patients, we are providing information about addiction services in Alberta as part of the program’s correspondence.
Digging deeper in the small town

When you walk into Thorhild’s lone pharmacy, you will meet Darrel Coma, a well-spoken, knowledgeable member of Alberta’s pharmacy community for over 27 years.

An ACP practice consultant introduced Darrel to Chat, Check, and Chart as a method to encourage documentation and assessment within community practice. Darrel embraced it and has integrated the method into his practice.

By using Chat, Check, and Chart, Darrel gets to know his patients and makes them feel at ease talking about health concerns or potential side effects.

“Chat, Check, and Chart has given me the confidence to chart and document every patient, complete medication reviews, as well as unearth new challenges. It is making me a better health care provider.”

Building confidence in the big city

Salam Shartooh is a foreign-trained pharmacist who has been practising in Alberta for three years. She works in a bustling Edmonton pharmacy. With a revolving door of patients who have a multitude of needs and prescription types, she has found patient documentation and assessment a challenge.

To help with that, an ACP practice consultant recommended she try Chat, Check, and Chart. It was not easy for Salam at first, but she persevered. She has now been using this method for over a year and has excelled in her practice.

By implementing Chat, Check, and Chart, she has gained confidence as a pharmacist, and is now training her team members to use the method.

Salam believes that by using the three questions to evaluate the appropriateness of therapy, she has been able to detect unknown or unlisted allergies, a patient’s use of other medications, as well as health conditions.

“This is fundamental to the practice and I recommend every pharmacy use it in every scenario. It improves quality practice and overall patient safety.”

New tools improve practice

New CCC tools increase efficiency and effectiveness

Chat, Check, and Chart is a system that helps pharmacists assess patients and their prescriptions to determine the appropriateness of therapy and chart their plans and decisions efficiently and effectively.

In 2013, ACP introduced four new tools to help pharmacists incorporate the system into their practices. These tools contain:

- A helpful introduction to the CCC method,
- Tips and sample scripts on “Chatting” (patient assessment),
- A checklist to assist with “Checking” (verifying appropriateness of therapy), and
- Examples to help “Chart” (documentation).

We also introduced a CCC tool for assessing an opioid prescription. This tool guides pharmacists through the information they need to gather, assess, and document when reviewing an opioid prescription for pain management.
QUALITY PATIENT CARE:
Meets patient and public health needs

Identifying the public’s expectations

While 92% of the public was satisfied with the pharmacy care they received in the last year, there is still confusion about what pharmacists can do. There are also two areas that the public feels are important but are less satisfied with: pharmacists following up, and working with their health team to coordinate drug therapy. Those are the key findings from ACP’s 2013 public survey.

Background

We survey our key audiences – registrants, the public, and stakeholders – on a three-year rotating cycle. This year, NRG Research Group surveyed 1,200 members of the general public across Alberta. They explored their views about the college, pharmacy practice, and their hopes for the future.

What’s going well?

The public is satisfied with the provision of pharmacy services in Alberta, and consider their pharmacist to be important to their overall health care.

*Satisfaction with pharmacy services overall (n=1200)*

<table>
<thead>
<tr>
<th></th>
<th>Very satisfied</th>
<th>Somewhat satisfied</th>
<th>Neutral</th>
<th>Don’t know / Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>59%</td>
<td>33%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>70%</td>
<td>21%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>67%</td>
<td>25%</td>
<td>6%</td>
<td></td>
</tr>
</tbody>
</table>

n=1,200

The public is also well aware of more traditional pharmacist roles – and rates these roles as both satisfactory and important.
Satisfaction with pharmacist performing roles or jobs

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied
- Was not aware this was part of pharmacist role
- Don’t know / Refused / Never used

Providing you with enough information to know how to properly take/use your drugs (for example, with food)

- 79%
- 15%
- 3%

Ensuring that you understand what results you might expect from your drugs and when these result might occur

- 60%
- 27%
- 7%
- 3%

Evaluating your prescription to ensure that you are getting the right drug, for the right reason, in the right dose, and in the right amount

- 63%
- 19%
- 10%
- 4%
- 3%

Helping you to select and use non-prescription medications such as vitamins, nutritional supplements, and cold remedies

- 54%
- 25%
- 9%
- 3%
- 6%

Authorizing refills on prescriptions

- 48%
- 18%
- 6%
- 3%
- 5%
- 10%
- 9%

Working with your health team to coordinate your drug therapy

- 33%
- 21%
- 12%
- 7%
- 3%
- 9%
- 15%

Following up with you to monitor your response to drug therapy and to provide additional support in using your drugs properly

- 32%
- 21%
- 12%
- 8%
- 6%
- 9%
- 11%

Prescribing drugs for conditions that your pharmacists are trained to care for

- 34%
- 18%
- 11%
- 16%
- 17%

Assessing your potential health risks

- 24%
- 19%
- 16%
- 8%
- 8%
- 10%
- 16%

Administering immunizations (such as flu shots or vaccine boosters)

- 31%
- 11%
- 10%
- 6%
- 6%
- 13%
- 24%

Writing care plans for your continued health care treatment

- 17%
- 15%
- 15%
- 7%
- 6%
- 20%
- 21%

Discussing lab results important to your treatment with you

- 17%
- 13%
- 13%
- 4%
- 8%
- 19%
- 26%

Administering other drugs by injection

- 15%
- 9%
- 14%
- 5%
- 8%
- 17%
- 31%

Opportunities for improvement

Many of the pharmacists’ responsibilities appear to be unknown or perhaps poorly understood. Ratings for these responsibilities are lower than average in terms of satisfaction and importance; however, as these are newer or non-traditional pharmacist roles the public likely is unable to fairly evaluate these services. These include:

- Administering immunizations
- Writing care plans for a patient’s continued health care treatment
- Discussing lab results important to a patient’s treatment
- Administering other drugs by injection

2. The public survey was conducted before the 2013-14 seasonal influenza season, which greatly raised public awareness of pharmacist administration of injections.
Respondents rated pharmacist follow up and working with their health team to coordinate drug therapy as high in importance, but lower in satisfaction.

**Importance vs. satisfaction on pharmacist roles or jobs**

You can view the full public survey on the News page of the ACP website.
Educating practitioners about...

Addiction

There are many misconceptions about opioids and stigmas associated with addiction. But, opioids can be effective in managing chronic non-cancer pain when taken correctly and prescribed appropriately.

Knowing this, ACP presented a one-day symposium that focused on addiction and its relevance to pharmacy practice. Pharmacists, pharmacy technicians, nurse practitioners, and physicians learned about:

- The prevalence and consequences of addiction
- The role of pharmacists within Alberta’s Addiction and Mental Health Strategy
- Strategies and a tool kit to help:
  - Manage patients on opioids for chronic non-cancer pain
  - Identify and manage the misuse and abuse of drugs
  - Manage patients being treated for opioid dependence
- How to effectively manage patients taking medications with high abuse potential.

Participants left with up-to-the-minute resources and techniques, perhaps a few new collegial connections, and the confidence to provide better care for patients.

We broadened the support for pharmacists managing patients taking opioids by publishing *Medication-Assisted Treatment for Opioid Dependence: Guidelines for Pharmacists and Pharmacy Technicians*.

We also continued to work with the Coalition on Prescription Drug Misuse (CoOPDM) to promote healthier communities by reducing the misuse of prescription drugs.

Mental health

Because of their accessibility and regular contact with patients, pharmacists can play a key role in helping patients with mental health disorders. To complement our symposium, we devoted the March/April 2013 issue of our newsletter to offering context, practical tips, and resources to help pharmacists and their patients more successfully navigate the often confusing worlds of mental health and addiction.

Vascular risk

ACP is participating in the Vascular Risk Reduction (VRR) - Community Pharmacy Initiative. The initiative is part of a province-wide series of projects that aim to improve care for Albertans at risk for vascular disease. The goal of this project is to implement pharmacist-initiated vascular risk reduction screening, early management, and intervention based on C-CHANGE guidelines (clinical practice recommendations for cardiovascular disease prevention and treatment) in community pharmacies.
Protecting patient information

If a husband asks for his wife's prescription receipts, can you give them to him? What can you tell the police when they investigate a forgery? Can you email drug information to a patient or contact them via social media?

These are just a few of the scenarios pharmacists and pharmacy technicians must consider. To help them, we published *Helping pharmacists and pharmacy technicians understand the Health Information Act* and devoted the September/October 2013 edition of *acpnews* to the topic.

Helping patients manage their health

ACP's 30-page health journals help patients track symptoms, moods, and health issues and note their questions and concerns. We distributed over 25,000 journals free of charge in 2013.

We also helped patients better understand pharmacists’ role in adapting and renewing prescriptions with our brochure, *Understanding your pharmacist's role in renewing or adapting your prescription*. This was distributed by pharmacies throughout the province.

Raising public awareness

Pharmacists do more than count pills – and we’re making sure the public knows that! With humour and a swipe at old stereotypes, we let the public know how ACP and pharmacists work together to ensure they receive excellent pharmacy care.

From Nov. 25 to Dec. 8, 2013, radio ads, billboards, and our Facebook and Twitter accounts helped the public understand that whether filling or refilling a prescription, writing a care plan, or giving an injection, pharmacists always do more than just count pills or fill orders.

The pictures on the following pages are captured from our video that explains the many ways pharmacists can help patients enjoy their best health. You can view the whole video on the For the Public section of our website.
Every time your pharmacist fills or refills your prescription, gives you an injection, or prescribes a medication for you, they...

Ensure the therapy is appropriate

- Health history?
- What condition are we treating?
- What other medications, vitamins or supplements are you taking?
- Lab results to check?
- Treatment history?

Ensure the therapy is effective

- Is this the right dose for your age and weight?
- Will this medication give you the results you want?
- Is the dose okay based on your liver and kidney function?
- Will you be able to take this medication? (Need liquid instead of pill? Is the schedule too complicated?)

Ensure the therapy is safe

- Any allergies?
- Potential side effects?
- Any interactions with your other drugs, vitamins or herbal supplements?
- Any other health conditions?
Ensure you know how to get the **best results**

- How do I use an inhaler?
- How will I know it is working?
- Take with food?
- Can I stop taking it if I feel better?
- What if I miss a dose?

**Let me explain...**

Are a critical link in your **healthcare team**

- Update patient record
- Communicate with other health team members
- Order lab tests
- Research drug therapy options

Pharmacists can also help you...

**Manage chronic disease**
- Control cholesterol, asthma, depression, anticoagulation, arthritis, osteoporosis
- Monitor blood sugar and blood pressure

**Use your medication wisely**
- Medication reviews
- Specialty compounding
- Drug information consultations
- Addiction/substance abuse counselling

**Be healthy**
- Screen for osteoporosis, diabetes, cholesterol
- Immunizations
- Nutrition and diet counselling
- Family planning and reproductive health
- Tobacco reduction

**Treat minor injuries and ailments**
- Mouth ulcers, burns/scalds, colds, influenza, constipation, diarrhea, etc.
- Elbow braces, crutches, walkers, wheelchairs, pressure stockings

Healthy Albertans through excellence in pharmacy practice
Anticipating economic impacts

The significant impact of policies in the 2013 provincial budget that diminished pharmacy revenues was abrupt and unexpected. While the Alberta Pharmacists’ Association (RxA) worked with government to develop an economic path forward, ACP continued to pursue a health environment where patients and the health system benefit from the expertise of appropriately supported pharmacists and pharmacy technicians who coordinate and take responsibility for appropriate drug therapy.

We have watched cuts to pharmacy funding, the introduction of automation and centralized dispensing, and the reduction of generic prices happening around the world for over two decades. That is why, since the early 1990s, we have focused on developing an environment that enables pharmacists to fully use their skills to better respond to changing environments and patient needs. We continue to work with pharmacists and pharmacy technicians to help them be as professionally prepared as possible to most effectively meet patient needs.

We also continued to stress to government that policies need to balance support for:

- Patient access to quality care,
- Sustainability of the health system, and
- The viability of pharmacy practice.

We continue to work with pharmacists and pharmacy technicians to help them be as professionally prepared as possible to most effectively meet patient needs.
QUALITY PATIENT CARE: Provided by accountable pharmacy practitioners

Registering pharmacy technicians and pharmacists

Data as of Dec. 31

Registered technicians
- 2013: 163
- 2012: 115
- 2011: 8

Provisional technicians*
- 2013: 960
- 2012: 1192
- 2011: 969

* The provisional register is for individuals working toward registration as a pharmacy technician.

Technician bridging program delivery now national

To ensure national consistency, NAPRA, the National Association of Pharmacy Regulatory Authorities, took over the administration of the bridging program. Candidates who had already taken some bridging courses may take the remaining course(s) in the national program without duplicating or missing any information.
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. We registered one individual on our courtesy register for 60 days in 2013. She was transferring in from another province and needed to complete the reinstatement requirements.
Starting interns off on the right foot

We enhanced our Structured Practical Training program to better support pharmacy interns with their journey to becoming proficient, patient-centred, and outcomes-focused pharmacists. Pharmacy interns must complete a minimum of 1000 hours of structured practical training before qualifying to license as a pharmacist. The new program consists of several interactive online modules that makes the information engaging and allows learners access whenever and wherever they want it.

Assessing competence

Data as of Dec. 31

Learning portfolio audits

<table>
<thead>
<tr>
<th>Year</th>
<th>Audits conducted</th>
<th>Successful compliance</th>
<th>Letters of non-compliance</th>
<th>Referrals to Competence Committee</th>
<th>Referral to Complaints Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>470</td>
<td>465</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>459</td>
<td>455</td>
<td>4</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>441</td>
<td>433</td>
<td>8</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>469</td>
<td>466</td>
<td>6</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>597</td>
<td>586</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

Individuals may receive both a letter and a referral.

Competence Assessment

In 2013, approximately 5% of pharmacists on the clinical register were randomly selected for competence assessment. Some pharmacists selected for assessment chose to move to inactive status.

Those who remained active in the cohort chose from two different tools to assess their competence: the knowledge assessment or the professional portfolio. The knowledge assessment is a three-hour, open-book, computer-based assessment. The professional portfolio asks pharmacists to demonstrate how they maintain and enhance their practice by incorporating new learning.

Success rates for both the knowledge assessment and the portfolio average over 94%. Candidates who were not successful on their first attempt were required to select and complete one of the two assessments within six months. Candidates who were not successful on their second attempt were referred to the Competence Committee for consideration of next steps.

As of December 31, 2013, a total of 13 pharmacists had been referred to the Competence Committee after two unsuccessful attempts. All were directed to complete a professional portfolio with the assistance of a mentor assigned by the college. Four have successfully completed the process and the remainder are either working toward established deadlines or have been granted a deferral.

Cases were only referred to the Complaints Director in situations where a candidate failed or refused to comply with the rules of the program.
Individuals in the 2013 cohort have until April 30, 2014 to complete the assessment.

<table>
<thead>
<tr>
<th>Pharmacists</th>
<th>2010 COHORT</th>
<th>2011 COHORT</th>
<th>2012 COHORT</th>
<th>2013 COHORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deadline:</td>
<td>Deadline:</td>
<td>Deadline:</td>
<td>Deadline:</td>
<td>Deadline:</td>
</tr>
<tr>
<td>Selected</td>
<td>97</td>
<td>401</td>
<td>252</td>
<td>231</td>
</tr>
<tr>
<td>Exempted*</td>
<td>1</td>
<td>9</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Moved to inactive status</td>
<td>10</td>
<td>42</td>
<td>28</td>
<td>6</td>
</tr>
<tr>
<td>Active in the cohort</td>
<td>86</td>
<td>350</td>
<td>209</td>
<td>215</td>
</tr>
<tr>
<td>Successfully completed</td>
<td>84</td>
<td>342</td>
<td>190</td>
<td>69</td>
</tr>
<tr>
<td>Yet to complete**</td>
<td>2</td>
<td>8</td>
<td>19</td>
<td>146</td>
</tr>
</tbody>
</table>

* Pharmacists who have completed a competence review in BC or Ontario within five years of being selected for assessment in Alberta are exempt.

In addition, in 2012, council decided that pharmacists holding additional prescribing authorization are exempt from competence assessment for five years following the granting of the authorization.

** Cases may be deferred due to maternity, paternity, or medical leave as long as the pharmacist is not currently practising. When the pharmacist returns to practice they re-enter the program. Therefore, some individuals remain in the program after the cohort deadline. The Competence Committee is responsible for granting deferrals and for establishing deadlines for completion of steps in the program upon return to practice. Pharmacists are considered compliant and are allowed to continue in the program as long as they meet the established deadlines.

### Fostering professional competence

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.

In December 2012, ACP council adopted a new philosophy and guiding principles for the Competence Program. The program’s updated philosophy emphasizes quality improvement and encourages pharmacists and pharmacy technicians to continuously enhance their practices.

We surveyed registrants to ensure that they understood this new direction. We found that 84% of registrants agreed that the philosophy statement made it clear that the program’s purpose is to foster the professional growth of pharmacists and pharmacy technicians. When asked if the guiding principles were clear, 85% of registrants agreed that they were.

Given that endorsement, the Competence Committee and ACP staff reviewed the program and are developing training tools and resources to support registrants’ continuous learning. The enhanced program will come into effect in July 2014.

### Philosophy

ACP fosters professional growth that inspires and empowers pharmacists and pharmacy technicians to continuously enhance their practices and support Albertans’ health and wellbeing. 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.
**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.

- **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.

- **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.

- **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.

**Resolving complaints**

While our emphasis is on ensuring excellent pharmacy practice through quality improvement, there are times when remedial or disciplinary action is necessary. We make every effort to resolve complaints in a timely, thorough, and fair way.

**Complaints received**

<table>
<thead>
<tr>
<th>Year</th>
<th>Issue of public concern*</th>
<th>Formal complaints</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>557</td>
<td>41</td>
<td>598</td>
</tr>
<tr>
<td>2012</td>
<td>529</td>
<td>42</td>
<td>571</td>
</tr>
<tr>
<td>2011</td>
<td>555</td>
<td>45</td>
<td>600</td>
</tr>
<tr>
<td>2010</td>
<td>467</td>
<td>39</td>
<td>506</td>
</tr>
<tr>
<td>2009</td>
<td>332</td>
<td>43</td>
<td>375</td>
</tr>
<tr>
<td>2008</td>
<td>289</td>
<td>66</td>
<td>351</td>
</tr>
</tbody>
</table>

* Issues of public concern 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.
Many of the complaints we received in 2013 were significantly more complex, lengthy, and resource intensive than seen in previous years. This was also true in 2012 and will have resource implications for the college if the trend continues.

**Hearings, appeals and reviews in 2013**

- Hearings: 8
- Appeal of decision to council: 1
- Appeal abandoned by appellant: 1
- Complaint Review Committee: 2
- Decisions upheld: 2
We post all hearing notices and information about attending a hearing on our website. 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.

In 2013, the complaints director had grounds to conclude that four registrants were incapacitated and directed each to be assessed and cease practice.*

Proposing to prohibit inducements

The mandate of the college is to govern pharmacy in a way that protects and best serves the public interest, as well as the integrity of the pharmacy professions.

The prohibition on inducements is vital to protecting the integrity of pharmacy by creating practice environments where:

- Care decisions are based solely on the best healthcare,
- The highest ethical standards are observed, and
- Outside influences are removed from the relationships between patients and pharmacy professionals and between pharmacists and other healthcare providers.

In October, council unanimously supported, for the purpose of inviting review and comment as required by the Health Information Act, amendments to ACP’s Standards and Code of Ethics. The amendments proposed to prohibit pharmacists, pharmacy technicians, and pharmacy proprietors from providing an inducement on the condition that an individual receives a drug or a professional service from a pharmacist or pharmacy technician.

To help people better understand the rationale for the proposed amendments, we posted on the ACP website:

- The proposed amendments,
- An executive summary,
- Frequently Asked Questions,
- A background paper – Inducements for Drugs and Professional Services: A Basis for a Prohibition

In keeping with the requirements of the Health Professions Act, we held an external amendment review period between Nov. 27, 2013 and Jan. 31, 2014. Council will review all feedback in early 2014.

* 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.
QUALITY PATIENT CARE: Provided in appropriate pharmacy care settings

Licensed Pharmacies 1075

### Licensed Pharmacies

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>1075</td>
</tr>
<tr>
<td>2012</td>
<td>1023</td>
</tr>
<tr>
<td>2011</td>
<td>1001</td>
</tr>
<tr>
<td>2010</td>
<td>977</td>
</tr>
<tr>
<td>2009</td>
<td>965</td>
</tr>
<tr>
<td>2008</td>
<td>949</td>
</tr>
</tbody>
</table>

*Data as of Dec. 31

### New Pharmacies

<table>
<thead>
<tr>
<th>Year</th>
<th>Corporate</th>
<th>Independent</th>
<th>Compounding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>21*</td>
<td></td>
<td>41</td>
<td>63</td>
</tr>
<tr>
<td>2012</td>
<td>9</td>
<td></td>
<td>39</td>
<td>49</td>
</tr>
<tr>
<td>2011</td>
<td>5</td>
<td></td>
<td>30</td>
<td>38</td>
</tr>
<tr>
<td>2010</td>
<td>22</td>
<td></td>
<td>13</td>
<td>36</td>
</tr>
<tr>
<td>2009</td>
<td>23</td>
<td></td>
<td>11</td>
<td>35</td>
</tr>
</tbody>
</table>

*Includes introduction of 12 Target pharmacies
Assessing pharmacy performance

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

**Routine assessments** focus on operations and practices, and provide coaching opportunities to support change. 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 determine if changes match the application information provided to the college and 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 assessments**

<table>
<thead>
<tr>
<th>Reason for assessment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine</td>
<td>249</td>
</tr>
<tr>
<td>Consultation</td>
<td>358</td>
</tr>
<tr>
<td>Directed visit</td>
<td>27</td>
</tr>
<tr>
<td>Renovation</td>
<td>3</td>
</tr>
<tr>
<td>Relocation</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>640</strong></td>
</tr>
</tbody>
</table>

I remember having a pharmacy audit about 10 years ago ... the process has evolved and improved tremendously.

– Pharmacy manager
To ensure that we deliver resources where they are needed most, we classify pharmacies as high, medium or low performing. The classification 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.

Pharmacy practice consultants take a coaching approach to help pharmacy teams improve workflow and patient care, while ensuring that all practices comply with the standards and legislation. They use the *Chat, Check, and Chart* method as the foundation for monitoring excellent pharmacy care. *Chat, Check, and Chart* is a system that helps pharmacists efficiently yet thoroughly assess a prescription for accuracy, check for allergies and medical conditions to ensure the therapy is safe, and then document all dispensing information. The coaching approach has shown very positive results.

Documentation for adaptations now integrates *Chat, Check, Chart* (CCC) and addresses indication, effectiveness, safety, and adherence. We are starting to see the application of CCC for other patient assessments.

Pharmacy technicians are starting to be successfully integrated into workflow to allow the pharmacist more time to perform clinical activities.

We are seeing more thorough review of medication incidents, including the implementation of the quarterly review required by the standards. Reviews now focus on the contributing factors to the incident.

Pharmacy teams are improving their systems and processes to more effectively prevent accidents waiting to happen, rather than reactively trying to fix a problem after the fact.

---

**Due to a present shortage of doctors in the community, we are adapting more prescriptions to provide continuity of care. As a result of [the PPC’s] visit, we are documenting directly to the computer with stricter adherence to the *Chat, Check, Chart* tool. Aside from being more professional, it adds to my self-confidence that my decisions are in the best interest of the patients’ healthcare by following the data assessment and plan format.**

—— Pharmacy manager

---

**Keep up the good work. I will actually look forward to my next assessment, which is pretty remarkable.**

—— Pharmacy manager
Independent Auditor’s Report

To the Council of Alberta College of Pharmacists

We have audited the accompanying financial statements of the Alberta College of Pharmacists, which comprise the statement of financial position as at December 31, 2013, 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 Alberta College of Pharmacists as at December 31, 2013, 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 9, 2014
Edmonton, Canada
### Statement of Financial Position

#### December 31, 2013, with comparative information for 2012

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$ 464,591</td>
<td>$ 155,373</td>
</tr>
<tr>
<td>Investments (note 2)</td>
<td>5,878,698</td>
<td>5,497,002</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>11,952</td>
<td>71,361</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>92,742</td>
<td>73,693</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>6,447,983</td>
<td>5,797,429</td>
</tr>
<tr>
<td>Legal fees recoverable</td>
<td>139,200</td>
<td>180,424</td>
</tr>
<tr>
<td>Property and equipment (note 3)</td>
<td>646,675</td>
<td>654,938</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>7,233,858</strong></td>
<td><strong>6,632,791</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities (note 4)</td>
<td>$ 168,951</td>
<td>$ 93,384</td>
</tr>
<tr>
<td>Deferred revenue (note 5)</td>
<td>2,584,885</td>
<td>2,381,692</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>2,753,836</td>
<td>2,475,076</td>
</tr>
<tr>
<td>Deferred lease inducement (note 6)</td>
<td>298,031</td>
<td>337,769</td>
</tr>
<tr>
<td>Net assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invested in property and equipment</td>
<td>646,675</td>
<td>654,938</td>
</tr>
<tr>
<td>Internally restricted (note 7) 2,</td>
<td>150,000</td>
<td>150,000</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>1,385,316</td>
<td>2,365,008</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>4,181,991</strong></td>
<td><strong>3,819,946</strong></td>
</tr>
</tbody>
</table>

**Commitments and contingencies (note 9)**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 7,233,858</strong></td>
<td><strong>$ 6,632,791</strong></td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.

On behalf of the Council:

[Signatures of Councilors]
## Statements of Operations

Year ended December 31, 2013, with comparative information for 2012

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual permit and license fees (note 5)</td>
<td>$5,224,733</td>
<td>$5,152,031</td>
</tr>
<tr>
<td>Investment income (note 8)</td>
<td>304,491</td>
<td>187,252</td>
</tr>
<tr>
<td>Other income</td>
<td>242,807</td>
<td>383,162</td>
</tr>
<tr>
<td>Convention</td>
<td>24,105</td>
<td>23,000</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$5,796,136</td>
<td>$5,745,445</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Expenditures</strong></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations (note 6)</td>
<td>1,268,309</td>
<td>1,202,568</td>
</tr>
<tr>
<td>Professional practice</td>
<td>843,635</td>
<td>844,797</td>
</tr>
<tr>
<td>Complaints resolution</td>
<td>647,258</td>
<td>531,140</td>
</tr>
<tr>
<td>Registration and licensure</td>
<td>639,233</td>
<td>467,488</td>
</tr>
<tr>
<td>Governance and legislation</td>
<td>518,312</td>
<td>554,886</td>
</tr>
<tr>
<td>Communications</td>
<td>506,491</td>
<td>575,608</td>
</tr>
<tr>
<td>Competence</td>
<td>416,161</td>
<td>404,887</td>
</tr>
<tr>
<td>Practice development</td>
<td>267,556</td>
<td>175,945</td>
</tr>
<tr>
<td>Partnership administration</td>
<td>207,298</td>
<td>279,455</td>
</tr>
<tr>
<td>Amortization</td>
<td>119,838</td>
<td>131,814</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td>5,434,091</td>
<td>5,168,587</td>
</tr>
</tbody>
</table>

**Excess of revenue over expenditures**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$362,045</td>
<td>$576,858</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
## Statement of Changes in Net Assets

Year ended December 31, 2013, with comparative information for 2012

<table>
<thead>
<tr>
<th></th>
<th>Invested in property and equipment</th>
<th>Internally restricted (note 7)</th>
<th>Unrestricted</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, beginning of year</td>
<td>$654,938</td>
<td>$ 800,000</td>
<td>$2,365,008</td>
<td>$3,819,946</td>
<td>$3,243,088</td>
</tr>
<tr>
<td>Excess (deficiency) of revenue over expenditures</td>
<td>(132,587)</td>
<td>-</td>
<td>494,632</td>
<td>362,045</td>
<td>576,858</td>
</tr>
<tr>
<td>Investment in property and equipment, net</td>
<td>124,324</td>
<td>-</td>
<td>(124,324)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Transfers, net</td>
<td>-</td>
<td>1,350,000</td>
<td>(1,350,000)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$646,675</td>
<td>$2,150,000</td>
<td>$1,385,316</td>
<td>$4,181,991</td>
<td>$3,819,946</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
ALBERTA COLLEGE OF PHARMACISTS

Statement of Cash Flows
Year ended December 31, 2013, with comparative information for 2012

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash provided by (used in):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess of revenue over expenditures</td>
<td>$362,045</td>
<td>$576,858</td>
</tr>
<tr>
<td>Items not involving cash:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amortization</td>
<td>119,838</td>
<td>131,814</td>
</tr>
<tr>
<td>Loss on disposal of property and equipment</td>
<td>12,749</td>
<td>3,795</td>
</tr>
<tr>
<td>Realized losses on investments</td>
<td>12,076</td>
<td>14,038</td>
</tr>
<tr>
<td>Unrealized gains on investments</td>
<td>(153,400)</td>
<td>(60,876)</td>
</tr>
<tr>
<td>Amortization of deferred lease inducement</td>
<td>(39,738)</td>
<td>(39,737)</td>
</tr>
<tr>
<td>Change in non-cash operating working capital:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease (increase) in accounts receivable</td>
<td>59,409</td>
<td>(31,895)</td>
</tr>
<tr>
<td>(Increase) decrease in prepaid expenses</td>
<td>(19,049)</td>
<td>28,667</td>
</tr>
<tr>
<td>Decrease (increase) in legal fees recoverable</td>
<td>41,224</td>
<td>(67,643)</td>
</tr>
<tr>
<td>(Increase) decrease in accounts payable and accrued liabilities</td>
<td>75,566</td>
<td>20,397</td>
</tr>
<tr>
<td>(Increase) decrease in deferred revenue</td>
<td>203,193</td>
<td>106,514</td>
</tr>
<tr>
<td><strong>Investing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net purchases of investments</td>
<td>(240,371)</td>
<td>(766,255)</td>
</tr>
<tr>
<td>Proceeds on disposal of property and equipment</td>
<td>5,944</td>
<td>3,363</td>
</tr>
<tr>
<td>Purchase of property and equipment</td>
<td>(130,268)</td>
<td>(102,532)</td>
</tr>
<tr>
<td><strong>Increase (decrease) in cash</strong></td>
<td>(364,695)</td>
<td>(865,424)</td>
</tr>
<tr>
<td>Cash, beginning of year</td>
<td>155,373</td>
<td>338,865</td>
</tr>
<tr>
<td><strong>Cash, end of year</strong></td>
<td>$464,591</td>
<td>$155,373</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
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, pharmacy technicians, and licenses pharmacies. 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 which is Part III of the CPA Canada Handbook – Accounting in preparing its financial statements. ACP’s significant accounting policies are as follows:

(a) Revenue recognition:

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:

<table>
<thead>
<tr>
<th>Asset</th>
<th>Basis</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture and equipment</td>
<td>Declining balance</td>
<td>20%</td>
</tr>
<tr>
<td>Automotive equipment</td>
<td>Declining balance</td>
<td>30%</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>Declining balance</td>
<td>30%</td>
</tr>
<tr>
<td>Website development</td>
<td>Declining balance</td>
<td>30%</td>
</tr>
<tr>
<td>Registrant database</td>
<td>Straight-line</td>
<td>5 years</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$20,589</td>
<td>$25,401</td>
</tr>
<tr>
<td>Canadian investment savings accounts and money market funds</td>
<td>2,342,158</td>
<td>2,833,285</td>
</tr>
<tr>
<td>Canadian fixed income with interest rates ranging from 1.90% - 6.14% (2012 – 2.74% to 6.14%) and maturity dates ranging from March 2014 to March 2018 (2012 – March 2014 to March 2018)</td>
<td>2,395,541</td>
<td>1,662,501</td>
</tr>
<tr>
<td>Accrued interest receivable</td>
<td>26,090</td>
<td>14,867</td>
</tr>
<tr>
<td>Preferred shares</td>
<td>26,300</td>
<td>27,100</td>
</tr>
<tr>
<td>Canadian equities</td>
<td>456,217</td>
<td>478,464</td>
</tr>
<tr>
<td>Foreign investment savings accounts and money market funds</td>
<td>42,608</td>
<td>-</td>
</tr>
<tr>
<td>US equities</td>
<td>569,195</td>
<td>455,384</td>
</tr>
<tr>
<td></td>
<td>$5,878,698</td>
<td>$5,497,002</td>
</tr>
</tbody>
</table>

3. Property and equipment

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture and equipment</td>
<td>$264,690</td>
<td>$157,033</td>
<td>$107,657</td>
<td>$126,016</td>
</tr>
<tr>
<td>Automotive equipment</td>
<td>82,284</td>
<td>57,274</td>
<td>25,010</td>
<td>35,728</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>184,572</td>
<td>116,592</td>
<td>67,980</td>
<td>81,202</td>
</tr>
<tr>
<td>Website development</td>
<td>131,500</td>
<td>67,587</td>
<td>63,913</td>
<td>6,218</td>
</tr>
<tr>
<td>Registrant database</td>
<td>82,216</td>
<td>182,216</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>502,530</td>
<td>120,415</td>
<td>382,115</td>
<td>405,774</td>
</tr>
<tr>
<td></td>
<td>$1,347,792</td>
<td>$701,117</td>
<td>$646,675</td>
<td>$654,938</td>
</tr>
</tbody>
</table>
4. Accounts payable and accrued liabilities

Included in accounts payable and accrued liabilities are government remittances payable of $1,669 (2012 – $nil), which includes amounts payable for GST and payroll related taxes.

5. Deferred revenue

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred permit and license fees, beginning of year</td>
<td>$ 2,381,692</td>
<td>$ 2,275,178</td>
</tr>
<tr>
<td>Amounts received during the year</td>
<td>5,427,926</td>
<td>5,258,545</td>
</tr>
<tr>
<td>Amounts recognized as revenue during the year</td>
<td>5,224,733</td>
<td>5,152,031</td>
</tr>
<tr>
<td>Deferred permit and license fees, end of year</td>
<td>$ 2,584,885</td>
<td>$ 2,381,692</td>
</tr>
</tbody>
</table>

6. Deferred lease inducement

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred lease inducement, beginning of year</td>
<td>$ 337,769</td>
<td>$ 377,506</td>
</tr>
<tr>
<td>Amounts recognized against operations expenditures during the year</td>
<td>39,738</td>
<td>39,737</td>
</tr>
<tr>
<td>Deferred lease inducement, end of year</td>
<td>$ 298,031</td>
<td>$ 337,769</td>
</tr>
</tbody>
</table>

7. Internally restricted net assets

ACP has established the following reserve funds which shall be maintained at these levels per Council policies:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital expenditures</td>
<td>$ 300,000</td>
<td>$ -</td>
</tr>
<tr>
<td>Information technology</td>
<td>800,000</td>
<td>-</td>
</tr>
<tr>
<td>Non-recurring legal costs</td>
<td>500,000</td>
<td>-</td>
</tr>
<tr>
<td>Practice research</td>
<td>250,000</td>
<td>-</td>
</tr>
<tr>
<td>Unexpected expenses</td>
<td>300,000</td>
<td>800,000</td>
</tr>
<tr>
<td></td>
<td>$ 2,150,000</td>
<td>$ 800,000</td>
</tr>
</tbody>
</table>

8. Investment income

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dividends</td>
<td>$ 49,328</td>
<td>$ 4,825</td>
</tr>
<tr>
<td>Interest</td>
<td>89,687</td>
<td>95,589</td>
</tr>
<tr>
<td>Realized gains (losses) on investments</td>
<td>12,076</td>
<td>(14,038)</td>
</tr>
<tr>
<td>Unrealized gains on investments</td>
<td>153,400</td>
<td>60,876</td>
</tr>
<tr>
<td></td>
<td>$ 304,491</td>
<td>$ 187,252</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$139,613</td>
</tr>
<tr>
<td>2015</td>
<td>139,613</td>
</tr>
<tr>
<td>2016</td>
<td>146,838</td>
</tr>
<tr>
<td>2017</td>
<td>144,500</td>
</tr>
<tr>
<td>2018</td>
<td>144,500</td>
</tr>
<tr>
<td>Thereafter</td>
<td>361,250</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,076,314</strong></td>
</tr>
</tbody>
</table>

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.