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stepping up for
safe
effective
responsible
pharmacist practice

alberta college of
pharmacists



Our vision

Safe, effective, responsible pharmacist practice

Our mission

The Alberta College of Pharmacists governs the pharmacy profession in Alberta to support and protect the public's health and well-being.

Our values

- The health of the patient is paramount in all we do.
- We are dedicated to continually advancing our skills, knowledge and practice standards.
- We seek continuous improvement through creativity and innovation.
- We are accountable for our professional conduct.
- We are committed to healthy work environments that stimulate pride and personal satisfaction for pharmacists and other employees.
- We believe partnerships and teamwork are central to our achievements.

Our goals

- Public safety: pharmacist practice does not present a risk to patients.
- Quality pharmacist practice: pharmacists take responsibility for appropriate drug therapy.
- Patients benefit from pharmacist knowledge and skills: patients know what level of skill to expect from their pharmacist and receive it 100 per cent of the time.

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Steps in the right direction – 2007 highlights

The past year saw many positive steps forward in pharmacist practice. The Alberta College of Pharmacists (ACP) stepped up for better use of health resources, more effective pharmacist practice, and better health care for Albertans when we:

- oversaw the successful implementation of the regulations to the *Health Professions Act* and the *Pharmacy and Drug Act* in pharmacist practice.
 - implemented the *Standards for Pharmacist Practice* and the *Standards for Operating Licensed Pharmacies*.
 - piloted and approved the process for evaluating additional prescribing authorization applications.
 - granted fifteen pharmacists additional prescribing authorization following their successful completion of the pilot – a first in Canada!
 - connected with individual pharmacists across the province through outreach communication efforts such as in-person orientation sessions, the *Transition Times* publications, and regional town hall meetings.
 - began registering pharmacy technicians.
- ACP stepped forward with materials to support pharmacists in their new practice framework. Through these efforts:
- the *Methadone Treatment in Alberta: Guidelines for Dispensing Pharmacists* resource was compiled by ACP and circulated to all pharmacists.
 - *Ensuring Safe & Efficient Communication of Medication Prescriptions in Community and Ambulatory Settings* was co-authored by ACP, the College and Association of Registered Nurses of Alberta, and the College of Physicians & Surgeons of Alberta and distributed to all pharmacists, physicians, and nurses.
 - ACP registrants benefited from the convenience of online renewal of annual permits and licenses.
 - ACP registrants can now map and track their competency plans with the Online Continuing Professional Development Log and Plan.
 - an updated structured practical training framework for foreign-trained pharmacists is well into development.
 - Alberta became the first province to capture registration data for the Canadian Institute of Health Information pharmacist database. This database will assist in forecasting and planning for future pharmacist workforce needs.



Message from the president and registrar

*One may walk over
the highest mountain
one step at a time.*

-John Wanamaker (1838 – 1922)



*Greg Eberhart
Registrar*



*Dianne Donnan
President*

What was the first step?

A year ago, we surveyed the landscape and identified the four true points of the compass that would guide our journey:

1. To keep pace with changing patient demographics, health workforce pressures, cost increases and new technology, the healthcare system must mobilize all its resources for the maximum benefit of patients.
2. Alberta patients benefit from the key role played by pharmacists. Safe, effective and responsible pharmacist practice is upheld by the Alberta College of Pharmacists.
3. Pharmacists are patient-focused, accessible, skilled medication management experts. This makes them an excellent resource to deliver innovative health services and programs cost-effectively.
4. Patients experience better outcomes and the healthcare system is strengthened when pharmacists and other health professionals work together to deliver health services.

From this starting point, the Alberta College of Pharmacists took many steps toward creating a more positive future for pharmacists and Albertans. Those steps are outlined in the previous highlights page and throughout the text of this report. We invite you to read about pharmacists' new scope of practice and celebrate the advances for the health system and for all Albertans that the changes of the last year have started.

How far have we already traveled?

Amidst all the optimism of this past year, we also acknowledged that with change comes uncertainty. By keeping our compass points in sight, we stayed the course and are certain we will be able to successfully step up to future challenges.

Over the past year, ACP helped pharmacists, other health professionals, and the public understand these initial changes through publications, dedicated website sections and in-person meetings. Already, we are seeing an increased understanding of how patients and the health system benefit from pharmacists' use of their new authority.

ACP approved an evaluation process for pharmacists seeking additional prescribing authorization. Pharmacists with this authorization, working interdependently with other members of the patient's health team, will adjust dosing and manage drug treatment as required to meet the patient's health goals.

ACP also approved criteria for programs to train pharmacists wishing to administer drugs by injection. This training will allow pharmacists to administer immunizations and travel vaccines, thus offering greater access and choice to Albertans.

Where are we going next?

Not all Albertans will benefit from these new opportunities immediately. Other changes are required to complement and realize the opportunities introduced in the legislation. A cultural change within pharmacy itself is taking place. This shift is placing increased focus on patient care rather than drugs, results rather than processes, decisions rather than recommendations, inter- and intra-professional teamwork rather than isolated practices. The college is stepping up with conferences, publications, and continuing professional development opportunities to enable pharmacists to practice effective collaborative care.

Changes in information technology are required to facilitate documentation, communication, and decision support. Pharmacist time must be availed through more effective use of other regulated health professionals such as pharmacy technicians, and innovative practice environments that optimize information sharing and workflow. New practice and economic models must forge and facilitate new relationships, and must align with the desired behaviours of pharmacists, patients, and other health professionals. ACP is working with partners across many disciplines to make these changes happen.

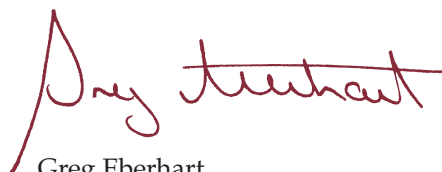
There are steps yet to take before we reach our destination. However, we've begun the journey and the summit is in sight.

We encourage you to read our annual report and reflect upon our many accomplishments in 2007/08, including those of some of the "trail blazers" in our profession. Together, we have committed to the longer journey. Join us as we reach new heights—one step at a time.

Respectfully submitted,



Dianne Donnan
President



Greg Eberhart
Registrar





Stepping up for Albertans



ACP council: (Back, L to R) Donna Galvin, Dianne Donnan, Rick Siemens, Pat Matusko, Catherine McCann, Merv Bashforth, Dr. Franco Pasutto (Front, L-R) Jim Krempien, Anjali Acharya, Joan Pitfield, Jeff Whissell, Lane Casement, Judi Lee, Wilson Gemmill

Governing responsibly

***Our commitment:** We are committed to programs and processes that ensure public safety, quality pharmacist practice, integrity of the drug distribution system, and accountability by the college, its registrants and pharmacy operators.*

Fostering a strong council

ACP welcomed two new leaders to council for the 2007-08 term: Donna Galvin, elected in District 5 (Calgary), and Pat Matusko, our second public member. Despite ACP's repeated requests for an appointment by the Minister of Health and Wellness, the third public seat on council remains vacant.

In December 2007, President Elect Jim Krempien resigned from council to accept the position of Complaints Director with ACP. Council chose to leave his seat vacant for the remainder of the council year.

The by-laws of the college were amended in March 2007, coming into effect on April 1, 2007 in conjunction with the new legislation. Significant changes included the realignment of council

district boundaries, providing for nine elected positions in five geographic regions. Transition to the new districts will occur over a three-year period, concluding in 2010. The Dean of the Faculty of Pharmacy and Pharmaceutical Sciences and the President of the Alberta Pharmacy Students Association are recognized as ex-officio non-voting members. The by-laws were also enhanced to accommodate electronic solutions to facilitate the business of council, including voting.

Responding to legislation changes

The *Health Professions Act* and *Pharmacy and Drug Act* came into effect for Alberta’s pharmacists on April 1, 2007. The new legislation expanded pharmacists’ scope of practice. Prescribing and administering drugs by injection are now tools available to authorized pharmacists to help them support the public’s health and well-being.

On December 7, 2007, Royal Assent was given to the *Smoke-Free Places (Tobacco Reduction) Amendment Act*. The Act impacts pharmacy as it bans the use of “power walls”; no longer permits the sale of tobacco products from health care facilities, pharmacies, or stores that contain a pharmacy; and sets the proximity from a public entrance to a building from which tobacco can be used.

Amendments (awaiting proclamation) were also made to the *Health Professions Act*, entrenching measures for the government to intervene in the governance and administration of colleges established under the Act, should the government deem it necessary to ensure safety within the health system. ACP joined Alberta’s other regulated health professions in unanimously opposing the amendments as introduced. This joint effort convinced the Minister to amend his proposal to accommodate a more transparent process should government intervention be necessary.

Supporting pharmacists’ new scope of practice

Pharmacists’ expanded scope of practice recognizes roles and responsibilities that pharmacists have increasingly been taking on to meet patient needs, particularly as access to health services has become increasingly stressed. It also acknowledges the high trust the public and the government place in pharmacists.

Pharmacists on the college’s clinical register who completed an orientation to the college’s new standards were authorized to prescribe Schedule 1 drugs for the purpose of adapting prescriptions or in an emergency. ACP delivered 33 live orientations to 2,425 pharmacists in 13 locations in 2007. The orientation was also available via ACP’s

Summary of types of pharmacist prescribing

Clinical pharmacist who has completed the orientation			
Adapting a prescription			Prescribing in an emergency
Altering dose, formulation, or regimen	Therapeutic substitution	Issuing a prescription for continuity of care	Only when it is not reasonably possible to see another prescriber and there is an immediate need for drug therapy
Clinical pharmacist who has completed the orientation and has additional authorization under s16(3) of the regulation			
Additional prescribing authorization			
Prescribing based on:			
Pharmacist’s assessment at initial point of access, e.g., primary care	Collaboration with another authorized prescriber, e.g., chronic disease management	Collaboration with regulated health professionals who do not have prescribing authority	

website. Prior to April 1, 2008, 3,566 (94%) of clinical pharmacists had completed the program. All pharmacists on ACP's clinical register must complete the orientation prior to July 1, 2008 as a requirement of ACP's competence program.

In December, ACP council approved the evaluation process for pharmacists seeking additional prescribing authorization. Pharmacists with additional prescribing authorization may prescribe any drug (other than narcotics or controlled substances) within the limitations of their personal competence, for any duration they deem appropriate. Most commonly, this will occur when working collaboratively with other members of patients' health teams to manage chronic conditions. However, other patients seeking these pharmacists as a first point of care will benefit from the broader service base now available to them.

In the fall of 2007, 29 pharmacists volunteered to participate in piloting the evaluation process. The pilot demonstrated that the evaluation process was rigorous, valid, and reliable. Fifteen candidates who successfully completed the pilot were granted additional prescribing authorization. Evaluators and pilot participants were surveyed following the pilot to further clarify indicators for measures within the evaluation tool. Suggested refinements are being incorporated in the *Guideline for Applicants* and an invitation for applications will be announced in April 2008.

In March 2007, council approved criteria for programs to train pharmacists wishing to administer drugs by injection. The Alberta Pharmacists' Association (RxA) was the first to develop an approved program, which they piloted in the fall of 2007. Twenty pharmacists completed the pilot and were subsequently authorized to administer drugs by injection. This training program is in high demand amongst pharmacists, and courses offered during the spring of 2008 have been filled to capacity.

Registering pharmacy technicians

The need to regulate pharmacy technicians has been increasingly supported by pharmacists and technicians across Canada. In October 2007, council approved criteria for recognizing pharmacy technician training programs from which candidates must graduate as a requirement for registration. Prior to April 1, 2008, 678 pharmacy technicians had registered with ACP.

The voluntary registration of pharmacy technicians is an interim step and precursor to regulating pharmacy technicians. The registrar appointed a working group of pharmacists and technicians to provide recommendations on the governance of technicians in a regulated environment, and considerations important to such a transition. The registrar will be making recommendations to council in April 2008 about pursuing the regulation of technicians in Alberta.

Important to this strategy is ACP's participation in complementary interprovincial and national initiatives about regulating technicians. To the extent possible, interprovincial and national solutions are desired to ensure commonality in new regulatory frameworks and the mobility of technicians across Canada. ACP's goal is for pharmacy technicians to be regulated in Alberta prior to the end of 2010.

Introducing Canada's first tri-profession health conference

ACP believes partnerships and teamwork are central to our achievements. The benefit of our partnerships was most publicly demonstrated in 2007 through Canada's first tri-profession health conference, *Strengthening the Bond: Collaborating for Optimal Patient Care*, which ACP co-hosted at the Banff Springs Hotel from May 3 to 5. Over 700 delegates joined ACP, the College of Physicians and Surgeons of Alberta, the College and Association of Registered Nurses of Alberta, the Alberta Pharmacists' Association, and the Alberta Medical Association in discussing and learning about working together. The overwhelming support and accolades from participants has motivated the five partners to follow-up with a second tri-profession event in 2009.





ACP staff: (Back, L to R) Toni Bos, Margaret Morley, Karen Mills, Jill Moore, Janet Spence, Merv Blair, Emily Nutting, Roberta Stasyk, Cheryl Shea, Maria Lee, Lynn Paulitsch, Maria Ranson, Linda Hagen (Front, L to R) Joanne Donnelly, Lucy Rachynski, Dale Cooney, Linda Kruger, Grace Magyar, Greg Eberhart. Missing: Randy Frohlich

Communicating effectively

Our commitment: *We are committed to building relationships with and between pharmacists, our stakeholders and the public through relevant, accurate, up-to-date communications.*

In 2007, ACP's communications focused on helping pharmacists, other health professionals and the public understand the new standards and the benefits that pharmacists' expanded scope of practice would bring. To this end, we:

- published six bi-monthly editions of *acpnews*, the college newsletter, four issues of *heads up!*, a supplement focused on the new standards, and two editions of *Transition Times*, a newsletter designed to support pharmacists in this time of change;
- mailed all pharmacists a poster and reference card with key messages about the new scope of practice;
- hosted eight regional meetings with pharmacists in March 2008 to review the practice changes to date and discuss steps for the future;
- designed and distributed guides to understanding pharmacist prescribing to other health professionals and the public;
- distributed a poster explaining the collection of personal health numbers to all pharmacies; and
- commissioned a province-wide radio announcement during Pharmacy Awareness Week 2008 to relay the new scope of pharmacist services.

We also continued to develop our electronic communications, ensuring registrants receive information quickly and easily. We began a website redesign, scheduled to launch in May 2008, and tested enhanced email programs. We also continued to explore the feasibility of moving to an electronic newsletter. As of March 1, 2008, 85 per cent of pharmacists had activated their email accounts.

ACP embarked on a very exciting partnership with the Alberta Pharmacists' Association (RxA) to create the APEX (Alberta Pharmacy Excellence) Awards, a

jointly sponsored program to recognize excellence in our profession. The inaugural APEX Awards ceremony will be held at the first-ever joint ACP/RxA conference in May 2008.

We also continued our partnership with the UofA Faculty of Pharmacy and Pharmaceutical Sciences as hosts of the 2007 Grad Breakfast and co-sponsors of the fourth annual White Coat Ceremony. ACP values these events and the recognition and encouragement they provide for those just stepping into the pharmacist profession.



Resolving complaints

Our commitment: We are committed to ensuring processes are in place to prevent harm to a patient as a result of pharmacist practice. To that end, we maintain the accountability expected of the profession and responsibly exercise the privilege of self-governance. The college strives to clarify the source or cause of each complaint and determine measures to prevent similar occurrences in the future.

In 2007, 52 formal (written) complaints were referred to the Infringement Committee and/or the Complaints Director. Of these, 40 were resolved. In addition, the complaints department resolved 21 complaints carried over from previous years. The college resolved 179 informal (verbal) complaints in 2007.

The resolution of complaints has become increasingly complex due to the changing nature of pharmacist practice and the complexity of the health system.

All hearings held in 2007 were open to the public.

The following are key-point summaries of complaints investigations considered by the Infringement and Investigating Committees.

Complaints summary

	2003	2004	2005	2006	2007
Files brought forward from previous year	36	39	71	77	21
New complaints received during year	46	74	59	58	52
Files closed during year	43	42	53	56	61

Investigating Committee decisions

Selected files considered by investigating committees

The following examples illustrate the nature of complaints considered by investigating committees. For further case details, see the college's newsletter, *acpnews*, or visit the *Complaints Resolution* section of our website (pharmacists.ab.ca).

Case One – Decided Aug. 20, 2007

The Registrar of the College of Physicians & Surgeons of Alberta initiated a complaint concerning letters sent by a pharmacist to a number of Alberta physicians soliciting their participation in countersigning prescriptions for American patients. A number of additional matters of concern arose during the investigation of the complaint which resulted in additional allegations of misconduct being referred to the Investigating Committee.

After a full hearing, the Investigating Committee made the following decisions:

- The practice of accepting faxed prescriptions *from patients* breached the college's guidelines on faxing prescriptions and also Guideline 3 of the Guidelines regarding Internet pharmacies.
- In respect to filling prescriptions issued by American physicians, it was determined that this conduct breached the *Pharmaceutical Profession Act*, the *Pharmaceutical Profession Regulation*, and the Standards of Practice. It was also determined that this conduct was detrimental to the best interests of the public and that it contravened the *Food and Drug Regulations*. The Investigating Committee noted that while this allegation and the practice of accepting faxed prescriptions from patients were well founded, they applied to a relatively small number of prescriptions.
- The relationship and arrangements between the pharmacy and a physician located in Minnesota but licensed in two Canadian jurisdictions, whereby the physician provided a Canadian prescription for all American patients of the pharmacy usually within 24 hours and without seeing the patients or establishing a physician patient relationship, was a major concern and breached the Code of Ethics, the Internet Guidelines and the *Pharmaceutical Profession Act*.

The Investigating Committee accepted the evidence provided by the college and by the Registrar of the College of Physicians and Surgeons of Alberta that the physician's practice was not acceptable to any medical regulatory body in Canada. There was also evidence that was accepted that the two Canadian medical jurisdictions in which the physician was licensed considered the practice improper and unacceptable.

- The pharmacist required customers to sign waiver forms and it was determined that this was detrimental to the best interests of the public.

As a result of their decisions on these issues, the Investigating Committee:

- issued a severe reprimand to the registrant;
- fined the registrant \$5,000;
- placed conditions on the registrant as a member and as a licensee to ensure there was no repetition of the conduct found to be improper;
- required the registrant to pay the costs of the proceedings; and
- directed publication of the decision in *acpnews* disclosing the registrant's name.

Case Two – Decided Dec. 12, 2007

A registrant admitted at an Investigating Committee hearing that she had operated an Internet pharmacy in arrangement with another pharmacist who operated entities known as CanadaRx.com, Canadameds and Sullivan Health Care (SHC) that sent large volumes of prescriptions for United States patients to the registrant's pharmacy to be dispensed in Alberta. It was acknowledged by the registrant and confirmed by the Investigating Committee that:

- The arrangements with SHC involving dispensing drugs to patients did not comply with the *Pharmaceutical Profession Regulation*, the Standards of Practice, or the *Pharmaceutical Profession Act*. In most situations, the prescription would be dispensed by the pharmacy to a patient without any contact with the patient other than the information provided in writing when the drug was delivered. All patient information was collected by SHC and the only counselling provided to a patient was the written information and a pharmacy label. There would be no contact with virtually all the patients unless they called the pharmacy.

- The arrangements with SHC assisted a non-pharmacy to sell drugs to U.S. customers and were therefore in breach of the *Food and Drug Act*, the *Food and Drug Regulations* and the *Pharmaceutical Profession Act*. The actual agreement for the supply of the drugs was between the individual and SHC. SHC would order and pay for the drugs delivered to the pharmacy. It would determine what the price of the drugs would be and what fees would be charged to the customer. The registrant was not aware of what mark-up was charged to patients for the drugs and did not know what fees were charged to the patients by SHC. The Investigating Committee confirmed that the registrant should have known this arrangement did not comply with the Code of Ethics By-law and held that these various breaches were conduct contrary to the *Pharmaceutical Profession Act*.
- By participating in arrangements with SHC where prescriptions were provided by Canadian physicians who had not personally seen the patients, the registrant failed to comply with the Code of Ethics By-law and acted contrary to the *Pharmaceutical Profession Act*. The evidence showed that the bulk of the prescriptions came from two Canadian physicians who were acting contrary to a directive from their regulatory college which had disciplined members for similar conduct.
- The registrant and her pharmacy participated in arrangements with SHC whereby SHC received a financial benefit facilitated by the registrant's pharmacy in return for prescriptions being directed to the registrant's pharmacy to be filled contrary to the *Pharmaceutical Profession Regulation*, thereby breaching the *Pharmaceutical Profession Act*. The arrangement permitted SHC, a non-pharmacy, to handle all discussions concerning price and terms of sale, receipt of patient information and prescriptions, arrangements for the Canadian physicians and receipt of payment. The pharmacy was only compensated for the dispensing fee and delivery charges they incurred.

The parties agreed that at the time that the registrant entered into her arrangements with SHC and accepted prescriptions from the physicians, ACP's Internet Pharmacy Guidelines were in place but there were no previous decisions of an Investigating Committee that applied these guidelines or that reviewed the other legislative and regulatory provisions in relation to Internet pharmacy operations. The parties also agreed that while the conduct in question in this proceeding breached the various provisions set out, the

admissions and the agreed statement of facts together constituted aspects of one charge of professional misconduct or unskilled practice for the purposes of this proceeding and not a series of separate charges.

In view of the registrant's cooperation and admissions in this proceeding, the fact that she closed her Internet pharmacy operation on June 30, 2006 and two previous decisions of Infringement Committees in respect to operation of Internet pharmacies the Investigating Committee:

- issued a written reprimand;
- fined the registrant \$2,500;
- ordered that she pay the costs of the investigation and proceedings;
- directed the registrant to not enter into arrangements directly or indirectly with any Canadian physician to review and co-sign American prescriptions without the opportunity to see the patient or the registrant unless she could confirm with the physician's medical college that the proposed arrangements are satisfactory and the registrant could provide a copy of this confirmation to ACP;
- directed that the registrant should not enter into any arrangements with any non-pharmacist that permitted the non-pharmacist to participate in the sale of drugs; and
- directed that the registrant not enter into any arrangement whereby she or any pharmacy she is associated with provides something of value to another party in return for having patients or prescriptions referred to the pharmacy.

The Investigating Committee also directed publication of the decision in *acpnews*, disclosing the registrant's name.

Case Three – Decided Oct. 23, 2007

On-site visits to the pharmacy on three occasions found the dispensary area of the pharmacy in complete disarray, so cluttered, messy and disorganized that the college was concerned that public safety was at risk. In addition, the registrant did not maintain the pharmacy, stock, compounding and dispensing equipment in a clean and sanitary condition and in proper working order as required by the *Pharmaceutical Profession Act*.

The pharmacy did not have a quarantine area for the storage of drugs that were outdated, damaged,

deteriorated, misbranded or adulterated or that are in immediate or sealed outer or secondary containers that had been opened as required by the *Pharmaceutical Profession Regulation*. The drugs in the pharmacy were not stored or handled in a safe and secure manner as required by *Pharmaceutical Profession Regulation*. The registrant failed to maintain adequate staffing with respect to workloads that allow the pharmacist to practice in accordance with the Act, Regulations, By-laws and Standards of Practice.

This was not the registrant's first incident before the college with regards to this particular concern; the Committee was presented with three previous disciplinary cases which were well founded over the previous 20 years.

At the order of the Investigating Committee:

- the registrant was suspended from the practice of pharmacy for three months;
- the registrant is prohibited from being a licensee of a pharmacy in Alberta for 10 years;
- random pharmacy inspections will be conducted by the college 6 times per year for the first 2 years and then 4 times per year for the balance of the 10-year term, with the costs of these inspections to be borne by the registrant;
- the registrant was fined \$30,000 and ordered to pay all costs associated with the hearing and investigation; and
- the decision was published in the *acpnews* without disclosing the registrant and pharmacy name.

In making these orders, the Investigating Committee noted the previous disciplinary decisions and stated that it was necessary to make clear to the pharmacist how serious the situation was and to set ongoing conditions to ensure that this conduct did not occur again.

Case Four – Decided Dec. 13, 2007

An Investigating Committee hearing took place in the absence of a registrant who had engaged in professional and proprietary misconduct by breaching the Code of Ethics and the *Pharmaceutical Professions Act* and, more seriously, had shown blatant disregard towards his professional obligations as shown by his conduct towards ACP and the Investigating Committee appointed for a previous hearing held in 2006. ACP attempted, unsuccessfully, to serve notice to the registrant and met the requirements of proof of service under the Act allowing the Investigating

Committee to hear the matter in the absence of the registrant.

The registrant appeared before an Investigating Committee in 2006 with a signed Agreed Statement of Facts and a Joint Submission on Penalty confirming that he had voluntarily ceased his Internet pharmacy business in May 2005, terminated business relations with Canadian Budget Rx, terminated his relationship with a Canadian physician who was co-signing American prescriptions and wished to cease activities not approved by ACP.

A later investigation determined that the registrant continued his Internet pharmacy business from the location of his new pharmacy which he had modified by adding a concealed dispensary area which was not approved by the pharmacy renovation legislation policy, continued his business relationship with Canadian Budget Rx, continued his relationship with the Canadian physician and continued participating in activities which were not approved by ACP.

The Investigating Committee accepted the evidence presented by ACP on these points and held that the registrant's actions had shown him to be ungovernable and unwilling to respect the authority of a self-regulating profession. They found that the registrant failed to act with the honesty and integrity required of a pharmacist and wilfully misled the prior Investigating Committee.

At the order of the Investigating Committee:

- the registrant's certification of registration was immediately revoked;
- the registrant was fined \$10,000;
- the registrant was ordered to pay the total costs of the investigation;
- the decision was published in the *acpnews* disclosing the registrant's name and previous pharmacy names; and
- the Registrar informed all provincial pharmacy regulators regarding this decision.





Stepping up for pharmacists

Registering pharmacists

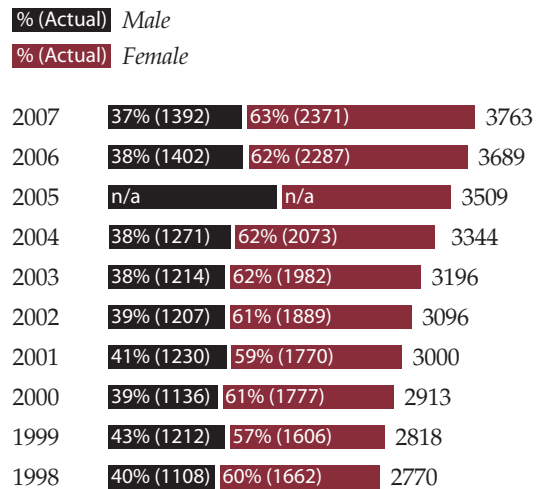
***Our commitment:** We are committed to timely, accessible, thorough and fair registration processes, ensuring that applicants have the knowledge, skills and attitudes required of pharmacists on our register.*

During 2007, ACP's registration department:

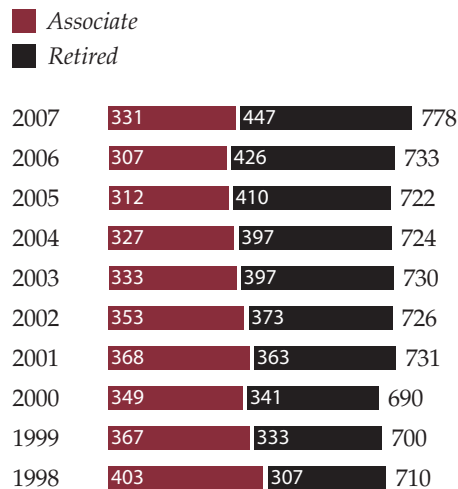
- began the voluntary registration of pharmacy technicians (678 had registered as of March 31, 2008),
- registered 238 new pharmacists, and
- offered the jurisprudence exam 10 times. The exam is a requirement of licensure in Alberta. The success rate for the jurisprudence exam was 88 per cent.

Pharmacist registration statistics

Practising registrants*

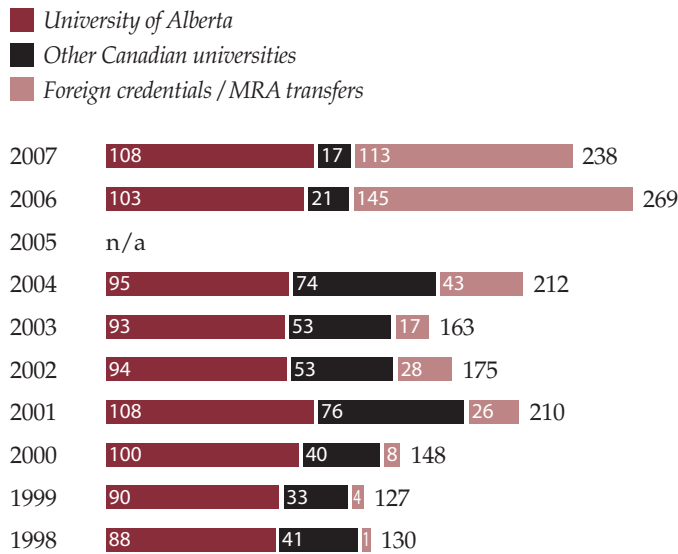


Inactive*



* Data as of December 31.

New registrants*



* Data as of December 31.

Students and interns*



Ensuring quality pharmacist practice

Our commitment: We are committed to maintaining the confidence of the public by supporting programs to ensure safe, informed, leading-edge pharmacist practice.

Supporting Continuing Professional Development (CPD)

"Pharmacists are health care professionals whose professional responsibilities include seeking to ensure that people derive maximum therapeutic benefit from their treatments with medicines. This requires them to keep abreast of developments in pharmacy practice and the pharmaceutical sciences, professional standards requirements, the laws governing pharmacy and medicines and advances in knowledge and technology relating to use of medicines. This can only be achieved by an individual's personal commitment to Continuing Professional Development."

– FIP Statement of Professional Standards Continuing Professional Development, September 2002.

Online CPD Log usage increasing

Pharmacists are using the online continuing professional development (CPD) log in ever-increasing numbers. The online log offers several benefits for pharmacists, including options to select an

accredited Canadian program from a drop-down menu, confirm accreditation status, automatically add credits, receive a reminder to complete a non-accredited learning record for all non-accredited learning activities recorded on the log, and submit the log electronically at registration renewal time.

Online CPD Plan in development

In 2007 we undertook development of an electronic version of the RxCEL Continuing Professional Development Plan, an enhancement that was suggested by pilot participants. The electronic version will allow pharmacists to update their CPD Plan, including their self-assessment, their learning plan, and evaluation of their learning anytime and anywhere. The system will hide all competency statements a pharmacist has indicated are not applicable to their practice and will prompt pharmacists to create a learning plan for competencies they have indicated they want to work on "this year." The electronic system will be piloted early in 2008 with roll out to all pharmacists later in the year.

Learning Portfolio audits conducted

This year we conducted 719 audits of the 2005/06 learning portfolios. Out of 719 audits there were 715 confirmations of compliance, 1 education letter, 3 referrals to the Competence Committee, 3 letters of non-compliance, and 1 referral to the Complaints Director.

- 99.4% compliance rate. Congratulations!
- In September 2007, we began audits of the 2006/07 learning portfolios. We will conduct 738 audits – 20% of registrants.

Assessing competence

In addition to maintaining compliance with legislation, assessment of competence helps pharmacists maintain competence, identify their strengths and areas for improvement, and meet professional standards.

On-site assessments performed

In 2007, three on-site assessments were completed at the request of the Registrar and the results were forwarded to him.

Professional portfolio review continued

The Competence Committee continued their work on defining the criteria of the professional portfolio method of competence assessment. Included in this

work is development of a Practice Enhancement Record whereby pharmacists can demonstrate their continuing competence efforts and the impact these efforts have had on their practice.

We are pursuing partnership opportunities with other western provinces, including discussions with the College of Pharmacists of British Columbia regarding their Knowledge Assessment.

Accreditation granted

ACP staff continues to review and accredit continuing education programs for Alberta pharmacists. ACP accreditation assures pharmacists that a program has been reviewed for relevance to pharmacy practice, lack of bias and accuracy.

- We accredited 65 continuing education programs in 2007.
- All ACP- and CCCEP-accredited programs are entered into a searchable database for pharmacists using the online CPD Log.
- Proclamation of the *Health Professions Act* for pharmacists brought with it a new requirement for accreditation of CE programs; all speakers must be registered with the appropriate regulatory authority in Alberta. We have made program providers aware of this requirement through our accreditation process.
- In 2007, ACP council approved the *Guidelines and Criteria for Injection and Immunization Continuing Education Programs for Alberta Pharmacists*. The Competence department worked closely with the Alberta Pharmacists' Association to ensure their program fully met the guidelines. RxA's training program was the first to be approved and accredited by ACP.

Competence program rules approved

As required by the *Health Professions Act* and the *Pharmacists Profession Regulation*, the Competence Committee drafted the Competence Program Rules and submitted them to council for approval. The rules were approved by council in March 2007 and are posted on the ACP website.





Stepping up for pharmacies

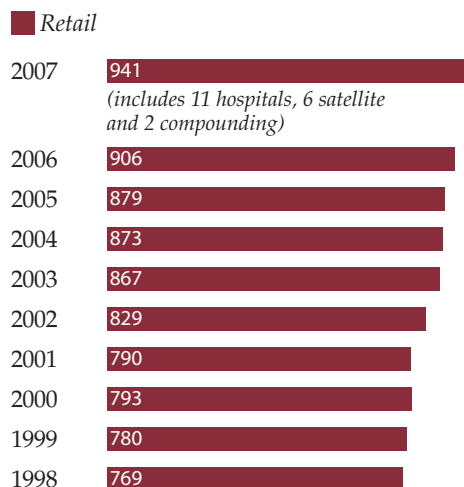
Licensing pharmacies

***Our commitment:** We are committed to maintaining the confidence of the public by establishing and administering fair and thorough licensing requirements for pharmacies, ensuring that pharmacists' work environments support safe, effective, responsible practice.*

During 2007, the registration department licensed 51 new pharmacies in Alberta, up from 45 in 2006. There were 16 pharmacy closures (down from 18 in 2006) and 137 changes (new ownership, renovations, or relocations).

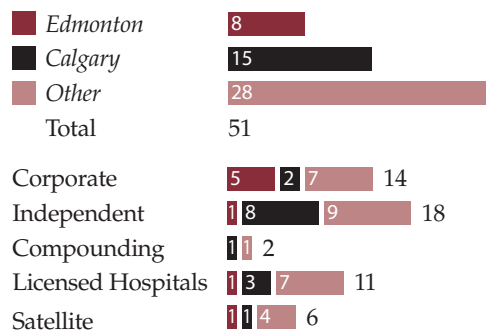
Pharmacy statistics

Licensed pharmacies*

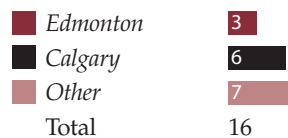


* Data as of December 31.

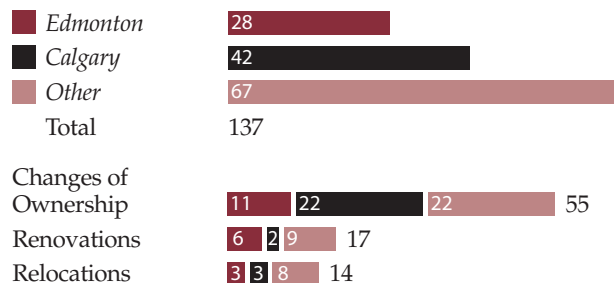
New pharmacies 2007



Pharmacy closures 2007



Pharmacy changes 2007



Assessing pharmacies

***Our commitment:** We are committed to maintaining the confidence of the public by supporting programs to ensure safe, informed, leading-edge pharmacist practice.*

The pharmacy assessment process monitors pharmacies to ensure safe and effective environments within which pharmacists can optimally use their knowledge and skills to benefit patient health.

ACP assessed 378 pharmacies from January 1, 2007 to December 31, 2007. Of these assessments, 171 found no deficiencies, 169 found one to three deficiencies, and only 55 found three or more deficiencies.

The most commonly noted deficiencies (86%) included:

- improper storage of Schedule 2 and/or 3 drugs – 27%
- improper dispensing practices – 15%
- lack of current of reference sources – 14%
- incomplete compliance with the *Health Information Act* – 13%
- sale of out-dated OTC's, pharmaceuticals, chemicals – 10%
- lack of/improper posting of signage/licenses – 7%

		Pharmacies assessed
Reason for full assessments	Change of ownership	34
	New pharmacy	29
	Pharmacy relocation	18
	Pharmacy renovation	16
	Routine	52
Reason for other assessments	Pharmacy requested	23
	Drop-in visit	206
	Re-visit	17
Total 2007 assessments		378





Stepping up with our partners in practice

Giving and receiving

Our commitment: *We are committed to advancing the pharmacy profession, provincially and nationally, through collaboration.*

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

- joining with the UofA's Office of Continuing Pharmacy Education to deliver Gold Standard professional development programs,
- taking part in the renewed governance structure of NAPRA and witnessing the association's membership grow,
- collaborating with members of the Federation of Regulated Health Professions to encourage amendments to Bill 41,
- formalizing our partnership with the College of Pharmacists of British Columbia,
- partnering with the Alberta Pharmacists' Association (RxA) to create the APEX Awards and jointly host the annual conference, and
- assisting the Canadian Pharmacists Association with the *Blueprint for Action for the Pharmacy Profession in Canada*.

Collaborative relationships are critical to our success. Without them, we could not pursue many of our initiatives. We are pleased to report on the major achievements of our strategic partners as they relate to our activities.

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

- The total number of applicants for the 2007/08 academic year was 745, for 130 seats. A breakdown of the applicants who were admitted to the Faculty includes 118 Albertans, 9 non-Alberta Canadians and 4 non-Canadian applicants. Of these, 91 were female and 40 male.
- The 2007 graduating class received the top class standing in the Pharmacy Examining Board of Canada examinations for the 17th time in 19 years.
- The 2008 graduating class will be the first to complete their degree in the new modular curriculum launched in 2004.
- Dr. Mark Makowski joined the Faculty in 2007. His practice and research focuses on how interdisciplinary collaboration can improve medication management and outcomes. The Faculty is comprised of six professors, seven associate professors, four clinical associate professors, six assistant professors and two clinical assistant professors.
- The Faculty is actively engaged in planning for relocation to the Katz Group-Rexall Centre for Pharmacy and Health Research. Target date for occupancy is still to be determined.
- The Canadian Society for Pharmaceutical Sciences (CSPS) annual convention is being held in Jasper on May 22 to 25, 2008. CSPS is headquartered, and was originated, at the Faculty.
- The Faculty, in conjunction with the Pharmacy Alumni Association, is running a pilot

mentorship project. Seven pairs of pharmacists and undergraduates are testing the feasibility and benefits of a profession-wide support system. It is designed to encompass necessary life skills and to be more than career counselling.

Report from the Office of Continuing Pharmacy Education

The UofA's Office of Continuing Pharmacy Education (CPE) remains an important component of the partnership between the faculty and the college. Our shared commitment to continuing professional development enables CPE to maintain its national leadership in course development.

Through the partnership between ACP and the Faculty of Pharmacy and Pharmaceutical Sciences, a renewed commitment to provide a new generation of learning opportunities for pharmacists in Alberta was forged and announced to members in 2007. At the Office of Continuing Pharmacy Education (CPE), the last year was a time of transition from provision of traditional continuing pharmacy education courses to developing programs that better support pharmacists in the new practice framework in Alberta.

Distribution of web and print courses concluded in June 2007. Two classroom and experience-based programs were offered—*Anticoagulation: On the road to practice change* and *Integrating Laboratory Values: An introductory course for pharmacists*.

Looking back, there has been a great deal of change in legislation, healthcare, and pharmacy practice. During these times of change, CPE adapted by providing learning opportunities that were relevant, leading edge professional education. Looking to the future, plans are underway to increase capacity for professional education that supports pharmacists in the new practice framework and aligns with provincial health system priorities. Specific strategies for the next year include expanding the Anticoagulation program to meet significant demands, maintaining the Laboratory Values course, and developing a new program in Women's Health. Other new programs will be developed that build on established expertise in the Faculty and contribute to the exciting changes in our profession and healthcare delivery. We are looking forward to continuing our partnership with the Alberta College of Pharmacists and launching a new identity for CPE - Practice Development.

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

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

The NAPRA Board of Directors and external stakeholders participated in a visioning and governance workshop. The results of the workshop were three-fold: an updated vision for the association, an updated mission statement, and a commitment from the board to examine the current governance model.

NAPRA's board approved the revised *Professional Competencies for Canadian Pharmacists at Entry to Practice*. As a result of the completion of this item, NAPRA applied for and received funding to revise the *Model Standards of Practice for Canadian Pharmacists* and the *Framework for Assessing Canadian Pharmacists' Competencies at Entry-to-Practice Through Structured Practical Training Programs*.

An initial dialogue opened between Pharmacy Experiential Programs of Canada (PEP Canada) and NAPRA to create a national Preceptor Development Strategy. The *Professional Competencies for Canadian Pharmacists at Entry to Practice* was again a key discussion item between the two organizations. The new document provided clarity and an up-to-date reflection of today's pharmacy practice environment.

The National Drug Scheduling Advisory Committee (NDSAC) was again very productive in 2007, with four meetings held to make recommendations on seven drug scheduling review requests. NDSAC also welcomed Barbara Wells as the Secretariat for the Committee.

The Ontario College of Pharmacists (OCP) and the Quebec Order of Pharmacists agreed to renew their membership in NAPRA.

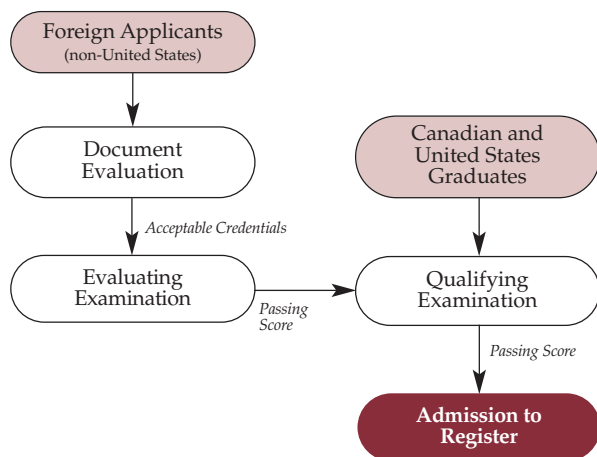
Professional Competencies for Canadian Pharmacy Technicians and Entry to Practice was approved by the board. This document serves as a foundation for national education, accreditation and examination standards for pharmacy technicians. The document also describes a vision for pharmacy technicians as well as essential knowledge, skills, abilities and attitudes at point of entry into the profession.

NAPRA initiated a comprehensive website review and project to redesign this very important tool. The goal of the project is to ensure that the website provides relevant information for members, acts as a general resource for pharmacy professionals and informs the public about the association's activities.

Report from the Pharmacy Examining Board of Canada (PEBC)

The Pharmacy Examining Board of Canada evaluates pharmacist candidates against criteria adopted by the National Association of Pharmacy Regulatory Authorities to determine whether the candidate has the skills and knowledge to be licensed. The board awards qualification certificates to applicants who pass the qualifying examinations.

The certification process for registering with PEBC in 2007 was as follows:



During 2007, a total of 1,113 names were added to the PEBC register, for a total of 28,771 registrants.

Evaluating Examination

A total of 1,040 applications for the Evaluating Examination were received during the year, compared to 1,168 in 2006.

The exam was held at seven of the faculties and colleges of pharmacy in Canada and at one centre in London, England.

Of the 866 candidates who wrote the evaluating Examination (compared to 953 in 2006), 614 passed and were permitted to apply for the Qualifying Examination, compared to 540 in 2006.

Qualifying Examination

- A total of 1,682 candidates wrote the Qualifying Examination - Part I (multiple choice questions), compared to 1,687 in 2006; and 1,645 candidates took the Qualifying Examination - Part II (objective structured clinical examination), compared to 1,601 in 2006. A total of 1,113 candidates (862 in spring, 251 in fall) qualified for registration.
- In addition, there were 10 candidates assessed for non-certification purposes in 2007, 2 at ACP's request.
- The Qualifying Examination Part I was offered at each of the faculties and colleges of pharmacy. The spring Qualifying Examination - Part II (OSCE) was held at 13 examination centers. In the fall, seven exam centers offered the Part II (OSCE).

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

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

During 2007, CCCEP:

- accredited 164 programs;
- evaluated the Approved Provider Program and established this program as a regular program of CCCEP;
- reviewed and revised their by-laws;
- developed their code of conduct policy, a conflict of interest policy and a governance policy;
- revised the guidelines for accreditation of e-based programs and guidelines for expert review;
- created an agreement with the Canadian Association of Pharmacy Technicians regarding the accreditation of programs for pharmacy technicians in Canada; and
- participated in CPhA's *Blueprint for Pharmacy* task force and working group.

You can find additional information about CCCEP on their website at www.cccep.ca.



Tracking our steps

Financial Statements

Alberta College of Pharmacists / Year Ended December 31, 2007

February 21, 2008

Auditors' Report

Edmonton, Alberta

To the registrants of the Alberta College of Pharmacists:

We have audited the statement of financial position of the Alberta College of Pharmacists as at December 31, 2007 and the statements of operations, changes in net assets and cash flow for the year then ended. These financial statements are the responsibility of the College's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2007 and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Kingston Ross Pasnak LLP
Chartered Accountants

Statement of Operations

Alberta College of Pharmacists / Year ended December 31, 2007

		2007	2006
REVENUES	Annual permit and license fees	\$ 3,528,240	\$ 3,729,566
	Investment income	240,364	155,620
	Other	217,554	402,296
	Convention	7,126	113,645
		3,993,284	4,401,127
EXPENDITURES	Operations	834,379	766,194
	Quality Pharmacist Practice	775,571	655,679
	Communications	481,965	452,160
	Complaints resolution	470,246	342,774
	Governance and legislation	422,252	358,166
	Partnership administration	405,330	997,915
	Registration and licensure	376,737	374,556
	Amortization	71,349	76,024
		3,837,829	4,023,468
EXCESS OF REVENUES OVER EXPENDITURES		\$ 155,455	\$ 377,659

Statement of Changes in Net Assets

Alberta College of Pharmacists / Year ended December 31, 2007

	Invested in Property and Equipment	Internally Restricted	Unrestricted	2007 Total	2006 Total
Balance, beginning of year	\$ 223,869	\$ 800,000	\$ 1,067,823	\$ 2,091,692	\$ 1,714,033
Excess of revenues over expenditures	(78,453)	-	233,908	155,455	377,659
Purchase of property and equipment	27,826	-	(27,826)	-	-
	173,242	800,000	1,273,905	2,247,147	2,091,692
Change in accounting policy	-	-	-	-	119,057
Accumulated gains on available for sale financial assets, beginning of year	-	-	213,776	213,776	-
Changes to available for sale financial assets arising during the period	-	-	(106,022)	(106,022)	94,719
Accumulated gains included directly in the statement of changes in net assets, end of year	-	-	107,754	107,754	213,776
Balance, end of year	\$ 173,242	\$ 800,000	\$ 1,381,659	\$ 2,354,901	\$ 2,305,468

Statement of Financial Position

Alberta College of Pharmacists / December 31, 2007

		2007	2006
ASSETS	CURRENT ASSETS		
	Cash	\$ 263,711	\$ 224,615
	Marketable securities (Note 3)	3,675,503	3,498,201
	Accounts receivable	42,795	35,343
	Prepaid expenses	63,503	164,517
		4,045,512	3,922,676
	LEGAL FEES RECOVERABLE	64,615	32,782
	PROPERTY AND EQUIPMENT (Note 4)	173,242	223,869
		\$ 4,283,369	\$ 4,179,327
LIABILITIES AND NET ASSETS	CURRENT LIABILITIES		
	Accounts payable and accrued liabilities	\$ 143,226	\$ 212,542
	Deferred revenue (Note 5)	1,785,242	1,661,317
		1,928,468	1,873,859
	NET ASSETS		
	Invested in property and equipment	173,242	223,869
	Internally restricted (Note 6)	800,000	800,000
	Unrestricted surplus		
	Cumulative excess of revenues over expenditures	1,273,905	1,067,823
	Cumulative net unrealized gains and losses on available for sale financial assets	107,754	213,776
		2,354,901	2,305,468
		\$ 4,283,369	\$ 4,179,327

APPROVED BY THE COUNCIL



Councillor



Councillor

Statement of Cash Flow

Alberta College of Pharmacists / Year ended December 31, 2007

		2007	2006
CASH FLOWS FROM OPERATING ACTIVITIES	Cash received from registrants	\$ 3,611,015	\$ 3,430,738
	Cash received from projects and events	16,625	103,645
	Cash received from investments	240,364	155,620
	Cash received from other sources	216,130	259,012
	Cash paid to suppliers and employees	(3,734,781)	(3,055,599)
	Cash paid for partnership administration	-	(386,271)
		349,353	507,145
CASH FLOWS FROM INVESTING ACTIVITIES	Net purchase of marketable securities	(282,431)	(291,844)
	Purchase of property and equipment	(27,826)	(55,338)
	Proceeds on disposal of property and equipment	-	1,784
		(310,257)	(345,398)
NET INCREASE IN CASH		39,096	161,747
CASH, BEGINNING OF YEAR		224,615	62,869
CASH, END OF YEAR		\$ 263,711	\$ 224,615

Interest is paid on bank balances at prime minus 3.25%.

Notes to the Financial Statements

Alberta College of Pharmacists / December 31, 2007

Note 1 – General

The Alberta College of Pharmacists (the College) was formed under the *Pharmaceutical Profession Act*. It governs the pharmacy profession in Alberta to support and protect the public's health and well-being.

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

Income Taxes

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

Note 2 – Significant Accounting Policies

Significant accounting policies observed in the preparation of the financial statements are summarized below. These policies are in accordance with Canadian generally accepted accounting principles.

Marketable Securities

The College carries marketable securities at market value.

Property and Equipment

Property and equipment are recorded at cost. The College provides amortization on its property and equipment using the diminishing balance method at the following annual rates:

	Rate
Furniture and equipment	20%
Computer equipment	30%
Website development	30%
Automotive equipment	30%
Registrant database	5 years straight-line

Revenue

Revenue from annual permit and license fees and conventions are recognized in the year in which the related services are provided.

Investment income includes dividend and interest income, and realized and unrealized investment gains and losses.

Unrealized gains and losses on "available for sale" financial assets are included directly in net assets until the asset is removed from the statement of financial position. Unrealized gains and losses on "held for trading" financial assets are included in investment income and recognized as revenue in the statement of operations.

Other income consists primarily of permit and license fees, grant revenue and legal fee recoveries. Revenue is recognized as follows:

- Revenue from registration fees is recognized in the year in which the related service is provided.
- Revenue from grants is recognized as the related expenditures are incurred.
- Revenue from legal fee recoveries is recognized when the College is reasonably assured of collection.

Deferred Revenue

Deferred revenue consists primarily of permit and license fees and convention revenues collected in advance, as well as grant contributions that are recognized as income when the related expenditures are incurred.

Leases

Leases are classified as capital or operating leases. A lease that transfers substantially all of the benefits and risks incident to the ownership of property is classified as a capital lease. All other leases are accounted for as operating leases, wherein rental payments are expensed as incurred.

Contributed Services

Volunteers contributed numerous hours in carrying out the activities of the College. Due to the difficulty in determining their fair value, contributed services are not recognized in the financial statements.

Statement of Cash Flow

The College is using the direct method in its presentation of the Statement of Cash Flow.

Use of Estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. The significant estimates pertain to the physical and economic lives of property and equipment and the recoverability of accounts receivable.

Note 3 – Marketable Securities

Marketable Securities (at market):

	2007	2006
<i>Held for trading</i>		
Canadian fixed income	\$ 3,278,105	\$ 2,807,470
<i>Available for sale</i>		
Canadian equities	176,306	324,075
U.S. equities	221,092	366,656
	397,398	690,731
	\$ 3,675,503	\$ 3,498,201

Note 4 – Property and Equipment

	Cost	Accumulated Amortization	2007 Net Book Value	2006 Net Book Value
Registrant database	\$ 182,216	\$ 104,648	\$ 77,568	\$ 114,458
Furniture and equipment	191,333	142,051	49,282	55,484
Computer equipment	80,020	50,418	29,602	29,942
Automotive equipment	58,340	46,419	11,921	17,030
Website development	68,160	63,291	4,869	6,955
	<u>\$ 580,069</u>	<u>\$ 406,827</u>	<u>\$ 173,242</u>	<u>\$ 223,869</u>

Amortization provided for in the current year totalled \$71,349; (2006 - \$76,024).

Note 5 – Deferred Revenue

	2007	2006
Deferred permit and license fees	\$ 1,771,905	\$ 1,649,845
Convention	9,500	-
Deferred Alberta Provider Registry grant	3,837	9,473
Deferred International Pharmacists Orientation grant	-	1,999
	<u>\$ 1,785,242</u>	<u>\$ 1,661,317</u>

Note 6 – Internally Restricted Net Assets

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

Note 7 – Commitments

Effective July 1, 2001 the College signed a lease agreement for office premises and storage. Under the terms of the lease the College is committed to annual basic rent of \$64,595 from July 1, 2006 to June 30, 2011.

The College is also committed to one photocopier lease for 60 months that commenced on December 24, 2007. The minimum lease payment in 2007 was \$11,046.

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

- the National Association of Pharmacy Regulatory Authorities (NAPRA);
- the Faculty of Pharmacy and Pharmaceutical Sciences (University of Alberta); and
- the Canadian Council on the Accreditation of Pharmacy Programs.

Funds transferred to these partnerships are reflected in Partnership Administration.

Note 8 – Subsequent Event

Subsequent to the year-end, the College signed a contract relating to conference space at a local host facility for the 2008 Conference and Annual General Meeting. Total financial penalties according to the terms of the agreement for cancellation would amount to \$15,300.

Note 9 – Financial Instruments

Fair value

The College's financial instruments consist of cash, marketable securities, accounts receivable and accounts payable and accrued liabilities. The fair value of these financial instruments approximates their carrying value due to the short-term maturity of these instruments, unless otherwise noted.

Interest rate, credit and currency risk

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





ACP Committees

Committee members as of December 31, 2007

Statutory Committees

Competence Committee

Josiah Akinde
Sylvie Druteika
Jennifer Herrick
Jason Howorko
Sandra Leung
Thomas Schadek
Scot Simpson
Anita Warnick
Roberta Stasyk (Resource)

Standing Committees

Hearings Tribunal Pool

Judith Baker
Catherine Biggs
Rene Breault
Don Carley
Sonal Ejner
Kim Fitzgerald
Joe Gustafson
Bonnie Oldring
Deana Sabuda
Debbie Santos
Jeremy Slobodan
R.H. (Bob) Sprague
Krystal Wynnyk

Complaints Review Committee

Rick Hackman
Clarence Weppler

APEX Awards Committee

Rami Chowaniuk
Audrey Fry
Linda Poloway
Matt Tachuk

Council Committees

Executive Committee

Dianne Donnan, President
Jim Krempien,
President Elect
(resigned Dec. '07)
Rick Siemens,
Vice President
(to Jan. 8, '08),
President Elect
(effective Jan. 9, '08)
Jeff Whissell, Past
President

Nominating Committee

Dianne Donnan
Dr. Franco Pasutto
Jeff Whissell

Resolutions Committee

Anjali Acharya
Donna Galvin
Rick Siemens

External Appointments

ACP Appointee(s) to:

NAPRA

Dianne Donnan

Council of Pharmacy Registrars

Greg Eberhart

PEBC

Vera Stepnisky

CCCEP

Lucy Rachynski

Faculty of Pharmacy and Pharmaceutical Sciences Committees

Admissions Committee

Brad Willsey

Curriculum Committee

Jim Krempien

Experiential Education Committee

Lucy Rachynski

Alberta Netcare Projects

Alberta Secure Access

Service Steering Committee

Ian Bateson

Netcare Data Stewardship Committee

Rick Hackman

Norm Hodgson

Ramona Bosnyak
(Alternate)

Information Management Committee

Don Makowichuk

PIN Stewardship Committee

Jim Wan

PIN Patient Safety Advisory Panel

Dr. Judy Baker

Minda Dien

DUE Quarterly

Dr. Cheryl Sadowski
Noreen Vanderburgh
Jill Moore (Resource)

Triplicate Prescription Program Steering Committee

Merv Blair

Non-prescription Needle Use Consortium

Dale Cooney

Federation of Regulated Health Professions

Greg Eberhart

Pharmacists and Primary Care Networks Advisory Committee

Catherine Biggs

Provincial Coordinating Committee for Opioid Dependency

Jill Moore

Health Sector Information and Access to Privacy Network Task Group

Addressing Orphaned Health Records

Jill Moore

Steering Committee for Enhancing Clinical Capacity

Dale Cooney

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pharmacists



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