



Annual report [2003/2004]

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[Our vision]

- Entrusted with the public's health, Alberta pharmacists will be your primary choice for medication decisions.

[Our mission]

- The Alberta College of Pharmacists governs the pharmacy profession in Alberta to support and protect the public's health and well-being. We ensure excellent pharmacist practice by setting and enforcing high standards of practice, competence and ethical conduct.

[Our values]

- The health of the client 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 our members and employees.
- We believe partnerships and teamwork are central to our achievements.

[Our core business processes]

Three core business processes are derived from our mission statement. They are:

- registering pharmacists and licensing pharmacies;
- measuring and supporting the competence of pharmacists; and,
- resolving complaints about pharmacists' practices and pharmacies' operations.

Don Makowichuk
President



Greg Eberhart
Registrar



[Message from the President and the Registrar]

Public safety, quality pharmacist practice and accessibility to pharmacist knowledge and skills

[M]uch of the past decade has focused on reform within the health system and within ACP. This activity has been driven by the province's attention to the sustainability of health care, health workforce rebalancing and the advent of the *Health Professions Act*. New provincial and federal legislation has required significant college involvement. The new regulatory environment redefines the health system, how health services are delivered, and the processes through which safety, quality and accountability are achieved.

The college's Council has revisited its strategic plan, reaffirming its commitment to the vision and values adopted by the profession in 1999. It has redefined college priorities as public safety, quality pharmacist practice and accessibility to the knowledge and skills of pharmacists.

Throughout its deliberations, ACP has maintained a view of the future, recognizing external factors that continue to require pharmacist practice to change. Technology, health human resources and the changing needs of patients (consumers) are forces that require pharmacists to perform differently, but with an unwavering commitment to safety and care. Trends such as mail-order pharmacy and centralized processing, and events such as death due to drug error, bring a stark reality to the forces of change. They are indicators of why patient safety and quality care must extend beyond the performance of individuals, and increasingly include system considerations. Our goal has been to create a regulatory environment that provides the necessary balance to address the issues at hand, providing for adaptability within the profession, opportunity for patients, and accountability by all.

The regulatory environment is now defined. Our minds and resources must now shift to the development and implementation of new policies and procedures to support registration, competency review and complaints resolution. We will focus on new programs to support pharmacists as they take on new roles and services that must be delivered in new ways. ACP will be unwavering in its commitment to safety and integrity within the drug distribution system and quality pharmacist care in an environment where the knowledge and skills of pharmacists are readily accessible. We are always mindful of the importance of ethical decisions in bridging the profession with its patients and other professions. We look forward to working for the public, and with our members, other health professionals and health organizations to ensure that pharmacists are solutions within a safe, effective and sustainable health system.

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[Looking to tomorrow]



Kathy Turnbull / M.J. Huston Pharmacist of the Year / Grey Nuns Hospital / Edmonton

[T]he rapid change in our society is reflected in the pharmacy profession. Over the past year, we have seen more pharmacists assuming more responsibilities for patient care and offering more creative solutions to health care problems.

Alberta pharmacists are stepping out of the framework of our standards of practice and beyond the confines of the health system, to show the world that their extensive knowledge and skills can be used more effectively, to the benefit of Albertans and the health system. In addition to ensuring the quality and integrity of the drug distribution system, pharmacists are creating and filling new roles that demonstrate how Alberta pharmacists contribute today to the health of our province's citizens and communities. They are also demonstrating how they can contribute to health reform and play a more significant role in tomorrow's newer, more effective system.

We invite you to meet some Alberta pharmacists who, by the nature of their practices and their care and concern for others, contribute uniquely to the integrity of the health system and the well-being of their clients and patients, either via primary health care services or at other levels of care.

Kathy Turnbull

M.J. Huston Pharmacist of the Year*

Grey Nuns Hospital / Edmonton

The newest M.J. Huston Pharmacist of the Year is a humble, but knowledgeable and well respected, member who works at Edmonton's Grey Nuns Community Hospital and Health Centre. She's Kathy Turnbull whom colleagues describe as a role model to pharmacists and other professionals alike.

Kathy says she was attracted to hospital pharmacy almost from the start of her post-secondary

education. In the summer after her first year of university she worked as a pharmacy intern at St. Michael's Hospital in Lethbridge. "I loved it!" she says. So began a career that has spanned Alberta, Saskatchewan and Ontario over 38 years.

Although she has worked in a variety of areas within the hospital, her focus for the last several years has been palliative care. The Grey Nuns Hospital's unit where she works primarily is at the tertiary care level, which means it's like the intensive care for palliative care, serving patients who cannot be managed at other Edmonton or northern Alberta hospitals. The nature of the unit demands particular expertise from the health care personnel who work there. Kathy is a valuable source of palliative care information for pharmacists, helping them solve problems for their patients or answering their questions about palliative care treatments.

Kathy's patients are her first priority. She does her best to ensure their medication needs are met while they are palliative inpatients and, if they are able to return to the community, she provides discharge counselling to them and their families. She then ensures that those with special drug needs know where they can get their medications. In addition, she works closely with physicians to simplify complex medication regimes and makes a special effort to work directly with the patients' community pharmacists to ensure seamless care.

Kathy has a unique ability to help other health professionals understand that certain treatments may be difficult for the palliative care population. To make her point, she organized an opportunity for health care providers to taste the common liquid medications given to palliative patients. Many of the medications have a strong, unpleasant taste, and providing them to an already sensitive palliative patient is often problematic. Kathy smiles as she recalls the result. "The tasting exercise had a

real impact on physician ordering, also on the nurses and their expectations."

Kathy's considered an integral part of the interdisciplinary team. She participates in the morning nursing/medical rounds on patient-specific issues, and weekly inter-disciplinary rounds which discuss patient status and goals and seamless care. She also participates in the daily palliative care journal club and often leads the discussion. The discussions are part of the teaching component for the mandatory two-week rotation for all family practice residents in their final year.

She provides support to the regional palliative care program by helping to develop guidelines and protocols related to medications. She was instrumental in developing the *Guidelines for Subcutaneous Administration for Common Palliative Care Medications*, along with two other Capital Health Region pharmacists. These guidelines are used by palliative care specialists across Canada.

In addition, she has been involved in a number of research projects that have been presented at palliative care conferences and is actively involved in teaching and being a preceptor to pharmacy students and residents. In the past, she has organized rotations for and worked with fourth-year pharmacy students and hospital pharmacy residents, helping them understand the science of clinical pharmacy within the medical speciality of palliative care.

According to her colleagues, Kathy represents the best that our profession has to offer. "Kathy truly exhibits professional excellence in the practice of pharmacy."

* *The M.J. Huston Pharmacist of the Year award is presented to a college member who has demonstrated outstanding professional excellence in pharmacist practice.*

Pharmacy On Call

W.L. Boddy Pharmacy of the Year*

Doug Levy, Pharmacist / Owner / Calgary

“We’re not better than anyone else—we’re just different.”

So says Doug Levy, pharmacist/owner of Pharmacy On Call, the W.L. Boddy Pharmacy of the Year. “Our staff is dedicated to doing the best for the patient regardless of the circumstance. We have a special appreciation for people who are caught between the hospital and the home, especially if the medications they require are not readily available.”

When presented with a problem, Doug and his colleague Marg LaRose never give up until they’ve solved it. One of many examples of this dedication is the service offered to a nine-year-old leukemia patient who was unable to take her medications. Marg worked for days and into the nights trying to produce a formulation that the patient could tolerate. And she did it! The child was able to consume the gummy bears Marg created, is now in remission, and is doing well.

One of Doug’s goals is to prevent patients from having to go to the hospital unnecessarily. “It comes down to the patient at home,” says Doug. “If the patient isn’t able to swallow, or if there’s no tissue for subcutaneous injections, we’ll create suppositories or gels, whatever is needed. If we can give relief and prevent a hospitalization, we’ll do it!”

Pharmacy On Call opened in 1996, primarily serving seniors. Shortly thereafter Doug began working with Calgary’s Rosedale Hospice and, since then, palliative care has become his passion. Marg and Doug are considered a vital part of Calgary’s multi-disciplinary community palliative care team.

Doug’s philosophy is to make a difference to health care. However, he notes, pharmacists should get paid to do this. “We may not reduce the budget, but we can help the system use its funding more effectively and offer better patient care.”

As its name suggests, Pharmacy On Call offers 24-hour on-call service, 365 days of the year. No other pharmacy has made that commitment. The pharmacy’s services are a tremendous benefit to patients, especially to those who have complex problems and who are discharged from hospital at all hours of the day and night with limited pharmacy support, as well as those in the last stages of life whose urgent needs are rarely predictable.

But Doug and his pharmacy staff continue to look ahead. “There’s a lot to learn and to do,” he says.

“This is just what I want to do,” he adds. “I’ve never been happier.”

** The W.L. Boddy Pharmacy of the Year award is presented to an Alberta pharmacy whose health professionals, by virtue of their practice, have had a positive impact on the health of their community.*

Rosemarie Biggs

Wyeth Consumer Healthcare Bowl of Hygeia*

Broadmoor Pharmacy / Sherwood Park

Rosemarie Biggs, recipient of the Wyeth Consumer Healthcare Bowl of Hygeia award, is deeply committed to her community. That commitment is reflected in her professional life and in her personal life as a member of the Sherwood Park community.

Rosemarie’s gift to her community is her time and her heart. Much of the time is dedicated to seniors and persons with handicaps. In addition to her unique pharmacy services for seniors, she spends time with “her” seniors, one on one, sharing life experiences.

“We become part of each other’s family,” says Rosemarie, relating that they share photos of children and grandchildren and update each other on family activities. Many of the seniors have little else in their lives, notes Rosemarie. “I like to think of things to do for them to bring more life into their lives.”

As a result, the seniors will see Rosemarie with her trusty basket bringing them home-made Christmas cake, spring flowers, Easter eggs or even flowers from her own garden. The seniors may also be invited to a garden tea party, courtesy of Rosemarie.

Rosemarie’s role as pharmacist allows her to liaise with the families and caregivers to improve the seniors’ quality of life. Some of the seniors have become especially dear to her heart. As a result, she has been known to share the bedside vigil with family members in the seniors’ last days.

One of the unique aspects of Rosemarie’s practice is that she personally delivers medications to seniors and others so she can identify issues or problems. “I’ve had to call 911 for the senior or contact the physician or a family member,” she remarks. “Sometimes I’ll make the person something to eat or drink.” This special touch is an extension of the personal relationship she has with many of the seniors in her community.

A group that benefits greatly from Rosemarie’s big heart is the clientele at the Robin Hood Association, which provides a wide range of residential, educational and support services to children and adults with developmental and multiple disabilities.

The clients and staff appreciate her professional expertise and her personal involvement in their activities. According to the association’s executive officer, Rosemarie makes significant financial contributions and regular “in-kind” donations,



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Rosemarie Biggs / Wyeth Consumer Healthcare Bowl of Hygieia / Broadmoor Pharmacy / Sherwood Park

and participates in Robin Hood's fund-raising and social events. In addition, she provides pharmacy services to many of the residences, is on call, and visits clients in their homes and school. She even collected tires for one adult resident because he was able to balance, ambulate, and, most of all, laugh when he played with them.

A second community organization that has benefited from Rosemarie's involvement is the women's shelter. She has served on its board, solicited sample products for the clientele's use, and participated in its fund-raising events.

All of these activities are in addition to raising a family, operating a successful pharmacy that has set standards for excellent community practice, and contributing to her profession. She is currently a member of the Strathcona County Community Health Council and the Robin Hood board. Over the years she has served on the Strathcona Seniors Board, the Strathcona County Community Health Service board, and the women's shelter board, as well as being an active hockey mom and horse show mom, and participant in Girl Guides of Canada.

She is a past president of the Alberta Pharmaceutical Association, now the Alberta College of Pharmacists, and has served on numerous professional committees and task forces. In addition, she was a member of the UofA Faculty of Pharmacy and Pharmaceutical Sciences' Admissions Committee for six years. Her pharmacy has also taken students on rotation for many years.

Rosemarie has received numerous awards, including designation as a fellow of the Royal Pharmaceutical Society of Great Britain, a Pride of Strathcona Award for contribution to the community, and the Pharmacist Care of Older Persons

Award offered by the Canadian Pharmacists Association in 1999, the International Year of the Older Person.

Rosemarie's professional contributions and community recognition stem from her basic philosophy of working with your heart. Hers is a big heart and we're all thankful!

** The Wyeth Consumer Healthcare Bowl of Hygeia is awarded to a pharmacist who has compiled an outstanding record of community service which, apart from the recipient's specific identification as a pharmacist, reflects well on the profession.*

Martha Nystrom

Regional Fertility Program Pharmacy / Calgary

A specialty program with a specialty pharmacy—that's where you'll find Martha Nystrom who loves her leading-edge practice.

The Regional Fertility Program serves patients for whom attaining pregnancy has been difficult and offers a high-tech alternative. Patients come from across Canada to receive treatment at the clinic, which has become well known for the options it offers and its success rate.

The pharmacy was set up to complete the multidisciplinary team within the clinic environment, thus providing one-stop shopping for consultation, ultrasound and laboratory monitoring, surgical procedures and medication. Most services provided by the clinic are not insured under the health care system and are very costly, time consuming and emotionally exhausting.

Treatments use evidence-based protocols that take into account each patient's medical history and fertility-treatment experience. The pharmacy provides the majority of the specialized pharmaceutical services required. The fertility drugs and knowledge about them are not routinely available

in community pharmacies. Many of the drugs are administered for off-label indications and routes of administration. Dosages are based upon response and may not follow standard dosing guidelines. As a result, Martha and her colleague, Peggy Hemstock, often find themselves responding to questions from other pharmacists as well as from patients.

The pharmacists' role is to provide medications, injection and diagnostic supplies, and the teaching required for self-injection and the treatment process. They spend 20 to 30 minutes with each patient at the initiation of therapy, and are available to answer questions in person or by telephone as needed.

Part of the appeal of the practice setting is the blend of hospital and community pharmacy. Access to patient records for information and documentation, and direct consultation with physicians, nurses and laboratory staff is just down the hall for these pharmacists. There are many opportunities to participate in reproductive medicine research, including treatment with new drugs or new uses for old drugs. Yet this is a community pharmacy with ambulatory patients, right in the clinic.

One of the best parts of the practice, according to Martha, is being involved in promoting reproductive health. A few initiatives to date have included implementing a smoking-cessation package, ensuring that all female patients are taking adequate amounts of folic acid to prevent neural tube defects, and providing information on the use of antioxidants to improve sperm quality. Martha and Peggy discuss concurrent drug therapy with their patients, and its potential effects on fertility and, ultimately, on pregnancy.

Martha looks forward to the day when pharmacists will have the authority to prescribe. Even

now, she and Peggy work under the program's physicians to continue therapy, including hormones, anticoagulants and anti-nausea medications. Evolution of the clinical protocols to reflect best practices and new drug therapies will most certainly involve the pharmacists.

Igor Shaskin

Stafford Pharmacy / Lethbridge

If you ask Igor Shaskin about his practice, he will tell you he's a problem solver and an instigator.

As pharmacist/owner of Stafford Pharmacy & Home Healthcare in Lethbridge, he's determined to find a challenge in the work he does. He's also determined not to turn away anyone who's looking for a health care solution.

As a founding member of Health Outcome Pharmacies (HOP) in 1995, Igor participated in the development of protocols to manage various disease states. Although HOP no longer exists, he still uses the HOP process to address health care problems in his practice. An example of this initiative is the osteoporosis screening and counselling service he offers. Using a bone densitometer, he identifies individuals at risk of osteoporosis. He then helps the patients understand what this discovery means to their health and lifestyle, providing information they can then take to their physicians as full participants in their health care.

"The early intervention is important," says Igor, as are the tools he can provide the patients to take control of their health. There is a charge for this service, he notes. "It's a personal expenditure that more patients are willing to make as they choose to take a more proactive role in their health care. Our patients look to our expertise to help them attain better health outcomes."

The problem solver in Igor becomes most evident when he discusses his compounding service, an interest that saw him become certified through the Professional Compounding Centers of America. He appreciates the challenge of addressing treatment problems through this discipline, and is often able to prepare a product other pharmacies cannot. As a result, many colleagues in other settings refer their difficult compounding prescriptions to Igor and his staff.

The biggest proponents of this service are nurses and patients, says Igor. In addition, as physicians learn about what he and his staff can do, more of them are turning to Stafford Pharmacy for help.

He has also begun working more closely with local naturopaths as a means of providing holistic care. In addition, he's available to consult with patients about alternative and complementary therapies.

About one-third of his pharmacy's services are related to home care. Shortly after opening the pharmacy in 1985, he introduced an extensive line of home care products, supported by his sister, a registered nurse. The Home Healthcare division of his pharmacy now employs three full-time staff, and continues to grow through referrals from patients, physicians and nurses.

Igor and his staff were early to embrace the Internet and provide computers throughout the store for accessing drug information. "Since so many patients have Internet access, a pharmacist can't be isolated from the web," says Igor. "We need to know what patients are seeing and reading, and we need to provide information that is unbiased and balanced via our own websites."

And that he does. The pharmacy's first website has been active since 1997. There is another website that has a more holistic focus and another under

development that will provide information about compounding. These are in addition to new foot-care websites that offer access to the pharmacy's catalogue on the subject that has been marketed to specialist practitioners across Canada for about eight years.

Igor says his pharmacy is what it is today because of some very good people. "We have well trained staff, caring people who make sure all the details are looked after," he declares. "I can feel good about what I do as a professional because of the people I work with and the people I serve."

"Our pharmacy has evolved into a learning organization. We are continually learning to serve people in an environment where change and challenge are the constant." And that's what keeps Igor passionate about the pharmacy profession.

Nandini Desai

Safeway Pharmacy and Volunteer / Edmonton

Nandini Desai has a passion for people whose first language is not English, especially those who do not speak English or understand it well. She sees a huge gap in their health care because our current systems generally do not address ethnic diversity.

"The cultural and language barriers are enormous, particularly for seniors," she says. "It's becoming more and more clear to me that, if we want healthy seniors, we have to meet them where they are."

She's beginning to address this issue by working within her own East Indian community, where she observes a lack of resources and understanding of health care issues that result from the cultural barriers.

In June 2003 she was a key organizer of a seniors' health care conference that was presented in





Burke Suidan, Randy Skiba, Carmen McKenzie and Tyler Higgins / Medicine Hat Regional Hospital Pharmacy

Gujarati, one of India's many languages. Offered by the Gujarati association's seniors group, with assistance from the Canadian Diabetes Association, the conference was attended by 60 people, all of whom appreciated receiving health care information in their native tongue. The conference was repeated in February 2004 in both Hindi and English, again to general acclaim.

When preparing for the events, Nandini and others encountered some interesting challenges, such as producing support materials. "Creating the materials in our native language was an obstacle at first, since today's North American computers don't readily carry our alphabet," she says.

For the last few years, Nandini has focused on diabetes. Her interest stems partly from the fact that her mother had the disease, but also because South Asians have been identified as prone to diabetes.

In the meantime, she is working with local doctors who identify East Indian patients who do not understand their medical condition and, as a result, are non-compliant, despite having attended a diabetes education program. "The problem is primarily the language barrier," says Nandini, "although there are also issues related to cultural values and diet."

She is also networking with health professionals who recognize the cultural barriers. She hopes that, by working together, there will soon be programs in Edmonton to address them.

Nandini says her major goal is patient education. "I'd like to teach people in my and other communities to ask questions and ask for changes." The issue is the same for other ethnic groups, she notes. "We are a multi-cultural society and we need to address the problem of cultural barriers if we want to offer quality health care."

**Rob Caparini, Tyler Higgins,
Carmen McKenzie, Joyce Nishi,
Randy Skiba, and Burke Suidan**

Medicine Hat Regional Hospital Pharmacy

The pharmacists at the Medicine Hat Regional Hospital have the best of two worlds—a generalist practice and a specialist practice. They'd be the first to deny they're experts in their areas of particular interest. However, the additional learning each has undertaken to meet the needs of their patients has translated into in-depth knowledge in specific areas such as geriatrics, infectious diseases, kinetics, oncology, diabetes and palliative care.

In a hospital with 190 beds and only 6.8 pharmacist positions, it's not possible for the pharmacists to become true clinical specialists, focusing only on one disease state every day. The pharmacists work a six-week rotation, serving in the dispensary for three weeks, and then doing clinical work on the nursing units for three weeks.

In recent years, the pharmacy team has seen a change in physician behaviour because of the specific expertise each pharmacist has developed. Some physicians now refer a patient to the pharmacy for determination of treatment or day-to-day monitoring.

Geriatrics has been a special focus for Tyler Higgins for the 10 years he's been in Medicine Hat, and in prior years while working in Grande Prairie. He particularly appreciates the complex problems these patients present and enjoys the challenge of working with other members on the team, including patients, to solve them.

Rob Caparini's major interest is infectious diseases, a natural fit with his background in microbiology. He notes that his and his colleagues' expertise in different areas results in the pharmacy team being able to answer readily most of the

physicians' questions. "Each one of us is still a jack of all trades, but the special knowledge we've acquired makes the pharmacy team a great resource."

Joyce Nishi and Carmen McKenzie share the oncology work, resulting in pharmacy coverage at all times. Joyce notes that neither Carmen nor herself are "the" experts, as they might be in an environment dedicated to treating cancer. Nonetheless, they are able to make a valuable contribution to the care of the cancer patients, thanks to their oncology-specific focus.

In addition, Joyce has acquired in-depth knowledge about diabetes care and participates in patient teaching for both outpatients and inpatients. She notes that in the Medicine Hat Regional Hospital the pharmacy team often picks up aspects of patient care that could fall through the cracks, such as inpatient diabetic teaching.

Burke Suidan is particularly interested in palliative care. Remarkably, he has chosen this focus because he had difficulty with the emotional aspect intrinsic to palliative care when he was a student. He says, "I did so poorly in this area in my student hospital rotation that I was determined to make the shift from the treatment mindset to supporting the patient's quest for a good quality of life until death."

The pharmacy team's cardiology resource is Randy Skiba. The appeal for him is meeting and working with the cardiac patient population, and helping them make lifestyle adjustments to improve their health. He notes that the number of patients with cardiac problems is increasing, a trend that's likely to continue as the population ages. He wants to be part of their care team.

These five pharmacists speak for the rest of the pharmacy players when they agree that the ideal

situation would be to become clinical specialists in their chosen fields. Yet, the variety they find in their current positions clearly also has appeal. The best of both worlds!

Mary Logue, Brad Marshall and Ted Marshall

Marshall Prescription Centre / Calgary

Marshall Prescription Centre pharmacists have each added an interesting flavour to their practices.

Ted Marshall, manager, is a third-generation pharmacist. "I grew up in the business," he says. After graduation he took over his father's business and at one point had five pharmacies plus contracts in long-term care. He eventually decided to focus on long-term care, reduced the number of stores from five to two, and secured the franchise for Manrex Controlled Dosing Cards. He took this step in the early 1970s, and he hasn't looked back since, although the pharmacy now uses strip packaging.

His services have been offered on contract to InterCare facilities since he began practising and continue to this day. Over the years, assisted living facilities and a number of group homes have been added to the mix.

Ted's son Brad is now the fourth-generation pharmacist in the Marshall family. Although he does other clinical work in long-term care, his focus tends to be on the anticoagulation service he has developed. The service grew from his last clinical rotation while working on his Pharm.D. At that time he used a protocol in which the pharmacy ordered tests and monitored anticoagulation therapy.

When he joined Marshall's after graduation, he worked with InterCare's medical director to adapt the protocol to long-term care. "There was a huge

need for this service," says Brad. "Patient care is optimized when international normalization ratios (INRs) are managed by individuals with an anticoagulation focus. This service benefits the patient, nursing staff and the physician."

Of the 32 physicians working with InterCare at the time, 28 immediately joined the anticoagulation program. The remainder followed soon after. Each physician signs off on the protocol, then it's up to Brad to order the tests and adjust the therapy.

The Calgary Health Region has now adopted the protocol for use in other facilities. In addition, health services in Red Deer and Lethbridge are also seriously considering it for their facilities, a fact Brad finds quite satisfying.

Mary Logue was once an employee of Marshall Prescription Centre and now works for them as a consultant, undertaking the majority of the clinical work in the four InterCare facilities. Her background in long-term care made her a natural for Marshall's. When she first started this work, she was active on two sites for a total of 20 hours a month. She now works full time at the four sites. "I love it!" she says.

Every three months Mary performs a medication review for each of the 451 residents in the facilities, in addition to doing medication histories for each new admission. She identifies drug therapy issues and makes recommendations for lab work and adjustments to the drug therapy, if appropriate. She also participates in the inter-disciplinary admission conferences at each site and chairs InterCare's quarterly Pharmacy and Therapeutics Committee meetings and the monthly Nursing/Pharmacy Subcommittee meetings in each facility.

Mary says, "These meetings provide an opportunity to address medication incidents, and review drug utilization and drug costs, among other

issues." She sees them as an important means of encouraging communication among the health care team members.

She also meets with families as appropriate, and offers in-service teaching for the nurses. "The nurses identify the topic they feel would be helpful," she notes. "They seem very appreciative of the information I offer."

Brad sums up the attitude at Marshall's. "People are getting the best service and care we can provide, and that's satisfying for all of us!"

Jinell Mah Ming, Kathy Lee and Jeff Kapler

Southern Alberta Clinic Outpatient Pharmacy / Calgary

"This is the best job! I love working here," exclaims Jinell Mah Ming when she describes her work at the Calgary Health Region's Southern Alberta Clinic (SAC). Her colleagues Kathy Lee and Jeff Kapler vigorously agree.

SAC is a specialty clinic dedicated to human immunodeficiency virus (HIV) treatment and care. The pharmacists' expertise in this unique area is a critical component of optimal patient outcomes.

Kathy says, "We operate in a team environment, where each professional's contribution is valued." The nurses, physicians, social workers, dietitian, infectious disease specialists, and others, all appreciate the knowledge and skills the pharmacists bring to the treatment mix.

According to Jinell, she and her colleagues are first and foremost responsible for patient care. They see a wide range of patients, from drug users to moms-to-be, each presenting unique obstacles to therapy.

Each Calgary patient of this outpatient clinic visits an SAC pharmacist monthly to obtain medications,





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Fern McNaughton and Tamara Bresee / Kenron Pharmacy / Calgary

providing the pharmacist an opportunity to monitor the effectiveness of the antiretroviral treatment on a continual basis.

Their second major responsibility is to be a resource to health care professionals within the clinic and beyond. Since the clinic serves all of southern Alberta, the pharmacists provide support to professionals in rural and urban settings, including penal institutions.

Their third major responsibility is involvement in research, which includes clinical trials and research they identify as important to understanding how best to care for individuals with HIV.

The pharmacists are able to devote their time to direct patient care and other responsibilities because of the support of their pharmacy technician Karen Stephens.

“Adherence to drug therapy is vitally important to this patient population,” says Kathy. “It’s critical to have adherence rates greater than 95 per cent to minimize the risk of viral resistance.”

A teaching tool the pharmacists often use to encourage adherence is a set of two pill bottles, one with three pills and the other half full of a variety of antiretroviral medications. The first bottle illustrates an adherent regimen, i.e., an example of initial drug therapy. The second bottle illustrates a “salvage” cocktail, i.e., an example of the drug therapy required to tackle the virus as it mutates and develops resistance to therapy.

The first six months of therapy are the most difficult. That’s when the side effects can be most evident because the patient’s immune system is so compromised. Many patients find it’s challenging to adhere to their drug therapy. The therapy often consists of a multiple-pill burden, inconvenient and frequent dosing, and many potential adverse effects. In addition, the treatment requires significant lifestyle changes, such as diet restrictions.

The pharmacists have an important role to play in assuring seamless care upon patients’ discharge from hospital. “We work hard to remove barriers to getting care,” says Jeff. Since confidentiality is often a big issue for patients with HIV, the pharmacists will do their best to encourage a patient to come for treatment, including meeting a patient at the back door early in the morning.

HIV presents itself differently among patients, so therapy must be individually tailored. In addition, every patient has a different level of motivation.

“We’ve learned a lot about people,” remarks Jinell. “Some patients take the bull by the horns and take on the drug therapy as a challenge. Others are unable to cope with the illness and the side effects of therapy. And there’s a group that’s incapable of managing on their own. They require a lot of hand holding.”

The drug therapy is expensive, averaging \$1500 per patient per month, another motivator for the pharmacists to work particularly hard at helping the patients with adherence. The most difficult patients are those with mental health problems and addictions, as well as those presenting such socio-cultural hurdles as a language barrier.

A concern for the pharmacy team is the fact that there are patients who are adherent but for whom the drug therapy fails to suppress the virus. Kathy says, “It’s frustrating for us when we’ve reached the end of the alternatives we have to offer.” Although there are many new drugs being developed, they can’t come fast enough for some patients, she comments, especially if they’re motivated.

Despite those concerns, Jinell declares, “We’re where we want to be as professionals. We have a variety of duties, make an impact on patient care, and can undertake projects at our own initiative. It’s a privilege to be in this setting.”

Tamara Bresee and Fern McNaughton

Kenron Pharmacy / Calgary

Forty Calgary patients are beneficiaries of specialized anticoagulation management expertise acquired by Tamara Bresee and Fern McNaughton, pharmacists at Kenron Pharmacy in Calgary. They are practitioners in one of the first community satellite clinics for the University of Alberta’s Anticoagulation Management Service (AMS).

“This is really cutting edge pharmacist practice,” says Tamara. “We’re monitoring therapy in a specialty area, ordering tests, and modifying the therapy as appropriate, and, best of all, we get to see the outcomes.”

Each patient is a member of a randomized, controlled study to evaluate the effect of pharmacist intervention on anticoagulation therapy. The appeal for both Fern and Tamara was the opportunity to learn more about this specialized area and, because of the time allotted to each of the study’s patients, the opportunity to develop a solid helping relationship with each one.

Participating in research was also an attraction. “Not only are we helping the patients,” says Fern, “we’re contributing to good pharmacist practice, which will in turn help other pharmacists and patients manage anticoagulation therapy.”

Kenron’s clinic operates within the AMS protocols and is assessed by an independent evaluator who measures the quality of the clinic’s service by reviewing INR control, event tracking, and patient and health care provider satisfaction. Patients are referred to the clinic by family physicians, primarily ones who practise in a nearby clinic. The referring physicians have agreed to the pharmacists’ involvement in their patients’ care and receive regular reports about each patient’s progress.

Physician support for the clinic evolved naturally from the solid working relationships the Kenron staff have cultivated over the years.

“The physicians know us and what we can do,” says Tamara. “There’s an important trust relationship between us that’s critical to all of our patient care activities, but especially our AMS involvement.”

A huge benefit to the patients is the intensive consultation time with the pharmacists, which can last up to 90 minutes at the beginning of their involvement. Here, patients learn about their condition, and the drug therapy and its risks. They also learn how to manage their condition, and the effect of lifestyle, diet and exercise on their health.

“Our mandate is to spend time with these patients,” says Fern. “Helping them understand what’s happening with their health and how they can influence it is what being a pharmacist is about,” she adds.

The three-year anticoagulation management study is funded by Alberta Health and Wellness and the Alberta College of Pharmacists. It has an on-site training component based at the University of Alberta Hospital that has empowered pharmacists to initiate rural and urban community and hospital AMS clinics. Although Kenron’s involvement in the study will end in December 2004, both Tamara and Fern hope to continue to support the study’s patients beyond that date.

In the meantime, they remain excited about their practices and the environment in which they work. The solid relationships they’ve developed with loyal patients and other health care professionals, the easy access to physicians in a variety of specialties and to the physicians’ nursing staff, and access to the building’s lab, all contribute to a satisfying practice.

“We’re challenged to learn and be up to date, and to be proactive and be problem solvers,” says Tamara. That’s just what they were both looking for when they chose this career.

Verla Chatsis and Marielle Layton

Regional Drug Information Centre / Capital Health / Edmonton

Verla Chatsis and Marielle Layton spend each workday providing drug information support to other Capital Health (CH) pharmacists, also to physicians, nurses and other health professionals. They are the pharmacists who are the backbone of CH’s Regional Drug Information Centre (RDIC).

The RDIC receives questions from staff that generally cannot be answered with the available reference tools or that require a detailed literature search. Many requests are answered directly on the phone. The remaining questions are triaged, with highest priority given to information required for an urgent patient need.

The RDIC was created to respond to drug information requests from institution-based health professionals within the region and to provide educational services for staff and students within the UofA’s health sciences faculties. The pharmacists do not address questions from the public or from community pharmacists, nor do they answer questions about poison. Poison questions and inquiries arising from outside of the Capital Health institutions are referred to the provincial Poison and Drug Information Service in Calgary.

The RDIC is located in the UofA’s John W. Scott Health Sciences Library, and is a partnership between Capital Health and the UofA. The centre’s location provides the pharmacists easy access to the library’s resources and allows collaboration with the librarians on a wide range of informational and educational services.

“We’re always working to keep our search skills up to date,” notes Marielle. As a result, they are also able to teach other CH pharmacists and pharmacy students how to do their own searches, using both on-line and paper-based resources. The number of questions they’ve responded to dropped slightly in 2003 because their effective teaching equipped other professionals to perform their own searches.

The centre’s staff has created some unique databases to support their work and for sharing information throughout the region. One of them tracks changes to drugs or drug information in the Canadian market. Another is a database of recipes, based on published literature. In addition, the pharmacists are involved in editing regional procedural manuals, such as one for parenteral therapy and another for cytotoxic administration.

Verla and Marielle are currently developing a database of the questions they have researched, to be used as a resource for themselves and for other staff members.

According to Marielle, “We feel challenged every day. Every day is different. And although we don’t see patients, we still have an impact on patient care.”

From left to right: Burke Suidan, Past President, District 2; Don Makowichuk, President, District 3; Jeff Whissell, District 3; Lea Ann Luchka, District 5; Dr. Franco Pasutto, Dean, Faculty of Pharmacy and Pharmaceutical Sciences; Christal Lacombe, 2003 APSA Student Representative; Gladys Whyte, District 4; Amyn Kanjee, District 5; Dr. Tammy Bungard, Vice President, District 3; Karen Barney, District 6; Tracy Marsden, District 5 / Missing: Ian Hamilton, District 1; Joe Doolan, Public Member; Greg Moffatt, Public Member



Highlights of our activities and achievements [2003/04]

[W] e are pleased to offer you the following highlights of our activities and achievements over the past year.

Leadership and Governance

■ In January 2003, members agreed that council district boundaries should remain aligned with the regional health authority (RHA) boundaries that were effective on Dec. 1, 2002, regardless of changes made by the provincial government. Council requested member support for this decision given that there was insufficient time before the 2003 RHA boundary changes to permit a thorough review of our demographics. The review will occur as we prepare to implement the *Health Professions Act* for our profession.

■ In February 2003, and again in March 2004, councillors and college pharmacist staff met with members of the legislative assembly (MLAs) to discuss pharmacy-related issues. The MLAs were knowledgeable about pharmacist practice and the potential of pharmacists within the health system.

They encouraged the college to continue to work towards an expanded scope of practice that will enhance our contribution to working with other health team members. The majority of MLAs were complimentary about their own relationships with pharmacists. We heard many stories about how knowledgeable and supportive pharmacists have been in the MLAs' personal lives.

■ At the May 2003 annual general meeting, members passed a resolution recommending the college request that the National Association of Pharmacy Regulatory Authorities (NAPRA) facilitate a review and amendment of the national drug scheduling model and process. The resolution encourages a two-schedule model that differentiates between drugs that can be sold only pursuant to a prescription, and drugs that can be sold without a prescription but only from within a prescription department pursuant to the advice of a pharmacist. It also suggested that unscheduled products would remain available on a self-selection basis from any retail outlet. This resolution has been forwarded to NAPRA.

■ In June 2003, the college hosted the annual grad breakfast for over 250 guests, including graduands and their families and friends. John Ferguson, the University of Alberta's chancellor, addressed the grads, saying that pharmacists are well placed for the impending changes in the health care system. He noted that pharmacists have a great deal to offer Albertans in terms of skills, education and ideas, both in the prevention and treatment of illnesses. He applauded the 50-hour community service commitment that first-year students undertake, and encouraged the graduands to continue to serve their communities in a voluntary capacity. Jana Dostie was named the recipient of the ACP gold medal at the breakfast, and Tina Kang was given the Alberta Pharmacy Students Association Past President Award.

■ In the fall of 2003, the college and the Pharmacists Association of Alberta (RxA) orchestrated a joint communication initiative designed to educate members about the pharmacist prescribing model and to solicit their comments and concerns. Another segment of the initiative was to

communicate with other health professionals and government leaders about the model. The initiative included the preparation and distribution of specially prepared printed materials, member forums across the province and a pharmacist prescribing information telephone line.

■ Council has continued its commitment to the Carver model of policy governance. Councillors receive external coaching after every meeting, with the goal of focusing on the future strategies of the college, as compared to the short-term action plans that are the responsibility of the administration. Through this process, councillors are increasingly aware that their moral owners are the members of the public. Council has adopted three mega-ends that define the priorities of the college. They are public safety, quality pharmacist practice and accessibility to the knowledge and skills of pharmacists.

■ ACP councillors, acting in their unique capacity as RxA shareholders, approved the creation of a steering committee to review the current governance structure. This action is in keeping with a commitment Council made to members in 2001 that the governance structure for the college and the association would be reviewed in 2004. The steering committee's task is to validate the members' commitment to the principles upon which the current governance structure was created; to measure pharmacists' support for the governance structure through which RxA is governed; and, if necessary, to identify an alternative structure that members might deem more acceptable. The committee is also to suggest a means of transition to a new structure if a change is deemed appropriate.

The steering committee is expected to report to members in the spring of 2004, with the goal of achieving a member vote on the issue in June. In order to obtain member feedback, the committee

held four regional forums and a videoconference that included four Alberta communities.

■ Council supported an amendment to the mutual recognition agreement (MRA) to incorporate wording that would recognize a licensing examination or clinical skills course and assessment offered by the University of Montreal or the University of Laval as part of the undergraduate pharmacy baccalaureate program, as a means of accommodating the signature of the Ordre des Pharmaciens du Quebec. The support is subject to a review of the universities' clinical programs and evaluation of their assessment processes to determine their compliance with NAPRA's model for evaluating competencies at entry to practice. The MRA was created to accommodate movement of professionals across Canadian jurisdictions. Quebec is the only provincial pharmacy licensing authority that has not signed the MRA, since the Quebec government prohibits any requirement stipulating that professional candidates must challenge an additional licensing examination at entry to practice after completing a baccalaureate program.

■ In November 2003, our president and registrar met with Alberta's Solicitor General Heather Forsythe to discuss how the pharmacy profession can collaborate with her department and law enforcement officials to curb the production of methamphetamine in clandestine labs in Alberta. We distributed information to our members to raise awareness of the issue and are committed to participating in the Solicitor General's multi-stakeholder committee on the issue. In addition we are researching measures through which accessibility to methamphetamine's precursors can be restricted.

■ In December 2003, Council approved the 2004 to 2006 business plan, anticipating proclamation of the *Health Professions Act* and the *Pharmacy and Drug Act* in 2004. Upon proclamation of the acts, ACP's priority will be change management,

including increased monitoring and coaching of pharmacist practice to ensure responsible transition to any new roles that are approved.

■ Also in December, Council approved the 2004 budget, introducing a \$30 increase in the base practising member fee, the first increase since 2001. This increase in the base fee is in addition to an increase in malpractice insurance premiums by the Canadian Pharmacists' Benefits Association. The Pharmacists Association of Alberta, through which members obtain the malpractice coverage, has advised that the annual premium for \$1,000,000 liability insurance has increased from \$25 annually to \$86.25 per annum.

■ The college is working with the Alberta Medical Association, the College of Physicians and Surgeons of Alberta, the Alberta Association of Registered Nurses and the Pharmacists Association of Alberta to develop principles to support effective and responsible sharing of patient information among health professionals. The group's goal is for the professions to come to a common understanding about balancing the need to share patient-specific information to ensure appropriate care while respecting each patient's right to privacy. The group intends to submit recommendations to the councils of each participating organization prior to the end of the first quarter of 2004.

Legislation

■ In November 2003, the college made its presentation to the Health Professions Advisory Board, proposing a regulation that enables qualified pharmacists to prescribe Schedule 1 drugs and administer drugs by injection (including immunizations). The board was to make a recommendation to the minister, Alberta Health and Wellness. The proposal is enabling, i.e., not all pharmacists would participate in or provide all of the proposed restricted activities, and provides

solutions to many themes identified in recent provincial and federal commissions on health, including patient choice, accessibility to health services, sustainability of the health system, accountability by health professionals, and improving drug use decisions.

The proposal includes the proviso that pharmacists would only perform these new functions subject to criteria established by the college. Prior to pursuing the privilege of prescribing, all pharmacists on the new clinical register would be required to complete an orientation program administered by the college. A critical part of the prescribing role would be practising within a collaborative environment in which necessary patient information is available to the pharmacist to support informed decisions. Other critical components include documentation of patient interventions and the need to communicate with other health professionals participating in the patient's care. Pharmacists wishing to administer drugs by injection would be required to complete a certification program approved by the college.

Pharmacists are already performing many of the activities proposed within the expanded scope of practice. It is important that these roles be legitimized through the new regulations. At the time this report went to print, the college was waiting for the decision on the expanded scope of practice from the minister.

■ The task of drafting the regulations to the *Health Professions Act* (HPA) is under way. We have reviewed the comments received from members and other external stakeholders during the consultation process. As a result, we have made several changes to the original policy framework. Most significant of these is a new requirement that pharmacists registered on the clinical register must practise at least 600 hours in each two-calendar-year period. The regulations will be distributed to members for their review prior to procla-

mation. When the HPA is proclaimed for pharmacists, it will regulate the registration and practice of pharmacists and define the profession's scope of practice.

■ ACP and Alberta Health and Wellness have completed their preliminary review of comments received from members and interested stakeholders in response to the proposed policy framework for regulations to the *Pharmacy and Drug Act*. The *Pharmacy and Drug Act* will regulate the licensing of pharmacies and the scheduling of drugs.

■ Proclamation of the *Health Professions Act* for pharmacists and the *Pharmacy and Drug Act* are both anticipated in 2004.

■ The provincial *Personal Information Protection Act*, and the federal *Personal Information Protection and Electronic Documents Act* came into effect on Jan. 1, 2004 as they relate to pharmacist practice. These acts are in addition to the existing provincial *Health Information Act*. The college continues to work with Alberta Health and Wellness, the Office of the Information and Privacy Commissioner, and the Pharmacists Association of Alberta to help members understand, implement, and comply with the legislation.

Registration

■ During 2003, 134 field audits were completed. The majority of these audits responded to new pharmacy openings and changes in ownership. Field audits are designed to monitor and support pharmacy licensees whose role is to provide appropriate environments, policies and procedures for their pharmacists as they deliver pharmaceutical care. The audits are well received by licensees. (See page 20 for registration statistics.)

Competence

■ In February 2003, Council prepared to formalize standards of practice for the Triplicate Prescription Program (TPP). Upon considering

feedback from members, the college amended the draft standards and forwarded recommendations to the TPP Steering Committee for consideration and follow-up.

■ The college also proposed new standards of practice for distance-delivered pharmacist services. The standards were distributed to members in late December 2002 for preliminary review and comment. The feedback was then forwarded to a multi-disciplinary working group charged with providing recommendations to Council about the original proposal. After reviewing the working group's deliberations, Council agreed that the proposed standards should be evaluated within the context of NAPRA's Competency-based Standards of Practice and the National Initiative for Telehealth recommendations. This action will ensure ACP standards have a national foundation. Council also agreed that the legal and ethical issues identified by the working group that are unique to international mail-order (cross-border) pharmacy be considered separately from this strategy.

■ In February 2003, Council approved the competency profile that identifies the knowledge, skills, behaviours and attitudes of pharmacists. A pharmacist is not expected to possess all of the competencies described in the profile. Rather, each pharmacist possesses a specific set of competencies related to his or her workplace and practice. The profile will be used to develop additional learning and reporting tools for pharmacists. The competency profile was developed in partnership with Alberta Health and Wellness. We appreciate the department's financial support, and the expertise provided by Dr. Bill DuPerron, principle consultant, Health Workforce Education and Planning. We also acknowledge and appreciate the contributions of researcher Dr. Judy Baker, the working group, and all members who offered their comments.

■ The competency profile is now being used as the basis for a new self-assessment tool. This tool will be one more component of the RxCEL Competence Program and will integrate with the learning portfolio system. The self-assessment tool will allow pharmacists to assess their level of proficiency in the competencies applicable to them in their practices. This information will then allow pharmacists to develop a learning plan to address areas requiring improvement. The learning activities undertaken will be documented in the pharmacist's personal learning portfolio.

The Competence Committee, in cooperation with an Alberta Health and Wellness consultant, developed a draft of the self-assessment tool that has been vetted at focus groups in Edmonton and Calgary. The committee continues to refine the tool. A pilot will be run over the next year to test the self-assessment tool and its integrity with the learning portfolio system. Planning is under way for a multifaceted education program, in cooperation with the UofA's Office of Continuing Pharmacy Education, to help members understand the benefits of the tool and how to use it effectively in their practices.

■ In May 2003, Council adopted the National Association of Pharmacy Regulatory Authorities'

Competency-based Standards of Practice as a foundation for future standards development for Alberta pharmacists. NAPRA's standards of practice are outcome-based and complement the competency profile for pharmacists.

■ In June 2003, Alberta pharmacists submitted their second round of professional development logs (PDLs) as proof of continuing education in order to renew their registration for the 2003/04 membership year. We subjected the PDLs to closer scrutiny in 2003 than we did in 2002, and provided feedback to pharmacists both verbally and in writing to help them improve their documentation. Once again, members did a great job overall.

■ In September 2003, we began our second audit of members' learning portfolios. We chose members by random selection for audit. As of Dec. 31, 2003, 197 out of 200 of the audits were completed. The compliance rate was 99.5 per cent, with only one relatively minor issue emerging, an amazing statement about the seriousness with which Alberta pharmacists view their lifelong learning activities. An additional 100 audits will be undertaken before June 30, 2004.

■ Eighty on-site assessments were completed in 2003. Of these, 68 were first assessments, ten

were second assessments, and two were third assessments. All but one of these assessments were randomly chosen.

Once again, the peer mean has seen little change because the number of pharmacists assessed in 2003 is small compared to the total number assessed. (See the chart below for a summary of assessment results for the 80 pharmacists assessed in 2003.)

The areas requiring improvement include the pharmacists' commitment to Schedule 2 and OTC narcotic consultation, OTC consultation, and counselling and education. In addition, with the implementation of the provincial *Health Information Act* and *Personal Information Protection Act*, and the federal *Personal Information Protection and Electronic Documents Act*, protection of confidential health information is an area to which our assessors are paying particular attention. Our members continue to score highly in the areas of professionalism, communication, evaluation and dispensing of prescriptions, and pharmacist intervention.

On-site assessments will continue in 2004 as a means of assessing pharmacists' competence, a requirement under the *Health Professions Act*.

Summary of On-site Assessment Results	1st Assessments	2nd Assessments	3rd Assessments	Total	%
All criteria at or above peer mean, no further action required	20	3	-	23	28.75
Please work to enhance your practice in the identified areas, no follow-up required	21	-	1	22	27.5
Please develop learning projects in the identified areas and submit to the Practice Review Panel	23	2	-	25	31
Please develop learning projects in the identified areas and undergo a reassessment	3	5	-	8	10
Referral to registrar	1	-	1	2	2.5

■ The college continues to accredit continuing education programs on request from program providers to ensure that programs are relevant to pharmacist practice, accurate and unbiased. Eighty-four programs were reviewed in 2003.

Complaints Resolution

■ Following the trend from the past few years, most complaints originated from the public. This year saw a rise in the number of complaints from

Complainants	# of Complaints
Alberta College of Pharmacists	5
Public	21
MD, DDS, DVM	1
Other Health Care Professionals	6
Pharmacists	10
Third-party Payers	3
Total:	46

Complaints per District*	# of Complaints
District #1 - RHAs 13, 14, 15, 16, 17	1
District #2 - RHAs 1, 2, 3, 5	6
District #3 - RHA 10	16
District #4 - RHAs 7, 12	1
District #5 - RHA 4	16
District #6 - RHAs 6, 8, 9	6
Total:	46

* The RHA numbering relates to December 2002 boundaries.

Complaint Categories	# of Complaints
Drug Error	19
Professional Conduct	11
Advertising	2
Professional Competence	1
Substance Abuse	0
Audits/Inspections	4
Other	9
Total:	46

other health care providers, especially pharmacists. The college also initiated a number of complaints, many to do with pharmacy services offered on the Internet. Drug errors and professional conduct were again the most frequent reasons for complaint.

■ At least 98 additional inquiries were resolved without the appointment of a preliminary investigator.

■ The feedback tool implemented last year has begun to provide feedback to support our commitment to continuous quality improvement. Trends identified from the feedback tool have led to changes that should enhance satisfaction with the complaint resolution process.

■ Throughout the year we published articles in the college newsletter related to medication errors and practice concerns. Many of the articles were devoted to issues arising from the *Health Information Act*.

Communication

■ Member consultation remained a priority this year. In fact, throughout 2003, college staff spent 1,477.75 hours, or 197 working days, planning and executing events designed to obtain member input on issues or convey important information. ACP held focus groups, forums and workshops across the province. The events were a successful means of meeting with members and hearing their ideas and concerns. This commitment is beyond the traditional daily communication efforts of the college through its newsletter, website and e-mail services.

■ The May 2003 conference and annual general meeting at the Westin Hotel in Edmonton was attended by over 220 delegates. Attendees were introduced to new concepts and new information of value to their practices, and contributed to decision making at the annual general meeting. Short videos of each award winner were shown at the

Awards Luncheon and were a highlight of the conference. The videos portrayed our award recipients in action and demonstrated why they were recognized as outstanding pharmacists.

■ The college and the Alberta Association of Registered Nurses have agreed to partner for a historic joint conference in June 2005. This ground-breaking event will mark the first time two distinct health professions will demonstrate the spirit of working together by holding one conference to address common issues and concerns. The joint conference will reflect the manner in which pharmacists and nurses work together for better patient care.

■ About 500 members responded to our January 2003 website survey, offering their kudos and criticisms of the college's site. We discovered that 75 per cent of the respondents have access to the world wide web at work, and 54 per cent of our members access our website from their workplace. Sixty per cent of respondents said they use the college's website as a reference source, and 51 per cent use it to monitor new information.

■ The college website was completely revamped and updated late in 2003. This project was guided by considerable input from members and college staff. The result is that members have easier access to information regularly required for their practices. New sections were added to accommodate additional information, such as emerging issues and the college position statements. An improved search feature was incorporated into the site. Feedback from members about the revamped site has been positive. Modification of the site will continue throughout 2004.

■ During March 2004, the website received a record 1.5 million hits. This number is almost twice the 2003 monthly norm.

From left to right: Greg Eberhart; Cheryl Shea; Linda Hagen; Linda Kruger; Lynn Otteson, Lynn Paulitsch; Jill Moore; Lynn Szoo; Roberta Stasyk; Maria Ranson; Randy Frohlich; Kathy Smart; Margaret Morley; Pat Barnes; Merv Blair; Misti Denton



■ The membership e-mail system continues to be an important part of the college's communication initiatives. As of March 31, 2004, 66.1 per cent of our members were signed onto the system. When the enrolment reaches 75 per cent of the membership, the college will review its communication strategies with a view to reducing the number of printed materials distributed to members and relying more heavily on electronic means. We are confident this change will result in more effective and efficient communication with our members.

■ Members who have not signed onto the college's e-mail system were contacted during the fall of 2003. The majority indicated they would sign on when they purchase a computer or when they have access to their e-mail at work.

Administration

HUMAN RESOURCES

■ College staff completed their first full year of using the performance management process designed to link individual employee goals to those of the college. As we continue to use the

tools, it is more clear to employees how their responsibilities help to meet ACP's goals.

■ A project coordinator position was created to provide increased focus and commitment to projects important to our administration. Margaret Morley serves the college in this new role. Cheryl Shea has joined our team to fill Margaret's former position as membership service agent.

Information Technology

■ ACP has begun the process of developing a new information system to manage member registration information. The new system is targeted for completion in 2005. Our goal is to enable members to sign onto the new system and manage their personal information, such as changes in address or telephone number, in addition to renewing their membership on-line. The new system will streamline some business processes, improving our response times.

■ Some hardware and software upgrades were acquired to support the college's information technology needs. They include upgraded data back-

up software, upgraded memory for the server hosting the e-mail system and website to accommodate increased traffic, and a higher-capacity server to accommodate the new information system. In addition, we upgraded the website content management software, enabling college staff to perform more of the site revisions in-house.

Records Management

■ RecQuery® was implemented as a records information retrieval tool, enabling college staff to search ACP's records electronically from their own workstations. This new tool provides immediate information about the location of any file at any time.

■ The college completed the multi-year project of establishing a master records classification plan. The plan provides a standard and systematic method by which ACP will organize, maintain, and dispose of records, thereby increasing administrative efficiencies and ensuring compliance with regulatory requirements for record retention. This step is a significant precursor to compliance with the *Personal Information Protection Act*.

Our partners

[E]ffective relationships with individuals and organizations are extremely important to our success. Without these collaborative efforts we could not pursue many of the initiatives in which we are currently involved. We are pleased to report on the major achievements of our strategic partners as they relate to our mutual interests and activities.

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

■ The faculty received 787 admission applications for the 2003/04 academic year, of which 120 were accepted. Albertans constituted 107 of the students, 13 were non-Albertans; 78 of those accepted were female, and 42 were male.

■ The BSc program was reviewed by the Canadian Council for Accreditation of Pharmacy Programs in early November 2003. The preliminary report of the review team is expected in early 2004.

■ The new BSc curriculum received final university approval in November 2003. Implementation of the integrated, outcomes-based program will begin September 2004. Planning for an entry-level PharmD program continues.

■ The faculty has partnered with the university's School of Business to develop a joint pharmacy/

business MBA program. Two specialization streams will be offered, one for retail pharmacy, the other for the pharmaceutical industry. The program's launch is anticipated for September 2005.

■ The experiential learning (site development) program continues. The faculty intends to develop off-campus learning centres to serve as progressive and responsible sites for practical pharmacy education. The goal of the program is to bridge the gap between academia and practice by placing students in environments that are conducive to providing total pharmacy care under the guidance of patient-focused practitioners.

■ The faculty's academic staff continue to be very competitive in attracting research grant support from federal, provincial and corporate sources. There are 43 graduate students involved in active research at the faculty; 15 of these are MSc candidates and 28 are PhD candidates; 27 are male, 16 are female.

■ The faculty is in the third consecutive year of hard budget cuts. It follows that the faculty is increasingly reliant on non-government revenue streams. Fund-raising continues with generous support from the pharmaceutical industry, alumni and corporate sponsors. To help meet its funding needs, the faculty may consider a differential tuition fee.

■ Major renovations and upgrades to academic and student offices, and laboratory and other spaces continue. The most substantive renovation was the pharmacy practice laboratory, at an approximate cost of \$250,000. The room, which officially opened in February 2004, was upgraded from floor to ceiling, including furniture and computer work stations, thus creating a state-of-the-art facility to accommodate teaching on patient counselling and drug information.

■ Office of Continuing Pharmacy Education (CPE)—CPE remains an important component of the partnership between the faculty and the college. Our partnership and our shared commitment to continuing professional development enable CPE to maintain its course development leadership in the nation.

CPE's 2003 goal of launching three PHARMA*Learn* web courses was achieved, effectively more than doubling the web course offerings. The courses were featured in May 2003 at the Canadian Pharmacists Association meeting in Vancouver. In addition, PHARMA*Learn* was recognized for the second time as a finalist at the Alberta e-Leadership Awards program.

There were three collaborative projects between CPE and the college: development of a print course to introduce pharmacists to the *Health*

Information Act, production of a poster presentation on the RxCEL Competence Program, and initial planning for implementation of the RxCEL self-assessment component of the competence program.

Enrolment in CPE's continuing education programs included 8,635 registrants in print courses, 563 in live programs and 390 in web courses. CPE was approved for another year as a Canadian Council on Continuing Education in Pharmacy (CCCEP) Approved Provider of Continuing Pharmacy Education, and continues to work with CCCEP to pilot this new format for accreditation.

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 support them in taking a national approach to common issues.

■ NAPRA made a submission to Alberta's Health Professions Advisory Board in support of ACP's pursuit of an expanded scope of practice and made a presentation to the board on NAPRA's professional competencies in this regard.

■ NAPRA has completed the initial round of interviews and research for its review of the national drug scheduling system. This review has been fast-tracked, largely in response to ACP's 2003 resolution to consider removal of the Schedule 3 category from the schedules.

■ Thanks to a licensing agreement with the US National Association of Boards of Pharmacy (NABP), NAPRA developed and implemented a Canadian version of NABP's Verified Internet Pharmacy Practice Sites (VIPPS) program, origi-

nally developed in 1999 for US consumers. The Canadian VIPPS is a certification program for pharmacies with on-line services, designed to help patients search for Canadian Internet pharmacies that have complied with the program's rigorous professional standards and safe pharmacy practice.

■ In November 2003, NAPRA released a statement about the export of Canadian prescription drugs, identifying regulatory gaps existing in the cross-border trade that compromise, or have the potential to compromise, patient safety. This issue is being monitored by NAPRA's Council of Pharmacy Registrars, in conjunction with NABP.

■ In October 2003, NAPRA facilitated a meeting of all pharmacy registrars to review the existing mutual recognition agreement for the pharmacy profession. Participants in the review agreed that the existing agreement is still applicable.

■ At the request of pharmacy registrars, NAPRA is developing a pharmacy jurisprudence exam to be available for member licensing authorities in 2005.

■ NAPRA continues to develop a regulatory framework that will allow recognition of pharmacists with special knowledge and skills. This work is undertaken in collaboration with the US National Institute for Standards in Pharmacy Credentialing and the BC College of Pharmacists. Areas of specialization included in the program are diabetes, asthma, hyperlipidemia and anticoagulation. In July 2003, Alberta's Dr. Tammy Bungard was part of a Canadian delegation that traveled to Chicago to participate in a focus group on anticoagulation. In March 2004, Alberta pharmacist Catherine Biggs participated in a Chicago focus group on dyslipidemia.

■ NAPRA adds value by representing Alberta's and the nation's pharmacists in consultation with

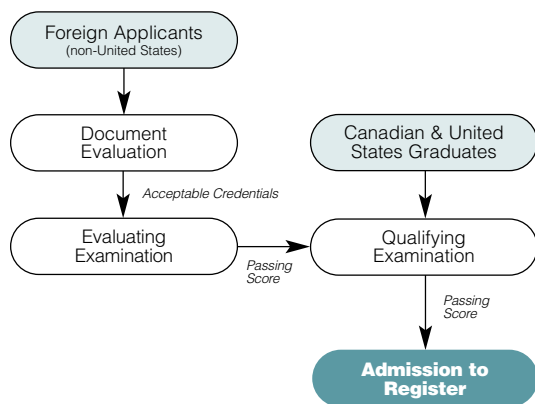
Health Canada and other federal government agencies. Resulting federal initiatives include:

- participation in Health Canada's project to develop a marijuana medical access program that could include dispensing and/or the provision of cognitive services by pharmacists;
 - development of guidelines for veterinary compounding by pharmacists and veterinarians, in cooperation with the Veterinary Drugs Directorate and other federal government departments;
 - participation in committees of the Human Resources and Development Canada occupational study of pharmacists and pharmacy technicians;
 - renewal of federal health protection legislation;
 - examination of patient safety risks due to the use of clozapine in a multi-source environment; and,
 - participation in a Health Canada task force seeking to resolve health hazards and safety risks created with look-alike/sound-alike drug product names, and the Canadian Medical Incident Reporting System.
- For more information on NAPRA and associated activities, visit the website at www.napra.org.

Report from the Pharmacy Examining Board of Canada (PEBC)

The purpose of the Pharmacy Examining Board of Canada is to evaluate 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. To that end, the board awards qualification certificates to applicants who pass a qualifying examination.

■ The certification process for registering with PEBC in 2003 was as follows:



■ In 2003, 877 names were added to the PEBC register by examination (780 in 2002).

■ Qualifying examination—A total of 1453 candidates wrote the Qualifying Examination Part I (multiple-choice questions) in 2003, compared to 1301 in 2002. A total of 1255 candidates participated in the Qualifying Examination Part II (objective structured clinical examination) at 11 sites across Canada in the spring and at five sites in the fall. In 2002, 1175 candidates challenged the exams.

■ Evaluating Examination—There was a significant increase in the number of candidates writing this examination, i.e., 933 in 2003 and 737 in 2002.

■ Document Evaluation—A total number of 783 applicants in 2003 were ruled acceptable for admission into the evaluating exam, compared to 994 in 2002.

■ The increase in the evaluating examination and qualifying examination applications and registrations in 2003 reflects the large number of foreign pharmacists who entered the document evaluation process in 2002.

■ As a result of the SARS outbreak in Ontario, PEBC conducted SARS screening for all candidates attending the spring 2003 qualifying exam and the summer 2003 evaluating exam. The Toronto site was relocated from a hospital ambulatory clinic setting to a non-hospital location.

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

The Canadian Council on Continuing Education in Pharmacy is the national coordinating and accrediting body for continuing pharmacy education (CPE) in Canada. Its members are appointed by the provincial pharmacy regulatory organizations. The council maintains that life-long learning is necessary to enable pharmacists to provide optimal patient care. CCCEP strives to coordinate activities aimed at understanding, developing, implementing, and evaluating learning. The primary goal of these activities is to foster efficient and effective learning.

■ In 2003 CCCEP accredited its first two approved providers, resulting from the pilot project developed in 2002. Hearty congratulations go to the Office of Continuing Pharmacy Education, Faculty of Pharmacy and Pharmaceutical Sciences, UofA, and to the Canadian Pharmacists Association for their successful pursuit of approved provider status in 2003.

■ Effective January 2004, CCCEP ceased facilitating distribution through the provincial continuing education offices of an annual home-study series developed by Virtual Learning Inc.

■ In November 2003, CCCEP hosted the Fourth Annual National Continuing Education Forum in Montreal. The forum, titled *Distance Learning: Quality from Start to Finish*, focused on the development of quality continuing education programs, from the establishment of learning objec-

tives through designing learning activities and on to learner assessment.

■ Personnel—Deb Barnhill, Nova Scotia delegate, continues as president; Susan Lessard-Friesen, Manitoba delegate, fills the position of vice-president; and Roberta Stasyk, Alberta delegate, is interim treasurer.

■ CCCEP's annual report is available on the CCCEP website at www.cccep.org.

Report from the Alberta Management Committee on Drug Utilization (AMCDU)/Alberta Drug Utilization Program (ADUP)

The purpose of the Alberta Management Committee on Drug Utilization is to develop and direct three drug use management initiatives: drug utilization review, academic detailing and trial prescription. In addition to the Alberta College of Pharmacists, membership includes the Alberta Medical Association, the College of Physicians and Surgeons of Alberta, the Pharmacists Association of Alberta, Alberta Health and Wellness, provincial health authorities, the College of Family Physicians of Alberta, UofA, UofC and Alberta Blue Cross (ex-officio).

■ The minister of Alberta Health and Wellness extended the AMCDU/ADUP mandate until March 31, 2006, to show provincial leadership in attaining best practices in medication use for Albertans.

■ The newsletter and technical report on anti-infective drug utilization in respiratory infections were completed in 2003, and the newsletter was distributed to approximately 10,000 Alberta pharmacists and physicians. Preliminary results from the drug utilization review (DUR) of gastrointestinal conditions (proton pump inhibitor PPI use) showed high clinical practice guideline adherence in the management of H. pylori, with

86 per cent of cases receiving the recommended combination drug therapy. In the management of gastro-esophageal reflux disease and chronic dyspepsia, a 42 per cent guideline adherence rate was observed for the recommended duration of therapy for the PPI drugs. Drug utilization reviews on the medications used for dyslipidemia, osteoporosis and chronic obstructive pulmonary disease will be completed in 2004/05.

■ The demonstration project for the academic detailing (behavioural change) initiative was expanded throughout the David Thompson Health Region in 2003. A multifaceted behavioural change model is being used, consisting of continuing education, academic detailing, opinion leader consultation and comparative feedback reports. Educational interventions were completed for the gastro-intestinal and osteoporosis clinical practice guidelines. More than 100 pharmacists and physicians participated in the osteoporosis educational programs. Plans are under way to expand the project into the Calgary Health Region in the spring 2004.

Alberta is a member of the Canadian academic detailing (AD) collaborative, along with other provincial AD programs. The collaborative's vision is to produce synergy among individual programs and achieve more efficient academic detailing processes and more effective outcomes.

■ Activity levels for the Checkpoint program (trial prescription initiative) have reached a plateau, with approximately 2,500 trials initiated and 300 discontinued. During the research for an evaluation report, AMCDU discovered that a second major pharmacy software vendor will no longer support the program. This news will result

in a further significant decline in participation levels (a potential 50-per-cent reduction). As a result, the initiative will be temporarily suspended until pharmacy documentation systems are available through Alberta Wellnet.

■ A new initiative, structured medication reviews (SMRs) by pharmacists, is being considered for 2004/05. The SMRs could be directly linked to the academic detailing initiative and/or be a replacement for the trial prescription initiative.

Report from Alberta Wellnet on the Electronic Health Record

The electronic health record (EHR) is an electronic clinical health information network that links community physicians, pharmacists, hospitals and other authorized health care professionals across the province. The EHR brings together three technology applications for easy access to the information. The three are the Pharmaceutical Information Network (PIN), the Person Directory and Laboratory Test Results History.

■ In May 2003, the *Health Information Amendment Act* repealed Section 59 of the *Health Information Act*, removing the requirement to secure patient consent before information can be shared through electronic means. This action was in response to feedback from individuals who keep and manage electronic health records to the effect that obtaining consent is an administrative burden that takes time away from patient care. The PIN project demonstrated that the majority of people consented to have their records shared by electronic means.

■ In July 2003, the EHR Implementation Advisory Group met for the first time. Representatives from the health sector, including Don Makowichuk, president, and Greg Eberhart, registrar, from ACP, comprise the group.

■ In July 2003, the EHR became accessible to existing Wellnet application users.

■ In October 2003, Premier Ralph Klein and Minister of Health and Wellness Gary Mar publicly launched the Alberta EHR. Alberta Wellnet began installing the EHR in community physician offices and pharmacies.

■ In October 2003, Alberta Wellnet received confirmation that Canada Health Infoway will invest approximately \$16 million for the province-wide deployment of PIN, a major component of the EHR. Use of PIN will result in better quality health care by ensuring that prescriptions are dispensed quickly and accurately according to the prescription, with fewer negative drug interactions.

■ In December 2003, Drumheller became the first community in Canada to link its entire medical community to a provincial electronic health record. Physicians, nurses, pharmacists, home care workers, and all other eligible health providers in Drumheller are now using the EHR to access pertinent patient information on-line.

■ In December 2003, the first physician-office software vendor successfully integrated EHR information into its product and upgraded a system in a physician office in Edmonton. Many other vendors have begun conformance-testing their integrated products.

■ By the end of January 2004, Alberta's EHR included more than 16,000 prescriptions and 3,500 users across the province.

Alberta College of Pharmacists

Financial statements [December 31, 2003]

Auditors' Report

March 5, 2004

Edmonton, Alberta

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To the members of Alberta College of Pharmacists:

We have audited the statement of financial position of the Alberta College of Pharmacists as at December 31, 2003 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, 2003 and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Kingston Ross Pasmak LLP

Chartered Accountants

Statement of Operations
Alberta College of Pharmacists

Year ended December 31, 2003

	2003	2002
REVENUES		
Membership fees	\$ 3,440,499	\$ 2,740,712
Other	169,407	212,500
Convention	102,470	100,252
Investment income	52,147	93,718
	3,764,523	3,147,182
EXPENDITURES		
Partnership administration	1,424,883	813,154
Operations	561,640	540,995
Communications	432,894	343,091
Competency	365,413	313,879
Governance and legislation	329,892	341,391
Registration and licensures	280,096	305,710
Complaints resolution	222,245	244,256
Amortization	51,349	49,217
	3,668,412	2,951,693
EXCESS OF REVENUES OVER EXPENDITURES FROM OPERATIONS	96,111	195,489
LOSS ON WRITEDOWN OF MARKETABLE SECURITIES	-	(92,449)
EXCESS OF REVENUES OVER EXPENDITURES	\$ 96,111	\$ 103,040

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Statement of Changes
in Net Assets
Alberta College of Pharmacists

Year ended December 31, 2003

	Invested in Capital Assets	Internally Restricted	Unrestricted	2003 Total	2002 Total
Balance, beginning of year	\$ 138,374	\$ 1,069,269	\$ 489,521	\$ 1,697,164	\$ 1,594,124
Excess of revenues over expenditures	(60,200)	-	156,311	96,111	103,040
Transfers	-	52,496	(52,496)	-	-
Purchase of capital assets	81,604	-	(81,604)	-	-
Balance, end of year	\$ 159,778	\$ 1,121,765	\$ 511,732	\$ 1,793,275	\$ 1,697,164

Statement of Financial Position

Alberta College of Pharmacists

December 31, 2003

	2003	2002
ASSETS		
CURRENT ASSETS		
Cash	\$ 91,325	\$ 167,383
Marketable securities (Note 2)	2,694,915	2,566,791
Accounts receivable	39,694	35,702
Prepaid expenses	80,392	59,417
Prepaid grant to Pharmacists' Association of Alberta (Note 7)	570,976	551,668
	3,477,302	3,380,961
LEGAL FEES RECOVERABLE	56,904	34,612
CAPITAL ASSETS (Note 3)	159,778	138,374
	\$ 3,693,984	\$ 3,553,947
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 134,792	\$ 168,840
Deferred revenue (Note 4)	1,765,917	1,687,943
	1,900,709	1,856,783
NET ASSETS		
Invested in capital assets	159,778	138,374
Internally restricted (Note 5)	1,121,765	1,069,269
Unrestricted	511,732	489,521
	1,793,275	1,697,164
	\$ 3,693,984	\$ 3,553,947

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Statement of Cash Flow

Alberta College of Pharmacists

Year ended December 31, 2003

	2003	2002
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from members	\$ 3,494,915	\$ 3,305,898
Cash received from projects and events	109,135	105,752
Cash received from investments	52,147	93,718
Cash received from other sources	168,404	205,707
Cash disbursements	(3,691,396)	(3,540,974)
	133,205	170,101
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of capital assets	(81,604)	(84,124)
Proceeds on disposal of capital assets	465	2,265
	(81,139)	(81,859)
NET INCREASE IN CASH AND CASH EQUIVALENTS	52,066	88,242
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	2,734,174	2,645,932
CASH AND CASH EQUIVALENTS, END OF YEAR	\$ 2,786,240	\$ 2,734,174
Cash and cash equivalents are comprised of:		
Cash	\$ 91,325	\$ 167,383
Marketable securities	2,694,915	2,566,791
	\$ 2,786,240	\$ 2,734,174

APPROVED BY THE COUNCIL



Councillor



Councillor

Notes to the Financial Statements

Alberta College of Pharmacists

December 31, 2003

Note 1

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.

General

The Alberta College of Pharmacists 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 ensures excellent pharmacist practice by setting and enforcing high standards of practice, competence and ethical conduct.

Marketable Securities

The College carries marketable securities at the lower of cost or market value and takes dividends into income as received and interest as earned.

Capital Assets

Capital assets are recorded at cost. The College provides amortization on its capital assets using the diminishing balance method at the following annual rates:

	Rate
Furniture and equipment	20%
Computer equipment	30%
Website development	30%
Automotive equipment	30%

Income Taxes

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

Deferred Revenue

Deferred membership and license fees arise from timing differences between the membership year and the fiscal year. The membership revenues are collected in advance for the period of July through June.

Other deferred revenues arise from funds collected in advance for projects that are still in progress or will commence in a future period.

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.

Financial Instruments

The College's financial instruments consist of cash,

marketable securities, accounts receivable, and accounts payable. Unless otherwise noted, it is management's opinion that the College is not exposed to significant interest, currency or credit risks arising from these financial instruments. The fair value of these financial instruments approximate their carrying values, unless otherwise noted. The College manages interest rate risk by engaging a professional investment advisor to maximize returns on the College's investments.

Measurement Uncertainty

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. Such estimates include providing for amortization of capital assets. Actual results could differ from those estimates.

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Note 2

Marketable Securities

	2003	2002
Canadian cash (Market value - \$30,244)	\$ 30,244	\$ 15,741
Canadian fixed income (Market value - \$2,255,804)	2,216,744	2,090,586
Canadian equities (Market value - \$208,516)	202,124	132,345
U.S. equities (Market value - \$312,324)	315,551	420,568
	\$ 2,764,663	\$ 2,659,240
Allowance for excess of cost over market value	(69,748)	(92,449)
	\$ 2,694,915	\$ 2,566,791

The College limits its credit risk by investing diversely in a range of different types of investments in a variety of industries.

Note 3

Capital Assets

	Cost	Accumulated Amortization	2003 Net Book Value	2002 Net Book Value
Furniture and equipment	\$ 203,046	\$ 135,167	\$ 67,879	\$ 63,649
Computer equipment	92,086	60,038	32,048	42,462
Website development	68,160	47,883	20,277	26,888
Automotive equipment	28,970	8,691	20,279	2,040
Membership database	19,295	-	19,295	3,335
	\$ 411,557	\$ 251,779	\$ 159,778	\$ 138,374

Amortization provided for in the current year totalled \$51,349; (2002 - \$49,217).
Amortization has not been taken on the membership database as it is not available for use.

Note 4

Deferred Revenue

	2003	2002
Deferred membership and license fees	\$ 1,728,425	\$ 1,647,725
Deferred competency grant	20,827	30,218
Convention	16,665	10,000
	\$ 1,765,917	\$ 1,687,943

Note 5

Internally Restricted Funds

The College has established a reserve fund for offsetting emerging, unanticipated expenses and for the development of new programs. The reserve is equal to one half year's operating expenses, defined as total expenditures for the current fiscal year less the amount granted to other organizations through Partnership Administration.

Note 6

Commitments

Effective July 1, 2001 the College signed a lease agreement for new office premises. Under the terms of the lease the College is committed to annual basic rent of \$48,695 per annum to June 30, 2006, and annual basic rent of \$62,496 from July 1, 2006 to June 30, 2011.

The College is also committed to one photocopier lease for forty-eight months that commenced in March 2001. The minimum lease payment in 2004 is \$9,433.

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

- the National Association of Pharmacy Regulatory Authorities (NAPRA);
- the Pharmacists' Association of Alberta;
- the Faculty of Pharmacy (University of Alberta);
- the Canadian Council on the Accreditation of Pharmacy Programs (CCAPP); and
- the College of Physicians and Surgeons.

Funds transferred to these partnerships are reflected in Partnership Administration.

Note 7

Related Party Transactions

The Council members of the Alberta College of Pharmacists are the shareholders of the Pharmacists' Association of Alberta.

The Association was incorporated under the provisions of Part 9 of the Alberta Companies Act. It is a non-profit organization and accordingly is exempt from payment of income taxes under the Income Tax Act (Canada).

The Association is responsible for promoting and advancing the value of Alberta pharmacists. It is also responsible for promoting a working environment for Alberta pharmacists that is conducive to quality pharmacist practice, career satisfaction and professional pride. Among other responsibilities, it will be increasingly offering programs and benefits to enhance pharmacists' professional and personal well-being.

Pursuant to an agreement between the College and the Association, the College paid the Association a grant of \$1,141,953 to support operations of the Association for the period of July 2003 to June 2004. \$570,976 of this amount is prepaid as at December 31, 2003.

Note 8

Comparative Figures

Certain comparative figures have been reclassified to conform with the current year's presentation.

Committee members

ACP Statutory Committees

Appeals Committee
Tracy Marsden, Chair
Joe Doolan
Lea Ann Luchka

Continuing Competence Committee

Margaret Baril, Chair*
Donna Pipa, Vice Chair*
Susan Haunholter*
Sandra Leung
Nadine Velasco*
Jeff Whissell
Nese Yuksel
(Dean's Appointee)*
Theresa Schindel
(Resource)
Roberta Stasyk
(Resource)*

** Members of the Practice Review Panel*

Entry to Practice Committee

Jody Shkrobot, Chair
Joyce Markson-Besney,
Vice Chair
Marlene Gukert
Karin Nadori
Vera Stepnisky
Cheryl Cox
(Dean's Appointee)
Randy Frohlich
(Resource)

Infringement Committee

Don Makowichuk
Greg Eberhart

ACP Standing Committees

Investigating Committee Pool
Committee Chairs
Don Carley
Bret Dolman
Norm Hodgson
Jim Krempien
Bonnie Oldring
Sonal Shah
Ron Welch

Other Serving Members:

Marilyn Bader
Mohamed Elsalhy
Ken Hanson
Sylvia Jackson
Donna Kowalishin
Jamie Raisbeck
Curtis Ross
Debbie Santos
Jeremy Slobodan
Mark Snaterse
Charles Wilgosh

Awards Committee

Burke Suidan, Chair
Catherine Biggs
Jeff May
Gladys Whyte

ACP Council Committees

Executive Committee
Don Makowichuk,
President
Tracy Marsden, President
Elect
Dr. Tammy Bungard,
Vice President
Burke Suidan,
Past President

Nominating Committee

Don Makowichuk, Chair
Dr. Franco Pasutto
Burke Suidan

Resolutions Committee

Dr. Tammy Bungard,
Chair
Karen Barney
Jeff Whissell

External Appointments

Partnerships with RxA
RxA Futures Committee
Greg Eberhart
Governance Review Steering Committee
Don Makowichuk
Tracy Marsden
Greg Eberhart, Resource

ACP Appointee to NAPRA

Burke Suidan

ACP Appointee to PEBC

Vera Stepnisky

ACP Appointee to CCCEP

Roberta Stasyk

ACP Appointees to Faculty of Pharmacy and Pharmaceutical Sciences Committees

Curriculum Committee
Catherine Biggs
Admissions Committee
Brad Willsey
Five-year Review of the Dean
Don Makowichuk
Faculty Accreditation Committee
Tracy Marsden
Merv Blair

ACP Appointees to Alberta Wellnet Projects

Electronic Health Record Implementation Steering Committee
Don Makowichuk
Wellnet Data Stewardship Committee
Rick Hackman
Norm Hodgson
Ramona Bosnyak
(alternate)

IM Committee

Don Makowichuk

IT Committee

Ian Bateson

PIN Working Group

Dr. Judy Baker

IM/IT Governing Council

Greg Eberhart
EHR Audit and Security Committee
Merv Blair

ACP Appointees to DUE Quarterly

Bonnie Oldring
Dr. Cheryl Wiens
Jill Moore (Resource)

ACP Appointee to Health Services Utilization Advisory Working Group

Dr. Harold Lopatka
ACP Appointee to Alberta Health and Wellness Committees
Alberta Initiative on Musculoskeletal Disorders
Catherine Biggs
Antimicrobial Resistance Project Steering Committee
Susan Fryters

ACP Appointee to the Alberta Management Committee on Drug Utilization

Board
Brad Willsey, Co-chair
Academic Detailing Demonstration Project Steering Committee
Catherine Biggs
Trial Prescription Advisory Committee
Laurie Reay

ACP Appointee to the Alberta Medical Association Clinical Practice Guidelines Advisory Committee

Rick Hackman

ACP Appointee to the Calgary Health Region Paediatric Asthma Review

Donna Galvin

ACP Appointees to the Triplicate Prescription Program Steering Committee

Don Makowichuk
Jill Moore

ACP Appointee to the Non-prescription Needle Use Steering Consortium

Jill Moore

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alberta college of
pharmacists

