



2025-26 Annual Report



Our vision

Healthy Albertans through excellence in pharmacy practice.

Our mission

The Alberta College of Pharmacy governs pharmacists, pharmacy technicians, and pharmacies in Alberta to serve, support, and protect the public's health and well-being.

Our values

The Alberta College of Pharmacy values

- **Integrity** - we are honest and demonstrate professional conduct and ethical decision-making.
- **Respect** - we invite diverse perspectives and seek to understand.
- **Transparency** - we have open and clear processes and engagement.
- **Accountability** - we accept responsibility for our decisions and actions.

The Alberta College of Pharmacy respectfully acknowledges that we operate on Treaty 6, Treaty 7, and Treaty 8 territory—the traditional lands of First Nations people—and six Métis regions. The roots of many modern medications come from the Indigenous peoples' traditional use of plants from these lands.

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The 2025-26 Annual Report presents highlights of Alberta College of Pharmacy (ACP) initiatives from March 1, 2025, to February 28, 2026.

Cover image: Michelle Thompson, pharmacy technician and operations supervisor (left)
Jessica Hadfield, pharmacy owner and licensee

Message from the president and registrar

It's been another important year for the Alberta College of Pharmacy (ACP). During the past 12 months, ACP has implemented a new continuous quality improvement program for community pharmacies (CQI+), revamped our Continuing Competence Program, introduced new rules for Structured Practical Training, and amended the college bylaws, which included significant changes to how regulated members run and vote for Council.



Patrick Zachar, President

At the same time, our Council and leadership team developed our 2026-28 Strategic Plan. After achieving success with our ambitious 2021-25 Strategic Plan, ACP changed gears slightly in our approach to the upcoming plan. This time, we developed a three-year plan (as opposed to five years), less focused on operational goals and objectives and more focused on elevating the role that pharmacy plays within Alberta's health system, enabling quality pharmacy practice in all settings, and being ready for what the future will bring.

The 2026-28 Strategic Plan is more than a set of goals; it is a roadmap to help us stay strong for the future, ensuring we can continue to serve Albertans and meet their changing healthcare needs. While our methods and focus may evolve with the system, we remain steadfast in our commitment to patient safety and quality care.

This strategy is rooted in a process of deep listening to pharmacy professionals and the Albertans who rely on them. However, that listening does not stop with the development of the plan. We believe that a responsive regulator is one that never stops learning from the people it serves.

Strategic planning is important work—we are proud of the effort we have put forth to develop it. But now is when the real work begins, to put the plan into action and deliver on our goals and objectives for the next three years and beyond.

In our annual report, you can read more about our work to develop our plan, learn about the important initiatives that were implemented this past year, and discover what these initiatives look like in practice and how they benefit Albertans.

We would like to thank pharmacy professionals for accepting the challenge, participating in developing our standards, and committing to practising to the standards to provide quality health services to Albertans.


We invite you to stay in touch, to ask questions, to provide feedback, and to share your unique perspectives. Your voice is essential as we bring this new strategic plan to life and ensure the safe future of pharmacy in our province. Please reach out to us at info@abpharmacy.ca to share your contributions. The listening will always continue.



Brad Willsey, Registrar



Patrick Zachar
President



Brad Willsey
Registrar

Council



Patrick Zachar
Pharmacist
President



Murtaza Hassanali
Pharmacist
President-Elect



Paul Gustafson
Pharmacist



Asad Kashani
Pharmacist



Nina Dueck
Pharmacy Technician



Stephen Mandel
Public Member



Nicola von Hoensbroech
Public Member



Jason West
Public Member



Carmen Wyton
Public Member

ACP Council governs the practice of pharmacists and pharmacy technicians (regulated members) and the operation of licensed pharmacies in Alberta. Council includes 50 per cent regulated members (five pharmacists and two pharmacy technicians) elected by their peers, and 50 per cent public members, appointed by the Minister of Primary and Preventative Health Services.

Council seeks to govern regulated members in a manner that protects and serves the public interest, while ensuring the integrity of the pharmacist and pharmacy technician professions.

Note: Patrick Thomson served as president July 2025-March 2026, ending with his resignation from Council. Past-president Patrick Zachar assumed the role of president for the remainder of the term. A special election will be held to fill two regulated member vacancies on Council: one pharmacist and one pharmacy technician.

Not pictured: Patrick Thomson (pharmacist), Kirsten Shead (pharmacy technician), Larry Loven and Karen Stone (public members).

The vision for a modern, high-performing, and future-ready pharmacy sector

ACP's 2026-28 Strategic Plan

The mandate of a regulator is clear: to set standards, monitor practice, and protect the public interest. At ACP, patient safety and quality care have always been—and will always remain—our focus. However, the world in which we live has fundamentally shifted, and more than ever, ACP recognizes that our approach to regulation must be deeply informed by the reality of health care in Alberta today.

Over the past year, ACP has undertaken an extensive journey of listening. We wanted to understand the experiences of both those who provide care and those who receive it. We heard from over 1,000 Albertans and 900 pharmacy professionals. We have learned about regulated members' successes and challenges and about the high level of trust the public has in their pharmacy teams. We have also learned about gaps in the public's access to and experiences with health care. These insights gave us a clearer dimension of the work ahead.

From our surveys, focus groups, environmental scanning, and other research, we see a landscape rapidly changing through the evolution of such trends as artificial intelligence, self-serve care models, and virtual care. No regulator can predict the future with perfect certainty. However, what ACP can do—and what our strategy demands—is to ready ourselves with the internal strength to monitor these changes and respond to them dynamically. Our role is to ensure that as the pharmacy professions evolve, our regulatory "gateposts" remain, safeguarding professional judgement and public safety amidst constant change.

We have realized that we cannot protect the public interest in isolation. To ensure Albertans receive safe, high-quality care, we must first ensure the healthcare system has the capacity to support those providing it.

ACP's 2021-25 Strategic Plan provided a strong foundation and advanced several priorities within ACP's direct influence. These included creating modernized, person-centred standards; elevating practice related to new regulated members; ensuring the ongoing competence of all regulated members; and building a foundation for data intelligence to inform decision-making.

The 2026-28 Strategic Plan strives for a balanced approach, emphasizing clear priorities, sufficient resourcing, and a focus on long-term impact. Our three strategic goals are as follows:

Goal 1: Elevate pharmacy's role within Alberta's healthcare system.

Goal 2: Enable quality care in pharmacy practice.

Goal 3: Anticipate and support the future of pharmacy practice.



This plan will set a clear roadmap for ACP, aligning the college's mission, vision, and values with specific objectives for measurable success. ACP envisions a modern, high-performing, and future-ready pharmacy sector where pharmacists and pharmacy technicians are fully integrated into Alberta's healthcare system. ACP will enable an agile, innovation-minded regulatory framework that supports pharmacy professionals to consistently deliver quality person-centred care.

Highlights



Highlights

ACP launches CQI+

CQI+, ACP's continuous quality improvement program, took effect on February 1. CQI+ is designed to improve the safety and quality of pharmacy care in Alberta. It helps community pharmacy teams take a proactive approach to patient safety, supports shared learning when practice incidents or close calls occur, and strengthens the overall safety culture in pharmacies across the province.

A key part of CQI+ is the use of technology. Pharmacy teams must use an online continuous quality improvement (CQI) platform to manage, record, and analyze practice incidents, close calls, and safety trends. Practice incidents and close calls are shared anonymously to a national database called the National Incident Data Repository for Community Pharmacies (NIDR). By learning from incidents across Canada, pharmacy teams can put better safety strategies in place to benefit both patients and staff.

Another requirement of CQI+ is that pharmacy teams have access to an online safety self-assessment tool. Pharmacy teams must complete a safety self-assessment at least every two years, or within six months of a licensee change, whichever comes first.

Community pharmacy teams must also establish a site-specific CQI program that includes policies and procedures, staff training, incident and close-call analysis, action plans based on that analysis, and quarterly CQI team meetings. These meetings provide regular opportunities for the team to discuss and reflect on safety in the pharmacy.



Compounding and repackaging policy change takes effect

On April 1, the following policy changes for Alberta compounding and repackaging (C&R) licensed pharmacies took effect:

- An Alberta C&R pharmacy **must only** compound or repackage drugs for an entity that is a licensed or institution pharmacy located **in Alberta**.
- An Alberta community or satellite pharmacy **must only** receive compounded or repackaged drugs from a C&R pharmacy licensed **in Alberta**.

Collectively, this means that compounded and repackaged drugs cannot be provided from other jurisdictions to licensed pharmacies in Alberta, nor can compounded and repackaged drugs be provided by licensed pharmacies in Alberta to those in other jurisdictions.

There are two exceptions to this policy. The Northwest Territories (NWT) and Yukon currently have no C&R pharmacies available to provide these services. Council approved special exceptions to allow C&R pharmacies in Alberta to provide compounding and repackaging services into NWT and Yukon in exceptional cases. This allows Alberta C&R pharmacies to help pharmacies in NWT and Yukon meet patients' needs.

Vishranti Pandya, pharmacy owner and licensee



Sharing for safety

Vishranti Pandya has a lot going on in her pharmacy.

A pharmacist owner and licensee at a downtown Calgary Shoppers Drug Mart, her pharmacy is just blocks away from a large supportive housing complex for individuals who have experienced mental health concerns, addictions, and homelessness. She faces constant challenges ensuring her team can deliver person-centred care to a diverse population with complex health needs. But despite everything going on, she makes time for safety above all else.

“Whoever is working in pharmacy, it doesn’t matter if they are an assistant, a student, a pharmacy technician, a pharmacist, they all care about patient care,” she said.

“The last thing they want to do is to dispense the wrong medication. That’s everyone’s nightmare, right?”

Even before ACP’s CQI+ program was created, Vishranti was using safety culture to build a collaborative environment. All staff, including unregulated employees, were given access to the pharmacy’s practice incident management software.

“If a pharmacy assistant encounters a practice incident or close call, they don’t have to wait for me or someone else to come in and do the reporting,” she said. “They go right in and document everything.”

With everyone sharing the documentation load, it leaves more time for pharmacists to assess patients. And reporting everything in the software has helped her as a licensee to monitor and improve her team’s workload.

“Let’s say around a certain time I’m seeing more practice incidents and close calls,” said Vishranti. “Maybe I need to put one or two extra team members in, so that also helps me as a business owner to adapt workflow in the organization so that we can provide great patient care.”

When ACP announced the CQI+ program, Vishranti was an early advocate who saw not just the efficiency advantages, but the opportunities to learn lessons from other pharmacies.

“We can easily relate; this could have happened to us, too,” she said. “How about let’s implement a little change so that we don’t make the same error at our pharmacy?”

Vishranti worked with ACP to promote the program as it launched, and ended up becoming a source of education for other pharmacy professionals in her organization and community. Her workflow innovations were a key point that she passed along.

“All of Shoppers had been using practice incident management software for years, but a lot of pharmacy assistants were not assigned a login,” she said. “So that was something new that I was able to share with my organization.”

Even other pharmacy teams in her community reached out for advice, which Vishranti was more than happy to provide.

“I’m glad that people were keen about it, they took it seriously,” she said. “They read the articles, they read the guide, they were asking questions.”

Vishranti is especially excited now that every pharmacy in Alberta has joined the program and are reporting to the National Incident Data Repository for Community Pharmacies (NIDR). She constantly advocated to her fellow pharmacy professionals to look at CQI+ as an opportunity, not a task.

“This is not just for your own team but for other pharmacies,” she said. “Every time you document a practice incident or a close call, you’re giving all the pharmacies across Alberta and Canada an opportunity to learn.”



Verity Ouellette, pharmacist

The Walk Club

How a pharmacy team supports patients, one step at a time.

Receiving a cancer diagnosis can be one of the most stressful and isolating experiences of a person's life. With a worrying prognosis, patients are often left with overwhelming fear and a multitude of questions while they wait for specialist appointments, surgeries, and doctor visits.

Aside from pamphlets and online searches, these patients have limited options for support to help them navigate this unplanned and challenging new chapter.

The Jack Ady Cancer Centre pharmacy team (based in the Chinook Regional Hospital in Lethbridge) made it their mission to offer some much-needed support for their patients with an innovative approach: the Walk Club.

This drop-in club invites patients anywhere on their cancer journeys to join a weekly walk where pharmacy team members meet up with patients to take a stroll, answer questions, and connect. For over a year, the club has met every week, rain or shine.

Pharmacist Verity Ouellette took charge of the Walk Club early in 2025 and it quickly became her passion project.

“We know that exercise is one of the most effective things we can do outside of traditional treatment to help reduce cancer recurrence, plus many common medications have long-term side effects like joint pain and fatigue and the best thing for these symptoms is movement,” said Verity. “There is so much scientific evidence showing how beneficial movement and exercise are to prevent reoccurrence, improve outcomes, and support general well-being.”

Despite the benefits, it can be challenging for patients to get moving. Verity recognized that challenge and saw an opportunity to offer more than advice.

“When we call a patient and hear that they’re tired and they’re hurting, instead of just telling them, ‘You’ll feel better if you exercised more,’ we can give them a social prescription and say, ‘Come join us,’” she said. “We created the answer we were looking for.”

Every week, a few members of the pharmacy team meet at the Centre and patients have a standing invitation to join in when they can.

“It’s a drop-in program, so people aren’t pressured to attend,” said Verity. “I always joke that it’s a walk club, not a run club—the idea is to create a space where people feel welcome and can go at their own pace.”

Whenever possible, the group walks outside to enjoy the benefits of fresh air and sunshine, but even during a snowstorm, they still meet up—they just move their walk indoors. The number of patients who join every week fluctuates, but for some, it is a priority to be there every week.

Patient Catherine Darnell was referred to the group early on in her cancer journey and she has been attending regularly ever since.

“I started with the group just when I was in the diagnosis stage,” said Catherine. “I had the chance to get to know the pharmacy team at the Jack Ady Cancer Centre even before I had my surgery.”

For Catherine, finding the Walk Club was just what she needed in a difficult time.

“There’s something about being out walking with someone that really stimulates conversation,” she said. “One of the best things about doing this walk is that only two people can walk side by side on the sidewalk, so as the walk progresses, you end up switching between who you’re walking next to. Sometimes you’re walking next to a pharmacist, sometimes another pharmacy team member, sometimes another patient. Those different perspectives really helped me get a sense of what to expect and gave me some peace of mind.”

Verity finds that those meaningful connections can be crucial for patients.

“Patients really appreciate connecting with people who understand what they’re going through during what can typically be a pretty isolating, overwhelming time,” said Verity. “Sometimes they come out and they ask questions about their health and sometimes they just need to vent about what they’re going through. It’s a safe space where everybody is either excited for them or commiserating with them.”



Verity understands how important that support can be from personal experience.

“The Walk Club is particularly meaningful to me because I’m actually eight years into my own cancer journey,” said Verity. “So I’ve been through a lot of what these patients are going through. I know that talking about it is tough, but I also know it can be incredibly valuable.”

Verity said she is able to bring her personal experience to her role to help her build professional relationships with patients.

“It gives me a perspective beyond clinical knowledge and lets me approach things from a different direction,” she said. “I can offer my clinical expertise as a pharmacist, but I’m also sharing insights from my own journey. I feel like it’s a really good way for me to help turn what was arguably the worst time of my life into something valuable for others.”

Verity recognizes that her approach with the Walk Club would not work in every pharmacy, but she encourages other pharmacy teams to think creatively about how to support patients.

“The Walk Club is just one example of something that’s not too overwhelming to get up and running,” said Verity. “It’s great to find opportunities for interactions to be casual, supportive, and in a setting outside of the traditional clinical setting. I think it all comes down to empathy, availability, and consistency.”

She said the connections she’s able to form in this setting have allowed her to provide better care for patients.

“It helps build trust and helps patients see us as more approachable and understand that we’re invested in their overall well-being, not just in their medications. That trust carries back into their care,” she said. “They’re more likely to see us as partners in their care.”

For Catherine, the support she has found in the Walk Club has made her health journey less intimidating.

“By the time I really got into the thick of my treatment, I already knew so many people at the hospital. I’d be greeted by name and the pharmacy team all knew where I was at in my treatment stage,” said Catherine. “It’s pretty rare that you get to spend quality time with health professionals who have that kind of expertise. I’m just blown away by their generosity with their time and their attention.”

Making things easier for patients like Catherine makes all of the effort worth it for Verity.

“We’re trying to create a space where people are safe, comfortable, celebrated, and supported,” she said. “It’s really affirming to hear from patients that this group has a positive impact for them because they’re the heart of why we’re doing this—these connections remind me why this work matters.”



New Structured Practical Training programs

Council approved rules for new Structured Practical Training (SPT) programs for pharmacists and pharmacy technicians. SPT allows provisional regulated members to practise their skills in a supervised practical environment. Successful completion of SPT by provisional pharmacists and provisional pharmacy technicians allows new regulated members to confidently enter practice as independent professionals.

The practical experiences in the new SPT programs will include activities and assessments based on the updated Professional Competencies for Pharmacists and Pharmacy Technicians at Entry to Practice in Canada (developed by the National Association of Pharmacy Regulatory Authorities) and ACP's new standards.

One key change in the new SPT rules is that pharmacist graduates from a Canadian pharmacy program, accredited by the Canadian Council for Accreditation of Pharmacy Program (CCAPP), are no longer required to complete SPT if the graduate meets all other entry-to-practice requirements and applies to the clinical pharmacist register within one year of graduation.

The new SPT program for pharmacists became available in May. The new SPT program for pharmacy technicians is scheduled to launch in the summer of 2026.

Bylaw amendments approved

Elections

Council approved changes to the ACP Bylaws regarding elections. Council districts for pharmacists and pharmacy technicians have been rescinded. Previously, one pharmacist in each of five districts (Edmonton, Calgary, northern Alberta, central Alberta, and southern Alberta), one pharmacy technician from northern Alberta, and one pharmacy technician from southern Alberta were elected to Council by their peers in their respective voting districts.

This change means regulated members from anywhere in Alberta may apply for nomination when a seat on Council (within their respective profession) becomes available for election, regardless of where the regulated member lives or practises.

Another key change to the election procedures is to allow any eligible regulated member to vote in elections for both pharmacist and pharmacy technician positions on Council. In other words, eligible pharmacy technicians can vote in elections for a pharmacist position, and eligible pharmacists can vote in elections for a pharmacy technician position.

These changes will take effect in the next Council election in 2026. Council members elected prior to July 1, 2025, will remain in their positions for the balance of their terms.

In addition, the Council election cycle has been amended. Beginning in 2026, Council elections will conclude in May to allow newly elected Council members to attend the June Council meeting as observers. This serves as an ideal opportunity for a preliminary introduction of new Council members to their roles and responsibilities.

Council will still consist of five elected pharmacists, two elected pharmacy technicians, and seven public members appointed by the Minister of Health.

Council committees

Council approved another series of amendments to the bylaws, including

- discontinuation of the Executive Committee;
- removal of the Executive Member-at-Large position;
- transfer of the responsibilities of the Executive Committee to the Officers, Governance Committee, and Council through its Executive Limitations policies; and
- amendment of the dates for nomination processes and election procedures.



Advice to the Professions

ACP published three Advice to the Professions documents to support regulated members in providing pharmacy care to Albertans.

Administering injections to patients

As of February 1, 2025, pharmacists with authorization to administer drugs by injection may provide subcutaneous and intramuscular injections to patients two years of age and older, provided they have had the appropriate training. With this new age group in mind, ACP published a new Advice to the Professions.

The document includes advice relating to the requirements for authorization to administer drugs by injection, gaining informed consent of patients, assessment and documentation, and responding to and reporting adverse events from injections of drugs or vaccines.

There is also a section that provides advice specifically about providing injections to two- to four-year-old children, including obtaining the necessary training to provide injections for this age group, age-appropriate injection techniques, and techniques to minimize pain and anxiety.

Making a connection

Before providing patient care, regulated members must establish effective professional relationships with patients. These relationships are the foundation of person-centred care and, when properly developed and maintained, enable effective communication, collaboration, and transparency.

In October, ACP created a new Advice to the Professions that outlines what regulated members need to know about professional relationships, including how they support person-centred care, how clear communication helps to build them, and what barriers can prevent or damage them.

Working with other regulated health professionals

As more pharmacies in Alberta look to incorporate the services of other regulated health professionals to collaborate and expand patient care, it is important for licensees and pharmacy teams to understand the additional complexities involved.

ACP created a new Advice to the Professions that outlines

- what oversight is required for restricted activities and how to ensure other health professionals are appropriately authorized;
- how policies, procedures, and CQI+ processes must reflect expanded services to mitigate risk; and
- how to determine when other health professionals are part of the pharmacy team versus practising independently in a shared premises.

Community pharmacies enabled to provide privately purchased COVID-19 vaccines

In October, community pharmacies were enabled to provide patients with privately purchased COVID-19 vaccines. Pharmacists were reminded that before providing private COVID-19 immunizations, they should first inform patients if they qualify for a publicly funded vaccine.

Kyung-Ok (Anne) Oommen, pharmacist, and Liz Ferguson, patient



A human connection

In 2023, patient Liz Ferguson ended up at Terwillegar Park Pharmacy in Edmonton by chance.

“It was one of the closest pharmacies to the house and it was open that day,” said Liz. “I thought the pharmacist, Anne, was lovely, so I thought I might as well transfer everything there.”

Over the next couple of years, Liz found herself turning to her pharmacist, Kyung-Ok (Anne) Oommen, for more of her healthcare questions and needs.

“Any chronically ill person like me knows that the healthcare system can be complicated and scary. Having access to a healthcare professional like Anne who is always there to answer questions and listen, it takes a weight off my shoulders,” said Liz. “It’s one less thing I have to worry about every day.”

For Anne, the connections she forms with patients are just as meaningful for her.

“Those genuine connections are little nuggets of gold when you can genuinely connect with and help someone,” said Anne. “For me to go to my job and have those moments all the time, it’s something I really cherish, and I think that really keeps me motivated.”

To Liz, what stands out the most about Anne’s approach to providing care is her communication.

“Every time I go in to pick something up or I call to refill something, she’ll ask me how I’m feeling, how I’m doing, and she listens and she remembers. Feeling heard and having that support is really important to me,” said Liz.

That open communication is the cornerstone of Anne’s practice.

“My approach is kind of creative and flexible because that’s the only way to treat a unique person, but it’s always centred around the human connection,” said Anne. “A genuine relationship builds the groundwork for really good honest communication about a patient’s life and how medications might fit into that picture.”

Anne added that the extra effort to get to know a patient goes a long way.

“Even a few questions about a patient’s personal life can really inform their care. I find it’s helpful to ask questions that might not even be pharmacy related because it could impact how they’re going to take their medicine or how they’re going to tolerate it,” said Anne. “For example, finding out a patient has a newborn baby and they’re very sleep deprived might help to inform their care.”

Liz agreed that considering the patient’s perspective can make all the difference.

“Honestly, the small things that Anne does really make a difference. One time my benefits wouldn’t cover one medication I needed for severe digestive issues so Anne found something else that would be covered that would work just as well for me,” said Liz. “That was a small change but a huge help because it meant I could avoid another trip back to the doctor, another waiting up to two weeks for an appointment, another trip back to the pharmacy. It’s just all taken care of and I can start getting better.”

Anne summarized that, in the end, it all comes back to person-centred care.

“I think if you have the courage to step into a patient’s world to see them as people, not just patients, that makes all the difference to help personalize their care.”

Changes to healthcare legislation

In December, the provincial government passed several pieces of legislation that affect healthcare regulation and practice.

Bill 9: Protecting Alberta's Children Statutes Amendment Act

This Bill amends Bill 26, the *Health Statutes Amendment Act, 2024* (No. 2), in relation to gender-affirming care for minors. Bill 9 puts into force two sections added to the *Health Professions Act* (HPA): Section 1.92 (prohibition against certain drug prescriptions for gender dysphoria or incongruence) and 1.93 (Ministerial Order to authorize prescriptions for minors). These sections came into force on January 7, 2026.

Sections 1.92 and 1.93 prohibit regulated members from prescribing Schedule 1 drugs to a minor for the purpose of hormone therapy, including puberty suppression and hormone replacement therapy, for the treatment of gender dysphoria or incongruence with several exceptions as described in Ministerial Order 31/2025. These exceptions include continuing existing treatment that began on or before January 7, 2026; continuation of treatment for those who started treatment while living outside of Alberta; new prescriptions from authorized prescribers for those aged 16 and 17 years; renewing or modifying existing prescriptions; and treatment for those diagnosed with a disorder of sexual development.

What does this mean for pharmacy teams?

- Regulated members can dispense prescriptions for hormone therapy for minors aged 16 or 17 years old for gender incongruence or gender dysphoria that are prescribed in accordance with the Ministerial Order.
- Regulated members may, where appropriate, adapt valid prescriptions for hormone therapy for minors aged 16 or 17 years old for gender incongruence or gender dysphoria by
 - renewing to ensure continuity of care; or
 - altering the dosage, formulation, or regimen.
- For the purpose of this legislation, regulated members may not substitute another drug that is expected to have a similar therapeutic effect. Any change in drug class constitutes a new prescription and must meet all applicable requirements and approvals.
- Pharmacists may not prescribe hormone therapy for minors aged 16 or 17 years old for gender incongruence or gender dysphoria at initial access, to manage ongoing care, or in the case of emergency.

Bill 10: Red Tape Reduction Statutes Amendment Act, 2025 (No. 2)

This Bill amends the *Fair Registration Practices Act* to prohibit regulatory bodies from requiring Canadian work experience (or work experience tied to Canada) as a registration condition unless approved by the Minister for public safety reasons.

As ACP does not require Canadian work experience as a registration condition, no changes are planned.

Bill 11: Health Statutes Amendment Act, 2025 (No. 2)

This Bill includes amendments to several acts, including the HPA. One amendment restricts mandatory education requirements under a college's continuing competence program (CCP). The HPA now states that if a CCP includes a requirement for regulated members to complete specified education or training, the education or training must relate only to maintaining professional competence or ethical standards for the practice of the regulated profession. If a CCP includes specified education or training, a council must, within 18 months after the coming into force of this section, establish a process for regulated members to apply for an exemption from the specified education or training. An exemption may be issued, on terms and conditions that are appropriate and consistent with the objectives of the specified education or training, and may include a requirement for alternative specified education and training.

ACP will review our CCP requirements to ensure compliance with the new legislation within 18 months.

Bill 13: Regulated Professions Neutrality Act

This Bill protects the off-duty freedom of expression of all regulated professionals in Alberta. Regulators cannot discipline members for expressive conduct outside of work unless it involves threats of physical violence, boundary violations, misuse of a professional position, certain types of sexual conduct, improper or inappropriate communication with minors, or criminal convictions. The Bill also requires regulators to remain neutral and prohibit preferential treatment based on specific personal characteristics, including race, sex, religion, political beliefs, or gender identity. It also prohibits regulators from requiring mandatory education or training related to certain matters.

ACP will review its internal processes, including standards and CCP requirements, to achieve compliance with the new legislation once it comes into force.



Ministerial Order for sale of ephedrine and pseudoephedrine

Health Canada issued an Order Establishing Supplementary Rules Respecting the Sale of Natural Health Products Containing Ephedrine or Pseudoephedrine (“the Order”), which came into force on May 18.

The Ministerial Order supersedes rules outlined in the Interim Order Concerning the Sale of Certain Natural Health Products Containing Ephedrine or Pseudoephedrine, which was introduced in 2024 and was set to expire on May 17. The rules in the Order ensure that only pharmacists (or individuals working under the supervision of pharmacists) may sell natural health products (NHPs) containing non-combination ephedrine and/or pseudoephedrine products (i.e., single-entity products), and only where such products are otherwise not accessible to the public (e.g., behind the counter at a pharmacy, similar to the storage and some of the sale requirements of Schedule 2 products). However, these non-combination products do not require additional Schedule 2 product sale requirements, such as an assessment of appropriateness or a documentation of sale on the patient record.

For Alberta pharmacy teams, this means that these non-combination products are not Schedule 2 products. However, these products must remain for sale behind the counter and out of public access.

Combination ephedrine and/or pseudoephedrine products can be sold at the pharmacy in the self-selection area, where a pharmacist is available, at the request of a purchaser or consumer, to discuss the product prior to purchase, similar to the storage and sale requirements of a Schedule 3 product.

Health Canada noted that the Order is necessary because NHPs containing ephedrine and/or pseudoephedrine are at risk of misuse such as for the purposes of performance enhancement and weight loss, and are at risk of diversion for the illegal

production of methamphetamine. Ephedrine and pseudoephedrine became unscheduled by the National Association of Pharmacy Regulatory Authorities (NAPRA) as of June 28, 2024. NAPRA has been removing NHPs from its National Drug Schedules (NDS) since 2019 through a stepwise, risk-based approach. These two products represented the last two remaining NHPs on its NDS.

Smoothing out the renovation process

Over the past several years, ACP has received an increased number of pharmacy renovation applications. Renovating a pharmacy is a major undertaking that can be stressful for the pharmacy’s owner and licensee. There are many important steps that must take place to ensure compliance with regulatory requirements.

To help licensees and owners navigate their way through these steps, ACP developed a Pharmacy Renovation Guide. This resource provides a detailed overview of what to expect through the stages of

- planning a renovation,
- submitting the renovation application in myACP,
- application review and decision,
- completing renovations, and
- the renovation inspection.

Before any pharmacy renovates, their application must be approved by ACP.

Following the steps in the guide helps ensure a much smoother application and approval process for everyone involved.



Tana Yoon, pharmacy technician



Trailblazer takes the lead

Pharmacy technician Tana Yoon of Calgary is always prepared to take on a new challenge. Her range of roles has included frontline pharmacy technician, leader, manager, educator, speaker, assessor, and certifier.

Most recently, Tana became the first pharmacy technician to serve as president of the Canadian Council for Accreditation of Pharmacy Programs (CCAPP).

“It feels really exciting and a little nerve wracking. It’s an example of breaking a historic professional barrier by stepping into a role that’s been traditionally held by pharmacists,” she said. “I think I’m going to learn a lot and want to provide valuable contributions.”

Tana is eager to work with other pharmacy leaders at a time of growth and change for CCAPP.

“It’s a fantastic opportunity for me to be able to work alongside academics, leaders, representatives from many pharmacy organizations, and the CCAPP team,” said Tana. “I’m extremely grateful to be at the table as we work on a new three-year strategic plan, develop an online accreditation platform, and enhance information sharing, among other priorities. CCAPP’s pharmacy education standards are truly the backbone for helping to ensure we have competent and forward-thinking pharmacy professionals.”

As president, Tana looks forward to contributing the varied expertise she has acquired over the course of her 35-year career.

“I’m really thankful for my varied background in pharmacy and I think it should help set me up for success in this leadership role because it gives me a more comprehensive and holistic view of the pharmacy world,” she said. “I think that the more facets of pharmacy that you’ve practised in, the easier it is to understand and address some of those unique challenges that pharmacy professionals face in different roles and settings.”

As the first pharmacy technician at the helm, Tana also hopes to advocate for and support her pharmacy technician peers.

“I’m hoping to demonstrate the value of pharmacy technician contributions and maybe break some stereotypes that limit technicians to more supportive roles,” she said.

Encouraging her pharmacy technician peers to expand their knowledge and skills, work to full scope, and pursue professional and leadership opportunities has been a career-long passion for Tana.

“As pharmacy technicians, we have to seize opportunities to showcase our abilities and to participate as effective and collaborative leaders in pharmacy,” she said. “I really hope that I can influence and empower other pharmacy technicians to aim high.”

For Tana, leadership roles have many benefits, including opportunities to pursue personal development, to collaborate with her peers, and to have an impact on the pharmacy landscape, but her main priority in her role as CCAPP president is simple: to make a difference for Canadian patients.

“It’s very rewarding to have a purpose and make a difference, even if it’s indirect or very small,” she said. “Being involved in these decisions and having the chance to have positive impacts on patients is really what it’s all about.”

Spring 2025 ACP Connect: Leadership in the pharmacy

In April, ACP welcomed over 300 regulated members to the spring 2025 ACP Connect sessions in Edmonton, in Calgary, and online. ACP reviewed practical advice for effective leadership for licensees and pharmacy team members.

Topics for discussion included the importance of leadership in times of change, an overview of the licensee's role and a summary of some helpful licensee resources, leadership considerations related to the implementation of ACP's new standards, and an overview of ACP's new continuous quality improvement program, CQI+. The session ended with a 30-minute Q&A panel where the presenters answered questions from in-person and virtual attendees.

ACP extends our thanks to everyone who was able to join us for these important conversations and we look forward to gathering again for the next ACP Connect sessions.

ACP updates privacy policy

ACP released an updated privacy policy, rewritten with simplified language and a cleaner layout so that it can be more easily understood by regulated members and the public. The update better defines ACP's purposes for collecting information to satisfy the college's obligations as a health regulator. Language within the policy is fully aligned with current *Personal Information Protection Act* (PIPA) requirements.

The update also reduces optional consent categories that regulated members can be contacted about to the following:

- **Member recruitment** – opportunities for information from relevant member associations.
- **Practice-based research** – opportunities to participate in pharmacy or health-related research.
- **Professional development** – opportunities for education related to pharmacy practice.



Accountable to you



Professional practice

ACP's professional practice team measures, tracks, supports, and works to improve the work of pharmacists, pharmacy technicians, and pharmacy practice settings. The team uses information they collect to understand practice trends and identify areas that may need new or updated policies from ACP.

The professional practice team is made up of pharmacy practice consultants (PPCs), who are pharmacists, and sterile compounding assessors, who are pharmacy technicians. They act as field officers and inspectors under the *Health Professions Act* (HPA) and the *Pharmacy and Drug Act* (PDA). Their work includes inspecting pharmacy operations, checking how pharmacy teams provide care, and completing non-routine inspections when ordered by the registrar.

The team uses quality improvement, quality assurance, and quality control methods to find gaps in meeting standards, support better practice, and recommend solutions to help pharmacy teams meet or exceed expectations. Their goal is to make sure pharmacy services are safe and provide high-quality care to the public.

Achievements in 2025

The professional practice team completed assessment consistency training on the new standards. This training focused on the consistent interpretation of prioritized domains within the standards, including person-centred care. This training helps the team complete consistent inspections for each pharmacy.

In November, a post-assessment survey for licensees gathered feedback after routine inspections and follow ups were completed. The survey helped licensees evaluate how their pharmacies sustain quality improvement in their pharmacy practices and operations. Results reported positive feedback, especially about how PPCs support pharmacy teams in making and sustaining changes in their practices.

The team also supported education, awareness, and implementation of CQI+, assisting licensees in understanding the program's purpose, expectations, and requirements for establishing and maintaining continuous quality improvement processes.

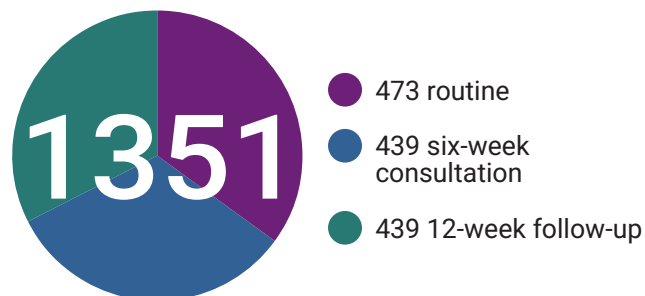
The professional practice director continues to participate in the National Association of Pharmacy Regulatory Authorities (NAPRA) compounding standards working group, which is revising national sterile and non-sterile compounding standards. ACP, regulated members, and other interested parties participated in a public consultation in early 2026.

Pharmacy inspections

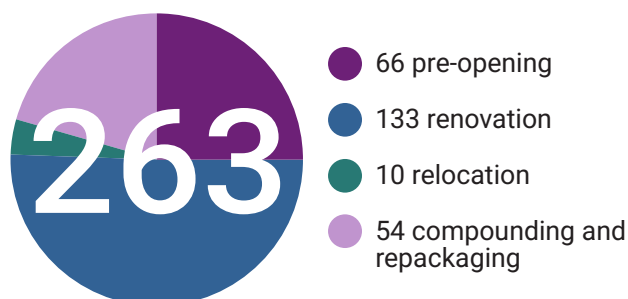
Routine inspections

Routine inspections focus on pharmacy teams' compliance with ACP's standards. PPCs also conduct six-week consultations and 12-week follow-up inspections to monitor improvement and provide support in meeting the standards.

Routine inspections (1,351 total)



Licensing inspections (263 total)



Sterile compounding inspections

As of February 2025, sterile compounding inspections moved from a three-year cycle to a two-year cycle to address compliance issues in a timelier manner and enhance public safety. The practice team completed consistency training in sterile compounding in November.

The professional practice team completed 27 sterile compounding inspections, including 11 follow-up inspections. These inspections ensure proper facilities, policies, procedures, and training exist within pharmacies that perform sterile compounding. This provides assurance that Albertans receive a safe supply of compounded sterile preparations.

As a result of these inspections, two pharmacies were informed that they did not meet standards related to quality and patient safety. The number and severity of their deficiencies required that they cease sterile compounding. These pharmacies transitioned their patients as seamlessly as possible to other pharmacies that could provide sterile compounding safely according to standards.

Non-routine inspections

The registrar ordered 28 inspections under Part 3.1, section 53.1-53.4 of the HPA and Section 21 of the PDA for the following key concerns:

- Deficiencies cited by Health Canada for practices and operations not in compliance with the Narcotic Control Regulations, the Benzodiazepines and Other Targeted Substances Regulations, and Part G of the Food and Drug Regulations.
- Pharmacies identified by Alberta Blue Cross as being most frequently non-compliant with the Ministerial Order for the Compensation Plan for Pharmacy Services.
- The lack of competencies of a pharmacist to undertake licensee responsibilities based on a site-specific review of their practices and operations and the expected competencies detailed in the ACP Licensee Competencies Framework.
- Inappropriate provision of virtual care when in-person care was required.

- Practices and operations related to the compounding of sterile preparations specific to lack of regular certification of equipment, hoods, and rooms; lack of training of regulated pharmacy professionals in sterile compounding; lack of oversight from compounding supervisors; poor aseptic technique; and microbial growth that was not investigated and for which preventive actions were not taken.
- Practice and operations related to the removal of conditions to enable compounding to other pharmacies under a compounding and repackaging licence. Specific concerns remained including the lack of
 - cleanliness of hoods and equipment,
 - master formulation records,
 - risk assessments and compounding records for compound preparation,
 - training of regulated and unregulated staff performing non-sterile compounding, and
 - documented quality control and quality assurance procedures.
- Practices and operations specific to lack of patient assessment and use of evidence-based processes to support clinical decisions related to prescribing and dispensing, lack of documentation, and concerns about the regulated member's ability to fulfill the responsibilities of a licensee.

The professional practice team addressed these concerns and, depending on the merits of each case, other actions ordered by the registrar included referral back to the professional practice team for quality improvement support and monitoring, imposing conditions on the pharmacy licence, referral to the Practice Improvement Program for further review, referral to the complaints director for further investigation, or some combination thereof.

Highlights and trends

Successes

- Pharmacist-led clinics continue to be widely available, supporting Albertans' growing need for accessible primary care services. As challenges in accessing family physicians and other primary care providers persist, more patients are turning to pharmacist-led care, and expectations for the scope and quality of pharmacist services have increased. While primary care services such as prescribing at initial access can be offered in any pharmacy, pharmacist-led clinic spaces offer enhanced consultation spaces, improved patient flow, and expanded assessment tools, supporting pharmacists in delivering comprehensive care within their legislated scope. PPCs continue to assess these patient service areas, focusing on advertising, role clarity, and compliance with standards and legislation to ensure that clinics accurately represent the care pharmacists can provide and operate safely within their authorized scope.
- More pharmacies have implemented Netcare Real Time Integration (RTI) into their pharmacy software, demonstrating steady progress toward meeting the July 1, 2026, requirement. RTI enhances pharmacy teams' ability to access accurate, up-to-date patient medication histories, directly supporting clinical decision-making across a wide range of services.
- Most pharmacies now obtain compounded drugs through an agreement with a compounding and repackaging pharmacy. Many licensees have reported positive experiences with opting out of

on-site compounding while maintaining patient access to compounded products. PPCs continue to educate pharmacy teams on safe and compliant compounding practices.

- Pharmacies continue to enhance workflow systems to support safer practices and reduce the risk of errors during product selection, including the adoption of paperless workflows. In addition, community pharmacies that obtain medications from compounding and repackaging pharmacies have improved processes to ensure appropriate final checks of repackaged products prior to dispensing. PPCs continue to reinforce the importance of safe workflow design and the regulatory requirement for a final check before medications are dispensed.
- Many pharmacists have completed additional training to administer drugs by injection to younger patients between the ages of two to five years. While application so far is limited, this will position pharmacies in Alberta to further support access to care for younger patients and their families.
- Pharmacy teams continued to respond to public health needs for immunization by providing publicly funded influenza and privately purchased COVID-19 vaccines. For COVID-19 immunizations, pharmacy teams helped patients navigate whether they were eligible for publicly funded vaccines provided by Alberta Health Services.



Challenges

- Use of documentation assistance tools continues to grow in pharmacy practice. However, concerns remain regarding the quality and accuracy of documentation produced through these programs. Generative artificial intelligence (AI) tools may produce assessments or records that appear complete but do not accurately reflect the pharmacy team’s clinical reasoning or the patient-specific plan. Instances of generalized, non-individualized documentation have been observed, raising concerns about clinical appropriateness, accountability, and alignment with standards. PPCs continue to educate regulated members about the importance of maintaining patient-specific documentation and the appropriate, compliant use of automated documentation tools, with a particular focus on the accurate reflection of person-centred care plans discussed with the patient.
- Drug shortages continue to cause stress for Albertans and pharmacy teams. Pharmacy teams continue to collaborate with patients and other healthcare professionals to provide timely care. When considering alternative therapies and methods to provide care, pharmacy teams must remain aware of their scope of practice and the effectiveness, safety, and appropriateness of the chosen therapy.
- Appropriate use of virtual care remains a challenge for pharmacy teams. PPCs continue to emphasize that virtual care should complement regular in-person care and should not be provided for patient convenience or business-driven reasons. As emerging service models evolve, pharmacy teams must remain mindful that virtual care is



intended to support and not replace appropriate in-person assessment and must align with the standards to ensure safe, person-centred care.

- Many pharmacies continue to face challenges in maintaining a full complement of pharmacists, contributing to increased workload, burnout, and occasional last-minute temporary closures. Licensees note that the cost of relief pharmacist support can be prohibitive and, when used, temporary coverage may not consistently match the quality and continuity provided by regular staff.
- Pharmacy teams continue to have challenges consistently applying opioid assessments as per the ACP Guidance for the Assessment and Monitoring of Individuals Using Opioid Medications and assessment and documentation standards. Barriers include a lack of time for pharmacists to communicate and assess opioid therapies, a lack of understanding about the requirements for opioid assessments, and a lack of value placed on this commitment by regulated members. Pharmacy practice consultants continue to assess for compliance and support quality improvement to establish the value of opioid assessments for pharmacy teams, patients, and the public.



Jessica Hadfield, pharmacy owner and licensee



Michelle Thompson, pharmacy technician operations supervisor

Better workflow, better care

The difference an operations supervisor makes to the pharmacy team.

When Pharmasave Valleyview owner and licensee Jessica Hadfield offered pharmacy technician Michelle Thompson the position of operations supervisor, the news was welcome, but Michelle already had a feeling it was going to happen.

“I wasn't totally surprised—I'm not going to lie,” said Michelle. “Jessica had been hinting at it.”

What Jessica was hinting about was an opportunity made possible when ACP's new Standards for the Operation of Licensed Pharmacies (SOLP) came into effect on February 1, 2025. Included in the standards was the introduction of the operations supervisor role, which empowers regulated members to take a leadership role in the pharmacy. This concept was added to the SOLP to enable licensees to delegate administrative, managerial, and operational duties to a pharmacy technician or pharmacist designated as an operations supervisor.

Jessica offered Michelle the role as soon as the standards came into effect.

"It's funny because I had actually been asking the college about why we couldn't have pharmacy technicians as managers for many years before that," said Jessica. "I saw it as a need. I find that many pharmacy technicians already have many leadership responsibilities. Michelle has been with me since we opened, going on 10 years. She's the foundation of our team."

"I saw it as a need. I find that many pharmacy technicians already have many leadership responsibilities."

While the pharmacy's licensee must be a pharmacist and is still ultimately responsible for meeting the requirements of the standards and the legislative framework, the operations supervisor provides support by managing the day-to-day operations of the pharmacy. This important leadership role requires the training, expertise, and authority of a regulated pharmacy professional.

"I've taken on some human resources responsibilities including preparing the schedules and hiring pharmacy assistants. I also help Jessica with updating our policy and procedure manuals, month-end reports, and more," said Michelle. "Plus, I have my pharmacy technician duties."

Jessica notes that while the operations supervisor position could be held by any regulated member, it just makes sense for a pharmacy technician to perform the role, based on their training, skills, and experience.

"Pharmacy technicians have the ability to keep the workflow going and to make sure things get done," said Jessica. "Why do you need a pharmacist to make a schedule for your pharmacy technicians? Pharmacy technicians know what's needed to maintain a proper workflow and they have a strong pulse on the timelines needed to get things accomplished. Many have previously been pharmacy assistants, so they understand what's required of an assistant, where a pharmacist doesn't always have that background, so we sometimes have unrealistic expectations. Pharmacy technicians are the ones running the operations behind the scenes anyway, so the operations supervisor role just makes sense."

Jessica says Michelle has skills beyond her pharmacy technician credentials that make her the perfect fit to be operations supervisor at her pharmacy.

"She's so organized, she's great at training, and she's very patient and detail-oriented," said Jessica. "She's also good at using other people's knowledge. She was previously a pharmacy assistant, so she understands when a pharmacy assistant's opinion can be valuable. She involves the team members. She also understands the importance of freeing up the pharmacist."

That's another important aspect of a pharmacy technician assuming this role. It allows the pharmacists on the team to focus on their clinical duties and less on pharmacy operations.



“Living in the north, we have a really hard time recruiting pharmacists,” said Jessica. “Trying to run four pharmacies as an owner, it can be quite a struggle. To have Michelle there to perform the operations supervisor role is a huge stress load off of me. Now I can not only focus on my other pharmacies as an owner, but also when I’m practising as a pharmacist, I can just focus on patients.”

While adding a pharmacy technician as an operations supervisor is an advantage for pharmacy teams, ultimately, it’s the patient who benefits in the end.

“I think better workflow management makes a big difference to patients,” said Jessica. “The patient can now be seen by the pharmacist, spend more time with them, and get their questions answered. You now have a pharmacist freed up to prescribe or conduct medication reviews. You get more of that quality one-on-one time. That leads to better interactions with patients. Instead of being rushed, I can spend the time because I have a team that is organized and flows.”

Because of the benefits—to the patient, to the pharmacist, to the pharmacy technician, and to the entire pharmacy team—Jessica and Michelle are both thrilled ACP created this leadership opportunity and hope that more community pharmacies put this role into practice.



“I know it can be a little bit daunting for a pharmacy technician to take on these responsibilities and for a pharmacy owner or licensee to give up that role,” said Jessica. “Notoriously, we all like to have our own little box and we don’t want anyone else to step in it. But I think it’s important that we encourage every team member—whether it’s a pharmacy technician, a pharmacist, or a licensee—to practise to their full scope for the sake of their own job satisfaction, to benefit the pharmacy team, and to support quality patient care.”

“It is a big step forward for pharmacy technicians and it really makes sense,” added Michelle. “It feels good to be able to help out as much as you can. Pharmacy technicians should push for more responsibilities as much as they can within their scope of practice. It just helps everyone.”



Registration

ACP's registration team ensures only qualified individuals and pharmacies are admitted to, and continue on, registers administered under the *Health Professions Act* and the *Pharmacy and Drug Act*. The team assesses applications for registration, annual practice permits, and licences; including when conditions or restrictions may be warranted. Registration also oversees ACP's Structured Practical Training (SPT) program (see Highlights section), the Jurisprudence Learning Module, the Ethics and Jurisprudence Exam, and the Licensee and Proprietor Education Program (LPEP). The team evaluates and reports on each of these programs on an annual basis.

Trends

ACP's registration team continues to experience a significant number of renovation applications. In 2023 and 2024, respectively, there were a total of 119 and 174 renovation applications received by the registration team. In 2025, 123 renovation applications were received. In many instances, pharmacies are adding more private consultation space to provide direct patient care to Albertans.

Also, the growth in the number of pharmacy technicians registered continues to outpace the growth in the number of pharmacists.

Highlights

LPEP

The new LPEP was launched in October 2024 to ensure licensees' and proprietors' knowledge is current, and that they understand their specific roles and responsibilities.

The LPEP includes three different programs, with each targeting a specific audience: new or prospective licensees, experienced licensees, and proprietors. All pharmacists applying to be the licensee of a new or existing pharmacy require evidence of completion of the relevant program of the LPEP. Completion of at least one program within the new LPEP was required of all licensees and proprietors prior to renewing their pharmacy licence for 2025-26. Completion of the LPEP helps ensure licensees and proprietors are equipped to

meet ACP's standards and, ultimately, ensure their pharmacy is operated, and practice occurs, in a safe and effective manner.

Upon completion of the LPEP, those surveyed agreed that they understand the licensee role as it relates to management, professionalism, leadership, and clinician roles; they can identify competencies and behaviours that are foundational to the licensee role; and they are confident in their ability to lead and manage a pharmacy.

Registration changes due to new standards

When ACP's new standards took effect on February 1, 2025, it led to significant changes in the registration of some regulated members and how some pharmacies operate:

- Regulated members with appropriate training and authorization to administer drugs by injection may provide injections for children two to four years of age. As of December 31, 2025, 1,371 pharmacists received confirmation from ACP that they may administer injections to this age group.
- Community pharmacy teams that choose to provide access to compounding services through an agreement with a compounding and repackaging pharmacy must declare to ACP that they are no longer compounding on site. As of December 31, 2025, 507 licensees (representing 28 per cent of community pharmacies) notified ACP that they do not compound preparations on site.
- To ensure alignment with the new standards, ACP updated its Foundational Requirements: Guidelines for Opening and Operating a Licensed Pharmacy document. This document helps licensees and proprietors understand and comply with the requirements prior to opening and operating a licensed pharmacy, and helps ensure that their pharmacy remains in compliance with the legislative framework.

New reinstatement policies

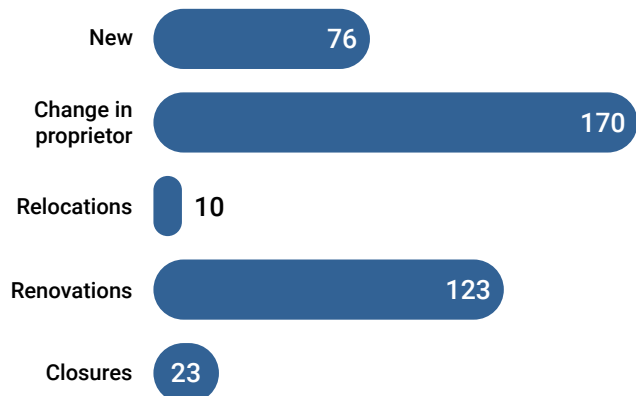
The new policy states that those who have been inactive for less than three years and are not currently practising in another Canadian province or territory must complete all of ACP's prescribed learning activities for their profession for each year they were inactive.

They must also provide proof of completion of 15 accredited continuing education units (CEUs) per year of inactive status to a maximum of 30 CEUs.

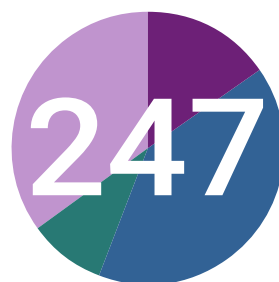
For those who have been inactive for more than three years, they must complete ACP's Jurisprudence Learning Module and Ethics and Jurisprudence Exam once they have been reinstated to the provisional register. Those not currently practising in another Canadian province or territory must also complete prescribed learning activities for the preceding three years and provide proof of completion of 30 accredited CEUs. Once reinstated to the provisional register, they must also complete the SPT program.

To support those applying for reinstatement, a new reinstatement module was added to ACP's online learning platform, Academy.

Changes in licensed pharmacies

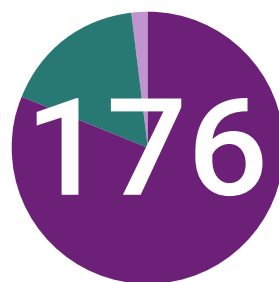


Total licensed pharmacies



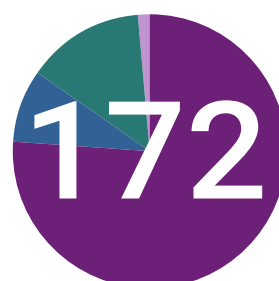
New provisional pharmacists

- 38 U of A* graduates
- 100 LMAs**
- 23 graduates of other Canadian universities
- 86 internationally educated



New pharmacy students

- 143 U of A*
- 30 other Canadian universities
- 3 internationally educated



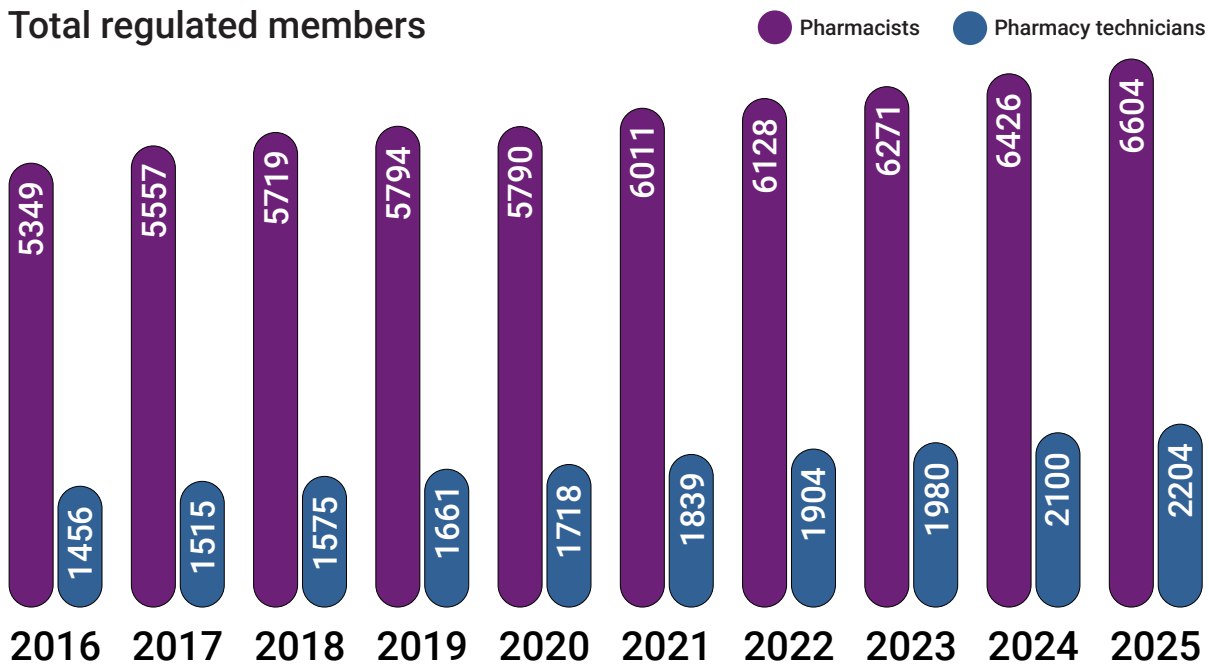
New provisional pharmacy technicians

- 131 Alberta graduates
- 15 LMAs**
- 24 graduates of other Canadian programs
- 2 internationally educated

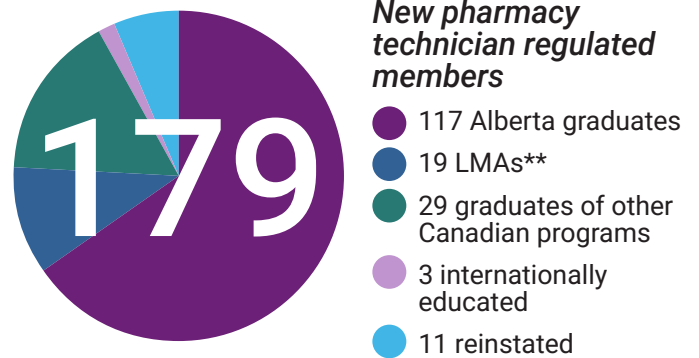
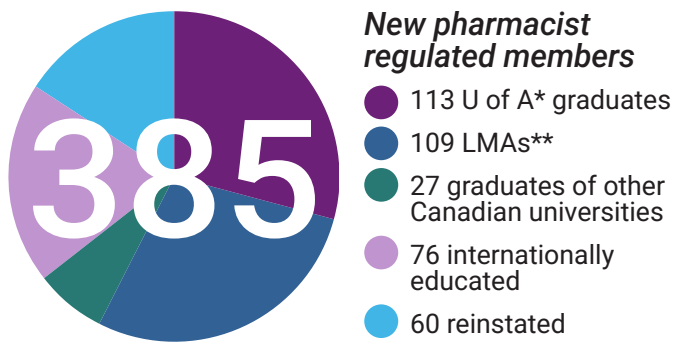
* University of Alberta Faculty of Pharmacy and Pharmaceutical Sciences.

** Pharmacy professionals transferring to Alberta under the *Labour Mobility Act*.

Total regulated members

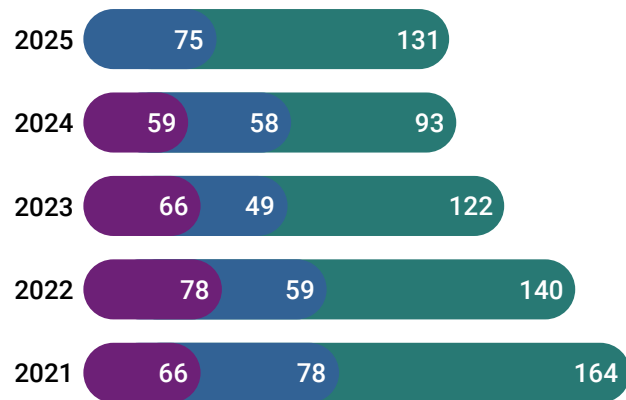


Additions to the register

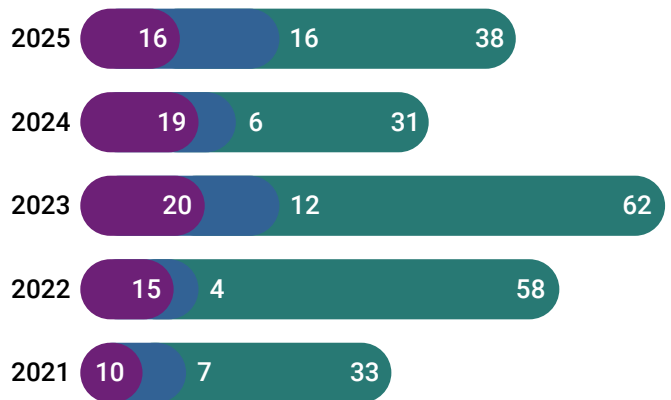


Regulated members who became inactive

Pharmacists



Pharmacy technicians



● Became associate***
 ● Retired
 ● Cancelled or did not renew

*** An associate is a non-regulated member of ACP who has ceased practising as a clinical pharmacist or pharmacy technician, but has not yet retired or cancelled their registration. The associate register for pharmacists was rescinded in 2025. The associate register for pharmacy technicians was rescinded in January 2026.

Competence

An important responsibility for self-regulated health professionals is to maintain their professional competence. To achieve this, regulated members keep up with changes in their field, staying current with their professional knowledge. ACP's Continuing Competence Program (CCP) helps regulated members maintain competence by

- requiring yearly professional learning and reflection on professional activities,
- conducting competence assessments, and
- offering the Practice Improvement Program (PIP).

ACP's Competence Committee guides how the CCP is developed and maintained. The committee has eight members: five pharmacists and three pharmacy technicians, all appointed by Council. The committee carries out its duties as outlined in the *Health Professions Act*.

Each year, regulated members must complete annual requirements to be able to renew their practice permits.

Evolved CCP

The 2024-25 CCP cycle for pharmacists and pharmacy technicians marked the final year regulated members completed the requirements under ACP's previous CCP. These requirements included the submission of a professional portfolio consisting of learning records and an implementation record, and the completion of prescribed learning activities.

In 2025, ACP introduced an evolved CCP, which is more user friendly, shifts the focus from learning and implementing to a more holistic appreciation of professional development, and better recognizes the differences between the pharmacy professions. The evolved CCP empowers regulated members to focus on the learning activities that are important to their practices.

As with previous cycles, regulated members complete and document self-directed learning activities and prescribed learning activities directed by the Competence Committee within each annual CCP cycle.

Under the evolved CCP, regulated members submit these activities to ACP, reflecting on them through the lens of ACP's tenets of professionalism.

The evolved CCP became available for pharmacists in July 2025 and for pharmacy technicians in January 2026.

Competence assessments

The Competence Committee may require a regulated member to undergo an assessment to evaluate the regulated member's competence. Competence assessments are directed when the committee is concerned that a regulated member may not be consistently meeting the standards in their professional practice or as a measurement to help determine if a regulated member has improved their professional practice in a certain area. Some examples of competence assessments include the evaluation of a professional portfolio, a practice review, and a practice visit.

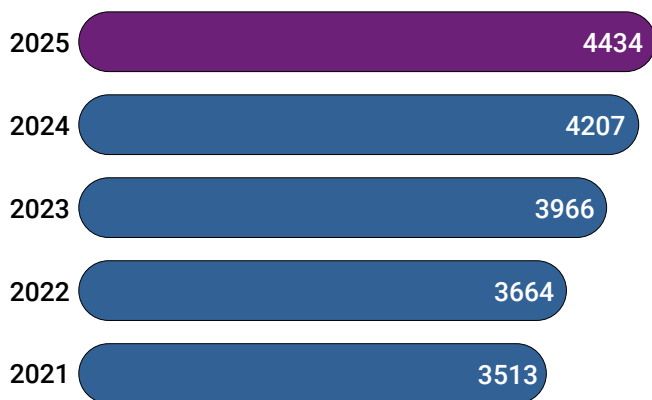
Of the competence assessments of pharmacists completed in 2025, some common areas requiring improvement among those assessed included patient assessment, documentation, and using evidence to support clinical decision-making. Very few pharmacy technicians required a competence assessment, as most were able to meet program standards either on their own or through support provided from the ACP competence team.

Required learning

The prescribed learning activity for pharmacists this year focused on ACP's Standards of Practice for Virtual Care. Upon completion of the activity, pharmacists surveyed felt the content of the prescribed learning was relevant to their role, they could identify clinical situations where virtual care is appropriate, and they could evaluate the considerations involved when providing virtual care.

As with previous cycles, regulated members complete and document self-directed learning activities and prescribed learning activities directed by the Competence Committee within each annual CCP cycle. In the evolved CCP, regulated members now reflect on self-directed activities through the lens of ACP's tenets of professionalism. Their reflections are documented and submitted to ACP.

Pharmacists with additional prescribing authorization



Pharmacists with additional prescribing authorization (APA) can prescribe medications when patients first seek care or manage ongoing drug treatment after assessing the patient. Pharmacists apply for APA by submitting patient cases they have worked on in their clinical practice. Pharmacist peer assessors evaluate these applications.

Pharmacists with authorization to administer drugs by injection



Practice Improvement Program

Regulated members identified as not meeting practice standards may be referred to ACP's Practice Improvement Program (PIP). Referred regulated members work with the ACP competence team and the Competence Committee to create and follow a personalized plan to improve aspects of their practice. The Competence Committee assigns activities to help regulated members learn and strengthen their skills.

Since the PIP was introduced in 2022, 17 regulated members have participated, with 13 completing the program, three others still active, and one retired. Participants work to improve in areas such as documentation, patient assessment, follow up, developing and maintaining professional relationships with patients, using good judgement, collaboration, and prescribing. Activities for participants include online modules, workshops, and peer coaching. Competence assessments are used to evaluate improvements over time.

Feedback indicated that most participants feel supported by the PIP and found peer coaching and workshops to be useful. Participants also feel more confident, have improved their skills and practice, and have a renewed sense of optimism.

Completion of the PIP has led to regulated members better using standards and guidelines than before and consistently providing more person-centred care complete with consistent monitoring and follow-up of patients. This will lead to more consistent experiences for patients.

Academy

ACP's new online learning management platform, Academy, launched in the spring of 2025. Academy was designed from the ground up to centralize all educational experiences for regulated members. Among the programs and education materials available in Academy are the CCP, Structured Practical Training program, Preceptor Training, the Practice Improvement Program, the Licensee and Proprietor Education Program, and an archive of past learning activities.

Complaints

When someone uses pharmacy services in Alberta, the pharmacy team typically provides safe, high-quality care and meets expectations. When this doesn't happen, patients, other health professionals, or the college can bring their concerns to ACP's complaints team.

Concerns fall into two main types:

Issues of public concern (IPCs): These are handled by ACP by working directly with both the person making the complaint and the pharmacy professional involved.

Formal complaints: These are more serious and require a full investigation to determine if there are findings of unprofessional conduct. After the investigation, these complaints may be sent to a Hearing Tribunal to make a final decision.

ACP's complaints process is built on fairness, objectivity, timeliness, thoroughness, and transparency. Whenever possible, ACP uses a quality improvement approach to resolve concerns. This includes educating pharmacy professionals about person-centred care and helping them learn best practices, so similar issues are less likely to happen again.

The complaints team also helps the person who raised the concern understand what the investigation found, what factors led to the issue, and what steps will be taken to prevent similar problems in the future.

Highlights and trends

The 11 formal complaints carried forward from 2024 were resolved in 2025. Four matters were referred to Hearing Tribunals and seven were resolved by the complaints director.

ACP received fewer concerns and complaints in 2025 than the previous year. In 2025, pharmacy teams began implementing ACP's continuous quality improvement program (CQI+). This focus on pharmacy teams taking additional steps in preventing, responding to, analyzing, and learning from practice incidents and close calls has contributed to the reduction in concerns and complaints. Also in 2025, "privacy" was added as a new category type for formal complaints and issues of public concern. This

category type was added to address a rise in matters involving the unauthorized access of health information by pharmacy professionals. Adding "privacy" as a category type has allowed ACP to better monitor, respond to, and address the root causes of these concerns.

Public expectations of regulatory bodies are continuing to shift. While ACP's complaints team resolves concerns to the general satisfaction of most complainants and respondents, the college has committed to continuous improvement in its processes. In 2025, the complaints team continued its commitment to working closely with complainants and respondents to achieve their satisfaction. This move towards resolving more matters outside sometimes lengthy investigations and disciplinary hearings has allowed many matters to be resolved more efficiently and effectively, in keeping with the guidance and example provided by the Courts and Alberta's Ombudsman.

ACP received 24 new formal complaints in 2025 compared to 49 in 2024. Of those received in 2025, 20 were resolved during the year and four were still under investigation as of December 31. Of the 20 resolved complaints, one was forwarded to a Hearing Tribunal, compared to seven of 38 cases that went to hearing in 2024. The decreasing relative percentage of formal complaints forwarded to a hearing over the past several years has been a result of ACP working with complainants and respondents to find alternate means of resolution in which the respondent was still accountable for their conduct and the public was protected.

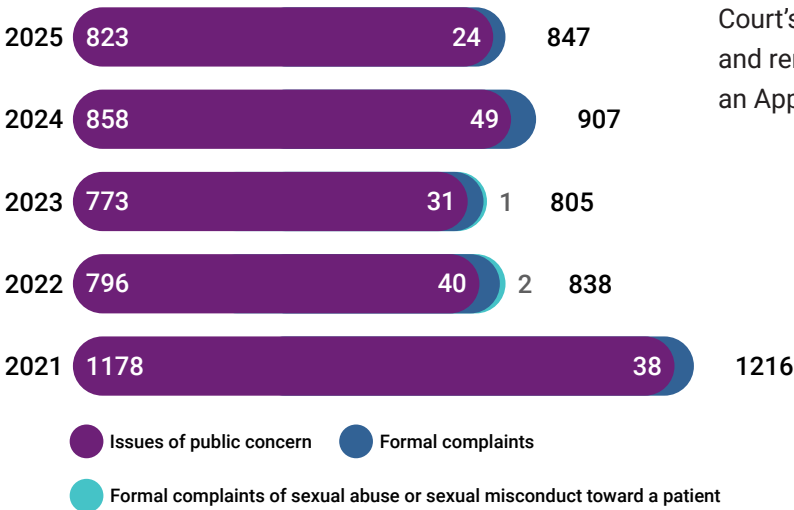
Of the 823 issues of public concern received in 2025, there were two distinct issues that significantly contributed to this total. ACP, working with a pharmacy chain, identified and corrected a pharmacy dispensing software issue that resulted in numerous pharmacies dispensing refilled prescriptions beyond their authorized limit. Second, the Tracked Prescription Program (TPP Alberta) identified concerns with several compounded dispensing records being upload to the Alberta Electronic Health Record (Netcare) with unclear or inaccurate data. It was determined that a technical issue with the pharmacy dispensing software used by multiple pharmacies inadvertently created these compounded dispensing records. ACP, TPP Alberta, Netcare, the pharmacies, and the pharmacy software vendor worked together to resolve the issue and correct the records.

The Complaint Review Committee (CRC) was asked to review two formal complaints in 2025. In one matter, the complaints director’s decision to dismiss the formal complaint was upheld. In the other matter, the CRC determined that it did not have jurisdiction to hear the complainant’s application for review, and the matter was closed.

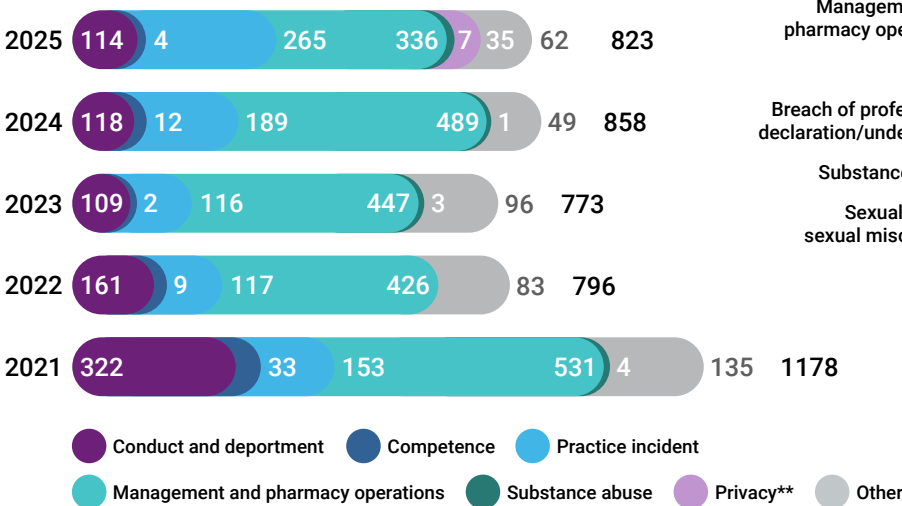
In 2025, the complaints director did not order any regulated members be assessed or to cease providing professional services due to incapacity.*

ACP received no formal complaints alleging sexual abuse or sexual misconduct toward a patient in 2025. Two separate Appeal Panels of Council affirmed two previous Hearing Tribunal decisions from 2020 and 2022 alleging sexual abuse or sexual misconduct to be well founded. Both matters have been appealed to the Alberta Court of Appeal. One of the sanctioned regulated members has been suspended from practice since April 2020 and this matter is scheduled to be heard by the Alberta Court of Appeal in April 2026. The other matter was heard by the Alberta Court of Appeal in December 2025. In January 2026, the Court’s decision quashed the findings of sexual abuse and remitted other professional conduct matters back to an Appeal Panel of Council.

Complaints received

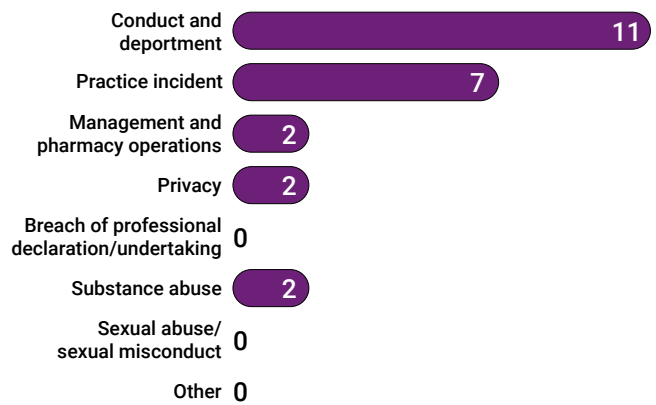


Issues of public concern by type



Formal complaints by type

(of the 24 received in 2025)



* Section 118 of the *Health Professions Act* indicates that if a complaints director has grounds to believe that a regulated member is incapacitated, whether or not a complaint has been made, the complaints director may direct the regulated member to submit to specified physical or mental examinations and to cease providing professional services until such time as the capacity assessment report is received and the complaints director is satisfied the regulated member is no longer incapacitated.

** Privacy was added as a new type in 2025.

No complainants accessed the college's patient relations program in 2025. The program is a requirement of the *Health Professions Act* (HPA). It avails third-party counselling services to patients who bring forward complaints about sexual abuse or sexual misconduct by a pharmacist or pharmacy technician.

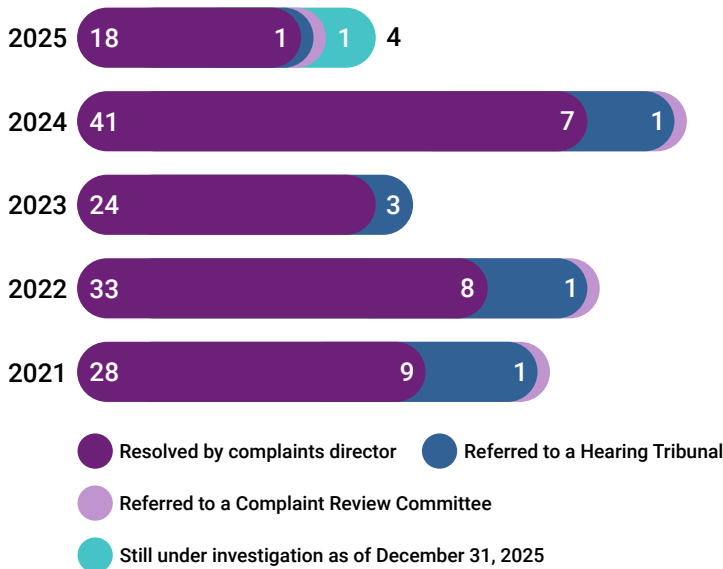
Hearings

Hearing Tribunals assembled to adjudicate conduct hearings include an equal number of regulated members and government-appointed public members, all of whom have completed hearing tribunal training and are supported by independent legal counsel.

Hearing Tribunals issued decisions on six cases in 2025, compared to seven in 2024. All hearings were held via video conference.

All upcoming hearing notices are posted on ACP's website. Hearing decisions and orders are posted on ACP's website for 10 years from the date of the final written decision.

Final disposition of complaints



Auditor's report





KPMG LLP
2200, 10175 – 101 Street
Edmonton, AB T5J 0H3
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Fax (780) 429-7379

INDEPENDENT AUDITORS' REPORT

To the Council of the Alberta College of Pharmacy

Opinion

The summary financial statements of Alberta College of Pharmacy (the Entity), which comprise:

- the summary statement of financial position as at December 31, 2025,
- the summary statement of operations for the year then ended,
- and related notes

are derived from the audited financial statements of Alberta College of Pharmacy as at and for the year ended December 31, 2025 (audited financial statements).

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial statements, in accordance with the criteria disclosed in Note 1 in the summary financial statements.

Summary financial statements

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the Entity's audited financial statements and the auditor's report thereon.

The summary financial statements and the audited financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with the criteria disclosed in Note 1 in the summary financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard 810, Engagements to Report on Summary Financial Statements.

Chartered Professional Accountants
Edmonton, Canada
April 23, 2026

KPMG LLP, an Ontario limited liability partnership and member firm of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee. KPMG Canada provides services to KPMG LLP.

Summary Statement of Financial Position

December 31, 2025, with comparative information for 2024

	2025	2024
Assets		
Current assets:		
Cash	\$ 3,979,006	\$ 3,238,944
Investments	7,449,124	6,580,494
Accounts receivable	33,711	43,292
Prepaid expenses	190,419	186,297
	11,652,260	10,049,027
Legal fees recoverable	281,922	248,798
Investments	4,131,586	4,102,355
Property and equipment	1,772,146	1,950,669
	\$ 17,837,914	\$ 16,350,849
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 286,847	\$ 298,439
Deferred revenue	6,497,107	5,975,193
Current portion of deferred lease inducement	36,868	36,869
	6,820,822	6,310,501
Deferred lease inducement	92,170	129,039
	6,912,992	6,439,540
Net assets:		
Internally restricted	1,886,000	1,886,000
Invested in property and equipment	1,643,106	1,784,768
Unrestricted	7,395,816	6,240,541
	10,924,922	9,911,309
	\$ 17,837,914	\$ 16,350,849

On behalf of the Council:



Patrick Zachar
Councillor



Murtaza Hassanali
Councillor

Summary Statement of Operations

Year ended December 31, 2025, with comparative information for 2024

	2025	2024
Revenue:		
Registration, annual permit and license fees	\$ 11,604,563	\$ 11,015,112
Investment income, net	1,044,103	1,032,695
Other income	608,843	473,809
Legal fees assessed	101,488	217,898
	13,358,997	12,738,794
Expenditures:		
Operations	3,597,467	3,581,819
Professional practice	2,581,156	2,510,067
Registration and licensure	1,488,943	1,416,614
Governance and legislation	1,208,145	1,132,865
Competence	1,180,946	1,126,137
Complaints resolution	1,088,109	1,118,823
Communications	648,813	666,085
Amortization	346,251	325,447
Partnership administration	205,554	209,847
	12,345,384	12,087,704
Excess of revenue over expenditures	\$ 1,013,613	\$ 651,090

Notes to the Summary Financial Statements

Year ended December 31, 2025

1. Basis of presentation:

Management is responsible for the preparation of the summary financial statements. The summary financial statements are comprised of the summary statement of financial position and the summary statement of operations, and do not include any other schedules or a summary of significant accounting policies. The summary statement of financial position and summary statement of operations are presented with the same amounts as the audited financial statements

Complete financial statements are available on the ACP website.

Recoognition



Honorary Life Membership

Honorary Life Membership awards are presented to current or former regulated members who, in the opinion of Council, rendered distinguished service to the practice of pharmacists or pharmacy technicians.

Greg Eberhart



If you're a pharmacist or a pharmacy technician, there is a good chance you'll find Greg Eberhart's signature on your registration certificate. Greg retired in December 2024 after a total of 35 years as registrar of ACP and its predecessor, the Alberta Pharmaceutical Association (APhA). There is no question that Greg's lasting impact on Alberta's pharmacy landscape more than earned this recognition.

Greg started his pharmacy career in 1979 when he graduated from the University of Alberta's Faculty of Pharmacy and Pharmaceutical Sciences and started practising in community pharmacy. He did not see the leadership potential in his new profession right away, but things changed.

"In the mid-1980s, there was debate in Alberta about pharmacy ownership and the role of pharmacists in owning pharmacies," said Greg. "This was an important issue and it was the first time I engaged in provincial advocacy related to pharmacy."

Greg always believed that the only way to make a real difference was to become actively involved in the discussion.

"I felt that I had a responsibility to get involved and contribute to my profession," he said.

Greg served as a member of Council for APhA until 1990, when there was a career opportunity that would present a real chance to make a difference: the registrar of APhA.

"When the position came up, I mused about applying, but really doubted myself," said Greg. "Eventually, my wife, Kathie, pushed me. She asked me what I had to lose in applying and encouraged me to apply and let other leaders determine whether I was the best one for the role."

For the next 35 years, Greg dedicated his professional life to advancing pharmacy practice and working towards the best pharmacy care possible for Albertans. Looking back at the milestones and the accomplishments over the course of Greg's tenure, it is clear that there are few who have left a greater impact in the world of pharmacy.

Greg was instrumental in developing the role statement for pharmacists that became part of the *Health Professions Act*, led the transition that split APhA into two organizations (ACP and the Alberta Pharmacists' Association), was a key contributor to opening the door for pharmacists to prescribe medications and administer drugs by injection, and led the way for pharmacy technicians to become regulated health professionals in Alberta in 2011.

More recently, under Greg's leadership, ACP developed new standards which moved the emphasis from dispensing drugs to providing patient care. These momentous achievements all centre on empowering pharmacy technicians and pharmacists to practise to their full scopes and contribute meaningfully to Alberta's healthcare system with a person-centred approach.

"I think what I'm most proud of is that I've been able to contribute to programs, policies, and initiatives that have created new opportunities for pharmacists and pharmacy technicians," said Greg. "In creating those opportunities, we've created new leaders. We've created new hope. We've created new possibilities for the professions. These changes create new possibilities for the patients we serve, too."

The pharmacy professions and the broader healthcare landscape will continue to grow, change, and evolve, but the legacy of Greg's leadership and his indelible impact on ACP, pharmacy practice, and the health and well-being of patients across Alberta will endure.

2025 Leadership Development Award

Awarded to a pharmacist or pharmacy technician who has been practising in Alberta for up to five years and has demonstrated exemplary professionalism, leadership, and citizenship.

Ethan Swanson

Ethan was selected as the recipient in recognition of his dedication to advocacy, leadership, and improving patient care.

"I've always considered myself to be a problem solver—it brings me a lot of joy to help others overcome the challenges they face," said Ethan.

He plans to use the award bursary to attend the International Pharmaceutical Federation (FIP) World Congress in Montreal in 2026.

"I'm really hoping to meet pharmacy leaders from all around the world and learn what challenges they're facing and how they plan to overcome them. I think there is immense value in learning from peers and other leaders."



2025 Gold Medal Award

Awarded to the graduating pharmacy student from the University of Alberta's Faculty of Pharmacy and Pharmaceutical Sciences with the highest academic standing.

Sydney Facette

Sydney pursued her PharmD at the University of Alberta, and throughout her education worked hard to prepare for her new career.

"I felt extremely challenged in the pharmacy program, not just with academics," said Sydney. "I'm so grateful that I pushed myself and learned so much over these past four years."

Reflecting on her remarkable academic journey, Sydney said her involvement with committees, summer research, and work experiences helped her develop her skills and get a better understanding of the pharmacy field.

"My education provided me opportunities to build skills in collaboration, communication, mentorship, research, and leadership, helping me develop a well-rounded skillset to better serve patients."



2025 Pharmacy Technician Achievement Award

Awarded to the Alberta-based pharmacy technician with the highest mark on the Pharmacy Examining Board of Canada's Qualifying Exam for Entry to Practice as a Pharmacy Technician.

Shania Mink

Growing up, Shania Mink knew she wanted to find a career that would allow her to make a difference. Once she got behind the counter in a pharmacy, she knew she'd found the right fit.

"Pretty much within the first week, I was really set on pharmacy. Seeing how collaborative and supportive the pharmacy team was and how they treated their patients really inspired me," said Shania.

Shania said she is excited to apply the knowledge, training, and life skills she's gained so far and she plans to continue to find new opportunities to continue to grow in her new role as a pharmacy technician.





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