



N A P R A

Annual Report 2001 • 2002



Pharmacists in Canada providing care that consistently meets the highest possible standards

- Goal 1:** “Act as a national information clearinghouse and resource centre, and provide services to the member regulatory authorities in relation to all aspects of pharmacy regulation.”
- Goal 2:** “Represent, promote and facilitate, both nationally and internationally, the interests and activities of the member provincial regulatory authorities.”
- Goal 3:** “Oversee, coordinate and promote the activities of the national drug scheduling committee, and promote harmonization of the conditions of sale of drugs throughout Canada.”
- Goal 4:** “Develop model legislation and standards respecting the profession of pharmacy and pharmacies, and promote the harmonization of such legislation and standards.”

The Optimal Health of Canadians

Our products, services and policies reflect our commitment to achieving the highest possible standard of health for Canadians.

Respect for the Autonomy of each Member Pharmacy Regulatory Authority

We see our role as serving the Member Pharmacy Regulatory Authorities and taking actions that enhance and support their vision and goals.

Teamwork and Partnerships

We strive for synergy by working together as a team and forming strategic and tactical partnerships with our stakeholders.

Innovation and Creativity

We are driven to find new products, services and practices that will support the optimal health of Canadians.

Transparency and Accountability

The decisions, policies and regulations that we promote fully meet the needs and requirements of our members. We act in compliance with the guidance and counsel of the representatives from the Member Pharmacy Regulatory Authorities.

Strong Leadership and Effective Governance

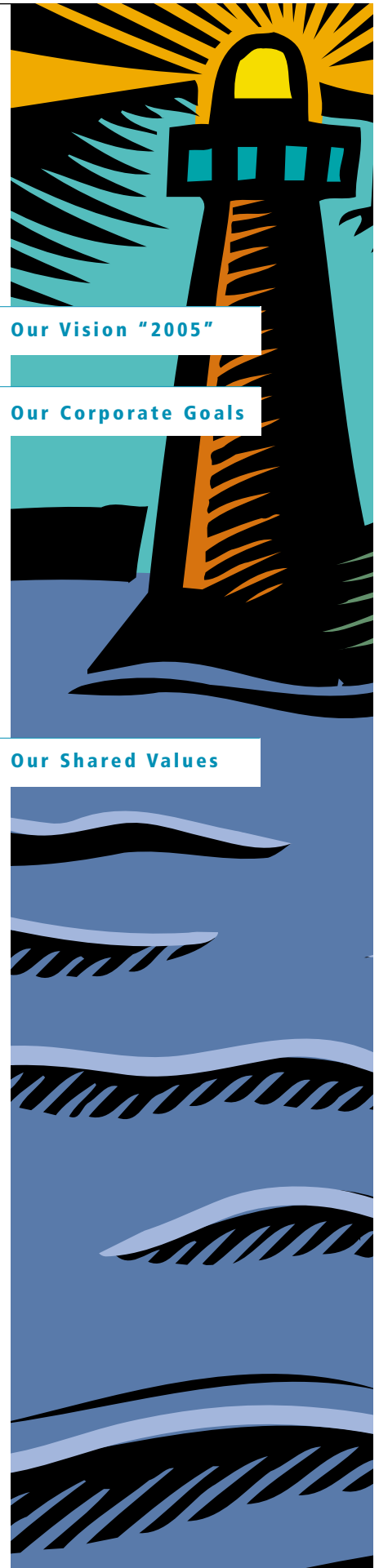
We lead and govern our organization with high standards, integrity and committed stewardship.

THE NATIONAL ASSOCIATION OF PHARMACY REGULATORY AUTHORITIES

Our Vision “2005”

Our Corporate Goals

Our Shared Values



NAPRA Council Members and Staff April, 2002



From left to right:

1st row:

Bill Veniot, Lois Cantin, Linda Lytle, Barbara Wells, Susan Wedlake, Janet Bradshaw, Debbie Foran and Louise Gaulin

2nd row:

Ronald Guse, Ray Joubert, Arlene Crane, Shawn Sandhu, Gladys Whyte, Neila Auld, Greg Eberhart, Jeff May, Hugh Ellis, Greg Burton, Major Regis Vaillancourt, Sujay Khiroya and Don Rowe

Missing from photo:

Elsie Bagan and Jeannette Hall

Photo taken on April 7, 2002 at the Sheraton Ottawa Hotel, Ottawa.

NAPRA Members 2001-2002

Alberta College of Pharmacists
Canadian Armed Forces – Medical Services Division
College of Pharmacists of British Columbia
Government of the Northwest Territories – Health and Social Services
– Health Professional Licensing
Government of the Yukon Territories – Justice Services Division –
Medical Practitioners
Manitoba Pharmaceutical Association
New Brunswick Pharmaceutical Society
Newfoundland Pharmaceutical Association
Nova Scotia College of Pharmacists
Prince Edward Island Pharmacy Board
Saskatchewan Pharmaceutical Association

NAPRA Officers 2001-2002

Jeff May, President
Hugh Ellis, Vice-President
Barbara Wells, Executive Director

NAPRA Directors 2001-2002

Neila Auld, Prince Edward Island Pharmacy Board
Elsie Bagan, Government of the Yukon
Janet Bradshaw, Saskatchewan Pharmaceutical Association
Greg Burton, Prince Edward Island Pharmacy Board
Lois Cantin, Manitoba Pharmaceutical Association
Arlene Crane, Newfoundland Pharmaceutical Association
Greg Eberhart, Alberta College of Pharmacists
Hugh Ellis, New Brunswick Pharmaceutical Society
Ron Guse, Manitoba Pharmaceutical Society
Jeannette Hall, Government of the Northwest Territories
Ray Joubert, Saskatchewan Pharmaceutical Association
Sujay Khiroya, Nova Scotia College of Pharmacists
Linda Lytle, College of Pharmacists of British Columbia
Don Rowe, Newfoundland Pharmaceutical Association
Shawn Sandhu, College of Pharmacists of British Columbia
Major Regis Vaillancourt, Canadian Armed Forces – Medical Services Division
Bill Veniot, New Brunswick Pharmaceutical Society
Susan Wedlake, Nova Scotia College of Pharmacists
Gladys Whyte, Alberta College of Pharmacists

NAPRA Staff

Debbie Foran, Information Technology
Programs Manager
Louise Gaulin, Corporate Programs
Manager
Barbara Wells, Executive Director



President's Report

Jeff May



THE PAST YEAR WILL BE REMEMBERED FOR its turbulent times the world over. When faced with such turmoil, people found strength through adversity, a renewed commitment to their values, and a revitalized sense of community.

The past year of the National Association of Pharmacy Regulatory Authorities has been filled with turbulent times. When I assumed the presidency in April 2001, there were storm clouds brewing. NAPRA's largest member was questioning the relevance of the organization. Tough decisions on funding and governance were required. Important work needed to be continued for the benefit of NAPRA members and for the profession of pharmacy.

The Ontario College of Pharmacists indicated their intent to withdraw from NAPRA at the end of 2002. Throughout all of the discussions I was confident that the famous "Canadian compromise" could be reached. None of our many attempts at change could, in the end, reach this goal. It is clear that OCP, with its large membership base, has the infrastructure and indeed the resources, to develop regulatory standards and programs for pharmacists within Ontario's borders. Finding national solutions to regulatory challenges and opportunities is no longer in their mandate.

This year and into the future, pharmacy licensing bodies in BC, Alberta, Saskatchewan,

Manitoba, Newfoundland, New Brunswick, Nova Scotia, PEI, the Yukon and the Northwest Territories renewed their commitment to NAPRA's principles: using the knowledge and strength of a nation-wide community of pharmacists to achieve national, harmonized and progressive regulatory solutions to propel the advancement of our profession. This past year we have moved forward with a broad and consistent approach to address the ongoing competency of pharmacists and their professional development, regulatory barriers and opportunities to address the pharmacist manpower issue, and guidelines regarding privacy legislation and Internet pharmacy. We were proud indeed, that Canada's Department of National Defense showed its commitment to our work by joining NAPRA in January.

Through the adversity we faced this year, members mobilized to strengthen our organization. We developed alternative funding models for NAPRA. A revitalized strategic plan, redefined objectives for NAPRA and a program-based subsidiary (NAPRA Solutions Inc.) were created. Progressive, on-line programs to enhance the administration of our member regulatory authorities are in development.

The resolve of our Council Members, Registrars and staff to continue NAPRA's outstanding track record is solid. Their strength, resolve, shared values and commitment will serve the organization and Canadian pharmacists well... long into the future.

Executive Director's Report

Barbara Wells

ACCORDING TO AN OLD PROVERB, THOSE who "*faint in the day of adversity*" are considered to be "*small in strength.*"

Although these words were spoken more than two millenia ago, they are especially relevant for us today. Over the past 12 months, our association has faced what was sometimes daunting adversity with integrity and indeed, strength and resolve.

It is with this in mind that I am especially pleased to report to you that despite the inordinate amount of attention paid to corporate matters over the past year, the 2001-2002 term was nonetheless another productive and positive one for NAPRA.

We launched a secure (encrypted) web-based **e-communication capability** for our members this year. This enables pharmacy regulatory authorities to communicate with individual pharmacists and for pharmacists within the network to communicate with each other confidentially. The service was successfully piloted with the New Brunswick Pharmaceutical Society in August, and since then Nova Scotia, Manitoba, and Prince Edward Island have been added. Registrars and pharmacists can access their account from anywhere in the world. Email accounts have been created for each subscriber based on the names in the national database. For instance, an email address for an Ontario pharmacist would look like: john.smith@on.napra.ca. Each Registrar also has an email address, and their address book is populated with the email addresses of the pharmacists in their province only. The Registrar may choose to communicate one-on-one with a pharmacist or with groups that he or she may define at any time. We also used the e-network to disseminate Health Canada drug alerts to individual pharmacists on behalf of the participating PRAs.

Our **website** readership continues to grow. In July we were thrilled to watch the number of hits surpass the 100,000 mark, and in November the hits climbed to over 170,000 for the month. We are launching our revitalized website at this meeting of Council. It has been reorganized, with new graphics and new utility

features to allow our members to update their particular areas in a timely fashion.

Another large project completed during this term was the complete updating of all posted **federal legislation**. While we are vigilant with tracking and incorporating legislative amendments on a day-by-day basis, an area pharmacy student undertook a thorough review for us last summer.

NAPRA maintained a **corporate presence** locally, nationally and internationally. In addition to the events outlined in reports from the President and Executive Committee, I represented our association at the annual general meeting of the US National Association of Boards of Pharmacy, the International Pharmaceutical Federation (FIP) Congress, the Canadian Nurses Association 2002 Media Awards for Excellence in Health Care Reporting Gala Dinner, meetings of the Canadian Association of Pharmaceutical Regulatory Affairs in Toronto and Montreal, a meeting of the Association of Faculties of Pharmacy of Canada and numerous industry and federal government functions and discussions. I also represent NAPRA on the Ottawa-based Network of Regulatory Associations (NORA).

Media activity was unusually high this past year. Issues of particular importance included drug company "start programs", pharmacy technicians, the sale of drugs by Canadian pharmacists to US customers, the status of e-Rx and Internet Pharmacy in Canada.

In closing, I would like to pay tribute to Louise Gaulin and Debbie Foran. Throughout the adversity our organization has faced this year, their loyalty to NAPRA and commitment to quality outcomes have never wavered. They continue to provide quality and professionalism to NAPRA – thank you, Debbie and Louise for your support and energy.

Report of the Executive Committee



H u g h E l l i s
C h a i r m a n

N A P R A V i c e - P r e s i d e n t

The Executive Committee is an elected, standing committee of NAPRA Council that meets between Council meetings to consider financial, administrative and other matters and issues requiring immediate attention.

During the 2001-2002 year, the Executive Committee met twelve times by teleconference and had one live meeting in November. Lois Cantin was acclaimed to the Executive Committee pursuant to the by-election called on July 10 to fill the vacancy left by the resignation of Shawn Sandhu.

NSI

NAPRA Solutions Inc. (NSI) was incorporated under the Canada Business Corporations Act on April 26, 2001. Executive Committee (representing NAPRA as sole shareholder) approved NSI By-Law #1 in August. Hugh Ellis was named NSI President, and Jeff May NSI Vice-President. Shawn Sandhu was also appointed to the Board with Barbara Wells being named Secretary-Treasurer. A "shareholders' declaration" was approved to limit the liability of NSI's new Directors.

Ray Joubert, Ron Guse and Bill Veniot were appointed to NSI's Business Development Committee, a standing advisory committee mandated to make recommendations to the Board of Directors on business opportunities. We have reserved the domain name of "pharmacycanada.ca" for NSI's pharmacy portal.

Budgeting

Last April, Council was asked to review a proposed per capita level presented at the meeting, and

make recommendations as to feasibility, along with recommendations for corresponding amendments to the strategic plan. The majority of members reported back positively on the proposed per capita level. Ontario responded that they would only be able to confirm a \$18 per capita contribution for 2002. Newfoundland reported that they could not contribute more than the current per capita rate of \$26.72. A per capita level of \$18 was subsequently approved for 2002 at the November meeting of Council, to provide for core services and programs identified by Ontario as being of value to them.

Unfortunately the budget that was developed based on this per capita level has still not been ratified. We received notice on February 15, 2002 that the Ontario College of Pharmacists would not be voting in favour of the 2002 budget and that they would be resigning from NAPRA in advance of the one-year notice previously given, subject to certain conditions being met. Legal counsel is now negotiating a termination settlement. A draft budget for continuation of our Professional Program activities (e.g. national standards for licensing, standards of practice) by using reserves was also developed and circulated for comment. Our members responded generally against using NAPRA reserves to cover the continuation of Professional Program activities in 2002, and legal advice obtained confirmed that it would not be in NAPRA's best interest to deplete the operating reserves for these activities.

Executive Committee

Committee Members

Greg Burton, Director
Lois Cantin, Director
Jeff May, President
Barbara Wells, Executive
Director

Report of the Executive Committee (cont'd)

Planning

In early June, the Committee surveyed members for feedback on solutions to address Ontario's concerns about the per capita funding of Professional Program activities. The majority endorsed an adjustment of the proposed strategic plan timelines, re-engineering program development processes, and a review of the current funding formula.

A local consultant was contracted to advise on alternate funding formula options. The report, "*Assessing Fee Structure Reform: Assessment of Potential Options*", outlined a number of options to the current straight per capita funding model. The President and Executive Director conducted individual teleconference call meetings with representatives from each member PRA in early October to discuss the proposals outlined in the consultant's report and the revised budget projection, and personally met with the Executive Committee of OCP, in Toronto on October 18.

The PRAs surveyed overwhelmingly indicated a willingness to amend the funding formula, for a more equal proportioning of the costs of carrying out Professional Programs. A core strategic plan, based on \$360,000 (~ 20,000 @ \$18) was approved in November.

External Liaison

- Executive Officers' Conjoint meetings with representatives of the Canadian Council for Accreditation of Pharmacy Programs, the Canadian Society of Hospital Pharmacists, the Canadian Pharmacists Association, the Pharmacy Examining Board of Canada, the Canadian Association of Chain Drug Stores and the Canadian Council on Continuing Education in Pharmacy were held in conjunction with the CPhA Annual General Meeting in Halifax, from May 25 to 29.
- The President and Executive Director represented NAPRA at the CPhA Annual General Meeting in May.
- Hugh Ellis represented NAPRA at the Canadian Society of Hospital Pharmacists' Annual General Meeting in Halifax
- On October 27, Cathy Biggs represented NAPRA at an invitational workshop "*Education of Canadian Pharmacists for their Evolving Roles in Smoking Cessation and Tobacco Control*", sponsored by the University of Toronto, the Ontario Tobacco Research Unit, and the Canadian Social Sciences and Humanities Research

Council.

- The President and Executive Director participated in CPhA's National & Provincial Pharmacy Organizations' Teleconference Meeting, Nov 28
- Jeff May and Dr. Regis Vaillancourt were key presenters at the "National Pharmacy Forum" on May 27, outlining NAPRA's work and plans to establish a national regulatory specialty certification program.
- Registrar Greg Eberhart was appointed as NAPRA's representative to the Canadian Council for Accreditation of Pharmacy Programs Board of Directors for the 2001-2004 term.

September 11

The President sent an expression of support on behalf of NAPRA to the National Association of Boards of Pharmacy following the US tragedies. As well, we posted urgent messages to pharmacists from licensing bodies in British Columbia, Manitoba and Newfoundland regarding pharmacy assistance to stranded US travelers.

Manpower/Human Resources Development Canada (HRDC)

A situational analysis of human resource issues affecting pharmacy has prompted HRDC to undertake a full sectoral study of the pharmacy profession. NAPRA is a member of the Study Steering Committee. Hugh Ellis represented NAPRA at the first meeting of the Human Resources Development Canada Pharmacy Manpower Study Steering Committee, on March 4, in Ottawa. NAPRA and five other national pharmacy organizations are potential signatories to the study.

The Executive Committee is very appreciative of the support and continued dedication offered to the Committee and to NAPRA by staff members Barbara Wells, Louise Gaulin and Debbie Foran. Their support, conduct, dedication and the quality of work is a direct reflection of their commitment in what has been a difficult transitional year for NAPRA.

Report of the Inter-Provincial Pharmacy Regulatory Committee

L i n d a L y t t l e
C h a i r m a n

During this reporting period, the Inter-Provincial Pharmacy Regulatory Committee (IPRC) held seven meetings, including four by teleconference. Topics included issues related to the ongoing implementation of the Mutual Recognition Agreement, the development of new model policies and guidelines for recommendation to Council, security standards for the electronic transmission of prescriptions, and the sale of prescription drugs to US residents.

Mutual Recognition Agreement

The IPRC has overseen efforts to include the Yukon, the Northwest Territories and Quebec as signatories to the Mutual Recognition Agreement (MRA). In one case, territorial legislative amendments are required, and in another case, policy decisions pertaining to continuing competency requirements need to be resolved.

The committee members participated in the development and review of a brochure created in conjunction with Pfizer Canada Inc. and the *Pharmacy Post* to provide information to Canadian pharmacists about key aspects of the MRA.

Model Statements, Guidelines and Policies

The following new model statements, guidelines and policies were developed by the IPRC and subsequently approved by the Council:

- National Model Guidelines for Pharmacists Complying with Provincial Privacy Legislation
- Model Statement on the Distribution of Medication Samples by Pharmacists
- Operational Procedures for Pharmacists Complying with the Requirements of the *Benzodiazepines and Other Targeted Substances Regulations* in Community & Institutional Practices (written in conjunction with the Canadian Society of Hospital Pharmacists and

approved by the Healthy Environments and Consumer Safety Branch of Health Canada)

- Model Standards for Canadian Pharmacies Offering Pharmacy Services via the Internet
- Short-term Closure of Pharmacies

One existing model statement was reviewed and updated:

- Transfer of Authority to Fill Prescriptions by Facsimile Transmission

Electronic Transmission of Prescriptions

IPRC representatives participated on Health Canada's Advisory Panel on Electronic Transmission of Information (APETI). This multi-stakeholder group focused on e-signature standards, a foundation to the work of IPRC on standards for the electronic transmission of prescriptions.

NAPRA's e-Pharmacy Working group reviewed responses to our *Proposal for Electronic Prescription Security Standards*, which was circulated to national pharmacy, medical, dental, veterinary and nursing organizations, the federal government, provincial pharmacy and medical regulatory bodies, pharmaceutical industry associations and a number of system vendors last May. An implementation committee has been formed to address the issues identified in the responses and further progress on the development of e-Rx standards for pharmacists.

Committee Members

Neila Auld
Elsie Bagan
Greg Eberhart
Ronald Guse
Jeannette Hall
Ray Joubert
Don Rowe
Regis Vaillancourt
Bill Veniot
Susan Wedlake

Report of the National Advisory Committee on Licencing

Neila Auld
Chairman

The National Advisory Committee on Licensing (NACL) was formed to make recommendations to NAPRA Council on matters relating to the initial licensing of pharmacists in Canada. This includes:

- monitoring the *Professional Competencies for Canadian Pharmacists at Entry-to-Practice* and making recommendations on revisions as practice evolves
- making recommendations for revising the *Model Licensing Program* components (i.e. fluency, jurisprudence, licensing examination and structured practical training) to ensure they reflect the national competencies and continue to meet the needs of NAPRA members
- identifying areas in provincial licensing processes where development and /or standardization would be beneficial to NAPRA members, and
- addressing other matters regarding licensing as may be referred by Council from time-to-time

Our committee was not able to meet during this reporting period due to other NAPRA priorities. Nonetheless, I am pleased to report on a number of significant developments related to the initial licensing of pharmacists.

First, we were delighted to learn that the Ordre des pharmaciens du Quebec adopted NAPRA's *Professional Competencies for Canadian Pharmacists at Entry-to-Practice* last June. This further demonstrates the commonality of pharmacy practice across Canada, and supports mobility.

The development of national "Competency-Based Standards of Practice" (CBSOP), based on our "*Professional Competencies*" document is now

underway. When completed, these detailed standards will be important in our future review of the National Model Licensing Program and its components. This project is under the auspices of a special multi-representational working group of practising pharmacists.

NAPRA members have identified international reciprocity for pharmacists as an increasingly important emerging issue. Last September we were represented at a preliminary meeting on international harmonization and reciprocity agreements, held in conjunction with the International Pharmaceutical Federation Congress in Singapore. It is certain that such discussions will continue, and that programs to identify and harmonize pharmacy standards and competencies will be a priority for not just NAPRA, but for all national pharmacy regulatory organizations in the developed world.

As Chairman, I would like to thank the Committee Members for their support and patience over the past year. I look forward to the 2002-2003 term and a resurgence of our activities.

National Advisory Committee on Licensing

Committee Members

Cathy Biggs
Carson Collins
Jeanne Eriksen
Dawn Frail
Scott McGibney
Dr. Brenda Osmond
Bill Veniot



Report of the National Drug Scheduling Advisory Committee

D r . C o l l e e n M e t g e
C h a i r m a n

The National Drug Scheduling Advisory Committee met twice since our last report: in November, 2001 and February, 2002. In addition, a special teleconference meeting was held on December 20 to handle a request for expedient Schedule III status for a federally unscheduled drug. The request was denied and referred to the February meeting.

Scheduling recommendations were made for four entities: desloratadine, emergency contraception (levonorgestrel 1.5mg/dose), ibuprofen and meningococcal vaccine. Scheduling clarifications were made regarding ethanol, fluoride, gentian violet, saccharin and vitamin K. As well, several schedule listings were changed to better reflect the intent of the Committee for children's acetylsalicylic acid and ranitidine for injection.

Several issues remain on our agenda and have been referred to future meetings due to resource limitations. In addition, the Committee is continuing to address several administrative issues including a review of the scheduling factors, consideration of labelling and package sizes as criteria for scheduling decisions, and our quality assurance process. Overall, addressing these issues will serve to help us consider strategies for reviewing the impact of national drug scheduling.

Continuing on the 'administrative' vein—new administrative processes were implemented at the November meeting. In addition to By-Law #2 and "Rules of Procedure" that were developed last year and approved by Council in November 2001, new Submission Guidelines to reflect the

changes were developed and circulated. Policies on both confidentiality and the conferring of Interested Party status, have been prepared in conjunction with legal counsel. These process changes have significantly increased the administrative functions and responsibilities associated with NDSAC.

There have been several changes to the Committee since we last reported. Phil Hudson was appointed in July in the new, "practising community pharmacist" position. Jean Jones, a founding member of NDSAC, was replaced by Joan Sayer, a consumer advocate from Ontario. The Consumers' Association of Canada has observer status at our meetings and their input has been invaluable over the years. The appointments of Janet Webb and Leanne Jardine expired during this period. However, two replacements have recently been named: Dawn Frail from Nova Scotia and Larry Lynd from Vancouver. In addition, Dr. Marilyn Caughlin was re-appointed to serve a second 3-year term on NDSAC. We are grateful to Denis Belanger, a consultant from the Ottawa Valley Regional Drug Information Service, who brings a wealth of knowledge and experience to the committee.

National Drug Scheduling Advisory Committee

Committee Members

Dr. Mark Armstrong
Dr. Murray Brown
Dr. Marilyn Caughlin
Phil Hudson
Leanne Jardine
Joan Sayer
(Public Observer)
Dr. Jeff Taylor
Janet Webb

Report of the National Advisory Committee on Pharmacy Operations

Janet Bradshaw
Chairman

National Advisory Committee on Pharmacy Operations

Participants

Merv Blair
Wally Kowalchuk
Nancy Roberts
Deb Saltmarche (Canadian
Association of Chain
Drug Stores)
Gary Stone
Tim Fleming (Canadian
Association of Pharmacy
Technicians)
Shelley Stepanuk (Canadian
Pharmacists Association)


Although this committee was not slated to begin its work until 2002, NAPRA Council directed that it be formed in late 2001 to deal with issues associated with the pharmacist manpower shortage. NACPO held its first meeting in Toronto in December 2001 and a second meeting by teleconference in March 2002.

NACPO's primary role is to make recommendations to Council regarding the development of model standards for pharmacy operations and services intended to support the optimization of the pharmacist's role and compliance with standards of practice.

The committee, which includes a representative from the Canadian Association of Pharmacy Technicians, the Canadian Pharmacists Association and the Canadian Association of Chain Drug Stores, spent much time at its inaugural meeting discussing its mandate and terms of reference. A report will be presented at April Council. With these established, the committee then outlined specific issues to be dealt with including technology, facilities, equipment, supplies and resources, technicians and human resources. In keeping with our goal of promoting efficiencies in the workplace in order to optimize the pharmacist's role, all the while ensuring the safety of Canadians, we are concentrating on what we consider to be the most critical components: technology, technicians and human resources and look forward to developing related model standards and guidelines.

The "Resources for Pharmacy Operations" series, now available on the NAPRA website, is a valuable tool for pharmacists and one which NACPO would very much like to maintain, promote and expand.

NACPO will also make recommendations to NAPRA Council on matters relating to the pharmacy workplace (physical plant, personnel, and operating systems).



Report of the National Advisory Committee on Pharmacy Practice

Ronald Guse
Chairman

The National Advisory Committee on Pharmacy Practice met once during this reporting period, on January 19-20, 2002 in Toronto.

Our committee is involved with a number of very timely issues, all representing important aspects of pharmacy practice and regulation in Canada. Major areas we are working on include:

Specialty Certification Program

The committee efforts in this area are being reported in a separate document to NAPRA Council.

Resources for Pharmacy Practice

Last year, the series title was changed from "Toolkits" to "Resources for Pharmacy Practice". The Committee is reviewing the existing Resources with a view to updating, improving and possibly expanding the series. We have a review underway of the Drug Information resource, and the next scheduled review will be on the Medication Error chapter.

In addition, the Committee began work on new Resource chapters on the issues of "pharmacists' professional judgement" and "continued care prescriptions".

Promotion of Model Standards of Practice for Schedule II and III

We have had considerable discussions on resource-effective ways that the Standards could be promoted to the public. Committee members support efforts by the pharmacy regulatory authorities and national groups to enhance awareness of the pharmacist's responsibility in the provision of Schedule II and III medications.

National Model Scope of Practice Statement

The committee has grappled with the philosophical approach to a national model scope of practice statement. We support the concept that a scope of practice should define the breadth of what a profession does, recognizing that not all members of that profession may be engaged in all indicated responsibilities or activities. Pharmacy's scope of practice must reflect that we have a special

knowledge base to provide patient care, but it should not become the definition of pharmacy practice per se. We believe that the definition should maintain that the pharmacist has the core responsibility for dispensing and drug distribution.

With this new approach in mind, we hope to have a new draft model scope of practice statement soon available for circulation.

Point-of-Care Testing/ Self-Testing

The committee has reviewed literature and materials on point-of-care testing by pharmacists and in pharmacies, and the pharmacist's role in teaching patients to use self-testing products. Our recommendation that model guidelines or standards should be developed for these pharmacist services was recently approved and we look forward to working on this initiative.

Pharmacist Prescribing/ Prescriptive Authority

Recommendations are being made to NAPRA Council.

The Committee was sorry to lose Charlene Blair as a member because of a career change. Charlene had been involved with the committee since its inception and her participation will be missed.

While we only met once during this reporting period, the committee is a very energetic, productive, and knowledgeable working group. It has been my pleasure to act as interim chair for the position left vacant by the untimely passing of Mr. Bill Wilson. We look forward to continuing our work.

National Advisory Committee on Pharmacy Practice

Participants

Ron Elliott (Canadian Pharmacists Association)
Cynthia Jackevicius (Canadian Society of Hospital Pharmacists)
Carole McKie (American Academy of Consultant Pharmacists – Canadian Branch)
Dr. Glen Pearson
Margot Priddle
Deb Saltmarche (Canadian Association of Chain Drug Stores)
Dr. Brenda Schuster
Tinka von Keyserlingk

Report of the National Continuing Competence Program Core Steering Committee

R a y J o u b e r t
C h a i r m a n

The National Continuing Competence Program Core Steering Committee held its inaugural meeting March 23 and 24, 2002 in Ottawa.

Building on the foundation set by our predecessor, the National Continuing Competency Committee and their “Continuing Competency Program for Canadian Pharmacists” approved and published in 2000, we began the process of fulfilling our mandate. Based on new international evidence, the committee is considering modifications to the foundation document to guide us in developing a model national program.

To guide us through this process, Dr. Nancy Winslade has been engaged as the committee’s consultant. Dr. Janice Ma and Frances Hall (two Department of National Defence pharmacists) assisted Dr. Winslade with her research by surveying health professions within Canada and abroad regarding continuing competence requirements and blueprinting approaches.

Dr. Winslade prepared a self-assessment for the committee to identify learning needs and objectives in order to complete our work. Based upon the self-assessment, she facilitated a workshop by consolidating our learning needs into three areas: purpose of the program, assessment tools and criteria and implementation and communication issues. Each of these areas was assigned to a sub-group who reviewed available evidence. In turn each sub-group reported their findings to the committee. The discussion that followed led to consensus, which Dr. Winslade will incorporate into a report along with additional evidence to support some of the decisions.

It is expected that this initial report will be available for presentation to NAPRA Council in November of 2002.

National Continuing Competence Program Core Steering Committee

Participants

Deb Barnhill (Canadian
Council for Continuing
Education in Pharmacy)
Arlene Crane
Hugh Ellis
Dr. David Fielding
(Association of Faculties
of Pharmacy of Canada)
Allan Greene
Gary Groves
Linda Lytle
Roberta Stasyk
Pat Trozzo
Susan Wedlake



Auditors' Report

TO THE MEMBERS OF THE NATIONAL ASSOCIATION OF PHARMACY
REGULATORY AUTHORITIES

OTTAWA, Ontario
April 2, 2001

We have examined the non-consolidated balance sheet of the National Association of Pharmacy Regulatory Authorities as at December 31, 2001 and the non-consolidated statement of revenue and expense and equity for the year then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, these non-consolidated financial statements present fairly, in all material respects, the financial position of the Association as at December 31, 2001 and the results of its operations for the year then ended in accordance with generally accepted accounting principles except that they are prepared on a non-consolidated basis, as explained in Note 2.

Borth Gertson Schyns LLP

CHARTERED ACCOUNTANTS

BALANCE SHEET

As At December 31, 2001

	2001	2000
ASSETS		
CURRENT ASSETS		
Cash	\$ 1,151	\$ 182,741
Short-term investments – at cost		
(Market value \$160,052 – 2000 - \$148,089)	159,259	148,162
Accounts receivable	9,388	20,481
Prepaid expenses	698	2,703
Investment in wholly-owned subsidiary	18,925	–
	189,421	354,087
CAPITAL ASSETS		
Furniture and fixtures	20,200	13,630
Computer equipment and software	39,176	39,176
Leasehold improvement	4,250	4,250
	63,626	57,056
Less: Accumulated amortization	44,640	37,690
	18,986	19,366
	208,407	373,453
LIABILITIES AND MEMBERS' EQUITY		
CURRENT LIABILITIES		
Accounts payable and accrued charges	\$ 37,166	\$ 89,841
Deferred revenue	–	45,000
	37,166	134,841
MEMBERS' EQUITY		
	171,241	238,612
	208,407	373,453

SIGNED ON BEHALF OF
THE BOARD:



Counsellor

STATEMENT OF REVENUE AND EXPENSE AND EQUITY

For the Year Ended December 31, 2001

	2001 (Actual)	2001 (Budget)
REVENUE		
Membership fees	\$ 521,464	518,619
NDSAC requests	21,999	74,450
Interest income	12,355	12,000
Grants – IMS	45,000	45,000
	600,818	650,069
EXPENSES		
Accounting and audit	5,210	4,000
Communication program – meetings	9,503	17,525
Communication program - Outlook	5,440	8,550
Communication system	95,423	85,600
Council – meetings	59,191	15,000
Council – orientation program	304	200
Council – service recognition	729	4,500
Courier – general	132	300
Executive committee	11,294	13,685
Executive director – travel and expenses	5,856	13,000
Drug scheduling	26,928	76,450
Amortization	6,950	7,541
Insurance – O & D	1,280	2,000
Insurance – property	1,404	2,000
Interest and bank charges	635	400
IPRC – meetings	22,327	11,000
Legal – general	12,593	20,000
Memberships and subscriptions	4,162	7,000
Miscellaneous	3,144	3,000
Licensing – initial	18,916	20,000
Licensing – ongoing	24,583	20,000
Office equipment leases	8,818	10,200
Office furniture	1,053	–
Pharmacy operations	4,174	–
Office supplies	4,482	5,000
Pharmacy practice	15,334	20,000
Postage – general	885	1,000
Printing – general	295	700
Property maintenance and repairs	970	500
Rent	45,805	48,425
Salaries and benefits	257,074	250,000
Selection committee	1,980	2,000
Software – office	404	1,700
Staff development	976	1,000
Telephone	9,935	10,000
	668,189	682,276
NET REVENUE (EXPENSES) FOR THE YEAR	(67,371)	<u>(32,207)</u>
EQUITY, beginning of year	<u>238,612</u>	
EQUITY, end of year	<u>171,241</u>	

Notes to the Non-Consolidated

Financial Statements

1. ORGANIZATION

The National Association of Pharmacy Regulatory Authorities is an incorporated not-for-profit organization which facilitates the national activities of provincial pharmacy regulatory authorities in their service of the public interest.

2. ACCOUNTING POLICIES

Accounting Presentation

The Canadian Institute of Chartered Accountants has recommended that financial statements prepared for issuance to members should be prepared on a consolidated basis except in the rare circumstances where this is not the more informative presentation. These financial statements, although they will be laid before the annual meeting of the members, have not been prepared on a consolidated basis.

The Association's investment in its subsidiary, is accounted for in the accompanying financial statements by the cost method under which the investment is carried at cost and the net earnings of the subsidiary company are reflected in the determination of the net earnings of the Association only to the extent of dividends received from the subsidiary.

In all other respects, these financial statements are in accordance with generally accepted accounting principles.

3. CAPITAL ASSETS

Capital assets are recorded at cost and are being amortized as follows:

Furniture and equipment	5 years	Straight-line
Computer equipment and software	4 years	Straight-line
Leasehold improvement	5 years	Straight-line

4. OPERATING LEASE

The Council leases its premises under an operating lease which expires November 30, 2005. Minimum lease payments for the next four fiscal years are as follows:

2002	\$21,070
2003	\$21,070
2004	\$21,070
2005	\$19,314

5. INCOME TAX STATUS

The organization is exempt from income tax in Canada as a not-for-profit entity under Section 149(1)(L) of the Income Tax Act (Canada).

6. BUDGET FIGURES

The budget figures are unaudited and are as provided by the Association's management.

7. COMPARATIVE FIGURES

Comparative figures are not provided on the statement of revenue and expense and equity because of a major realignment of the presentation of accounts for the year ended December 31, 2001 as compared to the year ended December 31, 2000.



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