



# Exploring Uncharted TERRITORY

Leading the future of  
**PHARMACY**

2012 ANNUAL REPORT



CANADIAN  
PHARMACISTS  
ASSOCIATION

ASSOCIATION DES  
PHARMACIENS  
DU CANADA



# Letter from the President

## You are here.



We often see that on a map or directory when we're looking for direction. With all the changes in pharmacy over the past few years, we've all been wondering where we are and where we're going. One thing is certain: with expanded scope, modified business models and different government direction, we're experiencing a previously unknown and still shifting environment in the profession, coast to coast to coast.

What to do when facing outside forces and variable conditions? Stake your claim in your profession and step up to the challenge of seeing opportunity in uncertainty. As a national voice for pharmacy in Canada, CPhA is your guide. You may be on the edge of new territory, but you are not alone. CPhA will continue to evolve to meet the needs of our ever changing profession.

CPhA's continuing education courses develop your skills and confidence to emerge from behind the counter and help your patients even more. Our advocacy efforts with both government and public audiences work in the background to raise your profile as an integral member of the health care team. Our bilingual drug and therapeutic information, expanded and delivered in more formats across more platforms, gives you the knowledge you need at point of care.

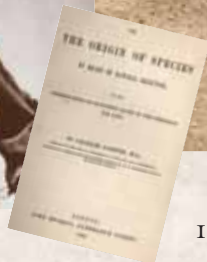
Darwin has been misquoted often since he published *Origin of the Species* in 1859. It is not the strong who survive, but the most adaptable. With some flexibility, creativity and courage we can all take CPhA and the profession of pharmacy to new levels.

From the Aborigines who were the first to populate this land, to the Vikings and European explorers who started mapping it, someone had to go first. More recent achievers include Marc Garneau, Canada's first astronaut, and Chris Hadfield, the first Canadian Commander of the International Space Station. CPhA is here to help you practice your profession at the highest level.

Where will you take your career? CPhA is here to support you along the way and make trail blazing a little easier. Your patients and future generations of pharmacists will thank you for the strides you make today.

A stylized, handwritten signature in black ink.

Paula MacNeil, President



1859

**Charles Darwin**

*Darwin has been misquoted often since he published *Origin of the Species* in 1859. It is not the strong who survive, but the most adaptable.*

*CPhA continues to evolve to meet the needs  
of our ever-changing profession.*



*Jeff Poston, Executive Director; Jody Shkrobot, Past President; Sherry Peister, President-Elect;  
Paula MacNeil, President.*

2012

*With some flexibility, creativity and  
courage we can all take CPhA and the  
profession of pharmacy to new levels.*



## Letter from the Executive Director



On June 4th I will be stepping down as the Executive Director of CPhA. While there have been many successes – the development of e-Therapeutics, the launch of the Blueprint for Pharmacy initiative, the growth of CPhA as a national advocacy organization, the creation of the Canadian Pharmacy Services Framework to name a few – there are still many challenges.

One of the critical things I have learnt is the need for your national pharmacists association to be adaptable. In the early part of my tenure, national health accords dominated the health policy agenda. Accords in 2000 and 2003 paved the way for the major \$41 billion Health Accord of 2004 – Paul Martin's "fix for a generation." Stemming from the work done by CPhA with the Commission on the Future of Health Care pharmacists became more recognized as important players in health care. Partnerships with other health care associations were critical to success.

However, all that has changed. With the current federal government abandonment of responsibility of health care to the provinces, the role of national associations has become more intricately involved with the role of provincial associations and provincial governments. The response of provinces to the stance of the federal government has been executed through the Council of the Federation (CoF). This work has had a direct impact on pharmacy through decisions on generic pricing. How important the CoF will be to health policy moving forward may be open to debate, but if provinces are able to collaborate and produce changes, then the process of health policy may have changed forever.

While the business model of pharmacy is dramatically affected by these pricing changes the professional role of pharmacists has also changed. CPhA held the first national forum to discuss prescribing by pharmacists at the 1998 Conference. Great initiatives by provincial regulatory and advocacy bodies have resulted in expansion of the scope of practice of pharmacists in Canada. Such changes create new challenges. While advocacy for change remains important, responding to the opportunities created and supporting the implementation of change becomes equally important.

Three areas stand out as critical to the future. First, the opportunities created by an expanded scope of practice must be seized upon and implemented. Second, new business models will need to be created to ensure the financial viability and sustainability. Third, pharmacists and pharmacy practice must be fully integrated into the electronic health record of the future.

Finally, and perhaps this will be the most crucial role of CPhA, all sectors of the profession will need to work together to achieve success. There will be a battle for health care resources and health care delivery in the system of the future. The resources of pharmacists, pharmacy owners, corporations, associations and institutions will need to be effectively marshaled and used if pharmacy is to be successful.

A handwritten signature in dark ink, appearing to read "Jeff Poston". The signature is stylized with a large, looped "J" and a cursive "Poston".

Jeff Poston, Executive Director



# Your Canadian Pharmacists Association

Change has been the key word in pharmacy for some time now. Across the country pharmacists are finding new challenges and opportunities in the profession. It is an exciting time, and CPhA is here to support and encourage you as you step into your expanded roles and continue to provide high quality patient care.

Advocacy and innovation, engagement and community, knowledge and professional development are some of the major areas we focus on to support you and your profession.

We work on your behalf with governments and our stakeholders on a wide range of issues affecting daily practice. We raise your profile as an important member of the health care team on the front lines.

We're finding new ways of engaging within pharmacy and the greater health care community. From our private professional network, MyCPhA, to our public social media profiles, we want to hear what's important to you and give you a forum in which you can learn from each other, across the country and across practice settings.

Our continuing education programs, therapeutic and drug information help give you the knowledge you need to give your patients the best care possible. From online courses to develop patient care skills, to bilingual information you can access with your mobile device, you can find what you need to enhance your daily practice.

**Our mission:** The Canadian Pharmacists Association advocates for pharmacists and supports its members to advance the profession and enhance patient outcomes.

**Our vision:** We see the pharmacist as the health care professional whose practice, based on unique knowledge and skills, optimizes medication use and enhances patient outcomes.

For more than a century and over a multitude of changes CPhA has been your national, non-profit organization and the voice of pharmacy in Canada. CPhA continues to be your guide through uncharted territory. Together we'll map the future of pharmacy.

*CPhA is the voice of pharmacy in Canada.*



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DU CANADA



# Explore and Engage



1604

**Louis Hebert**

*Canada's first apothecary  
came from France in 1606.*

CPhA works on multiple fronts to explore opportunities for and engage on behalf of pharmacists. With government and decision-makers, we ensure pharmacists are included in matters that affect daily practice and patient care. Through our pharmacist awareness efforts we let Canadians know they can count on you for optimal patient care. From drug shortages to generic pricing and tax breaks CPhA was there in 2012 and continues to be on the edge of current developments.

*Exploration: the courage to lead  
in adverse conditions*

## Council of the Federation and Health Care Reform

Canada's premiers created the Council of the Federation (CoF) in 2003 to promote intergovernmental relations between provinces and territories. In 2012 CoF established the Health Care Innovation Working Group (HCIWG), and CPhA works closely with the Canadian Medical Association (CMA), Canadian Nurses Association (CNA) and the Health Action Lobby (HEAL) to ensure that the voice of pharmacists is heard, particularly regarding clinical practice guidelines (CPGs), team-based models of care, and a pan-Canadian pricing scheme for generic drugs. CPhA was a sponsor of the annual CoF meeting in July 2012, and met with almost all provincial and territorial premiers to discuss these issues. We continue to be heavily involved in HCIWG work.

## Generic Pricing Reform

Provincial governments continued to lower the price paid for a range of generic molecules. CPhA supported provincial efforts to mitigate the impacts of these pricing reforms. Furthermore, in response to the CoF directive in July to seek a pan-Canadian approach to lower the cost generic drugs, CPhA partnered with the Canadian Association of Chain Drug Stores (CACDS), the Canadian Generic Pharmaceutical Association (CGPA) and Canadian Association for Pharmacy Distribution Management (CAPDM) to work with provincial and territorial governments to develop a system that would be fair to pharmacists, and that would tie lower prices to reinvestment in pharmacy services.

## Drug Shortages

Drug shortages remain a serious concern in the Canadian health care system. In March 2012, the shutdown of the Sandoz manufacturing plant in Boucherville, QC, placed the issue in the media spotlight. In response, the House of Commons had an emergency debate on the matter, referencing CPhA several times, and the House of Commons Standing Committee on Health held hearings and issued a report with recommendations in June. CPhA also leads a working group to help address the problem and in May, brought together over 40 stakeholders to discuss a national drug shortages reporting system. As a result of our efforts, Canada's two leading drug manufacturer associations, CGPA and Canada's Research-Based Pharmaceutical Companies (Rx&D), began collecting information from pharmaceutical companies on drugs in short supply, and created a new national drug shortages reporting system at [www.drugshortages.ca](http://www.drugshortages.ca). CPhA was featured extensively in national media discussing shortages. We attended numerous meetings with federal and provincial governments to examine specific steps to mitigate the situation throughout the supply chain. Health Canada established a new policy division to provide support. CPhA also led a cross-association survey between CPhA, CMA and the Canadian Society of Hospital Pharmacists (CSHP) to assess the effect of drug shortages on physicians, pharmacists and patients.

[www.pharmacists.ca/drugshortages](http://www.pharmacists.ca/drugshortages)



2012

[www.drugshortages.ca](http://www.drugshortages.ca)

*CPhA was a key player in creating a new national drug shortages reporting system and assessing the effects of drug shortages on physicians, pharmacists and patients.*







### **Egyptian Pharmacy**

*Ancient Egyptians recorded their pharmaceutical knowledge on scrolls such as the Ebers Papyrus.*

## **GST/HST Tax Reforms**

The 2012 federal budget contained a significant win for CPhA and Canadian pharmacists. After two years of working with CACDS, provincial pharmacy associations and Finance Canada, we were able to convince the federal government to amend the Excise Tax Act to include pharmacists as recognized "health care practitioners," thereby exempting all non-dispensing professional pharmacy fees from GST/HST (dispensing fees were already zero-rated). This was one of the few health-related announcements contained in the 2012 Budget.

## **Pharmacist Awareness Week (PAW)**

The theme "Your pharmacist, your health" was promoted through a partnership with Rogers Media in March 2012. A new webpage was created, offering customizable posters and other resources for pharmacists. Participation increased with a record number of downloads. As part of the Blueprint for Pharmacy's objective to enhance promotion of the value of pharmacists, work was undertaken to develop a strengthened public relations effort to be launched in 2013.

## **Canadian Pharmacy Services Framework (CPSF)**

Developed in collaboration between CPhA, CACDS and provincial pharmacy associations, the CPSF is a document that identifies and defines the range of specific services that pharmacists are able to practice given their training and competencies. The Framework can be used by pharmacy associations as a resource when negotiating with governments and private payers for expanded services funding, and to support pharmacy owners in transitioning to expanded scope of practice. Tools to support the CPSF will be developed in 2013.



## Third-Party Payers

The work of the Pharmacy Advisory Committee on Private Payers ramped up in 2012. The objectives of this group remain focused on lobbying third-party payers for greater inclusion of pharmacy services and increasing operational efficiency. Aside from planning meetings, the Committee held over a dozen one on one interviews with third party payer representatives to learn more about their issues and perceptions of pharmacy.

## Canadian Pharmacy Affairs Group (CPAG)

Presidents, CEOs and Executive Directors from CPhA, CACDS, CSHP and provincial pharmacy associations work together as CPAG. CPhA coordinates CPAG meetings twice a year. The Futures Forum, Council of the Federation, drug shortages, promotion of pharmacists, generic pricing and the Non-Insured Health Benefits (NIHB) program were among topics discussed.

## Interim Federal Health Program Cuts (IFHP)

In April 2012, the federal government unilaterally announced it was eliminating supplemental health coverage for refugees and refugee claimants under IFHP. CPhA led efforts amongst national health care organizations to oppose this measure, including the development of a joint letter and statement signed by eight national health care provider groups. We also worked with HEAL and a coalition of community health physicians to apply additional pressure. Before the change was to go into effect July 1, the government quietly announced changes whereby Government Assisted Refugees, representing approximately one-third of refugees would remain eligible. We hosted a meeting of 20 national and grassroots organizations in November to coordinate tactics.

*... on the edge of current developments.*



2012

### Expanded Scope of Practice

*CPhA helped develop the Canadian Pharmacy Services Framework, providing pharmacists and pharmacy owners with valuable resources to help support the profession of pharmacy.*



# Explore Innovation

CPhA is always looking for and developing new ways to support and serve pharmacists. From sharing research and delivering programs to celebrating innovative pharmacists themselves, we explore tomorrow's world of pharmacy today.

## Blueprint for Pharmacy

The Blueprint is a collaborative initiative working towards the Vision for Pharmacy: optimal drug therapy outcomes for Canadians through patient-centred care. CPhA is the Secretariat for the Blueprint National Coordinating Office and provides support to the Steering Committee. The fundraising campaign has been very successful, raising more than \$1 million. Work started on a multi-association national public relations campaign that will transform Pharmacist Awareness Week to Pharmacist Awareness Month in 2014. Ten new priorities were established to continue existing and develop future work. They are:

- Track and forecast pharmacy human resources requirements
- Enhance accessibility to, and the quality of academic program experiential education in hospitals, primary care clinics, and community pharmacy settings
- Enhance the CPD opportunities for pharmacists and pharmacy technicians in providing patient-centred care and expanded services
- Support the rollout of pan-Canadian clinical decision support software
- Facilitate integration of e-prescribing and DIS into community and hospital pharmacies
- Undertake a national public relations campaign about the value of pharmacy services
- Facilitate uptake of community pharmacy business models that incorporate new patient care services
- Facilitate integration of regulated pharmacy technicians into community pharmacy
- Create, acquire and disseminate valid and reliable assessments of the value of pharmacy services
- Support legislative and regulatory changes to expand scope of practice for pharmacists and pharmacy technicians

[www.blueprintforpharmacy.ca](http://www.blueprintforpharmacy.ca)

## Awards Program

We are proud to acknowledge the accomplishments of some amazing pharmacists in Canada. Our 2012 Pharmacist of the Year was David Gardner from Halifax, NS. A true champion for the pharmacist's contributions to mental health issues, he has been a fixture in the landscape of pharmacy and pharmacy education for more than a decade. His current juggling act includes a mix of academia, patient care and advocacy and the personal time, dedication and sacrifices he makes for his profession, peers and patients made him the recipient of this award. For a list of all 2012 winners please see page 24.



1909

### Innovative Thinking

*The first powered flight in Canada occurred in 1909 when the Silver Dart flew off the ice of Baddeck Bay in Nova Scotia.*



## *Innovation: the spirit of tomorrow*

### **e-Pharmacy**

CPhA co-chairs the new Pharmacy e-Health Action Committee with CACDS and engages in ongoing collaboration with Canada Health Infoway. A workplan for 2012-2013 strategies was developed and smaller working groups were formed to address priorities. Funding from the Blueprint for Pharmacy initiative helped support development of the MirixaPro Canada web-based clinical documentation platform. We worked with CMA on a joint e-prescribing statement to accelerate e-prescribing in Canada. The vision statement is: by 2015 e-prescribing will be the means by which prescriptions are generated for Canadians.

### **Knowledge is the Best Medicine (KiBM)**

CPhA partnered with Rx&D, CMA and other leading health care organizations to launch new electronic tools to help Canadians use their medications safely and appropriately. We promoted the new website ([www.knowledgeisthebestmedicine.org](http://www.knowledgeisthebestmedicine.org)) and mobile app (MyMedRec) across our own website and social media channels.

### **Pharmacy Practice Research**

CPhA continues to support pharmacy practice research in Canada and around the world. CPhA held its first Pharmacy Practice Research webinar in 2012 and will be further exploring the use of this medium in 2013 to disseminate pharmacy practice research.

*Live Links*, our monthly e-newsletter, highlights the latest global pharmacy practice research in an easy-to-read format. It delivers innovative research news to more than 8000 members and subscribers. *The Translator*, a quarterly newsletter summarizing key Canadian research articles with health policy implications, showcases evidence-based health care research and pharmacy best practices. Pfizer Canada sponsors this resource and translates each issue to ensure accessibility in both official languages.

Sign up for *Live Links* and *The Translator* at [research@pharmacists.ca](mailto:research@pharmacists.ca).



2012

#### **Vision for Pharmacy**

*CPhA is proud to lead the Blueprint for Pharmacy towards its Vision: Optimal drug therapy outcomes for Canadians through patient-centred care.*





# Explore with Confidence

Change can uncover opportunities and CPhA's continuing education programs give you the confidence you need to explore new skills and open new avenues in your career.

## ADAPT Patient Care Skills CE Program

The ADAPT online patient skills development program maximizes pharmacists' effectiveness in providing medication management through collaborative patient-centred care. It was honoured with a 2012 Award for Program Excellence from the Canadian Association of University Continuing Education. Showcase webinars were developed and held to attract and explain the program to potential participants. Multiple sessions ran over the year and a workshop was held at CPhA's national conference. A partnership with a college in the US allowed a small cohort of American pharmacists to participate in a session. New content on ordering and interpreting laboratory values was added and other enhancements are planned for 2013.

[www.pharmacists.ca/adapt](http://www.pharmacists.ca/adapt)

## Diabetes Strategy for Pharmacists (DSP)

CPhA is committed to advocating for and expanding the role of pharmacists as part of the diabetes health care team. A two-day workshop was held before CPhA's national conference in June and a webinar was held in September. November was celebrated as Diabetes Month with a webinar hosted on International Diabetes Day to demonstrate how to use the Public Health Agency of Canada's (PHAC) new diabetes risk assessment tool, CANRISK. PHAC recognized pharmacists' key role in diabetes management and approached CPhA to help, then provided funding for disseminating, promoting and evaluating the CANRISK tool and a user guide developed for pharmacists. The online continuing education course, The How-To of Diabetes Management: A Prescription for Pharmacists, underwent an extensive review and was updated and reaccredited for an additional three years. Research was conducted on how health care professionals and the general public view pharmacists' role in diabetes management. The Diabetes Forum migrated to MyCPhA, a new secure professional network for pharmacists hosted by CPhA.

[www.pharmacists.ca/diabetes](http://www.pharmacists.ca/diabetes)



*Open new avenues . . . the sky's the limit*

## Influenza

As a member of the Canadian Coalition for Immunization Awareness & Promotion, CPhA worked with PHAC to distribute information for immunization season to pharmacies across the country. In many provinces pharmacists can now give flu shots and we are supporting their work. We posted 2012–2013 flu season recommendations, a pocket guide and other resources on our website.

[www.pharmacists.ca/flu](http://www.pharmacists.ca/flu)

## Quit Using and Inhaling Tobacco (QUIT)

Our peer-reviewed online continuing education program on smoking cessation, QUIT, gives pharmacists the knowledge, skills and confidence to implement a smoking cessation program in their pharmacies. The QUIT forum became the Smoking Cessation community on MyCPhA, a dedicated, online social network for pharmacists. The English program, updated and reaccredited, is now hosted by the University of Waterloo Centre for Extended Learning, while the French program was discontinued due to lack of demand. All practice tools and resources are now available to CPhA members through our member-only section on our website and on MyCPhA.

[www.pharmacists.ca/quit](http://www.pharmacists.ca/quit)





# Explore Your Community

Across provinces, territories and practice settings, from coast to coast to coast, with the national conference and online networks, CPhA makes the most of opportunities to engage and strengthen the pharmacy community in Canada. Get involved with your professional association to learn, network and share.

## MyCPhA

MyCPhA, a secure, dedicated online network for pharmacists, was launched at the national conference. After beta testing over the summer, all members were invited and it is now open to all pharmacists. Several communities were created for discussion among members, such as Diabetes (the former Diabetes Forum), Enhancing Patient Care (for those interested in expanded scope of practice) and Open Forum (for all members). MyCPhA members can start or join discussions, post resources, ask or answer questions, all in a secure environment while interacting with pharmacists across practice settings and across the country. [www.pharmacists.ca/joinmycpha](http://www.pharmacists.ca/joinmycpha)

## Online and Social Media Presence

Activity on our website blog, Twitter feed, Facebook page, LinkedIn profile and YouTube channel continues to increase. Ideas for blog topics and news items to share via social media are always welcome, so tell us what you're interested in. Follow along to see what we're working on and what others are saying about what matters to you in your daily practice.

Website: [www.pharmacists.ca](http://www.pharmacists.ca)

Twitter: @CPhAAPhC

Facebook: [www.facebook.com/CPhA](http://www.facebook.com/CPhA)

LinkedIn: search for Canadian Pharmacists Association under Companies

YouTube: [www.youtube.com/CPhATV](http://www.youtube.com/CPhATV)

## Membership

The new \$199 membership fee with the option to purchase any drug and therapeutic reference products at a 50% discount on joining or renewal was introduced in July and continues to be popular. The majority of members are now opting to renew their membership without a product benefit, in support of CPhA's advocacy and learning opportunities. Our member retention rate rose. A number of initiatives were launched to recruit new members and re-instate those who lapsed within the past five years. We also formed strategic agreements with provincial pharmacy associations in Nova Scotia, Prince Edward Island, New Brunswick, Newfoundland and Labrador, whereby members of these organizations may purchase a CPhA membership at an additional \$50 discount. CSHP members have also been extended the same benefit. Our partnership with Workopolis NicheNetwork and the Canadian Association of Pharmacy Students and Interns (CAPSI) for Pharmacy-Jobs.ca continued successfully.



1912

CPhA Conference, Vancouver, BC



# Inspire, Innovate, Invigorate

## Students

Once again, CPhA participated in CAPSI's Professional Development Week as exhibitors, sponsors and speakers. Lunch & Learn sessions were given on university campuses by Board members working with CAPSI and we presented advocacy workshops for students. A competition between faculties to recruit members was introduced.

## 100th National Conference

CPhA 2012, our 100th national conference, ran June 1-4. The Whistler, BC, event featured keynote speaker John Furlong, Chief Executive Officer of the 2010 Vancouver Olympic Winter Games. More than 500 delegates attended and 55 companies exhibited at the trade show. The first Innovation Showcase, sponsored by Pfizer, featured pharmacists who provide extraordinary services describing their practices. Presentations on smoking cessation, diabetes, medication management, pharmacy practice in remote communities, and immunization were provided. A record number of abstracts were submitted and of the 66 received, 36 were selected as posters and 15 were chosen for presentations. International speaker Karen Crisp, President of the Pharmacy Guild of New Zealand, described her perspective of pharmacy.

## International Pharmacy

CPhA represents Canada with the International Pharmaceutical Federation (FIP) and PharmIntercom. Our President-Elect accompanied our Executive Director to South Africa for a PharmIntercom meeting, our President and Executive Director represented Canada at the FIP conference in October and the Executive Chair of the Pharmacy Guild of New Zealand spoke at our national conference. Our delegate to the Commonwealth Pharmacists Association represented CPhA at the Caribbean Pharmacists Society conference. These relationships provide CPhA with a chance to learn more about trends in pharmacy from a global perspective, particularly on issues such as drug supply, e-prescribing, pricing reforms and expanded scope of practice.



2012

### CPhA Conference, Whistler, BC

*CPhA continually develops practice tools and continuing education programs that fit the scope of practice of today. Stringent accreditation standards produce graduates who contribute significantly to the profession.*





# Explore with Knowledge

We have so much for you beyond the big blue book. CPhA started publishing the *Compendium of Pharmaceuticals and Specialties (CPS)* in 1960 and hasn't stopped exploring new ways of delivering the information you need when and where you need it. Giving your patients the best advice possible is your job, and giving you the knowledge you need is ours.

## Canadian Pharmacists Journal (CPJ):

*CPJ* was accepted into PubMed Central, a free digital database of scientific literature, and as a result its profile may rise as a coveted destination for research papers. *CPJ* articles were featured in the NeLM international newsletter and reached thousands in North America and Europe. The 2012 Canadian Rheumatology Association treatment recommendations are being adapted into guidelines for pharmacists and will be published in 2013. A series of case reports on geriatric polypharmacy will be published in collaboration with the *Canadian Medical Association Journal (CMAJ)* and *Canadian Family Physician*. *CPJ* again sponsored the CAPSI-CPJ Student Literary Contest.

SAGE Publications is now *CPJ*'s publisher, Dr. Ross Tsuyuki is Editor-in-Chief and Renée Dykeman is Executive Editor. The website will now be open only to CPhA members and *CPJ* subscribers in 2013. *CPJ* continues to attract high-quality clinical articles and pharmacy practice research papers and maintains its profile with Facebook and Twitter.

*Empower yourself with knowledge*

1868

## Canadian Pharmaceutical Journal

*The Canadian Pharmaceutical Society established the CPJ — owned by private interests and in 1923 became CPhA's "house organ." The linotype was the industry standard for newspapers, magazines and posters from the late 19th century to the 1960s and 70s. The name of the machine comes from the fact that it produces an entire line of metal type at once, hence a line-o'-type.*





## Publications and e-Products

Our publishing department was busy in 2012 developing new offerings for our customers. From print to online and mobile, we have you covered with the best Canadian evidence-based drug and therapeutic information available.

### Minor Ailments

The nonprescription drug and therapeutic content from *Patient Self-Care* and the *Compendium of Self-Care Products* were combined online as Therapeutic Choices for Minor Ailments, offered as both a standalone product and as part of the new e-Therapeutics+ Complete. The best available evidence for nonprescription treatment of minor ailments is now available to you with quick and easy access in your practice setting, enabling you to manage the continuum of care from nonpharmacologic to pharmacologic therapy.

### Mobile

CPS Monographs in both English and French were offered as part of the CPS Essentials mobile suite for iOS and Android devices.

### Resources in both official languages

e-Therapeutics+ became bilingual in Spring 2012 with the launch of e-Therapeutique+ Complet. Translation began on our online Minor Ailments components as well.

### CE straight to your inbox

e-Therapeutics Highlights CE was launched as a member benefit, enabling pharmacists to earn up to 13 accredited continuing education units annually. Members of the College of Family Physicians Canada also receive the weekly emails, with almost 6000 family physicians responding to at least one highlight in 2012.

### Integration coding

A content integration project began to insert clinical codes into online therapeutic and drug content to enhance data accessibility within electronic health records and electronic medical records. All our information is now cross-referenced with common international drug vocabularies and can be integrated with any platform.

### Partnerships

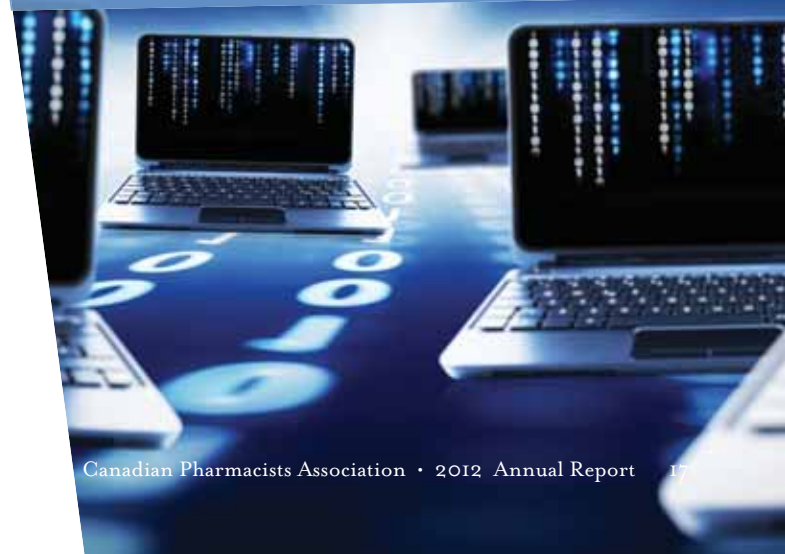
CPS drug information was made available to more than 1000 physicians across Canada through interactive digital terminals in their offices by iMD Health Canada. We're also working with Medecins francophones du Canada, the Canadian Dental Hygienists Association and the Council for Continuing Pharmaceutical Education to bring our drug and therapeutic information to a wider audience, to improve health care for more Canadians. Another deal with PEPID Canada and Nightingale Informatix Corp., will also expand our reach and bring our information to health care providers at the point of care.



2012

#### Electronic Publications

*All of our publications are available online in both English and French. Many are available for mobile devices as well. The advancement of technology has enabled pharmacists to search our Canadian drug and therapeutic information to find the answers they need in very little time.*





# The Bottom Line

CPhA finished 2012 with a small deficit of \$5,061. Total revenue for 2012 decreased from 2011 by \$730,680 as a result of the following: Sales revenues decreased slightly by \$52,507 to \$7,550,230. This 1% revenue decrease was mainly the result of lower print revenue, primarily lower *CPS* sales substantially offset by strong growth of our e-publications. E-publications had a strong year with an overall increase of 12% over 2011 due to the continued strength and acceptance of our e-Therapeutics and e-CPS products.

Compared to 2011, participation and advertising revenue was lower by \$332,064. Reduced membership fees and slightly lower membership numbers resulted in membership dues and conference being lower by \$272,068. Sponsorship grants and programs were lower by \$195,107. These are predominantly funded by external programs and are mostly offset with lower expenses. Building and investment incomes were higher than 2011 by \$121,067 because of the investment account adjustment to fair value at year end.

Total expenses for 2012 increased by \$319,348 compared to 2011. Salaries, benefits and professional development were higher by \$688,846 due to new positions that started in 2012 and the full year impact of new positions hired in 2011. Organizational development was higher by \$252,698 because of a number of consulting initiatives in 2012, the larger ones being a governance review and a review of our publication activities. The higher expenses were partially offset by printing and distribution being lower by \$265,112, and professional fees and administration being lower by \$394,834. Professional fees and administration were lower as the result of a legal case being settled in 2011, lower utilities due to increased green initiatives and lower recruiting costs. Printing and distribution costs were lower due to lower print costs for *Patient Self-Care* 2nd ed., and the *Canadian Pharmacists Journal*.



# Summary Financial Statements of Canadian Pharmacists Association

Years ended December 31, 2012 and 2011

## REPORT OF THE INDEPENDENT AUDITORS ON THE SUMMARY FINANCIAL STATEMENTS

To the Members of Canadian Pharmacists Association,

The accompanying summary financial statements of Canadian Pharmacists Association, which comprise the summary statements of financial position as at December 31, 2012, December 31, 2011 and January 1, 2011, the summary statements of operations and changes in net assets for the years ended December 31, 2012 and December 31, 2011, and related notes, are derived from the audited financial statements prepared in accordance with Canadian accounting standards for not-for-profit organizations, of Canadian Pharmacists Association as at December 31, 2012, December 31, 2011 and January 1, 2011 and for the years ended December 31, 2012 and December 31, 2011.

We expressed an unmodified audit opinion on those financial statements in our report dated April 15, 2013.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations applied in the preparation of the audited financial statements of Canadian Pharmacists Association. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of Canadian Pharmacists Association.

### *Management's Responsibility for the Summary Financial Statements*

Management is responsible for the preparation of a summary of the audited financial statements on the basis described in note 1.

### *Auditors' Responsibility*

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

### *Opinion*

In our opinion, the summary financial statements derived from the audited financial statements of Canadian Pharmacists Association as at December 31, 2012, December 31, 2011 and January 1, 2011 and for the years ended December 31, 2012 and December 31, 2011 are a fair summary of those financial statements, in accordance with the basis described in note 1.

KPMG  
Chartered Accountants, Licensed Public Accountants  
April 15, 2013  
Ottawa, Canada



# Summary Statements of Financial Position

December 31, 2012, December 31, 2011 and January 1, 2011

	December 31, 2012	December 31, 2011	January 1, 2011
<b>ASSETS</b>			
Current assets:			
Cash	\$ 5,867,869	\$ 7,359,807	\$ 6,073,092
Accounts receivable	698,208	1,083,845	1,550,901
Inventory	902,018	1,018,121	1,295,805
Prepaid expenses	215,587	449,498	331,548
	7,683,682	9,911,271	9,251,346
Investments	4,721,719	2,178,586	2,142,435
Tangible capital and intangible assets	5,620,046	5,748,225	5,443,382
	\$ 18,025,447	\$ 17,838,082	\$ 16,837,163
<b>LIABILITIES AND NET ASSETS</b>			
Current liabilities:			
Accounts payable and accrued liabilities	\$ 932,059	\$ 1,000,882	\$ 1,223,167
Deferred revenue	7,915,150	7,629,655	7,425,991
Current portion of obligation under capital leases	17,363	24,246	25,427
	8,864,572	8,654,783	8,674,585
Obligation under capital leases	2,953	20,316	44,562
Net assets:			
Unrestricted	893,333	1,629,396	779,374
Internally restricted	2,664,859	1,829,924	1,965,249
Investment in capital assets	5,599,730	5,703,663	5,373,393
	9,157,922	9,162,983	8,118,016
	\$ 18,025,447	\$ 17,838,082	\$ 16,837,163

See accompanying notes to summary financial statements.



# Summary Statements of Operations and Changes in Net Assets

Years ended December 31, 2012 and 2011

	2012	2011
Revenue:		
Sales	\$ 7,550,230	\$ 7,602,737
Participation and advertising	5,632,932	5,964,996
Membership dues and conference	1,235,537	1,507,605
Sponsorship grants and programs	766,574	961,682
Building and investment	517,596	396,529
	15,702,869	16,433,549
Expenses:		
Printing and distribution	3,976,744	4,241,855
Salaries, benefits and professional development	6,199,878	5,511,032
Marketing and business development	687,388	594,784
Research, practice innovation and CPD	895,303	1,007,110
Directors, executive and committees	333,313	316,472
Membership services and conference	721,935	782,083
Government relations and liaison activities	185,093	186,843
Organizational development	296,448	43,750
Technology	1,279,765	1,201,926
Professional fees and administration	695,608	1,090,444
Amortization of tangible capital and intangible assets	436,455	412,283
	15,707,930	15,388,582
Excess (deficiency) of revenue over expenses	(5,061)	1,044,967
Net assets, beginning of year	9,162,983	8,118,016
Net assets, end of year	\$ 9,157,922	\$ 9,162,983

See accompanying notes to summary financial statements.

## Notes to Summary Financial Statements

Years ended December 31, 2012 and 2011

The Canadian Pharmacists Association (the "Association") was incorporated under the Canada Corporations Act on September 16, 1924. The Association serves its members by establishing the pharmacist as the health professional whose practice, based on unique knowledge and skills, ensures optimal drug use to improve patient outcome through pharmaceutical care. The Association is a non-profit organization, under subsection 149(1)(l) of the Income Tax Act and, as such, is not subject to income taxes.

On January 1, 2012, the Association adopted Canadian accounting standards for not-for-profit organizations in Part III of the CICA Handbook. These are the first financial statements prepared in accordance with Canadian accounting standards for not-for-profit organizations.

In accordance with the transitional provisions in Canadian accounting standards for not-for-profit organizations, the Association has adopted the changes retrospectively, subject to certain exemptions allowed under these standards. The transition date is January 1, 2011 and all comparative information provided has been presented by applying Canadian accounting standards for not-for-profit organizations.

### 1. SUMMARY FINANCIAL STATEMENTS:

The summary financial statements are derived from the complete audited financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations, as at December 31, 2012, December 31, 2011 and January 1, 2011 and for the years ended December 31, 2012 and December 31, 2011.

The preparation of these summary financial statements requires management to determine the information that needs to be reflected in the summary financial statements so that they are consistent, in all material respects, with or represent a fair summary of the audited financial statements.

These summarized financial statements have been prepared by management using the following criteria:

- whether information in the summary financial statements is in agreement with the related information in the complete audited financial statements; and
- whether, in all material respects, the summary financial statements contain the information necessary to avoid distorting or obscuring matters disclosed in the related complete audited financial statements, including the notes thereto.

Management determined that the statement of changes in net assets and the statement of cash flows do not provide additional useful information and as such has not included them as part of the summary financial statements.

The complete audited financial statements of Canadian Pharmacists Association are available upon request by contacting the Association.

## CPhA Senior Directors

(as of December 31, 2012)

### CORPORATE SERVICES

Rick Leach  
rleach@pharmacists.ca

### DIGITAL PUBLISHING SOLUTIONS

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### INFORMATION TECHNOLOGY & PRODUCTION SERVICES

Ajit Ghai  
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### PROFESSIONAL & MEMBERSHIP AFFAIRS

Janet Cooper  
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## CPhA Corporate Members

Thank you to our corporate members for supporting CPhA and sharing our goals and commitment to pharmacy in Canada.

AbbVie Corporation

Apotex Inc.

AstraZeneca Canada Inc.

BackJoy Orthotics LLC

GlaxoSmithKline

Green Shield Canada

Hoffmann-La Roche Limited

Jones Packaging Inc.

LifeScan Canada Ltd.

Pfizer Canada Inc.

Purdue Pharma

Richards Packaging Inc.

Sanofi-aventis

Scotiabank Group

Taro Pharmaceuticals Inc.

Teva Canada



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President-Elect



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Vice President & Corporate  
and Consultant Pharmacists



Miguel Lopez-Dee  
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Brenda Bursey  
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Jeannie Collins Beaudin  
New Brunswick



Taj Dhinsa  
New Practitioners



Betty Hutt  
Prince Edward Island



Richard Jones  
Hospital Pharmacists



Michael Kani  
Pharmacy Students



Amyn Kanjee  
Alberta, Northwest Territories  
& Nunavut



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Ontario



Kerry Mansell  
Academia



Kristine Petrasko  
Manitoba



Denis Villeneuve  
Quebec



Peter Zawadzki  
Ontario



Jeff Poston  
Executive Director

# 2012 Award Winners



David Gardner  
Canadian Pharmacist of  
the Year



Ji-On Yoo  
Dean George A. Burbidge  
Award



Rick Abbott  
*Canadian Pharmacists  
Journal (CPJ)* Best Paper  
of the Year Award



Julia Bareham  
CPhA New Practitioner  
Award



Catherine Schill  
CPhA Patient Care  
Achievement Award for  
Specialty Practice



## CPhA Centennial Award

(sponsored by Scotiabank)

- Gurinder Grewal, University of British Columbia
- Anita Marie Cumbleton, University of Alberta
- Melissa Abramovic, University of Saskatchewan
- Lucy-Rose Vuong, University of Manitoba
- Samantha Dyer, University of Toronto
- Saleema Bhaidani, University of Waterloo
- Pier Alexandre Rioux, Université Laval
- Mathias Guénette-Gauthier, Université de Montréal
- Ashley McMullin, Dalhousie University
- Robert McCarthy, Memorial University



# 2012 Award Winners



Warren Meek  
CPhA International  
Leadership Award



Ray Murphy  
CPhA Meritorious Service  
Award



David Windross  
CPhA Honorary Life  
Membership Award



Grand Medicine Health Services Pharmacist Team  
CPhA Patient Care Achievement Award for Innovation  
*(sponsored by Green Shield Canada Foundation  
in honour of Vernon Chiles)*



Tracie Der and Darcy O'Toole  
CPhA Patient Care Achievement Award  
for Health Promotion  
*(sponsored by Teva Canada Limited)*



University of Waterloo School of Pharmacy in recognition of the first graduating class and faculty  
CPhA certificate of recognition

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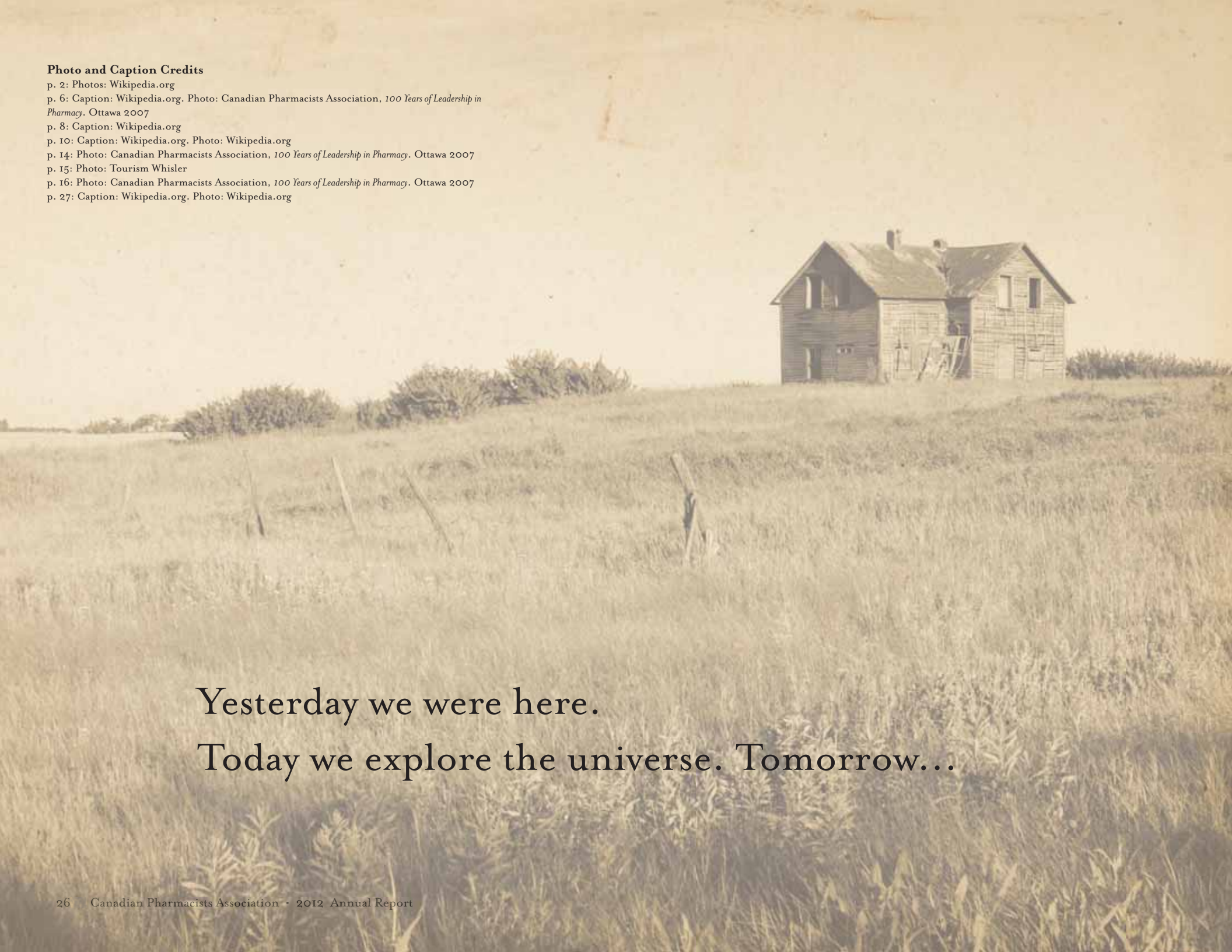
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Yesterday we were here.  
Today we explore the universe. Tomorrow...





2012

**Chris Hadfield**

*Chris Hadfield is the first Canadian to command the International Space Station.*



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