CPhA’s first full year under the new membership and governance model was a whirlwind of activity. Our new Board of Directors spent the first half of the year developing and fostering a culture of collaboration, working together with our Organizational Members and key stakeholders in the best interests of the profession and supporting one another on key, critical issues affecting the profession.

Our first priority of 2015 was to create a new mission, vision and strategic plan to take CPhA through 2015-2018 and beyond. Following extensive, coast-to-coast consultations with provincial and national association representatives and key stakeholders, our Board worked tirelessly to come to consensus on the direction that our revitalized association should take, and then pressed on to build awareness and support for the new plan, as well as begin the next phase of implementation. One of the most significant changes to note in the new strategic plan is a renewed focus on advocacy for the profession. Our decision to play a leading role as the strong national voice of pharmacy resulted in noticeably increased attention from governments, the media and the public.

During the second half of 2015 we put our plan into action. With emphasis on our three strategic priorities, Lead, Educate, Innovate, CPhA took a stand on a range of issues facing the profession. One of the most significant efforts was the launch of Pharmacare 2.0. CPhA is rebooting the national conversation around pharmacare and we are dedicated to changing the narrative on this crucial issue. CPhA believes that a national pharmacare program must be more than just reducing drug costs; it needs to stay focused on optimal health outcomes and patient-centred care. We’re working with our stakeholders to move away from government preoccupation with cost containment to a national pharmacare program that looks at the needs of Canadians. After all, we’re talking about pharmaCARE, not pharmaCOST. You’ll read more about Pharmacare 2.0 in this report, as well as in our ongoing efforts to ensure optimal care for all Canadians, and I think you’ll agree that we’re moving this conversation in the right direction.

I am so proud of CPhA’s accomplishments in 2015 and grateful to have had the opportunity to serve as Chair of the CPhA Board of Directors. I’m looking forward to continuing to foster a community of collaboration as we work together to accomplish the goals and objectives in our strategic plan and continue to advocate for optimal drug therapy outcomes for Canadians through patient-centred care.

Carlo Berardi
Life is a highway ....

At a recent gathering of pharmacy stakeholders I described how I felt that our organization was finally getting up to speed after spending the first 18 months focusing on internal matters, such as our business model, governance changes and creating a 3-year strategic plan. One of the participants laughed and suggested it was actually hard to keep up with all of the activities CPhA is engaged in at the moment. I guess he’s right; we’ve actually left the on ramp, merged with traffic and are now well ensconced in the passing lane!

Taking a look in the rear view mirror—or in this case this annual report—you will see many of our successes tackling critical issues and opportunities that face the profession. We’ve been active on urgent federal files, including Assisted Dying and Medical Marijuana. We helped to give pharmacists a voice in the last federal election and the new government’s first budget. We’ve informed the national pharmacare debate with the real life perspective of experts involved in the business and practice of medicines. We’ve spoken out on important patient safety issues like drug abuse, shortages and acetaminophen safety.

Better still, we’ve accomplished all of the above while keeping our hand firmly on the operational wheel to ensure the continued success of our businesses and services including our largest annual conference ever and another solid year of financial performance.

The details are all contained in this report. I am very proud of, and thankful for, the contributions of CPhA’s Board and staff to our continued success. I look forward to more in 2016. Let’s hope we don’t get a speeding ticket!

Perry Eisenschmid
The New CPhA: Lead, Educate, Innovate

This is an exciting time for Canadian pharmacists. Never before has the profession been more important to the health of Canadians, been afforded a higher level of trust, or had more influence over the future direction of health care in Canada.

Following the implementation of a new governance structure in 2014, CPhA emerged stronger and more focused than ever. During this exciting time of growth and unprecedented collaboration between pharmacy associations across Canada, CPhA has charted a bold new course with a revitalized mission, vision and strategic plan to ensure a stronger and more unified voice for the profession of pharmacy.

MISSION
Advancing the health and well-being of Canadians through excellence in pharmacist care.

VISION
Pharmacists providing world-class pharmacy leadership.

Our new 3-year strategic plan covers three priority areas: Lead, Educate, Innovate.

LEAD:
As the national voice of the profession, CPhA will provide important leadership on key national issues affecting the profession and the health of Canadians.

EDUCATE:
As the trusted source of pharmacist practice resources in Canada, CPhA will ensure pharmacists have the educational tools, information and support required to provide optimal drug therapy and patient care.

INNOVATE:
To enhance the health of Canadians, CPhA will provide innovative models and solutions for pharmacy practice advancement.

The course for CPhA’s future is clear. With a stronger national voice, enhanced collaboration and increased support for pharmacist practice advancement, together we will make meaningful and lasting contributions to the profession of pharmacy and the health and well-being of Canadians.
CPhA is dedicated to collaborating with our Organizational Members and Affiliates to support a range of activities and add value for organizations, associations and individual pharmacist members.

ADVOCACY & POLICY DEVELOPMENT

With advocacy taking a more prominent role in our activities throughout 2015, CPhA developed a consultative process for policy development. Through the creation of the Advocacy Working Group and a number of ad hoc committees, CPhA engaged members at every step of the process in formulating new policies to strengthen the national voice of pharmacy. Improving patient safety through pharmacist dispensing of medical marijuana, ensuring protections for pharmacists in assisted dying and developing principles for increasing patient access to medications are just some of the areas where CPhA has engaged its members in consultative policy development over the past year. The successes you’ll read about in this report were made possible only through continued stakeholder engagement and CPhA is committed to exploring new ways to grow member engagement in this area in the coming year.

DELIVERING MEMBER VALUE

Adding value for our Organizational Members and their individual pharmacist members is a high priority for CPhA. In late 2015 we were very pleased to start providing our member associations with complimentary copies of the Canadian Pharmacists Journal (CPJ) to distribute to their individual pharmacist members. A $130 value, CPJ is now distributed to more than 17,000 pharmacists across the country. We also struck an Affinity Program Working Group to identify, evaluate and implement affinity and discount programs that could be offered to all pharmacists. With representatives from each Organizational Member, the group first focused on expanding existing affinity programs to other associations. BCPhA’s successful Telus Mobility offer and the Canadian Pharmacists Travel Affinity program were launched nationally and have been very well received so far. The group continues to review and implement new programs and services that leverage our collective knowledge and strength and we anticipate the launch of several additional programs through 2016 that will increase membership value for all of our partner associations. CPhA has also provided shared services for our Organizational Members, including media monitoring, polling, government relations monitoring and a subsidized subscription to IMS Brogan services.

Thank you to all of our Organizational Members and Affiliates for a highly successful year. We’re looking forward to continuing to strengthen our relationship and working together to advance the health and well-being of Canadians through excellence in pharmacist care.
Our Organizational Affiliate partnership program gives key pharmacy stakeholders who support our mission and vision the opportunity to be a part of the new CPhA. Together we advocate for optimal health outcomes for Canadians through excellence in pharmacist care and safe, effective drug therapy.
We will achieve our mission and vision by:

• **SPEAKING AS THE NATIONAL VOICE FOR THE PROFESSION**
  
  • Leading practice advancement to enable pharmacists to utilize the full extent of their knowledge and skills in providing health care
  
  • Collaborating with other health care providers and key stakeholders to optimize health outcomes for Canadians
  
  • Protecting the safety, security and integrity of the medication system through the development of and participation in medication safety and quality improvement initiatives
  
  • Supporting pharmacists in providing medication management, health promotion and disease prevention services
  
  • Being the trusted source of education, information, tools and resources to support safe and effective medication use and optimal drug therapy outcomes
CPhA is speaking as the national voice for the profession

CPhA is the unifying national voice of pharmacy and the pharmacist profession in Canada. We engage with national decision-makers and health stakeholders on a regular basis to demonstrate the value of pharmacy services to the health care system and to the health of Canadians.

PHARMACIST AWARENESS MONTH
Pharmacists: Trusted Care When and Where You Need It
CPhA worked closely with provincial pharmacy associations and CAPSI on another successful PAM campaign in 2015. This year CPhA commissioned a detailed national survey to determine Canadians’ perceptions and attitudes towards pharmacists and the range of health care services they provide. The survey, conducted by Abacus Data in February, yielded a range of positive results demonstrating the high-level of trust and confidence Canadians place in pharmacists.

CPhA released key survey data throughout March with three media releases:
• Canadians Support Increased Role for Pharmacists
• Canadians Trust Pharmacists to Deliver High-Quality Care and Services
• Pharmacists Play a Key Role in Achieving Higher Immunization Rates

Other notable highlights included a statement released by Minister of Health Rona Ambrose and a range of PAM tools and resources.

FEDERAL ELECTION 2015
In mid-August CPhA launched its federal election platform, “A Prescription for Better Health, Better Care, and Better Value,” calling on federal political parties and candidates to commit to addressing three key health care recommendations: pan-Canadian pharmacare, a national plan for e-prescribing and an enhanced national immunization strategy. We published an election primer detailing the recommendations and emphasizing the key role pharmacists can play in addressing the challenges facing our health care system. In addition to sharing the election primer with federal parties and candidates, CPhA also submitted questionnaire to ask each of the political parties to outline their vision for the future of health care in Canada and to address key issues affecting pharmacists’ ability to deliver high-quality health care services.
To enhance voter engagement, CPhA launched a candidate contact tool that allowed over 1000 pharmacists to send emails to their local candidates in support of CPhA’s recommendations.

Post-election commitments from the new Liberal government touched on two of our election platform priorities: improving access to prescription drugs and increasing childhood vaccinations rates. CPhA met with the new health minister to discuss how pharmacists can help improve the quality and sustainability of health care in Canada and how CPhA can support the government in meeting its health policy priorities.

ASSISTED DYING

In February the Supreme Court handed down its decision in the *Carter v. Canada* case, which ruled that assisted dying is constitutional. In response, the previous federal government convened the External Panel on Options for a Legislative Response to *Carter v. Canada* to seek input from the public on legislative options as well as formal submissions from health care stakeholders. To inform its submission to the Panel, CPhA conducted an online survey with nearly 1000 pharmacist respondents. In November, CPhA appeared before the Panel to highlight early considerations in the development of legislation as it pertains to pharmacy practice, including operational considerations such as protection of conscience, pharmacist participation, pharmacist counselling and drug information issues. CPhA continues to ensure that pharmacists’ views are represented as Canada develops a comprehensive regime for assisted dying.

PRESENTATIONS TO THE FEDERAL GOVERNMENT AND POLITICAL PARTIES

We continue to communicate with the federal government regularly, offering support and expertise on issues affecting pharmacists and the health and safety of Canadians. In 2015, CPhA made a number of presentations and submissions to House of Commons and Senate Committees, as well as presentations before panels and roundtables, on topics ranging from the pharmacist scope of practice, antimicrobial resistance, Bill S-4 (PIPEDA), tamper-resistant drug regulations, assisted dying and the 2015 federal budget.
IN THE MEDIA

CPhA saw a dramatic increase in the amount of media coverage of our top issues in 2015. In addition to the statements and news releases we published, CPhA representatives spoke passionately on a variety of issues in print, radio and television media sources. Some of the highlights included:

• Chair Carlo Berardi discussed CPhA’s Pharmacare 2.0 initiatives throughout the year on numerous panels and with several regional and national news outlets, including TVO’s The Agenda, National Newswatch and the Canadian Healthcare Network.

• Director of Professional Affairs Phil Emberley provided expertise on a range of pharmacy issues with a variety of regional and national news outlets, including CTV News, CBC’s The National and the National Post. Issues included fentanyl misuse and addiction, emergency contraceptive pills, Health Canada’s approval of mifegymiso, HPV, prescription drug abuse, digital health and tamper-resistant medications.

• OPA Board Member Mike Cavanaugh represented CPhA on a Pharmacare panel for CBC Radio’s White Coat, Black Art.

NEWS RELEASES AND STATEMENTS

CPhA issued news releases on a variety of topics in 2015, including:

• Acetaminophen safety
• Assisted dying
• Federal budget
• Federal election 2015
• Fentanyl
• HPV strategy for males
• Immunization and public awareness
• Levonorgestrel emergency contraceptive pills
• Mandatory drug reporting
• Pharmacare
• Prescription drug abuse
• Refugee health coverage
• Tamper-resistant drug regulations
We will achieve our mission and vision by:

• Speaking as the national voice for the profession

• LEADING PRACTICE ADVANCEMENT TO ENABLE PHARMACISTS TO UTILIZE THE FULL EXTENT OF THEIR KNOWLEDGE AND SKILLS IN PROVIDING HEALTH CARE

• Collaborating with other health care providers and key stakeholders to optimize health outcomes for Canadians

• Protecting the safety, security and integrity of the medication system through the development of and participation in medication safety and quality improvement initiatives

• Supporting pharmacists in providing medication management, health promotion and disease prevention services

• Being the trusted source of education, information, tools and resources to support safe and effective medication use and optimal drug therapy outcomes
In 2015, CPhA continued to advocate for expanded scopes of practice and educate the public to lead practice advancement and contribute to excellence in pharmacist care.

PHARMACARE 2.0

National pharmacare was a key issue for CPhA and health care stakeholders throughout 2015. Calls for national pharmacare increased following the publication of a paper in the Canadian Medical Association Journal in March suggesting Canada could save billions of dollars through a universal prescription drug plan. In late June CPhA launched its Pharmacare 2.0 initiative, a process designed to reboot the national conversation and put an emphasis on improving health outcomes and patient-centred care.

In September CPhA released its Pharmacare 2.0: Principles and Priorities discussion paper outlining the key principles for a pan-Canadian pharmacare framework: Access & Equity, Safety & Effectiveness and Innovation and Sustainability. The priorities were informed by extensive consultations, including a national survey that showed that a majority of Canadians support pharmacare and want a program that covers the professional services and health advice provided by pharmacists, plus Pharmacare Forums co-hosted with our Organizational Members across the country. Throughout the year, CPhA also appeared before the media and presented its vision for pharmacare at several government and health care stakeholder meetings, including the Canadian Association for Healthcare Reimbursement, Ontario Ministry of Health and Long-Term Care and with the new federal minister of Health, Jane Philpott. For more information visit: www.pharmacists.ca/pharmacare.
EXPANDING SCOPE OF PRACTICE FOR CANADIAN PHARMACISTS

Throughout 2015 pharmacists in several provinces gained new authorities, further expanding the scope of practice for pharmacists across Canada. In Saskatchewan, pharmacists are now able to administer drugs by injection, including the flu vaccine, and order and interpret lab tests. In Quebec, pharmacists can now extend, adapt and adjust prescriptions for certain conditions, assess and prescribe for minor ailments, order and interpret laboratory tests and administer a drug for demonstration purposes. In Newfoundland and Labrador, pharmacists can now prescribe for 20 minor ailments, perform therapeutic substitutions with another drug of equivalent therapeutic affect and prescribe Schedule II, III or unscheduled drugs using their professional judgement. For a full list of expanded scope of practice changes, visit our website.

FEDERAL ROLE IN SCOPE OF PRACTICE

The House of Commons Standing Committee on Health (HESA) tabled a report on the federal role in the scope of practice of health care professionals in late May. HESA heard from nearly 30 health care organizations, including CPhA, on particular responsibilities of the federal government in the definition and administration of scopes of practice for health care professionals. The report reflects CPhA’s testimony to the Committee, which is quoted extensively throughout, and contains 14 recommendations to the federal government to better support expanded scope of practice, including the call for enhanced collaboration with provincial and territorial governments as well as health stakeholders to address health human resources challenges, promote pan-Canadian harmonization of scopes of practice and implement electronic health records across Canada.

BLUEPRINT FOR PHARMACY NEXT STEPS

In February the CPhA Board of Directors informed the Blueprint Steering Committee (BPSC) that it would cease support of the National Coordinating Office effective June 1. Members of BPSC worked with CPhA through a Blueprint Transition Advisory Committee to make recommendations around next steps for pharmacy stakeholder engagement in Canada and to ensure that ongoing Blueprint projects are overseen and supported until their completion. In early September, a Blueprint Transition Report was shared with pharmacy stakeholders across Canada, informing them of the history and successes of the Blueprint and the need for further work and engagement to achieve the Vision for Pharmacy. The important work of the Blueprint will form the basis of a renewed and invigorated thought-leadership and engagement process launching in 2016.
### 2005 Pharmacists’ Scope of Practice in Canada

<table>
<thead>
<tr>
<th>Task</th>
<th>BC</th>
<th>AB</th>
<th>SK</th>
<th>MB</th>
<th>ON</th>
<th>QC</th>
<th>NB</th>
<th>NS</th>
<th>PEI</th>
<th>NL</th>
<th>NWT</th>
<th>YT</th>
<th>NU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renew/extend prescriptions</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Change drug dosage/formulation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Make therapeutic substitution</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Prescribe for minor ailments/conditions</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Initiate drug therapy independently</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Order and interpret lab tests</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Administer a drug by injection</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Regulated Pharmacy Technicians</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

### 2015 Pharmacists’ Scope of Practice in Canada

<table>
<thead>
<tr>
<th>Task</th>
<th>BC</th>
<th>AB</th>
<th>SK</th>
<th>MB</th>
<th>ON</th>
<th>QC</th>
<th>NB</th>
<th>NS</th>
<th>PEI</th>
<th>NL</th>
<th>NWT</th>
<th>YT</th>
<th>NU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renew/extend prescriptions</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Change drug dosage/formulation</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Make therapeutic substitution</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Prescribe for minor ailments/conditions</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Initiate drug therapy independently</td>
<td>X</td>
<td>✓</td>
<td>L</td>
<td>L</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>L</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Order and interpret lab tests</td>
<td>X</td>
<td>✓</td>
<td>P</td>
<td>L</td>
<td>X</td>
<td>✓</td>
<td>P</td>
<td>✓</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Administer a drug by injection</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>L</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Regulated Pharmacy Technicians</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>L</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
We will achieve our mission and vision by:

• Speaking as the national voice for the profession

• Leading practice advancement to enable pharmacists to utilize the full extent of their knowledge and skills in providing health care

• COLLABORATING WITH OTHER HEALTH CARE PROVIDERS AND KEY STAKEHOLDERS TO OPTIMIZE HEALTH OUTCOMES FOR CANADIANS

• Protecting the safety, security and integrity of the medication system through the development of and participation in medication safety and quality improvement initiatives

• Supporting pharmacists in providing medication management, health promotion and disease prevention services

• Being the trusted source of education, information, tools and resources to support safe and effective medication use and optimal drug therapy outcomes
CPhA is a trusted source of knowledge and information for governments and stakeholders. We’re frequently called upon to offer expert advice as we work together to develop a sustainable health care system for Canadians. We participate on various national committees and panels to ensure that the voice of pharmacy is heard and understood in critical discussions.

**PHARMACY HEALTH INSURANCE STEERING COALITION**

Over the past two years, CPhA has been working in collaboration with the Neighbourhood Pharmacy Association and the Canadian Life and Health Insurance Association to build support for private payer funding of expanded pharmacy services. As a result of our joint efforts, the Canada Revenue Agency (CRA) added pharmacist professional service to the list of services eligible for medical expense tax credit, making them eligible for reimbursement through Health Spending Accounts. To ensure uptake of this benefit, the Pharmacy Health Insurance Steering Coalition (PHISC) has focused on developing resources and information for pharmacists and private payers. Specifically, PHISC has developed pharmacy services brochures for six types of services and a fee list that provides private payers with suggested parameters for reimbursement. These documents were finalized and circulated to stakeholders in early 2016.

**HEALTH ACTION LOBBY**

In December 2014, the Health Action Lobby (HEAL), a coalition of 39 health care stakeholders, released *The Canadian Way*, a document containing a vision for the role of the federal government in health care, and recommendations heading into the 2015 federal election on how that role could be strengthened. CPhA was actively involved in the production of this report. Since its release, HEAL has met with senior representatives from all three parties to communicate the recommendations, taken out ads and appeared in the media. Activities through 2015 included political events, social media and garnering media coverage in community and regional media outlets. Visit www.healthactionlobby.ca for more info.
NATIONAL AND INTERNATIONAL MEETINGS

Canada 2020 Healthcare Summit
Top leaders from the policy, medical, academic and business community gathered in Ottawa for the Canada2020 Healthcare Summit on December 1. The summit, sponsored in part by CPhA, featured keynotes, panels, networking and discussions about the different models, technologies and trends shaping Canada’s health care system. The event was attended by government representatives including Jane Philpott, Minister of Health, who addressed delegates and outlined the government’s health priorities, including marijuana legalization and regulations, assisted dying legislation, improving health services for First Nations and negotiating a new health accord.

National Health Leadership Conference
CPhA attended the National Health Leadership Conference (NHLC), held June 15-16 in Charlottetown, PEI. Bringing together around 700 health leaders from government, education and research organizations, professional associations and industry, NHLC aims to provide a forum to discuss the challenges and opportunities facing today’s health leadership in Canada. In addition to conference sessions and workshops, NHLC featured the Great Canadian Healthcare Debate, an opportunity to debate and pass policy resolutions aimed at assisting policy-makers address key health care challenges in Canada. Top motions endorsed during the debate included a national pharmaceutical strategy, models for reforming primary and seniors care, a commitment to adopt electronic health records and optimizing scopes of practice for health professionals.

Team-Based Models Summit
Since provincial and territorial premiers asked the Council of the Federation in 2013 to examine ways in which frontline pharmacists could be more effectively used in team-based models, CPhA has been working with the provinces to identify best practices and leading-edge examples of pharmacists providing expanded services within team based environments. These best practices were shared with governments and other health stakeholders at a national Team-Based Models Summit held in Ottawa on February 18. The summit was co-hosted by the FPT Committee for Health Workforce, CPhA, CMA, CNA and HEAL.

FIP World Congress
CPhA attended the International Pharmaceutical Federation’s (FIP) 75th World Congress of Pharmacy and Pharmaceutical Sciences from September 29–October 3 in Düsseldorf, Germany, where CPhA’s Director of Professional Affairs, Phil Emberley, presented a research poster that discussed how the ADAPT program prepares pharmacists for expanded scope. CPhA also contributed to other reports and presentations that were featured at the congress, including a presentation on US pharmacists who took the ADAPT program and a report on pharmacist-led activities towards establishing tobacco-free communities.
**Pharmintercom**

From August 23–26, CPhA representatives attended Pharmintercom in London, UK, with counterparts from the national pharmacy associations of Australia, Ireland, South Africa, United Kingdom, United States and New Zealand. Discussion over the three days focused on many of the business issues related to pharmacy and, in particular, issues around reimbursement. A key outcome was a commitment to conduct an annual, more thorough and rigorous survey of critical policies and reimbursement practices affecting pharmacy in the seven participating nations.

**NON-INSURED HEALTH BENEFITS PROGRAM**

In 2014 the Minister of Health and the Assembly of First Nations (AFN) announced a review of the Non-Insured Health Benefits (NIHB) program. In January 2015 the Working Group tasked with leading this review agreed upon a critical path and confirmed that issues related to pharmacy coverage under NIHB would be considered, as well as a range of additional issues that provincial pharmacy associations have raised. CPhA is leading a coalition of nine health provider groups to focus the voice of the provider community and we met with AFN in April to discuss how health providers could be engaged in the review process in order to share ideas on solutions for reform. In November CPhA and our Organizational Members participated in an evaluation questionnaire to reflect pharmacists’ experiences and feedback from across Canada. Once input was gathered, Dawn Martin, CEO, Pharmacy Association of Saskatchewan, participated in an interview on behalf of CPhA to communicate the role of pharmacists in NIHB, issues with the program and recommended improvements.

**REFUGEE HEALTH CUTS**

On June 15, health professionals across Canada held the 4th annual National Day of Action in 20 cities across Canada to protest cuts to the Interim Federal Health Program (IFHP). In Ottawa, CPhA spoke at a rally on Parliament Hill urging the government to withdraw their appeal of the Federal Court’s decision ruling the cuts unconstitutional. In December the federal government announced that it would withdraw the appeal. CPhA issued a statement welcoming the announcement and calling on the government to restore the full benefits of the Interim Federal Health Program to pre-2012 levels. CPhA has played a leading role in the health care community mobilizing opposition to the cuts and was part of a coalition of eight national health provider organizations calling on the federal government to rescind its policy.
We will achieve our mission and vision by:

• Speaking as the national voice for the profession
• Leading practice advancement to enable pharmacists to utilize the full extent of their knowledge and skills in providing health care
• Collaborating with other health care providers and key stakeholders to optimize health outcomes for Canadians

PROTECTING THE SAFETY, SECURITY AND INTEGRITY OF THE MEDICATION SYSTEM THROUGH THE DEVELOPMENT OF AND PARTICIPATION IN MEDICATION SAFETY AND QUALITY IMPROVEMENT INITIATIVES

• Supporting pharmacists in providing medication management, health promotion and disease prevention services
• Being the trusted source of education, information, tools and resources to support safe and effective medication use and optimal drug therapy outcomes
CPhA is protecting the safety, security and integrity of the medication system through the development of and participation in medication safety and quality improvement initiatives.

Medication safety is a critical component of a sustainable health care system. CPhA works closely with governments and stakeholders to offer expert advice, helping ensure that Canadians are protected.

**DRUG SHORTAGES**

In February 2015 the Minister of Health announced that it would now be mandatory for manufacturers to report shortages to www.drugshortages.ca. In mid-June, the Multi-Stakeholder Steering Committee on Drug Shortages (MSSC) released a report outlining best practices and guidelines in contracting and procurement strategies to better prevent and mitigate drug shortages. CPhA worked closely with MSSC in the development of the report. In addition, the federal Health Minister announced proposed amendments to the *Food and Drug Regulations* on June 23 that would require manufacturers to provide advanced notice of anticipated shortages or discontinuations on a public website. CPhA has played a leading role in addressing drug shortages and advocating for mandatory reporting.

**PHARMACY CLAIM STANDARD**

CPhA led the development of the Pharmacy Claim Standard (CPhA PCS) over 20 years ago. The pharmacy landscape has grown exponentially since then, and the CPhA PCS is now used to adjudicate more than 500 million prescription and professional services claims annually. CPhA began work in 2014 to assess the use of the CPhA PCS and the needs of pharmacists and a number of issues have been identified, including the inability to process claims greater than $99,999, as well as challenges in properly coding claims for expanded services. Throughout 2015, we worked with stakeholders to develop a renewed PCS to meet the needs of pharmacy, governments and the insurance industry for years to come.
CONSULTATION ON ACETAMINOPHEN SAFETY

In November CPhA responded to Health Canada’s request for feedback on a new labelling standard for acetaminophen. The consultation is one of several steps Health Canada is taking to improve the safe use of acetaminophen, prevent unintentional and intentional overdose and minimize liver toxicity. CPhA strongly supports steps to ensure the safe use of acetaminophen and clear labelling of acetaminophen products. Our response also requested strengthening the message to consumers that pharmacists be consulted regarding the proper use of acetaminophen. We believe that the pharmacist profession has important input to ensure any program elements are effective and appropriate. Since Health Canada began its efforts to improve acetaminophen safety in 2009 with an initial safety review and updated labelling language for non-prescription acetaminophen products, CPhA has been an active participant in stakeholder consultations.
We will achieve our mission and vision by:

- Speaking as the national voice for the profession
- Leading practice advancement to enable pharmacists to utilize the full extent of their knowledge and skills in providing health care
- Collaborating with other health care providers and key stakeholders to optimize health outcomes for Canadians
- Protecting the safety, security and integrity of the medication system through the development of and participation in medication safety and quality improvement initiatives

**SUPPORTING PHARMACISTS IN PROVIDING MEDICATION MANAGEMENT, HEALTH PROMOTION AND DISEASE PREVENTION SERVICES**

- Being the trusted source of education, information, tools and resources to support safe and effective medication use and optimal drug therapy outcomes
CPhA is supporting pharmacists in providing medication management, health promotion and disease prevention services

To offer expanded services to their patients, pharmacists need to be knowledgeable and confident with the skills required to offer those services. Through our accredited CE programs and conferences, CPhA granted 38,585 CEUs to pharmacists in 2015.

CPD/CE WORKING GROUP

On December 10 CPhA hosted a facilitated strategy discussion on a national approach for the development and delivery of continuing education and professional development to meet pharmacists’ needs. The session brought together representatives from all of CPhA Organizational Members and the group agreed on the need for a national CPD/CE working group and its overall goals. Two immediate next steps include a needs assessment and environmental scan of factors impacting skill needs.

ADAPT PATIENT CARE SKILLS DEVELOPMENT PROGRAM

Our award-winning ADAPT program continued to help pharmacists transform their practices in 2015. A thorough review of the program found that while pharmacists are interested becoming more efficient, effective and confident in their delivery of health care, the length, expense and intensity of the comprehensive 19-week program deterred them from registering for ADAPT. In response, CPhA split the program into four shorter courses, making it more affordable and more accessible.

The complete program now includes the same transformational learning but in four separate courses that are shorter and offered more often:

- **Course 1:** Medication Assessment and Collaboration
- **Course 2:** Patient Interviewing, Assessment and Documentation
- **Course 3:** Evidence-based Clinical Decision Making
- **Course 4:** Putting It All Together: The ADAPT Certificate in Patient Care Skills
Pharmacists can take up to two years to complete all four courses and challenge for their ADAPT Certificate in Patient Care Skills. The final full ADAPT program ran from February to June 2015; individual courses were launched in summer 2015 with Course 1 running two complete sessions and Course 2 offered once. In total, 106 pharmacists participated in one or more ADAPT session during 2015.

Published research on ADAPT continues to prove the program’s impact on practice change. CPhA Director of Professional Affairs, Phil Emberley, presented a research poster at the FIP World Congress in Düsseldorf, Germany, in September demonstrating how the ADAPT online program prepares pharmacists for expanded scope activities. A new paper on the ADAPT pilot cohort experience, “Participation in online continuing education,” by Barb Farrell et al., was accepted for publication in the *International Journal of Pharmacy Practice* and published in February 2016.

**ADAPT in the United States**

CPhA partnered with the American Pharmacists Association (APhA) to offer ADAPT to American pharmacists. The program was revised for a US audience to align with advanced scope of practice and new payment models. It was launched at the APhA conference in San Diego in March with the first class of 12 pharmacists starting in July. CPhA and APhA collaborated on a series of presentations to the California State Board of Pharmacy in October and the Deans of Pharmacy Schools of California in December to showcase the program as part of APhA’s efforts to have US-ADAPT recognized as an alternative credentialing pathway towards pharmacists attaining Advanced Practice Pharmacist status in the State of California.

**ADAPT and the College of Pharmacists of British Columbia (CPBC)**

The CPBC renewed their commitment to the ADAPT program by extending their $1000 rebate to all BC pharmacists who completed the ADAPT program in 2015. A total of 42 pharmacists were eligible for this rebate in 2015.

**Assessing and Prescribing for Minor Ailments**

Pharmacists in eight Canadian provinces can now prescribe for minor ailments. In partnership with the Ontario Pharmacists Association (OPA), CPhA developed a program on the assessment and treatment (including prescribing) of minor ailments to help pharmacists attain the knowledge required to offer these services. The 35.25-CEU online program covers the 33 different conditions for which pharmacists may prescribe. The program builds on CPhA’s digital drug and therapeutic content on Minor Ailments. Two modules from the program (Patient Assessment and Triage; Superficial Fungal Skin Infections) were presented in live format to more than 100 pharmacists at the Pharmacists’ Association of Newfoundland and Labrador (PANL) conference on September 19, and the full program was launched in February 2016.
**Lab Tests**

Launched in March 2014, Lab Tests — Ordering, Monitoring and Interpreting Laboratory Tests to Optimize Medication Management is the first national CE program to help pharmacists develop the skills and confidence to incorporate lab values into practice. The 12.75-CEU online certificate-level program helped 427 pharmacists make better decisions for patient care in 2015.

**Lab Tests and Dalhousie University Continuing Education in Pharmacy**

CPhA partnered with Dalhousie University on a combined live and online program to help pharmacists incorporate lab results into their practices. The full program includes CPhA’s online program, a live full day and completion of a Final Action Plan. The blended program was approved by the NS College as a requirement for ordering lab tests in Nova Scotia.

**Medication Review Services**

Developed to train pharmacists to provide high quality medication review services in their community pharmacies, the 8-CEU online Medication Review Services program is applicable in all provinces and covers all aspects of a medication review service, including identifying and gathering information, approaches to identifying drug therapy problems, developing and implementing care plans, collaborating with physicians, documentation and follow-up. More than 329 pharmacists took this course in 2015 and 99% agreed that the quality of their medication review services would improve after completing the program.

**Canadian Pharmacists Conference 2015**

Jointly hosted by CPhA and the Ontario Pharmacists Association (OPA) the Canadian Pharmacists Conference 2015 welcomed over 1000 delegates to Ottawa, May 28-31. From opening keynote speaker Dr. Joseph Cafazzo, Senior Director, Centre for Global eHealth Innovation at Toronto’s University Health Network, to closing speaker Senator Kelvin Ogilvie, Chair of the Senate Standing Committee on Social Affairs, Science and Technology, the conference was a full three days of non-stop innovation and collaboration. The exemplary slate of CE sessions covered four distinct streams: therapeutics, pharmacy practice, research and knowledge sharing. The Trade Show hosted 85 booths and gave our sponsors and exhibitors an opportunity to interact directly with delegates. On the research side, we featured 19 oral and 43 poster presentations highlighting cutting-edge pharmacy practice research from across Canada.
We will achieve our mission and vision by:

• Speaking as the national voice for the profession

• Leading practice advancement to enable pharmacists to utilize the full extent of their knowledge and skills in providing health care

• Collaborating with other health care providers and key stakeholders to optimize health outcomes for Canadians

• Protecting the safety, security and integrity of the medication system through the development of and participation in medication safety and quality improvement initiatives

• Supporting pharmacists in providing medication management, health promotion and disease prevention services

• BEING THE TRUSTED SOURCE OF EDUCATION, INFORMATION, TOOLS AND RESOURCES TO SUPPORT SAFE AND EFFECTIVE MEDICATION USE AND OPTIMAL DRUG THERAPY OUTCOMES
We are constantly updating and improving our products to ensure pharmacists and other health care providers have point-of-care access to the answers they need to make the best decisions for and with their patients.

**CPhA LAUNCHES NEXT GENERATION e-PRODUCT: RxTx**

On June 18, CPhA launched RxTx, the next generation of our e-products. Including the complete content from our full reference library: *Compendium of Pharmaceuticals and Specialties* (CPS), *Compendium of Therapeutic Choices* (CTC), *Compendium of Therapeutics for Minor Ailments* (CTMA) and *Compendium of Products for Minor Ailments* (CPMA), RxTx is a total redesign of the e-Therapeutics application. Boasting a modern user interface, more powerful search and intuitive navigation, RxTx is already providing an enhanced user experience. The vast majority of comments from our customers using RxTx since its launch have been very positive, with many indicating a significant increase in workflow efficiency and ease of use.

**NEW CONTRACT WITH THE DEPARTMENT OF NATIONAL DEFENSE**

CPhA signed a three-year contract with the Department of National Defense (DND) to provide all DND medical staff with access to CPS Online, CPS Mobile and an offline electronic version of CPS. Developed by CPhA’s IT team, the offline version will allow DND clinicians (including pharmacists, physicians, nurses, medics, etc.) to access critical drug information while abroad when internet connectivity may not be readily available.
PARTNERSHIP WITH THE CANADIAN MEDICAL ASSOCIATION

CPhA continued to work with the Canadian Medical Association (CMA) in 2015 to put CPhA’s drug and therapeutic content in the hands of thousands of physicians across Canada as an exclusive membership benefit. This ongoing partnership means that even more Canadian health care professionals are using our evidence-based drug and therapeutic information to provide high quality health care for Canadians.

TRUSTED LIBRARY OF DRUG AND THERAPEUTIC INFORMATION

The Compendium of Pharmaceuticals and Specialties (CPS) is the Canadian standard for drug monographs. The CPS 2015 print edition contained more than 2000 product monographs for drugs, vaccines and natural health products, including 165 new products for the Canadian market and over 160 monographs written by CPhA’s expert editorial staff. Both the English and French editions were printed as two-volume sets and a total of 6100 English and 1200 French copies came off the presses in February and March.

The most recent print editions of the Compendium of Therapeutic Choices (CTC), Compendium of Therapeutics for Minor Ailments (CTMA) and Compendium of Products for Minor Ailments (CPMA) were available for purchase through 2015 and content was updated regularly in RxTx. New editions of CTMA and CPMA will be published in summer 2016.

CPhA Implements Updated Content Model: DITA

In an effort to meet the evolving business needs of CPhA with respect to the creation, processing and publishing of its health information content (CPS, CTC, CTMA, and CPMA) a great deal of effort this year went into adopting and implementing a new content model, following the DITA (Darwin Information Typing Architecture) standard as it applies to authoring and publishing XML content. The new content model strongly promotes multichannel publishing and significantly improves content re-use through modularity, as well as supporting delivery of our content through integration with clinical systems.

CANADIAN PHARMACISTS JOURNAL (CPJ)

Top CPJ papers of 2015 included an update on the use of antiplatelet agents in cardiovascular disease, an online clinical pathway for managing adults with chronic kidney disease, a primer on how to help patients with dementia and a practice tool for the safe use of oral chemotherapeutics by pharmacists. Pharmacist-specific guidelines published included the management of dyslipidemia, Parkinson’s disease and hypertension. Dr. Sherilyn Houle and colleagues won the CPJ Best Paper Award for their 2014 article, “Paying pharmacists for patient care: A systematic review of remunerated pharmacy clinical care services.” CPJ exhibited at the annual conference with editor-in-chief Dr. Ross Tsuyuki and representatives from SAGE. Dr. Lori MacCallum of the Banting and Best Diabetes Centre at the University of Toronto was the featured CPJ speaker.
and outlined the importance of pharmacist care for patients with diabetes. A short video on why pharmacists should read *CPJ* and the importance of pharmacy practice research was released in October and is available on the CPhA website at www.pharmacists.ca/cpj. Starting with the November/December 2015 issue, CPhA is now offering the *Canadian Pharmacists Journal* to all pharmacist members of our Organizational Members, quadrupling the print circulation to over 18,000. We are also delivering print copies to provincial and federal health policy makers and other health professional organizations.

**Pharmacy Practice Research**

In 2015, the Canadian Pharmacy Practice Research Group (CPPRG) hosted webinars on the Collaborative Community Offsite Pharmacy Practice Phase 1: Influenza Immunization (CO-OPPI), the Medication Assessment Centre at the University of Saskatchewan, the STAT Network and Tips for Designing Pharmacy Practice Research. CPhA remained committed to highlighting the latest global pharmacy practice research throughout the year with the monthly e-newsletter Live Links; while *the Translator*, a newsletter summarizing key Canadian research articles with health policy implications, covered topics including the role of pharmacists in improving community mental health care, benefits of pharmacist management and intervention in anticoagulation therapy management and the application of pharmacists’ expanded knowledge in respiratory illness.

**Influenza Resources for Pharmacists**

In October CPhA launched its annual influenza campaign in collaboration with Immunize Canada. A number of resources were developed to ensure pharmacists had the most recent and relevant information for the 2015-2016 season, including a comprehensive Influenza Immunization Guide with detailed information about this year’s vaccine recommendations, setting up an influenza clinic and identifying high risk patients.

**Resources for Refugee Care**

On November 25 the government announced its plan to welcome 25,000 Syrian refugees to Canada. Under the plan, all Syrian refugees will be eligible for health benefits under the Interim Federal Health Program (IFHP), which includes prescription drug coverage. CPhA posted a range of information and resources on our website to help pharmacists who might engage with these refugees and worked with the Public Health Agency of Canada to develop educational materials for pharmacists on IFHP which will help pharmacists in providing the best possible care to these refugees.
The Bottom Line

CPhA’s 2015 surplus dropped $607,000 versus 2014 ending the year at $1,007,000. The driving factor in the decreased surplus was our focus on increasing support for our two highest strategic priorities: 1) creating a stronger national voice for pharmacists and, 2) providing increased value for our member associations and organizational affiliates.

To help achieve these priorities, CPhA increased expenses by $885,000 2015 vs. 2014. Some of these increased expenses included:

- Approximately $562,000 in additional salaries, benefits and professional development to add expert staff in our Public & Professional Affairs department.
- Slightly less than $254,000 in targeted government relations and liaison activities related to priority advocacy issues such as increased authority and appropriate reimbursement for expanded pharmacist services, the role of pharmacists in the distribution of medical marijuana, and an exploration of appropriate models for national pharmacare (to name just a few).
- Just over $557,000 in expanded membership support including a national IMS Brogan subscription and increased conference expenses in support of our joint conference with the Ontario Pharmacists Association.

The above amounts were offset somewhat by the following organization-wide efforts to improve efficiencies and better align costs to the revenues they support, including:

- Research and practice innovation expenses were lower by just under $158,000 due to a decrease in Blueprint-related initiatives.
- Continuing professional development (CPD) expenses were lower by just under $137,000 due to decreased development costs and course enrollment.
- Print and distribution costs were lower by just over $133,000 due to lower royalty costs and a shorter print run.

Total revenue for 2015 increased from 2014 by just under $278,000 as a result of:

- Higher electronic product sales of just over $512,000.
- Increased sponsorship grants and programs of just over $156,000 thanks to joint efforts to attract new sponsors and increase sponsorship revenue for our annual conference.
- Almost $150,000 increase in conference revenues due to higher registration and exhibit sales.
The above amounts were offset somewhat by the following revenue items being lower than 2014:

- Building and investment incomes by just over $226,000 as the overall markets had lower returns
- Participation revenue by just under $152,000 due to fewer submitted monographs
- CPD revenue by almost $163,000 as a result of fewer registrations

The addition of over $1,000,000 to our reserves will help mitigate expected future pressures on our current revenue streams as we continue to focus on developing new revenue generating opportunities, which will allow us to continue to invest in stronger advocacy for the profession and new products and programs to benefit our Organizational Members, the individual pharmacists who belong to them and our Organizational Affiliates.

Overall, at the end of 2015, CPhA remains in a solid financial position with net assets over $11,956,000.
CANADIAN PHARMACISTS ASSOCIATION

Summary Financial Statements

Year ended December 31, 2015

REPORT OF THE INDEPENDENT AUDITORS ON THE SUMMARY FINANCIAL STATEMENTS

To the Members of the Canadian Pharmacists Association

The accompanying summary financial statements of the Canadian Pharmacists Association, which comprise the summary statement of financial position as at December 31, 2015, the summary statement of operations and changes in net assets for the year then ended, and related notes, are derived from the audited financial statements prepared in accordance with Canadian accounting standards for not-for-profit organizations, of the Canadian Pharmacists Association as at and for the year ended December 31, 2015.

We expressed an unmodified audit opinion on those financial statements in our report dated April 26, 2016.

The summary financial statements do not contain all the disclosures required by the Canadian accounting standards for not-for-profit organizations applied in the preparation of the audited financial statements of the Canadian Pharmacists Association. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the 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 the Canadian Pharmacists Association as at and for the year ended December 31, 2015 are a fair summary of those financial statements, in accordance with the basis described in note 1.

KPMG LLP
Chartered Professional Accountants, Licensed Public Accountants
April 26, 2016
Ottawa, Canada
### Summary Statement of Financial Position

December 31, 2015, with comparative information for 2014

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 9,263,678</td>
<td>$ 7,537,631</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>780,971</td>
<td>1,394,026</td>
</tr>
<tr>
<td>Inventory</td>
<td>7,260</td>
<td>60,974</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>467,986</td>
<td>294,457</td>
</tr>
<tr>
<td></td>
<td>10,519,895</td>
<td>9,287,088</td>
</tr>
<tr>
<td>Investments</td>
<td>3,731,061</td>
<td>3,807,057</td>
</tr>
<tr>
<td>Tangible capital and intangible assets</td>
<td>5,599,147</td>
<td>5,660,145</td>
</tr>
<tr>
<td></td>
<td><strong>$ 19,850,103</strong></td>
<td><strong>$ 18,754,290</strong></td>
</tr>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current liabilities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$ 1,281,646</td>
<td>$ 1,101,044</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>6,611,649</td>
<td>6,703,906</td>
</tr>
<tr>
<td></td>
<td>7,893,295</td>
<td>7,804,950</td>
</tr>
<tr>
<td><strong>Net assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>2,222,661</td>
<td>1,372,195</td>
</tr>
<tr>
<td>Internally restricted</td>
<td>4,135,000</td>
<td>3,917,000</td>
</tr>
<tr>
<td>Investment in tangible capital and intangible assets</td>
<td>5,599,147</td>
<td>5,660,145</td>
</tr>
<tr>
<td></td>
<td><strong>11,956,808</strong></td>
<td><strong>10,949,340</strong></td>
</tr>
<tr>
<td></td>
<td><strong>$ 19,850,103</strong></td>
<td><strong>$ 18,754,290</strong></td>
</tr>
</tbody>
</table>

See accompanying notes to summary financial statements.
## Summary Statement of Operations and Changes in Net Assets

Year ended December 31, 2015, with comparative information for 2014

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sales</td>
<td>$8,394,031</td>
<td>$7,881,797</td>
</tr>
<tr>
<td>Participation</td>
<td>4,517,048</td>
<td>4,668,973</td>
</tr>
<tr>
<td>Membership dues and conference</td>
<td>1,212,286</td>
<td>1,062,270</td>
</tr>
<tr>
<td>Building and investment</td>
<td>395,111</td>
<td>621,125</td>
</tr>
<tr>
<td>Sponsorship grants and programs</td>
<td>670,069</td>
<td>513,939</td>
</tr>
<tr>
<td>Continuing professional development (CPD)</td>
<td>360,375</td>
<td>522,958</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>15,548,920</td>
<td>15,271,062</td>
</tr>
<tr>
<td><strong>Expenses:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries, benefits and professional development</td>
<td>7,455,230</td>
<td>6,892,865</td>
</tr>
<tr>
<td>Printing and distribution</td>
<td>1,340,753</td>
<td>1,474,239</td>
</tr>
<tr>
<td>Technology</td>
<td>1,262,716</td>
<td>1,216,704</td>
</tr>
<tr>
<td>Professional fees and administration</td>
<td>776,577</td>
<td>976,915</td>
</tr>
<tr>
<td>Directors, executive and committees</td>
<td>562,261</td>
<td>436,566</td>
</tr>
<tr>
<td>Marketing and business development</td>
<td>576,296</td>
<td>590,633</td>
</tr>
<tr>
<td>Membership services and conference</td>
<td>1,279,142</td>
<td>721,797</td>
</tr>
<tr>
<td>Research and practice innovation</td>
<td>173,341</td>
<td>331,280</td>
</tr>
<tr>
<td>Amortization of tangible capital and intangible assets</td>
<td>497,018</td>
<td>508,039</td>
</tr>
<tr>
<td>Continuing professional development (CPD)</td>
<td>194,196</td>
<td>330,776</td>
</tr>
<tr>
<td>Government relations and liaison activities</td>
<td>411,844</td>
<td>158,028</td>
</tr>
<tr>
<td>Organizational development</td>
<td>12,078</td>
<td>18,268</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>14,541,452</td>
<td>13,656,110</td>
</tr>
<tr>
<td><strong>Excess of revenue over expenses</strong></td>
<td>$1,007,468</td>
<td>$1,614,952</td>
</tr>
<tr>
<td><strong>Net assets, beginning of year</strong></td>
<td>10,949,340</td>
<td>9,334,388</td>
</tr>
<tr>
<td><strong>Net assets, end of year</strong></td>
<td>$11,956,808</td>
<td>$10,949,340</td>
</tr>
</tbody>
</table>

See accompanying notes to summary financial statements.
The Canadian Pharmacists Association (the “Association”) was incorporated under the Canada Corporations Act on September 16, 1924. Effective July 1, 2014, the Association continued their articles of incorporation from the Canada Corporations Act to the Canada Not-for-Profit Act.

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 (Canada) and, as such, is not subject to income taxes.

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 and for the year ended December 31, 2015.

The summary financial statements require 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 summary financial statements have been prepared by management using the following criteria:

(a) whether information in the summary financial statements is in agreement with the related information in the complete audited financial statements; and

(b) 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 the Canadian Pharmacists Association are available upon request by contacting the Association.
2015 Award Winners

CONGRATULATIONS TO OUR INSPIRING 2015 CPhA AWARD WINNERS.

CATHY PUFFER
Canadian Pharmacist of the Year

RITA CALDWELL
CPhA Honorary Life Award

JOHN PUGSLEY
CPhA Honorary Life Award

DENNIS GORECKI
CPhA Meritorious Service Award

CHERYL COX
CPhA International Leadership Award

ROBERT PAMMETT
CPhA New Practitioner Award

JOHN SHASKE
CPhA Patient Care Achievement Award for Innovation

SHERILYN HOULE
CPJ Best Paper of the Year Award

MEGHAN KING
Dean George A. Burbidge Award
CPhA Centennial Leadership Award

(Back Row Standing, L-R)
- Caitlin McIntyre, University of Toronto
- Wendell Neubeker, University of Saskatchewan
- Megan Harrison, Dalhousie University
- Daniel Burton, University of Alberta
- Jennifer MacKenzie, University of Waterloo

(Front Row Seated, L-R)
- Emily King, Memorial University
- Yannick Harvey, Université Laval
- Alexis Wanner, University of Manitoba
- Mitchell Prasad, University of British Columbia
- Karina Savoie, Université de Montréal
CPhA Board of Directors as of December 31, 2015

CARLO BERARDI
Chair & Ontario Pharmacists Association

ALISTAIR BURSEY
Vice Chair & New Brunswick Pharmacists’ Association

JIM ARMOUR
Individual Director

BRIAN WOODS
Individual Director

BLAKE HANNA
Individual Director

MURRAY PERELMAN
Individual Director

JANE FARNHAM
Individual Director

SUSAN MANSOUR
Association of Faculties of Pharmacy of Canada

MARK DICKSON
British Columbia Pharmacy Association
NEIL CAMERON
Alberta Pharmacists’ Association

CHRISTINE HRUDKA
Pharmacy Association of Saskatchewan

BARRET PROCYSHYN
Pharmacists Manitoba

NORMAND CADIEUX
Association québécoise des pharmaciens propriétaires

ROSE DIPCHAND
Pharmacy Association of Nova Scotia

SHAWN CALLAGHAN
Prince Edward Island Pharmacists Association

KEITH BAILEY
Pharmacists’ Association of Newfoundland and Labrador
CPhA Senior Staff as of December 31, 2015

Chief Executive Officer
Perry Eisenschmid

Vice President, Public & Professional Affairs
Glen Doucet

Vice President, Information Technology
Ajit Ghai

Vice President, Corporate Services
Rick Leach

Vice President, Marketing, Sales and e-Commerce
Steven Lugtigheid

Manager, Executive & Board Affairs
Helen Loverdos

From left to right: Rick Leach, Ajit Ghai, Steven Lugtigheid, Perry Eisenschmid, Helen Loverdos and Glen Doucet