

PHARMACISTS' ASSOCIATION  
OF NEWFOUNDLAND & LABRADOR

2010 – 2011  
ANNUAL REPORT

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SCULPTING THE FUTURE OF  
PHARMACY TOGETHER

RESPECTFULLY SUBMITTED TO:  
GENERAL MEMBERSHIP

SEPTEMBER 2011



2010-2011

# ANNUAL REPORT

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# 7<sup>TH</sup> ANNUAL GENERAL MEETING

SEPTEMBER 18<sup>TH</sup>, 2010

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## • MINUTES •

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### 1. PRESIDENT'S WELCOME & OPENING REMARKS

The 7<sup>TH</sup> Annual General Meeting of the Pharmacists' Association of Newfoundland and Labrador (the "Association") was held on September 18<sup>th</sup>, 2010 at the Sheraton Hotel, St. John's, Newfoundland and Labrador. President Rick Abbott chaired the meeting and established that a quorum was present. The meeting was called to order at 2:17 p.m.

President Abbott welcomed everyone and expressed appreciation to those present for taking time out of their busy schedules to attend the meeting.

Trent White was introduced as the Resolutions Chair. Any media or non-pharmacists, who may be present, were asked to stand and be recognized. President Abbott recognized that one member duly exercised their proxy rights.

The Chair called for a moment of silence for those colleagues who passed away this past year.

### 2. INTRODUCTION OF COUNCIL MEMBERS

President Abbott introduced the Council Members:

- Rick Abbott, President - Hospital
- Stephanie Young, Vice President – Eastern Region
- Rick Elliott, Executive Member - Central Region
- Trent White, Past President – Western Region
- Gary Skanes – Central Region
- Rod Forsey – Eastern Region
- Ted Dawe – Hospital
- Catherine Goulding – Western Region
- Denise McGrath - Eastern Region
- Stephanie Pittman - New Practitioner (absent)
- Jonathan Edwards, Student Observer
- Mary Ann Butt, Executive Director (ex-officio)

### 3. ADOPTION OF MINUTES (OCTOBER 3<sup>RD</sup>, 2009)

President Abbott called for a motion to approve the minutes of the 6<sup>th</sup> Annual Meeting of the Association held on October 3<sup>rd</sup>, 2009, which were previously circulated to the membership.

**MOTION:** *That the minutes of the 6<sup>th</sup> Annual General Meeting of the Association be adopted as printed.* – Moved by Seumas Gibbons and Seconded by Tom Healy. **CARRIED.**

#### 4. BUSINESS ARISING FROM MINUTES

The Chair called for any business arising from the minutes. There was no business arising.

#### 5. FINANCIAL STATEMENTS (APRIL 1, 2009 TO MARCH 31, 2010)

President Abbott called for a motion to adopt the audited financial statements of the Association for the twelve months ended March 31<sup>st</sup>, 2010. These statements have been made available to the membership in the Annual Report.

**MOTION:** *That the Audited Financial Statements of the Association for the twelve months ended March 31<sup>st</sup>, 2010 be adopted as printed.* – Moved by Tom Healy and Seconded by Trent White. **CARRIED.**

#### 6. APPOINTMENT OF AUDITOR

The Chair called for a motion to re-appoint Morrissey & Company as the auditors for the Association.

**MOTION:** *That the Association re-appoint Morrissey & Company as the Auditors for the coming year 2010/11.* – Moved by Catherine Goulding and Seconded by Linda Hensman. **CARRIED.**

#### 7. ANNUAL REPORT

The Chair called for a motion to approve the 2009-2010 Annual Report of the Association as circulated to the membership.

**MOTION:** *That the Association's 2009-2010 Annual Report be adopted as circulated.* – Moved by Arlene Crane and Seconded by Aubrey Anstey. **CARRIED.**

#### 8. COUNCIL ELECTION

President Abbott announced that the elections held earlier in the Spring resulted in two new pharmacists being elected to Council. He welcomed Sandra Carey from the Central Region and Joan Roach from the Eastern Region.

President Abbott announced Rod Forsey for the Eastern Region, Denise McGrath for the Eastern Region and Rick Elliott for the Central Region elected by acclamation.

#### 9. RESOLUTIONS

President Abbott called on Mr. Trent White, Resolutions Chair, to assist in presenting the resolutions to the general membership.

- a. **OMNIBUS RESOLUTION:** Respecting the approval of past decisions of Council and Officers of the Association.

**By-Law Change #1: Relating to Governance**

**BE IT RESOLVED:**

That the By-Laws of the Pharmacists' Association of Newfoundland and Labrador be amended to reflect terms which are more aligned with current corporate governance practices.

Therefore, to appropriately distinguish the governance role and responsibility of Members of the Board of Directors, as referenced in the Articles of Incorporation, from that of the general membership of the Association, a change is required throughout the By-Laws from **Council Member** to **Director**.

**MOTION:** *That By-Law Change #1: Relating to Governance be adopted as printed* – Moved by Tom Healy and Seconded by Don Rowe. **CARRIED**

**By-Law Change #2: Relating to a change to the voting Authority of the Board of Directors of the Association**

**BE IT RESOLVED:**

That the By-Laws of the Pharmacists' Association of Newfoundland and Labrador be amended to reflect a more effective and authoritative voting process for the Board of Directors within the following By-Law sections, as follows:

**5.0 COUNCIL MEETINGS**

5.7 Questions arising at any Council Meeting shall be decided by a majority of votes, other than that of the Chair, **who will only have the right to vote whenever such vote will affect the result. This can be to effect a majority vote or to create a tie vote. When such vote will create a tie, the Chair can cast it and defeat the measure. In this instance, a tie vote will sustain the Chair upon the principle that the decision of the Chair can only be reversed by a majority (see Section 5.8), as per Roberts Rules of Order.;** ~~and~~ In the case of an equality of votes, the Chair must cast the deciding vote.

5.8 All meetings of the Council shall be chaired by the President if present, and failing him, the Vice-President/President-Elect. If either the President or the ~~Vice-President/President-Elect~~ refuses to act as Chair of any Council Meeting, then a ~~Director/Council Member~~ chosen by majority vote of the remaining ~~Directors/Council Members~~ at the said Council Meeting shall be the Chair of such Council Meeting.

5.9 For conduct of meeting clarification(s), the rules contained in the latest revised edition of Robert's Rules of Order shall govern the conduct of meetings in all Association's By-Laws.

Members expressed concern with a President of the Association having two votes. Rick Abbott provided members with the rationale for this procedure and provided examples of situations in which this could occur.

**6.0 OFFICERS AND EXECUTIVE COMMITTEE**

**6.1 The officers of the Association shall be the following:**

- a) President
- b) Vice President - *Amended 07Sep29.*
- c) Executive Member
- d) Past-President (ex-officio, **notwithstanding that, if the Past-President is re-elected to Zone Representative, the position will not be ex-officio and will be permitted to vote**)
- e) Executive Director (ex-officio)  
(hereinafter referred to collectively as the "Officers")

**6.2 The Officers shall comprise the Executive Committee of the Association.**

**6.3 A member ex-officio of the Executive Committee shall have the right to participate, but shall not have the right to vote, in deliberations of the Executive Committee, other than what is stated in Section 3.2**

Section 3.2 states: *“The Past-President of the Association shall be an ex-officio Council Member unless he is elected to Council pursuant to Section 4.0 herein, which outlines the Zone positions on Council”*

There was concern expressed from the floor that this type of voting procedure would be more dangerous. Sandra Carey agreed to look at the new Robert’s Rules to clarify consensus voting.

**6.4 Except as elsewhere provided or otherwise inconsistent with these By-Laws:**

a) the Officers shall be appointed annually by the Council from within their body at the first Council Meeting following the Annual Meeting of the Association;

i) The appointment of President, Vice President and Executive Member, will be accomplished at the first meeting of Council after the Annual General Meeting. This election meeting will be chaired by the Executive Director (as ex-officio).

Directors will put their name(s) forward “or” be nominated by another member (nominated individual must agree with nomination) for position of President.

If only one name goes forward, then the appointment of that individual will be unanimous. In the case of more than one individual seeking this position, then the nomination will be determined by private ballot vote of all Council members. The nominee will be determined by a majority of council votes. In the case of a tie vote, the Executive Director, with the assistance of two scrutineers from council meeting, if required, will place one ballot for each tied member into an appropriate container and draw one ballot from that container. The drawn ballot will determine appointment for that position.

The same process will then be followed for each of the Vice President and Executive Member positions.

**6.7 The President shall:**

h) preside and act as Chair at all meetings of the Association at which he is present, including but not limited to, meetings of its members, the Executive committee and of the Council. Should, for some reason, the President decline to act as Chair, then the protocol of Section 5.8 would be implemented.

Concern was expressed related to lack of continuity especially considering that the President is elected for a one year term.

## 10.0 MEETINGS OF MEMBERS OF THE ASSOCIATION

**10.10** With the exception of questions which require a "special resolution" of the members of the Association pursuant to the *Corporations Act (Newfoundland and Labrador)*, questions arising at any Annual or Special Meeting of the Association shall be decided by a majority of votes by show of hands, unless a poll relating to such questions is required by the Chair of the Meeting or is demanded by any voting member or his proxy. Whenever there is a vote ~~by show of hands~~, the Chair shall not vote except in the case of an ~~inequality~~ equality of votes, where the Chair shall cast the deciding vote. Whenever a vote by show of hands shall have been taken upon a question, unless a poll thereon be requested or demanded, a declaration by the Chair of the meeting that the vote upon the question has been carried and an entry to that effect in the minutes of the proceedings at the meeting shall be *prima facie evidence of the fact without proof of the number or proportions of the votes* recorded in favor of or against any resolution or the proceeding in respect of the said question, and the result of the vote so taken shall be the decision of the Association in Annual or Special meeting, as the case may be, upon the question. A demand for a poll may be withdrawn at any time prior to the taking of the poll.

**MOTION:** *That By-Law Change #2: Relating to change to the voting Authority of the Board of Directors of the Association be adopted as printed - - Moved by Tom Healy and Seconded by Brian Healy. A vote resulted with 25 in favor and 42 opposed. Stephanie Young and Don Rowe abstained from the vote. DEFEATED*

### b. General Resolution – Thanking Conference Organizers

**WHEREAS** *the Association recognizes the tremendous amount of time and effort put forth by the 2010 Conference Committee; and,*

**WHEREAS** *the Association recognizes the service and support provided by the management and staff of the Sheraton Hotel;*

**BE IT RESOLVED** *that the general membership extend their sincere thanks and appreciation to those involved in making the 2010 Annual Conference a success.*

- Moved by Dwight Ball and Seconded by Arlene Crane. **CARRIED.**

### c. General Resolution – Thanking Outgoing Council Members

**WHEREAS** *the Association recognizes the support and commitment of outgoing Council members who have volunteered their time as officers/ directors of the Association, in particular, Gary Skanes and Stephanie Young.*

**BE IT RESOLVED** *that the membership of this Association extend their sincere thanks and appreciation to each of these members for their time and support.*

- Moved by Jeremy Reid and Seconded by Linda Hensman. **CARRIED.**

### d. Omnibus Resolution: Respecting the approval of past decisions of Council and Officers of the Association.

**WHEREAS** *the Board of Directors, Council and Officers of the Association pursuant to the Pharmacy Act (2004), the Corporations Act (Newfoundland & Labrador) and the By-Laws of the Association, have conducted the business affairs of the Association;*

***BE IT RESOLVED** that all acts, contracts, resolutions, proceedings, elections, appointments and transactions, made and taken by the Board of Directors, Council and Officers since the last Annual General Meeting on October 3, 2009 as set forth and referred to in the minutes of the Council or the statements submitted to this meeting be the same and are hereby approved, ratified and confirmed.*

- Moved by Rod Forsey and Seconded by Deborah Elliott. **CARRIED.**

e. **Other Resolutions:** Rick Abbott called for resolutions from the floor.

There were no other resolutions brought to the floor of the AGM.

#### 10. **OTHER BUSINESS**

President Abbott called for any other business. No other business was presented.

#### 11. **ADJOURNMENT**

President Abbott adjourned the meeting at 3:00 pm.

**MOTION:** That the 7th Annual General Meeting of the Association be adjourned. - Moved by Barbara Thomas.

# AUDITOR'S REPORT

APRIL 1, 2010 – MARCH 31, 2011

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• MORRISSEY & COMPANY •

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## AUDITORS' REPORT

To the Members of the PHARMACISTS' ASSOCIATION OF NEWFOUNDLAND AND LABRADOR INC.:

We have audited the accompanying financial statements of the PHARMACISTS' ASSOCIATION OF NEWFOUNDLAND AND LABRADOR INC. (the "Association") which comprise the balance sheet at March 31, 2011 and the statements of operations and changes in net assets for the year then ended, and a summary of significant accounting policies and other explanatory information.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, these financial statements present fairly, in all material respects, the financial position of the PHARMACISTS' ASSOCIATION OF NEWFOUNDLAND AND LABRADOR INC. as at March 31, 2011, and its financial performance and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

St. John's, NL  
July 14, 2011

Chartered Accountants

**PHARMACISTS' ASSOCIATION OF  
NEWFOUNDLAND AND LABRADOR INC.  
BALANCE SHEET**

| As At March 31,   |                           |  |                        | 2011              | 2010              |
|---|---------------------------|--|------------------------|-------------------|-------------------|
| <b>ASSETS</b>   |                           |  |                        |                   |                   |
|   | <b>Operating<br/>Fund</b> | <b>Strategic<br/>Initiative<br/>Fund</b> | <b>Other<br/>Funds</b> | <b>Total</b>      | <b>Total</b>      |
| <b>Current</b>  |                           |  |                        |                   |                   |
| Cash and cash equivalents (Note 9)                                    | \$ 415,612                | \$ -                                     | \$ -                   | \$ 415,612        | \$ 368,989        |
| Term deposits   | 381,057                   | -  | 11,321                 | 392,378           | 451,157           |
| Accounts receivable   | 14,830                    | -  | 146                    | 14,976            | 3,834             |
| Prepaid expenses  | 4,037                     | -  | -                      | 4,037             | 6,947             |
| Interfund (payable) receivable  | <u>(102,247)</u>          | <u>44,940</u>                            | <u>57,307</u>          | <u>-</u>          | <u>-</u>          |
|   | <u>\$ 713,289</u>         | <u>\$ 44,940</u>                         | <u>\$ 68,774</u>       | <u>\$ 827,003</u> | <u>\$ 830,927</u> |
| <b>LIABILITIES</b>  |                           |  |                        |                   |                   |
| <b>Current</b>  |                           |  |                        |                   |                   |
| Accounts payable and accrued liabilities                              | \$ 77,078                 | \$ -                                     | \$ -                   | \$ 77,078         | \$ 51,802         |
| Deferred revenue (Note 4)   | <u>272,335</u>            | <u>-</u>                                 | <u>-</u>               | <u>272,335</u>    | <u>309,066</u>    |
|   | <u>349,413</u>            | <u>-</u>                                 | <u>-</u>               | <u>349,413</u>    | <u>360,868</u>    |
| <b>NET ASSETS</b>   |                           |  |                        |                   |                   |
| Unrestricted - Operating Fund   | 363,876                   | -  | -                      | 363,876           | 353,197           |
| Externally restricted - Strategic Initiative Fund                     | -                         | 44,940                                   | -                      | 44,940            | 48,040            |
| Internally restricted - Harris Trust and Contingency Funds (Schedule) | <u>-</u>                  | <u>-</u>                                 | <u>68,774</u>          | <u>68,774</u>     | <u>68,822</u>     |
|   | <u>363,876</u>            | <u>44,940</u>                            | <u>68,774</u>          | <u>477,590</u>    | <u>470,059</u>    |
|   | <u>\$ 713,289</u>         | <u>\$ 44,940</u>                         | <u>\$ 68,774</u>       | <u>\$ 827,003</u> | <u>\$ 830,927</u> |
| <b>Commitments (Note 6)</b>   |                           |  |                        |                   |                   |

**PHARMACISTS' ASSOCIATION OF  
NEWFOUNDLAND AND LABRADOR INC.  
STATEMENT OF OPERATIONS**

| Year Ended March 31,  |                   |                                 |                              | 2011            | 2010             |
|---|-------------------|---------------------------------|------------------------------|-----------------|------------------|
|   | Operating<br>Fund | Strategic<br>Initiative<br>Fund | Other<br>Funds<br>(Schedule) | Total           | Total            |
| <b>Revenues</b>   |                   |                                 |                              |                 |                  |
| Membership fees - pharmacists<br>(Note 4)                             | \$ 243,240        | \$ -                            | \$ -                         | \$ 243,240      | \$ 230,220       |
| Membership fees - pharmacies (Note 4)                                 | 65,754            | -                               | -                            | 65,754          | 77,370           |
| Conference revenue (Note 4)   | 101,882           | -                               | -                            | 101,882         | 67,225           |
| APSI guide  | 3,752             | -                               | -                            | 3,752           | 2,246            |
| Advertising   | 3,413             | -                               | -                            | 3,413           | 2,775            |
| Interest revenue  | 8,293             | -                               | 452                          | 8,745           | 9,657            |
| Other   | 17,538            | -                               | -                            | 17,538          | 17,830           |
| Severance and vacation adjustment<br>(Note 7)                         | -                 | -                               | -                            | -               | 28,440           |
|   | <u>443,872</u>    | <u>-</u>                        | <u>452</u>                   | <u>444,324</u>  | <u>435,763</u>   |
| <b>Expenses</b>   |                   |                                 |                              |                 |                  |
| Advertising   | 12,715            | -                               | -                            | 12,715          | 17,917           |
| CSHP expenses   | 3,892             | -                               | -                            | 3,892           | 1,730            |
| Committees' expenses  | 11,270            | -                               | -                            | 11,270          | 8,294            |
| Continuing education program costs                                    | 793               | 3,100                           | -                            | 3,893           | 430              |
| Conference expenses   | 55,340            | -                               | -                            | 55,340          | 38,158           |
| Council expenses  | 15,527            | -                               | -                            | 15,527          | 11,623           |
| Executive director expenses   | 4,409             | -                               | -                            | 4,409           | 5,166            |
| Insurance   | 1,962             | -                               | -                            | 1,962           | 2,407            |
| Interest and bank charges   | 2,546             | -                               | -                            | 2,546           | 286              |
| Memberships   | 293               | -                               | -                            | 293             | 780              |
| Miscellaneous   | 1,215             | -                               | -                            | 1,215           | 1,098            |
| Office furniture and equipment  | 11,186            | -                               | -                            | 11,186          | 1,989            |
| Office supplies, postage and office<br>expenses                       | 27,064            | -                               | -                            | 27,064          | 18,963           |
| Pharmacy student scholarships   | -                 | -                               | 500                          | 500             | 1,000            |
| Premises  | 37,077            | -                               | -                            | 37,077          | 36,422           |
| Professional Assistance Program                                       | 30,710            | -                               | -                            | 30,710          | 26,001           |
| Professional fees - audit   | 7,697             | -                               | -                            | 7,697           | 7,522            |
| Professional fees - consulting  | 1,830             | -                               | -                            | 1,830           | 20,842           |
| Professional fees - legal   | 2,331             | -                               | -                            | 2,331           | 9,404            |
| Publications - APSI guide   | 5,600             | -                               | -                            | 5,600           | -                |
| Telephone and communications  | 6,083             | -                               | -                            | 6,083           | 6,119            |
| Wages and benefits  | 193,653           | -                               | -                            | 193,653         | 146,251          |
|   | <u>433,193</u>    | <u>3,100</u>                    | <u>500</u>                   | <u>436,793</u>  | <u>362,402</u>   |
| <b>Excess (deficiency) of revenues over expenses<br/>for the year</b> | <u>\$ 10,679</u>  | <u>\$ (3,100)</u>               | <u>\$ (48)</u>               | <u>\$ 7,531</u> | <u>\$ 73,361</u> |

**PHARMACISTS' ASSOCIATION OF  
NEWFOUNDLAND AND LABRADOR INC.  
STATEMENT OF CHANGES IN NET ASSETS**

| Year Ended March 31,   |                          |                                 |                              | 2011                     | 2010                     |
|--|--------------------------|---------------------------------|------------------------------|--------------------------|--------------------------|
|  | Operating<br>Fund        | Strategic<br>Initiative<br>Fund | Other<br>Funds<br>(Schedule) | Total                    | Total                    |
| Balance, beginning of<br>year                                    | \$ 353,197               | \$ 48,040                       | \$ 68,822                    | <b>\$ 470,059</b>        | \$ 396,698               |
| Excess (deficiency) of<br>revenues over expenses<br>for the year | <u>10,679</u>            | <u>(3,100)</u>                  | <u>(48)</u>                  | <u><b>7,531</b></u>      | <u>73,361</u>            |
| Balance, end of year   | <u><b>\$ 363,876</b></u> | <u><b>\$ 44,940</b></u>         | <u><b>\$ 68,774</b></u>      | <u><b>\$ 477,590</b></u> | <u><b>\$ 470,059</b></u> |

**PHARMACISTS' ASSOCIATION OF  
NEWFOUNDLAND AND LABRADOR INC.  
NOTES TO FINANCIAL STATEMENTS**

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March 31, 2011

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**1. Purpose of the organization**

PHARMACISTS' ASSOCIATION OF NEWFOUNDLAND AND LABRADOR INC. (the "Association") is a local organization that examines issues affecting pharmacists throughout the Province of Newfoundland and Labrador and provides advice accordingly. The Association is incorporated under the laws of the Province of Newfoundland and Labrador as a not-for-profit organization and is exempt from income tax under Section 149 (1) (1) of the Income Tax Act.

**2. Significant accounting policies**

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles, the more significant of which are set out below:

(a) Fund accounting

The Operating Fund reports revenues and expenses related to program delivery and administrative activities.

The Strategic Initiative Fund reports revenues from pharmacy fees and expenses relating to an on-going special project. Upon completion of the project, any remaining funds are to be held for future projects or other purposes to be determined.

The Contingency Fund reports revenues and expenses from unrestricted sources that are allocated internally for contingencies.

The R.J. Harris Trust Fund (Harris Trust) is used to fund the "Ralph J. Harris Future of Pharmacy Award" which is presented annually to a pharmacy student who exudes enthusiasm and passion for the future of pharmacy, is a visionary, is involved in community volunteer work and offers extraordinary promise to the profession. The fund reports revenues and expenses that are allocated internally for this purpose.

(b) Revenue recognition

The Association follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

(c) Property, plant and equipment

Property, plant and equipment additions are expensed in the year of purchase.

(d) Management estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosures of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting periods. Actual results could differ from those estimates.

**PHARMACISTS' ASSOCIATION OF  
NEWFOUNDLAND AND LABRADOR INC.  
NOTES TO FINANCIAL STATEMENTS**

March 31, 2011

**2. Significant accounting policies (continued)**

(e) Financial assets and liabilities

The Association classifies its cash and term deposits as financial assets held for trading. Accounts receivable are classified as loans and receivables. Accounts payable and accrued liabilities are classified as other liabilities.

*Assets or liabilities held for trading*

Financial instruments classified as assets or liabilities held for trading are reported at fair value at each balance sheet date, and any change in fair value is recognized in income in the period during which the change occurs.

*Loans and receivables and other financial liabilities*

Financial instruments classified as loans and receivables and other financial liabilities are carried at amortized cost. Interest income or expense is included in income over the expected life of the instrument.

(f) Cash and cash equivalents

The Association's policy is to disclose bank balances under cash and cash equivalents, including bank overdrafts with balances that fluctuate frequently, from being positive to overdrawn and temporary investments with a maturity period of twelve months or less from the date of acquisition.

**3. Statement of cash flows**

A statement of cash flows is not presented as cash flow information is readily apparent from the other financial statements and the related notes to the financial statements.

**4. Deferred revenue**

Deferred revenue represents membership fees for pharmacists and pharmacies and contributions for the annual conference received in the current year that are related to the subsequent year. Changes in the deferred revenue balances are as follows:

|   | 2011             | 2010             |
|---|------------------|------------------|
| Membership fees - pharmacists:                        |                  |                  |
| Balance, beginning of year                            | \$ 223,369       | \$ 211,298       |
| Add amount received during the year                   | 235,581          | 242,291          |
| Less amount recognized as revenue in the current year | <u>(243,240)</u> | <u>(230,220)</u> |
| Balance, end of year                                  | <u>215,710</u>   | <u>223,369</u>   |

**PHARMACISTS' ASSOCIATION OF  
NEWFOUNDLAND AND LABRADOR INC.  
NOTES TO FINANCIAL STATEMENTS**

March 31, 2011

**4. Deferred revenue (continued)**

|   | 2011              | 2010              |
|---|-------------------|-------------------|
| Membership fees - pharmacies:                         |                   |                   |
| Balance, beginning of year                            | 64,800            | 74,770            |
| Add amount received during the year                   | 55,354            | 67,400            |
| Less amount recognized as revenue in the current year | <u>(65,754)</u>   | <u>(77,370)</u>   |
| Balance, end of year                                  | <u>54,400</u>     | <u>64,800</u>     |
| Conference revenue:                                   |                   |                   |
| Balance, beginning of year                            | 20,897            | 19,206            |
| Add amount received during the year                   | 83,210            | 68,916            |
| Less amount recognized as revenue in the current year | <u>(101,882)</u>  | <u>(67,225)</u>   |
| Balance, end of year                                  | <u>2,225</u>      | <u>20,897</u>     |
| Total deferred revenue                                | <u>\$ 272,335</u> | <u>\$ 309,066</u> |

**5. Capital management**

The capital managed by the Association has traditionally been composed of net assets. The Association does not believe this will change in the foreseeable future.

**6. Commitments**

The Association has the following obligations under the terms of existing operating leases for office space and office equipment:

|                           |           |
|---------------------------|-----------|
| Year ended March 31, 2012 | \$ 35,638 |
| March 31, 2013            | 35,638    |
| March 31, 2014            | 1,978     |

**7. Severance and vacation adjustment**

In prior years, the Association accrued vacation pay and severance pay for several of its employees. During 2010, two of the Association's employees left the organization with both reaching settlements for payment of severance and vacation below the amount that had been accrued in the financial statements. These prior period estimates were adjusted by the Association in fiscal 2010.

**PHARMACISTS' ASSOCIATION OF  
NEWFOUNDLAND AND LABRADOR INC.  
NOTES TO FINANCIAL STATEMENTS**

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March 31, 2011

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**8. Financial instruments**

The fair value of the Association's cash, term deposits, accounts receivable, accounts payable and accrued liabilities approximate their carrying amount because of the short maturity of these instruments.

The Association has a comprehensive risk management framework to monitor, evaluate and manage the principal risks assumed with financial instruments. The risks that arise from transacting financial instruments include credit risk and liquidity risk.

(a) Credit risk

The Association's credit risk is due mainly to its accounts receivable. The Association believes that its accounts receivable credit risk is limited due to nature of its receivable balances.

(b) Liquidity risk

The Association considers that it has access to sufficient funds available to meet its current and long-term financial needs.

**9. Cash and cash equivalents**

Included in cash and cash equivalents is an amount of \$2,310 (2010 - \$20,897) that represents the balance of deferred conference revenue.

**PHARMACISTS' ASSOCIATION OF  
NEWFOUNDLAND AND LABRADOR INC.**  
SCHEDULE OF OTHER FUNDS OPERATIONS AND CHANGES IN OTHER FUNDS NET ASSETS

| Year Ended March 31,                             |                  |                     | 2011             | 2010             |
|--|------------------|---------------------|------------------|------------------|
|  | Harris<br>Trust  | Contingency<br>Fund | Total            | Total            |
| <b>Revenues</b>                                  |                  |                     |                  |                  |
| Interest   | \$ 96            | \$ 356              | \$ 452           | \$ 959           |
| <b>Expenses</b>                                  |                  |                     |                  |                  |
| Pharmacy student scholarships                    | <u>500</u>       | <u>-</u>            | <u>500</u>       | <u>1,000</u>     |
| (Deficiency) excess of revenues<br>over expenses | (404)            | 356                 | (48)             | (41)             |
| Net assets, beginning of year                    | 13,840           | 54,982              | 68,822           | 42,155           |
| Interfund transfers                              | <u>-</u>         | <u>-</u>            | <u>-</u>         | <u>26,708</u>    |
| Net assets, end of year                          | <u>\$ 13,436</u> | <u>\$ 55,338</u>    | <u>\$ 68,774</u> | <u>\$ 68,822</u> |

# PRESIDENT'S REPORT

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• RICK ELLIOTT •

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It has been my privilege to serve as President of PANL over the past year. This has been a busy year for the Association and we think the pace of activity will continue to increase, as the Health Care System is challenged to provide efficiencies and improvements. This means that pharmacists, along with other health care professionals, will encounter considerable change over the coming years.

While the scope of pharmacy practice includes traditional roles, such as compounding and dispensing medications, reviewing medications for safety and efficacy, and providing drug information, it also includes expanding and emerging services. Examples of the expanding and emerging services include increasing clinical consultation services in a variety of settings, prescribing for select health conditions, and chronic disease management. As pharmacists, we are the experts on drug therapy and are the primary health professionals who optimize medication use to help provide patients with the best possible outcomes. As we move forward, we will need to develop ways and means of enhancing our role in supporting the provincial and national health care system. Particular attention will also need to be paid to rural and underserved areas.

These activities and accomplishments, as well as the benefits of PANL membership will be highlighted in the Executive Director's and Committees' reports. Successes this year were accomplished through the dedication of the Association's staff, volunteer committee members and other members who have been involved in a variety of ways. I encourage everyone to read through the Executive Director's and the Committees' annual reports. Their reports will give you an appreciation of the many activities of PANL and its contribution to pharmacy practice throughout the province. In an effort to minimize duplication in reporting, my report will focus on key matters which are currently being negotiated with government and are critical to the viability of pharmacy business and our ability to support health service delivery.

**Pharmacy Contract Negotiations** - One of our greatest challenges is related to the current contract negotiations with the Government of Newfoundland and Labrador. We are all aware of the changes to the pharmacy payment models across the country. The generic pricing models have challenged our profession and have resulted in revenue reductions in other provinces, as provincial governments have legislated changes to pharmacy payment models. PANL's Government Relations Committee and Working Group, has been meeting regularly with officials from the Department of Health and Community Services. We also met with the Minister of Health and Community Services, together with the Minister of Finance and support staff, in order to expedite our contract negotiations. The negotiation meetings are ongoing and we are working towards having a Memorandum of Understanding with government, which outlines their commitment to have a new contract in place over the coming months and with an understanding of what we, as a group, are requesting. PANL's objective is to deliver a contract which will protect the viability of the industry as well as support an efficient service to the public. Our goal is to deliver a contract for pharmacy which is second to none across the country.

**The Pharmacy Network** – PANL recognizes the potential value of the Pharmacy Network and the benefits of connecting pharmacies, health care organizations and physician offices, however, we also recognize there are still issues associated with the overall network concept which are of concern to pharmacy owners. We realize, as with any new project implementation, there will be delays, setbacks and unforeseen issues which will require additional attention. Based on informal feedback, we conducted a survey of the 41 pharmacies which were already connected in June of this year. We obtained feedback from 75% of Pharmacies surveyed and they indicated both positive and negative aspects of network connectivity. The feedback gave us a good perspective on issues which need to be addressed; for example, there was a survey item in which all respondents were unanimous and that item was "It now takes longer to process our prescriptions".

After taking into consideration expected issues such as training, procedure and workflow irregularities, which we anticipate will improve as the system matures, there is still a constant: the implementation of the network has resulted in additional time for pharmacies to process prescriptions. While generally positive, we feel it is important that all parties associated with the Network are aware and realize that this initiative does mean additional costs, time and responsibility for Pharmacy staff. This includes additional time required by pharmacists to ensure that, as the network database is populated, they fully understand and react to potential interactions and irregularities contained in the patient data file. Our current view is that, no matter how positive

the overall network may be, there will be additional costs to pharmacies to enable this new technology to be fully implemented to meet the stated objectives. Based on this information and member feedback, compensation related to the Pharmacy Network is being pursued in our new contract negotiations.

We look forward to being able to finalize the details of our new contract over the coming months and encourage all members to provide feedback and ideas to PANL as to how we might make improvements.

On behalf of all members, I would like to thank both the PANL staff and all volunteers for their efforts and dedication during this past year. The successes and many ongoing activities cannot be accomplished without the staff and committees working together to move our goals forward. I would like to encourage all members to become involved in some way with the Association. It can provide an opportunity to contribute to addressing the issues facing our profession and industry.

I am grateful for the opportunity to have served you over the past year as President and also over the past six years as an Executive member. I look forward to continued association with PANL over the next year in my role as Past President.

Respectfully Submitted

Rick Elliott  
President, PANL

# EXECUTIVE DIRECTOR'S REPORT

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• MARY ANN BUTT •

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I am delighted to provide my second report to the pharmacists of the province as Executive Director of the Pharmacists' Association of Newfoundland and Labrador (PANL). It has been another busy but highly productive year for PANL and I believe the Association continues to achieve and or exceed the goals and objectives as set by PANL's Board of Directors.

I remain confident that the skill set and inherent abilities of PANL's professional team strongly positions us to represent your interests and your profession through the many challenges and changes to come. This is your Association and I encourage you to contact any member of the PANL team at any time throughout the year. We are committed to meeting your needs.

In conjunction with the individual updates provided by PANL's Committee Chairs respecting their activities throughout the year, I would like to use this Annual Report to highlight the benefits of membership and the many initiatives that PANL has been or is involved with. As a result of this update and the projects that we are working on your behalf, I hope you will obtain a sense of PANL's value to the profession. I would like to thank all Committee Chairs and Members for their time, expertise and unflinching support throughout the year as we've worked toward achieving the goals of the Association. Your involvement is very much appreciated by your Association – we could not do it without you.

## **Membership Benefits and Current PANL Activities:**

Devotion to quality is what will drive our profession forward – and the following are just a few examples of the many services we deliver to you:

- ❖ **PANL / Government Contract Negotiations** - PANL's Government Relations Working Group is currently in discussions with government and our goal is to have a new contract in place within the next several months. This model will incorporate elements of various value-added services, pharmacy network transaction fees, enhanced training opportunities for pharmacists and payment models based on today's market reality. As noted in the President's report, "Our goal is to deliver a contract for pharmacy which is second to none across the country".
- ❖ **Pharmacy Audits** – PANL's Government Relations Working Group continues to discuss this issue with government and has, in fact, incorporated this issue as an action item within the current negotiations.
- ❖ **Pharmaceutical Waste Management Project with MMSB** – We continue efforts to develop the framework for a PANL sponsored / industry financed Pharmacy Waste Management Program for the province. We have contacted all drug companies to gain their approval and commitment to this program and are currently in the process of following up with those companies who have not responded to our initial letters.
- ❖ **Hazardous Drug Safety Program** – As a result of the ongoing inspections of Newfoundland Pharmacies by representatives of the Department of Health and Community Services, Occupational Health and Safety Division (OH&S), PANL has been meeting with OH&S representatives with a focus on how we can minimize the impact of these inspections while at the same time ensure that all safety requirements within pharmacies are met. PANL has completed a Pharmacy Hazardous Drug Safety document, which is now available on the PANL website in the members' section under Communications / Reports. We have also lobbied OH&S on your behalf to provide a clearer, more simplified document for pharmacy compliance to safety regulations, which document can also be found on the PANL website.
- ❖ **Provincial Health Information Act (PHIA) Preparedness** – The Provincial Government enacted PHIA into legislation during April of this year. To help Pharmacists understand and comply with this new legislation, PANL has published a PHIA Readiness Document, which can be found in the members' section of the PANL website.

- ❖ **Government Contact Initiative** – PANL has been using every opportunity to meet with Government Representatives, such as the Minister of Health and Community Services, the Deputy Minister of Health and Community Services, the Associate Deputy Minister of Health and Community Services, various Directors within Health and Community Services, the Parliamentary Secretary to the Minister of Health and Community Services along with many others. These meetings are used to establish relationships and discuss Pharmacy issues.
  - ❖ **Pharmacy Network Rollout** – A number of meetings have been held between the PANL Executive Committee and representatives of the Centre for Health Information to discuss ways in which we may collaborate and manage the change required to support adoption by end user pharmacists. This will be an ongoing initiative throughout 2011/12. Please refer to the President's report for additional detail on PANL's efforts to lobby for a pharmacy payment model which recognizes the additional work associated with this worthwhile initiative.
  - ❖ **Continuing Education Initiatives** – PANL continues to partner with the School of Pharmacy in evaluating and reviewing the means through which we can expand our educational programme to the province's pharmacists. In the interim, PANL continues its commitment to continuing education as we canvass drug supply and manufacturing companies with requests for support and funding for pharmacists' benefit. These efforts continue to be successful, as we have achieved support for CEs at our annual meeting, zone meetings and other events.
  - ❖ **Communication with Members** - Through our quarterly Advocacy News publications, our website, emails and media engagements, PANL has provided a Pharmacy centric information platform to keep you informed of issues related to our industry, both within the province and across the country.
  - ❖ **Annual PANL Conference** – The 2011 conference is being held at the Sheraton Hotel in St. John's in September. We received very positive feedback from conference delegates last year and are looking forward to similar feedback from this year's Conference. Organizing an event such as this takes a tremendous amount of time and effort from conference volunteers and staff and we encourage you to attend. The annual Conference provides pharmacists with a valuable opportunity to learn of current trends and update their knowledge and skills in the profession by attending numerous continuing education programs. It also provides an opportunity to network and meet companies whose cutting-edge products and services are specifically designed to help pharmacy businesses excel and grow.
  - ❖ **Public Relations** - PANL continues to dedicate funds toward strategically advertising and promoting the profession. We have highlighted pharmacy awareness through various ads and stories in the Telegram, and province-wide radio ads for Pharmacist Awareness Week. We also have year-round radio ads which runs on the Avalon, samples of which can be accessed at any time via our Website home page under the NEWS category.
- The PANL President and I have conducted a number of interviews on several issues pertaining to pharmacists and the profession, and the members of the Public and Professional Relations Committee has utilized every opportunity available in order to highlight the profession and educate the public. We will continue to seek ways through which we can expand our future public relations efforts.
- ❖ **PANL Website** – This year, we introduced a new website with a new look and increased functionality. Please contact the office at any time to get your access information and visit us at [www.panl.net](http://www.panl.net).
  - ❖ **Credit Card Payment Capability** – You now have the option of making payments to PANL using your Visa or MasterCard. This is a feature that the majority of our members have been asking for and we are answering your needs by providing this capability.
  - ❖ **By-Law Review** – PANL and the Board have undergone an extensive By-Law review process this year to update our Association By-Laws. Some changes include an updated By-Law layout which is more user friendly, as well as an introduction of various changes which will hopefully clarify several sections and allow us the *option* to use cost effective electronic voting technologies.
  - ❖ **New Strategic Plan** – the PANL Board has begun the process, with an outside consultant, to redefine our strategic plan for the next three years and develop a proactive plan to allow us to accomplish the goals as set by the Board of Directors.

- ❖ **General Support** – On a daily basis, we interact with pharmacies/pharmacists to resolve many questions/issues you may be encountering with the drug formulary, third party payors, safety concerns, waste disposal, workers compensation, the pharmacy network, PHIA proclamation, theft and robbery concerns, NLPB correspondence, CE updates and requests...along with numerous other items.
- ❖ **Relationship Building** – Throughout the year, the Executive Director and other PANL staff strive to improve relationships with pharmacy stakeholders. This includes representing Newfoundland pharmacists in dealings and discussions with national counterparts, provincial affiliated associations, the Newfoundland and Labrador Pharmacy Board, the MUN school of Pharmacy (ongoing support of first year students by supplying White Coats during the White Coat Ceremony), and multiple other stakeholders. In addition, regular meetings of the Provincial Pharmacy Advocacy Organizations (PPAO) and the Community Pharmacy Affairs Group (CPAG) are ongoing. PPAO consists of the Executive Directors of the Provincial Associations and CPAG consists of the Presidents and Executive Directors of the provincial associations and the President and Executive Director of CPhA. PANL also continued its financial support of the CSHP-NL Branch this year.
- ❖ **Third Party Payors** - This year, as in previous years, third party payor issues continue to be of concern to our members as well as inquiries from payors themselves. Consequently, such inquiries continue to place demands on our resources. These inquiries include, but are not limited to, pricing issues, benefits, formulary questions, etc.
- ❖ **Operational transparency and accountability** - PANL continues to develop operational transparency and accountability to members. This is accomplished primarily through the Annual Conference and General Meeting, regional/zone meetings, and website/quarterly newsletters. Again, we encourage all members to contact our office at any time to ask questions and/or make suggestions on matters of concern to them.
- ❖ **Additional Member Benefits** - PANL Preferential Insurance Rates for Members and Students, New Pharmacist Mentorship Program, Legal, Regulatory, and Industry - Single Point Negotiation, Timely News and Industry Information, Multiple Industry Networking Opportunities, Professional Staff Supporting your Interests at Multiple Levels and Timely News and Industry Information.

You will see from my report that, while many of the PANL initiatives are specific to our strategic direction, there are and have been many other projects and activities which span several initiatives and are required to ensure we meet the overall objectives of the Association. These would include multiple activities and projects required to ensure that we are informed, supportive and compliant with the many regulations, rules and policies associated with the profession. These are fostered through the PANL office as either primary or support initiatives.

One of these key initiatives is the **Blueprint for Pharmacy**. The Blueprint for Pharmacy National Coordinating Office (BP-NCO), established by CPhA, continues to lead the Blueprint initiative and provides support for the work of the Steering and Fundraising Committees. A website was launched to update stakeholders on the rollout of the Blueprint Implementation Plan and related activities. The website can be accessed at [www.blueprintforpharmacy.ca](http://www.blueprintforpharmacy.ca). Please note that I have recently been appointed to the Blueprint for Steering Committee and, by virtue of being involved at this level in the implementation of the Blueprint, will be sharing its evolution with you over the coming year. A full list of Blueprint-related activities and updates can also be found on the above-noted website.

I would also like to take this opportunity to express my thanks to PANL's Board of Directors for their ongoing commitment to the Association on behalf of all provincial pharmacists. A special thank you to Rick Elliott, our outgoing President, who has unselfishly offered so much of his time and expertise to achieving the goals of this past year. And, an immeasurable note of appreciation to PANL staff – you have been instrumental this year in advancing and achieving the goals and objectives of PANL's Board of Directors and Executive.

In closing, considering the operational impacts of the changes and improvements that were implemented this past year at the Association, I am happy with the results that were achieved. Though the next year will bring different challenges, I believe that we are now better positioned, going forward, to accomplish the PANL Board's goals and objectives on our members' behalf.

# GOVERNMENT RELATIONS COMMITTEE REPORT

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• ROBIN VATCHER, CHAIR •

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The recent years' change has been unprecedented for Pharmacy across Canada. Ongoing reformulation to payment models as a result of the reduction of generic drug costs across the country, and around the world, continues to drive significant change in how pharmacies and pharmacists operate and will be remunerated in the future.

During the past year, your Government Relations Committee has continued to lobby Government on your behalf. At the time of this report's submission, we continue to have active negotiations with the Government of Newfoundland and Labrador, to put in place a new contract for the provincial government's drug program. This Committee consists of a working group, which is comprised of Independent Pharmacy Owners and Corporate Stakeholder Representatives. While we continue to closely monitor other jurisdictions across the country, we are very aware that any agreed upon contract in Newfoundland and Labrador needs to accommodate our unique rural community structure and wide-spread geography.

After multiple meetings with executive members within the Department of Health and Community Services, the PANL Government Relations Working Group has been recently asked, by the Minister, to represent provincial pharmacies in negotiating a new pharmacy contract for our represented members. Our negotiation meetings have allowed us to communicate the negative repercussions of other provincial models and how we need a "Newfoundland and Labrador" deal which supports pharmacies and pharmacists across the province. The Minister has indicated to the Committee that he understands the issues and has publically stated that he has no desire to introduce a contract which will result in pharmacy closure or service reductions, particularly in our more rural areas. The committee goal is that we have a new contract in place in the near future which will provide a sustainable business model for all provincial pharmacies, provide the groundwork for pharmacy practice expansion, acknowledge the additional work and process associated with the Pharmacy Network and provide the general public with health care improvements.

Over the past year, representatives from the Government Relations Committee have participated in follow up Audit Review meetings. The main agenda items have been a review of the current audit process with representatives from Audit Claims and Integrity, with a goal to establish best practices. We have submitted our recommendations for changes to the process to the Executive of the Department and while the new regulations for the Audit Process have not yet been made public, we trust that our recommendations will have been considered and incorporated into those regulations. We continue to include the Audit process as an agenda item and topic of discussion in our current meetings with the Minister.

PANL continues to have discussions with the Department regarding the Pharmacy Network. Currently, approximately 50 pharmacies have connected to the Network and this process will be ongoing in the coming months. A major concern we continue to have is determining the real costs to pharmacies as they comply with this new standard of practice. PANL has collected and will continue to collect information from pharmacy owners regarding these costs for the purpose of continued discussions with the Department of Health and Community Services. Part of our ongoing contract negotiations is focused on how we might compensate pharmacies for the additional work and time associated with the Pharmacy Network.

Regulations are now signed by the Minister of Health and Community Services to enable pharmacists to practice under the guidelines of "Medication Management". PANL had been lobbying for this type of regulatory authority for pharmacists for many years and we consider it to be a significant first step in allowing for an expanded scope of practice for pharmacists, which will result in an enhanced level of primary health care for all citizens of the province.

In closing, I have to say that this has been an extremely busy year from our Committee's perspective. There has been a great deal of activity on all of the items mentioned above and a great deal of work left to be completed over the coming months. I would like to take this time to thank the staff at PANL and all members of the committee for the time and effort they have put in on all our behalf, over the past year.

# THIRD PARTY RELATIONS COMMITTEE REPORT

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• STEPHEN JANES, CHAIR •

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2010/2011 has been another busy year for activities across all facets of pharmacy and the recent generic pricing activity across the country only highlights the need to ensure we develop strong working relationships within our pharmacy community, the provincial government and with all third party stakeholders.

This year, we successfully concluded contract negotiations with ESI (Desjardins). This contract was offered to individual Pharmacies, with each owner having the option to accept or reject the contract, based on specific preference or circumstance. The Third Party Relations Committee negotiated this contract on your behalf and was quite satisfied with the level of protection provided to members through the ESI Pharmacy Provider Agreement. The Committee felt that these negotiations were conducted respectfully and in good faith and produced a very fair and balanced document.

*Highlights* of this agreement include:

- A clearly defined audit and dispute resolution process which offers protection to pharmacies from disputed recoveries.
- A renegotiation clause which offers protection for pharmacies in the event a change occurs in the Province of NL that has a significant financial impact on pharmacy (e.g. a change in the NIDPF price model).
- Protection to pharmacies respecting reversals such that only 're-useable drugs' approved for payment but not picked up by a member must be reversed. 'Non re-useable drugs', as defined in the contract, are excluded from this obligation and clause.

While Medavie Blue Cross elected, as is their prerogative, to negotiate contracts independently with each individual pharmacy service provider, we will continue to work with them to the best of our ability. As your representatives, we continue to offer our assistance to any of our members who experience challenges or difficulties in dealing with Medavie or any other third party payor.

Recent changes to Pharmacy Regulations, as approved by the Minister of Health, and the new Standards of Pharmacy Practice on Medication Management, will broaden the scope of our practice. The resultant shift to a more clinically-focused practice will enable pharmacists to better serve patient needs, but should also assist us in future negotiations with third party payors and insurance providers. A focus for pharmacists in all future contract negotiations must be the inclusion of reimbursement schedules for providing Medication Management and other cognitive services. The sustainability of our profession relies on such alternative reimbursement models to supplement revenues traditionally derived from drug distribution functions.

As we move forward, I believe our Committee's primary focus should be to ensure an open line of communication with all third party payors to enhance our overall ability to deal with and quickly resolve issues. In the near future, we will likely consider a session between PANL and all third party payors in order to collectively discuss common issues and investigate opportunities through which we can streamline operations for the benefit of all.

In closing, I would like to express my sincere appreciation to each Committee member and to Mary Ann and the staff at PANL for their commitment and contributions this past year. I look forward to the challenges that this coming year will bring.

# EDUCATION COMMITTEE REPORT

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• VICKI PARSONS, CHAIR •

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The CSHP/PANL Joint Committee on Continuing Education has been meeting over the past year to develop and promote a number of educational programs. The committee has been co-chaired by Vicki Parsons representing PANL.

Events endorsed by the committee include:

1. Annual Conference – St. John’s (September 17-19, 2010)
  - The Evolution of Pharmacy Practice in Canada: The Future is here! – Presenter: Sandra Carey
  - “What’s New in ADHD Pharmacotherapy?” Pharmacokinetics, Bioequivalence, Therapeutic Equivalence and Patient Impact of MPH Products – Presenter: Dr. Jolene Hancock
  - Medication Safety Initiatives and Continuous Quality Assurance in Community Pharmacies – Presenter: Certina Ho
  - Methadone Clinical Practice – Presenter: Jerry Young
  - Putting the “P” in Patient Care: Oral Chemotherapy Safety-Protecting yourself and the Patient – Presenters: Rick Abbott and Jonathon Edwards
  - Clinical Documentation in a Patient’s Medical Record – Presenters: Lisa Bishop and Stephanie Young
  - What’s new in the 2009 Canadian Dyslipidemia guidelines? A Primer for Pharmacists – Presenter: Debbie Kelly
  - Self Monitoring of Blood Glucose – Where do we go from here? – Presenter: Stephanie Young
2. GLP-1 Receptor agonists: A Novel Approach to Management of T2DM – Presenter: Dr. Pradip Joshi (November 29, 2010)
3. The Pharmacist’s Role in Colorectal Cancer Treatment – Presenters: Rick Abbott and Scott Edwards (January 20, February 2, February 16, February 17, 2011)
4. Adherence to Oral Chemotherapy – Lunch and Learn – Presenter: Rick Abbott (February 17, 2011)
5. Pharmacists Show They CARE: A Review of Evidence-Based Therapies to Treat Tobacco Addiction and Smokers Help Line Partnership – Presenters: Keith Bailey, Mary Lynn Pender and Tanya Barnes Matthews (March 8, and April 28, 2011)
6. Chronic Pain Management – Focus on Low Back Pain – Presenter: Dr. Jeffrey S. Cole (May 4, 2011)
7. Learning the Different Faces of Pain: Focus on GI and Renal Safety of NSAIDs – Presenters: Dr. Yuri Canete and Dr. Annabeth Loveys-Humber (May 11 and May 17, 2011)
8. Updates and key workshops in Oncology – Presenters: Rick Abbott and Scott Edwards (July 18 & 19, 2011)

On behalf of the committee, we would like to thank those pharmacists who took the time to share their knowledge with us. Thank you to the industry partners who helped make some of these continuing education events possible.

# PUBLIC/PROFESSIONAL RELATIONS COMMITTEE REPORT

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• TRENT WHITE, CHAIR •

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It is with great pleasure that I bring to the membership my second Annual Report as Chair of the Public and Professional Relations Committee. We were pleased to welcome Sarah Strong and Erika Clarke to the committee and encourage any interested pharmacists to contact the PANL office.

## **Committee Composition 2010/2011:**

Trent White – Chair  
Dr. Deborah Kelly  
Keith Bailey  
Jeremy Reid  
Sarah Strong  
Erika Clarke

Our Pharmacist Awareness Week campaign ran very well and we were able to effectively utilize radio and print ads to raise awareness of the fantastic service Pharmacists provide to the people of Newfoundland and Labrador day in, day out.

Mary Ann has truly established herself as our Executive Director and has partnered with many organizations such as MMSB, Smoker's Helpline, etc. to explore synergies that can promote PANL and the work being done.

The committee met every 4-6 weeks throughout the year and was able to help create the radio and print ads which were released throughout the year. The committee also had the opportunities to discuss issues as they arose and provide feedback to Council and the Executive.

I'd like to thank our President Rick Elliott who has done a great job representing the Pharmacist's Association in the media and effectively promoting the role of the Pharmacist in Healthcare to the public, third parties, and Government.

Mary Ann and all the office staff continue to work tirelessly on our behalf and without them we would not have been able to accomplish all that we did this year and I'd like to personally thank them for all that we accomplished in the past year.

It has been a year with a lot of media coverage and we continue to work to promote the role of the Pharmacist in primary healthcare and raise awareness regarding the great work being done daily by the Pharmacists in this province.

# CSHP-NL BRANCH REPORT

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• ASHLEY LAYDEN, PRESIDENT •

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It is my pleasure to provide a brief overview of the activities that CSHP Newfoundland and Labrador Branch have been involved with since our AGM in September, 2010.

Committee Composition:

**Current Executive Committee members:**

President: Ashley Layden  
Delegate: Tiffany Fahey  
Treasurer: Justin Peddle  
Secretary: Sarah Fennell  
President elect: Jason Kielly  
Senior Advisor: Lisa Bishop  
Student rep: Alyssa Hewitt  
National Advocacy Liaison: Debbie Kelly

**Subcommittee Composition:**

Membership – Meghan Wall  
Awards – Barb Thomas  
Newsletter- Elizabeth Woodford  
Website: Dave Smith  
Joint CE: Branch has not yet replaced this position  
Branch Champion: Sarah Fennell

I would like to thank our executive committee and membership committee chairs for their time and commitment to the branch. This year's AGM marks the end of my two year term as Branch President. I feel privileged to have served as president and look forward to the future of CSHP in Newfoundland and Labrador. On behalf of the branch, I would like to welcome Jason Kielly as our new president. I am also pleased to announce that Justin Peddle will continue as treasurer for a second term (2011-2013) and that Meghan Wall will be our new Membership committee Chair. I would like to extend gratitude and appreciation to Tiffany Fahey for all her hard work as membership committee chair for the past 2 years. At the SAM I introduced Elizabeth Woodford as our new newsletter committee chair, Sarah Fennell as the new Branch Champion, and Justin Peddle as the CSHP representative on the first Advisory Committee for CDP Programs for Pharmacists. Thanks to all of you for your continued service to the Branch.

I encourage you all to take the opportunity to get involved and consider putting your name forward for future nominations. Participating in CSHP is a great way to improve your profession and your Branch.

**Student Initiatives:**

CSHP continues to partner with the student body and recognizes the importance of supporting student initiatives. As in previous years, we held several student events including the Student Welcoming Session and the CAPSI/CSHP Student Symposium in the fall as well as our Residency Information session in the winter. We continue to offer the job shadowing program to all pharmacy students and have, once again, received positive feedback. This program would not be possible without the support of Eastern Health Pharmacy Services. Thank you to all the preceptors for volunteering your time and allowing students to have this learning experience. This year we are hoping to engage the students in pharmacy advocacy by introducing a student advocacy competition to coincide with CSHP's advocacy campaign.

## **Operational Funding:**

At our AGM in September we discussed the Branch's financial stability. Securing financial support is an ongoing challenge. Last year membership fees were increased by 10% and again this year there will be an increase in fees due to financial strains at the national level. We continue to work hard to secure our operational funding and I would like to thank Apotex, Astrazeneca, Mylan, the Pharmacy Association of Newfoundland and Labrador, Pharmaceutical Partners of Canada and Sandoz for their continued support.

## **National and Regional Activities and Collaborations:**

We have been committed to offering continuing education opportunities for our members and have two educational events planned for the coming year. Dr. Jason Kielly attended the Train the Trainer workshop at the 2011 PPC conference and will lead the corresponding research workshop entitled "Using Clinical Research in Your Daily Practice". The time and location is not yet finalized.

We are also planning a professional development day to be held in St. John's in November 2011. CSHP NL executive is striving to offer more educational opportunities to our members and hope to make this conference an annual event, provided that funding is available. We are pleased to announce that Dr. Neil Mackinnon, current CSHP national president, will be one of our presenters for this event. This education day will be preceded by site visits by Dr. Mackinnon along with several of our NL branch executive to various hospital pharmacy departments within NL. I would like to take this opportunity to thank Dr. Mackinnon for volunteering his time; we look forward to his visit. More details will be released early in the fall.

As previously mentioned, we are excited to introduce a student advocacy competition in the fall semester. The goal of this competition is to increase awareness surrounding CSHP's advocacy campaign and also to engage pharmacy students in activities relating to hospital pharmacy. We are currently in the planning stages of this endeavor and hope to use the winning submission to promote the campaign to the appropriate audiences. Last year's advocacy campaign focused on pharmacists prescribing. In addition to sending promotional material to hospital administrators and provincial governments, executive met with the pharmacy directors across the province to discuss goals for pharmacist prescribing within Newfoundland and Labrador and to identify any potential barriers to its implementation within our hospitals. The advocacy campaign for 2011 has not yet been launched however will focus on developing interdisciplinary practice models; more information will be available in the fall.

Recently, CSHP released the first of three CSHP 2015 toolkits entitled "From Paper to Practice: Incorporating Evidence into Your Pharmacy Practice". This toolkit introduces four topics; how to develop and maintain the clinical pharmacist's ability to apply evidence based principles, clinical sharing sessions for pharmacist, translating best practice guidelines to specific practice settings, and promoting best practice and safety using order sets. Two other toolkits will be released soon, these are "Complex Inpatients Need Medication Experts: Optimizing the Pharmacists' Role on the Healthcare Team" and "One Dose at a Time: Implementing a Unit-Dose Medication Management System". These toolkits are a CSHP member benefit and can be accessed online at the following link [http://www.cshp.ca/programs/cshp2015/2015Toolkits/index\\_e.asp](http://www.cshp.ca/programs/cshp2015/2015Toolkits/index_e.asp).

This past year the CSHP national released a poster providing an update on the progress across Canada in achieving 2015 objectives. The poster summarizes the "highs and lows" of CSHP 2015 goals. A copy of the poster was sent to every branch to be circulated amongst the regional health authorities. The CSHP 2015 poster was displayed in the Health Sciences in St. John's during the winter and is now on route within the province. A copy of the poster can also be found in the winter 2011 Branchout newsletter and in PANL's summer issue of the Advocacy newsletter. If your practice site is interested in displaying the poster please contact myself or any other member of executive.

At last year's SAM we announced that CSHP NL branch would be hosting the 2014 Summer Educational Session and we introduced our co-chairs, Justin Peddle and Tiffany Fahey. Our planning committee consists of Amy Conway, Elizabeth Woodford, Jason Kielly, Meghan Wall, Sarah Fennell, Sarah Strong, and myself. The committee is meeting regularly and planning is under way. The planning committee certainly welcomes volunteers; please contact myself or the co-chairs if you wish to get involved.

Finally, I would like to thank PANL for accommodating our AGM during their annual conference and for their continued support of CSHP initiatives.

Again, I extend thanks to all our volunteers for your time and commitment. The executive committee is always open to questions and comments, please feel free to voice your opinions and concerns.

The Branch continues to be very active on your behalf. The following tables summarize some of its main activities and sources of funding:

Table 1: ANNUAL BRANCH ACTIVITIES:

| ACTIVITY                           | COMMENTS  | DATE  |
|------------------------------------|---|---|
| Student Welcoming Session          | Student member recruitment initiative<br>All pharmacy students invited?   | Held early in Fall semester   |
| Job Shadowing Program              | Open to all CSHP student members<br>Students accompany clinical pharmacist for ½ day job shadowing  | Takes place throughout the Fall/Winter semester   |
| Joint CAPSI-CSHP Student Symposium | Open to all second & 3 <sup>rd</sup> year pharmacy students.<br>Information & discussion period on hospital pharmacy careers<br>Students receive free CD copy of DPC Module                     | Takes place during Fall semester – usually in October   |
| Residency Information Session      | Open to all pharmacy students<br>Provides information on Hospital Residency Programs  | Takes place during Winter semester  |
| Book Drive                         | Membership initiative – provides a reference text to new/renewing members and online access to RxFiles  | During Membership Renewal season  |
| Awards                             | ⇒ Alf Dawe Distinguished Service Award (Sandoz)<br>⇒ Leadership In Pharmacy Practice Award (Sandoz)<br>⇒ Clinical Clerkship Excellence Award<br>⇒ Travel Grants (PPC & AGM)                     | ⇒ Awarded at AGM<br>⇒ Awarded at AGM<br>⇒ Awarded at Student Graduation Dinner – May<br>⇒ See Table 2: Branch Funding |
| Branch Out Newsletter              | Highlights of Branch Activities, etc.   | Published 2-3 times per yr.   |
| Continuing Education Initiatives   | ⇒ Research Workshop “ Using Clinical Research in your Daily Practice”<br>⇒ CSHP PD Day  | ⇒ Fall 2011, Dr. Jason Kielly<br>⇒ Nov 2011   |
| National Advocacy Initiatives      | ⇒ Appointment of Debbie Kelly as the Branch’s representative on National’s Advocacy Committee<br>⇒ Patient Safety Campaign<br>⇒ Pharmacist Prescribing Campaign<br>⇒ Interdisciplinary practice | ⇒ Effective Jan 2009-<br><br>⇒ Spring 2009<br>⇒ Spring 2010<br>⇒ Fall 2011?   |

# CPHA REPORT

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## BRENDA BURSEY, PROVINCIAL REPRESENTATIVE

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As your NL representative on the CPhA board of directors I am pleased to provide you with an update on the key new and ongoing initiatives that we have been involved in this year.

Pharmacy is undergoing unprecedented change across Canada: new reimbursement models, generic drug pricing reform, enabling scope of practice legislation, pharmacy technician regulation, e-health implementation, and more. From this upheaval comes great opportunity. Through it all, the Canadian Pharmacists Association (CPhA) is helping to pave the road and support pharmacists to seize the many opportunities that come their way. Our advocacy work focuses on recognition of pharmacists' skills and knowledge, and to influence decision makers on a wide range of issues that impact the profession.

### *I. Advancing the Role of the Pharmacist*

**Blueprint for Pharmacy:** The Blueprint for Pharmacy is at the forefront of change in pharmacy, working with those in the profession to achieve the Vision for Pharmacy. CPhA is the Secretariat for the Blueprint Coordinating Office (BP-NCO) and provides support to the Blueprint for Pharmacy Steering Committee (BPSC). Work is progressing well on the action items under the five key areas of the Implementation Plan. With funding from Health Canada, the Blueprint for Pharmacy website was launched at [www.blueprintforpharmacy.ca](http://www.blueprintforpharmacy.ca). It contains extensive resources for managers and practicing pharmacists, including environmental scans of changes in pharmacy across Canada

**ADAPT Patient Care Skills CE Program:** In 2010, CPhA worked with pharmacist experts to develop and pilot test an innovative, patient care skills continuing education program. ADAPT is a forward-thinking, 19-week course designed specifically for practicing pharmacists. It provides proven practice expertise in a dynamic skills development experience using interactive online learning, supportive moderators and plenty of peer interaction. Best of all, ADAPT lets pharmacists earn 76 CEUs without missing a day of work. ADAPT will improve pharmacists' foundational skills, and confidence to use these skills, in providing medication assessments, collaborating with health care providers, interviewing and assessing patients, making evidence-based clinical decisions, documenting care, and developing and implementing care plans. The August to December ADAPT course sold out. The next course will be launched in January 2012. For more information, see [www.pharmacists.ca/adapt](http://www.pharmacists.ca/adapt).

**Diabetes Strategy for Pharmacists (DSP):** CPhA has been funded by the Public Health Agency of Canada (PHAC) to support an expanded role for pharmacists in providing care to Canadians with diabetes. This includes both an online and live CE. We will also be working to develop tools related to cardiovascular disease and other chronic conditions related to diabetes care.

**Quit Using and Inhaling Tobacco (QUIT):** CPhA's QUIT training program, both live and online, has trained hundreds of pharmacists to provide smoking cessation services in their pharmacy. CPhA also introduced new features to its QUIT program including the pharmacy locator – a searchable database of Canadian pharmacies with QUIT-trained pharmacists, and the QUIT Support forum – a moderated online community for QUIT graduates involved in smoking cessation

### *II. Representing and Promoting the Profession*

**Drug Shortages:** In the face of unprecedented drug shortages, CPhA conducted a survey of its members to better understand the extent of the problem. We found that almost 94% of pharmacists who responded had difficulty locating certain medications to fill a prescription in the previous week, and about 70% thought their patients' health outcomes had been adversely affected as a result of the shortages. A report containing the results of this survey, with recommendations on how to address shortages, was released in December 2010. This generated extensive media coverage and, more importantly, the attention of federal politicians, leading to a meeting in February 2011 with the federal minister of health, Leona Aglukkaq. Our efforts were rewarded when the federal government issued a strongly-worded request to drug manufacturers to provide transparency about

drug shortages in the future. In early June, CPhA, the Canadian Society of Hospital Pharmacists, and the Canadian Medical Association surveyed our respective members on their needs regarding a national drug supply monitoring system. We continue to work with stakeholders and government. See: [www.pharmacists.ca/drugshortages](http://www.pharmacists.ca/drugshortages).

**Renewal of the 2004 Health Accords:** With the 2004 Health Accord and federal health transfer funding arrangement to provinces set to expire in 2014, CPhA has worked unilaterally and with its health care partners to discuss with the federal government the role that health professionals should play leading up to 2014, as well as our vision for health care in Canada post-2014.

**National Pharmacare:** It is almost certain that discussions leading to renewal of health care in Canada in 2014 will include national pharmacare. CPhA summer students have reviewed recently released reports on pharmacare in order to prepare a summary. The intent is to collect this information to provide sufficient background in order for the Board to have a fulsome discussion on CPhA's key principles vis à vis pharmacare.

**Provincial Drug Reforms:** There has been considerable attention given to provincial generic drug pricing in most provinces. CPhA lent its support and expertise to provincial pharmacy organizations to advance the position of the pharmacy profession in these reform processes. CPhA also shared information among provincial associations as to what was happening in other jurisdictions and provided evidence to governments on the value of pharmacists' services.

**Coalitions and Partnerships:** CPhA is an active member in a variety of health care coalitions and partnerships including the G4 (Canadian Medical Association, Canadian Nurses Association, and Canadian Healthcare Association), the G7 (a coalition of allied health professional associations), and the Health Action Lobby (HEAL; a group of 35 national health and institutional associations). These coalitions work to influence national health care policy. Through these coalitions, CPhA represents the pharmacists' perspective in the broader health care environment. Issues tackled by these groups in 2010 included health human resources, e-health, the role of the federal government in health care, and renegotiation of the Health Accord in 2014.

**Pharmacy-Jobs.ca:** CPhA and the Canadian Association of Pharmacy Students and Interns (CAPSI) have partnered with Workopolis NicheNetwork to create Pharmacy-Jobs.ca, a central location for employers and pharmacy professionals across Canada to connect. Pharmacists, pharmacy technicians and students can post resumes to the site, and employers can post available positions.

**International pharmacy:** CPhA's President and Executive Director represent Canada at the annual meetings of the International Pharmaceutical Federation (FIP) and PharmIntercom. In August, we hosted PharmIntercom delegates from the UK, US, Australia, New Zealand, South Africa and Ireland. These meetings provide CPhA with a chance to learn more about trends in pharmacy from an international perspective, particularly regarding issues such as drug supply, e-prescribing, pricing reforms, and expanded scope of practice and services – information which helps inform efforts in Canada.

### ***III. Strengthening CPhA as the Primary Canadian Source for Drug & Therapeutic Information***

**Publications and e-Products:** 2010 was the 50<sup>th</sup> anniversary of continuous publication of the *CPS*, an icon in Canadian drug information. We also launched the second edition of *Patient Self Care (PSC)* and the *Compendium of Self Care Products (CSCP)*. In May 2011, the sixth edition of *Therapeutic Choices* was released.

Use of e-Therapeutics+ (eT) continues to grow by pharmacists, students, physicians and other health care practitioners. About 80% of pharmacists now use eT. CPhA now includes *McMaster Plus* in eT, a tool developed by McMaster University which allows us to prioritize the most recent publications available internationally in therapeutic practice areas by relevancy. The inclusion of this tool in eT ensures that our authors, editors and customers have almost immediate access to the most recent information in their area of expertise. Translation work is progressing well for the French version of eT, and CPhA is planning to introduce electronic versions of *PSC* and *CSCP* in early 2012.

**CPS Essentials:** CPhA continually strives to stay ahead of the curve with innovative ways to deliver outstanding therapeutic and drug content. *CPS Essentials* is CPhA's first mobile application for iPhone, iPod touch and iPad, and was officially released at the 2011 national conference in Montreal. This productivity app includes Health Canada advisories, calculators for body surface area, creatinine and ideal body weight, popular *CPJ* articles, and medical and microorganism abbreviations. It also comes with a free 30-day trial for *Drugs and Conditions*, comprehensive drug tables from *Therapeutic Choices*.

I would like to take this opportunity to thank Dwight Ball as he leaves the Board of Directors of CPhA as he has been both a mentor and a friend to me over the past few years. We should all be very proud of the work he has accomplished as a board member, executive member and president of CPhA. Good luck in your future endeavors Dwight.

# RECOGNITION OF VOLUNTEER SERVICE

## • COMMITTEE MEMBERS •

|  |  |
|--|--|
| <p><b><i>GOVERNMENT RELATIONS<br/>COMMITTEE</i></b></p> <p>Robin Vatcher – Pharmachoice<br/>Brenda Burse – Shoppers Drug Mart<br/>Sandra Aylward – Lawtons Sobeys Group<br/>Trent White – Board Member<br/>Jason Druken – Walmart<br/>Jacob Buote – Drug Store Pharmacy<br/>Ken Walsh – Hospital</p> | <p><b><i>THIRD PARTY RELATIONS<br/>COMMITTEE</i></b></p> <p>Steve Janes – Lawtons Sobeys Group<br/>Brenda Burse – Shoppers Drug Mart<br/>Jason Druken – Walmart Pharmacy<br/>Rick Elliott – Pharmachoice<br/>Jacob Buote – Drug Store Pharmacy<br/>Ted Dawe – Hospital</p> |
| <p><b><i>FINANCE COMMITTEE</i></b></p> <p>Rick Elliott<br/>Mike Welsh</p>  | <p><b><i>EDUCATION COMMITTEE</i></b></p> <p>Vicki Parsons<br/>Christina Tulk<br/>Justin Peddle<br/>Sarah Fennell</p>   |
| <p><b><i>AWARDS COMMITTEE</i></b></p> <p>Dwight Ball, Chair<br/>Ted Dawe<br/>Marjorie Gear<br/>Seumas Gibbons<br/>Doug Manning</p>   | <p><b><i>PUBLIC &amp; PROFESSIONAL RELATIONS<br/>COMMITTEE</i></b></p> <p>Trent White, Chair<br/>Keith Bailey<br/>Erica Clarke<br/>Deborah Kelly<br/>Jeremy Reid<br/>Sarah Strong</p>  |
| <p><b><i>2011 CONFERENCE COMMITTEE</i></b></p> <p>Christina Tulk, Chair<br/>Karen Colbourne<br/>Ken Walsh<br/>Hilda Randell<br/>Vicki Parsons</p>  | <p><b><i>2012 CONFERENCE COMMITTEE</i></b><br/>(TBD)</p>   |
| <p><b><i>PROFESSIONAL ASSISTANCE<br/>PROGRAM COMMITTEE</i></b></p> <p>Bill Davis<br/>Joan Roach</p>  | <p><b><i>CPhA REPRESENTATIVE</i></b><br/>Brenda Burse</p>  |

# PHARMACISTS' ASSOCIATION OF NEWFOUNDLAND & LABRADOR

## GUIDING PRINCIPLES

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### • VISION •

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To advocate for and be the voice of pharmacists as integral health care team members and leaders in professional practice and the provision of quality health services.

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### • MISSION •

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The Pharmacists' Association of Newfoundland and Labrador exists to foster the professional and economic advancement of pharmacists.

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### VALUES

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We believe in:

- Accountability & Transparency: We must consistently demonstrate accountability and transparency in our processes, monitoring and reporting.
- Collaboration & Partnerships: Our effectiveness is advanced when we work in collaboration with our key partners.
- Quality Health Services: We have a role and responsibility to protect and promote high quality and comprehensive public health services.
- Equity and Ethics: We must be guided by the principles of equity and ethics in all that we do.
- Respectful and Responsive: We must be responsible for maintaining a respectful and responsive environment for all our members.



**PHARMACISTS' ASSOCIATION OF  
NEWFOUNDLAND & LABRADOR**