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# readlinks

## Ready, Set, Adapt...



A number of articles in this issue of *ReadLinks* focus on reinforcing, clarifying and introducing pharmacists to the latest information regarding their new authority.

With the flag officially dropped on January 1st, pharmacists throughout the province have begun to exercise their new authority to renew and adapt existing prescriptions for their patients.

As expected with anything new, experiences are ranging from rewarding to challenging and everything in between. A number of articles in this issue of *ReadLinks* focus on reinforcing, clarifying and introducing pharmacists to the latest information regarding their new authority, including:

### Orientation Session now Online:

As we know, prior to adapting prescriptions pharmacists are required to have read and understood both the original PPP-58 Orientation Guide and the Amendment to the PPP-58 Orientation Guide (each of these documents are to be signed by the pharmacist and maintained in their personal records – pharmacists are **not** required to forward them to the College). Prior to the New Year the College hosted over 20 live orientation sessions throughout the province to assist pharmacists in understanding this information. There are no more sessions planned for this year however the College has recorded and archived one of the final presentations which is now available online at: <http://breeze.pharmacistnetwork.ca/PPP58/>

### Ongoing updates to Frequently Asked Questions:

The On Call article in this issue of *ReadLinks* (page 6) is once again dedicated to addressing some of the more common questions regarding PPP-58 that have been forwarded to the College. These questions and answers have been added to the growing list of FAQ's that can be found on the College website. Pharmacists are encouraged to consult this list prior to forwarding any questions to the College via the dedicated email address [ppp58@bcpharmacists.org](mailto:ppp58@bcpharmacists.org).

## It's a New Year...

Not only is this the beginning of a new calendar year and lunar year, March 1st marks the beginning of the new fiscal year for the College. With all this focus on the 'New Year' it's impossible not to take a moment to reflect on the activities of the past and look ahead to the future.



Marshall Moleschi,  
Registrar

A significant focus for the College last year was the final development and implementation of Professional Practice Policy #58 – *Medication Management – Adapting a Prescription*. This policy provides the framework for which pharmacists can safely and effectively exercise their new authority to adapt and renew existing prescriptions. This expanded scope essentially moves pharmacists from an advisory role within the healthcare team to a decision making role and will no doubt open the door to further authority in the future.

As we look to the coming months, although the College will continue to support pharmacists, other healthcare professionals and the public in better understanding pharmacists' new role, attention will now be directed towards the monitoring and evaluation of this new authority. It is through the College led Monitoring Adapting Prescriptions (MAP) Task Force, which is

made up of representatives from the College of Physicians and Surgeons (CPSBC), the BC Medical Association (BCMA), the BC Pharmacy Association (BCPhA) and the Ministry of Health Services, that the new authority will be reviewed and evolved. We are excited about continuing to work together to ensure that pharmacists' new authority is achieving the desired affect of enhancing patient outcomes.

Last year also saw the introduction of a new tool, called CE-Plus, to the College's Professional Development and Assessment Program (PDAP). This tool, which is currently being piloted by Phase 2 registrants of the 2006 Cycle, allows participants to utilize a variety of accredited and non-accredited learning resources to achieve identified learning outcomes. The tool is currently being included in an overall evaluation of PDAP and upon completion the results and recommendations will be shared with all registrants.

The coming months will also see considerable focus from College staff directed to support the smooth transition to the Health Professions Act (HPA), scheduled to take effect April 1, 2009 (see sidebar). In addition the College, working off the success of the ban of tobacco product displays, will continue to pursue initiatives to achieve the strategic objective of removing non-medicinal nicotine products from pharmacies.

This past year was a busy, yet productive one but there is much more to be done as the College works towards achieving its vision: *As the medication experts, pharmacists are professionals who apply their full knowledge, skills and abilities to their clinical practice and continue to evolve their scope of practice to provide better health outcomes.*

## College Council Approves Draft Bylaws for Public Posting

### A Significant Step in the College's transition to the Health Professions Act

The provincial government confirmed, in a press release dated December 12, 2008, that the College of Pharmacists of BC will be required to transition under the Health Professions Act (HPA) on April 1st, 2009.

The College, who is responsible for both the registration of pharmacists and the licensing of pharmacies throughout BC, currently operates under one legislative act called the Pharmacists, Pharmacy Operations and Drug Scheduling (PPODS) act. The transition to the HPA essentially divides the legislation into two separate acts: with "pharmacists" falling under the Health Professions Act (HPA) and "pharmacies and drugs" falling under the Pharmacy Operations and Drug Scheduling Act (PODSA).

The process of transitioning to these two new acts was a complex one as all of the College Bylaws, Rules and Professional Practice Policies (PPPs) that relate to the current PPODS Act needed to be modified if necessary and moved into the applicable new act. Although minimal changes were made to the material during the transition, some changes were done to reflect the College's strategic plan and clarify and update the language and terminology to better reflect pharmacy practice today.

Council met on January 9th, 2009 to review and approve the draft Bylaws. The meeting included further clarification by government representatives on the HPA transition process along with the presentation of a Bylaw Review Report, done on Council's request, by an independent 3rd party. The result of the all-day session was Council's approval of the draft bylaws with a few changes including:

- the removal of any reference to 'regulated pharmacy technician' at this

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# INSURANCE

## Liability Insurance Mandatory for all Pharmacists – April 1, 2009

With the transition to the Health Professions Act (HPA) on April 1, 2009, it will be mandatory as of that date that all practising pharmacists possess professional liability insurance. The minimum criteria for the liability insurance, as approved by Council at their November 2008 Council meeting, is the same criteria required for adapting prescriptions:

- The policy provides a minimum of \$2 million coverage, and
- The policy provides occurrence-based coverage or claims-made coverage with an extended reporting period of at least three years, and
- If not issued in the pharmacist's name, the group policy covers the pharmacist as an individual.

Registrants who already possess liability insurance or are covered under a group plan must ensure, through their insurance provider or corporation, that their plan meets the three minimum criteria. Registrants who do not currently have liability insurance will need to make sure that the plan they purchase, as a minimum, meets this criteria.

Pharmacists are not required to forward copies of their liability insurance to the College but should retain this information in their personal records. After April 1, 2009 annual pharmacist registration renewal forms will include a liability insurance acknowledgment declaration which registrants will be required to sign.

## Needed... Pharmacist Assessors for the PEBC Qualifying Examination

The Pharmacy Examining Board of Canada (PEBC) invites practising pharmacists to participate as assessors for the PEBC Qualifying Examination – Part II (OSCE).

The PEBC Qualifying Examination, which takes place simultaneously two times per/year at multiple sites across the country including Vancouver, consists of two components: Part I, the multiple-choice examination given in two half-day sessions, and Part II, a performance

assessment, known as the Objective Structured Clinical Examination (OSCE), given on a third day. The OSCE is designed to assess communications/ interpersonal skills, the application of knowledge to simulations of commonly encountered patient scenarios and other aspects of professional competence that do not lend well to written examinations.

It is important that practising pharmacists be involved in assessing candidates for licensure, in accordance with the needs of the public and the standards of the profession. Many pharmacists return every year but there is always a need for new assessors. PEBC invites interested pharmacists who have been licensed in Canada for at least three years and are currently providing or directly supervising patient care services to apply.

Please review the Assessor Qualifications listed on the PEBC website at: [www.pebc.ca/EnglishPages/OSCEAssrs/Guidelines.html](http://www.pebc.ca/EnglishPages/OSCEAssrs/Guidelines.html) and if eligible and inter-

ested complete the Assessor Response Form. The list of interested assessors will be forwarded to the corresponding site for consideration for an upcoming examination. OSCE examination dates for 2009 are **Sunday, May 24th** and **Saturday, November 7th**.

*Note: If you have been an assessor at the Vancouver site in 2008, you do not need to complete a new Assessor Response Form as you will be contacted directly to confirm your continued interest.*



## Clinical Services Fees Available for Prescription Adaptations

An interim agreement reached by the Province of British Columbia and the BC Pharmacy Association includes a process for remunerating pharmacies for clinical services associated with adapting and renewing prescriptions.

The following information regarding the interim agreement has been extracted from the *BCPharmaCare Newsletter – December 22, 2008, Edition 08-012*. [www.health.gov.bc.ca/pharme/newsletter/index.html](http://www.health.gov.bc.ca/pharme/newsletter/index.html)

### How do pharmacies sign up for clinical services fees?

To benefit from these payments, pharmacies must:

- Have a valid *Pharmacy Participation Agreement* with the ministry, and
- Must have signed the College's *Declaration Form for Medication Management PPP#58*, and

- Must have signed a *Clinical Services Associated With Prescription Adaptation Agreement* with the ministry by **March 31, 2009**, under which the pharmacy:

- Agrees not to request or accept any additional fees or payments from any patient or third party payer in relation to any prescription adaptations for which clinical services fees will be claimed, or have been claimed, from the Province.
- Acknowledges that the Province has a right to terminate the agreement and recover all clinical services fees if the pharmacy does request or accept any additional fees or payments from a patient or third party payer in relation to any prescription adaptations for which clinical services fees are claimed.

Signed agreements will be in force until December 31, 2009, or until terminated



by either the pharmacy or the Province with 30 days notice.

Agreements are available at [www.health.gov.bc.ca/pharme/suppliers.html](http://www.health.gov.bc.ca/pharme/suppliers.html). Agreements must be signed by both the pharmacy owner and the pharmacy manager and mailed to:

PharmaCare Information Support  
Health Insurance BC  
PO Box 9655 Stn Prov Govt  
Victoria BC V8W 9P2

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## Fraudulent Caller Alert!



The College has recently received numerous reports of fraudulent callers posing as doctors, pharmacists, and members of College committees, in an attempt to obtain personal patient information from pharmacies (PHN, allergy information, etc.) for forgery and identity theft purposes.

Callers are very convincing, sound professional, and are knowledgeable about needing to provide legitimate practitioner ID#'s, pharmacy codes, etc. to substantiate their request. In some cases they have provided a legitimate pharmacy name and provider number (PharmaCare code) that they claim they are calling from, but they don't match (the provider number belongs to a different pharmacy).

Callers are persistent, and will confidently pressure staff to provide the patient information. In most instances they tell the pharmacy that their PharmaNet system is down and give that as the reason for the request. They may also offer to send a fax after the information has been divulged, indicating they need the information 'immediately' and don't have time to send the fax at that moment. When suspicious pharmacists have asked to call them back at their office number, they claim they are away from the office and on a cell or at a different location.

The College is asking pharmacists for their assistance in ensuring all pharmacy staff are aware of this issue and are on alert for these types of calls. Pharmacy staff are reminded to never give out any personal information unless the identification of the caller has been verified. Always look up physician and pharmacy phone numbers independently via the directory or by calling the PharmaNet Help Desk, before calling back. If in doubt, decline the request.

# Management of Cold and Cough in Children

## WHAT CAN YOU TELL PARENTS TO DO ABOUT THEIR CHILD'S COUGH AND COLD SYMPTOMS IF YOU CAN'T RECOMMEND A SPECIFIC OTC PRODUCT?<sup>1</sup>

Health Canada advises Canadians that certain oral cough and cold products should only be used in children 6 years of age and older. This includes first-generation antihistamines, decongestants, antitussives and expectorants.

Remind parents there is no cure for the common cold. Symptoms such as cough, runny nose, nasal congestion or sore throat typically resolve in 7 to 10 days. Also remind parents that antibiotics are for bacterial infections and are not useful for the common cold.

There are non-drug measures which may provide temporary relief from cough and cold symptoms, such as:

- Drink plenty of clear fluids to prevent dehydration, reduce congestion and keep the throat moist.
- Use saline nose drops or spray to soothe irritated nose and help clear mucus.
- There is insufficient evidence to suggest inhalation of steam and it can cause burns. Although evidence is still lacking for cool-mist humidification, there is no concern for burns. It is important to clean the humidifier regularly to prevent bacterial or mold growth.

**Topical decongestants:** Little evidence exists for the effectiveness of topical decongestants in children less than 12 years. Excessive dosage can have systemic effects, particularly in children, which may require supportive care. Caution is warranted.

**Acetaminophen or ibuprofen:** These products are not affected by the Health Canada decision and may still be used for fever or pain. It is preferable to use the child's weight to determine the correct dose. ASA (Aspirin) should not be used in children or teenagers due to the risk of Reye's syndrome.

**Topical menthol:** Products such as Vicks Vaporub, can be used in children  $\geq 2$  years.

**Natural Health Products:** Evidence supporting use of natural health products in children is conflicting. If a natural health product is used, choose a product with a Natural Health Product number (NPN) or Drug Identification Number for Homeopathic Medicine (DIN-HM).

**Prevention:** Frequent hand washing is the best way to prevent the spread of the common cold.

**Further Information:** Pharmacists are directed to the Canadian Pharmacists Association's documents: [www.pharmacists.ca/cough-cold](http://www.pharmacists.ca/cough-cold) and/or Health Canada: [www.healthcanada.gc.ca/coughandcold](http://www.healthcanada.gc.ca/coughandcold)

## Q & A's for Pharmacists

### Use of Cough and Cold Medications in Children

#### 1. What is the decision of Health Canada regarding the use of cough and cold medication in children?

Health Canada has advised that orally administered over-the-counter cough and cold products with certain active ingredients should only be used in children 6 years of age and older. Health Canada recognizes that during this cough and cold season, products will still remain on the shelf with dosing information for younger children. These products can still be used in children 6 and over, but should not be given to children under 6.

Manufacturers will be required to relabel products with dosing information for children to indicate that they should not be used by children less than 6 years of age. There is a transition period and new labels will be ready in time for next fall's cough and cold season. The new labelling will also include additional information about the safe use of these medications in older children. In addition, all children's cough and cold products will be packaged in child resistant containers and will include dose measuring devices.

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<sup>1</sup> This information is based on content found in the Canadian Pharmacists Association's text, *Therapeutic Choices*, 5th ed. and e-Therapeutics web portal.





## On Call



This installment of On Call FAQ's is devoted to addressing questions regarding pharmacists' new authority to renew and adapt existing prescriptions. Should you have additional questions please direct them to [ppp58@bcpharmacists.org](mailto:ppp58@bcpharmacists.org).

**Q: What is an “original” prescription?**

A: In the glossary of terms included in the PPP-58 Orientation Guide a “new and/or original” prescription is defined as: the **first fill** of a prescription and does *not need to be the beginning of a new drug therapy*. Although this definition remains accurate further clarification is required.

An “original” prescription may be a new written, verbal or faxed authorization from any prescriber. In addition, an “original” prescription may be a fax-back or verbal refill request authorized by a prescriber.

**Q: Which of the new clinical services fee intervention codes should be used for missing information?**

A: PharmaCare has not defined a specific intervention code for missing information, however, depending on the situation, pharmacists should use their professional judgment and choose the code that best fits the circumstance.

For example:

- If no dose or no quantity was provided – use NI (dosage change)
- If no directions were provided – use NK (directions for use modified)

*For more information regarding clinical services fee processes and procedures refer to the BCPharmaCare Newsletter – December 22, 2008, Edition 08-012*

[www.health.gov.bc.ca/pharme/newsletter/index.html](http://www.health.gov.bc.ca/pharme/newsletter/index.html)

**Q: As a community pharmacist (not working in a multi-disciplinary environment) what are the restrictions with respect to medications and/or medical conditions for adapting prescriptions?**

A: There are differing guidelines for the three distinct ways in which a community pharmacist may adapt a prescription (change, renew or substitute), therefore the restrictions vary with each type of adaptation.

Change:

- Will not change the dose or regimen of a prescription for: cancer, cardiovascular disease, asthma, seizures or psychiatric conditions, however pharmacists can complete missing information if there is historical evidence to support it.

Renew:

- With the exception of narcotics and/or controlled substances, which are restricted from any type of adaptation and psychiatric medications which are reserved for pharmacists working in multi-disciplinary environments there are no restrictions for renewals as long as the condition is stable, chronic (defined as being on the same medication, without change, for a minimum of 6 months). The maximum renewal is up to approximately 6 months from the date of the original prescription.

Therapeutic Substitution:

- Limited to: histamine 2 receptor blockers (H2 blockers), non-steroidal anti-inflammatory drugs (NSAIDs),

nitrates, angiotension converting enzyme inhibitors (ACE inhibitors), dihydropyridine calcium channel blockers (dihydropyridine CCBs) and proton pump inhibitors (PPIs) – similar to government policies.

**Q: What happens to the authorized refills when a prescription is adapted?**

A: The pharmacist takes responsibility for the adapted prescription as well as the authorized refills. The pharmacist could choose to provide an initial adaptation of the prescription but reduce or eliminate the authorized refills. If they did this they would need to provide the rationale for their decision in their documentation and inform the patient that they will need to return to their physician earlier than intended (note: a pharmacist cannot add refills that were not initially authorized by the prescriber). Whatever the final decision is, it must be properly documented and provided in the notification to the prescriber.

If the pharmacist adapts the prescription and maintains the authorized refills, when the patient returns for a refill the pharmacist would process the refill as they would any other refill prescription. The processing of a refill of an adapted prescription is not considered an adaptation per se, so the documentation and notification requirements of PPP-58 do not apply.

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## Clinical Services Fees Available for Prescription Adaptations ...continued from page 4

### How will clinical services fees be applied?

Pharmacies will be paid for services on a quarterly basis from a predetermined fund. If clinical service claims exceed the funds available, fees will be paid on a pro-rated basis. Otherwise, pharmacies who sign the *Clinical Services Associated With Prescription Adaptation Agreement* will receive, in addition to the normal dispensing fee, up to a maximum clinical services fee of:

- An amount equal to the PharmaCare accepted maximum fee (\$8.60) for a renewal or for changing a dose, formulation, regimen, and
- An amount equal to twice the PharmaCare accepted maximum dispensing fee for therapeutic substitution.

For each patient, pharmacies are limited to two clinical services fees per drug in a six month period.

	Dispensing Fee	Maximum Adaptation Fee	Maximum Payment
Adaptation/ renewal	\$ 8.60	\$ 8.60	\$ 17.20
Therapeutic substitution	\$ 8.60	\$ 17.20	\$ 25.80

### Relationship between Special Services Fees and Clinical Services Fees

Special Services Fees can be claimed only when there is a net savings to PharmaCare (i.e., when a prescription is

not dispensed). A special services fee and a clinical services fee cannot be claimed for the same transaction.

### Submitting claims for prescriptions renewed or adapted by a pharmacist

Clinical services fees will be paid based on the number of claims submitted with specific intervention codes. The clinical services fee amount itself should not be submitted with the claim.

When submitting claims eligible for a clinical services fee:

1. In the **PRACT ID Ref** field, enter P1 (for College of Pharmacists of BC).
2. In the **PRACT ID** field, enter your College ID.
3. At the beginning of the **sig** ("directions") field, type **"Adapted"**.

*It is important that the word "Adapted" appear at the beginning of the sig field to ensure other healthcare practitioners can easily recognize that this is not the original prescription.*

4. Include the appropriate new clinical services fee **intervention code** listed below to flag the claim as eligible for clinical services fee payment.

Code	Description
NI	dosage change
NJ	formulation change
NK	directions for use modified
NL	renewal of prescription
NM	therapeutic substitution

**IMPORTANT NOTE:** If the original prescription information has not already been entered into the PharmaNet system, pharmacists, at this time\*, are not required to enter and reverse this information in order to do an adaptation but can simply enter the adapted prescription by following the outlined steps. It is important to remember that the 'original' prescription must remain on file at the pharmacy and once adapted, the prescription can not be transferred.

*\* This current procedure for submitting claims for adapted prescriptions will remain in place until changes to PharmaNet are released this summer.*

### New procedure for entering emergency fill and emergency contraceptive claims

Pharmacists must now use the following procedure to submit claims for an emergency fill or for emergency contraceptives. These claims are not eligible for a clinical services fee.

1. In the **PRACT ID Ref** field, enter P1 (for College of Pharmacists of BC).
2. In the **PRACT ID** field, enter your College ID.
3. Include the appropriate new intervention code.

Code	Description
NN	emergency supply of medication
NO	emergency contraceptive

## On Call ...continued from previous page

Should the patient return to the pharmacy for a refill and a different pharmacist is on duty that pharmacist would again process the refill as they would any other refill, keeping it under the adapting pharmacist's ID. If they have a concern about the appropriateness of the adapted prescription they should do what they normally do if they have a concern about refilling a prescription; refuse to fill, provide an emergency fill

if necessary and in this case either refer the patient back to the adapting pharmacist or to the original prescriber.

Finally it is important to note that when a pharmacist adapts a prescription and maintains the authorized refills they **must** inform the patient that as a result of them doing this the prescription is now non-transferable which means the patient will need to return to this specific pharmacy in order to get their refills.

## College Council Approves Draft Bylaws for Public Posting

...continued from page 2

time pending further discussion  
by Council

- the inclusion of a Bylaw, in support of the November 2008 AGM resolution, specifying that the election of both the Council President and Vice President be restricted to a pharmacist

*Note: All motioned changes are reflected in the January 9th, 2009 Council Meeting Minutes posted on the College website.*

Also at this meeting Council discussed creating draft Bylaws to address current strategic objectives, specifically the removal of non-medicinal nicotine from pharmacies and loyalty programs, but agreed that this was not a viable option at this time and would continue to pursue other strategies to achieve these objectives.

As the next step in the HPA Transition process the Council approved draft Bylaws have been posted on both the College and the Ministry of Health Services websites for public comment. Comments on the draft Bylaws must be submitted to both the College and the Ministry by March 11th, 2009. Details are available on the College website ([www.bcpharmacists.org](http://www.bcpharmacists.org)) under Key Initiatives HPA Transition.

## Management of Cold and Cough in Children

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### 2. Which cough and cold products does this affect?

Health Canada's decision affects cough and cold products that can be purchased without a prescription and are labelled for use in children less than 6 years of age. The affected products fall into four broad categories and contain one or more of these active ingredients: antihistamines (1st generation, e.g., diphenhydramine, chlorpheniramine, doxylamine); antitussives (dextromethorphan); expectorants (guaifenesin); and decongestants (ephedrine, phenylephrine, pseudoephedrine).

The advisory does not apply to common pain and fever reducers such as acetaminophen or ibuprofen or combination products that do not contain an ingredient listed above. Although first-generation antihistamines are included in this advisory, the use of these products as monotherapy for allergy symptoms in children is not affected by Health Canada's action.

For a complete list of active ingredients affected by the public advisory, please see Health Canada's website: [www.healthcanada.gc.ca/coughandcold](http://www.healthcanada.gc.ca/coughandcold)

### 3. What do I do about cough and cold products on my pharmacy shelves that are affected by the Health Canada decision?

Health Canada is launching a public education and outreach strategy (including provision of tear off sheets and posters, public service announcements and website) to discourage use in children under 6 during this interim period (i.e., until relabeled products are received by pharmacies).

In view of this, you may want to consider removing products labeled exclusively for use in children under the age of 6 from the shelf. Check with your pharmacy head office or manager for further direction on this point. The Canadian Association of Chain Drug Stores (CACDS) and the Canadian Pharmacists Association (CPhA) will continue to liaise with Health Canada and other stakeholders during this transition period.



# readlinks

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The ReadLinks newsletter provides important  
College and pharmacy practice information.  
All pharmacists are expected to be aware of  
these matters.



COLLEGE OF PHARMACISTS  
OF BRITISH COLUMBIA

*Safe and Effective Pharmacy Care*

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