



## Pharmacist/Patient Dialogue Bylaw Changes

As mentioned in the July/August 1998 *Bulletin*, the College has drafted an expanded new pharmacist/patient dialogue bylaw. Highlights include:

Pharmacist/patient dialogue must be in person wherever practicable, or by telephone and must respect the patient's right to confidentiality.

A registrant must enter into direct dialogue with the patient regarding a Schedule I drug. Such dialogue must include:

- a) confirmation of the identity of the patient,
- b) identification and purpose of the drug being dispensed,
- c) directions for proper use,
- d) common adverse effects or

interactions and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,

- e) storage requirements,
- f) prescription refill information,
- g) response to questions and expressed needs, and may include:
  - i) how to monitor the response to therapy and expected outcomes within the defined time periods,
  - ii) action to be taken in the event of a missed dose,
  - iii) when to seek medical attention, and
  - iv) complementary measures.



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Linda Lytle, Registrar

*Your questions and comments about this Bulletin are welcome and may be forwarded to the Registrar.*

While approval and the requirements of the updated bylaw are still pending, it is considered good pharmacy practice to conduct thorough pharmacist/patient dialogue to help prevent prescription errors and address patients' growing interest in comprehensive information.

## Important Coroner's Recommendations

The College has received a Coroner's Report concerning the death of a 41-year old man who had a 20-year history of depression and alcohol/drug abuse. Through his family practitioner and psychiatrist, he had been prescribed a number of medications. His death was caused by aspiration of gastric contents due to a complex prescription drug overdose. The overdose included interactions between amitriptyline, venlafaxine and moclobemide which produced a serotonin syndrome drug interaction pattern and also included a component of venlafaxine toxicity.

One pharmacy was the source of these dispensed medications within one 12-day period in the month of the patient's death. At the time of this incident, however, the PharmaNet system was in its relative infancy and an automatic alert was not provided about the possibility of the serotonin syndrome occurring when combinations of MAOI, TCA and SSRI drugs are prescribed co-existently.

The Coroner provided the following recommendations to the College of Pharmacists of B.C., the College of Physicians and Surgeons, and the Ministry of Health's PharmaNet system:

- ◆ the serotonin syndrome exists as a potential source of danger for patients taking multiple psychotropic medications in combination;

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## Problem Resolution With Consent Orders

The *Pharmacists, Pharmacy Operations and Drug Scheduling Act* provides alternatives for handling concerns about pharmacists' practice. The Inquiry Committee has reviewed seven cases which in the past may have been referred to the Discipline Committee for a formal hearing into the pharmacist's conduct. Because of the provisions in the *Act*, these cases have been resolved using a process referred to as Consent Order.

The Consent Order process allows the Inquiry Committee to review the facts of a case, then work with the pharmacist involved to determine what steps they must take to provide assurance to the College and the public that they are capable of practising pharmacy in a safe and effective manner. The value of this process is that it avoids the sometimes unproductive and unnecessary punitive approach of a Discipline Hearing while fulfilling the profession's obligations of self-regulation.

### How Do These Concerns Come to the College's Attention?

Most of the cases reviewed involved a pharmacist's personal use of narcotics or controlled drugs and were discovered by the pharmacy manager or owner with the assistance of monitored video or security systems. Increased vigilance in the control and monitoring of narcotic drug inventories helped identify the pharmacists involved. Once the problems were discovered the pharmacy owners or managers reported their concerns to the College. Some of the cases were reported to the College by pharmacy staff members who became concerned about a pharmacist's ability to practise following a number of dispensing errors or unusual dispensing practices.

### How Have These Problems Been Resolved?

Consent Orders can be tailored to address a pharmacist's specific needs and the Inquiry Committee's concerns. In most of these cases the pharmacists agreed to undergo medical or psychological assessments or pharmacy practice reviews. The

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## Information on Alternative and Complementary Health Products



The July/August 1998 *Bulletin* described a Council policy to assist pharmacists who distribute alternative and complementary health products. Part of the policy stated that pharmacists shall have available a current, reliable reference for the category of products they choose to offer to the public. Pharmacists may wish to add one of the following references to their drug information library:

- 1. The Review of Natural Products<sup>®</sup>** by Facts and Comparisons<sup>®</sup> (formerly The Lawrence Review of Natural Products<sup>®</sup>) is a subscription service providing monographs on over 250 products. The monographs review the botany, history, chemistry, pharmacology and toxicology of the products. Newer monographs include patient information about the uses and adverse effects of the products.
- 2. The Honest Herbal** (Tyler, 1993) reviews more than 100 herbs in brief monograph form, discussing historical and scientific literature. Few references are made to adverse effects and contraindications.
- 3. Herbs of Choice: The Therapeutic Use of Phytochemicals** (Tyler, 1994) focuses on the pharmacology, therapeutics and toxicology of more than 100 herbs and their products. Herbs are examined based on use in treating disorders and diseases of the major body systems.
- 4. Herbal Medicine: A Guide for Health Care Professionals** (Newall, 1996) discusses 141 herbs and includes information about potential side effects and contraindications of the products.
- 5. Cancer & Natural Medicine: A Textbook of Basic Science and Clinical Research** (Boik, 1996) Princeton, Oregon Medical Press, (612) 389-0768.
- 6. Nonprescription Drug Reference for Health Professionals** (CPhA) is a general reference text on nonprescription drugs, with chapters on herbal products and homeopathic products. The herbal products chapter includes a table which briefly reviews over 90 products. It also addresses safety concerns and drug interactions. The homeopathic products chapter describes the history and definition of homeopathy and has a brief description of 12 homeopathic remedies.

There are countless websites providing information about complementary and alternative products. Users must be aware of the sources of the information they are using. Two sites which pharmacists may find useful are:

- 1. <http://altmed.od.nih.gov/>** is the home page of the Office of Alternative Medicine, National Institute of Health. This site includes a search function on a database extracted from Medline. It provides the title of the article, full citation details and an abstract when available.
- 2. <http://www.bccancer.bc.ca/uctm/>** is Unconventional Cancer Therapies: Manual for Patients. This site discusses the general implications of using unconventional cancer therapies and has monographs on over 40 therapies including vitamins, dietary approaches and products such as shark cartilage and coenzyme Q10. The monographs include a description of the product or treatment, its history, claims and beliefs, an evaluation of the claims, and a discussion of the toxicities and risks associated with the therapy.



## Drug Updates



- ◆ **Correction: Novo-Veramil<sup>®</sup> SR and Isoptin<sup>®</sup> SR** are not interchangeable. The interchangeability status of these generic and innovator products was incorrectly noted in the July/August 1998 *Bulletin*.
- ◆ Pharmacies dispensing generic **ticlopidine** products must provide manufacturer's printed information to patients. Ticlopidine is associated with a small risk of blood dyscrasias during the first three months of therapy. Consumer brochures may be obtained through the manufacturer.
- ◆ Due to the drug's instability, pharmacists should only dispense **nitroglycerin sublingual tablets** in the manufacturer's container of 100 rather than counting tablets out into a regular vial.
- ◆ Pharmacists should take precautions with the following sound-alike, look-alike drug names:
  - **Lamictal<sup>®</sup>** tablets and **Lamisil<sup>®</sup>** tablets.

## Coroner's Report

*(Continued from page 1)*

- ◆ the PharmaNet system is a potentially valuable tool in minimizing the possibility of drug interaction when drugs are obtained from differing prescribing sources;
- ◆ the absence of a built-in alert within the PharmaNet system does not preclude the pharmacist from exercising clinical judgement in identifying possible drug interactions; and
- ◆ when aware of a possible drug interaction it is important that the pharmacist bring this to the notice of the prescribing physician or other health care professional.

## In Brief



### ▶ Recording Accurate Prescriber ID for Authorizations

When reviewing the prescribing patterns of a member restricted from prescribing narcotics, the College of Physicians and Surgeons received data from PharmaNet indicating the member had authorized a number of narcotic refill authorizations. In examining the authorizations more closely, it was discovered that other physicians in the restricted member's office had provided the authorizations, but the member's name continued to appear on the prescription labels and in the PharmaNet system as the authorizing physician.

Accuracy of the PharmaNet database is extremely important both to physicians and their College. If pharmacists receive authorizations from physicians different from the physician noted on the label, the pharmacy records must be changed to accurately reflect the prescriber's name.

### ▶ Accurate Physician Fax Numbers

The College has been contacted by a Vancouver resident who has received several prescription renewal authorization faxes intended for a physician's office. She is a new phone company customer, assigned the old fax number of a relocated physician's office. This occurrence stresses the importance of pharmacies maintaining accurate inhouse databases. As well, pharmacies should call and confirm office fax numbers for physicians who are not frequently contacted.

### ▶ Considerations for Refills Notification

Physicians have contacted the College about patients making unnecessary appointments to receive authorization for prescription refills, not knowing or understanding that their physician had already written authorized refills. To avoid undue costs to the medical system and to maximize patient awareness, pharmacists should review their prescription labelling system and patient counselling concerning information on authorized refills.

### ▶ Narcotics Report Printing

A reminder to pharmacies that they are still required to print the narcotics report and file it, even though they are no longer required to mail it. The report should be printed every two weeks.

### ▶ Compassionate Care Through the Cottage Hospice

The St. James Community Service Society has been providing services and support in Vancouver's Downtown Eastside since 1961. It is currently developing Cottage Hospice, a ten-bed home for adults of all ages with terminal illnesses, who have only weeks or months to live. Situated in a renovated heritage building in East Vancouver, the hospice will provide a home and community for those who are no longer able to care for themselves or be cared for in their own home, or who may not have a place to call home. A number of Vancouver and Burnaby pharmacists are advising on the medication systems to be used at the hospice. See the enclosed Cottage Hospice Campaign Gift Form for information on how to support this most worthwhile project.



## Hospital Pharmacy Insights



After a patient dies, hospital staff are sometimes asked by family or friends for the deceased patient's prescription medications. The following scenarios have prompted calls to the College office:

- ◆ The driver from a single vehicle crash is pronounced dead on arrival to the hospital. The paramedics have brought in prescription vials found in the wrecked car. The family wants to take the deceased patient's belongings and prescriptions home with them.
- ◆ The distraught spouse of a deceased patient wishes to take home the patient's personal belongings, including prescriptions stored in the pharmacy since the time of the patient's hospital admission.
- ◆ The hospital's palliative care outreach team nurse asks a pharmacist to destroy some prescription narcotics. The nurse removed the narcotics from a home after the death of a patient because she believed a family member is an injection drug user. The next day, the son of the deceased patient arrives at the pharmacy and asks for the narcotics which the pharmacist has not yet destroyed.

If your hospital does not have a policy directing nursing unit staff to send medications to the pharmacy for disposal or destruction upon the death of a patient in the hospital, or if the deceased was not a patient of the hospital, use the following information to assist you:

- ◆ When a death is sudden or unanticipated, the police and/or coroner's office will investigate the circumstances of the death. Prescription vials found at the scene of an accident or death may provide valuable evidence or information. In this case, place the vials or medications in a bag and contact the police or coroner's office for further direction.
- ◆ Gently and tactfully explain to grieving family members that the prescription medications were prescribed to treat a specific indication and should not be kept or used. Offer to assist the family to safely dispose of the prescription medications or provide information about the disposal program in community pharmacies.
- ◆ Prescription medications are the personal property of an individual. When a person dies, his or her property, including prescription medications, becomes part of the estate. Decisions about disposing of the property of an estate are made by the estate executor named in the will. If there is no will, a provincial administrator is appointed to handle the estate. You may decide to hold the prescription medications for the executor or public administrator. Again, offer to assist with the safe disposal of the prescriptions.

If medications are not claimed after a death, the hospital pharmacy should destroy the medications after the period of time set by pharmacy or hospital policy.

If you have questions or need assistance with a specific situation, please contact Sharon Clark at the College office.

## Committee Members Sought



### Community Pharmacy Practice Committee

This committee assists in the development of policies, guidelines and legislation to ensure that the public receives safe and effective pharmacy services, and to offer suggestions to pharmacists in how to meet that commitment.

### Long-term Care Committee

This committee makes recommendations to Council regarding by-laws for the servicing of facilities, and develops interpretations and guidelines to assist pharmacists in carrying out these bylaws. Increases in the number and type of facilities, the use of complementary and alternative medicines, and the level of care required for many residents present a wide range of topics for this committee's agenda.

Each committee meets in the evening, approximately every six weeks.

Pharmacists who are interested in becoming a member of either committee can contact staff resource person Margaret McLean at the College office.



## What Went Wrong?



Dear Registrar:

In late April we had a patient admitted to the emergency room with a multiple drug overdose. When we checked the PharmaNet profile we saw that five prescriptions for benzodiazepines written by five different doctors were dispensed in the three days prior to admission.

I thought PharmaNet was supposed to assist pharmacists in detecting multidoc-toring and preventing medication overuse. How could this happen?

Exasperated in the ER.

A review of the patient's medication profile (see table below) revealed no significant prescription activity before February 1998. After February 1998 nine prescriptions for benzodiazepines were dispensed. They were written by seven different physicians and dispensed by seven different pharmacies. On 14 February the patient attended three different pharmacies within the space of one hour. One of the pharmacists involved reported that they were new to the store and may not have been as diligent in reviewing medication profiles as they should have been. Another pharmacist had no recollection of why that prescription would have been dispensed.

When the pharmacists who dispensed the prescriptions in April were contacted it was discovered that all of these prescriptions were written in August 1997, eight months before they were dispensed.

Why did the pharmacists dispense these prescriptions? One pharmacist stated that because the patient had received oxazepam in February it appeared that the patient took benzodiazepines regularly. Another said that the patient attended the pharmacy at the close of the business day so they could not contact the physician that evening to verify the prescription should be dispensed. Most of the pharmacists described the patient as a well-dressed, well-groomed, articulate person who explained they were leaving the next day on an extended holiday and the small quantity prescribed would not last until their return. The patient also said they did not have the August prescriptions dispensed when they were written because they did not use sleeping pills very often and had not needed them at the time.

Date Dispensed	Drug	Quantity	Doctor	Pharmacy
14 Feb 98	oxazepam 30 mg	20	1	1
14 Feb 98	oxazepam 30 mg	30	2	2
14 Feb 98	oxazepam 30 mg	35	3	3
3 Mar 98	bromazepam 6 mg	30	4	4
26 Apr 98	bromazepam 6 mg	25	5	5
26 Apr 98	lectopam 6 mg	20	6	6
27 Apr 98	bromazepam 3 mg	50	7	2
28 Apr 98	bromazepam 6 mg	20	1	7
28 Apr 98	lectopam 3 mg	30	4	7

This case highlights a difficult dilemma. An articulate and rational patient described their reasons for having these prescriptions dispensed. A number of pharmacists believed the explanation and determined it was not necessary to contact the prescribers before dispensing the medication. A few days later the person was admitted to the hospital with a drug overdose. In retrospect, it is unlikely that a physician would prescribe a benzodiazepine knowing it would not be required for many months.

Pharmacists make countless decisions each day. In making these decisions we use skills of observation and deductive reasoning combined with knowledge about appropriate medication usage and prescribing patterns. In the above case, the patient presented a rational explanation and although the pharmacists did recognize an inappropriate usage pattern the prescriptions were still dispensed.

Pharmacists do have the authority to refuse to dispense a prescription until

their concerns can be resolved with the prescribing physician. The College can assist in determining where previous prescriptions were dispensed and if the patient actually picked up the medication. Although these delays may be inconvenient for the patient, delays are sometimes necessary to ensure positive outcomes, especially when dealing with drugs with a potential for abuse.



## <sup>Rx</sup>C.A.R.E Program

College staff and consultants have been busy for the past month organizing and producing the data from the pilots of the four assessment tools. A comprehensive analysis of all the information is now being completed.

The <sup>B</sup>C.A.R.E. Committee and the Board of Examiners will be meeting in October to review the data and the preliminary analyses. Recommendations will be developed for the Council of the College to consider at its meeting in early December.

One of the key issues for the Council is the acceptability ratings

by pilot phase participants for each of the four assessment options. All College members who completed one or more of the assessment options have had the chance to respond to a survey questionnaire, indicating their opinions about the acceptability of the option(s) for the assessment of knowledge and skills, and for the enhancement of pharmacy practice.

An additional opportunity to participate in the Knowledge Assessment option has been made available for 1 November. The application dead-

line was 2 October. Although the Council authorized the additional opportunity for participating in the <sup>B</sup>C.A.R.E. pilot phase, no additional funding was provided. Interested pharmacists were therefore asked to shoulder some of the organizational work required to set up each assessment site, and a nominal participation charge was established to cover the costs of producing the assessment papers and having them marked.

When the Councillors have decided on the structure of future <sup>B</sup>C.A.R.E. Programs, a complete report will be provided to College members.

### Resource Source



#### ◆ "Medication Matters" Resource Kit

Health Canada has prepared a new resource kit, **Medication Matters: How You Can Help Seniors Use Medication Safely**, to assist health professionals in providing seniors who have low literacy skills the information they need to use medication safely. The kit's materials are written in plain language for seniors, and include information sheets on medication topics, and three pamphlets to supplement and reinforce information received during visits with health professionals. The kit is available on the internet site of the Division of Aging and Seniors, [www.hc-sc.gc.ca/seniors-aines](http://www.hc-sc.gc.ca/seniors-aines). Additional copies can be ordered from the Division at Tel: (613) 957-7627, Fax: (613) 952-7606, E-mail: [seniors@hc-sc.gc.ca](mailto:seniors@hc-sc.gc.ca).

#### ◆ Free Nutrition Infoline

As outlined in the pamphlet enclosed with this mailing, Dial-A-Dietitian operates a free, province-wide **Nutrition Information Line** Monday to Friday, 8 a.m. to 5 p.m. - Greater Vancouver 732-9191, Toll free in B.C. 1-800-667-3438. Registered Dietitians answer nutrition, healthy eating and food safety questions, and also explain special diets recommended by physicians for medical conditions. If indepth counselling is required, callers are guided to nutrition services in their community. For more information or to order pamphlets, contact the Dial-A-Dietitian Nutrition Information Society of B.C. at Tel: (604) 732-9191 or 1-800-667-3438, Fax: (604) 732-9081.

### Consent Orders

(Continued from page 2)

pharmacists agreed not to practise until these assessments were complete. Depending on the results of the assessments, some pharmacists attended residential recovery programs while others completed retraining and internships to demonstrate their ability to practise. In several cases, conditions for return to practice were required. Some pharmacists agreed to random urinalysis to demonstrate abstinence from narcotics. Others agreed not to dispense prescriptions for narcotics or controlled drugs, or not to work on their own for a specified period of time.

#### Summary

The pharmacy managers who reported these situations to the College were surprised to discover they had a pharmacist on staff with a problem. Most managers report that they have increased their monitoring programs so problems will be detected and resolved more quickly in the future.

Although fewer Discipline Hearings are being held, the Inquiry Committee is very active in ensuring that pharmacists with practice difficulties obtain assistance in identifying and resolving their problems.



## Enhancements and Changes to PharmaNet Software

Many suggestions for changes and enhancements to PharmaNet are submitted to Pharmacare and to the PharmaNet Users Group at the College. A new process for the review of the requests has been established at Pharmacare.

Enhancement and change requests to be considered for inclusion in a new release of PharmaNet are now reviewed by the Pharmacare Change Management Advisory Committee (PCMAC). The mandate of the PCMAC is to review the submitted change requests and to recommend to the Ministry of Health a priority for the implementation of the changes based on a high level cost/benefit analysis. The committee is comprised of Linda Lytle, Registrar; Ken Foreman, Chair of the PharmaNet Users Group; as well as representatives from the College of Physicians and Surgeons, Pharmacare and the Ministry of Health. The establishment of the PCMAC will permit the College to have a greater say in the changes that are made to PharmaNet.

PharmaNet Release 4.0 will be



implemented over the next year and includes a wide variety of changes to the system ranging from fixes necessary to ensure correct operation of PharmaNet in the Year 2000 to some major enhancements to the functionality on PharmaNet. Some of the enhancements include:

- ▶ implementation of First Data-Bank's Drug Allergy Module which will report allergies at the ingredient, cross allergen and related chemical group level
- ▶ implementation of enhanced practitioner restriction functionality
- ▶ the ability for PharmaNet to deal with the increasing number of drug interactions that are appearing as new drugs are marketed.

If you have any suggestions for enhancements or changes to PharmaNet, please contact the PharmaNet Coordinator or any member of the PharmaNet Users Group.

## Office Use Medications

All medications sold to practitioners (physicians, dentists, veterinarians and midwives) and clinics for administration to patients must

be transmitted to PharmaNet using the "O-Med PHN" and keyword assigned to the pharmacy. If you have not received your O-Med PHN and keyword, please contact the PharmaNet Helpdesk.

## PharmaNet Drug Interaction References

PharmaNet performs Drug Utilization Evaluation (DUE) for drug-to-drug interactions. When a drug-to-drug interaction is identified, the message returned to pharmacists includes:

- ▶ a description of the drugs or classes of drugs which interact
- ▶ the clinical effect of the interaction
- ▶ the significance level of the interaction
- ▶ a page reference in a drug interaction text.

The page reference cited on PharmaNet will be changed this fall from *Hansten and Horn's Drug Interaction Analysis and Management* to *Evaluation of Drug Interactions* (Zuccherro and Hogan).

If you have any questions about this change, please contact the PharmaNet Coordinator at the College office.

## Committee News



### College Committee Chairs

- ▶ Audit Committee: Henry Mah
- ▶ Bowl of Hygeia Award Selection Committee: Heather Baxter
- ▶ Community Pharmacy Practice Committee: Ed Maydaniuk
- ▶ Discipline Committee: Bob Evans
- ▶ Drug Advisory Committee: Bev Louis
- ▶ Ethics Advisory Committee: Tinka von Keyserlingk
- ▶ Hospital Pharmacy Committee: Mark Collins
- ▶ Inquiry Committee: Sanja Ivankovic
- ▶ Long-term Care Committee: Janis Mack
- ▶ PharmaNet Users Group: Ken Foreman
- ▶ Resolutions Committee: Christine Liotta

### Board of Examiners Members

Maria Finamore, Erica Gregory, Gordon Hawkins, Melissa Haynes, Lorna Kroll, Kathy McInnes, Bruce Millin, Mits Miyata, Debbie Patrick, Marguerite Yee

### PharmaNet Committee Members

Derek Daws, Derek Desrosiers, Lois Hunter, Melva Peters, Ron Waller, plus other appointees

### External Committee Appointments

- ▶ Shawn Sandhu, B.C. representative to the National Association of Pharmacy Regulatory Authorities' Council
- ▶ Rubina Sunderji, College representative to the Therapeutics Initiative Scientific Information and Education Committee



## College Staff Contact List

(\* Indicates part-time staff)

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<b>Reception</b>	200
<b>Amin Bardai*</b> <i>Internship Program Site Coordinator</i>	400
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<b>Lynn Taylor</b> <i>Administrative Assistant</i>	219

## People News



### Announcements

- ▶ The British Columbia Pharmacy Association has a new President, **David Hill** of Richmond, and new Vice-President, **Don Millward** of Osoyoos.
- ▶ **Kevin Moody** has resigned as Director of Continuing Pharmacy Education at the Faculty of Pharmaceutical Sciences, accepting a position as Information Manager for the International Pharmaceutical Federation (FIP) in The Hague in The Netherlands.

### Achievements

- ▶ The following people have been awarded **Certificates of Merit** for their extended service as committee members:

**Amin Bardai**  
**Grace Barrington-Foote**  
**Judy Colby**  
**Peter Cook**  
**Salma Damji**  
**Maria Finamore**  
**Pat Harasym**  
**Leon Jung**  
**Grace Kwan**  
**Joanne Logie**  
**Sam Louie**  
**Kathy McInnes**  
**Michael McMillan**  
**Bruce Millin**  
**Mits Miyata**  
**Janet Morris**  
**Nilu Partovi**  
**Marion Pearson**  
**Julie Schultz**  
**Diana Smedstad**  
**Suzanne Taylor**  
**Art Toft**  
**Maria Ton**  
**Andrea Ward**  
**Brigita Wilkinson**  
**Laura Wilson**  
**Marguerite Yee**

- ▶ Council presented **50 Year Practice Awards** to:

**Stephen Kripps** (Reg. April 1947)  
**Gerald Walkey** (Reg. October 1946)  
**Milton Walkey** (Reg. April 1947).

Congratulations to all recipients.



## Councillors' Contact List

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Note that College Councillors have Long Distance Calling Cards provided by the College. To avoid phone charges to members, Councillors are pleased to receive messages from callers, and return phone calls at the College's expense.