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## Hundreds respond to BC Medication Management Project



**More than 600 pharmacists responded to the opportunity to take part in the BC Medication Management Project. Unfortunately, there was only room for 300.**

Although the number of participants was limited to 300, more than 600 pharmacists responded to the opportunity to take part in the BC Medication Management Project which is now up and running in approximately 120 community pharmacies throughout the province.

The BC Medication Management Project is a collaboration between the Pharmaceutical Services Division (PSD) of the BC Ministry of Health Services and BC Pharmacy Association (BCPhA). The purpose of the project is to improve patient care, drug therapy outcomes and sustainability of the healthcare system by having pharmacists provide medication management services in community settings.

Medication management is a comprehensive service where the pharmacist works together with the patient to optimize their medication use. The service includes preparing and reviewing a detailed medication history; identifying any medication management issues; setting patient-focused goals; implementing solutions to address issues and meet goals; monitoring effects and modifying solutions according to changing patient need; preventing further medication management issues; documenting care; and communicating and collaborating with other members of the patient's healthcare team.

The BC Medication Management Project, which includes a comprehensive data collection and evaluation component, will facilitate learning about the operational effectiveness of pharmacists providing medication management services in community pharmacies and generate information to inform future decision-making about pharmacist services. The Project is being implemented at a time when pharmacists are in the midst of transitioning from a product-centred practice to a patient-centred practice. Traditional pharmacist practice provides information and ensures safety when dispensing drug products. The recognized future for pharmacist practice in Canada is based on the responsibility pharmacists have to resolve medication management issues, in partnership with patients.



# On the Road Again...



Marshall Moleschi, Registrar

Well, it's the time of year when we like to get out 'on the road again' to meet with registrants throughout the province to share the latest updates from the College and gather insights and information from a variety of perspectives.

Over the next several weeks (see schedule below) the College will be hosting a number of Regional Meetings. Each session, which is free to attend and open to all College registrants, will be approximately 1½ hours and will include an overview presentation by myself followed by ample time for questions and answers.

Given geographic realities and pharmacists' busy work schedules, we appreciate that it may not be possible to attend one of these sessions in person.

Therefore, before the end of October, a pre-recorded copy of one of the 'live' sessions will be posted on the College website for anyone to reference at their convenience. Notification of this will be emailed to registrants once it is available.

With so much going on in our profession, these informal information sessions are just one of the many ways the College strives to keep us all up-to-date. As always you are encouraged to read all College material, whether electronic e-Blast messages or mailed correspondence, in a timely manner and to be sure to regularly check the College website for the latest news and current information.

I look forward to seeing you soon...  
*"I can't wait to get on the road again."*



COLLEGE OF PHARMACISTS OF BC – REGIONAL MEETINGS SCHEDULE		
REGION	CITY	DATE AND TIME
LOWER MAINLAND	Abbotsford (Best Western Regency Inn)	Oct 14 <sup>th</sup> – 7:00pm to 8:30pm
	Surrey (Sheraton Vancouver Guildford Hotel)	Oct 15 <sup>th</sup> – 7:00pm to 8:30pm
	Vancouver (Plaza 500 Hotel)	Nov 24 <sup>th</sup> – 7:00pm to 8:30pm
KOOTENAYS	Cranbrook (Prestige Rocky Mountain Resort)	Oct 19 <sup>th</sup> – 7:00am to 8:30am*
NORTHERN BC	Prince George (Coast Inn of the North)	Oct 21 <sup>st</sup> – 7:00pm to 8:30pm
INTERIOR	Kamloops (Coast Canadian Inn)	Nov 1 <sup>st</sup> – 7:00pm to 8:30pm
	Kelowna (Ramada Hotel & Conference)	Nov 2 <sup>nd</sup> – 7:00pm to 8:30pm
VANCOUVER ISLAND	Nanaimo (Coast Bastion Inn)	Nov 16 <sup>th</sup> – 7:00pm to 8:30pm
	Victoria (Coast Victoria Harbourside Hotel)	Nov 17 <sup>th</sup> – 7:00pm to 8:30pm

Space is limited so reserve your seat today through eServices on the College website [www.bcpharmacists.org](http://www.bcpharmacists.org):

1. Log into eServices
2. Select "Register for an Event" from the left-hand menu
3. Select "Regional Meeting"
4. Select the Regional Meeting that you wish to attend

\*Please note that the Cranbrook session takes place in the morning

# Renewed PDAP Begins Next Year

At their meeting on June 18<sup>th</sup>, 2010, the College Board approved the renewed Professional Development and Assessment Program (PDAP) as recommended by the Quality Assurance Committee (QAC). The recommendation from the QAC came on the heels of an extensive review and analysis of the findings of both an internal and external evaluation which had been ongoing from 2004 and concluded in 2010. Results from the piloted Continuing Education component, called CE-Plus, were also included in this comprehensive and collaborative evaluation.

In accordance with current legislation [*HPA Bylaw 54(2)*], the renewed PDAP will consist of a mandatory Continuing Education component (CE-Plus tool) as well as a mandatory Assessment component (Knowledge Assessment (KA) Exam tool).

## A Closer Look (see diagram)

### Continuing Education Component – CE-Plus

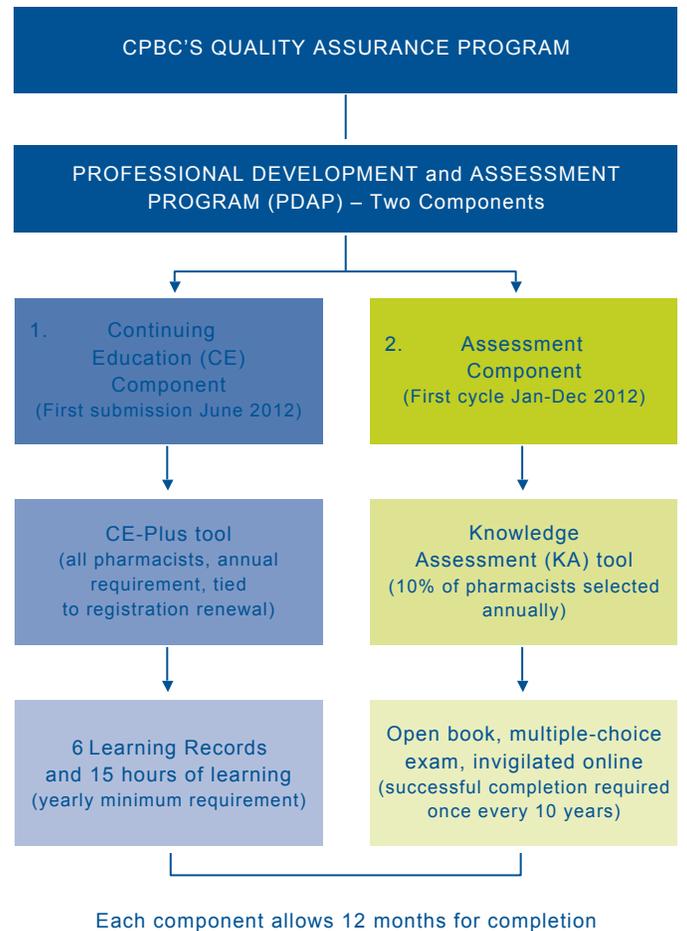
During its pilot phase (2008 - 2009), the CE-Plus tool tested very well amongst its participants with emphasis on the ability to include all types of professional learning whether it is accredited or non-accredited, formal or informal. Both the CE-Plus Development Task Group (established to monitor and evaluate the results of the pilot) and the external evaluator (contracted to evaluate tools against industry best practices) agreed that although there was no evidence for its use as an assessable tool, CE-Plus satisfies the Continuing Education requirement.

Therefore, the Continuing Education Component of the renewed PDAP will utilize the CE-Plus tool which consists of an annual submission of a minimum of 15 hours of learning documented on a minimum of 6 Learning Records. This CE Component is mandatory for all pharmacists and due upon your individual registration renewal date. The first mandatory CE-Plus submissions will be due June 2012, submissions must be completed online. Further information on CE-Plus will be mailed in your annual registration renewal package starting in June 2011.

Additionally, starting January 2011, there will be an opportunity for all pharmacists to go online through eServices on the College website to check out the CE-Plus tool including filling in sample Learning Records and getting familiar with the entire CE-Plus process.

### Assessment Component – Knowledge Assessment (KA) Exam

The external evaluation confirmed that the Knowledge Assessment Exam is a valid assessment tool. Additionally, a global environmental scan conducted during the external evaluation found that there are no alternative assessment tools worth considering by the College.



## Call For Volunteers CE-Plus Subcommittee

In order to ensure that CE-Plus delivers the desired outcome of enhancing pharmacists' knowledge, skills and abilities, it will require continuous review and development. The College is seeking pharmacists working in all types of practice — community, hospital, academia, long-term care, and administration to volunteer to participate on the CE-Plus Subcommittee. The CE-Plus Subcommittee will report directly to the Quality Assurance Committee and is expected to meet approximately 5-6 times throughout the coming year at the College office in Vancouver.

If you are interested in this volunteer opportunity, please email us at [pdap@bcpharmacists.org](mailto:pdap@bcpharmacists.org)

Continued on page 7

## Legislation defines “do’s” and “don’ts” of Technicians’ scope of practice

The College *HPA bylaws*, inclusive of regulated pharmacy technicians, received ministerial approval from the provincial government, effective August 1<sup>st</sup>, 2010. This is the final step in the legislation approval process and followed the College Board’s approval of the *bylaws* at the June 18<sup>th</sup>, 2010 Board meeting and previous mandatory 60-day public posting period in which minor revisions for clarification were made.

This legislation establishes the legal parameters to which all College registrants are obligated to practice within. As a regulated healthcare professional the onus is on you, as a registrant, to be aware of and understand these legal requirements. (*Note: all current legislation can be found on the College website at [www.bcpharmacists.org](http://www.bcpharmacists.org)*).

With respect to the scope of practice, or the work of which a regulated pharmacy technician is both permitted to do and restricted from doing, the pertinent sections are *HPA bylaws; Schedule F, Part 1 (Community Pharmacy Standards of Practice) s.4; Part 2 (Hospital Pharmacy Standards of Practice) s.10; and Part 3 (Residential Care Facilities and Homes Standards of Practice) s.5*.

Each of these sections describes the scope of practice that a regulated pharmacy technician can do:

- (1) *Pharmacy technicians... may prepare, process and compound prescriptions, including:*
  - (a) *receiving and transcribing verbal prescriptions for practitioners,*
  - (b) *ensuring that a prescription is complete and authentic,*
  - (c) *transferring prescriptions to and receiving prescriptions from other pharmacies,*
  - (d) *ensuring the accuracy of a prepared prescription,*
  - (e) *performing the final check of a prepared prescription, and*
  - (f) *ensuring the accuracy of drug and personal health information in the PharmaNet patient record.*

This scope of practice however, which has been communicated quite extensively to date, is only half of the guidance provided in legislation. Equally important as describing what a pharmacy technician can do, the *bylaws* also describe in detail, what a regulated technician cannot do.



As an example; *HPA bylaw, Schedule F, Part 1 – Community Pharmacy Standards of Practice, s. 4 (2)* states:

- (2) *Despite subsection (1), a pharmacy technician in a community pharmacy may dispense a drug but must not*
  - (a) *perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, or*
  - (b) *do anything described in*
    - i. *sections 6(5), 6(10), 10(2), 11(3), 11(4) 12, 13(2) or 13(3) of this Part, or*
    - ii. *Part 4 of this Schedule*

In order to fully understand the restrictions that legislation has put on pharmacy technicians it is incumbent on registrants to review each of the noted sections of the *bylaws* referenced above.

To assist registrants in understanding the “do’s” and “don’ts” of pharmacy technicians’ scope of practice outlined in these sections, the College’s ongoing communications has been using the following verbiage to distinguish the role and responsibilities of regulated pharmacy technicians from the role and responsibilities restricted to pharmacists only:

### Regulated Pharmacy Technicians are:

Responsible for the technical aspects of product preparation and processing, including the final check of the prepared prescription.

### Pharmacists are and still will be:

Responsible for assessing the appropriateness of drug therapy (patient assessment, confirm dose and interval, check PharmaNet profile and identify any drug related problems) for all new and refill prescriptions and are responsible for providing all patient consultation.

The last subsection outlined in the relevant legislation is designed to assist pharmacists, patients and other healthcare practitioners in identifying those technicians who are in fact regulated pharmacy technicians and therefore qualified to practice within the legislation’s defined scope:

- (3) *A pharmacy technician must identify his or her registrant class in any interaction with a patient or practitioner*

*Continued on next page*

# News Briefs

## Stay 'tuned' to your local station

As part of the College's strategic goal to help ensure that the public understands the role and value of pharmacists, the 2<sup>nd</sup> wave of the College's annual public awareness advertising campaign is about to hit the local airwaves.

The campaign which will run for a 4-week period, from late October through to the latter part of November, will utilize local radio and online advertising. The messaging, which is targeted to the families primary caregiver (woman 34 to 55 years of age) will focus on ensuring that patients can 'trust' that their pharmacist is a knowledgeable member of their healthcare team.



## Acting Dean of the Faculty of Pharmaceutical Sciences, UBC



From left to right:

**Mark Collins** - Pharmacist

**Parkash Ragsdale** - BCPhA Deputy CEO and Professional Services Director

**Dr. Helen Burt** - Acting Dean of the Faculty of Pharmaceutical Sciences at UBC

**Kyle Leon Collins** - Pharmacy Student, Mark Collins' son

Our congratulations to Dr. Helen Burt, who, on the recommendation of Vice-President Academic & Provost Farrar and in consultation with Dean Sindelar and the Faculty, has accepted the appointment of Acting Dean of the Faculty of Pharmaceutical Sciences, UBC, which coincides with Dean Sindelar's 4-month administrative leave. Dr. Burt is widely recognized as an outstanding teacher and has been the recipient of several teaching prizes. She obtained her B.Pharm.(Hons) from the University of Bath, U.K. and later her Ph.D. in Pharmaceutics from UBC. Dr. Burt has served and chaired on numerous committees and published over 100-peer reviewed papers, to mention a few of her accomplishments.

## Injection Training Workshops in Richmond

There are now nearly 700 pharmacists authorized to administer injections, proof that BC pharmacists are taking advantage of this unique opportunity. For those who are not yet authorized, and with Cold & Flu season around the corner, now is your chance to register for one of four BCPhA Administration of Injections Workshops being held at the Sheraton Vancouver Airport Hotel in Richmond during October.

For more information including specific dates and how to register, visit [www.bcpharmacy.ca](http://www.bcpharmacy.ca).



## Legislation defines "do's" and "don'ts" of Technicians' scope of practice *continued from page 4*

This requirement will become much easier to implement when the amended *Health Professions Act Pharmacists Regulation*, which restricts the title of 'pharmacy technician' to only those who have successfully completed their 'entry to practice' requirements and have been registered with the College, takes effect on January 1, 2011.

Finally, it's important to remember that becoming a regulated pharmacy technician means that that person has in fact become a regulated healthcare professional. As such they have made an ethical and professional commitment to be responsible, accountable and liable for their scope as outlined in legislation and to only practice within it.



## On Call



**Q: What Schedule is Flumist, the new intra nasal spray influenza vaccine, and who can administer it?**

**A:** Flumist is a Schedule 2 vaccine and within all pharmacists' scope of practice to administer. Pharmacists are not required to have injection authority, however, should review the product monograph and consumer information available from AstraZeneca Canada Inc., as well as watch the video on how to administer. Pharmacists who believe they are competent to do so, may administer the vaccine to people between 2 and 59 years of age.

**Q: A pharmacist working in a physician's clinic just phoned in a new prescription on behalf of a physician in the clinic, but the pharmacist is not associated with a pharmacy. Can I accept this new prescription as a transfer from the pharmacist and fill it under the physician's name?**

**A:** Yes, a pharmacist working in an office or clinic setting may transfer a prescription to a community pharmacist if the following four conditions are fulfilled:

1. The medication is not a narcotic or controlled drug.
2. The transfer information includes the patient's complete name; medication name, strength and quantity; complete dosage instructions; refill authorization if applicable; and the prescriber's complete name and CPS ID #.
3. The transfer date and identity of both pharmacists and both practice locations are documented.

4. The prescription is transferred to a pharmacy of the patient's choice.

Documentation of the prescription information and transfer information must be kept on file for a minimum of three years by the transferring pharmacist and the receiving pharmacist. The receiving pharmacist will file the prescription along with all other dispensed prescriptions. The transferring pharmacist must document the prescription transfer information on the prescription, and the prescription must be filed in a separate file containing only prescriptions or other pharmacy records. Although the premises is not a licensed pharmacy, these prescription records must be made available to a pharmacy inspector on request and must be handled and stored in the same manner as other confidential patient records.

**Q: A patient just presented an electronically-generated prescription with an electronically-generated doctor's signature. Is this an acceptable form of prescriber authorization?**

**A:** Yes, providing that the electronic prescriber's signature is unique. Health Canada considers a unique electronic signature to be equivalent to a paper and pen signature. It must be a fresh new signature written on the prescription with an electronic pen pad, similar to signing a pen and paper prescription. It is an illegal electronic signature if it is just cut and pasted into an electronic prescription.

To ensure the signature is unique, the pharmacist should compare the signature each time with an old prescription.

The signatures should be slightly different if they are unique, as it is an original signature each time. If you don't have an old signature to compare the signature with, please call the physician to verify whether he signs a new original electronic signature for each new prescription. A computer-generated prescription, given to the patient or faxed to the pharmacy, must have an original prescriber's signature.

The College of Physicians and Surgeons published the article 'E-prescribing – still under construction' on this topic in the CPSBC Quarterly Newsletter – December 2009 [https://www.cpsbc.ca/files/u6/CQ\\_December\\_2009\\_Web.pdf](https://www.cpsbc.ca/files/u6/CQ_December_2009_Web.pdf)

**Q: Effective October 1st, 2010, all pharmacies must have completed an initial narcotic inventory count and subsequently, must do a narcotic reconciliation at a minimum of every 3 months. Does the College provide a form to help a pharmacy reconcile their narcotics?**

**A:** Yes, a Narcotic and Controlled Drugs Perpetual Inventory form is available on our website under resources ([http://www.bcpharmacists.org/library/K-Forms/K-7\\_Others/9060-Narcotics\\_Inventory\\_Form\\_Sample.pdf](http://www.bcpharmacists.org/library/K-Forms/K-7_Others/9060-Narcotics_Inventory_Form_Sample.pdf)). A separate sheet should be used for each drug and strength. The form can be used for straight narcotics and if the pharmacy feels it is necessary, they can also use it for their controlled drugs. Additionally, in order to reconcile narcotics, the Narcotic and Controlled Drug Report must be reconciled against hard copies of the actual prescriptions to ensure accuracy.

# Practice Matters

## Naturopathic Physicians Get Authority to Prescribe



As of September 7<sup>th</sup>, 2010, qualified registrants of the College of Naturopathic Physicians of British Columbia (CNPBC) received authority to prescribe certain medications in accordance with the Standards, Limits and Conditions for Prescribing established by their regulatory College.

It is not the pharmacist's role to determine if the naturopathic physician is actually authorized to prescribe the medication presented on the prescription. The pharmacist's role, as always, is to ensure that the medication being prescribed is appropriate for the patient. Should you have any concerns in this regard you must either, adapt the prescription (in accordance with PPP-58), contact the prescriber for clarification or refuse to fill.

It's important to remember that all prescribers are healthcare professionals and as such are bound, just as pharmacists are, to adhere to their College's legislation, bylaws and code of ethics and only practice within their legislated scope of practice and individual competence.

For your information the Standards, Limits and Conditions for Prescribing that have been established by the CNPBC, which includes all drug exclusions, is available on their website ([www.cnpbc.bc.ca](http://www.cnpbc.bc.ca)).

Details on how to submit a claim for prescriptions when the prescriber is a naturopathic physician are outlined in the September 15, 2010 PharmaNet Bulletin (<http://www.health.gov.bc.ca/pharmacare/bulletin/10004bul.pdf>).

## Discipline Decisions:

### Manijeh Farbeh (Reg# 08439)

On June 29<sup>th</sup>, 2010, a Panel of the Discipline Committee, supporting an earlier decision (February 24<sup>th</sup>, 2010) under section 39(1) of the *Health Professions Act* which found Manijeh Farbeh of North Vancouver, British Columbia, Registration No. 08439 (the "Registrant") guilty of incompetence and professional misconduct, issued an order, under section 39(2) of the *Health Professions Act*, immediately cancelling the registrant's registration and assessing costs in the amount of \$35,000.00.

Complete details of the Discipline Committee's findings can be found on the College website [www.bcpharmacists.org](http://www.bcpharmacists.org)

## DPIC is Moving

Effective October 12<sup>th</sup>, 2010, the BC Drug and Poison Information Centre (DPIC) is moving. Please note the new numbers and address:

655 West 12<sup>th</sup> Avenue, Vancouver, BC V5Z 4R4  
Admin Phone: 604.707.2789 Admin Fax: 604.707.2807  
**New Lower Mainland phone number: 604.707.2787**

Note: Poison Control and Toll Free Drug Information phone numbers remain the same.



## Renewed PDAP *continued from page 3*

The Assessment Component will be done on a 10-year cycle. 10% of pharmacists will be selected yearly (calendar year, not linked to registration renewal date) to complete the Knowledge Assessment (KA) Exam. Each pharmacist is required to successfully complete an assessment every 10 years. The first group of registrants will be selected in June of 2011 and will have the calendar year of January 2012 through December 2012 in which to sit the KA exam. This selection cycle will be repeated every year. The KA remains an open book, multiple-choice exam but will now be offered and invigilated online throughout British Columbia.

In the rare occurrence (previous data indicates that approximately 95% of pharmacists successfully complete the KA Exam on their first sitting) that a pharmacist is unsuccessful on the KA Exam, they will receive remediation and can choose to either re-sit the KA Exam or participate in a Practice Audit (PA).

Additional information on the renewed PDAP is available on the College website [www.bcpharmacists.org](http://www.bcpharmacists.org).



## White Coat Ceremony – UBC

On September 9<sup>th</sup>, 2010, first year pharmacy students took a pledge of professionalism and were given their white coats for the first time by leading lights in the pharmacy profession. By accepting their white coats, students join a community of current and future professionals who share the same commitment, to care for and about their patients.

# Events

## Mark Your Calendar – AGM

Saturday, November 20<sup>th</sup>, 2010

The College of Pharmacists of BC (CPBC) will be holding its Annual General Meeting (AGM) in conjunction with the AGM's of the UBC Alumni, Canadian Society of Hospital Pharmacists (CSHP), and the BC Pharmacy Association (BCPhA).

The meeting will take place at the Morris J. Wosk Centre for Dialogue located at 580 West Hastings Street in Vancouver, BC (corner of West Hastings & Seymour) on Saturday November 20<sup>th</sup>, 2010.

### Overview of Program for the Day:

9:00 – 10:00am	UBC Alumni – AGM
11:45 – 12:45pm	CSHP – AGM
12:45 – 2:00pm	Lunch
2:00 – 3:00pm	BCPhA – AGM
3:00 – 4:00pm	Keynote Speaker (to be announced)
<b>4:00 – 5:00pm</b>	<b>CPBC – AGM</b>
5:00 – 7:00pm	Reception (cash bar and complimentary appetizers)

## Hundreds respond to BC Medication Management Project *continued from page 1*

The success of the BC Medication Management Project, which runs from September 2010 to January 2012, is dependent on communicating the value of medication management to the patient and the wider healthcare team.

For more information on this important initiative contact either the Pharmaceutical Services Division of the BC Ministry of Health Services or the BC Pharmacy Association.

## Board Elections in Districts 2 & 4: Remember to Vote!

### Mail-in Ballots Due October 20<sup>th</sup>

Board Elections are being held this year in Districts 2 and 4. District 6 was also up for election, however, John Hope won by acclamation. You play an important role by voting for the pharmacist who you feel will provide the College with the strategic leadership necessary to fulfill its mission, "to protect the public by ensuring that British Columbians receive safe and effective pharmacy care".

The College is pleased to confirm the following candidates, listed alphabetically by district, for the upcoming College of Pharmacists of BC Board Elections.

### District 2: Fraser Valley

Amin Bardai  
Betty Chow  
Bev Harris  
Sammy Lee  
Keith Shaw

### District 4: Kootenay/Okanagan

Erica Gregory  
Doug Kipp  
Frank Strobel

Ballot Forms, election procedures and candidate profiles have previously been mailed to pharmacists working within the Districts up for election. Ballots must be received at the College office by 5pm, Wednesday, October 20<sup>th</sup>, 2010 in order to be counted. If you have not yet received your Ballot Forms or have any questions, please contact Kitty Chiu at [kitty.chiu@bcpharmacists.org](mailto:kitty.chiu@bcpharmacists.org).

## readlinks

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ReadLinks Editor in Chief:  
Marshall Moleschi

Managing Editor: Lori DeCou

**College of Pharmacists of BC**  
200–1765 West 8<sup>th</sup> Avenue  
Vancouver, BC V6J 5C6

Tel 604.733.2440 Toll-Free 800.663.1940  
Fax 604.733.2493 Toll-Free Fax 800.377.8129  
E-mail [info@bcpharmacists.org](mailto:info@bcpharmacists.org)  
[www.bcpharmacists.org](http://www.bcpharmacists.org)

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



COLLEGE OF PHARMACISTS  
OF BRITISH COLUMBIA

*Safe and Effective Pharmacy Care*

Chair – Randy Konrad  
Vice-Chair – John Hope  
Registrar – Marshall Moleschi

### COLLEGE BOARD

District 1 – Metropolitan Vancouver  
Randy Konrad E-mail: [randy.konrad08@gmail.com](mailto:randy.konrad08@gmail.com)

District 2 – Fraser Valley  
Vacant

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Allan Greene E-mail: [agr@shaw.ca](mailto:agr@shaw.ca)

District 4 – Kootenay/Okanagan  
Vacant

District 5 – Northern BC  
Chris Hunter E-mail: [chrishunter@yahoo.com](mailto:chrishunter@yahoo.com)

District 6 – Urban Hospitals  
John Hope E-mail: [jwho@telus.net](mailto:jwho@telus.net)

District 7 – Community Hospitals  
Bruce Beley E-mail: [bruce.beley@interiorhealth.ca](mailto:bruce.beley@interiorhealth.ca)

Government Appointee, Kamloops  
Margaret Cleaveley E-mail: [mjc79@shaw.ca](mailto:mjc79@shaw.ca)

Government Appointee, Prince Rupert  
Penny Denton E-mail: [snow@citytel.net](mailto:snow@citytel.net)

Government Appointee, West Vancouver  
Michael MacDougall E-mail: [theccm@telus.net](mailto:theccm@telus.net)

Government Appointee, Langley  
John Scholtens E-mail: [jscholtens@hotmail.com](mailto:jscholtens@hotmail.com)

Pharmacy Technician Observer  
Ball Dhillon E-mail: [bal.dhillon@fraserhealth.ca](mailto:bal.dhillon@fraserhealth.ca)

Contact information for all College staff and Board is available on the College website.

Vote!