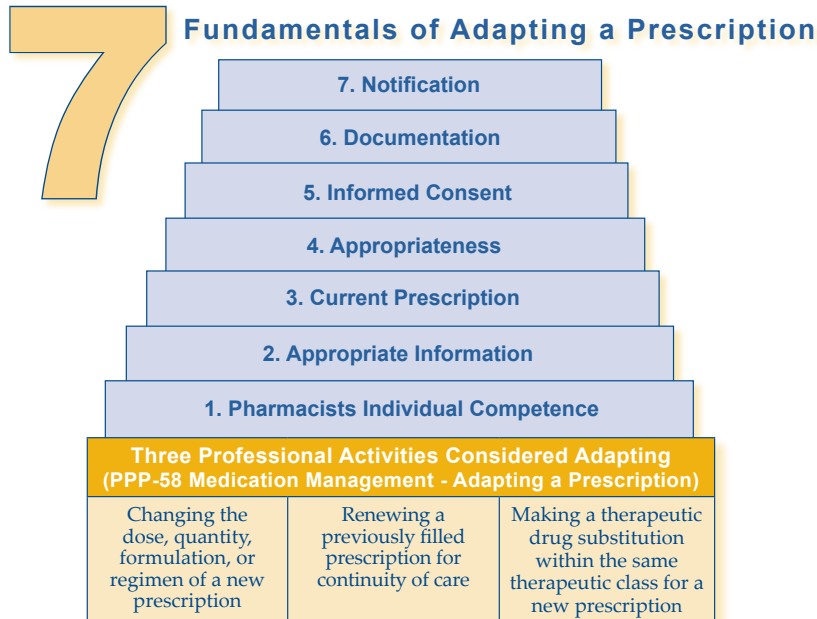


Take the first step towards adapting prescriptions – sign up today for an orientation session!

It's been almost one year since council approved the development of Professional Practice Policy #58 (PPP-58 – Protocol for Medication Management: Adapting a Prescription) designed to guide pharmacists in the safe and effective process of adapting prescriptions. With literally hundreds of hours of consultation with stakeholders, from government to physicians, now behind us and new affirming legislation (Bill 25) in place – the college is ready to go!

PPP-58 specifies the parameters by which a pharmacist can adapt (including renew) an existing prescription and outlines the seven fundamentals that must be followed in order to do this (see diagram).



This information has been compiled into – PPP-58 Orientation Guide – which will be distributed to everyone, via mail and posted online, early in September with the expectation that all registrants will have read and understood the policy by December 31, 2008. The final page in the Orientation

Guide will be a 'declaration form' which pharmacists will be required to sign and retain in their files.

Although it is the pharmacist's choice as to whether or not they want to adapt a prescription for a patient **it is mandatory that a pharmacist complete the orientation prior to any adaptation taking place.**

Additionally, given that by adapting a

prescription a pharmacist assumes accountability and responsibility for that prescription, **a pharmacist will also be required to possess personal professional liability insurance (minimum coverage of \$2 million) prior to any adaptation.**

Even though pharmacists can independently complete the orientation, given the significance and complexity of the policy, they are strongly encouraged to attend one of the free live orientation sessions (see tentative schedule on page 6) being offered this fall throughout the province.

Marshall Moleschi, Registrar, College of Pharmacists of BC and Marnie Mitchell, CEO, BC Pharmacy Association will facilitate the sessions which will provide participants with a comprehensive walk-through of the Orientation Guide as well as provide the opportunity for questions and discussion.

continued on page 6

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ReadLinks

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Your questions and comments about this newsletter are welcome and may be forwarded to the registrar.

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

Printed on recycled paper

from the Registrar

“Change is the law of life...”



Marshall Moleschi

It really struck me a few weeks ago when I had the privilege of attending the Dean's Reception honouring this year's graduating class, how truly different the practice of pharmacy will be for this next generation of pharmacists. As registrar of the college I have the unique opportunity of being in a position to be aware of and engaged in the 'big picture' of our profession and never, in my more than 30 years, have I been more convinced that change is not just inevitable, but imminent.

Oh sure, I remember that there has been talk of this inevitable change as far back – and even before that – to when I was one of those bright eyed, optimistic young people ready to set the profession on fire. But there's something profoundly different about then, than now.

First of all, the landscape of healthcare in the country has changed dramatically. It is no secret that our current model is not sustainable and as the public's desire and demand for services increases, governments are frantically looking to healthcare professionals to enhance their scope as a means of taking pressure off the system.

The result of this has been unprecedented legislation across the country granting increased authority to practitioners – like *Bill 25* here in BC which formalizes pharmacists' authority to 'renew existing prescriptions'.

In other provinces, like our neighbour Alberta, governments have taken it a step further by legislating the ability to initiate prescriptions and provide immunization. It's not much of a stretch to assume that it will only be a matter of time before BC pharmacists will also be granted this authority.

Secondly, there are huge strides being made, not just provincially but nationally, to both regulate the profession of pharmacy technicians, which will help provide pharmacists with the time needed for clinical care, and the advent of patient's electronic health records, which will ensure pharmacists have the information necessary to make clinical decisions.

In this issue of *ReadLinks* you will find important information on all of these initiatives and specific ways in which you can get involved. Sign up to participate in one of the upcoming PPP-58 Medication Management Orientation Sessions, and/or volunteer to be a part of the Regulated Pharmacy Technician focus groups.

As I reflect on this I'm reminded of a quote by John F. Kennedy who once said, "Change is the law of life. And those who look only to the past or present are certain to miss the future." At the Dean's reception a few weeks ago I looked into the eyes of the future and it made me feel young and optimistic all over again.

CE-Plus available this fall

At the council meeting held on June 26 council accepted the recommendation presented by the

Board of Examiners (BOE) to move forward with the newly developed CE-Plus tool in September 2008. This recommendation was based on the fact that in a preliminary field test the response to the tool was favourable with many commenting that it provides flexibility and choice and is relatively easy to use.

The tool will be available to registrants who are currently in Cycle 2 (2006) of the Professional Development and Assessment program (PDAP) and about to enter Phase 2 this September. These registrants will now have the option of selecting from any one of the following tools:



CE-Plus, Knowledge Assessment (KA), Learning and Practice Portfolio

(LPP), Practice Audit or Objective Structured Clinical Examination (OSCE).

The CE-Plus tool, which has been in development for the past year, was initiated in the fall of 2007 when council, in response to a request from BC pharmacists, asked that a Continuing Education (CE) based option be developed to add to the PDAP. One of the unique features of the CE-Plus tool is that it has been specifically designed to recognize all types of professional learning including accredited CE and non-accredited CE such as; research, self-study programs, reading materials

and even focused discussions with colleagues and/or experts.

The BOE also outlined their next steps, which will be to take the results of the CE-Plus pilot, together with the outcomes of the current overall evaluation being done on the PDAP program, and come back to council next year with a broader recommendation for the overall program and its tools.

DEVELOPMENT OF ENTRY-TO-PRACTICE EXAM CRITICAL STEP IN REGULATION OF PHARMACY TECHNICIANS

The regulation of pharmacy technicians is a major national initiative that has been underway for many years now. One of the significant steps towards establishing this new healthcare profession is the development of the national entry-to-practice exam. Just as pharmacists, among other requirements, must successfully complete their entry-to-practice exams in order to become 'pharmacists', so too will pharmacy technicians be required to successfully complete their entry-to-practice exams in order to become 'regulated pharmacy technicians'.

This exam, consisting of both a multiple choice component and a practical component called the Objective Structured Performance Examination (OSPE), is currently being developed by the Pharmacy Examining Board of Canada (PEBC). Content for the exam is based on meeting the *Professional Competencies for Canadian Pharmacy Technicians* which have been established by the National Association of Pharmacy Regulatory Authorities (NAPRA). The entry-to-practice exam is expected to be piloted in the fall of 2009 with national roll-out targeted for September 2010.

Although the eligibility criteria for the entry-to-practice exam has not been finalized, it has been established that if a technician holds a current *Pharmacy Technician Certificate* from Ontario or Alberta or holds another equivalent certificate recognized by PEBC, they will be eligible to directly sit the entry-to-practice exam. If a technician does not hold a recognized certificate however, they will need to successfully complete the PEBC pharmacy technician evaluating exam prior to being eligible to sit the entry-to-practice exam.

If not initially successful, the results of the evaluating exam will help technicians to identify the gaps in their knowledge, skills and abilities. This will assist them in determining what 'bridging programs' or other learning equivalents they should take in order to successfully complete the evaluating exam and thereby go on to the entry-to-practice exam.

Although there is still much to be done, the development of the entry-to-practice exam and the establishment of the eligibility criteria are critical steps in the process which will ensure a national standard for regulated pharmacy technicians.

VOLUNTEERS NEEDED FOR REGULATED TECHNICIAN FOCUS GROUPS

The next step on the road to regulated technicians here in BC is the development of 'bridging programs' for current technicians to ultimately prepare them for successful completion of the evaluating and entry-to-practice exams (refer to adjacent story for more details).

In order to develop these bridging programs the college will be conducting a series of focus groups around the province this fall with both technicians and pharmacists represented. The goal of these focus groups is to establish the benchmark with respect to current technicians' knowledge, skills and abilities and then compare that to the *Professional Competencies for Canadian Pharmacy Technicians* developed by NAPRA. Analysis of the feedback obtained from the focus groups will help identify the gaps and lead to the development of appropriate bridging programs.

If you are interested in volunteering to potentially participate in a focus group please email amanda.yen@bcpharmacists.org right away – space will be limited!

PRACTICE NOTES

Rescheduling of levonorgestrel (Plan B®)

On May 14, 2008 the National Association of Pharmacy Regulatory Authorities (NAPRA) approved a drug schedule change for levonorgestrel, (when sold in concentrations of 0.75 mg per oral dosage unit to be taken in a single dose of 1.5 mg) from Schedule II (behind the pharmacy counter) to Schedule III (on the pharmacy floor). The drug is marketed as Plan B® in Canada.

As with any recommended schedule change made by NAPRA, the change will *not* become effective in BC until it has been endorsed by the college council and approved by the BC government. This process will likely take several months and until this has happened the drug remains in Schedule II and therefore, not available for self-selection in BC pharmacies.

Pharmacists and pharmacies will be notified through regular college communications (i.e., college website and *ReadLinks*) when this scheduling change becomes official in BC.

Methadone prescribers confidentiality

From time to time, pharmacists may be asked to provide the name of a doctor who is authorized to prescribe methadone for maintenance of patients with addictions. While the information may be given with good intent, it violates the confidentiality of the physician who, for whatever reason, may not want to be recognized in the community as a methadone maintenance physician. If you wish to assist a patient in finding a doctor, please refer them to a clinic in the area that provides care for methadone maintenance patients.

Methadone dispensing procedure

Reminder: Pharmacists providing methadone for maintenance are reminded that the first dose of a “carry” *must* be witnessed, regardless of whether or not it is written on the prescription form. This is a requirement of the program as set out by the College of Physicians and Surgeons of BC and agreed upon by the College of Pharmacists of BC.

Child dies from misuse of fentanyl patch

ISMP Medication Safety Alert!

We’ve often stressed the importance of patient education when dispensing fentanyl transdermal system patches. Another tragic event – in which a 6-year-old girl died and her foster mother is charged with criminal gross negligence in her accidental death – reinforces this imperative.

When the child complained of neck pain late one evening, her foster

New PharmaNet system has many benefits

One of the major initiatives of the eDrug Project is a much needed upgrade to the now 13-year-old PharmaNet system. This upgraded system, which comes with a new name – PharmaNet-eRx – will add new features designed to improve patient safety and health outcomes. The “eRx” in the name stands for electronic prescribing, which is one of the important new enhancements to PharmaNet.

Currently, 1050 pharmacies connect to PharmaNet to process over 4 million dispenses per month. Each dispense event includes drug interaction checking and real-time claims adjudication. In addition, 78 hospital emergency departments and 650 medical practices use PharmaNet to access patient medication profiles.

PharmaNet-eRx should help pharmacists to save time by adding three important new features – comprehensive drug profiles, ePrescribing, and automated special authority processing.

Comprehensive Drug Profiles

A few of the recommended improvements to ensure pharmacists have access to the most comprehensive profiles possible include; the recording of all clinically relevant medication information from a patient’s hospital stay into the PharmaNet-eRx system, the extension of the length of time a drug is available on a patient’s profile from 14 months to 60 months and electronic access to a patient’s lab test results.

ePrescribing

The plan is to have prescribers throughout the province enter prescriptions directly into their office electronic medical records systems. The prescriptions will immediately be sent to PharmaNet-eRx and compared and analyzed against the patient’s drug profile. Any drug issues, such as drug-drug or drug-allergy interactions, will be returned within a few seconds. The prescriber will then review any issues, confirm the prescription online and it will be added to the patient’s profile.

Automated Special Authority Processing

As you know, the process today to request a special authority is largely manual, involving paper forms, fax and telephone. With PharmaNet-eRx, prescribers will be able to electronically submit special authority requests and in most cases it will be processed immediately. Within the pharmacy you will be able to search online to find out if a special authority exists for a patient and when it expires and find out the portion of the claim PharmaCare will cover, without having to submit an actual claim and then reverse it if the cost is unaffordable.

Although community pharmacies will be the first group to connect to PharmaNet-eRx there is much still to do and it will take some time to transition. The eDrug Pharmacy Advisory Committee has been asked to evaluate and report on the overall impacts that converting to the new system will have on community pharmacies. The report is important information for the process to determine the transition funding provided.

Stay tuned to *ReadLinks* for ongoing updates to this important initiative.

mother gave her an appropriate dose of ibuprofen but also placed a leftover fentanyl patch on the child’s neck to help treat the pain. The next day, the child was found unconscious in bed and was pronounced dead by the time she arrived in the emergency department. The child’s foster mother had been given a prescription for fentanyl patches several years earlier to treat chronic pain after an accident. The patch she placed on the child

was leftover from that prescription.

The criminal charges against the foster mother were based on the severity of the error, called “gross negligence” in legal terms.

We can’t help but believe that the tragedy could have been avoided had the foster mother received adequate education when the fentanyl patches were first prescribed and dispensed.



Council election results

In adherence with the college's council electoral process, elections were recently held for council members in District 2 (Fraser Valley) and District 4 (Kootenay/Okanagan). *(Note: District 6 (Urban Hospitals), which was also up for election, was won by acclamation, by James Kim)*

The election results were as follows:

**District 2
(Fraser Valley)**
RE-ELECTED:
Bev Harris



Bev Harris



**District 4
(Kootenay/
Okanagan)**
ELECTED:
(John) Doug Kipp

Doug Kipp

Also in conjunction with electoral process the council, at their June 26 council meeting, elected a new **council president** – congratulations to Michael MacDougall. Michael, a government appointee from West Vancouver, has been a member of council since 2004.

Re-appointments and newly elected council appointments, including the term of president, are effective following the college's Annual General Meeting on November 22. Watch future issues of *ReadLinks* for council profiles.



Michael MacDougall

what went wrong

More Reasons to Stock Oral Syringes

In a November 2005 article that appeared in the *ISMP Medication Safety Alert Community/Ambulatory Care Edition* newsletter a report was shared of a 9-month old child who nearly died after a cap on a parenteral syringe became lodged in her throat. In that report, a pharmacist had given the mother a parenteral syringe (without the needle) to accurately measure and administer an oral rehydration solution to the child. However, the pharmacist was unaware that the manufacturer used a small

translucent cap on the syringe tip as a protective cover. The solution was drawn up with the cap in place and upon administration, the cap ejected into the child's throat. Similar reports have previously been received by ISMP and to prevent similar tragedies ISMP provided several recommendations. Among them, it was recommended that parenteral syringes never be used for oral liquids and that practice sites stock several sizes of oral syringes for distribution or purchase. Two recent reports further support these recommendations.

Report #1

A radiologist prescribed oral acetylcysteine (MUCOMYST) for a 69-year-old to help prevent worsening of his renal impairment due to radiographic contrast media that was to be administered during a diagnostic procedure. A community pharmacist prepared each of the 4 prescribed doses in separate parenteral syringes. Each was correctly labeled with the dose, route, and frequency of administration; however, the syringes were dispensed with needles attached. Unfortunately, neither the physician nor pharmacist explained how the medication was to be taken orally after appropriate dilution. As a result, the patient self-administered one of the doses subcutaneously. The patient was unharmed and the additional doses were administered correctly because his daughter read the labels and noticed a sticker on the syringes that said, "Not for injection."

Report #2

A mother shared an experience she had after picking up an antibiotic liquid at her pharmacy for her 2-year-old child. After speaking with the pharmacist about the medication, the mother looked around the pharmacy for a measuring device to accurately measure the 5 mL dose. Unable to find one, she asked a pharmacy technician if they had something. A pharmacist located a 1 mL and a 20 mL syringe and gave her the 20 mL syringe that was marked in 1 mL increments. However, when the mother later tried to administer the medication, she discovered that the barrel of the syringe was too large to fit into the antibiotic bottle. She considered several options: (1) Use a dose cup provided with another product. (2) Delay starting the antibiotic until the next day when she could get a new device. (3) Use a kitchen teaspoon. Fortunately, the mother was able to figure out a way to accurately measure each dose, but not all patients or caregivers could do so.

Keeping Patients Safe

In each of these cases, practitioners intended to assist their patients by pre-measuring the dose or providing a measuring device. However, they incorrectly assumed that patients or caregivers would know how to properly use the devices. Therefore, in addition to providing patients with **appropriate** devices for measuring doses, practitioners **must** ensure that the patient or caregiver understands

how to properly use the device with the medication. This is best accomplished with education and a demonstration performed by the practitioner followed by a return demonstration by the user. If this had been done in each of these cases, the problems or hazards encountered by the users would likely have been discovered and corrected before leaving the pharmacy.

BLUEPRINT FOR PHARMACY: THE VISION FOR PHARMACY LAUNCHED AT CPHA CONFERENCE!

Last summer, over 700 individual pharmacists and 30 pharmacy organizations from across Canada commented on a draft Blueprint for Pharmacy. Approximately 90% of respondents thought that the profession *definitely* needs to change and respond to future changes in the healthcare system; over 85% agreed that pharmacy **needs a common vision and action plan** for the future of the profession.

Based on these extensive consultations, the Blueprint Task Force has finalized the **Blueprint for Pharmacy: The Vision for Pharmacy**. The document puts forth a new vision for pharmacy:

Optimal drug therapy outcomes for Canadians through patient-centred care

The Blueprint Vision document reviews medication use challenges and the current and future role of pharmacists and pharmacy technicians in the healthcare system. It also outlines the key elements and proposed strategic actions in five key areas required to achieve the new vision and to meet the future healthcare needs of Canadians:

- Pharmacy human resources
- Education and continuing professional development
- Information and communication technology
- Financial viability and sustainability
- Legislation, regulation and liability.

The demands on the healthcare system require pharmacists to focus more attention on patient-centred, outcomes-focused care to optimize the safe and effective use of medications.

To achieve the Vision for Pharmacy, pharmacists, pharmacy technicians, pharmacy owners and organizations must all work together to implement an action plan for the future. **The status quo is not an option.**

PPP-58 orientation sessions

continued from front page

Space for each session will be limited, so sign up today. Online registration is available now through the college website.



www.bcpharmacists.org

Log into eServices, select "Register for an Event" from the left-hand menu and then select "PPP-58 Orientation Session"

(Note: Should you not have access to the internet, registration can be requested by sending an email to april.lightbown@bcpharmacists.org)



Over 80 pharmacy organizations and chain pharmacy head offices across Canada are now being asked to sign a Commitment to Act, a pledge to help move the profession forward by referring to the Blueprint in their own strategic planning and working collaboratively to develop the implementation plan. Five expert working groups are developing the detailed implementation plan to realize the Vision for Pharmacy.

The engagement of individual pharmacists is critical to the success of the Blueprint. Please take the time to review the document (see the website below) and take part in designing the future of your profession.



Canadian Pharmacists Association
www.pharmacists.ca

PPP-58 ORIENTATION SESSION SCHEDULE

All sessions run 6:30-9:30pm
(light supper provided)

Region	City (venue to be announced)	Date (tentative schedule)
Lower Mainland	Vancouver	Tues., September 16
	Surrey	Wed., September 17
	Burnaby	Tues., September 23
	Vancouver	Wed., November 12
Kootenays	Abbotsford	Thurs., November 13
	Cranbrook	Wed., October 1
Interior	Castlegar	Mon., October 27
	Kamloops	Wed., October 29
Vancouver Island	Kelowna	Thurs., October 30
	Victoria	Tues., November 4
Northern BC	Nanaimo	Wed., November 5
	Terrace	Tues., November 18
	Fort St. John	Mon., November 24
	Prince George	Tues., November 25

Space is limited so reserve your seat today!

Online registration is available now through the college website www.bcpharmacists.org. Log into eServices, select "Register for an Event" from the left-hand menu and then select "PPP-58 Orientation Session"

Q Do pharmacists require a prescription if they are compounding, for a specific patient, a nonprescription product that is not commercially available?

A No. Health Canada has informed us that a pharmacist does not require a prescription from a medical practitioner in order to compound a nonprescription product that is not commercially available. However, there must be an established pharmacist-patient relationship in order to do this, and the product cannot be offered for sale from the public access area of the pharmacy as this would constitute manufacturing.

Prior to compounding be sure to check the provincial drug schedules to see if there is a restriction on the nonprescription drug you wish to use. For more information refer to Health Canada's POL – 0051 *Manufacturing and Compounding Drug Products in Canada* and NAPRA's *Guidelines to Pharmacy Compounding*.

Q How is tramadol scheduled? Why can't I find tramadol in our drug schedules?

A At present Health Canada schedules tramadol as 'Schedule F Recommended' which means it is undergoing regulatory amendment to add it to 'Schedule F' of the *Food and Drugs Act* Regulations. That is why the product label has a *Pr* designation, indicating it should be treated as a 'Schedule F' drug. As such, it requires a prescription and should be treated provincially as a regular 'Schedule I' prescription drug, even though it is a weak narcotic agonist.

We cannot forward this 'Schedule I' recommendation to the BC government until Health Canada finalizes the drug's status. In general, for all drugs with a *Pr* designation on the product label, this indicates that the product is a 'Schedule F' drug, equivalent to our provincial 'Schedule I' drugs.

Q Can I transfer a prescription for tramadol to another pharmacist?

A Yes, since tramadol is a 'Schedule F Recommended' drug, it can be treated like any of our 'Schedule I' drugs. The drug can be transferred and new prescriptions may be faxed or received verbally from a physician. There are no restrictions on it, even though it is a weak narcotic agonist.

Q What is the procedure for rendering narcotics useless?

A For liquid narcotic solutions, adding kitty litter will render the product useless. For tablets, crush the tablets and either pour the dry crushed tablets directly into the medication return barrel or put them into a small leak-proof bottle and add a little kitty litter along with a few teaspoons of water.

In either case (liquid or tablet) it is not necessary or recommended to add bleach. In fact, recent reports indicate that the addition of bleach, in quantities more than a teaspoon, may produce toxic gases. As a reminder, liquids cannot be poured directly into the medication return barrel as toxic gases could also be produced.

Finally, make sure that you have prior permission from Health Canada before destroying your expired narcotics and controlled drugs. The time and date of the destruction should be documented and co-witnessed and co-signed by another health professional or pharmacy staff member.

Q How should a pharmacy document the information received via pharmacy alert (fan out) communications regarding forgery reports?

A The college recommends that pharmacy alerts concerning written and verbal forgery reports be printed and filed in a dispensary communication book to ensure they are readily accessible to all pharmacy staff. Individual pharmacy alert messages should be kept on file for a maximum of 12 months to prevent the inadvertent use by pharmacy staff of out-of-date information.

It is not appropriate to create a patient profile in the name of the reported forger. This can lead to problems in the future due to the fact that legitimate patient names may be used on the forgeries without the knowledge of the legitimate patient. Using this recordkeeping system increases the risk of assuming drug diversion activities by innocent patients.

DRUG UPDATES

In an effort to ensure that pharmacists are receiving the latest and most comprehensive listing of drug updates, please refer directly to the 'Notices for Pharmacists and Consumers'

section of the National Association of Pharmacy Regulatory Authorities (NAPRA) website.



www.napra.org/docs/0/310.asp

Exciting times ahead for new grads



This year's graduating class (photo above) from the Faculty of Pharmaceutical Sciences at UBC, which was slightly larger than last year's class, was honoured recently at the Dean's Reception held at the Plaza 500 Hotel in Vancouver. Receiving top honours – the Dean's Medal – was Leslie Leung (photo below) flanked by Professor Fielding on his right and Dean Sindelar on his left.

Among those addressing the grads was Marshall Moleschi, Registrar of the College of Pharmacists of BC (photo right) who commented on the "exciting times" currently facing the profession and spoke briefly about BC's new legislation (*Bill 25*) which grants pharmacists the authority to renew existing prescriptions. He also hinted that with many other provinces, including neighbouring Alberta, having already taken this a step further by including immunizations and initiating prescriptions, it is likely only a matter of time before this expanded scope comes to BC.

Moleschi closed his remarks by welcoming the group saying: "you now join over 4,000 pharmacists across the province, united in an exciting and worthy cause – to utilize your skills, knowledge and abilities as – medication experts – to enhance health outcomes for British Columbians."



UBC GRADUATION STATISTICS			
May 2007		May 2008	
Female Students	81	Female Students	85
Male Students	44	Male Students	49
TOTAL	125	TOTAL	134