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## Regulation of Pharmacy Technicians – Staying Informed!

### Pharmacy Technician Webinar

– Mark Your Calendar!

The College is inviting Pharmacists and Pharmacy Technicians to attend our upcoming Webinar where we will be presenting an update on the status and process of pharmacy technician regulation in BC.

**Date:** Thursday May 20, 2010

**Time:** 12pm – 1pm PST

**Watch for an email with details on how to Pre-register for the webinar, to be sent shortly!**

**Note:** For those who cannot attend, the webinar will be recorded and posted on the College website for your reference.

As the development of the process of regulating pharmacy technicians, a national initiative supported by the College continues, it's important for both pharmacists and pharmacy technicians to stay informed (see sidebar for upcoming webinar information).

The College website's ([www.bcpharmacists.org](http://www.bcpharmacists.org)) Key Initiatives Section – Pharmacy Technician Regulation, which is continuously being updated, clearly and concisely outlines the responsibility, accountability and liability of regulated pharmacy technicians and pharmacists as well as outlines the rigorous and comprehensive process that current and future technicians must successfully complete in order to become regulated.

The bottom-line with respect to the division of work is that a pharmacist remains solely responsible, accountable and liable for:

- all cognitive functions and must be involved in every prescription, new or refill,
- specifically, a pharmacist must assess the appropriateness of drug therapy (i.e., patient assessment, confirm dose and interval, check PharmaNet profile and identify any drug related problems) regardless of who receives the prescription and
- only a pharmacist can provide patient consultation.

*Continued on back page...*

# We each have a unique role to play in “Shaping the Future”



Marshall Moleschi,  
Registrar

Recently I was on a teleconference call preparing for our panel discussion at this year’s BCPHA Annual Conference. Our topic is “Is Medication Management Shaping the Future of Pharmacy?” and the panel includes: Marnie Mitchell, CEO, BC Pharmacy Association; Darlene Therrien, Executive Director, Policy, Outcomes Evaluation and Research, Pharmaceutical Services, Ministry of Health Services; Dr. Robert Sindelar, Dean, the Faculty of Pharmaceutical Sciences, UBC and myself as Registrar of the College of Pharmacists of BC.

During our conversation I became acutely aware of the unique perspective that each of us brings in our respective roles to the question of ‘shaping the future’. This point was perhaps further emphasized by the fact that I was taking the call while in Ottawa attending national pharmacy meetings and not surprisingly, these same stakeholder groups were represented there.

I’m not sure as an independent stakeholder, or even more so as an independent pharmacist, that we often take the time to acknowledge, let alone appreciate, the respective roles that we each play. But, given all that is currently happening within our profession it may be an appropriate time to consider the bigger picture.

## **Professional Associations:**

The primary role of a professional association is to advocate on behalf of its members, who are the practitioners of the profession. In a micro sense this means that associations often lobby government or other stakeholder groups regarding human resource, remuneration or other pharmacy practice issues currently facing the profession. In a more macro sense, associations, as the primary voice of practitioners, play a leading role in developing the actual vision for the profession. The Canadian Pharmacy Association’s role in the development of the Blueprint for Pharmacy which has been endorsed by all major stakeholder groups and includes the Vision for Pharmacy – Optimal drug therapy outcomes for Canadians through patient-centred care, is a perfect example of this.

## **Governments:**

Whether provincial or federal, left or right wing, governments’ role is always the same – respond as best they can, given the resources available, to the needs of the public (i.e. the voters). Governments today are severely challenged to meet the increasing demand for healthcare for a number of reasons. First of all, there is a growing need. Canadians are living longer. In BC, it’s estimated that by 2020 the number of residents 65 years or older will be 4x what it is today! Secondly, there is a shortage of resources – both human and financial. Approximately 200,000 British Columbians do not have a family doctor and the overall cost for healthcare in BC is nearing 50% of government expenditures! The response by the BC government has been to establish a Healthcare Regulatory Reform which “calls on all healthcare practitioners to practice to the full extent of their scope”. In simple terms, the government is saying that they do not have any more resources (human or financial) to put into the healthcare system and need those resources currently within the system to work more effectively and efficiently.

## **Educators:**

The educators have an increasingly difficult role to play to ensure that practitioners, both at entry to practice and while in practice, have the skill-set necessary to safely and effectively provide the services being asked of them, as these roles are continuously expanding and evolving. Additionally, there is the balance of keeping pace with the demand for qualified practitioners while supporting the educational aspirations of the profession.

## **Regulatory Colleges:**

The mandate of any regulatory College is clear and concise – protect the public interest! In practical terms, this means we need to establish and enforce appropriate legislation, policies or guidelines to ensure that registrants have the knowledge, skills, and abilities necessary to deliver safe and effective pharmacy care. In order to do this we need to be aware of and keep pace with the profession’s vision and the demands of the healthcare system. By doing this we can ensure the public that as registrants take on greater roles, they will have the skills necessary to do the job.

We each have a unique role to play in shaping the future and I believe that it will be through continued collaboration, with mutual respect and understanding for each other’s perspective and role, that true success – better health outcomes for British Columbians – will be achieved.

# The BCPhA Annual Conference 2010



The BC Pharmacy Association (BCPhA) Annual Conference, themed **Shaping the Future: Pharmacy on the Front Line in 2010** will take place in Kelowna at the Delta Grand Okanagan Resort and Conference Centre on **May 27 – 29, 2010** and will feature exciting speakers, professional learning opportunities, awards and entertainment.



The event will bring pharmacists up to speed with the latest developments in pharmacy practice, including the regulation of pharmacy technicians and Medication Management, a major new pilot project to be unveiled in B.C. this year.

Sign up before May 15 to receive a \$100 discount. Register for the whole conference for significant savings or register for sessions individually where they fit your timetable and pique your interest.

Visit [www.bcpharmacy.ca](http://www.bcpharmacy.ca) for more details on the Annual Conference, including registration information.

This year's highlights include:

## **Keynote address: The Journey of Practice Change – Enjoying the ride** (Friday May 28, 9:00am – 10:15am)

Dr. Cipolle, professor of pharmacy at the University of Minnesota and the director of the Peters Institute of Pharmaceutical Care, shares his insights on medication management and taking charge of the future of the pharmacy profession.

## **Panel Discussion – Is Medication Management shaping the future of pharmacy?**

(Friday May 28, 1:15pm – 2:45pm)

Sam Louie moderates a panel discussion with the major stakeholders: Marnie Mitchell, CEO of BCPhA, Marshall Moleschi, Registrar of the College of Pharmacists of BC, Darlene Therrien, Executive Director, Policy, Outcomes Evaluation and Research, Pharmaceutical Services, Ministry of Health, and Dr. Robert Sindelar, Dean of the Faculty of Pharmaceutical Sciences at UBC.

## **The Alberta Experience – A pharmacist's story**

(Friday May 28, 3:00pm – 4:30pm)

Anita Brown BSc (Pharm) shares her experiences of the Alberta Pharmacy Practice Model Initiative. Learn from her experience of growing patient-centred practice, the challenges she met and resolved, and get valuable medication management tips.

## **Awards Dinner & Entertainment**

(Friday May 28, 6:30pm – midnight)

The conference is a time to look to the future of pharmacy, but also to recognize the outstanding achievements of pharmacists over the past year.

## **Beyond Advice – Making decisions with your patients**

(Breakout Session-multiple offerings to fit your schedule – Saturday May 29, 10:15am – 11:15am OR 1:45pm – 2:45pm)

Dr. Shakeel Bhatti, Vice President of the Board of Directors at the BCPhA, a graduate of the Welsh School of Pharmacy and The University of Washington, instructs, reviews, and gives examples on how to improve your decision making skills.

## **The Value of Experience – Applying your skills to Medication Management**

(Breakout Session – Saturday May 29, 10:15am – 11:15am OR 1:45pm – 2:45pm)

Paul Polachek, BSc (Pharm) discusses developing staff, establishing resources, adopting promotional strategies and capitalizing on your skills on the medication management journey.

## **Regulated Technicians – What it means for pharmacy in BC**

(Breakout Session – Saturday May 29, 11:15am – 12:15pm OR 2:45pm – 3:45pm)

This informative presentation by Marshall Moleschi, BSc (Pharm), MHA, Registrar of the College of Pharmacists of BC (CPBC) and Lori DeCou, Director of Communications, CPBC, does not just update attendees on the status and process of regulation in BC, which is expected to register its first technicians this fall, but focuses on the many benefits that regulation will bring to the profession and address any questions pharmacists may have.



## Practice Matters

### Expiry Date Change Regarding Adjuvanted Pandemic H1N1 Vaccine – Arepanrix

The Biologics and Genetic Therapies Directorate (BGTD) - Health Canada, in consultation with GlaxoSmithKline, has advised provinces and territories that the antigen component of the adjuvanted H1N1 influenza vaccine (Arepanrix) prepared for use in the fall of 2009 declines in strength of the antigen prior to the 18 month expiry dates for which they were previously approved. Health Canada has advised that the expiry dates for unused vaccine antigen should be revised downward by 12 months.

What this means to pharmacists authorized to administer injections:

- Review any Arepanrix vaccines you have in your fridge.
- Subtract 12 months from the currently indicated expiry date on the antigen vial.
- For any lot of Arepanrix with an original expiry date for the antigen of March 31, 2011 or April 30, 2011 change the respective expiry date to March 31, 2010 or April 30, 2010 and place it on hold in your fridge in a separate box marked – “Do not use – Expired”. This should not be given to patients. Note that the antigen within each combination of antigen and adjuvant has a different unique lot number, separate from the adjuvant.
- Your local health unit in your health authority will let you know what to do with expired product.

- This is not an issue related to vaccine safety.
- There was no vaccine delivered to British Columbia with original expiry dates of the antigen prior to March 31, 2011, so anyone immunized before March 31, 2010 can be assured that the product they received met regulatory standards.
- Arepanrix with original expiry dates of March 31, 2011 was distributed throughout BC in October and early November, and little or none may be remaining in inventory.
- As the antigen content declines slowly, even if patients received a dose of Arepanrix in April from a lot with an original expiry date of March 31, 2011, it is likely to have had sufficient potency. Re-immunization of those patients is not recommended.
- If you need additional vaccine for your patients after April 30, 2010, there is both adjuvanted vaccine with May 2010 dating and unadjuvanted vaccine [Influenza A (H1N1) 2009 Pandemic Monovalent Vaccine (Without Adjuvant)] which is unaffected by the expiry date change of the adjuvanted product, available in BC from your local health unit.

For more information please refer to the Health Canada Advisory at [http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/\\_2010/2010\\_54-eng.php](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/_2010/2010_54-eng.php).

### Pseudoephedrine Alert!

The College of Pharmacists of BC has been notified of a coordinated pseudoephedrine diversion effort in the Greater Vancouver Regional District (GVRD). Targeted products include both single entity pseudoephedrine (Entex LA, generic pseudoephedrine, Sudafed) and combination products (Claritin Allergy and Sinus, Allegra-D). Products containing large amounts of pseudoephedrine per tablet are especially susceptible to diversion. As pharmacists are responsible for the control and sale of all scheduled products, pharmacy staff should monitor for large quantities or unusual buying patterns for these products.

Consumer Health Products (CHP) Canada has been working with their members, Health Canada, the Canadian Association of Chain Drug Stores and law enforcement to coordinate a quick response through the MethWatch Program. Full MethWatch kits (store decals, posters, and staff pamphlets) have been distributed to chain pharmacies. Independent pharmacies as well as chain pharmacies who have not received the MethWatch kit are encouraged to visit the program website at [www.methwatch.ca](http://www.methwatch.ca), where you can download all of the materials, as well as register to watch a ten minute interactive instructional presentation.

# Tamoxifen and Antidepressant Interactions

Submitted by: Lynne Ferrier, MBA, BSc. Pharm. Pharmacy CON Educator, Fraser Valley Centre - BC Cancer Agency

Expanded information about antidepressants and their potential for interaction with tamoxifen has been prepared by the BC Cancer Agency (BCCA). This information can be found after the Reference Section in the BCCA Tamoxifen Professional Monograph.

## Why is this important?

Antidepressants that inhibit the metabolism of tamoxifen to its active metabolite, endoxifen, have the potential to decrease the effectiveness of tamoxifen. Two commonly used selective serotonin reuptake inhibitors (SSRIs), fluoxetine (PROZAC®) and paroxetine (PAXIL®) have been shown to decrease endoxifen levels when given concurrently with tamoxifen. SSRIs and the serotonin norepinephrine reuptake inhibitor (SNRI) venlafaxine (EFFEXOR®) are used for treating a variety of conditions in breast cancer patients, including hot flushes, depression and anxiety. This raises the question of which antidepressants could be recommended for patients receiving tamoxifen.

## Mechanism of Interaction

Tamoxifen must undergo hepatic metabolism to become active. The formation of active metabolites, primarily endoxifen, is catalyzed by the cytochrome P450 2D6 (CYP2D6) enzyme in the liver. Therefore, coadministration of drugs that inhibit CYP2D6 function may decrease the effectiveness of tamoxifen and lead to an increased recurrence of breast cancer. Antidepressants vary in their ability to inhibit the CYP2D6 enzyme; those with moderate to strong inhibition being of the most concern.

Paroxetine (PAXIL®) and fluoxetine (PROZAC®) are strong CYP2D6 inhibitors and have been shown to interact with tamoxifen and should be avoided when possible. Citalopram (CELEXA®) and venlafaxine (EFFEXOR®) are weak inhibitors and can be used more safely with tamoxifen. A table of the CYP2D6

activity of various antidepressants (strong, moderate or weak) is provided in the BCCA Tamoxifen monograph.

## Evidence

In theory, inhibition of CYP2D6 could result in the decreased anti-estrogenic activity of tamoxifen and lead to inferior clinical outcomes. This was investigated in two retrospective database studies presented at ASCO last year, with conflicting results reported. Although both studies have relatively small sample sizes and limited follow-up, Aubert et al., has shown that the possibility exists for this interaction to lead to an increase in breast cancer recurrence. A recent retrospective study from Ontario also suggests that the greater risk of breast cancer recurrence with paroxetine may be associated with increased cancer death.

## Conclusion

Until further evidence is provided, the clinical application of this information is to balance the benefit vs. risk of using a moderate or potent inhibitor of CYP2D6 in patients taking tamoxifen, and to consider the use of an alternative.

## References:

- Borges S, Desta Z, Li L, et al. Quantitative effect of CYP2D6 genotype and inhibitors on tamoxifen metabolism: Implication for optimization of breast cancer treatment. *Clin Pharmacol Ther* 2006;80(1):61-74.
- Dezentje V, Van Blijderveen NJ, Gelderblom H, et al. Concomitant CYP2D6 inhibitor use and tamoxifen adherence in early-stage breast cancer: A pharmacoepidemiologic study. *J Clin Oncol* 2009;27(suppl):18s(abstr CRA509).
- Aubert RE, Stanek EJ, Yao JR, et al. Risk of breast cancer recurrence in women initiating tamoxifen with CYP2D6 inhibitors. *J Clin Oncol* 2009;27(suppl):18s(abstr CRA508).
- Kelly CM, Juurlink DN, Gomes T, et al. Selective serotonin reuptake inhibitors and breast cancer mortality in women receiving tamoxifen: a population based cohort study. *BMJ* 2010;340:c693 (published online: 8 February 2009 as doi:10.1136/bmj.c693).

## Injections Training Workshop in Kelowna

With over 500 pharmacists currently authorized to administer injections, BC pharmacists are taking advantage of this unique opportunity. For those who are not yet authorized, now is your chance to register for the BCPhA Administration of Injections Workshop at the Coast Capri Hotel in Kelowna Saturday May 29. This workshop is being held in conjunction with the BCPhA Annual Conference (for conference details, see page 3). For more information and to register for the Injections Workshop, visit [www.bcpharmacy.ca](http://www.bcpharmacy.ca)



## On Call



**Q: A deceased patient's wife recently brought the patient's unused narcotic medications to my pharmacy. Do I have to obtain authorization from Health Canada before I can destroy these narcotics?**

**A:** Yes. When patients return controlled drug substances (including narcotics) to a pharmacist, the pharmacist accepts the legal responsibility for the drug and must, therefore, request a destruction authorization from the Office of Controlled Substances (separately from the pharmacist's own inventory) before proceeding with the destruction of the controlled drug substances. The pharmacist must record the amount of narcotic / controlled drug to be destroyed, ensure the drugs are rendered unusable and witness the destruction.

In the case of a deceased patient, the estate executor is the legal guardian of the controlled drug substances. Prior authorization from the Office of Controlled Substances to destroy the controlled drug substances is not required. The drugs should be destroyed in the presence of the estate executor and a pharmacist. A complete and detailed list of the controlled drug substances to be destroyed must be prepared, and the estate executor and the pharmacist must date and sign as witnesses confirming the destruction took place.

Prior authorization is not required for the destruction of benzodiazepines and other targeted substances.

Questions about this topic should be directed to the Office of Controlled Substances in Ottawa:

Telephone – general inquiries:  
613.952.2177

Telephone – compliance, monitoring and liaison: 613.954.1541

Email: [OCS-BSC@hc-sc.gc.ca](mailto:OCS-BSC@hc-sc.gc.ca)

**Q: Can I accept faxed Out-of-Province methadone prescriptions in BC?**

**A:** Yes, all narcotic prescriptions, including methadone prescriptions, may be accepted by fax in BC. These prescriptions do not need to be on a BC Controlled Prescription Program pad. Out-of-province prescriptions fall under federal jurisdiction.

The onus is on the pharmacist to verify that the prescription is authentic and that it is written on the prescription form required by the issuing province. Most provinces, except Alberta and BC, do not have special forms for narcotic prescriptions. To verify the authenticity of the prescription, "Google" the College of Physicians and Surgeons of the issuing province. The physician's name should appear on the Registry. After ensuring the phone number on the prescription is the same as that in the registry, contact the physician to confirm the methadone prescription is authentic.

**Q: Is Fluconazole now available OTC (schedule III) in BC?**

**A:** No. Although the national drug schedules have been revised to reflect that fluconazole ("when sold in a concentration of 150mg per oral dosage unit and indicated for the treatment of vaginal candidiasis, in package sizes containing no more than 150mg of fluconazole") is now schedule III, this change is not yet in effect in BC.

Fluconazole remains prescription only (schedule I) in BC until review and approval by the provincial government and College Board. This process takes several months and pharmacists will be notified by the College when the provincial drug schedules have been amended. Until that time BC pharmacists will continue to require a prescription authorization for fluconazole.

We appreciate that this process can cause confusion for both pharmacists and the public. Other provinces are authorized by their governments to refer to the national drug schedules, a process called 'drug scheduling by reference.' This means that changes such as these are effective immediately in those jurisdictions. The College is currently working with the provincial government here in BC to make the necessary legislative changes to allow 'drug scheduling by reference' in this province. This change is expected to come into place before the end of the year.

## College Committee Members Approved by the Board:

A number of committees and subcommittees assist the College to meet its legislated mandate. The College committees are primarily made up of College registrants, with some public representation. As a number of committee member's terms expired at the end of March 2010, updated recommended lists of committee members were presented to the Board at their April 9, 2010 meeting for approval.

The committee membership lists, which were approved as presented, were compiled following a call for volunteers from registrants, which resulted in more than 30 applicants and were based on the following criteria:

- Compliance with the Committee's Terms of Reference
- Previous committee or related experience
- Limit of 2 College committees per registrant
- Consideration that overall make up of the committee appropriately reflects pharmacy practice in BC (i.e. membership with varying practice experience: length, type and location)

An updated list of all College committee members is posted on the College website at [http://www.bcpharmacists.org/about\\_us/committees.php](http://www.bcpharmacists.org/about_us/committees.php)

## Call for Public Committee Members

There continues to be a number of "public" committee member openings and the College is committed to filling these as quickly as possible. Should you know any non-pharmacists who may be interested in this exciting volunteer opportunity, please direct them to the application form found on the College website at [http://www.bcpharmacists.org/about\\_us/committees.php](http://www.bcpharmacists.org/about_us/committees.php)

## Community Pharmacists Surveyed on Prescription Adaptation

The College of Pharmacists of BC (CPBC) recently contracted ConsumerScan International to conduct a survey of community pharmacists on PPP-58 - Adapting a Prescription. The survey was conducted to assist CPBC in better understanding pharmacists' involvement in adapting prescriptions in order to help guide future support and development.

As part of the work being done by the Monitoring Adapting Prescriptions

(MAP) Task Group, (consisting of representatives from the College of Physicians and Surgeons (along with other prescriber groups), the BC Medical Association, the BC Pharmacy Association, and the Ministry of Health Services), this survey will be used in conjunction with a detailed analysis of PharmaNet data specific to adapting prescriptions. Both the qualitative data of the survey and the quantitative data of PharmaNet will be compiled to

provide a comprehensive understanding of adaptation results and trends. The College will utilize this information to evolve policies regarding PPP-58 and for future advancement in pharmacist's scope of practice.

As the questionnaire was available until April 30, 2010, the data is currently being analyzed and the College expects to release the outcomes in the May/June issue of ReadLinks.

## Training for IPG Mentors/Preceptors Being Held in Vancouver

Enhance your capacity, increase your confidence, and gather knowledge and skills necessary to enhance the experiential education of International Pharmacy Graduates (IPGs).

The Pan-Canadian Training Program for IPG Mentors/Preceptors is taking place at the HSBC Hall, UBC Robson Square in Vancouver on June 23, 2010 from 9:00am – 4:00pm and is free to pharmacists across Canada. Deadline for registration is June 16, 2010.

This one day educational workshop will cover the following topics:

- Cultural Awareness and Diversity
- Learning Styles
- Communication and Conflict
- Using Ethical Principles

To register and for more information, contact the University of Toronto by email at [ryan.keay@utoronto.ca](mailto:ryan.keay@utoronto.ca) or phone 416.978.7562.

You are invited to...

## Annual UBC Pharmacy Alumni No-Host Spring Brunch

Reconnect with colleagues,  
classmates and friends

**When:** Sunday, May 16, 2010,  
11:30am

**Where:** Shaughnessy Restaurant  
Van Dusen Gardens  
5251 Oak St, Vancouver,  
604.261.0011

**RSVP:**  
Paul Harris  
pharalum@interchange.ubc.ca



## Regulation of Pharmacy Technicians – Staying Informed!

...Continued from page 1

A regulated pharmacy technician will have independent authority, responsibility and liability (required by HPA bylaw 80 to have liability insurance) to prepare, process and compound prescriptions, including:

- receive verbal prescriptions from practitioners,
- ensure that a prescription is complete and authentic,
- transfer prescriptions to and receive prescriptions from other pharmacies,
- ensure the accuracy of a prepared prescription,
- perform the final check of a prepared prescription, and
- ensure the accuracy of drug and personal health information in the PharmaNet patient record.

It's important to remember that the regulation of pharmacy technicians is on a voluntary basis and it is not expected that all current technicians will seek regulation. In fact, it is anticipated that the process will be gradual and there will continue to be a variety of viable pharmacy business models with and without regulated technicians.

This is one of the most significant initiatives facing the pharmacy profession today as it will shift the work, in the areas of prescription processing and preparation, from pharmacists to regulated technicians, allowing pharmacists more time for their evolving role in the delivery of cognitive services. Please ensure that you are doing what you can to stay informed!

# 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.



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