COMMITTEE REPORTS

Diagnostic Accreditation Program Committee

The Diagnostic Accreditation Program (DAP) reviews and ensures the provision of safe care and the promotion of excellence in diagnostic work in the 623 private and public diagnostic facilities operating in British Columbia. These facilities provide diagnostic imaging, laboratory medicine, neurodiagnostics, pulmonary function and polysomnography studies.

In 2010, the program completed 93 surveys comprising 223 different modalities with a report turn-around time of one month. In addition, the program undertook a revision of its 2007 standards and launched new 2010 standards for diagnostic imaging and laboratory medicine accreditation.

The program itself underwent an accreditation review by the International Society for Quality in Health Care (ISQua). While completion of the organization standards of the DAP is still a work in progress, the program's diagnostic imaging and laboratory medicine standards both received ISQua accreditation this year.

The DAP is also undergoing some changes in its operation, and will be enhancing its use of electronic databases and platforms to streamline accreditation surveys. In addition to revised standards, the program will also be moving to a four-year accreditation cycle.

H. Huey, MD, FRCPC
Chair, Diagnostic Accreditation Program Committee

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COMMITTEE REPORTS

Ethics Committee

The mandate of the Ethics Committee is the formulation of policies and guidelines which are relevant to current medical practices and standards of care. The guiding principles are based on the Canadian Medical Association's *Code of Ethics*. Existing College policies and guidelines are constantly reviewed and updated as there have been changes in the practice of medicine over the years. New policies are created as new innovations evolve in society, such as the use of social media and forums by medical personnel. The committee does not deal with patient or professional complaints as it is isolated by an administrative firewall from the College complaint process. This committee functions somewhat as a think-tank.

In 2010 the committee revised the following policies or guidelines:

- *Independent Medical Examinations*
- *Walk-in clinics – Standard of Care*
- *Conflict of Interest guidelines*
- *Ending the Patient-Physician relationship*

In 2010, the committee developed the following new policies or guidelines:

- *Social Media and Online Networking Forums*
- *Sale of Products in the Office*
- *Primary Care Multi-physician Clinics*

The Ethics Committee is comprised of a professional bioethicist, a medical anthropologist, a family physician, one public board member and two physician board members.

The committee maintains a contemporary outlook while basing policies and guidelines on established and universal ethical principles.

A. Dodek, MD, FRCPC
Chair, Ethics Committee

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COMMITTEE REPORTS

Finance and Audit Committee

The Finance and Audit Committee helps the Board fulfill its mandate by reviewing operational and capital budgets, financial statements, external and internal audit reports, systems of financial control, and approving the College's auditors and related fees.

The Building

For the Finance and Audit Committee, 2010 can be summed up in one phrase, "the building." The committee held nine in-person meetings and numerous teleconferences to discuss, review and ultimately secure a new building for the College. After more than two years of work and viewing 24 potential buildings, the College purchased seven floors of the commercial/residential/hotel complex at 669 Howe Street associated with the new Offices at Hotel Georgia development (the transaction was completed in June 2011).

The goal was to purchase a building that would effectively meet the needs of the College for the next 15-20 years. The College will be moving from 28,572 square feet of leased space to almost 60,000 square feet of owned space, some of which will be rented out for the next several years. This building is likely the largest acquisition in the College's 125 year history. While the building purchase creates additional expense in the short-term, it will leave the College in excellent financial position over the medium-to long-term while acquiring a significant real estate asset in downtown Vancouver.

College Investments

The Finance and Audit Committee's investment goals for 2010/11 were to ensure that College assets were preserved for the purpose of securing a new building while still obtaining a reasonable return. Investment allocations were 85 percent fixed investments and 15 percent Canadian equities held at Phillips Hagar & North (PH&N) and MD Private Investment Counsel respectively. The College made approximately $1.4M in investment income in 2010/11 and had realized losses of ~$113,000 and unrealized gains of ~$747,000 in 2010/11. In early 2011, the committee shifted a significant portion of its investment portfolio into term deposits to reduce risk and facilitate the pending building purchase.

Fees/Online Renewal

The College's annual licence renewal fee increased to $1,300 effective January 1, 2011. Despite this increase, the College continues to have the third lowest annual licence fee of all Canadian provinces.

2011 marks the second year of mandatory online licence renewal. The number of registrants who completed the annual licence renewal online in the early part of January increased significantly this year. Almost 94% of registrants paid their annual fee by credit card. Unfortunately, credit card fees cost the College ~$24 per registrant. Physicians are encouraged to renew their licence by either Internet banking or *Interac Online*®, which would significantly reduce the cost of the licence renewal process and help to keep College annual fees down.

W. Creed, FCA
Chair, Finance and Audit Committee

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COMMITTEE REPORTS

Library Committee

Over the past year, the College library staff and committee members have worked diligently to meet the information needs of registrants. A new three year vision for the library was developed, building on traditional commitments and reinforcing the need for flexibility in the future. The shift from paper-based information to electronic receipt, storage, and transmission was accelerated.

A new vision

Library staff and committee members met with a facilitator to develop a three year vision, defining the library's purpose and giving direction to its future. The primary function of the library continues to be the provision of information and in-depth research directed by librarians. The importance of a positive organizational culture, mutual respect and teamwork among staff was highlighted. Effective communication with patrons and sensitivity to their unique needs, promotion of services, and the anticipation of new technologies were reinforced. Vision 2014 defines the library's goals and aspirations, giving direction for acquisition and management.

Increased training program

The library continued its active training program, either on its own or in combination with UBC Division of Continuing Professional Development. Over 320 registrants participated in 29 workshops on finding medical evidence.

Increasing electronic communication

Physicians increasingly communicate with the library through email and web requests. Over 1,500 in-depth reference questions were researched, with most of the results transmitted electronically. More than half of requested articles were delivered via email, with corresponding savings in cost, time, and paper. The shift from print journals to e-access was accelerated, reducing print journal titles to 40 and increasing e-journals to over 2,500. More articles were downloaded by College registrants than ever before. When combined with the number requested from library staff, article requests total more than 52,000. This use demonstrates the intensity with which College registrants seek information to support their efforts to provide high quality clinical care and the

important role of the library in assisting them. 2010 use statistics in these two areas are among the highest in the library's history.

G.A. Vaughan, MD
Chair, Library Committee

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COMMITTEE REPORTS

Medical Practice Assessment Committee

The Medical Practice Assessment Committee is now in its 22nd year of operation. To date, approximately 2,500 peer assessments have been conducted using a combination of random and focused selection criteria.

The fundamental focus of the committee is educational rather than disciplinary. Any deficiencies found are corrected through the cooperation of the registrant involved. In the past, 85 percent of registrants assessed were deemed satisfactory and practising at an appropriate standard of care. Peer assessments are thoroughly reviewed at the committee to determine quality of care provided. Registrants with significant deficiencies would require a follow-up assessment and may be asked to attend an interview with the committee. Most registrants requiring reassessments and/or interviews improve with an educational remedial focus.

Information obtained through this process is guarded in accordance with section 26.2 of the *Health Professions Act* and cannot be used for any purpose other than to assist registrants in maintaining proper standards of patient care and record keeping. As a College quality assurance program, the committee reports to the Quality Assurance Committee.

In 2010, the Board approved an enhanced peer assessment program as an effective means of quality assurance and continuing professional development for registrants. A two-day training workshop for new volunteer assessors was held in November 2010 and successfully doubled the number of available peer assessors. Experienced assessors are currently training 30 new assessors who will be available for assessments by summer 2011. The committee also plans to revamp specialist peer assessments including psychiatry practice over the upcoming year. Peer assessor training is expected to occur annually in the fall.

The Board recently approved policy for standards in walk-in clinics and multi-physician offices. The policy emphasizes that quality of care and documentation expected from physicians is not defined by a site of practice. The standard of care is the same whether patients are seen based on booked appointments or a walk-in basis.

The committee has developed several new cost-effective initiatives to increase the volume of peer assessments. Questionnaires and peer assessment forms have been

revised to support an electronic format with an improved database. These are under constant review and revision. Future considerations include the development of patient feedback modules and pilot the use of new technologies for on-site assessments.

The committee offers a Medical Records Course three to four times a year. Since its inception in October 2004, 180 physicians have attended the course. Participants include local physicians as well as those from other provinces and from the United States of America. The course is interactive, addresses both paper and electronic medical records, and offers both Mainpro-M1 and Mainpro-C continuing medical education credits. Some attendees were sent by committee recommendations, from other provincial colleges, lawyers, and the College's own Inquiry Committee.

The committee will continue to adapt to an increasing volume of peer review assessments, revalidation needs, and new challenges. In order to accommodate the review of peer assessments the committee will add one to two more members, and will begin to use more teleconferencing.

John W. Barclay, MD, CCFP
Chair, Medical Practice Assessment Committee

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COMMITTEE REPORTS

Methadone Maintenance Committee

Methadone is an oral long-acting synthetic opioid which is effective in treating opioid dependency. It is a banned substance and in order to prescribe methadone for opioid dependency or for pain management, an authorization in the form of an exemption is required from the federal Minister of Health.

Under the *Health Professions Act*, the College of Physicians and Surgeons of British Columbia administers the Methadone Maintenance Program through the Methadone Maintenance Committee. Authorization to prescribe methadone for opioid dependency involves attending a basic workshop, an interview with the registrar staff and a preceptorship. The College then applies to the federal Ministry of Health for an exemption on behalf of the physician.

The members of the committee include registrants who have expertise in methadone prescribing, addiction medicine, pain management and psychiatry, and a member of the Board.

The Methadone Maintenance Program serves to assist physicians in prescribing methadone safely and effectively. It is a quality assurance program of the College and develops guidelines and provides education for safe prescribing of methadone for opioid dependency, conducts peer reviews, and reviews coroner's cases when methadone has been identified in toxicology.

Guidelines for safe prescribing of methadone can be found in two handbooks available on the College's website in the Physicians' Area under the Methadone Maintenance Program: *Methadone Maintenance Handbook* and *Recommendations for the Use of Methadone for Pain*. Both of these were extensively reviewed and revised in 2009 and were published in December 2009 and January 2010, respectively. Also available on the College website is *Spotlight*, the Methadone Maintenance Committee newsletter, published in September 2010.

Educational workshops are held at least twice per year. The Methadone 101 Workshop is a basic course on the fundamentals of methadone maintenance therapy, guidelines and expected standard of care. A special course has been developed for hospitalist physicians managing methadone maintenance patients during hospital admission, and is a half-day option at the 101 course. In 2010 two Methadone 101 courses were held, in May and in November, with 69 and 70 registrants respectively. The more advanced Methadone 201 course deals with methadone management in more complicated medical scenarios. This course in October 2010 was attended by 56 registrants. As part of continuing quality assurance, the committee has been reviewing and updating these workshop presentations.

The methadone maintenance physician peer review process is being reviewed, standardized and enhanced in conjunction with all the other College quality assurance programs. Until now, practice reviews were done within the year after registration in the program and subsequently only when concerns were expressed with regard to standard of care. Practice assessments of all methadone prescribing physicians will in the future be done cyclically, as in other programs, so the number of reviews per year will be substantially increased. In 2010, 16 peer practice reviews were completed. Recruitment for peer assessors is on-going and a peer reviewer training workshop is planned for the fall.

The Office of the Chief Coroner refers cases to the committee where methadone may be implicated as a cause or a contributory cause to death. All physicians involved in the care of that patient are contacted for information about the patient's care, then the case is referred to the committee to review standard of care and what can be learned from the events leading to death. In 2010, the committee reviewed 23 coroner's cases. In most cases no fault was attributed to the standard of care; however, in many cases recommendations were made to improve future outcomes.

The committee focuses on remediation of deficiencies found in all of these reviews, and follow-up assessments are made at various intervals. Severe deficiencies and unsuccessful remediation are reasons to refer these physicians to the Inquiry Committee for independent investigation. Fortunately these are not common.

The committee wishes to acknowledge the dedication and contribution made by Dr. Jeffrey Dian to the Methadone Maintenance Program. Dr. Dian was chair of the committee for many years. He passed away with dignity and peace in February 2011.

Methadone Statistics

Number of methadone patients registered with the Methadone Maintenance Program*	11,853
Number of physicians with opioid dependency exemptions*	403
Number of physicians with opioid dependency exemptions with patients registered*	226
Number of new physicians with opioid dependency exemptions (Jan. 1 to Dec. 31, 2010)	43

*Figures calculated at December 31, 2010

L. Sent, MBChB, CCFP
Chair, Methadone Maintenance Committee

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COMMITTEE REPORTS

Non-Hospital Medical and Surgical Facilities Program Committee

Overview

There are currently 66 accredited non-hospital medical and surgical facilities in British Columbia with four new facilities pending approval. One facility closed during the past year.

Developments during 2010

1. **Quality Assurance**

   All complications occurring at the facilities are reviewed in-depth by the committee on a quarterly basis. Where indicated, the committee will interview the physician, medical director and, in certain cases, direct that the complication be reviewed by the appropriate investigative committee of the College.

2. **Revenues**

   Annual Fees:

   The ongoing development and enhancement of the program necessitated a 5% increase in the base fee for all facilities.

   Accreditation Fees:

   Accreditation fees remain on a cost-recovery basis.

3. **Accreditation Process**

   The program has recognized the need to adequately train assessors in the process of accreditation and therefore plans to implement a comprehensive training program in the coming months to fully familiarize physician and nurse assessors with the accreditation process.

   Program staff continues to work with the College's information technology department to develop electronic assessment and reporting capabilities.

4. **Educational Programs**

   Laser Safety:

   In 2010, the program held a workshop on medical laser safety for all individuals who use laser equipment. The workshop was facilitated in collaboration with WorkSafe BC and followed the standards set out by the Canadian Standards Association.

In addition the Non-Hospital Medical and Surgical Facilities Program staff collaborated with the College of Physicians and Surgeons of Ontario in the development of the Out-of-Hospital Inspection Program, and continues to share resources.

5. **Reprocessing of Medical Devices**
   The program staff continues to work closely with the Ministry of Health, provincial health authorities and non-hospital medical and surgical facilities to ensure existing and newly revised reprocessing standards are being consistently met. Facilities remain committed to improving reprocessing workspaces, sterilization equipment and ensuring staff are adequately trained.

6. **HVAC**
   The Canadian Standards Association (CSA) standard with regard to HVAC (*Z317.2-10 Special requirements for heating, ventilation, and air-conditioning (HVAC) systems in health care facilities)* has been adopted by the committee. Facilities are aware of the ongoing requirement to comply with these standards.

   The consulting engineer working with the program, who is an expert in CSA standards for HVAC, developed a template which is now required and utilized by facilities as part of the accreditation process. The program remains committed to ensuring that all facilities will meet the HVAC requirements going forward.

L.C. Jewett, MD, FRCSC
Chair, Non-hospital Medical and Surgical Facilities Program Committee

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COMMITTEE REPORTS

Prescription Review Committee

The Prescription Review Committee gives oversight to the Prescription Review Program, a quality assurance activity of the College established to assist practitioners in the challenging task of prescribing opioids, benzodiazepines and other potentially addictive medications with appropriate caution in the best interests of their patients. The scholarly research literature and lay media continue to document competing challenges for the medical profession: the need to do a better job of assisting patients who suffer from chronic non-cancer pain (CNCP), while resisting pressure to overprescribe. Chronic pain patients struggle to access responsive primary care services, while prescription drugs increasingly account for more misuse with attendant harms than illegal ones. Misuse of prescription drugs is recognized as a public health crisis in North America.

The committee makes use of the PharmaNet database to identify physicians who might benefit from collegial and educational intervention. Patterns of prescribing that attract the concern of the committee include:

- Larger numbers of practice patients on chronic opioids or benzodiazepines than the peer norm.
- Dosing of opioids above the equivalent of 200mg of morphine daily, the *watchful dose* as set out in the National Opioid Use Guideline (NOUG).
- Combinations of opioids and benzodiazepines—benzodiazepines significantly increase the risk of harm due to opioids.
- Combinations of stimulants and benzodiazepines, which are generally considered irrational and a marker for chemical dependency.
- Combinations of different opioids, which are likewise irrational and often associated with dysphoric symptoms.
- The use of archaic drugs such as Demerol and meprobamate, which have no place in the modern management of CNCP.

The committee corresponds with physicians; reviews submitted patient records and provides advice; directs that physicians attend for interview; assigns readings; and provides courses. These educational activities qualify for Mainpro-M1 credits in the practice audit category.

The annual Pain and Suffering Symposium presented by the Foundation for Medical Excellence is one of the most consistently highly rated events on the CME calendar. This year's course attracted 152 registrants, 48 of whom were committee correspondents.
The program was pleased to be able to accept an invitation from the Pain BC Society to participate in its upcoming Summit on June 3, 2011. The plenary panel discussion at the Society's annual education event in June 2010 focused on implementing the *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain* in clinical practice.

Planning is well underway for an intense, interactive prescribers' workshop scheduled for November 30, 2011, under the auspices of the four western Colleges of Physicians and Surgeons.

Program staff members are available to advise practitioners by telephone every business day. The program exists as a resource to the medical community of the province.

The committee recommends the following as basic requirements for physicians prescribing opioids for chronic non-cancer pain:

- Familiarity with the *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain*, found at: http://nationalpaincentre.mcmaster.ca/opioid
- Medical practice access to PharmaNet, with a review of an updated patient profile every time medications are renewed.
- Reading of a brief article titled *Pharmacovigilance and Good Medicine* by American pain specialist Dr. Scott Fishman, found at: http://www.fsmb.org/pdf/introduction.pdf
- Attendance at an open meeting of a 12-step program such as Alcoholics Anonymous or Narcotics Anonymous. A friend or acquaintance in recovery will enthusiastically accommodate your request to accompany them. This is something every physician should do.
- Attendance at the annual Foundation for Medical Excellence's Pain and Suffering Symposium held each March in Vancouver. Contact the program staff for details.
- A mutually supportive professional relationship with other prescribers in your community and liberal use of GP consultations within the group.
- A willingness to contact the Prescription Review Program when, in spite of the above, you find yourself in difficulty.

J. Stogryn, MD, CCFP
Chair, Prescription Review Committee

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COMMITTEE REPORTS

Quality Assurance Committee

The past year has been very busy with the expansion of the College's quality assurance activities. A program director was hired this year to coordinate and implement the quality assurance activities of the various committees.

The Quality Assurance Committee was established to oversee the quality assurance programs of the College under the *Heath Professionals Act* (*HPA*) in June 2009.

The committee is composed of two elected physician members and one appointed public member of the Board, and is assisted by the senior deputy registrar.

The committees that report to the Quality Assurance Committee include:

- Ethics
- Blood Borne Communicable Diseases
- Medical Practice Assessment
- Methadone Maintenance
- Prescription Review

The responsibilities of the committee include reviewing standards of practice; enhancing the quality of practice; reducing incompetent, impaired and unethical conduct of registrants; recommending mandatory continuing professional development requirements; assessing professional performance of registrants; and recommending requirements for revalidation of licensure.

On discussing the *HPA*'s requirement for recommending methods for revalidation of licensure, the Board decided that, at this time, revalidation will consist of mandatory enrolment in a continuing professional development program either with the Royal College of Physicians and Surgeons of Canada or with the College of Family Physicians of Canada, and a periodic practice assessment. The current peer assessment process will be enhanced by ensuring that assessments occur cyclically, likely every five to seven years, and will be extended to include all registrants, and not be focused solely on family physicians, psychiatrists and dermatologists as in the past.

The peer assessment process has been updated and will be standardized so that it can be used by all the committees with each program adding their specific requirements. A workshop for peer reviewer training was updated and several new assessors have been

recruited and trained. Assessment protocols have been developed to assess multi-physician clinics and certain specialties. Future work includes developing an assessment process for each specialty. An increase in resources and funding is anticipated to train peer reviewers, to increase the number of assessments, and to have these reviewed by the committee.

The committee's focus is primarily on proactively improving or remediating concerns or deficiencies found. Except in egregious circumstances, the activities of the committee and its subcommittees are "fire-walled" from the College's other regulatory functions. Matters that are unresponsive to the educational and remedial efforts of the committee are referred to the Inquiry Committee for its own independent investigation and action.

The committee is pleased to note that very few registrants have needed to be referred to the Inquiry committee.

The committee is also pleased to note that for the most part, BC physicians deliver quality care and do the right thing, right, right away.

L. Sent, MBChB, CCFP
Chair, Quality Assurance Committee

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COMMITTEE REPORTS

Registration Committee

The past year was extremely busy in the registration department and the work of the committee has become increasingly complex as the parameters for licensure at provincial and national levels undergo changes.

As mentioned in last year's report, the *Labour Mobility Act* has given the medical profession the challenge of coming up with registration standards for both specialty and family practice which are acceptable to all provinces. While it is easier for the "have provinces" to draw up firm guidelines of minimal training and examination requirements, it is harder for provinces who are crying out for medical staff. However, almost all provinces have cooperated enthusiastically with the dialogue and initial proposals.

The College has had over 40 applications from physicians applying for licensure under the new legislation who would previously not qualified for a licence in BC but hold a full licence in another province, or a full licence with some subtle restrictions in another province.

There have been significant changes at a national level with the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC). The RCPSC has introduced a pilot program called the Practice Eligibility Route (PER) to certification, which is intended for physicians who completed their specialty examinations and training in another country, and who have been in independent practice for at least five years—including two years in Canada. These physicians would commit to and enter a two-year program of mentored study, practice observation, and competency assessment, which would be considered substantially equivalent in assessment to the RCPSC certification examination. Physicians, at the time of provisional registration with this College, will have to commit to the PER or an examination route to RCPSC certification. This process recognizes that physicians who are in the mid stages of their medical careers may have acceptable training, experience and competency, but may have difficultly passing the qualifying examinations. In the initial phases of PER, only a few core specialties will be offered this option and initially there will be no PER for sub-specialties—although it is hoped that in the future these would be included.

In a similarly progressive vein, the CFPC has spent significant time and effort gathering information on postgraduate training programs in Australia, USA, UK and Ireland and has established equivalency to Canadian postgraduate training. Physicians who have completed postgraduate training and certification in those countries will be granted certification by the CFPC if they move to Canada. The registration department has kept fully abreast of all these changes and information provided to prospective applicants reflects this.

During the dialogue on national registration standards, it is clear that a program is needed for competency assessment of international medical graduates from countries whose postgraduate training is more difficult to quantify.

Such a program exists in several provinces already, such as the three-month program of assessment for family physicians in Alberta. The Registration Committee requested action in BC for such an assessment centre and this request was passed on to the government. At present there are no plans for funding the development and implementation of a similar program. The College has concerns about the lack of tools to adequately assess international medical graduates from countries whose training is not considered equivalent.

The committee also considered English language proficiency. Any applicant seeking registration in British Columbia must have the ability to speak, read and write English. A physician is considered to be proficient if:

- English was the language of instruction at medical school, and
- English was the primary language of patient care during training, and
- English was the first and native language of the country where the physician trained.

Applicants who do not meet the above requirements are required to complete either of the internationally-recognized tests of proficiency in the English language: TOEFL® or IELTS™.

Work on other possible classes of registration began this past year with the proposed restricted class of licence for physicians who are unable to pass the Medical Council of Canada's QEII examination, but have been assessed and considered competent. With sponsorship and supervision to enter into a restricted class of licensure, they may be allowed.

The committee dealt with 304 applications from international medical graduates last year, and granted 175 applicants provisional registration and 91 applicants full registration. It also reviewed practice assessments for 17 physicians who advanced to the full register from the provisional register.

M. Docherty, MBChB, CCFP, FCFP
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