



College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice



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The *College Connector* is sent to every current registrant of the College. Decisions of the College on matters of standards and guidelines are contained in this publication. Questions or comments about this publication should be directed to communications@cpsbc.ca.



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Registrar's message

ANNOUNCEMENTS

I am very pleased to introduce the College's new electronic newsletter, the *College Connector* which replaces the long-standing printed newsletter, the *College Quarterly*. The new newsletter will be published and distributed electronically six times a year. The *College Connector* endeavours to connect registrants and other stakeholders with the work and activities of the College. It will include articles on College programs, new standards and guidelines, applicable laws and legislation, cases and recommendations, College-sponsored CME courses, and other matters related to the regulation of the profession.

The views, advice and direction contained in the *College Connector* represent the official position of the College. Third party submissions will be relevant to all physicians, and relate to organizations, events or programs which the College either directly supports or is involved with in some capacity.

H.M. Oetter, MD
Registrar

We hope registrants and other readers enjoy this new method of receiving College news. We welcome your [feedback](#).

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New website coming soon

A revitalized College website is scheduled for launch in late summer. The new website will feature

ANNOUNCEMENTS

- improved navigation
- enhanced search capabilities
- a fresh, contemporary design
- easier login
- compatibility with mobile devices

At a later phase, the new website will also allow College registrants to grant access to their accounts to secondary users such as medical office staff. By enabling a secondary user, registrants can assign certain online tasks to others on their behalf such as updating their practice status or contact information. By logging in to the website, secondary users, like registrants, will also have access to the expanded view of the online registrant directory, which includes MSP and fax numbers.

Registrants are reminded that the College no longer produces a printed medical directory, and are encouraged to use the online registrant directory to locate contact information for colleagues. The online directory extracts real-time data directly from the College's register.

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2012/13 Annual Report

This year's report reflects the collaborative efforts of many who share a vision of superior performance across BC's health-care system, and provides an overview of the work and activities of the College to deliver on its mandate of patient safety.

ANNOUNCEMENTS

In accordance with the College's statutory obligations, all of the committee chairs have submitted a written report of their specific activities and accomplishments to the Board. The 2012/13 Annual Report, committee reports and the College's audited financial statements are available on the College [website](#).

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2013 Award of Excellence in Medical Practice

The Board of the College of Physicians and Surgeons of British Columbia is pleased to announce the recipients of the 2013 Award of Excellence in Medical Practice. The recipients were presented with their awards at the president's annual dinner in Vancouver on May 29, 2013.

ANNOUNCEMENTS

Patrick J. Kinahan, MD, FRCPC – Vancouver, BC

Dr. Kinahan graduated from the University of British Columbia in 1955 in internal medicine. He and his family moved to Prince George in 1959 as one of three general practice physicians caring for the entire population – then 14,500. In no time, Dr. Kinahan had over 4,000 individual patient records. After eight years, Dr. Kinahan moved back to Vancouver to continue his training in cardiology, which had always been a passion. He accepted a job at Vancouver General Hospital working in the new cardiac lab where he pursued innovative clinical research such as hemodynamics of aortic valve disease in the 1970s, and adopted novel techniques such as balloon angioplasty in the 1980s. Over the years, Dr. Kinahan became known by colleagues, students, residents and patients for his wise insight, patience and compassionate care of the vulnerable and sick. Drawing on his years as a family physician, Dr. Kinahan always took the time to listen and learn from his patients, taking extensive medical histories and following up personally on the telephone after a procedure. Dr. Kinahan provided care to BC patients for over 60 years. He retired from active practice in 2012.

Michael F. Myers, MD, FRCPC – Vancouver, BC

Dr. Myers obtained his medical degree from the University of Western Ontario in 1966 and completed his residency training in psychiatry in 1973. Over the years, Dr. Myers developed an interest and expertise in the treatment of physicians and their families, particularly in the area of marital therapy and mental health disorders. He has written widely on these subjects in academic and public literature, including eight published books; and he has sat on five editorial boards for psychiatric journals. Dr. Myers has a long history of medical leadership and service to the profession. He was director of marital therapy for St. Paul's Hospital and a clinical professor in the department of psychiatry at UBC until 2008. As an experienced educator, Dr. Myers has received numerous teaching awards from UBC, McGill and Dalhousie universities; and has served on several Canadian and American advisory boards on physician health. Dr. Myers is well regarded by his colleagues as a clinician who is not afraid to delve into areas of physician mental health that others have long been reluctant to discuss. He was extensively involved in the development of BC's Physician Health Program, serving as a psychiatric consultant for many years. Dr. Myers retired from active practice in 2009.

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Collaborating for patient safety

Between February and August 2011, Dr. Doug Cochrane, chair of the BC Patient Safety and Quality Council, undertook a two-phased investigation into the quality of diagnostic imaging after a series of events called into question the accuracy of diagnostic imaging reports in four health authorities.

PROVINCIAL QUALITY
ASSURANCE UPDATE

The [Phase 2 Report](#), released on September 27, 2011, contained

- a detailed description of each of the four adverse events, root cause analysis, observations about what was done well and what could have been done better, and
- 35 specific recommendations that include quality assurance (QA), peer review and ongoing physician performance assessment.

The recommendations focused on ensuring that physicians who want to practise in BC are screened appropriately, that their skills are assessed on an ongoing basis, and that there are clear lines of accountability amongst all of the parties with a responsibility for ensuring patient safety.

Physician Quality Assurance Steering Committee

The Physician Quality Assurance Steering Committee (PQASC) was established to provide oversight for a suite of projects based on the Phase 2 Report recommendations that will improve existing safeguards for physician practice by developing and implementing consistent provincial processes and standards for licensing, credentialing, privileging and practice enhancement.

The projects will provide:

1. A consistent, province-wide approach for credentialing and privileging, including a shared provincial information system to support the credentialing and privileging processes, common forms and privileging standards described in specialty-specific dictionaries.
2. A provincial, standardized Physician Practice Enhancement Framework.
3. A Radiology Quality Improvement System for health authority radiologists, including peer review.
4. A review of legislation pertaining to physician practice and oversight responsibilities.

The PQASC has representatives from the College of Physicians and Surgeons of BC, the BC Patient Safety and Quality Council, the BC Medical Association, Chief Financial Officers Council and the Ministry of Health, as well as the vice presidents of medicine from each health authority. In addition, projects have steering committees, expert panels and working groups with representatives from the health authorities and professional associations to enable input, collaboration and information sharing.

A website with more information on each of the PQASC projects will be launched in late summer.

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Updates from the Prescription Review Program

Advice for patients about long-term opioid therapy (LTOT)

PROGRAM UPDATES

The College is often asked for patient information resources to assist with the challenging risk/benefit analysis that attends a decision to begin or continue a trial of opioid therapy for chronic non-cancer pain (CNCPP).

Dr. Michael Evans of Toronto has set himself the ambitious goal of reinventing patient education. His website, *My Favourite Medicine*, has much to offer, including this eleven-minute whiteboard animation video titled: [Best Advice for People Taking Opioid Medication](#)

Produced with the assistance of the Centre for Addiction and Mental Health (CAMH), it presents a cautious perspective—one shared by the Prescription Review Program. Physicians and patients will find it accessible and helpful. In fact, registrants may consider making it required viewing next time they renew an opioid prescription. What was once considered a good idea is now a cause for concern.

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Updates from the Non-Hospital Medical and Surgical Facilities Program

Difficult Airway Reporting

PROGRAM UPDATES

Facilities are reminded to complete difficult airway management reports for any patient who presents with a difficult airway. Reports should include:

Discussion with the patient

The discussion between the anesthesiologist and the patient should be documented describing the events, the seriousness of the problem, and direction to the patient to inform the next anesthesiologist of his/her problem.

Documentation

- Record adequate notes in the anesthetic record indicating the precise problem and course of action taken.
- Place an airway alert on the patient's chart and also note it on the electronic record.
- Complete a written airway alert form. Provide the patient with a copy of the form. Also send a copy of the form to the patient's GP, and retain a copy at the facility. Airway alert forms can be downloaded from the Internet or adopted from the local hospital.
- Submit the College's [Reportable Incident Form](#) if a complication arises.

Accurate recording of allergies reduces errors

Registrants are reminded of the importance of accurately documenting patient allergies on all clinical records. Allergies are often not documented accurately on facility records and inconsistencies are seen on booking forms, histories, consults, anesthetic and OR records. Allergies and reactions need to be up to date and the information shared with all health-care professionals. As a final check, allergies and reactions must be discussed by the surgical team during the briefing period of the surgical safety checklist before proceeding with the surgery.

Accreditation standards development subcommittee

In April 2013, the College extended an invitation to non-hospital medical and surgical facilities to participate in a subcommittee. Physicians and nurses from eight non-hospital medical and surgical facilities, as well as two nurses from the public sector, agreed to participate. Reporting to the Non-Hospital Medical and Surgical Facilities Committee, the subcommittee will develop accreditation standards which provide a framework for the delivery of high quality and safe service in all facilities. Once approved, these standards will set out the minimum requirements that a non-hospital medical and surgical facility is required to achieve to be granted College accreditation.

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Updates from the Methadone Maintenance Program

New methadone formulation: Methadose®

PROGRAM UPDATES

A new commercially available methadone 10 mg/ml solution (Methadose®) was recently approved for sale in Canada for methadone maintenance therapy (MMT) and is now available for purchase by pharmacies. Methadose® at 10 mg/ml is 10 times the concentration of usual compounded methadone 1 mg/ml solution and presents a public safety risk until all stakeholders are informed and MMT prescribing and dispensing standards/guidelines are updated.

Methadose® is different than methadone in appearance, strength and handling. The BC Ministry of Health is considering PharmaCare coverage of Methadose® for MMT and is actively consulting with the College of Physicians and Surgeons of BC, the College of Pharmacists of BC, the manufacturer and other stakeholders to ensure safe and appropriate use of this new product.

The ministry expects to complete the coverage decision for this product in the fall of 2013. At the same time both colleges are updating their standards/guidelines to enable safe prescribing and dispensing of a 10 mg/ml methadone product for MMT. Further updates on the progress of the reviews will be provided as they progress. Until the reviews are completed, the currently compounded 1 mg/ml methadone solution remains the standard for prescribing and dispensing, and PharmaCare coverage.

Prescribing physicians and dispensing pharmacists should be aware of the potential for confusion and warn patients about the differences in the formulations and be sure to advise them about safe storage of Methadose®.

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Clinical information on requisitions

Providing clinical information on requisitions should not be delegated to office staff

CASES AND RECOMMENDATIONS

A group of e.health physician leaders in a health authority recently requested advice from the College regarding the implementation of electronic submission of requisitions for medical imaging and laboratory tests as part of their EHR (electronic health record) development. Their concern was that some clinicians had acknowledged that it was their practice to delegate completion of paper requisitions to clerical staff. The clinicians' rationale for delegating was that in order to submit electronically, they would have to log in to the system and spend time entering the information themselves, which they felt was inefficient.

Physicians in diagnostic specialties rely on the background clinical narrative provided by referring physicians on requisitions in the same way that clinicians begin their assessment by taking a history. It improves the likelihood of making the correct diagnosis; nothing is more fundamental to medical practice. Providing clinical information on the requisition is a task that cannot reasonably be delegated to clerical staff. Registrants are reminded that the clinical part of a requisition, whether in print or electronic format, is the responsibility of clinicians—nurse practitioners, midwives, or physicians—not medical office assistants.

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Maintaining gamete donor records

Pratten v. British Columbia (Attorney General) and College of Physicians and Surgeons of British Columbia

LAWS AND LEGISLATION

Registrants are advised that Ms. Olivia Pratten's appeal from the November 27, 2012 Order of the BC Court of Appeal was dismissed by the Supreme Court of Canada on Thursday, May 30, 2013, effectively concluding the matter of *Pratten v. British Columbia (Attorney General) and the College of Physicians and Surgeons of British Columbia*. In light of this dismissal, College registrants are no longer required to permanently preserve gamete donor records.

The College's duty is to make registrants aware of applicable legislation and ensure that the laws governing the medical profession are aligned.

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Record retention: 16 years

British Columbia's *Limitation Act* was brought into force on June 1, 2013. One of the substantive changes relates to the retention of medical records. As such, section 3-6(2) of the Bylaws under the *Health Professions Act* has been amended to reflect the change to the *Limitation Act*. College registrants are now expected to retain medical records for a minimum period of sixteen years from the date of last entry or from the age of majority, whichever is later, except as otherwise required by law.

LAWS AND LEGISLATION

The following *Professional Standards and Guidelines* have been updated:

- [Electronic Medical Records](#)
- [Medical Records in Private Physicians' Offices](#)

A [Question and Answer](#) document (provided in February 2013) remains on the College website for reference.

More information about the *Limitation Act* can be found on the Ministry of Justice homepage <http://www.ag.gov.bc.ca/legislation/limitation-act/2012.htm>

The College's duty is to make registrants aware of applicable legislation and ensure that the laws governing the medical profession are aligned.

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CME events: mark your calendars

The College sponsors a variety of conferences, workshops and courses to assist physicians in their practice.

The complete physician: anachronism or imperative – 2013 Education Day

Friday, September 20, 2013

Excellent physicians require in-depth biomedical skill and knowledge, but optimal patient outcomes depend on the acquisition and application of other critical attributes as well. In this era, excellent physicians are also effective communicators, collaborators, managers, health advocates and scholars. Join colleagues at the 2013 Education Day to explore these and other attributes of the complete physician in the twenty-first century. The program includes plenary sessions, case studies and interactive workshops for an all-encompassing educational experience.

- [More information](#) on the program and presenters
- [Register now](#)

Medical record keeping workshop

Wednesday, August 28, 2013

Wednesday, November 20, 2013

This course is primarily directed at family/general practitioners and other physicians providing primary care. The course is delivered in an interactive format using real case examples and simulated patient encounters to demonstrate the practice of effective clinical record keeping.

- [More information](#) on the program
- [Register now](#)

Methadone prescribing workshops

Friday, October 18, 2013 – Methadone 201

Saturday, October 19, 2013 – Methadone 101/Hospitalist

These workshops prepare physicians for using methadone to treat opioid dependence.

- [More information](#) for Methadone 101/Hospitalist
- [More information](#) for Methadone 201

Prescribers course

Friday, November 29, 2013

Talking to patients in realistic terms about the risks and benefits that attend the use of opioids, benzodiazepines and other potentially habituating medications can be challenging for even the most seasoned practitioner. Participants in this intensive course will learn new approaches, primarily through interview simulations in small groups, supported by sympathetic, experienced, clinical teachers.

- [More information](#) on the program

Boundaries, ethics and professionalism workshop

Friday, October 25 and Saturday, October 26, 2013

This is an interactive educational workshop on understanding and adhering to boundaries in medical practice. Discussion topics include the principles of professionalism, distinguishing between boundary crossings and boundary violations, and identifying preventive measures to help avoid violations in the physician-patient relationship.

- [More information](#) on the program
- [Register now](#)

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A learning adventure

Unplanned or “emergent” learning occurs when the learner is open to new serendipitously found information and incorporates it into their knowledge base¹. This adventurous approach to learning can ultimately change a physician’s practice. *Cites & Bytes*, the College library’s monthly newsletter, is designed to support this informal medical learning by presenting a selection of citations from the current literature for physicians to identify new information relevant to their own practice.

A WORD FROM THE COLLEGE LIBRARY

The newsletter was established in 1996 by librarian Judy Neill who edited the ensuing 200 issues until her retirement in 2012. Since then, the newsletter has been compiled and edited by the four College librarians, led by Niki Baumann.

Cites & Bytes article topics are based on reference inquiries submitted to the library by College registrants as well as medical issues raised in the press and those of local or regional interest. Other inclusion criteria comprise publication types such as recent reviews, research and guidelines published in authoritative, peer-reviewed journals. Preference is given to articles with strong research design such as systematic reviews, meta-analyses, and randomized controlled trials or prospective studies with large sample sizes. The College librarians scan 100 journals each month, with final entries chosen through a team review process.

Over 5,000 College registrants subscribe to *Cites & Bytes* and represent the specialties that mirror those of the library’s most intensive users: general practitioners, psychiatrists, internists, obstetricians and gynecologists, anesthesiologists, and pediatricians. The full text of cited articles is available directly from the *Cites & Bytes* web page where free or subscribed content is available. Articles can also be requested from the library, which registrants did over 4,000 times in 2012. Feedback indicates that *Cites & Bytes* provides effective support for continuing learning and for maintaining currency, as well as acting as a connection between the College and registrants.

In addition to scholarly articles, new books are highlighted in *Cites & Bytes*. These few selected titles are just a small sample of the over 7,000 books, including e-books, available in the library’s collection. The library’s holdings can be searched in its online catalogue at <http://szasz.cpsbc.ca/>. New audio CDs and DVDs are also indicated as available for loan, and the audio files can also be downloaded as MP3 files (see Audio Digest clinical lectures link here: <https://www.cpsbc.ca/library/search-materials/audiovisual>).

While to date *Cites & Bytes* has been delivered to subscribers monthly and to all registrants with the *College Quarterly*, it is now sent by email each month to all registrants with library privileges. An “unsubscribe” option is available. Delivery of copies of articles cited in *Cites & Bytes* remains unchanged:

¹ Planned and Emergent Learning: Consequences for Development. Megginson, D. Management Learning. 1996 December 1, 1996;27(4):411-428.

copies can still be delivered by email as a PDF attachment, fax or surface mail, or can be directly downloaded from the website where available. The library hopes that this broader dissemination of the *Cites & Bytes* newsletter will provide more physicians with serendipitous opportunities for learning.

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