College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

The College Connector

Volume 2 | No. 2 (March/April 2014)

In this issue:

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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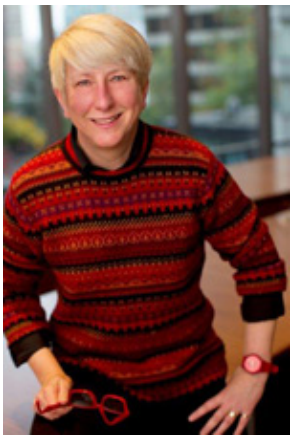
Registrar's message



This article is in follow-up to the recent email message sent to all registrants about their legal and ethical duty to report a child in need of protection to the appropriate authority. I want to personally thank those of you who took the time to share your concerns with the College about access to mental health services for children and youth. There is no doubt that the challenges of addressing complex issues of poverty, violence, mental health and addiction are significant in BC.

I hope you had a chance to read the Representative for Children and Youth's investigative report, *Lost in the Shadows: How a Lack of Help Meant a Loss of Hope for One First Nations Girl.* It is a powerful review that details the repeated failure of health professionals, and in particular a number of physicians, to identify and report a child in need of protection. This is not the first time this issue has been identified in BC. The *Gove Inquiry into Child Protection* in 1995 concluded that medical examinations of Matthew John Vaudreuil were seen as isolated interventions and physicians were found to have not paid sufficient attention to the young boy's medical and social history, and did not make a report to the ministry as they should.

Difficulty accessing services for children and youth is not an excuse for failing to report a child in need of protection. It is clear that the failure to report this child was systemic in nature, given the number of health professionals involved. Our collective task as physicians is to understand the reasons behind this failure, and take steps to eliminate these shortfalls. It bears repeating that just because a child or family is receiving services from the ministry doesn't mean that the ministry is aware that the child is in need of protection. When assessing/certifying an adult psychiatric patient, physicians must make inquiries about the patient's possible role and capability as parent/caregiver.

Some physicians have already identified opportunities to improve child protection reporting compliance, such as revising mental health certificates to include a question about the detained adult psychiatric patient's role as a parent or caregiver. I welcome your specific suggestions as to how to improve reporting compliance under the *Child, Family and Community Service Act.*Together with the College of Registered Nurses of BC, this College will be collaborating with the Ministry of Children and Family Development, the Ministry of Health, the provincial Director of Child Protection, and the Representative for Children and Youth to ensure children in need of protection are appropriately reported. It takes a community to raise a child and we all have a professional duty to protect them from harm.

Please continue to email us at communications@cpsbc.ca.

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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Enabling efficiencies in professional regulation

In 2011, the Board made operational efficiency a top priority and committed the necessary resources to transition the College to an electronically enabled organization within five years. The ultimate objective of this renewal is to ensure that the College has the most productive systems, processes and people to deliver on its mandate of public protection in accordance with its values: transparent, objective, impartial, and fair. Internally, this organizational transformation is referred to as CaSPeR (College System and Process Renewal).

The transformation (CaSPeR) involves the implementation of a single web-based solution (iMIS), which will enable full integration and information sharing between the College's departments and functions, and other relevant organizations such as health authorities. Through enhanced automation of current paper-based business processes—e.g. registering new physicians, processing requests for certificates of professional conduct, and managing complaint files—the College expects to realize significant operational efficiencies, enhanced security of records, and improved opportunities to monitor, analyze and report on performance measures.

While CaSPeR is largely an internal project, affecting College employees and how they conduct their day-to-day work, registrants can expect to see some changes, such as improved self-service options through the College website. Registrants will also note some minor changes to the look of the website, and slight differences in the navigation and login functionality. More information on these changes will be communicated by email prior to the launch of the first phase of iMIS in late May.

Download the CaSPeR diagram and vision statement here.

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Photocopiers and fax machines have memories

Registrants may be aware of the recent media coverage of physicians' offices misdirecting faxes containing patient information. The Office of the Information and Privacy Commissioner (OIPC) dealt with a situation where faxes containing personal patient information intended for a clinic were faxed, by accident, to another fax number that was one digit off from the clinic's fax number. This situation serves as a reminder to all physicians and their staff to take necessary precautions when transmitting personal information through fax, including the use of a cover sheet with clear instructions to contact the originating physician's office if the fax was received in error. If there is a report of a misdirected fax, both the sender and the receiver should act immediately to ensure the error doesn't happen again.

Further, registrants should be aware that photocopiers and fax machines contain hard drives which record all transactions. When replacing photocopiers or fax machines, take the necessary steps to ensure the hard drive is destroyed prior to removal.

In 2005, the OIPC published guidelines on faxing and emailing personal information. The guidelines identify best practices and tips to reduce the potential for sending personal information to the wrong recipient: http://www.oipc.bc.ca/guidance-documents/1446

The College has similar guidance regarding emailing patient information: https://www.cpsbc.ca/files/pdf/PSG-Emailing-Patient-Information.pdf

Physicians are encouraged to review these two documents.

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BC's health regulators form a society for enhanced patient safety

British Columbia's 26 regulated health professions, governed by 22 colleges under the *Health Professions Act*, and one under the *Social Workers Act*, have incorporated under the *Society Act* to become the Health Profession Regulators of BC Society.

The Health Profession Regulators of BC Society is an incorporated, not-for-profit organization whose purpose is to promote effective communication and collaboration between members on matters relating to regulation, quality assurance, administration and education.

The depth and breadth of expertise and experience amongst society members will be shared through joint task forces and working groups, leading to improvements for everyone.

In September 2013, the society launched "Our Purpose, Your Safety," a campaign designed to raise public awareness about the role colleges play in patient safety, and to shine a spotlight on the importance of seeing a regulated health professional.

To learn more about BC's health regulators, visit the website at www.bchealthregulators.ca.

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Wet signature = unique signature

An article in the January/February issue of the *College Connector* reminded registrants that prescriptions must include a handwritten or "wet" signature, rather than a signature stamp. It further stated that prescriptions generated from an EMR must be printed, authenticated with a handwritten signature, and faxed to the pharmacy.

After reading the article, a number of physicians contacted the College inquiring about the use of electronic pen pads for this purpose. The key message in this is that the signature must be unique and applied with a human hand—be it pen to paper, or electronic pen to pad.

The earlier article was also intended as a plea on behalf of pharmacist colleagues to ensure that prescriptions meet legal requirements for validity. In addition to a unique signature, those requirements include patient addresses and registrants' CPSID numbers. Pharmacists who dispense medications despite inadequately formulated prescriptions face significant financial penalties.

The College of Pharmacists of BC has provided this guidance to its registrants indicating what they need from prescribers: http://www.bcpharmacists.org/resources/readlinks/articles/323.php

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Updates from the Prescription Review Program

Treating "snowbirds"

The Prescription Review Committee has noted that some physicians, when asked to rationalize their prescribing of large quantities of opioids and benzodiazepines to elderly patients, respond by saying that these medications are intended for "snowbirds" who spend three to six months a year in Florida or California.

The committee does not condone the dispensing of hundreds of narcotic and sedative medications to elderly patients who should be reassessed regularly.

In reviewing several cases recently, the committee concluded that prescribing these medications for more than two months at a single dispense is not medically appropriate. Patients should be encouraged to arrange a medical follow-up at intervals when they return to Canada (i.e. Christmas or other family holidays). Elderly patients who do not return to Canada should be encouraged to find a treating physician in their destination community.

Become familiar with the Take Home Naloxone Program

Opioid overdose is a public health issue in BC. In 2009, more than 200 deaths were identified as illicit drug deaths; opioids were found in 60%, and an additional 74 deaths were in patients prescribed opioid medication (http://www.bcmj.org/bc-centre-disease-control/increasing-access-naloxone-bc-reduce-opioid-overdose-deaths). The risk of overdose from opioid substitution therapy is highest during the initiation, titration, and tapering of doses. Changes to methadone formulation came into effect in February of this year, and dispensing a solution that is 10 times more concentrated may increase the potential for overdose. Other subpopulations at higher risk for overdose include people who use opioids who have:

- a history of previous overdose
- been discharged from prison or drug treatment recently
- a high-dose opioid prescription
- co-morbidities (e.g., respiratory/hepatic/renal disease)
- concurrent treatment involving antidepressants or benzodiazepines

Physicians should be aware of these risks and know how to minimize the risk of overdose. Unintentional death from opioid overdose is preventable with education and timely administration of naloxone, an opioid antagonist.

Naloxone reverses respiratory depression due to prescribed and illicit opioids such as methadone, morphine, heroin, fentanyl, hydromorphone, or oxycodone. Naloxone has been approved for the

reversal of opioid respiratory depression in Canada for over 40 years and is on the World Health Organziation (WHO) Model List of Essential Medicines. Naloxone cannot be abused, and in the absence of narcotics, exhibits no pharmacological activity. Furthermore, naloxone may be of particular benefit to individuals who are reluctant to access emergency care or where emergency services are not readily available.

The BC Take Home Naloxone (THN) Program trains people to prevent, recognize and respond to opioid overdose by administering naloxone. Since it began in August 2012, the program has expanded to 35 sites across BC and nearly a thousand people have been trained to recognize the signs of, and respond to, an opioid overdose. Over 650 kits have been dispensed to eligible clients, and over 55 overdose reversals have been reported (likely an underestimation).

Research has shown that having naloxone available does not increase risk-taking behaviour. Rather, many people feel empowered by the training and may alter drug-using behaviours, as reported in this CMAJ article.

Physicians should discuss the Take Home Naloxone Program with patients at risk of opioid overdose, as well as with the patient's friends and family members who may witness an overdose. Simply providing or prescribing Naloxone is not sufficient. People can be trained to recognize the signs of overdose and respond to an overdose. Calling 911 for medical support is the first and most critical step of overdose response.

Naloxone is currently not covered by PharmaCare, and the cost may present a barrier to many patients. Naloxone kits and training materials are available through the BC Centre for Disease Control's Harm Reduction program at no cost to participating sites.

Patients who are interested in receiving training and a naloxone kit can be referred to one of these Take Home Naloxone sites; however, physicians can enroll their clinic to be a participating site by reviewing the program implementation guide (or watch the video) and then completing a new site registration form.

For more information on the Take Home Naloxone Program, please visit the website towardtheheart.com, and specifically http://towardtheheart.com/assets/naloxone/medicalethical-concerns-final_97.pdf.

The Prescription Review Program (PRP) is a practice quality assurance activity established to assist physicians in the challenging task of utilizing opioids, benzodiazepines, and other potentially addictive medications with appropriate caution for the benefit of their patients. The work of the PRP is informed by the PharmaNet database.

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Updates from the Methadone Maintenance Program

Reviewing the transition to Methadose

The Methadone Maintenance Committee met recently and reviewed the implementation of PharmaCare's coverage of Methadose.

The transition to Methadose was challenging for methadone prescribers, and the committee thanks those physicians who collaborated with patients, other physicians, pharmacists, and College staff to address the issues that arose, and to those who sent in constructive advice about process improvements.

As a result of this input, the College will be recommending the following changes to the methadone prescription pad:

- making the date format consistent with the duplicate prescription pad
- enlarging the start/end-date boxes
- enlarging the total dose box
- reducing the size of the home delivery box

Methadone prescribers may contact the methadone program at methadone@cpsbc.ca.

The Methadone Maintenance Program makes recommendations to Health Canada regarding physicians obtaining authorizations to prescribe methadone as exemptions under section 56 of the Controlled Drugs and Substances Act*.*

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Cases and recommendations of the Inquiry Committee

A physician's role in an association must be distinctly stated and not exaggerated

Physicians are sometimes perceived as desirable associates for many organizations as their professional expertise may lend an unparalleled brand of security and comfort. Referencing a physician's association can elevate an organization's credibility. While there may be some perceived benefit to the consumer, there is also a risk that the public may be misled by the manner in which a physician's role is represented. If the public is attracted by the appearance of physician oversight where there is none, the public is not adequately protected.

The Inquiry Committee recently concluded an investigation with criticism of two general practitioners for allowing a private program for troubled teens to mischaracterize them as program leaders. The website for the organization had, at various times, identified one or both as "medical director" or "consulting physician." The physicians readily acknowledged that their role was limited to intake medicals and mostly minor GP services on request. The committee determined that the program and the physicians ought to have recognized that the information on the website was misleading.

The College cautions physicians that the scope of their roles must be distinctly stated and not exaggerated when involved with various treatment facilities or programs, including behavioural treatment centers for youth, homestay programs, group homes, sports camps, summer camps, esthetic or health spas, fitness programs, and sports and recreation organizations. Particularly to the extent that such groups or organizations are led or controlled by individuals who are not members of regulated professions, it may be inappropriate for registrants' names to appear on promotional materials such as brochures and websites. Where a physician's association is informal, infrequent or not within the physician's control, the safest reference is an unnamed notation to the effect of "physician services available on request" in the organization's promotional materials and website.

The types of associations described above potentially give rise to a second issue: stewardship of medical records, which was another aspect of the committee's criticism of the physicians involved in this case. One of the physicians had an arrangement whereby the non-registrant organization electronically stored the physician's records and had the capability to access and summarize the medical records which the physician created. The Inquiry Committee determined that record management issues needed to be rectified.

This case serves as a reminder to all physicians that they must ensure patient confidentiality is protected by retaining control over the maintenance, storage and use of the medical records they generate, in accordance with applicable College Bylaws, and professional standards and guidelines.

Letters should be factual and not based on hearsay

The Inquiry Committee is frequently asked to investigate complaints which involve letters written by physicians in support of their patients. Such a letter should contain only factual information. When hearsay information is included, it must be clearly identified as such. Following are two recent examples from College complaints:

Example 1

A couple is engaged in a bitter divorce and custody dispute. The father complained to the College regarding the content of a letter written by Dr. X in support of his patient, the mother of the children. The physician's letter stated, in part, "The father does not pay child support and has minimal involvement with the children." The father stated this information was untrue, yet the physician presented it to the court as though it was factual.

The College was critical of the physician in this instance. Such a letter should focus on the physician's professional interactions with the mother and the children. If absolutely necessary, the physician could include the statement above by identifying the source of the information: "I am advised by my patient that the children's father does not pay child support."

Example 2

Another common scenario involves the provision of letters written in the context of a workplace dispute. Again, the physician must specify the information that is obtained from the patient, versus factual information, and versus the professional opinion of the physician. The following three statements are illustrative of this concept:

- "The patient cannot work at a keyboard."
- "The patient advises that working at a keyboard causes hand discomfort."
- "In my medical opinion, the patient's symptoms are such that time at a keyboard should be limited for a period of five days, at which time the patient will be reassessed."

The physician's opinion regarding the workplace itself should be similarly cautious. Statements such as, "The patient has a hostile workplace," should be compared with "The patient advises me that he considers his workplace to be hostile, resulting in significant symptoms."

The general principles are set out in the College standard entitled *Medical Certificates and Other Third Party Reports*. The CMPA has a helpful article dealing with the issues directly entitled *Put it in writing, with care*.

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Updates from the College library

Online or in-person help with finding medical evidence

Finding medical evidence can be frustrating. Compared to Google, Medline is complicated to use. Google can offer millions of hits but the relevance-ranked results may not be authoritative enough for clinical decision making. Point-of-care tools like BMJ Best Practice, DynaMed or UpToDate can offer useful information at the pace of patient care, but may not have the breadth and depth needed for the peculiarities of a specific patient. How can physicians select the most appropriate information resource for their purposes and search that resource quickly and effectively?

The College librarians offer training in finding relevant and valid evidence. An accredited, four-hour, hands-on workshop helps physicians identify levels of evidence from summary resources like BMJ Best Practice to systematic reviews from the Cochrane Collaboration to conducting effective searches in Ovid MEDLINE. Participants are also introduced to e-books and clinical practice guideline sources, and assisted in locating the full text of online and print articles and authoritative patient information. The workshop is presented in collaboration with UBC Division of Continuing Professional Development (UBC CPD). Upcoming sessions are listed on the UBC CPD website at http://www.ubccpd.ca/event-categorytype/fme. Choose between in-person or one-on-one online sessions.

Attendance at an in-person workshop is not always convenient and a four-hour commitment may not be feasible so the College library also offers free, internet-based, personalized training. The one-on-one interaction, flexible timing, and customized content maximizes learning. The online learning environment also facilitates the acquisition of technological skills through practise with online tools, and allows for direct and immediate feedback. College registrants simply need to arrange an appointment with a College librarian by emailing medlib@mls.cpsbc.ca or calling 604-733-6671.

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CME events: mark your calendars

Medical record keeping workshop

Wednesday, August 27, 2014
Wednesday, November 5, 2014

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

A health-care system purpose-built for all patients—elusive pipe dream or emerging reality? – 2014 Education Day

Friday, September 26, 2014

Save the date for the much-anticipated College Education Day, held again this year at the Vancouver Convention Centre. This year's theme, building a quality health system, will focus on examples of physicians and others engaged in initiatives that are making health care safer and better.

Confirmed presenters are:

- D. Douglas Cochrane, MD, FRCSC
  Chair and Provincial Patient Safety & Quality Officer, BC Patient Safety & Quality Council
- Ross Berringer, MD D(ABEM), MCFP(EM)
  Physician Risk Manager, Canadian Medical Protective Association
- Steven Lewis
  President, Access Consulting Ltd.
  Adjunct Professor of Health Policy, Faculty of Health Sciences, Simon Fraser University

More information will be available in the coming weeks.

New online teaching module for using the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain

Visit mdcme.ca or cma.ca for more information and register for free.

This teaching module explores each of the five clusters of the guideline, highlighting treatment recommendations through case presentations and summaries, and includes many useful tools to help manage, assess, and monitor patients using opioid therapy for chronic non-cancer pain.

Explore UBC CPD's brand new website and join the email list to learn more about CPD events

UBC Division of Continuing Professional Development, Faculty of Medicine (UBC CPD) delivers a broad range of high quality, relevant and credible CME/CPD activities such as conferences, workshops, webinars, video conferencing, and mentoring to support the physician's varied learning needs and revalidation requirements. UBC CPD would like to improve its communications by inviting physicians to join its email list and explore the new website at ubccpd.ca.

Join the email list and receive:

- tailored notices of accredited innovative CME/CPD to meet the physician's specific learning needs
- free accredited CME/CPD activities such as online programs (i.e. webinars, journal clubs) and special workshops
- monthly "QUICK LINKS" email which summarizes upcoming CME events with direct links for more information and registration
- free article every two weeks from their UBC CPD's award-winning online educational initiative, This Changed My Practice (TCMP) (thischangedmypractice.com)—TCMP is a made-in-BC resource with a vision to deliver quick practicing changing tips, clinical pearls, and summarized clinical studies relevant to BC physicians
- advance notice of conferences and other CME events so physicians can take advantage of early-bird rates

UBC CPD has adopted a policy to reduce paper waste in order to move towards a green strategy and avoid faxing physicians' offices. UBC CPD promises not to share, disclose or abuse private email information with the option to unsubscribe from the list at any time.

To get on the email list is extremely easy—sign up online, email cpd.info@ubc.ca, or call 604-875-5101.

***Visit the website** (ubccpd.ca)*

UBC CPD has launched an improved website, offering physicians an easier and faster navigating experience. The new site features advanced search filters and includes a comprehensive icon-based view of categories making it much easier to navigate CME/CPD courses and programs to meet physicians' learning needs. Icon-based navigation is also used to help readers find program information directly from a drop-down menu. The website can be easily viewed on mobile devices including tablets and smartphones, and offers the following new features:

- event search by topic, date, location, cost, specialty, area of medical practice, or credit type
- calendar and map views for courses

- icon grid view by category
- “add to calendar” feature for event dates and early bird deadlines
- concise content to improve ease of use for the busy practitioner

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Disciplinary Actions

- Myers, Charles Richard – March 24, 2014
- Domke, Herbert Lenard – March 17, 2014

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