College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

The College Connector

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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.

Registrar's message

Transparency—the new gateway to public trust

We live in a world that is increasingly exposed and connected. Technology has vested us with new ways of thinking and new ways of sharing information. Call it Pandora's box if you will—a jar that has been opened with far-reaching consequences. This new way forward calls for greater transparency. It reflects a growing world-wide recognition that the *public has a right to know*. Public institutions, including the College, are being called upon to be more accountable and more transparent in order to sustain public trust.

Thirty years ago, regulatory bodies were not required to provide information about physicians to the public. Colleges chose what, when and how to communicate with registrants, government and members of the public. Patients had no choice but to trust the regulator and the profession without being given an opportunity to ask questions, or seek information about a physician's credentials or discipline history.

In the 1990s, new legislation was enacted across Canada, which specifically set out the "duty and objects" of a college to be more accountable and transparent. The *Health Professions Act*, RSBC 1996, c.183 is the legislative framework that governs the College and mandates what information must be made public by way of a register, most of which is accessible via the College website. This register includes the registrant's name, registration status, contact information, limits and conditions imposed under the Act, notation of cancellation or suspension of registration, and any additional information required under the regulation of the minister. In its online register, this College also offers courtesy information about registrants to the public such as languages spoken and whether or not a family physician is accepting new patients.

Those who are interested in the work of the College are currently able to access the Board's three-year Strategic Plan, as well as statistical information about the College's registration and complaints processes, which are published in the Annual Report.

At a recent board meeting, the Board endorsed making more information available to the public about its meetings, registrants, and private surgical and diagnostic facilities. In the near future, the public will be able to access details about upcoming hearings, and can download agendas, minutes and materials provided at open portions of board meetings. The online register will contain registrants' practice restrictions, and will indicate whether or not a registrant holds privileges at a public hospital or private surgical facility.

My counterpart in Ontario, Dr. Rocco Gerace, said in *Dialogue Magazine*, Issue 3, 2013, "In our case, the public protection work of the regulator must not only be done, it must be seen to be done." I would add that information provided by regulators needs to be straightforward, useful and easy to access.

Providing transparent information necessitates that the College conduct relevant evaluations and collect meaningful data that both physicians and the public trust. The Board has made this a strategic priority over the next three years, and envisions that both the public and the profession will be part of this initiative. At present, the College has rigorous and fair processes in place to protect patients through effective regulation. They include: setting stringent standards for entry to independent practice; investigating complaints; accrediting diagnostic facilities and private surgical facilities; and administering quality assurance programs that proactively assess and educate physicians to ensure they meet high standards of practice throughout their professional lives. These processes and programs are intrinsically linked to the collection and output of data.

However, while regulators are increasingly challenged by the public and government to be more transparent and open, and to disclose more information about physicians, this demand must always be weighed against physicians' justified rights to privacy under law. To be sure, this new way forward requires thoughtful and measured planning.

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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The College Board presents its three-year strategic plan

The College's strategic plan focuses on quality assurance, enriched partnerships and organizational efficiency. The College is grateful to its many partners, including the Ministry of Health, the health authorities, UBC Faculty of Medicine, the Federation of Medical Regulatory Authorities of Canada, and the Health Profession Regulators of BC who share common goals and work together on initiatives to ensure patients have access to competent health-care providers and a high quality health-care system.

To access the strategic plan, click here.

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2014 Annual General Meeting and Education Day

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

Thank you to all of our presenters and participants at this year's Education Day. This full-day event provided a unique opportunity for physicians to join the discussion on building a quality health-care system that meets the needs of all patients.

Presentations are available here.

Audited financial statements for the 2013/14 fiscal year are available here.

Mark your calendar for next year's event on September 25, 2015 at the Vancouver Convention Centre.

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Biologic agents for rheumatic diseases—complex therapy mandating expert oversight

Biologic agents for treating rheumatic diseases (and other systemic inflammatory diseases) can be very efficacious and life altering; they can allow return of a normal quality of life, and prevent disabling and irreversible deformities. However, these agents carry the risk of serious adverse events, including life-threatening infection, and they are also very expensive.

In British Columbia, biologic therapy for treatment of rheumatic disease can only be initiated by a rheumatologist (and a few approved general internists who meet specific criteria). While any physician licensed to practise medicine can legally renew these prescriptions, it should be noted that the authoritative BC Guideline, *Rheumatoid Arthritis: Diagnosis, Management and Monitoring* (developed by Doctors of BC, formerly known as BCMA, and the Ministry of Health) recommends ongoing deference to specialists in this challenging and potentially hazardous realm:

"Details of initiation, dosing and monitoring are based on recommendations made by specialists in each case." (page 4)

The following approach is suggested by an expert group consulted by the College:

"To ensure cost-efficacy of a particular biologic therapy and to assess the risk/benefit ratio, only designated specialists should be renewing these biologic therapies. Physicians should plan ahead and ensure that their patients on biologic medications attend their rheumatologist or designated general internist for review and renewal of their prescriptions."

In the event of a complaint, it is likely that the Inquiry Committee, based on independent expert opinion, would be critical of a non-specialist physician who failed to ensure that a patient on biologic agents received their renewals from an appropriate specialist, or a specialist who left this task to a family physician. The experts the College relies on consider the prescribing of biologics to lie outside the scope of primary care.

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Accessing electronic health records in a hospital setting

The Inquiry Committee recently considered a complaint alleging that a physician had improperly accessed the electronic health record (EHR) of a patient he was not treating. The health authority provided an audit log which appeared to show that the physician had accessed the patient's records during a visit to the hospital's emergency department.

The health authority's investigation also found that because the computer system was very slow, hospital staff considered it acceptable to share computer terminals. One physician would log into the system for an entire shift, and others would access patient records under the identity of their logged-on colleague. While the practice was intended as a reasonable solution to increase workflow, the result was clearly problematic as the audit log did not accurately document those who had actually accessed the patient's record.

In this case, the patient believed that his privacy had been intentionally breached. For a number of reasons, this was considered unlikely, but definitive resolution was not possible.

The practice of always logging in under one's own name before accessing records is imperative for patient privacy protection, audit process integrity and accurate reflection of legal responsibility for the EHR content. Potential risks of using a colleague's identity include patient distress, damaged relationships, an investigation by the health authority, a complaint to the College, or other serious legal consequences. Unauthorized access to patient records may be characterized as serious professional misconduct and may trigger disciplinary or legal action against the offender.

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Third party requests for information—physicians are obligated to respond promptly

The College receives a significant number of complaints, typically from patients, lawyers, and insurers, alleging unacceptable delay in response to third party requests for information such as medico-legal reports and copies of patient records.

In an article published in 2008, *Timely responses to requests for reports*, the Canadian Medical Protective Association advises that "physicians are ethically and legally obliged to provide reports on patients they have attended."

For many patients, accessing benefits to pay their bills is at least as important to their well-being as the medical care they receive from their physician. Treating physicians must reserve time in their demanding professional lives to ensure that this important paperwork is completed on time.

The College standard titled *Medical Certificates and Other Third Party Reports* obliges physicians to submit reports in a reasonable time frame, usually within 30 business days or less, as circumstances warrant. If physicians are unable to respond promptly, they must communicate directly with the third party and negotiate a new deadline or provide the reasons why they cannot comply. Registrants should be familiar with the expectations contained in this standard.

Frustrated third parties will often turn to the College for assistance and may submit formal complaints, which the College is legally required to investigate. This investigation can be labour intensive, expensive and largely preventable. Physicians who fail to submit timely reports are the cause of significant, needless costs ultimately borne by all College registrants.

The Inquiry Committee takes these matters seriously. A physician with a history of multiple complaints for delinquent provision of reports was recently required to attend the College for an interview, and pay a fine of $5,000 per current complaint—a total of $20,000. He was also formally reprimanded.

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Updates from the drug programs

Narcotic prescribing, telehealth, and the rural physician

At a recent educational workshop on methadone presented by the College, physicians heard Dr. Mandy Manak of Kamloops describe the challenges that rural physicians face when delivering opioid agonist therapy. These challenges include: working in a community with a limited number of medical providers; a lack of knowledge of addiction medicine of some health-care providers; the high-risk nature of both the medication and the patient population in question; and difficulties associated with patients accessing treatment centres and services.

Physicians may be inclined to rely on telehealth solutions as a way to address these challenges. However, while telehealth may offer a pragmatic means for treating patients who have difficulty accessing a clinic or service, it is not always appropriate. Physicians should consider the following:

1. Arrange a face-to-face assessment every three months where possible. Extra vigilance is required regarding take-home doses and increases in dosing.
2. Treat other dependencies such as alcohol. Never prescribe benzodiazepines and opioids together.
3. Random urine drug testing is critical. Ensure staff is available to collect results and arrange for random screens.
4. Never prescribe narcotics or other controlled medications to new patients who have not been examined or with whom no longitudinal treating relationship exists unless there is direct communication with another licensed health-care practitioner who has examined the patient.
5. Ensure patients are familiar with local pharmacies, and that staff support is available to assist with patients.

In some cases there is simply no way to ensure safe narcotic prescribing. A general principle is this: if a patient is unable to attend regular clinic visits, it is unlikely s/he can be treated safely and effectively by telehealth options.

Presentations from the Methadone 101/Hospitalist workshop are available on the College's website here.

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New legal requirements for financial incapability assessments

On December 1, 2014, part 2.1 of the *Adult Guardianship Act* is coming into force. The updates provide new safeguards in the Certificate of Incapability process (under the *Patients Property Act*) for adults who are assessed as mentally incapable of managing their financial affairs and the Public Guardian and Trustee of BC becomes their statutory property guardian/committee of estate via a certificate issued by a health authority.

Note: These changes affect the certificate process only, not the court process for private committees under the *Patients Property Act*.

Changes outlined in the Act and Statutory Property Guardianship Regulation include:

- information that must be given to adults prior to being assessed for the purposes of a Certificate of Incapability
- a new test of incapability for financial decision making
- assessments of incapability being comprised of both medical and functional components with new forms
- formalized roles for qualified health-care providers to conduct the functional component of the assessment
- access to second assessments and reassessments
- revised responsibilities of health authority personnel responsible for deciding whether to issue certificates

There are a number of upcoming education opportunities for physicians and other allied health staff about the impact of these changes on their work. Dr. Martha Donnelly will be giving the following rounds in conjunction with contacts from health authorities and the Public Guardian and Trustee:

Date	Time	Location
November 18, 2014	7:30 a.m.	Geriatric Medicine Rounds Vancouver, BC Videotaped Reaching 30 sites in BC
November 18, 2014	12 noon	Geriatric Psychiatry Rounds Vancouver, BC Videotaped Reaching 20 sites in BC
December 2, 2014	8:00 a.m.	Regional Psychiatry Rounds Vancouver Coastal Health

An online course and guide are also under development, which will be made available to physicians. Additional regional sessions are being planned in health authorities.

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A word from the College library

Thriving and reading

Literature can be a mirror of our cultural consciousness. Equally, the indexing of medical concepts in the MEDLINE® database reflects changing awareness of health and disease. Psychological stress is a good example: historically, biomedical research prioritized the pathological aspects of stress and only recently have positive aspects of managing or thriving under stress been given active consideration. Accordingly, *psychological stress* came into being as a formal subject heading in MEDLINE® in 1973 while *psychological resilience* was formally introduced in 2009. Almost 100,000 scholarly articles indexed in MEDLINE® report on various aspects of psychological stress; however, only 1,500 focus on resilience.

The College library is collecting material on resilience for physicians to help them in the face of challenge and pressure in their professional lives. One example is the 2013 book titled *First do no self-harm: understanding and promoting physician stress resilience* by Charles R. Figley, Peter Huggard, and Charlotte E. Rees (Oxford University Press). Other texts available for loan, which can support resilience through improved interpersonal communication and understanding include:

Breaking the cycle: how to turn conflict into collaboration when you and your patients disagree. George F. Blackall: Philadelphia: ACP Press, 2009.

Doctors talking with patients/patients talking with doctors: improving communication in medical visits. Debra L. Roter. Westport, CT: Praeger, 2006

Getting to yes: negotiating agreement without giving in. Roger Fisher. New York: Penguin, 2011.

Resolving ethical dilemmas: a guide for clinicians. Bernard Lo. Philadelphia, PA : Wolters Kluwer, 2013.

The speed of trust: the one thing that changes everything. Stephen M.R. Covey. New York: Free Press, 2008.

College library books are free to receive and are sent via mail. The library also welcomes requests for bibliographies on any other topic. Call 604-733-6671 or email medlib@mls.cpsbc.ca.

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New or updated professional standards and guidelines

The College develops *Professional Standards and Guidelines* to assist physicians in meeting high standards of medical practice and conduct. The topics addressed focus on specific issues that are relevant to the practice of medicine. Physicians are encouraged to become familiar with the College's *Professional Standards and Guidelines*. The *Professional Standards and Guidelines* are reviewed regularly and may be updated over time.

New

- Disclosure of Patient Information to Law Enforcement Authorities

Updated

- Medical Records
  Please note this standard replaces the following guidelines: *Electronic Medical Records*; *Medical Records – Maintenance of Security;* and *Medical Records in Private Physicians' Offices*.

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CME events: mark your calendars

Professional Boundaries in the Physician-Patient Relationship
Friday, November 14, 2014 – Edmonton, AB
https://www.cpsbc.ca/content/professional-boundaries-physician-patient-relationship

Prescribers Course
Thursday, November 27, 2014 – Vancouver
https://www.cpsbc.ca/for-physicians/professional-development/prescribers-course-2014-11-27

Prescribers Course
Friday, November 28, 2014 – Vancouver
https://www.cpsbc.ca/for-physicians/professional-development/prescribers-course-2014-11-28

Medical Record Keeping for Physicians
Wednesday, February 4, 2015 – Vancouver
https://www.cpsbc.ca/for-physicians/professional-development/medical-record-keeping-2015-02

Pain and Suffering Symposium
Friday, March 6, 2015 to Saturday, March 7, 2015 – Vancouver
https://www.cpsbc.ca/for-physicians/professional-development/pain-suffering-symposium-2015
http://tfme.org/component/content/article/15--pain-management-conference/174-assessment-a-management-of-patients-with-complex-chronic-pain-2015

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Regulatory actions

- Vargas, Danilo R. – September 19, 2014
- Khazamipour, Kazem – September 16, 2014
- McLoughlin, Martin Gale – September 8, 2014

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