



# 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](mailto:communications@cpsbc.ca).

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# College of Physicians and Surgeons of British Columbia

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## Registrar's message



### Ensuring quality and sustainability of the province's health-care system

The Select Standing Committee on Health is engaged in a public consultation process on how to maintain health-care sustainability. To read the College's written submission click [here](#).

For more information on the Select Standing Committee on Health click [here](#).

H.M. Oetter, MD  
Registrar

We welcome your [feedback](#) on any article contained in the College Connector.

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# College of Physicians and Surgeons of British Columbia

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## Special feature – 2015 annual licence renewal is almost here

Annual licence renewal begins January 1, 2015. Here's what you need to know.

### BEFORE YOU START

#### Use the right technology and systems

- The Annual Licence Renewal Form is best experienced using a PC or a Mac. Mobile devices or smart phones, including iPads, are not yet supported.
- It is best practice to have the most recent version of a web browser installed on your computer.
  - Optimum browsers include Internet Explorer 9, Safari 5, Firefox 14 or better.
  - Optimum operating systems include Windows 8 or OSX 9 or better.
  - Lower versions, other operating systems or browsers may cause viewing problems.

#### Gather your documents

1. Your BC driver's licence
2. Your method of payment (debit or credit card, or online banking details)
3. Your CPD cycle date

### HOW TO RENEW YOUR LICENCE

#### 1. Login

The College underwent a significant database upgrade earlier in November, which required registrants to reset their password on the College website. If you haven't logged into the website following the upgrade, you will need to reset your password before you can log in to complete your licence renewal. To begin your licence renewal you will need your CPSID and password.

**TIP:** Learn more about logging in to the College website at <https://www.cpsbc.ca/login-ga>.

#### 2. Click 2015 Annual Licence Renewal

Once logged in, you will land on the My Tasks page. Click on the 2015 Annual Licence Renewal link.

#### 3. Confirm/update contact information

You can add or edit contact information in this section of the form. A maximum of one home address and up to two business addresses can be stored. Please identify one business address as a primary address for contact. To permanently delete an address from the College database, you

must contact the help desk at 604-733-7758 extension 2631.

**TIP:** Log in to the College website to update your primary business address and email before January—this will save you some time during the renewal process.

**IMPORTANT—**At least one contact address and phone number must be provided to the College, which is published and accessible in the online directory on the website. If you have only provided the College with a home address, it will be published. Please ensure you have made the necessary updates by adding a business address—this could be a PO Box address.

**4. Questions**

The entire process should not take more than 15 minutes.

Most questions remain the same on the 2015 Annual Licence Renewal Form and some have been updated or slightly altered in their appearance to ensure a positive user experience.

**5. Certification/declaration**

At the end of the questions and prior to submitting the online form, registrants will be asked to certify that the information provided is truthful, accurate and complete. The College expects registrants to complete their own Annual Licence Renewal Form. It is not acceptable for registrants to ask a medical office assistant, spouse or partner to complete the form on their behalf.

**6. Submit form and payment**

Your 2015 renewal fee of \$1,590 can be paid in one of three ways online:

1. By credit card
2. By *Interac*® Online
  - Use your BMO, RBC, Scotiabank, or TD Canada Trust debit card.
3. By online banking
  - Go to your online bank, log in and set up the College of Physicians and Surgeons of BC as a payee.
  - Submit a payment exactly like you would do with a hydro or cable bill.

**7. Confirmation email and receipts**

Once your form has been submitted, you will receive a confirmation email from the College.

You can view and print your receipts by accessing the Financial tab under My Account.

More details on licence renewal will be sent to registrants via email in December.

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# College of Physicians and Surgeons of British Columbia

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## 2015 Award of Excellence—call for nominations

Nominations are being accepted for the 2015 Award of Excellence in Medical Practice, which recognizes registrants or former registrants who have made an exceptional contribution to the practice of medicine whether in teaching, research, clinical practice, administration or health advocacy.

### Eligibility

Candidates must be current or former registrants of the College in good standing, and with no history of disciplinary action. Current board members are not eligible to receive the award. A maximum of five candidates will be selected to receive the award each year.

### Criteria

- Exceptional contribution to the practice of medicine whether in teaching, research, clinical practice, administration or health advocacy
- Contribution to the practice of medicine in his/her community
- Character, integrity and ethics beyond reproach
- Demonstrated leadership
- Collegiality and professionalism in all interactions within the profession and with patients

Written nominations of candidates, from a minimum of two current registrants, must include the name and biography of the nominee, and should describe in detail his/her fulfillment of the above criteria. A current curriculum vitae of the nominee, along with letters of support are also recommended.

Nominations must be provided to the registrar by Friday, February 27, 2015.

### Award recipients

Selected award recipients will be recognized at the College's Annual Dinner in May 2015.

*Please note that previous nominations are not carried over from year to year.*

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# College of Physicians and Surgeons of British Columbia

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## Specialty certification vs. special interest: physicians are required to be clear about the distinction

The College has received complaints about how physicians post their credentials, most commonly concerning cosmetic services. Registrants are reminded of their legal obligation to present their credentials in a manner that is transparent and unambiguous to the lay public.

The following are excerpts from section 7-4 of the College Bylaws:

- (3) A registrant must not identify himself or herself as a specialist unless he or she has certification from the RCPSC or equivalent accrediting body approved by the board and must not use the term “surgeon” in advertising for cosmetic procedures unless he or she is a specialist in a relevant surgical discipline.
- (4) No one other than a registrant who is a certificant or fellow of the RCPSC or who has completed postgraduate training in his or her specialty satisfactory to the registration committee may indicate on his or her letterhead or office door or otherwise represent him/herself as holding such specialist qualifications.
- (5) A registrant may refer to having a special interest in an area of medicine but when doing so must
  - (a) state whether he or she is a general practitioner or a specialist,
  - (b) if the registrant is a specialist, state his or her RCPSC certification or equivalent as approved by the board, and
  - (c) provide information to assist patients’ understanding of his or her qualifications so that patients may make informed choices about their health or well-being.
- (7) A registrant who produces, writes, edits or pays for a professional advertisement is considered responsible and accountable for the content.

Complaints typically arise when College registrants qualified as family physicians allow themselves to be perceived by the public as dermatologists or plastic surgeons. This can take many forms: the presentation of credentials without the clear explanation and formatting required by the Bylaws; interviews with news media which leave the impression that the practitioner is a specialist; or optimizing internet search engines such that the physician is erroneously identified as a specialist.

The College Bylaws are clear: a specialist physician holds specialist training and certification recognized by the College. Non-specialist physicians must clearly identify themselves as such. For example, the designation “skin care specialist” is only acceptable for dermatologists. A family physician with an interest in dermatology must be clearly described as a “family physician with an interest in dermatology.”

The standard format on letterhead, business cards, signage, web pages and anything else where the identity and qualifications of the physician are posted should be:

Name of physician  
Certified specialist in [Royal College of Physicians and Surgeons of Canada discipline] or  
Family Physician/General Practitioner  
Special interest in [description of area of special interest]

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# College of Physicians and Surgeons of British Columbia

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## Changing or limiting your scope of practice?

Most registrants are aware of section 2-8(2)(a) of the Bylaws which sets a minimum duration of clinical practice requirement of eight weeks per year, averaged over a three-year period. This section applies to those who have temporarily left practice or elected to work less. However, not all registrants are aware that section 2-8(2)(b) of the Bylaws similarly extends to those who change their scope of practice.

### Re-entry to or change in practice

2-8 (2) A registrant

- (b) who wishes to change the focus of his or her clinical practice to an area in which the registrant has not practised for a consecutive period of three years or more, or who has practised less than eight weeks a year in that area in the preceding three years, must, prior to applying for registration or changing the focus of his or her clinical practice,
  - (i) notify the registrar in writing,
  - (ii) undergo a review and assessment of skill, knowledge and competency as determined by the registrar, and
  - (iii) provide a written report acceptable to the registrar of successful completion of such review and assessment, and
  - (iv) undergo retraining as specified by the registrar, if any, or

While changes in the scopes of practice of specialists who work in hospitals is regulated by hospital privileging, the community-based registrant who does not have this scrutiny is expected to abide by the terms of this section of the Bylaws. Registrants are required to obtain College approval prior to returning to a former scope of practice if they:

- work solely as hospitalists and wish to return to general family practice
- are employed or contracted to perform limited clinical work and wish to re-enter their former wide scope of practice
- work solely in administrative capacities and wish to return to clinical practice

After evaluating each individual request, the College may require a registrant to participate in a period of supervision with satisfactory reports. Registrants with prolonged absence from their former scope of practice may be required to participate in lengthier retraining in an academic setting.

Registrants will avoid unpleasant surprises in taking the above into account when making work choices.

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# College of Physicians and Surgeons of British Columbia

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## Updates from the Prescription Review Program

### Opioid stewardship and the \$90 pill

The College recently received information that a registrant had been prescribing, and a pharmacist had been dispensing, monthly dispenses of 1,440 pills of 100 mg M-Eslon and 1,400 pills of Supeudol 10 to a single patient for management of headaches. On the assumption that this amount was being consumed, it would correspond to the patient taking 48 M-Eslon 100 mg tablets and 47 Supeudol 10 mg tablets per day. This represents a morphine-equivalent daily dose of 5,500 mg. Such a high dose is never acceptable for management of chronic pain. Indeed, a dose this high suggests addiction or diversion.

Given the current street value of \$90 to \$100 per pill for M-Eslon 100 mg and \$10 to \$15 per pill for Supeudol 10, the patient was receiving drugs with a potential value of \$140,000 to \$165,000 per month.

Prescription drug misuse is a significant public health issue in North America. After marijuana, prescription opioids are the most commonly abused drugs in the teen and young adult populations. This group uses these drugs injudiciously as they believe that their prescribed nature makes them safe.<sup>1</sup> A study by the Substance Use and Mental Health Services Administration (SAMHSA) showed that for those who abuse them, 89% of prescription opioids are either directly or indirectly sourced from a physician (17% prescribed directly, 11% purchased from a friend/relative, 5% taken without permission from a friend/relative, and 56% free from a friend/relative).<sup>2</sup>

Registrants faced with the choice of whether to prescribe opioids should ask themselves the following questions:

1. **How well do you know the patient?** Are you prescribing large amounts of complex medications to patients who are unknown to you? In such cases, it is generally reasonable to provide a very small dispense—following clinical review and once PharmaNet has been checked—with an understanding that further prescriptions will only be provided once corroborating information, including chart notes, imaging, and results of urine drug screens are received from the patient's previous physician.
2. **Are you prescribing high doses of morphine equivalent per day?** Doses above 100 mg morphine equivalent per day (65 mg oxycodone or 20 mg hydromorphone) put patients at a three- to five-fold increased risk of overdose. The risk is amplified if alcohol or sedatives are also ingested. Further, high dose opioids increase the risk of adverse effects including hormonal disruption, sleep disorder, GI disturbance, mood disorder, immune system dysfunction and opioid-induced hyperalgesia.
3. **Are you co-prescribing benzodiazepines or other sedating medications with opioids?** There is no benefit in using these medications concurrently, and where they are used together, they

increase the risk of morbidity from cognitive disturbance, balance disorder, mood disorder, and sleep disruption, and mortality—from CNS and respiratory depression. Simply instituting a clinical policy whereby these medications will not be co-prescribed—as a matter of patient safety—is the best option.

4. **Are you directing a pharmacist to dispense too much medication?** As a general rule, physicians should direct the dispensing pharmacists to provide controlled medications in modest amounts of usually 50 to 100 units. Dispenses of over 200 tablets at a time are rarely warranted. A large dispense increases the risk of medication error or misuse by the patient, as they may be less mindful of the amounts they are taking when hundreds of tablets are in their possession.
5. **Have you considered whether this patient may be addicted? Are you legitimizing a prescription drug addiction by prescribing?** Addiction is an extremely difficult disease to detect, and recognition of it generally relies on patient self-report. Patients may be less than forthcoming or in denial that they have a problem. This is especially true when they are actually misusing prescription medication, or using prescription medication to self-medicate other symptoms. Useful objective measures for assessing substance misuse include physical examination, blood work, and regular random urine drug screens.
6. **Is this medication being diverted in whole or part?** Dispenses of medications that are too large can easily become a source of diverted medicines.

All too often the illicitly used opioids on the streets originated from a physician's duplicate prescription. Asking the right questions before putting pen to script and practising pharmacovigilance are critical steps in addressing prescription drug misuse.

## References

1. Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. Monitoring the Future national survey results on drug use, 1975–2010: volume I, secondary school students [Internet]. Ann Arbor (MI): Institute for Social Research, The University of Michigan; 2011 [cited 2014 Nov 19]. 746 p. Research Grant No.: R01 DA 01411. Supported by the National Institute on Drug Abuse, National Institutes of Health (US). Available from: [http://monitoringthefuture.org/pubs/monographs/mtf-vol1\\_2010.pdf](http://monitoringthefuture.org/pubs/monographs/mtf-vol1_2010.pdf)
2. Substance Abuse and Mental Health Services Administration. Results from the 2010 National Survey on Drug Use and Health: summary of national findings [Internet]. Rockville (MD): Substance Abuse and Mental Health Services Administration; 2011 [cited 2014 Nov 19]. 144p. NSDUH Series No.: H-41. HHS Publication No.: (SMA) 11-4658. Available from: <http://oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.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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# College of Physicians and Surgeons of British Columbia

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## Updates from the Physician Practice Enhancement Program

### Be aware of deficiencies in medical record keeping

The most frequent deficiency found by peer assessors engaged in medical practice assessments is substandard recorded care. Since 2013, the Physician Practice Enhancement Program (PPEP) has conducted over 1,200 assessments, which included both peer practice and multi-source feedback components. In 2013, the program found that 18% of physicians were found to have medical record deficiencies that prompted the Medical Practice Assessment Committee (MPAC) to recommend remediation. Remedial activities can include attendance at the College's Medical Record Keeping for Physicians workshop, and/or the requirement to submit evidence of improved recorded care over a period of time.

The core requirement for medical records is set out in the *Health Professions Act* and in the College's professional standard entitled *Medical Records*.

A medical record must:

- a. be written in English
- b. explain the reason for the visit
- c. provide the history and record of any examination, investigations, diagnoses, treatments and medications
- d. include a follow-up plan

The MPAC also sets best practice requirements, which in the case of family practice would include the use of the cumulative patient profile (CPP), allergy precautions and consideration for a differential diagnosis. With the evolution of the electronic medical record, the frequent legibility concerns seen in the past are being replaced with concerns related to truncated clinical notes as a result of poor keyboarding skills, and lack of technical competency and fluency.

The College addresses medical record requirements from its mandate to ensure patient safety by requiring evidence of an intellectual footprint that allows for continuity and transfer of care. Ensuring good patient care should always be at the forefront of daily clinical practice; however, the risk-adverse registrant may well wish to consider other questions:

1. Will your medical records support you in defending your clinical actions when confronted with a medical-legal action?
2. Will your medical records withstand the scrutiny of the Billing Integrity Program whose audit decision outcome is primarily based on the degree of documentation to support billing as set out in the Medical Services Commission's payment schedule.

The [Physician Practice Enhancement Program \(PPEP\)](#) is a collegial program that proactively assesses and educates physicians to ensure they meet high standards of practice throughout their professional lives. The goal of the program is to promote quality improvement in community-based physicians' medical practice by highlighting areas of excellence and identifying opportunities for professional development.

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# College of Physicians and Surgeons of British Columbia

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## Updates from the Non-Hospital Medical and Surgical Facilities Program

### Preventing venous thromboembolism

Venous thromboembolism (VTE) comprises both deep vein thrombosis (DVT) and pulmonary embolism (PE) and has been associated with increased postoperative complications in the non-hospital setting. Although VTE is most often associated with hospital-acquired VTE and higher risk major surgeries, it is recommended that all surgical patients be assessed for VTE risk and, if deemed appropriate, that thromboprophylaxis (anticoagulant and/or mechanical) be given. As preoperative screening for VTE is an important step in identifying patients at risk, non-hospital medical and surgical facilities must ensure that patients' preoperative assessment and health history includes screening protocols for VTE.

In developing VTE screening protocols, it is recommended that facilities follow the BC Patient Safety & Quality Council (BCPSQC) VTE prevention [Getting Started Kit](#) (May 2012), which is based on the American College of Chest Physicians (ACCP) Guidelines, considered the most comprehensive and most utilized evidence-based guidelines on the prevention of VTE. Facilities can find VTE resources and tools developed by other organizations under [Resources](#) on the BCPSQC's website.

### Minor procedures under local anesthesia only

Medical directors are reminded that a pre-admission assessment including but not limited to: physical exam, medical history, ASA classification, body mass index (BMI) and preoperative testing based upon the patient's clinical conditions and the planned procedure, must be performed on all patients, including patients having minor procedures under local anesthesia only. In addition, minor procedure rooms must be appropriately staffed and procedure documentation must provide an accurate account of the patient's status, the actions of the perioperative team, and the patient's outcome.

### Incident reporting

Facilities are reminded that all incidents must be reported to the College using the [Reportable Incident Form](#). Facilities must notify the NHMSFP within one working day after the discovery of an incident followed up with submission of the Reportable Incident Form and supporting documentation within five business days. Failure to report may result in an investigation or the registrant's non-compliance and may be considered an act of professional misconduct.

## PharmaNet—a vital component of pre-admission evaluation and patient selection

The Non-Hospital Medical and Surgical Facilities Program Committee recommends that a PharmaNet record review be included in the pre-admission evaluation and patient selection procedures of non-hospital facilities. PharmaNet, a province-wide network developed to promote better patient care and improve prescription safety, can provide an accurate and complete patient medication profile which is an essential part in providing safe and appropriate patient care. PharmaNet is best utilized as a component of the medication reconciliation process, which is part of the patient's pre-operative admission history. PharmaNet is especially vital if language barriers exist which may hamper communication between the health-care provider and the patient, or if patients are currently prescribed controlled drugs and substances (e.g. hydromorphone).

*The [Non-Hospital Medical and Surgical Facilities Program \(NHMSFP\)](#) requires private facilities to maintain high standards of practice equal to or exceeding public hospitals. The program establishes accreditation and performance standards, procedures and guidelines to ensure the delivery of high quality health services. The 700 physicians who work in private facilities across the province must be granted privileges by the College.*

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# College of Physicians and Surgeons of British Columbia

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## CME events: mark your calendars



### **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>

### **Medical Record Keeping For Physicians Workshop**

Wednesday, August 26, 2015 – Vancouver

<https://www.cpsbc.ca/for-physicians/professional-development/medical-record-keeping-2015-08>

Wednesday, November 25, 2015 – Vancouver

<https://www.cpsbc.ca/for-physicians/professional-development/medical-record-keeping-2015-11>

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# College of Physicians and Surgeons of British Columbia

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## A word from the College library

### DSM-5 and psychiatry texts now available online

The College has recently subscribed to online access to major texts in psychiatry through the library website. The new collection is the PsychiatryOnline Premium package from the American Psychiatric Association, which includes access to the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, the “bible” of psychiatric disorders. Other texts are:

- DSM-5 Handbook of Differential Diagnosis
- DSM-5 Clinical Cases
- American Psychiatric Association Practice Guidelines
- Manual of Clinical Psychopharmacology (7th ed.)
- American Psychiatric Publishing Textbook of Psychiatry (5th ed.)
- Textbook of Psychotherapeutic Treatments, Textbook of Substance Abuse Treatment (4th ed.)
- Gabbard’s Treatments of Psychiatric Disorders (4th ed.)
- Textbook of Traumatic Brain Injury (2nd ed.)
- Dulcan’s Textbook of Child and Adolescent Psychiatry
- Textbook of Psychopharmacology (4th ed.)
- Textbook of Geriatric Psychiatry (4th ed.)
- Helping Parents, Youth, and Teachers Understand Medications for Behavioral and Emotional Problems
- What Your Patients Need to Know About Psychiatric Medications
- Book of the Month

The subscription is cost effective by virtue of the College's membership in the Electronic Health Library of BC (eHLbc) consortium of health libraries. Registrants are welcome to explore this material using the PsychiatryOnline link on the [Books and Journals](#) page. The library invites feedback on its resources at [medlib@cpsbc.ca](mailto:medlib@cpsbc.ca) or 604-733-6671.

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