



# 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



### **Maintaining public confidence in professional regulation: it starts with you**

The College is among a large number of professional bodies in Canada that have been given the authority to regulate in the public interest—an important responsibility the College takes very seriously.

It is easy to grasp that regulators exist to provide public protection, yet few make a connection between regulation without interference, and how it relates to the strength of that protection. What if, for example, all regulators were to be controlled by the government, or even industry? Undoubtedly, questions would be raised over the profession's accountability, which would result in diminished public confidence. This is why it is essential that the

College, by its own will, carry out its mandate to establish, monitor and enforce professional standards amongst its registrants. However, the College's ability to fulfill that mandate is dependent on the involvement and full engagement of all registrants.

Currently, the College is investigating numerous complaints where a registrant's failure to reply in a timely way to communication from the College and to cooperate with the College in its investigation process has become an issue. A failure to respond to or cooperate with the College is a serious matter, which may lead to allegations of unprofessional conduct separate from the matter being investigated.

The continuity of professional self-regulation hinges on each registrant's commitment to work with the College to keep patients safe and protected. Professionals have an obligation to cooperate with their governing body in an investigation, and this duty is vital for the governing body to discharge its function of overseeing the conduct of its members in the public interest.<sup>1</sup> In the written reasons, a 2014 decision made by a panel at the College of Dental Surgeons of British Columbia cited case law to provide authority for the general proposition that, "a professional has a duty to cooperate with his or her regulatory authority and that it is an offence to fail to do so."<sup>2</sup> That sentiment is echoed in the CMA *Code of Ethics* article 46, which states that physicians have a duty to "recognize that the self-regulation of the profession is a privilege and that each physician has a continuing responsibility to merit this privilege and to support its institutions."

Registrants are reminded of their legal, professional and ethical duty to cooperate fully and respond to all communication from the College in a timely manner. This includes registrants' obligations to respond promptly to concerns regarding their professional conduct or medical practice when called upon to do so.

As stated above in the CMA *Code of Ethics*, the College's ability to regulate the profession is a privilege, and much like all privileges, it can be revoked. This autonomy plays a major role in maintaining public

confidence in the College. To borrow the aphorism from the legal community, not only must protection be carried out, it must also be seen to be carried out.

H.M. Oetter, MD  
Registrar

1. Law Society of British Columbia v. Cunningham {2007} L.S.D.D. No. 157
2. College of Dental Surgeons of British Columbia v. Kaburda

*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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## Marijuana for medical purposes—expectations of good medical practice

For years, Canadians have seen the discussion over access to marijuana for medical purposes ebb and flow as attitudes shift, public policy changes, and more research becomes available.

Since the amendment to Health Canada’s regulations a year ago, the only legal access to marijuana is through licensed producers, obtained upon receipt of a physician’s authorization. In spite of its protestations at the time of the amendments, the College has had no option but to participate in the process. However, as the regulator, the College’s focus is not on the merits of medical marijuana as a therapy, but on the professional and ethical conduct of physicians who authorize patient access to marijuana as a therapeutic agent.

In the March/April edition of the *College Connector*, the College released an updated standard, [Marijuana for Medical Purposes](#). Much of the standard was written based on the College of Family Physicians of Canada’s (CFPC) publication [Authorizing Dried Cannabis for Chronic Pain or Anxiety](#) (September 2014), as well as information provided by Health Canada, and other bodies.

Following the publication of the updated standard in March, the College was contacted by a number of registrants who were concerned that the CFPC document provided a set of *recommendations* only regarding the appropriateness of authorizing dried cannabis for certain patients, and that in some cases, there may be legitimate exceptions. Following an internal review, the College revised the standard to provide physicians a degree of flexibility in special circumstances, such as a palliative patient under the age of 25. The expectations of good medical practice outlined in the standard remain the same, and registrants are advised to review it carefully to ensure compliance.

The conversation on medical marijuana is ever-changing, and as further medical evidence is published or legal frameworks evolve, additional revisions to the standard may be necessary.

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## Overlooked abnormal reports: an opportunity for practice improvement

The information management burden of clinical practice grows perpetually. As dispiriting as that may be at times, physicians have a legal, ethical, and professional obligation to safely and effectively manage information, which must include standardized practice procedures to minimize the risk of missing a critical, abnormal report. Whether paper or electronic, physicians must carefully review and sign off on all incoming reports.

Over the past few years, the Inquiry Committee has investigated several complaints of physicians signing off on and filing abnormal breast cancer screening and/or diagnostic reports without acting on the advice provided. In each case, the committee's investigation determined that physicians who were found to meet expected standards otherwise had inadvertently initialed or electronically signed and submitted the reports as requiring no further action. Given the large number of reports typically reviewed in a sitting, it is easy to see how one could be missed. These errors have occurred with both paper and electronic records. The task requires diligence and focus.

The patient safety literature uses the "Swiss Cheese Model" to illustrate how a series of errors can align to cause a truly adverse event. Often, for example, a sign-off error is detected by clinic staff or a colleague, or when the patient calls to inquire about results and harm is prevented. But many patients came of age when medical offices commonly utilized a "no news is good news" system and discouraged patients from calling. Physicians cannot rely on patients to call unless they direct them to.

While the Inquiry Committee acknowledges that it may take a whole team to turn a physician error into an adverse outcome, careful attention when reviewing reports is considered a foundational standard of care. Physicians play a major role in the process and are held accountable for their actions. Sufficient time should be set aside every day to review incoming results, and physicians must be deliberate in managing this mundane-but-high-stakes task in a way that minimizes distraction.

Failing to take appropriate action on receipt of a critical report may be considered unprofessional conduct. If the report was actively signed off by the physician, there is really no defense. Not only are physicians invariably personally devastated when they make such errors, they may also face a formal reprimand, pursuant to section 36(1)(c) of the *Health Professions Act*. The consequences of avoidable diagnostic delay for patients often cannot be definitively determined but, in the event of a bad outcome, those affected are left to wonder.

The College urges all physicians to evaluate the manner in which incoming results are managed in their office, and to include staff in the conversation. Consider involving patients by having them call in for selected results such as breast imaging, fecal screening, and cervical cytology. The expanded use of portals to allow patients to check their own results might also be an option. Flaws in a process or system have the potential to cause harm to patients.

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## Have a chaperone present when patients are sedated

In the past year, the Inquiry Committee has received two complaints from patients alleging improper conduct by physicians while the patients were sedated. Historically, the College has received very few such complaints. It may be that these most recent complaints were brought forward due to heightened concern by the unprecedented case of the Toronto anesthesiologist convicted criminally for sexually assaulting 21 of his female patients while they were semi-conscious on the operating table:

<http://canlii.ca/t/g4bdq>.

While such allegations are infrequent, it is prudent to recognize that sedated patients are potentially vulnerable to harm, and they may misunderstand or misinterpret what is happening to them. Physicians are ultimately responsible for collaborating with other members of the care team to minimize the risk of both.

Complaints of this nature are usually quite easy to resolve when physicians and others ensure that everyone involved in the care of the patient is effectively chaperoned for the duration of the period of depressed consciousness. Occasionally, with the intention of being helpful, physicians will attempt to manage the administration of a sedative without assistance when nurses and others may not be present. In a non-urgent circumstance, this is never a good idea.

Facilities and hospital departments performing procedures under sedation or administering medications that impair consciousness for therapeutic purposes should have policies in place to ensure physicians and others are never alone with patients who are under the influence of sedatives, including ketamine. Registrants should be aware of these policies and adhere to them.

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# College of Physicians and Surgeons of British Columbia

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## Notification of 2015 Education Day and Annual General Meeting

### **Getting the script right: communications challenges in medical practice**

Friday, September 25, 2015

Save the date for the much-anticipated College Education Day, held again this year at the Vancouver Convention Centre. This year's theme aims to address a selection of common communication challenges that will be familiar to every physician.

The College is pleased to welcome back Mr. Tim Caulfield as a plenary speaker. Mr. Caulfield is the author of *The Cure for Everything: Untangling the Twisted Messages about Health, Fitness and Happiness* and will discuss his most recent book, *Is Gwyneth Paltrow Wrong About Everything? When Celebrity Culture and Science Clash*.

The second plenary speaker is Dr. Angelo Volandes, assistant professor at Harvard Medical School and author of *The Conversation: A Revolutionary Plan for End-of-Life Care*.

For more information about the plenary and workshop topics and presenters, and program and registration, visit <https://www.cpsbc.ca/for-physicians/professional-development/education-day-agm-2015>.

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# College of Physicians and Surgeons of British Columbia

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## Updates from the drug programs

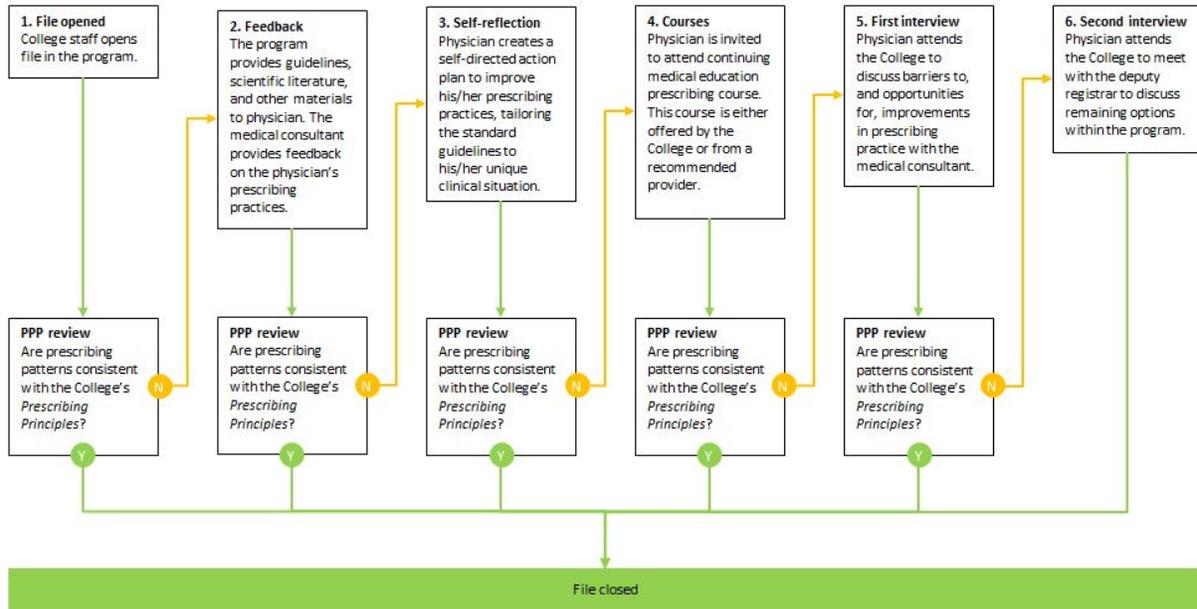
### DRUG PROGRAMS Update

#### Program refined to further address prescribing challenges

In March 2014, the Prescription Review Program (PRP) examined zopiclone prescribing across the province, beginning with a review of the province's top prescribers of the drug. Once identified, these physicians entered the PRP and began a series of quality improvement activities, including reviews of the scientific literature, consultations with physician experts, and attendance at prescribing-specific continuing medical education courses. Subsequent analyses of these physicians' prescribing profiles showed marked improvements, with a 27 per cent average decrease in inappropriate prescribing.

A key objective of the PRP is to assist physicians, like those identified in the zopiclone review, with the challenging task of prescribing opioids, benzodiazepines and other potentially addictive medications with appropriate caution. To achieve that goal, and to enhance the effectiveness of the program, the PRP recently refined its quality assurance processes. The program begins with a review of the physician's PharmaNet practitioner prescription profile, followed by several stages of educational activities. For those physicians with particularly challenging prescribing profiles, a face-to-face discussion with a medical consultant is offered as an opportunity to discuss barriers to, and opportunities for, improvements in prescribing practice.

At each stage, a PharmaNet practitioner prescription profile is reviewed by the medical consultant. Depending on the unique situation of each case, files may progress linearly stage by stage, or may be accelerated through the program. If the review reveals prescribing patterns that are consistent with the College's *Prescribing Principles*, the committee would likely direct that the file be closed. As a quality assurance activity of the College, the PRP is obligated by the *Health Professions Act* to protect the information it collects—data submitted by physicians to the PRP cannot be used for any other purpose than quality assurance.



For more information about this quality assurance process, contact the Prescription Review Program at 604-733-7758 extension 2629.

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### Updates from the Physician Practice Enhancement Program

#### PPEP Update

#### Pediatric and internal medicine to be part of PPEP expansion

The College is pleased to announce that the [Physician Practice Enhancement Program \(PPEP\)](#) will be expanding its scope of specialists to include pediatrics and internal medicine. To date, the PPEP has focused on office-based psychiatry specialists only.

Similar to general practice assessments, specialist assessments include three components: [peer practice assessment of recorded care](#), [multi-source feedback assessment](#), and [office inspection of premises and processes](#).

The program will first implement pediatric specialty assessments. The pediatric assessment standards were developed after consultation with experienced pediatricians in the field, as well as research and data collected from the work of other health regulatory bodies.

It is expected that pediatric specialty assessments will commence this fall, while the internal medicine component of the expansion will be implemented shortly thereafter.

The Physician Practice Enhancement Program has assessed more than 1,500 physicians in the past five years, mainly focusing on physicians in general practice. The specialty assessments provide an opportunity for specialists to highlight areas of excellence, and identify opportunities to guide continuing professional development and lifelong learning.

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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

### NHMSFP Update

#### Single-use devices and multi-dose vials standard

An investigation into a hepatitis C outbreak in late 2013 at a Kitchener, Ontario colonoscopy facility has determined that the likely cause was a lapse in infection control practices related to the use of multi-dose vials.

As a result of this situation, the NHMSFP Committee wishes to remind all non-hospital facilities of the standard, *Single-use Devices and Multi-dose Vials*, which states that whenever possible, single-use vials should be used instead of multi-dose vials. The standard further outlines the required practices if multi-use vials are used.

Please review the [Single-use Devices and Multi-dose Vials](#) standard.

#### iSTENT—a micro-invasive treatment for open-angle glaucoma

Medical directors are reminded that in accordance with section 5-16(1) of the Bylaws, a registrant may only perform those procedures which are permitted within the facility, and which the registrant is individually authorized by the NHMSFP Committee to perform.

The committee has received applications for approval to perform iSTENT procedures in the non-hospital setting; however, the committee determined that before any new technology is introduced into the non-hospital setting, a systematic, evidence-based analysis should be conducted. The College is currently discussing health technology review processes with the Ministry of Health, therefore, at this time, iSTENT is not currently approved for the non-hospital setting.

#### Managing hypotension in a non-hospital setting

Post-operative hypotension is a common yet recognized complication, therefore, the NHMSFP Committee recommends that facilities have a clear policy for its treatment and management including notification of the most responsible physician. As non-hospital facilities do not possess the same resources and capabilities of a hospital, this policy should also include indications for transfer to hospital.

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# College of Physicians and Surgeons of British Columbia

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## New or updated professional standards and guidelines

### Professional Standards & Guidelines

The College develops *Professional Standards and Guidelines* to assist physicians in meeting high standards of medical practice and conduct across the province. 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.

#### Updated

- [Marijuana for Medical Purposes](#)

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## College of Physicians and Surgeons of British Columbia

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### CME events: mark your calendars



#### **Finding medical evidence: supporting patient care – using the Internet to your advantage**

Saturday, June 6, 2015 – Kelowna

<http://ubccpd.ca/course/FME-Kelowna-2015>

#### **Annual General Meeting and Education Day**

Friday, September 25, 2015 – Vancouver

<https://www.cpsbc.ca/for-physicians/professional-development/education-day-agm-2015>

#### **Finding medical evidence: supporting patient care – using the Internet to your advantage**

Saturday, September 26, 2015 – Vancouver

<http://ubccpd.ca/course/FME-Vancouver-Sep-2015>

#### **Professional Boundaries in the Physician-Patient Relationship**

Friday, October 16, 2015 – Vancouver

<https://www.cpsbc.ca/for-physicians/professional-development/professional-boundaries-2015-10>

#### **Medical Record Keeping for Physicians**

Wednesday, November 18, 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

### College LIBRARY

As the electronic book ascends in availability and usage, the sale of print books correspondingly declines. Some readers experience "moral panic" at the idea of the loss of the tangible book and focus on the ebook's limitations.<sup>1</sup> Nevertheless, science, technical and medical publishers have systematically digitized books and sales have globally expanded over the last ten years.<sup>2</sup>

The College library has responded to this trend in medical publishing: print expenditures have remained fixed and correspondingly the total number of books acquired has declined. For example, in 2005 the library purchased 434 print books compared to 319 in 2014. The circulation of print books has also declined, from 4,937 loans in 2005 to 2,169 loans last year. It is worth noting that print persists; in fact, some important texts are available only in printed format. Accordingly, the library continues to selectively purchase print books that are useful to support clinical practice. All books can be located in the [library's catalogue](#). Registrants are welcome to request books for delivery by mail, and postage to receive and return them is free.

As print declines in academic and medical publishing, electronic publishing continues to flourish. Following the trend in other types of libraries,<sup>3</sup> the College library has refocused funding to license more ebooks. Currently, over 1,350 ebooks are available to College registrants at the library's [Books and Journals page](#). Titles include the latest editions of such core texts as:

- *Harrison's Principles of internal Medicine*
- *The Atlas of Emergency Medicine*
- *Current Diagnosis & Treatment in Family Medicine*
- *DeGowin's Diagnostic Examination*
- *Fitzpatrick's Dermatology in General Medicine*
- *Hazzard's Geriatric Medicine and Gerontology*
- *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*
- *American Psychiatric Publishing Textbook of Psychiatry*

The ebooks can be searched on the [library's catalogue](#). Alternatively, users can enter a keyword in the search box on the [library's home page](#) and filter the result list by the "Ebooks" under Document Type.

All ebook platforms support the printing and emailing of specific sections, and some texts may be downloaded in their entirety although the majority must be viewed online.

The number of ebooks available to College registrants will soon increase significantly. The library is working with EBSCO for a year-long trial of the EBook Clinical Collection of 2,600 titles in medical specialties and allied health. These ebooks should be available by mid-June and, once available, a notice will be posted on the library's home page.

Library staff welcomes feedback on any of the ebooks in the College library collection by email [medlib@cpsbc.ca](mailto:medlib@cpsbc.ca) or telephone 604-733-6671.

1. Anderson R. Online Information, Ebooks, and Moral Panic [internet]. The Scholarly Kitchen; 2013 Sep 23 [cited 2015 May 15]. Available from: <http://scholarlykitchen.sspnet.org/2013/09/23/online-information-ebooks-and-moral-panic/>.
2. Wischenbart R, Carrenho C, Celaya J, Licher V, et al. Global eBook: A report on market trends and developments [Internet]. Vienna: Ruediger Wischenbart Content and Consulting; 2014 Apr [cited 2015 May 15]. Available from: [http://www.wischenbart.com/upload/1234000000358\\_04042014\\_final.pdf](http://www.wischenbart.com/upload/1234000000358_04042014_final.pdf) ).
3. De Castell C. eBooks in 2014: access and licensing at Canadian public libraries [Internet]. Toronto: Canadian Urban Libraries Council; 2014 Apr [cited 2015 May 15]. Available from: <http://www.culc.ca/news/file.axd?file=2014%2F4%2FeBooks+in+Canadian+Public+Libraries+2014.pdf>

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