



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.



College of Physicians and Surgeons of British Columbia

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Registrar's message



Clairvoyance and clinical practice

In recent weeks, it has come to light that British Columbia will be home to a lab that is expected to provide direct-to-consumer genetic testing services (DTC-GT). It should come as no surprise that this order-it-yourself service has been growing in popularity over the years; the idea that anyone can get information on their predispositions to illnesses and diseases by simply mailing in a saliva sample is hard to resist.

While this service is not new, it is believed that a lab such as this one that is operating independent of any research protocol will be the first of its kind in BC, thereby presenting unique challenges for this College and government.

The Collège des médecins du Québec is also keeping a close eye on its own jurisdiction, as genetic testing for "personalized health care" has become a very active issue there.

In general, much of genetic testing is at the research end of the spectrum as opposed to being a standard of care. Compared to traditional genetic testing (e.g. testing for single gene mutations for diseases such as Huntington's disease) based on a referral from the treating physician to the laboratory physician, DTC-GT tests are marketed to patients who are well and the results may be of uncertain clinical utility. Unlike traditional genetic tests which include pre- and post-test counselling, DTC-GT often predict probability of certain disease states, many of which may be greatly influenced by environmental and lifestyle factors.

Currently the College's Diagnostic Accreditation Program does not accredit genetic testing laboratories. Preliminary conversations with the Ministry of Health are already underway on what patient safety and consumer protections are necessary in this new emerging, highly technical business of genomics testing. Besides the uncertain clinical utility of DTC-GTs, significant privacy issues exist and must also be considered.

Doctors of BC recently released a [policy statement](#) on DTC-GT, and I encourage you to read this. With all the promise and hype surrounding this technology, the most important of questions facing physicians is how do they parlay these reports into factual information to patients? The short answer is that more investigation and conversations with health partners are needed. The College is committed to being part of the conversation, and ensuring that patient safety and public protection is at the forefront, whether that be through accreditation of facilities, or through guiding the profession, or both.

Registrants may be interested in reading professor Timothy Caulfield's analysis on this topic in a recent BMJ blog: [Genetics and Personalized Medicine: Where's the Revolution?](#)

H.M. Oetter, MD
Registrar

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

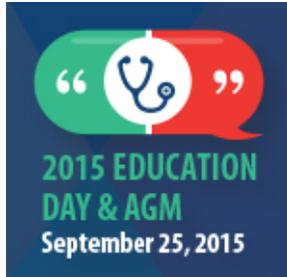
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2015 Education Day and Annual General Meeting



Hundreds of BC physicians participated in the College's 2015 Education Day on September 25, which featured engaging presentations from top experts on effective communication. Physicians left equipped with new approaches to dealing with difficult or emotional conversations they encounter daily throughout their professional lives with patients, colleagues and even mentors.

Presentations are being provided based on availability and can be found here:

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

All of the [resolutions](#) for the 2015 AGM were adopted. Audited financial statements for the 2014/15 fiscal year are available [here](#).

Mark your calendars: next year's Education Day will take place on Friday, September 30, 2016.

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Criminal record check—a statutory requirement



Under the *Health Professions Act*, the College administers the *Criminal Records Review Act*, which provides that a criminal record check (CRC) must be completed for all registrants of the College and all physicians applying for registration. This requirement exists as College registrants are deemed to be individuals working with children or vulnerable adults directly, or potentially have unsupervised access to children or vulnerable adults. At its recent meeting in September, the Board reaffirmed its support for the CRC requirement.

The CRC is administered by the Criminal Records Review Program (CRRP), which is part of the provincial government, and not the College. The CRC must be completed

- at the time of application for registration,
- at the time of a registrant class change,
- every five years, and
- when a registrant has been charged and/or convicted of an offence.

Every applicant must provide consent for the criminal record check at the time of registration. Registrants who have been on the register for some time have also provided their consent for initial and ongoing criminal record checks.

The College sends the information provided on the CRC authorization/application form electronically to the CRRP operated by the Ministry of Justice. The manner in which the information is transferred from the College requires that registrants provide their driver's licence number as an additional piece of identification.

The CRRP arranges for a policing agency to conduct the CRC. The College is informed if the check reveals no relevant record. If there is a relevant or specified offence, a review is conducted by a government-appointed adjudicator who determines whether or not the criminal record indicates a risk to children or vulnerable adults. If it does, the College is notified and will take appropriate action.

Fingerprinting

Registrants undergoing a CRC may also be required to provide fingerprints (this is called the vulnerable sector check). The requirement for fingerprinting, and the query parameters for determining who is required, are determined by the CRRP and based on the RCMP's Canadian Criminal Real Time Identification Services (CCRTIS) policy.

Note: The CCRTIS changed its query parameters for determining who would undergo fingerprinting in August 2010 in order to uncover sexual offences where a record suspension (formerly a pardon) has been granted.

The search requires applicants who have the same name and/or date of birth and gender combination to provide fingerprints to verify their identity. The vast majority of those fingerprinted will not have a suspended sexual offence; however, fingerprinting remains a necessity as it eliminates the possibility of an offender changing his/her name to circumvent a criminal record. Currently, only British Columbia and Alberta require that fingerprints be provided upon a legal name change, which results in the records for these individuals continuing to be associated.

Note: An applicant's fingerprints are only used by the RCMP to confirm the applicant's identity. After the completion of this process, fingerprints are destroyed. The fingerprints are not kept or searched for other purposes.

There are fees associated with fingerprinting, which are set and collected by individual municipalities and their federal or municipal police. The College does not provide reimbursement for the cost of fingerprinting.

Compliance

Registrants who do not comply with the completion of the CRC process, including providing fingerprints where requested, will have their registration and licensure status reviewed by the College. The review may result in action being taken by the College, including the placement of limits and conditions on a registrant's practice, cancellation of a registrant's registration and licensure, or disciplinary action.

Section 15(2) of the *Criminal Records Review Act* provides that if a registered member does not provide the CRC authorization as required the

- a. registered member must not work with children or with vulnerable adults until the registered member has provided the criminal record check authorization or verification, and
- b. the College must investigate or review the registration of the registered member and take appropriate action under the Act that governs the College.

Section 33(2)(a) of the *Health Professions Act (HPA)* provides that if a registrant fails to authorize a criminal record check or a criminal record check verification, as applicable under the Act, the inquiry committee of a college must take the failure or the determination into account, investigate the matter and decide whether to impose limits or conditions on the practice of the designated health professional or whether to suspend or cancel registration.

The College has recently been advised that a number of physicians have failed to comply with fingerprinting requirements. While it may be difficult to take time off work to attend a police station or commissioner's office to undergo fingerprinting, registrants' prompt attention to this request is strongly encouraged. The College would prefer to avoid taking action against a registrant for failure to comply with this provincial statutory requirement.

For more information, contact the Ministry of Justice at 1-855-587-0185 (from within BC only) or by email at sgspdpdps@gov.bc.ca. Alternatively, visit the website at www.pssg.gov.bc.ca/criminal-records-review.

Criminal record check—a step-by-step process

1. The College sends criminal record check information and payment to the Ministry of Justice.

2. The Ministry of Justice runs checks against provincial data and RCMP information. If criminal records are found, they are examined to determine relevance to physical or sexual abuse.
3. The College is informed when no relevant record is found.
4. If a possible relevant record exists, the Ministry of Justice may request the individual to provide fingerprints to the RCMP.
5. If the deputy registrar, Criminal Records Review Program at the Ministry of Justice determines that there is no risk to children or vulnerable adults, the College is informed. As “good character” is a requirement for registration, past criminal charges or convictions may require further review by the College.
6. If the deputy registrar, Criminal Records Review Program at the Ministry of Justice determines a risk exists, the College is informed. The College takes action in accordance with the *Health Professions Act* and the Bylaws made under the Act.
7. The individual may appeal the decision of the deputy registrar, Criminal Records Review Program at the Ministry of Justice.

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Job shadowing/observing restricted to students of regulated health professions



Job shadowing/observing is a work experience where a student (e.g. a medical or other allied health professional student, as defined under the *Health Professions Act*) observes a physician's clinical practice in an office, clinic, hospital setting or a patient's residence.

The College recognizes that job shadowing or observing by individuals who are not enrolled as students of health professions regulated by the *Health Professions Act*, such as high school students, poses significant concerns about patient privacy and confidentiality.

The College does not support the practice of job shadowing or observing by individuals who are not enrolled as students of health professions regulated by the *Health Professions Act* and who wish to observe as part of their curriculum, irrespective of patient consent. The College's professional standard, [Job Shadowing/Observing](#) does not include individuals, including students, who are employed in specific roles in physicians' offices and who are members of the office staff.

Accordingly, physicians should not permit individuals who are not enrolled in a regulated health profession educational program to

- be present during patient interviews or diagnostic or clinical examinations, or
- be present in the operating room or during surgical procedures, or
- be allowed access to patient medical records.

Visiting trainees

Those who are medical students, residents, visiting physicians or other medical trainees including clinical trainees are considered to be visiting trainees.

All visiting trainees and physicians who wish to provide or acquire a short-term learning experience relevant to their specialty and area of practice, and which involves clinical contact with patients or includes providing limited medical care in specific circumstances, must be registered with the College.

Registration of visiting trainees is vital to ensure the public interest is protected. College registrants who wish to sponsor and supervise a visiting trainee or physician must allow sufficient time for the registration and licensure process to be finalized, which generally takes at least four to six weeks.

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BC health regulators launch new public safety campaign



On September 21, the BC Health Regulators launched its new public awareness campaign “Saying you are one doesn’t make you one.” The campaign ads feature children pretending to be health-care professionals delivering services with potentially disastrous results. The goal of the campaign is to remind British Columbians of the importance of obtaining health-care services from licensed and regulated professionals.



Click [here](#) to view the video or copy and paste the following URL in your browser:
<https://www.youtube.com/watch?v=ARqCRuOzKI>

The BC Health Regulators represents 26 regulated health professions governed by 23 colleges, and more than 100,000 health professionals. The College has been a part of this group since its inception in 2014.

To learn more about the BC Health Regulators, visit this [website](#).

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Monitoring sterilizers—part I



Sterilizer monitoring is an essential part of any reprocessing program as it verifies that the sterilizer is working and that conditions to achieve sterilization have been met. Requirements for sterilizer monitoring include physical monitors, chemical indicators and biological indicators.

1. *Physical monitoring*

Physical monitoring is the process of verifying and recording the sterilizer cycle time, temperature and pressure displayed by the sterilizer during each load (reprocessing cycle). Physical monitoring is displayed through a sterilizer printout or, if the sterilizer does not have a printout, is obtained by visually monitoring and recording the sterilizer gauge parameters during the sterilization cycle. **Note:** When purchasing a new or replacement sterilizer, the sterilizer must have a printout/record. The sterilizer printout/record must be reviewed to ensure that the correct time, temperature and pressure were achieved for each load. Incorrect readings may be the first indication that a problem has occurred with the sterilization cycle.

2. *Chemical indicators*

Chemical indicators are used both inside and outside of each package and indicate that the package has been processed through a sterilization cycle. The chemical indicator will change colour when the sterilizer parameters have been met. If the chemical indicator fails to change colour, this reveals a problem and therefore the instrument load should be re-packaged with new chemical indicators and re-sterilized.

3. *Biological indicators*

Biological indicators (BI) provide direct evidence that the sterilization process conditions were sufficient to kill spores. A biological indicator is run at least every day the sterilizer is used, every time the cycle is changed on the sterilizer, e.g. gravity, pre-vac, and in all loads containing implants. Following the manufacturer's instructions for use, a BI is run through a sterilization cycle and then placed in a BI incubator. Once incubated for the timeframe specified by the manufacturer's instructions for use, the BI is read. A positive BI indicates that sterilization was not achieved. In the event of a positive BI, non-hospital facilities are requested to contact the program staff for further guidance.

All three types of monitors (physical, chemical and biological) are required to confirm that the conditions necessary to achieve sterility have been met. Therefore, before using the sterilized medical devices/instruments on a patient, the physical monitoring, chemical indicators and biological indicators must be reviewed and verified to ensure that all parameters have been met.

For further information on instrument and equipment sterilization, please refer to the [Best Practice Guidelines for Cleaning, Disinfection and Sterilization of Critical and Semi-critical Medical Devices](#) issued by the Ministry of Health.

Watch for part II in a future edition of the *College Connector* to read more about what to do when sterilizer monitoring results indicate sterilization failure.

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Germanwings crash serves as a reminder to physicians of their reporting requirements under law



Following the tragic Germanwings accident in May this year (see *The Globe and Mail* article [Germanwings co-pilot repeatedly accelerated plane, investigators say](#)), the director of medicine at Transport Canada's Civil Aviation Medicine Branch has issued a reminder to all Canadian physicians of their statutory obligations to report any conditions, diseases or treatments that may be incompatible with holding a pilot licence. Section 6.5(1) of the *Aeronautics Act* states:

Where a physician or an optometrist believes on reasonable grounds that a patient is a flight crew member, an air traffic controller or other holder of a Canadian aviation document that imposes standards of medical or optometric fitness, the physician or optometrist shall, if in his/her opinion the patient has a medical or optometric condition that is likely to constitute a hazard to aviation safety, inform a medical advisor designated by the minister forthwith of that opinion and the reasons therefor.

When a report is received, Transport Canada's Civil Aviation Medicine Branch investigates each report and determines the application of the medical standards of fitness outlined in the Canadian Aviation Regulations based on the results of its investigation and not just the content of the report. Physician reports submitted to the branch are considered private and confidential.

Questions regarding this reporting obligation, or any other aviation medicine issue, can be directed to the director of medicine at 1-800-305-2059.

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College releases new educational video about the Physician Practice Enhancement Program

PPEP
Update

The College has released its first educational video to provide an overview of the Physician Practice Enhancement Program (PPEP). The video was developed and distributed to all community-based pediatric specialists in August to introduce them to the program.



Click [here](https://www.youtube.com/watch?v=JikAk9qdQM4) to view the video or copy and paste the following URL in your browser:
<https://www.youtube.com/watch?v=JikAk9qdQM4>

Since first [announcing](#) the expansion of PPEP back in May, program staff has been in consultation with experienced pediatricians, as well as leveraging the work of fellow health regulatory bodies, to develop and refine BC's pediatric assessment standards.

The expansion of the PPEP to include pediatric specialists is a testament to its success so far, and aligns with a 2014 Board decision to include more specialists, similar to that of other colleges across Canada.

To learn more about the PPEP, including information on the selection and assessment process, visit the College [website](#).

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Future directions for surgical services in British Columbia

NHMSFP
Update

The [Future Directions for Surgical Services in British Columbia](#) policy discussion paper outlines a framework for improving the design and delivery of surgical services and identifies private surgical centres as way to optimize access. Medical directors can find the executive summary and full policy paper [here](#).

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Dispensing and sale of pharmaceuticals by physicians

NHMSFP Update

Only physicians authorized by the College are permitted to dispense medications to their own patients (this does not preclude a physician from dispensing sample medications to their patients as part of their practice). In most cases, these are physicians practising in isolated communities or physicians involved in specialized practice areas such as fertility clinics and women's clinics.

Medical directors are requested to review the College's document titled [Dispensing and Sale of Pharmaceuticals by Physicians](#) as well as the Non-Hospital Medical and Surgical Facilities Program's accreditation standard titled [Medication Management](#) and ensure that dispensing practices at their non-hospital facility are in compliance with these standards.

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Chronic exposure to opioids may cause hypersensitivity to pain

DRUG PROGRAMS Update

The Prescription Review Program has noticed increased prescribing of hydromorphone. Physicians should be aware that chronic exposure to opioids, including hydromorphone, may cause hypersensitivity to pain. Recent research published in the *Pain Physician* journal suggests a positive correlation between opioid-induced hyperalgesia and hydromorphone dosage.¹

Although the authors of the study acknowledge the limitations of their research (it was not a randomized, controlled trial), their findings serve as an important reminder to physicians of the challenges they face when prescribing opioids. Whether the challenge is opioid-induced hyperalgesia or another issue, the College's medical reviewers often observe cases of concerning opioid prescribing. Often, the problem has its origins in initial treatment decisions that were not based on a prudent approach to treating chronic non-cancer pain.

While physicians must take into account the clinical situation of specific patients, the Prescription Review Program advises them to consider the following general principles:

- Start low and go slow. If there is no compelling improvement in pain relief with functional benefit early, then it is reasonable to discontinue the trial.
- Risk is strongly associated with dose—more overdoses occur with doses greater than 100 mg morphine-equivalent daily dose.
- Doses above 200 mg morphine-equivalent daily dose are not scientifically valid and increase the risk of adverse effects including opioid-induced hyperalgesia, mood disruption, sleep disturbance, hormonal dysregulation, and gastrointestinal dysfunction.
- For patients on a mix of drugs including opioids, sedatives, anticonvulsants, and antidepressants, there is no empirical evidence that this is safe or effective. Rather, these combinations greatly increase the risk of adverse effects.

Physicians are advised to review the Prescription Review Committee's [Prescribing Principles for Non-Cancer Pain](#) and to consider how they could alter their practices to align with the College's expectations in this area.

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¹ Elon Eisenberg, M. (2013). A negative correlation between hyperalgesia and analgesia in patients with chronic radicular pain: is hydromorphone therapy a double-edged sword?. *Pain physician*, 16, 65-76.



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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. 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

- [Changing Registration Status to Temporarily Inactive During an Absence from Medical Practice](#)

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CME events: mark your calendars



Methadone 101/Hospitalist Workshop

Saturday, October 3, 2015 – Vancouver

<https://www.cpsbc.ca/for-physicians/professional-development/methadone-101-hospitalist-2015-10-03>

Professional Boundaries in the Physician-Patient Relationship

Friday, October 16, 2015

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

Prescribers Course

Friday, November 20, 2015 – Vancouver

<https://www.cpsbc.ca/for-physicians/professional-development/prescribers-course-2015-11-20>

Medical Record Keeping for Physicians

Wednesday, February 3, 2016 – Vancouver

<https://www.cpsbc.ca/for-physicians/professional-development/medical-record-keeping-2016-02-03>

Pain and Suffering Symposium

Friday, February 19, 2016 – Vancouver

<https://www.cpsbc.ca/for-physicians/professional-development/pain-suffering-symposium-2016>

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A word from the College library

College
LIBRARY

Read app—keeping up to speed, linking to library journals

Read is a free mobile app by QxMD designed for iOS- and Android-compliant tablets and smartphones as well as being a desktop application. Read helps registrants keep abreast of new publications by tracking medical journals, searching Medline, and smoothly locating and downloading full-text articles as PDFs.



Through an intuitive and user-friendly interface, selected journals from more than 5,600 titles are followed and citations to new articles are delivered as they are published. Furthermore, Read collects new articles based on a simple Medline search queries. When an article abstract is viewed, Read immediately searches for the free full text of the article either from the web or from the selected institution's subscriptions. College registrants with library access may now set their institutional proxy access to "College of Physicians and Surgeons of British Columbia" to easily and quickly download articles from more than 2,000 journals. The College website prompts for a login only once in each Read session.

Read offers tools to annotate PDFs, add notes, underline, highlight, and draw on downloaded articles. Annotations are saved locally on your device and do not sync with other devices. Downloaded PDFs can

be arranged in meaningful collections and read offline. Collections can be made public for Read viewers to benefit from each other's selections.

Read has been recognized as a particularly effective tool for keeping current with the medical literature. For instance, it is the topic of a recent issue of [This App Changed My Practice](#)¹ and is reviewed along with similar apps such as Docphin and Browzine in [The best medical apps for keeping up with new literature](#).²

Complex medical questions are likely to require more advanced approaches to literature searching. College registrants are welcome to request literature searches from the College library. The searches are tailored to be as comprehensive or focused as needed and every effort is made to meet the physician's timeline so the results can be integrated into practice effectively. Contact the [library on the web](#), by email at medlib@cpsbc.ca, or phone at 604-733-6671.

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1 Antrim A. This App Changed My Practice: Read by QxMD [Internet]. Vancouver (BC): University of British Columbia, Faculty of Medicine, Division of Continuing Professional Development; 2015 Aug 19 [cited 2015 Sep 18]. Available from: <http://thischangedmypractice.com/app-read-qxmd/>

2 von Isenburg M. The Best Medical Apps For Keeping Up With New Literature [Internet]. iMedicalApps.com; 2015 Feb 2 [cited 2015 Sep 18]. Available from: <http://www.imedicalapps.com/2015/02/best-medical-apps-literature/>