College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

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—ready for consultation: draft procedural pain management accreditation standards

Chronic pain management is an evolving multi-specialty practice, requiring complex graduated care from primary care to specialty care. In recent years, the use of interventional pain procedures for the management of chronic pain has expanded dramatically, and health authority outpatient clinic wait lists for these procedures have been growing. As a result, there has been an increase in the provision of these services outside of the hospital setting such as in private clinics and physician offices without much guidance on the appropriate credentials, settings, techniques and equipment required for safe patient care. Complex and highly specialized procedural pain management (PPM) procedures can create significant risk to patients, and specialized training, knowledge and skills are required to perform them safely.

In 2016, recognizing these risks, as well as the need for patients to have access to safe and appropriate care, the College announced and began an initiative to develop standards for the accreditation of PPM procedures performed outside the hospital setting in community-based physician offices, practices and clinics. In parallel was the BC Medical Quality Initiative's development of a new privileging dictionary for procedural pain management which categorizes PPM procedures, using a tiered approach, from Basic to Advanced II.

The draft accreditation standards for community-based PPM offices, practices and clinics have been developed and will soon be posted on the College website for a 90-day consultation and review period. The process for developing these standards included convening an advisory panel of subject-matter experts in pain medicine, anesthesiology (including family practice anesthesia), interventional radiology and physical medicine and rehabilitation. There has also been discussion with the Ministry of Health, including the provincial chronic pain strategy group, health authorities and front-line care providers regarding the impact of this quality and safety initiative.

The draft accreditation standards address

- the PPM procedures that may only be performed in an accredited facility,
- the requirements for imaging (ultrasound, fluoroscopy, CT),
- the requirements for infection, prevention and control, and
- the requirements for patient safety and quality care.

When the consultation is complete and the standards approved by the Non-Hospital Medical and Surgical Facilities Accreditation Program Committee, the implementation plan will allow time for physicians, offices, practices and clinics to transition intermediate and advanced PPM procedures to the appropriate setting as needed.

The College recognizes that initially there may be a perceived loss of access by patients. However, by ensuring the right provider, the right imaging and the right setting through the accreditation of PPM procedures performed in the community-based setting, the College can ensure patients will receive safe and appropriate care.

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Registrar

Comments on this or any other article published in the *College Connector* can be submitted to the communications and public affairs department at communications@cpsbc.ca.

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Call for nominations for five College board positions

In accordance with the provisions of the Health Professions Act and the Bylaws made under the Act, an election is being held in April 2019 for five of the ten elected board member positions in five electoral districts: 2 – Vancouver Island, Central and Northern; 3 – Vancouver and surrounding area; 4 – Fraser; 5 – Thompson-Okanagan; 6 – Kootenays. As in previous years, the upcoming election will be conducted electronically, including email notifications and secure online voting with results managed by an external third party auditor.

The first notification of the election and a call for nominations was sent by email to all registrants on January 11, 2019. Nominations are now being accepted and must be received by February 15, 2019.

Dates to note

January 11 – notification of election to registrants
February 15 – deadline for receipt of nominations
February 28 – presentation of nominated candidates for each district
March 1 – online voting begins
April 7 – online voting concludes
April 8 – announcement of new elected board members

For more information on how to nominate a candidate, eligibility and serving as a College Board member click here.

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The *Referral-Consultation Process* guideline must inform medical practice

The Registrar's Message in the July/August edition of the College Connector introduced the revised Referral-Consultation Process guideline and described the extensive consultation with the profession and the public that informed its development.

Most BC physicians have operationalized the guideline in their practices, but the College is aware that a few have not. Some consultants have reportedly advised referring physicians that they regard the document as "optional" because it is a guideline and not a standard. This is a misperception. While guidelines permit "reasonable discretion" to opt for a different approach when circumstances call for one, in the event of a complaint or adverse outcome, physicians are potentially accountable for decisions not to follow guidelines in specific circumstances.

Opting out altogether is not acceptable.

Most College complaints arising out of referral-consultation transitions result either from the referring physician failing to continue to provide care until the patient is seen by the consultant, or by communication failures at the consultant's office. The guideline is clear about the latter:

"In most situations, the consulting physician is best suited to communicate the appointment date and time to both the referring physician and the patient."

To date, the small number of offices reportedly refusing to notify patients in this manner have been high-volume specialties: gastroenterology, otolaryngology and dermatology. A common attribute may be a relatively high volume of referrals. The College acknowledges that a large number of patients means a large number of calls. Physicians in private practice are obliged to employ sufficient support staff to allow them to comply with College expectations.

Last year the Inquiry Committee of the College investigated four complaints alleging deficient performance by a medical office assistant in the office of one busy proceduralist, including failure to answer or initiate phone calls. At interview it was clear that the office was simply short-staffed. The specialist committed to hiring a part-time assistant for return phone calls and the complaints stopped.

Reports that specialist offices are declining to contact patients to communicate the date and time of the appointment have been managed remedially. The College calls upon consultants who have not yet operationalized the guideline to do so without delay.

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Update regarding certificates of professional conduct

Effective March 1, 2019, the standardized template for certificates of professional conduct (CPC) issued by the College will be revised.

As much as the Health Professions Act and the College Bylaws allow, the College will be amending the information provided on CPCs in accordance with the guidelines provided by the Federation of Medical Regulatory Authorities of Canada (FMRAC). FMRAC's *Policy on Disclosure of Professional Information* provides guidance on the content of a CPC in an attempt to standardize the information provided by Canadian colleges.

The changes will include

- a more consistent approach to the reporting of complaints and dispositions,
- an explanation for any blank sections,
- a specific date for when the collection of particular types of information commenced, and
- where known, documentation of a physician's name change, history of findings of guilt or pending charges, and history of professional litigation.

Consent to a Certificate of Professional Conduct form

To coincide with the release of the new CPC template on March 1, 2019, the College will release a revised Consent to a Certificate of Professional Conduct form. The form must be completed by the physician and returned in its entirety to the College. Both old and new consent forms will be accepted until April 30, 2019. From May 1, 2019 onwards only the new form will be accepted and old forms will be returned to the physician.

Questions regarding CPCs can be sent by email to cpc@cpsbc.ca.

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Results of consultation on commerce-related practice standards

Practice Standard

The College recently sought feedback from the public and the profession on three practice standards related to commerce and medicine: *Sale and Dispensing of Drugs by Physicians*, *Promotion and Sale of Products and Devices*, and *Conflict of Interest*. Consultation results will be used to help guide further revisions to the standards.

Sale and Dispensing of Drugs and *Promotion and Sale of Products and Devices*

The *Sale and Dispensing of Drugs* and *Promotion and Sale of Products and Devices* practice standards underwent two consultations. The first consultation, held October 11 to November 2, 2018, received input from 121 physicians and 24 members of the public. Feedback indicated that both practice standards were generally viewed as being appropriate, comprehensive, and protective of patient safety; however, further clarity was requested for certain practice circumstances. The standards were revised to be more explicit in regards to their application in various areas of practice and to have a greater focus on transparency. Feedback from participants in the final consultation in December 2018 indicated that further revisions would be helpful to clarify requirements for selling and dispensing of natural health products and cosmetic drugs that are not available from retail pharmacies, and for entering drug information into PharmaCare.

Conflict of Interest

The revised *Conflict of Interest* practice standard was sent out for consultation from January 15 to 31, 2019, and 109 physicians and 54 members of the public participated. Key themes from physician feedback included the need for specific examples, more information regarding the process of reporting a conflict of interest, and increased clarity on fee-splitting and leasing arrangements in practices that adopt a patient-medical home model. The overarching theme elicited from the public consultation was the request from patients for their physician to be up front, and to disclose any professional or financial affiliations they may have.

Next steps

The results from the above consultations will be considered by the Patient Relations, Professional Standards and Ethics Committee at its next meeting. Following the committee meeting, the revised standards will be presented to the Board for endorsement in March. The College thanks all those who participated in the revision process.

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Back to basics—substance use assessments

The seasoned prescriber will know the long-term benefits of taking an initial, comprehensive substance use history before prescribing psychoactive medications. Too often (and sometimes too late), busy practitioners may realize that had they taken a little more time, they would not be receiving increasingly frequent requests from a patient for more of those "painkillers" or "nerve pills."

Screening

Screening and clinical assessment are not the same. Screening should occur when a patient first presents, and may include screening tools, biological testing (e.g. urine toxicology, lab work for serum indicators of substance/alcohol use), physical and mental state examination. Registrants should consider having the following screening tests available in their EMR, or otherwise readily accessible: CAGE (brief 4 –item tool), Full AUDIT (Alcohol Use Disorders Identification Test), DAST (Drug Abuse Screening Test), CRAFFT (Car Relax Alone Forget Friends Trouble; for young people and their drug and alcohol involvement).

Clinical assessment

Clinical assessment determines the impact substance use has, or has had, on the patient, and includes the ongoing assessment of the patient's physical well-being, mental and social functioning. Clinical assessment is recommended whenever initiating psychoactive medications, and is essential to continue throughout longer-term prescribing.

Clinical assessment includes:

- Use of legal, illegal, prescribed and over-the-counter substances: how much, how often, route of use, length of use, detox or treatment experiences, periods of abstinence
- The patient's view: does the patient think that they have, or have had, a problem with substance use?
- Psychiatric history: admissions, suicide attempts, outpatient psychiatric review
- Impacts of substance use on different aspects of life such as work, family, and relationships
- Medical history of related complications such as hepatitis, septicemia, abscesses, cirrhosis, endocarditis, osteomyelitis, and unintentional overdose
- Family history of substance use (often a significant "red flag")
- Social history including lifestyle, criminal involvement, unemployment
- Physical examination, specifically assessing for presence of stigmata of substance use disorder
- Drug testing, lab work
- Urine drug screening (point-of-care dipstick) and perhaps breathalyzer

Clinical assessments may be daunting at first, but they quickly become routine if conducted on all patients in a non-judgmental manner, and may promote an open dialogue, which strengthens the patient-physician relationship.

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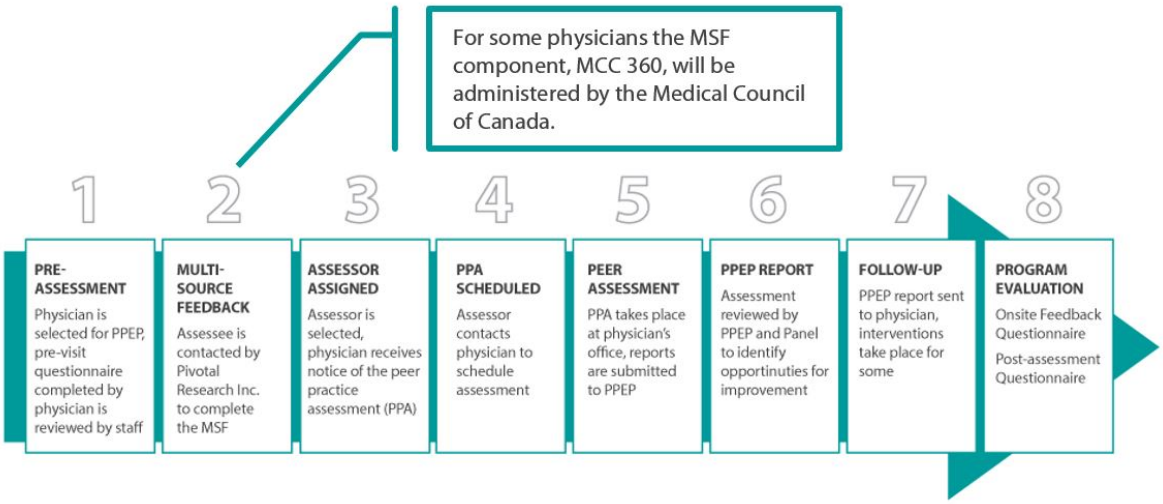
Piloting the MCC 360 multi-source feedback program

PPEP Update

A The Physician Practice Enhancement Program (PPEP) will pilot a new multi-source feedback (MSF) assessment from the Medical Council of Canada (MCC), known as the MCC 360. Although most physicians selected to participate in PPEP will continue with the existing multi-source feedback assessment administered by Pivotal Research Inc., a pilot group of 50 physicians will be asked to participate in the new MCC 360 feedback assessment tool.

Physicians selected for the MCC 360 pilot will follow the same assessment pathway as physicians completing the existing MSF assessment through Pivotal Research Inc.



Upon completion of the MCC 360 pilot, physicians will be asked for their anonymous feedback on the assessment and process, which will be shared with the MCC for program improvements.

Physicians who are selected to participate in the MCC 360 pilot as part of their PPEP assessment who would like further information should contact PPEP staff or visit the MCC 360 website. For further information on program development and design, contact the Medical Council of Canada at 1-833-521-6024.

Reminder: Information obtained by the PPEP, including the MCC 360, is prescribed as confidential under section 26.2 of the Health Professions Act, subject to the exceptions therein. Furthermore, the College, as a public body under the Freedom of Information and Protection of Privacy Act, RSBC 1996, c.165 (FOIPPA), is committed to protecting all personal information in its custody or under its control pursuant to the provisions of the FOIPPA.

Acknowledging PPEP assessors

The Physician Practice Enhancement Program would like to thank and acknowledge the contribution, dedication and hard work of its team of 60 program assessors. Programs assessors are ambassadors who play an integral role in engaging physicians throughout the quality improvement process. Each year, feedback from the program shows that the assessor interaction remains very positive. Assessors continue to develop their skills through assessor workshops, networks and conferences.

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Updates made to DAP notification of significant change in service forms

The Diagnostic Accreditation Program (DAP) has updated the notification of significant change in service forms for all accreditation programs. The new forms have been designed to improve quality, clarity and user-friendliness.

The form is required to be completed and submitted to the DAP by an existing accredited organization or diagnostic facility that is preparing for a significant change in service related to:

- physical location (relocation/extensive renovation)
- methodology
- equipment
- leadership
- interpreting physicians
- scope of testing
- technical staffing model

The service must not commence until the scope of accreditation is confirmed for changes related to physical location, methodology, equipment, scope of testing or technical staffing model.

The form is available within each DAP program-specific accreditation webpage. Upon receipt, the form will be reviewed to determine whether the change affects the accreditation award and a written response will be provided to the organization or facility.

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Introducing FAST EVIDENCE—finding answers: systematic, timely, evidence-based

College LIBRARY

The new FAST EVIDENCE course, launching April 5, 2019, will provide registrants with skills to locate credible, evidence-based medical information. Facilitated by two College librarians, this half-day, interactive workshop offers small group, hands-on learning in a computer-based setting. Follow-up reflective practices are intended to support integration of the workshop skills into everyday practice.

Retrieving high-quality, relevant information for clinical decision making is a cornerstone of evidence-based practice requiring appropriate selection of resources, access to those resources, and skill in searching resources effectively—factors that physicians may find challenging. For example, primary care pediatricians often did not search for information about clinical questions that could be readily answered in part because they were uncertain of the appropriate resources to search[1]. Residents, general practitioners, and a variety of physician groups share this experience[2]. Physicians may have gaps in their ability to formulate answerable questions and search information resources effectively[3,4].

Cullen et al. (2011) demonstrated residents overestimated their searching skills, tended to have a restricted repertoire of information sources, and were not skillful in locating evidence-based studies. Assessment of the quality of information found is also a challenge[5]. Training in selection and efficient use of reliable resources increases physicians' perception of ease of use and self-efficacy with searching information systems, factors which predict physicians' ongoing use of information systems[6].

In the FAST EVIDENCE workshop, participants will explore information resources, practise skills in query-making, and use filters to assist in locating relevant publications. A follow-up reflective component helps integrate literature searching skills into everyday clinical work. Participants set personal plans for using their new skills in clinical practice and, in teams of two, check in at three weeks post-workshop. A 30-minute coaching session is available with a College librarian at six weeks post-workshop and, at 12 weeks post-workshop, participants complete a reflective exercise on the impact of the workshop on practice change.

FAST EVIDENCE was designed and produced by a program committee of family physicians, specialists, UBC CPD staff, and College librarians. Members of the Royal College of Physicians and Surgeons of Canada can earn 5.5 MOC Section 3 credits and members of the College of Family Physicians of Canada can earn 16.5 Mainpro+ credits.

Register at UBC CPD here.

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CPD events: mark your calendars

Course Chronic Pain Management Conference
March 1, 2019 to March 2, 2019 – Vancouver
Learn more

FAST EVIDENCE – Finding Answers: Systematic, Timely, Evidence-Based
April 5, 2019 – Vancouver
Learn more

Medical Record Keeping for Physicians (Psychiatry)
April 8, 2019 – Vancouver
Learn more

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