



College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons



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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: Medicine and morals—managing conflict of interest in practice and in regulation



An important duty of every physician is to provide care that is in the best interest of their patients. However, in addition to caring for patients, many physicians also participate in other activities, such as teaching medical students, supervising recent graduates, conducting research studies, or helping to develop new drugs or medical devices. Through these activities, physicians often form relationships with people, businesses and organizations, thereby creating opportunities for conflicting interests to arise.

To address these possible conflicting interests and provide physicians with a robust set of principles, the College has published a revised [Conflict of Interest](#) practice standard. This standard underwent a consultation with the profession and the public in January 2019. The majority of registrants who responded felt the revised standard was appropriate, however, further clarity on specific principles was requested.

The public feedback showed that patients value honesty, and that disclosure by their physician about any physician-industry relationship is imperative in maintaining a trusting relationship. In accordance with the consultation themes, the standard was revised to be more explicit, and to focus on appropriate communication and disclosure to the patient. The revised standard has adopted principles from the College's existing *Conflict of Interest Arising from Clinical Research* professional guideline, which has now been archived, and addresses conflict of interest in relationship to industry and educational activities.

Just as physicians must provide care in the best interest of their patients, the College must regulate physicians in the best interest of the public. In serving the public, the College participates in a variety of activities to engage and inform registrants, such as holding an annual Education Day, speaking at conferences for physicians, and holding consultations. Through these activities, opportunities are created for a conflict of interest to arise if what is best for physicians diverges from what is best for the public.

To address these conflicting interests, the College must maintain clarity that its statutory duty is to serve and protect the public interest. The College must constantly evaluate any possible influence that a physician or a physician group may have on its duty as a regulator and use appropriate language in communications to underscore the College's primary mission and mandate.

How the College refers to physicians who are registered with the College is a good example of the importance of language and its intended meaning.

As highlighted in the recently published report, [An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act](#), by Mr. Harry Cayton, past executive director of the Professional Standards Authority in the UK, health professionals who are licensed and registered with a BC health regulator are referred to as *registrants* of a College; they are not *members* as

they might be of a voluntary association or society, which allows them some opportunity to advance a particular interest of the membership.

While College registrants are invited to provide feedback on some College matters, such as the development of standards, they do not get to vote on a direction or course of action, and they are not represented at the boardroom table. Governors of regulatory authorities don't have constituents, and having a seat at the regulatory table is not about representation.

By appropriately managing any real or perceived conflicts of interest, through the development of comprehensive practice standards and continued reflection and disclosure of contradictory relationships, both registrants and the College can work together to protect the patients and the public they are entrusted to serve.

H.M. Oetter, MD
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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Update on three recently revised practice standards

Practice Standards & Professional Guidelines

The following practice standards were published to the College website after obtaining Board approval at its May meeting.

The [Primary Care Provision in Walk-in, Urgent Care and Multi-physician Clinics](#) standard was revised based on feedback from 426 physicians who participated in a consultation held March 6 to 27, 2019. Based on the feedback, the Patient Relations, Practice Standards and Ethics (PRPSE) Committee re-framed the content of the standard so that it focuses more explicitly on primary care provision, while still clearly listing the specific settings where the standard applies. This change is reflected in the revised title. In addition, information has been added to describe how nurse practitioners are regulated, as this was a common query from respondents.

The [Telemedicine](#) practice standard was revised to align with the updated FMRAC *Framework on Telemedicine*, which was published in April 2019. Key revisions include a new definition of telemedicine in the preamble, added principles to the College's Position, and the revision of the term "marijuana" to the more current term "cannabis."

The [Physical Examinations and Procedures](#) practice standard was revised following minor internal recommendations. Two revisions were made to the practice standard: (1) principle number two was re-worded to clarify that a physician must inquire as to whether a patient would like another person present specifically during sensitive examinations or when disrobing is required, and (2) principle number 12 was amended to replace "genital examinations" with "sensitive examinations" and "child" with "minor or dependent adult" to increase the scope of circumstances to which it applies.

Questions about College standards or consultation processes can be directed to communications@cpsbc.ca.

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Referral-Consultation Process guideline: an obligation to engage collaboratively for patients

Practice Standards & Professional Guidelines

The preamble in the *Referral-Consultation Process* guideline includes the following:

The College recognizes that there is a high degree of variability across the province in how referring physicians and consulting physicians engage in the referral-consultation process....

While there is no single solution to address all of the communication challenges, physicians should be mindful that patient well-being is the single most important factor in ensuring an effective referral-consultation process. In all instances, patients and their families remain at the centre of the referral-consultation process, and physicians should show their willingness to work together courteously and respectfully to ensure patient care is not compromised. Keeping the patient informed throughout the referral process is of the utmost importance.

Some have interpreted the guideline as a means of addressing a perceived fairness issue by shifting a resource-intensive activity (communicating with patients) from referring physicians to consultants. But the College has no jurisdiction over issues directly related to the business side of practice.

The guideline articulates the proper role of the College by borrowing from the *CMPA Good Practices Guide*:

Good communication and collaboration between referring physicians and consulting physicians can prevent disruptions in care, delayed diagnoses, unnecessary testing, avoidable complications, frustrated physicians and patients, and potential medical-legal difficulties.

Accordingly, the guideline states that referring physicians should continue to follow the patient and fulfill the most-responsible physician role (or ensure that someone else will) until the specialist sees the patient and that “in most situations, the consulting physician is best suited to communicate the appointment date and time to both the referring physician and the patient.”

It has been disappointing to see some registrants respond to a call for collaboration by sending terse fax messages to colleagues.

On several points of apparent confusion:

- The College has been asked how the guideline will be enforced. Guidelines, by definition, are recommended, not mandated courses of action. They are not enforced in the abstract. In the event of a complaint alleging an adverse patient outcome, physicians who opt not to apply a guideline in individual circumstances may be held accountable.
- As noted in the earlier *College Connector* article, some specialists have stated their intention to ignore the guideline and direct every request to contact patients back to referring physicians.

The College views this as inadequate and unacceptable. The expectation to “work together collegially, and to share the responsibility of supporting patients” is obligatory. Specialists who cannot document an approach that fulfills the spirit of the guideline may be subject to criticism if a patient suffers an adverse outcome as a result.

- Some referring physicians have adopted a practice of demanding specialist compliance to the letter of the guideline in every instance. This is unreasonable and, in some instances, unprofessional. There are often compelling reasons for following a different course. Examples include requests for urgent consultation and circumstances where specialists are coping with the abrupt loss of colleagues and must ration their services in the public interest.

As the guideline states, the College expects referring physicians and specialists to work in concert to ensure smooth transitions for patients. In many communities, Divisions of Family Practice are effectively using their resources to engage specialists and, where possible, accommodate individual circumstances. The College is advised that new technological solutions may soon facilitate effective referrals. The implementation of a guideline is meant to be a catalyst in support of innovation.

The College acknowledges that the majority of physicians are following optimal referral-consultation processes, and while the College sympathizes with those who find the transition challenging, it can only reiterate the expectation in the guideline that referring physicians and consultants take ownership of the issue and engage collectively to address it.

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Announcement of 2019 elected Board of the College



The following registrants have been elected to serve on the College Board for a four-year term beginning July 1, 2019.

District 2: Vancouver Island, Central and Northern

Dr. Justin J. Kingsley, a family physician practising in Nanaimo.

District 3: Vancouver and Surrounding Area

Dr. Chantal S. Leger, a specialist in internal medicine and hematology practising in Vancouver.

District 4: Fraser

Dr. B. Anne Priestman, a specialist in internal medicine and endocrinology and metabolism practising in New Westminster. Dr. Priestman has been a member of the College Board since 2015.

District 5: Thompson-Okanagan

Dr. W. Dave Sanden, a general surgeon practising in Kamloops.

District 6: Kootenays

Dr. Anneline Du Preez (by acclamation), a family physician practising in Kimberley and Cranbrook.

President of the Board

At the May 2019 meeting, the sitting Board appointed Mr. Bruce Bell as the new president. Mr. Bell was appointed to the College Board in 2016 and is the first public representative to ever serve as president. He is a retired lawyer who currently serves as director of the Pacific Salmon Foundation, and governor (and past chair) of North Island College. Mr. Bell will assume the role of president on July 1, 2019.

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Open for registration: 2019 Education Day and AGM

2019
Education
Day and
AGM

Non nocere: useful ideas and initiatives in the cause of patient safety

Register now for Education Day, held again this year at the Vancouver Convention Centre on Friday, September 20, 2019.

The 1999 publication of *To Err is Human: Building a Safer Health System* prompted the advent of “patient safety” as a scholarly and practical discipline and movement. Two decades on, many physicians describe a mixed experience: a whirlwind of changes with patient safety as the stated goal, but also a weary sense that, at the level of patient-physician relationships, it often doesn’t seem as productive as it could be.

This year’s Education Day will focus on ideas, initiatives and practical tools that are effectively addressing a shared commitment to avoid harm at the bedside. The day will feature the perspective of a well-informed patient navigating the system and expert insights for physicians on how to thrive despite the seemingly overwhelming demands of present-day practice.

Join colleagues for plenary sessions, case studies and interactive workshops to explore these and other compelling topics on how physicians can contribute to ensuring safety in the course of their daily work with patients.

Plenary sessions

The College is pleased to introduce Dr. Bryan Sexton, PhD, associate professor and director for the Duke Center for Healthcare Safety and Quality. Dr. Sexton will speak on the importance of building up the resilience of health-care workers in order to deliver safe and high-quality care, and introduce easy and practical yet effective ways for busy practitioners to refill their depleted emotional, cognitive, and physical reserves and bounce back from burnout.

The College also welcomes Ms. Judith John, patient advocate, to share her journey through the health-care system as both a communications professional in the health sector and as a patient. Ms. John will offer her unique perspective on patient-centered care—what’s working, what can improve, and what physicians can do to facilitate better patient experiences and outcomes.

Learn more

Workshop topics and presenters can be found on the [event page](#).
View the complete program [here](#).

Save the date

Friday, September 20, 2019
Vancouver Convention Centre, 1055 Canada Place, Vancouver

Register now

Download the registration form [here](#).

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Lost, stolen or forged prescription pads: know what to do



Registrants are being reminded to take precautions to prevent theft or forgery of prescription pads, and to follow these steps if a pad is stolen and to mitigate future problems.

1. Obtain folio numbers by [calling the College](#).
2. Provide the folio numbers to the [Ministry of Health](#) so that a pharmacy FanOut may be started.
3. Call the [Office of the Information and Privacy Commissioner](#) if patient specific information has been lost.
4. Call the [Canadian Medical Protective Association](#) with any other concerns or questions.
5. Call local law enforcement if warranted.

Registrants who wish to see a copy of their prescribing profile to check prescriptions filled under their name can submit a written request to drugprograms@cpsbc.ca.

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Walking a mile in your shoes: the Diagnostic Accreditation Program gets assessed

DAP Update

The DAP recently underwent its third on-site assessment since 2011 by the International Society for Quality in Health Care External Evaluation Association (IEEA). This latest cycle started back in December 2018 when the DAP submitted its self-assessment (105 pages) and 278 pieces of evidence (documents and records) and culminated with an on-site assessment from April 23 to 26, 2019. The assessment team included three accreditors from the United States, Australia and India.

Over four days of assessment, the DAP team:

- Participated in 11 scheduled assessment meetings and two report-out meetings
- Interviewed College employees, the DAP Committee chair, peer assessors, and diagnostic facility representatives (in total, 28 individuals from the College and 10 individuals external to the College participated in this assessment)
- Validated the self-assessment and requested more than 60 additional pieces of evidence

The evaluated standards include:

- Standard 1: Governance
- Standard 2: Strategic, Operations and Financial Management
- Standard 3: Risk Management and Performance Improvement
- Standard 4: Human Resources Management
- Standard 5: Information Management
- Standard 6: Surveyor Management
- Standard 7: Survey and Client Management
- Standard 8: Accreditation or Certification Awards

At the end of the very thorough assessment, the DAP team reported its findings to senior management followed by a detailed presentation to the entire DAP staff and their partners in human resources, information technology and finance. The team noted strengths and improvement opportunities for each of the assessed standards. In total, there were 17 areas of improvement identified. The DAP will be required to report its progress to the accreditation body twice during the four-year cycle.

Anticipated improvements will make the Diagnostic Accreditation Program even stronger.

External assessment requires organizational effort, but it ensures the DAP is aligned with other international health-care accreditation practices; and that should be reassuring news for the diagnostic facilities of British Columbia.

Did you know? IEEA also has an international standard for the development of health-care standards. The College's Diagnostic Accreditation Program's diagnostic imaging and laboratory medicine standards were each evaluated and awarded IEEA accreditation in the past six months.

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Beware of predatory journals

College
LIBRARY

Predatory journals engage to some degree in deception, e.g. lack of rigorous peer review despite claims, identification of prominent scholars on bogus editorial boards, false claims of database indexing, fake impact factors, or phishing schemes masquerading as invitations to publish.

Predatory journals flourish in the “publish or perish” culture of scholarly research. They accept fees to publish articles from authors often at lower rates than legitimate publishers’ rates. Researchers thereby scale a very low bar for acceptance of their manuscripts but, wittingly or unwittingly, contribute to bad science and risk tarnished professional reputations, while research money is lost to scurrilous companies.

One example of these entities is OMICS Group Inc., which now owes the US Federal Trade Commission \$50 million because “they made deceptive claims to academics and researchers about the nature of their conferences and publications, and hid steep publication fees.”¹

Identifying predatory journals is not easy. Their titles are often purposefully similar to reputable journals. Also, reputable journals may be purchased by disreputable publishers and are switched to a predatory business approach. Unfortunately, there is no perfect “whitelist” or “blacklist” of reputable journals. Physicians should be diligent and skeptical when reading articles and consider these few tips:

1. Search for clinical literature in databases and directories that have standards for journal inclusion such as MEDLINE, EMBASE, CINAHL (nursing and allied health), PsycINFO (psychiatry and psychology), the Cochrane Database of Systematic Reviews ([all available through the College library](#)), and [DOAJ](#) (a free journal directory).
2. Use resources from academic libraries such as UBC library’s [webpage on predatory journals](#).
3. Use the checklist at [Think. Check. Submit.](#)

The College library has removed over 4,000 unsolicited titles “donated” to its collection by an e-journal vendor in an effort to curate a more relevant and valid supply of journals for registrants to access. The College library will always locate any article that a registrant requests but will try to be increasingly rigorous in the titles that are selected for its online holdings.

[Contact the library](#) for other online resources and queries.

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¹ Court Rules in FTC’s Favor Against Predatory Academic Publisher OMICS Group; Imposes \$50.1 Million Judgment against Defendants That Made False Claims and Hid Publishing Fees. Federal Trade Commission (US). Washington, DC. 2019 Apr 3. Available from: <https://www.ftc.gov/news-events/press-releases/2019/04/court-rules-ftcs-favor-against-predatory-academic-publisher-omics>.



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CPD events: mark your calendars



Medical Record Keeping for Physicians

August 21, 2019 – Vancouver

[Learn more](#)

Education Day and Annual General Meeting 2019

September 20, 2019 – Vancouver

[Learn more](#)

Medical Record Keeping for Physicians

October 16, 2019 – Vancouver

[Learn more](#)

Professionalism in Medical Practice: Avoiding the Pitfalls

November 1, 2019 to November 2, 2019 – Vancouver

[Learn more](#)

Medical Record Keeping for Physicians

November 6 – Vancouver

[Learn more](#)

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Regulatory actions

- [Phillips, Gregory Lorne – April 5, 2019](#)
- [Buie, Daniel Archie – June 4, 2019](#)

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