



College of Physicians and Surgeons of British Columbia

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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.



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Registrar's message: reclassifying liquid codeine-based preparations to enhance public safety



There is mounting concern over prescription liquid cough preparations containing codeine. Such cough preparations are too readily available and too often abused by vulnerable youth, which is one of the reasons the College of Physicians and Surgeons of BC (the College) is working with the College of Pharmacists of BC (CPBC) to reclassify all liquid preparations containing codeine as Schedule 1A drugs.

This reclassification was approved by the College Board in May and the CPBC Board in September. It will take effect on January 2, 2020. The change will require physicians to adjust how they currently prescribe liquid codeine-based preparations to their patients. Most notably, these preparations will now fall under the Controlled Prescription Program, and physicians will have to prescribe such medication on a duplicate pad. While there are always inconveniences associated with a change like this, the evidence supporting this reclassification justifies the change.

These medications are easier to obtain than other opioid preparations, which can lead to the potential for addiction and widespread non-medical use. Here in BC, prescriptions written for cough medications containing codeine make up a small proportion of the total prescriptions written each year. However, the problems associated with these prescriptions are disproportionately high. They account for an excessively high number of thefts from pharmacies and an increasingly high number of prescription forgeries.

Ontario data indicates that nine per cent of children in grades seven to 12 misused cough and cold medications in 2017, and it remains a significant drug of abuse in Canada. In the US, cough syrup containing codeine is commonly abused by young people, where it is popularly known in hip-hop culture as "purple drank." It has been responsible for several high-profile deaths of performers and young people.

In addition to being dangerous if misused, research shows codeine cough medications are not even effective in their intended use. While codeine has been shown to have some limited utility as an opioid analgesic for acute pain, there is limited data on its effectiveness for chronic cough, and no evidence that cough medications containing it are useful for acute coughs associated with upper respiratory illness for children and young adults. The risk is simply too high for something that has no demonstrated benefits.

The rescheduling of codeine-containing liquid preparations from Schedule 1 to Schedule 1A will require physicians to give more deliberate thought to writing these prescriptions, reduce forgeries and make it more difficult for pharmacy thefts as the preparations must be kept in a time-locked safe. While these may be inconveniences in the short term, they are far outweighed by the long-term gains in enhancing public safety.

The move to mandatory use of a duplicate prescription will be phased. For the next three months, both duplicate and non-duplicate prescription forms will be accepted for codeine-containing liquid preparations. As of January 2, 2020, only duplicate forms will be accepted. Physicians who continue to prescribe these preparations are urged to make arrangements by ensuring that they have an adequate supply of duplicate pads. For more information on the reclassification, registrants can email rxpads@cpsbc.ca or visit <https://www.bcpharmacists.org/codeine>.

Heidi M. Oetter, MD
Registrar and CEO

DIN	Product
2298708	ACETAMINOPHEN ELIXIR WITH 8MG CODEINE PHOSPHATE SYRUP
816027	PMS-ACETAMINOPHEN WITH CODEINE ELIXIR
2198630	CALMYLIN ACE
2243063	COVAN SYRUP
2244078	DIMETAPP-C
1934740	ROBITUSSIN AC
2169126	TEVA-COTRIDIN
2244079	DIMETANE EXPECTORANT C
2053403	TEVA-COTRIDIN EXPECTORANT

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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Feedback invited on a proposed new BC Controlled Prescription Form



The College of Pharmacists of BC in conjunction with the College of Physicians and Surgeons of BC, the BC College of Nursing Professionals and the Ministry of Health have been working on combining the duplicate methadone (MMT) prescription form and the duplicate controlled prescription form to simplify and streamline the prescribing of controlled drugs, specifically therapies for opioid agonist treatment (OAT).

This change is intended to help provide clarity on and improve the prescribing of OAT prescriptions. It also aligns with the recent updates to the [Provider](#)

[Regulation under the Pharmaceutical Services Act](#).

To view the proposed new form, click [here](#). Comments on the form can be sent by email to the College of Pharmacists at communications@bcpharmacists.org prior to October 31, 2019.

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New BC public advisory network to inform regulatory work



Although the College holds routine consultations to seek feedback from the public, registrants and key health partners, low public participation rates are common, which means gathering meaningful feedback can be a challenge.

The BC Public Advisory Network (BC-PAN) is a new multi-college initiative formed to encourage more comprehensive and meaningful public engagement on important issues related to health-care regulation in BC. A total of seven colleges have partnered to establish the BC-PAN: the BC College of Nursing Professionals, the College of Dental Surgeons of BC, the College of Occupational Therapists of BC, the College of Pharmacists of BC, the College of Physical Therapists of BC, and the College of Physicians and Surgeons of BC.

BC-PAN members will provide feedback on important regulatory issues such as practice standards and policies, strategic priorities, and communication and education efforts developed for the public. BC-PAN members include both patients and caregivers with varying levels of experience with the health-care system, and representing different demographics in the population (gender, age, ethnicity, geographic location, health conditions, and practice setting experience).

The BC-PAN is currently in its pilot phase and an inaugural meeting was held on September 25, 2019. Eleven public members gathered with representatives from the college partners to set the BC-PAN's terms of reference and discuss topics such as: What does trust mean in a patient-health-care professional relationship? How can colleges improve their complaints processes? And what information do patients and caregivers need in order to feel confident that their health-care provider is up-to-date?

The College of Physicians and Surgeons of BC is excited to play a leading role in the formation of the BC-PAN and looks forward to the group's ongoing development throughout the remainder of the pilot phase.

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Registration and licensure for visiting physicians and observers



All physicians interacting with patients must hold registration and licensure with the College. Interacting with patients may be standing in a room while a patient interview is conducted, or providing direct care to a patient. Additionally, registration and licensure is required for physicians who visit a medical facility or clinic as part of an interview process if they will be observing patient interactions.

Section 2-30 of the College Bylaws under the *Health Professions Act* outlines the requirement to be registered and licensed as a visiting physician.

Registration in the visitor class cannot exceed six months in duration. A physician who is registered in the visitor class requires a supervisor who is a registrant with the College and meets the College requirements for being a supervisor, as outlined in the Registration Committee's policy [Supervisor Eligibility Requirements](#). The proposed sponsor must submit a written request that includes the specific dates and locations where the applicant physician will be visiting and must clearly specify the name of a College registrant, acceptable to the Registration Committee, who will be responsible for supervising the visiting physician.

An applicant physician for the visitor class must be legally entitled to visit or reside in Canada and must complete an appropriate College registration application form. The applicant physician must also provide

- a photocopy of their medical degree and specialty certification,
- a photocopy of their passport,
- a Certificate of Professional Conduct as required, dated within 60 days of their intended start date,
- their consent to a criminal record check, and
- evidence of English language proficiency in accordance with the College's [English Language Proficiency Requirements policy](#).

Applicants seeking registration and licensure in the visitor class for a period of 28 days or less may request an exemption from the College's English language proficiency requirements if they attest that, during their period of registration and licensure in the visitor class, they will

- not interact with patients,
- not have involvement or influence over the care of patients,
- not influence the decision-making of the patient or supervisor,
- not assist with procedures or edit medical records of patients, and
- not engage in the teaching of learners or other medical practitioners.

An applicant's request for an exemption from the English language proficiency requirements must be supported by a letter from the proposed supervisor, satisfactory to the College.

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New assessment standard for psychiatrists on maintaining complete medical records

PPEP
Update

In consultation with Physician Practice Enhancement Program (PPEP) assessors, medical advisors, and the UBC department of psychiatry, the PPEP has drafted an assessment standard titled Medical Record for the Psychiatrist in an Outpatient Setting to provide guidance on maintaining a complete record of the medical care provided to patients. This PPEP assessment standard is complementary to the College standard Medical Records, Data Stewardship and Confidentiality of Personal Health Information with further itemized information. References used to guide assessment standard development are located at the end of the document.

Registrants are invited to review the draft standard [here](#) and provide feedback [here](#) by **Friday, October 25, 2019**.

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The importance of action plans in the PPEP assessment process



The Physician Practice Enhancement Program (PPEP) uses a quality improvement approach, collaborating with physicians to provide feedback and coaching, identify areas for improvement, and encourage self-reflection within a culture of learning. To do so, PPEP incorporates the Federation of Medical Regulatory Authorities of Canada's (FMRAC) physician practice improvement (PPI) model, which uses a Plan-Do-Study-Act approach.

As part of the assessment process, PPEP puts an emphasis on action plans to provide physicians an opportunity to reflect on the assessment feedback and encourage a more concrete plan for implementing practice changes. The action plan has two components: a reflective piece, and an implementation piece. Drawing from the principles of adult and social learning theories,¹ goal-setting theory, the positive relationship found between clearly identified goals and performance,^{2, 3} and the transtheoretical model of change,^{4, 5} the College provides rationale for the action plan, clear instructions and examples for completing it, and tips for putting together an effective plan,⁶ as well as a successful chart submission.

Action plans are reviewed by program medical advisors, and feedback is provided to give additional coaching on areas that require attention in order to successfully complete the additional remediation steps.

Action plans are also useful for physicians to plan for their own professional development. The College of Family Physicians of Canada has similarly adopted the use of professional learning plans as a self-directed assessment tool, developed to assist physicians in identifying practice improvement and professional learning goals. Also based on the FMRAC PPI framework, it is a new Mainpro+ certified activity available to Mainpro+ participants. Learn more [here](#).

References:

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Redesigned physician assessment tool



The Physician Practice Enhancement Program (PPEP) recently adapted a College of Physicians and Surgeons of Ontario (CPSO) peer assessment tool for use in BC. The new British Columbia Assessment Tool was introduced to family medicine, psychiatry and dermatology in 2018 and PPEP will continue to roll it out to new specialties as it develops.

The CPSO developed its peer assessment tool over the past four years with extensive consultation with physicians. Its redesigned peer assessment tool has the goal of standardizing assessments that promote quality improvement.

The British Columbia Assessment Tool adaptation focuses on the assessment of multiple domains of competence, including:

- History
- Examination
- Investigation
- Diagnosis
- Management plan
- Medication
- Follow-up and monitoring
- Documentation for continuity of care

Each domain defines high-quality care and general evaluation criteria are provided to guide assessor evaluations. Assessors look for overall trend in care and consider all information gathered during the patient records review and the physician interview. The tool also provides a framework for narrative feedback following a patient chart review.

The new tool also includes Quality Improvement Resources (QIRs) to provide a quick reference to topics that are of relevance to each specialty and may include information-specific patient populations, conditions, procedures, therapeutic modalities or examples of appropriate documentation formats. They are intended to promote consistency in assessor evaluations and provide educational material for physicians.

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Patient safety incident review: ensuring correct prosthesis is placed prior to wound closure

NHMSFAP Update

The following information and recommendations are being shared to assist facilities in their efforts for continuous quality improvement.

The Non-Hospital Medical and Surgical Facilities Patient Safety Incident Review Panel recently reviewed an incident involving placement of a temporary single-use sizer instead of the permanent implant in breast augmentation surgery. The patient was returned to the operating room for removal of the sizer and placement of the permanent implant.

Contributing factors to this incident included:

- The packaging of the temporary sizer and permanent implant were similar.
- The sizer and implant were kept in the same area in the operating room.
- The use of a Keller funnel for placement may have obscured complete visualization of the prosthesis being implanted.
- There was a lack of communication between the nurses and surgeon when passing the implant.

In reviewing the potential impact of the contributory factors on the patient safety incident, the panel made the following recommendations for the facility and others to consider:

- Required implants and sizers must be double checked prior to the procedure.
- Sizers and implants should be kept in separate areas of the operating room.
- Prosthesis to be used during surgery must be reviewed as part of the Surgical Safety Checklist.
- A surgical pause should be observed to verify that the prosthesis requested by the surgeon is the one being opened. This should be verified by the surgeon, the circulating nurse and the scrub nurse.
- There must be clear communication between the surgeon and nurse when passing the prosthesis.
- Prior to wound closure, the device identifiers should be verified to ensure that the correct prosthesis has been placed.

The facility involved recognized the contributing factors and proactively initiated system changes. These changes and a draft policy were submitted with the patient safety incident report for review. All facilities must have a process in place to ensure the correct placement of a surgical prosthesis. Facility review and identification of contributing factors, and proposed changes to improve patient safety, should be initiated immediately and submitted with patient safety incident reports.

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Important updates to the NHMSFAP standards



The The Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Committee is pleased to announce the posting of the following updated accreditation standards:

- Allografts (formerly Bone, Bone Products, Cells and Tissues)
- Blood Products and Blood Components (formerly Blood, Blood Products and Artificial Colloids)
- Laser Safety
- X-ray and Radiation Safety

These updates ensure that accreditation standards remain current with provincial, national and international regulations and standards. Since facilities accredited by the NHMSFAP Committee are assessed according to these standards, medical directors are strongly encouraged to review the updates and ensure their facility is compliant.

To access these and other NHMSFAP accreditation standards, click [here](#).

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Quick access to ebooks through the College library's online catalogue

College LIBRARY

The Books are uniquely positioned to contextualize complex and wide-reaching clinical concerns and gather disparate research studies on focused topics. Electronic books (ebooks) have an added advantage in that they can be accessed at any time online.

Registrants have access to over 600 ebooks through the College library's catalogue. Topics cover the full range of medical specialties including:

- [anesthesia and analgesia](#)
- [cardiology and cardiac surgery](#)
- [dermatology](#)
- [emergency medicine](#)
- [surgery](#)
- [immunology and allergy](#)
- [internal medicine](#)
- [pediatrics](#)
- [psychiatry](#)
- [obstetrics and gynecology](#)

Click on the title of the book and then click on the "Media Link." Login with College website credentials is required.

The ebooks are sourced from a variety of publishers, so the platforms for presenting and navigating content vary accordingly. As with all information sources, individual ebooks must be judged for quality before using for clinical decision-making. Considerations include currency, qualifications and availability of the authors, justification of evidence base by attribution to valid information sources, peer review, and transparency of conflicts of interest. Furthermore, the digital format of ebooks may be judged by a variety of criteria including the utility of search tools and hyperlinks within the resource as well as ongoing updating.

Of particular note for presentation of evidence, authority and currency are ebooks such as [Clinical Handbook of Psychotropic Drugs \(CHPD\) Online](#), [CHPD For Children and Adolescents Online](#), [The Color Atlas and Synopsis of Family Medicine \(2019\)](#), and [Roberts and Hedges' Clinical Procedures in Emergency Medicine and Acute Care \(2019\)](#).

Registrants can request assistance with locating relevant ebooks or support with article delivery and literature searching by contacting the [College library](#) or using one of the library's [online request forms](#).

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CPD events: mark your calendars



Prescribers Course

October 17, 2019 – Vancouver

[Learn more](#)

Medical Record Keeping For Physicians (Psychiatry)

December 6, 2019 – Vancouver

[Learn more](#)

Medical Record Keeping for Physicians

February 12, 2020

[Learn more](#)

Chronic Pain Management Conference

March 6 to 7, 2020 – Vancouver

[Learn more](#)

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