



College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

College Connector

Volume 7 | No. 6 (November/December 2019)

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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: welcoming registrants from the College of Podiatric Surgeons of BC



The Honourable Adrian Dix, minister of health, announced this week proposed changes from a cross-party government steering committee tasked with modernizing the provincial health profession regulatory framework. The steering committee is currently seeking input from the public on its proposed way forward through an online consultation process, which ends on January 10, 2020.

The College Board is intending to submit a written response to the steering committee's proposal. Registrants are also encouraged to provide input.

The steering committee's consultation paper is available [here](#).

The public consultation page can be found [here](#).

Under the modernization proposal, the College of Physicians and Surgeons of BC, the BC College of Nursing Professionals and the College of Pharmacists of BC will be maintained as stand-alone regulatory colleges. The steering committee further proposed that two new colleges be established, one for oral health and one for all other regulated health-care professionals. While this College will remain as a stand-alone regulator, the merger with the College of Podiatric Surgeons of BC will proceed as was previously agreed to in principle.

In addition to helping government achieve its goal of reducing the number of existing colleges, the merger with the College of Podiatric Surgeons of BC aligns with the College's commitment to making the health-care regulatory system more flexible, agile and responsive to better serve BC patients.

We look forward to welcoming podiatric surgeons as a new class of registration. Early in the New Year, we will start working with the registrar and the board chair of the College of Podiatric Surgeons to develop a transition plan to merge our two colleges, including conducting necessary financial, legal and regulatory audits, identifying steps for data integration, and reviewing current practice standards to ensure professional alignment.

The College is confident that existing processes, programs and practice standards can effectively accommodate the regulation of podiatric surgeons without a significant impact to operations. There are existing parallels in both professions as podiatric surgeons complete a four-year university program and receive a Doctor of Podiatric Medicine degree, followed by a hospital-based residency. Additionally, they diagnose, prescribe, perform procedures and operate a laser on the foot or lower leg.

The merger with the College of Podiatric Surgeons of BC is one step this College is taking to help shape the future of health-care regulation in this province. We will provide further updates as we proceed through the merger.

Read the College's published statement in response to the steering committee's proposals [here](#).

Heidi M. Oetter, MD
Registrar and CEO

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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2020 annual licence renewal begins January 1



Annual licence renewal begins January 1, 2020. Here's what registrants need to know in order to be prepared.

Important annual licence renewal dates and milestones

- **January 1, 2020:** start of annual licence renewal season
- **February 1, 2020:** deadline to complete the Annual Licence Renewal Form and payment of fees
- **March 1, 2020:** penalties applied for late licence renewal or late payment of fees
- **April 1, 2020:** suspension for non-renewal of licensure or non-payment of fees

Retiring or resigning before February 29, 2020

Registrants planning on retiring or resigning can submit a [resignation form](#) before February 29, 2020 to be exempt from the 2020 annual renewal process. Further details about retirement/resignation options can be found [here](#).

Prepare documents

- BC driver's licence (for verifying a registrant's identity for the criminal record check)
- Method of payment (credit or debit card)
- CPD cycle date
- Health authority letter of reappointment (for verifying hospital privileges)
- Certificate(s) of professional conduct
 - If the registrant has worked in another jurisdiction in the past 12 months and does not have out of province status, or if the registrant has signed undertakings to waive the requirements in accordance with section 25.3 of the HPA, certificate(s) of professional conduct must be sent directly from the appropriate regulatory body(ies) to the College.

Use a computer—the form cannot be completed on a tablet or mobile device

The licence renewal process is best experienced using a PC or Mac. Mobile devices or smart phones, including tablets and iPads, are not supported.

Update the web browser

Install the most recent version of the web browser. Optimum browsers include Internet Explorer 11, Safari 7.1, Mozilla Firefox 45, Google Chrome 70 or better. Optimum operating systems include Windows 8 or OSX or better. Lower versions, other operating systems or browsers may cause viewing or loading issues.

Schedule time to complete the form

It takes approximately 30 minutes to answer the entire form. There are nine sections within the questionnaire:

1. Physician information
2. Licence information
3. Privileges and Jurisdictions
4. Clinical practice information
5. Practice procedures
6. Professional liability coverage or protection
7. Physician health
8. Training and learning
9. Consent

Answers can be saved by clicking the **Continue** button at the end of each section. For security reasons, the form is set to **time out after one (1) hour of inactivity**.

Review contact information

Review and update contact information before January—this will help save time during the renewal process. If there is a change in a registrant's address information throughout the year, the registrant must make the update within 14 days of the effective date of the change.

Renewal fee

The 2020 renewal fee of **C\$1,715** can be paid in one of three ways online:

- by credit card
- by debit credit card
- by *Interac*® Online

Confirmation email and receipts

Receipts are ready within two (2) to five (5) business days after completion of the entire licence renewal process. To access the receipts, [log in](#), click the **Financial** tab under **My Account**.

More details on annual licence renewal can be found [here](#).

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Two revised practice standards published

Practice Standard

The College recently published two revised practice standards: *Advertising and Communication with the Public* and *Independent Medical Examinations*. As part of the consultation process, both were reviewed by the Canadian Medical Protective Association, the Ministry of Health, and the Patient Relations Professional Standards and Ethics Committee. They were endorsed by the Executive Committee for publication on October 18, 2019.

The College thanks all those who provided their feedback during the consultation process. See the summary of the practice standards revisions below. Questions about College standards or consultation processes can be directed to communications@cpsbc.ca.

Advertising and Communication with the Public

The core principles in the *Advertising and Communication with the Public* practice standard were shared for consultation with registrants and the public from May 14 to June 4, 2019. A total of 313 registrants and 20 members of the public participated in the consultation. The feedback gathered was used to draft a revised practice standard which directs that registrants also adhere to the Canadian Medical Association *Code of Ethics and Professionalism*, the Regulatory Requirements for Advertising issued by Health Canada, and the Canadian Code of Advertising Standards. Principles were incorporated into the standard to clarify that registrants must only advertise under their proper name (as per College Bylaws), not describe their services in comparison to the services of others, and specify clearly which services being offered are not covered by the Medical Services Plan. Instructions regarding how registrants must describe their practice credentials and specialties have also been included in the revised practice standard.

Independent Medical Examinations

The *Independent Medical Examinations* practice standard was shared for consultation from August 14 to September 2, 2019 and gathered input from a total of 107 registrants and 21 members of the public. Registrants provided feedback based on their experiences providing independent medical examinations, while the public provided insight into the expectations and experiences of the examinee.

Several revisions have now been made to this practice standard, including changing the document from a professional guideline to a practice standard, replacing the term “subject” to “examinee” throughout, and adding new sections to address record retention and providing access to examination findings. The revised practice standard clarifies that the registrant may choose to terminate the examination if the examinee attempts to set limits on the exam or refuses to use an interpreter or chaperone when the registrant believes this to be most appropriate. The College is currently in the process of creating a public resource to assist examinees in identifying what they can expect when undergoing an independent medical examination.

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Reminder: the College no longer provides lists of physicians accepting new patients



The online physician directory available on the College website does not provide a list of physicians who are accepting new patients. There has been a noted increase in calls and emails from patients recently who have been told by physicians' offices to contact the College to obtain a list of family physicians accepting new patients. This is causing undue frustration for those seeking a family physician.

Medical office staff and registrants (especially those who are planning to retire in the near future) should direct patients who are seeking a family physician to HealthLink BC for referral to applicable Divisions of Family Practice chapters with patient attachment mechanisms and lists of walk-in clinics and health resources in their area. HealthLink BC is accessible by dialing 8-1-1 or by visiting www.healthlinkbc.ca.

Registrants working in walk-in clinics are responsible for offering longitudinal medical care to any patient who does not have a dedicated family physician, including providing appropriate periodic health examinations and follow-up care. See the College practice standard [*Primary Care Provision in Walk-in, Urgent Care, and Multi-physician Clinics*](#).

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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.

For background information, refer to the registrar's message in the September/October edition of the College Connector [here](#).

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New national guidelines on preventing transmission of blood-borne viruses from infected health-care workers



Health-care professionals have a moral obligation to manage the risk of transmitting blood-borne viral infections such as human immunodeficiency virus (HIV), hepatitis C (HCV), and hepatitis B (HBV) to patients. There is a small but real risk of transmitting these viral infections if a registrant has a poorly controlled infection and performs or assists in exposure-prone procedures (EPPs) such as surgery, obstetrics or working in an emergency room. (Even medical students and postgraduate students in their first year of residency are considered to be performing EPPs.)

With the revolution in managing blood-borne viral infections, health-care professionals with a blood-borne viral (BBV) infection can practise doing EPPs safely. Safe vaccines and treatment exist for HBV to prevent infection or reduce viral loads to levels that make transmission impossible. In most cases, HCV is now a curable infection, and HIV can be managed to the point where viral loads are undetectable and risk of transmission negligible.

Recently the Public Health Agency of Canada (PHAC) published guidelines on the [Prevention of Transmission of Bloodborne Viruses from Infected Healthcare Workers in Healthcare Settings](#) for health-care professionals with a BBV doing EPPs. The document articulates the balance between reasonable expectations of the public (protection from harm), and reasonable expectations of health-care professionals (right to privacy and professional autonomy). It also sets out key recommendations for health-care professionals, health authorities, and regulators to ensure safe practice for clinicians and patients. A key message for registrants who perform EPPs is that they know their status with respect to blood-borne viral infections, and if they have a BBV to ensure it is being treated by an appropriate specialist.

The College's practice standard [Blood-borne Viruses in Registrants](#) aligns with all of the PHAC recommendations. The standard recommends that registrants who have a BBV who perform or assist in performing EPPs get tested every three years. Each year, registrants are asked on their Annual Licence Renewal Form whether they do EPPs, and if they do, whether they have a BBV. There is a duty to report one's self or a colleague if that registrant does EPPs and is infected.

The College's [health monitoring department](#) handles this information sensitively and confidentially with the utmost attention to the privacy of the individual. The College Bylaws mandate the creation of a Blood Borne Communicable Disease Committee composed of experts in the field of hepatology, infectious diseases, and public health. The committee meets in camera and considers the anonymized cases of registrants in active practice who perform EPPs and have a BBV. It makes recommendations on treatment and conditions necessary for the safe return or continuation of medical practice.

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Revisions to an assessment standard on emergency preparedness



In consultation with Physician Practice Enhancement Program (PPEP) assessors and medical advisors, PPEP has renamed and revised the former PPEP assessment standard Emergency Preparedness for the General Practitioner in a Clinical Office.

This revised assessment standard is now titled *Emergency Preparedness for Staff and Patients in the Family Physician Clinical Office*. As was the original intent, the assessment standard provides family physician offices with direction and guidance on required and recommended practices, and supplies/equipment and medications in the event of patient and staff medical emergencies. The standard also addresses other types of non-medical emergency situations.

The updated standard is a revised version of the original standard and was reviewed and approved by the Physician Practice Enhancement Panel in June 2019. Registrants can review the revised assessment standard [here](#).

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Upcoming changes to office assessment process in PPEP



Each year, hundreds of physicians participate in the Physician Practice Enhancement Program (PPEP) assessment process. A PPEP assessment includes three components: a multi-source feedback assessment; an assessment of a registrant's clinical practice; and an office assessment.

Changes coming in 2020 to the current assessment process will affect the office assessment component. In future, information gathered on the pre-visit questionnaire will be used to identify key office deficiencies that the registrant will be expected to address prior to the on-site visit by a College assessor. PPEP staff will help guide registrants through this process as they are selected to participate in the program. Updates will be provided when a timeline to implement the changes has been confirmed.

The office assessment component is based on College practice standards, which reflect mandatory requirements for community-based clinical offices, and PPEP assessment standards. It includes questions on areas such as emergency medication and equipment, safe vaccine and medication storage and handling, infection prevention and control fundamentals, and office operational aspects.

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Ensuring the safe use of chemical products such as formalin in community-based physician offices

POMDRA Update

There are a number of chemical products routinely used in community-based physician offices such as detergents, disinfectants, and pharmaceutical products. While most of these chemical products can be safely used if the manufacturer's instructions for use (MIFU) are followed, all employers have the responsibility to ensure their employees are educated on the safe use of chemicals.

One chemical product, formalin (a liquid form of formaldehyde), is commonly used in community-based physician offices to preserve tissue samples after they have been collected.

Studies show that both short-term and long-term exposure to formalin has health effects. Exposure risks occur even before a person can smell formalin (less than 0.5 to 1.0 ppm). Additionally, because formalin vapours are slightly heavier than air, there is potential asphyxiation risk in poorly ventilated, enclosed or low-lying areas. In the process of preserving tissue samples, formalin may splash on the skin where it can be absorbed or its vapours inhaled.

Any physician who uses formalin should have access to a copy of the manufacturer's material safety data sheet (MSDS). The MSDS provides product information on its toxicity, flammability, spill management and personal protective equipment requirements. It can be obtained online, or from the laboratory or pharmacy that supplied the product.

For more information on chemical safety in medical offices contact WorkSafeBC, the [Canadian Centre for Occupational Health and Safety](#), or Government of Canada for a [Guide to the management of hazardous substances](#).

Reference:

1. WorkSafeBC. Formaldehyde [Internet]. Richmond, BC: WorkSafeBC; [cited 2019 Nov 19]; [about 4 screens]. Available from: <https://www.worksafebc.com/en/health-safety/hazards-exposures/formaldehyde>

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New scope of accreditation report for BC laboratory medicine facilities

DAP
Update

In keeping with the College's value of transparency, the Diagnostic Accreditation Program is implementing a new scope of accreditation report for laboratory medicine facilities in BC. As of December 1, 2019, facilities are now required to complete a scope of accreditation report as part of the pre-assessment paperwork.

A scope of accreditation report will provide a comprehensive list of all examinations and services for which a facility has been accredited. The scope of accreditation report has been developed to meet internationally recognized accreditation standards for accrediting bodies.

A scope of accreditation report is completed prior to an initial assessment and updated at the beginning of each accreditation cycle, or when a facility has been accredited for a change in examinations and services provided.

Completed scope of accreditation reports are available to the public on the College website [here](#).

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Patient safety incident review: a rare occurrence of central anesthesia from a local anesthetic block during an ophthalmology procedure

NHMSFAP Update

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

The Non-Hospital Medical and Surgical Facilities Accreditation Program Patient Safety Incident Review Panel recently reviewed an incident involving a patient that received a retrobulbar block with local anesthesia for an ophthalmology procedure.

The anesthesiologist noted the patient's blood pressure increasing following sedation but with decreased responsiveness as well as irregular respiratory rate on qualitative CO2 monitoring. The two most likely diagnoses were recognized immediately (CVA, central anesthesia) and as the clinical team was unable to bag-valve mask, the patient was intubated and transferred to hospital. The CT scan and CT angiogram did not show evidence of stroke and it was the opinion of the neurologist that this was a case of brainstem anesthesia secondary to retrobulbar block.

Contributing factors to this incident included:

- no contributory patient factors were noted, and
- the performance of a second block following a failed initial block.

In reviewing this patient safety incident, the panel indicated that the rare complication was managed well. The patient made a complete recovery once the effects of the anesthesia wore off. The panel recommended that the facility discuss this case with the clinical team at quality improvement rounds (morbidity and mortality rounds) to share learning.

It was also recommended that this incident be shared more widely to remind facilities of the possibility of rare complications, and that discussions be held with clinical teams to ensure recognition of this complication and that the emergency response is reviewed.

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Podcasts—learning by listening

College LIBRARY

Technology is in a constant state of shift. Consider audio formats: wheel-to-wheel was replaced by 8-track, cassettes and then CDs. The shift is still on and podcasts are increasingly becoming a favoured listening format. Podcasts are audio files that can be downloaded or streamed, and function as an on-demand radio show.

The choices are practically limitless: there are 750,000 shows with over 30 million episodes as of June 2019.¹ Podcasts are part of the growing trove of free open-access medical education (FOAM)² resources. Content varies from fact-oriented lectures to amusing but informative “edutainment.”

College librarians have attempted to identify medical podcasts worth considering across the specialties, focusing on availability of CPD credit, cost (most are free) and reputation of producer such as noted publishers or professional associations. The list of podcasts available from the library can be found [here](#).

References:

1. Winn, R. 2019 Podcast Stats & Facts (New Research From June 2019). Podcast Insights. June, 2019. Available from: <https://www.podcastinsights.com/podcast-statistics/>
2. Lo A, Shappell E, Rosenberg H, Thoma B, Ahn J, Trueger NS, Chan TM. Four strategies to find, evaluate, and engage with online resources in emergency medicine. CJEM. 2018 Mar;20(2):293-299.

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CPD events: mark your calendars



FAST EVIDENCE – Finding Answers: Systematic, Timely, Evidence-Based

February 21, 2020

[Learn more](#)

Chronic Pain Management Conference

March 6 to 7, 2020 – Vancouver

[Learn more](#)

Medical Record Keeping for Physicians

April 8, 2020

[Learn more](#)

FAST EVIDENCE – Finding Answers: Systematic, Timely, Evidence-Based

May 1, 2020

[Learn more](#)

Medical Record Keeping For Physicians (Psychiatry)

May 8, 2020

[Learn more](#)

Medical Record Keeping for Physicians

May 13, 2020

[Learn more](#)

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