



# 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](mailto:communications@cpsbc.ca).

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# College of Physicians and Surgeons of British Columbia

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## Registrar's message: staying informed about the novel coronavirus



The confirmation of the first case of the novel coronavirus in BC has captured the attention of the health community and members of the public. And, with the World Health Organization declaring the virus outbreak a global emergency, worldwide news channels are full of information, which in some cases is either speculative or simply untrue.

A disturbing consequence of misinformation about the virus is the increase in reports of discrimination we are reading about in Canada and around the world. Regrettably, here in BC, the College has heard from several sources that patients with flu-like symptoms have been turned away from clinics and offices, denied care when they need it the most.

While the College has not at this point received a formal complaint, it does seem timely to remind registrants of their obligations as articulated in the practice standard [Access to Medical Care](#). The practice standard prohibits discrimination of patients based on their medical condition, or their national or ethnic origin. All patients have the right to medical care, and all registrants have a professional, ethical, and in many cases legal duty not to turn sick patients away.

The [BC Centre for Disease Control](#) is updating its website regularly with information about confirmed cases, case definitions, diagnostic testing, infection control and public health measures. Even though we are aware that the risk remains low, registrants are encouraged to review the site frequently to get the latest and most accurate information about the novel coronavirus.

Questions about communicable diseases, environmental health and other public health issues should be directed to one of the regional health authorities:

- Fraser Health: 1-866-990-9941
- Interior Health: 1-866-778-7736
- Island Health
  - South Island: 1-866-665-6626
  - North Island: 1-866-770-7798
- Northern Health: 250-565-2990
- Vancouver Coastal Health: 604-675-3900

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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](mailto:communications@cpsbc.ca).

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## College of Physicians and Surgeons of British Columbia

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### Family physicians must make reasonable efforts to ensure patients have access to cervical cancer screening

#### Inquiry Committee CASES

The College encounters inadequate screening for cervical cancer in a number of settings. It may be a complaint describing tragic circumstances—advanced cancer at diagnosis and a fatal outcome. Sometimes in the course of a practice investigation it comes to light that Pap smears were not being done.

The College acknowledges the challenge. Women naturally experience speculum examinations as invasive and uncomfortable. Many describe them as traumatic. Some may refuse to be examined by a male physician for religious or cultural reasons. Others may avoid screening because of a history of sexual trauma. Most women prefer a same-sex provider, but the College has received complaints alleging misconduct related to pelvic examinations even when the physician is female. Regardless of the reason for their reluctance, such women may avoid raising the issue of a Pap smear with their physician.

[BC Cancer](#) advises that: “The single most powerful motivator for women to be screened is an invitation or suggestion by her primary care provider.”

The College expects family physicians to ensure that eligible women are encouraged to access screening. Reasonable efforts must be made to accommodate women who are unwilling to be examined by their own physician. Passive advice to attend at a walk-in clinic or otherwise make their own arrangements would be considered inadequate in most cases. Registrants should actively address the issue by making formal arrangements with other physicians or clinics and offering to book appointments for their patients.

Cervical cancer screening is a foundational standard of care in family practice. Every family physician must have an approach tailored to the individuals and communities they serve. In the event of a complaint or practice review, the College would be critical of registrants who are not actively engaged in facilitating screening, as best they can, for the safety of their female patients.

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## College of Physicians and Surgeons of British Columbia

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### It is unsafe to participate in surgical procedures while on the phone

#### Inquiry Committee CASES

Cell phone use is ubiquitous. The Inquiry Committee recently considered the case of a surgeon who participated in a teleconference call via his Bluetooth device, while assisting a surgical colleague. The College determined this represented an unacceptable distraction and that the patient deserved (and would no doubt expect) the physician's full attention to his task. Everyone wants to imagine that they can safely multi-task, but safety-sensitive tasks demand undivided attention.

Registrants are reminded that all attempts should be made to avoid cell phone disruptions in clinical practice. The Inquiry Committee concluded its review by seeking a formal undertaking from the surgeon to refrain from the use of cell phones in his future surgical practice.

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## College of Physicians and Surgeons of British Columbia

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### Resist the temptation to respond to online ratings

#### Inquiry Committee CASES

A recent complaint to the College serves as a reminder to registrants about the use of social media. In the complaint, a physician had responded to a negative online criticism that had been posted by a patient. In responding, the physician identified the patient by name and made unfounded allegations about her.

The College deemed this unprofessional, a serious breach of patient confidentiality and in contravention of the professional guideline Social Media. Registrants are encouraged to review the guideline and be mindful that any internet content is public and widely accessible. Privacy of patients, colleagues and co-workers must always be maintained. Identifiable patient information or patient images should never be posted. Defamatory comments can be considered libelous.

Anger is natural, but expressed anger is unprofessional. Registrants wishing to discuss concerns are encouraged to contact the CMPA or the College.

Review the College's guideline, [Social Media](#), updated in June 2019. The CMPA offers similar guidance, [How to manage your virtual presence and real reputation](#).

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## The locum tenens and prescribing guidelines



As a replacement and short-term physician, the time required to successfully engage patients, re-evaluate treatment options and implement patient-accepted change may be challenging. Furthermore, locum tenens may feel it is not their place to initiate change.

Locum tenens registrants should remember that they are in a unique position to challenge these notions. Advising patients of a concern may initiate an understanding that their current treatment might require further evaluation. In fact, documenting the rationale for these decisions may aid the returning

physician going forward.

Locum tenens who feel a patient's current medication regimen is a risk to his or her immediate safety can be agents for positive change. Some things to consider include:

- If a patient has been given large dispenses of controlled medications, provide smaller (bridging) dispenses.
- If a patient is on potentially dangerous doses of medications, or unsafe combinations of opioids and sedatives, initiate appropriate medication tapers. Sometimes patients may not have been asked about their desire to taper medications. If nothing else, documenting an initial discussion around safe and modest taper strategies may create opportunities for future engagement and safer prescribing.
- Implement pharmacovigilance strategies when none are in place. This might include performing urine drug screening, pill counts or documenting a PharmaNet search.
- For patients on long-term opioids or opioid agonist treatment, provide a Narcan kit and train family members on how to use it.
- Initiate a referral to an appropriate specialist (e.g. pain, addiction or psychiatry) if the patient could benefit from such expertise and consultation.

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## College of Physicians and Surgeons of British Columbia

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### Two new assessment standards on emergency preparedness for internal medicine specialists and pediatricians

PPEP  
Update

In consultation with Physician Practice Enhancement Program (PPEP) assessors and medical advisors, PPEP has drafted two new assessment standards:

1. *Emergency Preparedness for Staff and Patients in an Internal Medicine Clinical Office* to provide direction and guidance specifically for emergency preparedness of internal medicine specialists practising in the clinical office setting.

Registrants are invited to review the draft standard [here](#) and provide feedback [here](#) by March 4, 2020.

2. *Emergency Preparedness for Staff and Patients in a Pediatric Clinical Office* to provide direction and guidance specifically for emergency preparedness of pediatricians practising in the clinical office setting.

Registrants are invited to review the draft standard [here](#) and provide feedback [here](#) by March 4, 2020.

These two documents are based on the original PPEP assessment standard titled *Emergency Preparedness for the General Practitioner in a Clinical Office* that was published in April 2017. The documents were reviewed and approved by the Physician Practice Enhancement Panel in June 2019.

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## College of Physicians and Surgeons of British Columbia

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### Guidance document for medical peer review in diagnostic imaging

DAP  
Update

To assist facilities with meeting the medical peer review standards, the Diagnostic Accreditation Program (DAP) facilitated a Medical Peer Review Advisory Committee on November 18, 2019 with diverse physician representation from diagnostic imaging facilities across the province. The purpose of the committee was to develop additional guidance on the medical peer review standards and develop tools facilities could adopt.

A guidance document has been created and posted to the College website and is located [here](#).

This guidance document follows recent changes in DAP processes. As of May 6, 2019, the DAP implemented a new accreditation process that extends the accreditation expiry date by one year to allow for all outstanding mandatory requirements (OMRs) to be met prior to awarding continuing accreditation. Under this new process, and as confirmed with the Ministry of Health, facilities must also address medical peer review standards before the expiry date of their accreditation award in order to maintain their accreditation status.

Additional questions can be directed to the DAP at [dap@cpsbc.ca](mailto:dap@cpsbc.ca).

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## College of Physicians and Surgeons of British Columbia

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### IV procedural sedation training requirements

NHMSFAP  
Update

In accordance with the recently updated IV procedural sedation standards, non-anesthesiologist physicians who administer or direct the administration of IV procedural sedation and analgesia (IV-PSA) are now required to complete initial training in IV-PSA and refresher training every five years.

Registered nurses who administer IV-PSA and/or monitor a patient under IV-PSA, with the exception of nurses who have worked in a hospital post-anesthesia care and/or critical care unit within the last three years, are now required to complete IV-PSA refresher training every five years.

Medical directors are reminded that non-anesthesiologist physicians and registered nurses who have not completed IV-PSA training within the last five years will be required to complete IV-PSA training by June 2021, and evidence of this training must be on file at the facility.

Medical directors are responsible for ensuring that the IV-PSA course content includes both theory and in-person/hands-on components which meet the necessary skills competencies in IV-PSA for their non-hospital facility.

Read *IV Procedural Sedation and Analgesia in Adults* and other NHMSFAP accreditation standards [here](#).

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## College of Physicians and Surgeons of British Columbia

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### New policy – major renovations for reasons of maintenance or restoration

#### NHMSFAP Update

A new policy addresses the physical design requirements for facilities undergoing major renovations for reasons of maintenance or restoration following significant structure damage (e.g. from flood or fire).

Before renovations for the purposes of maintenance or restoration are undertaken, the facility medical director must provide written notification to the NHMSFAP committee. The committee will then determine which standards apply.

In addition, all restoration, renovation and maintenance projects must adhere to CSA Z317.13 *Infection control during construction, renovation, and maintenance of health care facilities*, as amended from time to time.

Read *Major Renovations for Reasons of Maintenance or Restoration* and other NHMSFAP policies [here](#).

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## Alternatives to Google

### College LIBRARY

Everyone uses [Google](#). Patients bring preconceived ideas about their clinical conditions based on results from Google searches, changing the physician-patient dyad into an information triangle.<sup>1</sup> So too do physicians use Google searches in their clinical practice.<sup>2</sup> Unfortunately, health information on the internet is frequently unreliable and inaccurate.<sup>3</sup> What's better?

[Google Scholar](#) is a specialized search engine that scours scholarly publications in the arts and sciences from major publishers, societies, and websites. The actual scope of the dataset is not publicly available, but Google Scholar includes articles, books, chapters, theses and conference abstracts, and legal cases and has been described as "the most comprehensive academic search engine."<sup>4</sup>

Google Scholar is fast and simple to use and especially helpful if an adequate, although not necessarily optimal, result is acceptable, and for searching obscure topics where full-text searching would be useful. Some handy features of the Google Scholar interface are the ability to collect citations in one's profile "library," access full text where available online, track publications that cite specific articles, download citations to reference management software, receive automatic search alerts, and locate related content.

Like Google, Google Scholar search results are based on a proprietary and private algorithm. This lack of transparency means users cannot be assured that search results are free of influence by market forces or otherwise. Furthermore, search results can change unpredictably so search strategies are not reproducible. Google Scholar does not index content with a controlled vocabulary so systematic and valid search strategies cannot be applied. Search results must be scanned at great length to extract useful content. Thus, gleaning a comprehensive set of relevant results requires time-consuming scanning and critical appraisal from what may be a patchwork of relevant hits.

Medline is a significant improvement over Google Scholar for searching medical journal articles because journals are subject to [inclusion criteria](#) based on scientific quality and relevance, and content is indexed using MeSH subject headings, which allows for systematic, reproducible and comprehensive searches of a known dataset.

Filtering for high levels of evidence such as systematic reviews, meta-analyses and controlled trials is fast and simple. Medline is searchable through a variety of interfaces (e.g. [PubMed and Ovid Medline](#)), most of which offer a basic search feature that supports simple "Google-like" search statements that are mapped to MeSH headings and filtered to high levels of evidence automatically.

Most, too, have advanced search functions. Similar to Google Scholar, PubMed and Ovid provide value-added features such as personalized profiles for saving searches and citations and creating search alerts, access to full text, citation downloading, and links to related content. While many articles located by Google Scholar are behind paywalls, the College library's e-journal subscriptions are integrated into [PubMed and Ovid Medline via links on the Library's webpage](#), giving free access to articles from thousands of medical journals.

The hands-on, computer-based [FAST EVIDENCE workshop](#), taught by College librarians in collaboration with UBC CPD, can help to revitalize one's Medline searching skills and learn about new information resources provided by the College library. The next workshops are scheduled for February and May.

References:

1. Huisman M, Joye S, Biltreyst D. Searching for Health: Doctor Google and the Shifting Dynamics of the Middle-Aged and Older Adult Patient-Physician Relationship and Interaction. *J Aging Health*. 2019 Sep 13:898264319873809. 3.1177/0898264319873809. [Epub ahead of print] PubMed PMID: 31517558.
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4. Gusenbauer M. Google Scholar to overshadow them all? Comparing the sizes of 12 academic search engines and bibliographic databases. *Scientometrics*. 2019 January 01;118(1):177-214. Available from: <https://link.springer.com/content/pdf/10.1007%2Fs11192-018-2958-5.pdf>

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## College of Physicians and Surgeons of British Columbia

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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](#)

#### **Prescribers Course**

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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## Regulatory actions

- [van Eeden, Johannes Hendrik – Dec 10, 2019](#)
- [Zenarosa, Vincent Arguelles – Dec 18, 2019](#)

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