



# College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons



## College Connector

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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—New practice standards approved by the Board—now in effect



The College invests a lot of time engaging with the profession through its consultation processes to ensure practice standards are unambiguous and provide useful direction to physicians in active practice.

### Safe prescribing

*Safe Prescribing of Opioids and Sedatives*, which was recirculated for a final consultation in late April, received extensive feedback from physicians, representatives from patient support groups, key health partners, the Ministry of Health, and members of the public.

Summary of changes made to the updated standard:

- As a result of the introduction of the *2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain*, the College has removed the clinical guidelines from the earlier version and it is now a standard only.
- Language has been strengthened to ensure that patients with complex care needs or patients who are on or seeking opioids and sedatives must not be discriminated against, nor abandoned.
- Greater clarity has been provided on the issue of dosage, tapering and discontinuing opioids and sedatives. Minimal standards around pharmacovigilance and stewardship of prescribed opioids and sedatives are set out.
- Stimulant medications have been removed from the standard. It now addresses safe prescribing of opioids and sedatives only.
- Greater clarity has been provided regarding dispensing tablets.
- The standard now clearly acknowledges that different diagnoses (sleep apnea, heart failure, etc.) will result in unique risks for patients.
- The standard continues to promote collaboration between the patient and physician in making decisions when possible, while allowing circumstances where a collaborative decision may not be possible.
- Minor changes have been made to specific words to reflect more current, objective terminology (e.g. changing the word marijuana to cannabis).

- Emphasis has been added that problems from excessive prescribing and the requirement to document discussions about safe storage and disposal apply to both short- and long-term care.

Read *Safe Prescribing of Opioids and Sedatives* [here](#).

### Continuity of care

Three revised standards were recently circulated as a package to the profession and members of the public for consultation under the banner of continuity of care.

Changes made to each standard include:

#### **Care Coverage Outside Regular Office Hours**

- The title of the standard was changed (a previous version was titled *After-Hours Coverage*).
- Content has been reframed so that it is clear that the context of the standard is urgent care.
- A description of “common law duty of care” has been added.
- More clarity has been included on how the standard applies to specialists.
- Utilization of the provincial health advice line (8-1-1) has been added, with clarity that this is not to replace the physician’s primary coverage method.

Read *Care Coverage Outside Regular Office Hours* [here](#).

#### **Leaving Practice**

- An earlier version of this document was a guideline. It has now been elevated to a practice standard.
- The standard now provides increased clarity regarding the context of leaving practice (i.e. circumstances for which this standard is applicable).
- The standard has been reformatted into three distinct sections: notification; medical records; patients requiring ongoing care.
- A reminder has been added that physicians should have a contingency plan in place in the event of sudden death or other circumstances where they would abruptly leave practice.

Read *Leaving Practice* [here](#).

#### **Ending the Patient-Physician Relationship**

- An earlier version of this document was a guideline. It has now been elevated to a practice standard.
- The standard now clearly states when it is/isn’t acceptable to end the patient-physician relationship, with specific, unambiguous examples.

Read *Ending the Patient-Physician Relationship* [here](#).

I am very grateful to those of you who took the time to participate in our consultation processes. Ensuring that standards are relevant, clear and helpful to you in practice is critical in order to fulfill our shared goal of patient safety and well-being.

Heidi M. Oetter, MD  
Registrar and CEO

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## College of Physicians and Surgeons of British Columbia

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### Recent change in federal law results in new Prescribing Methadone practice standard

#### Practice Standard

With the recent elimination of the requirement for physicians to obtain a section 56(1) exemption under the Controlled Drugs and Substances Act, the prescribing of methadone has become less arduous. To ensure that BC physicians continue to prescribe methadone in a safe and effective manner, the College has developed a new practice standard, Prescribing Methadone, which was released on June 4, 2018 following Board approval.

Canada has seen an extensive rise in opioid use and related morbidity, including opioid use disorders (OUD) and mortality. As a result, there is an urgent need to increase availability of and access to treatment options for OUD, including opioid agonist treatment. Health Canada recently conducted a national consultation to assess the utility, advantages, and disadvantages of the requirement to inform future federal policy. The results from the consultation pointed to section 56 as a major barrier in prescribing methadone, and as such, it has now been removed.

As Health Canada now mandates less stringent requirements before a physician can prescribe methadone, the College has worked with experts in the field to create a cogent practice standard for physicians, to ensure that methadone is prescribed safely, which begins with appropriate education and training of prescribers.

The benefits of requesting feedback from the profession is well recognized, and a consultation on the *Prescribing Methadone* standard is planned for September 2018. This consultation will help the College assess the new standard's utility in practice.

Prescribers of methadone can read the new standard [here](#).

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# College of Physicians and Surgeons of British Columbia

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## #RealityCheckup: addressing confounding societal issues that undermine people's health and the care they receive

2018  
Education  
Day and  
AGM

Register now for the much-anticipated College Education Day, held again this year at the Vancouver Convention Centre on Friday, September 14, 2018.

With guidance and insight from experienced, engaging experts, this year's theme aims to address a selection of complex topics, from the importance of cultural humility to combating anti-science myths. Join colleagues to explore these and other confounding issues facing physicians today.

The program includes plenary sessions, case studies and interactive workshops for an all-encompassing educational experience and an opportunity for deep reflection on these ongoing challenges.

### Plenary sessions

The College is very pleased to welcome back the ever popular Timothy Caulfield, BSc, LLB, LLM, professor, presenter, and author of *The Vaccination Picture, Is Gwyneth Paltrow Wrong About Everything?: When Celebrity Culture and Science Clash*, and *The Cure for Everything: Untangling the Twisted Messages about Health, Fitness and Happiness*. This year, Mr. Caulfield will focus on the art and science of communicating evidence-based medical concepts to skeptical patients.

The College is also pleased to welcome Joe Gallagher, chief executive officer, and Dr. Evan Adams, chief medical officer, of the First Nations Health Authority. Given the current landscape in Canada around reconciliation, there is an opportunity to begin a cultural safety and humility journey together through a First Nations approach to transform the present through the learnings of the past, for a better future. This presentation will examine how physicians and health organizations can innovate, develop cultural humility and foster an environment of cultural safety.

To learn more about the plenary and workshop topics and presenters, click [here](#).

To view the event program, click [here](#).

To download the registration form, click [here](#).

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# College of Physicians and Surgeons of British Columbia

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## PRIME: The future of access to PharmaNet



The Ministry of Health has launched the PharmaNet Revisions for Information Management Enhancement (PRIME) project to update how users obtain and maintain access to PharmaNet.

PRIME will create a system for PharmaNet user management that satisfies government regulation and standards, standardizes processes across the province, positions the Ministry of Health as the approver for all PharmaNet users' access, and ensures that all PharmaNet access is transparent and

accountable.

PRIME will offer the following benefits:

- accommodate increased demand for access to PharmaNet
- ensure individual accountability for access to PharmaNet
- ensure PharmaNet has the safeguards British Columbians expect for their health information

The PRIME project team will engage with PharmaNet users throughout the PRIME planning, design, development and implementation phases.

The PRIME project team is eager to engage with physicians and administrators in private practice, to better understand PharmaNet access needs for multi-physician clinics, walk-in clinics, or other treatment centres. Physicians or their office staff who are interested in participating in the PRIME engagement process, please contact us at [PRIME@gov.bc.ca](mailto:PRIME@gov.bc.ca).

The effective date of PRIME will be communicated when it is known.

More information about PRIME is available [here](#), including a [project introduction sheet](#) and [FAQ](#).

Sign up for the [PRIME distribution list](#) to receive information about the project and progress, as well as opportunities to provide feedback.

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## College of Physicians and Surgeons of British Columbia

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### Survey of Canadian family physicians about the treatment of patients with chronic non-cancer pain



The Federation of Medical Regulatory Authorities of Canada (FMRAC) is participating as a collaborating organization in a national survey of family physicians about treatment of patients with chronic non-cancer pain.

This national survey on the treatment of chronic non-cancer pain is being led by principal investigator, Dr. Andrea Furlan, approved by the University of Toronto Research Ethics Board. Results of this survey will be used to develop educational programs about treatment options.

Completion of this survey is voluntary, and neither the researchers nor the College will be able to identify those who responded to the survey.

Completion will take approximately 15 minutes.

The survey can be accessed by clicking [here](#).

**Note:** This survey is intended for family physicians who treat patients with chronic non-cancer pain only.

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## College of Physicians and Surgeons of British Columbia

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### Are you certain it's just a rash?

#### Inquiry Committee CASES

The Inquiry Committee recently reviewed a complaint alleging that a physician had underestimated the severity of a rash, missing a clinically important allergic reaction. The patient was admitted to hospital with a history of fever, cough, swelling of her face/lips and a widespread rash. Despite being seen by multiple physicians, specifics of the rash were never adequately documented. The rash was not described in sufficient detail anywhere in the record.

The committee determined that the standard of care in this setting required a record of the onset of the rash, specific triggers, distribution, and presence or absence of pruritus and/or pain. A past history of similar rashes and allergic reactions should have been elicited. Associated symptoms such as gastrointestinal upset and difficulty breathing should have likewise been noted, and the physical characteristics of the rash should have been described, e.g. macular, papular, vesicular or purpuric. Whether the rash is generalized or localized should also be documented.

Physicians should remain mindful that skin eruptions can be a sign of severe illness including anaphylaxis, meningococcal septicemia, and cellulitis. Documenting the specifics of rashes is just as important as other physical findings—arguably more so, given that even high-resolution imaging, which sometimes replaces skillful physical assessment in some clinical settings, will not provide a record of what was present.

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## College of Physicians and Surgeons of British Columbia

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### Medicine cabinet cleanup: not just for spring time

#### DRUG PROGRAMS Update

While pharmacies promote cleaning out of medicine cabinets when spring comes, patients can actually return their expired or unused medications to pharmacies at any time during the year. Registrants are being asked to remind patients that throwing unused drugs in the garbage or flushing them down the drain is not advised, and patients should return them to pharmacies for environmentally safe disposal.

Patients should also be reminded that medication needs to be safely stored in a place where there is little fluctuation in temperature such as a kitchen or a bathroom (a locked container is recommended for controlled medications).

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## College of Physicians and Surgeons of British Columbia

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### New accreditation agreement for BC diagnostic facilities

DAP  
Update

In keeping with the College's value of transparency, the Diagnostic Accreditation Program is implementing an accreditation agreement for diagnostic facilities in BC.

The new accreditation agreement provides a formal understanding with the medical director that the facility will comply with the requirements of the Diagnostic Accreditation Program and abide by the defined responsibilities of an accredited organization. The accreditation agreement is aligned with the College Bylaws and has been developed to meet internationally recognized accreditation standards for accrediting bodies.

The signed agreement is required prior to an initial assessment, at the next scheduled assessment and when there is a change in medical director.

For scheduled assessments, implementation will be staggered based on the facility's position in the accreditation cycle. The agreement will be provided along with the other pre-assessment documents through the secure portal on the College website.

For initial assessments or changes in medical director, the agreement is available on the College website, along with the Initial Assessment and Notification of Significant Change in Service forms for each program.

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## College of Physicians and Surgeons of British Columbia

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### Funding applications—out of province and out of country laboratory and genetic tests

#### DAP Update

As of June 1, 2018, BC's Agency for Pathology and Laboratory Medicine is responsible for coordinating funding applications for out of province and out of country (OOP/OOC) laboratory and genetic testing previously managed by Health Insurance BC.

The goal of transitioning the service to the Agency is to enhance the OOP/OOC test application process to better inform evidence-based review of medical necessity of OOP/OOC testing. The Agency employs clinical experts for this purpose. The Agency will track, monitor and report on OOP/OOC test applications for improved planning. Analysis of key metrics will help to identify areas for cost-quality improvement.

There is no change to tests that are managed and funded by other provincial agencies.

For more information and the new application forms, visit [www.bcaplm.ca](http://www.bcaplm.ca).

Applications can be mailed or faxed to:

BC's Agency for Pathology and Laboratory Medicine  
Out of Province/Out of Country Program  
Suite 300, 1867 West Broadway  
Vancouver BC V6J 4W1

Facsimile: 604-730-1928

Inquiries regarding the out of province and out of country funding application process can be sent to [oooc@bccss.org](mailto:oooc@bccss.org). **Note:** Please do not submit any patient information or personal identifiable information via email.

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## College of Physicians and Surgeons of British Columbia

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### DynaMed now available from the College library

College  
LIBRARY

College library has subscribed to DynaMed, a point-of-care information tool consisting of synthesized evidence and objective analysis in an easy-to-use format. Dynamed and two other point-of-care tools, UpToDate and BMJ Best Practice, scored highest for breadth of disease coverage, editorial quality, and evidence-based methodology in a [recent comparison of 26 products](#). BMJ Best Practice is also [available from the College library](#).

Registrants may access DynaMed online from the [Point of Care page](#) and download the DynaMed Mobile app for iOS or Android (instructions are on the [Apps and Audiovisual page](#)).

DynaMed highlights:

- available online and as an app
- evidence-based
- updated daily
- easy-to-read bulleted format
- links to full text
- alerts when topics change
- practice-changing updates

For more information resources and library services, read the [Guide to Services](#). Contact the library by emailing [medlib@cpsbc.ca](mailto:medlib@cpsbc.ca) or calling 604-733-6671.

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# College of Physicians and Surgeons of British Columbia

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## CPD events: mark your calendars



### **Medical Record Keeping For Physicians**

August 22, 2018 – Vancouver

[Learn more](#)

### **Education Day and Annual General Meeting 2018**

September 14, 2018 – Vancouver

[Learn more](#)

### **Medical Record Keeping for Physicians**

Wednesday, October 10, 2018 – Vancouver

[Learn more](#)

### **Professionalism in Medical Practice: Avoiding the Pitfalls**

November 2, 2018 to November 3, 2018 – Vancouver

[Learn more](#)

### **Medical Record Keeping for Physicians**

Wednesday, November 21, 2018 – Vancouver

[Learn more](#)

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## Regulatory actions

- [Cambridge, Sean Liam Oscar Christopher – April 18, 2018](#)
- [Pusztai, Edit Esther – May 16, 2018](#)
- [Hii, James Francis King – May 24, 2018](#)

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