College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

# College Connector

Volume 8 | No. 3 (May/June 2020)

## In this issue:

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.

# Registrar's message: telemedicine and in-person care—striking the right balance as physical distancing measures ease

As the public health crisis and incumbent physical-distancing measures have shifted the paradigm on how medical care is accessed, rapid progress in telemedicine has occurred in BC. Optimizing telemedicine for the right reasons will continue to help mitigate the spread of COVID-19 and give the existing health system further opportunity to improve in terms of convenience and accessibility of safe services.

The provincial health officer has recently lifted restrictions on health-care services as long as important safety measures remain in place. This includes maintaining safe physical distances as much as possible. As in-patient care resumes, registrants must make thoughtful decisions regarding the most appropriate method of care for each patient, allowing for telemedicine services to endure when possible.

Appropriate use of telemedicine continues to include routine check-ups, follow-up appointments, and specialty consultations where physical assessment is not necessary. There are some medical conditions where episodic care via telemedicine may also be adequate. The appropriateness of providing care via telemedicine is left to a registrant's professional judgement of the risks and benefits to the patient and whether a virtual platform will allow for suitable care.

The suitability of providing psychiatric telemedicine assessments has been a common inquiry to the College. As with the above scenarios, it is a professional judgement call if an adequate psychiatric assessment of a patient can be completed by virtual means. If a registrant feels that they can do a suitable assessment and are seeing the patient in follow-up, there is nothing in the College practice standard, *Telemedicine*, that would preclude them from prescribing psychotropic medications.

The College expects that patients accessing care through routine or one-off virtual care visits receive appropriate follow-up and after-hours options, as would be expected for a patient attached to a bricks-and-mortar primary care provider. In other words, the standard of care including follow-up care remains constant irrespective of the communication channel or whether an ongoing relationship exists with the provider. Registrants are reminded that it is the medical care of the patient and not the setting of the medical practice that must guide the ethical, professional, and clinical decisions around the provision of appropriate medical care.

Although telemedicine has been vastly successful for many patients, gaps in quality and continuity of care have been identified. Telemedicine may be sub-standard for individuals with complicated medical conditions that require a physical examination.

The College commends registrants for their adaptability during these unprecedented times. Now that patients and physicians have seen the value of virtual care, we hope that every registrant incorporates both telemedicine and in-patient care into their practice. As telemedicine continues to be used in addition to in-person appointments, regulatory standards will evolve so that quality markers remain

clear. Any major changes to College standards will involve consultation with the public, physicians, key external stakeholders, and will be communicated regularly with the profession.

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.

*Back to table of contents »*

# Retiring senior deputy registrar leaves a legacy of teamwork and trust

If Dr. J. Galt Wilson had a crest of arms hanging above his desk, it would likely feature the Rod of Asclepius, a moose from BC's northern interior, and the motto *communicare et collaborate*.

Over the course of his career, encompassing 30 years as a family physician in Prince George and 10 years as a deputy registrar at the College, relationship building has been at the heart of Galt's professional life. Whether by coaching registrants to improve their communication skills or encouraging them to collaborate with health-care colleagues to effect positive systemic change, Galt's work at the College has been a clarion call to what he calls "constructive engagement."

While complainants and registrants alike often look to the College to change the health-care system, Galt realized soon after assuming his post that it is not within the mandate of the regulatory body to do so—at least not directly. He often would say, "we have a very particular role—the regulation of individuals to make them the best doctors they can be." This includes "encouraging and nudging" registrants to work with others to shape a system that puts patient interests first.

As senior deputy registrar responsible for the complaints and practice investigations department, Galt brought that collaborative spirit to roughly 1,000 registrant interviews, many more thousands of advice calls, and 10,000 complaint investigations. Helping parties achieve mutual understanding through acknowledging different perspectives was, he found, more effective than a rigid rules-based approach. Galt also provided leadership to the College library.

Galt introduced a new synergy to his workplace. He is proud to have transformed the complaints and practice investigations department from a "physician-with-dictaphone" model to a true team-based environment. Recruitment expanded to include medical reviewers as well as people with humanities education and skills in nursing, writing, and management. Complaint decisions are no longer the product of one physician; each letter benefits from the contribution of half a dozen people.

As someone who has coached dozens of registrants in transitioning to retirement over the course of his College career, Galt is well-versed in the virtue of stepping back from "being the boss" when the time is right and looks forward to added leisure time with his wife, Gerda, and eight grandchildren.

Galt will continue to support the College as a senior medical consultant and is pursuing a new opportunity to work with students. The College is delighted he will be sharing his guiding passions—*communicare et collaborate*—with BC's future registrants.

*Submitted by Peggy Trendell-Jensen who worked with Dr. Wilson for 7.5 years.*

*Back to table of contents »*

# Introducing the College's newest deputy registrar—Derek Puddester

The College is very pleased to announce the appointment of Derek Puddester, MD, MEd, FRCPC, PCC to the position of deputy registrar, providing strategic leadership to the complaints and practice investigations department and the College library.

Derek joins the College from the department of psychiatry at the University of Ottawa where he was director, faculty wellness, special projects-innovation/evaluation for postgraduate medical education, and director, Joy in Work. Prior to joining the College, he served in several roles in physician health and wellness including associate medical director of the Ontario Medical Association's Physician Health Program and director, physician health at the Canadian Medical Association. His clinical practice was based at the Children's Hospital of Eastern Ontario and the Canadian Armed Forces Health Services Program at Royal Military College.

Derek obtained his medical degree from the Memorial University of Newfoundland in 1995. He completed a residency in psychiatry at McMaster University, and a fellowship in child/adolescent psychiatry at the University of Ottawa. He holds a Master of Education from the University of Ottawa, and graduate certificates in executive coaching from Royal Roads University. He is currently pursuing a Master of Arts in health leadership at Royal Roads University.

*Back to table of contents »*

College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

# Complementary and alternative therapies practice standard revised


The *Complementary and Alternative Therapies* practice standard was shared for consultation with registrants and the public from November 5 to 26, 2019. The College was seeking input on the standard's core principles, and specifically public input on their experiences and expectations related to receiving complementary and alternative therapies.

The feedback was used to draft a revised practice standard, which was also reviewed by the Canadian Medical Protective Association and the Ministry of Health.

Key revisions to the *Complementary and Alternative Therapies* practice standard include incorporating definitions of "complementary therapy" and "alternative therapy," as well as clarification that registrants must:

- advise the patient unambiguously if the safety and/or effectiveness of a proposed intervention is contrary to the accepted views of the medical profession and counsel the patient, to the best of their ability and knowledge, about the risks, benefits and alternatives of all options (including the option of no treatment) so that the patient can give informed consent
- be satisfied that the proposed care and health benefits are safe, or at minimum, do not pose a greater risk to the patient than comparable conventional interventions or than the absence of treatment
- set fees for non-insured services that are reasonable and commensurate with the service(s) provided; discuss the fee with the patient prior to providing the therapy; and consider the patient's ability to pay when determining the fee (see *Charging for Uninsured Services*)
- ensure ongoing assessment is conducted to evaluate the effectiveness and safety of the therapy provided
- when speaking publicly, provide opinions consistent with the current and widely accepted views of the profession when interpreting scientific knowledge to the public; clearly indicate when an opinion may be contrary to the accepted views of the profession

The practice standard was endorsed for publication by the Executive Committee at its meeting on April 16, 2020. As a supplement to the revised standard, the College published a new patient resource, as well as an informative video where the College's deputy registrar of accreditation programs, Dr. Michael Murray, addresses the standard's core principles.

**Quick links**

- View the updated practice standard here.
- View the informative video here.
- View the patient resource here.

The College thanks all those who participated in the consultation. Any questions regarding the revised *Complementary and Alternative Therapies* practice standard can be directed to the College at communications@cpsbc.ca.

*Back to table of contents »*

# Virtual health care supported by electronic PWD and PPMB application forms

The BC Ministry of Social Development and Poverty Reduction seeks to ensure that people on income or disability assistance do not encounter additional barriers during the COVID-19 pandemic.

To accommodate the current COVID-19 virtual health-care model, the ministry has temporarily published electronic versions of the Persons with Disabilities (PWD) Application Form (HR2883) and the Persons with Persistent Multiple Barriers (PPMB) Application Form (HR2892).

The electronic versions will enable applicants and health professionals to access the application forms while minimizing the need for clients to attend ministry and health-care offices in person.

Application for the PWD and PPMB designations requires the submission of personal and sensitive information; best practice involves ensuring this information is reviewed and confirmed by clients before it is submitted to the ministry.

Where applicants are unable to attend health-care offices to complete their PWD or PPMB applications in person, the ministry has created new Certification of Authorization to Collect Information Forms (HR4018 and HR4019) where health professionals may assert they have received authorization from the applicant for the ministry to collect health and other personal information about the applicant from the health professional.

This new form is embedded with the electronic PWD and PPMB application forms, which are now available on the ministry's website.

*Back to table of contents »*

# PRIME: A new way to request approval for PharmaNet access

The Ministry of Health has launched PRIME, a new way for community health practitioners to request approval for PharmaNet access. PRIME is currently available to physicians, nurse practitioners, and pharmacists in a community practice setting (i.e. private practice), and by those who access PharmaNet on their behalf, such as medical office assistants, licensed practical nurses, registered practical nurses and registered nurses.

As a centralized way to request approval for PharmaNet access, PRIME allows better security for patient and practitioner data, and more stringent monitoring and auditing of PharmaNet access.

The information management regulation under the *Pharmaceutical Services Act* was enacted in 2015 to improve user management for PharmaNet and address security and privacy concerns arising from security breaches and audit reports. The regulation establishes the Ministry of Health as the sole authority for granting access to PharmaNet.

PRIME consists of two new processes: user enrolment (for community health practitioners) and site registration (for community health practices).

Community practitioners will need to enroll in PRIME when they join a new practice or update the information they provided when they requested access to PharmaNet through ComPAP or MPAP. The terms of access they sign in PRIME replace the ComPAP and MPAP agreements.

Community practices needing a new PharmaNet access site or updating information for an existing site will go through a new site registration process.

**New remote access policy**

The Ministry of Health has simultaneously released a new remote access policy, which allows access to PharmaNet at a location outside an approved community practice site (e.g. from home). Remote access was prohibited under previous ComPAP and MPAP agreements. The PRIME terms of access allow for remote access under specified conditions. In order to get remote access, the community practice completes the new site registration and the practitioner enrols in PRIME.

**Who enrolls in PRIME now?**

- Physicians joining a community practice
- On-behalf-of users joining a community practice (e.g., MOAs, RNs)
- Anyone updating information about themselves (e.g. contact, licence, etc.)
- Physicians wanting remote access

Registrants who are working in a community practice and already use PharmaNet, and do not need remote access, do not need to enroll in PRIME or register their site currently. The Ministry of Health will advise of the onboarding schedule when confirmed.

**Who needs to use the new site registration process?**

- Any community practice needing a new PharmaNet access site (this includes changing PharmaNet software vendors)
- A community practice updating its information (e.g. address, PharmaNet software vendor)
- An existing site with practitioners wanting remote access

For more information, visit Community Health Practice Access to PharmaNet or contact PRIME@gov.bc.ca.

*Back to table of contents »*

# Prescribing during the pandemic


The College acknowledges the tremendous efforts registrants are making in continuing to provide patient care, including efforts to ensure patients have an unbroken supply of necessary medications. The College has made recommendations for prescribing during the pandemic, which can be found here.

The College continues to encourage all registrants to work closely with their pharmacist colleagues to ensure patients can get prescriptions in a safe and timely manner. If there are questions or disagreements about acceptable prescribing (e.g. faxed prescriptions), registrants are encouraged to communicate frequently and effectively with the pharmacies their patients visit in order to establish a process that works for everyone, and develop a shared understanding of acceptable prescribing strategies.

*Back to table of contents »*

College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

# Important update regarding medical staff appointment to NHMSFAP facilities


The Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) recently introduced new and updated documents for medical staff appointment. The deadline for mandatory use of the new forms is being **extended to September 4, 2020**. The requirement for a certificate of professional conduct (CPC) will be mandatory as of September 5, 2020. Medical directors may still wish to request and review a CPC for physicians requesting privileges at their facility. The NHMSFAP will inform medical directors when a CPC must be requested after review of applications.

Facilities submitting a group of applications for health authority contracted cases, should contact the program at nhmsfap@cpsbc.ca for further direction.

Applicants unable to obtain basic life support (BLS) training will be given three months from resumption of services to obtain current certification.

New forms

There are updated and separate Application for Appointment to a Non-Hospital Medical/Surgical Facility forms for:

- physicians
- podiatrists
- dentists

The following documents and forms have also been added or updated:

- Guidelines for Appointment to a Non-Hospital Medical/Surgical Facility
- Checklist for Appointment to a Non-Hospital Medical/Surgical Facility
- Reference for Applicants for Privileges at a Non-Hospital Medical/Surgical Facility

All of the forms and documents listed above can be found on the credentialing and privileging page on the College website.

A key change is the requirement for a CPC as part of the application package (mandatory as of September 5, 2020):

- Physicians must request the CPC from the College's registration department.
- Podiatrists and dentists must request a letter of standing from their respective college; this is currently mandatory.
- The document must be submitted to the medical director for review with the application package prior to submission to the NHMSFAP (refer to the guidelines for further information).

Both old and new forms will be accepted until September 4, 2020. From **September 5, 2020 onward, only the new forms will be accepted**, and old forms received by the College will be returned to the facility.

This information should be shared with all relevant staff and any old forms that may have been downloaded locally at a facility should be deleted.

*Back to table of contents »*

College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

# Patient safety incident review: Assessments of a patient's pre-operative and post-operative support requirements are integral to enhance optimal outcomes

NHMSFAP Update

The following information and recommendations are being shared with all facilities to assist in learning and improving patient safety.

The Non-Hospital Medical and Surgical Facilities Accreditation Program Patient Safety Incident Review Panel recently reviewed an incident involving a patient who required admission to hospital following a procedure at a non-hospital facility. The patient experienced radiating pain, numbness to their left hand and foot, nausea and vomiting, headache, decreased urinary frequency, malaise, euglycemic diabetic ketoacidosis, ileus, acute kidney injury, and scattered subarachnoid hemorrhages on imaging. The patient spent eight days in hospital.

The following contributory factors and observations were considered by the panel:

- The patient's age and multiple comorbidities – DM, HTN, Crohn's (controlled), dyslipidemia, moderate obesity, previous TUPR were contributing factors.
- The patient chart was assessed prior to day of surgery and pre-operative medications were ordered. The patient was not asked to attend an in-person consultation.
- The patient stopped taking their DM and HTN medications post-operatively. This is clearly documented in the hospital admission notes. It was unclear what post-operative instructions for restarting medication were given to the patient at the facility.
- Although this patient was elderly, age by itself does not increase the ASA score. Having well-controlled DM and HTN (when taking medications) and controlled Crohn's also should mean the patient was an ASA 2. However, the combination of age (and hence less physiological reserve) and coming off multiple DM/HTN medications left the patient with a life-threatening complication.
- PONV and poor pain management contributed to the hospital admission.
- It was unclear if there was follow-up with the patient in the first 24 hours or few days post-surgery.

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:

- The risk of a reportable event such as readmission post-operatively should be assessed on a case-by-case basis as it cannot be predicted just by looking at the type of surgery or ASA score. This patient could have been identified as higher risk and the facility could have put in place additional measures for follow-up to ensure patient safety and better outcomes.

- Patients identified as high-risk should follow a pre-operative and post-operative protocol (phone calls, home-care visits etc.).
- For high-risk patients undergoing more complex procedures, consideration of the post-operative course should be undertaken by a multidisciplinary team. Social history should be assessed as a part of pre-surgical screening to determine post-operative support requirements for the patient.

Facilities are reminded that care of a surgical patient includes pre-operative assessment to enhance positive outcomes and evaluation of post-operative needs to ensure appropriate recovery.

*Back to table of contents »*

# Patient safety incident review: A preventable, rare complication of Tapia's syndrome following breast surgery

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 who developed numbness and perceived swelling of the tongue while in the PACU. It was assumed to be from the lidocaine gel used prior to intubation. The numbness persisted and the patient presented at the ER the next day and was worked up for a possible stroke. The medical team made the diagnosis of Tapia's syndrome, which although noted in the scant literature associated with anesthesia and intubation, was thought to be secondary to neck flexion resulting in stretching of cranial nerves X and XII as they pass through the pharynx and neck.

The patient made a quick recovery, although some patients with Tapia's syndrome need careful follow-up and swallowing therapy as symptoms can persist for months.

The following contributory factors were considered by the panel:

- The lidocaine gel used around intubation may have contributed, assuming it was used on the cuffed area of the ETT. This practice is not commonly used as lidocaine gel is associated with increased sore throat. It is not a large amount of gel, and it is hard to see how it could anesthetize both cranial nerves X and XII, but theoretically is possible with some gel sitting in the posterior pharynx and some on the ETT cuff.
- Head position during breast surgery.
- Prolonged sitting position during surgery, more than typical for this type of surgery.

In considering these contributory factors, the panel made the following recommendations:

- The panel noted that this was an unusual complication, and consideration should be given to the routine use of head supports during breast surgery to ensure neutral head position is maintained during sitting/supine maneuvers. A gel head donut is helpful and soft rolls on the sides of the neck may also be beneficial.
- This case should be reviewed at M&M rounds at the facility to share learnings with the clinical team.

It was also recommended that this incident be shared more widely to remind facilities of possible rare and unusual complications, and recommend discussion with clinical teams to ensure recognition of this complication and that prevention measures are in place.

*Back to table of contents »*

College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

# Home sleep apnea testing will be accredited by the DAP—facilities must enrol with the College by September 1, 2020


Since February 2019, the Ministry of Health has led a detailed review of the service delivery environment for the provision of sleep medicine in British Columbia. This includes facilities providing home-based, overnight diagnostic obstructive sleep apnea testing services (commonly known as "four-channel" or "level 3" home sleep apnea testing).

The work of this important review is still ongoing; however, it has become clear that there is a provincial need for the diagnostic capacity that home-based, overnight obstructive sleep apnea testing facilities provide. To that end, the Ministry of Heath has directed the Diagnostic Accreditation Program (DAP) to accredit all home-based, overnight obstructive sleep apnea testing facilities in British Columbia.

Work to date has included:

- detailed national and international jurisdictional surveys/scans
- scientific and literature review
- establishment of an expert Sleep Medicine Advisory Group
- broad stakeholder engagement
- addressing physician education by re-establishing sleep medicine guidelines, through the Medical Services Commission's Guidelines and Protocols Advisory Committee

The first step towards accreditation is for all facilities to enrol in the DAP's home sleep apnea testing (HSAT) program. Once enrolled, facilities will be provided with additional information about the initial assessment process to obtain provisional accreditation.

All HSAT facilities must be enrolled by September 1, 2020 to continue to provide HSAT services in BC. The enrolment form can be found here.

For more information on the DAP accreditation processes, refer to the College website.

*Back to table of contents »*

College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

# Documentation templates for community-based offices in the event of a steam sterilization failure


Provincial and national best practices for the medical device reprocessing (MDR) of reusable medical devices include the requirement that all health-care settings also have written policies and procedures for all aspects of MDR. In a community-based physician office, reprocessing reusable medical devices is accomplished using a table-top steam sterilizer (TTSS). In the event of a failure or breach during the steam sterilization process using a TTSS, registrants are expected to know what to do.

There are several ways a failure or breach could occur during the sterilization of reusable medical devices using a TTSS. It may be a failure related to setting selection, a mechanical issue with the TTSS, or a load of wet packaged instruments due to an overloaded sterilizer. Regardless of the reason, knowing how to handle the situation based on written policies and procedures is essential.

As POMDRA continues to work closely with community-based physician offices, several have requested support in the development of these documents. As a result, POMDRA has developed sample documents that clinics can use in developing their own policies and procedures for steam sterilization failure and recall.

The two sample documents have been posted on the POMDRA section of the College website:

- Steam Sterilization Failure and Recall Policy Sample
- Steam Sterilization Failure and Recall Checklist Sample

Registrants wishing to obtain PDF versions of these sample documents for their facility should contact pomdra@cpsbc.ca.

*Back to table of contents »*

College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

# Selected sources on COVID-19

College LIBRARY

Clinical evidence for preventing and managing COVID-19 infection is surfacing so rapidly that it is challenging for registrants to remain current. In addition to important sources of guidance listed on the College website, and those mentioned in volume 8, issue 2 of the *College Connector*, other databases and websites listed below may be useful for searching the current literature for specific pandemic-related queries.

**From the US National Library of Medicine**

- Clinical studies related to the coronavirus disease listed in ClinicalTrials.gov
- Current articles related to COVID-19 listed in Medline via PubMed
- Disaster Lit, a database for disaster medicine and public health that focusses on expert guidelines, research reports, conference proceedings, and similar documents that are part of the "grey literature," (i.e. documents produced outside of the commercial publishing industry)

**From Ovid**

Expert search strategies focused on COVID-19 in Medline and Embase databases and suggested Medline search strategies for COVID-19 and hydroxychloroquine, personal protective equipment, evidence and use of cloth DIY masks. See the Expert Search Strategies tab at http://tools.ovid.com/coronavirus/.

**Using the PSYCINFO database**

For psychological/psychiatric studies using PsycINFO, add this COVID-19 search statement to the rest of the concepts in your query using "AND":

- TX (2019nCoV OR sars cov 2 OR nCov* OR SARS-COV2 OR SARSCov2) OR TX (covid* NOT (covidence* OR covidien*)) OR ((MA "Coronavirus" OR MA "Coronavirus Infections" OR TX corona virus* OR TX coronavir*) AND TX wuhan AND ZR "2020"))

**COVID-19-related guidelines**

Guidelines filtered for COVID-19 content and produced by Canadian, American, and UK associations can be found using these links:

- CPG Infobase from Joule (Canadian): https://joulecma.ca/cpg/homepage/browse-by/category/conditions/id/488
- ECRI Guidelines Trust (US): https://guidelines.ecri.org/search?q=*&ca=4rwrrhR3NNo8AXVWEH0vJx (requires a free registration)
- NHS Evidence (UK): https://www.nice.org.uk/covid-19

**COVID-19 EvidenceAlerts**

High-quality studies worthy of clinical attention are collected daily by the Health Information Research Unit at McMaster University: https://plus.mcmaster.ca/COVID-19/

College library staff are working as usual and will respond to registrants' medical information needs including locating articles and providing literature searches. Contact the library at medlib@cpsbc.ca or access web forms here.

*Back to table of contents »*

College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

# CPD events postponed


All College-sponsored continuing professional development events are postponed until further notice.

*Back to table of contents »*

College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

## Regulatory actions

- Marke, Charles James – June 1, 2020
- Al Asousi, Salem Adnan – June 2, 2020

*Back to table of contents »*