College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Volume 9 | No. 1 (January/February 2021)

In this issue:

Registrar's message: BC's COVID-19 immunization plan 3
Call for nominations for five College board positions 5
New College website coming this spring 6
Do you know your blood-borne virus status? 7
Job shadowing and observing registrants in British Columbia 9
Patients with chronic pain need care—it is unprofessional to turn them away 10
Prescription Review Program consultant contract 11
Consultation on four new assessment standards for internal medicine, pediatrics, dermatology, and family practice physicians 12
Revised PPEP office assessment process to launch spring 2021 13
The influence of relationship-centred coaching on physician perceptions of peer review in the context of mandated regulatory practices 14
Seeking dermatologists to join the PPEP assessment team 15
Circulated for consultation—*Parenteral Use of Ketamine for the Treatment of Mood Disorders* 16
Trauma-informed care reading list 17
CPD events postponed 18

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.

College of Physicians and
Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Registrar's message: BC's COVID-19 immunization plan

On January 22, 2021, the BC Government shared the strategy for the province's COVID-19 immunization plan. The plan is designed to save lives and stop the spread of COVID-19, which means that as long as there is a limited supply of the vaccine, priority will be given to protecting those who are at increased risk of exposure and serious complications.

British Columbia's four-phase immunization plan is based on expert advice and guidance from the National Advisory Committee on Immunization, BC's Immunization Committee and BC's public health leadership committee. The COVID-19 vaccine will be distributed to BC residents following national ethical frameworks and the BCCDC's COVID-19 Ethical Decision-Making Framework.

As the provincial health officer has stated, timelines for the four phases may change depending on vaccine availability.

We all know that preventive measures such as physical distancing, frequent handwashing, and wearing the right type of mask help to reduce the risk of exposure and transmission of COVID-19, but these measures alone are not enough. Ending this pandemic requires all of us to adhere to these measures consistently and according to the PHO's orders and guidance, and most importantly, it requires widespread vaccination.

The BCCDC has developed and published numerous clinical resources for health-care providers about COVID-19, including a recently updated questions and answers document about BC's immunization plan. One particularly useful section addresses vaccine hesitancy and guides clinicians to start conversations with patients from a place of compassion and understanding, to listen to patients' concerns, to be transparent about the latest vaccine information, and to reassure patients that we have a robust vaccine safety system in Canada (see page 5).

Clinicians have a professional obligation to stay informed about COVID-19 through reliable, factual and trusted sources. We know that vaccine delays are causing great angst, as is news that variants of the virus are emerging and circulating around the world, including here in BC. Adding to the confusion and frustration is media coverage about people jumping the queue, anti-mask protests, and people in prominent positions disregarding the PHO's pleas to stay local and avoid non-essential travel. These stories are especially disheartening when most people are doing their best to follow the rules.

The College is also aware that strains on the health-care system during the pandemic have resulted in changes to treatment plans on short notice and longer wait times for patients waiting for elective surgeries. Those waiting may be at heightened risk if they live in rural areas or have a chronic health condition, physical or mobility impairment, learning disability, mental health condition, or are elderly and frail.

While this new reality is overwhelming—to patients and clinicians seeking to respond to patient concerns and inquiries—every patient deserves to receive clear communication about how they will be looked after and who they can contact if their care plan changes.

In these very challenging times, when everyone is feeling stressed and tired, clinicians can support patients by leading them to reliable information, which in BC starts with the provincial health officer and the BCCDC. Dr. Bonnie Henry and Minister of Health Adrian Dix, along with a team of experts, make decisions that affect us all based on science and careful deliberative processes. They have been committed to daily news briefings about our province's progress and frequently provide data about the spread, and they continue to update the BCCDC website with resources and information for patients and clinicians.

If you have not yet taken the time, I encourage you to become familiar with the BCCDC website. Below are some useful links for easy reference:

BC's COVID-19 Immunization Plan

BCCDC COVID-19 vaccine information

BCCDC COVID-19 resources for patients

BCCDC COVID-19 resources for health professionals

Thank you for your hard work and commitment as we manage this pandemic together, especially to those on the front-line who have risked their own health to serve patients with COVID-19.

We are all indebted to you.

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 »

Call for nominations for five College board positions

BOARD
Election ☑

In accordance with the provisions of the *Health Professions Act* and the Bylaws made under the Act, an election is being held in April 2021 for five of the ten elected board member positions in four electoral districts:

- 1 – Vancouver Island, South
- 3 – Vancouver and surrounding area
- 4 – Fraser
- 7 – Northern

As in previous years, the upcoming election will be conducted electronically, including email notifications and secure online voting with results managed by an external third-party auditor.

The first notification of the election and a call for nominations was sent by email to all registrants on January 14, 2021. Nominations are now being accepted and must be received by February 15, 2021.

Dates to note

January 14 – notification of election to registrants
February 15 – deadline for receipt of nominations
March 1 – presentation of nominated candidates for each district, online voting begins
April 11 – online voting concludes
April 12 – announcement of new elected board members

More information on how to nominate a candidate, eligibility and serving as a College Board member is available on the College website.

Back to table of contents »

College of Physicians and
Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

New College website coming this spring

The new College website is on track to launch in the spring of this year, and there are new features and important changes to take note of as the site nears completion.

New features

One of the main goals of the new website is to make it easier for registrants, facilities, and applicants to fulfill their regulatory obligations. Feedback from extensive user testing with registrants and the public was considered when designing new features.

Here are some examples of new features and changes that will help improve the user experience for registrants.

- Extensive changes have been made to the registrant portal. Taking feedback from our user testing, the new portal is designed to allow for a more streamlined and efficient user experience.
- There will be more flexibility for how registrants make payments. Where applicable, registrants will be able to separate payments for different types of charges.
- The registrant directory will have more flexible search criteria. It will also be easier to re-run searches with fewer clicks. As well, a reverse MSP lookup feature will be added.

Updating web browsers

The new College website will be hosted on an upgraded platform. As such, some internet browsers will be unsupported on the new website.

Users will need to upgrade or switch browsers if they are currently using Internet Explorer 10 or older. They may also suffer a degraded user experience if they are using an older version of any other browser.

Supported browsers will include Internet Explorer 11, and the most up-to-date versions of Chrome, Firefox, Microsoft Edge, and Safari.

Stay tuned

The new website will offer a different user experience than the one you are accustomed to. To ensure a seamless transition to the new site, the College will continue to provide updates and information between now and launch.

Back to table of contents »

College of Physicians and
Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Do you know your blood-borne virus status?

Health-care professionals have a moral obligation to manage the risk of transmitting blood-borne viral (BBV) infections. 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. Medical students and postgraduate students in their first year of residency are considered to be performing EPPs. All College registrants are expected to have had the hepatitis B vaccine (if they do not have natural immunity) and know their immune status with respect to this virus. Furthermore, College registrants who perform EPPs are expected to know their human immunodeficiency virus (HIV), and hepatitis C (HCV) status, and to get tested at least every three years, and after an exposure event.

With the revolution in managing blood-borne viral infections, health-care professionals with a blood-borne viral infection can remain in practice and perform 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.

In 2019, 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.

The PHAC document recommends testing for blood-borne viral infections at "appropriate intervals as determined by their level of risk." The College's practice standard *Blood-borne Viruses in Registrants* aligns with all of the PHAC recommendations. In particular, the standard sets minimum requirements for testing for BBVs—it recommends that registrants who perform or assist in performing EPPs get tested every three years, and that they get tested after an exposure event (needlestick injury or other exposure).

Each year, registrants are asked on their Annual Licence Renewal Form whether they do EPPs, and if they do, whether they have a BBV. This year they are also being asked if they are in compliance with the minimum testing requirements (three years) outlined by the standard.

The College's health monitoring department handles this information sensitively and confidentially with the utmost attention to the privacy of the individual. Registrants who have a BBV and do EPPs have a duty to report this to the College. The College's Blood Borne Communicable Disease Committee is composed of experts in the field of hepatology, infectious diseases, and public health. It meets in camera and considers the anonymized cases of these registrants. It makes recommendations on treatment and conditions necessary for the safe return or continuation of medical practice.

Physicians may also benefit from support from the Physician Health Program. The 24-hour helpline can be reached at 1-800-663-6729 or 604-398-4300.

Back to table of contents »

Job shadowing and observing registrants in British Columbia

Individuals wishing to job shadow or observe a registrant must apply for and be granted registration and licensure by the College prior to commencing a period of work experience.

The College does not support the practice of job shadowing or observing by individuals who are not enrolled as medical students, allied health professional students, or medical school graduates who wish to observe as part of their curriculum, irrespective of patient consent, as it poses significant concerns about patient privacy and confidentiality.

Note: The College practice standard *Job Shadowing/Observing* does not apply to individuals, including students or graduates, who are employed in specific roles in registrants' offices and who are members of the office staff.

Accordingly, registrants should not permit individuals who are not enrolled in a regulated health profession educational program or are a graduate of a regulated health profession educational program to

- be present during patient interviews or diagnostic or clinical examinations,
- be present in the operating room or during surgical procedures, or
- be allowed access to patient medical records.

Visiting trainees

Medical students, residents, visiting physicians, surgeons or other medical trainees including clinical observers are considered to be visiting trainees.

All visiting trainees and physicians and surgeons who wish to provide or acquire a short-term learning experience relevant to their specialty and area of practice, which involves clinical contact with patients or includes providing limited medical care in specific circumstances, must be registered and licensed by the College prior to commencing their learning experience.

Registration of visiting trainees is vital to ensure the public interest is protected. College registrants who wish to sponsor and supervise a visiting trainee or physician or surgeon must allow sufficient time for the registration and licensure process to be finalized, which generally takes six weeks.

Back to table of contents »

Patients with chronic pain need care—it is unprofessional to turn them away

DRUG PROGRAMS Update

When a family physician relocates or retires, pain patients are often left in great distress. The most egregious stories involve patients being rapidly tapered off their medications or even asked to leave a family practice when they cannot be weaned from their opioid medication. These patients struggle to find new care providers.

Registrants have pointed to the College practice standard *Safe Prescribing of Opioids and Sedatives* as justification for refusing to see patients with complex care needs that include opioid medications. It is time once again to be clear on this matter. The safe prescribing standard does not prohibit long term opioid medication, it makes it safer. In many situations, it comes down to primary prevention: it is not about getting all patients off long term opioid treatment (LTOT), but about preventing harm to patients as a result of LTOT. Abrupt tapering or discontinuation of LTOT is both inappropriate and potentially dangerous.

The practice standard obliges registrants to engage in ongoing discussions with patients about the risks of LTOT, and to establish and maintain a patient on the lowest effective dose of medication. Registrants must document evidence of both the need and benefit of LTOT. Discussions with patients must include conversations about non-pharmacologic and non-opioid treatments for chronic pain. When patients are on LTOT, registrants must discuss safe storage of opioids in the home and Naloxone kits for patients and their family members. Further, the management of a patient on LTOT may unmask an opioid use disorder or other substance use disorder, which must also be managed. This may involve management by the family physician and may require referral and co-management with an addictions specialist. In all cases, management of chronic pain with LTOT involves documented discussions, appropriate examinations and investigations, and pharmacovigilance strategies like PharmaNet checks and (where appropriate) urine drug screening and random pill counts.

Treating pain is a core competency for every registrant in clinical practice. The expectations outlined above are minimum practice standards that registrants are required to uphold. The CMA *Code of Ethics and Professionalism* states that: Physicians must not exclude or dismiss patients from their practice based on their current use of, or request for, opioids or sedatives, or a suspicion of problematic use of prescription medications.

In the event of a complaint, discrimination may be considered unprofessional conduct worthy of sanction. The College acknowledges that this is challenging medicine, but medicine is a demanding occupation. A family physician who can manage diabetes or COPD is more than capable of providing primary care for the one in five adults who live with chronic persistent pain.

Back to table of contents »

Prescription Review Program consultant contract

DRUG
PROGRAMS
Update

The College is inviting applications from registrants with community-based clinical experience to provide guidance and direction for the Prescription Review Program (up to 10 hours per week).

Under the direction of the deputy registrar and the program manager, the medical consultant carries out the mandate of the Prescription Review Program (PRP)—a quality assurance program responsible for assisting registrants in the challenging task of prescribing opioids, sedatives, and other potentially addictive medications. The program prioritizes patient safety by providing registrants with the most up to date clinical guidance, helping them continually improve their skills and knowledge, and maintaining quality of care for prescribing in BC.

The PRP consultant will provide expert review and direction of program files and promote quality improvement.

Candidates must:

- possess exceptional writing skills, including the ability to present technical concepts in lay terms and formulate clear and logical reasons in a style that expresses both empathy and a commitment to fairness
- thrive in a high volume, fast-paced environment while maintaining quality and timeliness standards
- have a minimum of five (preferably 10) years in clinical practice with experience in community-based primary care
- have certification in addiction medicine or recognized experience in addiction medicine
- have supplementary knowledge, training, and experience in managing chronic pain (preferred)
- have knowledge of local and national guidelines on treatment of substance-use disorder and chronic pain

Interested candidates should send a letter of application and their CV to the manager, drug programs at drugprograms@cpsbc.ca by March 31, 2021.

All correspondence will be held in strict confidence.

Back to table of contents »

College of Physicians and
Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Consultation on four new assessment standards for internal medicine, pediatrics, dermatology, and family practice physicians

In keeping with the program's commitment to stakeholder engagement and created in consultation with Physician Practice Enhancement Program (PPEP) assessors, medical advisors, and external medical educators, the PPEP has drafted three new assessment standards for medical records in a community-based setting: pediatrics, internal medicine, and dermatology. Registrants who belong to one of these groups are invited to review the applicable assessment standard and provide your feedback.

Amendments have also been made to the *Emergency Preparedness for Staff and Patients in a Family Physician Clinical Office*, in particular to provide direction and guidance on workplace violence.

Medical Record for the Pediatrician in a Community-Based Office Setting

Review the draft standard here. Pediatricians are invited to provide feedback here by March 10, 2021.

Medical Record for the Internist in a Community-Based Office Setting

Review the draft standard here. Internists are invited to provide feedback here by March 10, 2021.

Medical Record for the Dermatologist in a Community-Based Office Setting

Review the draft standard here. Dermatologists are invited to provide feedback here by March 10, 2021.

Emergency Preparedness for Staff and Patients in a Family Physician Clinical Office

Review the draft standard here. Family practitioners are invited to provide feedback here by March 10, 2021.

Back to table of contents »

College of Physicians and
Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Revised PPEP office assessment process to launch spring 2021

PPEP Update

The Physician Practice Enhancement Program (PPEP) previously anticipated that the rollout of a revised office assessment process would take place in 2020. This implementation will now take place in the spring of 2021 and will begin with family practice offices. The office assessment is primarily based on the College's standards and guidelines as well as on the PPEP assessment standards—both reflect mandatory requirements and best practices for community-based clinical offices.

The revised process begins with a detailed pre-visit questionnaire that covers key areas of an office setting including after-hours coverage, repeat prescriptions, handling of critical lab results, and safe vaccine and medication management.

Working collaboratively with registrants, program staff will review completed questionnaires, including submitted photos of office-related key components, and identify areas for improvement. Registrants will be required to demonstrate any required changes through an action plan, and the submission of additional information may be required.

Back to table of contents »

College of Physicians and
Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

The influence of relationship-centred coaching on physician perceptions of peer review in the context of mandated regulatory practices

PPEP
Update

Findings from PPEP's 2019 study on relationship-centred coaching across three time periods in peer assessment has been published in Academic Medicine November 2020.

When it comes to physician assessment, facilitation does make a difference. The Physician Practice Enhancement Program (PPEP) evaluation team led a quasi-experimental analysis on physician ratings of the effectiveness of peer assessor interactions and peer review processes during three time periods: (1) a historical control, (2) a period after assessors were trained to deliver feedback using relationship-centered coaching, and (3) after physicians were given more capacity to choose patient records for peer review and engage in discussion about multi-source feedback results.

Analysis found that despite peer review being inherently stressful for physicians when they occur in the context of a regulatory authority visit, efforts to establish a quality improvement culture that prioritizes learning can improve physicians' perceptions of the value of engaging with College-mandated peer review.

Findings were published in the November 2020 RIME supplement and presented virtually at the 2020 AAMC Learn-Serve-Lead conference.

The article is available for free download on the Academic Medicine website.

Back to table of contents »

College of Physicians and
Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Seeking dermatologists to join the PPEP assessment team

In 2018, the Physician Practice Enhancement Program (PPEP) expanded its quality improvement program to include community-based dermatology assessments. Since then, the program has collaborated with dermatologists to develop the assessment tool, educational resources, and the training programs for new assessors.

The PPEP is currently seeking active practising dermatologists to join its dedicated team of assessors.

Assessors may be expected to undergo an assessment of their own practice and participate in an assessor training session. PPEP assessors routinely tell the College how much they enjoy the work that they do by supporting their colleagues and the profession in this way.

Dermatologists interested in joining the College to support a culture of quality improvement for BC physicians should contact the program's physician relations manager at peerassessments@cpsbc.ca.

For more information on PPEP, visit the College website.

Back to table of contents »

College of Physicians and
Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Circulated for consultation—*Parenteral Use of Ketamine for the Treatment of Mood Disorders*

NHMSFAP Update

In the September/October 2020 College Connector, registrants were advised that ketamine for the treatment of a major depressive disorder administered by any route in the community setting must be performed in an accredited non-hospital facility under the order of a treating psychiatrist.

The College subsequently published a clarification on the requirements for intranasal esketamine stating that psychiatrists may prescribe SPRAVATO® to patients who meet the appropriate criteria in a community setting, as long as they have appropriate training and knowledge and are doing so in accordance with the requirements set out by Health Canada and the SPRAVATO® Canadian product monograph. The clarification further advised that off-label parenteral administration of ketamine for depression continues to only be permitted in accredited non-hospital facilities.

The draft NHMSFAP accreditation standard *Parenteral Use of Ketamine for the Treatment of Mood Disorders* has been developed and circulated for consultation. Registrants are invited to provide feedback via a brief survey by February 17, 2021. Ketamine administration for the treatment of mood disorders such as major depressive disorder (MDD) by intravenous (IV), intramuscular (IM), and subcutaneous (SC) routes must be performed in an accredited non-hospital facility.

This draft standard does **not** apply to intranasal esketamine (SPRAVATO®) administered in a non-accredited facility (e.g. physician office/clinic).

Back to table of contents »

College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Trauma-informed care reading list

College LIBRARY

Trauma-informed care has at its core the principles of trauma awareness, safety, trustworthiness, choice and collaboration, and building of strengths and skills[1] to optimize the care for people who have experienced violence and trauma.

The College library has prepared a reading list for registrants of selected books, chapters, and articles that focus on the nature and impact of trauma as well as implementation of trauma-informed practice. The emphasis is on practicalities of enhancing care to effectively support and work in partnership with traumatized patients. The list was selected from material currently available in the library's collection.

For a more complete list of resources on this topic, request a literature search. Trauma-informed care is an emerging topic and the library aims to collect more relevant material in the future—suggestions from registrants are welcome. The reading list, like all the reading lists produced by the library, is a living document and will be reviewed and refreshed periodically.

1. Trauma-Informed Practice Guide. BC Provincial Mental Health and Substance Use Planning Council. Victoria, BC: British Columbia Ministry of Health, 2013. Available from: https://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

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 »