



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.



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Registrar's message: lessons learned from a challenging year—working together for positive change



Collectively, we have experienced a once-in-a-century worldwide pandemic; we have confronted the devastating impacts of systemic racism; and we have felt the burden of the ongoing opioid crisis. There is no doubt that this past year has been difficult; yet, it has also been a year of reflection, solidarity, and renewed strength to drive positive, lasting change.

Throughout the pandemic, registrants have been able to adapt their practice by increased use of technology to continue to meet their patients' needs. This has been no easy feat, and I applaud the hard work and resilience of many registrants who now spend a portion of their clinic day communicating with patients remotely. While virtual care has opened the door to greater access and is clearly

here to stay, it will never be a replacement for in-person assessments when and where necessary. Following a comprehensive consultation, revisions to the existing practice standard *Telemedicine* will need to reflect this new reality.

The College, like other organizations, has taken important steps over the past year to address Indigenous-specific racism. The significance of this work was underscored by the findings from the independent investigation led by Dr. Mary Ellen Turpel-Lafond, which exposed the extent to which Indigenous-specific racism exists in the health-care system. At its annual retreat, the Board spent two days discussing cultural safety and humility and resolved to include it as a core pillar of its 2021–2024 strategic plan. The action items outlined in this core pillar include improving the College's complaints process to make it more accessible to Indigenous patients, developing a new practice standard, and applying the lens of cultural safety and humility to the College's operations and governance.

Though these are all important steps along the path towards truth and reconciliation, the structural reform necessary to protect Indigenous patients will be an ongoing journey requiring continued reflection and action by all. The College has taken a long, introspective look at its policies and processes and expects registrants to do the same. The new *Cultural Safety and Humility* practice standard is currently being drafted with guidance from our Indigenous community, partners, and registrants, and will likely be published later this year.

The opioid crisis in BC has been compounded by COVID-19, resulting in a dual public health emergency, which continues to hit our province's marginalized and vulnerable populations the hardest. In response to the negative impacts the pandemic has had on the opioid crisis, the Ministry of Health, Ministry of Mental Health and Addictions, and BC Centre for Substance Use have initiated numerous rapid changes to the management of opioid use disorder (OUD) and other substance use disorders.

As changes continue to be made based on emerging empirical evidence, the decriminalization of substance use, and increased availability of pharmaceutical alternative prescribing (safe supply), the

College anticipates becoming more involved in regulating the management of OUD and will continue to update its *Safe Prescribing of Opioids and Sedatives* practice standard to best serve BC patients.

I commend all of you who have sacrificed so much this past year to deal with these difficult societal issues. The increasing number of vaccinated British Columbians, commitments made by health-care organizations to ensure culturally safe care, and the changing management of OUD allows us to look forward to a post-pandemic world with renewed but cautious optimism.

Though much will continue to challenge us over the coming months, the lessons we have learned during the pandemic and the progress we have made by working together to grow and evolve will have enduring impacts.

Heidi M. Oetter, MD
Registrar and CEO

Comments on this or any other article published in the College Connector can be submitted to the communications and public affairs department at communications@cpsbc.ca.

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Recently updated practice standards and professional guidelines to reflect changing times

Practice Standards & Professional Guidelines

The practice standard [Medical Assistance in Dying](#), and accompanying [FAQs](#) have been updated to align with Bill C-7, An Act to Amend the Criminal Code (medical assistance in dying), which was passed by the federal government on March 17, 2021. This new legislation expands eligibility for medical assistance in dying (MAiD), modifies existing safeguards, adds new safeguards, introduces a waiver of final consent to receive MAiD in certain circumstances, and expands the monitoring regime for MAiD. More information can be found at the Ministry of Health's [Medical Assistance in Dying – Information for Health-Care Providers](#) web page.

The College published the revised [Photographic, Video and Audio Recording of Patients](#) practice standard and [Social Media](#) professional guideline on February 26, 2021. Before doing so, feedback was sought from registrants, the public and key health partners including the Ministry of Health, Canadian Medical Protective Association, Doctors of BC, and the University of British Columbia Faculty of Medicine.

Results from this comprehensive review process were brought to the Patient Relations, Professional Standards and Ethics (PRPSE) Committee, which directed that several amendments be made to the drafts. Key revisions made to the *Social Media* professional guideline include clarifying that registrants are expected to know which social media platforms are open, closed or have end-to-end encryption, expanding the principle on respecting patients' privacy to include co-workers and colleagues, and reminding registrants to also adhere to their health authority's social media guidelines.

Key revisions made to the *Photographic, Video and Audio Recording of Patients* practice standard include changing it from a professional guideline to a practice standard, adding clarification that, in some circumstances, a registrant may deny care if consent is not obtained, outlining expectations of registrants who record patients in public spaces for security purposes, and removing the ability to obtain retroactive consent (if an unexpected recording is deemed necessary, stating that a recording may only be made if the patient has provided their informed consent for the possibility of a recording prior to the procedure).

The College thanks all those who provided their feedback during the consultation process. Registrants who have questions regarding the updated practice standards or professional guidelines can direct their questions to communications@cpsbc.ca.

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Ensuring appropriate use of virtual care during the pandemic and beyond



The practice standard on *Telemedicine* was first published in 2013, written in the context of a health-care system that generally did not incorporate virtual care as a common option for patients.

Fast forward now to March 2020 when the COVID-19 pandemic acted as a catalyst for a monumental shift from in-person to virtual care, fundamentally changing our perception of technology in the context of patient care. In response to the increased use of virtual care, the College made several point-in-time revisions to its *Telemedicine* practice standard to ensure there were no regulatory barriers in the way of clinically appropriate use of virtual care, and to clarify expectations of registrants who prescribe opioid and psychotropic medications.

Registrants have shown commendable adaptability in response to the changing practice environment and have embraced virtual care as a modality to expand access to services for patients during challenging times. Though there are many positive outcomes of the increased use of virtual care, the College has recently received expressions of concern that some registrants are limiting their practice to “virtual only” services, even when a patient’s condition may require an in-person assessment. While there is no doubt that the massive pivot to virtual care has demonstrated its value, virtual care must be maximized in a way that complements, rather than replaces, necessary in-person care.

In response to the issues brought forward, the College recognized the need to gather feedback from registrants, key partners and members of the public to determine if the practice standard, *Telemedicine*, is sufficient to ensure safe and appropriate medical care in our new COVID-19 impacted practice environment. This consultation began March 8, 2021 and will end on April 9, 2021. The response rate has been phenomenal—in fact, it was a College record. A total of 1,109 registrants and 283 members of the public have shared their feedback so far, along with several key health partners.

The College thanks all those who took the time to participate in the survey. Insight into the experiences of registrants and patients, and recommendations from experts in the field, are critical to ensuring that the standard remains current and easy to operationalize in practice. The College will be reviewing each submission, and the results will be used to guide an updated practice standard which can continue to ensure virtual care is used appropriately and effectively.

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24/7 helpline for practitioners who treat patients with addictions



A 24/7 helpline launched last year is providing live, in-the-moment addiction medicine support to practitioners while they are treating patients.

The helpline is staffed with addiction medicine experts from across the province who are available to provide rapid telephone consultation to physicians, nurse practitioners, nurses, pharmacists, and midwives to help improve the delivery of lifesaving, evidence-based addiction care in real-time. Consultation can include support in screening, assessment, treatment and management of substance use

and substance use disorder(s).

Dial **778-945-7619** to reach the 24/7 addiction medicine clinician support line.

Note that the support line does not provide:

- Appointment booking
- Residential treatment referrals or personal clinical care for community members
- Arranging for laboratory or diagnostic investigations
- Patient care transfer
- Clinical consultation for inquiries unrelated to substance use
- Coordination of prescribing and pharmacy services

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Harmonized prescription pad for drugs requiring a duplicate prescription and methadone coming this summer

DRUG PROGRAMS Update

The Controlled Prescription Program is a joint initiative of the College of Physicians and Surgeons of BC, the BC College of Nurses and Midwives, the College of Pharmacists of BC, the College of Dental Surgeons of BC, the College of Veterinarians of BC and the Ministry of Health, which is tasked with preventing forgeries and reducing inappropriate prescribing of selected drugs.

The Controlled Prescription Program recently completed a project to harmonize the controlled prescription duplicate pad and the methadone pad to streamline prescribing for registrants. Once implemented, all drugs requiring a duplicate prescription can be prescribed using the single harmonized pad. The controlled prescription program advisory committee is currently working on the rollout timeline for the new pads and aims to have them available by the summer of 2021. Prescribers will no longer need to order and use separate pads and can look forward to a simpler prescribing process.

Further details are forthcoming.

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Patient safety incident review: anaphylaxis in the non-hospital setting

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 Patient Safety Incident Review Panel recently reviewed incidents involving anaphylaxis shortly after induction of anesthesia for a surgical procedure. In both cases, the clinical team handled the event well and the patient had positive outcomes.

There are often several possible causes for the reaction, and clinical teams are reminded that anaphylaxis to chlorhexidine appears to be increasing in frequency and is the most likely cause in the two cases reviewed.

The following recommendations provided to the facilities involved are important to keep in mind when dealing with this situation:

- Washing off the chlorhexidine prep is important if this is a suspected trigger.
- Documentation of a rash or the lack of it is important because it is a hallmark of anaphylaxis.
- It is common in anaphylaxis to under-dose epinephrine. Protocols should be reviewed with the clinical team. Epinephrine infusion should be considered for recrudescence.
- If a patient is intubated, it would be safest to leave the patient intubated for transfer to hospital for further treatment.
- The practice of asking patients to test chlorhexidine on a small site a day prior to surgery could be considered to determine patient's allergic reaction.
- A referral must be made to an expert to further examine and confirm allergies.
- Facilities must ensure that the patient involved is aware that the chlorhexidine was a high potential cause for the anaphylaxis and that this is followed up with the allergist.

Medical directors and clinical leads are encouraged to share this information with the clinical team and review protocols to prepare for this life-threatening reaction.

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Important information for podiatric registrants—an expanded appropriate procedures list is on the website

NHMSFAP Update

The Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Committee reviewed and approved a more comprehensive list of procedures that podiatric surgeons may perform in accredited facilities. As of April 1, 2021, the updated appropriate podiatry procedures list is now included in the privileging applications for accredited non-hospital medical and surgical facilities.

Application forms and the new appropriate procedures list for podiatry can be found [here](#).

The BC MQI dictionary for podiatric surgery and medicine has been approved and will be posted to the BC MQI website in April. The BC MQI dictionaries have been adopted by the NHMSFAP, and facility medical directors will use them in privileging podiatric surgeons at accredited non-hospital surgical facilities.

Podiatric registrants are reminded that the NHMSFAP has extended the timeframe for applying for provisional accreditation to September 30, 2021.

Podiatric surgery facilities will have until September 30, 2021 to apply for provisional accreditation. Podiatric registrants will be permitted to continue performing those procedures requiring an accredited non-hospital facility in their existing settings until that date.

A list of procedures that are required to be performed in an accredited non-hospital facility is provided [here](#).

The NHMSFAP is committed to ensuring that all accredited facilities meet the accreditation standards to ensure safe and quality care.

Additional questions or comments should be directed to the NHMSFAP at nhmsfap@cpsbc.ca.

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New comorbidities tool in BMJ best practice

College LIBRARY

A maxim of unknown source but often attributed to William Osler is "The good physician treats the disease; the great physician treats the patient who has the disease." Becoming a great physician is certainly difficult and is made even more challenging by the scarcity of nuanced tools to manage the care of patients with multiple co-occurring conditions.

Approximately 33 per cent of North Americans suffer from two or more health conditions¹. Not taking comorbidities into account may lead to suboptimal care, worse clinical outcomes, and longer lengths of stay. Yet, clinical guidelines and point of care tools, e.g. UpToDate and DynaMed, focus on single conditions rather than the complexity of patients with comorbidities.

In response to this problem, the College library is providing access to the new BMJ best practice comorbidities tool. The comorbidities tool provides treatment guidance on patients' acute conditions alongside pre-existing comorbidities. The content is based on the latest evidence and is presented in a way that is realistic for daily practice.

The comorbidities available for selection are common, costly, and carry a high risk of harm, and include hypertension, coronary artery disease, heart failure, stroke, depression, diabetes, asthma, COPD, chronic kidney disease, and dementia.

An example of treatment modifications offered by BMJ best practice with comorbidities can be seen in the module on urinary tract infections in women with diabetes as a comorbidity. After selecting diabetes as a comorbidity, the section on first line therapy for acute infection in women under 65 in the community is supplemented with guidance on management of diabetes in this situation. For a quick look at another example without logging into the College website, the "Acute exacerbation of chronic obstructive pulmonary disease" module is free for anyone to review [here](#).

To use BMJ Best Practice with the comorbidities tool, open BMJ Best Practice [online](#) on the College library web page or the BMJ Best Practice [app](#). Where available, treatment options that are affected, or added, as a result of the patient's comorbidities are indicated by this icon:



For more online clinical information resources to support practice, explore the [library web page](#). Send an email to the library with questions or to request assistance including literature searches, article delivery, book loans, or workshops to build skills in finding medical evidence (medlib@cpsbc.ca).

1. Clark A, Jit M, Warren-Gash C, Guthrie B, Wang HHX, Mercer SW, Sanderson C, McKee M, Troeger C, Ong KL, Checchi F, Perel P, Joseph S, Gibbs HP, Banerjee A, Eggo RM; Centre for the Mathematical Modelling of Infectious Diseases COVID-19 working group. Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020: a modelling study. *Lancet Glob Health* [Internet]. 2020 Aug [cited

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from: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30264-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30264-3/fulltext)

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CPD events



Prescribers Course

May 7, 2021 – Online

[Learn more](#)

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Regulatory actions

- [Narvas, David Eric – February 22, 2021](#)

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