



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: racism in health care—we cannot stay silent



The recent discovery of the remains of 215 children at a former residential school in Kamloops is a tragedy that once again spotlights the violence and racism experienced by Indigenous people in Canada. This was not an isolated historic event—Indigenous people have been systematically discriminated against throughout our colonial history and are to this day. We cannot stay silent.

On May 11, the registrars of four of the biggest health regulatory colleges in the province issued a [joint apology](#) to Indigenous people and communities who have experienced racism through our colonial systems and by the health professionals that we regulate, specifically those professions named in Dr. Mary Ellen Turpel-Lafond's [In Plain Sight](#) report.

Our apology acknowledges that our regulatory systems, structures and practices have not been inclusive or accessible to Indigenous people and reaffirms our commitment to do more—not just in words but in concrete actions.

Since signing the [Declaration of Commitment – Cultural Safety and Humility in the Regulation of Health Professionals](#) in 2017, the College has been on a journey to learn the truth about the experiences of First Nations and other Indigenous people living in the province, and to critically examine how we conduct our regulatory work through a new lens in order to remove structural barriers.

This is a shared journey across all levels and all departments of the College. At its annual retreat last year, the Board resolved to include cultural safety and humility as a core pillar in its [2021–2024 Strategic Plan](#). A significant action item aligned with this pillar is a comprehensive review of the College's current complaints process, with a goal of making it culturally safe and appropriate. This includes developing restorative justice and early dispute resolution pathways for Indigenous people who prefer to take that approach. We will also invest in supports to assist Indigenous people and ensure they do not feel isolated when navigating the complaints process.

Since its adoption in 1886, the College crest has been the official stamp used on all of our communication and documentation. The College crest is a distinctively colonial symbol with a lion wearing a crown on its head while sitting on top of another crown, reflecting the royal coat of arms of the British monarchy and all of its rights. This year we will be undertaking a significant rebranding process, which includes replacing the crest with a new identifier that reflects our current-day values of inclusivity and accessibility to all British Columbians.

The College recently sought feedback from registrants on a number of cultural safety and humility principles, which will form the basis of a new practice standard for registrants. The comments and questions posed during the consultation underscore the need to provide further clarification on specific principles and terms used, and the importance of continuing to support registrant education and awareness on cultural safety and humility.

The new standard is being developed in partnership with the BC College of Nurses and Midwives, with guidance provided by the First Nations Health Authority, First Nations consultants and knowledge keepers. A significant step in the consultation process is to obtain insight and feedback on the principles directly from Indigenous patients to ensure the standard is created with input from those it is meant to serve. We will also seek input from Indigenous registrants through a facilitated online discussion.

Though several steps remain in the development process for the *Cultural Safety and Humility* practice standard, the College is confident that real progress is being made towards a clear, comprehensive, and relevant standard. We extend a sincere thank you to those who have shared their thoughts so far.

We are asking College registrants to take this journey with us—to break down barriers that enable systemic racism, to reflect on their own practices, and to be anti-racist leaders who foster a speak-up culture, where stereotypes, discrimination and racism are called out and eliminated.

Together we can take meaningful action to care for and honour BC's Indigenous people.

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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Staying informed during the pandemic—clinical resources are available



Registrants have a professional obligation to stay informed about COVID-19 through reliable, factual and trusted sources. The BCCDC has developed and published numerous clinical resources and other information about COVID-19, which are easily accessible on the BCCDC website.

- [New Today](#) – guidance documents and daily updates
- [Infection Control](#) – information and signage to prevent the spread of infection in health care facilities
- [Clinical Care](#) – treatment guidance and information for caring for vulnerable populations
- [Health Care Provider Support](#) – resources to support mental and psychosocial well-being

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New Controlled Prescription Program form available now

DRUG PROGRAMS Update

A new harmonized Controlled Prescription Program (CPP) form is now available. Prescribers should familiarize themselves with the new form to facilitate a smooth transition to using it.

The creation of the harmonized CPP form brings together the two different duplicate prescription forms currently required to be used as part of British Columbia's Controlled Prescription Program—the generic CPP form used to prescribe the majority of controlled prescriptions, and the methadone CPP form used to prescribe methadone for maintenance treatment.

Since the release of the [Provincial Guidelines for the Clinical Management of Opioid Use Disorder](#), prescribers have been using the generic CPP form to prescribe buprenorphine/naloxone and slow release oral morphine for opioid agonist treatment (OAT) which has resulted in inconsistencies amongst prescriptions for OAT drugs, as prescriptions written on the generic CPP form are “void after 5 days,” whereas prescriptions for methadone for OAT are not as they include a “start day” and “last day.”

Benefits of the new harmonized CPP form include:

- A consistent approach to writing prescriptions for all 1A drugs
- Increased patient access to OAT therapy (currently only prescribers of OAT have methadone CPP forms)
- Reduced administrative burden associated with ordering/printing of two pads for 1A drugs

In addition, the new harmonized CPP form reflects updated OAT delivery guidance. Most notably, the form no longer requires physician authorization for delivery which reflects that pharmacists may use their professional judgement to determine whether or not to deliver OAT to a patient, in accordance with the College of Pharmacists of BC's [Professional Practice Policy – 71 \(Delivery of Opioid Agonist Treatment\)](#). Instead, the new form allows prescribers to specify when delivery is not permitted.

View a sample of the new prescription form [here](#).

Note: Registrants may still continue to use their existing prescription pads. The phase-out of the current CPP forms is expected to take place over a period of years rather than months and further details will be provided at a later date.

For questions about the implementation of the new harmonized CPP forms, contact the drug programs department at drugprograms@cpsbc.ca or 604-733-7758 ext. 2629.

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Venous thromboembolism (VTE) pre-operative screening requirements for surgery in a non-hospital facility

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 (NHMSFAP) Patient Safety Incident Review Panel has reviewed incidents of venous thromboembolism (VTE), as well as bleeding requiring transfer to hospital following plastic surgery procedures, where screening was not apparent or clearly documented in the clinical chart. VTE risk stratification using a standardized tool such as the Caprini risk assessment model should be used. Chemoprophylaxis use should be determined based on score.

Facilities and individual registrants are reminded that a patient's pre-admission assessment must include appropriate VTE screening, and documentation of the VTE screening must provide an accurate account of the patient's status including any decisions, interventions or actions taken as a result of this screening.

The screening form used, including score, must be clearly documented in the patient record. Checking a box on a preoperative checklist indicating that it was completed is not acceptable practice.

See the NHMSFAP accreditation standards [Pre-admission Evaluation and Selection](#) and [Medical Records and Documentation](#) for further details.

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Results from consultation on the Medical Record for the Dermatologist in a Community-Based Office Setting assessment standard

PPEP Update

Earlier this year, the Physician Practice Enhancement Program (PPEP) provided the draft assessment standard for Medical Record for the Dermatologist in a Community-Based Office Setting for external consultation. The program appreciates the time and effort registrants put into their feedback, with a response rate of 42 per cent of practising dermatologists. The program has made several changes to the draft document taking into consideration the extensive feedback received. Feedback received and the changes to the draft assessment standards

were reviewed in consultation with the UBC Department of Dermatology and Skin Science.

Specific to dermatology and record keeping, it is recognized that there is a spectrum of dermatologic consultations ranging from focused or regional assessments to comprehensive assessments for complex cases of skin concerns, and the documentation requirements for these may vary significantly.

The program stresses that PPEP assessment standards are not the same as legally enforceable College practice standards. The assessments standards are provided to registrants to ensure that they are aware of the assessment criteria used during a peer practice assessment, and to ensure consistency among peer assessors. The PPEP assessment standard does not replace existing College standards but does reflect them where applicable.

The following changes have been made to the assessment standards:

- Clarification that the PPEP assessment standard is not the same as a College practice standard.
- That the medical record documentation should be sufficient such that another registrant is able to take over care.
- There is recognition that there is a spectrum of dermatologic consultations ranging from focused or regional assessments to comprehensive assessments for complex cases of skin concerns, and the documentation requirements for these may vary significantly. The document explicitly uses the statements “as relevant” or “as indicated” when appropriate to denote that documentation is specific to the problem being assessed.
- This document identifies best practices and expectations, and items noted “M” are mandatory to the extent that it is relevant to the type of consultation being recorded.

Review the updated draft assessment standard [here](#). Further comments can be shared [here](#).

The program acknowledges the contributions of dermatologists in the development of this assessment standard: PPEP dermatologist assessors, UBC dermatology partners, and all of the dermatologists who provided their feedback. All PPEP assessment standards undergo review and final approval by the

Physician Practice Enhancement Panel, made up of a diverse group of physicians and public members approved by the College Board.

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PPEP is recruiting a part-time consultant medical advisor (family practice)

PPEP
Update

Under the direction of the deputy registrar and the program director, the medical advisor for family practice carries out the mandate of the Physician Practice Enhancement Program (PPEP): to provide expert review of program files and promote quality improvement in community-based physicians' medical practice. The PPEP medical advisor will review assessment reports, provide feedback, identify opportunities for improvement on various files, and engage in coaching sessions with registrants. The PPEP medical advisor will also provide feedback on program development and quality improvement and help guide future program direction.

The PPEP medical advisor will have exceptional oral communication skills, and an excellent command of written English. Previous experience in evaluating clinical performance and developing continuous improvement plans would be advantageous. The College is seeking efficient, responsive family practitioners who can work in a demanding environment, while maintaining quality and timeliness standards. The candidate must work collegially and interact effectively with College staff.

The successful candidate must hold a full, active practice licence in family practice and be in good standing with the College. Ideally, they will have previously undergone a PPEP assessment (preferred) and are able to commit one day per week to the program.

Interested candidates should submit a letter of application, with a resume, to the director, PPEP by:

Confidential fax: 604-733-3503

Email: peerassessments@cpsbc.ca

All correspondence will be held in strict confidence.

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PPEP is recruiting two part-time peer assessors

PPEP
Update

Under the direction of the deputy registrar and the program director, the peer assessor carries out the mandate of the Physician Practice Enhancement Program (PPEP): to assess community-based family practice physicians and promote quality improvement in medical practice in compliance with College policies and procedures, and in accordance with the Bylaws under the *Health Professions Act*, RSBC 1996, c.183.

The assessors will conduct a combination of remote and onsite peer assessments throughout BC, provide feedback on program development and quality improvement, and help guide future program direction.

Exceptional interpersonal communication skills are required, including the ability to work in a collaborative team environment, and assessors must have current understanding of best practices, up-to-date knowledge on clinical care guidelines, and familiarity working in a multi-physician clinic setting. Physicians selected for this position will require a successful physician assessment.

Interested candidates should submit a letter of application, with a resume, to the director, PPEP, by June 30, 2020 to:

Confidential fax: 604-733-3503

Email: peerassessments@cpsbc.ca

All correspondence will be held in strict confidence.

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The Review of Natural Products—current natural product information for registrants

College LIBRARY

Herbs and other plant-based substances are frequently used by the public for medicinal purposes. They can have significant health implications and freely available information is often compromised by conflict of interest and weak evidence. [The Review of Natural Products is now available to registrants through the College website](#) to support those seeking detailed information about natural products based on objective assessment of current scientific research. Its focus is evidence on both the benefits and the risks of natural products.

The Review of Natural Products contains 400 monographs, each starting with a "Clinical Overview" box summarizing medical use, dosing, contraindications, pregnancy/lactation, interactions, adverse reactions, and toxicology. Other aspects in the monographs are botany, history, chemistry, pharmacology, folkloric uses, and patient information.

The Review of Natural Products is highly rated among point-of-care dietary information sources for completeness and consistency in uses, dose, adverse effects, and mechanism information¹. In terms of scope, herbs, vitamins, and medically active foods (nutraceuticals) are covered, minerals are not. The resource is updated monthly.

For help in locating more information on natural products or any other question that arises in medical practice, registrants are welcome to [contact the College library](#).

1. Montgomery AE, Beckett RD, Montagano KJ, Kutom S. Evaluation of Point-of-Care Resources for Dietary Supplement Information. J Evid Based Integr Med. 2018 Jan-Dec;23:2515690X18764844. Available from: <https://pubmed.ncbi.nlm.nih.gov/29589473/>

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CPD events



Chronic Pain Management Conference

September 17, 2021 – Online

[Learn more](#)

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