

Registrar's message: the College rebrands—a summary of registrant feedback and an update on our progress

In October 2021, the College started a major rebranding initiative which will include retiring the crest, a distinctly colonial symbol which was adopted in 1886. The crest will be replaced with a new visual identity that reflects the College's current-day values of accessibility and inclusivity for all British Columbians.

It is important to emphasize that a brand is not just a logo—it encompasses our organization's behaviour, language, tone, attitude, and procedures. This project is just one of the steps the College is taking towards truth and reconciliation, as outlined in the [2021–2024 strategic plan](#).

A critical first step of this project was the discovery phase, which involved extensive research on the current perceptions of our audiences and their needs from the College. We sought feedback from registrants, members of the public, College board members and staff, and colleagues from other health and regulatory organizations.

Registrants were invited to participate in a virtual workshop, one-on-one interviews, and a survey. During this phase, we heard from close to 1,000 registrants who shared their honest feedback and helped identify opportunities for improvement.

We asked registrants whether a number of attributes *should* fit (or describe) the College as an organization, and whether they *often* fit currently. The results ([see figure 1](#)) illustrated that the majority of registrants surveyed think the words "accessible," "approachable," "transparent," "trusted," and "fair" should fit the College; however, few think these words often fit now. Conversely, while 43% of registrants think the word "authoritative" should fit the College, 74% think it often fits. This indicates there is a major opportunity for the new brand to strike a more equitable balance between being authoritative and the other more positive attributes, such as being approachable.

Registrants were also asked to share their thoughts on what the College can do to be more accessible, approachable, transparent, trusted, and fair. Some clear themes emerged.

A number of registrants described a need for more supportive engagement with the College. While the College's role is to regulate the practice of medicine for the protection and safety of patients, providing registrants with resources and supports to assist them in their practice and help them to apply standards and guidelines is part of our job.

The College recently introduced a free [coaching service](#) for registrants seeking guidance on applying the standards and guidelines in their daily practice. We are also transitioning our educational workshops to interactive virtual learning opportunities in order to make them more accessible to busy registrants across the province. This project includes revamping existing courses such as the Prescribers Course and Medical Record Keeping, as well as developing new [courses on practice standards](#) that frequently elicit questions. As always, registrants can seek support on clinical questions from the [College library](#).

Many registrants expressed a need to see more diversity at the College. The College has committed to increasing Indigenous membership on the Board and committees. We currently have two Indigenous members of the Board, and most panels of the Inquiry Committee include at least one Indigenous person recommended by the First Nations Health Authority. This is an ongoing journey, and we know that we have more work to do to ensure that the diversity of British Columbia is represented on College staff, Board, and committees.

Registrants also called for accessibility and transparency from the College. Transparency is one the College's [core values](#). Several recent initiatives have been driven by the goal of being more transparent and accessible, including our [updated website](#) and a new [open call process](#) for recruiting committee members. Further, one of the actions in the 2021–2024 strategic plan is to engage with registrants to ensure practice standards and guidelines are relevant, current, and easy to operationalize. We are committed to ensuring that our regulatory processes and policies are clear, accessible, and applied consistently, and that information about the work of the College is readily available and easy to understand.

The areas for improvement identified by registrants during the discovery phase are being carefully reviewed. We have also continued to seek registrant feedback during the design phase of this project, and your insightful comments will be considered as we progress in developing a new visual identity.

Thank you to all of you who have provided input throughout this process. Feedback from registrants, members of the public, and partner organizations is critical to ensuring that the new brand represents the College as an evolving, accessible, diverse, ethical, transparent, and dedicated organization.

We look forward to sharing the results of this exciting project with you in 2023.

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.

Learn more about the College's practice standards through online courses

The College is pleased to announce the launch of three [online courses for registrants](#). The courses are intended to assist in applying practice standards and professional guidelines, starting with three standards that frequently elicit questions.

The courses are hosted on a new online learning platform. To take a course, registrants are required to create an account by providing their name, email address, and setting a password. **Note:** For privacy reasons, the online learning platform is not integrated with CPSIDs or passwords for the College website.

Each interactive course can be completed on a computer or mobile device.

Virtual Care 🕒 10–15 minutes 🆓 Free	
Ending the Patient-Registrant Relationship 🕒 5–10 minutes 🆓 Free	
Leaving Practice 🕒 5–10 minutes 🆓 Free	

Future course development

The College is also planning to transition some of its existing educational workshops to online learning courses in order to broaden reach across the province and to provide flexibility in course format and content. This will include Medical Record Keeping and the Prescribers Course. New course offerings will be announced via email and in the *College Connector*.

Share your feedback

After completing a course, registrants will be asked to complete a brief survey, which will inform the development of future online courses.

Screening for cervical cancer

A 42-year-old patient was diagnosed with cervical cancer and the care provided by her primary care physician was reviewed by the Inquiry Committee following a complaint. The patient had been seeing the same primary care physician for over 20 years and had never undergone Pap screening for cervical cancer. In this instance, the physician believed that since the patient was engaged exclusively in a same-sex relationship, screening was not required.

The [published guidelines for Pap tests](#) on the BC Cancer Agency website are clear.

Anyone with a cervix, including women and transgender people, between the ages of 25 and 69 should be screened for cervical cancer every three years. These recommendations apply if:

- The patient is post-menopausal.
- The patient has ever been sexually active, even if they are not currently sexually active.
- The patient has received the human papillomavirus (HPV) vaccine.
- The patient is sexually active in a same-sex relationship.

Cervical cancer screening is not required in patients who have had their cervix removed (such as with a hysterectomy or gender-affirming surgery).

Cervical cancer screening can stop at age 69 if results have always been normal.

Primary care physicians should have their own system in place to ensure eligible patients are recalled for regular screenings in a timely manner. If a patient declines cervical cancer screening, this must be documented in the patient's medical record.

The top reason for not receiving timely cervical cancer screening is the patient's lack of knowledge about screening and the necessity of it. Registrants play an important part in educating patients about this screening tool.

Note: This article presents guidelines and indications for performing Pap smear testing. The article does not discuss the role of Human Papilloma Virus testing in cervical cancer screening. Although used in many jurisdictions, it is not widely used in BC. The test is not covered by MSP and currently, the BC Cervix Screening Program recommends against private testing. For registrants who do choose this method of screening, patients only need to be tested every five years if results are negative.

Take care in discussing payment with a patient insured by another province

Registrants often have questions about providing medical services to a patient insured by another province. For example, when will they get paid for their services and can they ask the patient for payment directly? Having a discussion with a patient about payment can be sensitive and it may impact the patient, especially if they have emergent medical needs.

These issues were considered by the Inquiry Committee when reviewing the complaint of a patient from Quebec. The patient presented to a hospital in need of emergency surgery. Prior to the procedure, the patient had conversations with the anesthesiologist and the surgeon regarding payment for their services. This patient was unaware of the difficulties BC physicians and surgeons have in receiving remuneration from Quebec.

The patient was taken aback by the perceived pressure to pay in order to have the necessary operation. The patient erroneously believed they would not have the operation unless they paid in advance. In the midst of a medical emergency, this was a distressing and traumatic experience.

Registrants have expressed frustration due to delayed payments, no payments, and payments at rates well below those paid by the BC Medical Services Commission. Registrants have a number of options for obtaining payment from Quebec and patients should never be made to feel responsible for addressing bureaucratic issues beyond their control.

Registrants are permitted to discuss the issue of payment but it must be done in a sensitive manner and in a way that does not impact the provision of medical care. Consideration should be given to the patient's frame of mind at the time—are they able to comprehend the information? The College asks registrants to consider the fine line between a reasonable conversation regarding payment options and a conversation that could later be viewed as unprofessional or unethical. As always, registrants should act in the best interest of their patient.

PPEP is recruiting two part-time peer assessors for family practice assessments

The Physician Practice Enhancement Program (PPEP) is actively recruiting two part-time peer assessors to conduct family practice assessments.

Under the direction of the deputy registrar and the program director, peer assessors carry out the mandate of the PPEP—to assess community-based family practitioners 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.

Peer assessors conduct a combination of remote and on-site 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. 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. Registrants selected for this position must hold full licensure, be in good standing with the College, and complete a successful physician assessment and an assessor training workshop.

Interested candidates should submit a letter of application, with a resume, to the director, Physician Practice Enhancement Program.

Confidential fax: 604-733-3503

Email: peerassessments@cpsbc.ca

All correspondence will be held in strict confidence.

Recently approved—immediately sequential bilateral refractive lens exchange surgery

The Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Committee has approved immediately sequential bilateral refractive lens exchange (IMS-RLE) surgery in non-hospital facilities. This decision follows the NHMSFAP Committee's approval of immediately sequential bilateral cataract surgery (ISBCS) in 2018 and the publication and/or endorsement of ISBCS guidelines by the Canadian Ophthalmological Society in the last two years.

Any non-hospital facility in which these procedures are performed must be specifically accredited to perform immediately sequential procedures.

As a condition of accreditation to perform immediately sequential procedures, the medical records of the first ten immediately sequential (IMS) cases performed by each surgeon must be submitted for review to verify conformance with NHMSFAP accreditation standards.

See the [Immediately Sequential Bilateral Cataract and Immediately Sequential Bilateral Refractive Lens Exchange Surgery accreditation standard](#) for more information.

Immediately sequential bilateral Phakic IOL procedures (IMS-Phakic IOL) are not permitted.

Prescribing Methadone practice standard recently updated

The [Prescribing Methadone practice standard](#) was recently updated to remove the requirement for mandatory training to prescribe methadone for pain. Registrants who prescribe methadone for pain must be familiar with the standard and the [Safe Prescribing of Opioids and Sedatives practice standard](#).

Registrants are encouraged to regularly review patients' PharmaNet profiles to ensure safe prescribing of methadone and other opioids. While there are no formal requirements for extra training, registrants who have not prescribed methadone in the past three years are still encouraged to complete the [Methadone for Pain in Palliative Care online course](#), and to read the College's [Methadone for Analgesia Guidelines](#).

Prescribing methadone has undergone significant change over the last five years, in the world, in Canada, and in BC:

- In 2017, the BC Centre on Substance Use took over much of the activities of the Methadone Program at the College, including providing education for prescribers and writing clinical practice guidelines. The College is still responsible for providing prescribers with their Controlled Prescription Program (duplicate) forms.
- In 2018, Health Canada relieved physicians of the "subsection 56(1) exemption" requirement. Prior to this it was a requirement under the Canadian Drugs and Substances Act (CDSA) that the College request, on behalf of the physician, an exemption to section 56(1) of the Act to permit the physician to prescribe methadone for any indication.
- In 2021, the Controlled Prescription Program Advisory Committee (a committee that the College sits on with the Ministry of Health, and the colleges that regulate pharmacists, dental surgeons, nurses, and veterinarians) changed the controlled prescription pad, creating a harmonized prescription pad. Any controlled (Schedule 1a) drug can be prescribed with this pad, and registrants no longer need a special methadone prescription pad.

As up to 20 per cent of Canadians live with chronic pain, the College believes that pain management is a core competency in the practice of medicine. All registrants providing patient care must be able to manage pain in their patient population and undertake continuous learning on the topic relevant to their practice. Registrants must not abandon patients in need of pain management or discriminate against patients with pain conditions. Methadone can be an effective pain medication, particularly for chronic or palliative pain conditions. By removing formal training requirements and making prescribing methadone simpler, the College hopes that more registrants will prescribe it and enable more patients to receive this important medication.

Prescriptions for analgesic methadone should be written on the new harmonized duplicate prescription form or a regular duplicate prescription form. Registrants' copies of the duplicate prescription forms should be retained with the patient record (not in the prescription pad) and must be identical to the copies issued to patients.

Collecting data on safer supply prescribing starts with correctly completing the duplicate prescription form

More than six years ago, a public health emergency related to opioid overdose deaths was declared by the provincial health officer. Currently six people per day are dying of drug overdoses, which are most often linked to fentanyl in the illicit drug supply. The College acknowledges with sadness the devastating toll that illicit drug toxicity has had on members of our communities, and their families and friends.

The BC Ministry of Health (MoH) and Ministry of Mental Health and Addiction (MMHA) have taken bold action to encourage prescribing of safer pharmaceutical alternatives/prescribed safer supply to combat this crisis. In July of 2021, they published [Access to Prescribed Safer Supply in British Columbia: Policy Direction](#). Each health authority was directed to enhance or establish programs to support prescribing hydromorphone products, fentanyl products, and other pharmaceutical products as a safer alternative to the toxic street supply.

The College has published articles on safer supply in the College Connector in [September 2021](#) and [March 2022](#). In both articles it was acknowledged that providing pharmaceutical-grade alternatives to the toxic street supply, both in the context of a comprehensive treatment plan or as a standalone harm reduction strategy, may allow registrants to better support patients with substance use disorder, and may reduce their risk of overdose and death.

With appropriate safeguards in place, including practising within the limits of their clinical competence and preferably in a team-based setting, registrants are encouraged to use their professional judgement to determine the best treatment plan for their patients. In 2022, of the College's 14,269 registrants, 2,338 (16%) self-reported on the Annual Licence Renewal Form that they provide opioid agonist treatment for opioid use disorder. Moreover, 1,607 (11% of all registrants) reported that they provide prescribed safer supply.

The College is not in a position to endorse one clinical intervention over another, nor does it write clinical practice guidelines on the management of opioid use disorder or any other clinical condition. However, the College strongly supports sound scientific research and data collection that will define best practices, and guide improvements to health-care programs.

Since January 2022, all prescribers have been asked to write “SA” (safer alternative) in the “Directions for Use” section when they are filling out the duplicate (Controlled Prescription Program) prescription form. However, many registrants are still neglecting this simple but critical step when providing safe supply for their patients.

Writing this code enables the pharmacist to enter this information into the PharmaNet database. This is the only way the MoH, MMHA, and partners such as the BC Centre on Substance Use and the BC Centre for Disease Control can conduct research to gauge the effects of safer supply, modify treatment programs, assess resource allocation needs, and to construct sound clinical practice guidelines. Prescribed safer supply is an evolving practice, and registrants are encouraged to do all they can to ensure that it is better understood. Completing the form correctly by writing “SA” is the first step in that endeavour.

CPS: drug therapy from a Canadian source

The College library provides several drug-related resources including a Canadian source, CPS. CPS is described by its publisher, the Canadian Pharmacists Association (CPhA), as "Canada's authoritative source for prescribing and managing drug therapy at the point of care, providing health care professionals with online access to evidence-based, reliable Canadian drug and therapeutic information."

The breadth of the content in CPS varies depending on the route of access either via the web or the mobile app. Both are available to College registrants with library access.

To use CPS via the web, select CPS on the library's [Drug Tools page](#).

- Drug information: Health Canada–approved monographs from manufactures and CPhA's evidence based, peer-reviewed monographs, including guidance on off-label uses
- Condition-focused therapy: pharmacological and non-pharmacological guidance from Therapeutic Choices
- Minor Ailments: management of common ailments from allergic rhinitis to viral rashes
- Lexi-Interact: drug interaction checker (includes natural products)

The CPS mobile app includes the same drug and condition information as the web platform but the drug interaction checker is not present. Instructions for downloading and activating the app can be found on the [College website](#) (CPSID login required).

College library staff can assist registrants using library online resources. Email medlib@cpsbc.ca or call 604-733-6671.

The [Guide to Services](#) summarizes all the library's services for registrants via a video and text.

CPD events

Prescribers Course

Friday, October 28, 2022

[Learn more](#)

FAST Evidence

Friday, November 18, 2022

[Learn more](#)

Medical Record Keeping for Physicians

Wednesday, November 23, 2022

[Learn more](#)