

## Registrar's message: illuminating unconscious bias



I recently participated in a seminar on unconscious bias that put into context much of the work we have been doing at the College to identify biases within our processes and practices. The seminar was presented by [Dr. William McDade](#), Chief Diversity and Inclusion Officer of the Accreditation Council for Graduate Medical Education (ACGME) in Chicago. Dr. McDade's seminar covered many aspects of unconscious bias, such as how patients may seek physical and psychological safety from physicians who are culturally like them. He also spoke about how unconscious bias can impact the care provided to patients and how it can influence the leadership pipeline in the health-care system. One of the biggest takeaways for me was Dr. McDade's notion that the goal is not to eliminate bias but rather to illuminate it.

According to Dr. McDade, we can see and potentially mitigate how bias can affect people's decisions and actions if we illuminate it. In many ways, this is the goal the College has been striving for with several of the major initiatives we have embarked upon the last few of years. An example is the full review of the College complaints process that is currently underway to ensure Indigenous Peoples as well as children and youth feel safe and supported when filing a complaint. This type of review will likely involve many uncomfortable conversations, and inevitably uncover biases within the current complaints process that are not evident on the surface. However difficult or uncomfortable this process may be, this work is necessary if we are to change our complaints process so that it is more equitable and inclusive.

An important initiative that some of you have given us your honest feedback on is the [rebranding project](#). The project is about more than just replacing the colonial crest as our visual identity. It is about reframing how the College's values of accessibility and inclusivity show up in the organization's behaviour, language, tone, attitude, and procedures. Through workshops, surveys and consultations with registrants, health partners and the public, we received feedback on what people thought were real and perceived biases that existed within the College. This feedback was humbling but it also illuminated areas for improvement that have guided the direction of our rebranding so far.

The College is also looking at the work done by the College of Physicians and Surgeons of Ontario (CPSO), which has made much progress to meet its commitment to examine how they can incorporate equity, diversity and inclusion (EDI) into their processes and policies. The CPSO has developed an EDI strategy as well as a broad education and training program for all its committee and council members, and staff. We are planning to develop a similar EDI strategy with opportunities for training.

Just as the College is committed to identifying and mitigating its unconscious institutional biases, it is also committed to helping registrants illuminate biases they may have. To that end, we encourage you to familiarize yourselves with the [learning resources](#) available to assist with understanding and complying with the [Indigenous Cultural Safety, Cultural Humility and Anti-racism practice standard](#) and implementing equity, diversity and inclusion more generally into your practice.

Dr. McDade said in his seminar that the best way to avoid falling into bias traps is to be aware of them. I look forward to discovering (and avoiding) these traps as the College makes progress on the initiatives described above so that it can evolve as an accessible and diverse organization.

EDI learning resources from the College library:

- [Key Health Inequalities in Canada: A National Portrait – Executive Summary](#)
- [Racism as a Determinant of Health: A Systematic Review and Meta-Analysis](#)
- [Implicit-Bias Remedies: Treating Discriminatory Bias as a Public-Health Problem](#)
- [Implicit bias in healthcare professionals: a systematic review](#)

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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](mailto:communications@cpsbc.ca).

# 2023 annual licence renewal begins January 1

A teal square graphic with the text "Annual Renewal" in white, bold, sans-serif font.

## Annual Renewal

Annual licence renewal begins January 1, 2023. Here is what registrants need to know in order to be prepared.

### Important dates

**January 1, 2023:** Start of annual licence renewal process

**February 1, 2023:** Deadline to complete the Annual Licence Renewal Form and payment of fees

**March 1, 2023:** Penalties applied for late licence renewal or late payment of fees

**April 1, 2023:** Suspension for non-renewal of licensure or non-payment of fees

### Before annual licence renewal starts

To save time during the renewal process, registrants should sign into the registrant portal on the College website before January to:

- Add security questions. Registrants who have not already set their security questions will be required to set them before they can access the rest of the portal.
- Review contact information and update if needed. Changes in contact information throughout the year must be made within 14 days of the effective date of the change.

## Retiring or resigning before February 28, 2023

Registrants planning on retiring or resigning can submit a [resignation form](#) before February 28, 2023 to be exempt from the 2023 annual renewal process. See [retirement/resignation options](#).

### New questions for 2023

- **Practice settings**

Registrants will be asked to select all applicable practice settings from the following list:

- Health authority-affiliated hospital
- Community-based or private practice clinic (solo or multi-provider)
- Health authority-managed clinic or facility
- Non-hospital medical/surgical facility
- Private diagnostic facility
- Administrative, research or teaching
- Other (please explain)

- **Medical director**

Registrants who work in a multi-registrant clinic(s) will also be asked if they are the medical director of a clinic where they practise. The College practice standard [Primary Care Provision in Walk-in, Urgent Care and Multi-registrant Clinics](#) requires that all primary care settings must have a designated medical director.

- **Virtual care**

Registrants who select “yes” to providing virtual care, will also be asked:

- Percentage of virtual care done via phone, video, and email/text
- Percentage of patients seen via virtual care that are attached to the registrant’s practice and percentages of patients seen via virtual care that are unattached (i.e. virtual “walk-in” visits)

- **Point-of care testing**

Registrants will be asked whether they perform any point-of-care tests that require accreditation from the Diagnostic Accreditation Program. A list of point-of-care tests that are exempt from accreditation and may be performed in community-based offices is available in this [position statement](#).

#### Prepare documents

- BC driver's licence (for verifying a registrant's identity for the criminal record check)
- Continuing professional development (CPD) cycle date
  - Note: This does not apply to podiatric surgeons
- Health authority letter of reappointment (for verifying hospital privileges)
- Certificate(s) of professional conduct
  - If a registrant has worked in another jurisdiction in the past 12 months and does not have out of province status, or if a registrant has signed undertakings to waive the requirements in accordance with section 25.3 of the *Health Professions Act*, certificate(s) of professional conduct must be sent directly from the appropriate regulatory body(ies) to the College.

#### Schedule time to complete the form

It takes approximately **30 minutes** to answer the entire form. As the information collected on the Annual Licence Renewal Form is personal and provides details of a registrant's practice, registrants will be asked to attest that they have completed the form themselves. Medical office assistants or other staff, partners or colleagues are not permitted to complete the form on a registrant's behalf.

#### **Use a computer—the form cannot be completed on a tablet or mobile device**

The licence renewal process is best experienced using a PC or Mac. Mobile devices, smart phones, tablets and iPads are not supported. See [full technical requirements](#).

**Renewal fee**

The 2023 renewal fee of **C\$1,795** can be paid in one of three ways online:

- by credit card
- by debit credit card
- by Interac® Online

See [annual licence renewal process](#) for more information.

# Provincial government introduces new legislation to replace the Health Professions Act



On October 19, 2022, the BC Minister of Health introduced new legislation to replace the *Health Professions Act (HPA)*, the umbrella statute by which the government has established a common regulatory system for the province's health professions.

The new *Health Professions and Occupations Act (HPOA)*, which received Royal Assent on November 24, 2022, lays the groundwork for transforming how regulators fulfill their mandate to protect the public. This new legislation reflects Harry Cayton's 2018 review of both the *HPA* and the former College of Dental Surgeons of BC, and the [subsequent recommendations](#) from the all-party Steering Committee on the Modernization of Health Profession Regulation in 2020.

It is now up to Cabinet to determine when the *HPOA* will take effect. For now, the College will continue to operate under the current *HPA*.

The College is collaborating with the Ministry of Health, registrants, other health regulators and key partners, and the public to advance a framework for health profession regulation that is efficient, consistent, effective, and firmly focused on the public interest. We will provide updates on our website as more information about the *HPOA* becomes available.

# Provincial government announces plans to increase international medical graduates practising in BC



On November 27, 2022, the BC government announced plans to increase the number of international medical graduates (IMGs) practising in BC by:

- expanding the [Practice Ready Assessment](#) program,
- introducing a new associate physician class of licensure that will allow for some IMGs who are not eligible for full or provisional licensure in BC to work in community-based primary care settings under the direction and supervision of an attending physician, and
- introducing a new restricted class of licensure that will allow physicians trained in the US for three years to practise in community settings, such as urgent and primary care centres, community clinics and family practices.

British Columbia has a long history of relying on IMGs to deliver competent medical care to patients. The College applauds this important announcement to expand pathways to licensure for IMGs and improve patient access to high-quality health care, and is pleased to work with the Ministry of Health to develop a structure that enables associate physicians to work in community primary care settings and to seek additional innovative, sustainable solutions to address BC's health human resourcing challenges.

Read the full news release from the Ministry of Health [here](#).

## Updates to practice standards



### Practice Standards & Professional Guidelines

The College recently published revisions to the [Advertising and Communication with the Public](#) practice standard prompted by recent amendments to section 7-4 of the College Bylaws. The revisions specifically clarify the proper use of the title "specialist" and how to advertise a "focused area of practice."

The College sought feedback from registrants to assess clarity and applicability to practice, and from the public to identify patient expectations of physicians and surgeons when advertising. The consultation occurred from September 1 to September 15, 2022 and a total of 102 registrants and 26 members of the public participated.

Following the consultation, these revisions were made to the practice standard:

- Added a new section on "use of the term specialist" to align with College Bylaws.
- Added a new section on "office signage" to align with section 7-4(7) of the College Bylaws.
- Edited for gender neutral language.
- Removed the requirement for advertisements to be supported by research as this can be challenging to hold registrants accountable to, given the number of treatment modalities and evolving research.

The practice standard was endorsed for publication by the Executive Committee on October 21, 2022. An additional [resource for registrants](#) was also published to provide further context to the newly added sections.

The College also recently published revisions to the *Independent Medical Examinations* practice standard following an internal review.

The following sentence was added to the practice standard for greater clarity:

- “Registrants are expected to assume responsibility in ensuring the examinee understands the specific purpose of their examination.”

The practice standard was endorsed for publication by the Executive Committee on October 21, 2022.

Questions regarding the revised practice standards can be directed to [communications@cpsbc.ca](mailto:communications@cpsbc.ca).

## Seeking applicants to review practice investigation files



The College is inviting applications from registrants with broad clinical experience to provide part-time review of practice investigation files.

Under the direction of the deputy registrar, medical reviewers carry out the mandate of the complaints and practice investigations department to deliver transparent and impartial case review in compliance with College policies and procedures, and in accordance with the *Health Professions Act* and College Bylaws.

Working in a collaborative team environment, the medical reviewer's responsibilities include:

- Conducting interviews with registrants and their legal counsel
- Drafting investigative file summaries for Inquiry Committee review
- Attending regular meetings with staff to discuss the progress of open files
- Attending five to six Inquiry Committee meetings per year to provide clarification on assigned files
- Drafting reports following Inquiry Committee review

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
- Work collegially and interact effectively with College staff

Interested registrants should send a letter of application and their CV to the director, complaints and practice investigations **by January 6, 2023**.

**Confidential facsimile:** 604-733-3503

**Email:** [complaints@cpsbc.ca](mailto:complaints@cpsbc.ca)

All correspondence will be held in strict confidence.

## Collegial communication with pharmacists ensures patients receive their medication in a timely manner



The primary objective of the drug programs department at the College is to ensure and enhance safe prescribing. A potential weak link in the chain of multidisciplinary care of patients is the handoff from one clinician to another, which occurs each time a physician writes a prescription for a patient and engages a pharmacist colleague in that patient's care.

Good health care requires strict and precise transfer of information from one clinician to the next. Collegial collaboration and effective communication between care providers is crucial. Fortunately, this can all be accomplished if physicians adhere to the following simple yet essential points when writing prescriptions.

Schedule F Part 1 of the [College of Pharmacists of British Columbia \(CPBC\) bylaws](#) sets out required information for all prescriptions.

Section 6 states that prescriptions must include:

- the date of the prescription
- the name of the patient
- the name of the drug or ingredients and strength if applicable
- the quantity of the drug

- the dosage instructions including the frequency, interval or maximum daily dose
- refill authorization, if applicable, including number of refills and interval between refills
- the name of the practitioner and their signature
- the identification number from the practitioner's regulatory college (CPSID, not billing number) is helpful to enable pharmacists to identify the physician in PharmaNet

Section 7 requires that all prescriptions received **by fax** also include:

- the practitioner's telephone number, fax number and unique identifier
- the time and date of the transmission
- the name and fax number of the pharmacy intended to receive the transmission

The inclusion of the above information allows pharmacists to verify that the prescription has been faxed directly from the prescriber and to confirm that they are the intended recipient. Registrants can consider including this information on fax cover pages or by setting up their fax machines to display some of these components in the transmission line (i.e. physician's fax number, unique identifier, etc.).

Registrants are reminded that they can now (due to the current public health emergencies) fax or phone pharmacists with prescriptions for drugs that fall under the Controlled Prescription Program (duplicate prescriptions), but pharmacies are still required to receive the original duplicate prescription forms.

Further information regarding the requirements for duplicate prescriptions can be found [here](#).

This collegial communication with pharmacist colleagues ensures patients receive their medication in a timely manner. By ensuring that each prescription meets the mandatory requirements of the CPBC bylaws, registrants can do much to ensure patient safety.

## Knowing your serological status to keep patients safe



There has been a revolution in the treatment and management of blood-borne viral (BBV) infections over the last two decades, where all can be prevented, managed, or cured. Safe vaccines and treatments exist for hepatitis B (HBV) to prevent infection or reduce viral loads to levels that make transmission impossible. In most cases, hepatitis C (HCV) is now a curable infection, and HIV can be managed to the point where viral loads are undetectable and risk of transmission negligible.

The College believes that it is better for registrants to know their serological status in order to keep their patients safe, and to ensure that they get the health care they need. Those who learn that they have a new BBV infection can get treatment and take the necessary measures to enable them to continue to work.

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). EPPs include surgical procedures, surgical assists, providing peripartum obstetrical care, or working in an emergency room. Risk of a health-care provider transmitting a viral infection is completely manageable, first and foremost, by knowing one's status.

All College registrants are expected to have had the hepatitis B vaccine (if they do not have natural immunity) and to know their immune status with respect to this virus. Furthermore, College registrants who perform EPPs are expected to know their HIV and HCV status, and to get tested at least every three

years, and after an exposure event (needlestick injury or other exposure). More importantly, registrants who know their status can ensure sustained good health and protect against risks associated with untreated viral hepatitis and HIV.

**Registrants living with a blood borne viral infection can still practise medicine and can still perform EPPs safely.**

All of this is reflected in a description of clinical best practices as outlined in the Public Health Agency of Canada publication, Guideline on the prevention of transmission of bloodborne viruses from infected healthcare workers in healthcare settings. The *Blood-borne Viruses in Registrants* practice standard aligns with, and originates from these guidelines.

Each year, registrants are asked on their Annual Licence Renewal Form whether they do EPPs, and if they do, they are asked if they are in compliance with the minimum testing requirements (three years) outlined by the standard. This question will continue to be asked, but the College believes that it is not just a matter of satisfying the standard—all registrants are encouraged to speak with their care provider to get tested, and to know their virologic status for their own health and safety.

Registrants who have a BBV and do EPPs have a duty to report this to the College, but they may be assured that the [health monitoring department](#) handles this information sensitively and confidentially with the utmost attention to privacy.

For more information on this, see the [College website](#).

## Us and them: library resources on bias



Bias is implicit, unconscious, and daily for us all. The library has collected some resources to help registrants illuminate and counter biases, for example, *Everyday bias: identifying and navigating unconscious judgment in our daily lives* by Howard Ross, an entrepreneur in leadership.

Various formats of the book are available:

- [2016 electronic book](#)
- [2016 audiobook](#) (requires the free EBSCO Audiobooks app)
- [2020 updated edition of the physical book](#) (order this title via the [library request page](#))
- a presentation by Howard Ross on everyday bias at Talks at Google is [available on YouTube](#)

Other College physical library books related to bias are:

- [Inclusify: the power of uniqueness and belonging to build innovative teams](#). 2020
- [Measuring the effects of racism: guidelines for the assessment and treatment of race-based traumatic stress injury](#). 2020
- [How to be an antiracist](#). 2019
- [Eliminating race-based mental health disparities: promoting equity and culturally responsive care across settings](#). 2019
- [Blindspot: hidden biases of good people](#). 2013

- [Critical thinking in clinical practice: improving the quality of judgments and decisions. 2012](#)
- [Black & blue: the origins and consequences of medical racism. 2012](#)

Use the [library request page](#) to borrow any of these titles. Physical books are mailed to registrants for free and mailing labels are included so return postage is covered.

A related list that comprehensively provides College library resources as well as other free content can be found in the [Race and Health Equity Resources](#) reading list.

## CPD events



### **Medical Record Keeping for Physicians**

Wednesday, March 1, 2023

[Learn more](#)

Wednesday, April 5, 2023

[Learn more](#)

Wednesday, May 10, 2023

[Learn more](#)

## Disciplinary actions

- [Carvalho, Gustavo Jose](#) – November 16, 2022
- [Jhameel, Rafet](#) – October 24, 2022