

Registrar's message: an update on our progress to address Indigenous-specific racism in the health-care system



The College has made strides towards becoming anti-racist and supporting the health professionals we regulate to do the same. This ongoing work is guided by Indigenous Elders and professionals, the recommendations from the *In Plain Sight* report, and legal and ethical requirements. The College also has a close and positive working relationship with First Nations Health Authority and often collaborates on initiatives to promote system change, such as the recent review of the complaints process.

A significant part of the complaints process review was the establishment of an Indigenous Advisory Panel, comprised of First Nations and Métis public members and physicians. The review was completed in February of this year, resulting in many positive recommendations to ensure the complaints process is culturally safe and accessible. These recommendations were endorsed by the Board at its meeting in May, and more information on our implementation plan will be shared shortly.

This past year, with our full support and endorsement, 11 other health regulators adopted the [Indigenous Cultural Safety, Cultural Humility and Anti-racism practice standard](#) that we developed in collaboration with the BC College of Nurses and Midwives. Now, an additional 28,000 health

professionals in BC can reference clear expectations to eliminate Indigenous-specific racism and foster culturally safe care in their practice.

Additionally, the College's two accreditation programs (Diagnostic Accreditation Program and Non-Hospital Medical Surgical Facility Accreditation Program) developed standards to set clear expectations for providing culturally safe and anti-racist care for Indigenous patients in College-accredited health-care facilities.

One of the commitments we made two years ago was to establish clear accountabilities for cultural safety and humility at our leadership tables. The College currently has three Board members who identify as Indigenous, including two appointed public members and one physician member, and three additional members who identify as Indigenous on its statutory committees:

Complaints and Practice Investigations – Inquiry Committee

- 3 members

Drug Programs – Prescription Review Panel

- 2 members

Patient Relations, Professional Standards and Ethics Committee

- 1 member

Along with other BC Health Regulators (BCHR), the College is supporting a new Indigenous community of practice where Indigenous board and committee members from all BCHR colleges are invited to meet and provide support to each other while recognizing their unique positions on regulatory boards and committees.

This past year, the College library curated online [reading lists](#) on race and health equity and trauma-informed care that provide access for registrants to current clinical guidance. The library also drafted a First Nations, Inuit, and Métis Matters in the Library action plan to implement reconciliation,

following many of the recommendations of the Canadian Federation of Library Association in response to the Truth and Reconciliation Commission report and in the Calls to Action. College librarians have joined other BC librarians and library technicians to form a special interest group on advancing reconciliation in BC health libraries.

Led by our records, information and privacy team, the College has formed an inter-departmental working group to ensure we manage the collection, description, archiving, and potential access to physical, textual, and audiovisual material related to our reconciliation activities, including artifacts and gifts presented at Indigenous ceremonies where we have participated.

I am grateful to College board members and staff, our many health partners, and other leaders who continue to demonstrate their support for this important work, and to our Indigenous teachers who have shown such willingness to guide us on our path towards dismantling racism in our colonial health-care system.

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.

Celebrating Pride by ensuring inclusive medical care



Celebrating Pride is something we do year-round, though the month of June brings us all together to collectively advocate for and support the 2SLGBTQIA+ community.

The College's [Access to Medical Care Without Discrimination practice standard](#) is clear that discrimination in the provision of medical services is prohibited in British Columbia under the BC Human Rights Code, which ensures protection for individuals who are actual or perceived members of certain groups, such as those classified by characteristics or protected grounds, including gender and sexual orientation.

Registrants have an obligation to uphold the principles of inclusivity, respect, and non-discrimination when caring for patients from the 2SLGBTQAI+ community. This extends beyond providing medical treatment; it includes creating safe and welcoming spaces where individuals can feel comfortable and supported in their health-care journey.

The College encourages registrants to consider the following:

- **Education and awareness:** Stay informed about the unique health needs and disparities faced by 2SLGBTQIA+ individuals, including the challenges they may encounter in accessing health

care and how to address them appropriately. Organizations like [Qmunity](#), [Trans Care BC](#) and other reputable sources can provide valuable resources and guidelines.

- **Inclusive language:** Use inclusive language and terminology that respects and affirms individuals' gender identities and sexual orientations, including using gender-neutral language when appropriate, asking for pronouns, and avoiding assumptions based on appearance or stereotypes.
- **Safe environment:** Create an inclusive and safe environment including displaying visible symbols of 2SLGBTQIA+ support, such as rainbow flags or inclusive signage. Office staff should be respectful and supportive and understand the importance of confidentiality and maintaining patients' privacy.
- **Cultural competency:** Cultivate cultural competency and sensitivity to the diverse experiences within the 2SLGBTQIA+ community. Recognize that identities and experiences can intersect, and individuals may face multiple forms of discrimination. Be open to learning and adapting to address each patient's unique needs and concerns.
- **Patient-centered care:** Provide patient-centered care by actively involving 2SLGBTQIA+ patients in their health-care decisions. Respect their autonomy and involve them in developing treatment plans where possible.
- **Referral networks:** Establish a network of trusted 2SLGBTQIA+-friendly health-care providers and specialists to whom you can refer patients when necessary. Collaborating with professionals experienced in providing gender-affirming care can help ensure comprehensive and appropriate treatment options.
- **Policy and advocacy:** Advocate for policies that protect the health and well-being of 2SLGBTQIA+ individuals. Support initiatives that promote equality, non-discrimination, and access to health care for all. Engage with local organizations and participate in Pride events or community initiatives that celebrate diversity and raise awareness.

By embracing these principles and incorporating them into practice, registrants can contribute to a more inclusive health-care environment and help advance the cause of equality and dignity for the

2SLGBTQIA+ community.

References

World Professional Association for Transgender Health, [Health Standards of Care Version 8](#) (2022)

Canadian Medical Protective Association, [Treating transgender individuals](#) (2019)

Registered Nurses Association of Ontario, [Promoting 2SLGBTQI+ Health Equity](#) (2021)

Appropriate use of large language models (such as ChatGPT) in medical practice

The World Health Organization (WHO) recently released a [statement](#) calling for the safe and appropriate use of AI-generated large language model (LLM) tools in health care. While there are many potential benefits of LLMs in enhancing health-care practices, the College reminds registrants that LLMs are designed to complement medical care and cannot replace sound clinical judgement.

AI-generated large language model (LLMs), such as OpenAI's ChatGPT and Google's Bard, have demonstrated the capability to assist providers with elements of care such as diagnosis, creating treatment plans and writing patient communications. However, the WHO's concerns emphasize the need for caution. One of the foremost concerns is the potential for LLMs to provide inaccurate or misleading information that could inadvertently harm patients.

Although LLMs are proficient in generating responses that appear to be accurate and relevant, they can be partially or completely wrong, leading to erroneous decision-making if relied upon. Even when wrong, LLMs possess the ability to convincingly generate confident and authoritative responses, making it essential for registrants to ensure the accuracy and reliability of the information they provide.

Furthermore, the use of data without appropriate consent raises concerns regarding the protection of sensitive patient information. As stewards of patient privacy, registrants must exercise caution when engaging with LLMs and prioritize the ethical use of patient data. Identifiable patient information must never be entered in an LLM prompt.

The primary purpose of most AI applications is to complement clinical care and assist health-care providers, rather than supplanting the perspective of trained medical professionals. By exercising professional judgment and adhering to the expected standard of care, registrants can effectively integrate AI technologies into their practice to achieve optimal patient outcomes.

Registrants using AI tools such as LLMs (ChatGPT, Bard, etc.) should review the WHO's [fundamental principles](#) for AI regulation and governance.

Applying the College's Indigenous Cultural Safety, Cultural Humility and Anti-racism practice standard



It has now been 15 months since the College Board approved the *Indigenous Cultural Safety, Cultural Humility, and Anti-racism practice standard*, which was developed in collaboration with the BC College of Nurses and Midwives (BCCNM), Indigenous partners, members of the public, registrants, and key health partners. The purpose of this practice standard is to set out clear expectations for how registrants are to provide culturally safe and anti-racist care for Indigenous patients.

The College is currently assessing registrants' awareness and application of the practice standard and supporting resources and invites all registrants to complete [this survey](#). The survey will be available from June 1 to 19, 2023 and should take roughly five minutes to complete.

Tips for applying the standard in practice

Understand the standard's core concepts

This practice standard is organized into six core concepts, which registrants are expected to understand and reflect on when practising medicine and interacting with colleagues and patients. Within these concepts are the principles to which registrants are held. The College has published a

[series of videos](#) to assist registrants in understanding each of the standard's core concepts. The core concepts include: self-reflective practice (it starts with me), building knowledge through education, anti-racist practice (taking action), creating safe health-care experiences, person-led care (relational care) and strengths-based and trauma-informed practice (looking below the surface).

Review learning resources

Along with the educational videos linked above, the College has also developed an [Indigenous Cultural Safety, Cultural Humility and Anti-racism Learning Resources](#) document which provides definitions of key terms as well as a list of readings, webinars, and courses. Registrants can also review the answers to frequently asked questions related to the standard in the [Indigenous Cultural Safety, Cultural Humility and Anti-racism FAQs](#). Learning resources are a great way for registrants to deepen their understanding of important terminology and concepts incorporated in the practice standard.

Become a champion of this work

Registrants are encouraged to take a leadership role as advocates for cultural safety, cultural humility, and anti-racism in their work. This can include actions such as:

- printing out copies of the patient resource and making them available in public spaces such as waiting rooms
- reviewing policies and procedures and identifying ways they can change to support Indigenous Peoples
- using the tools available in the standard to address racism with colleagues
- engaging colleagues in discussions regarding Indigenous cultural safety, cultural humility, and anti-racism in health care
- sharing the practice standard and learning resources with colleagues
- encouraging others to engage in their learning journey

The College thanks all those who have contributed to this important work and become champions of safe and inclusive patient care. Questions about this practice standard may be directed to

communications@cpsbc.ca.

Consent to Treatment: a new practice standard and related inquiries



Practice Standard

Consent to Treatment practice standard

The College's role is to protect the public by ensuring that registrants provide ethical, safe, quality care. Consent is a fundamental component in the delivery of medical care—most care cannot occur without valid consent. Therefore, a practice standard focused on consent was deemed an important tool to ensure consistency in the process and reflect the minimum standard of professional and ethical conduct expected of registrants.

The development process for this practice standard spanned an 18-month period and included an environmental scan, and a consultation with the public, registrants, patient advocacy groups, and health-care providers who work with patient populations that may experience greater challenges in providing proper informed consent. Through these efforts, specific barriers in the consent process were identified and incorporated into the practice standard and resources.

The [Consent to Treatment practice standard](#) and [Consent to Treatment – Equity Considerations](#) registrant resource were endorsed by the Executive Committee in April and published on the College website.

Related inquiries

The College received questions from registrants that highlighted confusion in discerning between an Enduring Power of Attorney (PoA) and Representation Agreements. Understanding the difference between these documents is important. A PoA allows legal and financial decisions only, whereas a Representation Agreement appoints a representative for personal health-care decisions requiring informed consent. Misinterpretations of the role of these decision-makers can lead to improper decision-making, and a breach of informed consent. More information can be found [here](#).

The College has also heard from registrants and members of the public about challenges in accessing adequate interpretation when English is not a patient's primary language. Without adequate interpretation, patients are not able to provide true informed consent. A [recent study](#) found that there is a low uptake in the use of interpretation services by family physicians in the province, despite it being a free service. As a reminder, [Provincial Language Services](#) is available to all registrants, free of charge, and the College strongly encourages its use.

Questions regarding the practice standard can be directed to communications@cpsbc.ca.

Job Shadowing/Observing: practice standard and related inquiries

Practice Standard

Recently, the College has been receiving a notable increase in inquiries regarding job shadowing in clinical settings. While the College understands the interest students may have in learning more about medical practice, it does not support job shadowing or observing by individuals who are not enrolled as students of health professions regulated by the *Health Professions Act* or *Emergency Health Services Act*, irrespective of patient consent.

This applies to both high school and university students, including those enrolled in applicable studies. For more information about the College's expectations, refer to the [Job Shadowing/Observing practice standard](#). For students enrolled in international medical programs looking to engage in a clinical experience in BC, more information can be found on the College website [here](#).

Note: International medical students or graduates cannot start their clinical experience until they have received a licence from the College.

Registrants may employ students as medical office workers who are not in health professions programs. Like other unregulated staff, these students should be fully apprised of their legal

obligations with respect to patient privacy and formalize it with a signed confidentiality agreement.

Questions regarding the practice standard can be directed to communications@cpsbc.ca.

Case study—treating friends, family, colleagues and staff



Inquiry Committee Case Study

Multi-disciplinary team-based practice settings provide a rich work environment for many health professionals practising in BC. At times, physicians and surgeons on such teams may be approached by their colleagues with requests for medical certificates, prescriptions or other forms of medical treatment.

A panel of the Inquiry Committee recently concluded a case with criticism after a registrant failed to meet the expectations in the practice standard, *Treatment of Self, Family Members and Others Close to You*.

A practice standard reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of its registrants. Standards also reflect relevant legal requirements and are enforceable under the *Health Professions Act*, RSBC 1996, c.183 (*HPA*) and College Bylaws under the *HPA*.

Case study

A staff member working in a laser and cosmetic treatment clinic approached a physician regarding cosmetic skin treatment. Other team members had previously undergone treatments for free, in

exchange for use of their images in marketing materials for the clinic. The staff member raised concerns about the consent process; specifically, the use of their images for advertising purposes.

The practice standard, *Treatment of Self, Family Members and Others Close to You*, sets out the College's expectations of registrants as it relates to providing care and treatment to people who are not patients.

In defining "others close to you," the practice standard refers to any other individual who has a personal or close relationship with the registrant, whether familial or not, where the relationship is of such a nature that it would reasonably affect the registrant's professional judgment. This may include, but is not limited to, friends, colleagues, and staff.

Registrants must not provide medical treatment to themselves, family members or others close to them unless the medical condition is minor or urgent, and no other physician is readily available.

The scenario described above, whereby clinic employees were receiving cosmetic treatment in exchange for being models for the clinic, is in direct contravention of the practice standard as team members would be considered close, and these treatments would not be considered minor or urgent.

Case resolution

Following an investigation, the panel of the Inquiry Committee concluded the case with no criticism of the registrant for their consent process, nor were they critical of the registrant for the clinic's advertising practices (e.g. use of client images). However, the panel was critical of the registrant for failing to meet expectations in the practice standard, including the fact that cosmetic injections are not considered minor or urgent, and the registrant should not have administered injections to staff on the team with whom they have a close working relationship.

No need to send the original hard copy of duplicate prescriptions to the pharmacy following faxing

Drug Programs Update

The Board of the College of Pharmacists of BC (CPBC) recently approved amendments to their bylaws which enable changes to verbal and faxed prescriptions under the [Controlled Prescription Program \(CPP\)](#), and the requirements for hard copies of original prescriptions. This includes changes to the Community Pharmacy Standards of Practice for faxed prescriptions, and *Pharmacy Operations and Drug Scheduling Act* bylaws for verbal CPP prescriptions.

Prescribers are still required to issue the prescription of controlled drugs (Schedule 1A drugs) from a duplicate prescription pad.

During the pandemic, temporary amendments were made to CPBC bylaws to permit faxing and verbal transmission of these prescriptions, however, it was still necessary for prescribers to send the original prescription to pharmacies. As of April 17, 2023, this is no longer required.

- If a prescription is verbally transmitted to a pharmacy, the prescriber must send either the original prescription from the duplicate pad, or send a faxed copy of that prescription.
- If the prescription is sent by fax to the pharmacy, that is all that is required.

These changes are only in place while there is a public health emergency declared by the Provincial Health Officer. Currently, the public health emergency due to the toxic drug crisis is still in effect.

Prescribers can, of course, still give original copies of the duplicate prescription to their patients to bring to the pharmacy themselves.

As always, and in all situations, an identical copy of the original duplicate prescription must be kept with the patient medical record. Either the blue copy of the duplicate prescription must be retained with a paper record, or a digital image of the prescription must be placed in an electronic medical record.

A reminder regarding safer supply

Registrants are reminded that those who prescribe safer supply medications as an alternative to the toxic street supply must clearly add “SA” at the bottom of the Directions for Use section of the duplicate form. “SA” informs the dispensing pharmacist to tag the prescription with a (non-public) identifying code for program evaluation purposes in [PharmaNet](#). Getting data on safer supply will enable data collection and analysis to help combat the toxic drug crisis more effectively.

Listen to learn—presentations from medical experts available now on AudioDigest Platinum

The logo for the College Library, featuring the words "College" and "Library" stacked vertically in a white, sans-serif font, centered within a teal square background.

College
Library

Resources for continuing medical learning should be convenient to access and deliver practical, clinically relevant content. Audio content from reputable sources can be that kind of learning tool.

Studies have noted that physicians also value audio-based learning because of the opportunity to multi-task and hear from expert speakers¹. College registrants with access to the library can now use the audio-based learning platform, [AudioDigest Platinum](#). AudioDigest provides podcasts by subject matter experts at medical conferences, medical schools, teaching hospitals, and medical society meetings in the United States, presenting content relevant to all career stages.

Over 4,000 audio courses across 15 specialties are available, CPD credits from the CFPC and RCPC may be claimed, and recordings are available both online and on the iOS or Android app. The content is Apple Carplay compatible for easy access while driving. Details for accessing AudioDigest are available on the [mobile apps webpage](#)

Contact the library at medlib@cpsbc.ca, 604-733-6671, or [via the website](#).

1. Tarchichi TR, Szymusiak J. Attending Physician's Attitudes Toward Podcasting as a Source of Medical Education: An Exploratory Study. J Contin Educ Health Prof [Internet]. 2020 Spring [cited 2023 May 1];40(2):141-144. Available from: <https://tinyurl.com/2rn4pbss>

CPD events



Medical Record Keeping for Physicians

Wednesday, July 19, 2023

[Learn more](#)

Wednesday, September 13, 2023

[Learn more](#)

Wednesday, October 18, 2023

[Learn more](#)

Chronic Pain Management Program

Friday, September 15, 2023 to Saturday, September 16, 2023

[Learn more](#)