Registrar's message: making the complaints process more accessible and culturally safe for Indigenous patients

In my last message to you here, I had promised to share more details about the review of our formal complaints process to make it more culturally sensitive and accessible for Indigenous Peoples. This multi-year review was conducted by the Castlemain Group, which specializes in research, engagement and collaboration with Indigenous people, communities and organizations. The key themes, which Castlemain identified as current gaps in the College's complaints process are:

- accessibility
- cultural safety
- formal versus soft complaints
- communication
- resolution and accountability
- self-identification and data collection

Castlemain has provided us with concrete recommendations to address these key themes, which have been fully endorsed by the Board. The College is currently reviewing the recommendations at an operational level and developing an implementation plan. The recommendations and full report are available on the College website and we are committed to reporting on our progress towards the recommendations as part of our implementation plan.

While it will take time and effort to revamp our complaints process, it is a necessary endeavor as the College continues to address the harmful impacts of racism towards Indigenous patients in the health system. Since signing the Declaration of Commitment – Cultural Safety and Humility in the Regulation of Health Professionals with the First Nations Health Authority in 2017, the College has worked with health partners to create a climate for change, to make the system more accessible and safer for Indigenous patients, and to review its own regulatory processes through a lens of cultural safety and humility with a goal of dismantling existing barriers.

The next steps we take in implementing the recommendations from the complaints review are an important part of the process that will take us closer to achieving those goals.

Cultural safety and humility is an ongoing journey and there is much more for us to learn and do. As such, the College will continue to focus on the following priorities:

- engaging in continuous learning, including providing education for staff, board and committee members in cultural safety and humility, unconscious bias, and trauma-informed care;
- continuing to live our new brand to demonstrate our values of accessibility and inclusivity for all British Columbians;
- increasing Indigenous membership on the College Board and committees;
- investing in supports to ensure a safer environment for Indigenous people engaging with the College;
- making our complaints process more accessible and safer for Indigenous people; and

- promoting awareness of the *Indigenous Cultural Safety, Cultural Humility and Anti-racism* practice standard and learning resources.

We are grateful for the work done by the the Castlemain Group and would also like to acknowledge our Indigenous advisory panelists, Janene Erickson, Dr. Kate Elliott, Namaste Marsden, Michelle Casavant and Kim Brooks. Finally, we want to thank Indigenous Elders, Sulksun (Shane Pointe) and Bryce Mercredi for their guidance throughout this review.

We acknowledge there are other recommendations that address challenges experienced by Indigenous patients in complaints processes, such as those put forward by the *In Plain Sight* report and Health Quality BC's report, *Sharing Concerns: Principles to Guide the Development of an Indigenous Patient Feedback Process*. We have reviewed those recommendations as part of the broader systemic context and will take them into consideration as we determine our next steps.

We are committed to dismantling the racism that is built into our colonial health-care system, and humbly look forward to having the review of our complaints process and the experiences that many shared with us guide this stage of our journey.

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.

Practice standards applicable to urgent and primary care centres (UPCCs)

Applying the *Primary Care Provision in Walk-in, Urgent Care, and Multi-registrant Clinics* practice standard to UPCCs

The College's practice standard *Primary Care Provision in Walk-in, Urgent Care, and Multi-registrant Clinics* has been a cornerstone of providing high-quality care across various health-care settings. However, only certain principles contained in the standard apply to registrants who are working in urgent and primary care centres (UPCCs) owned and operated by, or under contract with health authorities.

UPCCs provide access to same-day, urgent, and non-emergency health care and play a vital role in providing episodic care to patients (Urgent and Primary Care Centres | HealthLink BC). The reason for the patient visit may require follow-up and further treatment by the UPCC team; however, registrants practising in UPCCs are not obligated to provide ongoing longitudinal primary care to patients. UPCCs work within existing primary care structures in their communities to support patients in need of longitudinal primary care and patients may be attached to the UPCC for their ongoing healthcare needs, but only where UPCCs offer longitudinal primary care services.

Most of the other principles contained in the practice standard do apply. For example, the College expects all group practice settings, including UPCCs, to have a designated medical director who can act as a point of contact and facilitate communication between the College and other registrants. This helps ensure that practice standards are upheld and that registrants can easily stay updated with the College's expectations. For UPCCs, this is achieved through dedicated physician leads at each site who work with health authority operational and executive medical leadership.

The *Primary Care Provision in Walk-in, Urgent Care, and Multi-registrant Clinics* practice standard has recently been updated with a qualifying statement to reflect the above.

Application of other College standards to UPCCs

It is important for registrants to recognize that all other College practice standards generally do apply to registrants working in UPCCs. These standards encompass a wide range of expectations related to patient care, ethical considerations, and professional conduct.

Related questions can be directed to communications@cpsbc.ca.

PharmaNet requirements clarified in updated practice standards

Acting on feedback from the Ministry of Health, the College's *Virtual Care* and *Sale and Dispensing of Drugs* practice standards were recently revised to clarify PharmaNet requirements.

The *Virtual Care* practice standard was revised to clarify that, under the Information Management Regulation under the Pharmaceutical Services Act, a person who holds a grant of access may only use PharmaNet from a location within BC; that is, while the practitioner is physically located in BC. Registrants are reminded that this requirement is not met by accessing PharmaNet through a site or vendor application that is in BC, if the PharmaNet user is not in BC.

The College expects registrants to act in accordance with the Ministry of Health's PharmaNet requirements. If PharmaNet information is required to provide care while a registrant is temporarily outside BC, the registrant must make arrangements for that information to be available without accessing PharmaNet (e.g. documented in the patient's chart by another authorized PharmaNet user). Physicians or surgeons located outside BC are not eligible to access PharmaNet, even if the patient is in BC.

The Sale and Dispensing of Drugs practice standard was revised to clarify the distinction between expectations of registrants who are using PharmaNet with a practice ID number and those who are using community access to PharmaNet. In circumstances where the registrant has been granted a practice ID number and is selling and dispensing a drug to a patient who is eligible for PharmaCare reimbursement, the registrant is required to submit a claim to PharmaCare in PharmaNet. However, if the patient is not eligible for reimbursement, and the registrant is using community access to PharmaNet, updating the patient's medication profile in PharmaNet is sufficient.

The Executive Committee approved the revised practice standards for publication on June 22, 2023.

Questions regarding these revisions can be directed to communications@cpsbc.ca.

Registrants who are seeking support in applying College practice standards may be interested in speaking with a registrant support coach. The coaches serve as "thinking partners" to guide decision-making.

Final reminder to enroll in PRIME to gain or retain PharmaNet access

A reminder that registrants with existing PharmaNet access who want to retain it must enroll **by August 15, 2023**. Physicians who do not currently have access and require it must enroll in PRIME before accessing PharmaNet.

PRIME is a largely automated application where health professionals request permission to access PharmaNet for both sites and individuals.

People accessing PharmaNet on a physician's behalf must also enroll by the August 15, 2023 deadline (e.g. registration clerks, unit clerks, MOAs, students).

New sites (clinical locations where PharmaNet is used to deliver care to patients in person) must be registered to access PharmaNet.

Existing sites must be registered in PRIME for health professionals to access PharmaNet at those locations. A site can be registered on a health professional's behalf by someone who does not access PharmaNet and is not a registrant of a college, such as a MOA or office manager, **by August**

31, 2023.

Further information about site registration and user enrolment can be found below:

- PRIME web page (includes sample video enrolments and a link to private community practice information)
- PRIME Enrolment Quick Reference Guide
- Site registration for PRIME

Please contact 1-844-397-7463 or PrimeSupport@gov.bc.ca if you have questions or require more information.

Rules for clinical observership and job shadowing by visitors from other jurisdictions

The College has been contacted by registrants in recent months inquiring about hiring students, or physicians and surgeons from other jurisdictions for a job shadowing opportunity or clinical observership.

Per the practice standard, *Job Shadowing/Observing*, the College does not support the practice of job shadowing or observing by people who are not enrolled as students of health professions regulated by the *Health Professions Act* or *Emergency Health Services Act*. Information about the registration and licensing process for clinical observership is available on the College website.

Visiting medical students must be enrolled in the UBC Visiting Student Elective Program and must be registered and licensed with the College before they commence any patient interaction. Students who cannot be accommodated by UBC must meet certain eligibility requirements. More information about these requirements can be found on the College website's section on medical students.

Health-care professionals urgently needed to respond to emergency events

As summer continues, BC is experiencing an increased risk of wildfires and heat-related events. The Emergency Health Provider Registry (EHPR) is an online registry of health-care professionals and health authority staff who may be able and willing to be deployed on a voluntary basis or hired to respond to emergency events. The EHPR is an important part of BC's plan to ensure the health-care system is prepared to care for British Columbians through any emergency.

The Ministry of Health is asking health-care professionals who have not yet signed up to the EHPR to consider registering now.

Signing up for the EHPR does not create an obligation to respond to emergency events, and participation in any deployment is always voluntary. Also, registration in the EHPR does not guarantee deployment, as this depends on the specific needs of each health authority.

Refer to the Ministry of Health's website Health Provider Registry for BC's Emergency Response for answers to frequently asked questions and other updated information.

Questions about the EHPR can be sent by email to EHPRQuestions@gov.bc.ca.

Note: Health-care professionals who are currently registered will be receiving an email asking them to confirm their continued interest in being on the registry and to update their information via a web form.

UpToDate application

Registrants often rely on medical applications such as *UpToDate* when prescribing medication and managing clinical conditions. The Inquiry Committee recently investigated a complaint where the management of pediatric asthma was in question. A seven-year-old child attended a walk-in clinic with respiratory symptoms and a background history of asthma. The child was subsequently assessed as having an asthma exacerbation and was prescribed Symbicort.

In this case, the registrant reviewed information about Symbicort (budesonide/formoterol) dosages in pediatrics on *UpToDate*. Subsequently, they informed the patient's family that Symbicort could be used in children five to 11 years of age. The family, along with the patient, consented to the proposed treatment plan.

Symbicort contains a beta agonist, formoterol, as well as a steroid, budesonide. *UpToDate* is an application designed and updated by a corporation based in the United States. As such, the information referenced by the registrants was specific to a formulation of Symbicort available in the that country. This specific formulation contains a lower dose of budesonide (80 micrograms), and formoterol (4.5 micrograms) compared to the Symbicort available in Canada (100 micrograms of budesonide and 6 micrograms of formoterol).

BC Guidelines on the management of pediatric asthma[1] state that Symbicort can be used in ages six to 11 when regular inhaled corticosteroids use is insufficient in controlling symptoms. *UpToDate* states that Symbicort (USA formulation) can be used in maintenance as well as reliever therapy in children aged 4 to 11 years. As a result, there is a two-year discrepancy between the BC guidelines and *UpToDate* information which can lead to confusion and inadvertently prescribing differently than intended.

The College acknowledges that *UpToDate* is a valuable and widely used resource for registrants and does not discourage its use. However, registrants should be mindful that *UpToDate* is an USA-based application and differences in approved populations, formulation, and clinical application may differ from standards in British Columbia. If registrants have any questions, they may wish to contact the College.

References

1. https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/asthma-children

Register now for the Chronic Pain Management Program—a virtual conference

The Chronic Pain Management Program is being held online from September 15 to 16, 2023. The program is designed to assist health-care professionals in successfully managing patients with chronic pain, anxiety, and substance use. These issues impact multiple dimensions of the patient's life. The complexity of these issues can challenge and stress those who regularly work with these patients.

The objectives of the program are to:

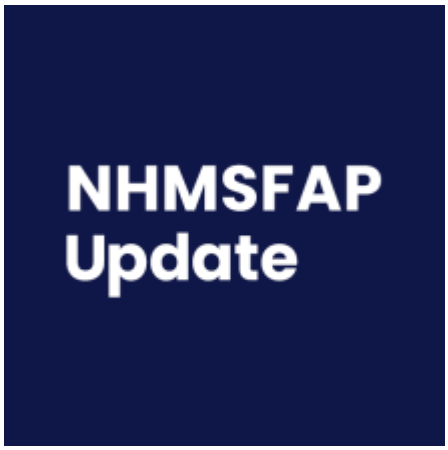
- Build knowledge regarding the effective treatment of chronic, non-cancer pain and anxiety disorders
- Identify tools for assessing risk in prescribing psychoactive medications
- Improve interviewing skills for this challenging group of patients
- Gain awareness of personal factors that affect effectiveness and impact practitioner well-being

During this conference, participants will work in interactive large group sessions and also have customized training in small groups. The program will provide participants with the knowledge and skills to address some of the key issues faced in daily practice.

- Limit-setting with opioid prescribing and tapering opioids
- Non-opioid therapies for chronic pain
- Diagnosis and oversight of addiction and diversion
- Self-care and stress management strategies
- Coaching on insomnia and sleep management

Learn more about the program and register here.

Criteria for introducing new technology in the non-hospital setting



The Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) New Technology Policy, as outlined below, identifies the requirements for use of new technology in the non-hospital setting. This policy is consistent with and documents the process outlined by the NHMSFAP Committee decision from 2015.

The NHMSFAP Committee has directed that prior to use in a non-hospital facility, any new technology must first:

- have a Health Canada licence,
- be accepted for use after assessment by the BC Health Technology Committee, and
- be granted approval by the NHMSFAP Committee following review of an application for expansion of services,

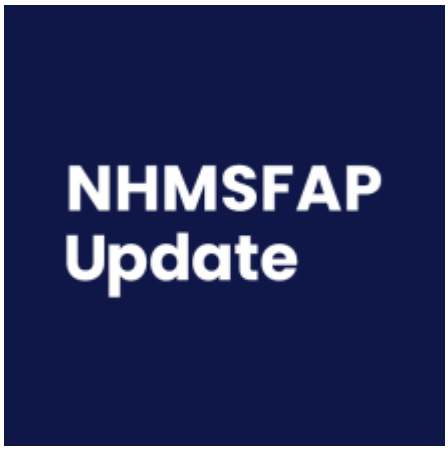
or

- be approved for use in a health authority hospital, and

- be granted approval by the NHMSFAP Committee following review of an application for expansion of services.

Non-hospital medical directors who wish to request the use of new technology in their facility must contact the non-hospital program for direction at nhmsfap@cpsbc.ca.

Is your point-of-care testing on point?



Glucometers are point-of-care devices, which require quality control testing to ensure the device is giving an accurate reading. Every accredited non-hospital facility must have a glucometer readily available within the facility.

The Non-hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) has developed a short video highlighting the key requirements of using and testing a glucometer to assist facilities in meeting the NHMSFAP *Point-of-Care Testing* accreditation standard.

The video is also available on the NHMSFAP standards, guidelines and policies page.

Reclassification of accreditation standards risk categories

Under established Diagnostic Accreditation Program (DAP) policy, identified nonconformances represent a risk that must be managed within an appropriate time frame. Using a risk/frequency matrix, the DAP has established time frames within which resolution to identified nonconformances must be submitted.

As a program committed to making improvements that enhance patient safety, the DAP has identified a requirement to reclassify the risk categories of accreditation standards and introduce a new category level, critical risk.

Effective September 4, 2023, the DAP is introducing the accreditation standard risk category, critical risk, which has been defined as a nonconformance that presents immediate hazardous or unsafe conditions for patients or facility personnel or pervasive deficiency in the facility, that represents systemic failure leading to unsafe conditions for patients or facility personnel. Critical risk nonconformances require immediate corrective action.

Through consultation with subject matter experts and community feedback, the DAP has identified a number of standards that have been determined to be critical risk. There is a complete list of critical risk accreditation standards for each program:

- Laboratory medicine
- Diagnostic imaging
- Community neurodiagnostics
- Neurodiagnostics
- Home sleep apnea testing
- Polysomnography
- Pulmonary function

When a critical risk nonconformance is suspected to represent an immediate hazardous or unsafe condition for patients or facility personnel during an assessment activity, the critical risk nonconformance management process will be initiated:

1. If the critical risk nonconformance cannot be resolved with an immediate intervention, the deputy registrar, accreditation programs or designate will be contacted to review the critical risk nonconformance and determine if the nonconformance represents an immediate hazardous or unsafe condition for patients or facility personnel.
2. An emergency meeting will be scheduled between the deputy registrar, accreditation programs, and the facility medical director, and any additional personnel as deemed appropriate by the medical director. The meeting provides an opportunity to review the critical risk nonconformance, evidence observed, and ensure a clear understanding is established about the nature of the identified nonconformance and the immediate risk it represents to patients or facility personnel. The deputy registrar, accreditation programs, will confirm the critical risk nonconformance and review the conditions for the impacted service(s), which may include a mandated pause of the impacted service(s) until the facility is able to provide evidence of corrective action.

3. The facility will be provided with written documentation of the critical risk nonconformance within two business days.
4. The DAP staff will immediately review the facility's response to the report and required evidence submission. Upon successful validation of conformance, the facility will be provided a written confirmation for permission to resume impacted service(s) without condition.

For more information, visit the DAP section of the College website or contact the DAP at dap@cpsbc.ca.

Criteria for introducing new technology in diagnostic facilities

This DAP New Technology Policy, as outlined below, identifies the requirements for use of new technology in diagnostic settings. The DAP Committee has directed that prior to use in a diagnostic facility, any new technology must first:

- have a Health Canada licence,
- be accepted for use following assessment by:
    - the BC Health Technology Committee (all)
    - the Test Review Committee (laboratory medicine only)
- be referred to the ACDF for information and decision (diagnostic services only).
- be referred to the MSC for information, and
- be granted approval by the DAP committee following notice of significant change,

or

- be approved for use in health authority hospitals, and

- be granted approval by the Committee following notice of significant change.

DAP medical directors who wish to request the use of new technology in their facility must contact the DAP program for direction at dap@cpsbc.ca.

Seeking feedback on elastography services

The College is seeking feedback from physicians and facilities providing and or interpreting dynamic elastography services which include:

- Vibration-controlled transient elastography (VCTE, Fibroscan)
- Acoustic radiation force impulse elastography (ARFI)
- Shear-wave elastography (SWE, PSWE ultrasound or 2D-SWE ultrasound)
- Magnetic resonance elastography (MRE)

Elastography describes any imaging modality that provides a measurement of the elastic properties and stiffness of soft tissues. Dynamic elastography methods use the propagation of sheer waves in the body versus the static compression of tissues used in strain elastography.

All dynamic elastography services will be accredited by the Diagnostic Accreditation Program and additional information will be provided in the coming months.

Those who provide, interpret, or care for patients who have dynamic elastography services are invited to complete the dynamic elastography survey.

For additional information regarding hepatic elastography imaging, view the BC HTAC recommendations.

- Fibroscan
- ARFI

Single sign-on enabled for library users

The College library and Bright Health, an electronic medical record system (EMR) provider, have partnered to simplify access to the library's online information resources through the MOIS EMR.

Single sign-on is a technology that manages access permissions between multiple online platforms so users are not required to repeatedly provide usernames and passwords. This eases the cognitive load of remembering passwords and reduces time and effort from repeated authentication.

MOIS users may select "CPSBC Library" in the EMR's list of clinical support options (under the "Help" tab) and choose the single sign-on option to login to the College library. After the first submission of the CPSBC username and password and once access is granted, the underlying application, OAuth2, shares anonymized tokens between MOIS and CPSBC servers so that MOIS users can access the library without repeated logins on subsequent visits.

MOIS users will be prompted to login again to obtain new tokens if they have not used the single sign-on process for six months. The single sign-on process does not share any personally identifiable information between either system.

Single sign-on brings MOIS EMR users a more efficient route to library resources like the point-of-care tools DynaMed and BMJ Best Practice, drug information resources such as CPS and Martindale pharmacopeia, curated reading lists, electronic books, AudioDigest's medical lectures, databases such as Medline and PsycInfo, and request forms for personalized services from library staff.

Full library services can be explored on the College website.

Registrants who use MOIS will experience more efficiency and productivity through this streamlined access to the College library via single sign-on.

CPD events

Chronic Pain Management Program

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

Learn more

Medical Record Keeping for Physicians

Wednesday, October 18, 2023

Learn more

Wednesday, November 8, 2023

Learn more

Wednesday, December 6, 2023

Learn more