

Registrar's message: challenges in leaving practice



In recent years, leaving practice, whether to retire, move to a new community, or change a scope of practice, has become increasingly challenging. Due in part to a shortage of physicians in BC, most can no longer expect a colleague to be able and willing to take over their full patient panel.

The College has seen an increase in the number of inquiries from registrants—both by email, and through our [registant support coaching program](#)—wondering how to close their practice without negatively affecting patients.

The [Leaving Practice](#) standard is intended to assist registrants in understanding the College's expectations of registrants who retire, take an extended leave of absence or close/relocate their medical practice. Last year, the College also published an [online course on leaving practice](#), to help registrants better understand how to apply the practice standard in their unique situation.

Still, many registrants find it difficult to close their practice, and have expressed concerns that the expectations in the standard cannot be met in every scenario, especially in smaller communities

where resourcing challenges are extreme. In these difficult situations, the College does not expect registrants to continue to practise indefinitely, and instead expects them to do their best to prepare patients for their departure by prioritizing effective communication and continuity of care for those most vulnerable.

Communicating with and empowering patients

Registrants are expected to notify their patients that they will be leaving practice, including details such as their departure date, and how patients can access a copy of their medical records prior to that date. The College does not mandate a set notification period but recommends a minimum of three months to give patients time to do what they can to find other health care resources. This language is intentionally lenient due to the varying circumstances registrants may be facing when leaving practice, and the unfeasibility in attempting to enforce a three-month timeline as a “one size fits all” requirement.

Registrants are expected to use their best judgement and provide as much notice as possible to patients prior to leaving practice. They should also consider their most vulnerable patients, such as those with complex health problems or challenges with accessing care, and ensure that these individuals are supported by other resources in their communities as necessary.

The standard also advises registrants to let patients know “the name of the individual who is taking over the practice, whether or not there are partners or associates in the practice who are accepting new patients, or whether there are other professionals in the community who are accepting new patients.” We recognize that this is becoming more challenging and can only emphasize the importance of open and honest communication with patients about ways they can access care after they have left, including attending walk-in clinics or urgent and primary care centres.

Tapering your practice

Specialists should not accept patients in consultation if they do not expect to be able to complete their treatment. Similarly, registrants should not order diagnostics if they will not be available to receive and deal with the results. Registrants who cannot find a colleague to follow up on test results may choose to close their office practice but maintain their licence for a period of time to review the results and refer patients as needed. Registrants who know when they intend to leave practice may also choose not to order tests they cannot follow up on, but instead redirect patients to another provider to seek care for conditions that cannot be appropriately managed during the time remaining.

Medical records

Registrants must plan for either retention or transfer of patient medical records, as described in the *Leaving Practice* standard, and are further advised to refer to the [Medical Records Management](#) standard for detailed information about providing enduring access to medical records, as well as the transfer, retention, and destruction of medical records.

Contingency planning

The above expectations address circumstances where leaving practice is known in advance. Registrants are also advised to have a plan in place for emergency situations when they are abruptly unable to continue managing their practice and providing care to their patients. Read more about contingency planning in this [College Connector](#) article.

Resources

- [Leaving Practice practice standard](#)
- [Medical Records Management practice standard](#)
- [Online course on leaving practice](#) (takes 5-10 minutes to complete)
- [Registrant support coaching](#)

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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.

Insights from registrant support coaches



The College develops practice standards, professional guidelines and legislative guidance to assist registrants in meeting high standards of medical practice and conduct. From time to time, registrants reach out to the College to seek clarification on a standard or guideline, or to request help applying them in a particular situation. To assist registrants who require support in applying College standards and guidelines in their practice, the College offers registrant support coaching.

Two registrant support coaches (RSCs) are available by appointment. Both are experienced, retired family physicians certified by the International Coaching Federation. They are trained to be attentive listeners and skilled inquirers, using a non-judgmental and empowering approach to unpack and address a challenge.

The premise of coaching is that the registrant client can make their own best decision. A coaching appointment may help registrants gain a deeper understanding of the practice challenge they are facing and support them in developing their next steps. Every situation is unique and the coaches, as “thinking partners,” can work with a registrant to develop a plan of action that is aligned with College expectations set out in practice standards and professional guidelines.

Example of situations that registrants have brought to a coaching appointment include:

- “I am exhausted. How do I take care of myself and decrease my patient load?”
- “I need help dealing with a difficult patient.”
- “I am wondering how to handle a potential conflict of interest.”
- “I am in conflict with a colleague about how to run our practice.”

The content of coaching conversations is kept in strict confidence and is not shared with the College.

Note: Registrant support coaches are not representatives of the College. As professional coaches, they cannot give advice, nor can they approve or endorse a registrant’s proposed plan of action. Similarly, registrant support coaches cannot advise in employment or contract matters, assist in registration or complaint processes, or act in the event of a duty to report case. For matters unrelated to College standards and guidelines, registrants should continue to contact the College directly to speak with the appropriate department.

Feedback

All registrants who attend a coaching appointment are asked to provide their feedback on the service via a brief survey. Of the registrants who have responded to date, 84% indicated that the appointment was useful, 100% indicated that they felt comfortable in the conversation, and 79% indicated that the coaching helped them to develop their own plan of action.

Booking an appointment

Registrants can book a 30-minute phone appointment with a registrant support coach [here](#).

New and revised interim guidance on emerging treatments



Interim Guidance

The College recently updated its *Ketamine Administration via Intramuscular, Oral, Sublingual, and Intranasal Routes as Treatment for Mental Health Conditions and Chronic Pain in the Community Setting* interim guidance and published a new *Repetitive Transcranial Magnetic Stimulation (rTMS)* interim guidance.

What is interim guidance?

Interim guidance sets out or clarifies the College's position on an emerging issue or topic. It is intended as guidance for registrants in areas where research and current practice are evolving or changing rapidly, the implementation of processes and procedures may be premature, or it is timely to communicate the College's stance on an issue before a practice standard or professional guideline is developed.

Ketamine Administration via Intramuscular, Oral, Sublingual, and Intranasal Routes as Treatment for Mental Health Conditions and Chronic Pain in the Community Setting

The *Ketamine Administration via Intramuscular, Oral, Sublingual, and Intranasal Routes as Treatment for Mental Health Conditions and Chronic Pain in the Community Setting* interim guidance was revised to highlight the College's expectation that registrants:

- ensure that informed consent is obtained from the patient in accordance with the *Consent to Treatment* practice standard,
- must only recommend treatment when it is justified by the patient's condition and is in the patient's best interest,
- communicate and set fees clearly and fairly (as ketamine assisted therapy is currently an uninsured service), and
- ensure they are acting in accordance with the College's *Advertising and Communication with the Public* practice standard.

Repetitive Transcranial Magnetic Stimulation (rTMS)

The College has received inquiries from registrants regarding the provision of repetitive transcranial magnetic stimulation (rTMS) for the treatment of psychiatric and neurological disorders in adults.

The *Repetitive Transcranial Magnetic Stimulation (rTMS)* interim guidance was published to clarify the College's position on scope of practice and education requirements for registrants who choose to provide this treatment, as well as expectations for delivery of the treatment.

Introducing the National Registry of Physicians



In October 2022, the Government of Canada under the Sectoral Workforce Solutions Program approved a funding request that will enable the Medical Council of Canada (MCC) to establish the National Registry of Physicians (NRP).

This initiative received support from 12 provincial and territorial Medical Regulatory Authorities (MRAs), and the funding was officially announced on March 15, 2023. Since then, the MCC has received positive feedback from the medical community and inquiries about how this new registry aligns with the overall discussion on national or portable licensure.

Read the [MCC's full statement](#).

More updates will be provided as the initiative progresses. The anticipated launch of the NRP is March 2024.

Now available: Medical Record Keeping 101 online course

**PPEP
Update**

Medical Record Keeping 101

🕒 15–20 minutes

🏷️ Free



The College is pleased to announce the launch of a new [online course for registrants](#).

Medical Record Keeping 101 provides registrants with the fundamental legal and regulatory requirements of medical record keeping with a review of College practice standards, CMPA advice, and MSC regulations.

Upon completion of this course, registrants will be able to:

- Recognize that good medical record keeping is key to providing quality patient care and continuity of care.
- Summarize the legal and financial consequences of poor medical record keeping.
- Follow the Canadian Medical Protective Association's advice for medical record keeping.
- Summarize the Medical Services Commission's (MSC) expectations for medical record keeping and what to expect from an MSC audit.

The course is hosted on an online learning platform and can be completed on a computer or mobile device. To take the course, registrants will be 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 College CPSIDs or passwords used for the College website.

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

Other online courses

On the [online learning platform](#), there are also three courses intended to assist registrants in applying practice standards and professional guidelines.

Course times

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Future course development

The College is planning to transition more 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 the Prescribers Course and a Medical Record Keeping 201 course. New course offerings will be announced via email and in the College Connector.

Medical assistance in dying ☒ update on Bill C-39

Practice Standard

As of March 17, 2024, the temporary exclusion of eligibility for medical assistance in dying (MAiD) where a person's sole medical condition is a mental illness (Bill C-39) will come to an end. This means that persons suffering solely from a mental illness will be eligible for MAiD. In light of this upcoming change, the College is currently reviewing its [Medical Assistance in Dying](#) practice standard and working with other health-care regulators to promote consistency.

The College will be consulting with registrants on a revised draft of the practice standard over the coming months and will also be reviewing the results from Health Canada's Engagement on Indigenous Perspectives on Medical Assistance in Dying, which aims to gather perspectives from Indigenous Peoples on MAiD. This opportunity is currently open, with feedback being accepted until November 17, 2023. More information on the engagement opportunity, including how to participate, can be found on the Government of Canada's [Engagement on Indigenous Perspectives on Medical Assistance in Dying website](#). Questions regarding the engagement opportunity can be directed to ieloc.sfva@hc-sc.gc.ca.

Registrants should also know that the [Canadian MAiD Curriculum](#) has been launched by the Canadian Association of MAiD Assessors and Providers (CAMAP), which will help achieve a

standardized approach to care across the country and ensure access to high-quality MAiD training. The curriculum was soft launched in late August 2023 and includes several training models. The full program will launch before the end of 2023. CAMAP will make the modules available to all clinicians at no cost until 2026.

Registering community practice sites in PRIME



According to the Ministry of Health, there are still private community practice sites that have not registered as a site in PRIME. All sites requiring PharmaNet access must be approved via PRIME. Site approval is also required before clinicians at a site can access PharmaNet – even if they are enrolled in PRIME as individual PharmaNet users.

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.

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](#)

No action is required if:

- you are not responsible for your clinic's PharmaNet site access

- your clinic's registration is already submitted in PRIME
- you work for a health authority
- you are not currently using PharmaNet at your site

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

Seeking part-time assessors for associate physician accreditation assessments

Registration Update

The registration department is actively seeking registrants to serve as assessors to conduct associate physician (AP) program accreditation assessments for both acute and community primary care settings.

The associate physician class of registration is intended to allow physicians with postgraduate medical training acceptable to the College, who do not meet the criteria for licensure as independent medical practitioners, to work under supervision in team-based specialty acute care and community primary care settings to increase capacity and service delivery.

All AP programs are required to obtain accreditation from the College prior to the commencement of practice for associate physicians. AP program accreditation assessors will conduct a remote assessment (four to eight hours), which consists of a thorough review of documents provided by the program that satisfy the [associate physician program accreditation standards](#) (e.g. job description, oversight structure, evaluation templates).

AP program accreditation assessors provide the following services:

- Contact the AP program liaisons to obtain the required materials/documentation for the AP program accreditation assessment;
- Review the AP program accreditation assessment materials/documentation; and
- Submit the AP program accreditation assessment report, along with any/all supporting materials obtained during the assessment, to the College within two weeks of completing the assessment.

Registrants selected for this position must hold full licensure, be in good standing with the College, and should possess a high-level knowledge of assessment best practices, bylaws, and regulations.

Interested candidates should submit a letter of application, with a resume, to registration-assessments@cpsbc.ca.

Phone: 604-733-7758 ext. 2343

All correspondence will be held in strict confidence.

DAP successfully completes three external evaluations with ISQuaEEa

A dark blue square graphic with the text "DAP Update" in white, bold, sans-serif font.

DAP Update

To ensure effective accreditation and improve public safety through assessment, the College's Diagnostic Accreditation Program (DAP) is committed to adhering to relevant best practice standards, including those published by the International Society for Quality for Healthcare External Evaluation Association (ISQuaEEA). Over the past eight months, the DAP has successfully completed three evaluations with ISQuaEEA.

Desktop evaluations of accreditation standards and the standards development process for both DAP diagnostic imaging and DAP laboratory medicine were successfully completed in December 2022 and January 2023 respectively. The program's processes and accreditation standards were evaluated to the *Guidelines and Principles for the Development of Health and Social Care Standards*, and each evaluation required the submission of comprehensive sets of documents and records, including the sets of accreditation standards. The resulting accreditation of the standards is noted by the accredited standards seal in the footer of the DAP accreditation standards themselves.

In April 2023, DAP hosted three international evaluators who performed an in-depth review of DAP and College processes, systems and structures against the requirements of the *Guidelines and Standards for External Evaluation Organisations*. This evaluation was scheduled for a week and included a review of the processes, records, staff, peer assessors, and quality management systems, as well as the College's finance, information technology, governance, records and communications policies and procedures. Following this thorough evaluation, the DAP received its fourth organizational accreditation in June 2023.

The DAP continues to improve and strive for excellence by meeting and exceeding external best practice standards. The repeated, successful evaluation to ISQuaEEA guidelines, principles and standards reinforces this improvement journey and the DAP's vision of quality health care together.

Learn more about ISQuaEEA and its programs on their [website](#).

Learn more about DAP accreditation standards on the [College website](#).

New and updated DAP position statements available



The Diagnostic Accreditation Program (DAP) provides accreditation in a formal and independent manner based on established standards to ensure quality and safety of the facility and/or service is maintained.

The standards are evidence-based, outcome-focused mandatory requirements and best practices that are aligned to the principles of quality. Due to complex or evolving practices, DAP standards sometimes require additional clarification on a particular issue.

This is communicated through position statements.

Position statements provide background information and express or clarify the College's intent on a particular matter. They serve as guidance in areas where

- events are evolving or changing rapidly,
- the implementation of processes and procedures may be premature, or

- it is timely to communicate the College's broad intent before or as policies and procedures are developed.

The following new position statements are now available on the College website:

- [Fetal Anatomy Ultrasound Assessments](#)
- [Physicians Performing X-ray Examinations](#)
- [The Use of Mobile X-ray Units as a Stationary Unit](#)
- [Procedure for Physicians Seeking Community-based DAP Accreditation and MSP Billing for EMG](#)

Credentialing Requirements for Pulmonary Function Testing has been updated.

Accreditation programs have launched new standards on cultural safety and humility

DAP + NHMSFAP Update

The College's two accreditation programs, Diagnostic Accreditation Program (DAP) and Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP), have developed and published new Indigenous cultural safety, cultural humility and anti-racism standards in response to Indigenous-specific racism within the health-care system.

These standards are applicable for all DAP and NHMSFAP facilities in BC.

- [DAP Accreditation Standards: Indigenous Cultural Safety, Cultural Humility and Anti-racism](#)
- [NHMSFAP Accreditation Standards: Indigenous Cultural Safety, Cultural Humility and Anti-racism](#)

Facilities are expected to be compliant with the standards by July 1, 2024.

The accreditation program's standards were developed from the six core concepts outlined in the College's [Indigenous Cultural Safety, Cultural Humility and Anti-racism](#) practice standard for all registrants. The practice standard was published on February 25, 2022, following extensive consultation with

Indigenous people.

The core concepts include:

1. **Self-reflective practice:** Health-care professionals undertake cultural humility by self-examining their values, assumptions, beliefs, and privileges embedded in their own knowledge and practice, and consideration of how this may impact the health-care relationship with Indigenous patients.
2. **Building knowledge through education:** Health-care professionals continually seek to improve their ability to provide culturally safe care for Indigenous patients by undertaking ongoing education on Indigenous health care, determinants of health, cultural safety, cultural humility, and anti-racism.
3. **Anti-racist practice:** Health-care professionals take active steps to identify, address, prevent and eliminate Indigenous-specific racism.
4. **Creating safe health care experiences:** Health-care professionals facilitate safe health-care encounters where Indigenous patients' physical, mental/emotional, spiritual, and cultural needs can be met.
5. **Person-led care:** Health-care professionals work collaboratively with Indigenous patients to meet the patient's health and wellness goals.
6. **Strength-based and trauma -informed practice:** Health-care professionals seek the knowledge of how intergenerational and historical trauma affects many Indigenous Peoples during health-care experiences.

The College also has a comprehensive list of [cultural safety, cultural humility and anti-racism learning resources](#). Other helpful learning resources are available through the [First Nations Health Authority](#).

Continuity in library services for BC physicians



College
Library

The Canadian Medical Association recently announced that membership benefits will no longer include access to clinical information resources and that librarian services are now reserved for CMA administrative support. This is a loss for Canadian physicians especially those in provinces where access to high-quality clinical information and dedicated librarian-mediated literature searching services is uneven.

Physicians in British Columbia are well-served by libraries in health authorities, corporations such as WorkSafeBC, the BC Ministry of Health, universities, and the College. Of note, only the College library is dedicated to serving all BC physicians registered for independent practice. Through the College library, physicians in any location in BC enjoy a level playing field for access to current, reliable evidence to support their clinical work, research, teaching, and lifelong learning. Highlights of the resources and services physicians can explore are:

- Unlimited literature searches—receive a bibliography of current research and overviews with links to articles on any topic that arises in your practice. Request as often as needed.
- Article delivery—know of an article but do not have ready, free access to it? Request it from the library and receive a copy typically within 24 hours or sooner at no cost.

- Apps☒quickly consult current evidence in DynaMed, BMJ Best Practice, CPS, and more.
- Medical book access☒explore 900+ ebooks online and receive any of 1000s of physical books by mail at no cost.
- Learn from a librarian☒build confidence in locating relevant information efficiently and effectively in a personalized 1:1 online session with a librarian.

For more library services, see the [Guide to Services](#), which includes a virtual tour. Discover the College library.

CPD events



Medical Record Keeping for Physicians

Wednesday, October 18, 2023

[Learn more](#)

Wednesday, November 8, 2023

[Learn more](#)

Wednesday, December 6, 2023

[Learn more](#)

Disciplinary actions

- [Choi, Michael](#) – September 19, 2023