

Outgoing registrar's message: reflections on two decades in medical regulation



Dr. Heidi M. Oetter retired in December, after nearly two decades working at the College, first as deputy registrar since 2004 then as registrar and CEO since 2008. She sat down with the *College Connector* editorial team to reflect on her time in medical regulation.

Tell us about the evolution of medical regulation since you started at the College.

When I think back to 2004, professional regulation was viewed as exclusively the domain of the professional. This has certainly evolved—now we see regulation as shared work done by both the public and the profession. While it may still be described as professionally led regulation, it is clearly a shared model and there is an expectation that the public is able to participate and contribute.

Since 2004, there has also been a significant transformation around transparency. Regulators are required to show the end product of their work, but also be open about how that work is being done.

Another meaningful change since 2004 is the clear expectation that in addition to licensing registrants and addressing complaints, regulators are administering quality assurance programs to

ensure registrants remain competent and fit to practise over their career. I think the College was a little ahead of the curve when I started here because they had already started this proactive work, which is now a regulatory requirement.

More specifically, how has the College changed since 2004?

Nineteen years ago, the College was a small organization. Since then, we've greatly expanded and we've developed a business enterprise approach to our regulatory work. We have a variety of departments with different business plans and budgets that work together to support our overarching strategic plan.

We have moved from an organization based entirely on paper files and brought it into an electronic world. Going electronic has not only been positive for ensuring effective records retention, but has also allowed us to become a data-driven organization. We can extract meaningful reports on everything from the diversity of our employee workforce to complaints trends and use that data to make strategic decisions.

What stands out as milestones or pivotal moments in your career here?

One change that comes to mind is purchasing and moving in to our current office space. I think moving downtown to a modern corporate space was very symbolic because it was also a time that we were developing a modern executive structure and embracing technological change. During that time, we brought in a lot of skilled staff to do our work—not just physicians, but professional staff with expertise in all areas of the business. We made sure to hire the right people to help us evolve into the future and that we were supporting those people in their professional development.

What developments or achievements are you most proud of?

One is our new brand—this was a really significant project which required support from our entire Board and staff. A major part of deciding to take on a project this big was our commitment to decolonization. You can't really start to decolonize unless you can admit that you are colonial. So I

think it really shows the willingness of our Board and our staff to self-reflect and decide that it was important to retire the colonial crest and adopt a modern logo reflective of our values. It's also been very gratifying to see our staff living our new brand strategy—I can really see that every day at work.

Another achievement I'm proud of is just working with a resilient and sophisticated organization that can take on anything. We have played an important role in many complicated health-care circumstances over the past number of years, including the COVID-19 pandemic. The next major project will be the transition to a new legislative framework, the *Health Professions and Occupations Act* (*HPOA*), and I have every confidence that we will successfully shift to and grow under the new Act.

Looking ahead, what is the biggest opportunity you see for the College and for regulation in general?

I see a big opportunity to continue to evolve our regulatory processes to address the inequities in our health-care system. The *Human Rights Code* is embedded in the *HPOA*, which signals a new and important direction. The *HPOA* states that “in exercising the powers and performing duties under this Act, a person must act to protect the public from harm and discrimination”—this is the first time we've seen discrimination articulated as more than and distinct from harm.

So, there will be an explicit expectation to support and promote reconciliation with Indigenous Peoples and to address Indigenous-specific racism. The College has an opportunity to engage in regulatory processes that are anti-racist, to protect patients from discrimination, to ensure that physicians and surgeons are aware of the requirement to treat patients in a culturally safe and respectful manner, and to promote open dialogue that encourages patients to participate in their health-care decisions.

What words of advice do you have for your successor, Dr. Patrick Rowe?

Patrick needs no advice from me. He is a consummate professional and he really understands the work of the College, having served as a board member for a long period, and as president for two

terms. He also brings years of direct experience as a front line physician working in Northern Health.

What are you looking forward to in retirement?

I'm just looking forward to spending time with my family and friends! But I will say that I am going to miss everyone here who I have worked with, some for many years. And I'm certainly going to miss what I think are the exciting opportunities for regulators, in particular, advancing our work in cultural safety, cultural humility, and reconciliation.

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.

2024 licence renewal begins January 1

Annual Renewal

Annual licence renewal begins January 1, 2024. Here is what registrants need to know in order to be prepared.

Important dates

January 1, 2024: Start of annual licence renewal process

February 1, 2024: Deadline to complete the Annual Licence Renewal Form and payment of fees

March 1, 2024: Penalties applied for late licence renewal or late payment of fees

April 1, 2024: 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.
 - **Note:** While the province-wide Connected Health System digital solution is being developed and implemented for referral-consultation, orders and secure messaging (Ocean MD), there remains a need to communicate with physician colleagues via fax. Please add an up-to-date fax number to your profile.

Retiring or resigning before February 29, 2024

Registrants planning on retiring or resigning can submit a [resignation form](#) before February 29, 2024 to be exempt from the 2024 annual renewal process. Further details about retirement/resignation options can be found on the [College website](#).

FAQs

See frequently asked questions about the annual licence renewal process on the [College website](#).

Prepare documents

- BC driver's licence (for verifying a registrant's identity for the criminal record check)
- Method of payment (credit or debit card)
- 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
 - **Note:** 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 the [College website](#) for the full technical requirements.

Renewal fee

The 2024 renewal fee of **C\$1,875** can be paid in one of two ways online:

- by credit card
- by debit credit card

More information

For further details on annual licence renewal, please see the [College website](#).

A year in review: practice standards and professional guidelines

Practice Standards + Professional Guidelines

In 2023, the College hosted numerous engagement opportunities, revised several practice standards, and introduced a new practice standard and interim guidance document. The College appreciates the robust feedback and insight provided from all who participated throughout the practice standard development processes.

Engagement opportunities

Consent to Treatment

In January and February 2023, the College held a second consultation on its [Consent to Treatment](#) practice standard with registrants and other providers who work with patients who often face barriers in the consent process to gain a perspective on equity considerations. The College received feedback on a second draft of the practice standard which incorporated changes from the first round of engagement, held in 2022.

Care Coverage Outside Regular Office Hours

In April 2023, the College sought feedback on proposed revisions to the [Care Coverage Outside Regular Office Hours](#) practice standard. Revisions were made to include nurse practitioners (NPs) as members of a call team. The College heard from registrants that there are many benefits of including NPs in the call team, however, there were also some questions raised regarding NPs scope of practice and payment model. Further analysis is now being done by the College.

Indigenous Cultural Safety, Cultural Humility and Anti-racism

The College is currently evaluating awareness levels and application of the [Indigenous Cultural Safety, Cultural Humility, and Anti-racism](#) practice standard among registrants. The College has conducted a survey with registrants, and key health partners, and is now interviewing a smaller subset of registrants to hear specific examples of how the principles and core concepts are being applied in different practice settings to develop additional learning resources.

Ongoing engagement

By the end of 2023, the College will have also engaged on

- A revised [Indigenous Cultural Safety, Cultural Humility, and Anti-racism](#) public resource
- A revised [Medical Assistance in Dying](#) practice standard

Policy revisions

Virtual Care

The [Virtual Care](#) practice standard underwent revisions in June 2023 to clarify the use of PharmaNet, emphasizing that access is permissible only while the practitioner is physically located within BC.

Sale and Dispensing of Drugs

In the same month, the [Sale and Dispensing of Drugs](#) practice standard was revised to distinguish expectations for registrants using PharmaNet with a practice ID number versus community access.

Primary Care Provision in Walk-in, Urgent Care and Multi-physician Clinics

The practice standard for *Primary Care Provision in Walk-in, Urgent Care, and Multi-physician Clinics* was updated in July 2023 to specify principles applicable to registrants in urgent and primary care settings, clarifying their exemptions regarding longitudinal primary care.

New standards and guidelines

Consent to Treatment

The *Consent to Treatment* practice standard and its accompanying resource, *Consent to Treatment - Equity Considerations*, were approved and published in April 2023.

rTMS interim guidance

In September 2023, the College introduced new *interim guidance* on repetitive transcranial magnetic stimulation (rTMS) for the treatment of psychiatric and neurological disorders in adults. This guidance outlines the College's position on scope of practice, education requirements, and expectations for registrants providing this treatment.

Questions regarding practice standards, professional guidelines and interim guidance documents can be directed to communications@cpsbc.ca.

The need for proper use of specialist titles

Practice Standard

In October 2022, the *Advertising and Communication with the Public* practice standard was revised to accommodate for amendments to College Bylaws. The revisions specifically clarified the proper use of the title "specialist" and how to advertise a "focused area of practice." This change clarified what constitutes an appropriate use of title and who can refer to themselves a specialist.

Since this change, there have been questions from patients about use of titles, and from registrants about how to properly list education and expertise without breaching the standard. Addressing these questions is important as the improper use of titles can be misleading.

Use of specialist

Registrants certified by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC) can refer to themselves as specialists. Only those with the above-mentioned certifications can use the specialist title. Those holding CFPC certification can only refer to themselves as a specialist in family medicine, and those holding a RCPSC certification can only refer to themselves as a specialist in their respective fields.

Focused areas of practice

Often registrants develop areas of practice in which they have added expertise. Focused areas of practice may come in the form of an RCPSC subspecialty, a CFPC Certificate of Added Competence (CAC), or an area in which a registrant has a dedicated scope of practice and holds further training/education but does not hold either of the national certifications. There is nothing that prohibits registrants from listing their education, extra skills training, areas of research, etc. in their advertising of services. Providing areas of interest may be helpful for referring registrants in choosing the best practitioner for their patient.

Balancing expertise and clarity

An important distinction is evident in the case of family physicians with supplementary training in dermatology. While they may hold a dermatology diploma, the College does not equate this to RCPSC specialty or CAC recognition. As such, family physicians must not label themselves as dermatologists or advertise dermatology practice. The College does permit registrants to list the actual name of their certifications without altering them and to work in dermatology settings, as long as limits of practice are clear.

The importance of timely orders

Professional Guideline

The College is aware that community nurses, notably those caring for complex pediatric patients through private or community agencies, are facing challenges in obtaining orders from physicians for effective clinical care in the home environment.

Nurses play a pivotal role in bridging the gap between the hospital and the community. However, they often rely on the timely issuance of clear and comprehensive orders from physicians to provide appropriate care and effectively execute their responsibilities. For instance, initial medication orders may be incomplete, or a patient's oxygen needs may change requiring an adjusted order. If a nurse cannot contact the physician, patient care could be delayed.

Though the College acknowledges the complexities and demands on physicians' time and resources, it is important to remember that timely and precise orders are a core component of medicine and empower nurses to provide the highest quality care, prevent complications, and ensure patient safety.

As per the College's [Prescribing Practices](#), [Countersigning Prescriptions](#) and [Internet Prescribing](#) professional guideline, the provision of a prescription to a patient is a medical act. It is the result of a clinical decision made by a physician or surgeon subsequent to a comprehensive evaluation of the patient.

Asking a nurse to provide care outside their scope of practice, by writing out a prescription themselves, is not appropriate.

WorkSafeBC required occupational health and safety assessment

NHMSFAP Update

According to WorkSafeBC *Occupational Health and Safety Regulation* section 3.15, employers must provide each workplace with equipment and supplies for promptly rendering first aid to staff. Equipment and supplies for providing first aid must be assembled in a kit that is always readily accessible. The first aid kit must be in addition to facility's emergency cart equipment and supplies (i.e. the items cannot be shared).

Some facilities will be required to have a first aid attendant who has successfully completed a recognized first aid training course at the required level. WorkSafeBC *Occupational Health and Safety Regulation* section 3.16(2)(b) states that employers must conduct an assessment to identify the risks and hazards in the workplace.

Assessments are to be conducted annually and/or whenever a significant change affecting the assessment occurs in the employer's operations. Medical directors should refer to tables 1-6 (WorkSafeBC *Occupational Health and Safety Regulation – Schedule 3-A – Minimum Levels of First Aid*) to determine the minimum requirement for level of first aid kit and level of first aid certificate for

attendant if required.

Reference: *WorkSafeBC*. (n.d.). <https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-03-rights-and-responsibilities#Schedule3A>

Educational videos for facilities



As part of the Diagnostic Accreditation Program's (DAP) ongoing commitment to transparency and accessibility of the accreditation process and requirements, the program is developing a series of short videos to support awareness, understanding and continued improvement.

The first of this series reviews quality management systems and notes the relevancy and applicability in each of the accreditation programs' standards. Future educational videos are planned for topics such as measurement uncertainty, proficiency testing, or quality control, and may be specific to all accreditation programs, or support unique aspects of individual programs. Over the coming months, links to new videos will be shared directly as they are published.

View the quality management systems video on [YouTube](#).

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

Requests for specific video topics can be directed to dap@cpsbc.ca.

What is the BC Health Technology Assessment Committee?



**DAP +
NHMSFAP
Update**

Under the BC Ministry of Health, the BC Health Technology Assessment Committee (HTAC) makes evidence-informed recommendations about which devices, diagnostics, medical procedures, and programs should be publicly funded in the province.

The HTAC is comprised of a member from the Ministry of Health and each of the province's health authorities, as well as a scientific advisor, health economist, ethicist, and members of the public.

The HTAC follows an [evidence-based process](#), which includes topic selection, an evidence-based assessment, review by the HTAC, and makes recommendations to senior ministry and health authority executives about whether a technology should be publicly provided. The actual decision about whether a technology should be provided relies on many other factors in addition to the HTAC recommendation.

Approved technologies and supporting material are posted on the BC Ministry of Health [HTAC website](#) for public access. These may support decisions by the College's accreditation programs (DAP and NHMFAP) related to new technology accreditation requests, when other technology

assessment are not available (e.g. [CADTH](#) and [NICE](#)).

New antibiotic web content and report available



Drug Programs Update

Safe prescribing of all medications is considered a core competency of all College registrants. While traditional efforts in safe prescribing have focused on psychoactive medication such as opioids and sedatives, the College recognizes that there is potential harm that can come to patients through the prescribing of many different classes of medication.

Antibiotics are one such class. Up to 50 per cent of antibiotics prescribed to patients in primary care are either inappropriate or unnecessary. A recent study estimates that one in four infections in Canada are already resistant to the first drugs used to treat them. Nationally and globally, antimicrobial resistance (AMR) is on the rise. About 5,400 deaths in Canada are due to AMR each year, costing the Canadian healthcare system about \$1.4 billion, and reducing GDP by \$2 billion ([When Antibiotics Fail](#), Council of Canadian Academies (2019)).

The College website has been updated to include an overview of [antimicrobial stewardship](#), a [resource section](#) and a [new report](#) available to registrants. The College drug programs endeavours to support registrants in prescribing safely throughout their careers. Registrants who are licensed for independent practice are encouraged to request a personalized antibiotic prescribing report. The report will compare quarterly antibiotic prescribing volumes with a practice-specific comparator

group.

Note: The report draws no conclusions regarding the appropriateness of antimicrobial prescribing or adherence to clinical guidelines and scientific literature. The report serves as supplemental information to assist registrants in optimizing their approach to antimicrobial prescribing and enhancing the overall care provided to patients.

Request a report [here](#). Report updates are available quarterly.

Prescribing for a travelling patient

Drug Programs Update

With winter approaching, registrants may encounter more requests for large dispenses of medication for patients who are planning to travel within Canada or internationally.

Whether a patient is travelling to another province for a week, or travelling to another country for a few months, prescribing best practices remain the same. Registrants are expected to be familiar with the [Safe Prescribing of Opioids and Sedatives](#) practice standard.

Prescribing a large amount of any psychoactive medication is not medically appropriate and poses a risk to both the patient and public. In cases where patients are spending a significant amount of time in another country, snowbirds for examples, patients should be encouraged to arrange a medical follow-up at intervals when they return to Canada (e.g. at Christmas or other family holidays). Patients who do not return to Canada should find a treating physician in their destination community. Registrants are reminded that patients who are prescribed narcotic and sedative medications should be reassessed regularly. Relying solely on virtual care to assess a patient who is travelling is not appropriate.

For patients travelling within Canada for a shorter duration of time, registrants may consider dispensing medication in blister packs or faxing their prescription to their destination pharmacy and

speaking with a pharmacist there.

Physician assistants and the College library

The logo for the College Library, featuring the words "College Library" in white, bold, sans-serif font centered on a teal square background.

College
Library

In anticipation of serving physician assistants (PAs) in the future, the College library is collecting PA-specific clinical material such as ebooks, e-journals, and other formats.

These PA-specific e-journals can be accessed through the library's [journals finder](#):

- The Journal of Physician Assistant Education
- JAAPA: Journal of the American Academy of Physician Assistants
- JBJS Journal of Orthopaedics for Physician Assistants

These are the beginning of our PA-specific ebook collection:

- [Ballweg's physician assistant a guide to clinical practice](#). Ritsema Tamara S. et al. Elsevier, 2022.
- [Essential clinical procedures](#). Dehn, Richard W., Asprey, David P. Elsevier, 2021. This online text includes 34 videos.

Full library services are available to physician assistants including:

- [Literature searches by expert searchers](#)
- [Point-of-care tools](#) such as DynaMed and BMJ Best Practice

- [Drug information](#) such as CPS and Martindale pharmacopeia
- [High-impact journals](#) via our website or through the [Read app](#)
- [Ebooks](#)
- Request full-text articles from library staff – including copies from the collection or acquired through interlibrary loan
- Monthly automated search results on topics of interest

To learn more about College library services and resources, [view a summary on the website](#) or watch a series of one-minute videos on the College's [online learning platform](#).

PAs with suggestions for material the library might acquire may can contact library staff by webform, emailing medlib@cpsbc.ca, or calling 604-733-6671.

CPD events



Medical Record Keeping for Physicians

Wednesday, February 14, 2024

[Learn more](#)

Wednesday, March 13, 2024

[Learn more](#)

Wednesday, April 24, 2024

[Learn more](#)