

Registrar's message: reflections on a new role and priorities for the future



I have been in my new role as the College's registrar and CEO for just a few months, and I am grateful to have received a warm welcome, both from within the College and from our health-care partners.

As an emergency room physician for many years, I am first and foremost a clinician. I am bringing that perspective to this role, which includes both a deep appreciation for the needs of patients in our province, and a genuine understanding of the complex challenges that registrants face trying to meet those needs.

The College plays an important role in health care, directly by regulating physicians and surgeons, but also through participation in conversations about health-care delivery in the province. My priorities in this role are to continue the positive work that the College is doing in a number of key areas.

The College has made progress in the last couple of years to address the Indigenous-specific racism that exists in our health-care system, including introducing the *Indigenous Cultural Safety, Cultural Humility and Anti-racism*

practice standard in 2022 and completing the complaints process review in 2023. I believe it is critical to continue building on this work, with guidance from Indigenous communities and provincial leadership. We know that we need to develop a deep understanding of the barriers that Indigenous people face when accessing the services of the College, and to take action to break down those barriers. We also know that we need to bring Indigenous voices into leadership positions and committee positions at the College.

I recognize and share the concerns many British Columbians have about the physician shortage in many of our communities. This is a complex issue that the College will continue to play a role in, along with the provincial government and other BC health-care organizations. We are committed to ensuring that we are not a barrier to health human resourcing. We are also committed to supporting team-based care as a way to increase the health human resources that are available to patients, which requires strong collaboration between the College and other BC health regulators.

Over the coming year, the College and the other BC health regulatory colleges will transition to the *Health Professions and Occupations Act* (the *HPOA*). Under the new legislation, many of the core regulatory processes will remain—physicians and surgeons will still need to be licensed and will still be required to participate in quality assurance and quality improvement activities. The public will still have an opportunity to bring concerns to the College and we will still investigate and adjudicate complaints. However, there are notable positive changes. It will become a legislated requirement to participate in anti-discriminatory behaviour and also to identify and act on discrimination when it occurs. There will also be oversight by an external Office of the Superintendent of Health Profession and Occupations which provides an opportunity for the College to receive feedback, and to use that feedback to make process improvements.

I recently had the opportunity to discuss all of these topics and more in the first episode of *Connecting the Dots*, a new podcast series from the College that aims to help physicians and surgeons connect our regulatory work to the issues impacting our broader health-care system.

You can listen to the first episode of Connecting the Dots below.

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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.

Amended Mental Health Act and Regulation brings two new forms to replace form 4



Registrants are reminded that as of February 1, 2024, only Forms 4.1 and 4.2 are valid for involuntary detainments, and involuntary detainments authorized with a Form 4 are no longer legal unless the Form 4 was signed prior to February 1, 2024.

Health authorities are responsible for implementing this change and ensuring that only the new Forms 4.1 and 4.2 are used by all those authorized to complete the forms (physicians and nurse practitioners, both in community and in acute care settings).

Questions can be directed to NursingPolicySecretariat@gov.bc.ca.

Background

On February 1, 2023, the Cabinet of British Columbia brought into force sections 9–12 of the *Nurse Practitioners Statutes Amendment Act, 2011* (thereby amending the *Mental Health Act*) and amended the Mental Health Regulation to introduce the new Forms 4.1 and 4.2, replacing the earlier Form 4.

This introduced key changes including: allowing nurse practitioners to complete Form 4.1 to authorize 48-hour involuntary detention of patients; requiring the forms to be approved by a *Mental Health Act* director or delegate; requiring that the exact date and time of the director or delegate's approval be noted and observed as the starting time of the period of involuntary detention; and revising the language of the forms to be person- and patient-centred, culturally safe, trauma informed, gender affirming, and recovery oriented.

A one-year transition period began on February 1, 2023, during which time Form 4 remained legally valid along with Forms 4.1 and 4.2. As a final step, on November 29, 2023, the Order in Council (OIC) for the transition period and Form 4 repeal was approved.

Communicating with colleagues using current contact information



Communication between colleagues and other members of a care team is integral to ensuring patient well-being. Some registrants have recently reported difficulties in reaching colleagues because of missing, inadequate, or out-of-date contact information in the College's online registrant directory.

In some cases, registrants have not provided the College with a phone number or fax number, making it difficult to facilitate referrals. The College recently sent an email to registrants on behalf of Doctors of BC, BC Family Doctors, and Consultant Specialists of BC asking them to provide an up-to-date fax number to facilitate the referral-consultation process while a province-wide digital solution is being developed.

In other cases, registrant offices store outdated contact information in their EMR and fail to verify it in the College's online registrant directory, which is dynamic and updated in real time.

The College reminds registrants to keep their contact information current, and ensure it is effective in enabling contact between colleagues. Registrants should not be using their division of family practice office as their primary business address. Likewise, providing a general hospital phone number may make it challenging to locate a colleague, and cause delays in facilitating a timely referral.

Updates to contact information, including a business address, phone number, or fax number, can be easily made by logging in to the College's [registrant portal](#). Medical office assistants, colleagues and patients should expect to find accurate and complete contact information in the registrant directory on the College website.

Keeping EMRs current

Medical offices that store registrant contact information in an EMR can request a free Excel version of the College's registrant directory once per year. To request an annual copy, contact the College via phone or email at inquiries@cpsbc.ca.

Navigating the patient–registrant relationship: responsibilities for dismissing inactive patients

Practice Standard

The proper maintenance of patient panels plays a pivotal role in improving access to medical care to those who need it most and ensuring patients are not dismissed unethically.

As outlined in the College’s [Ending the Patient-registrant Relationship](#) practice standard, in cases where the therapeutic relationship becomes ineffective, registrants may terminate their relationship with a patient. This includes instances where a patient has been inactive for a prolonged period—often spanning several years.

In these circumstances, it may be appropriate for registrants to terminate the treating relationship with the patient to free up space for new patients who urgently need primary care. However, when doing so, registrants are expected to adhere to the CMA [Code of Ethics and Professionalism](#), which states that:

Having accepted professional responsibility for the patient, physicians must continue to provide services until these services are no longer required or wanted, until another

suitable physician has assumed responsibility for the patient, or until after the patient has been given reasonable notice that they intend to terminate the relationship.

Registrants must make reasonable attempts to contact an inactive patient before dismissing them from their patient panel, including phone calls, emails, and written correspondence. Patients must be informed about the potential discontinuation of their care and should be provided with an appropriate length of time to respond, and the option to remain on a panel if reasonable (i.e. they are still living in the community).

The College does not define a “prolonged period of time” of patient inactivity, nor does it define an “appropriate length of time” for registrants to wait for a patient’s response before dismissing them. The diversity of practice settings across the province makes it challenging to establish one-size-fits-all expectations.

In all cases, registrants are expected to use their best judgement and make careful decisions that consider their patient’s needs. The rationale for the decision to end the patient-registrant relationship and attempts to communicate with the patient should be documented in the medical record.

Registrants are strongly advised to have a practice policy in place for dismissing patients due to inactivity and ensure the policy is clearly communicated to patients. Applying a standard approach helps ensure that terminating the patient-registrant relationship is done consistently and equitably, and not based on factors that may be considered discriminatory under the BC Human Rights Code.

Questions regarding this article can be directed to communications@cpsbc.ca.

More information on ending the patient-registrant relationship is available in this [online course](#). The course takes five to 10 minutes and includes steps to take to end the patient-registrant relationship.

Medical records management: obtaining patient consent to transfer records

Practice Standard

The College has recently received questions from registrants regarding the requirement for patient consent prior to transferring a medical record. The College's [Medical Records Management](#) practice standard clarifies expectations.

As per the practice standard, registrants may transfer original medical records to another registrant, bonded record retention facility, public hospital, or health authority within Canada if the receiving registrant, bonded record retention facility, public hospital, or health authority has agreed to hold the medical records and provide enduring access to the transferring registrant and the patients. Transfer of the original medical record must be documented in a written contract that includes the elements outlined in the practice standard. Patient consent is not required; however, registrants must take steps to notify patients of the location of their medical record.

Circumstances may arise where registrants are retaining their medical records but physically moving them to a new practice location. When a practice relocation occurs within the same or neighbouring vicinity, registrants do not need to obtain consent from their patients to move their

medical record as this is implied.

Registrants are expected to notify their patients that their records are being moved and provide them with the option to remain in the practice. The College does not set out a time frame to wait for a response before transferring patient records and would leave this to a registrant's best judgement based on their unique circumstances.

Questions regarding this article can be directed to communications@cpsbc.ca.

Patients need timely access to pain management—including opioids

Drug Programs Update

Although they carry an appreciative level of risk, opioid medications can be essential for many treatment plans. It is the responsibility of registrants to understand when to best use these medications appropriately and effectively. Opioids are not always warranted; however, it would be unethical and inappropriate for registrants to have a blanket policy to not prescribe opioids in any circumstance.

Pain management can often be a challenging area of practice, but it is a core competency of medicine and a treatment option that all registrants are expected to safely provide to their patients when indicated.

The College regularly receives communication from specialists expressing concerns that primary care physicians are hesitant to provide opioid treatment for pain management to their patients. The demand for symptom management for vulnerable patients continues to rise, stretching pain and palliative care resources thin. In response, the College expects registrants to engage in effective partnerships with pain physicians, oncologists, and with palliative care physicians to provide timely

responses to the legitimate therapeutic needs of their patients.

All registrants play a part in ensuring safe and timely care for patients suffering pain.

Additionally, refusing to provide certain basic aspects of care to patients, particularly those with complex pain needs, can be seen as a breach of the College's [Access to Medical Care Without Discrimination](#) practice standard. Patients undergoing cancer treatment or receiving palliative/end-of-life care are especially vulnerable in this instance as their medication needs are often higher than others. To avoid discrimination and patient abandonment, it is essential to offer support and prescribe the right medications to patients in need. The standard emphasizes that a defined scope of practice must not be used as a means of unreasonably refusing care to patients with complex health needs.

The College has made the [ordering process for duplicate pads](#) easily accessible on the College website, ensuring supply and minimizing possible delays in patient care.

Continuous learning

All registrants providing patient care must be able to manage pain in their patient population and undertake continuous learning on the topic relevant to their practice. The College sets out its expectations for registrants in [Safe Prescribing of Opioids and Sedatives](#) practice standard.

[Other resources](#) are available from the Drug Programs on the College website.

Seeking medical reviewers to support the Inquiry Committee

Complaints Update

The College's complaints and practice investigations department is currently seeking medical reviewers to work on behalf of the Inquiry Committee to review information collected during a complaint investigation and draft dispositions.

General duties

Reporting to the deputy registrar, complaints and practice investigations, medical reviewers are responsible for:

- Reviewing information collected during a complaint investigation and draft dispositions on behalf of the Inquiry Committee (IC).
- Conducting interviews with registrants and their legal counsel during the complaint investigation or upon concluding the matter.
- Working collaboratively with a team of dedicated individuals to improve registrant practice in the province of BC.

Deliverables

- Providing an average of 40 hours per month.
- Attending four to five virtual IC meetings per year and all required pre-meetings to discuss the complaints before the IC.
- Communicating availability each month for scheduling registrant interviews.

Education, training, and support

- Training and onboarding time with experienced medical reviewers and College staff is compensated.
- Bimonthly meetings are held with peers and the department leadership team to discuss process changes and identify department objectives.
- Focused continuing professional development is provided.
- A dedicated laptop (for a small annual fee) is provided, which includes voice dictation software and other office products required to perform work.

Ideal attributes

- Possessing exceptional writing skills, including the ability to present technical concepts in lay terms and formulate clear and logical reasons in a style that expresses both empathy and a commitment to fairness.
- Understanding that medical reviewers are not decision makers; that responsibility falls entirely with the IC. Like College employees, medical reviewers support the work of IC.
- Thriving in a high volume, fast-paced environment while maintaining quality and timeliness standards.
- Being open to feedback and willing to provide constructive feedback to other members of the team.
- Treating all individuals equally with dignity, courtesy and respect, and without discrimination.

Credentials

- A specialist in family medicine, general internal medicine, psychiatry, or emergency medicine.
- Licensed in BC, in good standing with the College, and currently engaged in clinical practice.
- Ability to understand, apply, and remain updated on College practice standards/guidelines and related legislation.

Application process

All applications will be acknowledged by the director, complaints and practice investigations; however, only short-listed applicants will be contacted for an interview.

Interviews will take place over Microsoft Teams and will be conducted during regular College business hours (8:30 a.m. to 4:30 p.m.). Short-listed applicants will be asked to complete a timed writing exercise, also completed virtually.

Applying

Interested registrants should send a letter of interest and their CV to the attention of the director, complaints and practice investigations by March 15, 2024.

Confidential facsimile: 604-733-3503

Email: complaints@cpsbc.ca

All correspondence will be held in strict confidence.

Seeking two part-time peer assessors for family practice assessments

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PPEP Update

The College's Physician Practice Enhancement Program is currently seeking two part-time peer assessors to conduct family practice assessments and promote quality improvement.

General duties

Under the direction of the deputy registrar and the program director, the peer assessor will carry out the mandate of the Physician Practice Enhancement Program (PPEP)—to assess community-based family practice specialists and promote quality improvement in medical practice in compliance with College practice standards and procedures, and in accordance with the Bylaws under the *Health Professions Act*, RSBC 1996, c.183.

Deliverables

- Work part-time (minimum seven hours per week) to conduct peer assessments.
- Conduct a combination of remote and onsite peer assessments throughout BC.

Ideal attributes

- Exceptional interpersonal communication skills, including the ability to work in a collaborative team environment.
- Understand best practices, and have up-to-date knowledge on clinical care guidelines, and familiarity working in a multi-physician clinic setting.

Credentials

- A specialist in family medicine.
- Licensed in BC, in good standing with the College, and currently engaged in clinical practice.
- Undertaken a successful peer assessment with PPEP and completed an assessor training workshop.

Application process

Interested applicants should submit a letter of interest and CV to the attention of the director, Physician Practice Enhancement Program.

Confidential facsimile: 604-733-3503

Email: peerassessments@cpsbc.ca

All correspondence will be held in strict confidence.

PTSD—variety of information sources



College
Library

The library responds to a remarkable diversity of information requests from registrants. Literature search requests cover almost all aspects of medicine from teaching, research, clinical practice, and administration and any condition and specialty therein. Few are duplicates. Thus, the fact that post-traumatic stress disorder (PTSD) accounts for about 2% of literature search queries in the last six months suggests a strong interest among registrants.

Clinical questions on PTSD are often nuanced and literature databases are often the best source for current, specific information. Examples of these questions received by the College library include sexual health and dysfunction linked to PTSD, the role of trauma-informed care of patients with PTSD in drug treatment courts, treating PTSD in one-to-one or group counselling setting, and ketamine therapy for PTSD. Thorough search strategies can be crafted by librarians to locate the highest levels of evidence available from published studies. Below are more information sources that support learning about PTSD.

Evidence-based overviews of PTSD management can be found in in these point-of-care tools:

- [Post-traumatic stress disorder](#). BMJ Best practice. BMJ Press, Feb 2023.

- [Posttraumatic stress disorder \(PTSD\)](#). DynaMed. EBSCO, Jan 2024.
- [Clinical overview: posttraumatic stress disorder](#). Clinical Key. Elsevier, Nov 2023.

These audio lectures below may be of interest (first-time users, use these [instructions](#) to set up free a AudioDigest account):

- [Post-traumatic stress disorder and the trauma healthcare provider \(General Surgery\)](#). J. Fanelli. Feb 2024.
- [A trauma-informed approach to substance use disorders \(Psychiatry\)](#). E. Zarse. Mar, 2023.
- [Management of posttraumatic stress disorder and related disorders \(Psychiatry\)](#). H. Fretwell. Dec 2022.

Recent PTSD-related ebooks available via the library include:

- [Looking At Trauma: A Tool Kit For Clinicians](#). A Hershler. Penn State University Press, 2021.
- [Childhood trauma and resilience: a practical guide](#). HC Forkey. American Academy of Pediatrics, 2021.
- [The art and science of compassionate care: a practical guide](#). A Samoutis, et al. Springer, 2023.

For support with use of the resources above or to pose information requests, registrants are welcome to [reach out to the library](#). A summary of library services and resources can be found on the [College website](#).

CPD events



Medical Record Keeping for Physicians

Wednesday, April 24, 2024

[Learn more](#)

Wednesday, June 5, 2024

[Learn more](#)