

Registrar's message: restructuring the Physician Practice Enhancement Program



Continuous quality improvement is one of the College's strategic pillars because we know our work must constantly improve and evolve to respond to the changes we see in the practice of medicine. The College's Physician Practice Enhancement Program (PPEP) is a prime example of how the College's commitment to continuous quality improvement continues to evolve. Ten years of PPEP data has shown most registrants are performing well and may benefit from having diverse assessments that better fit their practice. As such, the program is restructuring and will now include three assessments: peer, self-directed and office.

The three assessments will apply to registrants who provide community-based care in private offices or multi-physician clinics, or work as long- or short-term locums. Registrants will be selected to participate in assessments based on a combination of professional characteristics and practice context factors.

The **peer assessment** is conducted by an experienced peer assessor. It provides an opportunity for feedback, discussion and collaboration to identify areas for improvement.

The **self-directed assessment** requires participants to use professional learning plans to guide activities in the areas of clinical support, practice support, and professional support over a longer period. Guidance and support are provided through discussion with a peer.

The **office assessment** evaluates aspects of a participant's clinical practice environment, including a review of office operations, emergency preparedness, medication management, infection prevention and control, medical device reprocessing, and practice standards.

The peer assessment and office assessment will be similar to previous PPEP assessments. Medical device reprocessing, which formerly fell under Physician Office Medical Device Reprocessing Assessments (POMDRA) initiative, is now part of the office assessment. The new self-directed assessment will allow registrants who don't require a peer assessment to participate in a flexible, self-directed assessment guided by the program's medical advisors, assessors and staff. It will give registrants more agency and flexibility to tailor their professional learning plan to best suit their practice and professional development goals.

The three assessments will also fulfill the requirements of the new [Health Professions and Occupations Act \(HPOA\)](#) to assess the professional performance of registrants. Under the *HPOA*, the College must establish and administer a quality assurance program to help registrants improve their professional performance, identify issues or gaps and recommend remedial measures.

The assessments build on the professional development activities that registrants are already doing. By offering feedback, support and learning that is relevant to registrants and their practices, the PPEP continues to pursue continuous quality improvement and the goal of ensuring safe, competent, and ethical care for patients.

You can learn more about the assessments in the video below or on the [College website](#).

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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.

Case study: upholding Indigenous cultural safety in practice

Inquiry Committee Case Study

Providing culturally safe care to Indigenous patients is an expected competency of all registrants. Cases continue to emerge, showing that stereotypes rooted in colonization resulting in harm, neglect, misdiagnosis and even death of Indigenous persons persist.

A panel of the Inquiry Committee recently concluded a case where a registrant did not fully meet the expectations in the *Indigenous Cultural Safety, Cultural Humility, and Anti-racism* practice standard.

Case study

An Indigenous woman with suicidal ideation was taken by ambulance to the emergency room of a rural hospital late at night. The patient was alone, displayed signs of mild alcohol intoxication and had a history of previous suicide attempts. The patient denied consuming any other substances or having an imminent plan of suicide.

Following the assessment, the registrant determined the patient was well enough to be discharged but offered her the option of spending the night at the hospital. The patient felt safe and decided to

leave the hospital, walking two kilometers home as no taxis were available. While the care team did have a list of her emergency contacts, no one was contacted to provide the patient with a safe ride home.

In the complaint filed with the College, the patient stated that she felt something was “off” in the conversation during the assessment. She felt that staff were condescending and disregarded her concerns.

The registrant responded that the care provided was considerate and thorough, that they took time to listen to the patient’s stress and events that led her to the situation, and offered support for her to consider after discharge from the hospital.

Case resolution

Following an investigation, the panel of the Inquiry Committee concluded the case with recommendations related to several aspects of the registrant’s involvement.

First, the committee felt that the registrant did not follow up on how the patient would be getting home, as there were no documented efforts by any staff to contact family or other supports to assist her. While the patient’s autonomy was respected, as she chose to leave hospital, more efforts should have been made to ensure she got home safely. As per the *Indigenous Cultural Safety, Cultural Humility, and Anti-racism* practice standard, registrants must recognize the disproportionate impact of trauma on Indigenous women and girls. There was a potential risk to the patient walking alone in the middle of the night. It is important that cultural safety is at the forefront of all aspects of the patient’s care, including discharge planning.

This case also illustrates the importance of thoughtful and culturally safe communication strategies to try to bridge the gap when a clinical encounter is being hampered by the patient’s and registrant’s differing perspectives. Registrants are reminded that “cultural humility” refers to one’s need to acknowledge that while they may be generally well-equipped to practise in a culturally safe

manner, at times they will fall short despite their best intentions.

Without clear documentation, it is challenging to know what care or offerings of support were provided, including, in this case, what efforts were made to ensure a safe transition from hospital to home. Documenting steps taken to provide culturally safe care makes it clear to others exactly what was done so care is more continuous.

College resources

Providing culturally safe care is a College requirement. The Indigenous Cultural Safety, Cultural Humility and Anti-Racism practice standard sets out clear expectations for registrants and can be used as a tool for ensuring a culturally safe medical practice.

In addition to the standard, the College has a [list of learning resources](#), from papers to full courses, which can aid registrants in their journey towards culturally safety.

New interim guidance on artificial intelligence



Interim Guidance

Background

Artificial intelligence (AI) has demonstrated the capability to support health-care providers with multiple elements of patient care such as diagnosis, creating treatment plans, and writing patient communications. However, its use requires careful consideration to maintain patient safety and well-being.

The College has been receiving inquiries from both registrants and key health partners on the appropriate use of AI in medicine. As AI is new and evolving, and has the potential to impact patient safety, there was a clear need for the College to provide expectations to registrants. As a result, the [Ethical Principles for Artificial Intelligence in Medicine](#) interim guidance was developed.

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.

The core principles

The *Ethical Principles for Artificial Intelligence in Medicine* interim guidance was developed following a review of the literature and a jurisdictional scan. Based on the research, the interim guidance encompasses the following key components:

- **Privacy, confidentiality, and consent:** Registrants are expected to ensure that patient privacy and confidentiality are maintained when using AI.
- **Accuracy and reliability:** Responsibility for decisions made about patient care rests principally with the registrant.
- **Transparency:** Registrants using AI must be transparent about the extent to which they are relying on such tools to make clinical decisions and must be able to explain to patients how these tools work and what their limitations are.
- **Interpretability:** When used in medicine, registrants must be capable of interpreting the clinical appropriateness of a result reached and exercising clinical judgement regarding findings.
- **Bias:** Registrants must be mindful of the inherent bias and critically analyze all AI-driven results or recommendations through an equity, diversity, and inclusion (EDI) lens.
- **Monitoring and oversight:** Registrants must monitor the use of AI in patient care to ensure that it is used appropriately and effectively.

Registrants are reminded to use their professional judgment when determining how AI can safely fit into their practice. As with any new technology, it is important to weigh both the pros and cons, and to carefully evaluate the impacts it may have.

The College will continue to monitor developments in this field and update its guidance as more information becomes available.

Questions about this document can be directed to communications@cpsbc.ca.

Introducing the Environmental and Sustainability Committee



The College recognizes the impact the health-care sector has on sustainability and the environment. According to the [World Health Organization](#), climate change related impacts on nature, waste and health are expected to cause approximately 250,000 additional health-related deaths per year from 2030 to 2050. Studies [have also shown](#) that Canada's health-care system contributes to 4.6 per cent of national greenhouse gas emissions, which is more than the aviation industry.

To address such impacts, the College has established an ad-hoc advisory Environmental and Sustainability Committee (ESC), which reports to the Board. Through the ESC, the College has an opportunity to work within the broader health system in its regulatory role to:

- Identify key environmental and sustainability challenges, opportunities, and priorities relevant to the College's operations.
- Contribute ideas and perspectives to inform the development and implementation of environmental and sustainability initiatives.

- Support College departments and programs identify and meet their environmental and sustainability goals and targets.
- Monitor and evaluate the effectiveness of ESC activities and recommend areas for improvement.

As a starting point, the ESC will implement an 18-month roadmap to support the College in defining its sustainability position, setting clear environmental commitments and targets, and taking credible steps to meet those targets. Committee members—two Board members and eight staff representing all departments—will participate in a facilitated workshop in June to identify the environmental and sustainability impacts of the College’s operations and prioritize sustainability efforts.

Progress of the ESC will be shared on the College website.

Registrant support coaches available for practice standard guidance



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, who serve 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, 87% indicated that the appointment was useful, 99% indicated that they felt comfortable in the conversation, and 83% indicated that the coaching helped them to develop their own plan of action. Comments from registrants indicate that they found the coaching appointment to be easy to book and available in a timely manner, and the coaches to be supportive, helpful, and empathetic. Many registrants expressed that they would recommend this service to their colleagues.

Booking an appointment

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

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 the quality and safety of the facility and/or service is maintained.

The standards are evidence-based and outcome-focused mandatory requirements and best practices that are aligned with 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 or updated position statements are now available on the College website:

- [Credentialing Requirements for Polysomnography \(Level 1\) \(new\)](#)
- [Dynamic Elastography Services \(new\)](#)
- [Credentialing Requirements for Home Sleep Apnea Testing \(updated\)](#)

Copy-pasting in medical records can lead to inaccuracies

PPEP Update

Assessors conducting peer assessments for the Physician Practice Enhancement Program (PPEP) have seen an increasing number of registrants copying and pasting patient information or patient encounter information into their electronic medical records (EMR) system.

While copy-pasting can improve documentation efficiency, the PPEP advises caution as this approach can lead to inaccurate records and the potential to negatively impact patient care.

Registrants should be aware of the legal implications of copy-pasting and understand the required safeguards to ensure patient confidentiality, privacy, and the requirement for accurate patient data.

Registrants should be aware of:

- **Patient privacy and confidentiality:** Confidential information may be inadvertently shared during copy-pasting. Care must be taken to ensure that sensitive information is not shared or exposed during the copy-pasting process.

- **Data accuracy and integrity:** Inaccurate or outdated information perpetuated in the medical record may impact patient care and treatment decisions. Copy-pasting should not replace original content but rather supplement it.
- **Documentation duplication:** Identical or similar notes across multiple patient records without customization for the individual patient may produce errors. Every patient encounter has its own distinctions and should be checked for accuracy. Conducting audits on encounter notes will improve documentation, detect errors and reduce patient risk.
- **Audit trails:** Copy-pasting can impact EMR audit trails and make it difficult to trace the origin of specific information.

CPD events



Medical Record Keeping for Physicians

Wednesday, September 4, 2024

[Learn more](#)

Wednesday, October 9, 2024

[Learn more](#)

Wednesday, November 6, 2024

[Learn more](#)