Registrar's message: transitioning to the Health Professions and Occupations Act

The *Health Professions and Occupations Act* (*HPOA*) is expected to come into force in 2025 and will replace the current statute, the *Health Professions Act*. We are committed to updating registrants on the *HPOA* transition process as we prepare for its implementation next year.

The *HPOA* will lay the groundwork for transforming how health regulators fulfill their mandate to protect the public. Once in effect, it will improve access to safer health care for patients by:

- Implementing anti-discrimination measures to foster physically, culturally, socially and emotionally safe practices.
- Supporting and promoting awareness of reconciliation with Indigenous Peoples.
- Creating a more transparent complaints process, including the publishing of all disciplinary actions on college websites.
- Creating safety and identity protection measures and support for complainants who have experienced discrimination, sexual abuse or sexual misconduct.

- Establishing the new oversight body: the Office of the Superintendent of Health Profession and Occupation Oversight.
- Appointing a new independent discipline tribunal.

Over the last several months, CPSBC has been working with the Ministry of Health, other health regulators and key partners to plan for this transition. A project steering committee comprised of the registrars from all colleges has been established to develop a governance framework and provide oversight to the *HPOA* transition. CPSBC has also established an internal project team to support its efforts and provide updates to the steering committee.

Regulatory working groups with subject matter expertise from all colleges have also been formed to develop bylaws. To date, working groups have been established for the following areas: governance, complaints, licensure, practice standards, health monitoring, and quality assurance. There will be broad consultation with the public, registrants and other key health partners once the bylaws have been drafted.

Part of the *HPOA* transition includes improving the efficiency and effectiveness of health regulation through the amalgamation of several health regulatory colleges. In June, the new College of Health and Care Professionals of BC and the College of Complementary Health Professionals of BC officially formed. These amalgamations reduced the number of colleges in BC from 15 to six.

Another significant milestone in June was the government appointment of superintendent Sherri Young to lead the new Office of the Superintendent of Health Profession and Occupation Oversight. The superintendent's responsibilities will include making merit-based recommendations to government for board appointments, overseeing regulatory colleges by setting standards for good governance, and conducting audits, investigations and general reviews to ensure regulators are serving their public interest mandate.

While the *HPOA* will transform health regulation in BC on a systems level, many of the processes and operational touchpoints through which registrants interact with CPSBC will remain the same. To help

with the transition, we have developed frequently asked questions to provide more details on what registrants can expect under the *HPOA*. New questions and answers will be added over time.

I look forward to continuing the collaborative work that will advance a regulatory framework that is efficient, consistent, effective, and firmly focused on the public interest. I also look forward to providing registrants with more updates over the next year on the developments and milestones of the *HPOA* transition.

Patrick Rowe, MD, CCFP (EM), FCFP
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.

Recommendations from the Inquiry Committee for culturally safe care

Providing culturally safe care to Indigenous patients is an expected competency of all registrants. Cases continue to emerge, such as the one below, showing that Indigenous stereotypes can result in harm.

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, highlighting the expectation of creating safe health care experiences.

Case study

An Indigenous woman chose to terminate her pregnancy and contacted a reproductive health clinic to understand her options. In this process, she identified herself as Indigenous and, given her previously negative experiences in accessing publicly funded care, she requested to have a support person with her. The clinic denied her request, citing a policy which does not allow support people to be present and told her they would not treat her differently just because she is Indigenous.

Prior to the procedure, the patient requested to pray, which was abruptly dismissed by the treating physician. The nursing staff stopped the procedure to allow her to pray, however, the treatment by the physician left the patient feeling rushed and disrespected.

Post procedure, the patient requested to keep the remains for ceremony. While the staff provided the remains, they made comments which made the patient feel there was disregard for her culture.

Following the procedure, the patient experienced unexpected severe pain due to retained tissue and subsequent hemorrhage, leading to an emergency second procedure, which she believed was the result of the physician rushing. This was another experience of trauma for the patient.

Overall, she felt this experience affirmed her pre-existing concerns that medical care would not be culturally safe, nor offered with cultural humility.

In response to the complaint, the physician involved in her care recognized the seriousness of Indigenous-specific racism and its impact on patient health. The clinic did try to communicate their protocols for support persons and demonstrate their understanding regarding the return of biological tissue; however, this is not how the patient perceived the situation.

The physician in their response also noted that typical post-procedure care does not include any direct follow-up, unless there is a concern from the patient, and that all patients receive written and verbal post-procedure care instructions.

Inquiry Committee recommendations

Following an investigation, the Inquiry Committee concluded the case with recommendations related to several aspects of the physician's involvement. The Inquiry Committee was specifically critical about the statements made about the specimen, the restriction of support persons and an overall lack of clear and culturally safe communication with the patient.

As per the *Indigenous Cultural Safety, Cultural Humility, and Anti-racism* practice standard, physicians must facilitate the involvement of the patient's family and others upon request. This could mean allowing for a separate space for support, such as the waiting room or a private area. It is important to ask the patient who they would like to support them and examine how that support can be incorporated into the appointment.

Physicians must also acknowledge and incorporate Indigenous cultural rights, values, and practices into the plan of care. In this situation, providing more time for both prayer and to meet cultural needs may have gone a long way in demonstrating cultural humility and facilitating a culturally safe experience for the patient. There was also a lack of cultural safety in the return of biological tissue, which is significant in ceremony for Indigenous patients. Physicians are expected to honour the patient's decision in returning tissue and to do so with respect.

Recognizing the effects that a patient's past experiences may have on their ability to process information is also critical. While it may not be typical to include a post-operative phone call for follow-up, there may be instances where it is best for patient care. A patient may be hesitant to seek care if there is a problem, or a patient may not know what to expect. In this case, scheduling a follow-up call may have helped the patient feel more supported and improved her overall experience with the process and the broader health system.

College resources

Providing culturally safe care is a CPSBC 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, CPSBC has a list of learning resources, from papers to full courses, which can aid physicians in their journey towards cultural safety.

CPSBC's most recent episodes of its new podcast, Connecting the Dots, highlight practical suggestions for breaking down systemic barriers and providing Indigenous patients with culturally

safe care.

New this year: Connecting the Dots podcast

Connecting the Dots is a new CPSBC podcast series that was launched earlier this year. The podcast aims to help physicians and surgeons connect CPSBC's regulatory work to the issues impacting the broader health-care system.

Each episode will highlight relevant and pressing topics in medical regulation, and feature guests who are at the forefront of dealing with health-care issues in BC. Three episodes are available now.

Episode 1: Meet our new registrar and CEO, Dr. Patrick Rowe

In the first episode, CPSBC registrar and CEO, Dr. Patrick Rowe, discusses his priorities over the coming years, and how he plans to continue work towards addressing Indigenous-specific racism in the health-care system. He also shares his views on how CPSBC can play a role in managing the physician shortage and on the upcoming transition to the Health Professions and Occupations Act.

Episode 2, Part 1: Navigating towards Culturally Safe Care with Mark Matthew

This episode features an interview with Mark Matthew on the systemic challenges and opportunities in BC's health system, and steps taken to navigate towards culturally safe care. Mark has worked in

Indigenous health for over 16 years and is currently the director of Indigenous Health with Health Quality BC.

Episode 2, Part 2: Indigenous Cultural Safety and Allyship with Dr. Leah Seaman

The most recent episode features an interview with Dr. Leah Seaman who offers registrants insight into how they can become allies and incorporate culturally safe practices into their work. Dr. Seaman is a family physician who practises in BC and the Northwest Territories. She is a physician partner in the Kootenay-Boundary Aboriginal Services Collaborative and sits on the Indigenous Health Committee at the College of Family Physicians of Canada.

Listen to the podcast below or subscribe to Connecting the Dots on Apple Podcasts, Spotify, or Amazon Music.

New podcast episodes will be announced in the *College Connector* or by email.

Questions or feedback about Connecting the Dots can be directed to communications@cpsbc.ca.

Factors that increase the risk of bowel perforation during abdominal liposuction procedures

Bowel perforations during abdominal liposuction procedures are rare but are a well described complication with risk factors that must be considered.

The following information and recommendations are being shared with all facilities in the spirit of learning and improving patient safety.

The Non-Hospital Medical and Surgical Facilities Patient Safety Incident Review Panel recently reviewed two patient safety incidents involving bowel perforation following a liposuction procedure at a non-hospital facility.

The following contributory factors and observations were considered by the panel:

- The literature suggests that patients with previous surgery and scar or hernia are at higher risk.

    - One patient had previous cryolipolysis with scar described in the operative note.
    - One patient had previous abdominoplasty.
- These previous surgeries make the tissue planes less apparent and, in some cases, may be obliterated which makes perforation of the abdominal wall more likely as the “feel” of the infiltration or suction cannulae is distorted.
- The infiltration cannula is smaller and less blunt increasing the risk.
- Risk may be higher with power assisted procedures due to cannula reciprocal and to/forth movements.

In reviewing the potential impact of the contributory factors on the patient safety incidents the following recommendations should be considered:

- As the infiltration cannula is smaller and less blunt, additional care should be taken for the infiltration portion of the operation.
- Surgeons must be extra careful and vigilant when doing abdominal liposuction in someone with previous abdominal surgery including abdominoplasty and if hernia is suspected or present.

Venous thromboembolism (VTE) pre-operative screening and follow-up requirements for surgery in a non-hospital facility

Venous thromboembolism (VTE) screening must be clearly documented and guide prophylaxis.

The following information and recommendations are being shared to assist facilities in their continuous quality improvement.

The Non-Hospital Medical and Surgical Facilities Patient Safety Incident Review Panel has reviewed incidents of VTE where:

- screening was not apparent or clearly documented in the clinical chart
- VTE risk assessments were scored incorrectly
- interventions or lack thereof where not documented

VTE events can seriously and negatively impact patients in the short and long term.

VTE risk stratification using a standardized tool such as the Caprini risk assessment model should be used. Interventions should be determined based on score. If an intervention is recommended and not done this must be documented.

Facility staff and physicians working in facilities are reminded that a patient's pre-admission assessment must include appropriate VTE screening, and documentation of the VTE screening must provide an accurate account of the patient's status including any decisions, interventions or actions taken as a result of this screening.

The screening form used, including score, must be clearly documented in the patient record. See the NHMSFAP Pre-admission Evaluation and Selection and the Medical Records and Documentation accreditation standards for further details.

An update on DAP laboratory medicine standards

The foundation of the Diagnostic Accreditation Program (DAP) is the provincial standards and accompanying criteria set by the DAP Committee.

The laboratory medicine standards were recently revised after completing a comprehensive review of the existing general and point-of-care standards, using the newly revised reference standard ISO 15189:2022 Medical laboratories – requirements for quality and competence.

The review and revision of the general and point-of-care standards included the participation of standing DAP advisory committees comprised of technical experts from across BC and community feedback. New criteria will also be found in the category of anatomic pathology.

In addition to alignment to international and best practice documents, the DAP laboratory medicine standards have been reviewed and accredited by the International Society for Quality in Health Care External Evaluation Association (IEEA).

Version 2.0 of the standards was published on July 1, 2024. Medical laboratory facilities will be assessed to the new standards starting March 31, 2025.

Laboratories participating in accreditation can contact the DAP to access the full set of DAP laboratory medicine standards.

Applications now being accepted for part-time medical consultants in the drug programs department

The drug programs department is inviting family physicians and psychiatrists with clinical experience in prescribing opioids, sedatives, and stimulant medications to apply for a part-time medical consultant role. The current contract is for up to eight hours per week, with potential for additional hours.

CPSBC is particularly interested in engaging with consultants with expertise in managing patients with ADHD and knowledge of clinical practice guidelines around the assessment of ADHD, and evidence-based prescribing of stimulant medications (both the initiation and ongoing prescribing of these medications).

Under the direction of the deputy registrar and the program manager, the medical consultant carries out the mandate of the department: to encourage physicians and surgeons to prescribe according to evidence-based best practices and accepted clinical standards, and to promote

quality improvement in medical practice in compliance with CPSBC standards, and in accordance with the Bylaws under the *Health Professions Act*.

The medical consultant will work within a well-established quality assurance program with clear policies and procedures. Consultants will provide feedback and guidance to physicians and surgeons related to prescribing of psychoactive medications, particularly opioids, sedative, and stimulant medications, and will provide support to registrants by conducting prescribing reviews based on an objective criteria.

Medical consultants must have exceptional interpersonal communication skills, be able to work in a collaborative team environment, have a current understanding of best practices, and up-to-date knowledge on clinical care guidelines.

Interested candidates should submit a letter of application, with a resume, to the manager of drug programs.

- Confidential fax: 604-733-1267
- Email: drugprograms@cpsbc.ca

All correspondence will be held in strict confidence.

Upcoming safe practice management conference

CPSBC recognizes that these are challenging times for health-care delivery. Physicians are exposed to pressures when it comes to prescribing medications that may be overvalued by their patients. Medications such as opioids, sedatives, antimicrobials, and stimulants are often sought but not always needed. It can be difficult to maintain patient-centred care when there is pressure to prescribe medications that may lead to unintended consequences or harmful outcomes.

CPSBC is offering a new learning opportunity in partnership with The Foundation for Medical Excellence designed to assist clinicians in successfully managing the expectations of patients with complex care needs.

The conference assumes that clinicians have the fundamentals of prescribing opioids, sedatives, stimulants, and antimicrobials. Sessions will not focus on the science of these medications or the conditions they treat, but rather on the patient's request for these drugs. The program will help clinicians recognize limits and set mutual goals of care with patients to better address their pain and distress.

Objectives

- Build knowledge on the effective treatment of complex medical conditions
- Understand tools for assessing risk in prescribing a variety of medications overvalued by patients
- Practise interview skills for this group of patients
- Develop awareness of personal factors that influence effectiveness and impact clinician well-being

The program includes four one-hour asynchronous presentations discussing approaches to appropriate prescribing, and a one-day virtual conference on November 22, 2024 where subject matter experts will dive into the nuances of reconciling patient requests with prescribing best practices.

This program has been certified by the College of Family Physicians of Canada for up to 9 Mainpro+ credits.

Learn more and register here.

Other resources

CPSBC also has self-directed online courses to assist registrants with opioid and sedative prescribing:

- Safe Prescribing of Opioids and Sedatives (7–12 minutes): This course focuses on the College's expectations when prescribing these higher-risk medications, including assessing patients appropriately, considering other medical conditions and medications, and taking steps to mitigate risk of harm.
- Navigating Psychoactive Prescribing (20–25 minutes): This course explains how to lower the risks of prescribing psychoactive medications, manage the treatment of chronic pain and substance use disorder, and navigate difficult conversations.

Explore learning opportunities

Facilitated online courses

Medical Record Keeping for Physicians

Wednesday, October 9, 2024

Register

Medical Record Keeping for Physicians

Wednesday, November 6, 2024

Register

Safe Practice Management Conference

Friday, November 22, 2024

Register

Self-directed online courses

Consent to Treatment

10–15 minutes

Log in to access

Ending the Patient-Registrant Relationship

5–10 minutes

Log in to access

Leaving Practice

5–10 minutes

Log in to access

Medical Record Keeping 101

15–20 minutes

Log in to access

Medical Record Keeping 201

15–20 minutes

Log in to access

Navigating Psychoactive Prescribing

20–25 minutes

Log in to access

Safe Prescribing of Opioids and Sedatives

7–12 minutes

Log in to access

Virtual Care

10–15 minutes

Log in to access