

# Registrar's message: safeguarding privacy and accuracy when using artificial intelligence in medicine



Artificial intelligence (AI) has become increasingly prominent in health care, proving its capacity to support various functions such as scheduling, patient communications, charting, and even diagnosis. However, as AI technology advances in the medical field, privacy and accuracy concerns have arisen.

To assist with the administrative task of quality record keeping, AI scribes have been gaining popularity. AI scribes work by “listening” to patient interactions and producing documentation in real time. This is different from dictation, as the AI software can transform the direct patient interaction into a note, reducing the need for specific charting time. This, of course, is not without inherent risk. AI scribes are not perfect, and registrants must ensure that they diligently review the notes they produce to identify errors. For instance, using AI scribes can cause “hallucinations” in documentation, which are misinterpretations made by the scribe. These misinterpretations can be harmful in certain

situations—for example, when the documentation states a test was performed when it was, in fact, only scheduled.

Privacy measures for AI tools remain unclear in some cases. Prior to employing them in practice, registrants using tools, such as AI scribes, must be aware of the type of data the tool is capturing, and how that data may be used, stored and accessed. CPSBC recommends that registrants consult the Office of the Information and Privacy Commissioner to best understand the requirements under the Personal Information Protection Act related to AI and use their own professional judgement when choosing a specific tool.

In response to the evolving landscape of AI in medicine, CPSBC has updated the [Ethical Principles for Artificial Intelligence in Medicine interim guidance](#) to include more specific considerations for AI scribes, in addition to the overall principles.

Registrants should remember that AI is just one tool among many and should not be solely relied upon. When integrating AI into medical practice, it is important to carefully consider how these technologies align with your practice environment and ensure that patient privacy is always maintained.

Patrick Rowe, MD, CCFP (EM), FCFP  
Registrar and CEO

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# Case study: tone and body language can impact a patient's experience

## Inquiry Committee Case Study

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](#), particularly highlighting the expectations of person-led care and trauma-informed practice.

### Case study

A Métis woman was seeking psychiatric care in an outpatient clinic for anxiety and depression. The patient was regularly seeing a psychiatrist who recently became unavailable. She was booked to see a new psychiatrist for the first time.

While in the waiting room, the patient could clearly hear the psychiatrist speaking in an annoyed tone to the medical office assistant (MOA) at the reception desk. The comments between them were perceived by the patient as insensitive towards all the patients sitting in the waiting room. This initial introduction to the new psychiatrist made the patient feel uncomfortable and unsafe.

During the appointment, the psychiatrist asked the patient if she was Métis, which the patient felt was unrelated to the discussion. She also felt that the question was intrusive of her identity rather than coming from a place of curious inquiry. During the appointment, the patient felt that her mental health concerns were generally dismissed based on the registrant's tone and body language.

At the end of the discussion, the psychiatrist informed the patient he could not continue to follow her care since this was intended to be a single appointment. This was very upsetting for the patient, especially since she didn't have a primary care provider. The psychiatrist suggested using a virtual care option for medication renewal (and then going into the pool of referrals so another registrant could assume her ongoing care). This concluded the interaction, and the patient left the clinic tearful.

### **Case resolution**

Following an investigation, the Inquiry Committee concluded the case with recommendations related to several aspects of the registrant's interaction with the patient.

The Inquiry Committee felt the exchange began to deteriorate when the patient heard the psychiatrist make insensitive comments to the MOA at the reception desk. Registrants must recognize that colonialism and trauma may affect how patients interact with and perceive the health-care system. CPSBC reminds registrants to be mindful of any conversations happening in public facing areas and to ensure they are professional. The same holds true during the appointment. A dismissive tone and body language can have substantial impacts on a patient's experience and feelings of safety.

The Inquiry Committee was also critical of how and why the registrant asked about the patient's Métis ancestry. If the information was pertinent, it should have been documented in her record. Asking about the patient's life and understanding where they come from is important; however, registrants must understand the level of information needed for the care being provided in that moment, consider whether it is relevant, and how the question may be perceived by the patient,

especially if a trusted relationship has yet to be established. In this case, the patient was seeking help for her immediate concerns that had been long followed by a different psychiatrist. Attending to the patient's voiced needs could have had a more positive impact on her care.

### **College resources**

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. This includes understanding differences between First Nations, Métis and Inuit, both culturally and in terms of what health-care support services are available.

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

# Reflect on consent to treatment through an online course



Consent is a fundamental component in the delivery of medical care—most care cannot occur without valid consent. In 2023, CPSBC published a [practice standard](#) focused on consent to ensure consistency in the process and reflect the minimum standard of professional and ethical conduct expected of registrants.

To support registrants in applying the practice standard in their medical practice, CPSBC has also published a brief online course and a [registrant resource on equity considerations](#).

## **Online course**

The consent to treatment online course is self-directed and takes about 10 to 15 minutes to complete. It outlines CPSBC's expectations for obtaining informed consent and holding consent discussions with patients through an equity and inclusion framework. It assists registrants in applying the practice standard through examples and case studies, addressing common questions and highlighting real-life examples identified during the standard development process.

The course is available on CPSBC's [online learning site](#). Registrants are required to create an account by providing their name, email address, and setting a password, or sign in if an account has already been created. Note: For privacy reasons, the online learning platform is not integrated with CPSIDs or passwords for the CPSBC website.

# Progress towards making complaints process more accessible and culturally safe for Indigenous patients

## Complaints Update

Over the last year, CPSBC has developed and started operationalizing an implementation plan towards meeting the recommendations from the [critical review](#) of its formal complaints process. The goal of this work is to make the complaints process more accessible and culturally safe for Indigenous Peoples.

As part of meeting that goal, CPSBC will be regularly reporting on its progress towards implementing the review's recommendations. A [progress report](#) on this implementation work is now available on the CPSBC website.

The formal complaints process review was conducted by the Castlemain Group, which specializes in research, engagement and collaboration with Indigenous people, communities and organizations. The review identified several key themes that were gaps in the current complaints process.



- accessibility
- cultural safety
- formal versus soft complaints
- communication
- resolution and accountability
- self-identification and data collection

While it will take time and effort to fully address the gaps, CPSBC continues to focus on breaking down systems and processes that have harmful impacts on Indigenous patients.

# Evaluating the application of CPSBC's Indigenous Cultural Safety, Cultural Humility, and Anti-racism practice standard

## Practice Standard

From spring 2023 to spring 2024, CPSBC conducted an evaluation of its *Indigenous Cultural Safety, Cultural Humility, and Anti-racism practice standard*. The standard aims to establish CPSBC's zero tolerance for Indigenous-specific racism, set clear practice expectations for registrants, and provide various learning resources to help them apply the standard in their practice. The purpose of the evaluation was to assess registrants' awareness of the standard and understand how it is being applied in practice.

The evaluation involved a multi-step process, including a survey, one-on-one interviews conducted by an external consultant, and focus groups.

In summary, the survey revealed low overall awareness of the standard across the profession and highlighted the need for more resources and support.

The [evaluation report](#) outlines the methods used and solid recommendations for increasing awareness.

Thank you to all registrants who participated and shared their feedback as part of this important evaluation initiative.

As a reminder, the College has resources available to enhance learning about cultural safety and humility.

- [Frequently asked questions](#)
- [Learning resources](#)
- [Educational videos](#)
- [Connecting the Dots](#) podcast episodes

# Working with pharmacist colleagues to ensure safer prescribing

## Drug Programs Update

Health care is a team effort and it is important that CPSBC registrants support their pharmacist colleagues by complying with prescribing requirements for duplicate prescription pads.

CPSBC has recently received concerns from pharmacists that the quantity field of the controlled prescription pad is being filled out incorrectly in some cases.

The quantity area should reflect the number of units of the medication, not the strength. See below for an example.

BC CONTROLLED PRESCRIPTION FORM

PERSONAL HEALTH NO. 9123 456 789		PRESCRIBING DATE 27 05 21	
PATIENT NAME Generic		Name	
ADDRESS 123 Main Street			
CITY Victoria		PROVINCE BC	DATE OF BIRTH 03 09 88
DRUG PERCENTAGE AND STRENGTH Percocet 325/5mg (Oxycodone/Acetaminophen) VOID IF ALTERED			
QUANTITY (IN UNITS) 20		Twenty	
THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT			
START DATE:		END DATE:	
TOTAL DAILY DOSE		NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION	
<input type="checkbox"/> NOT AUTHORIZED FOR DELIVERY			
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS Take one tablet every 4-6 hours as needed for pain (max 6/day)			
NO REILLS PERMITTED VOID AFTER 5 DAYS		Generic Prescriber	
Generic Prescriber 123 Health Street Victoria BC V8Z 4H4		91-09898 PREScriber ID 5555555 FOLIO	
PHARMACY USE ONLY			
PHARMACY COPY - PRESS HARD YOU ARE MAKING 2 COPIES			

Registrants are also reminded to write the drug strength on their duplicate prescription form. It is not enough to simply write the dosage amount and leave it to the pharmacist to decide on a medication preparation or strength.

Further information about the requirements for filling out the duplicate pads can be found on the [College of Pharmacists of BC website](#).

Registrants can [contact drug programs](#) with any questions about prescribing controlled medications.

# Prescribing profiles on demand now available



## Drug Programs Update

CPSBC's drug programs are pleased to introduce the latest tool to support registrants in optimizing their prescribing practices and enhancing patient safety: a three-month prescribing report of medications, including prescribing annotations.

Detailed information about the annotations will be sent with the report. The report is easy to request, and registrants are encouraged to proactively review it regularly.

Registrants may [request a personalized report](#) from the CPSBC website.

By providing a record of every community dispense of controlled and targeted substances including opioids, benzodiazepines, stimulants, hypnotics, and barbiturates registered under a registrant's CPSID, the report empowers registrants to make informed decisions and contribute to safe and effective prescribing practices.

CPSBC provides this information to registrants for their own personal use. This report is intended as supplemental information to assist in their approach to prescribing and the overall care they provide to their patients.

An example of the information included in the report is below.

PHN	Patient Last Name	Patient First Name	Patient DOB	Plan P	Date of Service	DN	Brand Name	Drug Strength	Drug Units	RX NO	Qty	Days Supp	Pharmacy Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N	2021-10-14	604461	RESTORIL	30	MG	[REDACTED]	90	90	DONEX PHARMACY & DEPT STORE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N	2021-12-10	2382445	ZOPICLONE	7.5	MG	[REDACTED]	90	90	SHOPPERS DRUG MART #2133
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N	2021-11-01	653276	TEVA-LENOLTEC NO. 3	30	MG	[REDACTED]	240	30	PHARMASAVE 129
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N	2021-10-02	653276	TEVA-LENOLTEC NO. 3	30	MG	[REDACTED]	240	30	PHARMASAVE 129
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N	2021-10-13	2410753	LORAZEPAM SUBLINGUAL	1	MG	[REDACTED]	30	30	DONEX PHARMACY & DEPT STORE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N	2021-10-25	2385648	ZOPICLONE	7.5	MG	[REDACTED]	90	180	DONEX PHARMACY & DEPT STORE

# Seeking medical reviewers to support the Inquiry Committee

## Complaints Update

CPSBC'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 CPSBC staff is compensated.
- Bi-monthly 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 software 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 CPSBC, and currently engaged in clinical practice.
- Ability to understand, apply, and remain updated on CPSBC 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 MS Teams and will be conducted during regular College business hours (8:30 a.m. to 4:30 p.m. Pacific Time).
- Short-listed applicants will also 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.

- Confidential fax: 604-733-3503
- Email: [complaints@cpsbc.ca](mailto:complaints@cpsbc.ca)

All correspondence will be held in strict confidence.

# Explore learning opportunities



## Facilitated online courses

Medical Record Keeping for Physicians

Wednesday, November 6, 2024

[Register](#)

Safe Practice Management Conference

Friday, November 22, 2024

[Register](#)

Medical Record Keeping for Physicians

Wednesday, December 5, 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](#)