

# Registrar's message: building on strong foundations



One of my main goals when I stepped into the registrar and CEO role a year ago was to build on the positive work CPSBC was already doing on several key fronts, which I touch on below. I'm also happy to share that the Board recently endorsed a new strategic plan that will guide our business planning over the next four years. The development of the plan was supported by KPMG and included input from staff, Board members and key external health partners.

An organizational priority that remains a cornerstone of our new strategic plan is decolonizing our regulatory processes and creating safer spaces for Indigenous people. Over the last year, we started implementing the recommendations from the [critical review](#) of our complaints process. CPSBC is taking tangible steps to make the complaints process more accessible and culturally safe for Indigenous people, and we will hold ourselves accountable by publishing a regular [progress report](#) on our website.

A [recent evaluation](#) of registrants' awareness of the [Indigenous Cultural Safety, Cultural Humility and Anti-racism practice standard](#) showed us that more needs to be done to support registrants on their

cultural safety and humility learning journey. To address the gaps, additional resources will be developed to ensure registrants are aware of their responsibility to comply with the standard. A few months ago we published a two-part episode of our podcast, [Connecting the Dots](#), about addressing systemic barriers and Indigenous allyship.

We will also continue to increase Indigenous representation on our Board and committees and build collaborative relationships with Indigenous communities across the province.

Another priority for 2025 is working with the Ministry of Health, other health regulators and key partners to transition to the *Health Professions and Occupations Act (HPOA)*. While an in-force date for the *HPOA* has yet to be confirmed, a project steering committee comprised of the registrars from all health regulatory colleges has been leading the transition, including the development of model bylaws. We anticipate circulating the bylaws for input early in the new year.

I will provide more details about the transition to the *HPOA* once we have firm timelines in place. Meanwhile, please review these [frequently asked questions](#) and email us at [communications@cpsbc.ca](mailto:communications@cpsbc.ca) if more arise.

Looking ahead to the next four years, the 2024-2028 strategic plan will direct our organizational priorities in a shifting social and regulatory landscape.

The wheel below illustrates how our values, the four overarching themes in the new strategic plan and our core regulatory functions work interdependently to support our primary purpose of serving the public. You can learn more about the strategic plan and how it will guide us on [our website](#).



There is much to be done in the year ahead as we continue our cultural safety and humility journey, implement the *HPOA* and put our 2024–2028 strategic plan into action.

In closing, I offer my deep appreciation to those who have supported me this past year in my transition. It has certainly been an exciting journey so far. I look forward to the year ahead.

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](mailto:communications@cpsbc.ca).

# 2025 licence renewal begins January 1

## Annual Renewal

Annual licence renewal begins January 1, 2025. Here is what registrants need to know in order to be prepared.

### Important dates

**January 1, 2025:** Start of annual licence renewal process

**February 28, 2025:** Deadline to complete the Annual Licence Renewal Form and payment of fees

**March 1, 2025:** Penalties applied for late licence renewal or late payment of fees

**April 1, 2025:** 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 CPSBC 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.

### Retiring or resigning before February 28, 2025

Registrants planning on retiring or resigning can submit a [resignation form](#) before February 28, 2025 to be exempt from the 2025 annual renewal process. Further details about retirement/resignation options can be found on the [CPSBC website](#).

### FAQs

See frequently asked questions about the annual licence renewal process on the [CPSBC 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 [CPSBC website](#) for the full technical requirements.

**Renewal fee**

The 2025 renewal fee of **C\$1,900** 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 [CPSBC website](#).

# Physician health and safety

## Practice Standard

The patient-registrant relationship is a fiduciary relationship based on honesty, respect, and trust, where the registrant prioritizes the patient's care and well-being. This relationship forms the foundation in which good medical care can occur, however, it can become fractured.

Breakdowns in a therapeutic relationship can occur for a variety of reasons. CPSBC acknowledges the difficult environments registrants are currently working in, especially as demand continues to increase.

Additionally, CPSBC recognizes the importance of clinical judgement and treating patients based on what is most medically necessary in that moment. Striking a balance between promoting patient autonomy, active listening, and strong communication, while also setting boundaries about what is medically necessary based on clinical expertise, becomes vital in preserving the therapeutic relationship.

Situations do occur where relationship breakdown can become a safety risk. Safe practice environments are a priority, and should a patient pose an imminent danger to a registrant or their colleagues and staff, measures must be taken to de-escalate. Focusing on clear communication

while also considering the patient's unique situation can help both preserve the relationship and reduce the risk of escalation. Registrants should have a plan in place to keep staff, colleagues and other patients safe from harm.

If it becomes necessary to end the therapeutic relationship, registrants are reminded to refer to the [Ending the Patient-registrant Relationship practice standard](#) to ensure they are aware of CPSBC's expectations.

Other resources from Doctors of BC and the CMPA may also be helpful.

- CMPA: [When physicians feel bullied or threatened](#)
- CMPA: [Challenging patient encounters: How to safely manage and de-escalate](#)
- Doctors of BC: [Physician Health and Safety](#)



# Connecting the Dots podcast: The role of professional interpretation in health care



CPSBC's newest episode of the Connecting the Dots podcast is now available. This episode features an interview with Dr. Mei-Ling Wiedmeyer, a family physician and clinical assistant professor in the UBC department of family practice, on the importance of language interpretation in health care.

Dr. Wiedmeyer works for the Umbrella Multicultural Health Co-op, a community health centre that uses a novel team-based care model with cross cultural health brokers to provide comprehensive primary care to refugees, immigrants and migrant populations. She is also the co-principal investigator of the Evaluating Inequities in Refugee and Immigrants' Health Access Project, which uses qualitative interviews and administrative data to understand health-care access in BC's immigrant and refugee populations.

This topic addresses important issues for patient care and draws on principles in the [Access to Medical Care without Discrimination](#) and [Consent to Treatment](#) practice standards. Additionally, CPSBC has heard from registrants and members of the public about challenges in accessing adequate interpretation when English is not a patient's primary language. Without adequate interpretation, patient safety

and care can be directly impacted. A [recent study](#) found that there is a low uptake in the use of interpretation services by family physicians in the province, despite it being a free service. As a reminder, [Provincial Language Services](#) is available to all registrants, free of charge, and the College strongly encourages its use.

Earlier episodes of Connecting the Dots can be found [here](#). New episodes will be also announced in the College Connector or by email.

Questions or feedback about Connecting the Dots can be directed to [communications@cpsbc.ca](mailto:communications@cpsbc.ca).

# Prescribing stimulants for ADHD

## Drug Programs Update

Attention-deficit/hyperactivity disorder (ADHD) diagnosis for children and adults has increased worldwide, particularly in North America. Both diagnostic rates and stimulant prescribing rates have increased as ADHD has gained national and international attention in the news and social media.

Diagnosing ADHD is complicated and can take time and effort. CPSBC is reminding registrants to follow best practice guidelines to improve patient outcomes and avoid harm.

CPSBC recognizes prescribing opioids, sedatives, antimicrobials and stimulants can cause potential harm to patients. There are risks to consider when prescribing stimulants for ADHD, including:

- patients' overvaluation of their benefits
- potential for dependence and addiction
- diversion of these drugs for non-medical use
- their popularity in popular culture and social media

While CPSBC cannot address these risks directly as a regulator, it has a duty to advise registrants to navigate these issues cautiously to reduce the potential harm to patients and the public.

Treating ADHD in children and adults can become part of a registrant's competent scope of practice. All registrants must be able to address their patients' concerns, even if it is beyond their scope to diagnose and treat ADHD. This includes simply offering advice on where to seek help.

CPSBC has published information on [ADHD prescribing](#) on its website and encourages registrants to learn more about this emerging issue and the ongoing scientific research.

# Refreshing knowledge on managing opioid use disorder



## Drug Programs Update

It has been eight years since BC declared a public health emergency related to the drug crisis. In the first nine months of 2024, there were 1,749 drug deaths. While not everyone at risk of overdose is suffering from an opioid use disorder (OUD), many are. CPSBC encourages registrants to refresh their knowledge in recognizing and managing substance use disorders to prevent harmful or fatal patient overdoses.

In 2023, the BC Centre on Substance Use (BCCSU) updated its [guidelines](#) for the management of OUD. This comprehensive guidance document addresses basic features in the clinical management of OUD, and addresses some of the key challenges unique to BC's toxic drug crisis. The BCCSU also offers extensive [educational offerings](#) tailored to the needs of registrants who confront these issues in their daily practice. Registrants can gain insights through these resources into the most up-to-date recommendations on how to help at-risk patients.

This year, the Canadian Research Initiative in Substance Matters updated its [national guidelines](#) for the management of OUD. Several core recommendations have changed in light of the ongoing toxic

drug crisis. Registrants should become familiar with the clinical best practices, which were set by leading addiction medicine experts from across Canada.

The management of these conditions is rapidly evolving. Recognizing and initiating care for patients with OUD or at risk of overdose is a core competency. CPSBC urges all registrants to continue their learning on how to manage these conditions and help end this public health emergency.

# Seeking a part-time medical consultant in the drug programs



## Drug Programs Update

CPBSC's drug programs department is seeking family physicians and psychiatrists with clinical experience in prescribing opioids, sedatives, and stimulant medications for a part-time medical consultant role.

The current contract is for up to eight hours per week, with the potential for additional hours.

CPBSC is particularly interested in engaging with consultants with expertise in managing patients with complex mental health conditions and prescribing psychotropic medications such as stimulants and sedatives. It is essential for applicants to have knowledge of the clinical indications, and the clinical practice guidelines guiding the initiation and ongoing prescribing of these medications, as well as appropriate tapering of psychotropic 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 the prescribing of psychoactive medications, particularly opioids, sedative, and stimulant medications, and will provide support to registrants by conducting prescribing reviews based on 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 of clinical care guidelines.

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

- Confidential fax: 604-733-1267
- Email: [drugprograms@cpsbc.ca](mailto:drugprograms@cpsbc.ca)

All correspondence will be held in strict confidence.



# An update on DAP medical imaging standards

## DAP Update

As part of CPSBC's continuous quality improvement efforts, the DAP accreditation standards are systematically updated to reflect current practice, incorporate best-available evidence and involve subject matter experts.

The medical imaging accreditation standards have been revised and new standards developed for the following modalities and topics:

- mammography
- nuclear medicine – positron emission (PET, PET/CT) and single photon emission (gamma cameras – planar, SPECT, SPECT/CT)
- nuclear medicine safety
- sonography – ultrasound and echocardiography
- sonography safety
- fluoroscopy
- acceptance testing
- radiation protection surveys
- displays

- medical imaging informatics
- personal health information/data – security, management, confidentiality and retention
- artificial intelligence
- delegated medical acts
- document control
- governing body
- medical director
- medical staff qualifications and requirements
- medical imaging technical staff qualification and requirements
- staff administration, management and development

Version 2.0 of the [accreditation standards for medical imaging](#) are **effective June 1, 2025**.

Standard requirements are either mandatory (i.e. facilities must demonstrate conformance) or best practice (i.e. it is recommended that facilities demonstrate conformance). DAP accreditation standards and associated requirements are reviewed by internal processes, advisory committees, external organizations and the public to ensure standards meet RUMBA principles: relevant, understandable, measurable, beneficial, achievable. DAP accreditation standards and associated requirements are applicable to both public and private service settings, unless otherwise noted.

These standards were developed with the support of the following advisory committees:

- 2023–2027 Mammography – Modality Advisory Committee
- 2023 Medical Imaging Equipment Testing – Topic Advisory Committee
- 2023–2027 PET/CT – Modality Advisory Committee
- 2021–2025 Nuclear Medicine Advisory Committee
- 2024–2028 Ultrasound and Echocardiography – Modality Advisory Committee
- 2024 Displays, PACS and Imaging Informatics – Topic Advisory Committee

The DAP thanks all of its advisory committee members in their efforts to develop these standards.

The DAP is founded on the principle of participation and all applications for membership are welcome. Membership on advisory committees provides an opportunity to help shape and influence the standards and requirements that diagnostic services in BC are accredited to. Individuals interested in membership to a DAP advisory committee are encouraged to respond to advisory committee nomination surveys/communications or contact [dap@cpsbc.ca](mailto:dap@cpsbc.ca).

# NHMSFAP accreditation standards achieve ISQuaEEA accreditation

## NHMSFAP Update

CPSBC's accreditation programs, Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) and Diagnostic Accreditation Program (DAP) are members of the International Society for Quality in Health Care (ISQua), which is a member-based, not-for-profit community and organization dedicated to promoting quality improvement in health care.

CPSBC is proud to announce that the NHMSFAP accreditation standards achieved ISQua's External Evaluation Association (ISQuaEEA) accreditation in September 2024. Specifically, 51 NHMSFAP accreditation standards were submitted to ISQuaEEA for evaluation against the ISQuaEEA Guidelines and Principles for the Development of Health and Social Care Standards, 5th Edition Version 1.1.

ISQuaEEA provides third-party external evaluation services to health and social care external evaluation organizations and standards-developing bodies around the globe.

The NHMSFAP received five commendations for outstanding or exceptional performance in areas such as its clear linkage between professional and regulatory requirements and its well-structured

governance and leadership expectations to foster organizational clarity and accountability.

This achievement provides CPSBC's health partners such as the Ministry of Health, non-hospital facility medical directors and owners, physicians, nurses and patients with validation from an independent review organization that the NHMSFAP meets internationally recognized standards and best practices in accreditation.

CPSBC is the only medical regulatory authority in Canada that has achieved ISQuaEEA standards accreditation for its Non-Hospital Medical and Surgical Facilities Accreditation Program.

# Knowing your serological status to keep patients safe



There have been improvements in the treatment and management of blood-borne viral (BBV) infections over the last two decades, where all can be prevented, managed, or cured. Safe vaccines and treatments exist for hepatitis B (HBV) to prevent infection or reduce viral loads to levels that make transmission impossible. In most cases, hepatitis C (HCV) is now a curable infection, and HIV can be managed to the point where viral loads are undetectable and risk of transmission negligible.

CPSBC urges registrants to know their serological status in order to keep their patients safe, and to ensure that they get the health care they need. Those who learn that they have a new BBV infection can get treatment and take the necessary measures to enable them to continue to work.

There is a small but real risk of transmitting these viral infections if a registrant has a poorly controlled infection and performs or assists in exposure-prone procedures (EPPs). EPPs include surgical procedures, surgical assists, providing peripartum obstetrical care, or working in an emergency room. Risk of a health-care provider transmitting a viral infection is completely manageable, first and foremost, by knowing one's status.

All registrants are expected to have had the hepatitis B vaccine (if they do not have natural immunity) and to know their immune status with respect to this virus. Furthermore, registrants who perform EPPs are expected to know their HIV and HCV status, and to get tested at least every three years, and after an exposure event (needlestick injury or other exposure). More importantly, registrants who know their status can ensure sustained good health and protect against risks associated with untreated viral hepatitis and HIV.

**Registrants living with a blood borne viral infection can still practise medicine and perform EPPs safely.**

All of this is reflected in a description of clinical best practices as outlined in the Public Health Agency of Canada publication, *Guideline on the prevention of transmission of bloodborne viruses from infected healthcare workers in healthcare settings*. CPSBC's [Blood-borne Viruses in Registrants practice standard](#) aligns with, and originates from, these guidelines.

Each year, registrants are asked on their Annual Licence Renewal Form whether they do EPPs. If they do, they are asked if they are compliant with the minimum testing requirements (three years) outlined by the standard. This question is not just to satisfy the standard: all registrants are encouraged to speak with their care provider to get tested, and to know their virologic status for their own health and safety.

Registrants who have a BBV and do EPPs have a duty to report this to CPSBC, but they may be assured that the [health monitoring department](#) handles this information sensitively and confidentially with the utmost attention to privacy.

More information is available on the [CPSBC website](#).

# Seeking two part-time peer assessors for family practice assessments

## PPEP Update

CPSBC'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 CPSBC practice standards and procedures, and in accordance with the Bylaws under the *Health Professions Act*.

### **Deliverables**

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



## Ideal attributes

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

## Credentials

- A family physician.
- Licensed in BC, in good standing with CPSBC, 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 fax: 604-733-3503
- Email: [peerassessments@cpsbc.ca](mailto:peerassessments@cpsbc.ca)

All correspondence will be held in strict confidence.

# 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 College 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**

- 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 CPSBC 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 family physician or specialist in 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. PST).
- 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, February 12, 2025

[Register](#)

Medical Record Keeping for Physicians  
Wednesday, March 12, 2025

[Register](#)

Medical Record Keeping for Physicians  
Wednesday, April 16, 2025

[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](#)

# Disciplinary actions

- [Wicks, Gregory John – November 22, 2024](#)