

Registrar's message: advancing equity through a revised practice standard



Physicians and surgeons have a professional and ethical duty to ensure that all patients can access medical care without discrimination. Providing equitable care—regardless of a patient's background, identity, or circumstances—is a fundamental expectation of medical practice in BC.

To support equitable access to care and reinforce CPSBC's broader commitment to patient safety, the [Access to Medical Care Without Discrimination](#) practice standard has been updated to reflect an evolving health-care landscape and to promote equity across the entire patient journey, not just at the initial point of care.

Revisions to the standard followed a comprehensive review and consultation process. CPSBC engaged with subject matter experts (including registrants), health system partners, and individuals and organizations who work closely with patient groups that often face systemic barriers when trying to access care. Their lived experience and expertise shaped the standard to ensure it is both relevant and applicable in medical practice today.

More information about the consultation process is available in the recently published [engagement report](#).

To support registrants in critically assessing their clinical practice and applying the standard, CPSBC has developed several resources:

- A list of [frequently asked questions](#) (FAQs)
- [Learning resources](#) to reinforce key principles
- A self-directed [online course](#) that takes approximately 10–15 minutes to complete
- [Connecting the Dots podcast](#) episodes that explore relevant issues
 - [Professional interpretation](#)
 - [Gender-affirming care](#)

The online course content draws on real clinical encounters shared by registrants during the consultation process and offers practical tips for ensuring equity in practice. For instance, to reduce the risk of miscommunication with patients who may not speak English, consider using professional interpretation services, which are both free and readily accessible for most clinics. Simple actions can aid in fostering a more inclusive, equitable and safe environment.

The practice standard emphasizes that registrants are not obligated to accept every patient into their practice or fulfill every patient request. It clearly outlines situations where it may be appropriate to decline a patient's request, work within a defined scope of practice, or exercise a conscientious objection. Importantly, the standard does not impose new requirements. Instead, it reaffirms and refines existing expectations, supporting registrants in fulfilling their professional responsibilities.

Thank you for your continued dedication to providing safe, accessible, and equitable care.

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.

Connecting the Dots podcast: creating a safe practice for gender-diverse patients



The latest episode of CPSBC's Connecting the Dots podcast is now available. This episode features an interview with Dr. Ingrid Cosio, the medical director at Trans Care BC.

Dr. Cosio has been a family physician in Prince George for 20 years and is the physician lead for the Northern Gender Clinic. She is also the co-lead of a local advocacy group called Physicians for Diversity & Inclusion. She is actively involved in the UBC family medicine residency training program, and provides training opportunities in gender-affirming care to UNBC medical students as well as UBC family medicine, psychiatry and pediatrics residents at the Northern Gender Clinic.

This topic draws on principles in the [Access to Medical Care without Discrimination](#) practice standard, specifically the requirement to create an inclusive practice environment for all patients. The podcast covers what gender-affirming care means, some of the challenges and misconceptions about providing gender-affirming care, and practical advice for registrants on creating safe spaces.

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.

Introducing a new registrant support coach



Two registrant support coaches (RSCs) are available to registrants by appointment to provide support in applying the [practice standards](#) and [professional guidelines](#) in challenging situations that arise in practice.

Following the retirement of Dr. Peter Bowen-Roberts earlier this year, CPSBC is pleased to introduce a new registrant support coach, Dr. Simon Pulfrey.

Dr. Pulfrey has practised emergency medicine since 2003 and is currently a clinical professor in the Department of Emergency Medicine at UBC. He has been involved in medical education over the course of his career including serving as CFPC-EM program director at UBC, as an examiner for the CFPC, and as a case-based learning tutor for medical students. He also spent several years involved in medical education in Rwanda and Nepal. Dr. Pulfrey is a certified professional coach with the International Coaching Federation having completed formal coaching training at UBC in 2023. His coaching work is mostly with physicians in the arena of burnout, growth, performance, and regeneration.

Both Dr. Pulfrey and Dr. Willa Henry are trained to be attentive listeners and skilled inquirers, using a non-judgmental and empowering approach to unpack and address a challenge. 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 work with each registrant to develop a plan of action that is aligned with the CPSBC expectations set out in standards and guidelines.

The content of coaching conversations is kept in strict confidence.

CPSBC is pleased to report that feedback on the coaching appointments has been excellent, with 88% of registrants agreeing that the appointment was useful and 99% agreeing that they felt comfortable in the conversation. Registrants have commented that the RSCs are insightful and professional and have shared that the appointment “helped me through a difficult situation” and was “easy to book and available in a timely manner.”

Registrants seeking support with applying a standard are encouraged to book a 30-minute phone appointment with a RSC [here](#) (CPSID and password required).

New practice standard: Treating Incarcerated Patients in Isolation

Practice Standard

CPSBC's new practice standard, *Treating Incarcerated Patients in Isolation*, sets expectations for registrants working in correctional settings to minimize the health impacts associated with solitary confinement.

The practice standard is based on the United Nations Mandela Rules, which outline principles for the dignified treatment of incarcerated people, focusing on prohibitions on the use of isolation. Research and patient cases show that isolation can be detrimental to health, causing and exacerbating symptoms of mental illness.

This standard also reflects CPSBC's commitment to addressing Indigenous-specific racism in health care. Indigenous Peoples are significantly overrepresented in Canada's correctional system due to historical and systemic injustices. Once incarcerated, they are more likely to experience isolation and its associated harm, compounding the effects of colonialism and discrimination. This standard acknowledges these inequities and underscores the need for culturally safe, trauma-informed care that mitigates further harm, supporting the health and dignity of Indigenous patients within

correctional facilities.

To develop the new standard, CPSBC worked in close collaboration with Prisoners' Legal Services, and engaged with several registrants who work in federal and provincial corrections through one-on-one interviews and a facilitated discussion group. CPSBC was also guided by an Indigenous lawyer, reflecting a commitment to meaningful engagement, culturally safe care, and advancing reconciliation through the development of standards.

CPSBC recognizes that registrants must often work within the constraints of the correctional health system, which may limit their ability to influence decisions around prisoner placement. In such cases, registrants are expected to offer their professional advice and clearly document that this advice has been provided—even if it is not followed. This approach supports transparency, accountability, and the prioritization of patient well-being within the limits of institutional systems.

A key goal of CPSBC is to develop practice standards that are practical, relevant, and achievable within the current health-care environment. Standards are intentionally dynamic and can be updated based on changing external factors and ongoing dialogue with key partners in the system, including registrants and other subject matter experts.

Any questions about the practice standards can be directed to communications@cpsbc.ca.

Case study: obtaining and maintaining culturally safe consent

Inquiry Committee Case Study

Providing culturally safe care to Indigenous patients is an expected competency of all registrants. When care is not delivered through a culturally safe and trauma-informed lens, it can erode trust and further perpetuate barriers to equitable health care. A panel of the Inquiry Committee recently reviewed a case where a registrant did not meet expectations related to culturally safe care. The case also highlights key considerations of informed consent. It is being shared as a learning opportunity for registrants.

Case study

An Indigenous patient attended a specialist appointment for a routine but uncomfortable procedure. The patient reported concerns about unclear communication prior to the procedure, inadequate pain control during the procedure, and a general lack of cultural sensitivity.

During the procedure, it became apparent that preprocedural analgesia had not been administered. When the patient expressed pain and distress, the registrant continued with the procedure and

made a comment that the patient perceived as dismissive. Although the registrant later recognized the oversight and apologized, the patient felt frightened, disempowered, and unsupported.

The patient left the appointment feeling that her pain had been minimized, her experience invalidated, and that the overall care provided to her lacked cultural safety.

Case resolution

The Inquiry Committee identified several concerns in its review of the case. First, the registrant relied on an informal process for a critical step (providing appropriate analgesia), which was missed and contributed to the patient's discomfort. Second, when the patient expressed pain and physically withdrew during the procedure, the registrant did not treat this as a potential removal of consent. Instead of pausing to reassess the patient's needs or re-establish consent, the procedure continued. Finally, the registrant's communication during and after the procedure did not reflect cultural humility or an understanding of the patient's lived experience.

Key takeaways

- **Cultural safety and consent are closely connected:** To obtain and maintain meaningful consent, registrants must communicate clearly, demonstrate cultural humility, and consider each patient's unique background and context. When patients feel fear or mistrust—especially in the absence of culturally safe care—it can prevent them from providing genuine, informed consent. For Indigenous patients, these concerns may be heightened due to the lasting effects of historical and intergenerational trauma caused by healthcare experiences where consent was ignored or violated.
- **Commit to cultural humility:** Cultural humility means approaching every patient interaction with respect, curiosity, and a willingness to learn from their lived experiences. When missteps occur, what matters is how registrants reflect on the impact, take responsibility, and commit to ongoing learning and improvement.

- **Consent is dynamic:** Registrants must ensure that patients fully understand a procedure before it begins and remain attentive throughout. Even if a patient initially provides consent, questions or concerns may arise later. It is important to watch for verbal and non-verbal cues that may indicate discomfort or a withdrawal of consent. Past experiences or trauma can influence how a patient perceives information.

CPSBC resources

Providing culturally safe care is a CPSBC requirement. The *Indigenous Cultural Safety, Cultural Humility and Anti-Racism* standard sets out clear expectations for registrants and serves as practical tool for ensuring a culturally safe medical practice.

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

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

In addition, the *Consent to Treatment – Equity Considerations* registrant resource and [Consent to Treatment online course](#) provide additional examples of obtaining informed consent.

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

New resources for prescribing stimulant medications



Drug Programs Update

Safe prescribing of all medications is considered a core competency of all CPSBC registrants. CPSBC recognizes that prescribing opioids, sedatives, antimicrobials and stimulants can cause potential harm to patients.

There are risks in prescribing stimulants because of:

- 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.

CPSBC has updated its website to include an [overview of prescribing stimulants for ADHD](#), a [resource section](#) and a [new report](#) available to registrants. **Note:** The report draws no conclusions regarding

the appropriateness of prescribing or adherence to clinical guidelines and scientific literature. It is intended to serve as supplemental information to assist registrants in optimizing their approach to prescribing and enhancing the overall care provided to patients.

CPSBC's drug programs endeavour to support registrants in prescribing safely throughout their careers. Registrants who are licensed for independent practice are encouraged to request a personalized stimulants for ADHD prescribing report [here](#). Registrants can subscribe to receive a quarterly report automatically.

Potential issues with faxed duplicate prescriptions



Drug Programs Update

CPSBC has received reports that some faxed duplicate prescriptions have appeared with “VOID” security watermarks when sent to pharmacies.

Due to the design of the duplicate prescription pads, the security watermark may sometimes become visible when faxed. This does not indicate the prescription is invalid. This security feature is intended to prevent people from forging prescriptions or simply copying prescriptions on colour copiers. While pharmacists are advised to continue to look out for such forgeries, it is appropriate to accept prescriptions from verified fax numbers of offices even though these might reveal the security watermarks.

Registrants who experience any concerns or uncertainties are encouraged to contact the pharmacy directly to verify the prescription.

CPSBC's perspective on prescribed alternatives and new BCCSU interim clinical resource

Drug Programs Update

Nearly 10 years after BC's provincial health officer declared a public health emergency due to opioid-related overdose deaths, deaths due to overdose are still occurring at alarming rates. Evidence indicates that Indigenous people are disproportionately affected by this crisis, dying at six times the rate of non-Indigenous BC residents.

One of the harm reduction measures implemented in BC to combat the toxic drug crisis is prescribed alternatives, also known as safer supply or safer alternatives. Prescribed alternatives refers to providing prescribed drugs such as opioids, stimulants and benzodiazepines as a safer alternative to the toxic illegal drug supply to people who are at high risk of overdose.

On February 19, 2025, the Province of BC announced [changes to the prescribed alternatives policy](#), requiring that the use of prescribed alternatives must be witnessed by a health professional. These changes went into effect immediately for all new patients, while patients already being prescribed alternatives are to be transitioned to witnessed dosing.

The BC Centre on Substance Use (BCCSU) has developed an [Interim Clinical Resource: Transition to Witnessed Dosing for Prescribed Alternatives](#) to support the safe transition of existing clients from non-witnessed to witnessed doses. This interim clinical resource is to support registrants and patients while provincial policy amendments are being further developed. This replaces the guidance previously published by the BCCSU, including the Opioid Use Disorder Practice Update.

Note: This policy change does not apply to opioid agonist treatment (OAT), including take-home OAT doses.

CPSBC's role as it relates to prescribed alternatives is to ensure registrants provide safe care to their patients, not to endorse any particular clinical intervention or to settle the scientific debate on the risks and benefits. CPSBC defers to experts in this field, including the BCCSU, to gather evidence and to develop clinical guidelines and programs.

As always, registrants are encouraged to use their professional judgement to determine the best treatment for their patients, which may include providing pharmaceutical-grade alternatives to the toxic street supply. CPSBC does not prevent registrants from providing prescribed alternatives if it falls within their scope of practice and they have the appropriate training and expertise.

All registrants, regardless of specialty or discipline, are encouraged to learn as much as they can about the management of substance use disorder, including recognizing the signs, identifying those who may be at risk of overdose, and making referrals to specialists as necessary. Identifying and managing substance use disorder within one's scope of practice is a core competency of all registrants.

Registrants who provide patients with prescribed alternatives are strongly encouraged to undertake extra training in the management of substance use. Resources and education are available through the BCCSU and the Provincial Opioid Addiction Treatment Support Program. Registrants are also reminded of the following requirements for prescribed alternatives:

- “SA” (safer alternative) must be written in the “Directions for Use” section of the duplicate (Controlled Prescription Program) prescription form. This step is essential as it enables the BC Government and partners such as the BCCSU to measure the effects of prescribed alternatives, modify treatment programs, and construct sound clinical practice guidelines.
- To assist pharmacists, directions for dispensing must be clear and concise. See the [appendix of the Interim Clinical Resource: Transition to Witnessed Dosing for Prescribed Alternatives](#) for samples of the Controlled Prescription Program form for prescribed alternatives.
- Prescribers must be available to pharmacists for any questions related to filling the prescription.

Resources for registrants

- [BCCSU *Interim Clinical Resource: Transition to Witnessed Dosing for Prescribed Alternatives*](#)
- [Addiction Medicine Clinician Support Line](#)
- [BCCSU Education and Training](#)
- [Provincial Opioid Addiction Treatment Support Program](#)

Explore learning opportunities



Facilitated online courses

Medical Record Keeping for Physicians

Wednesday, September 3, 2025

[Learn more](#)

Prescribers Course

Friday, October 3, 2025

[Learn more](#)

Medical Record Keeping for Physicians

Wednesday, November 5, 2025

[Learn more](#)

Self-directed online courses

Access to Medical Care Without Discrimination

10–15 minutes

[Learn more](#)

Consent to Treatment

10–15 minutes

[Learn more](#)

Ending the Patient–Registrant Relationship

5–10 minutes

[Learn more](#)

Leaving Practice

5–10 minutes

[Learn more](#)

Medical Record Keeping 101

15–20 minutes

[Learn more](#)

Medical Record Keeping 201

15–20 minutes

[Learn more](#)

Navigating Psychoactive Prescribing

20–25 minutes

[Learn more](#)

Safe Prescribing of Opioids and Sedatives

7–12 minutes

[Learn more](#)

Virtual Care

10–15 minutes

[Learn more](#)

Disciplinary actions

- [Sharma, Ramesh Kumar – May 16, 2025](#)
- [De Villiers, Albert Stefanus – May 20, 2025](#)