Registrar's message: Zero tolerance for racism and discrimination

CPSBC has zero tolerance for racism or discrimination in medical practice. Discrimination, whether directed towards patients or colleagues, has no place in a profession dedicated to healing, trust, compassion and empathy.

While CPSBC has explicitly outlined the duty registrants have to provide care to patients without discrimination through standards such as *Access to Medical Care Without Discrimination* and *Indigenous Cultural Safety, Cultural Humility and Anti-racism*, we must recognize that discrimination within the profession itself is equally damaging and requires attention. Whether expressed through overt hostility or subtle bias, racism and discrimination in medicine undermine the very foundations of safe, equitable patient care.

Recent incidents of targeted harassment directed at physicians based on their religious beliefs are particularly troubling, reminding us that discrimination in medicine is not an abstract concept but a lived reality. Similarly, while many nations continue to struggle with armed conflict, we are aware of the tension that can arise between colleagues who may have different opinions about international

politics or foreign government actions.

It is important to remember that targeted harassment fractures trust between colleagues, corrodes team-based care, and inflicts lasting harm on individuals and their families. When registrants do not feel safe, supported and respected by their colleagues, it becomes harder for them to provide quality medical care to their patients.

The CMA *Code of Ethics and Professionalism* requires registrants to:

- Treat colleagues with dignity and as persons worthy of respect. Colleagues include all learners, health-care partners, and members of the health-care team.
- Take responsibility for promoting civility, and confronting incivility, within and beyond the profession.
- Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues.
- Assume responsibility for personal actions and behaviours and espouse behaviours that contribute to a positive training and practice culture.

When discrimination occurs in a clinical encounter, a teaching or training environment, or a professional interaction, it is not merely a lapse in civility, it is a breach of ethical duty and an affront to the integrity of the profession.

CPSBC acknowledges that registrants may face discrimination from patients as well. Racism or discriminatory behaviour directed at registrants or their staff is unacceptable and may constitute grounds to end the patient-registrant relationship. The *Ending the Patient-Registrant Relationship* practice standard provides further guidance on this important decision.

Discrimination in medicine is not only a matter of individual behaviour but of professional responsibility. Every registrant shares the duty to challenge it, eliminate it, and replace it with practices grounded in respect, equity, and cultural humility. By confronting discrimination directly

and holding ourselves and each other accountable to the principles of the CMA Code of Ethics and Professionalism, we strengthen our profession and ensure that patients, family members, caregivers, and colleagues are treated with the dignity and respect they deserve.

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.

Webinars on upcoming changes under the HPOA

CPSBC will be hosting a series of webinars on the transition to the *Health Professions and Occupations Act* (*HPOA*).

Staff will share details about changes that registrants can expect when the *HPOA* takes effect on April 1, 2026. Each webinar will also include a question periods for registrants to seek clarification on the new Bylaws, policies, and procedures.

Registration is required and will be open until Friday, October 24, 2025.

Board and governance

Wednesday, October 29, 2025
7:30 to 8:30 a.m. PDT
Register now

Public protection

Wednesday, November 5, 2025

7:30 to 8:30 a.m. PST

Register now

Accreditation programs and delegation

Thursday, November 6, 2025

7:30 to 8:30 a.m. PST

Register now

Quality assurance and health monitoring

Monday, November 10, 2025

7:30 to 8:30 a.m. PST

Register now

Update on proposed amendments related to the eligibility requirements for registration and licensure of internationally trained physicians

On May 30, 2025, the CPSBC Board approved proposed amendments to bylaws related to the eligibility requirements for registration and licensure of internationally trained physicians.

The current bylaws provide eligibility for licensure in the full – family and full – specialty classes to internationally trained physicians who have completed accredited postgraduate training in Canada and obtained certification in Canada with the College of Family Physicians and Surgeons of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada (RCPSC).

The bylaws were recently amended (and came into force on July 7, 2025) to provide eligibility for licensure in the full – family and full – specialty classes to physicians who have completed accredited postgraduate training in the US and obtained certification in the US with the American Board of Family Medicine, American Osteopathic Board of Family Physicians, or the American Board of Medical Specialties.

Currently, physicians who are internationally trained and have not obtained certification with the relevant certification body in Canada or the US, may be eligible for licensure in the provisional – family or provisional – specialty class subject to, among other requirements, providing eligibility for CFPC certification without examination based on recognized training and certification obtained from CFPC-approved jurisdictions or providing eligibility to access the RCPSC certification examination based on recognized training from RCPSC-approved jurisdictions. Once a provisional registrant has provided confirmation that they have been granted certification with the CFPC or successfully passed the certification examination of the RCPSC, they are then eligible for the full class of registration.

To reduce barriers for internationally trained physicians wishing to practise in BC and to address the physician shortage in BC, it is proposed that the bylaws be further amended to facilitate a route for full registration for those physicians who meet one of the following requirements:

- Completion of a minimum of two years of accredited postgraduate training in a foreign jurisdiction approved by the CFPC for certification without examination (currently the CFPC-approved jurisdictions include USA, Australia, United Kingdom and Ireland), or
- Completion of postgraduate training and completion of a training certificate and certification in the physician's specialty from a foreign jurisdiction approved by the RCPSC (i.e. approved jurisdiction route) to access RCPSC certification through examinations (currently, the RCPSC-approved jurisdictions include Australia, New Zealand, Hong Kong, Singapore, South Africa, Switzerland, United Kingdom and Ireland). It should be noted that not all specialties are approved in each jurisdiction.

In accordance with section 19(6.2)(a)(i) of the *HPA*, notice of the proposed bylaw amendments were posted for a three-month period, providing registrants and other interested parties with the opportunity to review and comment. This period occurred from June 16 to September 18, 2025.

CPSBC received significant feedback during the consultation, including suggestions for changes to the proposed bylaws. Due to these suggestions, CPSBC will complete additional work prior to

providing updated proposed bylaws to the Board for its review. Given the pending transition to the Health Professions and Occupations Act on April 1, 2026, any additional proposed changes to the bylaws must be considered under that Act.

Case study: Importance of humility

Culturally safe, trauma-informed care for Indigenous patients is a core expectation for all registrants, as outlined in CPSBC's *Indigenous Cultural Safety, Cultural Humility and Anti-Racism* practice standard. A recent case reviewed by the Inquiry Committee highlights both the harms caused by generalization and the importance of humility and learning.

Case study

An Indigenous woman asked her family physician for blood glucose monitoring, citing her family history and the higher prevalence of diabetes among Indigenous people. Instead, she was met with resistance. The physician declined, saying she knew the risks from experience with Indigenous patients and felt testing was unnecessary.

The patient left feeling generalized, dismissed, and disempowered.

Case resolution

The Inquiry Committee emphasized that Indigenous peoples are not a homogenous group and registrants must take a distinctions-based, patient-centered approach when providing care. Each

patient has unique needs, priorities, and experiences, and registrants are expected to listen and respond accordingly. In this case, the patient felt disempowered and unsafe because her concerns were dismissed and she was spoken to in generalized terms.

In the response, the registrant showed humility by reflecting on the harm caused, seeking further education, reviewing her documentation, and committing to changes in her practice.

Key takeaways

- **Avoid generalizations:** Recognize historical and ongoing impacts of colonialism, but treat each patient as an individual with unique needs and priorities.
- **Practise humility:** Cultural safety requires reflection on one's own assumptions and openness to dialogue and shared decision-making.
- **Commit to learning:** Responding to missteps with self-reflection and education is essential to personal growth and better patient care.

CPSBC resources

Providing culturally safe care is a CPSBC requirement. Registrants are encouraged to review and be familiar with the *Indigenous Cultural Safety, Cultural Humility and Anti-Racism* standard and available resources:

- Frequently asked questions
- Learning resources
- Educational video series
- Connecting the Dots podcast episodes

Connecting the Dots podcast: Using artificial intelligence in medicine

The latest episode of CPSBC's Connecting the Dots podcast is now available. This episode provides insights into the evolving role of AI and considerations for its safe and ethical use in practice through an interview with Dr. Bella Wu. Dr. Wu is an otolaryngologist based in Richmond who is recognized for her innovative approach to patient care and early adoption of new technologies. Through her work in AI-driven charting, she has explored ways to reduce administrative burdens and improve physician well-being, allowing more focus on meaningful patient interaction.

Through this conversation, Dr. Wu highlights how AI tools are being integrated into health care to improve efficiency and patient outcomes, examines the associated risks such as privacy concerns, and discusses practical applications like AI-powered scribes. Many of the ethical principles in this conversation, and more, can be found in CPSBC's *Ethical Principles for Artificial Intelligence in Medicine* interim guidance.

Earlier episodes of Connecting the Dots, along with links to listen on Apple Podcasts, Spotify, and Amazon Music 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.

Managing substance use disorder is a core competency for registrants

Registrants are reminded that, regardless of specialty or discipline, substance use disorder (SUD) and the risk of overdose may be present in any patient, not only those with an opioid use disorder or another diagnosed SUD. The ability to recognize and manage patients with SUD, or those at risk of overdose, is a core competency for all registrants and should be part of lifelong learning. For registrants providing more specialized care, additional training requirements apply.

Education and guidance

Educational opportunities are available through the BC Centre on Substance Use (BCCSU), with offerings tailored to different scopes of practice, including primary care, internal medicine, psychiatry, and related specialties.

CPSBC's requirements and recommended education on SUD, opioid agonist treatment (OAT), and prescribed safer supply (PSS) are available on CPSBC's Management of Substance Use Disorder section of its website. Registrants are encouraged to review this resource regularly and refer to it if

unsure of their obligations. The website provides guidance for the following areas:

Opioid agonist treatment (OAT)

Registrants prescribing OAT must complete training through the Provincial Opioid Addiction Treatment Support Program (POATSP).

- **Full agonists** (e.g. methadone, slow-release oral morphine): Extra training is mandatory.
- **Partial agonists** (e.g. Suboxone, buprenorphine/naloxone): Extra training is not required, but is strongly encouraged.

All family physicians can prescribe Suboxone and may be asked to continue prescribing for stable patients co-managed with addiction physicians. Guidance on induction and initiation protocols is available through the BCCSU.

Prescribed safer supply (PSS)

Registrants providing safer supply medications (e.g. hydromorphone, fentanyl) are encouraged to pursue additional training in substance use management (such as POATSP). This helps support a comprehensive approach so they can provide "wrap around" substance use care to their patients, assist in transitioning these patients to optimal treatment regimens, and linking them to appropriate social supports when they are ready to do so. PSS is a rapidly evolving medical strategy, and all registrants are encouraged to stay updated on practice guidelines set out by the BCCSU, and to adhere to protocols set out by health authority programs aimed at addressing SUD.

A reminder: Prescriptions for PSS must include **"SA" (safer alternative)** in the "direction for use" section of the duplicate prescription pad. This notation is important for monitoring the safety and effectiveness of PSS.

Outpatient vs. hospital settings

CPSBC's requirements apply to prescribing in outpatient settings. Health authority policies govern how medications are ordered in hospitals and take precedence, particularly for methadone for pain and opioid agonist treatment. Hospitals and other health authority facilities may have more, or less, expectations and requirements than those listed here for outpatient prescribing with respect to ordering medications, and the oversight and administration of these medications. Registrants are expected to know and follow local hospital policies, and to work collaboratively and respectfully with health care teams to support the best outcomes for patients.

CPSBC resources

- *Safe Prescribing of Opioids and Sedatives* practice standard
- Safe Prescribing of Opioids and Sedatives online course
- Navigating Psychoactive Prescribing online course

DAP maintains APAC MRA 15189 signatory status

The Diagnostic Accreditation Program (DAP) laboratory medicine (DAP-LM) pathway has maintained its signatory status to the Asia Pacific Accreditation Cooperation (APAC) Mutual Recognition Arrangement (MRA) for the accreditation standards ISO 15189. DAP-LM first became a signatory in 2022 after the BC Laboratory Reform Committee report identified the need for ISO 15189 laboratory services accreditation. CPSBC is only the second accreditation body in Canada to receive this recognition. This status means that DAP-LM is recognized as an accrediting body that can certify laboratory services to the international standard ISO 15189:2022.

Laboratories accredited to the DAP ISO 15189 accreditation scheme produce test results that meet worldwide requirements and expectations. These laboratories will have better access to referral lab opportunities and the recognition to facilitate participation in international studies and patient care activities. For patients, this means tests performed in ISO accredited laboratories, and transparency of diagnostic facility performance, will meet or exceed international best practices.

This continued status provides patients with confidence in the work of the DAP and the laboratories it accredits.

Explore learning opportunities

Facilitated online courses

Medical Record Keeping

- Friday, October 31, 2025 (for psychiatrists)
- Wednesday, November 5, 2025 (for family physicians)
- Wednesday, January 21, 2026 (for family physicians)

Self-directed online courses

Practice standards and professional guidelines

- Access to Medical Care Without Discrimination (10–15 minutes)
- Consent to Treatment (10–15 minutes)
- Ending the Patient-Registrant Relationship (5–10 minutes)
- Leaving Practice (5–10 minutes)
- Virtual Care (10–15 minutes)
- Safe Prescribing of Opioids and Sedatives (7–12 minutes)

Medical Record Keeping

- Medical Record Keeping 101 (15–20 minutes)
- Medical Record Keeping 201 (15–20 minutes)

Prescribing

- Navigating Psychoactive Prescribing (20–25 minutes)

Disciplinary actions

- Skrenes, Bryan David – September 25, 2025
- Skrenes, Bryan David – September 25, 2025 (2)