

# Committee reports

## Diagnostic Accreditation Program Committee

The scope of the Diagnostic Accreditation Program Committee is set out in section 5-21(1)–(6) of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183.

The Diagnostic Accreditation Program has a mandate to assess the quality of diagnostic services in the province of British Columbia through accreditation activities. As a program of the College of Physicians and Surgeons of British Columbia, the mandate and authority of the DAP is derived from section B of the Bylaws of the College made under the *Health Professions Act*.

The DAP is committed to promoting excellence in diagnostic health care through the following activities:

- establishing performance standards that are consistent with professional knowledge to ensure the delivery of safe, high-quality diagnostic service
- evaluating a diagnostic service's level of actual performance to achieving the performance standards
- monitoring the performance of organizations through the establishment of external proficiency testing programs and other robust quality indicators of performance

The Diagnostic Accreditation Program currently has 23 accreditation programs covering the following diagnostic services:

### Diagnostic imaging

- diagnostic radiology
- diagnostic mammography
- diagnostic ultrasound
- diagnostic echocardiography
- diagnostic computed tomography
- diagnostic magnetic resonance imaging
- diagnostic nuclear medicine
- diagnostic bone densitometry

### Laboratory medicine

- sample collection, transport, accessioning and storage
- hematology
- chemistry
- transfusion medicine
- microbiology
- anatomic pathology
- point of care testing
- cytology
- cytogenetics

### Neurodiagnostic services

- electroencephalography
- evoked potentials
- electromyography and nerve conduction studies

### Pulmonary function

- hospital-based services
- community-based services

### Polysomnography

- adult and pediatric polysomnography

### HIGHLIGHTS IN 2014/15

The DAP provides accreditation services to 668 diagnostic facilities of which 283 are private and 385 are public.

	Public	Private	Total
Laboratory Medicine	154	155	309
Sample Collection Sites	35	133	168
Laboratories	119	22	141
Diagnostic Imaging	136	62	198
Pulmonary Function	61	24	85
Neurodiagnostics	26	37	63
Polysomnography	8	5	13

In 2014/15, the program completed 129 accreditation surveys and 18 initial assessments.

**NUMBER OF FACILITIES SURVEYED MARCH 1, 2014 TO  
FEBRUARY 28, 2015**

Laboratory Medicine	58 on-site surveys that assessed 145 modalities
Diagnostic Imaging	53 on-site surveys that assessed 149 disciplines
Pulmonary Function	3 on-site surveys that assessed 3 studies
Neurodiagnostics	11 on-site surveys that assessed 18 studies
Polysomnography	4 on-site surveys that assessed 4 studies
<b>Total</b>	<b>129 on-site surveys with 319 disciplines/modalities/studies</b>

**INITIAL ASSESSMENTS FOR NEW FACILITIES PERFORMED  
MARCH 1, 2014 TO FEBRUARY 28, 2015**

Diagnostic Imaging	8 that assessed 8 modalities
Laboratory Medicine	8 that assessed 28 disciplines
Neurodiagnostics	1 that assessed 3 studies
Polysomnography	1 that assessed 1 study
<b>Total</b>	<b>40 disciplines/modalities/studies</b>

**ACCREDITATION STANDARDS**

The DAP published new standards for diagnostic imaging, laboratory medicine and polysomnography.

**INTERNATIONAL ACCREDITATION****ISQua Accreditation DAP 2014 Diagnostic Imaging Standards**

The DAP 2014 Diagnostic Imaging Standards were awarded accreditation from the International Society for Quality in Healthcare's (ISQua) International Accreditation Program for External Healthcare Evaluators.

**ISQua Accreditation DAP 2015 Laboratory Medicine Standards**

The DAP Laboratory Medicine Standards were sent to ISQua in

December 2014 for review by the International Society for Quality in Healthcare's (ISQua) International Accreditation Program for External Healthcare Evaluators. The preliminary report contained very few recommendations.

**Asia Pacific Laboratory Accreditation Cooperation (APLAC) membership**

The DAP is now a full member of the Asia Pacific Laboratory Accreditation Cooperation (APLAC) as of November 24, 2014. This is a requirement to meet ISO 17011 to be able to provide ISO 15189 accreditation to the DAP laboratory medicine clients.

**Western Canadian Diagnostic Accreditation Alliance**

The Diagnostic Accreditation Program participated as part of an alliance with the four western provinces of Canada that were collaborating to produce a common set of laboratory accreditation standards, that would recognize the uniqueness of each province. This initiative was put on hold in 2014.

**PROFICIENCY TESTING/QUALITY CONTROL QUALITY SYSTEMS****Laboratory medicine**

The DAP continues to actively monitor proficiency testing (PT) results of all 137 laboratories in the province as provided through third party proficiency testing providers, or alternative PT acceptable to the DAP, and follow up with laboratories on performance issues. The disciplines monitored are transfusion medicine, microbiology, chemistry, hematology, immunohistochemistry and cytogenetics.

**Pulmonary function**

The DAP continues to monitor the technical performance of all 27 pulmonary function laboratories through the DAP Pulmonary Function Quality Control Program, and follow up as required. Facilities are required to submit quality control data twice yearly and performance is evaluated by one of the DAP pulmonary function consultants.

**Spirometry**

The DAP continues to monitor the technical and medical interpretation performance of the 53 community-based spirometry sites. Facilities are required to submit quality control data, patient tracings and interpretations twice yearly.

## Spirometry seminar

On September 27, 2014, the DAP hosted a one-day spirometry seminar with the DAP pulmonary function consultant from the Mayo Clinic as the speaker. There were 32 attendees from physicians' clinics and hospitals. 100% of the respondents to our feedback questionnaire rated the seminar as excellent.

## DEPARTMENT REORGANIZATION – PROGRAM-SPECIFIC STRUCTURE

In August 2014 the Diagnostic Accreditation Program reorganized into a program-specific structure. Under the new structure, the DAP consists of three programs encompassing all five diagnostic areas and one quality systems program.

- laboratory medicine
- diagnostic imaging
- pulmonary function, polysomnography and neurodiagnostics
- quality systems

Each program is led by a manager and a team of experts that work together to support the overall DAP program goals. The program management model will also support the rollout of new accreditation standards in each program, while the quality systems program supports the DAP in becoming an accreditation body that can provide ISO 15189 certification.

These changes reflect a team-based approach to leadership with a renewed commitment to improving communication with all stakeholders. Moreover, as the program staff will be experts in the programs they are associated with, communication will be more efficient and accreditation processes will be tailored to address specific program requirements.

J.C. Heathcote, MD, FRCPC  
Chair, Diagnostic Accreditation Program Committee

## INFORMATION

For more information regarding this report, please contact:

M.J. Murray, MD, CCFP(EM), MHSc, CHE  
Deputy Registrar

H. Healey, RN  
Senior Director, Diagnostic Accreditation Program

# Committee reports

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## Ethics Committee

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G. Parhar, MD  
Chair, Ethics Committee

The scope of the Ethics Committee is set out in section 1-18(1)–(4) of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183.

The Ethics Committee serves to further the College’s quality assurance and accountability mandate through the review and development of ethics-related standards and guidelines. The Ethics Committee reports to the Board through the Quality Assurance Committee.

Comprised of physicians, non-physicians and a resident in training, the Ethics Committee provides thoughtful and diverse insight into ethical dilemmas that arise in medical practice—insights which manifest as standards and guidelines to assist physicians in navigating these complexities. The committee ensures that emerging ethical topics are addressed and that the standards and guidelines remain current and relevant to today’s medical practice.

The committee also expanded its outreach to stakeholders, inviting members of academia, the BC Ministry of Health, fellow medical regulators across Canada, and Doctors of BC to comment on some of its proposed new standards and guidelines.

Each year, the Ethics Committee reviews and updates existing standards and guidelines and provides direction for the development of new standards and guidelines.

Below is a summary of the Ethics Committee’s work this past year:

### UPDATED

- Disclosure of Adverse or Harmful Events

### NEW

- Job Shadowing/Observing
- Promotion and Sale of Products

### INFORMATION

For more information regarding this report, please contact:

A.M. McNestry, MB, CCFP  
Deputy Registrar

# Committee reports

## Finance and Audit Committee

**The scope of the Finance and Audit Committee is set out in section 1-14(1)–(4) of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183.**

The Finance and Audit Committee helps the Board fulfill its mandate by developing the College's budget, regularly reviewing operational and capital expenditures, governing the annual external audit and regularly reviewing the College's systems of financial control.

### PROPERTY

On March 31, 2015, the College terminated the one-year lease agreement for 2,312 square feet on the fifth floor of the building, which was repurposed for College use. The College owns a total of 62,495 square feet at 669 Howe Street and continues to lease 17,743 square feet on two floors until August 2016.

### COLLEGE SYSTEM AND PROCESS RENEWAL PROJECT (CASPER)

The College continues to enhance its new database system, iMIS, and has entered phase II of the College System and Process Renewal (CaSPeR) project. From a systems perspective, CaSPeR collectively encompasses iMIS, SharePoint, eAccreditation, the College website and other software packages working together to improve the way the College conducts its day-to-day operations. Phase II of the CaSPeR project includes the following:

- physicians apply
- online registration for educational class
- iMIS 20.2 release evaluation
- iMIS for legal/Health Professions Review Board (HPRB)
- practice restrictions
- assessment of future requirements

As at February 28, 2015, the College had invested \$2.9 million into this project and set aside an additional \$1.25 million for fiscal year 2015/16. The intent of these new systems is to enhance business processes through improved technology, which will better support the College's mandate of public protection through effective regulation.

### PENSION PLAN

On January 1, 2014, the College enrolled its employees in the British Columbia Public Service Pension Plan (BCPSPP) and withdrew from the Canadian Medical Association (CMA) Pension Plan. As at the date of this report, the BCPSPP and the CMA are finalizing the calculations to facilitate the transfer of the College employees' pension assets from the CMA Pension Plan to the BCPSPP. This requires the consent of the Financial Services Commission of Ontario (FSCO). As at February 28, 2015, the estimated funding of pension transfer costs approved by the Board in the prior year was reduced by \$371,000.

### COLLEGE INVESTMENTS

#### Capital accounts

The purpose of the capital accounts is to provide reasonable growth while minimizing risk to meet the long-term financial obligations of the College. The investment objectives of the capital accounts are long-term capital appreciation and optimization of investment returns. The target allocation for capital investments of the College is 40% fixed investments (bonds and cash) and 60% Canadian equities. The balance in the capital accounts at February 28, 2015 was \$6,495,000 (\$10,841,000 in 2013/14).

#### Operating accounts

The purpose of the operating accounts is to provide sufficient cash to meet the annual obligations for operational expenditures of the College and to fund capital expenditures expected to be paid within the current year. The investment objectives of the operating accounts are to preserve capital and maintain liquidity, while optimizing investment returns.

The allocation of operational funds of the College is currently 100% fixed investments (short-term bonds, cash and/or term deposits). The balance of cash and short-term investments in the operating accounts at February 28, 2015 was \$23,516,000 (\$15,146,000 in 2013/14).

### Investment income

- Investment income for the 2014/15 fiscal year was \$989,000 (\$635,000 in 2013/14), which included realized gains on investments of \$172,000 (\$182,000 realized losses in 2013/14)
- Unrealized losses in 2014/15 were \$39,000 (\$151,000 unrealized gains in 2013/14)
- Investment management fees in 2014/15 were \$78,000 (\$69,000 in 2013/14).

### CONTINGENCY RESERVE CONTRIBUTIONS

Contingency reserves are intended to cover costs during a significant unfortunate event, or for one-time, non-recurring expenses that will build long-term capacity for the College. Annual contributions equal to 5% of operational expenses are added to the reserve balance until a target contingency reserve balance of nine (9) months' operating expenses is reached. In addition, any surplus from operations in each year is added to the College's reserve balance unless specifically reallocated by the Board.

As at February 28, 2015, the contingency reserve balance was \$6,495,000. Once the contingency reserve is fully funded, any surplus from future operational years can be used to offset future annual fee increases.

### Reserve balances as at February 28, 2015

College	\$3,045,000
Diagnostic Accreditation Program	3,276,000
Non-Hospital Medical and Surgical Facilities Program	174,000
<b>Total reserve balances</b>	<b>† \$6,495,000</b>

† A portion of these reserves will be used to fund the potential shortfall of past service pension credits from the CMA Pension Plan to the BCPSPP, as well as to further fund the CaSPeR project, as noted in the audited financial statements.

A.I. Clarke, MD, FRCPC  
Chair, Finance and Audit Committee

### INFORMATION

For more information regarding this report, please contact:

M. Epp, MBA  
Chief Operating Officer

J. Pesklevits, CMA  
Director, Finance and Office Services

# Committee reports

## Inquiry Committee

The scope of the Inquiry Committee is set out in section 1-16(1)–(2) of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183.

The committee performs three regulatory functions central to the mandate of the College:

1. investigate and conclude complaints
2. where concerns about the conduct or competence of a registrant come to the attention of the College, investigation of the practice of the registrant, on its own motion
3. oversight when a physical or mental health disorder may impair the ability of the physician to practice safely and effectively; in such circumstances, if the physician is appropriately engaged and compliant with treatment to the satisfaction of the monitoring department, the Inquiry Committee is usually not required to take further action

Twenty-four Inquiry Committee members (15 physicians and nine public members) are appointed amongst five specialized panels. The total number of complaints received is remarkably constant, in the range of 900 to 1,000 annually. Adding files opened for practice investigations and duty-to-report concerns, the Inquiry Committee concluded 906 matters in 2014/15.

Concerns brought to the attention of the College are initially triaged and categorized as primarily matters of clinical performance, physician conduct, boundary violations (which may include sexual misconduct or a variety of other breaches such as inappropriate self-disclosure or dual relationships), and fitness to practise issues. Statistics for 2014/15 are tabulated below.

The committee is specifically charged by the *Health Professions Act* (HPA) with establishing review procedures that are “transparent, objective, impartial, and fair.” Following a thorough investigation conducted by staff, the committee must determine whether some or all of the

allegations presented to it have been proven. Given that most complainants are not medically trained, sometimes the investigation identifies unacceptable conduct or deficient clinical performance that the complainant was unaware of or unable to articulate. When the committee is critical of a registrant on the basis of its review, the HPA provides three options for resolution, depending on the seriousness of the concern:

- informal resolution through correspondence, interviews, and/or educational activities,
- formal consequences, short of discipline, including reprimands and practice limitations entered into voluntarily, and
- referral to the registrar with direction to issue a citation and commence disciplinary proceedings

In 2014/15, disciplinary citations were authorized against five physicians.

The majority of complaints prompting the issuance of a citation are ultimately resolved through consent orders pursuant to section 37.1 of the HPA. If a consent resolution is not possible, the matter proceeds to a hearing before a panel of the Discipline Committee. There were no Discipline Committee hearings held in 2014/15.

### CONDUCT, ETHICS AND PROFESSIONALISM

Failure of communication and/or the perception that physicians lack empathy are at the heart of most of these. As most of the interactions will have taken place in the privacy of clinical settings, the Inquiry Committee is often left to rely on the clinical record. Careful documentation is not only evidence that specific issues were addressed but also more generally indicative of whether the expected standard of care was provided. Communication challenges in clinical practice is the theme for the upcoming 2015 College Annual Education Day. Additionally, the College is supporting the development of a clinical communications course by the UBC Faculty of Medicine, Division of Continuing Professional Development.

Failure to provide medical certificates, medico-legal reports

and/or patient records in a timely fashion (or at all) continue to figure prominently in this category. The relevant Board standard *Medical Certificates and Other Third Party Reports* is that the turnaround time for third-party requests should be no more than 30 days, but they are often required sooner. Physicians must schedule paperwork time into every work week to avoid falling behind. Patients rely on timely provision of reports to access the benefits they require during periods of illness or disability. These complaints are entirely preventable. The vast majority of College registrants adhere to this standard. Physicians who are the subject of repeated complaints of tardiness in this regard may anticipate disciplinary consequences including substantial fines.

Every year a small number of physicians are subject to criticism for being in a conflict of interest with respect to their patients, some rising to the level of discipline. The legal character of the relationship of physician and patient is one of “fiduciary”—the highest level of trust. A fiduciary must act in the best interests of the other person, even if the result is harm to the fiduciary. Physicians regularly call the College seeking advice about business opportunities involving patients. These may include the sale of products (from self-help books to diet supplements) or inviting individual patients to participate in an “investment opportunity.” Experience shows that it is virtually impossible to participate in a commercial transaction with patients without being vulnerable to allegations of conflict of interest. The College’s advice to physicians with entrepreneurial impulses is to satisfy them in a non-medical field without the involvement of any patients. The Board standard on *Conflict of Interest* is available on the College website.

In 2014/15 the Inquiry Committee investigated cases of serious billing fraud by physicians. While the College has no jurisdiction over billing, findings of serious billing fraud following formal processes conducted by other agencies may trigger College discipline for unprofessional conduct. These remain under investigation.

The Inquiry Committee also investigates serious cases of misconduct by trainee physicians, both medical students and residents.

## CLINICAL PERFORMANCE

The Inquiry Committee continues to encounter examples of

deficient consent discussions and inadequate documentation of them. Patients have a right to the information required to make their own decisions about procedures—benefits, risks, and alternatives. A number of very commonly performed procedures carry the inherent risk that a significant minority of patients will regret their decision for the rest of their lives. Total knee replacement (where the literature suggests that about 18% remain unhappy with the functional outcome) and intraocular lens replacement account for complaints to the College every year. These are often very difficult discussions and patients, like their surgeons, naturally want to hope for the best. But the best can never be guaranteed. Reasonable efforts must be made to ensure that patients have realistic expectations before proceeding.

Physicians are legally obliged to maintain records that provide an enduring account of why patients came to see them, what was found in the course of their assessment and what was done about it. The Inquiry Committee encounters many examples of substandard documentation. In 2014 the College Board adopted and posted an updated standard *Medical Records* to which all BC physicians must adhere. The Inquiry Committee takes a hard line on substandard records.

The Inquiry Committee investigated several complaints alleging substandard performance in the assessment of patients seeking authorization to possess marijuana for medical purposes. The committee was concerned to find examples of what it considered superficial patient assessment, authorization for patients who other physicians knew to be consuming excessive quantities of marijuana recreationally without consulting those physicians, and charging exorbitant fees. The complainants have mostly been family physicians, psychiatrists, and addictions physicians very familiar with the patients. The challenge both clinically and from a regulatory perspective is that marijuana is both a consumer product in high demand and a therapeutic agent effective in palliating symptoms for specific patients, but only acquisition and possession for medical purposes is legal. The updated Board standard *Marijuana for Medical Purposes* aims to limit physician involvement to indications that meet current medical standards and hold them to expected standards of clinical performance.

## WHEN HEALTH CONCERNS AFFECT FITNESS TO PRACTISE

While the HPA authorizes the committee, following due

process, to suspend physicians whose deficient performance is the result of illness or injury, health matters are virtually always addressed with voluntary withdrawal from practice, followed by monitored recovery and assessment prior to any consideration of return to practice. In 2014/15 24 such matters were opened.

### BOUNDARY VIOLATIONS

The number of boundary violation investigations concluded dropped from 31 to 12, reflecting significant effort given in 2013 to address a backlog. Five matters were concluded with discipline and are summarized in press releases posted on the College website: <https://www.cpsbc.ca/disciplinary-actions>. In two cases the College sought and achieved the agreement of the registrant to irrevocably resign.

### SIGNIFICANT EVENTS IN 2014

#### BC Court of Appeal decision concerning a Health Professions Review Board decision

The *Health Professions Act* came into effect for the medical profession on June 1, 2009, succeeding the *Medical Practitioner Act* which was originally proclaimed in 1886. The *HPA* established a new agency, the Health Professions Review Board (HPRB). Complainants who are dissatisfied with the adequacy of the Inquiry Committee investigation or the reasonableness of its decision have 30 days from the receipt of the College decision letter to apply for a review. About 8% of complainants currently exercise that right. In decisions issued to date (accessible at the website of the HPRB: [http://www.hprb.gov.bc.ca/decisions/final\\_decisions\\_complaint\\_stm](http://www.hprb.gov.bc.ca/decisions/final_decisions_complaint_stm)), most College investigations and decisions continue to be upheld.

College registrants who take issue with decisions of the College or the HPRB have recourse to the courts. In 2013 the BC Supreme Court heard the petition of a physician concerning an HPRB decision. The original complaint was from a patient alleging that the doctor's decision to try a series of other drugs in place of Lyrica® was inappropriate and unacceptable. The College review concluded with no criticism of the doctor, essentially finding that the approach taken was standard medical practice. The HPRB found that the College investigation had been inadequate and sent the matter back to the Inquiry Committee with direction.

The registrant applied for judicial review, arguing, in part, that the HPRB owed deference to the College registrar in matters such as this. The Supreme Court decision, found at <http://www.courts.gov.bc.ca/jdb-txt/SC/13/20/2013BCSC2081.htm>, upheld the original College decision and had the potential to clarify important aspects of the jurisdiction of the registrar.

The HPRB appealed the decision. In a judgment issued on November 21, 2014, the Court of Appeal dismissed the appeal (<http://www.courts.gov.bc.ca/jdb-txt/CA/14/04/2014BCCA0466cor1.htm>). The HPRB has sought leave to appeal to the Supreme Court of Canada.

#### Further progress on the implementation of a new database to streamline complaints review

The complaints review process is stressful for complainants and registrants alike. Both parties contact the College to express their frustration with delays and bottlenecks. By automating our processes and other efficiencies, we are on target to reduce the median time required to conclude complaint investigations from 242 to less than 200 days.

### CONCLUSION

2014/15 was a year of improved timeliness and efficiency for the Inquiry Committee, in a context of remarkably constant workload.

L.C. Jewett, MD, FRCSC  
Chair, Inquiry Committee

### INFORMATION

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Director, Complaints

# Committee reports

## Library Committee

The College library aims to be a prime source of information for registrants and supports the quality assurance activity of the College. This was reaffirmed in 2014 when the library vision/mission was reviewed and renewed in May as part of a three- to four-year strategic cycle. Library staff and the library committee gathered at two separately facilitated, half-day workshops and the final draft, shown below, was approved by the board in September 2014.

### COLLEGE LIBRARY VISION 2017

The library is a valued and integrated program of the College, supporting its vision and mandate. It is a prime source of reliable clinical information for physicians and surgeons of British Columbia. Its primary function continues to be the provision of information and in-depth research directed by librarians.

The College supports the library's commitment to a high level of service. Members of the library staff create a positive organizational culture through mutual respect and teamwork.

The library explores new initiatives and partnerships to enhance physicians' access to information in a cost-effective manner. The library uses and anticipates new technology to improve library service.

The library values communication with its patrons and responds to their unique needs. Staff members actively promote library services to the diverse community of College registrants. Service development and promotion is strategically guided by the information needs of BC physicians who are key knowledge leaders.

### LIBRARY USAGE

The provision of information and in-depth research directed by librarians is a primary function of the library. Key statistics show:

- 2,500 registrants contacted the library 13,200 times for information support (excluding self-service on the library website)

- there were 1,471 requests for in-depth literature searches
- in the last three years, over 4,500 registrants directly contacted the library almost 40,000 times
- online information resources are frequently accessed by registrants with more than 30,000 articles downloaded in 2014

### ACQUISITIONS

In 2014, more online resources were acquired for registrants including ClinicalKey, a collection of more than 1,000 ebooks, 500 e-journals and 300 procedural videos with a user-friendly, clinically oriented interface.

Psychiatrists are the second most frequent users of the library's services and resources (family practitioners are first) and, in support of their information needs, PsychiatryOnline was acquired, which includes the electronic version of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* and other key texts and journals from the American Psychiatry Association. Acquisition of PsychiatryOnline was facilitated through a consortial purchase involving the Electronic Health Library of BC.

Canada QBank, a question bank for preparation for Medical Council of Canada examinations has been available from the College library to clinical trainees for a number of years and in 2014 UBC medical students (years 1 to 4) were extended access. This fills a gap in UBC's resources for medical students and helps the library build a connection with future library patrons. Similarly, BMJ Best Practice, a high quality point of care tool and one which is not available through UBC to residents and fellows, is now available online and as an app for these registrants as well as fully registered physicians through the College library.

### EDUCATION

In addition to provision of resources, documents and librarian-mediated searches, the library supports the self-directed bibliographic literacy of physicians through workshops and one-on-one training sessions on skills for finding high quality medical evidence. In 2014, *Finding Medical Evidence*, a four-

hour, hands-on, computer-based workshop, was presented six times either in-person or online in Vancouver, Whistler, Victoria, Surrey, Courtenay and Dawson Creek. In total, 279 registrants interacted with College librarians in workshops, at conferences, through in-person training, and in other educational situations in 2014.

### KEY KNOWLEDGE LEADERS

The library aims to be strategically guided by the information needs of BC physicians who are recognized by their peers as key knowledge leaders (KKLs). KKLs have been shown to support the diffusion of innovation and thereby can help the value of library services and resources to further penetrate into the physician community. A picture is developing about the use of the College library by these influential physicians in that they share many characteristics of other library users in terms of age, geographic location and urban/rural distribution but they also differ; more are specialists, male, and use the library more frequently than other library patrons. A survey tool was designed to query KKLs with the aim to acquire guidance about optimizing library services from this group and the data should be available for analysis in 2015.

Ms. V. Jenkinson  
Chair, Library Committee

### INFORMATION

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Deputy Registrar

K. MacDonell, PhD  
Director, Library Services

# Committee reports

## Medical Practice Assessment Committee

The scope of the Medical Practice Assessment Committee is set out in section 1-22(1)–(7) of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183.

The Medical Practice Assessment Committee gives oversight to the Physician Practice Enhancement Program. Under the College Bylaws, its main responsibilities include:

- establishing, developing and administering an ongoing program of peer assessment of the practice of registrants
- assisting registrants in maintaining proper standards of practice in the care of patients and the keeping of records

The Physician Practice Enhancement Program (PPEP) is a collegial program that proactively assesses and educates physicians to ensure they meet high standards of practice throughout their professional lives. The goal of the program is to promote quality improvement in community-based physicians' medical practice by highlighting areas of excellence and identifying opportunities for professional development. Following a PPEP assessment, a physician may be required to participate in remedial or educational activities to enhance their practice.

Each PPEP assessment is comprised of three distinct assessment components:

- peer practice assessment of recorded care
- multi-source feedback assessment
- office inspection of the premises and process

The program continues to actively assess physicians, prioritizing the assessment of physicians over the age of 70 who are practising in solo and unsupported environments. It is the intent of the program that all community-based physicians have a periodic assessment, with physicians over 75 years or those requiring ongoing remediation assessed on a

more frequent basis. The PPEP continues to assess physicians practising in a multi-physician clinic as a unit to provide valuable feedback to medical directors.

### PEER PRACTICE ASSESSMENTS

In 2014, the committee provided guidance on over 600 PPEP assessments with the most common deficiency found being substandard records. The committee refers to the requirements for medical records outlined in the *Health Professions Act* and in the College's professional standard titled *Medical Records*. Physician records need to document an intellectual footprint to allow for continuity of care by other health professionals such as locums. This requirement forms part of the Committee's mandate to ensure patient safety.

The majority of PPEP assessments completed were conducted in multi-physician clinics, including walk-in clinics. Although physicians working in walk-in clinics often defined their medical practice as to the provision of transient care, the College does not recognize "transient care" as a scope of practice. In 2014, the committee directed several clinics, medical directors, and clinic physicians to assume appropriate longitudinal and proactive patient care responsibility for those patients without an identified family physician or attend the clinic repeatedly. This includes having a system in place to capture detailed recorded care, a cumulative patient profile, and an identified most responsible physician (MRP).

### OFFICE INSPECTIONS

By assessing multi-physician clinics as a unit, the committee has collated valuable information on systemic concerns that may impact physician performance. The enhanced office assessment component will focus on areas such as, reprocessing of instruments, infection prevention and control, office policies and procedures, and expects to implement the revised component in the fall of 2015.

Pursuant to the Board's strategic priority to enhance and expand our quality assurance activities to ensure physicians remain competent throughout their careers, the program will continue to build on its success and expand to include

specialists practising in the community.

The Medical Practice Assessment Committee (MPAC) is comprised of six general practice physicians and two specialist physicians, and works under the privacy provisions of section 26.2 of the *Health Professions Act*. Assessment information is shielded from other College programs, and only in the event of egregious clinical conduct or repeated non-compliance with MPAC recommendations, can the committee refer to the Inquiry Committee.

#### HIGHLIGHTS IN 2014/15

Number of multi-physician clinics assessed	122
Number of peer practice assessments assigned	613
Number of peer practice assessments completed	448
Number of multi-source feedback assigned	606
Number of multi-source feedback completed	329

J.R. Stogryn, MD, CCFP  
Chair, Medical Practice Assessment Committee

#### INFORMATION

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# Committee reports

## Methadone Maintenance Committee

**The scope of the Methadone Maintenance Committee is set out in section 1-23 (1)–(10) of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183.**

To prescribe methadone, physicians must hold an authorization (in the form of an exemption under section 56 of the *Controlled Drugs and Substances Act* with respect to methadone) from the federal Ministry of Health.

Under the *Health Professions Act* and in accordance with Health Canada's Drug Strategy and Controlled Substances Programme, the College of Physicians and Surgeons of British Columbia administers the Methadone Maintenance Program with the clinical guidance of the Methadone Maintenance Committee. Authorizations (or exemptions) to prescribe methadone may be for the treatment of opioid dependence, for analgesia, or for the provision of work as a hospitalist. Authorizations may be either full (up to five years) or temporary (up to 60 days).

The Methadone Maintenance Committee meets four times a year to assist physicians in prescribing methadone safely and effectively by developing guidelines, providing education and reviewing cases.

Guidelines for prescribing methadone can be found on the College's website under the Methadone Maintenance Program – the *Methadone Maintenance Program: Clinical Practice Guideline* (previously called the *Methadone Maintenance Handbook*) and *Recommendations for the Use of Methadone for Pain*. The *Methadone Maintenance Program: Clinical Practice Guideline* was published to the College website in February 2014.

To become a methadone prescriber, physicians need to attend a methadone workshop. Two courses were held this past year, one in Vancouver (May 2014) and one in Kelowna (September 2014). The committee reviews a new prescriber's practice after the first year and every five years thereafter. Eleven

peer practice assessments were performed last year: four in-office assessments and seven "documentary" assessments by chart review for prescribers with less than 15 patients receiving methadone. The lack of prescribers in rural British Columbia concerns the committee and the Ministry of Health. New prescribers from rural areas are therefore particularly encouraged to apply for an exemption.

The committee also reviewed 59 reports from the BC Coroner's Office where the coroner has identified methadone as a potential contributor to a death to look for potential lessons in safer methadone prescribing.

A list of BC methadone clinics accepting new patients can be found on the College website. This list is updated quarterly.

### HIGHLIGHTS IN 2014/15

Number of methadone patients registered with the Methadone Maintenance Program	15,632
Number of new physicians with opioid dependence exemptions	34
Number of new physicians with analgesic exemptions	39
Number of new physicians with temporary exemptions	240
Number of new physicians with hospitalist exemptions	7

D.J. Etches, MD, MCISc, CCFP, FCFP  
Chair, Methadone Maintenance Committee

### INFORMATION

For more information regarding this report, please contact:

A.M. McNestry, MB, CCFP  
Deputy Registrar

J.D. Agnew, PhD  
Director, Monitoring and Drug Programs

# Committee reports

## Non-Hospital Medical and Surgical Facilities Program Committee

**The scope of the Non-Hospital Medical and Surgical Facilities Program Committee is set out in section 5-1(1)–(5) of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183.**

As legislated by the Ministry of Health, the Non-Hospital Medical and Surgical Facilities Program (NHMSFP) accredits 64 private surgical facilities within BC. The program's accreditation and certification is recognized as a standard that demonstrates a facility's commitment to delivering safe quality health care.

### PUBLIC TRUST

The NHMSFP acts first and foremost in the interest of the public and has been entrusted to serve the public by improving care through standard setting, measuring performance and monitoring outcomes in private facilities.

### INFORMATION AND COMMUNICATION

The NHMSFP serves to engage and inform the public as active participants in their own care and the committee is dedicated to improving transparency and accountability for the public.

### COMMITTEE

The NHMSFP Committee members play a critical role in serving the public. Membership includes both private sector and health authority physician experts from surgery, anesthesia, and nursing. In addition, public members bring leadership experience in business, finance and education to the committee. To best serve the interests of patients, the committee continuously strives to improve quality and safety. From time to time the committee may also commission subcommittees or expert working groups in response to emerging safety and quality issues.

### ACCREDITATION PROCESS

The NHMSFP promotes safe patient care by monitoring facility performance through peer-based accreditation processes, education, research and consultation. A facility accredited by the NHMSFP assures the public that the facility meets minimum provincial and national performance and quality standards. Facilities must undergo an on-site inspection by an accreditation team and only after meeting all mandatory requirements does the facility earn accreditation certification. The maximum term of accreditation awarded is four years; however, facilities may be awarded a term less than four years depending on their performance at time of accreditation. If a facility does not meet the requirements for accreditation, its certificate is withdrawn and it must stop providing patient care. After the facility demonstrates that all safety deficiencies have been addressed, service delivery can safely resume.

### FEES

The College Board directs that the NHMSFP is a full cost-recovery program. In meeting its mandate to continuously improve the quality of care and to protect and serve the public interest, facilities are required to support the program and committee through annual and accreditation fees.

### HIGHLIGHTS IN 2014/15

- 64 private medical/surgical facilities operate in BC
- 14 private medical/surgical facilities were accredited as part of their four-year accreditation cycle
  - 11 received four-year terms
  - 3 received one-year term
- 3 new private medical/surgical facilities opened in BC
- 56,724 procedures were performed in private medical/surgical facilities in BC
- 34% of procedures performed (excluding laser refractive eye surgery) were contracted from health authorities and/or third party (WorkSafe and ICBC)
- 686 physicians are authorized by the College to provide medical services in one or more private medical/surgical facilities

A.I. Clarke, MD, FRCPC  
Chair, Non-Hospital Medical and Surgical  
Facilities Program Committee

#### INFORMATION

For more information regarding this report, please contact:

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Deputy Registrar

P. Fawcus, RN  
Director, Non-Hospital Medical and Surgical Facilities Program

# Committee reports

## Prescription Review Committee

**The scope of the Prescription Review Committee is set out in section 1-24(1)–(7) of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183.**

The Prescription Review Committee gives oversight to the Prescription Review Program. Under the College Bylaws, its main responsibilities include:

- reviewing the prescribing of drugs on controlled prescriptions and selected other drugs, like benzodiazepines, sedative hypnotics, and stimulants, with addictive potential
- providing guidance to registrants on the use of these drugs by:
  - corresponding with physicians
  - reviewing submitted patient records and providing advice
  - directing that physicians attend for interview
  - assigning readings
  - providing relevant courses

Physicians participating in this practice improvement intervention are protected by provisions in the *Health Professions Act* giving privileged status to documents generated in the course of quality assurance activities. The College approach to prescribing issues is collegial and educational. The program is informed by the PharmaNet database. When the College contacts physicians whose prescribing appears to be suboptimal, it is an offer to be helpful, not punitive. Most are unhappy with the status quo and grateful for the intervention.

These educational activities qualify for Mainpro-M1 credits in the practice audit category.

This past year the program opened 113 files and closed 79 files.

The committee is motivated by the public health crisis associated with the dramatic increase in long-term opioid prescribing in the past decade. Prescription opioid misuse now accounts for more unintended deaths in British Columbia than drinking and driving. Accordingly, the committee gives emphasis to promoting:

- careful patient selection—a history of addiction and/or mental illness is a strong relative contraindication to long-term opioid prescribing
- an approach that includes firmly declining to prescribe combinations of opioids with benzodiazepines and/or sedative hypnotics—physicians should feel free to simply advise patients that they cannot have both

### HIGHLIGHTS IN 2014/15

- The sessions of the College's Prescribers Course held on
  - April 25, 2014 – 30 attendees
  - November 27, 2014 – 29 attendees
  - November 28, 2014 – 34 attendees
  - Most of the day spent in practice interviews with standardized patients
- Foundation for Medical Excellence Chronic Pain and Suffering Symposium – March 6–7, 2014
- Development and implementation of a new case management system based on adult learning methods
  - Approved by the committee in December 2014, with implementation beginning in January 2015
  - Designed to build capacity within the program, realize efficiencies, and ensure the program's processes are transparent for registrants

N.D. James, MD  
Chair, Prescription Review Committee

**INFORMATION**

For more information regarding this report, please contact:

A.M. McNestry, MB, CCFP  
Deputy Registrar

J.D. Agnew, PhD  
Director, Monitoring and Drug Programs

# Committee reports

## Quality Assurance Committee

The scope of the Quality Assurance Committee is set out in section 1-20(1)–(3) of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183.

Under the *Health Professions Act*, the Quality Assurance Committee has a duty of oversight of the quality assurance programs of the College. The committee is composed of two physicians, one appointed board member and a public representative. It is the responsibility of the Quality Assurance Committee to

- to review standards of practice, to enhance the quality of practice, and to reduce incompetent, impaired or unethical practice by registrants,
- to administer the quality assurance programs of the College to promote high standards of practice among registrants,
- to assess the professional performance of registrants, and
- to recommend to the board mandatory continuing professional development requirements and any other requirements for revalidation of licensure.

Activities of the committee and its subcommittees are separate from the College's other regulatory functions in that information obtained by the committee cannot be used for any purpose other than education and remediation of maintaining an appropriate standard of care. Only in the event of egregious clinical conduct can the committees refer the matter to the College's Inquiry Committee for an independent investigation.

The following committees report to the Quality Assurance Committee:

- Blood Borne Communicable Diseases Committee
- Ethics Committee
- Medical Practice Assessment Committee

- Methadone Maintenance Committee
- Prescription Review Committee
- Case management reviews arising from the Non-Hospital Medical and Surgical Facilities Program

The Methadone Maintenance Committee, Prescription Review Committee, and Medical Practice Assessment Committee review the delivery of appropriate care by assessing individual physicians' management of opioid-dependent patients, prescription of controlled substances, and recorded care. When deficiencies are found, the programs offer collegial, remedial and educational advice. Subcommittee reports are provided to the committee for review which in turn reports to the Board.

M.A. Docherty, MBChB, CCFP, FCFP  
Chair, Quality Assurance Committee

### INFORMATION

For more information regarding this report, please contact:

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Deputy Registrar

N. Castro, MHA  
Director, Quality Assurance and Practice Assessments

# Committee reports

## Registration Committee

The scope of the Registration Committee is set out in section 1-15(1)–(4) of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183.

### PROVINCIAL

The College Bylaws recognize general/family practice international medical graduates (IMGs) who have not completed jurisdictionally approved and accredited postgraduate training, as recognized by the College of Family Physicians of Canada (currently only those IMGs from the United States of America, United Kingdom, Ireland and Australia are so reciprocally recognized), as eligible for provisional registration if they have undergone an assessment of competency (practice ready assessment) in a Canadian jurisdiction acceptable to the Registration Committee.

BC currently has commenced its inaugural Practice Ready Assessment—British Columbia (PRA-BC) program, which is governed by a steering committee made up of representatives from the Physician Services Strategic Advisory Committee, the University of British Columbia, the College of Physicians and Surgeons of British Columbia, the BC Ministry of Health and its health authorities, the Doctors of BC and Health Match BC since December 2014. The PRA-BC program was developed between 2012 and 2014 to create an acceptable entry-to-practice competency assessment program for general practitioners wanting to practise in British Columbia. The program consists of four components: a screening and selection process, and point-in-time orientation and examination phase; a clinical field assessment and an application for provisional registration and licensure from the College for successful program candidates. The clinical field assessment is 12 weeks in duration in a group general/family practice setting in BC. Up to 15 candidates who pass the competency-based assessment by late July 2015 will be eligible to commence the independent practice of medicine as family practitioners under sponsorship and supervision by August 2015.

Work continues on updating and developing policies that support the implementation of College Bylaws made pursuant to the *Health Professions Act*. Policy development and implementation has focused on defining parameters around educational – postgraduate fellow, provisional, and conditional – practice limitations classes of registration and licensure. This includes the development of policies that relate to the availability of the Royal College of Physicians and Surgeons of Canada Practice Eligibility Route (PER) to certification, the requirement for provisional registrants to become a licentiate of the Medical Council of Canada, defining “within five years of practice” for provisional registrants, and guidelines for a third-year extension for postgraduate fellows. Additionally, work continues on refining supervisory and summative assessment requirements for registrants.

Under the College Bylaws, certain registrants must meet criteria stipulated by the Registration Committee within a given time period (these are defined at the commencement of their practice in British Columbia). As part of this process, summative assessments are completed for those general/family practice registrants who were first registered under the provisions of the former *Medical Practitioners Act* (i.e. those registered prior to June 1, 2009) and who elect to undergo a summative practice assessment in lieu of obtaining their CCFP examinations. These are also completed for specialists trained in the United States of America who have registered under either the *Medical Practitioners Act* or the *Health Professions Act* and who have completed Accreditation Council for Graduate Medical Education (ACGME) accredited postgraduate training and who hold their American board specialty examinations. Those registrants with successful summative assessments are eligible to be granted registration and licensure in the full class in their primary specialty in lieu of obtaining RCPSC certification of the PER component 3 (Route B) examination is not available to them following two years continuous practice in BC in the provisional specialty practice class of registration.

A new College information technology system has been implemented. The College is currently developing an online application process for educational registrations with implementation anticipated by May 2015. This

implementation of this project will continue to streamline application and registration processes and improve the speed and efficiency of the College's work processes.

### ONLINE ORIENTATION

The College has developed an online orientation for applicants applying for independent practice that will be implemented in May 2015. The online orientation will reduce the number of applicants for independent practice that need to attend the College in person for registration and licensure.

### NATIONALLY

On the national level, work continues on developing national registration standards for the full class of registration for all provinces and territories. Together with the Medical Council of Canada (MCC), The Federation of Medical Regulatory Authorities of Canada (FMRAC) and its member colleges began developing the web-based electronic application process for physicians wanting to obtain full or provisional registration in any province or territory of Canada. The Medical Council of Canada is launched a new system and candidate portal on May 23, 2013: the Application for Medical Registration in Canada (AMRC) at [physiciansapply.ca](http://physiciansapply.ca). Pilots of the web-based electronic application began in 2013 in a few other Canadian provinces. The College will be coming on board with the AMRC process in 2015, with implementation of AMRC by the College anticipated by February 2016.

### HIGHLIGHTS IN 2014/15

- 187 applications for eligibility were reviewed by the committee
- 119 new IMG applicants were granted provisional registration (provisional registrants must complete their Canadian qualifications by either examination or the practice eligibility route (PER) within a defined time period)
- 100 new IMG applicants were granted full registration
- 106 IMGs previously on the provisional register were advanced to the full register

M. Corfield, DM  
Chair, Registration Committee

### INFORMATION

For more information regarding this report, please contact:

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C. de Bruin, LLB, CAE  
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