

# Committee reports

## Diagnostic Accreditation Program Committee

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

The DAP 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 College), 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 DAP currently has 24 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
- molecular genetics

### 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 2016/17

The DAP provides accreditation services to 677 diagnostic facilities of which 284 are private and 393 are public.

	Public	Private	Total
Laboratory medicine	156	155	311
Sample collection sites	44	132	176
Laboratories	112	23	135
Diagnostic imaging	135	65	200
Pulmonary function	65	24	89
Neurodiagnostics	26	44	70
Polysomnography	7	6	13

### NUMBER OF FACILITIES SURVEYED MARCH 1, 2016 TO FEBRUARY 28, 2017

Laboratory medicine	72 on-site surveys (43 laboratories and 29 sample collection sites) that assessed 245 services
	21 sample collection sites self-audits that assessed 21 services
	3 regional assessments that assessed 16 services
	3 relocation assessments that assessed 8 services
Diagnostic imaging	55 on-site surveys that assessed 138 services
	1 relocation assessment that assessed 1 service
Pulmonary function	12 on-site surveys that assessed 12 services
Neurodiagnostics	2 on-site surveys that assessed 6 services

Polysomnography 2 on-site surveys that assessed  
2 services

**Total 171 surveys**

**INITIAL ASSESSMENTS FOR NEW FACILITIES PERFORMED  
MARCH 1, 2016 TO FEBRUARY 28, 2017**

Diagnostic imaging 7 that assessed 7 services

Laboratory medicine 6 that assessed 10 services

**Total 13 surveys**

**PROFICIENCY TESTING AND QUALITY SYSTEMS**

**Laboratory medicine**

The DAP monitors the proficiency testing (PT) results of all 135 laboratories in the province and follows up with laboratories on performance issues. The disciplines monitored are transfusion medicine, microbiology, chemistry, hematology, immunohistochemistry and cytogenetics.

**Pulmonary function**

The DAP monitors the technical performance of all 28 pulmonary function laboratories through the DAP Pulmonary Function Quality Control Program, and conducts follow-up as required.

**Spirometry**

The DAP continues to monitor the technical and medical interpretation performance of the 55 community-based spirometry sites.

**Department reorganization**

The DAP services of pulmonary function, polysomnography and neurodiagnostics have been incorporated with the diagnostic imaging service to make the new service of diagnostic services. The services of laboratory medicine and quality systems remain.

**DAP STANDARDS REVISIONS**

**Physicians’ credentials**

The DAP conducted a comprehensive review of the BC Provincial Privileging Dictionaries and revised the DAP standards accordingly.

**Magnetic resonance imaging and radiation safety**

Changes to the DAP magnetic resonance imaging acceptance testing and quality control standards and the radiation safety standards were approved for incorporation into the diagnostic imaging accreditation standards.

**Molecular genetics**

The College continues to engage in discussions with the Ministry of Health regarding accreditation of genetic testing in

laboratories within BC. The DAP completed an initial assessment of two genomic/genetics facilities in 2016 and provisional accreditation was awarded to these facilities.

**COMMUNITY NEURODIAGNOSTICS PROGRAM**

The DAP has developed and is implementing an accreditation program for community neurodiagnostics. The program consists of 36 physician offices. The majority of services are provided in solo-physician offices, half of which are in the Lower Mainland (20) and the others are split between Vancouver Island (11) and the Okanagan (5). The scope of testing is limited to electromyography and nerve conduction studies.

**PULMONARY FUNCTION LEVEL 2 SPIROMETRY PROGRAM  
ACCREDITATION AWARDS**

Since 2014, spirometry facilities in BC participated in a quality control (QC) program coordinated by the DAP. The calibration, linearity, biological quality control (Bio QC) data, and interpreted cases that are submitted twice each year are anonymized and sent to spirometry consultants for independent assessment. The expert feedback is reported back to the submitting facility to support ongoing quality improvement.

The DAP has seen continuous improvement in the work of the BC spirometry community. The DAP program has been profiled at international conferences, including the American Thoracic Society and European Respiratory Society, and is identified as an exemplary model for a spirometry QC program.

While the DAP has historically provided accreditation awards to level 3 pulmonary function facilities as a result of on-site assessments, the same was not true for level 2 pulmonary function facilities that only performed spirometry testing. The DAP Committee has approved accreditation awards to all level 2 pulmonary function facilities that successfully comply with the provincial spirometry QC program performance requirements.

**QUALITY MANAGEMENT SYSTEM**

A number of initiatives have been undertaken to develop and refine processes to ensure that the quality management system is continuously improving and that the DAP is taking steps to comply with best practice ISO standards. Some wins this past year include:

- completion of the SharePoint electronic records project including an ongoing internal record audit to ensure that DAP records continue to meet all standards of electronic records quality, retention, and retrieval
- provision of document authoring workshops for effective procedure and process writing to employees
- assessment and selection of document control software for the DAP (SoftTech LabQMS) which has now been installed and validated

- documentation of new employee orientation process and process-based new employee orientation checklists to support job introduction and training
- completion of final report outlining evidence of compliance for required improvements identified during the ISQua 2016 assessment

The DAP continues to work through the requirements of ISO 17011 to formalize policy and process in support of our bid for ISO accreditation.

#### **STRATEGIC PLAN 2015–2018**

The DAP was pleased to continue its work executing the DAP three-year strategic plan, which was launched in the 2015/16 fiscal year. The DAP strategic plan has four key strategic directions:

1. Enhancing communication and engagement with DAP stakeholders;
2. Enhancing quality in the DAP services by developing an ISO-compliant quality management system;
3. Ensuring the DAP continues to be relevant and sustainable to the BC diagnostic community to deliver patient centered services; and
4. Seeking engagement and collaboration with the Ministry of Health, health authority CEOs and other provincial Colleges of Physicians and Surgeons in performance management evaluation of regional diagnostic health systems.

*V.J. Astrope, MD, RCPSC  
Chair, Diagnostic Accreditation Program Committee*

#### **INFORMATION**

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# Committee reports

## Finance and Audit Committee

The scope of the Finance and Audit Committee is set out in section 1-14 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

The College owns 62,780 square feet at 669 Howe Street and has signed three separate lease agreements to rent out approximately 13,000 square feet on two floors. The agreements end between August 2017 and March 2023. Upon expiry of these leases, an evaluation is conducted for future space requirements to determine what portion of this space can continue to be leased and what portion may need to be repurposed for College use.

### COLLEGE INVESTMENTS

The College's investments are maintained within two types of accounts as follows:

#### Short-term investment accounts

The primary goal of the short-term account portfolio is to preserve cash or cash equivalents to meet the annual financial obligations for operational expenses of the College, while optimizing investment returns. The allocation of operational funds 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, 2017 was \$24,844,000 (\$23,781,000 in 2016).

#### Long-term investment accounts

The primary goal of the long-term investment portfolio is to preserve capital. The secondary goal is to provide reasonable growth while minimizing risk to meet the long-term financial obligations of the College.

The target allocation for long-term investments is 40% fixed (bonds and cash) and 60% equities. The balance of cash and investments in the long-term accounts at February 28, 2017 was \$13,652,000 (\$11,810,000 in 2016).

### Investment income

- Investment income for the 2016/17 fiscal year before any gains, losses, or investment management fees was \$664,000 (\$654,000 in 2015/16)
- Realized gains in 2016/17 were \$288,000 (\$1,094,000 realized losses in 2015/16)
- Unrealized gains in 2016/17 were \$1,156,000 (\$374,000 unrealized losses in 2015/16)
- Investment management fees in 2016/17 were \$67,000 (\$77,000 in 2015/16)

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

CaSPeR began as a three-year business process/technology renewal project approved by the Board in 2013, which encompassed a new database (iMIS), enhanced online functionality, eAccreditation software, significant updates to the College website and the various systems working together to improve the way the College conducts its day-to-day operations.

The Board approved \$1.83 million in the 2017/18 fiscal year budget for ongoing information technology capital projects, which include, but are not limited to the following:

- integration of the College's accounting systems with iMIS
- iMIS implementation for the Diagnostic Accreditation Program
- iMIS implementation for the Non-Hospital Medical and Surgical Facilities Program
- further enhancements to eAccreditation and the College's intranet/website
- an iMIS upgrade

*P.D. Rowe, MD, CCFP(EM), FCFP*  
Chair, Finance and Audit Committee

### INFORMATION

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Director, Finance and Corporate Services

# Committee reports

## Inquiry Committee

The scope of the Inquiry Committee is set out in section 1-16 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. investigation of complaints and reports concerning College registrants
2. practice investigations initiated by the Inquiry Committee on its own motion
3. oversight when a physical or mental health disorder may impair the ability of the physician to practise 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-nine Inquiry Committee members (18 physicians and 11 public members) are appointed amongst five specialized panels. The total number of complaints and reports received is remarkably constant, in the range of 900 to 1,000 annually. Adding files opened for own-motion, practice investigations, the Inquiry Committee concluded 979 matters in 2016/17 (compared to 959 the year before).

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 business or financial entanglement, self-disclosure or dual relationships), and fitness to practise issues. Statistics for 2016/17 are tabulated in this report.

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, the committee must determine whether the available evidence forms an adequate basis for criticism of the registrant. 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 concludes a review with criticism, 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, fines and practice limitations entered into voluntarily

- referral to the registrar with direction to issue a citation and commence disciplinary proceedings

In 2016/17, 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 two Discipline Committee hearings held in 2016/17 and five disciplinary matters concluded. Summaries of discipline decisions are posted on the College [website](#).

### CONDUCT, ETHICS AND PROFESSIONALISM

Once again, complaints of failure to provide third party reports and/or patient records in a timely fashion comprised a significant portion of the Inquiry Committee workload—roughly ten percent of its files. Patients rely on reports to access the financial resources they require for the necessities of life. The College recognizes that physicians are busy people and paperwork may be regarded as low priority, but the impact on patients is significant. The privilege of practising medicine carries an obligation to provide reports promptly. The Inquiry Committee holds physicians to the letter of the relevant College standard, *Medical Certificates and Other Third Party Reports*. Repeat offenders face disciplinary action for this entirely avoidable misconduct. Recent fines have been of the order of \$5,000 per tardy report.

Deficient communication with patients is identified as the primary issue in about 15 per cent of work conducted. These arise most often in discussions with patients and families about end-of-life care and in consent discussions where surgical and other significant interventions are proposed. The University of British Columbia Division of Continuing Professional Development has developed a [communications course](#) that the committee recommends to College registrants. A commitment to continuous quality improvement in communicating with patients is an expectation of all physicians.

### CLINICAL PERFORMANCE

The past year saw the emergence of a new phase in the ongoing opioid crisis—illicit drugs (fentanyl, heroin, and stimulants, often in combination) have overtaken prescription drugs as the primary agents associated with overdose death, with the number rising rapidly. That said, the committee’s reviews of reports sent to the College by the Office of the Chief Coroner, complaints from family members, and physician practices remind the College that poor prescribing is associated with the acquisition of addiction for many of the most severely afflicted. Building on a guideline that had informed the committee’s remedial work

with physicians since 2011, the *Prescribing Principles*, the Board adopted a hybrid document (part standard, part guideline), *Safe Prescribing of Drugs with Potential for Misuse/Diversion*, in 2016. It is a regulatory standard, a “prescribing 101,” setting out foundational principles of patient assessment and vigilance. It does not prohibit long-term opioid therapy (LTOT), only makes it safer. The soon-to-be-released updated Canadian guideline will complement the College standard.

The Inquiry Committee investigates complaints from bereaved family members alleging reckless prescribing and from patients who believe they need more medication or have been discriminated against based on their medical condition. Adherence to the College’s safe prescribing standard will assist physicians in caring for their patients safely and effectively, and in responding in the event of a complaint or practice review.

Other major categories of clinical complaints include case management (such as allegations of delay in the provision of care, failure to refer when indicated, or complications attributed to deficient performance) and delayed diagnosis.

#### **BOUNDARY VIOLATIONS AND DISCIPLINARY MATTERS**

About half of the 20 boundary complaints allege unwelcome physical contact. Following investigation, most of those were determined to have been misperceived examinations. Remedial education in examination technique, with emphasis on being attentive to ensuring that patients understand what is being done at each stage and why, is the usual outcome. Having a member of clinic staff present to provide support and assistance is important, but not a guarantee that patients will be satisfied. The College is in the final stages of updating posted standards for sensitive examinations, which will be of assistance to practitioners and patients alike.

Most of the other boundary matters concluded related to financial relationships between physicians and patients, including involvement in the purchase of a home, hiring patients to do home and yard maintenance, and soliciting patients to invest in a start-up investment the physician favoured.

#### **SIGNIFICANT EVENTS IN 2016/17**

The complaints and practice investigations department, which supports the Inquiry Committee, continued to focus on the dual goals of responsiveness and timely completion of investigations this past year. Year over year, the median time required to conclude an investigation was reduced from 225 to 195 days (it was 293 in 2012/13). Complainants are now contacted within 11 days of receipt of their submissions.

The Board also made a decision to add a public member to the Inquiry Committee panel that considers the most serious

matters, bringing public representation to fifty percent, reflecting the College’s commitment to strengthening the public voice in its decisions.

*G.A. Vaughan, MD*  
*Chair, Inquiry Committee*

#### **INFORMATION**

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# Committee reports

## Library Committee

The College library positions itself as a prime source of clinical information for practising registrants to support their efforts to remain current and competent throughout their career. Core services are in-depth literature searches, delivery of documents, and teaching physicians to locate evidence-based medical information. Specific initiatives in 2016 supporting these core activities included engaging key knowledge leaders, expanding outreach and teaching, and piloting a new section in the library's newsletter, *Cites & Bytes*.

The College library piloted an initiative in 2016 to engage approximately 1,200 physician key knowledge leaders. Key knowledge leaders are physicians that College registrants have identified as influential to their practice by virtue of having strong communication skills, knowledge expertise, and a high level of humanistic concern. The library sent a "What I Need to Know" email to each leader, inviting them to request in-depth literature searches to assist with their clinical cases. This increased the number of reference questions posed by key knowledge leaders, as well as increased their use of other library services. Within four weeks of delivering the email, six times more reference queries (34 vs. 5) were posed by key knowledge leaders who received the email compared to those who had not; other library services were accessed 1.4 times more often. During the same time, 18 physicians who had not used the library in the previous four years made use of library services, 13 more than expected based on control data. The "What I Need to Know" initiative will continue in 2017.

Key knowledge leaders indicated in a previous library survey that more promotion of library services was welcome. To that end, in-person outreach and teaching by College librarians were increased in 2016: 25 events were provided (19% greater than 2015) and attended by 379 registrants (18% greater than 2015).

Key knowledge leaders also suggested that *Cites & Bytes* be modified to include more specialist content. Based on this suggestion, a Featured Specialty section was piloted in which each issue contained citations to high-quality articles from specialist literature. Requests for articles listed in *Cites & Bytes* increased over the year by 17%. Only 7% of that increase was due to the Featured Specialty section so alternative approaches to highlighting specialty content in *Cites & Bytes* will be implemented in 2017. Revised project goals will include a greater focus on the specialties that generated the most interest: psychiatry; geriatrics; neurology/neurosurgery; oncology; orthopedics; and pediatrics.

### HIGHLIGHTS IN 2016/17

- 1,388 in-depth reference questions were answered
- 54,788 articles were delivered to physicians by staff or downloaded by self-service
- an average of 2,083 articles per monthly issue of *Cites & Bytes* were delivered or downloaded

In 2016/17, 1,973 individual registrants contacted the library 11,855 times. This excludes self-service on the library website. In the past three years, 3,928 individual registrants used the library at least 37,400 times.

*B.A. Priestman, MD*  
Chair, Library Committee

### INFORMATION

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# Committee reports

## Methadone Panel

The scope of the Methadone Panel of the Quality Assurance Committee is set out in section 9-2 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 Program, the College of Physicians and Surgeons of British Columbia administers the Methadone Maintenance Program with the clinical guidance of the Methadone Panel. Authorizations (or exemptions) to prescribe methadone may be for the treatment of opioid use disorder, 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 Panel meets four times a year to assist physicians in prescribing methadone safely and effectively by developing guidelines, providing education and assessing methadone practice. Guidelines for prescribing methadone can be found on the College website under the Methadone Maintenance Program and include the *Methadone and Buprenorphine: Clinical Practice Guideline for Opioid Use Disorder* (previously called the *Methadone Maintenance Program: Clinical Practice Guideline*) and the *Methadone for Analgesia Guidelines* (previously called the *Recommendations for the Use of Methadone for Pain*). Both were reviewed and updated in 2016.

To become a methadone prescriber for opioid use disorder, physicians need to attend a methadone workshop, followed by a preceptorship with an experienced prescriber. Four workshops were held this past year: two in Vancouver; one in Rossland; and one in Oliver. Workshops have always been open to other health professionals and support staff who are interested in expanding their knowledge base regarding methadone and buprenorphine-naloxone as treatments for opioid use disorder. Authorizations to prescribe for analgesia simply involve required readings.

The panel reviews a new prescriber's practice after the first year and at regular intervals thereafter. In 2016/17, 28 methadone practice assessments were performed: 12 on-site assessments and 16 documentary assessments (via review of clinical charts and PharmaNet prescription profiles). The lack of prescribers in rural British Columbia concerns the panel and the Ministry of Health. New prescribers from rural areas are therefore particularly encouraged to apply for an authorization. To remove a barrier to methadone prescribing, the College no longer

requires registration of methadone patients.

When buprenorphine-naloxone (Suboxone®, generics) became an insured benefit under PharmaCare, many physicians and patients became interested in this new treatment option. As of July 3, 2016, a federal authorization is not required to prescribe buprenorphine-naloxone in BC, removing a perceived barrier to initiating treatment. To ensure patient safety, physicians are still advised to educate themselves on proper usage of any opioid substitution treatment and to consult more experienced prescribers when necessary. The College still encourages physicians engaging in addictions treatment to obtain their federal authorization to prescribe methadone for opioid use disorder, in order to be able to offer their patients a broader spectrum of treatment options. As with opioid, sedative/hypnotic and stimulant prescriptions, usage will be reviewed via PharmaNet.

A list of BC methadone clinics accepting new patients can be found on the College website. This list is updated quarterly and will be maintained until transfer of the Methadone Maintenance Program to the BC Centre on Substance Use on June 5, 2017.

### HIGHLIGHTS IN 2016/17

In July 2016 the patient registry was officially discontinued.

Number of new physicians with opioid use disorder authorizations	45
Number of new physicians with analgesia authorizations	112
Number of new physicians with temporary authorizations	228
Number of new physicians with hospitalist authorizations	6
Total number of physicians with opioid use disorder authorizations	256
Total number of physicians with dual authorizations (opioid use disorder and analgesia)	315
Total number of physicians with analgesia authorizations	498

**WORKSHOPS IN 2016/17**

In response to the opioid crisis, the College expanded the workshops outside the Lower Mainland in order to increase the number of methadone prescribers in these underserved rural areas:

Vancouver – April 30, 2016	51 attendees
Rossland – June 4, 2016	24 attendees
Vancouver – October 1, 2016	67 attendees
Oliver – December 10, 2016	32 attendees

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

**INFORMATION**

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F.J. Bhimji, BSP  
Manager, 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 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) currently accredits 57 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 Committee's overriding interest is the protection and safety of the public through ensuring quality and safe patient care delivery in the non-hospital sector. It is committed to promoting excellence in medical and surgical services through establishing accreditation standards, evaluating performance and monitoring outcomes.

As part of the College's overarching objectives, the NHMSFP Committee launched a three-year strategic plan on June 8, 2016. The plan focuses on quality assurance, enriched partnership with stakeholders, organizational efficiency and increasing public access to information.

Ensuring good governance is an integral component of the work of the NHMSFP Committee and in 2016, the College Board set out a strategic direction for the revision of the Non-Hospital Medical and Surgical Facilities Program section of the Bylaws. The revised Bylaws were posted on the College's website for stakeholder feedback on February 17, 2017.

In addition to the revision of the Bylaws, the NHMSFP Committee and program staff completed a number of important strategies objectives in 2016/17:

### 1. Strengthening the role of the medical director

The medical directors have a responsibility for the overall quality of care provided in their facilities and effective leadership, accountability and quality assurance are essential components of the work they do. The role of medical directors was strengthened through:

- Development of the NHMSFP Medical Director standard which defines the responsibility for the overall quality of care in non-hospital facilities was finalized and posted on the NHMSFP website in January 2016.

- Medical director education sessions were held on April 11 and 15, 2016 to support medical directors in meeting their responsibilities. Education focused on patient safety incident reviews, learning and applying the tools for reviews, and understanding responsibilities for physician credentialing and privileging using the provincial dictionaries. Twenty-four medical directors and four committee members attended the education sessions. The feedback received was extremely positive and future education sessions were encouraged.
- Program staff worked closely with the BC Medical Quality Initiative office to explore opportunities for physicians and medical directors to access the provincial CACTUS databases for purposes of appointment and reappointment of medical staff.

### 2. Strengthening the role of the committee

The College carries out its regulatory functions through its committees comprised of clinical experts and public members. To ensure the committee is able to carry out its mandate it must understand its role and function, have the necessary information, and actively participate in decision-making. The role of the committee was strengthened through:

- Enhancement of committee responsibilities in reviewing medical director recommendations for physician applications and review of patient safety incidents through renewed processes and procedures.
- Committee member participation at the medical director education sessions to review new tools and applications.
- Annual evaluations were completed by the chair and committee members.

### 3. Strengthening the role of the program

Regulatory excellence requires high-functioning supports in human resources, business processes and information technology. The role of the program was strengthened through:

- Effective communication and ongoing information sharing with stakeholders which included education sessions, standards development, communiques, College Connector and the Annual Report.
- Completion of an organizational self-assessment using the Federation of Medical Regulatory Authorities of Canada's (FMRAC's) Integrated Risk Management System (FIRMS) Standards. The implementation of a standardized integrated risk management system facilitates knowledge sharing of key program risks and strategies to manage risks.

- Analysis of accreditation processes and data systems to improve program efficiencies.
- Implementation of an operational plan to ensure ongoing commitment for a cost-neutral budget.
- Development of a quality document management system.
- Renewed business processes through completion of a program procedures manual.

#### INFORMATION

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Deputy Registrar

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

#### 4. Enhancing communication and engagement with key stakeholders.

Effective, collaborative relationships with NHMSFP stakeholders are critical in establishing and upholding standards for the delivery of safe patient care in non-hospital medical and surgical facilities. Communication and engagement with key stakeholders was enhanced through:

- Stakeholder participation in review of the revised Bylaws.
- Improving transparency through continued accreditation standards development and posting of the standards to the website. Work in this area included the development and posting of five core accreditation standards, revision of one standard and three guidelines, and beginning the development of the interventional pain standard.
- External stakeholder consultation of the NHSMFP Heating, Ventilation and Air Conditioning Impact Assessment and Options Report.

#### HIGHLIGHTS IN 2016/17

- 1 new private medical/surgical facility opened
- 7 private medical/surgical facilities closed
- 8 new private medical/surgical facility inquiries in progress
- 57 private medical/surgical facilities operate in BC
- 7 private medical/surgical facilities were accredited as part of their four-year accreditation cycle or focused visit
- 6 received four-year terms
- 1 received one-year term
- 61,417 procedures were performed in private medical/surgical facilities across BC
- 51.2% of procedures (excluding laser refractive eye surgeries) were publically funded cases
- 696 physicians are authorized by the College to provide medical services in one or more private medical/surgical facilities

*S.G. Holland, MD  
Chair, Non-Hospital Medical and Surgical  
Facilities Program Committee*

# Committee reports

## Patient Relations, Professional Standards and Ethics Committee

The scope of the Patient Relations, Professional Standards and Ethics Committee is set out in section 1-18 of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183.

The Patient Relations, Professional Standards and Ethics (PRPSE) Committee administers a patient relations program to prevent professional misconduct of a sexual nature, and to serve as a resource to the Board in matters pertaining to standards of practice, and standards of professional ethics in medical practice. The committee identifies opportunities to consult with stakeholders as draft standards and guidelines are developed. The PRPSE Committee reports directly to the Board.

### MEDICAL ASSISTANCE IN DYING

After the Supreme Court of Canada struck down the provisions of the Criminal Code prohibiting medical assistance in dying (MAiD), the committee consulted widely with registrants, and collaborated with other health partners to develop interim guidance for the profession, which was a requirement of the *Carter v. Canada* decision. In developing the interim guidance, the committee was clear that it is not the role of the regulator to take a stand for or against such a deeply divisive societal issue. Rather, its role is to ensure that physicians are aware of and practising within the confines of their legal, ethical and professional obligations.

On June 6, 2016, physicians were legally authorized to provide MAiD to patients who met the criteria imposed by the decision. At that time, the committee released a new professional standard on MAiD, which replaced the interim guidance. To strengthen safeguards in protecting patients and providing direction to physicians, the provincial government amended the regulations under the *Health Professions Act* to give the College's new standard the weight of law as of June 6, 2016. Physicians who choose to participate in the procedure are now required to follow the requirements outlined in the standard.

### PROFESSIONAL BOUNDARIES IN THE PATIENT-PHYSICIAN RELATIONSHIP

As part of its work, the committee regularly reviews and updates existing standards and guidelines to ensure clarity and relevance. This year the committee reviewed two existing guidelines: *Sensitive Examinations* and *Sexual Boundaries in the Patient-Physician Relationship*.

The two guidelines were redrafted as standards to serve as clear benchmarks against which physician conduct could be measured. The drafts were circulated to the profession and others for review and comment, which provided very useful input to the committee.

The committee also drafted a companion piece to the two standards specifically for patients, which focuses more generally on patient-physician encounters, and provides clear information on what sort of behaviour would be considered inappropriate and unprofessional.

The two standards and the patient bulletin will be put before the Board in fiscal 2017.

*L. Charvat, JD, LLM*  
Chair, Patient Relations, Professional Standards and Ethics Committee

### INFORMATION

For more information regarding this report, please contact:

H.M. Oetter, MD  
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# Committee reports

## Physician Practice Enhancement Panel

The scope of the Physician Practice Enhancement Panel of the Quality Assurance Committee is set out in section 9-1 of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183.

The Physician Practice Enhancement Panel is comprised of five general practice physicians, three specialist physicians, and four public members, and provides oversight to the Physician Practice Enhancement Program (PPEP). 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 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 four distinct assessment components:

- peer practice assessment of recorded care
- review of a physician's prescribing profile
- multi-source feedback assessment
- office assessment

The program continues to actively assess physicians, prioritizing the assessment of physicians aged 70 and above and those 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 aged 70 and above 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.

### STRATEGIC PLANNING

Pursuant to the program goals developed in 2015 to shift to an explicit quality-improvement orientation and to encourage and support physicians to take a more proactive role in their own

quality improvement, program assessors were trained in an evidence-based reflective R2C2 (relationship, reaction, content, coaching) Facilitated Feedback Model to help physicians reflect on and use formal assessment feedback. Under the guidance of Dr. Jocelyn Lockyer, PhD, program assessors were trained on the R2C2 model at the 2016 Assessor Conference.

PPEP continues to increase the program's capacity to assess additional medical specialties through the addition of internal medicine and recruitment of five internal medicine physician assessors, in addition to psychiatry and pediatrics.

### PEER PRACTICE ASSESSMENTS

In 2016, the panel provided guidance on 600 PPEP assessments with the most common opportunity for improvement being record keeping. The panel refers to the requirements for medical records outlined in the *Health Professions Act* and in the College's professional standard, *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 panel's mandate to ensure patient safety.

The majority of PPEP assessments completed were conducted in multi-physician clinics, including walk-in clinics. The program continues to educate and support medical directors and clinic physicians on the requirements of appropriate longitudinal patient care for those patients without an identified family physician or who attended the clinic repeatedly as directed under the *Walk-in, Urgent Care and Multi-physician Clinics* College standard. This includes having a system in place to capture detailed recorded care, a cumulative patient profile, and an identified most responsible physician (MRP).

### OFFICE ASSESSMENTS

By assessing multi-physician clinics as a unit, the panel has collated valuable information on systemic concerns that may impact physician performance. The office assessment component has been improved with a stronger emphasis on reprocessing of instruments, infection prevention and control, and office policies and procedures, and has developed an enhanced office assessment tool for assessors' use during the on-site assessment.

In consultation with external stakeholders, the PPEP developed the following assessment standards to address key areas that impact a clinical office:

- vaccine and medication
- emergency preparedness
- hand hygiene

- personal protective equipment
- infection prevention and control fundamentals

These standards are to document best practices, requirements and recommendations expected by the College, make information more accessible, make the implementation process easier, and promote consistency across community-based practices. The standards apply to physicians' private offices, as well as walk-in, urgent care, and multi-physician clinics.

**HIGHLIGHTS IN 2016/17**

Number of multi-physician clinics assessed	600
Registrants agreeing/strongly agreeing that assessment was worthwhile experience	61%
Registrants agreeing/strongly agreeing that their practice changed as a result of the assessment	61%

*D.J. Etches, MD, MCISc, CCFP, FCFP  
Chair, Physician Practice Enhancement Panel*

**INFORMATION**

For more information regarding this report, please contact:

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

N. Castro, MHA  
Director, Physician Practice Enhancement Program

# Committee reports

## Prescription Review Panel

The scope of the Prescription Review Panel of the Quality Assurance Committee is set out in section 9-3 of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183.

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

- reviewing the prescribing of controlled medications with potential for misuse/abuse, such as opioids, benzodiazepines, sedative/hypnotics and stimulants
- 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.

The panel is motivated by the public health crisis associated with the dramatic increase in long-term opioid prescribing in the past decade. Prescription opioid misuse is a large contributor to the development of the opioid crisis. Accordingly, the panel 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 2016/17

- 117 files were opened
- 85 files were closed in various stages:
  - 8 files were closed in stage 1
  - 45 files were closed in stage 2
  - 10 files were closed in stage 3
  - 4 files were closed in stage 4
  - 9 files were closed in stage 5
  - 0 files were closed in stage 6
  - 9 files referred to the Inquiry Committee
- Foundation for Medical Excellence Chronic Pain Management Conference – planned for March 10 and 11, 2017
- Continued implementation and ongoing review of a new case management system based on adult learning methods

### PRESCRIBER'S COURSE IN 2016/17

May 13, 2016	34 attendees
November 25, 2016	33 attendees

The Prescribers Course assists physicians with strategies for managing complex chronic pain patients taking opioids. Half of the day is spent in practice interviews with standardized patients. With the advent of nurse practitioners prescribing controlled medications, the College is expanding attendance at the Prescribers Course to include nurse practitioners. The course will also be held outside of the Lower Mainland once a year, to provide assistance to those practising in more remote areas.

*B.A. Fleming, MD*  
*Chair, Prescription Review Panel*

### INFORMATION

For more information regarding this report, please contact:

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Deputy Registrar

F.J. Bhimji, BSP  
Manager, Drug Programs

# Committee reports

## Registration Committee

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

### PROVINCIALY

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, 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 or PRA) in a Canadian jurisdiction acceptable to the Registration Committee.

BC currently is in the third year of the 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 BC, the College of Physicians and Surgeons of BC, the BC Ministry of Health and its health authorities, the Doctors of BC and Health Match BC. 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 BC. The program consists of four components: a screening and selection process; a 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. The first iteration of the PRA-BC program began in April 2015. To date, 53 of 56 candidates are now engaged in the independent practice of medicine as family practitioners under sponsorship and supervision. In the next year, 60 candidates will participate in the PRA-BC program.

Work continues on updating and developing policies that support the implementation of Bylaws under the *Health Professions Act*. Policy development and implementation has focused on defining parameters around current registration and licensure requirements for the various classes of registration and reviewing and updating the current registration assessment program. Under the Bylaws, certain registrants must meet criteria stipulated by the Registration Committee within a given time period (these are defined at the beginning of their practice in BC). 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 who have registered under either the *Medical Practitioners Act* or the *Health Professions Act* and who have completed postgraduate training accredited by the Accreditation Council for Graduate Medical Education 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 Royal College of Physicians and Surgeons of Canada certification if the practice eligibility route component 3 (Route B) examination is not available to them following two years of continuous practice in BC in the provisional – specialty class of registration.

### NATIONALLY

At 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, the Federation of Medical Regulatory Authorities of Canada 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 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). The College implemented the AMRC in September 2016.

### HIGHLIGHTS IN 2016/17

- 231 IMGs applied for registration in BC
- 60 PRA program-related applications for eligibility were reviewed by the committee
- 60 IMGs previously on the provisional register were advanced to the full register

*A.I. Clarke, MD, FRCPC*  
Chair, Registration Committee

### INFORMATION

For more information regarding this report, please contact:

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