

Committee reports

Diagnostic Accreditation Program Committee

The scope of the Diagnostic Accreditation Program Committee is set out in section 5-25 of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183.

The Diagnostic Accreditation Program (DAP) has a mandate to assess the quality of diagnostic services in the province of BC through accreditation activities. As a program of 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 accredits eight diagnostic services that cover 34 distinct tests or modalities in the following areas:

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

- anatomic pathology
- chemistry
- cytogenetics
- cytology
- hematology
- microbiology
- molecular genetics
- point-of-care testing
- transfusion medicine

Neurodiagnostic services

- electroencephalography
- evoked potentials
- electromyography and nerve conduction studies

Community neurodiagnostic services

- electromyography and nerve conduction studies

Pulmonary function

- spirometry
- flow volume loops
- diffusing capacity
- lung volumes
- respiratory muscle testing
- conductance/resistance
- reactive airways (methacholine challenge testing)
- exercise-induced asthma testing
- cardiopulmonary exercise testing
- pulse oximetry/overnight oximetry
- exercise testing – duration test or six-minute walk test category

Community spirometry

- spirometry
- flow volume loops

Polysomnography

- polysomnography (level 1)
- home sleep apnea testing (level 3)

Home sleep apnea testing

- home sleep apnea testing

HIGHLIGHTS IN 2020/21

The DAP conducted assessments of facilities in 2020/21 as follows:

- 185 reassessments scheduled
- 159 reassessments completed
- 31 COVID-19 initial assessments completed
- 86% reassessments complete
- 24 reassessments deferred/revised award

Note: Assessments were paused from March to September 2020 due to the COVID-19 pandemic. Assessments were either completed later in the fiscal year or deferred to the 2021/22 fiscal year.

The 31 COVID-19 initial assessments were for new and existing facilities seeking accreditation to perform COVID-19 testing. Facilities that met DAP standards were awarded accreditation for microbiology, point-of-care testing, and/or as a specimen collection site, as appropriate.

PROGRAMS AND OPERATIONS

Position statements

DAP position statements are the result of analysis of currently available information and research, stakeholder review including the BC Ministry of Health as necessary, and DAP Committee review. Position statements on the following issues were developed or revised in 2020/21:

- *Credentialing Requirements for Home Sleep Apnea Testing*
- *Point -of-care Diagnostic Tests Exempt from DAP Accreditation*

Home Sleep Apnea Testing

The issue of regulation for home sleep apnea testing (HSAT) facilities was initially broached over 2019/20, with both the Ministry of Health and the DAP exploring options through multiple collaborations. Following recommendations for a regulatory mode and diagnostic patient pathway presented to the ministry in November 2019, activities to begin regulation began in January. The following outcomes were achieved in 2020/21:

- standards developed and published to College website
- accreditation materials developed and published
- stakeholder engagement on onboarding in preparation for assessments

Quality management system

The DAP continued the operation and continuous improvement of its quality management system. The Quality Improvement Committee, which met 10 times during the year to review opportunities for improvement, examined the results of external assessments and internal audits, key performance measures, nonconforming event trending, complaints, and improvement project status.

Stakeholder engagement

The DAP engages in dialogue to better understand and respond to the needs of its accreditation stakeholders through several channels. The DAP participated in over 70 stakeholder engagements during this past fiscal year, including:

- advisory committee meetings
- external committee meetings (e.g. Lab Agency, Medical Imaging Advisory Committee, etc.)
- Ministry of Health meetings (ad hoc)
- health authority meetings
- diagnostic facilities and medical directors
- publications in the *College Connector*

Assessments of the DAP

The DAP is assessed for the work it does and some of the standards used through the International Society of Quality in Health Care (ISQua). The DAP submits both its diagnostic imaging (DI) and laboratory medicine (LM) standards for assessment by ISQua. The first progress report on the non-conformance resolution for the April 2019 organizational assessment was successfully submitted to ISQua in June 2020, closing 11 of the 14 recommendations. The remaining recommendations are due for submission in January 2022.

The Asia Pacific Accreditation Cooperative (APAC) evaluates accreditation bodies in the Asia Pacific economies for their compliance to *ISO/IEC 17011 General requirements for accreditation bodies accrediting conformity assessment bodies*. Those accreditation organizations that successfully meet the standard are invited to sign on to the APAC Mutual Recognition Arrangement (MRA). As a signatory to the APAC MRA, laboratory testing services accredited by the DAP to the ISO 15189 standard are accepted internationally. The DAP completed its application to APAC in mid-2020 for evaluation by APAC peer evaluators with the goal of becoming an APAC MRA signatory. Attendance at the annual general meeting is a requirement of APAC membership. The DAP director attended the APAC annual general meeting virtually in June 2020 on behalf of the DAP.

Dr. R.C. Reyes, MD
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 59,295 square feet of office space at 669 Howe Street, Vancouver, BC and currently leases out approximately 4,000 square feet to two tenants. One lease agreement ends in February 2022 with an option to renew for another one-year period and the other lease agreement ends in June 2022 with an option to renew for another three-year period.

During the COVID-19 pandemic, the College required many of its employees to work remotely until further notice. Much of the office space remained vacant during this time. The College is evaluating its workspace requirements for a post-COVID era and is currently developing a work from home (WFH) plan that meets business/regulatory needs while maximizing flexibility for staff to the degree possible.

Pending the outcome of a WFH plan, an evaluation will be conducted for future space requirements to determine what additional office space, if any, can be leased out to other tenants and what portion will be needed 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, 2021 was \$27,874,000 (\$24,124,000 in 2019/20).

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 and to fund capital projects approved by the Board.

The target allocation for long-term investments is 40% fixed (bonds and cash) and 60% equities (Canadian, US and international). The balance of cash and investments in the long-term accounts at February 28, 2021 was \$26,932,000 (\$25,375,000 in 2019/20).

Investment income

- Investment income for the 2020/21 fiscal year before any gains, losses, or investment management fees was \$936,000 (\$1,093,000 in 2019/20)
- Realized gains in 2020/21 were \$325,000 (\$447,000 realized gain in 2019/20)
- Unrealized gains in 2020/21 were \$772,000 (\$270,000 unrealized gain in 2019/20)
- Investment management fees in 2020/21 were \$74,000 (\$70,000 in 2019/20)

TECHNOLOGY

The electronic content management project has been renamed the CEDAR (College Electronic Documents and Records) project and is now in its second of a three-year implementation. The CEDAR project will improve the processing, storing and retrieval of documents and records as well as maintain retention schedules for archival purposes, while reducing the need to store paper files.

FINANCIAL IMPACT FROM COVID-19

On March 11, 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. As the COVID-19 coronavirus pandemic continues, the heightened economic uncertainty and risk may have significant financial reporting implications for the College.

This situation presents uncertainty over the College's future cash flows and may affect its future operations. Potential impacts on the College's operations could include decreases in investment income and valuation of investments. As this situation is dynamic and the ultimate duration and magnitude of the impact on the economy are not known, an estimate of the financial effect on the College is not practicable at this time.

B.A. Priestman, MD, FRCPC
Chair, Finance and Audit Committee

INFORMATION

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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 and the *HPA* itself.

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

1. Investigation of complaints and reports concerning College registrants, received from a variety of sources.
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 a registrant to practise safely and effectively. In such circumstances, if the registrant is appropriately engaged and compliant with treatment to the satisfaction of the confidential College health monitoring program, the Inquiry Committee is not required to take further action. The College explicitly treats health matters therapeutically.

The Inquiry Committee is composed of 27 members (16 physicians and 11 public members) who participate in five specialized panels. 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 2020/21 are tabulated separately in this report.

The committee is specifically tasked in the *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 deficient clinical performance that the complainant was unaware of or unable to recognize or articulate. When the committee concludes a review with criticism, the *HPA* provides three options for resolution, depending on the seriousness of the concern. In ascending order of seriousness:

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

The past year there was a slight increase in the number of new complaints. Including files for own-motion practice investigations, the Inquiry Committee opened 1,046 investigations in 2020/21 (compared to 993 the year before). In addition, the committee concluded 988 cases, slightly decreased from 1,068 in 2019/20. The committee was critical of some aspect of the conduct or clinical performance of the subject registrant(s) in 420 cases (42%). All but two of those were resolved remedially with one or more of the options described below.

In 2020/21, two disciplinary citations were authorized against two 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 2020/21. Five disciplinary matters were concluded. Summaries of discipline decisions are posted on the College [website](#).

SIGNIFICANT EVENTS IN 2020/21

The College fully complied with orders from the public health officer (PHO) and shifted to virtual meetings at the beginning of the fiscal year. While this has been a learning curve for both committee members and College staff, the committee remained fully engaged in its mission, and its metrics compared to 2019/20 were largely maintained. On-site practice inspections were initially held but have been reinstated in full compliance with PHO orders and guidelines set by WorkSafeBC.

The committee further engaged in the College's commitment to cultural safety and humility with the inclusion of land acknowledgements at each meeting and commitment to have all members complete the San'yas: Indigenous Cultural Safety Training Program. Additional measures to decolonize and humanize the complaints process are in development.

Finally, the committee is pleased to work with the College's new complaints navigator who will focus on supporting complainants as they interface with the complaints process. This is a new role within the College's complaints and practice investigation department.

P.D. Rowe, MD, CCFP (EM), FCFP
Chair, Inquiry Committee

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Committee reports

Library Committee

The mission of the library is to provide physicians in British Columbia with easily accessible, high-quality, reliable, and current clinical information to protect the public.

In support of the library's mission and College strategic priorities, the Library Committee and library staff engaged in the following activities.

SERVICE DELIVERY

The library's focus during the COVID-19 pandemic was maintenance of services and resources at as close to pre-pandemic levels as possible in every aspect except physical book lending. Library staff worked successfully from home with occasional access to the physical book collection, demonstrating patience, perseverance, and teamwork. Registrants continued to rely on the library for evidence to support their clinical, educational, and research questions; approximately the same number of registrants contacted the library and posed a similar number of queries as the previous year. Selected service delivery data is as follows:

- 1,888 registrants posed 11,237 requests (-3% and -2% from previous year, respectively)
- 15,220 articles were manually delivered to registrants and 49,170 articles were downloaded from e-journals from the library website by staff and registrants (-18% and -7% from previous year, respectively)
- 1,297 in-depth literature searches were delivered to registrants (-11% from previous year).
- During initial COVID-19 pandemic period, 40% of literature searches were related to COVID-19 from March to April and 9% from May to September. Specialties making COVID-19 search requests included:
 - family practice (48%)
 - internal medicine (11%)
 - psychiatry (6%)
 - public health and preventive medicine (4%)
 - otolaryngology (4%)

SERVICE TRANSFORMATION

The library has been focusing on ways to increase ease of access for registrants to library-subscribed electronic information resources. A single sign-on application was developed by College

staff and has been implemented in the MOIS (Medical Office Information System) electronic medical record system from Bright Health. Launch in the MOIS system is anticipated in 2021 after the redesigned College website is released.

PROMOTION AND TEACHING

Revised plans for outreach and teaching activities were developed, recognizing that traditional in-person activities such as conference vendor presentations and workshops were not possible during the COVID-19 pandemic. Efforts were re-focused on virtual activities: an email campaign was completed to highlight library services and resources to all Divisions of Family Practice, provincial professional associations for psychiatry, internal medicine, obstetrics and gynecology, anesthesiology, physical medicine and rehabilitation, and pediatrics, and the Specialists Services Committee.

In 15 outreach/teaching sessions at virtual conferences or online one-to-one training with registrants, 294 registrants were contacted (-58% and -8% from previous year's participants and sessions).

The library's hands-on, interactive FAST Evidence workshop was redesigned to a virtual format in partnership with the University of British Columbia Division of Continuing Professional Development (UBC CPD) for launch in 2021.

LIBRARY RESOURCES UPDATE

BMJ Best Practice, a point-of-care tool, was supplemented with a comorbidities feature. BMJ Best Practice is the only tool of its kind that offers recommendations for clinical practice accounting for the complications of the most common comorbidities including hypertension, coronary artery disease, heart failure, stroke, depression, diabetes, asthma, COPD, chronic kidney disease, and dementia.

The subscription for the online question bank Canada Qbank was renewed for University of British Columbia medical students and other registrants preparing for Medical Council of Canada examinations.

The library responded to emerging social and health issues by creating or updating reading lists including pain management, race and health equity, pandemic management, and trauma-informed care; more are planned on topics such as virtual care, and sexual and gender diversity.

LIBRARY COMMITTEE EVALUATION SURVEY

According to a November 2020 survey, committee members agreed or strongly agreed that the processes and productivity of the Library Committee are efficient and effective.

Recommendations for increased inter-meeting information sharing about trends in the library field will be accommodated in 2021/22.

B.D. Penner, QC
Chair, Library Committee

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Committee reports

Non-Hospital Medical and Surgical Facilities Accreditation Program Committee

The scope of the Non-Hospital Medical and Surgical Facilities Accreditation 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 Accreditation Program (NHMSFAP) currently accredits 47 private surgical facilities within BC. Program accreditation is recognized as a standard that demonstrates a facility's commitment to delivering safe, quality health care.

The 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. The committee promotes excellence in medical and surgical services through establishing accreditation standards, evaluating performance and monitoring outcomes.

As part of the College's overarching objectives, the committee annually reviews and updates its three-year strategic plan (current version 2020–2023). The committee continued to support the College's strategic plan through the objectives and related projects outlined in its 2020/21 business plan:

- The accreditation programs are recognized for meeting international standards for accreditation bodies.
- The accreditation programs are committed to engaging with facilities on issues that impact them, and to providing the public with meaningful and accurate information about facilities to better inform them of their choices.
- The accreditation programs are forward thinking to anticipate and respond to developments in accreditation in a manner that ensures the highest levels of patient safety.
- The Diagnostic Accreditation Program and NHMSFAP are managed and operated as unified "accreditation programs."

HIGHLIGHTS IN 2020/21

The NHMSFAP supported these objectives through various projects and initiatives:

1. Patient safety incidents

Facilities are required to report patient safety incidents (PSIs), which are subsequently reviewed by the NHMSFAP Patient Safety Incident Review Panel. A total of 186 PSIs were reviewed by the panel in 2020/21.

2. Procedural pain management

The NHMSFAP continued the development and implementation of a program for the accreditation of procedural pain management facilities. Building on the standards developed in the previous fiscal year, the program clarified which procedures were not appropriate for the community setting (i.e. physician office, clinic facility) and could only be performed in an NHMSFAP-accredited facility.

Those physicians who wished to perform these procedures and who met the requirements for specialty training and experience, as outlined in the BC Medical Quality Initiative privileging dictionary, were directed to apply to the program. Applications were received by the NHMSFAP starting in November 2020, and a total of 46 applications had been received by the end of February 2021.

3. Podiatry

The NHMSFAP continued the development and implementation of a program for the accreditation of podiatric facilities. The program invited podiatric surgeons to apply for provisional accreditation, and a notice extending the application deadlines until September 30, 2021 was sent in February 2021. Podiatric surgeons will be permitted to continue performing those procedures requiring an accredited non-hospital facility in their existing settings until that date.

The NHMSFAP will continue to provide podiatric registrants with clarity around scope of practice, the list of approved procedures for podiatric facilities, the rationale for annual dues, and the requirements for physical facility structure including room sizes, medical device reprocessing, and heating, ventilation and air conditioning.

4. Standards and guidelines development

NHMSFAP standards and guidelines are reviewed and updated on an ongoing basis to ensure that they continue to reflect current legislation, standards and best practices. Standards and guidelines that were reviewed and updated in 2020/21 included those on pediatric obesity

and ketamine for the treatment of mood disorders. The draft NHMSFAP accreditation standard, *Parenteral Use of Ketamine for the Treatment of Mood Disorders*, was developed and circulated for consultation. Registrants were invited to provide feedback via a brief survey in February 2021.

5. New and updated policies and position statements

NHMSFAP position statements express or clarify the College's intent on a particular matter by providing guidance where events are evolving or when the implementation of a guideline or standard may not be necessary. Multiple policies and position statements were developed in 2020/21, including:

- *Appropriate Surgical Uterine Evacuation Procedures for Non-Hospital Facilities*
- *Construction and/or Renovation Time Limit*
- *Defining Professional Incompetence under the Health Professions Act, RSBC 1996, c.183*
- *Inhalational Sedation and Analgesia*
- *Levels of Accreditation*

6. COVID-19 response

The COVID-19 pandemic placed unprecedented pressure on BC's health-care system. To enable necessary adjustments to facilities' operations, the NHMSFAP responded to variance requests as quickly as possible. Likewise, as the NHMSFAP cancelled accreditation site visits until August 2020, extensions of their current accreditation awards were granted to facilities that required them. In addition, for the duration of the pandemic:

- variance requests associated with non-high-risk standards are adjudicated by the deputy registrar
- for any facility with an accreditation site visit that has been cancelled, a six-month extension of accreditation certificate expiry date will be granted

Following the closure of some NHMSFAP-accredited facilities in spring 2020, Premier John Horgan and the Minister of Health Adrian Dix eased restrictions on surgical services and allowed the resumption of non-urgent surgeries beginning on May 18, 2020. The NHMSFAP worked closely with the Ministry of Health, the Office of the Provincial Health Officer, the British Columbia Centre for Disease Control, and accredited facilities to ensure that all applicable requirements, including those in the document *Guidelines for COVID-19: Infection Prevention and Control for Private Surgical Facilities*, were met. The NHMSFAP published frequently asked questions for non-hospital facility medical directors and staff on resuming services.

7. Facility-specific advice and approvals

The NHMSFAP continued throughout the year to assist facilities in meeting standards for new facility builds, clinical trials, renovations, and outstanding mandatory requirements.

ACCREDITATION ACTIVITY

In 2020/21, assessments for six facilities were conducted. In addition, focused assessments for four facilities were held. Private medical/surgical facilities have provided statistical data for the 2021/21 fiscal year on the number and types of procedures performed. These data will be available at a later date.

B.C. Bell
Chair, Non-Hospital Medical and Surgical Facilities Accreditation Program Committee

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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 under the *Health Professions Act*, RSBC 1996, c.183. The committee reports directly to the Board.

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 for stakeholder consultation and provides guidance throughout the revision process for practice standards and professional guidelines.

SEXUAL MISCONDUCT AND NON-SEXUAL BOUNDARY VIOLATIONS

Building on its work from last year, the committee discussed sexual misconduct and non-sexual boundary violations in detail over multiple meetings, resulting in two new practice standards. The review process for developing these new practice standards included multiple steps and a comprehensive consultation process which spanned over a ten-month period. After initial research including a literature review and environmental scan in January 2020, the committee directed that a preliminary consultation be held with key patient advocacy groups to identify appropriate tone and language. The draft standards were then reviewed and revised by the committee, before being shared for broader consultation with registrants, the public and key health partners including the Ministry of Health, the Canadian Medical Protective Association, the University of British Columbia Faculty of Medicine, Vancouver Coastal Health, the Rural and Remote Division of Family Practice, and external legal counsel.

After considering the feedback received, the committee directed that several further revisions be made, and endorsed the revised *Sexual Misconduct* and *Non-sexual Boundary Violations* practice standards and accompanying *Reporting Sexual Misconduct* patient resource and *informational video* for publication. The two new standards have replaced the College's previous *Boundary Violations* practice standard. By identifying requirements in two distinct contexts, the College outlines clear expectations and emphasizes its zero tolerance for sexual misconduct in the patient-registrant relationship.

COMPLEMENTARY AND ALTERNATIVE THERAPIES

The committee shared the *Complementary and Alternative Therapies* practice standard with registrants to gather input on the standard's core principles, and the public to gain insight into patient's experiences and expectations related to receiving complementary and alternative therapies. The committee reflected on this feedback while drafting a revised practice standard, which was also reviewed by several health partners including the Canadian Medical Protective Association and the Ministry of Health. This review process led to a revised practice standard, an accompanying *patient resource* and an *informative video* to help clarify the standard's core principles.

INTRAVENOUS THERAPY IN A COMMUNITY SETTING

The committee reviewed a new *Intravenous Therapy in the Community Setting* practice standard which was shared with registrants and key health partners for their input. This consultation gathered feedback from 170 registrants who shared their views on the clarity of the draft practice standard, and whether they identified any potential gaps or unintended implications when applying the standard to practice. This led the committee to incorporate several further amendments, such as the inclusion of clear examples of the types of IV therapy to which the practice standard applies, before it was endorsed for publication.

CULTURAL SAFETY AND HUMILITY

One of the committee's top priorities over the past year was to assist the College with its commitment to a swift and meaningful response to the recommendations put forth from Dr. Mary Ellen Turpel-Lafond's independent investigation into Indigenous-specific racism in BC's health-care system. To support this important work, the committee directed that a new practice standard be developed for registrants that explicitly addresses the requirement to provide culturally safe, humble, and responsive care. The committee reviewed and revised draft principles for the *Cultural Safety and Humility* practice standard and is now seeking the voices of Indigenous people and communities to ensure the principles are appropriate and responsive to their needs.

PHOTOGRAPHIC, VIDEO AND AUDIO RECORDING OF PATIENTS AND SOCIAL MEDIA

As part of practice standards and professional guidelines regular review cycle, the committee reviewed and revised both the *Photographic, Video and Audio Recording of Patients* practice standard and the *Social Media* professional guideline. The committee's revisions were guided by feedback shared by 216

registrants, 54 members of the public, and numerous health partners. This included revising the *Social Media* guideline to include definitions and clearer principles, and revising the *Photographic, Audio and Video Recording of Patients* from a professional guideline to a practice standard with stronger requirements on patient consent and appropriate documentation.

S.F.J. Ross
Chair, Patient Relations, Professional Standards and Ethics
Committee

INFORMATION

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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 four family practice registrants, four specialty practice registrants, two podiatric surgeons, and four public members. The panel provides oversight to the Physician Practice Enhancement Program (PPEP), which assesses the professional performance of a registrant, and Physician Office Medical Device Reprocessing Assessments (POMDRA), which reviews the reprocessing of reusable medical devices in community-based offices in accordance with criteria established by the Board.

PPEP AND THE COVID-19 PANDEMIC RESPONSE

The panel thanks staff, medical advisors, and program assessors who supported one another to ensure the program was able to continue their legislative mandate by quickly adapting assessments to an online remote platform.

REGISTRANT ASSESSMENTS

Registrant assessments provide external evaluation of clinical practice using multiple measures to assess performance, knowledge, and skills. The approach to assessments also provides educational support to ensure registrants meet appropriate and current standards of practice throughout their professional lives. The goal of the program is to promote quality improvement in community-based medical practice by encouraging registrants to take a more proactive role in their own continued professional development, all with the goal of improving patient care.

The 2020/21 pandemic challenged the program to conceptually rethink assessments—traditionally an on-site process that relied on in-person feedback—and pivot to a remote and online approach to quality improvement. Together, staff and medical advisors developed procedure manuals, training programs, and resources to support remote assessments and online feedback sessions. The program also implemented various safeguards to ensure that registrant and patient privacy and confidentiality were maintained throughout the new remote format. Last year, the program initiated 350 assessments on over eight different electronic medical records.

Preliminary feedback indicates that remote assessments are as well received as in-person assessments (figure 1).

Additionally, the program transitioned the Medical Record Keeping for Physicians course to an online webinar format, with a smaller number of participants to ensure discussion and interactivity.

Information covered in these sessions is based on the requirement for medical record documentation outlined in the College practice standard *Medical Records, Data Stewardship and Confidentiality of Personal Health Information* and the PPEP assessment standard *Unified Medical Record for the Family Physician/General Practitioner*. The course also supports registrants in meeting the College's *Telemedicine* practice standard and the requirement to document an intellectual footprint while providing virtual care, an increasingly important component in clinical practice. In 2020/21, the program held eight medical record keeping courses which included six courses via an online format.

PHYSICIAN OFFICE MEDICAL DEVICE REPROCESSING ASSESSMENTS

Medical device processing assessments are based on the requirements outlined in the Ministry of Health's *Best Practices for Cleaning, Disinfection and Sterilization for Critical and Semi-Critical Medical Devices* (2011) and the Canadian Standards Association (CSA) medical device reprocessing standard. POMDRA applies to registrants who practise in a community-based setting whether in a solo office or multi-physician clinic. The initiative does not apply to clinical offices or outpatient clinics affiliated with a health authority or hospital as these bodies have their own evaluation process.

Similar to registrant assessments, medical device reprocessing assessments transitioned to an online remote format and now include the submission of photographs along with a remote feedback session to determine clinic practice. The remote feedback session is an opportunity to provide guidance and education to registrants and clinic staff on reprocessing best practices.

Preliminary feedback indicates that the remote assessment process for medical device reprocessing assessments is comparable to on-site assessments (figure 2).

PROGRAM DEVELOPMENT AND EVALUATION

In 2020/21, specialty-practice assessors were trained on the redesigned assessment tool developed by the College of Physicians and Surgeons of Ontario and adapted internally for use by BC registrants. The new quality improvement tool includes eight assessment domains and supports a remote assessment process. Also, the program has now fully transitioned to the multi-source feedback tool (MCC360) with the Medical Council of Canada and is using this tool for physician assessments across all specialties. The MCC360 assessment focuses on the CanMEDS competencies of communication, professionalism, and collaboration by continuing to survey registrant co-workers, non-physician colleagues, and patients.

Ongoing program evaluation ensures that the program itself is committed to continuous improvement. Last year the program published “The Influence of Relationship-Centered Coaching on Physician Perceptions of Peer Review in the Context of Mandated Regulatory Practices”¹ which studied the effects of assessor training and program improvements on a physician’s perception of the assessment process. The publication is available online and through the College library.

HIGHLIGHTS IN 2020/21

Number of community-based PPEP assessments (includes MCC360 pilot assessments)	350
Assessed physicians responding to survey agreeing/ strongly agreeing that assessment was a worthwhile experience	66%
Assessed physicians responding to survey agreeing/ strongly agreeing that their practice changed as a result of the assessment	61%
Number of POMDRA assessments (remote and on-site)	106

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¹ Arabsky S, Castro N, Murray M, Bisca I, Eva KW. The Influence of Relationship-Centered Coaching on Physician Perceptions of Peer Review in the Context of Mandated Regulatory Practices. Acad Med. 2020 Nov;95(11S Association of American Medical Colleges Learn Serve Lead: Proceedings of the 59th Annual Research in Medical Education Presentations):S14-S19.

FIGURE 1

PPEP assessment survey | Agreed or strongly agreed with the following statements

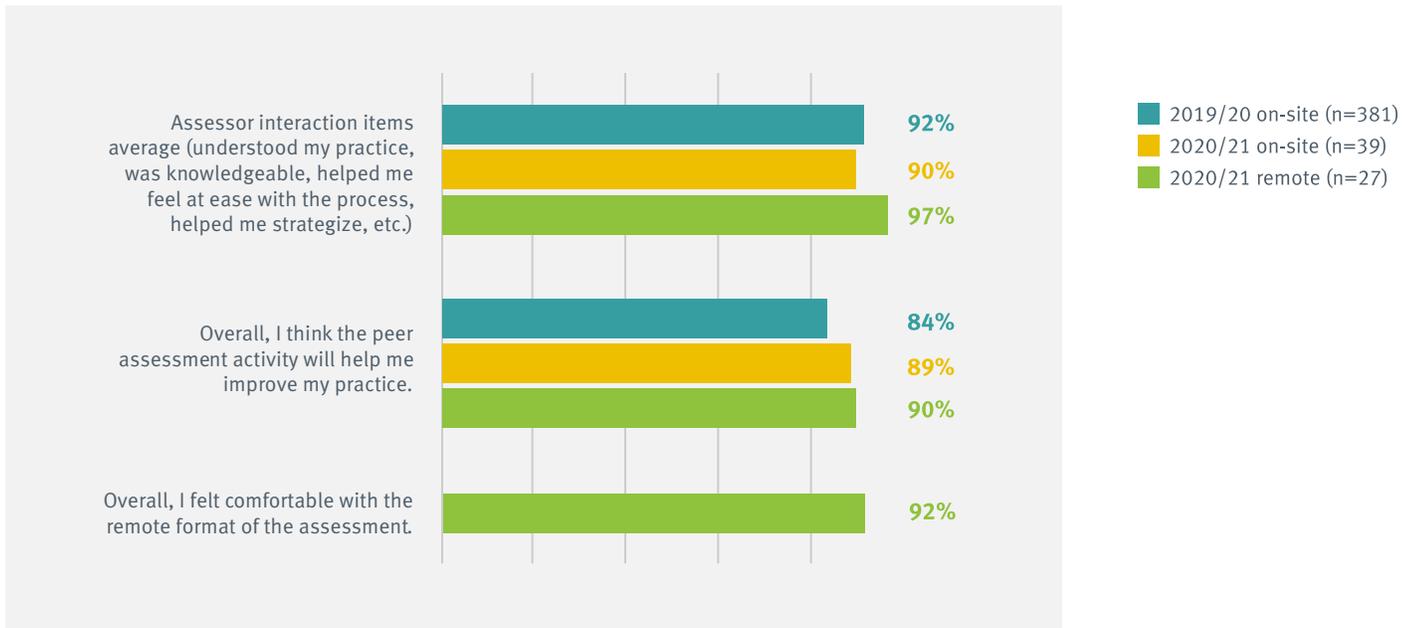
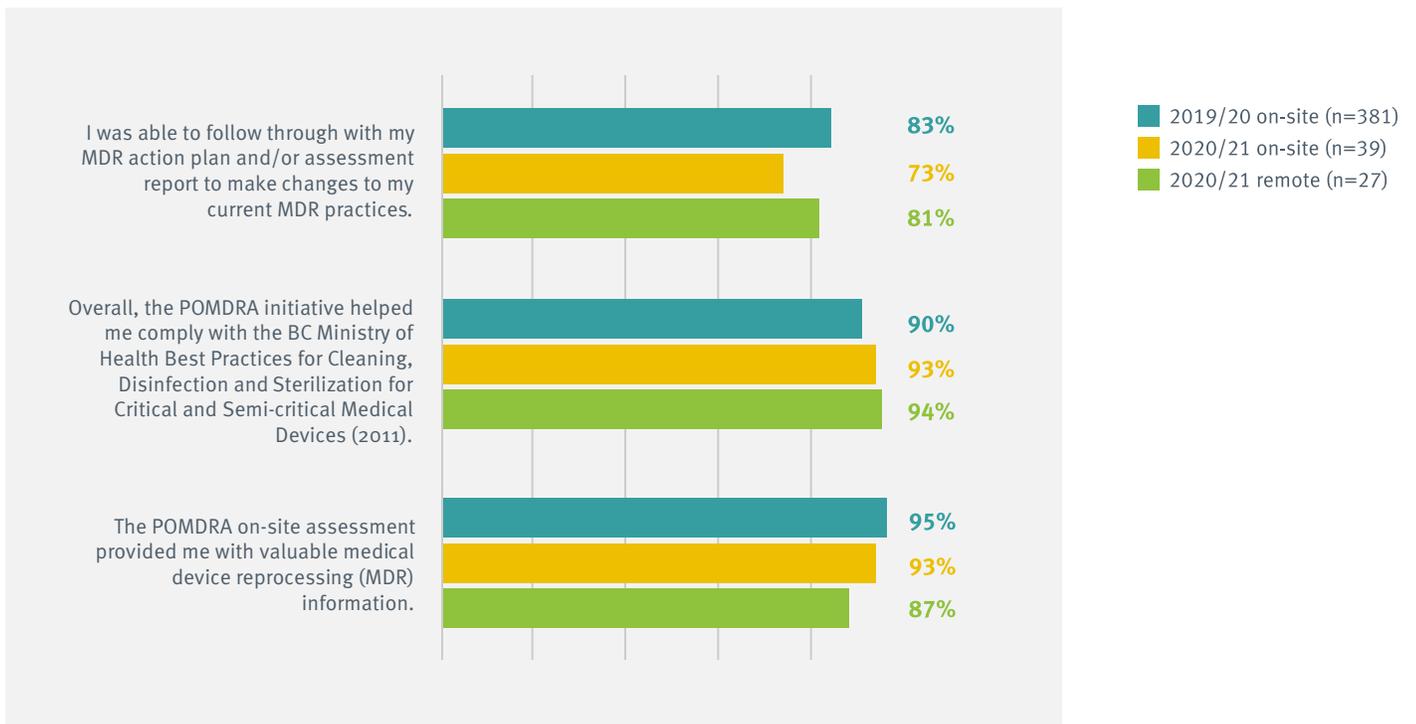


FIGURE 2

POMDRA post-assessment survey | Agreed or strongly agreed with the following statements



Committee reports

Prescription Review Panel

The scope of the Prescription Review 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.

The Prescription Review Panel gives oversight to the Prescription Review Program (PRP). In accordance with the College Bylaws, the main responsibilities of the PRP include:

- reviewing the prescribing of controlled medications with potential for harm, such as opioids, benzodiazepines, sedatives/hypnotics and stimulants
- providing guidance to registrants on the use of these drugs by corresponding with registrants
 - facilitating self-reflection on prescribing practices through an examination of select patient records
 - holding face-to-face or phone interviews with registrants
 - assigning readings
 - providing relevant educational offerings

Registrants participating in this practice improvement intervention are protected by provisions in the *Health Professions Act* giving privileged status to documents generated during quality assurance activities.

The PRP is a quality assurance program, informed by the PharmaNet database. Its approach to prescribing issues is collegial and emphasizes an educational focus. When the College contacts registrants who appear to be experiencing challenges with safe prescribing, it is an offer to be helpful. Most find maintaining the status quo challenging and are grateful for the intervention. In keeping with the educational spirit of these endeavors, these activities qualify for Mainpro+ credits in the assessment category.

In addition to correspondence and self-reflection, the PRP recommends formal education and hosts the Prescribers Course twice a year and the annual Chronic Pain Management Conference in March. The PRP also vets and recommends various courses throughout the year. The courses assist registrants with strategies for managing complex chronic pain patients taking opioids and benzodiazepines. In the Prescribers Course, half of the day is spent in practice interviews with standardized patients. The Prescription Review Panel continues to recommend attending these courses for registrants who struggle with safe

prescribing despite the interventions of the PRP. **Note:** Due to the COVID-19 pandemic, the Prescribers Course and Chronic Pain Management Conference were cancelled for 2020/21.

A survey is sent to each registrant who has completed any stage of the PRP process. The PRP process and the proceedings of the Prescription Review Panel have evolved continuously based on this feedback. In 2020/21, the program implemented an intake survey for all new PRP files. The intention of this survey was twofold: to set a collegial tone at the outset by outlining how the College's drug programs department can act as resource; and to provide upfront, practice-specific, demographic information to medical consultants.

The panel is motivated by the public health crisis associated with the dramatic increase in long-term opioid prescribing in the past decade. Accordingly, the panel gives emphasis to promoting primary prevention through the following:

- 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 new combinations of opioids with benzodiazepines and/or sedative hypnotics. There is an expectation that registrants advise their patients of the dangers of combining these medications. Efforts are then needed to address the associated health risks.
- Engaging patients in long-term solutions for their health concerns rather than simply refusing to treat them or abruptly stopping pharmacotherapy.

There has been a natural trend in BC towards better prescribing; however, with a heightened focus on addiction medicine and opioid agonist treatment (OAT), the panel anticipates that irregular or problematic prescribing in this realm will be an upcoming challenge that will need to be addressed by both the PRP and the panel. In response, a new OAT prescriber review was implemented; all new, fully licensed, OAT prescribers in the province are reviewed one year after completing the Provincial Opioid Addiction Treatment Support Program. The PRP has also reached out to many prescribers during the pandemic to ensure that they have followed the pandemic prescribing risk mitigation guidelines, where possible, and that they have considered an exit strategy for this prescribing post-pandemic.

HIGHLIGHTS IN 2020/21**Prescription Review Program**

- 104 referrals were received
 - 28 did not meet the criteria for enrolment and required no action
 - 11 referrals were channeled through the triage process and received correspondence from the medical consultant
- 76 files met the threshold for entry into our formal process
 - 86% had not had a previous engagement with the PRP
- 88 files were closed
 - 77% closed for an improvement in prescribing
- 126 files are currently open, in various stages

New OAT prescriber review

- 68 files were reviewed
 - 33 files received correspondence from the program
 - 35 files required no further action

Prescription Review Panel

- 34 matters (involving 32 registrants) were brought to panel
 - 5 files were referred to the Inquiry Committee
 - 4 files were referred for a first interview with the medical consultant
 - 6 files were referred for a second interview with the medical consultant, legal counsel and deputy registrar
 - 9 files were brought forward to panel for review later
 - 10 files were closed

J.W.E. Dyson
Chair, Prescription Review Panel

INFORMATION

For more information regarding this report, please contact:

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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 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. The College also recognizes family practice IMGs who have undergone an assessment of competency (practice ready assessment or PRA) in a Canadian jurisdiction acceptable to the Registration Committee.

British Columbia currently is in the seventh 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 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. 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; 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 family practice setting in BC. The first iteration of the PRA-BC program commenced in April 2015. To date, 141 of 145 candidates who were enrolled in the program are now engaged in the independent practice of medicine as family practitioners under sponsorship and supervision. In the next year, there will be 60 candidates that will go through the PRA-BC program.

Work continues 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 current registration and licensure requirements for the various classes of registration. In 2020, the College introduced a new class of

registration and licensure: the associate physician class. The associate physician class is a restricted class of registration and licensure that may be granted to practitioners who are not otherwise eligible for registration and licensure in the provisional or full class. Work also continues with reviewing and updating the current registration assessment program. Additionally, current policies are being reviewed for publication on a new, revamped College website in 2021.

NATIONALLY

The College continues to work with the Federation of Medical Regulatory Authorities of Canada (FMRAC) to align registration policies and procedures with other colleges throughout Canada. As part of this, the College is working with several other provinces to address pan-Canadian licensure and portability of physicians meeting specific criteria to be agreed upon by all participating provinces. In 2021, the College is implementing a fast-tracked application process. This process will provide a faster, simpler process for physicians who meet eligibility criteria to apply for registration and licensure with the College.

The College continues to work with the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada and the Medical Council of Canada to ensure current policies, procedures and bylaws of all parties are in alignment.

HIGHLIGHTS IN 2020/21

- 163 IMGs applied for registration in BC
- 37 PRA program-related applications for eligibility were reviewed by the committee
- 118 IMGs previously on the provisional register were advanced to the full class
- 4 specialists completed an interim assessment and had their provisional licence extended (indefinitely)

O.G. Casiro, MD
Chair, Registration Committee

INFORMATION

For more information regarding this report, please contact:

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