# Committee reports

## Diagnostic Accreditation Program Committee

The Diagnostic Accreditation Program (DAP) has a mandate to assess the quality of diagnostic services in the province of British Columbia through accreditation activities. The scope, mandate and authority of the DAP is derived from section 5-25 of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183.

### ACCREDITATION

The DAP currently has 34 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

- anatomic pathologychemistry
- cytogenetics
- cytology
- hematology
- microbiology
- molecular genetics
- point-of-care testing
- transfusion medicine
- COVID-19 testing and specimen collection services

#### Neurodiagnostic services

- electroencephalography
- evoked potentials
- electromyography and nerve conduction studies

#### Community neurodiagnostics

- 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 (community)

## HIGHLIGHTS IN 2021/22

The DAP conducted assessments of facilities in 2021/22 as follows:

- 225 reassessments scheduled
  - laboratory medicine: 115
    - regional: 1
    - COVID-19 laboratories: 3
    - sample collection sites: 42
    - facilities: 69
  - diagnostic imaging: 63
  - neurodiagnostics: 11
  - neurodiagnostics (community): 23
  - pulmonary function: 12
  - polysomnography: 1
  - home sleep apnea testing: 13 (desktop audits following up on initial attestation)
- 219 reassessments completed
  - laboratory medicine: 115
    - regional: 1
    - COVID-19 laboratories: 3
    - sample collection sites: 40
    - facilities: 69
- 98% reassessments completed
- 4 reassessments deferred/revised award
- 116 initial assessments completed
  - 100 COVID-19
  - 3 laboratory medicine facilities
  - 7 diagnostic imaging facilities
  - 1 neurodiagnostic facility
  - 4 community diagnostic facilities
  - 1 home sleep apnea testing facility

### COVID-19 testing

The 100 COVID-19 initial assessments were for new and existing facilities seeking accreditation to perform COVID-19 testing services. Scope of services included specimen collection and specimen processing, point-of-care testing—including rapid antigen testing and nucleic acid amplification tests (NAAT)—and microbiology PCR services. Facilities that met DAP standards were awarded accreditation for microbiology, point-of-care testing, and/or as a specimen collection site, as appropriate. All facilities providing PCR testing are scheduled for full assessment one year from successful completion of the initial assessment as per DAP policy and will be conducted in 2022/23. Due to the volume of facilities and the risk of the activity, the DAP Committee approved a 12-month extension of provisional accreditation awards for all facilities providing only rapid antigen testing and/or sample collection. As a result, the first full assessments for facilities providing only rapid antigen tests and/or sample collection services will be conducted in 2023/24.

## PROGRAMS AND OPERATIONS

### Position statements

DAP position statements are the result of analysis of currently available information and research, stakeholder review including BC's Ministry of Health as necessary, and DAP Committee review. Position statements on the following issues were developed or revised in 2021/22:

- *Direct-to-Consumer, Self-Administered COVID-19 Testing*

### 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 of Health, activities to begin regulation started in January 2020. The following were achieved in 2021/22:

- 181 facilities completed registration and initial attestation by the deadline of June 2, 2021
- desktop audits to confirm provisional accreditation started December 1, 2021
    - 13 completed
- one additional facility has successfully reached provisional accreditation through an initial assessment
- ongoing learning provided to facilities through the development of position statements and webinars in collaboration with the Ministry of Health

### Quality management system

The DAP continued the operation and continuous improvement of its quality management system, providing structures to support nimble adjustments required through the continuing pandemic and operational requirements. The Quality Improvement Committee, which met 11 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 to further inform the continuous improvement of the system.

The program's document control system was rebuilt in the College's new SharePoint platform, CEDAR, to ensure compliance with regulatory requirements and good document management practices. Records supporting all areas of the quality systems and accreditation were also moved to the same platform as part of College's broader information technology project.

### 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 45 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 by the International Society for Quality in Health Care External Evaluation Association (IEEA) for the work it does against the International Society of Quality in Health Care (ISQua) standards. The DAP also submits both its diagnostic imaging (DI) and laboratory medicine (LM) standards for assessment. The first progress report on the nonconformance resolution for the April 2019 organizational assessment was successfully submitted to ISQua in June 2020, closing 11 of the 14 recommendations. The remaining recommendations were submitted and accepted 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 2020 for evaluation by APAC peer evaluators with the goal of becoming an APAC MRA signatory. In May 2021, APAC performed a virtual assessment of the DAP's organizational and operational policies, processes, and records. Six nonconformances and nine comments resulted from this first phase of the assessment, and responses to all the nonconformances and the nine comments are complete and have been accepted by the assessment team. A virtual observational assessment component is scheduled in 2022/23 to complete this evaluation, as part of the application for signatory status. Attendance at the annual general meeting is a requirement of APAC membership. The DAP director attended the APAC annual general meeting virtually in June 2021 on behalf of the DAP.

*R.C. Reyes,* MD, FRCPC
*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 2024 with an option to renew for another one-year period and the other lease agreement ends in June 2022.

During the COVID-19 pandemic, the College required many of its employees to work remotely and much of the College's office space remained vacant. The College has now implemented a permanent hybrid work plan that meets the College's regulatory and business needs while maximizing flexibility for staff to the degree possible. This potentially reduces the need for office space over the medium-to-long-term. An evaluation will be conducted in 2022/23 to determine if any remaining unoccupied space could be leased out to other tenants until it is needed for future College use.

### TECHNOLOGY

CEDAR (College Electronic Documents and Records), the College's electronic content management project, has been progressing well. CEDAR improves the processing, storing and retrieval of documents and records and maintains retention schedules for archival purposes, while reducing the need for paper files. The CEDAR project is in its final year of a three-year implementation and is scheduled for completion by September 2022. The project cost $2.9 million by the end of fiscal 2021/22. The College is also implementing a new human resources information system (HRIS), which will significantly improve the operational effectiveness of the human resources and finance (payroll) departments. A modern HRIS solution will provide the College an opportunity to improve employee productivity, reduce business and operational complexities, and increase internal controls through standardization and automatization of the HR and payroll processes.

### 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, 2022 was $30,911,000 ($27,874,000 in 2020/21).

#### 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, 2022 was $32,568,000 ($26,932,000 in 2020/21).

#### Investment income

- Investment income for the 2021/22 fiscal year before any gains, losses, or investment management fees was $773,000 ($936,000 in 2020/21)
- Realized gains in 2021/22 were $528,000 ($325,000 realized gains in 2020/21)
- Unrealized gains in 2021/22 were $196,000 ($772,000 unrealized gains in 2020/21)
- Investment management fees in 2021/22 were $89,000 ($74,000 in 2020/21)

The College shifted to a socially responsible investment (SRI) portfolio in 2021/22. Overall, the College is in a good financial position while maintaining the second lowest annual registrant licence fee in Canada despite operating in one of Canada's most expensive cities.

## FINANCIAL IMPACT FROM COVID-19, INFLATION AND THE RUSSIAN INVASION OF UKRAINE

In addition to the ongoing COVID-19 pandemic, the implications of rising inflation and the Russian invasion of Ukraine have increased economic uncertainty and risk that may have financial implications for the College. These situations present uncertainty over future cash flows. Potential impacts on the College may include decreases in investment income and valuation of investments. The College does not hold any Russian investments in its portfolio.

*C.S. Leger,* MD, FRCPC
*Chair, Finance and Audit Committee*

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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 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 the 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 30 members (19 registrants 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, registrant 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 2021/22 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 regulatory criticism of the registrant. 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

Over the past year there was a significant increase in the number of new complaints. Including files for own-motion practice investigations, the Inquiry Committee opened 1,285 investigations in 2021/22, (compared to 1,046 the year before). In addition, the committee concluded 994 cases (compared to 988 the previous year). The committee was critical of registrants' performance in 324 cases.

Many 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 2021/22. Five disciplinary matters were concluded. Summaries of discipline decisions are posted on the College website.

### SIGNIFICANT EVENTS IN 2021/22

The College continued to function under the orders of public health in response to the ongoing COVID-19 pandemic. Inquiry Committee meetings were held virtually, and the department began its transition to electronic document storage enabling staff to work more effectively from home.

The College implemented a complaint navigator position to support both complainants and registrants through the investigative process. The complaint navigator engages with complaint parties at several stages of the complaint process, assisting with the removal of barriers to submitting a complaint and providing support.

*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.

### LIBRARY RESOURCES DEVELOPMENT

The library sought to curate and disseminate relevant and valid information resources on cultural safety and humility and other emerging social and clinical issues. Seven reading lists were revised or created including race and health equity, sexual and gender diversity, trauma-informed care, pain management, virtual care, pandemic management, and point-of-care ultrasound.

The *Drug Monitoring Checker* was added to the library's collection of online resources for registrants use. The tool provides recommendations for mitigating risk and monitoring therapeutic effectiveness of numerous medications prescribed to adults in primary and secondary care. *Drug Monitoring Checker* content is evidence-graded and gives actionable advice on what to monitor and why, defined frequencies for monitoring, and detailed information on tests and their interpretation.

### SERVICE DELIVERY

During the COVID-19 pandemic, the library continued to focus on supporting registrants' needs to access clinical information at pre-pandemic levels as close as possible. Library staff primarily worked remotely for most of 2021 except for weekly processing of physical book loans on site. Approximately the same number of registrants contacted the library as in the first year of the pandemic. Fewer individual requests were posed per person. Selected service delivery data is as follows:

- 1,820 registrants posed 9863 requests (-4% and -21% of previous year, respectively)
- 2,056 articles were manually delivered to registrants and 47,536 articles were downloaded from e-journals from the library website by staff and registrants (-21% and -5% of previous year, respectively)
- 1,210 in-depth literature searches were delivered to registrants (-6% of previous year)
- 15,015 ebook chapters were accessed (+5% of previous year)

### VISIONING

Library staff and the Library Committee engaged in a visioning and strategic planning process. Strategic priorities that will guide the library's direction in the next three years are:

- offering relationship-oriented services that support registrant needs
- seeking input from, and providing support for, diverse user groups
- measuring impact of library services
- developing improved, efficient infrastructures (including IT, resource delivery) fueled by collaboration

Arising from the new strategic aims, the following key performance indicators were confirmed for the coming year:

- set a multi-year plan for SMART (specific, measurable, achievable, relevant, and time-bound) quality improvement activities by researching QI planning models, consulting College QI experts, and selecting a library-relevant model
- identify key registrant groups to target for library outreach and promotion through the cultivation of collegial relationships
- seek a connection with Indigenous registrants to explore ways the library may support knowledge keeping/sharing
- implement a ticketing system to replace legacy software with a library-specific system for expanded data analysis and patron-relations project management

### PROMOTION AND TEACHING

Outreach and teaching activities such as conference vendor presentations and workshops were not possible during the COVID-19 pandemic. The library's hands-on, interactive FAST Evidence workshop was accredited by the College of Family Physicians Canada and Royal College of Physicians and Surgeons of Canada for both virtual and in-person formats and will launch in May 2022. Library services and resources were highlighted through an email campaign 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 eight outreach/teaching sessions at virtual conferences or online one-to-one training with registrants, 137 registrants were contacted.

*P.A. Glaze,* MD
*Chair, Library Committee*

### INFORMATION

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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, 12 procedural pain management and four private podiatric surgical facilities within British Columbia. 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 against those standards and monitoring outcomes.

As part of the College's overarching objectives, the committee annually reviews and updates its three-year strategic plan (current version 2021–2024). The committee continued to support the College's strategic plan through the objectives and related projects outlined in its 2021/22 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 operate as unified "accreditation programs."

### HIGHLIGHTS IN 2021/22

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 127 PSIs were reviewed by the panel in 2021/22.

#### 2. Procedural pain management

The NHMSFAP continued with the implementation of a program for the accreditation of procedural pain management (PPM) facilities. Building on the standards developed in the previous fiscal year, the program provided provisional accreditation to 16 facilities. Three provisionally accredited PPM services are within existing accredited facilities who have expanded to include PPM, and one PPM facility that received provisional accreditation has closed.

Those registrants who wished to perform PPM procedures and who met the requirements for specialty training and experience, as outlined in the BC Medical Quality Initiative privileging dictionary, applied to the program for a review of their scope of practice for advanced I and II procedures. A total of 17 registrants received approval to perform advanced I procedures and 27 received approval to perform advanced I and II procedures.

#### 3. Podiatry

The NHMSFAP continued with the implementation of a program for the accreditation of podiatric facilities. The program invited podiatric surgeons to apply for provisional accreditation, and four notified the program of their intent to apply. Each of these facilities will be required to build new or renovate their existing facility to meet current national standards for health-care facility design, Canadian Standards Association (CSA) Z8000. Each has been provided a timeline for submitting their intent to build new or renovate their existing facility.

A more comprehensive list of podiatric procedures for accredited facilities was developed and approved by the committee. The development of this comprehensive podiatric procedures list involved the convening of an advisory committee and specifies the imaging and type of room (i.e. procedure room with or without imaging, operating room) requirements for each procedure. Podiatric surgeons who had applied for privileges in an accredited facility or who had received provisional accreditation for their existing facility had a scope review done and were provided with a list of approved procedures.

## 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 2021/22 included those on blood products, hair restoration, human resources, malignant hyperthermia, and ketamine and lidocaine infusions for the treatment of chronic pain. A new NHMSFAP accreditation standard, *Intravenous Ketamine for the Treatment of Mood Disorders*, was approved following two rounds of stakeholder consultation.

## 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. Several guidelines and position statements were developed in 2021/22, including:

- *Hernia Procedures in Non-Hospital Facilities policy*
- *Interdisciplinary Design Team Membership policy*
- *Podiatric Surgeon Procedures – Setting, Imaging, and Room Size Requirements*

## 6. New construction and renovations

As of February 28, 2022, the NHMSFAP is working with 11 facilities undergoing new design and construction or renovation. Of those 11 facilities, four are existing facilities that have changed ownership, one is an existing facility that is renovating to add another procedure room, and one is an existing facility that is moving to a new location. As of February 28, the NHMSFAP is working with another nine facilities that have expressed an intent to build new or renovate. Of those nine facilities, four are podiatric surgery facilities and two are existing facilities that have changed ownership and are currently evaluating whether they will build new or renovate. No new facilities opened in this last fiscal year.

## 7. Facility-specific advice and approvals

The NHMSFAP continued throughout the year to assist facilities in their role in credentialing and privileging, in meeting with medical directors to understand their responsibilities, in compliance with standards for new facility builds, renovations, clinical trials, and accreditation nonconformances.

### ACCREDITATION ACTIVITY

In 2021/22, assessments for 16 facilities were conducted. In addition, focused assessments for two facilities were held. Private medical/surgical facilities have provided statistical data for the 2021/22 fiscal year on the number and types of procedures performed. These data will be available at a later date.

*W.D. Sanden*, MD
*Chair, Non-Hospital Medical and Surgical Facilities Accreditation Program Committee*

### INFORMATION

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# Committee reports

## Patient Relations, Professional Standards and Ethics Committee

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

### INDIGENOUS CULTURAL SAFETY, CULTURAL HUMILITY AND ANTI-RACISM

One of the committee's top priorities over the past two years has been to assist the College with its commitment to a swift and meaningful response to the recommendations in 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 *Indigenous Cultural Safety, Cultural Humility and Anti-racism* practice standard be developed for registrants that explicitly addresses the requirement to provide culturally safe, humble, and responsive care. The committee discussed the development of the new practice standard during each of its three meetings over the last year. This discussion involved reviewing the results from the College's engagement efforts, incorporating feedback into the practice standard, and discussing strategies for registrant education and awareness. The committee endorsed the standard and presented it to the Board for approval on February 25, 2022.

### VIRTUAL CARE

The committee reviewed results from a consultation held on the previously titled *Telemedicine* practice standard, which was held with registrants, the public and the College's key health partners. This consultation had the highest response rate in the College's engagement history, with over 1,600 respondents. After reviewing the feedback, the committee recommended that numerous changes be incorporated. These included

- a change to the title of the practice standard from *Telemedicine* to *Virtual Care* (with a clear definition of "virtual care"),
- clarification on patient privacy and confidentiality,
- a new section outlining appropriate use of virtual care (highlighting that virtual care is most appropriately used when integrated with comprehensive longitudinal primary care),
- a more relaxed consent process to reflect realistic expectations,
- clarification that a timely in-person assessment must be done by registrants themselves, or another registrant or a nurse practitioner with whom the registrant has a pre-established agreement,
- allowance for opioid agonist treatment (OAT) to be initiated, provided that several safeguards are upheld, and
- an expanded section outlining expectations related to cross-border virtual care.

### TREATMENT OF SELF, FAMILY MEMBERS AND OTHERS CLOSE TO YOU

The committee reviewed the *Treatment of Self, Family Members and Others Close to You* practice standard which was shared with registrants and key health partners for their input. A total of 508 respondents provided their feedback on the revised draft standard, which led the committee to incorporate several changes. The PRPSE committee directed that an accompanying patient resource be published alongside this practice standard.

### MEDICAL RECORDS DOCUMENTATION AND MEDICAL RECORDS MANAGEMENT

The committee directed that the previously titled *Medical Records, Data Stewardship and Confidentiality of Personal Health Information* be divided into two distinct practice

standards: *Medical Records Management* and *Medical Records Documentation*. No revisions were made to the content of the standards. The committee directed that the draft standards be shared for consultation with registrants and key health partners. Following this consultation, no further edits were made.

*S. 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 six family practitioners, three specialists, 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.

### REGISTRANT ASSESSMENTS

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.

In 2021/22, assessments were conducted mainly through a remote assessment of electronic medical records and interviews conducted using an online platform. Program evaluation and feedback on remote assessments showed that registrants were comfortable with this delivery model and that assessments continued to provide valuable insight into their practice. While remote assessments were developed in response to the pandemic, they have presented a valuable alternative to on-site assessments (Figure 1). Last year, the program reduced key program assessment goals in response to ongoing challenges in their own professional and personal lives.

Remote assessments allowed for the program to pilot a new process for office assessments in family practice clinics. While office assessments were traditionally conducted as part of the on-site assessment, new office assessments were conducted independently and managed by program staff. This approach allowed the PPEP to provide better support to registrants and clinic offices on meeting various College practice standards such as *Care Coverage Outside Regular Office Hours* and *Primary Care Provision in Walk-in, Urgent Care and Multi-registrant Clinics*. In 2021, the new process was piloted with 56 offices with preliminary evaluation results being positive. A full evaluation will be conducted once all the pilot cases have completed, which is expected for spring 2022.

The program continued to deliver the medical record keeping for physicians course via an online webinar format, with a smaller number of participants to ensure discussion and interactivity. In 2021/22, the program held nine family practice courses and two psychiatry courses online.

### PHYSICIAN OFFICE MEDICAL DEVICE REPROCESSING ASSESSMENTS

Medical device reprocessing 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 audit processes.

Medical device reprocessing assessments continued using a remote assessment format with photograph submissions as evidence of compliance with required standards. Post-assessment feedback sessions were also held on an online platform. The feedback session was an opportunity to provide guidance and education to registrants and clinic staff on reprocessing best practices.

Results from the post-assessment participant survey indicate that the remote assessment process for medical device reprocessing assessments is comparable to on-site assessments (Figure 2).

### PROGRAM DEVELOPMENT AND EVALUATION

The program is responsible for developing assessment and educational tools to support registrants in providing safe patient care within a quality improvement framework. Ongoing program evaluation ensures that the program itself is committed to continuous improvement.

In 2021/22, the program continued to evaluate processes and the effectiveness and impact of assessments and the various program changes, including remote assessment and the new office assessment process. Program staff continued to monitor the results from the one-year post-assessment survey and evaluation of sustained practice changes.

## HIGHLIGHTS IN 2021/22

| | |
|---|---|
| Number of community-based PPEP assessments | 469 |
| Assessed registrants responding to survey agreeing/ strongly agreeing that assessment was a worthwhile experience* | 57% |
| Assessed registrants responding to survey agreeing/ strongly agreeing that their practice changed as a result of the assessment* | 59% |
| Number of POMDRA assessments (remote and on-site) | 186 |

** While the proportion of respondents who agreed with these statements has decreased, analysis found no statistically significant differences between fiscal year 2020/21 and 2021/22 agreement level.*

*Justin J. Kingsley,* MD, CCFP
*Chair, Physician Practice Enhancement Panel*

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Deputy Registrar

N. Castro, MHA
Director, Physician Practice Enhancement Program

**FIGURE 1**

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

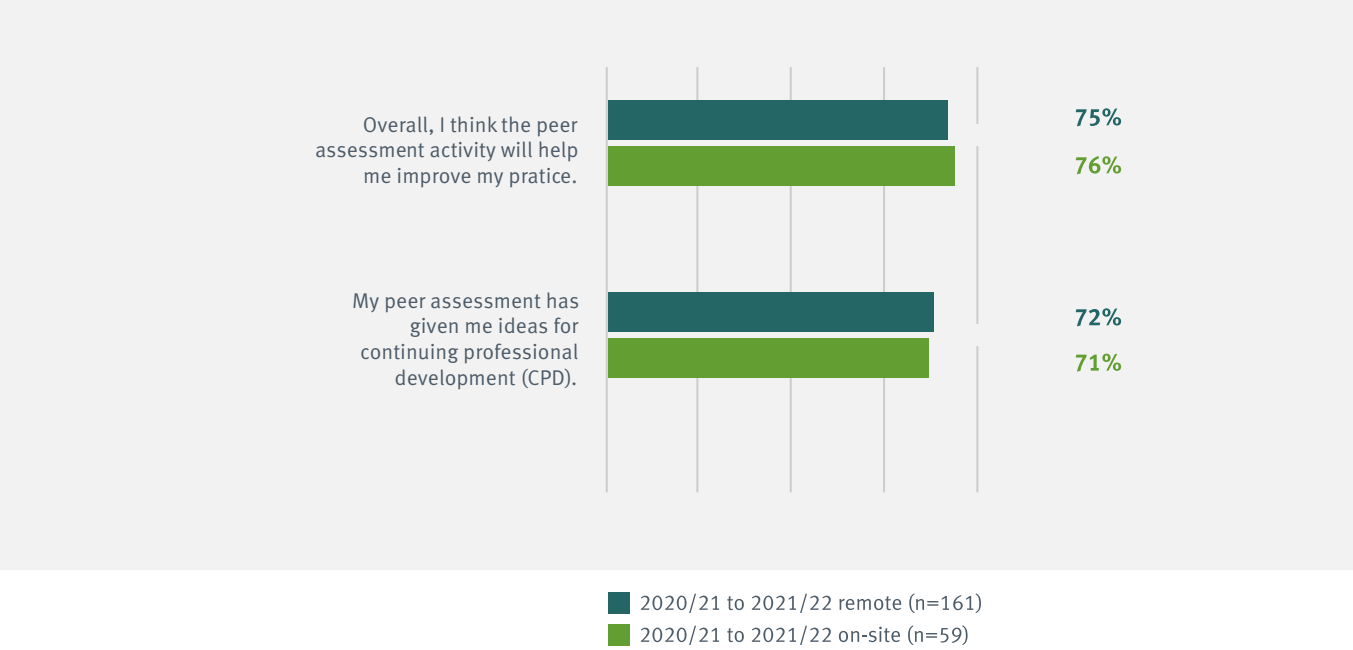
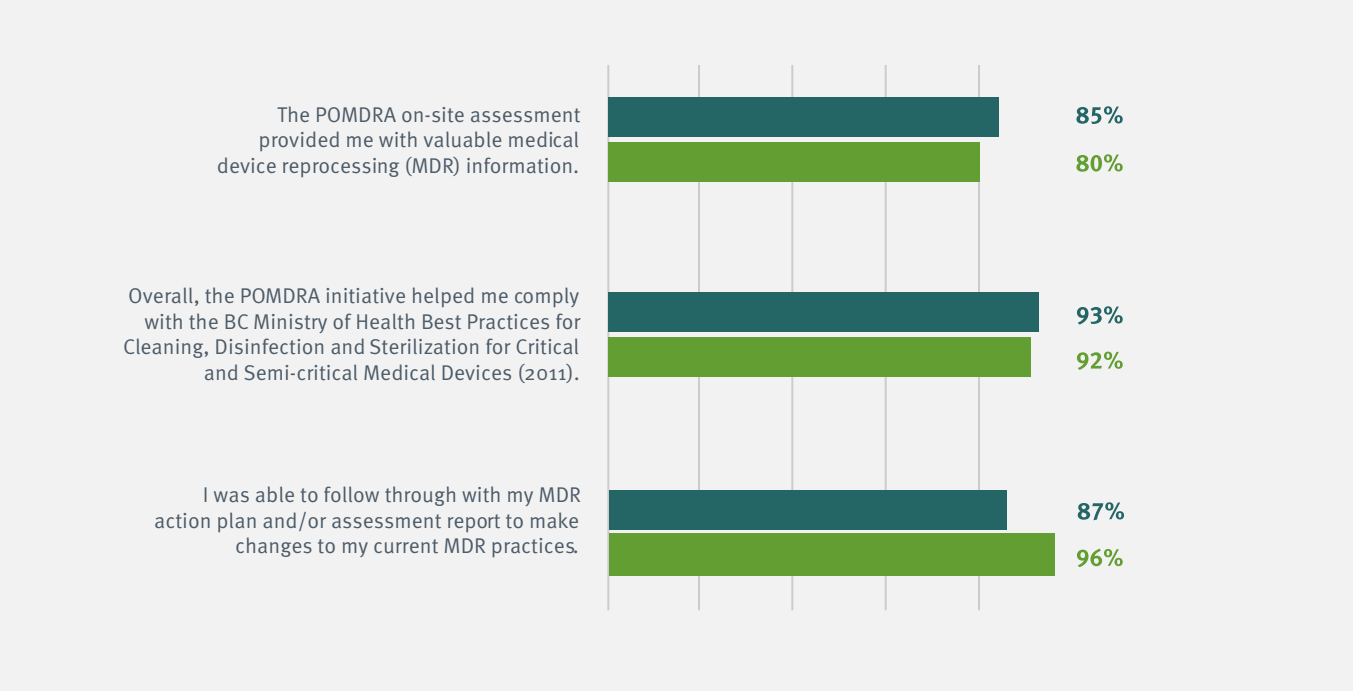



**FIGURE 2**

**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
    - 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 process 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 contacted registrants find maintaining the status quo challenging and are grateful for the intervention. In keeping with the educational intent of the PRP, 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 September. In 2021, the PRP was able to host both the Prescribers Course and the Chronic Pain Management conference virtually with record numbers of attendees and extremely positive feedback.

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. The Prescription Review Panel recommends attending these courses for registrants who struggle with safe prescribing despite the interventions of the PRP.

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 a 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 and the program is exploring quality assurance outside the realm of controlled substances. Antimicrobial stewardship and the off-label use of antipsychotics are two projects on the horizon for this year.

## HIGHLIGHTS IN 2020/21

### Prescription Review Program

- 120 referrals received
    - 47 did not meet the criteria for enrollment and required no action
    - 27 referrals were channeled through the triage process and received correspondence from the medical consultant
- 43 files met the threshold for entry into our formal process
    - 77% had not had a previous engagement with the PRP
- 64 files closed
    - 77% closed for an improvement in prescribing
- 92 files currently open, in various stages
- 59 attendees at the Prescribers Course (over two courses)
- 187 attendees at the Chronic Pain Management Conference

### Prescription Review Panel

- 26 matters (involving 20 registrants) were brought to the panel in 2020/21
    - 6 files were referred to the Inquiry Committee
    - 1 file was 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
    - 7 files were brought forward to the panel for review later
    - 6 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.

### PROVINCIALLY

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 eighth 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, 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 family 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, 172 candidates successfully completed the program and commenced independent practice of medicine as family practitioners. The PRA-BC program is funded to assess 32 physicians per year.

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 2021, registration policies were published for the first time on the College website.

In 2021, the committee reviewed the new Royal College of Physician and Surgeons of Canada (RCPSC) Practice Eligibility Route (PER) route to certification for international trained specialists and recognized it as an official route to eligibility for registration and licensure with the College under section 2-15(1)(b)(iii) as long as the RCPSC recognizes the physician's training, and the physician has successfully completed the written RCPSC examination. As such, the policy for *Eligibility in the Provisional Class: RCPSC Rulings Acceptable to the Registration Committee* was amended to include the new RCPSC PER. The committee subsequently approved this new amendment and the policy.

### 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 across Canada. In 2021, the the Committee was provided information from FMRAC regarding an amendment to its model standards for English language proficiency (ELP) testing, including the acceptability of the Occupational English Test – Medicine (OET-Medicine) and the Canadian English Language Proficiency Index Program – General (CELPIP-General). The Board approved both the OET-Medicine and the CELPIP-General as acceptable ELP tests. The acceptability of these tests led to an amendment to the College's *English Language Proficiency Requirements* policy.

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 2021/2022

- 222 IMGs applied for registration in BC (based on preliminary completed data)
- 43 PRA program-related applications for eligibility were reviewed by the committee
- 226 IMGs previously on the provisional register were advanced to the full class
- 21 specialists completed an interim assessment and had their provisional licence moved to the full class

*O.G. Casiro,* MD
*Chair, Registration Committee*

### INFORMATION

For more information regarding this report, please contact:

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