



# College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice



## In this issue:

Registrar's message .....	2
New provincial website – strengthening the quality framework.....	3
2014 Award of Excellence—call for nominations.....	4
Updates from the Prescription Review Program .....	5
Updates from the Methadone Maintenance Program .....	7
Updates from the Physician Practice Enhancement Program .....	8
Updates from the Non-Hospital Medical and Surgical Facilities Program .....	10
Cases and recommendations of the Inquiry Committee .....	11
New or updated professional standards and guidelines.....	13
Updates from the College library .....	14
CME events: mark your calendars.....	16
Disciplinary Actions .....	18

---

The *College Connector* is sent to every current registrant of the College. Decisions of the College on matters of standards and guidelines are contained in this publication. Questions or comments about this publication should be directed to [communications@cpsbc.ca](mailto:communications@cpsbc.ca).

---



# College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

## Registrar's message



### Physical contact in the physician-patient relationship

For several decades now, medical regulatory authorities have been discussing and writing about the importance of maintaining professional boundaries in the physician-patient relationship. Boundaries are required rules or limits that recognize the inherent power imbalance present in such relationships, and the need for physicians to avoid dual relationships with their patients. In the early 1990s, the College released its important publication *Crossing the Boundaries*, which reported on sexual intimacy prevalence rates in various studies, and was the impetus for similar studies in many other jurisdictions. These studies served to heighten the profession's awareness of the concepts of boundaries and boundary crossings.

While complaints statistics show far fewer reports of serious sexual boundary violations since the 1990s, medical regulatory authorities are still dealing with complaints related to inappropriate physical contact between physicians and their patients, such as touching or hugging. When informed of the complaint, the physician may be surprised – even shocked – since the physical contact from his or her perspective was intended to show compassion towards the patient.

Dr. Glen O. Gabbard, a renowned American psychiatrist who has authored numerous books and papers on the topic of boundary violations, cautions that even the most humane or benign interventions, such as a pat on the back, a brief hug or a squeeze of the arm, need to be scrutinized and documented to minimize the risk of misinterpretation by the patient.<sup>1</sup> Physical contact beyond that required to conduct an assessment of the patients or to complete a procedure is never therapeutic. Physicians are reminded that establishing effective rapport with patients, or demonstrating empathy, can be achieved by simple gestures such as eye contact, directly facing the patient rather than a computer, leaning in, and listening carefully and reflectively.

It is never acceptable to make hugging patients a routine part of your practice, regardless of the intent or motivation of the patient or physician.

H.M. Oetter, MD  
Registrar

*We hope registrants and other readers enjoy this new method of receiving College news. We welcome your [feedback](#).*

[Back to table of contents »](#)

<sup>1</sup> The concept of boundaries in clinical practice: theoretical and risk-management dimensions. Gutheil, T. G. and G. O. Gabbard. Am J Psychiatry. 1993 Feb;150(2):188-96.



# College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

## New provincial website – strengthening the quality framework

### Strengthening the quality framework

The Physician Quality Assurance Steering Committee (PQASC) is a provincial collaborating committee with representatives from the health authorities, the College of Physicians and Surgeons of BC, the Ministry of Health, the BC Patient Safety & Quality Council and Doctors of BC. The PQASC provides oversight for a suite of provincial projects focused on:

- credentialing and granting of privileges at health authority facilities
- physician performance enhancement

These initiatives will provide a renewed foundation of rigorous standards for health-care professionals, which will support quality assurance and patient safety programs. Dr. Doug Cochrane's 2011 reports re-focused the medical profession on the continued need for systems and processes to demonstrate its commitment to strive for high professional standards.

For more details about the projects, visit the new [website](#).

[Back to table of contents »](#)



# College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

## 2014 Award of Excellence—call for nominations

Nominations are being accepted for the 2014 Award of Excellence in Medical Practice, which recognizes registrants or former registrants who have made an exceptional contribution to the practice of medicine whether in teaching, research, clinical practice, administration or health advocacy.

### Eligibility

Candidates must be current or former registrants of the College in good standing, and with no history of disciplinary action. Current board members are not eligible to receive the award. A maximum of five candidates will be selected to receive the award each year.

### Criteria

- Exceptional contribution to the practice of medicine whether in teaching, research, clinical practice, administration or health advocacy
- Contribution to the practice of medicine in her/his community
- Character, integrity and ethics beyond reproach
- Demonstrated leadership
- Collegiality and professionalism in all interactions within the profession and with patients

Written nominations of candidates, from a minimum of two current registrants, must include the name and biography of the nominee, and should describe in detail his/her fulfillment of the above criteria. A current curriculum vitae of the nominee, along with letters of support are also recommended.

Nominations must be provided to the registrar by Friday, February 28, 2014.

### Award Recipients

Selected award recipients will be recognized at the College's Annual Dinner in May 2014.

*Please note that previous nominations are not carried over from year to year.*

[Back to table of contents »](#)



# College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

## Updates from the Prescription Review Program

### Electronic prescribing not legislated yet

PharmaCare and third-party insurance companies routinely audit the prescriptions for which they pay. If a pharmacy has accepted prescriptions that are invalid, they are required to pay back all of the costs of those prescriptions (drug costs as well as the dispensing fees). This is a significant financial penalty, and should make it clear why pharmacies sometimes have to contact physicians to ensure that a prescription is valid. In a recent audit, 10% of the recoveries sought from pharmacies by insurers were the result of physicians not having provided dispensing directions, dates or signatures.

Registrants are reminded that the details required of a “valid” prescription are:

- the name and address of the patient
- the name of the drug or ingredients and strength if applicable
- the quantity of the drug
- the dosage instructions, including the frequency, interval or maximum daily dose
- refill authorization if applicable, including the number of refills and interval between refills
- the name, identification and signature of the practitioner for written prescriptions

Electronic medical records (EMRs) make the issuing of prescriptions easier and safer; however, electronic transmission of those prescriptions except by physical fax is not yet permitted by regulation in this province (per section 27(6) of the *Pharmaceutical Services Act*). E-prescribing is the future, but it will only be permitted through PharmaNet. PharmaCare is currently conducting a pilot project and the College remains optimistic that broader implementation will occur sometime this year.

For this reason, the College continues to remind registrants that prescriptions must include a handwritten or “wet” signature. It is not acceptable to use a signature stamp. If prescriptions are generated from an EMR, they must be printed, authenticated with a handwritten signature, and faxed to the pharmacy.

### Print, sign, fax

The College has received complaints that some physicians have told pharmacies that they will send their (invalid) prescriptions to another pharmacy that agrees to accept them. This is at best probably futile, in that once the other pharmacy has been audited and fined, they will also refuse to collaborate. However, this College would consider such action to be unprofessional behaviour towards our pharmacist colleagues.

### Lack of medical evidence to support long term use of “Z” drugs

The Prescription Review Committee has observed that there continues to be extremely large volumes of sedative/hypnotic medication prescribed in the community. The committee recently requested review of the prescribing of one of the most common medications prescribed for insomnia in British Columbia – zopiclone. College staff reviewed the prescribed quantities for a three-month period (September to November 2013). The findings showed that each of the top 20 prescribers of zopiclone prescribed between 9,500 to 16,500 doses to their patients during that period. The committee will be reviewing the prescribing practices of these 20 physicians in more detail at its next meeting in March.

There is a lack of robust medical evidence supporting benefit from *long-term* use of “Z” drugs on sleep architecture, sleep quality, or overall patient health.<sup>1</sup>

Zopiclone and other “Z” drugs are recommended for short-term use only (as are other sedative drugs). The zopiclone product monograph<sup>2</sup> highlights that its pharmacological profile is similar to that of benzodiazepines. As with benzodiazepines, the concomitant intake of “Z” drugs with alcohol or other CNS depressants (such as narcotics, psychotropic medications, and antidepressants) increases the risk of additive respiratory and CNS depressant effects. A small study from 2009 of patients 55 years or older with chronic insomnia showed that 41% of those treated with daily zopiclone for more than one year fulfilled the criteria for sleep apnea.<sup>3</sup> All “Z” drugs can cause adverse effects such as anterograde amnesia and somnambulism. The risk of physical and psychological dependence or abuse is increased with the dose and duration of treatment. The argument for careful and considered prescribing is made more compelling given the evidence linking traffic collisions to daytime drowsiness caused by prescription sedatives.<sup>4</sup>

The zopiclone monograph advises that treatment should not exceed seven to 10 consecutive days, that prescriptions should not be prescribed in quantities exceeding a one-month supply, and dosages should not exceed 7.5 mg HS. Abrupt discontinuation of long-term “Z” drugs causes a withdrawal phenomenon similar to that of benzodiazepines, barbiturates and alcohol. Therefore gradual dosage tapering is required for any patient taking them for more than a few weeks.

Meta-analyses have concluded that most patients with insomnia will benefit from non-pharmacologic interventions such as cognitive behavioural therapy. This, in combination with reframing of age-appropriate sleep expectations, sleep hygiene, and regular exercise, are more likely to lead to meaningful improvements in sleep over the long term.

*The Prescription Review Program (PRP) is a practice quality assurance activity established to assist physicians in the challenging task of utilizing opioids, benzodiazepines, and other potentially addictive medications with appropriate caution for the benefit of their patients. The work of the PRP is informed by the PharmaNet database.*

[Back to table of contents »](#)

<sup>1</sup> Nutt DJ, Stahl SM. Searching for perfect sleep: the continuing evolution of GABAA receptor modulators as hypnotics. *J Psychopharmacol.* 2010 Nov;24(11):1601-12.

<sup>2</sup> Sanofi-aventis Canada. Product monograph – Imovane (zopiclone) Tablets, 5.0 mg and 7.5 mg: Hypnotic and sedative. Laval: Sanofi-aventis Canada. 2011. 33p. Available from: <http://products.sanofi.ca/en/imovane.pdf>

<sup>3</sup> Sivertsen B, Omvik S, Pallesen S, Nordhus IH, Bjorvatn B. Sleep and sleep disorders in chronic users of zopiclone and drug-free insomniacs. *J Clin Sleep Med.* 2009 Aug 15;5(4):349-54.

<sup>4</sup> Gustavsen I, Bramness JG, Skurtveit S, Engeland A, Neutel I, Morland J. Road traffic accident risk related to prescriptions of the hypnotics zopiclone, zolpidem, flunitrazepam and nitrazepam. *Sleep Med* 2008;9:818-22.



# College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

## Updates from the Methadone Maintenance Program

On February 1, 2014, Methadose® will replace the current anhydrous methadone solution for the treatment of opioid dependence in patients registered in the BC Methadone Maintenance Program.

### **New prescription pads for Methadose®**

Prescriptions for Methadose® for opioid dependence must be written on the newly developed Methadone Maintenance Program prescription pad. Prescribers should return any of the former unused prescription pads to the College for secure shredding. (Physicians should keep any used carbon copy prescriptions, which form part of the patient record.)

**Physicians who have not received their new methadone prescription pads by Wednesday, January 29, 2014 should contact the College at 604-733-7758 extension 2628 or by emailing [methadone@cpsbc.ca](mailto:methadone@cpsbc.ca).**

**Note:** The month of February will be considered a transition period where existing prescriptions written on the old forms will be honoured until they run out. All new prescriptions for opioid dependence (i.e. those written after February 1, 2014) must be written on the new methadone prescription pads.

### **Reminder about patient safety concerns**

Methadose® is different to anhydrous methadone solution in appearance, strength and handling. The new strength of 10 mg/ml is 10 times the concentration of compounded methadone 1 mg/ml solution and may present a public safety risk during the transition period.

Methadose® is a red, cherry-flavoured solution and, unless diluted, does not require refrigeration. It therefore resembles many other commonly used over-the-counter medications. Patients will need to be reminded that Methadose® must be stored safely and out of reach by children. This is of particular concern given the new concentration.

Patients with a true allergy to certain ingredients of Methadose® will require approval from PharmaCare for coverage of an alternate product.

*The Methadone Maintenance Program makes recommendations to Health Canada regarding physicians obtaining authorizations to prescribe methadone as exemptions under section 56 of the Controlled Drugs and Substances Act.*

[Back to table of contents »](#)



# College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

## Updates from the Physician Practice Enhancement Program

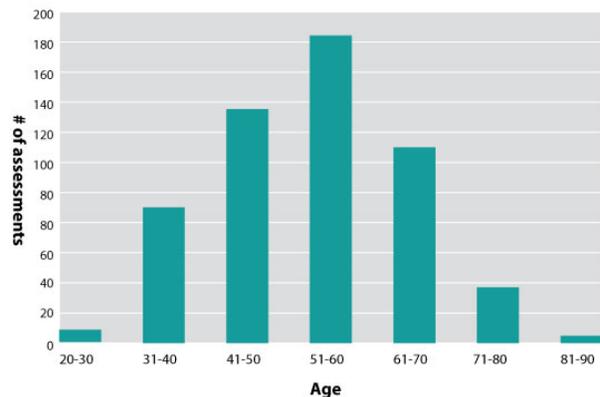
### Constructive feedback on new multi-source feedback assessment

In February 2013, the College introduced a multi-source feedback (MSF) assessment (known as Physician Achievement Review (PAR) in other provinces) in conjunction with its peer practice reviews as part of the community-based Physician Performance Enhancement Program (PPEP). The College launched this program in order to obtain more information about a registrant’s medical practice than can be obtained by the peer practice review alone—bearing in mind that the focus of both assessments is to provide registrants with information from which to make practice improvements. To date, the PPEP has conducted over 500 MSF assessments.

#### Quality assurance medical practice assessments

	2012	2013 YTD Assigned	2013 YTD Completed
Peer practice assessments (GP, psychiatry, diagnostic imaging)	332	571	410
Multi-source feedback assessments	0	553	362

**PPEP assessments (scheduled and completed)**  
January-November 2013 (Total: 571 assessments)



The College recently polled a number of registrants for their opinion on their perceived value of MSF and whether or not it had resulted in changes in their clinical practice. While the response to the questionnaire is still quite limited, the College obtained valuable information from which to embark on some changes.

The data revealed that the vast majority of registrants were pleased with the MSF information, particularly if it reaffirmed their self-perceived good standard of medical practice. However, a number of registrants with less complimentary feedback took exception to the program being of value. They argued that while the peer practice review provided a face-to-face discussion and engagement with a peer reviewer, the MSF component provided only a report, which was sometimes incongruous with the physician’s expectation and devoid of any collegial guidance for remediation. To this end, the program has engaged two physician consultants to help registrants navigate contentious MSF reports and to offer remedial guidance.

The MSF assessment module has over 19 years of collective Canadian experience. As with many new programs, the College expects healthy questioning as to its purpose and results, and will continue to gauge the value of this program and respond to the constructive suggestions of registrants.

*The Physician Practice Enhancement Program is a collegial program that proactively assesses and educates physicians to ensure they meet high standards of practice throughout their professional lives. The goal of the program is to promote quality improvement in community-based physicians' medical practice by highlighting areas of excellence and identifying opportunities for professional development.*

[Back to table of contents »](#)



## College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

# Updates from the Non-Hospital Medical and Surgical Facilities Program

### **Obstructive sleep apnea often undiagnosed prior to surgery**

Obstructive sleep apnea (OSA) has been associated with increased perioperative risk and post-operative complications. Although OSA is a prevalent sleep disorder in the adult population, many OSA patients are undiagnosed when they present for surgery. A preoperative screening for OSA is an important step in identifying patients at risk. Non-hospital medical and surgical facilities must ensure that patients' preoperative assessment and health history includes screening protocols for OSA such as [STOP-Bang](#).

### **Health alerts and advisories are easy to receive**

Non-hospital medical and surgical facilities are encouraged to include regular review of various health alert networks as part of their quality monitoring and risk management processes. Health alert networks are one way health professionals can receive time-sensitive information regarding the safety of health and consumer products. Health alert networks include but are not limited to the Canadian Agency for Drugs and Technologies in Health (CADTH), Canadian Patient Safety Institute Global Patient Safety Alerts and the Institute for Safe Medication Practices Canada (ISMP Canada). In addition, some networks such as Health Canada's MedEffect™ make receiving safety alerts and advisories easy. By simply signing up for their service, facilities can receive alerts and advisories automatically via email.

*The Non-Hospital Medical and Surgical Facilities Program requires private facilities to maintain high standards of practice equal to or exceeding public hospitals. The program establishes accreditation and performance standards, procedures and guidelines to ensure the delivery of high quality health services. The 700 physicians who work in private facilities across the province must be granted privileges by the College.*

[Back to table of contents »](#)



# College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

## Cases and recommendations of the Inquiry Committee

### Physicians must follow established protocols for drugs not approved by Health Canada

The Inquiry Committee received a report from a health authority alleging that a medical subspecialist had personally carried a drug not approved for use in Canada from another country and provided it to patients.

The committee's investigation revealed the following:

- No attempt had been made to obtain the medication through Health Canada's Special Access Program, something the hospital pharmacy would have assisted with. No information was submitted to suggest that the medication could not have been obtained through proper means.
- The drug is approved for use in the United States.
- The medication was not concealed in any manner when it was brought through Canada customs (it was carried in full view, in a small cooler), but it was not declared either.
- The medication was provided at no cost to the five patients who received it.
- There was no indication that the physician was motivated by anything other than a sincere desire to secure this therapy for his patients.

Notwithstanding the registrant's good intentions, the committee concluded that his conduct contravened his ethical and professional obligations as a College registrant. Physicians are reminded that it is not acceptable to bring unapproved medications into Canada outside of the Health Canada protocol.

At the direction of the committee, the registrant consented to an unpublished reprimand, which will remain on his record. The committee stated its expectation that the registrant's future conduct be beyond reproach in every respect.

### When police officers request patient information...

The College is regularly contacted by registrants seeking guidance about responding to requests for information from the police. The issues are primarily legal in nature and College registrants are directed to consult the Canadian Medical Protective Association (CMPA). This article on the CMPA website, [Physician interactions with police](#), is a good starting point. The bottom line is that, in general, patient information should not be disclosed to any third party without either the consent of the patient or as required by law.

It is helpful to consider four circumstances where patient information may be disclosed:

1. With the explicit consent of the patient.
2. In response to a court order, typically a search warrant. Physicians must release information specified in a search warrant, but must also take care not to disclose other information. A subpoena is an order to appear in court, often including direction to bring records along. Unlike search warrants, subpoenas do *not* allow physicians to release information without consent in advance of proceedings.
3. Where specified in law. Typical examples include duty to report legislation concerning child protection or (in some jurisdictions) gunshot or stab wounds.
4. Where the physician has reason to believe there is an imminent risk of serious bodily harm to an identifiable person or group.

These restrictions do not apply if the information sought is not personal health information. The example given in the CMPA article is a request to confirm whether a signature on a prescription is authentic.

As in most aspects of medical practice, communication is paramount. It is natural to want to co-operate with the police, and registrants are obliged to respectfully explain their unwillingness to release information inappropriately.

[\*Back to table of contents »\*](#)



# College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

## New or updated professional standards and guidelines

The College develops *Professional Standards and Guidelines* to assist physicians in meeting high standards of medical practice and conduct across the province. The topics addressed focus on specific issues that are relevant to the practice of medicine. Physicians are encouraged to become familiar with the College's *Professional Standards and Guidelines*. The *Professional Standards and Guidelines* are reviewed regularly and may be updated over time.

- [After-Hours Coverage](#)
- [Marijuana for Medical Purposes](#)
- [Medical Certificates and Other Third Party Reports](#)
- [Telemedicine](#)

[Back to table of contents »](#)



# College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

## Updates from the College library

### Your mobile library

Delivery of clinical information is adjusting to mobile-enabled devices and this is reflected in the resources registrants can access through the College library. The College website is newly designed to respond to various devices, be they desktop computers, smartphones or tablets, and display content appropriately. This applies as well to library-subscribed resources, e.g. [databases](#) like Ovid Medline, [point-of-care information](#) from Best Practice, [e-books](#) from Access Medicine and MD Consult, and [e-journals](#), to name a few.

While appropriate display is important, access itself is a challenge with mobile devices if wireless connections to the internet are unavailable. Apps liberate mobile users from the need for continuous internet connectivity. The library provides registrants free use of several apps for locating clinical patient management and drug information and CME learning. They are:

### BMJ Best Practice app

[Best Practice](#) is a patient-focused decision support tool for diagnosis, treatment and follow-up. Information is arranged to dovetail with the patient interview for ease and speed of use. The content is based on evidence such as systematic reviews, meta-analyses, controlled trials, guidelines and, where necessary, expert opinion. The app contains almost 1000 modules and can be used on iOS and Android devices.

#### *Step 1 – on your desktop computer*

- Go to the College's library page at <https://www.cpsbc.ca/library>
- Click on Point of Care
- Under Point of care tools, click on Best Practice—log in
- Click on "My BMJ Best Practice" button in the upper right to register for a personal account
- Follow the steps to create a personal "My BMJ Best Practice" account

#### *Step 2 – on your mobile device*

- Go to the App Store/Google Play Store and search for "BMJ Best Practice"
- Download and open the Best Practice app
- Select Login
- Enter the email and password for your personal "My BMJ Best Practice" account—ignore the institution number request

The BMJ Best Practice app is ready to use after almost a thousand topics automatically download. Downloading of all topics will take several minutes. Close proximity to a strong WiFi signal during this

process is recommended. Remote access rights and access to the Best Practice mobile site is granted for the remaining duration of the institutional subscription.

### Audio-Digest app

[Audio-Digest lectures](#) are recorded from medical conference presentations from across the United States on core topics in family practice, psychiatry, pediatrics, obstetrics and gynecology, internal medicine gastroenterology, emergency medicine, otolaryngology-head and neck surgery, urology, orthopedics, ophthalmology, and anesthesiology. The content is accredited by the College of Family Physicians of Canada for Mainpro-M2 credits and by the Royal College of Physicians and Surgeons of Canada under section 2 (self-learning) of the MOC Program as part of a scanning or planned learning activity. The app is available for iOS and Android devices.

#### *Download the Audio -Digest app*

- Go to the App Store/Google Play Store and search for “Audio Digest”
- Download and open the Audio-Digest app
- Log in with the College library’s username and password—access to login credentials are available from the [audiovisual](#) page, or contact the library at 604-733-6671 or [medlib@cpsbc.ca](mailto:medlib@cpsbc.ca)

### First Consult app

Like Best Practice, [First Consult](#) is both a mobile and web-based clinical decision support resource of evidence-based medical information for evaluation, diagnosis, clinical management, prognosis and prevention. The app is free to download for iOS devices but requires the users first create a MD Consult account as follows:

#### *Step 1 – on your desktop computer*

- Go to the College’s library page at <https://www.cpsbc.ca/library>
- Click on Point of Care
- Under Point of care tools, click on First Consult or MD Consult—if you are not logged in, you will be prompted to do so
- Click on “Create an account”
- Complete the form

#### *Step 2 – on your mobile device*

- Go to the App Store and search for “First Consult” Download
- Open the First Consult app
- Select “I use First Consult and know my user name”
- Enter credentials created above (i.e., the email and password for the First Consult account)

The First Consult app is ready to use after all topics automatically load.

College library patrons are welcome to contact the library for help accessing these and any other library resource or service at 604-733-6671 or [medlib@cpsbc.ca](mailto:medlib@cpsbc.ca).

[Back to table of contents »](#)



# College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

## CME events: mark your calendars



### Medical record keeping workshop

Wednesday, August 27, 2014

Wednesday, November 5, 2014

This course is primarily directed at family/general practitioners and other physicians providing primary care. The course is delivered in an interactive format using real case examples and simulated patient encounters to demonstrate the practice of effective clinical record keeping.

- [More information](#) on the program
- [Register now](#)

### Pain and Suffering Symposium

Friday, March 7–Saturday, March 8, 2014

The 27th annual Pain and Suffering Symposium is presented by the Foundation for Medical Excellence in cooperation with the College of Physicians and Surgeons of British Columbia. This course is designed to assist clinicians in managing the most challenging of pain patient; patients with complex chronic pain.

- [More information](#) on the program
- Register now [online](#) or on page 4 of the [brochure](#)

### Prescribers Course

April 25, 2014

Family physicians consistently rate prescribing for chronic pain amongst the most difficult areas of their professional lives. In a discipline where communication is the core skill set, talking to patients in realistic terms about the risks and benefits that attend the use of opioids, benzodiazepines and other potentially habituating medications challenges even the most seasoned practitioners. Participants in this intensive course will learn new approaches, primarily through interview simulations in small groups, supported by sympathetic, experienced, clinical teachers.

- [More information](#) on the program

**Save the date for the next Education Day – Friday, September 26, 2014**

Friday, September 26, 2014 is the date for the much-anticipated College Education Day, held again this year at the Vancouver Convention Centre. This year's theme – building a quality health system. More information is coming soon!

**New online teaching module for using the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain**

Visit [mdcme.ca](http://mdcme.ca) or [cma.ca](http://cma.ca) for information and to register for free.

This teaching module explores each of the five clusters of the guideline, highlighting treatment recommendations through case presentations and summaries, and includes many useful tools to help manage, assess, and monitor patients using opioid therapy for chronic non-cancer pain.

[\*Back to table of contents »\*](#)



# College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

## Disciplinary Actions

- [Wright, Timothy Grant – January 15, 2014](#)
- [Hardin, Earl David – January 7, 2014](#)
- [Lai, David Kam-Fai – December 5, 2013](#)
- [Fritz, Bradley Allen – November 22, 2013](#)
- [Ghahary, Ali – November 20, 2013](#)

[Back to table of contents »](#)