



College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice



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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.



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Registrar's message



Many of you will have completed the survey distributed to all registrants on November 16 regarding conscientious objection to providing care as it relates to physician-assisted dying (PAD). The College continues to review the many thoughtful responses and concerns.

This past February, the Supreme Court of Canada ruled in favour of physician-assisted dying in [Carter v. Canada](#), giving government and governing bodies like the College one year to draft laws and regulations around the practice. While there have been reports in the media that Prime Minister Justin Trudeau may be asking court to postpone the decision, the College is resolved to be ready with guidance by early February 2016 regardless of the federal government's direction.

While PAD is a polarizing and emotional issue, the College does not take a position on whether physician-assisted dying is right or wrong. The College's role is to respect jurisprudence, and to ensure that patients receive appropriate care. All colleges are grappling with how to strike the right balance between a patient's right to access lawful medical services and a physician's right to object based on conscience.

While conducting its own research and holding discussions with special interest groups, the College has been reviewing guidance on PAD released by other colleges. Broadly speaking, the various documents contain similar themes, many of which were articulated in a [physician-assisted dying guidance document](#) drafted earlier this year by an advisory group of the Federation of Medical Regulatory Authorities of Canada.

In developing guidance for the profession, medical regulators agree with the conditions regarding the patient, which were contained in *Carter v. Canada*: that the patient must be a competent adult with a grievous and irremediable medical condition causing enduring suffering consenting to termination of life with physician assistance.

These same patient circumstances will be reflected in the College's own guidance to BC registrants, which is in the process of being developed. The goal is to have draft guidance on PAD circulated for consultation early in the New Year to the profession, Doctors of BC, special interest groups, the public and the Ministry of Health before a final version is brought before the Board for approval in January.

The College is seeking legislative assistance from government regarding this matter. While the College has an important role to play in establishing ethical and professional expectations for registrants, we call upon those who make laws to consider establishing critical safeguards such as a public oversight commission to ensure high standards of practice and quality assurance are met.

H.M. Oetter, MD
Registrar

We welcome your [feedback](#) on any article contained in the College Connector.

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2016 Annual Licence Renewal is just around the corner

2016 Annual Licence Renewal

Annual licence renewal begins January 1, 2016. Read more to find out what you need to know.

BEFORE YOU START

Use the right technology and systems

- The licence renewal process is best experienced using a PC or a Mac. Mobile devices or smart phones, including tablets and iPads, are not supported.
- It is best practice to have the most recent version of a web browser installed on your computer.
 - Optimum browsers include Internet Explorer 9, Safari 5, Mozilla Firefox 14, Google Chrome 46 or better.
 - Optimum operating systems include Windows 8 or OSX 9 or better.
 - Lower versions, other operating systems or browsers may cause viewing problems.

Gather your documents

1. Your BC driver's licence
2. Your method of payment (debit or credit card, or online banking details)
3. Your CPD cycle date
4. Your health authority letter of reappointment to assist you in answering questions regarding hospital privileges, if applicable

Note: The purpose of gathering these documents in advance is to assist you with answering specific questions on the Annual Licence Renewal Form. You are not required to submit these documents to the College.

IMPORTANT DATES TO NOTE

January 1, 2016: start of annual licence renewal

February 1, 2016: deadline to complete the Annual Licence Renewal form and payment of fees

March 1, 2016: penalties applied for late licence renewal and late payment of fees

April 1, 2016: suspension for non-renewal of licensure or non-payment of fees

HOW TO RENEW YOUR LICENCE

1. Login

To begin your licence renewal, you will need your CPSID and password.

If your CPSID begins with one or more zeros, do not enter the zeros when logging in, i.e. enter 1234, not 01234. If you do not have an email address on file with the College, please contact the College.

TIP: Learn more about logging in to the College website at <https://www.cpsbc.ca/login-qa>.

2. Click 2016 Annual Licence Renewal

Once logged in, you will land on the My Tasks page. Click on the 2016 Annual Licence Renewal link to begin the licence renewal process.

3. Confirm/update contact information

A maximum of one home address and up to two business addresses can be stored.

SET A PRIMARY ADDRESS

Identify one business address as a primary address for contact and publishing on the College physician directory.

IMPORTANT—Physicians are required by statute to provide their current contact information to the College, including their professional mailing address(es), and telephone/fax number(s). If you have only provided one address and that address is your home address, it will be published on the physician directory. Please ensure you have made the necessary updates by adding a business address as your primary address—this could be a PO Box address.

PRIMARY EMAIL ADDRESS

For completion of the annual licence renewal process, you must also provide an email address under the primary address tab.

Your email address will not be shared with third party agencies or visible on the physician directory. For more information, please refer to the College's corporate policy regarding [Distribution of Information/Material On Behalf of Third Parties via Broadcast Email or Other Communication Channel](#).

DELETE AN ADDRESS

Clear all the fields of the existing stored address and leave the fields blank.

TIP: Log in to the College website to update your primary business address and email before the licence renewal period in January—this will save you some time during the renewal process.

4. Questions

The entire process should not take more than 20 minutes.

Most questions remain the same on the 2016 Annual Licence Renewal Form, with the addition of six new questions regarding the following topics:

- **Professional practice**

- **Physician health**
- **Indigenous cultural competency (San'yas) training**

At the request of the First Nations Health Authority, the College has added this question to the 2016 Annual Licence Renewal Form inquiring whether registrants have completed indigenous cultural training (ICC). The resulting data will be linked to patient satisfaction and health-care evaluations in follow-up analysis. The College supports the utility of ICC courses, such as those offered through the San'yas Indigenous Cultural Safety program, to maintain standards of excellence in BC.
- **Consent to complete routine criminal record check**

Registrants who work with children or vulnerable adults or have unsupervised access to children or vulnerable adults during their employment are required to undergo a criminal record check by the Criminal Records Review Program (CRRP) under the *Criminal Records Review Act* at least once every five years. Completing this routine criminal record check is a requirement of ongoing registration and licensure with the College.

5. Certification/declaration

At the end of the questions and prior to submitting the online form, registrants will be asked to certify that the information provided is truthful, accurate and complete. The College expects registrants to complete their own Annual Licence Renewal Form. It is not acceptable for registrants to ask a medical office assistant, spouse or partner to complete the form on their behalf.

6. Submit form and payment

Your 2016 renewal fee of \$1,625 can be paid in one of three ways online:

- By credit card
- By Interac® Online
 - Use your BMO, RBC, Scotiabank, or TD Canada Trust debit card.
- By online banking
 - Go to your online bank, log in and set up the College of Physicians and Surgeons of BC as a payee. The College should appear as:
 - CPSBC Registrant Fees
 - CPSBC Medical Corporation Fees
- Submit a payment exactly like you would do with a hydro or cable bill.

7. Confirmation email and receipts

Once your form has been submitted, you will receive a confirmation email from the College.

You can view and print your receipts after two (2) business days by accessing the Financial tab under My Account.

More details on the 2016 annual licence renewal process will be sent to registrants via email in December.

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Providing certificates of professional conduct



The College recognizes that registrants may choose to leave British Columbia to practise or undertake formal postgraduate training elsewhere. Registrants are reminded that if they return to BC and wish to resume practising medicine, they must provide the College with a certificate of professional conduct (CPC) from every jurisdiction where they have practised or trained during their absence. Failure to provide a CPC from other jurisdictions contravenes section 25.3 (1) of the *Health Professions Act*.

The mandate of the College is to protect the public. The measures outlined in the *Health Professions Act* and operationalized by the College work in part to fulfil this mandate so that the College is officially made aware of physician practice or formal postgraduate study issues that could impact public safety.

In practice, the College requires registrants to provide a certificate of professional conduct from every jurisdiction where they have practised or trained during an absence from British Columbia. However, registrants can order the CPC from the other jurisdiction and start medical practice in BC before the College has received it as long as they advise the College of any potential issues that may have occurred in another jurisdiction, such as being named in a complaint, a coroner's inquest, a civil law suit, or charged with a criminal or other offence.

Under section 25.3(2) of the *Health Professions Act*, the Board may waive the requirement of the provision of a CPC by registrants who have been absent from BC and practised in another jurisdiction. In order to qualify for a waiver, registrants must sign undertakings that outline the circumstances under which they must immediately notify this College. Additionally, the undertakings require registrants to provide a certificate of professional conduct annually (by March 31 of each year) in order to be able to practise medicine in this province.

A CPC is required from all jurisdictions that have a medical regulatory authority. Registrants who have practised in a jurisdiction that does not have a medical regulatory authority, and/or no licensure is required of the physician, must provide the College with a letter from the medical director of the program where they worked or volunteered, or undertook postgraduate training, that indicates whether or not they were in good standing during their practice in that jurisdiction.

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Physicians should insist on signing a formal contract prior to working in a clinic or group practice setting



The College continues to receive many calls from distressed registrants seeking advice about obligations when associations with clinics end—both from registrants leaving the clinics, as well as those left behind. The College has limited authority in matters of business relationships between registrants, and, has no authority over non-registrant clinic owners.

The College invariably must insist that those involved do whatever is necessary to shield patients from harm or inconvenience—something that often proves very expensive. Based on this experience, the College strongly advises registrants who are contemplating work at a clinic or group practice to insist on a comprehensive formal contract and to access the assistance of a lawyer before signing it. This reoccurring issue was dealt with in greater detail in the March/April edition of the [College Connector: Don't practise without a formal written agreement](#). An upfront investment in legal advice has the potential to pay dividends when the arrangement ends, as they all eventually will.

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Physician health and safety-sensitive positions



Most registrants are aware of their statutory duty under the Health Professions Act to notify the College when they “on reasonable and probable grounds, believe(s) that the continued practice of a designated health profession by the other person might constitute a danger to the public.” What is sometimes forgotten is that underlying this legal requirement is the founding ethical principle of not practising medicine when not well enough to do so.

The *CMA Code of Ethics* states, “Practise the art and science of medicine competently, with integrity and without impairment.” It goes on to say, “Seek help from colleagues and appropriately qualified professionals for personal problems that might adversely affect your service to patients, society or the profession.”

These principles recognize that health issues could affect the competent practice of medicine. When a physician (or a medical student) becomes aware of such a health issue, either in themselves or in a colleague, they are ethically and professionally responsible to either stop practice or to advise a colleague to do the same. This can be very difficult. The unwell physician may display a lack of insight, may have impaired judgement, or may be affected by declining cognitive ability. Sometimes there are compelling personal relationships or financial issues involved.

The medical profession is aware that some workplace positions are designated as “safety sensitive.” Registrants are all familiar with their responsibility to advise patients who may be impaired by illness and who work in a safety-sensitive occupation that they should take a leave. They know that if a patient is not well, she or he should not drive a school bus, fly a plane or operate equipment on which other peoples’ safety depends.

The practice of medicine may also be a safety-sensitive profession. As stated in the Canadian Human Rights Commission’s Policy on Alcohol and Drug Testing released in October 2009, “A safety-sensitive position is one in which incapacity due to drug or alcohol impairment could result in direct and significant risk of injury to the employee, others or the environment.”

In order to encourage physicians and medical students to appropriately leave practice when they are unwell, the College has a new section on its website called [Taking Time Away](#) which outlines the steps involved in taking a leave of absence. A form requesting a change in licensure status to temporarily inactive can be downloaded directly from the College website and submitted by email, fax or regular mail. Registrants who inform the College of a leave of absence due to health reasons or a parental leave also receive a pro-rated refund of annual licence renewal fees, and a deferral of future fees for up to three years or until a return to active practice.

In these situations, it is always appropriate to call and speak to College staff for advice; however, it is not mandatory to do so at the time of absenting oneself from practice. As a resource, the College also

encourages registrants dealing with health concerns to seek the assistance of the [Physician Health Program](#).

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Considerations for selection of single-use or reusable medical devices



When it comes to deciding between single use and reusable medical devices, registrants need to make informed decisions and consider the pros and cons of each.

A medical device refers to any instrument or piece of equipment used in any practice setting to assess, monitor, diagnose and treat patients. Medical devices are often available both as single-use and reusable items.

Single-use medical devices are designed to be used on one patient for a single procedure and immediately discarded. Reusable medical devices may be safely reused only after appropriate steps identified by the manufacturer instructions have been undertaken (e.g. cleaning, disinfection, sterilization).

The table below highlights key considerations to assist in making informed decisions regarding the medical devices and the potential risk to patient safety.

Table 1: Considerations for selection of single-use and reusable medical devices

Consideration	Single-use medical devices	Reusable
Risk of infection	None	Possible
Waste production	Increase in solid waste	Solid waste Chemical waste
Available choices	May be a limitation	More choices
Product durability	May be a limitation	
Reprocessing HR requirements	Not required	Required
Reprocess education and training	Not required	Required

Consideration	Single-use medical devices	Reusable
Reprocessing process requirements	Not required	Process requirements are: work instructions based on manufacturer instructions for use (MIFU) documentation packaging material safety data sheet (MSDS) chemical storage monitoring (indicators (biological, chemical and physical indicators
Reprocessing physical space	Not required	Required
Repairs and replacement parts	Not required	Required
Recalls	Not required	Required

For additional information, see the BC Ministry of Health’s [Best Practice Guidelines for Cleaning, Disinfection and Sterilization of Critical and Semi-critical Medical Devices \(2011\)](#).

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Anesthesiologists in non-hospital facilities now part of PPEP

PPEP Update

The College has once again expanded its Physician Practice Enhancement Program (PPEP) by engaging anesthesiologists for assessments. This expansion, which is aimed at anesthesiologists working in a non-hospital setting, is in accordance with a 2014 strategic priority set by the Board to broaden the program to include additional specialists, similar to that of other colleges across Canada.

Much like general practice assessments, specialist assessments include three components: [peer practice assessment of recorded care](#); [multi-source feedback assessment](#); and [office inspection of premises and processes](#). The assessments provide an opportunity for specialists to highlight areas of excellence, and identify opportunities to guide continuing professional development and lifelong learning.

The Physician Practice Enhancement Program (Video)



Click [here](#) to view the video or copy and paste the following URL in your browser:
<https://www.youtube.com/watch?v=JikAk9gdQM4>

More information on PPEP can be found on the College [website](#).

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Patient safety incident review panel

NHMSFP Update

Following recent changes to the College Bylaws, the Non-Hospital Medical and Surgical Facilities Program (NHMSFP) Case Review Sub-Committee has been re-named the NHMSFP Patient Safety Incident Review Panel and will report directly to the Board.

These changes now protect activities of the NHMSFP Patient Safety Incident Review Panel under section 26.2 – Confidential Information, as set out in the *Health Professions Act* for quality assurance activities. The NHMSFP Patient Safety Incident Review Panel will continue to consist of members of the NHMSFP Committee with expertise in the investigation and review of adverse events.

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Access to PharmaNet—more than a best practice

DRUG PROGRAMS Update

A draft standard was presented to the Board at its meeting in November that would require all registrants who are licensed for independent practice to have access to PharmaNet at all clinical practice locations. In January, the College will circulate the draft standard for consultation to the profession, Doctors of BC and the Ministry of Health. The College recognizes that this will be a collaborative process between many individuals and agencies, all of whom have a role to play in ensuring this important public safety tool is fully operationalized. Once the new standard is approved, the College will allow for a transition period, where physicians will be given an appropriate amount of time to enable the technology in their practice locations. More information on mandatory access and use of PharmaNet will be made available in the New Year.

More information about PharmaNet, including how to apply, can be found at the BC Ministry of Health's [Medical Practice Access to PharmaNet](#) website.

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CME events: mark your calendars



Pain and Suffering Symposium

Friday, February 19, 2016 – Vancouver

<https://www.cpsbc.ca/for-physicians/professional-development/pain-suffering-symposium-2016>

Medical Record Keeping for Physicians

Wednesday, May 11, 2016 – Vancouver

<https://www.cpsbc.ca/for-physicians/professional-development/medical-record-keeping-2016-05-11>

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College library—a prime information source

College LIBRARY

The College library aims to be a primary provider of clinical information to registrants through high-quality evidence-based clinical resources, and through specific clinical literature reviews filtered to focus on the best evidence available. Registrants may pose an unlimited number of literature search requests and, whenever possible, librarians deliver results as quickly as needed. The library also rapidly delivers full text articles and other publications as requested by registrants. The vast majority of article requests can be located and delivered within a day or so, saving registrants the considerable costs of purchasing from publishers.

Contact the library at medlib@cpsbc.ca, 604-733-6671 or at <https://www.cpsbc.ca/library/services-hours/make-request>.

Beyond these personalized expert searches and rapid document delivery, online resources at www.cpsbc.ca/library provide a core set of high quality, easy-to-use clinical tools including:

Databases with full-text links

- Medline for all aspects of medicine
- Medline through the Read app – Read users can set institutional access to the College for access to all the library's full-text subscriptions (see previous [College Connector article](#) on Read)
- CINAHL for allied health and hospital administration
- PsycINFO for psychiatry and psychology
- Cochrane suite of databases in evidence-based medical reviews and clinical evidence for current systematic reviews and meta-analyses

Point-of-care tools

- BMJ Best Practice, both online and as an app
- First Consult, both online and as an iOS app
- ClinicalKey, online and an app is in development

Important [drug and therapeutics resources](#), with a focus on Canadian resources

- *Clinical Handbook of Psychotropic Drugs Online*, a comprehensive Canadian source on psychiatric drug therapy
- RxTx, a new, easy to navigate interface to eCPS, Therapeutic Choices, and Lexicomp drug interaction checker
- *Martindale: The Complete Drug Reference*, a well-respected pharmacopeia produced independently of the pharmaceutical industry

Training sessions in literature searching are also available through the College library. These may be personalized one-on-one sessions or computer-based group workshops. The library also offers print and ebook access, apps and MP3 lectures, as well as a range of customized monthly services: literature searches, journal tables of contents delivery, and the *Cites & Bytes* newsletter are available to all registered physicians in British Columbia. The College library is a full-service library committed to ensuring that every registered physician in British Columbia has the evidence-based information they need to support excellence in clinical practice.

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Regulatory actions

- [Brown, Roy Alan – November 20, 2015](#)
- [Wicks, Gregory John – November 25, 2015](#)

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