



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 – medical assistance in dying



The standard was developed using the eligibility criteria for medical assistance in dying (MAID) set out by the Supreme Court of Canada's ruling. The standard could change when the federal government's new law comes into effect.

While physicians are legally authorized to provide MAID as of June 6, 2016, the Carter decision did not explicitly protect nurses and pharmacists, who also play a critical role in ensuring patient well-being throughout the procedure. Until a new federal law is in effect, nurses and pharmacists remain uncertain about whether or not they are able to assist in MAID. The College is concerned that this situation may pose a barrier to patients wishing to access MAID; however, it is hopeful that a new directive will be issued by the government in the interim to protect nurses and pharmacists from potential criminal prosecution.

Both the College of Registered Nurses of BC and the College of Pharmacists of BC have provided guidance to their registrants.

- College of Registered Nurses of BC – [Update on Medical Assistance in Dying](#)
- College of Pharmacists of BC – [Medical Assistance in Dying \(MAID\)](#)

Provincial health partners continue to work collaboratively to ensure there is a standardized process in place to enable patient access to MAID, including identifying coordinators in each health authority who can assist patients by providing information and guidance, and connecting them with willing providers of MAID.

Physicians involved in providing MAID will need to access standardized forms, which can be obtained from the health authorities and the College. The Ministry of Health is currently working to identify an official oversight agency to support provincial monitoring and reporting of MAID. In the meantime, physicians are required to submit all of their completed forms to the College.

Completed forms must be sent by mail in confidence to:

Office of the Registrar and CEO
College of Physicians and Surgeons of BC
300–669 Howe Street
Vancouver BC V6C 0B4

Standard on [Medical Assistance in Dying](#)
[Frequently Asked Questions](#)

Heidi M. Oetter, MD
Registrar and CEO

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

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College Board adopts new professional standard on safe prescribing to address public health emergency related to opioid overdoses



At its recent meeting, the Board of the College of Physicians and Surgeons of BC adopted a new professional standard, [Safe Prescribing of Drugs with Potential for Misuse/Diversion](#), to assist physicians with the challenging task of prescribing opioids, benzodiazepines and other medications. Many of the principles contained in the new standard reflect the US Centers for Disease Control and Prevention's (CDC) *Guideline for Prescribing Opioids for Chronic Pain – United States 2016*, which the Board endorsed in April 2016.

The Board adopted this very significant and timely document to direct appropriate prescribing of potentially harmful drugs. The new document contains both professional standards, which are not discretionary and must be adhered to, as well as recommendations for physicians to consider based on their patient's situation and their own clinical judgement.

Specifically, *Safe Prescribing of Drugs with Potential for Misuse/Diversion* directs physicians to have documented discussions with their patients about the benefits of non-pharmacologic and non-opioid therapies for the treatment of chronic pain. If a risk-benefit analysis indicates that opioid therapy is appropriate, then physicians are cautioned to avoid prescribing opioid pain medication and benzodiazepines concurrently, and to prescribe the lowest effective dosage with ongoing reassessment of the patient, including routine urine testing.

The document further directs that physicians review a patient's medication history on PharmaNet (when access is available) before prescribing opioids, sedatives or stimulants. If access is not available, physicians are expected to consult with colleagues, including pharmacists, and prescribe only necessary medications until the patient's dispensing history is available.

Currently, physicians are required to have PharmaNet access in methadone clinics, and walk-in and urgent care settings. The College Board endorses the concept of mandatory use of PharmaNet for BC physicians at all points of clinical care. The College continues to hold discussions with the Ministry of Health about enabling widespread access, facilitating the integration of PharmaNet information into electronic medical records, and supporting electronic prescribing.

Safe Prescribing of Drugs with Potential for Misuse/Diversion replaces an earlier document, which outlined precautions in prescribing opiates titled, *Prescribing Principles for Chronic Non-Cancer Pain*.

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Knowing the difference between the College's professional standards and guidelines

Professional Standards & Guidelines

The College develops *Professional Standards and Guidelines* to assist physicians in meeting high standards of medical practice and conduct.

Professional standards are akin to policy, reflecting the minimum standard of professional behaviour and ethical conduct expected by the College of all registrants. Standards also reflect relevant legal requirements and are enforceable under the *Health Professions Act*, RSBC 1996, c.183 (*HPA*) and College Bylaws under the *HPA*.

Professional guidelines describe a recommended course of action based on the values, principles and duties of the medical profession. Physicians are expected to exercise reasonable discretion in their decision making based on the guidance provided.

Find out more [here](#).

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When patients suffer adverse events, apologizing is important



Patients who suffer adverse outcomes may file a complaint with the College. Their accounts often include allegations that the physician they hold responsible was unsympathetic, a belief only reinforced if the physician's response includes no expression of regret for what happened.

The Canadian Patient Safety Institute (CPSI) and the CMPA both advocate expressed sympathy in such circumstances. Most Canadian provinces, including British Columbia, have enacted "apology" legislation that serves to promote apologies by prohibiting their use against physicians in civil actions. More information can be found [here](#).

College registrants are encouraged to review a recent CMPA advisory on how to manage disclosure when patients are harmed in the course of receiving health care. The advisory can be found [here](#).

The *Apology Act* in British Columbia (2006) begins with this definition of an apology:

"An expression of sympathy or regret, a statement that one is sorry or any other words or actions indicating contrition or commiseration, whether or not the words or actions admit or imply an admission of fault in connection with the matter to which the words or actions relate."

An apology stated at the bedside and, if necessary, in your response to the College, is simply the right thing to do. And it is protected in law. Physicians whose patients experience an adverse outcome may contact the CMPA or the College for advice.

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When duty calls: legal and professional obligations in medical practice

2016
Education
Day and
AGM

Date: Friday, September 30, 2016

Location: Vancouver Convention Centre, 1055 Canada Place, Vancouver

Event registration: [Register now](#)

Save the date for the much-anticipated College Education Day, held again this year at the Vancouver Convention Centre. This year's program will address physicians' legal and professional obligations in specific circumstances.

The College is pleased to welcome Nita Jain, MD, FRCPC, Katrina Harry, LLB, and Serena Kullar, MSW, as its morning plenary panel to address the medical and legal requirements of protecting at-risk children.

The afternoon plenary speaker is Jeff Kerrie, MD, FRCPC, a clinical instructor in community internal medicine at UBC, who will discuss his experience in the field during the Ebola outbreak.

To learn more about the plenary and workshop topics, presenters, and to register, click [here](#).

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The launch of a three-year strategic plan

NHMSFP
Update

The new strategic plan will help the NHMSFP deliver on its mandate of public protection through effective regulation of the medical profession.

The NHMSFP three-year strategic plan was developed by the NHMSFP Committee and was approved by the College Board.

Strategic plan directions include:

- strengthening the role of the medical director
- strengthening the role of the committee
- strengthening the role of the NHMSFP

Click [here](#) to view the Non-Hospital Medical and Surgical Facilities Program Strategic Plan.

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Medical directors come together for important education to strengthen their role in facilities

NHMSFP Update

In April 2016, medical directors had the opportunity to attend one of two education sessions. The education sessions provided an opportunity for medical directors to enhance their proficiency in patient safety incident review and physician credentialing and privileging, and meet committee members and program staff. The education session was accredited by UBC-CPD for both the Royal College of Physicians and Surgeons of Canada MOC Section 1 credits and the College of Family Physicians of Canada Mainpro-M1 credits. Attendee feedback from the sessions was very positive.

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Safety incident reviews: ongoing learning

NHMSFP Update

The following information and recommendations are being shared with all facilities in the spirit of continuous learning, and improving patient safety.

The Non-Hospital Medical and Surgical Facilities Program Patient Safety Incident Review Panel recently reviewed an incident of aspiration pneumonia arising from regurgitation of stomach contents following induction of anesthesia in a patient with an adjustable gastric band in place.

The contributing factors to this incident included:

- the patient had an adjustable gastric band (LAGB) in place which may impair gastric emptying of certain foods
- the patient experienced regular acid-reflux which was treated with ranitidine when needed
- the patient last ate a fibrous, hard-to-digest food eight hours prior to scheduled surgery and went to bed shortly after food consumption
- neither a rapid sequence induction (RSI) was used, nor an H2 blocker given preoperatively

In reviewing the potential impact of these contributory factors on the patient safety incident (adverse event), the panel made the following recommendations for the facility and others to consider: that non-hospital facilities be more specific about oral intake preoperatively for those patients with an adjustable gastric band in place. For example, suggesting easily digestible foods and a strict time limit with patients at risk for regurgitation, and that anesthetic technique (RSI) be considered to reduce the complication of aspiration.

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A new staff position for the NHMSFP

NHMSFP Update

Ms. Krista Fairweather, RN, has joined the College as senior coordinator, quality improvement and accreditation with the Non-Hospital Medical and Surgical Facilities Program. Krista previously worked for the College of Dental Surgeons of British Columbia as a sedation program coordinator. Her background includes front-line care delivery in the perioperative setting of hospitals and private dental facilities. In this newly established role, Krista will focus on coordinating and conducting patient safety incident analysis for the review panel, and assessing applications for appointment to a non-hospital facility.

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Making sense of it all: sterilization, high-level disinfection and disposable medical devices

PPEP Update

Community-based physicians rely on and commonly use critical medical devices in their practices, such as surgical instruments, biopsy forceps, suture scissors and staple removal instruments. Any instrument that punctures the skin, enters a sterile tissue or the vascular system, is considered a critical medical device.

While physicians are familiar with the use of these instruments, many may not be aware that they must be sterile at point of use. In other words, physicians must ensure that the item has not been contaminated or handled in any way to compromise its sterility. Taking the item directly out of a sterile package right before use is the only way to ensure the item hasn't been contaminated.

1. **Disposable medical devices:** Single-use disposable items are packaged sterile by the manufacturer, and remain sterile until the package is opened at point of use. Once the item is used, it is discarded.
2. **Steam-sterilized reusable medical devices:** Reusable medical devices are appropriately steam sterilized in an autoclave. Appropriate use of an autoclave means that all of the required parameters as described in the BC Ministry of Health's best practice document must be met to ensure sterility of the item. For a complete description of the required parameters for steam sterilization, refer to the BC Ministry of Health's [*Best Practice Guidelines for Cleaning, Disinfection and Sterilization of Critical and Semi-critical Medical Devices \(December 2011\)*](#).

A common misunderstanding that peer assessors with the Physician Practice Enhancement Program encounter when working with physicians is around the practise of chemical sterilization for reusable medical devices, otherwise known as "the cold sterilant method." Typically with this method, surgical instruments are submerged in a sterilant solution for a certain amount of time, removed with tongs and stored away in a drawer or wrapped in linen.

Please note: This is not an acceptable practice for sterilizing reusable critical medical devices, because once the item is removed from the cold sterilant solution, it is no longer sterile and therefore cannot be sterile at point of use.

When it comes to reusable critical medical devices and patient safety, all community-based physicians have a responsibility to review their current practices and ensure that they are meeting the requirements.

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New or updated professional standards and guidelines

Professional Standards & 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.

Updated

- [Job Shadowing/Observing](#)
- [Walk-in, Urgent Care and Multi-physician Clinics](#)

New

- [Medical Assistance in Dying](#)
- [Safe Prescribing of Drugs with Potential for Misuse/Diversion](#)

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CME events: mark your calendars



Education Day and Annual General Meeting 2016

Friday, September 30, 2016 – Vancouver

[Learn more](#)

Methadone 101/Hospitalist Workshop

Saturday, October 1, 2016 – Vancouver

[Learn more](#)

Medical Record Keeping for Physicians

Wednesday, October 19, 2016 – Vancouver

[Learn more](#)

Professionalism in Medical Practice: Avoiding the Pitfalls

Friday, October 21, 2106 to Saturday, October 22, 2016 - Vancouver

[Learn more](#)

Medical Record Keeping for Physicians

Wednesday, November 2, 2016 – Vancouver

[Learn more](#)

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Save time with expert searching to answer your clinical questions

College LIBRARY

Time may be the most elusive aspect of clinical practice. The time required to search thoroughly for reliable and valid medical information may be unavailable to many clinicians on a regular basis. The College library aims to be a prime source of reliable clinical information for active practising registrants, which includes provision of timely literature search services by experienced medical librarians. Registrants are welcome to pose an unlimited number of questions to College librarians and all use of the library is confidential. Surveys of College library users demonstrated that 97% of literature search results answered the registrants' questions and 99% were timely.

College librarians search a broad range of databases and unindexed literature dependent upon the nature of the question and the preferences of the requestor. For instance, registrants may request a quick update (e.g. recent reviews), evidence-based results (e.g. systematic reviews, meta-analyses, and randomized controlled trials located in the most relevant databases), a standard search (e.g. recent reviews and studies from most relevant databases) or an extensive search (e.g. all types of articles from many databases).

Search results are typically delivered to the requestor by email as a selected bibliography with links to online full-text articles, where available, through the library's online journal subscriptions. Most often, a select number of full-text articles of particular relevance to the specific topic are also attached to the email.

Registrants may request copies of any of the articles in the bibliography. Two hundred copies of articles per year requested from the library are free to registrants. There is a C\$3 charge per copy if a registrant orders more than 200 copies per year. All articles directly downloaded through the links in the bibliography or from the [library website](#) are free to registrants.

Locating relevant information to answer a clinical question is sometimes an iterative process; librarians send an initial search set, the requestor reviews and makes suggestions for refining the search, and results from this new search strategy are collected and delivered. Approximately 1,500 in-depth literature searches are done by College librarians each year, and this service has been identified by physician knowledge leaders as a valued aspect of College library services.

Registrants with library privileges are welcome to pose their clinical questions to the library by telephone (604-733-6671), email (medlib@cpsbc.ca), the [College website](#), or fax (604-737-8582). When making a request, registrants should indicate their deadline.

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Regulatory actions

- [Brown, Roy Alan – April 25, 2016](#)

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