College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

# College Connector

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## In this issue:



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.

# Registrar's message – new assessment standards for the Physician Practice Enhancement Program

For physicians in clinical practice, there is a no shortage of documentation outlining best practices. The guidance can vary, or be buried in volumes of literature, making pertinent information about practice standards difficult to find and onerous to read.

The Physician Practice Enhancement Program is currently in the process of developing assessment standards for community-based physicians in BC who participate in the program to clarify ambiguity around best practices, and make it easier to understand the criteria used by assessors during the course of an assessment.

The primary goals in developing the standards are to document best practices, requirements and recommendations expected by the College; make information more accessible; make the implementation process easier; and promote consistency across community-based practices

The standards do not contain new information; they cover aspects of practice such as infection prevention and control, patient safety, staff safety, emergency preparedness, and sharps safety.

Standards currently in development cover these topics:

- emergency preparedness
- infection prevention and control fundamentals
- medical device reprocessing
- hand hygiene
- personal protective equipment
- vaccine and medication
- sharps safety
- blood and body fluid exposure control plan
- medical director
- cumulative patient profile
- soiled linen
- waste
- lab specimens

The development of assessment standards is comprehensive, beginning with an extensive review of existing provincial, national and international standards from organizations such as the BC Ministry of Health, the Canadian Standards Association, and centers for disease control. Once the information is compiled into a draft, it is reviewed by the Physician Practice Enhancement Panel, before being distributed to subject matter and technical experts, health partners, and registrants (on a rolling basis) for consultation.

The College will begin the gradual release of the assessment standards in the fall of this year. The standards will be published on the PPEP section of the College website and communicated to targeted groups of physicians by email, and more widely through the *College Connector*.

Registrant feedback has been extremely valuable during the development of these standards. Should you receive a request to provide input on the new standards, I encourage you to participate.

Heidi M. Oetter, MD
Registrar and CEO

*We welcome your feedback on any article contained in the College Connector.*

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# Questions and answers about the College's newly revised professional standard: *Safe Prescribing of Drugs with Potential for Misuse/Diversion*

Professional Standards & Guidelines

The new College standard on safe prescribing doesn't tell physicians they can't ever prescribe opioids. Rather, it tells them to be hesitant, cautious, and to keep the doses low. Since the release of the new professional standard in June 2016, the College has received some valuable feedback from the profession, which is addressed in the following questions and answers.

### Why is the College's professional standard described as legally enforceable?

The newly revised professional standard evolved from a previous version developed in 2012 by the College's Prescription Review Program called *Prescribing Principles*, which, as a "guideline," did not prevent an increasing toll of prescription drug misuse and overdose deaths in this province. Additionally, clinical guidelines developed by the National Opioid Use Guideline Group (NOUGG) in 2010, an initiative sponsored by this and other Canadian medical regulatory authorities, have also apparently not been effective in preventing the increasing reliance of prescribers on long-term opioid treatment for chronic non-cancer pain. The current document comprises 15 standards, which are enforceable under the *Health Professions Act* thereby making them more authoritative, and an additional 11 guidelines, which outline a recommended course of action.

### Do physicians have to stop prescribing drugs with potential for misuse/diversion?

No, each of these classes of prescription medication is indicated for some patients. The key message contained in the standard is that physicians should more carefully consider both starting these medications and/or continuing them for long-term use because of the risks involved both for the individual patient and the public at large. That is not to say that no patients should be prescribed these medications. The decision to prescribe however, even when the patients have been "inherited" from another physician or are legacy patients who have been on the medication for many years, should be based on documented and careful patient assessment and treatment rationale. It is unacceptable to refuse to treat patients solely on the basis of their long-term medications or medical diagnosis. The newly revised standard does not support inappropriate withdrawal of long-term prescription medications. It endorses an empathetic discussion of benefits versus harms of long-term prescription medications with patients. Where tapering to a lower dose or to discontinuation is the clinically appropriate course, physicians are advised to taper slowly to minimize physical and psychological withdrawal.

### Do all patients need to receive less than 90 mg MEDD?

Standard #5 requires documentation of the rationale for all prescriptions of opioid medication, and avoidance of higher doses unless there is clinical indication for this. Physicians must critically analyze medication regimens for chronic non-cancer pain and other complex patients, and exercise judicious, safe prescribing. Risks associated with concurrent medical conditions (e.g. sleep apnea, chronic lung disease, cognitive impairment, etc.) must be carefully reassessed at intervals. Some physicians may have misinterpreted the document as a standard of dosage alone when it was intended to be a standard of documentation of thoughtful prescribing. It does not say that a physician must not prescribe >90 MME per day (or MEDD). It states that if prescribing greater than 90 mg MEDD, physicians must carefully document the rationale for their decision, and must frequently reassess the dose.

### Why does this standard speak to 90 mg MEDD when the previous NOUGG guidelines referred to 200 mg MEDD as being the "watchful dose"?

The literature review that preceded the 2010 NOUGG guidelines began in 2008. Current medical evidence, as reviewed most recently in the March 2016 US Centers for Disease Control and Prevention's (CDC) *Guidelines for Prescribing Opioids for Chronic Pain* , has identified the lack of evidence for supporting high-dose opioid use in chronic non-cancer pain. The College is aware that the NOUGG guidelines are also currently under review and a new version is expected in 2017. It is expected the new NOUGG guidelines will reference a lower "watchful dose" than it did in 2010.

### Does the 90 mg MEDD include methadone?

No. The College recognizes that the morphine equivalent for doses of methadone in patients with chronic non-cancer pain and/or opioid use disorder can be significantly higher than 90 mg MEDD.

### What if the patient is on opioids and benzodiazepines? The standards say that benzodiazepines can only be prescribed as a taper.

Benzodiazepines should not be prescribed as an ongoing prescription if the patient is also on long-term opioid treatment (LTOT). This does not refer to patients who intermittently use an opioid medication. There is no clinical data to support this long-term combination, and coroners' data shows it to be unsafe. Physicians should discuss these issues with their patient and suggest a choice for monotherapy. If and when tapering opioids, and more especially benzodiazepines, physicians should do so slowly to minimize withdrawal discomfort and psychological distress. And, they should develop a treatment plan and reasonable timeline for the taper, including the pharmacist when appropriate. Blister packing can be a very useful strategy in this context.

### Why did the College include stimulants in a professional standard about opioids?

The professional standard is not intended to address only opioids, or benzodiazepines, or stimulants. The College knows from both clinicians and law enforcement that these three groups of prescription medications are the most widely misused and diverted. Although it has not been possible to avoid reference to patients with chronic non-cancer pain, the standard is not focused on a single group of patients or a single diagnosis.

**Standard #14 states that physicians must prescribe "a one-month supply or 250 tablets, whichever is less." Does that mean that patients on a once- or twice-daily medication can only be prescribed dispenses of 30 to 60 tablets?**

The College has reviewed this specific statement and recognizes that it may be too restrictive. The standard will be edited to read "a three-month supply or 250 tablets, whichever is less."

**Does the standard apply to palliative care patients?**

No. As stated in the standard: The College acknowledges the appropriate role of pharmacotherapy in the context of active cancer, palliative, and end-of-life care.

**Standard # 4 says not for headache, fibromyalgia or back pain. Why?**

To clarify, this refers to LTOT, not intermittent or PRN use of opioids. There is not good medical evidence to support continuous daily opioid treatment of these conditions.

**What other resources can physicians offer their patients with chronic pain?**

Medication is just one part of the treatment plan for most chronic and nonmalignant pain conditions.

Patients may access:

- chronic pain self-management workshops for patients from Self-Management BC: www.selfmanagementbc.ca
- resources from PainBC: www.painbc.ca

The College encourages physicians not to write off the option of offering physical or exercise therapy to patients who do not have the coverage or personal resources for physiotherapy or rehabilitation programs. Physicians can prescribe simple exercise regimes and monitor functional improvement where other resources are not available. Additionally, patients who do not have access to psychologists may still benefit from advice from their physician about cognitive behavioural therapy.

**Patients with acute pain need enough medication to bridge them to community follow-up. What if three to seven days is not enough?**

Short-term prescriptions should be enough to get patients with acute pain to their regular prescriber. Large quantities are never advisable. The duplicate prescription can be written for a total quantity, but specify part fills. For example, "*Total quantity 300 tablets. Dispense 100 tablets every two weeks*." Dispensing smaller volumes is one way to foster compliance, prevent diversion and potential overdose, and prevent wastage. Patients should be directed to take unused medication to the pharmacy for safe disposal.

**Is it appropriate for patients who have been on long-term opioid therapy for many years to be told by a physician that their prescriptions will be stopped immediately?**

The only situation in which this approach might be considered appropriate is if the patient's urine drug testing (with laboratory confirmation of the optimal sample by gas chromatography-mass spectrometry, particularly for semi-synthetic and synthetic opioids) showed no evidence at all of the opioid being prescribed. In all other cases, this approach might be considered clinically inappropriate. The College would encourage any patient or physician aware of such a case to contact the College.

Read the standard here: *Safe Prescribing of Drugs with Potential for Misuse/Diversion*

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# Regulating in the public interest through appropriate criminal screening

As part of its duty to regulate physicians in the public interest, the College is tasked with ensuring that patients receive care in a safe environment. In keeping with this mandate, the College is required by law to administer a process of criminal screening, which involves ensuring that every registrant and every individual who applies for registration undergoes a criminal check or criminal record check verification in accordance with the Criminal Records Review Act. Physicians must meet their ongoing registration requirements, which include the duty to engage in this criminal screening process.

Registrants must also be aware of and comply with their reporting obligations to the College. This includes promptly reporting to the College any criminal charge or conviction, as well as providing accurate and complete information about the criminal matter on the Annual Licence Renewal Form.

The College is currently investigating several complaints involving the failure of a registrant to report a criminal charge or conviction in a timely way, or at all. A registrant's failure to fulfill his or her reporting obligations to the College may result in a finding of unprofessional conduct.

Registrants are reminded of their legal, professional and ethical duty to meet their reporting obligations to the College. The College's ability to fulfill its mandate to uphold professional standards and provide a safe environment for the public depends on it. Legislative guidance with regards to reporting criminal charges and convictions can be found in the professional standards and guidelines section on the College website. Registrants who are charged and/or convicted are encouraged to seek independent legal advice through the Canadian Medical Protective Association.

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# College granted permanent injunction for unlawful practice of medicine

On July 21, 2016, the BC Supreme Court granted an Order prohibiting Mobile Life Imaging LLC (MLI) and Mr. Randy Spielvogel, both of North Dakota, USA, from providing any service, or facilitating the provision of any service, that may only be provided by a registrant of the College of Physicians and Surgeons of BC, and that may only be performed in a facility accredited by the College's Diagnostic Accreditation Program (DAP).

The BC Supreme Court's Order follows a lengthy investigation into the activities of MLI and Mr. Spielvogel in British Columbia, after concerns were raised that Mr. Spielvogel was operating an unaccredited diagnostic facility, and performing ultrasound for the purpose of disease screening.

Through the investigation and correspondence with Mr. Spielvogel, it was clear that he was not prepared to cease operations in BC. Following application to the BC Supreme Court, the College was granted a permanent injunction prohibiting Mr. Spielvogel from engaging in the unlawful practice of medicine in British Columbia. The Order further prohibited Mobile Life Imaging LLC from providing ultrasound services in BC until such time as it has been accredited by the DAP in accordance with the College Bylaws, or is otherwise approved by the College.

Read the College news release here: College of Physicians and Surgeons of British Columbia granted a permanent injunction for the unlawful practice of medicine

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# New online application is launching in BC


In the fall of 2016, the College will start using the new Application for Medical Registration in Canada (AMRC), a centralized online portal for submitting an application for registration with one of the provinces or territories in Canada. British Columbia is the sixth province to join the AMRC. In the next 18 months, it is anticipated that most other Canadian medical regulatory authorities will start using the AMRC. Read about the impact on new applicants.

The Application for Medical Registration in Canada (AMRC) allows qualified candidates to apply for registration, and all documents (degrees, diplomas, credentials, transcripts, certifications, etc.) are sent electronically to the licensing authority for processing. The AMRC is accessed through the physiciansapply.ca portal, which has been "live" since mid-2013. The physiciansapply.ca portal is hosted by the Medical Council of Canada (MCC) and through its repository function, physicians' credentials, degrees, test scores and other related documents can be securely stored and verified, and with consent, shared with licensing authorities.

To date, the College of Physicians and Surgeons of British Columbia has used physiciansapply.ca to view whether an applicant

- has had their identification verified,
- has had their medical credentials source verified, and
- applied for or completed MCC exams.

Once the College starts using the AMRC, qualified candidates will be able to apply for medical registration in BC online. If they previously applied for registration using physiciansapply.ca, their information can pre-populate applications, making registration in other Canadian jurisdictions more efficient. Medical degrees and credential documentation that support a qualified candidate's application will be uploaded into physiciansapply.ca as part of the process.

**Which candidates will this impact in BC?**

- Candidates who may qualify for the full class of registration and licensure
- Candidates who may qualify for the provisional class of registration and licensure

**What will change in the process for each of these?**
Candidates who think they may qualify for the full class of registration and licensure should contact the College at 604-733-7757 at extension 2626, or by email at registration@cpsbc.ca. If a candidate has the required qualifications, he or she will be directed to the AMRC to complete the application process once enabled. Candidates will no longer have to photocopy or have notarized copies of all of their credentials.

Candidates who may qualify for the provisional class of registration and licensure will follow the process outlined in the provisional section on the College website, which starts with contacting Health Match BC.

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# When duty calls: legal and professional obligations in medical practice


**Date:** Friday, September 30, 2016
**Location:** Vancouver Convention Centre, 1055 Canada Place, Vancouver
**Event registration:** Register now

This year's Education Day will focus on operationalizing physicians' statutory and other ethical duties to care for and protect at-risk children, seniors, impaired health professionals, the gravely ill, and other vulnerable groups. The speakers, workshops and case studies will provide physicians with ways to analyze real-life situations and examine strategies and approaches for identifying and caring for vulnerable patient populations.

## Plenary topics and presenters

### *Protecting at-risk children: medical and legal perspectives* – a panel discussion

**Nita Jain, MD, FRCPC**
Dr. Jain is a clinical assistant professor in the department of pediatrics at the University of British Columbia. She practises general pediatrics in the community and is a consultant pediatrician with the child protection team at BC Children's Hospital. She also works in this capacity with the suspected child abuse and neglect team at Surrey Memorial Hospital.

**Katrina Harry, LLB**
Ms. Harry has spent most of her career focusing on child protection law, but also has experience practising in family law and Aboriginal law, writing and reviewing publications and guest lecturing. She has represented parents and extended family members who are involved with social workers due to child protection concerns.

**Serena Kullar, MSW, RSW**
Ms. Kullar began her social work career in 2004 with the Ministry of Children and Family Development as a child protection social worker. In 2009, she became a child protection consultant and subsequently a child protection team leader with Vancouver Aboriginal Child and Family Services Society. In 2012, Ms. Kullar joined Fir Square Combined Unit, a maternity unit for women struggling with substance use, and currently serves as a social worker.

### *The Ebola outbreak: experiences and ethical issues in the field*

**Jeff Kerrie, MD, BSc, MSc (Bioethics), FRCPC**
Dr. Kerrie practises as a general internist in Victoria and Vancouver, working as UBC faculty on the

teaching unit at Royal Jubilee Hospital. He participated in the Ebola crisis in 2015 as a member of a research team from Oxford University trialing novel treatments in Liberia and Sierra Leone.

## Workshop topics and presenters

### *Statutory duty to report impaired health professionals*

**Graeme Keirstead, LLB**
Before joining the College in 2013 as chief legal counsel, Mr. Keirstead worked as a staff lawyer at The Law Society of British Columbia for 15 years, holding various leadership positions. Mr. Keirstead has spoken to groups of lawyers and other professional audiences on topics from how to avoid complaints to how to develop your own succession plan.

**Ailve M. McNestry, MB, CCFP**
Dr. McNestry has been a deputy registrar at the College of Physicians and Surgeons of BC since 2011. Prior to that, she practised as a family physician and worked as a medical advisor for WorkSafeBC. At the College, she is responsible for the BC Methadone and Prescription Review Programs, and monitoring.

### *Obligations arising from the Coroners Service and Vital Statistics Act*

**Robert Saunders MD, FRCPC**
Dr. Saunders has practised emergency medicine full time for the past 40 years in Victoria, Vancouver and Burnaby, and has been a coroner and consultant to the BC Coroners Service since 2007.

### *Assisting adults who are abused, neglected or self-neglecting – a decision tree for effective referrals*

**Alison Leaney, MSW, RSW**
Ms. Leaney is a registered social worker at the Public Guardian and Trustee of BC where she has spent 20 years in implementation of BC's adult guardianship legislation (including abuse/neglect law). Along with Ms. Leanne Lange and others, Ms. Leaney finalized the *Decision Tree: How to Assist an Adult Who is Abused, Neglected or Self-Neglecting* and led the development of a series of explanatory videos about the decision tree.

**Leanne Lange**
Ms. Lange has been employed by Fraser Health as the clinical specialist, adult abuse and neglect for the last nine years. In this role she leads Fraser Health's response to adult protection-related issues across the region. She provides consultation and support to staff working in hospitals, community programs, and residential care who respond to situations of abuse and neglect of vulnerable adults. Ms. Lange was instrumental in the development of the *Decision Tree: How to Assist an Adult Who is Abused, Neglected or Self-Neglecting*.

**Natasha Holdal**
Detective/Constable Natasha Holdal has been employed as a Vancouver police officer for the past 13 years. The majority of her career has been spent working as a patrol officer in the City of Vancouver. She has spent the last year and a half working as a detective in the Domestic Violence and Criminal Harassment—Elder Abuse Unit.

### *The community physician and WorkSafeBC – everything you always wanted to know*

**Peter Rothfels, MD, ASAM**
Dr. Rothfels joined WorkSafeBC as a medical advisor in 2002, where he now serves as chief medical officer and director of clinical services. Dr. Rothfels has a particular interest in chronic pain and addiction medicine, and he has been asked to speak at numerous conferences and outreach seminars, on the interplay of chronic pain, opioids, and addictions.

Full speaker profiles are available here.

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# What registrants need to know about phasing out the BC CareCard

Physicians are being asked to assist with helping to phase out BC CareCard by February 2018. Help spread the word.

The BC CareCard will be retired and replaced by the BC Services Card in February 2018. While most adult patients will present a BC Services Card when accessing care, others who are not aware of the change may continue to use their CareCard.

Patients who present with a BC CareCard for services after February 2018, must also provide one piece of photo identification. If they do not have photo ID, then they must provide two pieces of alternate identification along with their personal health number. Other provinces will be directed to not accept the BC CareCard as evidence of enrolment in the Medical Services Plan (MSP).

Adults aged 75 and older do not need to renew in MSP but should still obtain a BC Services Card. Children are automatically issued a non-photo BC Services Card and do not need to renew MSP enrolment until their 19th birthday.

Physicians are asked to advise their patients of the upcoming changes.

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# Taking a medical history and conducting a physical exam are required

NHMSFP Update

Medical directors are reminded that a pre-admission assessment, including but not limited to physical exam, medical history, ASA classification, body mass index (BMI) and pre-operative testing based upon the patient's clinical conditions and the planned procedure, must be performed on all patients, including patients having procedures under local anesthesia only, such as cataract surgery and biopsies.

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# Office procedures in an accredited non-hospital facility


Medical directors are reminded that any physician performing procedures in an accredited non-hospital facility, including office-type procedures (e.g. diagnostic hysteroscopy, upper blepharoplasty, lumps and bumps, cyst removal), must hold privileges to perform those procedures at the facility in accordance with section 5-8 of the College Bylaws.

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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

**Professionalism in Medical Practice: Avoiding the Pitfalls**
Friday, October 21, 2106 to Saturday, October 22, 2016 - Vancouver
Learn more

**Prescribers Course**
Friday, November 25, 2016 – Vancouver
Learn more

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# Easy access to clinical journals

College LIBRARY

Journal reading is a cornerstone of physicians' continuing professional development. A recent survey of Canadian family physicians showed that group learning and journal reading are predominant learning activities.[1] The College library provides easy access to a broad range of high-impact clinical journals for College registrants.

College registrants have free access to more than 2,500 online journals through the College library. The titles range across all the medical specialties and include core titles such as *The Lancet, BMJ*, and *CMAJ*, and important specialist journals including the *American Journal of Psychiatry, American Journal of Sports Medicine, Pediatrics, American Journal of Obstetrics and Gynecology, Circulation, Cancer, Rheumatology, Canadian Family Physician, American Family Physician*, and *Journal of Bone and Joint Surgery*.

The library subscribes to journals as cost effectively as possible through participation in a province-wide library consortium, the Electronic Health Library of BC, and purchases large journal packages for lower per title costs. Journal subscriptions are often five to 10 times the cost for institutions as for individuals but some prices soar even higher. As a workaround, journals such as *New England Journal of Medicine, JAMA, JAMA Internal Medicine* (formerly *Archives of Internal Medicine*), other *JAMA* titles, and *Journal of Neurology, Neurosurgery and Psychiatry* have been purchased as in-library-only subscriptions. Registrants may request copies of articles from these journals, and copies are delivered by library staff quickly—typically within the same business day.

Several points of online access to e-journals are available to registrants:

- All subscribed journals can be located through the e-journals link on the library's Books and Journals web page.
- The library's journal collection is also integrated into medical databases so full-text articles are readily available during a literature search. For example, using the library's link to PubMed as a starting point for a PubMed search (see Medline via PubMed with full-text articles), the abstracts display of search results provide a blue button that links to the full text where available.


- Ask the library staff to arrange for regular tables of contents of your favorite journals to be sent to you. Simply request from the library the full text of any new article of interest.
- Follow the content of journals through the Read app. Set the institutional access setting to College of Physicians and Surgeons of BC to assess College-subscribed e-journals.

Access to journal articles is almost unlimited whether or not the library has a subscription. The library's document delivery service locates articles quickly and, generally, without a cost to the registrant.

Occasionally, interlibrary loan costs may apply; however, the requestor is always advised before staff proceeds with acquiring the article. Registrants with library access are welcome to contact the library through the website's request forms, email (medlib@cpsbc.ca), phone (604-733-6671), or fax (604-737-8582).

[1] Family physicians' continuing professional development activities: current practices and potential for new options. Lindsay E, Wooltorton E, Hendry P, Williams K, Wells G. Can Med Educ J. 2016 Mar 31;7(1):e38-46. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4830372/

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