



# 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](mailto:communications@cpsbc.ca).



## College of Physicians and Surgeons of British Columbia

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### Registrar's message—prescribing Mifegymiso will require clear and concise communication between physicians, patients and pharmacists



Following a lengthy drug approval process, Health Canada agreed to allow physicians to begin prescribing Mifegymiso earlier this year. At that time, Health Canada also established strict conditions of use for this drug, including the requirement that physicians provide the first dose of Mifegymiso directly to the patient.

Both the College of Physicians and Surgeons of BC and the College of Pharmacists of BC expressed concerns that the conditions imposed by Health Canada would be challenging to operationalize since most BC physicians are not legally authorized to sell and dispense medication, therefore creating a potential barrier to access.

After corresponding with Health Canada, the two colleges were advised that it is within the purview of a practitioner and pharmacist to prescribe and dispense a drug in a manner that falls outside the recommended uses and conditions of use set out in the product's label that is approved by Health Canada. Such practice is considered "off label" by Health Canada. As with any other off label practice, the physician and pharmacist would be held accountable for these decisions as a matter of professional responsibility.

There may be some confusion once Mifegymiso is available on the market as the product monograph will reference the patient receiving the medication directly from their physician. Physicians who choose to issue a prescription to the patient for pharmacist dispensing will need to indicate this instruction very clearly on the prescription, and ensure that both the patient and the pharmacist are aware.

Professional expectations of physicians who choose to prescribe Mifegymiso:

1. As set out in the regulations for the practice of medicine, and the College's professional standard, [Sale and Dispensing of Drugs by Registrants](#), physicians are not permitted to sell and dispense drugs to their patients unless they have been authorized by the Board of the College of Physicians and Surgeons of British Columbia to do so.
2. Mifegymiso is a drug with serious potential risks and physicians who prescribe it are expected to be competent with the use of the drug, and are encouraged to take appropriate training to effectively guide their patients.
3. Physicians must have informed consent discussions with their patients about how and where they intend to take Mifegymiso. Patients will have two options:

- i. They can take the prescription to a pharmacist of their choice and have the drug delivered to the physician's office for ingestion, which is consistent with the product monograph, or
- ii. They can take the prescription to a pharmacist of their choice and ingest the drug at home as directed by the physician, with no requirement to have the ingestion witnessed.

If the prescribing physician is authorized to dispense in accordance with the College standard, the drug can be sold, dispensed and ingested by the patient in the physician's office.

4. Given the range of options, it is the physician's responsibility to clearly indicate which option the patient has selected on the prescription, and what the directions are for consumption, so that both the patient and the pharmacist are aware, and no confusion exists.

Please refer to the College's professional standard, [Sale and Dispensing of Drugs by Registrants](#), for more information on obtaining authorization to sell and dispense drugs.

More information from Health Canada can be accessed [here](#).

Heidi M. Oetter, MD  
Registrar and CEO

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# College of Physicians and Surgeons of British Columbia

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## 2017 annual licence renewal is almost here

### 2017 Annual Licence Renewal

**Printed licences and wallet cards will no longer be available. The physician directory is the most up-to-date and accurate source for physicians' registration information.**

As of December 31, 2016, the College will no longer be printing licences or issuing wallet cards to physicians in independent practice. Verification of registration with the College will be available in the online directory via the College website effective March 1, 2017. Prior to March 1, confirmation of your completed Annual Licence Renewal Form and licensure fees will be provided by way of a receipt of payment.

There are two ways to view your registration status:

1. Logged in view (CPSID and password required)
  - a. Log in to the College website at [www.cpsbc.ca](http://www.cpsbc.ca)
  - b. Once logged in, click Edit My Profile
  - c. Your registration status is listed under your certification
2. Physician directory search (CPSID and password not required; accessible by the public)
  - a. Go to the College website, click [Find a Physician](#).
  - b. Search for your own physician profile by entering your first and last name
  - c. Your registration status is listed under your physician directory profile on each of the tabs (Main, Education, Regulatory Actions)

Health authorities requiring confirmation of an active licence should contact the College directly for relevant licence information that is not available on the website. Note that any confidential information related to your licence will require your consent and completion of the [Request for Certificate of Professional Conduct](#) form.

### 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, credit card, or online banking details)
3. Your CPD cycle date
4. Your health authority letter of reappointment (for verifying hospital privileges)

### Important dates to note

**January 1, 2017:** start of annual licence renewal

**February 1, 2017:** deadline to complete the Annual Licence Renewal Form and payment of fees

**March 1, 2017:** penalties applied for late licence renewal and late payment of fees

**April 1, 2017:** 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-ga>.

2. **Click 2017 Annual Licence Renewal**

Once logged in, you will land on the My Tasks page. Click on the 2017 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

in 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.

#### **Provide an email address**

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

Please be assured that your email address is not shared with third parties and nor is it visible in 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 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 2017 Annual Licence Renewal Form, with the addition of a few new questions regarding the following topics:

- Practising outside of BC – consent to share information with the College of Physicians and Surgeons of Alberta
- Procedures and use of medical equipment in the practice

#### **5. Certification/declaration**

At the end of the questions and prior to submitting the online form, you will be asked to certify that the information provided is truthful, accurate and complete. The College expects you to complete your 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 2017 renewal fee of \$1,670 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 licence renewal will be sent to registrants via email in December.

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# College of Physicians and Surgeons of British Columbia

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## Nurse practitioners can now prescribe controlled drugs and substances



The Nurses (Registered) and Nurse Practitioners Regulation was amended July 26, 2016 to include the prescribing of controlled drugs and substances as within the scope of practice for nurse practitioners (NPs). The revised nurse practitioner prescribing standards incorporating the prescribing of controlled drugs and substances (CDS) came into effect the same day.

### What this change means

The revised NP standards for prescribing controlled drugs and substances have been incorporated into the [NP Scope of Practice document](#), beginning on page 26. The standards for NP CDS prescribing were developed in close collaboration with both the College of Physicians and Surgeons of BC and the College of Pharmacists of BC.

A few key points about this change:

1. Before starting to prescribe controlled drugs and substances, NPs must ensure they have competence in this area of prescribing, complete educational requirements and any specific employer requirements.
2. NPs can prescribe most narcotics (e.g. codeine, morphine, hydromorphone, oxycodone, fentanyl), and benzodiazepines.
3. NPs are fully responsible and accountable for the prescriptions they write—whether they are initiating or continuing the prescription. Physicians are not responsible for oversight or counter-signing.
4. NPs are required to practise within the policies of the [Controlled Prescription Program](#), and to have PharmaNet access before prescribing.

### Restrictions

Federal legislation excludes some drugs, such as coca and opium, from NP prescribing authority. Federal legislation limits other drugs to the treatment of specific situations. These situations typically require initial diagnosis and treatment by a medical specialist.

The College of Registered Nurses of BC restricts NPs from prescribing other drugs or authorizes them to “continuation prescribe” only.

For example:

- archaic drugs where safer alternatives exist are limited or restricted (e.g. barbiturates, meperidine)
- drugs used to treat a disease or disorder that require initial diagnosis and treatment by a medical specialist are continuation only prescribing (e.g. methylphenidate, dextroamphetamine)

NPs cannot prescribe synthetic cannabinoids, e.g., Nabilone®, or issue medical documents for clients to access cannabis for medical purposes.

At this time, NPs are unable to prescribe substitution therapies for opioid addictions. The College of Registered Nurses of BC is working with the Ministry of Health, the College of Physicians and Surgeons of BC and the College of Pharmacists of BC to develop standards, limits and conditions in a phased manner as follows:

Phase 1—buprenorphine-naloxone continuation prescribing only

Phase 2—methadone continuation (maintenance)

Phase 3—buprenorphine-naloxone/methadone induction and full prescribing

### **Oversight**

Drawing on the experience of the College of Physicians and Surgeons of BC and in collaboration with the Ministry of Health, the College of Registered Nurses of BC is implementing a rigorous oversight program for NP CDS prescribing.

For more information, email [prescribe@crnbc.ca](mailto:prescribe@crnbc.ca).

### **References**

[Controlled Drugs and Substances Prescribing for Nurse Practitioners](#)

[NP Scope of Practice](#)

[Controlled Prescription Pad program for NPs](#)

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## College of Physicians and Surgeons of British Columbia

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### Complaints alleging discrimination in “meet and greet” interviews on the rise



The last issue of the College Connector included advice that it is unacceptable for physicians to use “meet and greet” sessions to screen out challenging patients, with a particular focus on the obligation not to turn away patients who are on long-term opioids or benzodiazepines (see ["Can a physician turn a prospective patient away?"](#)). The CMA Code of Ethics prohibits discrimination on the basis of medical condition, and chronic persistent pain and substance use disorders are both medical conditions. Patients with these conditions need primary care homes, so rather than turning them away, physicians must explain the need to adapt to evolving standards. That includes performing a comprehensive assessment over the course of a series of visits, and basing future prescribing on current findings and standards.

As the end of each year approaches, the College’s complaints and investigations department reviews statistical trends and notes a steady increase in complaints alleging discrimination and denial of access to care, many in the context of “meet and greet” protocols. No complaints of this nature were received in 2012; 30 were received in 2014; and 69 have been received this year. The Inquiry Committee concludes many of these investigations with criticism of the physician. Beyond refusal to abide by reasonable office policies and restrictions on the practice of the physician, there are very few circumstances where refusing a patient would not be considered discrimination.

In their responses to complaint investigations and in advice calls to the College, physicians offer a variety of explanations about why they conduct “meet and greet” interviews. Some are seeking to reduce their paperwork and wish to refuse patients with ongoing insurance claims. Others cite fear of College scrutiny in turning away patients on long-term opioids. Others have argued that they are insufficiently remunerated to accommodate patients with complex medical conditions.

The Inquiry Committee regards the care of individuals with compensable injuries, chronic pain, addiction, complex comorbidities and other challenges as part of the scope of family medicine. Physicians licensed for independent practice have the training and experience to manage these conditions. While the College may sympathize with arguments about inadequate supports in the system of care, these matters need to be addressed through organizations such as the local medical society, division of family practice, or Doctors of BC. The [Practice Support Program](#) of the General Practices Service Committee has a specific mandate in this regard. The College’s mandate, as set out in the *Health Professions Act*, is the regulation of individual physicians and the protection of the public.

#### Useful resources

Canadian Medical Protective Association: [Thinking about a patient’s human rights](#)  
College of Physicians and Surgeons of BC: [Access to Medical Care](#)

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## College of Physicians and Surgeons of British Columbia

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### Inadequate nursing home notes can cause trouble for physicians and patients



Many physicians who make informative notes in their private offices, the ER, and on acute care wards struggle to do as well in nursing homes where the circumstances are challenging. The office, the ER and the ward are scheduled into the work week. Often residents of long-term care (LTC) facilities are seen by physicians on short notice, during the noon hour, or on the way home from work. While patient assessment, writing orders, and (ideally) calling a family member are given appropriate priority, the note is too-often cryptic, and sometimes there is no

note at all.

Most residents of LTC facilities will die there. Every call has the potential to presage a terminal illness or major set-back. Grief at the death or significant deterioration of an elderly parent, even if anticipated, may trigger intense emotions and questioning, and potentially a complaint to the College, the facility, or the health authority.

The Inquiry Committee recently concluded its investigation of allegations of inadequate care of a 97-year-old woman with criticism of the family physician, despite apparent regular attendances. The physician had made no record of his assessments and the care provided. The Inquiry Committee determined that the patient record was of no assistance to the physician in defending his actions and had no option but to be critical. This is a common finding with nursing home complaints. Care facility staff and physician colleagues are often challenged to provide optimal care because other physicians have failed to document what they have found and done. With these observations in mind, physicians are reminded to give attention to the quality of their nursing home records.

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## College of Physicians and Surgeons of British Columbia

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### Updated Methadone for Analgesia Guidelines now available on the College website

DRUG  
PROGRAMS  
Update

With the world of pain management constantly evolving, the Recommendations for the Use of Methadone in Pain Handbook has been updated from September 2015 and renamed the [Methadone for Analgesia Guidelines](#). Please note that the document is only available in electronic format on the College website.

Key features contained in the revised document:

- updated drug interaction and QT charts and references
- more robust warning regarding combining methadone and benzodiazepines
- additional discussion on pregnancy and postpartum considerations
- more dosing examples provided

The process for obtaining authorization is also paperless and some changes have occurred. Applicants are now required to do the free, accredited online CME from Canadian Virtual Hospice instead of reading key articles. The key articles will remain on the College website as a resource, and are currently being updated. The interview component has also been removed. Registrants should check the College website for changes and links to forms and resources, and contact the methadone program with any questions.

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## College of Physicians and Surgeons of British Columbia

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### Update to the College standard: Safe Prescribing of Drugs with Potential for Misuse/Diversion

#### DRUG PROGRAMS Update

The College has obtained further feedback from the profession and has provided additional clarity on the following points:

- The paragraph acknowledging prescribing in the context of palliative care and other select situations is now in bold text to make it easier to find.
- Standard 13 better explains combinations that are considered “pharmacologically irrational” by the College’s expert reviewers.
- Guideline 4 has been updated to include referral to a psychiatrist (where appropriate).
- Guideline 8 has been reworded to clarify that tolerance to benzodiazepines may develop quickly (not always) and removed the sentence regarding sleep architecture and quality.

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## College of Physicians and Surgeons of British Columbia

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### Check PharmaNet, even when prescribing small quantities to unfamiliar patients

#### DRUG PROGRAMS Update

Recently, the Prescription Review Program learned that a patient had received prescriptions for small amounts of opioids and benzodiazepines from a number of physicians for the treatment of alleged tendonitis. A PharmaNet review later revealed that the patient was on methadone for opioid use disorder, but had relapsed and subsequently visited a total of 18 physicians over the span of six months.

In another instance, a PharmaNet review revealed that a patient who had been on methadone earlier in the year had more recently been receiving two different opioids and a benzodiazepine from 10 different prescribers over a four-month period.

These examples demonstrate why it is so important to check PharmaNet as a routine part of medical practice—even for small amounts of controlled medication.

Physicians should be particularly cautious in instances when patients present at their office from another province or who claim to live in BC but have no personal health number. In such cases, physicians should communicate with the patient's out-of-province pharmacy to verify identity, current medications, doses, and date of last refill.

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# College of Physicians and Surgeons of British Columbia

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## New assessment standards promote best practice



The program, in consultation with the Physician Practice Enhancement Panel and external stakeholders, has developed new assessment standards to address key areas that impact a clinical office. The principles in these standards apply to physicians' private offices, as well as walk-in, urgent care, and multi-physician clinics.

The goal of each assessment standard is to:

- document best practices, requirements and recommendations expected by the College based on required and recommended best practices based on provincial, national and international standards
- make information more accessible
- promote consistency across community-based practices
- clarify ambiguity around best practices and make it easier to understand the criteria used by assessors during the course of an assessment

This initial rollout includes the following standards with several more in development for 2017:

- [Vaccine and Medication](#)
- [Emergency Preparedness](#)
- [Hand Hygiene](#)
- [Personal Protective Equipment](#)
- [Infection Prevention and Control Fundamentals](#)

To access the assessment standards, click [here](#).

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# College of Physicians and Surgeons of British Columbia

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## New accreditation standards for private medical and surgical facilities

NHMSFP  
Update

The Non-Hospital, Medical and Surgical Facilities Committee is pleased to announce the posting of the following new accreditation standards:

- [Consent](#)
- [Environmental Cleaning](#)
- [Intraoperative Care Equipment](#)
- [Occupational Health and Safety](#)
- [Routine Practices and Transmission-based Precautions](#)

The standards represent the minimum level of performance required to achieve accreditation with the College, reflect relevant legal requirements, and are enforceable under the *Health Professions Act* as set out in section 5-1 of the College Bylaws.

To access these and other accreditation standards, click [here](#).

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# College of Physicians and Surgeons of British Columbia

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## Extubation in the PACU

### NHMSFP Update

The care of intubated patients in the post-anesthesia care unit (PACU) was recently reviewed by the Non-Hospital Medical and Surgical Facilities Program Patient Safety Incident Review Panel. In accordance with the accreditation standard, [Post-Anesthesia Care](#), medical directors are reminded that:

1. a one-to-one (1:1) nurse-to-patient ratio is required for intubated patients
2. the anesthesiologist must be immediately available to the PACU while the patient remains intubated
3. the anesthesiologist must be in attendance when the patient is extubated

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## College of Physicians and Surgeons of British Columbia

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### The College welcomes a new accreditation officer

NHMSFP  
Update

Ms. Jennifer Levett, RN has joined the College as an Accreditation Officer with the Non-Hospital Medical and Surgical Facilities Program. Jenny comes to the College with over nine years' experience in the non-hospital setting as a nurse manager of a major class 1 multi-room, multi-service non-hospital facility. Her background also includes frontline care delivery in operating rooms of tertiary care hospitals in BC and Alberta and Canadian Nurses Association certification in perioperative nursing. In this role, Jenny will focus on coordinating and conducting non-hospital facility

accreditation.

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## College of Physicians and Surgeons of British Columbia

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### Pulmonary function level 2 (spirometry) accreditation awards

#### DAP Update

Since 2014, spirometry facilities in BC have participated in a quality control (QC) program coordinated by the Diagnostic Accreditation Program (DAP). The calibration, linearity, biological quality control (Bio QC) data, and interpreted cases that are submitted twice each year, are anonymized and sent to spirometry experts for independent assessment. The expert feedback is reported back to the submitting facility to support quality improvement.

The DAP has seen continuous improvement throughout the course of these last few years and commends the BC spirometry community for its great work. In fact, the BC program is identified in North America as an exemplary model of a spirometry QC program.

While the DAP has historically provided accreditation awards to level 3 pulmonary function facilities as a result of on-site assessment, the same was not true for level 2 pulmonary function facilities that only performed spirometry testing. The DAP is pleased to report that the DAP Committee approved accreditation awards to all level 2 pulmonary function facilities that successfully complied with the provincial spirometry QC program. The accreditation certificates were issued in October and will be renewed every four years automatically with continued successful participation in the program.

The DAP worked closely with consultants to identify performance criteria that would be escalated to the DAP Committee for review and follow-up. This information is available for viewing on the DAP website at [www.dap.org](http://www.dap.org).

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# College of Physicians and Surgeons of British Columbia

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## Overcoming barriers to finding clinical information

College  
LIBRARY

What are the two greatest barriers to information-seeking by physicians? They are 1) time constraints and 2) doubt about finding answers—whether answers exist or whether the seeker is skilled enough to find the answers<sup>1</sup>. These barriers are in tension with physicians' need and desire to consistently and astutely translate medical knowledge into practice and improve patient care. In fact, those who actively seek clinical information have higher career achievements and are more likely to use evidence-based medicine in everyday clinical practice as demonstrated in a 2015 study of medical residents' information-seeking behaviour<sup>2</sup>.

Fast and expertly conducted literature searches by College librarians can be a practical, career-long solution to overcoming information-seeking barriers for practising physicians. Librarians have knowledge of available information sources and the strengths and limitations of each, and have expertise in designing strategies that filter for relevant and valid literature specific to the research question. Results are provided according to the requestor's deadline as much as is feasible with clinically relevant rush questions given top priority for rapid delivery. Typically, search results are provided in the form of a selected bibliography with links to library-subscribed online articles, and several full text articles are generally included to help physicians begin reviewing key information quickly.

British Columbia physicians request approximately 1,500 in-depth literature searches from the College library yearly. The nature of the queries runs the gamut from quick updates on diagnosis and management of common ailments, to complex investigations into unusual aspects of disease, policy, or administration.

A few recent examples are:

- Can survivors of extreme prematurity with bronchopulmonary dysplasia safely scuba dive?
- Is there a difference between forewater and hindwater in premature rupture of membranes?
- What are the risks and benefits of aggressive blood pressure lowering therapy in patients with acute intracerebral hemorrhage?
- Is vertigo associated with whiplash injury/mild traumatic brain injury?
- Are cocaine vaccine or cocaine esterases effective as therapy for cocaine-related disorders?

Continuing professional development credit is available for use of material arising from librarian-mediated searches including Step 2 of a PEARLS exercise for College of Family Physicians of Canada members and as support for Personal Learning Projects for Royal College of Physicians and Surgeons of Canada members.

Registrants with library privileges are welcome to contact the library's research service and there is no limit to the number of queries that can be posed.

[College Library](#)

Email: [medlib@cpsbc.ca](mailto:medlib@cpsbc.ca)

Phone: 604-733-6671

Fax: 604-737-8582

Online request forms: <https://www.cpsbc.ca/library/services-hours/make-request>

**References**

1. Del Fiol, G., T. E. Workman and P. N. Gorman. Clinical questions raised by clinicians at the point of care: a systematic review. *JAMA Intern Med.* 2014 May;174(5):710-8.
2. Oussalah A, Fournier JP, Guéant JL, Braun M. Information-seeking behavior during residency is associated with quality of theoretical learning, academic career achievements, and evidence-based medical practice: a strobe-compliant article. *Medicine (Baltimore).* 2015 Feb;94(6):e535.

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# College of Physicians and Surgeons of British Columbia

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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. 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, which are reviewed regularly and may be updated over time.

#### Updated

- [\*Cannabis for Medical Purposes\*](#)  
Replaces *Marijuana for Medical Purposes*
- [\*Blood-borne Pathogens in Registrants\*](#)  
Replaces *Blood Borne Communicable Diseases in Physicians*
- [\*Sale and Dispensing of Drugs by Physicians\*](#)  
Replaces *Dispensing and Sale of Pharmaceuticals by Physicians*

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# College of Physicians and Surgeons of British Columbia

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## CME events: mark your calendars



### **Methadone/Buprenorphine 101 Workshop**

Saturday, December 10, 2016 – Oliver

[Learn more](#)

### **Chronic Pain Management Conference**

Friday, March 10 to Saturday, March 11, 2017 – Vancouver

[Learn more](#)

### **Methadone 101/Hospitalist Workshop**

Saturday, April 1, 2017 – Vancouver

[Learn more](#)

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# College of Physicians and Surgeons of British Columbia

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## Regulatory Actions

- [Sinawan, Riaz Ahmad – October 27, 2016](#)

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