



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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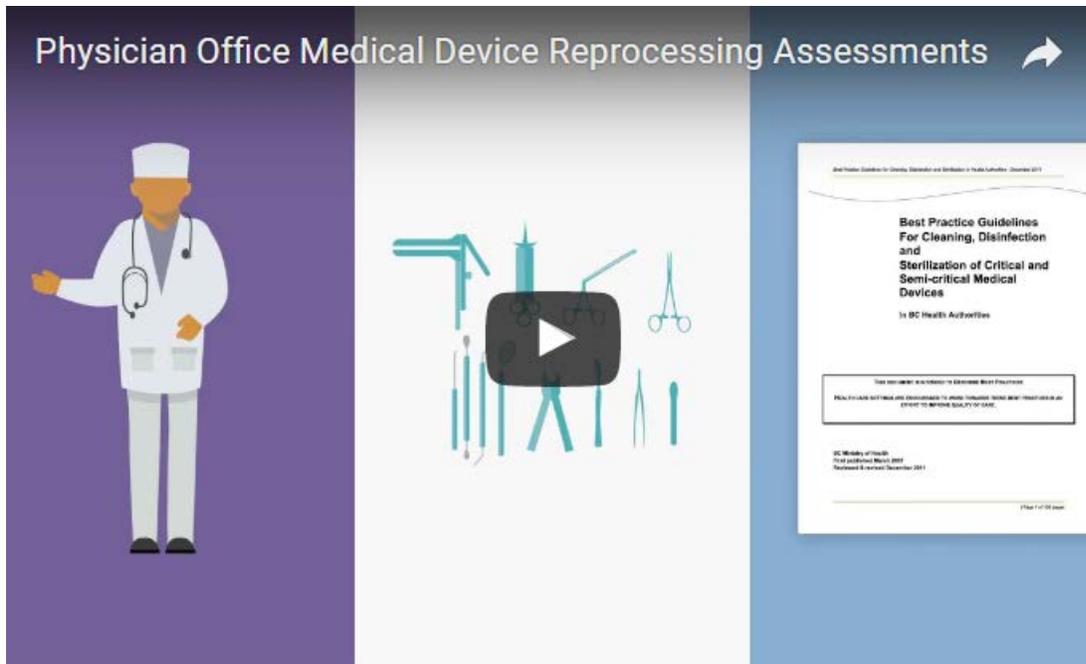
Registrar's message—new physician office medical device reprocessing assessments



Community-based physicians using reusable semi-critical and/or critical medical devices in their practice should be following the BC Ministry of Health's *Best Practice Guidelines for Cleaning, Disinfection, and Sterilization of Critical and Semi-Critical Medical Devices*. As a valuable resource, this document describes the requirements, methods and steps to reprocess unclean/used reusable medical devices so that they are safe to use again.

To help physicians navigate the best practice guidelines, the College is launching an initiative called the Physician Office Medical Device Reprocessing Assessments (POMDRA). A new section on the [College website](#) is dedicated to this topic with tools, resources, FAQs, and a direct link to the best practice guidelines.

A short introductory video explaining the initiative is available here:



More information on POMDRA can be found [here](#).

To ensure patient safety, there is a necessary assessment component to this initiative. Community-based physicians who identify that they reprocess reusable semi-critical and/or critical medical devices in their practice setting will be required to participate in POMDRA whether they practise alone, or in a

multi-physician clinic (including long-term and short-term locums). The goal is to educate and support physicians.

Community-based physicians who reprocess medical devices are encouraged to review the resources available on the College website.

H.M. Oetter, MD
Registrar and CEO

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Twenty-first century challenges: informing medical practice in an era of increasing complexity and rising expectations

2017
Education
Day and
AGM

Save the date for the much-anticipated College Education Day, held again this year at the Vancouver Convention Centre. With guidance and insight from experienced, engaging experts, this year's program will provide an opportunity for deep reflection on some major challenges, which are often brought to the College.

The College is pleased to welcome Dr. Pat Croskerry from Dalhousie University as its morning plenary presenter to address his work in understanding how physicians think in order to avoid diagnostic errors.

The first afternoon plenary presenter is Dr. Alain Naud from Université Laval, who will discuss his experiences in medical assistance in dying from a Quebec perspective.

The final afternoon plenary presenter is Dr. Hakique Virani from the University of Alberta who will address the opioid crisis from public health and clinical perspectives.

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

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An important update on Mifegymiso



As a reminder, Mifegymiso is available through Health Canada's Restricted Distribution and Administration Program. The product monograph references physician dispensing of the medication.

Both the College of Pharmacists of BC and the College of Physicians and Surgeons of BC have been advised by Health Canada that the normal distribution system for prescription medications (i.e. the physician prescribes the medication and the patient takes the prescription to a pharmacist for dispensing) is considered off-label. The product monograph is not a legally binding document, and physicians are allowed to use their professional judgment to determine what is in the best interest of each patient.

In BC, most physicians are not authorized to sell and dispense medication to their patients, and pharmacists are well positioned to dispense medications consistent with professional expectations for appropriate storage, labelling, instructions for use, etc.

There are three possible scenarios for Mifegymiso to be prescribed and dispensed to patients:

1. Physicians can prescribe the medication to their patient, and have the medication dispensed by the pharmacist of the patient's choice, and have the medication delivered to the physician's office, consistent with the product monograph.
2. Physicians can stock the medications, and sell and dispense directly to their patients. This requires the physician to be approved by the College Board to sell medications to their patients, and they must comply with the professional standard [Sale and Dispensing of Drugs by Physicians](#).
3. Physicians can prescribe the medication to their patients, and have that medication dispensed by the pharmacist of the patient's choice, and the patient ingests the medication at home as directed.

It is important that the physician clearly indicates to the patient, and to the pharmacist on the prescription, what the directions are for dispensing and ingestion of the medication, as the product monograph may be at variance to the directions.

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BC health professions' pledge to First Nations



At the recent Best of Both Worlds 2017 Quality Forum in Vancouver, 23 health regulatory colleges became the first in Canada to pledge their commitment to making BC's health system more culturally safe and effective for First Nations and aboriginal peoples. The acknowledgement of racism in health care paved the way for creation of the Declaration of Commitment, which advances cultural humility and cultural safety in health services, and was signed in 2015 by the six provincial health authorities, the BC Ministry of Health and First Nations Health Authority (FNHA).

The declaration has three main pillars: creating a climate for change; engaging and enabling stakeholders; and implementing and sustaining change. It builds on the already transformative and well-received San'ya's Indigenous Cultural Safety training offered by the Provincial Health Services Authority.

Physicians and other health professionals are in a unique position to affect real change within the system; to consider how their practices can help support positive health outcomes for aboriginal peoples and to speak up and advocate when they see discrimination or bias. Change requires awareness, education, and acknowledgement. The regulatory colleges join the health authorities in creating an expectation of change among all health professionals, so that all indigenous and aboriginal persons will experience the culturally competent, safe and effective care they deserve.

The declaration is based on the guiding principle that all partners, including First Nations and aboriginal individuals, elders, families, communities, and nations must be involved in co-development of action strategies and in the decision-making process with a commitment to reciprocal accountability. This also means individuals are able to voice their perspectives, ask questions, and be respected by the health care professional on their beliefs, behaviours and values.

In taking this important step, regulatory bodies have acknowledged the problem of racism in health care and can lead with a vision of what is expected of health professionals. Hardwiring this work in the provincial health system will take time but initial strides are promising and there is enthusiasm across the country for this work that is being led in BC.

More information on the provincial work in cultural humility and cultural safety can be found on the [FNHA website](#).



DECLARATION of COMMITMENT

MARCH 1, 2017

CULTURAL SAFETY AND HUMILITY IN THE REGULATION OF HEALTH PROFESSIONALS
SERVING FIRST NATIONS AND ABORIGINAL PEOPLE IN BRITISH COLUMBIA

Our Declaration of Commitment is an important step towards advancing cultural safety and humility among regulated health professionals who are involved in the delivery of health services to First Nations and Aboriginal people in British Columbia. This commitment reflects the high priority we, as the designated BC health profession regulatory leaders, place on cultural safety and humility as quality and safety dimensions that are integral components of our public protection mandate.

This Declaration of Commitment is based on the following guiding principles of cultural safety and humility:

Cultural humility is a life-long process of reflection to understand individual and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. Cultural safety is the outcome of people feeling safe when receiving health care services.

Cultural safety must be understood, upheld and practiced at all levels of the health system including governance within health profession regulatory bodies and within individual professional practice.

All stakeholders, including First Nations and Aboriginal individuals, Elders, families, communities, and nations must be involved in co-development of action strategies and in the decision-making process with a commitment to reciprocal accountability.

Strong leadership on concrete actions is essential to achieving our vision of a culturally safe health system for First Nations and Aboriginal people in our province. We, the undersigned representatives of BC's health profession regulators commit to:

CREATE A CLIMATE FOR CHANGE BY:

Articulating the pressing need to establish cultural safety as a framework to improve First Nations and Aboriginal health services in BC.

Opening an honest, informed and continuing dialogue with all stakeholders to show that change is necessary.

Forming a coalition of influential leaders and champions who are committed to the priority of embedding cultural humility and safety into the regulation of BC health professionals.

Contributing to the provincial vision of a culturally safe health system as a leading strategy to enhance professional regulation in BC.

Encouraging, supporting and enhancing cultural safety and cultural competency amongst health professionals in BC.

ENGAGE AND ENABLE STAKEHOLDERS BY:

Communicating the vision of culturally safe health profession regulation for First Nations and Aboriginal people in BC and the critical need for commitment and understanding on behalf of all stakeholders, health professionals and clients.

Openly and honestly addressing concerns and leading by example. Identifying and removing barriers to progress.

Monitoring and visibly celebrating accomplishments.

IMPLEMENT AND SUSTAIN CHANGE BY:

Empowering and empowering our organizations' staff, governors and volunteers to develop cultural humility and foster a culture of cultural safety.

Facilitating processes where organizations and individuals can raise and address problems without fear of reprisal.

Leading and enabling successive waves of actions until cultural humility and safety are embedded within all levels of health professional regulation.

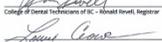
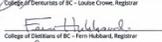
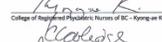
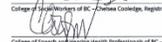
REPORTING ON PROGRESS BY:

Working with the Ministry of Health and the First Nations Health Authority to prepare a public annual report on strategic activities, outlining and demonstrating how the commitment is being met.

Our signatures demonstrate our long-term commitment to the regulation of health professionals to promote and advance cultural safety and humility for First Nations and Aboriginal people in British Columbia and to championing the process required to achieve this vision.

This Declaration is endorsed by the Ministry of Health and the First Nations Health Authority and signed by their representatives and the members of the BC Health Regulators.

SIGNED ON THIS DATE: March 1, 2017

 First Nations Health Authority - Joe Gallagher, CEO, FNHA	 Ministry of Health - Stephen Brown, Deputy Minister
- and BC Health Regulators:	
 College of Physicians of BC - Judith De Vos, Registrar	 College of Optometrists of BC - Robin Simpson, Registrar
 College of Social Workers of BC - Jennifer Lawrence, Registrar	 College of Pharmacists of BC - Bob Nakagawa, Registrar
 College of Dental Hygienists of BC - Sandra Hurling, Registrar	 College of Physical Therapists of BC - Brenda Hudson, Registrar
 College of Home Inspectors of BC - Howard Lovell, Registrar	 College of Nutrition and Support of BC - Heidi Carter, Registrar
 College of Dentists of BC - Louise Grove, Registrar	 College of Public Health of BC - Valerie Osborne, Registrar
 College of Estheticians of BC - Fern Hubbard, Registrar	 College of Registered Nurses of BC - Andrea Kovacs, Registrar
 College of Licensed Practical Nurses of BC - Carina Herman, Registrar	 College of Registered Nurses of BC - Cynthia Johnson, Registrar
 College of Massage Therapists of BC - Eric Wenderhagen, Registrar	 College of Registered Physiotherapists of BC - Kyrin van Kien, CEO
 College of Midwives of BC - Louise Arts, Registrar	 College of Speech and Hearing Health Professionals of BC - Christine Costello, Registrar
 College of Naturopathic Physicians of BC - Howard Greenstein, Registrar	 College of Speech and Hearing Health Professionals of BC - Cameron Cooper, Registrar
 College of Occupational Therapists of BC - Kathy Corlett, Registrar	 College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC - Mary McLennan, Registrar
 College of Opticians - Connie Cheng, Registrar	

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Legal matters



Pursuant to section 7-2 (1) of the College Bylaws, registrants are legally bound not to make statements that are false, inaccurate, misleading or reasonably capable of being misinterpreted.

It is expected that registrants will be honest in their applications to the College, health authorities or other governing bodies and will provide true, accurate and complete information regarding their experience, qualifications and background, which may have the potential to affect their medical practice.

The CMA *Code of Ethics* states that physicians have a duty to “recognize that the self-regulation of the profession is a privilege and that each physician has a continuing responsibility to merit this privilege and to support its institutions.” Registrants are reminded of their legal, professional and ethical duty to the College and the profession as a whole.

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Notification from Health Canada on temporary authorizations to prescribe methadone to inpatients in hospital

DRUG
PROGRAMS
Update

Notification from Health Canada

The section 56 class exemption only applies when the following conditions are met:

- The patient must be taking methadone prior to hospitalization;
- The practitioner must be licensed as a nurse practitioner or to practise medicine, dentistry or veterinary medicine;
- The patient must be under the practitioner's professional treatment at a hospital;
- The provision of the methadone must be necessary to ensure the continuation of the patient's methadone treatment;
- The practitioner must not be named in an active notice of restriction from Health Canada regarding narcotics;
- Provincial/territorial guidelines or conditions must be followed; and
- Methadone must be dispensed or prepared by the hospital pharmacy or by the hospital affiliated pharmacy.

For further information, visit Health Canada's [website](#) or contact the College at methadone@cpsbc.ca or at 604-733-7758 extension 2628.

Note: If providing a discharge prescription to be filled in the community, the hospital prescriber must still contact the College for a temporary authorization, or s/he must find a community prescriber with a current authorization who is willing to issue the prescription in order to ensure continuity of patient care.

Important reminder to methadone prescribers: Until June 4, 2017, the College will continue to recommend to Health Canada the authorizations to prescribe methadone for both opioid use disorder and analgesia. This includes full authorizations and temporary authorizations for locums in clinics or correctional centres, as well as in hospital for initiating patients (not for continuation treatment in hospital per above.)

As of June 5, the BC Centre for Substance Use (BCCSU) will be processing Health Canada authorizations to prescribe methadone for opioid use disorder. The College will continue to operationalize full and temporary authorizations to prescribe methadone for analgesia.

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New interim director joins the DAP

DAP
Update

Jonathan Agnew received a PhD in health services and policy analysis from the University of California, Berkeley, and a master's of business administration from the University of London. Prior to joining the College in 2013, he worked for the BC Medical Association (now Doctors of BC) for eight years where he was responsible for managing and directing staff in the planning, development and evaluation of various health policies and programs.

During his time at the College, Jonathan has held several positions, including director of the drug programs, acting director of the Physician Practice Enhancement Program, and director of special projects to analyze program-wide processes for the Non-Hospital, Medical and Surgical Facilities Program.

Jonathan replaces Helen Healey who recently retired from the College after 11 years of service. Helen joined the College in 2005 as an accreditation specialist with the Diagnostic Accreditation Program and provided leadership to the program as senior director since 2011.

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New process for overdue outstanding mandatory requirements



Questions and answers about the new process for handling overdue OMRs.

What is the new process?

The new process incorporates three steps:

1. Each month, the DAP will review its records to identify facilities with OMRs that have not been addressed within the time frame indicated in their accreditation report.
2. The facilities identified on this report will be sent a letter requiring a status update for the overdue OMRs within two weeks of the letter date. A summary of the overdue OMRs will also be appended to the letter.
3. In responding, the facility must send a status update in the form of evidence of implementation or a plan of action.

Why was this change made?

Each OMR is assigned a defined timeline for implementation based on the risk associated with the activity, and this timeline is communicated in the report sent to facilities after their accreditation site visit. Overdue OMRs indicate that a facility is not meeting the DAP's accreditation standards, which are in place to ensure public safety.

This revised process will help to make facilities and the public aware of the steps taken by the DAP to protect the safety of the public, as well as ensure that overdue OMRs are handled consistently and fairly across all facilities.

What happens if a response is not received?

If a response is not received with the two weeks provided in the first letter, a second letter will be sent to the governing body or owner of the facility. In the case of a health authority facility, this second letter will be addressed to the vice president of medicine and copied to the health authority CEO. A summary of the overdue OMRs and all previous correspondence to the facility staff will be appended to the second letter.

The facility will be required to submit a status update within two weeks from the date of the second letter. Failure to submit a response at this point will result in the facility's DAP file being referred to the DAP Committee for reconsideration of the accreditation award.

What if more information is needed?

Facilities are always encouraged to contact the DAP if they have questions. As part of the overdue OMR process, facilities will be offered the opportunity for consultation with a member of the DAP staff.

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Important updates being made to program bylaws will affect many registrants

NHMSFP
Update

The College is seeking to replace part 5, section A and schedule C of the existing Bylaws with the newly drafted content and has commenced this process by posting the proposed amendments for notification giving College registrants, facility medical directors and/or owners, and other interested parties the opportunity to review and comment.

For more information, please visit the [Bylaw Amendments](#) page on the College website.

The review and comment period ends May 18, 2017.

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Toxic anterior segment syndrome (TASS) outbreak

NHMSFP
Update

TASS is a sterile postoperative inflammatory reaction caused by a noninfectious substance that enters the anterior segment of the eye, resulting in toxic damage to intraocular tissue and typically starts 12 to 48 hours after cataract surgery. TASS usually presents as an outbreak at a surgery centre and can be due to a whole host of factors including retained ocular viscoelastic devices (OVDs), medications, detergent residues or endotoxins.

The College thanks the medical director and team for being available and working collaboratively with the College, the BC Centre for Disease Control and BC medical health officers regarding this TASS outbreak. A careful and comprehensive review of the facility's practices was completed and so far no single causative agent has been identified.

This outbreak highlights the importance of reporting patient safety events to the College to enable collaboration in identifying and mitigating risks to patient safety

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Safety incident reviews: sharing learning

NHMSFP Update

An incident review team visited the facility to work with staff to understand what happened, identify contributing factors and make recommendations for improvement.

The contributing factors to this incident included:

- Anesthesiology's use of longer-acting opioids during surgery, non-reversal of neuromuscular blockade following surgery, and patients arriving in the PACU intubated.
- The type of surgery. Shoulder surgery is typically associated with significant post-operative pain and therefore patients are at higher risk for respiratory depression and decreased oxygen saturation due to post-operative analgesic needs.
- PACU staff consideration of the opioids and local anesthetic, given in the OR, and when they will take effect when making decisions about the administration of additional analgesia in PACU.

In reviewing the potential impact of these contributory factors on the patient safety incidents, the panel made recommendations for the facility and others to consider including:

- Anesthesia should carefully consider the choice and dose of intra-operative narcotics and reverse all neuromuscular blockade.
- Anesthesia should endeavour to limit the number of patients arriving in the PACU intubated and for those who do arrive intubated the length of time to extubation should be minimized.
- PACU staff must be aware of the types and amounts of opioids and local anesthesia given in the OR, and adjust the analgesic dosing in the PACU accordingly.
- Post-operative pain medication orders should be patient-specific. When using preprinted order sets, not every drug should be selected for every patient.

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Articles (and more) delivered quickly

College LIBRARY

The library provides over 50,000 articles a year to registrants either through self-serve on the [website](#) or [by a request to library staff](#). Registrants are welcome to download an unlimited number of articles from over [2,000 e-journals to which the library subscribes](#). Library staff can access more journal titles than those listed on the library website, and can quickly locate a copy published elsewhere.

Some common questions on article delivery:

Is there a charge for each article?

The first 200 copies per calendar year are free. Additional requests are \$3 per copy over 200. If the article can only be sourced from another library, there may be a cost depending on the loaning library's charge, which is generally between \$7 and \$20 (the College gets the article only with the requestor's prior approval of the cost).

Is there a limit to the number of articles that can be requested at a time?

No, there is no limit.

If the library doesn't offer an article—is there a requirement to pay the publisher for a copy?

No, try the library first. Library staff can source the article in-house or locally at no cost.

Are copies of past conference poster presentations available?

Not very often. Conference proceedings are typically limited to poster abstracts. Articles, book chapters, College and UBC library books (free to receive and return by mail), theses, news articles, and ad hoc reports are the typical fare delivered to requestors.

How quickly are articles delivered?

Most article requests are filled within 24 hours on business days. If the College needs to source it from another, library staff will keep requestors informed as to delivery time and do their best to accommodate the request in a timely fashion.

Make an article request from the library via:

- Email: medlib@cpsbc.ca
- Telephone: 604-733-6671

- Fax: 604-737-8582
- Online [article requests form](#)

An [overview of library services](#) is available on the College website.

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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.

New

- [Laser Safety for Physician Practice](#)

Updated

- [Social Media](#)
- [Complementary and Alternative Therapies](#)

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CME events: mark your calendars



Prescribers Course

Friday, April 28, 2017 – Vancouver

[Learn more](#)

Prescribers Course

Friday, June 2, 2017 – Prince George

[Learn more](#)

Methadone/Buprenorphine 101 Workshop

Saturday, June 3, 2017 – Prince George

[Learn more](#)

Education Day and Annual General Meeting 2017

Friday, September 29, 2017 – Vancouver

[Learn more](#)

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