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—An update on the development of revised professional guidance on the referral/consultation process

In the September/October edition of the *College Connector*, we reported on the results of a consultation with the profession and public on the existing guideline related to the referral process, which was conducted over the summer. After further analysis of the results, and a number of in-person meetings with medical leaders this fall, one consistent theme has emerged—that the primary issue affecting patient care throughout the referral process is a breakdown in communication.

Breakdowns exist between referring physicians and consultant physicians at the time of the referral, during the transfer of care, and after the consultation has occurred. Specialists who participated in the survey had numerous concerns about the quality of the referral letter, including inadequate information about the patient or the reason for the referral. Similarly, referring physicians expressed frustration with the amount of time it takes to hear back from a consulting physician, or receive a report following a consultation. Inevitably, and inexcusably, patients get caught in the middle, often left wondering who they should expect to hear from, and worrying about what to do next.

The College has a mandate to establish practice standards and professional guidance to ensure patient safety; physicians have a responsibility to be aware of these resources and be compliant with the expectations contained within them. Effective communication between health-care professionals and their patients is a hallmark of good medical practice, and, as a professional imperative, shouldn't require strict regulatory oversight. This is a multi-faceted, challenging situation to address, seen through the eyes of many. While participating physicians expressed hope that the College could regulate a solution, even the most carefully crafted practice standard or professional guidance document won't provide a cure for all ills in this instance. All physicians must take responsibility for the part they play to ensure patient-centered care in a complex health system. This is what inspired most of us to choose medicine as a career in the first place.

As a next step in the process, the College is planning to work with a small advisory group of practising GPs and specialists to establish a framework for the new document, which places the patient firmly at the centre of the referral process. It will stress the importance of a timely exchange between physicians, appropriate follow-up, and professional courtesy to ensure patients don't fall through the cracks.

In addition to the professional guidance the College is developing, new modes of electronic communication may also offer solutions for a more streamlined referral process in the future, including transfer of care with ready access to patient information as required. We are also hearing of innovative

initiatives being led by the Divisions of Family Practice across the province, and invite all of you to contact the College if you have ideas to share about improving the referral process in your community.

Send your suggestions to communications@cpsbc.ca.

We appreciate your collective wisdom and experience as we develop this professional guidance. Further updates on the process will be available in future editions of the *College Connector*.

Note: Other concerns were raised through the consultation related to systemic issues, such as long wait times, shortages of certain specialists in specific communities, and hospital admission practices. These issues are outside of the College's scope and mandate, and will not be addressed in the revised document.

Heidi M. Oetter, MD
Registrar and CEO

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New PICNet recommendations for cleaning and disinfection in medical ultrasound to prevent human papillomavirus transmission

New recommendations have been received from the Ministry of Health in response to recently published studies indicating that human papillomavirus (HPV) has become strongly resistant to the chemical disinfectants traditionally used for the reprocessing of ultrasound probes.

Community-based physicians using ultrasound probes that come into contact with mucosal membranes, and those used for needle guidance in an aseptic field, are required to implement the Provincial Infection Control Network of BC's (PICNet) Recommendations for Cleaning and Disinfection in Medical Ultrasound to Prevent Human Papillomavirus (HPV) Transmission, which include using an oxidizing-based high-level disinfectant with label claims for non-enveloped viruses.

In June 2016, the College and regional health authorities received a communique from the Ministry of Health directing that the new recommendations be implemented in all health-care settings. In preparation for the College's notification to community-based physicians, clarification was sought from the ministry regarding some aspects of the directive including implementation timelines and other medical devices potentially at risk for the transmission of HPV.

The ministry has directed that PICNet's recommendations must be implemented as soon as possible and no later than July 31, 2018. The ministry has also confirmed that PICNet's recommendations do not include colonoscopes and other reusable medical devices at this time.

To help physicians implement the recommendations in their practice, the College has published *Reprocessing Requirements for Ultrasound Probes*, which can be found here.

Questions regarding the ministry's requirement to implement the PICNet recommendations can be directed to the following College programs:

- Physician Office Medical Device Reprocessing Assessments (POMDRA)
- Diagnostic Accreditation Program (DAP)
- Non-Hospital Medical and Surgical Facilities Program (NHMSFP)

More information on the PICNet's recommendation can be found here.

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Appointment of new deputy registrar, health monitoring department and drug programs

The College is pleased to announce the appointment of David Unger, MD, MSc, CCFP, FCFP to the position of deputy registrar, providing strategic leadership to the health monitoring department and drug programs.

Dr. David Unger most recently held the position of director of ethics services at Providence Health Care (PHC) where he was involved in clinical ethics consultation, system-level ethical decision-making, policy development and education. While serving in this capacity, Dr. Unger also maintained his clinical practice, which spanned the acute care spectrum, including ER, family practice, HIV/AIDS, sports medicine, addiction and substance use, maternity care and end-of-life care.

As an ethicist, and in addition to his position at PHC, Dr. Unger previously worked for PHC's Research Institute Research Ethics Board, the BC Centre for Disease Control, and BC Transplant.

Dr. Unger obtained his medical degree from the University of Saskatchewan in 1992. He holds certification in family medicine from the College of Family Physicians of Canada, and in 2010, he obtained a master of science (bioethics) from the Albany Medical School in New York.

Dr. Unger replaces Dr. Ailve McNestry who officially retired on November 30 after six years of service as deputy registrar. College staff and board members thank Dr. McNestry and wish her well in her retirement.

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2018 annual licence renewal begins January 1

Annual licence renewal begins January 1, 2018. Here's what you need to know.

Before you start

Use the right technology and systems

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

Gather your documents

- Your BC driver's licence
- Your method of payment (credit or debit card)
- Your CPD cycle date
- Your health authority letter of reappointment (for verifying hospital privileges)

Important dates to note

January 1, 2018: start of annual licence renewal
February 1, 2018: deadline to complete the Annual Licence Renewal Form and payment of fees
March 1, 2018: penalties applied for late licence renewal and late payment of fees
April 1, 2018: suspension for non-renewal of licensure or non-payment of fees

Log in before January to update your contact information

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.

1. **Log in**
   You will need your CPSID and password to log in and complete the renewal questionnaire.
   Did you forget your password? Follow these instructions to reset your password.

2. **Update your contact information**
   A maximum of one home address and up to two business addresses can be stored.

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

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

   Email address
   For completion of the annual licence renewal process, you must also provide an email address. Add the College to the safe senders list to ensure that important notifications do not end up in the spam or junk email folder.

   Your email address is not shared with third-party agencies and is not visible in the online 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.

Annual Licence Renewal Form

The entire process should not take more than 20 minutes.

Most questions remain the same on the 2018 Annual Licence Renewal Form, with the addition of three new questions regarding the following topics:

- Billing MSP for procedures performed in a community-based practice or private clinic setting
- Use of endocavity ultrasound probes in a community-based practice or private clinic setting
- Use of flexible endoscopes in a community-based practice or private clinic setting

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.

Methods of payment

Your 2018 renewal fee of $1,685 can be paid in one of two ways online:

- By credit card
- By Interac® Online
    - Use your BMO, RBC, Scotiabank, or TD Canada Trust debit card.

Note: Online banking is no longer available as a payment option.

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

Receipts are ready within two (2) to five (5) business days after completion of the entire licence renewal process. To access the receipts, log in, click the **Financial** tab under **My Account**.

More details on annual licence renewal can be found here.

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Revised and updated—Physician Privacy Toolkit

The use of new technologies (e.g. mobile devices, electronic communication tools, and electronic medical records software applications) has significantly affected the way in which personal health information is being collected, used and disclosed. With this increased convenience comes increased security risks, so how can physicians maintain confidentiality of their patients' personal health information?

To assist physicians in meeting their obligations under the *Personal Information Protection Act*, SBC 2003, c.63 in this digital age, the Office of the Information and Privacy Commissioner for British Columbia (OIPC), the Doctors of BC, and the College of Physicians and Surgeons of BC have partnered to update the BC Physician Privacy Toolkit, which was originally published in 2004 and subsequently updated in 2009.

The media release issued by OIPC with respect to this most recent joint effort is available here. The updated tool kit is now available as a guidance document on the OIPC's website. The Physician Privacy Toolkit and other relevant resources can also be found on the Doctors of BC website.

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Physician input guides process change

The Prescription Review Program (PRP) is an educational activity aimed at supporting and helping physicians prescribe safely. A survey of participants in the program was launched in January 2017 to help guide restructuring of the PRP process. Many of the suggestions were incorporated, and the revised process was launched with an announcement in the July/August issue of the College Connector and on the College website.

Highlights from the survey (up to and including September 30, 2017) include:

- 139 surveys were sent with 52 total respondents, for an average response rate of 37%
- Communication reviews:
    - 85% reported communication was informative
    - 66% reported communication was timely
    - 63% reported communication was collegial
- Overall:
    - 64% of respondents found their experience with the PRP educational
    - 55% found it stressful
    - 53% found it highlighted opportunities for improvements in their prescribing practices

Results indicate there are clear strengths to the program; notably, the effectiveness and quality of the information and feedback provided in earlier stages. Ninety percent of physicians reported that written feedback from medical consultants in stage 2 motivated them to make positive changes to their practice and 81% reported that the feedback was relevant to their practice.

Feedback regarding the most useful aspects followed a similar pattern: outlining the value of clear guidelines and prescribing strategies, and relevant literature and ongoing College/consultant support. Some physicians found the process stressful and interpreted it as punitive. The new process has already been adjusted to mitigate this impression.

The College will continue to incorporate participant feedback to provide a more collegial and educational experience when physicians are engaged with the PRP.

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Lost/stolen Rx pads and PharmaNet FanOuts

In October, the Ministry of Health assumed responsibility for issuing all PharmaNet FanOuts. To ensure that only critical information is being delivered by FanOut, the scope of FanOut messages will be limited to lost or stolen prescription pads and PharmaNet outages.

To report a lost or stolen prescription pad or duplicate prescription pad for FanOut, prescribers must phone PharmaNet Support Services at 1-844-660-3200 and provide the following information:

- prescriber's name
- prescriber's location
- prescriber's licence number
- folio numbers involved
- contact Information
- additional information as required

The PharmaNet Support Services phone line is answered during standard work hours (Monday to Friday, 8:30 a.m. to 4:30 p.m.); prescribers may leave a voicemail message at any time with the information outlined above. Within one business day, PharmaNet Support Services will issue a FanOut to pharmacies in the relevant geographic area.

A person reporting a lost or stolen prescription pad must be a registrant of the College of Physicians and Surgeons of BC, the College of Dental Surgeons of BC, the College of Registered Nurses of BC, or the College of Pharmacists of BC.

Critical information about issues other than lost or stolen prescription pads may be reviewed for FanOut by PharmaNet Support Services on a case-by-case basis.

The following issues will not be communicated via FanOut, except in exceptional circumstances:

- prescription forgeries
- pharmacy robberies
- persons impersonating health-care providers or insurers seeking personal information

- multi-doctoring
- prescribers cancelling prescriptions
- lost prescriptions
- tracking missing persons or persons of interest in criminal investigation

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Slow-release oral morphine (SROM)

As of June 5, Kadian® (SROM) was covered for use in opioid-assisted treatment (OAT), in addition to being used for pain.

To ensure accurate medication profiles, the correct indication must be written on the prescription, i.e. “for pain” or “for OAT.” Clearly indicate “daily witnessed ingestion” or “daily dispense” on the prescription if SROM is being used for OAT and ingestion must be witnessed. Identifying the intended use ensures patient safety and allows the prescription to be billed properly through PharmaNet.

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First Nations and plan W

As of October 1, all First Nations patients became beneficiaries of PharmaCare. PharmaCare coverage rules now apply, which means coverage of some medications will change.

One area affected by the transition is special authority (SA). Physicians who have obtained prior approval from non-insured health benefits (NIHB) in the past for limited use benefit drugs for patients may need to apply for SA for these medications. For example, apixaban requires prior approval from NIHB and also requires SA from PharmaCare, but the criteria are different. For more information, refer to the October edition of the *BC PharmaCare Newsletter*. For a list of drugs requiring SA, visit the Special Authority section on the BC government website.

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Single-use medical devices being reprocessed and reused in community-based clinics

POMDRA Update

Since the launch of the Physician Office Medical Device Reprocessing Assessment (POMDRA) initiative, College staff continues to support, educate and address specific questions that arise with respect to medical device reprocessing in the community-based physician office setting. Recently, medical device reprocessing (MDR) assessors observed that several common single-use medical devices were being reprocessed and reused unknowingly by clinic staff.

Below are three common medical devices that are intended for single-use and must be discarded once used.

Disposable single-use skin staple removers

As these medical devices are typically given to a patient upon discharge from a hospital, the single-use designation that would be present on the original packaging is not provided on the individual item itself. Therefore, clinic staff must be aware that these single-use medical devices cannot be reprocessed or reused on another patient.

Physicians who reprocess reusable medical devices in their office settings are directed to verify that the above medical devices are not circulating in their reusable medical device inventory. These items must be discarded after their intended one-time use.

More information on POMDRA is available here.

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New Bylaws in effect on December 30, 2017

NHMSFP Update

The College thanks all registrants and other health partners who participated in a comprehensive consultation process to develop the new Non-Hospital Medical and Surgical Facilities Program section of the Bylaws.

Part 5 College Accreditation Programs, Section A Non-Hospital Medical and Surgical Facilities Accreditation Program section of the Bylaws were filed with the Ministry of Health and come into effect on December 30, 2017. The new Bylaws will be published on the College website once they are in effect.

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Questions and answers about the DAP's laboratory medicine proficiency testing

What is proficiency testing (PT)?

In laboratory medicine, proficiency testing (PT) is a way of evaluating how well a medical laboratory performs a particular test in comparison to another laboratory using pre-established criteria. For example, to determine if laboratory A is accurately measuring blood glucose, it requests a pre-measured sample from laboratory B, runs that sample through its systems, and compares the results. If the measurement obtained by laboratory A is the same as the measurement obtained by laboratory B, then laboratory A is performing its test correctly.

This is a simple example and, in today's world, proficiency testing is a much more sophisticated and formalized operation, with pre-measured samples coming from commercial suppliers that specialize in providing samples and statistical analysis for PT. However, the principle is the same: by comparing results across laboratories, patients, customers and laboratories themselves can be confident in the quality of services offered.

Why does the DAP require PT?

The DAP requires PT to protect patients and the public. PT is critical to evaluating the quality of test results produced by the medical laboratory. Without PT, medical laboratories might perform tests and release results without knowing they might be inaccurate. By requiring labs perform PT, the DAP enhances public safety and gives confidence to healthcare providers using laboratory services in BC.

How does PT fit into the DAP's assessment process?

The DAP on-site assessments of medical laboratories occur once every four years. In between these on-site assessments, the DAP requires that laboratories perform PT for all applicable tests within their scope of accreditation, usually by working with a professional, third-party proficiency testing supplier. The DAP requires laboratories participate in a minimum of two PT testing events (challenges) per year for each test within their scope of accreditation.

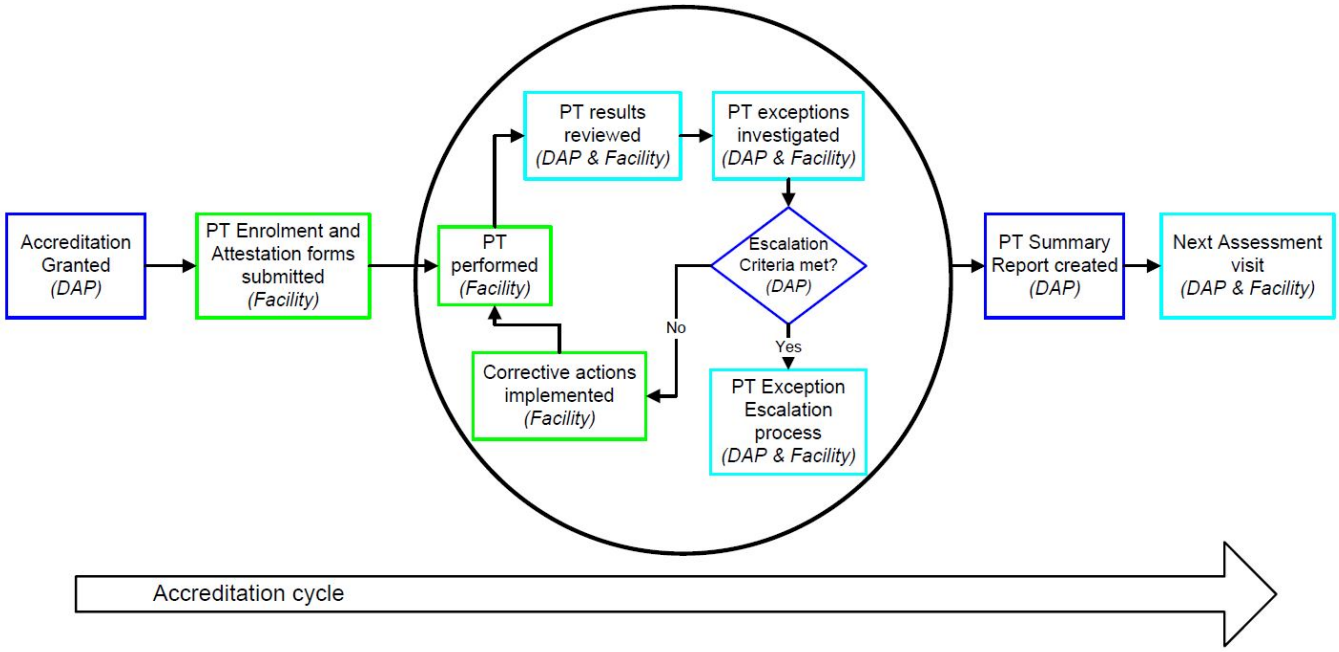
What happens if proficiency testing is unacceptable?

Throughout the accreditation cycle the DAP receives and reviews copies of PT reports for each laboratory. Unacceptable PT results are flagged so the DAP can monitor that laboratories are submitting a PT Investigation and Exception Response Form for DAP reportable exceptions.

The laboratory investigates unacceptable PT results under the guidance of their medical director. If the unacceptable results meet the DAP reportable exceptions criteria the laboratory sends the DAP a PT

Investigation and Exception Response Form which summarizes the investigation and corrective actions taken. If the results are not reportable to the DAP, the laboratory retains the investigation records as part of their quality management system records.

In cases where the medical laboratory demonstrates ongoing, unacceptable PT performance, the matter is referred to the DAP Committee for reconsideration of that medical laboratory's accreditation award.



What is new for 2018 in the PT monitoring program?

The DAP has clarified its expectations for medical laboratories:

- **Frequency for proficiency testing** – requirements vary by accreditation type:
    - **Provisionally accredited facilities** must complete a minimum of two samples and one test event prior to full DAP on-site assessment
    - **Fully accredited facilities** must complete a minimum of four samples and two testing events per year
- **Time frame** for submitting PT enrolment and attestation forms to the DAP is set for three weeks after receiving a provisional award, annually thereafter.
- **Escalation process** – the DAP has more clearly defined its processes and criteria for the escalation of PT exceptions.

Facilities are always encouraged to contact the DAP if they have questions. The DAP Laboratory Medicine Proficiency Testing Manual is available on the College website.

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The DAP is discontinuing its pulmonary function distance medical review program

What has changed?

Effective September 20, 2017, the DAP's coordinated Pulmonary Function Distance Medical Review Program (DMRP) will be discontinued. Accredited facilities will no longer need to submit tracings and reports prior to their on-site assessment for the purposes of third-party medical peer review, and a distance medical review report will no longer be issued.

The pulmonary function quality control program, however, remains in effect. Accredited facilities are still required to complete the quality control worksheets and submit the applicable data twice per year.

The pulmonary function on-site assessment process will also remain unchanged.

Why was this change made?

With the recent changes to the DAP's medical peer review accreditation standards, the DMRP is redundant. The implementation of a continuous, site-specific or organization-wide medical peer review program is now mandatory.

Medical peer review will be managed more appropriately by the medical director of the pulmonary function service. Furthermore, this change aligns the pulmonary function accreditation processes with the other DAP programs. The distance medical review program was offered exclusively within the pulmonary function program.

What if information was already submitted for an upcoming assessment?

The DAP will ensure that already submitted medical peer review packages will be reviewed and a distance medical review report will be provided. Facilities that have received their on-site assessment letter but have not submitted a medical review package are not required to do so.

More information

Facilities are encouraged to contact the DAP if they have questions.

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BMJ best practice update

College LIBRARY

BMJ Best Practice provides current, evidence-based point-of-care summaries, free to College registrants as an app or online through the College library. New, clinically useful features have been launched on the online version:

1. Cochrane Clinical Answers is embedded in Best Practice topics. Using a question and answer format, Cochrane Clinical Answers translates authoritative Cochrane systematic reviews into practical recommendations.
2. More than 250 evidence-based medical calculators from EBMcalc.
3. Procedural videos embedded into clinical topics and also separately searchable.
4. Enhanced treatment algorithms. Under the "Management" tab, treatment algorithms are displayed according to the condition of the patient and offer sequential treatment options.
5. Visual alerts to important updates within topics with immediate links to the most current evidence.
6. Evidence-based Medicine (EBM) Toolkit helps users learn how to weigh study results and relate them to clinical practice.

Note that the app for Best Practice was updated this summer. Download the new app from the App and Google Play stores. Downloading instructions are here.

In a 2016 study, BMJ Best Practice was ranked first, tied with Dynamed and UpToDate, for breadth of disease coverage, editorial quality, and evidence-based methodology among a field of 26 point of care tools.[1] Registrants can explore this valuable point of care tool and also receive literature search results, have articles or books delivered, receive personalized instruction in searching for evidence, and more (see the Guide to Library Services).

1. Kwag KH, González-Lorenzo M, Banzi R, Bonovas S, Moja L. Providing Doctors With High-Quality Information: An Updated Evaluation of Web-Based Point-of-Care Information Summaries. J Med Internet Res. 2016 Jan 19;18(1):e15. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4738183/

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CPD events: mark your calendars

Chronic Pain Management Conference
Friday, March 2, 2018 to Saturday, March 3, 2018 – Vancouver
Learn more

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Regulatory actions

- Gharbi, Sam – October 30, 2017

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