



College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons



In this issue:

Registrar’s message—addressing personal biases, racism and discrimination in medical practice	2
Cannabis legalization: minor changes to College standard, and a reminder to physicians to practise without impairment	4
Notification of upcoming changes to MAiD reporting requirements	6
Unlawful practitioners are placing the public at risk	7
EMRs and duplicates	9
Take advantage of College courses on prescribing opioids	11
Is your emergency cart ready for a medical emergency?	12
More updated and new accreditation standards.....	13
Steps to detecting bias, finding quality	14
CPD events: mark your calendars.....	15
Regulatory actions.....	16

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.



College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Registrar's message—addressing personal biases, racism and discrimination in medical practice



Most people trust that physicians enter the medical profession because they want to help patients, that they will do their utmost to provide the best possible care to their patients, and will make them feel safe and respected no matter who they are or where they come from.

Yet, there is an important conversation occurring right now in health-care settings across the province that suggests many in our profession have internal biases against specific groups that they may not even be aware of. In fact, reports have shown how these internal biases have led to negative health outcomes and even tragedy.

- Report: [First Peoples Second Class Treatment](#)

This conversation about how biases can affect patient care was highlighted recently at the College's Education Day where First Nations Health Authority (FNHA) Chief Executive Officer, Mr. Joe Gallagher, and FNHA Chief Medical Officer, Dr. Evan Adams, called on the medical profession to examine their own actions and behaviours when treating Indigenous patients. Disturbing examples they provided of ineffective care towards Indigenous patients included: physicians spending less time listening to understand the patient's concerns, misdiagnosis, pejorative comments and assumptions, and even refusal to treat.

- Video: [Joe Gallagher – Education Day 2018 Plenary](#)
- Video: [Dr. Evan Adams – Education Day 2018 Plenary](#)

This type of discriminatory behaviour is not only unprofessional, it is prohibited under the BC Human Rights Code, which ensures protection for individuals who are actual or perceived members of certain protected groups. Such groups are classified by characteristics or protected grounds and include race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, and age.

In his presentation, Joe Gallagher stressed that in order to affect meaningful change in the relationship between physicians and Indigenous patients, physicians need to take the time to really understand their patient's history and culture. This includes understanding how Canada's oppressive colonial history and systemic racist policies—even in past decades—have had harmful effects on multiple generations. That intergenerational trauma is still a real and lived experience today. And, as we continue to see in modern society, racism is more than just a vestige of our past—it, too, is very much alive.

As an organization, the College, along with all of BC's health regulators, has pledged its commitment to making the health-care system more culturally safe and effective for Indigenous Peoples. At an individual level, BC physicians can start the process of understanding Indigenous patients and their own personal biases by taking the [San'yas Indigenous Cultural Safety Training](#).

San'yas is a valuable learning opportunity for anyone interested in examining the broader issues affecting Indigenous Peoples attempting to access health-care services in this province, reflecting on their own actions and behaviours, and identifying opportunities for positive change.

Heidi M. Oetter, MD
Registrar and CEO

Comments on this or any other article published in the *College Connector* can be submitted to the communications and public affairs department at communications@cpsbc.ca.

[Back to table of contents »](#)



College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Cannabis legalization: minor changes to College standard, and a reminder to physicians to practise without impairment

Practice Standard

As of October 17, 2018, recreational use of cannabis will be legal in Canada. Accordingly, the College will make minor amendments to the current practice standard, *Cannabis for Medical Purposes*. Although federal laws have changed, few reliable published studies remain available on the medical benefits of cannabis and physicians must continue to take appropriate precautions when prescribing cannabis to patients for medical reasons. Proper assessment, documentation, and patient education remain imperative in ensuring that patients are using cannabis safely.

Just as prescribing cannabis to patients requires thoughtful consideration, physicians must also be cognizant of their own use of cannabis for recreational purposes. Evidence shows that residual effects of cannabis can influence psychomotor and cognitive functioning, causing conditions such as confusion, sleepiness, impaired memory, anxiety, and diminished reflexes.¹ These effects can persist for hours, sometimes days, after consumption.

The Canadian Armed Forces lay out strict rules regarding cannabis consumption, generally stating that cannabis consumption both at work, and during the eight hours before work, is prohibited.² Those in the military who perform high risk duties such as operating loaded weapons are further prohibited from consuming cannabis during the 24 hours before such tasks. The Occupational and Environmental Medical Association of Canada recently announced that until definitive evidence is available, it is not advisable to operate motor vehicles or equipment, or engage in other safety-sensitive tasks for 24 hours following cannabis consumption, or for longer if impairment persists.³

¹ Health Canada [Internet]. Health effects of cannabis. Ottawa: Health Canada; 2018 Mar 6. [cited 2018 Oct 10]; [about 5 screens]. Available from: <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/health-effects/effects.html>

² National Defense and Canadian Armed Forces [Internet]. DAOD 9004-1, Use of cannabis by CAF members. Ottawa: Government of Canada; 2018 Sep 7. [updated 2018 Sep 24; cited 2018 Oct 10]; [about 27 screens]. Available from: <http://forces.gc.ca/en/about-policies-standards-defence-admin-orders-directives-9000/9004-1.page>

³ Occupational and Environmental Medical Association of Canada [Internet]. Position statement on the implications of cannabis use for safety-sensitive work. Winnipeg: Occupational and Environmental Medical Association of Canada; 2018 Sep 24. [cited 2018 Oct 10]; 3p. Available from: <https://oemac.org/wp-content/uploads/2018/09/Position-Statement-on-the-Implications-of-cannabis-use.pdf>

As the practice of medicine also has a direct influence on public safety, the College reminds registrants that they are required to show up fit for work and capable of performing their duties in a safe and effective manner. As outlined in the [CMA Code of Ethics](#), physicians must:

5. Practise the art and science of medicine competently, with integrity and without impairment.

Registrants are not permitted to consume cannabis if the immediate or lasting effects will impact their work. The nature and severity of the consequences for failure to comply with the *CMA Code of Ethics* are determined on a case-by-case basis, following investigation by the Inquiry Committee.

Registrants may seek further advice by contacting the College and asking to speak with a member of the registrar staff, or by seeking medical legal advice from the CMPA.

[Back to table of contents »](#)



College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Notification of upcoming changes to MAiD reporting requirements



New federal and provincial reporting requirements for Medical Assistance in Dying (MAiD) will come into effect on November 1, 2018. The new federal regulations identify the reporting requirements for physicians, nurse practitioners and pharmacists.

While provincial oversight and reporting related to MAiD is currently conducted by the BC Coroners Service, starting November 1, the Ministry of Health will assume this responsibility and all forms must be submitted to the BC Ministry of Health's Medical Assistance in Dying Oversight Unit. The new reporting requirements will require physicians who transfer the care of a patient who has submitted a written request for MAiD to report this to the BC Ministry of Health using a standardized form (currently in development).

Amendments to the College's *Medical Assistance in Dying* practice standard will come into effect at the same time, to reflect the new federal and provincial reporting requirements.

This announcement serves as preliminary notice regarding the upcoming changes. The College will communicate the changes regarding MAiD reporting in further detail in the coming weeks.

[Back to table of contents »](#)



College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Unlawful practitioners are placing the public at risk



The College's public protection duty includes investigating unlawful practice and enforcing the prohibition on using reserved titles. Over the past four years, the College has been successful in prosecuting unlawful practitioners and will continue efforts to eliminate unlawful practice in the province.

The College receives information about unlawful practice from various sources, including health authorities, spa operators, members of the public and "patients." Unlawful practitioners include estheticians, spa operators, and non-registrants with foreign medical credentials who provide services such as minor surgery, Botox and dermal fillers injections, mobile ultrasound services, and mole removal. Examples of actual harm resulting from such cases include infection following basement-performed eyelid surgery and the removal of skin growths, facial deformity following the administration of Botox, and bruising.

The College has taken action against unlawful practitioners who use forged licences to dupe spa owners, "patients" and pharmaceutical companies.

Prior to 2014, the College had not gone to court on unlawful practice matters. However, the College's processes have been enhanced over the years. Now the College requires formal undertakings from unlawful practitioners, in-camera court applications for search and seizure orders, and it can obtain temporary and permanent injunctions and contempt orders against unlawful practitioners who breach injunctions.

On one occasion, the Court ordered an unlawful practitioner to pay a fine and directed that the fine be used to make full restitution to the "patient" for money paid to the unlawful practitioner.

In addition to unlawful activities, the College has taken action against non-registrants who wrongfully use reserved titles such as "physician," "surgeon" and "doctor." Non-registrants with medical degrees are prohibited from using a name, title or description in any manner that expresses or implies that they are registrants or associated in any way with the College.

The College's position is that the use of a reserved title, including a name, title, or description in association with a reserved title, is misleading when there is a realistic possibility that an unsuspecting member of the public might infer, in the circumstances in which it is used, that the individual is entitled to practise medicine.

Recently, the College has started reviewing educational institutions that teach unregulated individuals to perform services that should only be provided by certain regulated health professions, and issue certificates for courses in Botox administration, for example. These institutions may be facilitating the unlawful practice of medicine.

Registrants have an important role to play in educating patients about the risks associated with receiving services from unlawful practitioners and they can assist by encouraging patients to report such matters to the College. Patients who report unlawful practice can remain anonymous if they choose.

For more information regarding unlawful practice and actions that the College has taken, please see the [Unlawful Practice page](#) on the College website.

[Back to table of contents »](#)



College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

EMRs and duplicates



More offices are making the change to electronic medical records, including writing prescriptions. The Ministry of Health is currently investigating options for e-prescribing and this direction is supported by all of the colleges that regulate prescribers. Until the legislation changes, duplicate prescriptions must still be used for controlled medication.

Some physicians are looking at innovative ways to program EMR software to print duplicate prescriptions; however, getting them to print correctly can be a challenge. Recently, a duplicate prescription for Kadian was printed from an

EMR, which resulted in a medication error. The duplicate prescription contains two separate fields: *Drug Name and Strength* and *Directions for Use*. Under *Drug Name and Strength*, the drug name was entered but not the strength; instead, the daily dose was entered in the wrong place. The prescription, as written, was dispensed as 700mg (seven capsules) and the patient took all seven capsules as a single dose. Fortunately, the patient was unharmed.

To illustrate:

Original prescription

Rx - DRUG NAME AND STRENGTH	
Kadian (SR OM) for OAT	
100mg/day	
NUMERIC	ALPHA
700mg	Seven hundred mg
DIRECTIONS FOR USE	
DWI, please sprinkle	
(Rx also contained start and stop dates and stated that it was for 7 days duration)	

Safest way to write prescription

Rx - DRUG NAME AND STRENGTH <u>Kadian (SR0M) 100mg</u> for OAT	
NUMERIC 700mg	ALPHA Seven hundred mg
DIRECTIONS FOR USE 100mg once daily DWI in pharmacy x 7 days (Include start and stop dates)	

This incident reminds physicians to complete all of the fields on a prescription correctly, including one generated from an EMR.

[Back to table of contents »](#)



College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Take advantage of College courses on prescribing opioids



DRUG PROGRAMS Update

In the wake of the opioid crisis, the number of educational courses on safe prescribing of opioids has increased, both live and online. The College offers two courses that are well-attended, highly regarded and accredited for CPD credits.

The College continues to present its Prescribers Course semi-annually and welcomes opportunities to offer it in areas outside of the Lower Mainland. Interested participants should contact drugprograms@cpsbc.ca if they would like to partner with the College to bring the Prescribers Course to their

community.

The College sponsors the Foundation for Medical Excellence (FME) Chronic Pain Management Conference every spring in Vancouver. The FME is based in Oregon and promotes quality health care through education and collaboration. The next Chronic Pain Management Conference (also known as the Pain and Suffering Symposium) is being held March 1 to 2, 2019. For further details, visit the [FME website](#).

Prescribers are encouraged to take advantage of either of these valuable learning opportunities. For a list of other related courses recommended by the College, contact Drug Programs at drugprograms@cpsbc.ca.

[Back to table of contents »](#)



College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Is your emergency cart ready for a medical emergency?

NHMSFAP Update

Recent findings during accreditation assessments uncovered several deficiencies in emergency carts, including expired medications and medical supplies, missing laryngoscope blades and handles, oxygen tanks with no regulator and nipple attached, and outdated Advanced Cardiac Life Support (ACLS) algorithms.

Medical directors of non-hospital medical and surgical facilities are reminded that it is their responsibility to ensure emergency carts are checked each surgical day prior to the first case of the day. Emergency cart logs must list all of the medications and equipment required (appropriate to facility class), confirm that each required item is present, and be signed by the regulated health professional performing the check. In addition, the duty of checking the emergency cart is to be rotated among all staff in accordance with the Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) [Emergency Preparedness](#) standard.

Note: Any deficiencies found by the NHMSFAP pertaining to the emergency cart may result in a change to the term of accreditation and/or an administrative penalty.

[Back to table of contents »](#)



College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

More updated and new accreditation standards



The Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Committee is pleased to announce the posting of five updated accreditation standards and one new accreditation standard.

The NHMSFAP updates accreditation standards to ensure they remain current with provincial, national and international regulations and standards. Since facilities accredited by the NHMSFAP Committee are assessed according to these standards, medical directors are strongly encouraged to review these updated versions to ensure their facility is compliant.

The updated standards include:

- Discharge
- Latex Allergy
- Post-Anesthesia Care
- Fluid and Blanket Warming
- Surgical Safety Checklist

In response to a request from non-hospital facilities, the NHMSFAP Committee has approved a new accreditation standard for immediately sequential bilateral cataract surgery (ISBCS). Non-hospital facilities interested in becoming accredited to perform ISBCS must submit an [Application for Addition or Expansion of Services in Non-Hospital Facilities](#) outlining how their practice would meet the requirements. (**Note:** if this document does not open in your browser, download it to your computer and open in Adobe Reader.) Only non-hospital facilities accredited to perform ISBCS may perform immediately sequential bilateral cataract surgery.

The NHMSFAP Committee thanks those who participated in the stakeholder consultation for these standards. Access all of the NHMSFAP accreditation standards [here](#).

[Back to table of contents »](#)



College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Steps to detecting bias, finding quality

College
LIBRARY

Fake news is not a new phenomenon. In fact, deceptive and unethical biomedical reporting has been around for a long time. Take, for example, the now-retracted report in *The Lancet* by Andrew Wakefield and colleagues linking MMR vaccination with development of inflammatory bowel disease and autism.¹

Given that poor editorial oversight was demonstrated by *The Lancet*, one of the world's most prestigious medical journals, and may be more readily expected of the many predatory journals springing into existence, practitioners need basic critical appraisal skills to detect weak and misleading studies.

Applying a few simple steps can detect bias in medical studies. The Cochrane Collaboration² highlights the following considerations:

1. Are compared groups reasonably similar before the study? Selection bias is diminished with randomization of participants.
2. Is the experience of participants different during the study depending upon the arm of the study they are in? Blinding so neither participants nor researchers know how participants are allocated is effective in diminishing performance bias.
3. Do outcome assessors know the allocation of participants? Again, blinding is effective in detecting bias so outcome assessors are not influenced by allocation when reporting on a study's results.
4. Are all aspects of the study reported as originally intended? Outcome reporting bias through suppression of "undesirable" results can exaggerate claims of benefit and miss warnings of harm.

A red flag for potential bias in the gold standard of studies, the systematic review, is authorship by a single person. Systematic reviews require many decisions about the validity and relevance of studies and data. Double checking between two or more authors diminishes prejudice and human error.

[Back to table of contents »](#)

¹ Wakefield AJ, Murch SH, Anthony A, Linnell J, Casson DM, Malik M, Berelowitz M, Dhillon AP, Thomson MA, Harvey P, Valentine A, Davies SE, Walker-Smith JA. Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet*. 1998 Feb 28;351(9103):637-41. Erratum in: *Lancet*. 2004 Mar 6;363(9411):750. Retraction in: *Lancet*. 2010 Feb 6;375(9713):445.

² Assessing Risk of Bias in Included Studies. Cochrane Bias Methods Group, Cochrane Collaboration. Belfast. Available from: <https://methods.cochrane.org/bias/assessing-risk-bias-included-studies>



College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

CPD events: mark your calendars



Medical Record Keeping for Physicians

Wednesday, October 24, 2018 – Vancouver

[Learn more](#)

Professionalism in Medical Practice: Avoiding the Pitfalls

November 2, 2018 to November 3, 2018 – Vancouver

[Learn more](#)

[Back to table of contents »](#)



College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Regulatory actions

- [Carvalho, Gustavo Jose – October 5, 2018](#)

[Back to table of contents »](#)