



Serving the public through excellence
and professionalism in medical practice

College Quarterly

COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

Decisions on matters of standards, policies and guidelines for registrants of the College.

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Enclosed with this issue of the *College Quarterly*:

- The College library's *Cites & Bytes*

Message from the Registrar

On September 27, 2011, Dr. Douglas Cochrane released the second part of his report into the investigation of misreads of CT scans in British Columbia.

Dr. Cochrane's report outlined 35 recommendations directed to health authorities, the College and the Ministry of Health to improve the health system, all of which were accepted by Health Minister Michael de Jong. A provincial action team has since been struck, which includes representatives from the College, the health authorities, and the Ministry of Health to develop and implement plans to deliver these health system improvements. Much has been accomplished since the concerns were identified last February, and substantial progress has been made on many of the recommendations prior to the report being released.

The investigation attributed the misreads of CT scans to multiple causes, and Dr. Cochrane's report goes well beyond specific recommendations to improve the quality of diagnostic imaging services. From the College's perspective, the most significant projects will be to work with the health authorities and the Ministry of Health to enhance and standardize credentialing and privileging, as well as province-wide performance and assessment reviews for all physicians. While the College does not have authority to credential or privilege physicians within the health authority system, it does have responsibility for credentialing and privileging in out-of-hospital facilities. The College is committed to implementing the provincial framework in those facilities for which the College has such authority. Expanding quality assurance activities, particularly performance assessments, is part of the College's current strategic plan, and significant new money will be invested next year. This includes a multi-source feedback tool in quality assurance reviews that will be piloted next year.

Through enhancing credentialing and privileging activities, and linking performance reviews to the appointment / reappointment process, quality monitoring in the system will be improved.

Public confidence has been shaken as a result of these events. Collectively, the College and the health authorities have responsibility to ensure the skill and competence of the physicians practising in the province throughout a physician's professional work life. Monitoring the quality of the performance of physicians is a shared responsibility. Dr. Cochrane has asked that the Minister of Health report to the public in September 2012 on the recommendations contained in his report. Once developed and implemented, these recommendations will position British Columbia as a leader in quality assurance activities.

While the tasks may seem daunting, it is only through rigorous and comprehensive quality assurance activities that these events will be prevented in future. Physicians who have not read Dr. Cochrane's report, are encouraged do so. It is our collective future.

<http://www.health.gov.bc.ca/library/publications/year/2011/cochrane-phase2-report.pdf>

Heidi M. Oetter, MD
Registrar



Update on College Bylaws

The College Board recently approved changes to the governing bylaws, which were posted on the College website for consultation, giving physicians and other interested parties the opportunity to review and provide comments by December 21, 2011. These comments will be reviewed by the Ministry of Health and the College, and further changes may be incorporated prior to filing the bylaws with the ministry.

Effective date for those seeking a provisional licence

If the College receives a completed preliminary assessment of eligibility for provisional registration prior to midnight on the day the Minister of Health approves the bylaws, an applicant seeking a provisional licence will be subject to the former bylaws. Applicants who submit preliminary assessments of eligibility after midnight will be subject to the new bylaws.

National standards for supervisors of provisional registrants

Over the past year, the College has worked with other colleges across Canada to develop a national framework for supervisors of registrants in the provisional class of licensure. The expectations of sponsors (the agencies requesting the provisional registrant) and supervisors (registrants in a full class of licensure who practise in the same discipline as the provisional registrant) are reflected in the new bylaws.

The College is collaborating with the health authorities and UBC's Faculty of Medicine to enhance training opportunities for potential supervisors. The training will focus on the application of the CanMEDS competencies and utilization of the best available evaluation tools. Physicians with faculty appointments are encouraged to contact their health authority if they are interested in becoming a supervisor.

Practice eligibility route to certification with the Royal College of Physicians and Surgeons of Canada

One of the substantive changes to the bylaws addresses the recognition of the new Practice Eligibility Route (PER) to certification for specialists. The PER was approved by the Royal College of Physicians and Surgeons of Canada in February 2010. The PER is targeted to those mid-career physicians who are already licensed and practising as specialists in Canada, but have not been certified by the Royal College. The PER is a contemporary but equally rigorous approach to competency assessment, which recognizes that the existing examinations for certification designed for new graduates may not provide the best measure of a mid-career physician's level of competence. The goal of the PER is to remove barriers to certification for individuals who are competently practising specialty medicine in Canada and meeting the national standards.

The PER was developed after extensive literature reviews, case study examinations and consultations with stakeholders. It contributes to the quality of care provided to patients and establishes the Fellowship designation as the gold standard for specialty training in Canada by assessing individuals practicing as specialists against the national standard defined by the specialty.

For more information about the PER, visit the Royal College's website: http://rcpsc.medical.org/residency/certification/per_e.php.

Contact information:
per@royalcollege.ca
1-800-668-3740

Annual licence renewal begins January 1, 2012

Annual licence renewal fees

► Fees increase:

The College board has approved a licensing fee increase to \$1,400 (from \$1,300). The reasons for the increase in fees are due to additional work that the College will be undertaking to enhance quality assurance activities (see Message from the Registrar), as well as comply with expectations set out in the *Health Professions Act* and the consequence of the Health Professions Review Board. The increase in fees is not a result of the new building; in fact, acquiring the new premises reduces current rent and occupancy costs. Despite operating under the most complex and expensive legislative framework in Canada, this College's licence renewal fees continue to be one of the lowest across the country.

The new amount will be reflected on the payment screen of the online Annual Licence Renewal Form.

Comparison of licensing fees across Canada

Province	2012	2011
Alberta	\$1,750	\$1,600
Manitoba	\$1,600	\$1,600
Nova Scotia	\$1,600	\$1,555
Newfoundland	TBD	\$1,550
Ontario	\$1,550	\$1,485
Saskatchewan	\$1,500	\$1,420
BC	\$1,400	\$1,300
PEI	TBD	\$1,215
Quebec	\$1,210	\$1,185
Average	\$1,516	\$1,434
Median	\$1,550	\$1,485

Important dates to note

- **January 1, 2012** – online licence renewal and payment of fees begins
- **February 1, 2012** – deadline for online licence renewal and payment of fees
- **March 1, 2012** – penalties for late licence renewal and payment of fees begins
 - wallet cards sent to registrants
- **April 1, 2012** – suspension for non-renewal of licence or non-payment of fees begins

Four steps to licence renewal

NOTE: all four steps must be completed as a single transaction in order to renew licensure

1 LOGIN to www.cpsbc.ca

For a smooth login:

- Ensure the College has an accurate and current email address on record
- Know your **CPSID** number
- Know your **web security code**
- Know your **password**

TIP: PDF tutorials on the College website illustrate how to retrieve your web security code and to reset your password. Go to www.cpsbc.ca/login-qa

2 Address and Email Update /Confirmation

- Registrants are required by statute to provide current contact information to the College, including a business address and telephone number. This information is made available to the public.
- For completion of the annual licence renewal process, registrants must also provide an email address, which is confidential and used for College purposes only.

TIP: Go to www.cpsbc.ca to familiarize yourself with logging in to the site. Once logged in, click "Update your profile" from the right side bar to make updates to your address and email if necessary. This will save you time come January 1, 2012.

3 Questions for renewal

- There are approximately 20 questions
- Last year, most registrants completed the questions in less than 15 minutes; it should take about 20 minutes
- After the questions have been answered, there is an opportunity to view the entire form and make changes prior to final submission

TIP: If you are in an office-based practice with other physicians (who are licensed and practising in BC), there is a question that asks you to list your associates. Know your colleagues' names (first and last) before you begin.

4 Payment

Once all of the questions are complete, the payment screen will appear. Payments can be made by:

- **Credit Card** (Visa, MasterCard, American Express)
- **Internet Banking** (go to your online bank, add the College as a payee and pay your fees)
- **Interac Online®** (pay with your debit card directly. Currently only available to those with RBC, BMO, TD and Scotiabank debit accounts. Ensure your daily debit limit is higher than the payment you are making.)

TIP: Internet banking can take three to five business days to process.

NEW: Online Receipts

- Receipts will be **emailed** to registrants within two business days after the licence renewal process has been completed (submission of form and payment received).

Technology

- The College website and the online renewal process is best experienced using a PC or a Mac. Mobile devices or smart phones are not supported.
- Optimum browsers include Internet Explorer 6 or Firefox 3, or better.
- Optimum operating systems include Windows XP or OSX, or better. Lower versions, other operating systems and web browsers may cause some viewing problems.
- The site has been optimized for a screen resolution of 1024 x 768 or better.
- To view and print a copy of the online form, registrants will need Adobe Reader 7 or higher. (<http://get.adobe.reader>)

TIP: It is best practice to have the most recent version of a web browser installed on your computer.

Continuing professional development

Registrants are reminded of the mandatory requirement to enrol in a Continuing Professional Development (CPD) program with either the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada. The 2012 Annual Licence Renewal Form will confirm enrolment by way of a declaration.

Communication

Sound Bites

Delegation of a medical act to licensed practical nurses

The College of Licensed Practical Nurses of BC (CLPNBC) recently examined the activities carried out by licensed practical nurses (LPNs) with the view to amending their regulations. In this review, the CLPNBC found that a number of LPNs have been delegated activities in physician offices which include:

- the application of III-B lasers for cosmetic purposes;
- the injection of Botox® and fillers;
- allergy testing and desensitization treatments.

A requirement for delegating a restricted activity to a health care professional is the confirmation of training and competence – as defined and determined by that health profession’s regulatory authority. It was noted by the CLPNBC that these activities are not consistent with the post-basic educational courses of LPNs and therefore should not be performed by LPNs except under direct supervision of the physician who employs them.

Medical directors in clinics and private facilities

The College is often asked about the duties and obligations of medical directors of multi-physician clinics and facilities. College bylaws and policies clearly identify the types of settings that require the appointment of a medical director:

1. Per bylaw 5-5(1) – every non-hospital medical/surgical facility must appoint a medical director
2. Per Bylaw 5-26(1) – every diagnostic facility must appoint a medical director
3. The Methadone Maintenance Program, which administers the provision of methadone maintenance care by physicians, requires that all methadone clinics have a medical director
4. Primary care multi-physician clinics and walk-in clinics must also appoint a medical director who practises within the clinic according to board-approved policy

The College has no authority over non-registrants who own and manage clinics and facilities. The reason for appointing a physician medical director is to ensure that patient care and well-being are always top priorities in a facility, and that there is an appropriate accountability to the College as the regulatory authority. While the responsibilities of the medical directors of non-hospital medical/surgical facilities and diagnostic facilities are well-defined in the bylaws, the

responsibilities of the medical director in a primary care multi-physician clinic or walk-in clinic are more generally described in policy. In this case, the medical director is:

- responsible for ensuring that the clinic upholds the College’s ethical, legal and professional standards as defined in bylaws, policies and guidelines;
- the contact person acting as the clinic representative in dealing with the College; and
- expected to ensure that a most responsible physician (MRP) is designated for all patient charts when an individual patient is attending one of the clinic’s physicians for the majority of his or her primary health care needs (i.e. has attended the clinic more than three times).

Clinics may have a different name for their medical director such as “coordinator” or “physician contact.” Clinics may also assign other duties to the medical director such as shift scheduling. These are not College matters. The College’s main concern is that medical directors recognize their role as the principal contact person to the College for systemic clinic/facility issues. Regardless of the setting, individual physicians are still responsible for their own practice standards and professional conduct.

Safe disposal of sharps in an office or clinic setting

Physicians are reminded of the importance of ensuring that sharps containers be stored and secured in a way that prevents access to used needles and sharps in examination rooms. Canadian standards indicate that sharps containers should be leak- and puncture-proof, and should facilitate one-hand disposal, which guards against accidental entry. Further, containers should be securely mounted on a wall and out of general reach, and should only be handled by medical office staff. Final disposal and/or transporting of biomedical waste should be conducted by qualified sharps disposal companies.

Reporting at-risk children – everyone’s responsibility

Following a Coroner’s report into a recent, tragic incident involving a child with Downs Syndrome, the College was asked to issue the following reminder to registrants.

Like all members of the public, physicians have a legal duty under the *Child, Family and Community Service Act* to report any suspicion of child abuse or neglect by calling the provincial Helpline for Children at 310-1234 (no area code required).

Due to reasons of developmental or other disabilities and/or social circumstances, some children (19 years of age or younger) may not have access to the services and support systems that one might expect to be in place. Physicians are reminded that when they examine such children they should view them in the context of their medical and social situation, and not presume that societal safety nets are readily available to them.

When a physician is asked to provide episodic care, it might be easy to focus medical attention on the immediate problem; however, for vulnerable children, that may not be enough. At-risk children require attentive follow-up. It may be necessary for the physician to liaise with schools, social-workers and extended family members to ensure that vulnerable young patients don’t fall through systemic cracks. Physicians who see such patients should recall the child if they have any concerns that the provision of service and support from other agencies is lacking.

Launch of the new BC CCSVI registry

With funding from the BC Ministry of Health, the UBC hospital MS clinic is launching a new registry to document the safety of the Chronic Cerebrospinal Venous Insufficiency (CCSVI) procedure and its long-term effect on the course of MS and the overall health of recipients of the procedure. Physicians will inform the BC CCSVI registry about their perspective of patients’ outcomes after their CCSVI treatment. Data forms will be available for download through the BCMA secured login link. Questions about the new registry can be directed to 1-800-668-2291 or by emailing bc_ccsvi@helix.medgen.ubc.ca.

Visiting medical student electives

Physicians are frequently asked to supervise visiting medical students (i.e. out-of-province or out-of-country) who wish to complete electives in British Columbia.

Physicians are reminded that these medical students are required to obtain an educational licence as a medical student from the College, and provide the College with the name of their supervising physician, the exact location of their medical student elective and the dates of their elective. *The maximum yearly educational licence for a visiting medical student is eight weeks.*

For educational registration, the College requires a current curriculum vitae, a letter from the student’s medical school confirming good standing with the university, as well as confirmation of liability insurance coverage for the entire duration of the student’s elective experience.

Citizenship Immigration Canada requires all international medical students to complete a medical examination prior to arrival in Canada for all medical electives. Canadian citizens studying medicine abroad are exempt from this requirement.

Educational licences for clinical electives enable medical students to interact and examine patients under the supervision and at the discretion of their preceptors. All medical students who wish to attend upon patients, even for observation, must be licensed.

Students enrolled in their third or final year at Canadian medical schools must proceed with their application through the UBC Clerkship Program. The College will not provide a licence to any Canadian medical student unless approval is received through this program.

Announcements and Events

2012 Award of Excellence – call for nominations

Nominations are being accepted for the 2012 Award of Excellence program, which recognizes registrants or former registrants who have made an exceptional contribution to the practice of medicine whether in teaching, research, clinical practice, administration or health advocacy.

Eligibility

Candidates must be current or former registrants of the College in good standing, and with no history of disciplinary action. Current board members are not eligible to receive the award. A maximum of five candidates will be selected to receive the award each year.

Criteria

- Exceptional contribution to the practice of medicine whether in teaching, research, clinical practice, administration or health advocacy
- Contribution to the practice of medicine in her/his community
- Character, integrity and ethics beyond reproach
- Demonstrated leadership
- Collegiality and professionalism in all interactions within the profession and with patients

Written nominations of candidates, from a minimum of two current registrants, must include the name and biography of the nominee, and should describe in detail his/her fulfillment of the above criteria. A current curriculum vitae of the nominee, along with letters of support are also recommended. Nominations should be provided to the registrar no later than February 28, 2012.

Award Recipients

Selected award recipients will be recognized at the College's Annual Dinner in May 2012, and announced in the summer issue of the *College Quarterly*.

Please note that previous nominations are not carried over from year to year.

College to discontinue physician placement postings on website

Physicians are advised that as of February 29, 2012 the College will no longer provide a job posting area on its website. A comprehensive, no-fee, professional recruitment service is available to physicians through Health Match BC.

Telephone: 604-736-5920

Facsimile: 604-736-5963

Website: www.healthmatchbc.org

Email: recruit@healthmatchbc.org

Returning library books to the College's new building

The College recently relocated to the Offices at Hotel Georgia at 300-669 Howe Street, Vancouver, BC V6C 0B4. Patrons of the College library may return their books to the concierge in the lobby of the new building from 7:00 a.m. to 11:00 p.m. Monday to Friday, or after hours at the concierge at the Rosewood Hotel Georgia next door.

Transitioning to an online medical directory

In alignment with the College's plans to automate paper-based processes, the printed medical directory will transition to an electronic-only version by 2013. Research has shown that more and more physicians are using the online directory (accessible through the College website) as their primary referral tool since the data is extracted in real-time from the register, and is therefore more dynamic and current than data contained in a static printed resource. Physicians are reminded that they can access an expanded view of the online directory (which includes MSP and fax numbers) by logging in to the College website before conducting their search.

Courses and workshops – mark your calendars

Pain and suffering symposium: the assessment and management of the patient with complex chronic pain – Vancouver

This course is designed to assist clinicians in managing the most challenging of pain patients – patients with complex chronic pain. Complex chronic pain infiltrates multiple dimensions of the patient's life. As a result, opioids are less effective in treating them. The course focuses on defining the proper role of opiates in the management of complex chronic pain and describes other, more effective therapies. Participants will also acquire new techniques for recognizing and managing cognitive and behavioral factors in pain, and treating chronic pain syndrome including fibromyalgia.

Date:	Friday, March 2 and Saturday, March 3, 2012
Location:	Hyatt Regency Hotel 655 Burrard Street, Vancouver, BC
Time:	7:30 a.m. to 4:30 p.m.
Registration fee:	\$450 CAD

A link to the registration form is available on the College website. For more information, please contact the Foundation for Medical Excellence at www.tfme.org.

This program meets the accreditation criteria of the College of Family Physicians of Canada and has been awarded up to 9.5 Mainpro-M1 credits.

Medical record keeping workshop – Vancouver

This course is primarily directed at general/family practitioners and other physicians providing primary care. It is an interactive program using real case examples and simulated patient encounters to demonstrate the practice of effective clinical record keeping. Six to eight weeks after the course, attendees are asked to submit files to the instructor for review to ensure that the newly learned techniques are being incorporated into daily practice.

Date:	Wednesday, March 7, 2012
Location:	300-669 Howe Street, Vancouver, BC
Time:	8:30 a.m. to 4:30 p.m.
Registration fees:	\$481.60 (\$430 + \$51.60 HST) for registrants \$593.60 (\$530 + \$63.60 HST) for non-registrants

For more information, please call 604-733-7758 extension 2234.

This program meets the accreditation criteria of the College of Family Physicians of Canada and has been awarded 6 Mainpro-M1 credits. Those completing the post-course feedback exercise qualify for 8 Mainpro-C credits.

Other Locations

Registrants should contact the College if they have a group interested in holding the course in their community (class size 8-12 participants).

Quality Assurance

Document, document, document

When a physician is the subject of a patient complaint, civil action, practice review, or billing audit, conclusions as to whether the care provided was acceptable inevitably turn to what has been documented in the clinical record. Too often, inadequate records afford little assistance to physicians seeking to defend their actions.

For every patient visit, the bylaws made under the *Health Professions Act* require College registrants to document a history, findings on physical examination, investigations, diagnoses, treatments administered, and a follow-up plan. That is the law. In order to bill for the service, the preamble to the BCMA's *Guide to Fees* arguably demands even more.

A simple way for physicians to ensure they are meeting these standards is to apply the SOAP format, and record information under each category: Subjective, Objective, Assessment, Plan. The most common deficiency is failure to document a physical examination. Apart from counselling visits, patients expect to be examined, and may interpret consistent failure to do so as a sign of superficial assessment and deficient care.

While physicians usually start clinical practice with a reasonable standard of documentation, for many, the quality of record keeping deteriorates as the years go by. Sometimes a typical note gives only a symptom or diagnosis with a list of medications, a pattern that clearly falls short of requirements. Such physicians do poorly in high stakes reviews like practice assessments and Medical Services Commission audits. A physician's note is regarded as his/her intellectual footprint.

The College offers a highly-rated medical record keeping workshop, which is beneficial to any physician who is looking for a refresher course on how to maintain effective records. (See page 9 for more information.)

The Non-hospital Medical and Surgical Facilities Program

The Non-hospital Medical and Surgical Facilities Program has the legislated mandate to establish, monitor and ensure standards of practice in private medical and surgical facilities in BC. There are currently 65 accredited facilities providing a range of minor to more complex surgical procedures.

Working collaboratively to develop national accreditation standards

The inaugural meeting of the non-hospital round-table working group was held in Winnipeg on November 15, 2011. The meeting was arranged as a collaborative effort among the Colleges of Physicians and Surgeons of British Columbia, Ontario and Manitoba, and was attended by representatives from the provincial colleges, and the Federation of Medical Regulatory Authorities of Canada (FMRAC). Key issues discussed included the regulation of non-hospital facilities, physician credentialing and privileging, accreditation processes and quality assurance initiatives. The meeting provided valuable insight into the role played by private medical/surgical facilities in Canada, and the challenges involved in ensuring that they operate safely and effectively. It is hoped that this meeting will become an annual event, eventually leading to the development of national standards for the accreditation and regulation of non-hospital medical/surgical facilities. Phone 604-733-7758, extension 2259 for more information about the program.

The Prescription Review Program

The Prescription Review Program is a quality assurance activity that uses data obtained from PharmaNet. The program assists physicians in the challenging task of utilizing opioids, benzodiazepines, and other potentially addictive medications with appropriate caution for the benefit of their patients.

Opioid pitfalls: diversion and addiction

Concerned family members regularly call the College about prescription drug misuse affecting a loved one. The following are examples of family members' concerns:

"My 70-year-old father receives Oxycontin, but doesn't take it. He has no pain. His girlfriend pressures him to go to his physician to get pain killers. They then sell the pills. I volunteer at a local shelter, and everyone there seems to regard Dad's physician as the go-to-guy for pills."

"Please do something about my drug-addicted, ex-husband's family physician. He prescribes large numbers of Dilaudid to my mother-in-law, who is bullied into handing them over to her son. He sells them to buy cocaine."

In these difficult situations, the expected standard of care is *pharmacovigilance*,¹ which includes: comprehensive initial and ongoing patient assessment; careful patient selection; appropriate dosing (generally less than the equivalent of 200 mg of oral morphine daily²); small dispenses; treatment agreements; PharmaNet review when prescriptions are renewed; and random urine drug screens. Prescribing opioids or benzodiazepines to patients with untreated addiction will not help them.

Past conventional wisdom used to say that addiction is rarely a concern when opioids are prescribed for chronic non-cancer pain (CNCP). That claim is not evidence based.³ Chronic pain patients need family physicians. It is unacceptable to turn them away. A decision to initiate or continue chronic opioid therapy (COT) must be based on thoughtful application of the pharmacovigilance principles set out above.

Physicians prescribing for CNCP should familiarize themselves with the *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain*, which can be downloaded from McMaster University's website at: www.nationalpaincentre.mcmaster.ca/opioid/index.html.

Physicians who are looking to advance their skill and knowledge in this challenging area of practice should consider registering for the 25th annual Chronic Pain and Suffering Symposium, presented by the Foundation for Medical Excellence, on March 2-3, 2012 in Vancouver. (See page 9 for more information.)

1. Fishman S. Responsible opioid prescribing: a physician's guide. Washington, DC: Waterford Life Sciences; c2007. Introduction, pharmacovigilance and good medicine; p.5-12. [Cited 2011 Nov 18] Available from: <http://www.fsmb.org/pdf/introduction.pdf>
2. Gomes T, Mamdani MM, Dhalla IA, Paterson JM, Juurlink DN. Opioid dose and drug-related mortality in patients with nonmalignant pain. *Arch Intern Med*. 2011 Apr;171(7):686-91.
3. Furlan AD, Sandoval JA, Mailis-Gagnon A, Tunks E. Opioids for chronic non-cancer pain: a meta-analysis of effectiveness and side effects. *CMAJ*. 2006 May 23;174(11):1589-94

Committee Cases

and Recommendations

Ethics

Policies and guidelines

Registrants are asked to familiarize themselves with the policies and guidelines contained in the online Resource Manual. Any questions regarding the content should be directed to one of the College's deputy registrars.

Advertising: content over form is what really matters

Breaches to College bylaws and policy on advertising continue to consume significant staff resources. To ensure they are compliant, physicians who choose to advertise their services – whether in printed publications or on websites, blogs or other social media – should familiarize themselves with part 7 of the bylaws, as well as the policy entitled *Advertising and Communication with the Public*.

The following specific features continue to cause concern, and therefore should be closely noted by physicians who advertise:

- Patient testimonials are not permitted in any physician advertisements;
- Physicians may not make exaggerated statements about treatment outcomes, or claim that their services are superior to those of their colleagues.
- It is not permissible to offer gifts, discount coupons, prizes or any other form of inducement to attract patients.

Physicians who are found to be in violation of the bylaws and policy will be required to amend their advertisements immediately. Non-compliance may result in charges of unprofessional conduct.

Promotion and sale of products in an office setting

Physicians are reminded that transactions such as promoting and selling products to patients may be viewed as self-serving, and in some cases, may constitute a conflict of interest. The College policy entitled *Sale of Products in the Office* outlines circumstances where the sale of medically-necessary products may be appropriate. The policy also discusses the sale of non-medical products such as cosmetic creams and dietary supplements, and provides general guidance regarding disclosure to patients.

Medical records: ownership and access

The College continues to get frequent inquiries from physicians who are in dispute with other physicians or health care facilities (residential and public/private clinics) about the ownership of/access to medical records. These disputes can be more complicated when electronic records and access issues are at stake.

In response, the College always begins the conversation with a basic question, *When you started work in this facility, what was your agreement with the other parties involved?* Unfortunately, most physicians say that medical record ownership was not discussed, nor was any arrangement documented in a formal contract. The College strongly advises physicians to address the issue of medical record ownership prior to entering into a new practice situation, especially before they start creating medical records.

Physicians should also review *Medical Records in Private Physicians Offices*, a comprehensive document which covers all of the issues physicians should consider about medical records.

Disciplinary Actions

Dr. Shui Hing LEE, Richmond, BC

Dr. Shui Hing Lee, an ophthalmologist, has admitted to engaging in unprofessional conduct. In the period 2007 to 2010, Dr. Lee, at the time of referral, failed to promptly and fully inform referring physicians and patients that he would not be performing the patients' cataract surgery, and that his role would be that of surgical assistant. Prior to surgery, all patients were appropriately advised of the operating surgeon and appropriate consent was obtained and documented.

Following the issuance of a disciplinary citation, Dr. Lee consented to the following disposition by the College:

The name of Dr. Shui Hing Lee will be transferred from the Full – Specialty Practice class of registration and registered in the Conditional – Disciplined class, effective 2400 hours, August 10, 2011, subject to the following limits and conditions:

- (a) Issuance of a formal reprimand.
- (b) Fine of \$25,000.
- (c) Refrain from any involvement in a cataract surgery procedure including surgical assistance until authorized by the College.
- (d) Provide the College with standard practice documents pertaining to cataract surgery for approval.



(L TO R) FRONT ROW: Dr. D.M.S. Hammell, Dr. L.C. Jewett (*vice president*), Dr. M.A. Docherty (*president*), Mr. W.M. Creed, FCA (*treasurer*), Ms. L. Charvat
 SECOND ROW: Dr. A.I. Sear, Dr. S.M.A. Kelleher, Dr. M. Corfield, DM, Dr. H.M. Oetter (*registrar*), Dr. J.R. Stogryn, Dr. J.G. Wilson
 THIRD ROW: Dr. D.J. Etches, Dr. W.R. Vroom, Ms. E. Peaston, Dr. A.J. Burak, Dr. N.D. James, Dr. P.T. Gropper
 FOURTH ROW: Dr. D.A. Price, Dr. G.A. Vaughan, Ms. V. Jenkinson, Mr. M. Epp ABSENT: Dr. A.M. McNestry

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