



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 all registrants of the College.

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Enclosed with this edition of the *College Quarterly*:

- A registration form for the 2010 Education Day
- The College library's *Cites & Bytes*

www.cpsbc.ca

This bulletin is forwarded to every physician and surgeon registered with the College. Decisions of the College on matters of standards, policies and guidelines are published in this bulletin. The College therefore assumes that each registrant is aware of these matters.

Message from the Registrar

The College Board has just concluded its spring meeting, and as the weather warms, so too do the activities of the College increase. The following is a brief overview of the activities and priorities for the College in the coming months.

- The College has been asked by the Ministry of Health Services to develop a regulatory framework for Physician Assistants. The College Board supports the licensure and regulation of Physician Assistants as certified non-registrants of the College, as contemplated under the *Health Professions Act*. The completion of a proposed regulatory structure is the first step in this project. The College of Physicians and Surgeons of Alberta has also been asked to bring Physician Assistants under their regulatory framework, and the College of Physicians and Surgeons of Manitoba has been doing so successfully for a number of years. To date, two universities in Canada have developed educational programs for Physician Assistants and the first graduates will complete their studies in 2011. If a satisfactory regulatory framework is achieved, it is hoped that the deployment of Physician Assistants will be a positive step in addressing the existing shortage of health human resources in this province.
- The College continues to work with the Ministry of Health Services and the Ministry of Advanced Education and Labour Market Development on addressing labour mobility of physicians. The announcement of the New West Partnership Trade Agreement (NWPTA) is another example of an agreement that is intended to facilitate the mobility of goods and people between provinces, including physicians. Both domestic and international mobility of physicians is considered by government to be a key priority in addressing the health needs of our citizens now and in the future. Considerable work is being accomplished through the Federation of Medical Regulatory Authorities of Canada (FMRAC) on establishing national standards for licensure of physicians who have received all or part of their training outside of Canada.
- An essential component of increasing international mobility of physicians is developing capacity to perform competency-based assessments. A joint request for monies to establish an assessment centre has been submitted by the College and the University of British Columbia (UBC) Faculty of Medicine to the Ministry of Advanced Education and Labour Market Development. It is imperative that a competency-based assessment centre be established independent of the many institutions that are dedicated to training both undergraduate

and post-graduate physicians given the considerable energies invested by the UBC Faculty of Medicine to increase both class size and residency positions in BC.

- The College joins the Privacy Commissioner in expressing its dismay with amendments to the *Ministry of Health Act* that passed this spring in the legislature. These amendments permit the ministry to collect, use and disclose nominal patient information for “stewardship” purposes. This includes sharing personal information across numerous public bodies. It is the view of the College that the existing *eHealth Act* is the appropriate statutory vehicle to collect personal information for health purposes. The *eHealth Act* balances the privacy interests of the citizens of BC against the needs of the ministry to access information for program evaluation and system planning. Patients are afforded important privacy protections such as disclosure directives and government, in turn, is required to use designation orders for the purposes of establishing health information banks. Since the time of Hippocrates, physicians have recognized the importance of keeping patient information confidential. Patients may choose not to disclose secrets, to their potential peril, if they are concerned that their personal information will not be kept private. The College will continue to work with the Ministry of Health Services to ensure that patients’ expectations of privacy of personal health information are reasonably addressed.

At its May meeting, the Board elected the following officers for the 2010-11 term:

- President Dr. D.M.S. Hammell
- Vice President Dr. M.A. Docherty
- Treasurer Dr. L.C. Jewett

H.M. Oetter, MD
Registrar

Communication

Sound Bites

New Canadian guideline for chronic non-cancer pain

Canadian physicians now have access to more comprehensive and current information regarding the use of opioids to safely and effectively treat patients with chronic non-cancer pain (CNCP).

The Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain provides 24 practice recommendations to assist physicians who are:

- Choosing to initiate opioid therapy;
- Conducting an opioid trial; and/or
- Monitoring long-term opioid therapy.

The guideline is not proposed as a policy or standard of practice. It is intended to provide Canadian physicians with guidance based on the best available information, research and consensus of opinion. It may also be a valuable resource for pharmacists who dispense opioids, and nurses and dentists involved in the treatment of patients with CNCP.

Medical regulatory authorities across Canada were involved in the development of the new guideline. The project was led by the National Opioid Use Guideline Group (NOUGG) and supported by a research team and a national advisory panel of pain specialists, family physicians, addiction experts, pharmacists, academics, nurses and patient representatives.

Following a consultation and formal consensus process, the guideline was published and released by the *Canadian Medical Association Journal* on May 3, 2010. The final document is now available for physicians across Canada.

Complete and condensed versions are available in electronic format from the Michael G. Degroote National Pain Centre at McMaster University. Practice tools and additional resources are also available. More information about the guideline is published under Physicians' Area>Announcements on the College website.

Update on revalidation of licensure

As a first step towards revalidation, the College moved forward in ensuring physician compliance with s.2-6(1) of the Bylaws under the *Health Professions Act*, which states that registrants must comply with continuing professional development (CPD) requirements. In the annual licence renewal form, the College asked registrants about their compliance with enrollment in either the College of Family Physicians of Canada (CFPC) MainPro program, or the Royal College of Physicians and Surgeons of Canada (RCPSC) Maintenance of Certification (MOC) program. From the responses, it was noted that:

- Approximately 800 physicians requested to be exempt from enrollment in a CPD program;
- Many physicians expressed dissatisfaction regarding the need to join or re-join the MainPro or MOC programs, citing this as an unnecessary and expensive process;
- Several physicians sought "conscientious objector" status.

In response, the registrar granted exemptions for CPD enrollment to approximately 200 registrants. Examples of exemption categories include:

- Physicians doing only surgical assistance, provided they relinquish all prescribing privileges;
- Physicians imminently retiring this year;
- Physicians performing non-clinical work only, such as research or administration.

While noting the discontent surrounding CPD enrollment and expense, the College appreciated the undisputed resolve of physicians to participate in continuing professional development. The College does not have jurisdiction over fees imposed by Canada's two national colleges. Ultimately, it is up to the membership of the two national colleges to raise this as an issue.

Lastly, the College recognized the very unusual circumstances of registrants wishing conscientious objector status in not joining or re-joining one of the two national colleges. In response, respecting these objections yet at the same time being mindful that the College is not effectively resourced to become involved in CPD evaluation, the Board agreed to review CPD compliance using the MainPro or MOC standards for a \$500 penalty. Moreover, questionable compliance would result in a practice review at the expense of the registrant. Registrants should be aware that the same process will be triggered for physicians who are non-compliant with their commitments in the MainPro or MOC programs. The College notes that the majority of College registrants were current members of the CFPC or the RCPSC.

Communication

Sound Bites *continued*

Update on professional medical corporations

Section 43(1) of the *Health Professions Act* permits registrants, relatives of a shareholding registrant, or persons who reside with a shareholding registrant to own non-voting shares in a holding company of a health profession corporation, but is silent regarding a trustee holding non-voting shares in a holding company on behalf of a trust. As a result, a trustee cannot hold shares in a holding company, whereas previously this type of share ownership was permitted under the *Medical Practitioners Act*.

This change was the result of the College's transition under the *Health Professions Act* on June 1, 2009. As this is a statutory provision enacted by the Legislature, the College cannot modify or waive the limit on a trust's ability to hold shares in a holding company. At present, the College will not be requiring existing medical corporations to reorganize simply to meet this new requirement. However, new health profession corporations and existing corporations undergoing reorganization must be in compliance with section 43(1) of the *Health Professions Act* (and the other provisions of the Act and Bylaws regarding professional medical corporations).

Incorporated physicians are strongly encouraged to discuss this change with their corporate solicitors.

The primary record for facility care belongs at the facility

The College was recently contacted by physician leaders at a health authority seeking direction about the distribution of laboratory reports for patients confined to long-term care facilities. For obvious pragmatic reasons, physicians prefer to receive lab reports at their private offices. The concern is that this might tempt physicians to provide telephone care only in circumstances where attendance may be more appropriate. Additionally, any notes made and retained at the off-site office, are not readily available to inform the care of the patient.

Physicians who include facility care in their practices are reminded that the primary record for such patients is at the facility itself. Timely care may be facilitated by directing interim measures by telephone; however, a concern that merits investigation may require on-site assessment and documentation. Any notes made at the office should also be faxed to the facility for inclusion in the primary record.

New legislation mandates gunshot and stab-wound reporting by facility

The College was involved in the public consultation process conducted by the Ministry of Public Safety and Solicitor General concerning the BC government's *Gunshot and Stab Wound Disclosure Act*.

At the time of the consultation, College representatives expressed strong concerns about the Act's mandatory reporting requirements, which could interfere in the direct patient-physician professional relationship, and which would require registrants to breach patient confidentiality. The ministry officials responded to the concerns, and the Act offers protection for health care practitioners who exercise their duty to report.

The College also expressed concerns about the Act's definition of health care facilities, the required information to be disclosed, and the potential risk to registrants and their medical staff by potentially endangering their safety when reporting gunshot and stab-wound injuries to the local police. These matters were also addressed and clarified in the legislation.

This new legislation is part of the BC government's overall strategy to deal with the recent escalation in gun violence in many British Columbia communities. Three other provinces have chosen mandatory reporting of both gunshot and stab-wound injuries — Saskatchewan, Manitoba and Alberta. Currently, Ontario, Nova Scotia and Quebec have enacted only mandatory gunshot reporting.

Announcements and Events

College announces recipients of the 2010 Award of Excellence in Medical Practice

The Board of the College of Physicians and Surgeons of British Columbia is pleased to announce the recipients of the 2010 Award of Excellence in Medical Practice. The recipients were presented with their awards at the annual President's Dinner in Vancouver on May 12, 2010.

H. Sharon Dougan, MD – Vernon, BC

Dr. Dougan practised family medicine, including emergency and maternity care, in Vernon, BC from 1975 until her retirement in 2006. In addition to managing a full-time solo practice, Dr. Dougan held a clinical associate professorship in the Department of Family Practice at the University of British Columbia (UBC) from 1980 to 2008, and spent many years as a preceptor for both undergraduate and graduate medical residency programs. She is a current member of UBC's Department of Family Practice Executive Committee, and serves as chair of the Clinical Faculty Appointments and Promotions Committee. Dr. Dougan is regarded as a strong and influential advocate for continuing medical education in her community, and has demonstrated her own commitment to life-long learning through active participation on numerous hospital, professional association, and academic committees.

Joseph Kotlarz, MD, Lieutenant Colonel – Fort Steele, BC

Dr. Kotlarz began his medical career in 1983 as a military physician, serving as a base surgeon at Canadian Forces Base Petawawa and Moose Jaw; as a contingent medical officer in Ethiopia; and as commanding officer of Canadian 1 Field Hospital in the Persian Gulf, and 4 Field Ambulance in Lahr, Germany. Following his military service, Dr. Kotlarz set up a family practice in the East Kootenays. In 2003, in addition to managing a busy family practice, Dr. Kotlarz accepted the position of chief of staff at the East Kootenay Regional Hospital, and the position of medical director in 2005. In these leadership positions, Dr. Kotlarz spearheaded a number of successful initiatives to recruit physicians to the East Kootenay communities, filling all specialist and GP vacancies in the region for the first time ever in 2009.

Now in its sixth year, the College's Award of Excellence Program is an annual peer recognition program that honours individual physicians who have made an exceptional contribution to the practice of medicine in teaching, research, clinical practice, administration or health advocacy. Other criteria include character, integrity, and ethics beyond reproach, demonstrated leadership, and collegiality in all interactions with patients and colleagues.

Position posting for deputy registrar

Applications are invited from physicians who are interested in a career as a full-time deputy registrar at the College of Physicians and Surgeons of British Columbia. Due to a retirement in November 2010, and allowing for overlap, a position will be available in September 2010. The successful candidate must be prepared to make a long-term commitment to this exciting and challenging position.

Registrar staff implements the policies and decisions of the Board of the College under the provisions of the *Health Professions Act*. The areas of responsibility of deputy registrars include registration and licensure of physicians, processing complaints from the public and the profession, dealing with ethical and disciplinary issues, involvement in the College's programs for monitoring or peer appraisal of practice standards, relations with other health organizations, and responding to a wide range of issues in the health care field. While familiarity with and expertise in all these areas is intended to be achieved in time, it is planned that the successful candidate's primary responsibility will be in the areas of complaints, physician health and monitoring. Experience in mental health and addiction is an asset.

Applicants must be registered or eligible for registration as a member of the College of Physicians and Surgeons of British Columbia.

This is a contract position offering a competitive salary and benefits package.

Letters of application, with curriculum vitae, must be submitted to the registrar, before the close of business on Monday, June 28, 2010.

Confidential Facsimile: (604) 694-6106

All correspondence will be held in strict confidence.

Winner of the Dr. George Szasz award

The College is pleased to announce Ms. Kathy Matejka as this year's winner of the Dr. George Szasz award. For 40 years, Dr. Szasz was a member of the Library Committee and gave generously of his time and professionalism to enhance library services for the physicians of British Columbia. The \$500 award is granted annually to a member of College library staff to assist with professional development in medical library services.

Announcements and Events *continued*

Courses and Workshops – *mark your calendars*

For more information on College-sponsored events, visit the Physicians' Area of the College website under Physician Education.

2010 education day and annual general meeting – Vancouver

Professionalism in a changing world – where do we stand?

The year's educational theme will focus on professionalism in an evolving, increasingly complex, wired world. The interactive sessions will stimulate thinking and inspire debate about the principles of medical *professionalism*, and examine the impact that new technology, modern societal norms and shifting business models are having on physicians' values, attitudes and behaviours.

Date: Friday, September 24, 2010

Time: 8:30 a.m. to 4:30 p.m.

Location: Vancouver Convention Centre, West Building

Plenary sessions

AM Social media: changing expectations and redefining relationships

Joseph Thornley, CEO, *Thornley Fallis & 76design*

PM Intra- and Inter-professionalism: working collaboratively on a health care team

Sue Swiggum, MD, Senior Physician Risk Manager
Canadian Protective Medical Association

A registration form is enclosed for your convenience. More information, including session descriptions, speaker profiles, and accommodation options are available on the College website.

Application is being made for continuing medical education credits through UBC's division of continuing professional development.

Workshop on boundaries, ethics and professionalism – Vancouver

The College is pleased to present its annual interactive workshop on understanding and adhering to professional boundaries in medical practice. Discussion topics include the principles of professionalism, distinguishing between boundary crossings and boundary violations, and identifying preventive measures to help avoid violations in the physician-patient relationship.

Date: Friday, October 29 and Saturday, October 30, 2010

Time: 8:30 a.m. to 4:30 p.m.

Location: 400-858 Beatty Street, Vancouver, BC

Registration: \$450 (+ applicable taxes)

Keynote speaker Dr. Glen Gabbard, is an internationally-renowned expert on boundaries and professionalism, professor of psychiatry at the Baylor College of Medicine in Houston, Texas, and author/editor of numerous books.

Space in this workshop is limited. Due to the enthusiastic response from last year's workshop, interested physicians should contact the College as soon as possible to register by phoning 604-733-7758 extension 2252, or by downloading the registration form from the College website.

Application is being made for continuing medical education credits through UBC's division of continuing professional development.

Methadone 201 workshop – Vancouver

This is an advanced workshop for physicians who have an exemption to use methadone for the treatment of opioid dependency.

Physicians wishing to obtain an exemption to prescribe methadone for opioid dependency must complete the Methadone 101/Hospitalist Workshop.

Date: Saturday, October 30, 2010

Time: 8:30 a.m. to 4:30 p.m.

Location: St. Paul's Hospital – New Lecture Theatre
Providence Wing, Level 1
1081 Burrard Street, Vancouver, BC

Registration: \$225 (+ applicable taxes)

Methadone 101 / hospitalists workshop – Vancouver

This workshop is an introductory workshop in the use of methadone for the treatment of narcotic addiction.

This workshop is a prerequisite for physicians who wish to obtain an exemption to prescribe methadone under section 56 of the *Controlled Drugs and Substances Act*. All physicians seeking this exemption must apply to the College's Methadone Maintenance Program.

- Date:** Saturday, November 20, 2010
Time: 8:30 a.m. to 4:30 p.m.
Location: St. Paul's Hospital - New Lecture Theatre
Providence Wing, Level 1
1081 Burrard Street, Vancouver, BC
Registration: \$175 (+ applicable taxes)

For more information about the workshops, contact the methadone program at 604-755-7758, extension 2628.

Application is being made for both workshops for continuing medical education credits through UBC's division of continuing professional development.

UBC CPD goes green to deliver important information about professional development

The UBC Division of Continuing Professional Development (UBC CPD) is inviting physicians to join an email distribution list to learn more about Continuing Medical Education/Continuing Professional Development (CME/CPD) events in BC. This new initiative supports UBC CPD's green strategy to reduce paper waste by minimizing facsimile communication to physicians' offices.

Physicians who join the email distribution list will receive:

- Tailored notices of accredited CME/CPD events to meet specific learning needs
- Advance notice of conferences and other CME events – with early bird rates
- The opportunity to attend some accredited CME/CPD activities such as online programs (i.e. webinars) and special workshops at no cost
- Updates from key opinion leaders on the application of new practice-specific information
- Monthly *quick links* emails which summarize upcoming CME events with easy direct links for more details to register and download program material

UBC CPD will not share, disclose or abuse private email information. This program is entirely voluntary with the ability to unsubscribe at any time.

Physicians can register an email address through the UBC CPD website at www.ubccpd.ca/mailing_list.htm, by emailing the program directly at cpd.info@ubc.ca, or by calling 604-875-5101.

Committee Cases and Recommendations

Ethics

Two new policies

The Ethics Committee has published two related policies that deal with practising in a clinic setting, which registrants are strongly advised to review and become familiar with:

1. A newly developed policy, *Primary Care Multi-physician Clinics*, addresses generic and administrative clinic issues such as the roles and responsibilities of the medical director, and expectations about record keeping.
2. A revised policy, *Walk-in Clinics – Standard of Care*, outlines the College's expectations of the individual physician working specifically in a walk-in clinic setting, which are no different than the College's expectations of physicians working in any site of practice.

The policies are published in the online Physician Resource Manual located under Publications and Resources on the College website. An accompanying Q&A document, which addresses some of the underlying principles contained in the policies, is available as an addendum to both.

Physicians are reminded that any policy contained in the Resource Manual reflects the position of the College on a topic or issue, which is considered a mandatory requirement due to its sufficient importance, or its basis being substantially defined by the Bylaws of the College pursuant to the *Health Professions Act*.

Inquiries and Complaints

Head injuries in patients on warfarin

The Chief Coroner recently asked the College to review the emergency medical management of a 90-year-old man who died of a slow, intracerebral bleed following a fall at home. When he was brought in by ambulance, his primary complaint was soft tissue pain affecting a hip. There was no evidence of a significant blow to the head.

The patient was observed overnight in a small community hospital with no CT scanner. He appeared quite stable initially, and then rapidly lapsed into an irreversible coma.

The Inquiry Committee panel reviewing this matter concluded that the details of managing such situations are highly dependent on individual circumstances. Some patients, for example, might merit urgent investigation and surgical assessment. Others, as in this instance, may be candidates for a palliative approach regardless of what happens.

In either case, it is vitally important to recognize that a patient on warfarin who suffers a head injury must be considered at high risk for intracranial bleeding, even if the injury seems mild. Liberal use of CT scans is recommended. Bleeding may progress slowly and be unrecognized clinically. Anti-coagulated patients are at increased risk for developing signs and symptoms after considerable delay, when it is too late to intervene effectively.

Elderly patients are high risk for adverse outcomes with anti-coagulation. This risk is compounded in rural/remote communities without CT scanners. Patients, and where possible their families, should be informed of these risks at the outset—both to facilitate appropriate management, and to provide an opportunity for reflection in advance.

Quality Assurance

Patients with a prescription review program history

The *Prescription Review Program* is a quality assurance activity of the College which aims to assist physicians in the very challenging task of making safe, effective, and cautious use of opioids, benzodiazepines and other controlled substances. The research literature and lay media have documented a dramatic increase in the *per capita* consumption of opioids in the past twenty years, with attendant harm through misuse affecting some patients and people with addiction acquiring drugs through criminal diversion. Physicians are urged to be alert to patients who obtain prescriptions under false pretences. Office access to PharmaNet is the best way to do that. In the public interest, the College attempts to assist prescribers by informing them when patients are found to be multi-doctoring.

The College has been contacted by patients with a history of multi-doctoring claiming that, as a result of prescription review activities, they are being discriminated against by physicians in their communities. Specifically, that even physicians and clinics who are otherwise taking new patients will not see them.

The CMA *Code of Ethics* prohibits discrimination on the basis of health status, but does allow refusal to accept a patient “for legitimate reasons.” Even given a history of prescription drug misuse, the College would have to be critical of a physician for refusing to see a new patient solely on the basis of such conduct with other physicians. It is, however, entirely appropriate to decline to prescribe for a new patient without first completing a comprehensive assessment of presenting concerns, which will ordinarily require several visits. If, upon completing the assessment, the physician finds no compelling indication to prescribe medication, the standard of care is to advise the patient accordingly and decline to issue a prescription.

In these circumstances, many patients may opt to leave the practice. The physician will have satisfied his/her legal and ethical obligations, with his/her professional integrity intact, and provided the patient with something of real value: a competent and comprehensive investigation of symptoms.

A Word from the College Library

Welcome to British Columbia

Our government has named this province “the best place on earth,” and most British Columbians would likely agree. In addition to political and economic stability, universal health care, and a breathtaking geography, BC offers a rich multi-cultural environment. This province is an attractive destination for many professionals, including physicians, seeking a new situation for themselves and their families. These International Medical Graduates (IMGs) currently comprise about a quarter of the total provincial physician work force. And, as our BC boomers retire, this number is expected to increase.

The College is committed to helping IMGs become part of the medical community through a number of initiatives. The BC Physician Integration Program, funded by the Ministry of Health Services and the Ministry for Advanced Education and Labour Market Development, with a boost from the federal government, works co-operatively with the College to offer two-day orientation workshops to IMGs on the College provisional register. These workshops aim to give participants an overview of Canada’s health care system, exam requirements, and cultural, ethical and professional perspectives and expectations. These physicians, as well as those registered with the College as Clinical Trainees, have full access to the library and its resources. A fund was donated several years ago to provide seed money to start a special collection of materials designed to help these registrants study for the Medical Council of Canada (MCC) examinations. These resources have gradually grown to a collection of print textbooks, programmed learning tools, and audio and video media. Lists of these materials may be accessed on the library section of the College website.

With a substantial financial contribution from the BC Physician Integration Program, the College has also recently acquired a subscription to a web-based study resource entitled CanadaQBank. This site comprises a database of questions, answers, and clinical decision-making cases to assist in preparation for the MCC evaluating and qualifying examinations. Its online format is particularly helpful to those physicians who have limited experience in this examination style.

The library is pleased to be able to extend its services to IMGs on the College register. If good information is key to wise decisions, the College library’s collection of evidence-based resources is an excellent place to start. Welcome to British Columbia.



Disciplinary Actions

Dr. Mayer NELKEN, Richmond

Following the issuance of disciplinary charges, Dr. Nelken, a psychiatrist, has admitted unprofessional conduct with respect to the care of a patient who attended at a MindCare Centres (MindCare) clinic in Toronto for repetitive transcranial magnetic stimulation (rTMS) treatment. The treatment for depression is a non-invasive method of brain stimulation in which magnetic fields are used to induce electric currents in the cerebral cortex.

Dr. Nelken admitted unprofessional conduct in the period 2005-2009 as follows:

- He failed to obtain College consent to practise in association with MindCare, contrary to the requirements of the *Medical Practitioners Act*;
- His rental arrangements with MindCare constituted a conflict of interest and were ethically inappropriate;
- He was represented as the rTMS Psychiatrist and Medical Director of the MindCare clinics in both Vancouver and Toronto, when he had no experience or expertise in that area of practice; was not registered or licensed to practise medicine in Ontario, and had no personal knowledge of the rTMS services offered in Ontario;
- In May 2007, he accepted a patient for rTMS treatments at MindCare without seeing the patient, obtaining collateral information or obtaining appropriate consent. He had no involvement in the patient's treatment but co-signed the Patient Discharge Report without any knowledge of the treatment provided or the patient's response to treatment. He gave no follow-up care recommendations and made no arrangements for transfer of care.

Following consultation with the patient, and with the patient's consent, the College imposed the following penalty:

Dr. Mayer Nelken will be removed from the Full – Specialty class of registration and transferred to the Conditional – Disciplined class, effective 2400 hours March 31, 2010, subject to limits and conditions that include:

- (a) The imposition of a formal reprimand in writing by the Board of the College under section 39(2)(a) of the *Health Professions Act*;
- (b) A fine of \$15,000;
- (c) Refraining from any future involvement in MindCare or in the provision of rTMS treatments;

- (d) Establishing a mentorship with a physician approved by the College;
- (e) Participating in continuing medical and professional education acceptable to the College; and
- (f) Complying with the monitoring of his practice.



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