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COLLEGE OF PHYSICIANS & SURGEONS INCORPORATED 1886
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BRITISH COLUMBIA

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.

In this issue:

Enclosed with this issue of the *College Quarterly*:
- A registration form for the 2011 Education Day and AGM
- The College library's *Cites & Bytes*

www.cpsbc.ca

The College Quarterly *is sent to every current registrant of the College. Decisions of the College on matters of standards, policies and guidelines are contained in this publication. The College therefore assumes that each registrant is aware of these matters.*

Message from the Registrar

The offices at Hotel Georgia 669 Howe Street

As president, Dr. Darlene Hammell, recently announced, we are very pleased to let registrants know that the College has purchased seven floors of commercial office space at The Offices at Hotel Georgia located at 669 Howe Street in downtown Vancouver. This mixed-use development is next to and part of the recently restored 1927 heritage Hotel Georgia (now named the Rosewood Hotel Georgia).

As many of you will know, the College outgrew its former space at 1807 West 10th Avenue back in 2002. At that time, the Council of the day attempted to purchase a larger, more suitable building but was not successful. Since 2002, the College has been renting space at 858 Beatty Street and once again found itself in need of larger quarters.

The purchase is aligned with one of the Board's strategic priorities to secure office space that meets the current and future needs of the organization. The College has been fortunate that the monies invested at the time of the sale of its building in 2002 have grown to allow it to acquire a suitable location once again.

Purchasing quality commercial real estate is an excellent investment over the long-term. Most importantly, it means the College won't be subject to unpredictable rent increases, nor will it be subject to HST on lease payments, which makes ownership a more viable solution to manage costs and keep registrants' fees down over time.

In its search for suitable owner/occupier space, the Finance and Audit Committee considered 24 sites in Vancouver and Burnaby over a two-year period. The new building is conveniently situated in the downtown core, and is easily accessible via all means of public transit. In addition, College registrants will be happy to learn that they are eligible for preferred corporate rates at the beautiful Rosewood Hotel Georgia.

The new location will be home to the College's 90 employees and the library. The College plans to relocate in the fall of this year.

Heidi M. Oetter, MD
Registrar

Special Feature

Duty to report: when to contact the College

Physicians in British Columbia have the responsibility to provide ethical and competent care to their patients. This obligation also applies to other regulated health professions. Knowing what, when and how to report another registrant to his/her college is an essential part of that responsibility.

The focus of this article is a *physician's duty to report*, including obligations under section 32.2 of the *Health Professions Act (HPA)*. Related sections of the Act will be addressed in future issues of the *College Quarterly*.

Reporting a colleague is a difficult process, but is essential to ensure safe, ethical practice. Physicians are guided by the specific sections of the *HPA* when it comes to concerns about physician behaviour. The *HPA* includes immunity for registrants who make a report in good faith under sections 32.2, 32.3 and 32.4.

To assist registrants in understanding their duty to report, resources are available in the Physician Resource Manual on the College website. The website also provides links to the *HPA*. Registrants are encouraged to contact one of the College's deputy registrars to discuss specific concerns and to seek guidance.

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Things to consider

1. **What is the behaviour of concern?**
   It is important to describe the behaviour and have access to supporting documentation (i.e. patient reports, charts, witness accounts). Physicians who receive information from other sources should ensure that it is recorded, and should encourage the patient or other registrant to proceed with contacting the College as well. Early referral to the Physician Health Program may also be an appropriate first step.

2. **Does the behaviour present risk to the public?**
   If the registrant's continued practice creates risk, it must be addressed immediately. Consultation with a deputy registrar at the College can determine urgency and assist in identifying appropriate action. If a registrant has been restricted in practice through a change in privileges, this must also be reported to the College. Similarly, the College must be informed if a registrant has had privileges revoked or suspended or if employment has been terminated as a result of a concern.

3. **What information is provided to the registrant?**
   Reports received by the College under section 32.2 of the *HPA* are managed like complaints, investigated and presented to the Inquiry Committee. During this process, the registrant is apprised of the original concern as reported to the College. The College may also interview the registrant who has brought forward the concern and others who may have been involved (i.e. patient, staff members). Behaviour that raises concerns about a registrant's health is managed confidentially and may not proceed to the Inquiry Committee.

4. **What action does the College take?**
   The College is tasked with ensuring public safety and will act accordingly. These actions include contact with the registrant in question, investigation of the concerns (including interviews with others involved), and determination of risk. Depending on the level of concern and assessment of risk, the College may take no further action, impose limits and conditions on the practice of the registrant, or enter into an agreement that includes remediation expectations. On rare occasions, a registrant may be removed from clinical practice.

Ethical duty to report

A physician has an ethical responsibility to report to the College if a patient discloses information that leads the physician to believe that another physician may have acted improperly with the patient.

1. The physician must inform the patient that such alleged behaviour by any physician is unacceptable to the College and the medical profession.
2. The physician must provide the patient with information on how to file a complaint with the College.
3. If the patient does not wish to file a formal complaint immediately, then the physician must offer to file a third party report with the patient's written consent.
4. If the patient does not give permission to proceed, then the physician has fulfilled his/her ethical duty. The physician should document the event, indicating that the patient does not wish a complaint or third party report to be made to the College.

The *Health Professions Act*

In BC, all health professionals who are regulated under the *HPA* have a professional, ethical and legal responsibility to report any unsafe practice or professional misconduct of a colleague—even if that colleague belongs to a different health profession, and is therefore a registrant of a different college. There are currently 21 colleges established under the *HPA*.

Duty to report registrant

Section 32.2

(1) A registrant must report in writing to the registrar of another person's college if the registrant, on reasonable and probable grounds, believes that the continued practice of a designated health profession by the other person might constitute a danger to the public.

(2) If a person (a) terminates the employment of an other person, (b) revokes, suspends or imposes restrictions on the privileges of an other person, or (c) dissolves a partnership or association with an other person based on a belief described in subsection (1), the person must report this in writing to the registrar of the other person's college.

(3) If a person intended to act as described in subsection (2) (a), (b) or (c) but the other person resigned, relinquished their privileges or dissolved the partnership or association before the person acted, the person must report this in writing to the registrar of that other person's college.

Communication
Sound Bites

New program launched to explore experimental MS treatment

The UBC Hospital Multiple Sclerosis Clinic is launching a new program to better understand the impact of an experimental interventional venous treatment. Chronic Cerebral Spinal Venous Insufficiency (CCSVI) is a controversial theory that suggests patients with MS have blockages of their extracranial venous system. An Italian surgeon, Dr. Paolo Zamboni, described dilation as a proposed treatment of CCSVI. The treatment is not available in Canada and, due to the current lack of independent scientific evidence supporting this theory and understanding of its implications, it is currently not recommended by MS specialists.

However, many MS patients have received the treatment outside of Canada and are returning with concerns about appropriate follow-up care. The program is intended to be a resource for patients who have travelled abroad for the procedure, and their attending physicians back home who care for them. The program will receive over $700,000 in provincial funding to establish a CCSVI patient registry, care-related protocols, and a rapid access pathway to expert care for both patients and health care providers. The registry is expected to be running by August 2011. Further updates on the program will be available at Vancouver Coastal Health Research Institute's website at www.vchri.ca.

Physician availability after-hours

The College continues to receive expressions of concern from laboratory and diagnostic imaging physicians who occasionally have difficulty contacting their colleagues about critical results.

Physicians are reminded that if they order laboratory or diagnostic tests, or prescribe a specific treatment for a patient, they must be available after-hours (generally after 5 p.m.) and on weekends and statutory holidays to deal with critical imaging results or treatment complications (e.g. medication reactions). Physicians can choose to be part of an on-call group to share this responsibility.

In addition, physicians who work part-time must either be personally available by telephone, or have a mutually agreed-to arrangement with physician colleagues to cover them while they are absent from clinical practice during regular work hours (generally from 8 a.m. to 5 p.m.).

Safe disposal of medications—pass on the message

Physicians are being asked to remind patients that unused or expired medications can be returned to their local participating pharmacy for safe and responsible disposal through the province's Medications Return Program. For more information, visit the program website at www.medicationsreturn.ca.

Drugs and products included in the program:

- all unused or expired prescription drugs, over-the-counters (OTCs) and natural health products (NHPs)
- medicine in questionable condition
- medicine with incomplete or missing labels
- medicine with an unclear purpose

Maintaining patient privacy in waiting rooms

Physicians are reminded of the importance of protecting the personal health information of their patients in waiting areas and examination rooms. Using piped music in waiting areas and sound barriers at reception desks helps to mask private phone calls and conversations so that they cannot be overheard by others.

Announcements and Events

College announces recipients of the 2011 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 2011 Award of Excellence in Medical Practice. The recipients were presented with their awards at the annual President's Dinner in Vancouver on May 25, 2011.

Jeffrey E. Dian, MB BCh – Richmond, BC

Dr. Dian was very interested in addictive disorders and addiction medicine, and was a founding member of the College's Advisory Committee on Opiate Dependence. He and a small group of physicians were instrumental in improving medical education to manage opiate addiction by better use of methadone. Their leading work resulted in Canada's first Methadone Maintenance Program which today is responsible for establishing guidelines for safe and effective prescribing of methadone, performing peer reviews, and conducting continuing medical education for opioid dependency. Dr. Dian passed away in February 2011. He is remembered by his colleagues as a committed and enthusiastic educator who contributed greatly to the medical profession's understanding and treatment of addiction.

Arun K. Garg, MD, PhD, FRCPC – New Westminster, BC

Dr. Garg has directed numerous biochemistry departments in hospitals and private laboratories with strict scientific guidelines and superior leadership skills. He continues to run a clinic in endocrinology where he diagnoses and treats patients, and is regularly consulted on issues related to metabolic disease. Dr. Garg has made a significant contribution serving on committees, including the Allied Health Commission of the CMA, and as chair on the Royal Commission on Health Care and the Senate Committee on Health. He is a founding member and chairman of clinical pathology for the Canadian Association of Pathologists, and past chairman of the BCMA's board of directors.

Lyall A. Levy, MD – Vancouver, BC

Dr. Levy has been a full-service family physician in Vancouver committed to his community since 1963. He is recognized as a unique patient advocate—an individual who ensures that those under his care not only get answers to their questions and timely investigations, but that they are supported emotionally during difficult times. Dr. Levy is described as a rare family physician who follows his patients' care and treatment thoroughly, including daily visits to hospital wards and nursing homes across the Lower Mainland.

Maureen L. Piercey, MD – Victoria, BC

Dr. Piercey is a recently-retired deputy registrar of the College of Physicians and Surgeons of BC. During her tenure, which began in 2000, Dr. Piercey was responsible for a sensitive portfolio involving physician health and physician misconduct—often of the most serious nature. Prior to joining the College on staff, Dr. Piercey served as an elected council member from 1993, which included a two-year term as president. For 20 years, Dr. Piercey was a practising family physician in Victoria, specializing in addiction medicine.

M. Christo Wiggins, MB ChB, FRCSC – Chilliwack, BC

Dr. Wiggins is chief of surgery at Chilliwack General Hospital and site director in the department of surgery at UBC's Chilliwack location. In his role as educator, Dr. Wiggins is consistently rated by residents as one of the best teachers they have ever had. They commend him for his ability to find teaching opportunities in every clinical encounter and helping residents to advance their knowledge and skill through hands-on learning. Prior to arriving in Canada, Dr. Wiggins worked on two missions with Doctors Without Borders in Indonesia and Somalia, and more recently he participated in a mission to Haiti.

Now in its seventh 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. More information about the recipients can be found on the College website under Media>News Releases.

Winner of the Dr. George Szasz award

The College is pleased to announce Mr. Robert Melrose 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 BC physicians. 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*

2011 Education Day and AGM

To learn and to lead: a physician's lifelong imperative – *Vancouver*

Save the date—Friday, September 16, 2011—for the much-anticipated College Education Day. This year's theme, education and training across a physician's professional life cycle, will focus on different types of learning—both formal and informal—from the first day of medical school until the last day in practice.

The program includes plenary sessions, case studies and interactive workshops for an all-encompassing educational experience. More information about program content and session presenters will be available in the coming weeks on the College website.

Date:	Friday, September 16, 2011
Time:	8:30 a.m. to 4:30 p.m.
Location:	Vancouver Convention Centre West Building
Registration fee:	$65.00 (plus HST)

Plenary sessions

AM ***A practitioner for all seasons: aligning medical education with shifting societal needs and expectations***
Gavin Stuart, MD, FRCPC
Dean, Faculty of Medicine, University of British Columbia

PM ***Self-assessment, self-direction, self-regulation and other myths: implications for the professional maintenance of competence***
Glenn Regehr, PhD
Professor, Department of Surgery, Faculty of Medicine, University of British Columbia; Associate Director, Centre for Education Scholarship

A registration form is enclosed for your convenience.

The UBC Division of Continuing Professional Development has previously designated this educational program as meeting the accreditation criteria of the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada.

- *Maintenance of Certification Section 1 credits – to be advised*
- *Mainpro-M1 credits – to be advised*

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, November 4 and Saturday, November 5, 2011
Time:	8:30 a.m. to 4:30 p.m.
Location:	To be determined, Vancouver, BC
Registration fee:	To be determined

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 pre-register by phoning 604-733-7758 extension 2252.

The UBC Division of Continuing Professional Development has previously designated this educational program as meeting the accreditation criteria of the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada.

- *Maintenance of Certification Section 1 credits – to be advised*
- *Mainpro-M1 credits – to be advised*

Information about College-sponsored educational initiatives are published on the website at: www.cpsbc.ca>Physicians' Area>Physician Education.

Quality Assurance

Medical practice assessments of walk-in clinics

Over the last several decades, changes in a primary care physician's practice format gave rise to the evolution of walk-in clinics. Many patients preferred to seek care on a first-come, first-served basis as opposed to booking an appointment. These clinics have, for the most part, focused on episodic care to the exclusion of longitudinal care that is expected of a family physician's practice. From a patient perspective, walk-in clinics have filled the need for convenient, rapid access to care including availability on evenings and weekends without visiting the emergency department. Over time, many patients have sought all of their care from a walk-in clinic, and identify the clinic as their primary care "home." This includes patients who have significant chronic medical conditions such as diabetes, hypertension, and COPD who require comprehensive longitudinal care.

From the College's perspective, there is only one standard of care, which is not defined by a chosen mode or site of practice.

Unfortunately, the management of these patients in walk-in clinics is often fragmented. This reality has in part resulted in the College policy entitled *Walk-in Clinics – Standard of Care*, which includes the expectation that patients with chronic disease problems are treated longitudinally according to Chronic Disease Management (CDM) protocols.

Moreover, many walk-in clinics are owned and operated by non-physicians who are not accountable to this College. The College policy entitled *Primary Care Multi-physician Clinics* mandates that all clinics have a College registrant as the medical director. The medical director is responsible for ensuring that the clinic upholds the ethical, legal and professional standards as set out in College legislation, policies and guidelines.

The Medical Practice Assessment Committee (MPAC) has traditionally performed random peer assessments of primary care physicians in their offices. However, in the case of physicians working in walk-in clinics, the committee has found it difficult to review the care of one physician when there are multiple physicians making chart entries. For this reason, the committee has shifted its peer review process to focus on entire clinics rather than on individual physicians only. The committee's initial reviews have identified several systemic clinic barriers preventing physicians from delivering optimal care, including:

- failure to ensure communication with the patient's identified family physician (if there is one)
- failure to take responsibility for longitudinal care when indicated (it is not acceptable to only do the easy, uncomplicated care)
- failure to use the PharmaNet database when prescribing controlled substances to screen for multi-doctoring or abuse
- failure to maintain medical records according to the College policy entitled *Medical Records in the Private Physician's Office*

While ultimately physicians working in the clinic are individually responsible for the care they provide, the committee recognizes the importance of the medical director in assuring quality of care in the clinic, and is now including interviews with the clinic medical director when peer reviewers identify clinic barriers to optimal patient care.

The Prescription Review Program

The Prescription Review Program is a quality assurance program that utilizes reviews of 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.

Opioids for chronic non-cancer pain (CNCP)—simple suggestions

The Prescription Review Program receives many calls from physicians seeking that elusive balance—to relieve pain without doing harm.

The College believes it important for prescribers to begin by constantly reminding themselves and their patients of a sad reality: where chronic pain is concerned, *there is no such thing as a "pain killer."* Opioids have the potential to improve pain severity ratings for about one third of carefully selected patients by up to 30%,[1] which is very modest. Many will suffer more harm than good, but an important minority will benefit significantly. Physicians should be explicit about modest potential, and then follow these general guidelines:

- Always treat opioid prescribing as "a trial." Taper and stop if problems arise.[2]
- Start low and go very slowly. Physicians should be confident in the knowledge that when pharmacotherapy does work, it is remarkably easy—one or two dose increases and the benefit is clear. On average, no more than the equivalent of 90 mg of oral morphine daily is enough, and often less.

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If tolerance emerges, the dose should not be increased, but regained with a very slow taper. Reaching the equivalent of 200 mg almost always results in a problem (i.e. tolerance related to either underlying addiction or to rapid dose escalation, driven by unrealistic expectations of effectiveness). Treating chronic pain is very different from palliative, end-of-life care.

- Physicians should have PharmaNet access in their office, and they should use it. They should also insist on an updated profile every time prescriptions are renewed. (Note: patient consent is required. If consent is not granted, physicians should use their discretion whether or not to prescribe.)
- As standard practice, physicians should obtain signed treatment agreements with all of their patients stating one physician, one pharmacist; these agreements should also include occasional supervised, random urine drug screens. If it becomes routine, it is easier to do in difficult cases.
- Physicians should exercise caution when prescribing opioids and benzodiazepines concurrently. Benzodiazepines just increase the risk. They are not co-analgesic. Care should be taken when tapering benzodiazepines.[3]
- Physicians should be mindful of groups at increased risk of doing poorly, such as people with the lifelong disease of addiction, young people, those with psychiatric illness, and those with functional somatic disorders like fibromyalgia and irritable bowel syndrome.

1. Heshusius L. Inside chronic pain: an intimate and critical account. Ithaca (NY): ILR Press; 2009. p. 85.
2. National Opioid Use Guideline Group. Canadian guideline for safe and effective use of opioids for chronic non-cancer pain [internet]. Hamilton (ON): McMaster University, Michael G. DeGroote National Pain Centre; 2010 [cited 2011 Jun 2]. Available from: http://nationalpaincentre.mcmaster.ca/opioid/
3. Ashton H. The diagnosis and management of benzodiazepine dependence. Curr Opin Psychiatry [internet]. 2005 May [cited 2011 Jun 2];18(3):249-55. Available from: http://www.tenyek-tevhitek.hu/ashtoncurrent.pdf

The Methadone Maintenance Program

The Methadone Maintenance Program is a quality assurance program that assists physicians in prescribing methadone safely and effectively. It establishes guidelines, conducts peer reviews and continuing education, and reviews coroner's cases when methadone has been identified in toxicology. The program also maintains a register of patients receiving methadone for opioid dependency.

Methadone patients in emergency rooms

A coroner's case was forwarded to the College for review by the Methadone Maintenance Committee. The case involved a methadone patient who attended the ER three times in one week, exhibiting erratic behaviour. The attending physician suspected an inappropriate consumption of methadone and attempted to contact the patient's regular prescribing physician without success. By the time he was able to contact the dispensing pharmacy to cancel all prescriptions, the patient had already received his weekend doses (carries) and regrettably succumbed to a methadone overdose.

During regular office hours

The committee reminds emergency room physicians that if they are concerned about patients who may have access to more than one day's dose of methadone, they may:

1. Contact the College's BC Methadone Program at 604-733-7758 extension 2628 to obtain the telephone number of the patient's dispensing pharmacy and the name and contact information of the patient's methadone prescriber.
2. Call the pharmacy and clearly indicate that the patient needs to be placed on DWI (daily witnessed ingestion) until the patient has been reassessed by the his/her methadone prescriber, thereby cancelling all carry privileges by verbal order.
3. Follow up with a faxed memo from the ER to that pharmacy, indicating that the ER physician is revoking the patient's carry privileges until the patient is reassessed by his/her methadone prescriber.
4. Ensure that a copy of the patient's ER medical record is faxed to his/her methadone prescriber.

After regular office hours

When the College is closed, the hospital's medical director and the emergency department heads are able to provide confidential contact numbers for methadone maintenance prescribers.

Although it is possible that methadone prescribers may know which pharmacies are used by their patients, no mechanism currently exists for physicians to obtain information about a patient's dispensing pharmacy after regular work hours. The College has been in contact with the Pharmaceutical Services Division of the Ministry of Health and has encouraged them to make this information available to physicians in the future.

Committee Cases and Recommendations

Ethics

Policies and guidelines

Registrants are asked to familiarize themselves with College guidelines and policies published in the online Physician Resource Manual located on the College website at:
www.cpsbc.ca>Publications and Resources>Resource Manual

- *Physician Prescribing of Performance Enhancing Drugs in Sport* – new

Advertising of health products

The College was recently contacted by Health Canada regarding concerns about product advertising on physician websites, which may contravene section C.01.044 of the federal *Food and Drug Regulations*. Specifically, Health Canada has warned that it is prohibited for physicians to promote any prescription drug such as Botox Cosmetic® to the general public by identifying both its name and its therapeutic use and/or benefit. Physicians who advertise services to the public should be aware of these restrictions and may wish to review Health Canada's regulatory advertising website at www.hc-sc.gc.ca to ensure compliance with federal law. Physicians should also be familiar with the College policy entitled *Advertising and Communication with the Public*.

Inquiries and complaints

Colposcopy follow-up protocols

The Inquiry Committee recently reviewed a complaint that was essentially a dispute between a colposcopist and a referring family physician about who is responsible for ensuring that colposcopy recommendations are followed up.

Under the auspices of the BC Cancer Agency (BCCA), 28 colposcopy clinics operate in communities across the province. Dr. Tom Ehlen, Director of the BCCA Colposcopy Program, explains that it was established as a diagnostic service to assist physicians doing cervical smears to determine how to respond to concerning cytology reports. As originally conceived, the clinics operate much the same as medical imaging centres and laboratories. Their role is limited to providing diagnostic reports to referring physicians. A colposcopic assessment is not a gynecology consult. The formal role of the colposcopist ends with the delivery of the report. Accordingly, the bottom line of the standard *Colposcopy Short-stay Form* (in very small print) reads:

The patient has been asked to contact you for the results of these tests and for a decision regarding further management.

That would appear to settle the matter. The referring physician, whether a general practitioner or a gynecologist, must make the required arrangements. Over time, however, colposcopists in some centres have apparently facilitated the process by simply doing the work themselves. The result is confusion amongst community physicians and a real risk of patients falling through the cracks.

The College is assured that communication efforts on the part of the colposcopy program and perhaps even changes to the form are pending. In the meantime, the College expects referring physicians to carefully read the reports they receive from all diagnostic facilities and to take appropriate action in the best interests of their patients.

Disciplinary Actions

Dr. Jamuna Lal MAKHIJA, Vancouver, BC

Dr. Jamuna Lal Makhija, a general practitioner, has been the subject of the following formal action by the College:

Dr. Makhija was the subject of an investigation into whether, as a registrant of the College of Physicians and Surgeons of British Columbia, he had and was applying adequate skill and knowledge to practise medicine. The investigation was conducted by the College pursuant to s.25.2 and s.39(2) of the *Health Professions Act*. The investigation concluded that Dr. Makhija did not exhibit adequate skill and knowledge. Dr. Makhija accepted the outcome of the investigation and consented to the following direction of the Board:

Effective 2400 hours March 23, 2011, Dr. Makhija's registration is subject to the following additional limits and conditions:

1. Dr. Makhija will not return to independent practice until he has:
   (a) Successfully completed a 12-week preceptorship, with reports to the College which must confirm readiness to safely resume independent clinical practice; and
   (b) Attended for interview by the Executive Committee or Board of the College to review his competency to practise and to determine the need for any additional practice conditions.
2. Upon return to independent practice:
   (a) Dr. Makhija will be supervised by a physician approved by the College with reports acceptable to the College;
   (b) Establish a mentorship with a physician approved by the College with reports acceptable to the College; and
   (c) Participate in follow-up practice reviews at his cost.
3. Participation in ongoing continuing medical education and professional development as directed by the College.
4. Compliance with monitoring by the College.

Dr. Margaret Jane CLELLAND, Port McNeill, BC

Dr. Margaret Jane Clelland, a general practitioner, has admitted unprofessional conduct, in that, in or about March 2009 she:

- Issued prescriptions to an individual when she knew that the prescribed medications were not for that individual's personal use; and
- Was aware that the individual had submitted or planned to submit a claim for the cost of the prescribed medications to his third party insurer.

Dr. Clelland has reimbursed the third party insurer in full for the cost of the claimed prescription benefits.

Dr. Clelland consented to the following disposition by the College:

Transfer from the Full – General/Family Practice class of registration to the Conditional – Disciplined class of registration, effective 2400 hours on February 9, 2011, subject to the following limits and conditions:

(a) A formal written reprimand;
(b) Establishment of a mentorship with a physician approved by the College;
(c) Participation in continuing medical education in the areas of ethics and professionalism as directed by the College;
(d) Attendance for an interview at the College for the purpose of reviewing the education undertaken and to discuss her understanding of and insight into her conduct; and
(e) Compliance with the monitoring of her practice.

Dr. Stanley Frank KARON, Vancouver, BC

Dr. Stanley Frank Karon, a general practitioner, has admitted unprofessional conduct with respect to enrolment of patients in a clinical drug study. In the period of October 2007 to March 2008, Dr. Karon prescribed Exelon®, an approved medication for the treatment of Alzheimer's dementia, to a number of his patients who resided in two extended care facilities. Dr. Karon enrolled patients in the study without first obtaining the requisite informed consent from the patients or their representatives.

The College has imposed the following penalty:

The name of Dr. Stanley Frank Karon will be transferred from the Full – General/Family Practice class of registration to the Conditional – Disciplined class of registration, subject to the following limits and conditions:

(a) A formal reprimand pursuant to section 39(2)(a) of the *Health Professions Act*;

(b) Participation in continuing medical education in the areas of ethics and professionalism as directed by the College with reports; and

(c) Attendance at the College for an interview to discuss his current understanding of ethical and professional issues in the physician/patient relationship, and to determine the need for any further education.

Dr. Spiros THEOCHAROUS, formerly of Clearwater, BC

Dr. Spiros Theocharous, a general practitioner, has admitted unprofessional conduct with respect to his interactions with a patient in the period October 2009 to February 2010. At the time the patient was under the age of majority. During several medical attendances, Dr. Theocharous engaged in conversation of a personal nature and inappropriate touching of the patient's shoulder, back or thigh. During one medical attendance, there was sexual touching followed by an exchange of personal text message communications, the content of which was sexual in nature. Dr. Theocharous acknowledged that he attempted to initiate and pursue a personal relationship with his patient during the course of the physician-patient relationship.

At the time of the conduct, Dr. Theocharous was registered in the Provisional – General/Family Practice class of registration, which expired on July 15, 2010. Dr. Theocharous has since left British Columbia.

Dr. Theocharous consented to the following disposition by the College:

1. Provision of his irrevocable commitment to not seek future registration with the College.
2. Payment to the College of costs in the amount of $3,000.

A record of Dr. Theocharous's admission will be referred on all future Certificates of Conduct issued by the College to other licensing jurisdictions.

Back row, left to right: Dr. C.H. Rusnak, Mr. R. Sketchley, Dr. S.M.A. Kelleher, Dr. P.T. Gropper, Dr. W.R. Vroom, Dr. J.W. Wilson, Ms. V. Jenkinson, Mr. M. Epp, Dr. A.M. McNestry, Dr. A.J. Burak, Dr. G.A. Vaughan, Mr. G. Stevens, Ms. E. Peaston, Dr. A.Dodek, Dr. A.I. Sear
Front row, left to right: Dr. J.R. Stogryn, Mr. W.M. Creed, Dr. H.M. Oetter (registrar), Dr. D.M.S. Hammell (president), Dr. M.A. Docherty (vice president), Dr. L.C. Jewett (treasurer), Dr. M. Corfield (DM), Dr. L. Sent

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