In this issue:

- Message from the registrar 2
- Communication sound bites 3
- Announcements and events 3–4
- A word from the College library 5
- Committee cases and recommendations 6–7
- Special feature – update on 2010 licence renewal 7

Enclosed with this edition of the College Quarterly:
- The College library’s Cites & Bytes

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

With the recent proclamation of Bill 11, the Labour Mobility Act, the College is now required by law to recognize for licensure any physician in good standing who holds an unrestricted licence in another Canadian jurisdiction.

Practically speaking, this means that the College cannot impose a requirement upon an extra-provincially duly licensed physician for further examinations or assessments. Physicians seeking registration and licensure in BC must complete an application, undergo a criminal record check, provide evidence of good character, confirm currency of practice, as well as produce a Certificate of Professional Conduct from their home jurisdiction.

This legislation brings to fruition the federal/provincial/territorial governments’ vision of domestic mobility of regulated professions across Canada. Through our national body, the Federation of Medical Regulatory Authorities of Canada (FMRAC), all of the medical regulatory authorities are working cooperatively to develop a national entry-to-practise standard for physicians who have completed all or part of their medical training outside of Canada. (Physicians who have completed their training in Canada including MD, LMCC plus certification with one of the two national colleges already have full mobility as they meet the requirement for licensure in every jurisdiction in Canada.) While significant work needs to be completed, we recognize that the Agreement on Internal Trade has forced the colleges across Canada to come to a consensus on a national standard. If we were to continue a patchwork of registration standards, jurisdictions with lower standards would be portals of entry to any province in Canada under labour mobility legislation.

From the College’s perspective, there has always been, and will continue to be, a significant lack of capacity to appropriately assess a physician’s skill and knowledge where that qualification has been obtained in a jurisdiction that is unknown or unfamiliar to this College. Pilot projects such as the Western Alliance for the Assessment of International Physicians have demonstrated that competency-based assessments for entry-to-practise licensure are time and resource intensive. Moreover, from the pilot project data, the high cost of competency-based assessments must also recognize that not all candidates are assessed as eligible for licensure.

We congratulate the government for its commitment to address physician supply by increasing the capacity to train physicians in BC. This includes both the expansion of the medical school at UBC and the addition of more residency positions for Canadians who have obtained their medical degree outside of Canada as announced in the recent throne speech. Domestic and international mobility of physicians is another solution to our provincial physician shortage.

The College’s task is to ensure that the government’s desired flexibility in registration and licensure does not compromise what the citizens of BC expect of a regulatory authority—that only those who are competent and professional are granted a licence for independent practice.

H.M. Oetter, MD
Registrar
Ordering diagnostic tests

The College continues to receive inquiries from registrants about who can order diagnostic tests (laboratory or diagnostic imaging).

It is the position of the College that it is not appropriate for pathologists and radiologists to accept requisitions from practitioners such as naturopaths and chiropractors as their philosophical foundation of disease causation and treatment differs significantly and is not compatible with the scientific basis of orthodox, evidence-based medicine. Ordering a test is, in effect, a request for consultation with the pathologist or radiologist. Once a physician accepts a referral, he or she becomes involved in the management of the patient without the assurance that there is justification for the test or that any abnormality found and documented in the report (consultation) will be acted on appropriately.

A parallel issue to consider in such requests is payment. In accordance with section 45 of the Medical and Health Care Services Regulation, the following professionals can order such tests for payment under the Medical Services Plan: medical practitioners, nurse practitioners, dentists, midwives and podiatrists.

“Wet” signatures only—surrogates do not suffice

Physicians are reminded that prescriptions must include a hand-written or “wet” signature. It is not acceptable to use a signature stamp. If prescriptions are generated from an electronic medical record, they must be printed, authenticated with a hand-written signature, and faxed to the pharmacy.

Frequent dispensing authorization forms

In response to the rising costs of an increasing number of patients who were being dispensed medication on a daily basis, the Pharmaceutical Services Division of the Ministry of Health Services, in consultation with stakeholders, introduced a policy whereby only physicians can authorize daily dispensing of medications. Physicians are asked to include that notation on prescriptions when indicated.

Patients or caregivers are allowed to request short dispensing intervals, anywhere from two to 27 days; however, pharmacists must then complete a Frequent Dispensing Authorization form, a copy of which is sent to the patient’s prescriber for his/her information. This form does not require a physician’s action unless there is reason to disagree with the patient/caregiver’s request. Physicians are not required to send these forms back to PharmaCare or the pharmacy.

New and updated policies

The Resource Manual published on the College website under Publications and Resources contains individual policies and guidelines on a variety of medical subjects. The documents in the Resource Manual describe what is expected of physicians regarding their professional behaviour and conduct. The College’s Ethics Committee regularly reviews and updates the policies and guidelines to ensure that they remain relevant to practising physicians.

Physicians should familiarize themselves with the following documents, which were recently updated in the Resource Manual:

1. Advertising and Communication with the Public
2. Withdrawal of Physician Services
3. Planned Home Births

College’s new mission statement

The College’s board is pleased to announce to registrants that a new mission statement has been developed, which more directly articulates the College’s mandate to protect the public: Serv ing the public through excellence and professionalism in medical practice.

Courses and Workshops

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

Methadone 201 – 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, May 1, 2010  
Time: 8:30 a.m. to 4:30 p.m.  
Location: UBC Robson Square, 800 Robson St.  
Vancouver, BC  
Fee: $236.25 (inc. GST) for physicians and non-physicians  
Application is being made for continuing medical education credits through UBC’s Division of Continuing Professional Development.
Courses and Workshops continued

**Medical record keeping for physicians – Vancouver**

The next scheduled workshop on maintaining effective and accurate medical records will be held in Vancouver at the College on Saturday, May 26, 2010. The course, which draws on real case studies and simulated patient encounters, is primarily directed at family / general practitioners and those providing primary care.

To register, contact the College at 604-733-7758, extension 2234.

This course is generally offered in Vancouver, but can be arranged in other communities upon request. Interested groups of physicians (8-12 participants) should contact the College.

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

**Methadone 101 / hospitalists – 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, May 29, 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  
**Fee:** $183.75 (inc. GST) for physicians and non-physicians

*This program meets the accreditation criteria of the College of Family Physicians of Canada for up to 6.0 Mainpro-M1 credits. This program is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada.*

**MARK YOUR CALENDARS**

**2010 education day and annual general meeting – Vancouver**

**Professionalism in a changing world – where do we stand?**

In response to feedback from the 2009 event, this 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.

Discussion topics will include:

- Social media: physician friend or foe
- The pros and cons of electronic communication: count to ten before pressing send
- Patient privacy issues: inappropriate access to electronic health records
- Service withdrawal: working within the confines of new business models
- Aging physicians: optimizing their performance in an intricate world
- Intra- and inter-professionalism: working collaboratively on a health care team
- Disruptive physicians: effective strategies for minimizing the impact
- Difficult patients: safely and effectively caring for challenging individuals

**Date:** Friday, September 24, 2010  
**Time:** 8:30 a.m. to 4:30 p.m.  
**Location:** Vancouver Convention Centre, West Building

Watch for program updates, speaker biographies and registration information published on the College website in the coming weeks.

Application is being made for continuing medical education credits through UBC’s Division of Continuing Professional Development.

*By popular demand, the College is pleased to welcome back Dr. Sue Swiggum from the Canadian Medical Protective Association as a plenary speaker at this year’s education day.*
Library services – traditional and emerging

The opportunity to use the College Quarterly as a vehicle to inform physicians about new electronic resources is too good to pass up. Although each enhancement to the collection is highlighted in the library section of the College website, there is no substitute in terms of impact for an announcement that gets sent to all potential library users in print.

Frequently, however, a new registrant, or sometimes even a physician who has been practising in BC for many years, phones with a request and prefaces his/her question by saying, “I need help and a colleague told me about your services.” Perhaps there are still some physicians who are not aware of the services provided by the College library. This column will focus on and promote the traditional services of the College library, provided free of charge to all registrants.

Reference service

College librarians can research topics in support of medical practice using Medline and other subject-specific databases, print and electronic textbooks, the web and other resources. Results are usually in the form of a bibliography with links to online articles where available. If a physician needs the information quickly, the librarian may select relevant articles and send them directly. Searches may be requested by phone, fax, email, mail, via the website, or in person.

Journal article copies

Up to 100 journal articles each calendar year can be sent for free, either from the library’s own collection or from the University of British Columbia (UBC). These copies may be photocopied or sent electronically. Anything downloaded from the library section of the College website is not counted in the 100 free articles. Requests may be made by any of the routes listed above.

Book loans

Books may be borrowed from the library’s print collection or from UBC’s collection with return postage paid. Renewals may be requested by phone or by email.

Audio and video

CDs, CD-ROMs and DVDs may be borrowed and sent by mail or picked up in person. MP3 files of clinical lectures may be downloaded from the library section of the College website to a physician’s laptop or MP3 player, and videos may be viewed streaming on a personal computer.

Other complimentary services offered to College registrants include the library’s newsletter, Cites & Bytes, monthly search updates, continuing medical education information, short reference, and training in database searching. Interlibrary loan is provided for a small fee.

Library staff tries to accommodate the turnaround time required for each request. If an article is in the print or electronic collection, it can be sent within minutes. Items from UBC may take a few days. Searches are completed in the order of receipt, unless otherwise indicated. Urgent questions can be responded to within a few hours.

These library services have been offered to College registrants for many years; however, with new electronic communication, the library’s ability to respond is now broader and faster.

More for you at the College library: the latest resources

- Explore evidence-based clinical information on disease management in BMJ Point of Care.
- Detect drug interactions using the MultiCheck Drug Interaction Checker in BMJ Point of Care.
- Watch anesthesia, emergency and internal medicine procedures, review pre- and post-procedure issues, and test your technical knowledge using Procedures Consult.
- Keep up to date with some of the best reviews in medicine from the Clinics of North America journals online.
- Listen to two new AudioDigest lecture series, Urology and Gastroenterology, in addition to 10 other specialties, as MP3 files or CDs.

www.cpsbc.ca/library
Committee Cases
and Recommendations

Ethics

Tardy medical reports

A recurring complaint to the College from lawyers and insurance companies involves physicians’ failure to provide medical information and reports in a timely manner. Assuming a patient has provided written consent, registrants are reminded that they have an ethical obligation to provide requested reports to third parties in a timely manner—usually defined as 30 business days.

Failure to do so may jeopardize a patient’s right to benefits. Recent case law suggests that patients may be entitled to seek legal redress from physicians, including compensation, if their legal rights are jeopardized because of a physician’s inaction.

The College’s Ethics Committee has been tasked with creating a formal policy on this subject. In the interim, registrants are advised to refer to the document, Medical Records in Private Physicians’ Offices, contained in the online Resource Manual, specifically part II under Disclosure of Confidential Health Care Information to Non-Treating Third Parties.

Inquiry and Complaint Panels

Decreased fetal movement mandates a serious response

There are few events in the course of medical practice as tragic as an unexpected intrauterine death in late pregnancy. Often there is no explanation. In their grief, parents are naturally desperate for answers. In some instances, decreased fetal movement was noted prior to fetal demise and brought to the attention of the physician. The Chief of Staff of a major BC hospital recently wrote to the College suggesting that guidelines on the management of this common presentation be brought to the attention of registrants.

In a paper titled, Fetal Health Surveillance: Antepartum and Intrapartum Consensus Guideline (2007), the Society of Obstetricians and Gynaecologists of Canada notes that maternal perception of reduced fetal activity is associated with increased risk of intrauterine demise. While acknowledging deficiencies in the current literature, the society recommends a formal approach whenever the concern is raised. An immediate non-stress test should be performed. If concerns are identified on the non-stress test and/or other risk factors are present, a detailed ultrasound should follow as soon as possible. An urgent consultation is prudent.

Many stillbirths are not foreseeable and cannot be prevented; however, an inadequate response to reported decreased fetal movement compounds the heartache for all concerned if the fetus ultimately dies. While empirical evidence has yet to validate and refine management schemes, a simple office assessment and reassurance should not be regarded as acceptable care for a concern regarding decreased fetal movement.

Professional Reminders

1. Terminating the physician-patient relationship

The College’s Inquiry Committee recently dealt with a patient’s complaint that her physician had unilaterally terminated their professional relationship and abandoned her care. Although the Inquiry Committee was not critical of the physician’s decision to do so, it was critical of the physician for not following up his verbal communication to the patient with a written letter confirming the termination and the specific reasons for that decision.

The College’s online Resource Manual contains a guideline titled, Ending the Physician-Patient Relationship. This guideline is recommended for assisting a physician with the difficult decision to end a relationship with a patient. A physician may legally and ethically decide not to continue seeing a patient, as long as the patient is not acutely in need of immediate care and has been given enough notice to find another physician.

The suggestions in the guideline include:

1. Communicate your decision directly and clearly to the patient.
2. Give the patient a reasonable amount of time to find another physician. This time will obviously vary according to location and circumstances.
3. Assist the patient, where possible and reasonable, to find another physician.
4. Send the patient a letter, perhaps even registered, confirming the termination. (A sample letter is included in the guideline.)
5. Place a copy of the termination letter in the patient’s medical record. Be sure to record the specific reasons for terminating the relationship.
2. Conducting IMEs outside of a clinical setting

The Inquiry Committee recently dealt with a male physician who on two occasions agreed to meet female patients in a location other than a medical office or hospital for the purpose of conducting an Independent Medical Examination (IME) for a third party. In both cases, the patients had refused to attend at a professional clinic setting. Neither consultation required a physical examination.

The committee reminds physicians of the potential risks involved in agreeing to proceed with an IME in an alternative setting, especially if the patient isn’t a regular or familiar one. Physicians who agree to such arrangements are strongly advised to have a chaperone present, regardless of their or the patient’s gender.

3. In a crisis, be sure to call the patient’s family

The College has received complaints from family members who are deeply upset by the fact that a physician neglected to notify them when a hospitalized loved one deteriorated or experienced a crisis. In these circumstances all efforts are naturally focused on addressing the immediate patient problem. When the emergency is over, it is often easy to forget that family members deserve to be kept apprised of the event by the physician—be it the physician who responded to the event or the most responsible physician. Calling a patient’s family following a crisis may provide meaningful support during an often overwhelming experience.

Special Feature

Update on 2010 licence renewal

January 1, 2010 marked the beginning of the online licence renewal cycle. From January 1 to February 28, registrants logged in to the College website to complete the form and submit payment of dues. By the end of February, 98 per cent of College registrants had successfully completed the process.

While the overall completion rate was impressive, the renewal process wasn’t entirely flawless. Like any change in process, there were some growing pains—and some positive opportunities to learn and improve. Through registrant feedback, the College discovered that there were some operating system and internet browser compatibility glitches, which the technical team worked diligently to resolve.

The College appreciates registrants’ patience during this inaugural year of mandatory online licence renewal, and congratulates every physician who completed the process—especially those new to the online world.

Interesting statistics to note:

- 80% of registrants completed the licence renewal process unassisted
- 20% took advantage of the College’s Helpdesk support team
- 60% of registrants completed the online process in less than 20 minutes; half of those completed it in ten minutes or less
- 80% of registrants paid their dues by credit card; 17% paid by pre-authorized payment; 3% paid by Internet banking

Physicians can email the College at webmaster@cpsbc.ca to report technical glitches.

Keeping contact information current

Physicians are reminded that they are responsible for keeping their contact information current throughout the year, including an accurate email address. Changes to contact information may be made at any time by accessing the Update your Profile section of the College website.

Announcing a winner!

Dr. Ertha Nanton of Hope, BC is the lucky winner of a $500 Hudson’s Bay Company gift certificate for enrolling in the College’s pre-authorized payment plan (PAP) during the 2010 licence renewal cycle. Congratulations!
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