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.
The recent investigation ordered by the Minister of Health Services into “medical imaging credentialing and quality assurance” is in response to concerns arising from misdiagnosed CT scans related to three radiologists.

Dr. D. Douglas Cochrane, chair of the British Columbia Patient Safety and Quality Council will be leading this investigation and the College has already had an opportunity to meet with Dr. Cochrane to offer the College's assistance with this review. Quite reasonably, the public demands competent medical care, the basis of which requires that only appropriately qualified, knowledgeable and ethical physicians receive a licence for independent practice.

The College has well established processes for granting registration for independent practice, including primary source verification of educational, training and certification documents. References are also required at time of registration, as well as Certificates of Professional Conduct from each jurisdiction in which an applicant has held a licence for independent practice. As a condition of renewal of licensure, all physicians must comply with requirements for continuing professional development (CPD) and professional liability coverage or protection. In accordance with Bylaw 2-3(3), under the Health Professions Act, a registrant must practise medicine within the scope of his or her training and recent experience and must not engage in a medical practice that he or she is not competent to perform.

As part of the College's revalidation initiative, in addition to mandatory CPD, monitoring and enhancing of physicians' performance is undertaken by way of peer review of medical practices. These reviews are under the direction of the Medical Practice Assessment Committee, the Prescription Review Committee and the Methadone Maintenance Committee and typically have focussed on community-based physicians. These include reviews of practice records and discussion with the physician regarding the care provided.

Ensuring competence of hospital-based physicians requires a robust credentialing and privileging process in addition to licensure issued by the College. We wish to remind health authorities and hospital departments that under the Agreement on Internal Trade, the College must provide a licence for independent practice to all physicians who hold a full, unrestricted licence issued by another provincial or territorial regulatory authority. This heightens the need for robust credentialing processes given that the College may not exercise any discretion in licensing under these circumstances.

What is common to both revalidation of licensure and reappointment to medical staff is the need for peer assessment. Peer assessment includes a range of performance metrics such as outcome data, prescribing data, process indicators (e.g. eye exams, use of HgA1c), multisource evaluations and direct observation. Collectively, we have an urgency to ensure public trust and confidence in the medical care that they receive. Individually we all have a professional obligation to participate in proactive performance measurement activities that both raise the bar on the quality of medical care provided, and identify physicians at risk before quality of care might be compromised.

Physicians have been granted the privilege of self-regulation, and I would be remiss if I did not emphasize that this privilege is founded on public confidence. Our governing legislation sets out regulatory expectations for continuing competence, quality assurance, as well as the duty to report a registrant whose continued practise might constitute a danger to the public. Our fundamental duty is to serve and protect the public.

Heidi M. Oetter, MD
Registrar

Registrants are reminded of their obligations under the Canadian Medical Association’s Code of Ethics, specifically:

**Fundamental Responsibilities**

*Section 6* Engage in lifelong learning to maintain and improve your professional knowledge, skills and attitudes.

*Responsibilities to the Profession*

*Section 46* Recognize that the self-regulation of the profession is a privilege and that each physician has a continuing responsibility to merit this privilege and to support its institutions.

*Section 48* Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues.

*Section 49* Be willing to participate in peer review of other physicians and to undergo review by your peers.
Cosmetic surgery in an office-based setting

The Non-Hospital Medical and Surgical Facilities Program Committee reminds all registrants that while some physicians are able to perform non-surgical or minor surgical cosmetic procedures in their offices—such as Botox® injections, superficial laser treatments, or the removal of minor lesions—only qualified specialists (plastic surgeons, ENT surgeons and dermatologists) with the requisite surgical training are authorized to perform invasive cosmetic procedures. All specialists must demonstrate competency and evidence of their training to the College to receive the required privileges to perform invasive surgical procedures in an accredited non-hospital medical/surgical facility.

Registrants are further reminded that all forms of liposuction are considered invasive and therefore liposuction can only be performed by a qualified specialist who has been granted privileges by the College to perform such procedures. And, liposuction can only be performed in a non-hospital medical/surgical facility accredited by the College. These liposuction procedures include but are not limited to: Tumescent Liposuction Technique, Super Wet Technique, Smartlipo®, VASER Lipo®, CoolLipo®, ProLipo PLUS™ and Water Jet Assisted Liposuction.

For more information on the training and qualifications required to perform liposuction, see page 4 of the March 2008 issue of the College Quarterly.

Registrants who are presently performing procedures or are thinking of performing procedures in an office setting, and are unsure whether or not they are meeting College requirements, should contact the NHMSF Program at 604-733-7758, extension 2259.

Cancers presumed to be caused by exposures in firefighting

Firefighters who are regularly exposed to the hazards of a fire scene may contract a specified occupational disease, which according to the Workers Compensation Act, is presumed to be due to the nature of the worker’s employment as a firefighter.

The Act states that the presumption applies to a firefighter who:

a) has worked as a firefighter for a minimum cumulative period prescribed for the disease;  
b) throughout the period, has been regularly exposed to the hazards of a fire scene, other than a forest fire scene; and  
c) is first disabled after April 11, 2005.

The Firefighters’ Occupational Disease Regulation lists the following nine cancers, with the corresponding minimum cumulative period of employment as a firefighter, as specified occupational diseases that are causally related to the occupation of firefighting:

1. primary leukemia (5 years)  
2. primary non-Hodgkin’s lymphoma (20 years)  
3. primary bladder cancer (15 years)  
4. primary site brain cancer (10 years)  
5. primary colorectal cancer (20 years)  
6. primary kidney cancer (20 years)  
7. primary lung cancer (15 years)  
8. primary testicular cancer (20 years)  
9. primary ureter cancer (15 years)

Physicians who treat firefighters diagnosed with one of these specified occupational diseases should inform them of their potential entitlement to workers’ compensation coverage. Further information may be obtained from WorkSafeBC by calling 604-279-8158.

Positions available for physicians to serve on review panels

The Mental Health Review Board has positions open for physicians in all areas of the province to serve on review panels. Previous experience in mental health or psychiatry is not required. The board is an independent quasi-judicial tribunal that adjudicates applications from patients who are certified under the Mental Health Act. Remuneration is as set out in the Treasury Board Directive and approximately equals the current sessional rate. The appointment is by Ministerial Order. Please send your letter of interest and résumé to the board chair, Ms. Margaret Ostrowski, at margaret.ostrowski@gov.bc.ca.

Keeping contact information current

Registrants are reminded of their statutory requirement to provide current contact information to the College, including a business address and telephone number. As an important public service, general practitioners are further asked to ensure that their status regarding the acceptance of new patients is up-to-date. These two important items, contact information and practice status, can be updated quickly and efficiently by logging in to the College website and clicking on the side link called Update Your Profile. This information is available to the public.
Announcements and Events

Notice of election for all physician board member positions

The College has received nominations for all 10 elected (physician) board members. Half of these positions will sit for a two-year term; the other half will sit for a four-year term. This will result in a staggered election process in future years.

In five of the seven districts, candidates have been elected by acclamation. Registrants from Districts 3 and 4 may cast votes for their candidates any time before April 4, 2011. Voting is being conducted through the College website.

Election results will be announced to all registrants via email on April 5, 2011.

District 1: Vancouver Island, South

• Dr. Darlene M.S. Hammell Elected by acclamation (2-year term)

District 2: Vancouver Island, Central and Northern

• Dr. Gerry A. Vaughan Elected by acclamation (4-year term)

District 3: Vancouver and Surrounding Area

• Dr. David Esler 3 positions to be filled
• Dr. Duncan J. Etches 1 for 4-year term
• Dr. Peter T. Gropper 2 for 2-year term
• Dr. Nicola D. James

District 4: Fraser

• Dr. Joelle Bradley 2 positions to be filled
• Dr. Duncan A. Price 1 for 4-year term
• Dr. Joan R. Stogryn 1 for 2-year term

District 5: Thompson-Okanagan

• Dr. Marjorie A. Docherty Elected by acclamation (4-year term)

District 6: Kootenays

• Dr. Lawrence C. Jewett Elected by acclamation (4-year term)

District 7: Northern

• Dr. Andrew I. Sear Elected by acclamation (2-year term)

More information, including profiles of the candidates and information about how to cast an online vote, can be found on the College website at www.cpsbc.ca> About the College > 2011 Election.

Leadership changes at the College

The College is pleased to announce the appointment of two new deputy registrars to the leadership team.

Samantha M.A. Kelleher, MD, FRCPC

Dr. Kelleher received her medical degree from the University of Manitoba in 1996 and completed her residency in psychiatry in 2001. Before joining the College, she held the position of medical director, Eating Disorders Program at St. Paul’s Hospital, and prior to that, she was interim department head, psychiatry, at Royal Columbia Hospital. Dr. Kelleher is a fellow of the Royal College of Physicians and Surgeons of Canada in psychiatry.

Dr. Kelleher's portfolio includes the review of complaints dealing with serious boundary violations, as well as physician health. She will assume the responsibilities held by Dr. Maureen Piercey who is retiring from the College at the end of March.

Ailve M. McNestry, MB, CCFP, CCBOM

Dr. McNestry received her medical degree from Dublin, Ireland in 1977. That same year she moved to Canada as an intern – first to Newfoundland and eventually to Prince George, BC where she worked as the medical director at Prince George Regional Hospital. In 1994, Dr. McNestry moved to Vancouver to return to family practice. She obtained her certificate from the College of Family Physicians of Canada. From 2000 until joining the College in January, Dr. McNestry worked as a medical advisor for WorkSafeBC, during which time she obtained her certificate from the Canadian Board of Occupational Medicine.

Dr. McNestry's portfolio includes the review of complaints dealing with professional conduct. She will assume the responsibilities held by Dr. Jack Burak who will be moving into the Registration Department upon the retirement of Dr. Elliott Phillips at the end of March.

Deputy Registrars, Dr. Maureen Piercey and Dr. Elliott Phillips will be retiring at the end of March 2011. The College acknowledges the significant contribution made by both during their tenure, and wishes them much success in their future endeavours.
Courses and workshops—mark your calendars

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

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, held again this year at the Vancouver Convention Centre. 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.

Medical record keeping workshop – Vancouver

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

**Date:** Wednesday, June 15, 2011  
**Location:** 400-858 Beatty Street, Vancouver, BC  
**Time:** 8:30 a.m. to 4:00 p.m.  
**Registration fees:** $481.60 ($430 + $51.60 HST) for registrants, $593.60 ($530 + $63.60 HST) for non-registrants

A registration form is available on the College website. For more information, please call 604-733-7758, extension 2234.

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

Other Locations

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

Annual licence renewal update

The 2011 annual licence renewal cycle has come to an end. With that, the College thanks all registrants who completed the process on time. This year, more completed the process unassisted, and more were able to complete it faster than the previous year. The College continues to explore opportunities to create an efficient online experience for registrants when they renew their licence. Please forward feedback to communications@cpsbc.ca.
Quality Assurance

Revalidation—a public expectation

Revalidation: The process by which physicians demonstrate to their peers and the public that they participate in lifelong learning activities and are competent in their scope of practice.

The roots of revalidation in Canada go back to 1996 when the then Federation of Medical Licensing Authorities of Canada (FMLAC)—later to be renamed the Federation of Medical Regulatory Authorities of Canada (FMRAC)—published a position paper on the Canadian Model for the Monitoring and Enhancement of Physician Performance.¹ This model described a step-wise approach to revalidation.

World-wide regulatory authorities have taken many different approaches to the assessment of physician performance. The most common requirement is the mandated enrolment in a continuing professional development (CPD) program. Obviously CPD alone is not a surrogate marker for competence, but there is no doubt that learning activities based on assessment and reflection form a robust foundation for ongoing competence. Through FMRAC, considerable work is underway at the national level with both the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada to identify learning activities that are educational and formative, and are based on practice audit activities that identify opportunities for improvement. FMRAC has emphasized the need for CPD programs to address the range of competencies expressed by the CanMEDS framework developed by the Royal College of Physicians and Surgeons of Canada and adopted by the College of Family Physicians of Canada.

This “layer cake” approach is intended to apply step 1 activities to all registrants, with step 2 and step 3 activities being targeted at selected groups of physicians. In BC, step 1 includes mandatory requirements for continuing professional development. Step 2 involves performance assessments of physicians through practice reviews through the Medical Practice Assessment Committee (MPAC), the Prescription Review Committee (PRC) and the Methadone Maintenance Committee (MMC). Step 3 describes a detailed needs assessment that is performed on a few selected physicians about whom concerns are raised in step 2. These in-depth assessments in BC are conducted through the Clinical Competence Program at UBC.

Some provinces in Canada (Alberta, Nova Scotia, Manitoba) have chosen to include periodic mandatory participation in a multi-source feedback as part of revalidation. Other provinces, such as Ontario, Quebec and British Columbia, have chosen to focus assessment through practice reviews. As part of the College’s strategic plan to enhance quality assurance activities, 34 new physicians have undergone training to be peer assessors for the College. Through the Quality Assurance Program, the College is tripling the number of practice reviews conducted each year. While medical practice assessments have historically focused on family physicians as well as
The prescription review program

The Prescription Review Program (PRP) is a quality assurance activity of the College based on 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.

People with chronic pain need family physicians

“Constant pain steals time and energy by the tons, grabs all one’s attention, deadens motivation, robs one of sleep, and brings on depression.”¹

“The collision between the war on pain and the war on drugs has created a ‘perfect storm’ of controversy. And, for better or worse, physicians are being enlisted to fight on both fronts: combating pain while simultaneously reducing the risk of diversion and abuse of, as well as addiction to, pain medications.”²

Family physicians consistently rate the care of patients with chronic non-cancer pain (CNCP) among the most difficult and, sometimes, dispiriting areas of their professional lives. CNCP has resisted the miracles of modern medical technology. It cannot be understood without a deep commitment to knowing the person suffering with it. Pharmacotherapy, at best, affords modest relief to a minority of such patients and carries significant risk of adverse effects. Physicians and patients alike yearn for a cure, when experience teaches that there is no such thing as a “pain killer” in this context.

“In a medical world more committed to solving the crime than comforting the afflicted, the individual in pain confronts a system that has wandered far from its fundamental promise to patients of curing when we can but always treating suffering.”³

The June 2010 issue of the College Quarterly introduced the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain. An external link to the document and other related information can be found on the College website on the Prescription Review Program Guidelines page.

Starting with the next issue, the College Quarterly will contain a regular series of practice tips on prescribing. But first, the College is asking for the assistance of all primary care physicians. By all means, prescribe cautiously; but care is much more than prescribing. People with chronic pain deserve a stable primary care home. And family physicians are well equipped to provide the therapeutic relationship they need most of all—something specialized clinics can never do. Understanding is the foundation of CNCP care. These patients need to be seen regularly, listened to and empathically guided to remain physically active, to get the rest they need, to attend to relationships, to invest in activities that give life meaning, to discover and pursue what works for them, and to be realistic about the potential of medication. They need regular medical reassessment and a physician whom they can rely on to be there, come what may. Please don’t turn them away.

Committee Cases
and Recommendations

Ethics

Policies and guidelines
Registrants are asked to familiarize themselves with the recently amended policy entitled Duty to Report, which includes a requirement of mandatory disclosure from the Gunshot and Stab Wound Disclosure Act. The policy is published in the online Physician Resource Manual, located on the College website at www.cpsbc.ca>Publications and Resources>Resource Manual.

Inquiries and complaints

Medical residents writing community-based prescriptions
The College has received complaints from community-based pharmacists about prescriptions written by medical residents who are not authorized by the College to write prescriptions. A pharmacist is not legally bound to fill and dispense such prescriptions. This situation can create significant patient inconvenience, and countless hours of a pharmacist’s time to track down the resident and his/her program director.

Registrants are reminded that first year medical residents are only eligible to write independent prescriptions for patients in the community, starting on October 1 of their first year of residency training. In order to do so, they must first submit an application to the College, supported by their UBC faculty of medicine program director. Once approved by the College, this information is forwarded to the pharmaceutical services division of the Ministry of Health Services, and ultimately to Pharmacare.

Feedback from registrants on previous articles

Correction: local estrogen for vaginal atrophy does not require progesterone
The College wishes to thank an astute GP for spotting an error in the article, Progesterone cream inadequate for endometrial protection in postmenopausal HRT, published on page 10 in the September 2010 issue of the College Quarterly.

She noted: … “I have not heard any recommendation that postmenopausal women receiving vaginal estrogen such as the Estring®, Vagifem® or Premarin® vaginal cream require any administration of opposing progesterone.”

The GP is correct. The relevant Society of Obstetricians and Gynaecologists of Canada statement says: Systemic absorption of estrogen can occur in women who use local estrogens, especially at the beginning of treatment when the vaginal epithelium is thin. However, no cases of atypical endometrial hyperplasia or endometrial carcinoma causally associated with the use of local estrogen have been reported in the literature despite extensive and long-term clinical use.¹

Note: The SOGC provides an excellent website on menopause aimed at the general public at: www.menopauseandu.ca.

Comments: involuntary admission of psychiatric patients
An article on page 9 in the December 2010 issue of the College Quarterly summarizing recommendations of a coroner’s jury reviewing the tragic death by suicide of a 22-year-old with paranoid schizophrenia prompted some thoughtful email responses. The family of the young man was not critical of the physicians who had attended him on that day. They regret what they regard as lost opportunities for involuntary admission and imposed treatment, and a failure to enlist the involvement of family as his condition deteriorated over a period of months and years.

A physician shared a similar, personal experience.

“I write as a parent, and as in the case you describe, suffering a nightmare. Our 20-year-old daughter threatened suicide. We saw that she was attended to in the ER. She was committed by the emergency physician, but discharged by the psychiatrist who
saw her later that evening. Not only were we not notified of her discharge, the psychiatrist refused to talk or communicate with my wife and me. Yet we sat dutifully by our daughter’s side and later anxiously by the phone at home. Less than two weeks later she took the equivalent of 80 regular strength Tylenol®. Once again she was committed. Again she was discharged with the psychiatrist in charge refusing to speak with us. We were not given any guidance or instructions.”

From a different perspective, an emergency physician writes:

“I read with interest the article on recommendations from a coroner’s inquest regarding the death of a 22-year-old man by suicide while admitted to hospital. What is missing is the fact that this young man was admitted to psychiatry and certified as an involuntary patient. What put this young man at risk is that he was kept in an emergency stretcher rather than transferred to an appropriate psychiatric ward. If no such in-patient beds are available, the patient should be transferred by BC Bedline to a facility with such a bed. If this is not possible, the hospital administration needs to become involved. It is only a matter of time before it happens again, even if we certify every psychiatric patient.”

The College is aware of the very real and conflicting tensions that can arise for physicians between patient confidentiality and their own better judgement. Most would agree that it is almost always worth the effort to attempt to persuade patients who harm themselves of the importance of family support. Even when patients withhold consent to disclose information, there is value in hearing what attentive loved ones have to say and offering them general advice and support.

Registrants are reminded of section 30 of the Canadian Medical Association’s Code of Ethics, to be considerate of the patient’s family and significant others and cooperate with them in the patient’s interest.

The College is also aware of the resource challenges that exist in emergency departments. Physicians can only do their best when confronted with these systemic realities.

A Word from the College Library

Library services—major, minor and everything in between

Most College registrants know that the library can provide them with online resources, a physical space in which to browse and work, and bibliographies and articles on demand. But there are many other ways the library can support physicians’ clinical practice in British Columbia. For example, specialists may find it worthwhile to subscribe personally to a few specialty journals in their chosen field, but probably not every publication available. The library's table of contents service can fill in the gaps. Registrants can inform library staff of the journals they are interested in and the alerts will be emailed as each new issue is published. Most tables of content alerts will include access to abstracts, and the full text of many articles is available through the library’s electronic subscriptions on the College website. As always, registrants may also request any articles via email, fax, phone or regular mail.

For those physicians who like to keep up-to-date as they drive, commute on the bus, jog, or walk the dog, the library can provide audio resources. A subscription service is available for borrowing CME CDs on specialties from anesthesiology to urology—just let the library know the subject from the 13 specialties on offer and staff will forward up to two CDs per loan period. Although postage must be paid for returning materials, the packaging and return label is provided for convenience. If a particular CD is very popular and the wait list for borrowing is inconveniently long, there is an alternative: most current programs can be listened to or downloaded onto an MP3 player through the College website.

Other continuing medical education opportunities involve travelling further afield. The library maintains a list of sites for registrants wishing to attend conferences and workshops around the world. Registrants can let the library staff know the subject, date range, and/or geographic area of interest, and a list of potential learning opportunities will be sent by email, fax or post.

The library staff also provides training to registrants both in Vancouver and elsewhere in BC. In cooperation with UBC-CPD, library staff is offering an accredited workshop on evidence-based medicine in Fort St. John and Dawson Creek in May. Other workshops are scheduled this spring for Vancouver and Surrey. For those wishing to stay closer to home, training over the internet is also available.

Although the library section of the College website provides access to subject databases, books, audiovisuals, guidelines, and thousands of electronic journals, the staff never underestimates the importance of the human interface. Contact the library for help, whether it is a minor request for an inter-library loan, instruction in how to search, or a bibliography for a major research project.

The College appreciates receiving feedback from registrants on material contained in the College Quarterly. Please submit questions and comments to communications@cpsbc.ca.
Disciplinary Actions

Dr. Jamuna Lal MAKHIJA, Vancouver, BC

Dr. Makhija, a general practitioner, has admitted unprofessional conduct with a patient, which included entering into inappropriate business and social interactions.

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

Transfer from the Full – General/Family Practice to the Conditional – Disciplined class, effective 2400 hours November 1, 2010, subject to limits and conditions that include:

(a) Six month suspension from practice, commencing November 1, 2010;
(b) Prior to return to practice:
   • Participation in assessments and counselling, with reports;
   • Attendance at the College to further assess and determine conditions of registration;
(c) Upon return to practice:
   • Establishment of a mentorship with a physician approved by the College;
   • Participation in continuing medical education in the area of boundaries as directed by the College;
(d) Compliance with monitoring of his practice;
(e) Payment of costs in the amount of $8,500.

Dr. Makhija’s future professional conduct must be beyond reproach in every respect.

Dr. Jamuna Lal MAKHIJA, Vancouver, BC

Dr. Makhija, a general practitioner, has admitted unprofessional conduct with respect to his failure to keep a record of charges made and payments received for medical services he provided to a patient in the period April 2002 to August 2004. Dr. Makhija’s conduct also included invoicing his patient for surgical assistance services for which there were no records.

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

Transfer from the Full – General/Family Practice to the Conditional – Disciplined class, effective 2400 hours November 1, 2010, subject to limits and conditions that include:

(a) Payment of a fine in the amount of $25,000;
(b) A formal reprimand in writing by the Board of the College;
(c) Establishment of a mentorship with a physician approved by the College;
(d) Participation in continuing medical education in the areas of ethics and professionalism as directed by the College;
(e) Attend and successfully complete the College’s Record Keeping Course;
(f) Compliance with monitoring of his practice.

Dr. Makhija’s future professional conduct must be beyond reproach in every respect.
Dr. Donald Stanford Allan HAY, Surrey, BC

Dr. Hay has admitted unprofessional conduct with a patient during the period 1997 to 2003, including keeping inadequate medical records, engaging in conversations of a personal and sexual nature, meeting the patient in his motor vehicle and prescribing for the patient using the personal health care information of a family member who was not a patient.

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

(a) Dr. Hay’s registration in the Full-Specialty class, will be cancelled effective 2400 hours December 31, 2010;
(b) Dr. Hay will pay costs in the amount of $5,000.

Dr. Jonathan Peter Hugh FINE, Quesnel, BC

Dr. Fine, a general practitioner, has admitted unprofessional conduct with a patient during a six-month period in 2007 to 2008. His conduct included self-disclosure to the patient, hugs and overly familiar interactions at patient attendances. On one occasion outside the office, he hugged and kissed the patient and then drove the patient home to her residence.

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

Transfer from the Full – General/Family Practice to the Conditional – Disciplined class, effective 2400 hours December 31, 2010, subject to limits and conditions that include:

(a) Three month suspension from practice, with two months stayed if terms and conditions are met;
(b) Prior to return to practice:
   • Participation in assessments and counselling, with reports;
   • Attendance at the College to further assess and determine conditions of registration;
(c) Upon return to practice:
   • Establishment of a mentorship with a physician approved by the College;
   • Participation in continuing medical education in the areas of boundaries as directed by the College;
(d) Compliance with monitoring of his practice;
(e) Payment of costs in the amount of $3,000.

Dr. Fine’s future professional conduct must be beyond reproach in every respect.
Disciplinary Actions continued

Dr. Ranbir Singh MANN, Vancouver, BC

Dr. Mann, a general practitioner, has admitted unprofessional conduct with respect to his interactions with a complainant and with the College:

- In the period 2005 to 2008, Dr. Mann inappropriately disputed with the complainant, a BC lawyer, overpayment of an account for professional services in the amount of $588.20. The dispute eventually resulted in small claims court proceedings, during which Dr. Mann continued to inappropriately dispute the overpayment of the account.
- In response to this complaint received by the College, Dr. Mann provided inaccurate and incomplete information to the College with respect to the account and the court proceedings.

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

Transfer from the Full – General/Family Practice class of registration to the Conditional – Disciplined class, effective 2400 hours, November 19, 2010, subject to the following limits and conditions:

(a) a formal written Reprimand;
(b) a fine in the amount of $5,000;
(c) a written apology to the complainant;
(d) participation in continuing medical education in the areas of ethics and professionalism as directed by the College, with reports;
(e) notification to the University of British Columbia of this disciplinary action, with written confirmation to the College;
(f) monitoring by the College;
(g) costs in the amount of $1,500.

Dr. Patrick Michael NESBITT, Maple Ridge, BC

Dr. Nesbitt, a general practitioner, has admitted that, in or about the period May 31, 2007 to October 23, 2007, he breached the terms of his registration restricting his practice to male patients only by prescribing medication for 41 female patients, 10 of whom received prescriptions for controlled substances.

Dr. Nesbitt withdrew from practice effective October 22, 2007 and currently remains absent from practice.

Following a disciplinary hearing, Dr. Nesbitt consented to the following disposition:

The name of Dr. Patrick Michael Nesbitt will remain on the Conditional – Disciplined class of registration, effective 2400 hours February 1, 2010, subject to the following additional terms and conditions:

(a) 24 month-term of suspension commencing February 1, 2010, with four months stayed if terms and conditions are met.
(b) Prior to his return to practice, at his cost, Dr. Nesbitt will successfully complete a multi-disciplinary assessment program chosen by the College, a course of assessment and counselling with a psychiatrist(s) and/or psychologist(s) also chosen by the College, and the Clinical Competence Program of British Columbia.
(c) Dr. Nesbitt will also, at his cost, successfully complete a minimum one month preceptorship (limited to adult male patients), under the supervision of a registered physician approved by the College, with clinical staff present with Dr. Nesbitt at all practice locations.
(d) Upon successful completion of his preceptorship and prior to resuming clinical practice, Dr. Nesbitt will be interviewed by the College to determine his fitness to practise and possible additional limits or conditions on his practice. Dr. Nesbitt will obtain prior written approval from the College of his practice setting and supervision, and will not change his practice setting without College approval.
(e) Unless otherwise authorized by the College Board, Dr. Nesbitt will limit his practice to the provision of surgical assistance and/or practice within a group setting with two or more full-time physicians who have an established practice, and where his practice is limited to adult male patients and does not include administrative or supervisory responsibilities. His hours of clinical practice must be approved by the College.
(f) Upon resuming clinical practice, Dr. Nesbitt will:
   i. have supervision and mentorship acceptable to the College, with reports;
   ii. see patients only when other clinic staff are present in the clinic;
   iii. comply with and participate in reviews of his practice by the College;
   iv. participate in an ongoing continuing medical education/professional development program acceptable to the College.

(g) Dr. Nesbitt will pay to the College costs in the amount of $25,000.
Members of the Board of the College of Physicians and Surgeons of BC

Officers
President
Dr. D.M.S. Hammell
Vice President
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Offices of the College
Suite 400
858 Beatty Street
Vancouver, BC
V6B 1C1
Telephone: 604-733-7758
Facsimile: 604-733-3503
Toll Free: 1-800-461-3008
Website: www.cpsbc.ca
Email: communications@cpsbc.ca

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