COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

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Enclosed with this issue of the College Quarterly:
• The College library’s Cites & Bytes
• An update to the 2011–12 Medical Directory

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

As many of you will recall, the College is participating, along with representatives from the Ministry of Health and the health authorities, on an Action Team responsible for implementing the 35 recommendations put forward by Dr. Douglas Cochrane following an investigation last year into the credentialing of radiologists, and other issues related to medical imaging in the province.

The Action Team has a primary objective: to review the current systems and processes for licensing, privileging, credentialing and monitoring physicians in British Columbia to ensure that patients are receiving high quality care.

While this provincial Action Team has been extremely busy over the past six months, the behind-the-scenes planning about enhancements to the detailed and complex processes of credentialing/privileging and performance monitoring has not been widely communicated, and may not be well understood by registrants. The College is committed to keeping you informed of the Action Team’s progress, and the impact these quality assurance enhancements will have on you.

As an overview, the following list identifies several of the quality assurance and medical performance plans that are currently in the development phase:

- An enhanced radiology peer review and support program;
- A province-wide physician “registry” of every physician’s credentials and qualifications;
- A provincial framework for credentialing and privileging;
- A standardized performance assessment and review framework;
- A provincial protocol for dealing with future events involving clinical or system failures such as the CT misreads or the diagnostic system errors experienced in other provinces.

The minister of health has also contracted an independent external review of current provincial systems. This review, conducted by KPMG consultants, includes an assessment of the legislative infrastructure that governs and supports various components of the health system in BC, and the processes being followed by the College and health authorities in their respective roles. The College supports the creation of a provincial framework to standardize credentialing and privileging processes that will certainly enhance the quality of the health system. Moreover, the College is committed to applying this framework to out-of-hospital facilities and will require additional lines of accountability and authority pursuant to the Health Professions Act.

One of the key gaps identified by Dr. Cochrane was an inconsistent approach in assessment of credentials, and assignment of privileges for physicians who wish to practise in health authority administered hospitals and out-of-hospital facilities. Dr. Cochrane noted that changes in medical technology and procedures were not necessarily reflected in the credentialing process. These gaps are not unique in British Columbia, and a similar provincial review of the quality of pathology and medical imaging services is currently underway in Alberta.

A key component of a high performing health system is rigorous quality assurance. As members of medical staff, we are all accountable for how we perform in the health system. Likewise, performance assessment processes with feedback to physicians need to be explicitly established to ensure that physicians privileged to provide services in both the health authority facilities and in out-of-hospital facilities are not only competent to do so, but that practice improvement is encouraged and facilitated.

The Action Team is currently meeting with various groups across the province to communicate its plans and progress. As registrants of this College, you are extremely important stakeholders in the development and successful implementation of these initiatives, and the College invites your feedback and involvement. If you have ideas to share on how the Action Team can keep you engaged and apprised of its progress over the coming months, please forward them to me at communications@cpsbc.ca. I will continue to publish updates in future editions of the College Quarterly.

Heidi M. Oetter, MD
Registrar
A reminder about medical records when leaving practice

Physicians are reminded that if they leave their practice and decide to use a third-party medical record storage company for permanent storage thereafter:

- the physician still owns those records;
- the physician should not contract with a storage company unless that company is aware of current legislation relating to release of those records; and
- patients must be able to obtain release of their medical records to another physician within 30 days, and without being required to pay before release.

To learn more about the requirements of medical record storage and retention according to the law, physicians should refer to Part 3, Section B of the College Bylaws.

Tapentadol (Nucynta®) added to the duplicate prescription list

Tapentadol (Nucynta®), an opioid analgesic, was released for use in Canada in March 2011. It has been listed in Schedule 1 in Canada’s Controlled Drugs and Substances Act, along with other opioids such as morphine and oxycodone. Accordingly, physicians prescribing tapentadol for chronic non-cancer pain (CNCP) are expected to be guided by the Canadian Guideline for the Safe and Effective Use of Opioids for Chronic Non-Cancer Pain (http://nationalpaincentre.mcmaster.ca/opioid/). Given its potential for significant adverse effects and misuse, tapentadol has been added to the list of controlled substances of interest to the Prescription Review Program of the College. Tapentadol requires a duplicate prescription.

Cataract patients to benefit from bulk buying power

All publicly funded cataract procedures, regardless of surgical location (hospital or non-hospital), will soon have access to standardized pricing that reflects provincial buying power with savings passed on to patients. In British Columbia, rigid lenses are the insured standard of care and provided to patients free of charge, while patients who opt instead for foldable lenses will be charged the difference. Health authorities will now manage the supply of both insured and non-insured lenses through Health Shared Services BC. This change will standardize lens prices throughout the province, save patients money, and will improve patient safety by ensuring that health authorities can consistently track all the lenses so that patients can be notified if there is a problem with the lens in the future. This initiative was announced in a Ministry of Health news release on December 6, 2011 (viewable at http://www.newsroom.gov.bc.ca).
Thomas Frank Handley, MD
1936—2012

(The following is an excerpt from an obituary written by Morris VanAndel, MD)

The College Board is sad to announce the passing of Dr. Tom Handley, a former deputy registrar and registrar, who died on January 9, 2012 after a twelve-year struggle with prostatic cancer.

During his career in clinical practice, Tom Handley was involved in various aspects of medical staff functions at Royal Columbian Hospital and St. Mary's Hospital in New Westminster, including a year as president of the medical staff at Royal Columbian Hospital in the late 1970s. He sat as an elected member of Council of the College of Physicians and Surgeons of BC for two four-year terms, and was president from 1979—1980.

In 1984, Tom accepted a full-time position at the College as deputy registrar. In 1988, he became the registrar, and continued in that position until his retirement in 2000. During his time at the College, Tom was a member of the Medical Council of Canada, and a member of the Executive Committee of the Federation of Medical Regulatory Authorities of Canada.

As registrar, Tom ardently promoted what he termed “excellence in medical practice,” words that remain today in the College’s vision statement. He guided the College’s transformation from a small organization involved mainly in medical licensure and complaint management, to a multi-faceted regulatory body with wide-ranging additional responsibilities in physician assessment, facility accreditation, maintenance of competence programs for physicians, credentialing, establishing standards and guidelines, and other emerging regulatory responsibilities. Tom was unwavering in his commitment to act in the public interest and to protect the public from substandard or inappropriate medical practice while at the same time protecting and enhancing what he frequently termed “the honour and dignity of the profession.”

Tom Handley will be sorely missed by his family, friends and many colleagues.

Position of medical complaint reviewer

The College is inviting applications from physicians with broad clinical experience for two part-time medical complaint reviewer contracts (up to 20 hours per week).

Under the direction of the deputy registrars, the medical complaint reviewer carries out the mandate of the Complaints department, to deliver transparent and impartial case reviews in compliance with College policies and procedures, and in accordance with the Health Professions Act and Bylaws.

Working in a collaborative team environment, the medical complaint reviewer functions as an expert in the review and assessment of both clinical and conduct complaint files.

Exceptional writing skills are required, including the ability to present technical concepts in lay terms and formulate clear and cogent reasons in a style that expresses both empathy and a commitment to fairness. The College is seeking efficient, responsive physicians who thrive in a high volume environment, while maintaining demanding standards of quality and timeliness. The candidate must work collegially and interact effectively with College staff.

Interested candidates may submit their cover letter and resume by email before end of day on Friday, April 6, 2012 to:

Ms. Hilary Ewart
Director, Human Resources
hr@cpsbc.ca

Annual licence renewal update

The 2012 annual licence renewal cycle has come to an end. With that, the College thanks all registrants who completed the process on time. The College continues to enhance its website to ensure an efficient online experience for registrants when they renew their licence. Please forward feedback to communications@cpsbc.ca.
Peer assessment program expanding to include input from patients and colleagues

In Canada, all licensed physicians must participate in a recognized revalidation process to demonstrate to their peers and the public that they are competent in their scope of practice. The College is committed to ensuring that this framework is fair, relevant, inclusive, transferable, and formative.

The process by which physicians demonstrate their competence differs among provinces with revalidation programs ranging from questionnaires, such as the Physician Achievement Review (Alberta, Manitoba and Nova Scotia), to onsite review of medical records (Ontario and British Columbia). This College’s revalidation program includes a peer assessment of the quality of recorded care as being a reasonable surrogate marker of competent medical care. This program has been operational for over 30 years, and is well received by registrants as a good measure of the clinical care provided.

In 2010, the College reviewed best practices in revalidation and determined that a hybrid program, which included questionnaires that assess communication and patient-centered practice principles, become part of its quality assurance peer assessment activities. While physician peer assessors are excellent judges of competence, information about physician performance is best answered by patients, colleagues and co-workers.

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.

What’s in the cards? Ethical and professional implications of new genetic technologies and other emerging trends in clinical practice – Vancouver

Friday, September 21, 2012 is the date of the much-anticipated College education day, held again this year at the Vancouver Convention Centre.

From preimplantation genetic diagnosis (PGD) to the prospect of genome-based personalized medicine, medical practitioners are increasingly the interface between their patients, and an array of technology-driven, revolutionary interventions. The goal of this year’s education day is to help physicians anticipate and identify relevant concerns and implications for the future of medical care in this rapidly evolving landscape.

The program includes plenary sessions, case studies and interactive workshops for an all-encompassing educational experience.

Confirmed presenters

MORNING PLENARY

Stacking the deck: Preimplantation Genetic Diagnosis (PGD)

Jeff Nisker MD, PhD, FRCSC, FCAHS
Coordinator, Health Ethics and Humanities and Professor, Obstetrics-Gynaecology and Oncology, Schulich School of Medicine & Dentistry, University of Western Ontario

AFTERNOON PLENARY

Playing the hand you’ve been dealt: implications of the new genomics

Michael M. Burgess PhD
Professor and Chair in Biomedical Ethics, W. Maurice Young Centre for Applied Ethics and the Department of Medical Genetics, Faculty of Medicine, University of British Columbia

The College is also pleased to welcome back Sue Swiggum, MD, a popular presenter from the Canadian Medical Protective Association, who will be leading an afternoon workshop on emerging trends in how physicians think.

More information about program content and session presenters will be available in the coming weeks on the College website.
Courses and workshops – mark your calendars continued

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.

Dates: May 16, 2012 and September 12, 2012
Location: 300-669 Howe Street, Vancouver, BC
Time: 8:30 a.m. to 4 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).

Methadone 101 / hospitalist workshop – Vancouver
The methadone 101 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. Physicians who work in hospital settings are encouraged to attend the hospitalist workshop, held in conjunction with the methadone 101 workshop to obtain authorization to prescribe methadone. All physicians seeking exemption must apply to the College's Methadone Maintenance Program.

Date: May 26, 2012
Time: 8 a.m. to 5 p.m.
Location: St. Paul's Hospital Providence Wing, Level 1 New Lecture Theatre 1081 Burrard Street

For more information, please call 604-733-7758 extension 2628.
Application is being made for continuing medical education credits through UBC’s Division of Continuing Professional Development.
Quality Assurance

Prescription review program

The Prescription Review Program (PRP) is a practice quality assurance activity established to assist physicians in the challenging task of utilizing opioids, benzodiazepines, and other potentially addictive medications with appropriate caution for the benefit of their patients. The work of the PRP is informed by the PharmaNet database.

Prescribing is a physician’s responsibility

The work of the Prescription Review Program is supported by a committee of physicians experienced in the management of chronic pain from a variety of perspectives, including community family medicine, pain clinic consultation, palliative care, addictions, and clinical pharmacology.

When the committee asks physicians to provide their rationale for prescribing decisions that run contrary to the Canadian Guideline for the Safe and Effective Use of Opioids for Chronic Non-Cancer Pain, many explain that they are simply taking direction from a specialist or a previous family physician. An excellent distillation of the guideline by Dr. Meldon Kahan and colleagues, published in the November issue of the Canadian Family Physician¹, summarizes the committee’s response:

“In the experience of the PRP, most physicians understand these things; however, some are naturally averse to the confrontation inevitably triggered by attempts to address excessive prescription drug use. Dr. Kahan says:

“Family physicians should carefully explain their opioid-prescribing policies to chronic non-cancer pain patients who are new to their practices but who are already taking long-term opioid therapy prescribed by their previous physicians. Patients taking inappropriate doses should be advised that the dose will be tapered in the near future. Patients who are unwilling to comply with the taper should be encouraged to seek medical care elsewhere.”


Prescribing opioids to self and family members

The College reviews PharmaNet practitioner profiles for controlled drugs in a number of circumstances, ranging from complaint investigations to quality assurance activities like the work of the Medical Practice Assessment and Prescription Review Programs. The analysis inevitably includes a check for self-prescribing and prescribing to family members, which is too often found.

The CMA Code of Ethics directs physicians to limit treatment of themselves and their family members to minor concerns and emergencies. The College considers it unacceptable for physicians to prescribe opioids, sedative hypnotics, antidepressants, and other psychoactive drugs for themselves or their family members. A detailed document entitled, Self-treatment and Self-prescribing outlines these expectations. It can be found in the Professional Standards and Guidelines section on the College website.
Non-hospital medical and surgical facilities program

The College’s Non-Hospital Medical and Surgical Facilities Program (NHMSFP) has the legislated mandate to establish, monitor and ensure standards of practice in private medical and surgical facilities in BC. There are currently 65 accredited facilities providing a range of minor to more complex surgical procedures, which are approved by the NHMSFP Committee.

Non-hospital new construction and major reconstruction requirements

Several newly constructed or renovated non-hospital facilities have recently faced major issues and costly delays in order to be compliant with the mandatory Canadian Standards Association (CSA) standards, Ministry of Health reprocessing policy, and the College’s requirements for accreditation.

It is critical that owners or medical directors of new facilities, or those considering major renovations, contact the NHMSFP staff in the first stages of planning to ensure compliance with the standards. The review with NHMSFP staff includes: the type of building proposed, preliminary blue print design, heating ventilation and air conditioning, medical device reprocessing, city permits and all other applicable standards for accreditation.

For more information about building, renovating or purchasing a facility, and meeting the expectations for a successful accreditation, contact the NHMSFP staff at 604-733-7758 extension 2259.

New non-hospital medical and surgical facilities standards

Physicians working in non-hospital medical and surgical facilities should familiarize themselves with several newly published standards available on the College website at About the College>Accreditation Programs.
Special Feature

– Duty to Report

Duty to report sexual misconduct

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

The focus of this article is a physician’s duty to report sexual misconduct under section 32.4 of the Health Professions Act.

Reporting a colleague is a difficult process, but is essential to ensure safe, ethical practice. Physicians are guided by the specific sections of the Act when it comes to concerns about a colleague’s behaviour. The Act includes immunity for those who make a report in good faith.

The patient-physician relationship is based on trust, and this trust is violated in situations where boundaries are not maintained. Sexual misconduct includes:

- Altering or removing a patient’s clothing while an examination is taking place without express patient consent
- Not allowing the patient the privacy to undress or dress, and not providing appropriate gowns or drapes
- Sexually demeaning or suggestive comments
- Requests for “dating”
- Sexualized touching, fondling, hugging, kissing and petting
- Sexual intercourse

A physician may become aware of sexual misconduct of a colleague through a report from a patient. In such a case, the physician must obtain the consent of the patient to provide the information to the College. Once consent is obtained, the physician may contact the deputy registrar responsible for complaints that relate to boundary violations.

If a physician becomes aware of sexual misconduct through other means, it is advisable to contact the College directly for assistance and direction. The College recognizes the difficulty in filing a complaint of this nature, and staff members are available to provide assistance.

The Health Professions Act states:

32.4 (1) If a registrant has reasonable and probable grounds to believe that another registrant has engaged in sexual misconduct, the registrant must report the circumstances in writing to the registrar of the other registrant’s college.

(2) Despite subsection (1), if a registrant’s belief concerning sexual misconduct is based on information given in writing, or stated, by the registrant’s patient, the registrant must obtain, before making the report, the consent of

(a) the patient, or

(b) a parent, guardian or committee of the patient, if the patient is not competent to consent to treatment.

(3) On receiving a report under subsection (1), the registrar must act under section 32 (2) as though the registrar had received a complaint under section 32 (1).
A Word from the College Library

Electronic books (ebooks) can have significant advantages over print texts, including currency, portability, access, and complexity of content. The College library has recently acquired two online resources that provide full-text access to important medical books, supplemented with a comprehensive collection of support material.

Access Medicine (www.cpsbc.ca/library) from the publisher McGraw-Hill provides the most recent editions of over 70 key texts such as *Harrison’s Principles of Internal Medicine*, *Current Medical Diagnosis & Treatment*, *Adams and Victor’s Principles of Neurology*, *Schwartz’s Principles of Surgery*, *Fitzpatrick’s Color Atlas & Synopsis of Clinical Dermatology*, and *DeGowin’s Diagnostic Examination*. All ebooks include a predictable layout by section, colour images, and functions unique to the online environment such as one-click printing and emailing content. The *Harrison’s* ebook is part of a more elaborate resource called *Harrison’s Online*, which is continuously updated and enriched with lecture notes, grand rounds videos, literature updates, and a photo gallery. Another feature is *Quick Answers*, diagnosis and management information designed for point-of-care use when time is short and a brief summary is needed.

These ebooks are embedded in a rich environment of additional tools: patient handouts, differential diagnosis suggestions, diagnostic test descriptions, a drug database, and audio or videos on such clinical matters as procedures, diagnostic imaging, and signs and symptoms. In addition to online access via a personal computer, Access Medicine is also configured for smartphone web browsers. The simplest route is to open Access Medicine at www.cpsbc.ca/library and create a free personal account under “My Access Medicine.” Next, open Access Medicine on a smartphone’s web browser at m.accessmedicine.com and log in with the username and password specified in the personalized account.

**MD Consult** (www.cpsbc.ca/library/bmj) from the publisher Elsevier, like Access Medicine, is an online package of 45 well-known medical ebooks, customizable patient handouts, drug information and guidelines. Some of the book titles are *Conn’s Current Therapy*, *Auerbach’s Wilderness Medicine*, *Campbell’s Operative Orthopaedics*, and *Miller’s Anesthesia*. Of the 84 electronic journals offered in MD Consult, 35 are the popular *Clinics of North America* series. For ease of use at the point of care, First Consult is available within MD Consult and is comprised of peer-reviewed, evidence-based clinical content organized in a succinct and easily navigable format. Two smartphone-friendly formats are available: a smartphone-enabled website called MD Consult Mobile and an application for First Consult.

To view MD Consult on a smartphone, first create a free personal account by going to MD Consult via the link at www.cpsbc.ca/library/bmj. Then open MD Consult Mobile site on a smartphone’s web browser at m.mdconsult.com and log in with the personalized account’s user name and password. The First Consult application is available through Apple’s online Mac App Store and is compatible with iPhones, iPod touch, and iPad. The First Consult application offers disease management guidance, while the online version also includes differential diagnoses tables and procedural videos. An MD Consult username and password are needed to start using the application.

All of the College’s ebooks are listed on the library’s Books web page at www.cpsbc.ca/library/books. The College library staff members are pleased to assist users with questions about these and other online resources offered by the library. Call 604-733-6671 or email medlib@mls.cpsbc.ca.
Committee Cases
and Recommendations

Ethics

Standards and guidelines
Registrants are asked to familiarize themselves with the documents contained in the Professional Standards and Guidelines section of the College website. The Professional Standards and Guidelines section replaces the former Resource Manual. The documents have been reorganized to enable more efficient searches based on topic. Any questions regarding the content in these documents should be directed to one of the College’s deputy registrars.

New or updated standards and guidelines recently published include:

- Disclosure of Fetal Sex
- Female Genital Mutilation
- Non-medical Use of Ultrasound

Collegial communication and good manners go a long way

The College continues to receive complaints from physicians about their colleagues’ lack of professional courtesy and rudeness, often in the context of referrals. While the immediate issue of poor communication and disrespect is troubling, there is often a further issue of inappropriate patient care.

Physicians are encouraged to review the College guideline entitled Expectations of the Relationship Between the Primary Care / Consulting Physician and Consultant Physician, which outlines some basic considerations for maintaining collegial relationships between referring physicians and consultants.

Healthy boundaries for the practising physician

During a career in medicine, most physicians will be offered gifts by patients at some point and for various reasons. It remains the responsibility of each physician to consider the meaning of gift, and how the gift might affect the patient-physician relationship.

A common scenario

Dr. Kind is a full-service family physician in a well established practice. She is respected and valued by her patients. At holiday time, Dr. Kind receives many cards from patients; she appreciates the gesture and thanks her patients.

One year, a young patient with limited finances brings Dr. Kind a box of specialty chocolates. Dr. Kind accepts the chocolates, but can’t immediately understand her feelings of discomfort. In a discussion with a colleague later, she begins to express and make sense of her feelings.

Fact

1. A power differential always exists in the patient-physician relationship. This does not mean that the physician holds power over the patient, but the physician occupies special status in the patient’s eyes. Given this, a gift may have a different meaning to a patient than it does to a physician.

2. The importance of the gift is not measured by the cost. However, the cost needs to be considered in the context of the patient’s circumstances. A patient with limited means may have given up other items to purchase a gift for his/her physician.

3. The meaning of the gift can be complex. A physician will commonly be offered and accept a gift as an expression of gratitude. The gift may have other meanings, including an invitation to be friends or a request for special treatment.
Inquiries and complaints

Tailoring your practice may, in fact, be discriminatory

A recent complaint to the College came from a 60-year-old patient who was denied an appointment at a family physician’s office because of her age.

In response to the complaint, the physician explained that she was trying to “balance her practice” by having a spectrum of age-groups. She felt that she already had enough elderly patients, and wanted to leave room in her practice for treating youth, an age group for which she had a “special interest.”

The Inquiry Committee reviewing the case was unanimous in deciding that this patient had been discriminated against based on her age.

The CMA Code of Ethics clearly states that a physician cannot deny medical services based on age preference. Discrimination against age is also clearly set out in British Columbia’s Human Rights Code.

While discrimination based on an individual’s age is not acceptable, physicians in private practice may choose not to see a patient for legitimate reasons (assuming the patient is not in urgent or emergent need of medical care), such as inappropriate drug seeking, a breakdown in an interpersonal relationship, disagreements with relatives, or frequent hostility. (Physicians in contractual work-situations may not have this option.)

While some family physicians prefer to focus on a narrow scope of practice, such as sports medicine or intra-partum obstetrical care, and some specialists focus on a sub-specialty area, such as spine surgery, physicians should be aware of the narrow line between negative discrimination and having a special interest in a particular area of medicine, or tailoring a practice to focus on an area of expertise. Complaints to the College are less likely if a physician or an office assistant takes the time to explain the area of expertise or focus of practice to patients in a clear and reasonable manner.

The CMA Code of Ethics states:

17. In providing medical services, do not discriminate against any patient on such grounds as age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socio-economic status. This does not abrogate the physician’s right to refuse to accept a patient for legitimate reasons.
Disciplinary Actions

Dr. Mansukhlal Mavji PARMAR, Powell River, BC
Dr. Mansukhlal Mavji Parmar, a diagnostic radiologist, has admitted to engaging in unprofessional conduct by breaching the requirements of Undertakings to the College dated June 21, 2002. The Undertakings required that his practice of radiology would not include CT or obstetrical ultrasound studies until he had completed upgrading or performance assessment satisfactory to the College.

In 2003, Dr. Parmar completed a radiology preceptorship and commenced reading obstetrical ultrasounds at Powell River General Hospital, and continued to do so until October 10, 2010. In early 2010, Dr. Parmar completed a training course to interpret CT scans and commenced reading and interpreting CT scans at Powell River General Hospital, and continued to do so until October 10, 2010. In the belief that he had met the requirements of the Undertakings, Dr. Parmar did not seek the College’s consent to read CT or obstetrical ultrasound studies, and did not ensure that the upgrading he had completed was satisfactory to the College.

Dr. Parmar voluntarily withdrew from practice in October 2010, and has remained absent from practice since that time. He has subsequently submitted his resignation to the College and is no longer licensed to practise medicine in British Columbia.

Following the issuance of a disciplinary citation, Dr. Parmar consented to the following disposition by the College:
(a) Dr. Parmar will be formally reprimanded in writing by the Board of the College.
(b) Dr. Parmar will pay costs to the College in the amount of $2,000.

Dr. Arthur Ross OUTERBRIDGE, Kamloops, BC
Dr. Arthur Ross Outerbridge, an orthopedic surgeon, has admitted to engaging in unprofessional conduct in 2003 by failing to adequately record and disclose to a patient, surgical complications and the potential for post-surgical problems attributable to the complications.

Following the issuance of a disciplinary citation, Dr. Outerbridge consented to the following disposition by the College:
(a) transfer from the Full class of registration to the Conditional-Disciplined class of registration;
(b) a formal reprimand;
(c) participation in continuing medical education in ethics and professionalism; and
(d) payment of costs to the College in the amount of $4,000.
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