



Serving the public through excellence
and professionalism in medical practice

College Quarterly

COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

Decisions on matters of standards, policies and guidelines for all registrants of the College.

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Enclosed with this edition of the *College Quarterly*:

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

www.cpsbc.ca

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

Message from the Registrar

Revising governing legislation isn't exactly a fun-filled summer pastime; nor is wading through complex sections of the bylaws once they have been approved. However, I ask that registrants indulge me for just a brief moment as I outline some of the substantive changes that were made to the bylaws this summer that may have a direct impact on them and their practice.

As a reminder regarding the process for implementing legislative changes, the College's Board has the authority to make or amend bylaws consistent with the statutory duties and objects of the College as defined in the *Health Professions Act*; they do not come into effect until they have been approved by the Minister of Health Services.

The following bylaw amendments were approved by the Minister of Health Services effective August 5, 2010.

Part 2 – Registration

Classes of registration [section 2.10(4) and 2.11(4)]

The registration section of the bylaws has been amended to bring the College into compliance with the *Labour Mobility Act* and the Agreement on Internal Trade (AIT). Historically, some Canadian jurisdictions have granted full, unrestricted licences to physicians who have obtained their medical training outside of Canada without requiring them to successfully complete all of the examinations that are required of Canadian trained physicians.

With the new legislation, an applicant who holds full registration for general/family practice or specialty practice with a current full unrestricted licence to practise medicine, without limits or conditions, from a medical regulatory authority in a Canadian province or territory is eligible for registration in British Columbia regardless of the applicant's academic qualifications. Physicians seeking licensure under the provisions of AIT must still complete the application process, which is required of any registrant in British Columbia, including the completion of an application form, payment of a fee, completion of a criminal record check, as well as provide evidence of currency of practice, good character and conduct. Information to assist the public in understanding physician credentials is being added to the College website under Public Information.

Continuing competency requirements [section 2-6(1) and (2)]

As set out in the *Health Professions Act* – “establish requirements for continuing education and for continuing competence of the registrants” – and as part of the commitment of all medical regulatory authorities across Canada that all physicians must participate in a recognized revalidation process, the bylaws for continuing competency requirements have been expanded and strengthened. This includes the requirement to enrol in and comply with the continuing professional development requirements of either the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada. Physicians may, under very limited circumstances, seek an exemption from the continuing competency requirements. Physicians who fail to comply with the continuing competency requirements may be fined or may be required to undergo a review of assessment of skill, knowledge and competency at their expense.

Part 5 – College Accreditation Programs

Diagnostic Accreditation Program [section 5-2(1)]

To achieve consistency across the College's accreditation programs, and define accountability of the program to the Board, the bylaws for the Diagnostic Accreditation Program have been amended to include a board member as a sitting member of the Diagnostic Accreditation Program Committee.

Part 6 – Professional Medical Corporations

Renewal of medical corporation permit [section 6-6(4)]

In an effort to streamline administrative processes, the College has introduced a \$100 fine for a medical corporation which fails to pay the annual permit or fails to deliver to the College a completed permit renewal application form before March 1 of each year. The College hopes that the implementation of this fine will encourage registrants to attend to the administrative requirements and renew their medical corporation permits promptly.

As referenced in previous communications, the College is anticipating further revisions to the bylaws over the next year. These may include bylaws for the licensure and regulation of physician assistants, creation of a new restricted class of registration, telemedicine bylaws, as well as bylaws to enhance quality assurance activities. Some of these initiatives are a result of expectations set out in the *Health Professions Act* or requests that have been advanced by the Ministry of Health Services. Others reflect the need to improve the legislative tools used by the College to exercise its mandate to serve the public through excellence and professionalism in medical practice.

The revised bylaws are available for public viewing on the College website under About the College>Health Professions Act. As always, the College's registrar staff is available to assist registrants with questions they may have regarding the bylaws or the *Health Professions Act*.

Heidi M. Oetter, MD
Registrar

Notification to registrants

Annual General Meeting

The College's 2010 Annual General Meeting will take place from 12:00 to 12:30 p.m. as part of the Education Day program on Friday, September 24, at the Vancouver Convention Centre. Only registrants in good standing in the full, special, academic, osteopathic or retired-life classes are entitled to vote on the resolutions.

More information about the Education Day can be found on page 6.

Communication

Sound Bites

Reminder: duty to report under new legislation

The public entrusts health professionals to provide them with safe, ethical and competent care. This level of trust also carries important responsibilities.

In BC, all health professionals who are regulated under the *Health Professions Act* (HPA) have a professional, ethical and legal responsibility to report any unsafe practice or professional misconduct of a colleague – even if that colleague belongs to a different health profession, and is therefore a registrant of a different college.

Any health professional who demonstrates a lack of competence or is suffering from a physical or mental ailment, emotional disturbance or alcohol/drug addiction that impairs his/her ability to practise must be reported to his/her college. Inquiries do not automatically turn into formal complaints; calling to talk the matter over and to seek advice remains confidential.

When a formal report is made, the Act provides immunity to health professionals who comply with the obligation as long as the report is made in good faith, and is based on reasonable and probable grounds. When a registrant with a health condition is reported to his/her college, that college will investigate the matter with public safety as its primary concern, while also respecting the registrant's dignity and privacy. If warranted, appropriate treatment and medical monitoring may be pursued.

Duty to report is also mandatory for the chief administrative officer of a hospital or the medical director of any non-hospital medical / surgical facility, as well as for every treating physician of a registered health care professional who is unable to practise because of admission to a facility for psychiatric care or treatment, or for treatment of alcohol or drug addiction.

Sexual misconduct must also be reported. Where concerns about sexual misconduct are based on information received from a patient in a professional encounter, the consent of the patient or the parent/guardian must be obtained before making the report.

Although having to report a colleague to a regulatory body can be difficult, physicians should be aware that the Duty to Report is a legislated obligation under the HPA.

Colleges under the *Health Professions Act*

There are currently 21 colleges established under the *Health Professions Act*.

College of Chiropractors of British Columbia
College of Dental Hygienists of British Columbia
College of Dental Surgeons of British Columbia
College of Dental Technicians of British Columbia
College of Denturists of British Columbia
College of Dietitians of British Columbia
College of Massage Therapists of British Columbia
College of Midwives of British Columbia
College of Naturopathic Physicians of British Columbia
College of Licensed Practical Nurses of British Columbia
College of Registered Nurses of British Columbia
College of Registered Psychiatric Nurses of British Columbia
College of Occupational Therapists of British Columbia
College of Opticians of British Columbia
College of Optometrists of British Columbia
College of Pharmacists of British Columbia
College of Physical Therapists of British Columbia
College of Physicians and Surgeons of British Columbia
College of Psychologists of British Columbia
College of Speech and Hearing Health Professionals of British Columbia
College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

Note: The College of Podiatric Surgeons was established under the *Health Professions Act* on July 1, 2010, to regulate the profession of podiatric medicine. The College is working through a transitional implementation period and will assume responsibility for regulating the profession when the current *Podiatrists Act* is repealed on February 1, 2011. Until then, the BC Association of Podiatrists and the Board of Examiners in Podiatry will continue to regulate the profession.

New supreme court rules

Physicians providing expert testimony in civil court proceedings should be familiar with the recent changes to the *BC Supreme Court Civil Rules*, which came into force on July 1, 2010.

In 2002, the Justice Review Task Force was established to identify a range of potential reforms to the justice system. Several working groups were formed, including the Civil Justice Reform Working Group, which recommended a new set of rules, to allocate judicial resources proportionate to the value, complexity and importance of each case. Under the new rules, judges and masters would take a more active role in the management of cases through the trial process.

Part 11 of the new rules includes significant changes to an expert witness's role and responsibilities to the court. Highlights include:

Part 11 - Experts

- 1. Duty [Rule 11-2]:** In giving an opinion to the court, an expert's duty is to assist the court and not to be an advocate for any party. If an expert is appointed by one or more parties or by the court, the expert must, in any report prepared, certify that he/she is aware of this duty, has made the report in conformity with the duty, and will give testimony in conformity with the duty.
- 2. Joint Experts [Rule 11-3]:** Adverse parties may, by agreement or order of the court, jointly appoint an expert. Parties are still free to appoint their own experts [Rule 11-4] and the court may, on its own initiative at any stage of a civil action, appoint its own expert if the expert consents. Opposing experts may be ordered by a judge or master to confer at a case planning conference or at a trial management conference.
- 3. Expert Reports [Rule 11-6]:** Information which must be in an expert report has been expanded and must include the certification required under Rule 11-2 as well as:
 - a. the instructions provided to the expert in relation to the proceeding; and
 - b. the expert's reasons for his/her opinion, including
 - i. a description of the assumptions of fact;
 - ii. a description of any research conducted by the expert that led him or her to form the opinion; and
 - iii. a list of every document, if any, relied on by the expert in forming the opinion.

Parties are also entitled to review and copy the contents of the expert's file relating to the preparation of the opinion (including working papers and drafts) upon request at least 14 days prior to the trial date.

The College does not view the new *BC Supreme Court Civil Rules* to be in conflict with Canadian Medical Association *Code of Ethics*, including the fundamental responsibility to *consider first the well-being of the patient*. With respect to the duty imposed under Rule 11-2, the College has always expected physicians providing expert reports to be fair, objective, and provide opinions that are supported by available information.

This expectation applies equally to physicians whether they are appointed by the plaintiff, defence, jointly, or by the court. Additionally, whether physicians are acting as experts in the capacity of treating physicians or independent medical experts, they still must provide balanced and objective reports. The College does recommend that, when asked to provide an expert opinion, treating physicians discuss with their patients the physician's duty to assist the court and not be an advocate for any party.

Announcements and Events

Medical directory – update your profile now

The 2010/11 Medical Directory will be distributed to all College registrants in late October. To ensure an accurate listing, physicians are reminded that it is their responsibility to keep their business contact information current. Physicians can amend their contact information at any time during the year by logging in to the College website and clicking on Update Your Profile. *The deadline for updates to addresses or telephone numbers for the 2010/11 Medical Directory is Friday, September 24.* Changes made after that date will not be reflected in the printed 2010/11 Medical Directory, but will be available in the online version.

2009/10 annual report

Shortly after the release of the printed version of the 2009/10 Annual Report, the College identified a transcription and a reporting error in the Medical Workforce Statistics. The net increase in total number of active registrants in BC between 2008 and 2009 is 333, not 488 as was originally published. The error was due to the fact that registration status codes under the *Medical Practitioners Act* (MPA) were significantly amended under the *Health Professions Act* (HPA).

Regrettably, as a result of the transition to the new legislation mid-way through 2009, different criterion was inadvertently used to generate the year-to-year comparison. The 2009 figures were generated using the new HPA classifications, whereas the previous year's figures were generated using the MPA status codes. As a result, they were not accurately comparative. While the number is not as high as was originally stated, it still represents a significant year-over-year increase in the total number of practicing physicians, and is, in fact, the largest increase ever.

The College apologizes for any confusion this error may have caused. The online version of the report has been corrected.

Courses and Workshops – mark your calendars

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

2010 education day and annual general meeting – Vancouver

Professionalism in a changing world – where do we stand?

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

- Date:** Friday, September 24
Time: 8:30 a.m. to 4:30 p.m.
Location: Vancouver Convention Centre
West Building
Registration: This educational program is offered free of charge to registrants of the College

Plenary sessions

AM Social media: changing expectations and redefining relationships

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

PM Inter-professionalism: working collaboratively on a health care team in the 21st century

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

Morning case studies

1. Service withdrawal: where do you draw the line?
2. Accessing patient EHRs: who has a right and in what circumstance?
3. Exchanging emails: count to ten before pressing send!

Afternoon workshops

1. Patient privacy vs. data access: a virtual balancing act
2. Difficult patient encounters: saying no...professionally
3. Aging physicians: optimizing performance in an intricate world
4. Disruptive behaviour: minimizing the impact in the workplace

A registration form is enclosed. Registration forms are also available on the College website along with session descriptions, presenter profiles, and hotel information.

The UBC Division of Continuing Professional Development designates this educational program as meeting the accreditation criteria of the College of Family Physicians of Canada for up to 6.25 Mainpro-M1 credits. This program is an Accredited Group Learning Activity eligible for up to 6.25 Section 1 credits as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada

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, October 13
Time: 8:30 a.m. to 4:00 p.m.
Location: 400 – 858 Beatty Street, Vancouver, BC
Registration: \$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 for attendance. Those completing the post-course feedback exercise qualify for 8 Mainpro-C credits.

Other Locations

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

Medical laser safety officer course – Vancouver

As regulated by WorkSafe BC, and as stated in CSA Standard Z386 *Safe Use of Lasers in Health Care Facilities*, any organization using Class 3B or 4 health care laser systems is required to have a certified Medical Laser Safety Officer (LSO) on staff.

The Non-hospital Medical and Surgical Facilities Program Committee has approved a one-day Laser Safety Officer (LSO) course available through the College, which is open to all individuals who use laser equipment regardless of the setting. The LSO course is facilitated by Ms. Penny Smalley, an independent nurse consultant who has worked in the field of laser technology and safety since 1980. The LSO course has been reviewed by WorkSafe BC and will follow the standards as set out in CSA Standard Z386.

Date: Friday, October 22
Time: 8:30 a.m. to 4:30 p.m.
Location: 400 – 858 Beatty Street, Vancouver, BC
Registration: \$367.25 (\$325 + \$42.25 HST)

Interested participants should contact the Non-hospital Medical and Surgical Facilities Program at 604-733-7758 extension 2259 to request a registration form and a copy of the course synopsis by September 30, 2010 at the latest.

NB: Registered nurses who apply laser treatments must do so under a patient-specific order and meet the College of Registered Nurses of BC's Standards for Acting with an Order, available at www.crnbc.ca

Announcements and Events *continued*

Workshop on boundaries, ethics and professionalism – Vancouver

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

Date: Friday, October 29 and Saturday, October 30
Time: 8:30 a.m. to 4:30 p.m.
Location: 400 – 858 Beatty Street, Vancouver, BC
Registration: \$504 (\$450 + \$54 HST)

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

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

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

Registration fees for some workshops may have changed to reflect the Harmonized Sales Tax (HST).

Methadone 201 workshop – Vancouver

This is an advanced workshop for physicians who have an exemption to use methadone for the treatment of opioid dependency. Physicians wishing to obtain an exemption to prescribe methadone for opioid dependency must complete the Methadone 101 Workshop.

Date: Saturday, October 30
Time: 8:30 a.m. to 4:30 p.m.
Location: St. Paul's Hospital – New Lecture Theatre
Providence Wing, Level 1
1081 Burrard Street, Vancouver, BC
Registration: \$280 (\$250 + \$30 HST) for registrants and non-registrants

The UBC Division of Continuing Professional Development designates this educational program as meeting the accreditation criteria of the College of Family Physicians of Canada for up to 6.75 Mainpro-M1 credits.

Methadone 101 workshop – Vancouver

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

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

Date: Saturday, November 20
Time: 8:30 a.m. to 4:30 p.m.
Location: St. Paul's Hospital - New Lecture Theatre
Providence Wing, Level 1
1081 Burrard Street, Vancouver, BC
Registration: \$224 (\$200 + \$24 HST) for registrants and non-registrants

Registration forms for both workshops can be downloaded from the College website. For more information about the methadone workshops, contact the methadone program at 604-733-7758 extension 2628.

The UBC Division of Continuing Professional Development designates this educational program as meeting the accreditation criteria of the College of Family Physicians of Canada for up to 6.75 Mainpro-M1 credits.

Committee Cases and Recommendations

Ethics

Policy and guidelines

Updated guideline: Independent medical examinations

The Ethics Committee has reviewed and updated the guideline on *Independent Medical Examinations*. The guideline provides more detailed information for physicians who conduct IMEs regarding the importance of up-front communication to enhance patient understanding and reduce the potential for complaints to the College.

Physician reminder: Establishing a patient-physician relationship

Physicians are reminded of the College's policy on *Establishing a Patient-Physician Relationship*. While a "meet and greet" meeting is deemed acceptable practice for physicians to get to know new patients and learn of their health concerns and history, it may not be used as a means to select the "easy patients" and screen out those with more difficult health concerns, such as chronic disease. Additionally, a physician cannot refuse to accept patients based on human rights issues, such as age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status.

Both policies can be viewed in full on the College website under *Publications and Resources*>*Resource Manual*.

Physician Resource Manual – available on the College website

Physicians are encouraged to become familiar with and follow the College's policies and guidelines contained in the Resource Manual.

Policy

A policy reflects the position of the College on a topic or issue which is considered a mandatory requirement due to its sufficient importance, or its basis being substantially defined by the Bylaws of the College pursuant to the *Health Professions Act*.

Guideline

A guideline contains a recommended course of action, which is endorsed by the College. Physicians should exercise reasonable discretion in their decision-making based on the guidance.

Inquiries and Complaints

Undiagnosed abdominal pain: be specific about follow-up advice

The Inquiry Committee recently investigated a complaint from a father of a young woman who died at home when volvulus led to an ischemic bowel. The patient had been assessed in the local emergency department two days prior for non-specific abdominal complaints. She was found to suffer from constipation, and was discharged. She left thinking that her problem was minor. When symptoms persisted, she declined to return to hospital, citing the working diagnosis and the fact that, in her view, little had been done at the earlier visit.

In his response to the College, the emergency physician noted how many serious abdominal concerns cannot be diagnosed at first presentation, and highlighted the importance of being deliberate and specific when instructing patients and families at the time of discharge. In this instance, having diagnosed constipation, the physician's order directed that the patient be discharged after she moved her bowels. As it turned out, there was no bowel movement and advice to return if symptoms persisted was not effectively conveyed. With the benefit of hindsight, the physician regretted not having personally assessed the patient before she left.

Serious intra-abdominal pathology frequently begins with vague symptoms and non-specific findings; however, most patients presenting in such a way will follow a benign, self-limiting course. Missed or delayed diagnosis in such circumstances will always be a possibility. Delivering a clear message to return if symptoms persist to all such patients is the standard of care—a classic illustration of the reality that continuously seeking to improve the effectiveness of communication lies at the heart of a physician's work.

Appropriately, this case triggered serious reflection on how discharge instructions are managed at that hospital.

Committee Cases

and Recommendations *continued*

Progesterone cream inadequate for endometrial protection in postmenopausal HRT

A patient diagnosed with endometrial cancer while taking a combination of Estragel® and compounded progesterone cream submitted a complaint alleging deficient care by the prescribing family physician. In responding to the College, both her gynecologist and gynecologic oncologist pointed out that topical progesterone is not reliably absorbed. Very few studies have examined whether progesterone cream prevents endometrial hyperplasia and cancer in the context of supplementation with exogenous estrogen (either oral or transdermal).¹ Currently, the overwhelming weight of expert opinion is that if women who have not had a hysterectomy receive supplemental estrogen (in any form), they must also take an oral progestational agent to minimize the risk of endometrial hyperplasia or cancer. Progesterone cream is not considered an acceptable substitute.

The gynecologist reported doing an informal survey of local family physicians, and found that 80 percent were unaware of the concern. For her part, the physician who was the subject of the complaint commendably contacted every colleague and pharmacy in her community to inform them of the situation.

¹ Elshafie MA, Ewies AA, Transdermal natural progesterone cream for postmenopausal women: inconsistent data and complex pharmacokinetics. *J Obstet Gynaecol* 2007 Oct; 27(7): 655-9.

Student job shadowing

The Inquiry Committee recently dealt with a situation where a registrant disclosed that his child had assisted him in his role as a summer camp physician; the child had observed direct patient interviews and examinations conducted by his father.

The committee was critical of this situation and directed that registrants be reminded about the College's *Job Shadowing* policy contained in the online Resource Manual.

In short, job shadowing as a work experience for high school or other students is not permitted due to concerns about protecting patient privacy and confidentiality, and the student's inability to be held accountable for breaching patient confidentiality. The College does not support or condone the practice of student job shadowing in any clinical situation, including the physician's office, a clinic or a hospital setting. Specifically, students may not directly observe any confidential patient interviews or examinations, and they may not be present in the operating room or have any direct patient contact, regardless of consent.

The only exception to this policy concerns students who are legitimately involved in a regulated health profession educational program in which job shadowing a physician is a required part of their curriculum. Prior to job shadowing in this specific circumstance, physicians must obtain express consent from their patients.

Quality Assurance

Methadone maintenance e-news

The Methadone Maintenance Committee has developed an electronic newsletter to bring updated or new methadone-related information to the attention of both physicians who hold an exemption to prescribe for methadone maintenance and the general physician population in BC.

Articles in the first edition of the newsletter include:

- Anhydrous methadone tablets for patients travelling on commercial airlines
- A reminder of the need for methadone maintenance physicians to provide after-hours coverage for their patients, and to provide the College with their after-hours telephone number
- Point of care urine testing
- Suboxone (buprenorphine/naloxone) sublingual tablets for substitution treatment of opioid dependence

The newsletter is published on the College website under About the College>BC Methadone Program>Publications. *Please note: to view the newsletter, physicians must first log in to the College website.*

For more information, contact the College's Methadone Maintenance Program office at 604-733-7758 extension 2628.

A Word from the College Library

Of choices and substitutions

Cites & Bytes, the College library's current awareness newsletter, has been produced and distributed to College registrants for over 14 years. Its stated purpose is to help keep library users up to date with the latest published medical research. The newsletter's monthly frequency also allows for timely announcements of changes in library policies and the introduction of new services.

Well over half of the library's journal circulation, both electronic and print, is generated by *Cites & Bytes*. Over the course of a year, thousands of copies of articles are distributed to registrants as a result of this listing.

The library is often asked how material is selected for the newsletter. The process begins with library employees scanning (visually, not electronically) all print and e-journals to which the library subscribes. This is a quality filter, as the library's subscriptions are all major journals, peer-reviewed with high impact factors. Of the current journal issues received in a month, articles are identified based on their news value (i.e. whether the topic has been in the news) or if they are written about subjects that library employees have been researching. Articles are also selected if they are relevant to BC, if they have been authored by BC physicians, or if an employee or other library users has made a recommendation. At the end of the month, these candidate articles are sorted and around 45 are chosen for inclusion in the next issue of the newsletter. The articles in each issue are provided for users' information only, and are not to be considered College policy.

Books selected for inclusion each month are chosen on currency, quality of the publisher, and, most importantly, on the subject. Statistics are kept on the most frequently requested subjects for articles and books, and over the course of 14 years, library employees have seen some very interesting trends. Articles which provide evidence-based support of clinical practice are the most frequently accessed. In addition, practice guidelines are always popular, along with herbal medicine, ethics, cosmetic dermatology, and systematic reviews on treating depression. College registrants are also interested in such esoteric subjects as brain mapping, and the speculated causes of Mozart's death. The recent inclusion of articles on the psychopathology of Rudolph Hess and the ethics of using drugs for cognitive enhancement were also big hits.

Books are popular too. Some books listed in *Cites & Bytes* have been requested by so many College registrants that others may have to wait several months before being able to read them. Although the library's policy is "first come, first served," this delay is still a source of frustration for both staff and users. In an effort to lessen the problem, the library now offers a web-based list of suggested books on subjects similar to the one listed in the monthly newsletter. To try out the new service, registrants can visit the College website, navigate to the library section, select *Cites & Bytes*, and look over the current issue. The book suggestions at the end of the page offer an option to view additional suggested titles and order them directly online. The other title might not be as new as the one being promoted, but its subject will still be relevant. And best of all, the wait time to read about the subject is not as long.



Disciplinary Actions

Dr. Roger James Foulis MORRISON, Revelstoke

Dr. Morrison, a general practitioner, has been the subject of the following formal actions by the College:

- Dr. Morrison was the subject of an investigation into whether, as a registrant of the College of Physicians and Surgeons of British Columbia, he had and was applying adequate skill and knowledge to practise medicine. The investigation was conducted by the College pursuant to section 25.2 and section 39(2) of the *Health Professions Act*. The investigation concluded that Dr. Morrison did not apply the requisite skill and knowledge to his practice. Dr. Morrison cooperated with and consented to the following direction of the Board:

1. Effective 2400 hours, May 13, 2010, Dr. Morrison's registration would be subject to various limits and conditions. The various limits and conditions on Dr. Morrison's registration include:

(a) Prior to return to independent practice, Dr. Morrison will:

- (i) successfully complete a minimum three month supervised preceptorship, which must confirm readiness to safely resume independent clinical practice; and
- (ii) participate in counselling approved by the College and will continue to participate in programs acceptable to the College.

(b) Upon return to independent practice, Dr. Morrison will:

- (i) have clinic staff present at all times during his hours of clinical practice; and
- (ii) participate in reviews of his practice at six months and 12 months.

(c) General limits and conditions as set out in paragraph three below.

- Dr. Morrison has admitted that, on or about April 30, 2009, and on multiple occasions prior to April 30, 2009, he attended a laboratory in Kamloops, British Columbia, and used the identity and health care number of a patient to obtain his own personal test results. Dr. Morrison has admitted that his conduct was unprofessional and consented to the following disposition of the College:

2. Dr. Morrison will remain registered on the Conditional-Disciplined: General/Family Practice Register, effective 2400 hours, May 1, 2010, subject to additional limits and conditions, including suspension from practice for a period of

18 months commencing May 1, 2009, with six months stayed if terms and conditions are met. The various limits and conditions on Dr. Morrison's registration include:

(a) Prior to any return to practice, Dr. Morrison will:

- (i) participate in a multidisciplinary assessment program and counselling chosen and approved by the College;
- (ii) attend an interview with the Executive Committee or Board of the College to further assess and determine conditions of his registration; and
- (iii) return to the College all unused duplicate prescription pads.

(b) Upon any return to practice, Dr. Morrison will:

- (i) pay costs to the College in the amount of \$2,000.

(c) General limits and conditions as set out in paragraph three below.

3. General limits and conditions were imposed on Dr. Morrison's registration as a result of each formal action by the College. Dr. Morrison will:

- (a) be restricted to a group practice setting approved by the College with supervision and subject to various requirements, including reports acceptable to the College;
- (b) not prescribe any narcotic or controlled drugs and testosterone;
- (c) not prescribe prednisone except in emergency circumstances;
- (d) participate in ongoing continuing medical education/professional development and in a treatment program acceptable to the College;
- (e) establish a mentorship with a physician approved by the College; and
- (f) comply with monitoring of his practice by the College.

Disciplinary *Actions* *continued*

Dr. Micheal Ronald FIGURSKI, Kelowna

Dr. Figurski, a general practitioner, has admitted that in or about the period December 2008 to May 2009, contrary to repeated advice and direction from the College, he provided x-ray services to approximately 32 patients without having accreditation from the College's Diagnostic Accreditation Program, and without identifying a medical director acceptable to the College who was required to be a radiologist with certification from the Royal College of Physicians and Surgeons of Canada. Dr. Figurski's conduct was in breach of the Rules made under the *Medical Practitioners Act* and constituted unprofessional conduct.

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

- (a) a formal written Reprimand; and
- (b) a fine in the amount of \$5,000.

Dr. James Christopher Anscombe MORRANT, Vancouver

In the face of a pending disciplinary citation for breach of the conditions of his registration and of his formal voluntary withdrawal from practice, the College has, effective July 8, 2010, accepted Dr. Morrants irrevocable resignation as a registrant of the College and his commitment not to seek future renewal of his registration. The breaches related to exceeding the maximum number of psychotherapy sessions with a patient and to attending upon the patient during the period of his voluntary withdrawal from practice.



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