

Registrar's message: the College rebrands—a summary of registrant feedback and an update on our progress

In October 2021, the College started a major rebranding initiative which will include retiring the crest, a distinctly colonial symbol which was adopted in 1886. The crest will be replaced with a new visual identity that reflects the College's current-day values of accessibility and inclusivity for all British Columbians.

It is important to emphasize that a brand is not just a logo—it encompasses o izatione s re

Registrants were also asked to share their thoughts on what the College can do to be more accessible, approachable, transparent, trusted, and fair. Some clear themes emerged.

A number of registrants described a need for more supportive engagement with the College. While the College's role is to regulate the practice of medicine for the protection and safety of patients, providing registrants with resources and supports to assist them in their practice and help them to apply standards and guidelines is part of our job.

The College recently introduced a free [coaching service](#) for registrants seeking guidance on applying the standards and guidelines in their daily practice. We are also transitioning our educational workshops to interactive virtual learning opportunities in order to make them more accessible to busy registrants across the province. This project includes revamping existing courses such as the Prescribers Course and Medical Record Keeping, as well as developing new courses to support their practice.

to provide a "Coaching in Practice" initiative to support registrants in their practice.

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The areas for improvement identified by registrants during the discovery phase are being carefully reviewed. We have also continued to seek registrant feedback during the design phase of this project, and your insightful comments will be considered as we progress in developing a new visual identity.

Thank you to all of you who have provided input throughout this process. Feedback from registrants, members of the public, and partner organizations is critical to ensuring that the new brand represents the College as an evolving, accessible, diverse, ethical, transparent, and dedicated organization.

We look forward to sharing the results of this exciting project with you in 2023.

Heidi M. Oetter, MD

A 42-year-old patient was diagnosed with cervical cancer and the care provided by her primary care physician was reviewed by the Inquiry Committee following a complaint. The patient had been seeing the same primary care physician for over 20 years and had never undergone Pap screening for cervical cancer. In this instance, the physician believed that since the patient was engaged exclusively in a same-sex relationship, screening was not required.

The [published guidelines for Pap tests](#) on the BC Cancer Agency website are clear.

Anyone with a cervix, including women and transgender people, between the ages of 25 and 69 should be screened for cervical cancer every three years. These recommendations apply if:

- The patient is post-menopausal.
- The patient has ever been sexually active, even if they are not currently sexually active.
- The patient has received the human papillomavirus (HPV) vaccine.
- The patient is sexually active in a same-sex relationship.

Cervical cancer screening is not required in patients who have had their cervix removed (such as with a hysterectomy or gender-affirming surgery).

Cervical cancer screening can stop at age 69 if results have always been normal.

Primary care physicians should have their own system in place to ensure eligible patients are recalled for regular screenings in a timely manner. If a patient declines cervical cancer screening, this must be documented in the patient's medical record.

The top reason for not receiving timely cervical cancer screening is the patient's lack of knowledge about screening and the necessity of it. Registrants play an important part in educating patients about this screening tool.

The Physician Practice Enhancement Program (PPEP) is actively recruiting two part-time peer assessors to conduct family practice assessments.

Under the direction of the deputy registrar and the program director, peer assessors carry out the mandate of the PPEP to assess community-based family practitioners and promote quality improvement in medical practice in compliance with College policies and procedures, and in accordance with the Bylaws under the *Health Professions Act*, RSBC 1996, c.183.

Peer assessors conduct a combination of remote and on-site peer assessments throughout BC, provide feedback on program development and quality improvement, and help guide future program direction.

Exceptional interpersonal communication skills are required, including the ability to work in a collaborative team environment. Assessors must have current understanding of best practices, up-to-date knowledge on clinical care guidelines, and familiarity working in a multi-physician clinic setting. Registrants selected for this position must hold full licensure, be in good standing with the College, and complete a successful physician assessment and an assessor training workshop.

Interested candidates should submit a letter of application, with a resume, to the director, Physician Practice Enhancement Program.

604-733-3503

peerassessments@cpsbc.ca

All correspondence will be held in strict confidence.

Recently approved immediately sequential bilateral refractive lens exchange surgery

The Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Committee has approved immediately sequential bilateral refractive lens exchange (IMS-RLE) surgery in non-hospital facilities. This decision follows the NHMSFAP Committee's approval of immediately sequential bilateral cataract surgery (ISBCS) in 2018 and the publication and/or endorsement of ISBCS guidelines by the Canadian Ophthalmological Society in the last two years.

Any non-hospital facility in which these procedures are performed must be specifically accredited to perform immediately sequential procedures.

As a condition of accreditation to perform immediately sequential procedures, the medical records of the first ten immediately sequential (IMS) cases performed by each surgeon must be submitted for review to

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Prescribing methadone standard received

The Prescribing Methadone Standard is updated to remove the requirement for mandatory training to prescribe methadone. Registrants who prescribe methadone should be familiar with the Prescribing Methadone Standard.

Registrants are encouraged to prescribe methadone and other opioids. Registrants who have not prescribed methadone in the past three years are still encouraged to do so. The Pain in Palliative Care and the Methadone for Analgesia Guidelines provide further information.

Prescribing methadone has undergone a significant change over the last five years and in BC:

- In 2017, the Centre for Health Services Regulation (CHSR) moved much of the activity related to the College of Physicians and Surgeons of British Columbia (CPSBC) including the registration of prescribers and writing of the Prescribing Methadone Standard. The College will register prescribers with their College of Physicians and Surgeons of British Columbia (CPSBC) (duplicate registration).
- In 2018, Health Services Regulation Act (HSRA) section 56(1) was amended. This meant that a registrant could no longer request, on their own, to be added to the list of prescribers who are permitted to prescribe methadone.
- In 2021, the CPSBC collaborated with the Ministry of Health Services (MHS) and the Ministry of Health Services (MHS) and the Ministry of Health Services (MHS) to change the way that methadone is prescribed. Any controlled substance schedule 1 or 2 drug is now a special methadone prescription.

The College is not in a position to endorse one clinical intervention over another.

CPS: drug therapy from a Canadian source

The College library provides several drug-related resources including a Canadian source, as described by its publisher, the Canadian Pharmacists Association (CPhA), for prescribing and managing drug therapy at the point of care, providing online access to evidence-based, reliable Canadian drug and therapeutic information.

The breadth of the content in CPS varies depending on the route of access: web or mobile app. Both are available to College registrants with library access.

To use CPS via the web, select [CPS on the library page](#)

- Drug information: Health Canada approved monographs from manufacturers and peer-reviewed monographs, including guidance on off-label use
- Condition-focused therapy: pharmacological and non-pharmacological options and Therapeutic Choices
- Minor Ailments: management of common ailments from allergic rhinitis to sinusitis
- Lexi-Interact: drug interaction checker (includes natural products)

The CPS mobile app includes the same drug and condition information as the web version. The drug interaction checker is not present. Instructions for downloading and activating the app are available on the [College website](#) (CPSID login required).

College library staff can assist registrants using library online resources.

CPD events

Prescribers Course

Friday, October 28, 2022

[Learn more](#)

FAST Evidence

Friday, November 18, 2022

[Learn more](#)

Medical Record Keeping for Physicians

Wednesday, November 23, 2022

[Learn more](#)