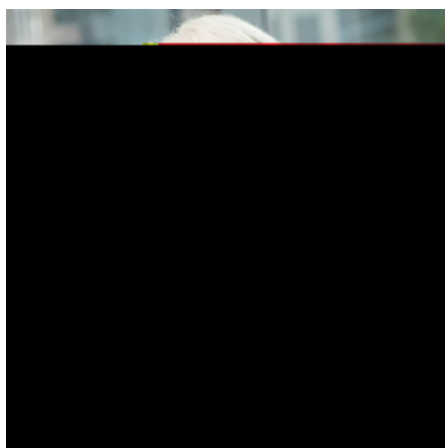


Registrar's message: an update on our progress to address Indigenous-specific racism in the health-care system



In Plain Sight



care and how to address them appropriately. **Community Connections**

other reputable sources can provide valuable resources and guidelines.

- **Inclusive language:** inclusive language and terminology that respects all individuals' gender identities and sexual orientations, including using preferred names and pronouns when appropriate, asking for pronouns, and avoiding assumptions based on stereotypes.
- **Safe environment:** create an inclusive and safe environment including displaying symbols of 2SLGBTQIA+ support, such as rainbow flags or inclusive signage. Be respectful and supportive and understand the importance of confidentiality and maintaining patients' privacy.
- **Cultural competency:** cultivate cultural competency and sensitivity to the diversity within the 2SLGBTQIA+ community. Recognize that identities and experiences of individuals may face multiple forms of discrimination. Be open to learning and address each patient's unique needs and concerns.
- **Patient-centered care:** provide patient-centered care by actively involving 2SLGBTQIA+ patients in their health-care decisions. Respect their autonomy and incorporate their preferences into treatment plans where possible.
- **Referral network:** establish a network of trusted 2SLGBTQIA+-friendly health care providers and specialists to whom you can refer patients when necessary. Collaborating with professionals experienced in providing gender-affirming care can help identify and appropriate treatment options.
- **Policy and advocacy:** advocate for policies that protect the health and well-being of 2SLGBTQIA+ individuals. Support initiatives that promote equality, non-discrimination, and access to health care for all. Engage with local organizations and participate in community initiatives that celebrate diversity and raise awareness.

2SLGBTQIA+ community.

References

- World Professional Association for Transgender Health Standards of Care (2022) p 8
- Canadian Medical Protective Association, Transgender in (2019)als
- Registered Nurses Association of Ontario, 2SLGBTQI+ Health (2021) Equity

Appropriate use of large language models (e.g., ChatGPT) in medical practice

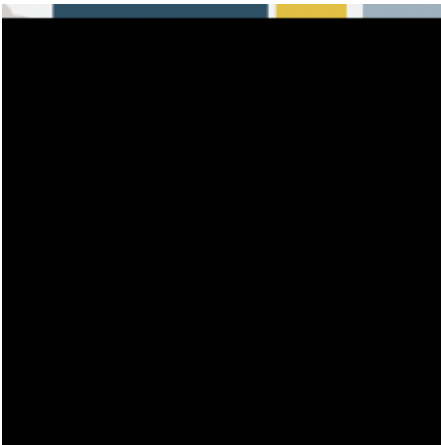
The World Health Organization (WHO) recently released a [statement](#) calling for the appropriate use of AI-generated large language model (LLM) tools in health care. While recognizing many potential benefits of LLMs in enhancing health-care practices, the WHO emphasizes that LLMs are designed to complement medical care and cannot replace

so-called human expertise. AI-generated large language models (LLMs), such as OpenAI's ChatGPT and Google's Gemini, have demonstrated the capability to assist providers with elements of care such as generating treatment plans and writing patient communications. However, the WHO's statement highlights the need for caution. One of the foremost concerns is the potential for LLMs to generate misleading information that could inadvertently harm patients.

Although LLMs are proficient in generating responses that appear to be accurate, they can be partially or completely wrong, leading to erroneous decision-making. When wrong, LLMs possess the ability to convincingly generate confident and authoritative-sounding text, making it essential for registrants to ensure the accuracy and reliability of the information they provide.

Furthermore, the use of data without appropriate consent raises concerns about the protection of sensitive patient information. As stewards of patient privacy, registrants must exercise caution when engaging with LLMs and prioritize the ethical use of patient data. Identifying and mitigating risks to patient safety and privacy are paramount. It is essential to ensure that the use of LLMs does not inadvertently harm patients and that their data is protected.

Applying the College's Indigenous Cultural Humility and Anti-racism practice standard



It has now been 15 months since the College [Indigenous Cultural Safety, Cultural Humility, and Anti-racism practice standard](#) which was developed in collaboration with the British Columbia College of Nurses and Midwives (BCCNM), Indigenous partners, members of the public and health partners. The purpose of this practice standard is to set out clear expectations for registrants are to provide culturally safe and anti-racist care for Indigenous people. The College is currently assessing registrants' awareness and application of the standard.

Related inquiries

The College received questions from registrants that highlighted confusion between Enduring Power of Attorney (PoA) and Representation Agreements. Understanding the difference between these documents is important. A PoA allows legal and financial decisions to be made on behalf of a person, while a Representation Agreement appoints a representative for personal health-care decisions. Misinterpretations of the role of these decision-makers can lead to a breach of informed consent, and a breach of informed consent. More information can be found in the [Practice Standard for Health-Care Decision-Making](#).

The College has also heard from registrants and members of the public about difficulties in accessing adequate interpretation when English is not a patient's primary language. A study found that there is a low uptake in the use of interpretation services by family physicians in the province, despite it being a free service. [Pro-Aria Language Services](#) is available to all registrants, free of charge, and the College strongly encourages its use.

Questions regarding the practice standard can be directed to canbre@cpsbc.ca.

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Case study treating friends, family, o



Multi-disciplinary team-based practice settings provide a rich work environment for health professionals practising in BC. At times, physicians and surgeons on such teams are approached by their colleagues with requests for medical certificates, pre-employment physicals, or medical treatment.

A panel of the Inquiry Committee recently concluded a case with criticism of a physician who did not meet the expectations in the practice standard, [Treatment of Self, Family Members and Others Close to You.](#)

A practice standard reflects the minimum standard of professional behavior on a specific topic or issue expected by the College of its registrants. Standards are developed in accordance with legal requirements and are enforceable under the Health Professions Act, RSBC 1996, HPA 123 and the College Bylaws under the HPA.

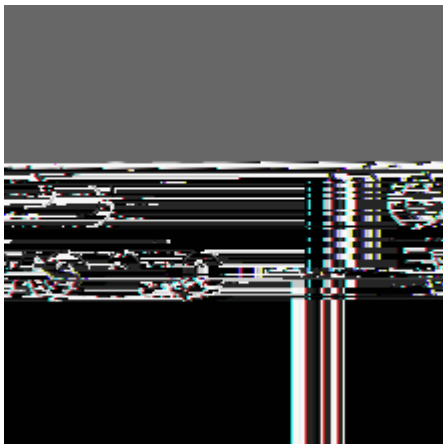
Case study

A staff member working in a laser and cosmetic treatment clinic approached a physician for cosmetic skin treatment. Other team members had previously undergone tr

These changes are only in place while there is a public health emergency
Health Officer. Currently, the public health emergency due to the toxic drug

1. Tarchichi TR, Szymusiak J. Attending Physician's Attitudes Toward P
Medical Education: An Exploratory Study. J Contin Educ Health Prof [I
2023 May 1];40(2):141-144. Available from:

CPD events



Medical Record Keeping for Physicians

Wednesday, July 19, 2023

[Learn more](#)

Wednesday, September 13, 2023

[Learn more](#)

Wednesday, October 18, 2023

[Learn more](#)

Chronic Pain Management Program

Friday, September 15, 2023 to Saturday, September 16, 2023

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