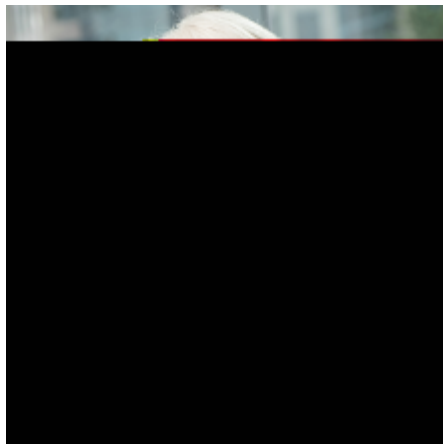


Registrar's message: challenges in leaving practice



In recent years, leaving practice, whether to retire, move to a new community, or change a scope of practice, has become increasingly challenging. Due in part to a shortage of physicians in BC, most can no longer expect a colleague to be able and willing to take over their full patient panel.

The College has seen an increase in the number of inquiries from registrants both by email, and through our [registrant support coaching program](#) wondering how to close their practice without negatively affecting patients.

The [Leaving Practice](#) standard is intended to assist registrants in understanding the College's expectations of registrants who retire, take an extended leave of absence or close/relocate their medical practice. Last year, the College also published an [online course on leaving practice](#), to help registrants better understand how to apply the practice standard in their unique situation.

Still, many registrants find it difficult to close their practice, and have expressed concerns that the expectations in the standard cannot be met in every scenario, especially in smaller communities

where resourcing challenges are extreme. In these difficult situations, the College does not expect registrants to continue to practise indefinitely, and instead expects them to do their best to prepare patients for their departure by prioritizing effective communication and continuity of care for those most vulnerable.

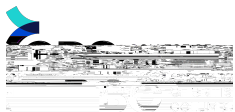
Communicating with and empowering patients

Registrants are expected to notify their patients that they will be leaving practice, including details such as their departure date, and how patients can access a copy of their medical records prior to that date. The College does not mandate a set notification period but recommends a minimum of three months to give patients time to do what they can to find other health care resources. This language is intentionally lenient due to the varying circumstances registrants may be facing when leaving practice, and the unfeasibility in attempting to enforce a three-month timeline as a one size fits all requirement.

Registrants are expected to use their best judgement and provide as much notice as possible to patients prior to leaving practice. They should also consider their most vulnerable patients, such as those with complex health problems or challenges with accessing care, and ensure that these individuals are supported by other resources in their communities as necessary.

The standard also advises registrants to let patients know the name of the individual who is taking over the practice, whether or not there are partners or associates in the practice who are accepting new patients, or whether there are other professionals in the community who are accepting new patients. We recognize that this is becoming more challenging and can only emphasize the importance of open and honest communication with patients about ways they can access care after they have left, including attending walk-in clinics or urgent and primary care centres.

Tapering your practice



Specialists should not accept patients in consultation if they do not expect to be able to complete their treatment. Similarly, registrants should not order diagnostics if they will not be available to receive and deal with the results. Registrants who cannot find a colleague to follow up on test results may choose to close their office practice but maintain their licence for a period of time to review the results and refer patients as needed. Registrants who know when they intend to leave practice may also choose not to order tests they cannot follow up on, but instead redirect patients to another provider to seek care for conditions that cannot be appropriately managed during the time remaining.

Medical records

Registrants must plan for either retention or transfer of patient medical records, as described in the *Leaving Practice* standard, and are further advised to refer to the *Medical Records Management* standard for detailed information about providing enduring access to medical records, as well as the transfer, retention, and destruction of medical records.

Contingency planning

The above expectations address circumstances where leaving practice is known in advance. Registrants are also advised to have a plan in place for emergency situations when they are abruptly unable to continue managing their practice and providing care to their patients. Read more about contingency planning in this *College Connector* article.

Resources

- [Leaving Practice practice standard](#)
- [Medical Records Management practice standard](#)
- [Online course on leaving practice](#) (takes 5-10 minutes to complete)
- [Registrant support coaching](#)

Heidi M. Oetter, MD

Registrar and CEO

Comments on this or any other article published in the College Connector can be submitted to the



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New and revised interim guidance on treatments



The College recently updated its [Ketamine Administration via Intramuscular, Oral, Sublingual, and Intranasal Routes as Treatment for Mental Health Conditions and Chronic Pain in the Community Setting](#) interim guidance and published [Repetitive Transcranial Magnetic Stimulation \(rTMS\)](#) interim guidance.

What is interim guidance?

Interim guidance sets out or clarifies the College's position on an emerging issue. It is intended as guidance for registrants in areas where research and current practice are changing rapidly, the implementation of processes and procedures may be uncertain, and it is necessary to communicate the College's stance on an issue before a practice standard or guideline is developed.

[Ketamine Administration via Intramuscular, Oral, Sublingual, and Intranasal Routes as Treatment for Mental Health Conditions and Chronic Pain in the Community Setting](#)

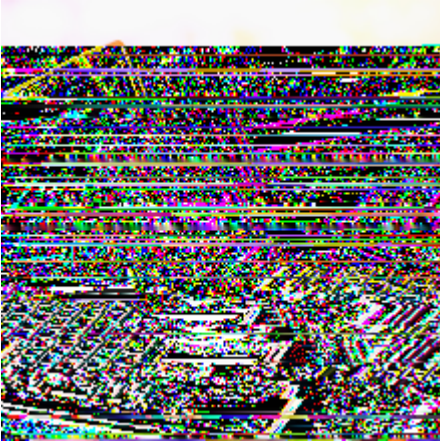
The [Ketamine Administration via Intramuscular, Oral, Sublingual, and Intranasal Routes as Treatment for Mental Health Conditions and Chronic Pain in the Community Setting](#) interim guidance was revised to highlight

College's expectation that registrants:

- ensure that informed consent is obtained from the patient [Consent to Treatment](#) practice standard,
- must only recommend treatment when it is justified by the patient's condition



Introducing the National Registry of



In October 2022, the Government of Canada under the Sectoral Workforce approved a funding request that will enable the Medical Council of Canada National Registry of Physicians (NRP).

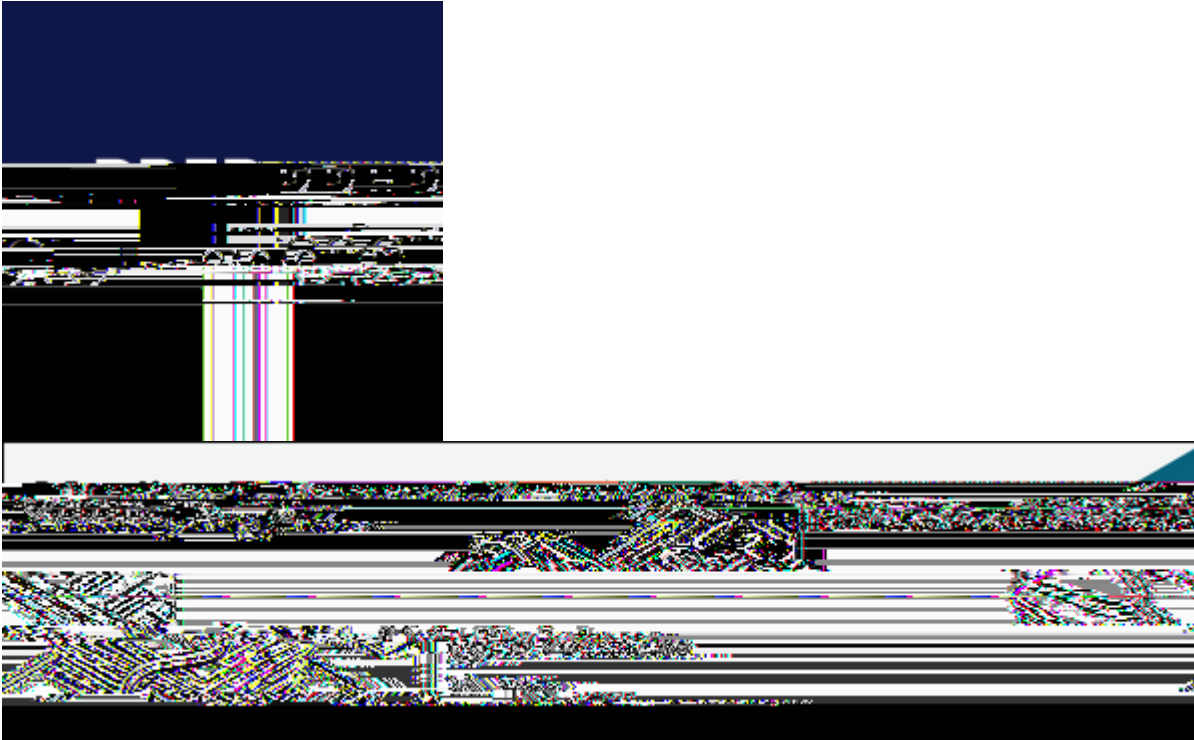
This initiative received support from 12 provincial and territorial Medical (MRAs), and the funding was officially announced on March 15, 2023. Since received positive feedback from the medical community and inquiries about aligns with the overall discussion on national or portable licensure.

Read the [MCC's full statement](#)

More updates will be provided as the initiative progresses. The anticipated March 2024.



Now available: Medical Record Keeping course



The College is pleased to announce the [online course for registrants](#)

Medical Record Keeping 101 provides registrants with the fundamental legal requirements of medical record keeping with a review of College practice and MSC regulations.

Upon completion of this course, registrants will be able to:

- Recognize that good medical record keeping is key to providing quality continuity of care.
- Summarize the legal and financial consequences of poor medical records.
- Follow the Canadian Medical Protective Association's advice for medical records.
- Summarize the Medical Services Commission's (MSC) expectations for medical records and what to expect from an MSC audit.

The course is hosted on an online learning platform and can be completed on any device. To take the course, registrants will be required to create an account, provide an email address, and setting a password. Note: For privacy reasons, the online learning platform is integrated with College CPSIDs or passwords used for the College website.

After completing the course, registrants will be asked to complete a brief survey on the development of future online courses.

Other online courses

On the [online learning platform](#) there are also three courses intended to assist registrants in applying practice standards and professional guidelines.

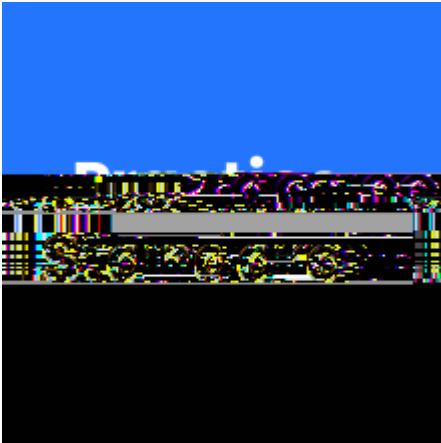
Course times

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Future course development

The College is planning to transition more of its existing educational work into online courses in order to broaden reach across the province and to provide flexibility.

Medical assistance in dying update o



As of March 17, 2024, the temporary exclusion of eligibility for medical assistance in dying where a person's sole medical condition is a mental illness (Bill C-39) will be repealed. This means that persons suffering solely from a mental illness will be eligible for medical assistance in dying. In light of this upcoming change, the College is currently reviewing its practice standards and working with other health-care regulators to promote consistency.

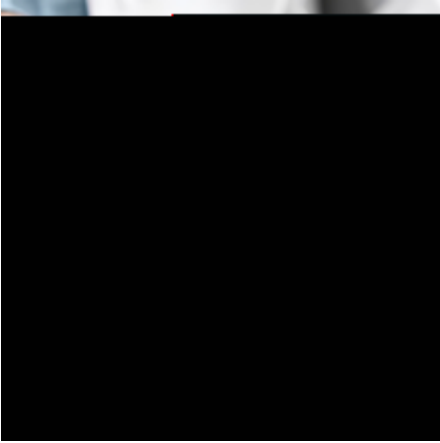
The College will be consulting with registrants on a revised draft of the practice standards in the coming months and will also be reviewing the results from Health Canada's Indigenous Perspectives on Medical Assistance in Dying, which aims to gather input from Indigenous Peoples on MAiD. This opportunity is currently open, with feedback due by November 17, 2023. More information on the engagement opportunity, including a list of questions, can be found on the Government of Canada's [Engagement on Indigenous Perspectives on Medical Assistance in Dying](#) website. Questions regarding the engagement opportunity can be directed to ieloc.sfva@hc-sc.gc.ca.

Registrants should also know that the [MAiD Curriculum](#) is available on the College's website.



standardized approach to care across the country and ensure access to hi
The curriculum was soft launched in late August 2023 and includes severa
program will launch before the end of 2023. CAMAP will make the modules
at no cost until 2026.

Registering community practice sites



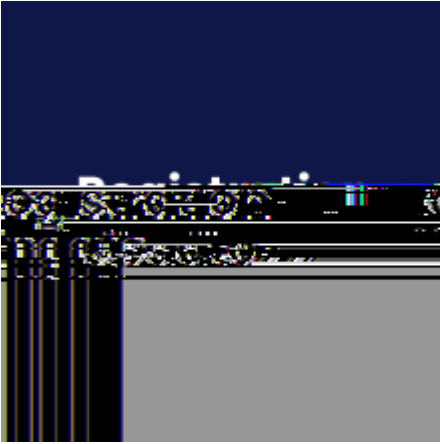
According to the Ministry of Health, there are still private community practices registered as a site in PRIME. All sites requiring PharmaNet access must have approval is also required before clinicians at a site can access PharmaNet.



- your clinic s registration is already submitted in PRIME
- you work for a health authority
- you are not currently using PharmaNet at your site

Please contact 1-844-397-7463 Support@govibyo.ca if you have questions or require information.

Seeking part-time assessors for associate physician accreditation assessments



The registration department is actively seeking registrants to serve as assessors for associate physician (AP) program accreditation assessments for both acute care and primary care settings.

The associate physician class of registration is intended to allow physicians with medical training acceptable to the College, who do not meet the criteria for independent medical practitioners, to work under supervision in team-based and community primary care settings to increase capacity and service delivery.

All AP programs are required to obtain accreditation from the College prior to practice for associate physicians. AP program accreditation assessors will conduct an assessment (four to eight hours), which consists of a thorough review of documents



- Contact the AP program liaisons to obtain the required materials/docu
program accreditation assessment;
- Review the AP program accreditation assessment materials/documenta
- Submit the AP program accreditation assessment report, along with an
materials obtained during the assessment, to the College within two w
assessment.

Registrants selected for this position must hold full licensure, be in good
and should possess a high-level knowledge of assessment best practices,

Interested candidates should submit a letter of application, with a re- resume
assessments@cpsbc.ca

Phone: 604-733-7758 ext. 2343

All correspondence will be held in strict confidence.



DAP successfully completes three external evaluations with ISQuaEEA



To ensure effective accreditation and improve public safety through assessment, the Diagnostic Accreditation Program (DAP) is committed to adhering to relevant international standards, including those published by the International Society for Quality Assurance in Health Care (ISQuaEEA). Over the past eight months, the DAP has completed three external evaluations with ISQuaEEA.

Desktop evaluations of accreditation standards and the standards developed by ISQuaEEA for DAP diagnostic imaging and DAP laboratory medicine were successfully completed in December 2022 and January 2023 respectively. The program's processes and accreditation standards were evaluated against the ISQuaEEA Guidelines and Principles for the Development of Health and Social Care Standards, and each evaluation required the submission of comprehensive sets of documentation, including the sets of accreditation standards. The resulting accreditation is recognized by the accredited standards seal in the footer of the DAP accreditation statement.

In April 2023, DAP hosted three international evaluators who performed an audit of the College's processes, systems and structures against the ISQA Guidelines and Requirements of the Standards for External Evaluation Organisations. This evaluation was scheduled for a week and included a review of the processes, records, staff, peer assessors, and quality management systems. The College's finance, information technology, governance, records and compliance systems, and procedures. Following this thorough evaluation, the DAP received its ISQA accreditation in June 2023.

The DAP continues to improve and strive for excellence by meeting and exceeding the ISQA practice standards. The repeated, successful evaluation to ISQA EEAv2e



New and updated DAP position statements available



The Diagnostic Accreditation Program (DAP) provides accreditation in a form manner based on established standards to ensure quality and safety of the maintained.

The standards are evidence-based, outcome-focused mandatory requirements that are aligned to the principles of quality. Due to complex or evolving processes sometimes require additional clarification on a particular issue.

This is communicated through position statements.

Position statements provide background information and express or clarify a particular matter. They serve as guidance in areas where

- events are evolving or changing rapidly,
- the implementation of processes and procedures may be premature, or



- it is timely to communicate the College's broad intent before or as policy is developed.

The following new position statements are now available on the College website:

- [Fetal Anatomy Ultrasound Assessments](#)
- [Physicians Performing X-ray Examinations](#)
- [The Use of Mobile X-ray Units as a Stationary Unit](#)
- [Procedure for Physicians Seeking Community-based DAP Accreditation](#)

Credentialing Requirements for Pulmonary Function Testing has been updated.

Indigenous people.

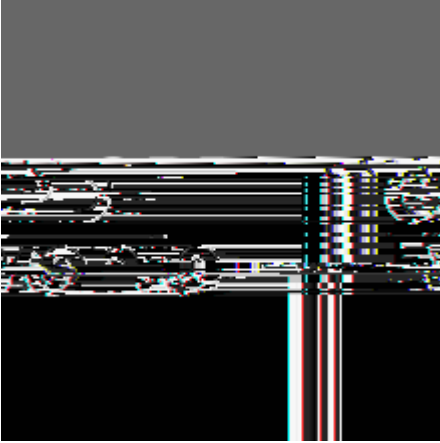
The core concepts include:

1. Self-reflective practice:

Apps quickly consult current evidence in DynaMed, BMJ Best Practice,



CPD events



Medical Record Keeping for Physicians

Wednesday, October 18, 2023

[Learn more](#)

Wednesday, November 8, 2023

[Learn more](#)

Wednesday, December 6, 2023

[Learn more](#)



Disciplinary actions

- [Choi, Michael](#) September 19, 2023