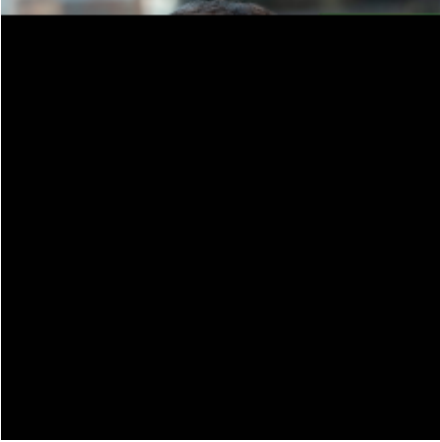




Registrar's message: restructuring the Practice Enhancement Program



Continuous quality improvement is one of the College's strategic pillars and we must constantly improve and evolve to respond to the changes we see in the profession. The College's Physician Practice Enhancement Program (PPEP) is a prime example of the College's commitment to continuous quality improvement and continues to evolve. Recent data has shown most registrants are performing well and may benefit from assessments that better fit their practice. As such, the program is restructuring to include three assessments: peer, self-directed and office.

The three assessments will apply to registrants who provide community-based services in offices or multi-physician clinics, or work as long- or short-term locums. Registrants will be invited to participate in assessments based on a combination of professional characteristics and practice context factors.

The peer assessment is conducted by an experienced peer assessor. It provides an opportunity for feedback, discussion and collaboration to identify areas for improvement.



Registrar and CEO

Comments on this or any other article published in the College Connector
communications and public affairs department at communications@cpsbc.ca



Case study: upholding Indigenous cultural safety in practice



Providing culturally safe care to Indigenous patients is an expected competency. Cases continue to emerge, showing that stereotypes rooted in colonization, neglect, misdiagnosis and even death of Indigenous persons persist.

A panel of the Inquiry Committee recently concluded a case where a registrant's expectations [Indigenous Cultural Safety, Cultural Humility, and Anti-racism](#) practice standard.

Case study

An Indigenous woman with suicidal ideation was taken by ambulance to the rural hospital late at night. The patient was alone, displayed signs of mild distress, had a history of previous suicide attempts. The patient denied consuming alcohol, having an imminent plan of suicide.

Following the assessment, the registrant determined the patient was well enough to be discharged but offered her the option of spending the night at the hospital. The patient



Case resolution

Following an investigation, the panel of the Inquiry Committee concluded the following recommendations related to several aspects of the registrant's involvement:

First, the committee felt that the registrant did not follow up on how the patient got home, as there were no documented efforts by any staff to contact family members. While the patient's autonomy was respected, as she chose to leave hospital, there should have been more efforts made to ensure she got home safely. Registrants must recognize the disproportionate impact of violence on Indigenous women and girls. There was a potential risk to the patient's safety of the night. It is important that cultural safety is at the forefront of all care, including discharge planning.

This case also illustrates the importance of thoughtful and culturally safe communication to try to bridge the gap when a clinical encounter is being hampered by the registrant's differing perspectives. Registrants are reminded that cultural safety is a need to acknowledge that while they may be generally well-equipped to provide



New interim guidance on artificial intelligence



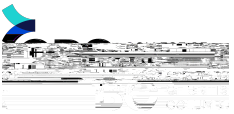
Background

Artificial intelligence (AI) has demonstrated the capability to support health care across multiple elements of patient care such as diagnosis, creating treatment plans, and patient communications. However, its use requires careful consideration to maintain patient safety and well-being.

The College has been receiving inquiries from both registrants and key health care providers regarding the appropriate use of AI in medicine. As AI is new and evolving, and has the potential to impact patient safety, there was a clear need for the College to provide expectations to registrants. [Ethical Principles for Artificial Intelligence in Medicine](#) interim guidance was developed.

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 rapidly changing, the implementation of processes and procedures may be uncertain, or to communicate the College's stance on an issue.



The core principles

The Ethical Principles for Artificial Intelligence in Medicine interim guidance was developed following a review of the literature and a jurisdictional scan. Based on the research, the guidance encompasses the following key components:

- Privacy, confidentiality, and security Registrants are expected to ensure that patient privacy and confidentiality are maintained when using AI.
- Accuracy and reliability Responsibility for decisions made about patient care rests with the registrant.
- Transparency Registrants using AI must be transparent about the extent to which they are relying on such tools to make clinical decisions and must be able to explain how these tools work and what their limitations are.
- Interpretability When used in medicine, registrants must be capable of interpreting the appropriateness of a result reached and exercising clinical judgement.
- Bias Registrants must be mindful of the inherent bias in AI and critically analyze the output or recommendations through an equity, diversity, and inclusion (EDI) lens.
- Monitoring and oversight Registrants must monitor the use of AI in patient care to ensure it is used appropriately and effectively.

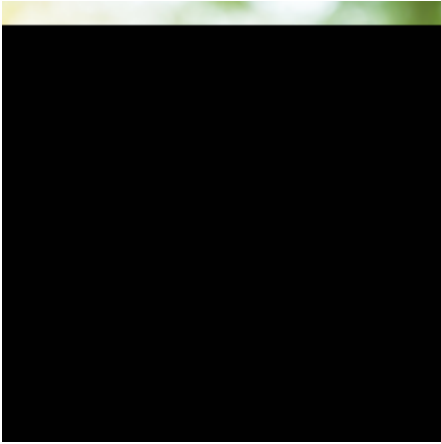
Registrants are reminded to use their professional judgment when determining when to integrate AI into their practice. As with any new technology, it is important to weigh the benefits against the risks and to carefully evaluate the impacts it may have.

The College will continue to monitor developments in this field and update the guidance as information becomes available.

Questions about this document can be directed to communications@cpsbc.ca



Introducing the Environmental and Sustainability Committee



The College recognizes the impact the health-care sector has on sustainability. According to [World Health Organization](#), climate change related impacts on nature, health are expected to cause approximately 250,000 additional health-related deaths between 2030 to 2050. [Studies also show](#) that Canada's health-care system contributes to 10% of national greenhouse gas emissions, which is more than the aviation industry.

To address such impacts, the College has established an ad-hoc advisory Environmental and Sustainability Committee (ESC), which reports to the Board. Through the ESC, the College has the opportunity to work within the broader health system in its regulatory role.

- Identify key environmental and sustainability challenges, opportunities and solutions related to the College's operations.
- Contribute ideas and perspectives to inform the development and implementation of environmental and sustainability initiatives.



- Support College departments and programs identify and meet their environmental sustainability goals and targets.
- Monitor and evaluate the effectiveness of ESC activities and recommend improvement.

As a starting point, the ESC will implement an 18-month roadmap to support its sustainability position, setting clear environmental commitments and taking steps to meet those targets. Committee members two Board members and representatives from all departments will participate in a facilitated workshop in June to identify the sustainability impacts of the College's operations and prioritize sustainability initiatives.

Progress of the ESC will be shared on the College website.

aligned with College expectations set out in practice standards and profes

Example of situations that registrants have brought to a coaching appointm

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New and updated DAP position statements available



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

The standards are evidence-based and outcome-focused mandatory requirements practices that are aligned with the principles of quality. Due to complex standards sometimes require additional clarification on a particular issue through position statements.

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

- events are evolving or changing rapidly,
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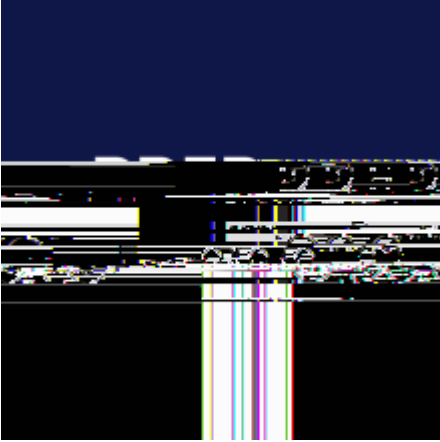


- it is timely to communicate the College's broad intent before or as policies are developed.

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

- [Credentialing Requirements for Polysomnography \(Level 1\)](#) (new)
- [Dynamic Elastography Services](#) (new)
- [Credentialing Requirements for Home Sleep Apnea Testing](#) (updated)

Copy-pasting in medical records can inaccuracies



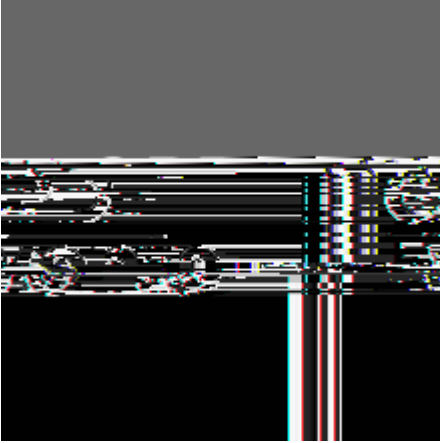
Assessors conducting peer assessments for the Physician Practice Enhancement have seen an increasing number of registrants copying and pasting patient



- Data accuracy and integrity rate or outdated information perpetuated in record may impact patient care and treatment decisions. Copy-pasting original content but rather supplement it.
- Documentation duplicated or similar notes across multiple patient customization for the individual patient may produce errors. Every patient own distinctions and should be checked for accuracy. Conducting audits will improve documentation, detect errors and reduce patient risk.
- Audit trails Copy-pasting can impact EMR audit trails and make it difficult to find specific information.



CPD events



Medical Record Keeping for Physicians

Wednesday, September 4, 2024

[Learn more](#)

Wednesday, October 9, 2024

[Learn more](#)

Wednesday, November 6, 2024

[Learn more](#)