Finance and Audit Committee

The scope of the Finance and Audit Committee is set out in section 1-14 of the Bylaws made under the

Registration Committee

The scope of the Registration Committee is set out in section 1-15 of the Bylaws made under the Health Professions Act, RSBC 1996, c.183.

The College Bylaws recognize general/family practice international medical graduates (IMGs) who have not completed jurisdictionally approved and accredited postgraduate training as recognized by the College of Family Physicians of Canada (currently only those IMGs from the United States of America, United Kingdom, Ireland and Australia are so reciprocally recognized), as eligible for provisional registration if they have undergone an assessment of competency (practice ready assessment or PRA) in a Canadian jurisdiction acceptable to the Registration Committee.

British Columbia currently is in the fifth year of the Practice Ready Assessment-British Columbia (PRA-BC) program which is governed by a steering committee made up of representatives from the Physician Services Strategic Advisory Committee, the University of British Columbia, the College of Physicians and Surgeons of British Columbia, the BC Ministry of Health and its health authorities, Doctors of BC, and Health Match BC. The PRA-BC program was developed between 2012 and 2014 to create an acceptable entry-to-practice competency assessment program for general practitioners wanting to practise in British Columbia. The program consists of four components: a screening and selection process; point-in-time orientation and examination phase; a clinical field assessment; and an application for provisional registration and licensure from the College for successful program candidates. The clinical field assessment is 12 weeks in duration in a group general/family practice setting in BC. The first iteration of the PRA-BC program commenced in April 2015. To date, 112 of 115 candidates are now engaged in the independent practice of medicine as family practitioners under sponsorship and supervision. In the next year, there will be 60 candidates that go through the PRA-BC program.

Work continues on updating and developing policies that support the implementation of College Bylaws made pursuant to the Health Professions Act. Policy development and implementation has focused on defining parameters around current registration and licensure requirements for the various classes of registration and reviewing and updating the current registration assessment program. Additionally, all current policies will be published on the College website in 2019/20.

The College continues to work with the Federation of Medical Regulatory Authorities of Canada (FMRAC) to align registration policies and procedures with other colleges throughout Canada. As part of this work the College is working with several other Canadian jurisdictions on telemedicine, pan-Canadian licensure and portability of a licence for those physicians that meet specific criteria agreed upon by participating jurisdictions.

The College continues to work with the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada and the Medical Council of Canada to ensure current policies, procedures and bylaws of all parties are in alignment.

- 246 IMGs applied for registration in BC
- 26 PRA program-related applications for eligibility were reviewed by the committee
- 137 IMGs previously on the provisional register were advanced to the full class
- 7 GPs completed a registration assessment and were moved to the full class

M.D. Carter, MD, FRCSC
Chair, Registration Committee

For more information regarding this report, please contact:

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Executive Director, Registration

T. O'Brien, MBA
Manager, Registration

Inquiry Committee

The scope of the Inquiry Committee is set out in section 1-16 of the Bylaws made under the Health Professions Act, RSBC 1996, c.183 and the HPA itself.

The Inquiry Committee performs three regulatory functions central to the mandate of the College:

1. Investigation of complaints and reports concerning College registrants, received from a variety of sources.
2. Practice investigations initiated by the Inquiry Committee on its own motion.
3. Oversight when a physical or mental health disorder may impair the ability of the physician to practice safely and effectively. In such circumstances, if the physician is appropriately engaged and compliant with treatment to the satisfaction of the health monitoring department, the Inquiry Committee is not required to take further action.

This past year, 28 Inquiry Committee members (17 physicians and 11 public members) were divided amongst five specialized panels. The total number of complaints and reports received is remarkably constant in proportion to the number of registrants—roughly one per 12 actively practising physicians. The net number of practitioners is increasing; so too is the number of complaints. Including files for own-motion practice investigations, the Inquiry Committee opened 1068 investigations in 2018/19 (compared to 1012 the year before). Of 860 concluded, for 322 (37%) the Inquiry Committee was critical of some aspect of the conduct or clinical performance of the subject physician(s). All but five of those were resolved remedially with one or more of the options described below.

Concerns brought to the attention of the College are initially triaged and categorized as primarily matters of clinical performance, physician conduct, boundary violations (which may include sexual misconduct or a variety of other breaches such as inappropriate business or financial entanglement, self-disclosure or dual relationships), and fitness to practise issues. Statistics for 2018/19 are tabulated in this report.

The Inquiry Committee is specifically tasked in the HPA with establishing review procedures that are transparent, objective, impartial, and fair. Following a thorough investigation, the Inquiry Committee must determine whether the available evidence forms an adequate basis for criticism of the registrant. Given that most complainants are not medically trained, sometimes the investigation identifies unacceptable conduct or deficient clinical performance that the complainant was unaware of or unable to recognize or articulate. When the Inquiry Committee concludes a review with criticism, the HPA provides three options for resolution, depending on the seriousness of the concern. In ascending order of seriousness:

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standard. Physicians, medical trainees and members of the public are encouraged to view it.

Criminal code amendments permitting medical assistance in dying (MAiD) made Canada one of a very small number of jurisdictions in the world permitting patients control over the timing and manner of their dying in specified circumstances. College registrants have responded to patient requests within the legal framework and College standard very well. Complaints have largely been limited to deficiencies in the provision of documentation and, occasionally, expressed annoyance when responding to requests for clarification from the Provincial MAiD Oversight Unit. The Inquiry Committee recognizes that physicians are challenged by the large number of forms and reports required of them, but reminds registrants that MAiD is unique among clinical activities for being governed by provisions in the Criminal Code. MAiD forms must be completed in strict accordance with protocols and queries from MAiD Oversight Unit staff addressed promptly and respectfully.

Expressed anger in the course of medical practice may be considered unprofessional conduct. The Inquiry Committee receives complaints from pharmacists, nurses, staff of health authority and Ministry of Health programs, physicians, office staff and others alleging verbal abuse by College registrants. Remedial interviews, educational interventions focusing on professionalism and communication, and formal reprimands are typical outcomes.

Finally, the Inquiry Committee continues to receive complaints about breaches in the Telemedicine standard. In 2018/19, the most common was from other jurisdictions in circumstances where BC physicians have provided telemedicine services to patients located outside the province in contravention of rules that apply where the patient is located. The legal framework for telemedicine varies widely. The College expects registrants to be familiar and comply with laws in effect where their patients reside and will investigate on receipt of complaints from other regulators.

Public protection is the sole mandate of the College. Accordingly, safe prescribing of opioids and sedatives remains an abiding concern. The practice standard Safe Prescribing of Opioids and Sedatives has been regularly updated and revised. Physicians are encouraged to review it. Emerging themes in complaints include access to care for unattached patients already receiving long-term opioids (expectations are summarized in this article in the College Connector), approaching desirable dose reductions in a process of shared decision-making with patients, recognizing the emergence of opioid-use disorders affecting chronic pain patients and referring proactively (a missed OUD diagnosis can be fatal), and ensuring that long-term opioid patients are not abandoned when the physician retires or leaves practice for other reasons. The Inquiry Committee receives many prescribing complaints, alleging practices that are too liberal or too restrictive in roughly equal numbers. As in other areas of practice, whether the investigation concludes with criticism of the physician will depend on whether the patient record contains a well-documented, defensible rationale for the care provided.

The Inquiry Committee recognizes prescribing of potentially addictive medications as one of the most challenging aspects of clinical practice. Accordingly, the approach to deficient performance is invariably remedial. The College has not disciplined a physician for prescribing unsafely in over 25 years. The expectation is engagement in practice improvement. Physicians want to prescribe safely and work hard to improve their practices when the Inquiry Committee becomes involved.

Failure to perform and document clinically-indicated physical examinations and/or investigations in circumstances that mandate them are common sources of complaints. This past year the Inquiry Committee has been critical of physicians for not performing breast examinations when patients reported palpable lumps and vaginal examinations for bleeding and other symptoms. A complaint of rectal bleeding or hematuria requires investigation in every instance—failure to do so will trigger College intervention, usually including an investigation of competence.

Finally, documenting an adequate consent discussion prior to procedures that mandate explicit consent is a recurring point of criticism. Physicians are encouraged to review the best practice advice of the CMPA on documenting consent. A general statement to the effect that "risks, benefits and alternatives were discussed" is inadequate. Specified material risks must be disclosed to the patient and listed in the record.

Again in 2018/19, most sexual boundary complaints reviewed by the Inquiry Committee were determined tatBT9 0 0 9 (om3r (en-U)10C /Spa

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H.M. Oetter, MD
Registrar and CEO

S. Prins, MEd
Director, Communications and Public Affairs

improvements, POMDRA streamlined the assessment process to enable MDR assessors to conduct on-site assessments earlier with more custom feedback.

Prescription Review Panel

The scope of the Prescription Review Panel of the Quality Assurance Committee is set out in section 9-2 of the Bylaws made under the Health Professions Act, RSBC 1996, c.183.

The Prescription Review Panel gives oversight to the Prescription Review Program (PRP). Under the College Bylaws, its main responsibilities include:

- reviewing the prescribing of controlled medications with potential for harm, such as opioids, benzodiazepines, sedatives/hypnotics and stimulants
- providing guidance to registrants on the use of these drugs by:
    - corresponding with physicians
    - facilitating self-reflection on prescribing practices through an examination of select patient records
    - holding face-to-face or phone interviews with registrants
    - assigning readings
    - providing relevant educational offerings

The PRP is a quality assurance program, informed by the PharmaNet database. Its approach to prescribing issues is collegial and emphasizes an educational focus. When the College contacts physicians who appear to be experiencing challenges with safe prescribing, it is an offer to be helpful. Most find maintaining the status quo challenging, and are grateful for the intervention. In keeping with the educational spirit of these endeavors, these activities qualify for Mainpro-M1 credits in the practice audit category.

In addition to correspondence and self-reflection, the PRP recommends formal education in the form of the Prescribers Course. The Prescribers Course assists physicians with strategies for managing complex chronic pain patients taking opioids. Half of the day is spent in practice interviews with standardized patients. The Prescription Review Panel continues to recommend attending this course for registrants that struggle with safe prescribing despite the interventions of the PRP.

A survey is sent to each physician who has completed any stage of the PRP process. The process and the proceedings of the Prescription Review Panel have evolved continuously based on this feedback.

The panel is motivated by the public health crisis associated with the dramatic increase in long-term opioid prescribing in the past decade. Prescription opioid misuse is a contributor to the development of the opioid crisis. Accordingly, the panel gives emphasis to promoting primary prevention through:

- Careful patient selection—a history of addiction and/or mental illness is a strong relative contraindication to long term opioid prescribing.
- An approach that includes firmly declining to prescribe new combinations of opioids with benzodiazepines and/or sedative hypnotics. There is an expectation that physicians advise their patients of the dangers of combining these medications. Efforts are then needed to address the associated health risks.
- Engaging patients in long-term solutions for their health concerns rather than simply refusing to treat them or abruptly stopping pharmacotherapy.

There has been a natural trend in BC towards better prescribing. Now, though, with a heightened focus on addiction medicine and opioid agonist treatment, the panel anticipates that irregular or problematic prescribing in this realm will be an upcoming challenge that will need to be addressed by both the PRP and the Prescription Review Panel.

- 264 referrals received and processed
    - 53 referrals resulted in a program medical consultant writing a letter, email or scheduling a phone call with physician
    - 61 files were entered into the formal process: 80% had not had a previous engagement with the PRP
- 136 files closed; 86% closed for an improvement in prescribing
- Average lifespan of a file was 22 months (down from 26 months in previous year)
- 137 files currently open, in various stages
- Well-attended educational offerings:
    - Sponsorship of the Foundation for Medical Excellence Chronic Pain Management Conference – March 1 to 2, 2019
    - Prescribers Course offered on-site in May and September with 18 and 34 participants respectively

- 33 files were brought to panel in 2018/19
- Outcomes from panel:
    - 7 files were referred to the Inquiry Committee
    - 7 files were referred for a first interview (physician and medical consultant), two for a second interview (physician with legal counsel present)
    - 6 files were referred to an educational course
    - 2 files were requested to submit an action plan
    - 7 files were closed
    - 4 files were brought forward to the next meeting for further review

B.A. Fleming, MD, FRCPC
Chair, Prescription Review Panel

For more information regarding this report, please contact:

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Deputy Registrar, Health Monitoring and Drug Programs

M. Horton, MPH
Manager, Drug Programs

Non-Hospital Medical and Surgical Facilities Accreditation Program Committee

The scope of the Non-Hospital Medical and Surgical Facilities Accreditation Program Committee is set out in section 5-1 of the Bylaws made under the Health Professions Act, RSBC 1996, c.183.

As legislated by the Ministry of Health, the Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) currently accredits 53 private surgical facilities within BC. Program accreditation is recognized as a standard that demonstrates a facility's 10 (a 0 (s)1i(ogniz)l)10 (F)10 ƀDC BT9at.183.i.407 TmBT11 ee is set out

The NHMSFAP witnessed the following activity:

- 1 new private medical/surgical facilities opened
- 5 private medical/surgical facilities closed
- 53 private medical/surgical facilities were operating in BC
- 13 private medical/surgical facilities were accredited as part of their four-year accreditation cycle or focused visit, of which:
    - 9 were granted a four-year full accreditation
    - 4 were granted accreditation subject to a report

With respect to procedures performed by facilities, the NHMSFAP reports the following:

- 70,831 procedures were performed in private medical/surgical facilities across the province (including laser refractive procedures)
- 43% of procedures performed (excluding laser refractive procedures) were publicly funded cases (e.g. MSP or health authority)
- 4% of procedures (excluding laser refractive procedures) were contracted by a third party (e.g. WorkSafe BC, ICBC, federal government)
- 696 physicians were authorized by the College to provide medical services in one or more private medical/surgical facilities

B.C. Bell
Chair, Non-Hospital Medical and Surgical Facilities Accreditation Program Committee

For more information regarding this report, please contact:

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Deputy Registrar

J.D. Agnew, PhD, MBA
Director, Accreditation Programs

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Library Committee

The mission of the library is to provide physicians in British Columbia with easily accessible, high-quality, reliable, and current clinical information to protect the public.

In support of the library's mission and 2017–2020 strategic priorities, the Library Committee and library staff were engaged in the following activities:

Article delivery, literature searches, teaching, provision of electronic resources, and outreach are the core activities of the library.

- Regarding provision of published documents, over 50,000 articles were downloaded by staff and registrants. A key source of these articles were the library's subscriptions to over 6000 e-journals. Licensing for e-journal access was arranged either directly between the library and the journal vendors or through the library's membership with the Electronic Health Library of BC library consortium.
- Registrants posed 1,267 requests for literature searches in 2018/19. College librarians searched Medline and other health databases dependent upon the nature of each query. An internal peer review process is used to ensure best practices in literature search strategy development.
- The library offers online resources relevant to a wide breadth of medical specialties. DynaMed Plus was a significant new acquisition, a point of care tool reported to be equivalent in quality to UpToDate and BMJ Best Practice. The library's electronic book collection continued to grow and showed a 2.5-fold increase in usage compared to 2017. An example of current, timely ebook content was the 2019 edition of Decker: Pain Management, available through the online catalogue.
- Librarians contacted 237 registrants at 23 outreach events in the form of College-organized courses, medical conferences, and one-to-one literature search training. This was fewer than 2017 due to several factors including a temporary hiatus for the Finding Medical Evidence workshop that was revamped in 2018 to include reflective learning components and to offer more CPD credits. The new course, FAST EVIDENCE, will launch in 2019.

Providing ease of access to high-quality electronic information resources is a high priority.

- A technical solution has been developed to integrate library resources into electronic medical record (EMR) systems with a simplified approach to single sign-on authentication. Discussions with a selected EMR provider launched with a review of the single sign-on prototype.
- An app developer was engaged to create an app to make mobile access to library resources simpler and more direct. After considerable effort, a serviceable app could not be delivered due to the unique resources in the library's electronic collection. Other opportunities to develop an app will be investigated.
- A pilot project concluded in mid-2018 designed to engage key knowledge leaders (physicians identified by other physicians as influential) with the library's literature search service. Emailed invitations to submit literature search requests resulted in one registrant replying with search requests for every 40 invitations to the key knowledge leaders. The project then expanded to all registrants beginning in late 2018, starting with 1000 physicians per month being invited to submit a literature search request. This resulted in approximately one in 63 registrants replying to each emailed invitation. This promotion plan will continue on a monthly basis such that all registrants will be contacted once per year.
- An email-based promotion of web resources to all registrants highlighted specialty-specific library online content. Use of selected resources identified in the emails (drug information, patient education, and clinical knowledge resources on the library's website) increased by 14 per cent in the month following the delivery of the emails.

Individual physicians served (excluding self-serve through the website)	1,865
Total contacts between staff and registrants	11,373
Literature search requests	1,267
Articles delivered	51,906
Ebook chapters viewed	25,988

B. Penner, QC
Chair, Library Committee

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