



College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons



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The *College Connector* is sent to every current registrant of the College. Decisions of the College on matters of standards and guidelines are contained in this publication. Questions or comments about this publication should be directed to communications@cpsbc.ca.



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Registrar's message: registrants sharing patient records must have a formal data-sharing agreement



The College continues to receive numerous calls from distressed registrants inquiring about ownership of patient records. The context is usually a difficult transition: for example, one or more physicians relocating to another clinic, or the abrupt loss of a colleague due to illness. In these circumstances, it is not a good time for sorting out responsibility for and access to patient records. Such matters must be agreed to in advance and formalized in contracts signed off by every registrant who makes entries into shared records.

The College practice standard [Medical Records, Data Stewardship and Confidentiality of Personal Health Information](#) is very clear:

In all situations where a registrant is creating medical records in a group or shared medical record environment, a data-sharing agreement must be in place which addresses how issues of ownership, custody and enduring access by individual registrants and patients will be addressed, including following relocation, retirement or death of the registrants. Where a registrant creating a medical record is not the owner of the clinic and/or of the electronic medical record (EMR) licence, issues of custody, confidentiality and enduring access by individual registrants and patients must be documented in a formal contract with the owners and/or EMR service providers.

College standards have the force of law under the *Health Professions Act*, RSBC 1996, c.183. Based on the number of callers who advise that there are no such contracts in place in their practices, it appears that a very large number of College registrants are in breach of the standard. I urge all of you to take steps to ensure that you and your colleagues come into compliance without delay.

The CMPA provides similar direction in an article "[Who has custody of medical records, and who can they be shared with?](#)"

Clarity over control and stewardship of information in a shared practice arrangement can be achieved by entering into a Data Sharing Agreement or Inter-Physician Agreement. The CMPA's [Electronic Records Handbook \[PDF\]](#) includes data sharing principles for EMR/EHR agreements as well as a template agreement that can be used as the basis for developing a data sharing contract with another party (such as hospital, health region, or service provider) or with other physicians.

The Divisions of Family Practice (General Practice Services Committee) have posted sample contractual terms on their website: [Medical Records – Issues and Guidelines](#). They recommend consultation with a lawyer as does the College.

When disputes arise in the absence of a contractual agreement, registrants must resolve their issues collaboratively, and with no impact to patients. Access to records required to inform the care of a patient must never be impeded. In the event of a patient complaint, registrants practising without a data-sharing agreement, clinic owners and medical directors may anticipate criticism. Registrants should consider declining to work in clinics where a data-sharing agreement is not in place. The College standard advises registrants already engaged in patient care in such a setting to seek the advice of a lawyer, if need be, to ensure the issues are fully addressed.

Heidi M. Oetter, MD
Registrar and CEO

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

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New *Intravenous Therapy in the Community Setting* practice standard published

Practice Standard

Following a recent consultation with registrants and key stakeholders, the [Intravenous Therapy in the Community Setting](#) practice standard has been published to the College website. The College recognizes that intravenous (IV) therapy provided in the community can be highly beneficial to both patients and the health-care system at large, such as by preventing hospital admissions and facilitating early discharge. However, providing IV therapy in the community setting requires effective oversight, clear policies, and appropriately trained health professionals to ensure safe and competent care.

A new *Intravenous Therapy in the Community Setting* practice standard was drafted to outline the College's expectations of registrants who provide IV therapy in a community setting (i.e. a registrant-run office that is not affiliated with a hospital, health authority or is an accredited private medical or surgical facility).

The College sought input on the draft practice standard by consulting with registrants and key health partners such as other BC health regulators, the Ministry of Health, and the Physician Medical Services Executive Council. This consultation ran from June 8 to 26, 2020. A total of 170 registrants shared their views on the clarity of the draft practice standard, and whether they identified any potential gaps or unintended implications when applying the standard to practice. The feedback gathered led to several further amendments, such as the inclusion of clear examples of the types of IV therapy to which the practice standard applies.

The revised practice standard was endorsed by the Board then published to the College [website](#).

Registrants who choose to provide IV therapy in a community setting or direct another regulated health-care professional to do so, must be aware of and adhere to the requirements set out in the practice standard. This practice standard does not apply to complementary and alternative therapies.

The College thanks all those who participated in the consultation on the draft practice standard. Any questions regarding the revised *Intravenous Therapy in the Community Setting* standard can be directed to communications@cpsbc.ca.

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Timely, responsive palliative care is every registrant's responsibility

Inquiry Committee CASES

Patients, families, and College registrants have benefited enormously from the evolution and deployment of expertise in the care of patients at the end of life. In most BC communities, physicians, nurses, and others with a passion for this work now provide much of the care. When registrants meet with College staff, they invariably express appreciation for the palliative care services available to their patients. But human resources for palliative care teams across agencies and regions will vary over time. Gaps are inevitable. When they arise, other registrants

must step up.

In the course of investigating complaints and fielding calls from registrants and the public, the College has noted two kinds of recurring scenarios:

1. Near the end of life, a nurse, pharmacist, or family member contacts a physician seeking renewal of an analgesic or other medication in circumstances where a palliative care physician is not available or a member of a palliative care team (nurse or pharmacist) wishes to discuss a patient care issue with their family physician.
2. At an earlier stage, a consultative service seeks to discharge a stable patient back to primary care, including ongoing prescribing.

In such circumstances, registrants are expected to be prompt and accommodating in their responses. Ensuring that symptoms are effectively palliated is one of the most urgent obligations in medical practice, and, potentially, among the most gratifying. The College acknowledges that these calls may be disruptive. But, thanks to the quality of palliative services generally, they are infrequent. The caller is invariably in need of assistance that only the registrant can realistically provide.

Most registrants manage these situations very well. Those who fall short may have failed to return a call; directly (or, worse, indirectly through staff) declined to assist; or inappropriately invoked the College standard [Safe Prescribing of Opioids and Sedatives](#), which explicitly excludes cancer and palliative care.

Registrants working in walk-in settings are reminded that patients who attend repeatedly and consistently are considered to be attached at that location, and they should be familiar with other principles outlined in the College standard [Primary Care Provision in Walk-in, Urgent Care, and Multi-physician Clinics](#). Longitudinal primary care for such patients is a collective responsibility shared by all registrants working there. When the call comes in, a registrant must field it.

Registrants engaged in primary care, whether in a traditional relationship-based practice or a walk-in clinic, must be prepared to accept patients discharged from specialist services and assume responsibility for prescribing (reference: [Referral-Consultation Process](#)). Registrants must not refuse a patient because they are on long-term opioid therapy. That would be discrimination. Decisions to change ongoing therapy must be based on well-documented, comprehensive assessments, as described in an article in

the College Connector, Volume 5 | No. 3 | May/June 2017: [Patients with chronic pain need family physicians—it's unprofessional to turn them away.](#)

Registrants who believe that they have been unfairly treated by another College registrant or health professional should ensure that the patient and family are insulated from any dispute and provide the requested service without delay (most often a bridging prescription or an urgent consultation). If they wish, they can also access advice by contacting the College or the CMPA.

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Student electives suspended during COVID-19



In response to the ongoing global novel coronavirus pandemic, registration and licensure of visiting medical students and visiting podiatric students has been suspended by the College. This includes visiting independent medical students, visiting UBC medical students, and podiatric surgeon student electives. Without a licence issued by the College, medical students and podiatric surgeon students are prohibited from having clinical contact of any kind, this includes observing registrants and accessing patient records.

Currently these programs have been suspended through July 2021. Updates will be posted on the College website as further information becomes available. Visiting UBC medical students can access the [AFMC Student Portal](#) for information specific to this program.

Questions related to student electives can be directed to registration@cpsbc.ca.

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Ketamine and major depressive disorder

NHMSFAP
Update

Note: This article has been updated to include clarification on the College requirements for intranasal esketamine. The original published article can be found [here](#).

Ketamine is a dissociative anesthetic agent usually administered intravenously. It has been an emerging treatment for major depressive disorder.

Ketamine is capable of producing amnesia, analgesia, and all levels of sedation including general anesthesia though not anticipated in the doses used to treat depression, provided these doses are not exceeded. Regardless of the route of administration, it has a serious side effect and risk profile. It can cause significant hypertension requiring frequent monitoring of blood pressure and treatment if indicated. It may also cause serious dissociative effects that may require intervention. Due to its psychotogenic properties, it is susceptible to misuse and abuse, requiring careful inquiry into past history of drug use or addiction.

Intranasal esketamine (SPRAVATO®) has been approved for use in Canada following a Notice of Compliance from Health Canada. SPRAVATO® is indicated for use in combination with an oral antidepressant (that is either a SSRI or SNRI) for the treatment of major depressive disorder (MDD) in adults who have not responded adequately to at least two separate courses of treatment with different antidepressants, each of adequate dose and duration, in the current moderate to severe depressive episode.

Psychiatrists may prescribe SPRAVATO® to patients who meet the appropriate criteria in a community setting, as long as they have appropriate training and knowledge and are doing so in accordance with requirements set out by Health Canada and the SPRAVATO® [Canadian product monograph](#). In settings where there is limited availability of psychiatry specialist care, and complex TRD patients are managed by family practitioners in consultation with a psychiatrist, the family practitioner could provide treatment under the same requirements.

Pursuant to the Canadian product monograph, SPRAVATO® is only available through a controlled distribution program called the Janssen Journey™ Program. The goal of the Janssen Journey™ Program is to mitigate the risks of adverse outcomes related to sedation, dissociation, blood pressure changes, and the risk of misuse and abuse.

- SPRAVATO® can only be prescribed by a physician who is experienced and proficient in the management of major depressive disorder and enrolled in the Janssen Journey™ Program.
- Only pharmacists enrolled in the Janssen Journey™ Program can dispense SPRAVATO®.
- Physicians who prescribe SPRAVATO® and pharmacists who dispense SPRAVATO® must complete training on the risks of the product and agree to adhere to the requirements of the Janssen Journey™ Program.

- Prior to being prescribed SPRAVATO[®], patients must be enrolled in the Janssen Journey™ Program.
- Prescribers must ensure that the patients are informed of and understand the conditions of use and risks of treatment with SPRAVATO[®].
- SPRAVATO[®] can only be dispensed to sites of care where patients self-administer the product under the direct supervision of a health-care professional and are monitored by a health-care professional post-administration.

Parenteral administration of ketamine, including subcutaneous (SQ), intramuscular (IM), and intravenous (IV) as off-label use for depression and chronic pain management continue to only be permitted in accredited non-hospital facilities.

The College does not explicitly prohibit the off-label uses of medications including other formulations of ketamine as this may fall under research in approved clinical trials, evolving clinical practice and, occasionally, complementary and alternative medicine. The College does not take action against a physician unless the physician practises a therapy that departs from prevailing medical practice and it can be demonstrated that the therapy posed a greater risk to patient health or safety than did prevailing medical practice. It is always expected that patients be fully informed of the risks, benefits (and unknown nature of risks and benefits) of any off-label or non-conventional treatments and this is adequately documented in the consent process. Greater scrutiny must be applied when this involves pediatric patients.

Questions may be directed to Health Canada at hcinfo.infosc@canada.ca, or the Janssen Journey Program at 1-833-257-7191 or online at www.JanssenJourneyHCP.ca.

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Post-operative responsibility for managing patient concerns following surgery at a non-hospital facility

NHMSFAP
Update

Do patients know who to call for post-operative concerns? Registrants must provide clear instructions on how and when to contact them for post-operative issues.

Patient safety incident reviews: sharing learning

The following information and recommendations are being shared to assist facilities in their continuous quality improvement.

The Non-Hospital Medical and Surgical Facilities Accreditation Program Patient Safety Incident Review Panel has reviewed incidents where the inability to contact the most responsible physician was a contributory factor to the severity of the patient safety incident.

Registrants and facility staff are reminded of the College standard [Care Coverage Outside Regular Office Hours](#).

In addition, registrants must be available and provide contact information to patients following surgery at a non-hospital facility. If they personally are unavailable, they must arrange for coverage and provide a contact number.

Other than in an emergency, it is not acceptable to direct patients to the hospital ER as the first contact. It is always acceptable to direct patients with emergencies requiring immediate attention to call 9-1-1.

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PPEP is recruiting a part-time specialty-practice consultant medical advisor (psychiatry)

PPEP Update

The Physician Practice Enhancement Program (PPEP) is seeking a part-time specialty-practice consultant medical advisor (psychiatry).

Under the direction of the deputy registrar and the program director, the specialty-practice (psychiatry) medical advisor carries out the mandate of the PPEP: to provide expert review of program files and promote quality improvement in community-based physicians' medical practice. The PPEP medical advisor will review assessment reports, provide feedback, identify opportunities for improvement on various files, and engage in coaching sessions with registrants. The PPEP medical advisor will also provide feedback on program development and quality improvement and help guide future program direction.

The PPEP medical advisor will have exceptional oral, interpersonal communication skills, and an excellent command of written English. Previous experience in evaluating clinical performance and developing continuous improvement plans would be advantageous. The College is seeking efficient, responsive physicians who can work in a demanding environment, while maintaining quality and timeliness standards. The candidate must work collegially and interact effectively with College staff.

The successful candidate must hold a full, specialty practice (psychiatry), active-practice licence in good standing with the College of Physicians and Surgeons of British Columbia. Ideally, they will have previously undergone a PPEP assessment (preferred) and are able to commit one day per week to the program.

Interested candidates should submit a letter of application, with a resume, to the director, PPEP, by December 31, 2020 to:

- Confidential facsimile: 604-733-3503
- Email: peerassessments@cpsbc.ca

All correspondence will be held in strict confidence.

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The PPE Panel is recruiting a new member

PPEP Update

The Physician Practice Enhancement Program (PPEP) is seeking a family physician to join the Physician Practice Enhancement Panel (PPE Panel).

The role of the College and its authority and powers are set out in the *Health Professions Act*, RSBC 1996, c.183, the Regulations and the Bylaws made under the Act. Under the legislation, the College has committees made up of board members, medical professionals and public representatives who review issues and provide guidance and direction to the Board and the College staff, ensuring a well-balanced and equitable approach to regulation.

Committees of the Board are comprised of members who reflect the importance of diversity, gender equality, varied professional experience, and qualification.

The PPE Panel is a panel of the Quality Assurance Committee. Under the direction of the panel chair and deputy registrar, the panel member will provide expert opinion and adjudicate program files, promote quality improvement in community-based physicians' practices, identify opportunities to guide professional development, and provide opinion and guidance on program development.

The panel member is expected to contribute to the collective attributes of the panel, as established by the Board of the College, by ensuring:

- Accountability, honesty and integrity: Ability and willingness to take full responsibility for decisions and to follow through on commitments.
- Adaptability: Appreciation that, at times, plans need to change to meet changing circumstances and needs.
- Collaboration: Recognition that, in a complex system, what can emerge as a result of meaningful engagement and dialogue will be stronger than what is created in isolation.
- Respect: Ability to work with others effectively, appreciate differing perspectives and opinions, foster and promote, not impede and stifle, robust dialogue.
- Knowledge of and ability to apply and interpret quality improvement tools and principles: As our program continually strives to improve having knowledge of quality improvement is helpful.
- Understanding principles of adult education: The focus of PPEP is on improvement and remediation that involves adult education principles.

The College's [Committee Composition Matrix](#) lists all of the attributes of the PPE panel and its members.

The successful candidate must:

- hold a full, active practice licence in good standing with the College of Physicians and Surgeons of British Columbia
- be current in the practice of family medicine

- work collegially and communicate effectively with College staff, panel members and other registrants

The ideal candidate would also have:

- minimum of five years' experience practising in full-scope community-based family medicine
- Canadian Medical Protective Association (CMPA) coverage
- membership with the College of Family Physicians of Canada
- previously undergone a PPEP assessment (preferred)

Interested candidates should submit a letter of application, with a resume, to the director, PPEP, by December 31, 2020 to:

- Confidential facsimile: 604-733-3503
- Email: peerassessments@cpsbc.ca

All correspondence will be held in strict confidence.

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Library resources for podiatric surgeons

College LIBRARY

Podiatric surgeons licensed for independent practice have full access to the library's high-quality clinical information and services, such as:

- [literature searches by expert searchers](#)
 - receive as many literature updates as necessary to address all clinical queries and continuing learning
 - customized, regular searches on topics of ongoing interest can be designed

- up to 200 full-text articles from library staff each year free of charge
- one-on-one instruction from a librarian on finding clinical evidence efficiently; an online [group workshop](#) is planned for January 2021

Other College library resources are also prime sources of podiatric-relevant clinical information. These include:

- [Point-of-care and drug tools](#)
 - DynaMed and BMJ Best Practice provide medical guidance from diagnosis, treatment, and follow-up. For example, see [Orthopedic topics](#) in BMJ Best Practice and [Orthopedics and Sports Medicine topics](#) in DynaMed. Use online or download the apps.
 - Canadian drug and therapeutics information is available from [RxTx](#), which provides online access to the CPS (Compendium of Pharmaceuticals and Specialties) and Therapeutic Choices for pharmacological and non-pharmacological advice. Concurrent access is limited to 10 users.
- [High-impact journals](#) such as [The Foot](#), [Foot and Ankle Surgery](#), [The Journal of Foot and Ankle Surgery](#).
 - Over 6,000 journals are available [via the College website](#) or the [Read app](#), or contact the library to have new tables of contents of preferred journals emailed directly.
- Books
 - [Foot and ankle texts](#) and other [orthopedic texts](#) are available in print and online.
 - Print books are free to receive and return through the post.
- [Guidelines](#)
 - Canadian-specific clinical information is not always easy to locate. These Canadian practice guideline sources may be useful for podiatric practice:

- [BC Guidelines](#) including [Rheumatological and Musculoskeletal Systems guidelines](#)
- [CMA Infobase Orthopedic Surgery guidelines](#)

For more practice guidelines from non-Canadian sources, consider the following:

- [ECRI Guidelines Trust](#) (US): Free registration is required. Scan the “Podiatry” section or search “foot OR feet OR ankle* OR lower extremity.”
- [American College of Foot and Ankle Surgeons, Clinical Consensus Documents](#)
- [College of Podiatry \(UK\) Document Library](#)
- [Clinical practice guidelines using PubMed](#): Look for the teal CPSBC button to download copies of documents via the College library’s subscriptions.
- [The library staff can locate guidelines for you](#)

Journal reading may be used as continuing education credit for registration renewal by podiatric surgeons. The library can support this and other continuing education activities such as lecture and teaching preparation and research design and publication.

The library offers more resources at www.cpsbc.ca/library and all College registrants are welcome to reach out to the library staff with questions and requests through the online [Make a Request](#) form or by email at medlib@cpsbc.ca.

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CPD events postponed



All College-sponsored continuing professional development events are postponed until further notice.

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