

FOOT NOTES September 2018

The newsletter of the College of Podiatric Surgeons of British Columbia

The regulator of the profession of podiatric medicine and surgery in B.C.

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2018 BOARD ELECTION RESULTS

The ballots are counted, and the results of the 2018 Board election have been determined. Three registrants stood for the two open positions. **Drs Hiedi Postowski** and **Julie Yee** are elected. The Board sincerely thanks all three candidates for their interest in serving the College and the public. The new Board term begins at the close of the 2018 College AGM.

COLLEGE 2018 AGM

Sunday, Sept. 30, 2018

11:00 am - 1:00 pm

Whistler Ballroom A, River Rock Conference Centre
8811 River Rd, Richmond BC

A light lunch will be provided

***** See page 2 for important AGM news *****

NEW COLLEGE PERSONNEL

We are pleased to announce that Ms. Louise Crowe has joined the office as College Administrator. Louise brings years of experience in communications, management and acting registrar positions in health regulatory bodies. She will work closely with the Registrar in virtually every aspect of the College’s operations. Registrants will meet Louise in person at the Annual General Meeting on September 30, 2018 and at the celebratory dinner for the Board’s first Chair, Dr. David Brooks on Friday, September 28, 2018.

FOR YOUR INFORMATION

A current College organization chart is always available on the CPodSBC website at www.cpodsb.org

<p>COLLEGE BOARD</p> <p>Gavin Chalmers DPM Julie Yee DPM</p>	<p>Dana Alumbaugh DPM, A/Chair Hiedi Postowski DPM</p>	<p>Kenneth Stewart, Public Member Vacant, Public Member</p>
<p>STAFF</p>		
<p>Louise Crowe, College Administrator</p>	<p>Valerie Osborne JD, Registrar</p>	<p>Chris Ray, Bookkeeper</p>

IMPORTANT AGM NEWS

We are very pleased to announce that Dr. Heidi Oetter MD, Registrar of the College of Physicians & Surgeons of BC and possibly another senior representative of the CPS will attend our 2018 CPodSBC AGM. They will speak to the important issue of future possibilities for the regulation of podiatry in B.C.

(For more information see immediately below)

REGULATORY TRENDS AND PODIATRIC MEDICINE IN B.C.

A growing trend in the approach to professional regulation has implications for the regulation of podiatrists in B.C.

Modernized regulation involves features such as 1) reduction in the number of regulatory Colleges, inefficiencies, inconsistency of rule application and 'siloes' regulatory mandates, 2) consolidation of regulation where there is strong alignment of factors such as education and scopes of practice, and 3) avoidance of disproportionately small and under-resourced regulatory bodies and the attendant burdens.

The Ministry of Health has recently given direction to all health regulatory colleges to modernize regulation and maximize resources.

It is well known that the CPodS is exponentially the smallest regulator under the *Health Professions Act* (HPA) - compare 78 Full class registrants to the 13,000 in the College of Physicians and Surgeons of B.C. (CPS). The CPodS is challenged to fund and otherwise support and operationalize the breadth of regulatory activities impelled by the HPA and other applicable legislation.

Recently, the Board was invited to entertain the question as to whether the public interest would

be better served by a transfer of the regulation of podiatric medicine to the CPS, a regulator whose profession has very close alignment with that of the CPodS and which has significantly greater and very well developed, resources.

Given this, and aware of the direction in B.C., the CPodS, CPS and Ministry have embarked on a constructive dialogue with a view to identifying a path to improved oversight of podiatry.

This is a proposal; any decisions about the future regulation of podiatry are for the Minister.

Initial discussion subjects include an efficient mechanism and no change in the scope of practice of podiatric medicine; accompanied by significant reduction of annual registration fees due to economies of scale, full access to the CPS library, many practice supports for registrants, a transition period before CPS standards would be applied to podiatrists and renewed discussions around access to non-hospital surgical facilities.

At the CPodSBC Annual General Meeting, this topic will be addressed by your Board and Registrar and our guests from the College of Physicians and Surgeons. The meeting may focus on this issue.

Questions are welcome before and at the AGM.

REGISTRAR POSITION

The College of Podiatric Surgeons of British Columbia was expecting further change over the coming months. The Registrar has announced her pending retirement and the transition process had begun, with expectations that a new registrar would be in place during the fall of 2018. However, the CPS and the Board have requested that Ms. Osborne stay on for a period during which the future and transition of the College are determined.

COLLEGE COMMITTEE NEWS

QUALITY ASSURANCE COMMITTEE

CLINIC ASSESSMENT/INSPECTION COMING

The QAC has ongoing responsibility to develop the quality assurance program for the College. Dr. Hiedi Postowski, Board member, has been directed by the Board to assist the QAC in the development of a practice assessment program which will involve on-site assessments (non-disciplinary inspections).

Remember that QAC processes are not disciplinary, the Health Professions Act provides that no QA information may be shared with the Inquiry Committee except for the purpose of showing that a registrant intentionally misled the QA Committee or an assessor for the QA.

ORTHOTIC DEVICES STANDARD - REVISED

On July 28, 2018, the Board approved a revised practice standard policy for Orthotic Devices.

The revision, among other things, incorporates the recent Board confirmation that certain orthotic-related tasks may not be delegated and a prohibition against permitting a potential conflict of interest from influencing a registrant's decisions on:

- whether to recommend or prescribe orthotics, or
- where to source patients' orthotic devices.

The new Orthotic policy is available on the College website under the Quality Assurance page.

See also the News postings on the website.

NARCOTIC MODULE / EXAM & NARCOTIC PRESCRIBING GUIDELINES

The Board at their July 28, 2018 meeting considered registrants' input concerning the currency and relevancy of the College's narcotic module and related exam, and Narcotic Prescribing Guidelines. The narcotic exam was introduced in 2013 and implemented as a continuing education requirement on a 5-year cycle. The Prescribing Guidelines were adopted in 2013 and are due for review and revision.

The Board has referred the Narcotic Module and Exam, and the College's Prescribing Guidelines to the Quality Assurance Committee for review and revision. The Committee has been asked to take into consideration the Safe Prescribing of Opioids and Sedatives adopted by the College of Physicians and Surgeons on June 4, 2018. The Committee has been directed to submit a revised practice policy to the Board by no later than December 31, 2018, and a revised module and exam by March 31, 2019.

AUTOCLAVE TESTING

Reminder: all podiatric practices must conduct weekly biological indicator (spore) testing to ensure autoclave efficacy. SPS Class 5 Steam Plus Integrators are acceptable for weekly autoclave tests as an alternative to biological indicators.

REGISTRATION COMMITTEE

CONTINUING EDUCATION REQUIREMENTS

NARCOTICS MODULE

Pending the QAC review and revisions to the narcotic module, exam and guidelines, the Board has resolved and directed the following:

Effective immediately, the narcotic module/exam is an optional or elective continuing education alternative and worth 3 CE credits per annum.

COMMITTEE CE HOURS

The Board has approved up to 2 hours per meeting and a maximum of 12 annually for members of the Quality Assurance Committee, equivalent to the Inquiry Committee.

This is in recognition of the intrinsic continued learning and support of high standards that their work brings to participants.

CONTINUING EDUCATION REMINDERS

CME 2 YEAR CYCLE

The end of the CME closed two-year cycle is fast approaching. 60 hours is required for January 1, 2017 through December 31, 2018. A new closed cycle runs from January 2019 through December 31, 2020.

CATEGORY A CME

A reminder that registrants now have greater flexibility for category A continuing education. Internet or on-line videotaped versions of academic conference lectures may be claimed under category A.

CULTURAL SENSITIVITY

Registrants may now earn 2 CME credits for completion of the self-awareness enhancing Cultural Sensitivity Checklist.

See:

<http://www.cpodsbcc.org/wp-content/uploads/2017/04/161029-CultlChklist.pdf>

CPR TRAINING

Registrants are reminded to check the expiry date on their CPR training. Training must be done every three years and should be refreshed before the expiry of a current certificate.

See page 5 for additional information on CPR.

TWO NEW COLLEGE REGISTRANTS

SEAN LEHMANN DPM - SEPTEMBER 3, 2018, IN THE FULL REGISTRANT CLASS

MATTHEW BOLSHIN DPM - SEPTEMBER 17, 2018, IN THE FULL REGISTRANT CLASS

Dr. Lehmann is practicing in Kamloops and Dr. Bolshin is practicing in Vancouver and Delta.

The College welcomes both Dr. Lehmann and Dr. Bolshin to the practice of podiatric medicine in B.C.

REMINDER – CONTACT INFORMATION CHANGES

Please notify the College if there is any change in your contact information including email, phone, mailing address or clinic contact information

FROM BC EMERGENCY HEALTH SERVICES

For Those Trained in CPR

BCEHS: Over 45,000 Canadians suffer out-of-hospital sudden cardiac arrests annually, with only 8.4% surviving to hospital discharge. Bystander-initiated CPR and use of automated external defibrillators (AEDs) can **increase the chance of survival by up to 75%**, but unfortunately this doesn't happen very often.

BC Emergency Health Services and the Canadian Heart and Stroke Foundation want to improve the chances of survival for victims of sudden cardiac arrest by increasing the number of people in BC who can give hands-only CPR and use an AED.

The [PulsePoint Respond App](#) alerts you if there is a possible victim of out-of-hospital sudden cardiac arrest within 400 metres of your location anywhere in BC. If there is a public access defibrillator nearby, the app will tell you where it is. Once you receive the alert and find the patient, you can perform hands-only CPR, and use the AED if available, until professional responders arrive.

- For more information, please go to the BCEHS website at:

<http://www.bcehs.ca/about/developments-in-care/pulsepoint>

Download the PulsePoint Respond App for alerts and help victims of sudden cardiac arrest.

- Click here to download the app [PulsePoint.org | Download](#)

DID YOU KNOW ?

PAIN BC WEBSITE

PainBC is a website that provides extensive information on chronic pain management, of great assistance to practitioners and patients.

The website among other things provides guidance to support groups, coaching and education including education and assessment tools for health care providers.

For more information go to: www.painbc.ca

ANTIBIOTIC USE

A recent briefing note prepared for the College by the BC Centre for Disease Control, on antibiotic prescribing by health care professions including podiatry, noted that the rate of prescribing activity particularly for Cephalexin has been on the rise for the past 3-4 years.

It was also noted that podiatrists prescribe an average of 8 days of therapy per prescription, but average 15 days of therapy for Amoxicillin and enzyme inhibitor (Clavulin).

There is strong evidence that shorter courses of treatment suffice for many common infections. The College will be looking at the issue closely.

An initiative is already underway to develop uniform standards for antibiotic use across BC's health professions.

The CDC has also invited the College to work with them on professional and public educational initiatives to reduce unnecessary antibiotic use.

THE IMPACT OF BILL 92 ON PODIATRISTS

The Basics

As registrants are aware, the BC Medicare Protection Act (MPA) permits practitioners including podiatrists to **enrol** in the Medical Services Plan and thereby receive payment, from the Plan, for MSP-covered services - or 'benefits' – up to the amount permitted by the professions' respective fee schedules. The MPA permits enrolled practitioners to make an 'election' to 'opt out' of the MSP.

Opted-in podiatrists must bill MSP directly for all benefits provided to MSP beneficiaries and are prohibited from charging patients more than the amounts paid by MSP for insured services; in other words, from extra-billing.

Opted-out podiatrists bill patients directly for MSP-insured services and **extra bill** - over the amount allowed under the applicable MSP Payment Schedule for the services rendered. A practitioner may have a 'soft' or 'hard' opt out.

With a soft opt out, patients provide an assignment to the practitioner allowing the MSP to pay the amount permitted by the fee schedule directly to the practitioner; the patient only pays the extra-billed amount, if any. With a hard opt out, the practitioner collects the full amount of their fee from the patient and the MSP pays the patient directly for the amount that is covered by the Plan.

Changes to the MPA that impact medical and health care billing will come into force on October 1, 2018, as Bill 92 (from 2003) is brought fully into force.

Changes relating to extra billing affect medical practitioners more than supplementary health care providers like podiatrists.

Here are some highlights.

Extra Billing

For medical practitioners, the MPA for some time has stated that opted-out MDs are not permitted to bill fees other than the payment recoverable under the MSP for any services, and non-enrolled MDs are not permitted to engage in extra billing for services provided in essentially, public or publicly funded care facilities. This has not changed under Bill 92.

Podiatrists have never had and still do not have those limitations.

Under Bill 92, of **import to MDs:**

- for non-enrolled MDs, the group of 'public' facilities is expanded,
- a patient who has been extra-billed in violation of the MPA has no obligation to pay for the overbilled amount,

- the amount of extra billing by MDs in violation of the MPA, becomes a debt owing to the person who paid,
- the person who charged for the service has an obligation to refund the amount of the extra billing,
- the liable 'person' may be a practitioner or a clinic,
- persons who are extra-billed in violation of the MPA may be refunded by the Commission,
- the Commission may pursue recovery of any amounts that have been paid to an MD or clinic in respect of wrongful extra billing, either in Court or by set-off against other monies owing,
- wrongful extra billing by MDs is an offence, punishable by a fine of up to \$10,000 for a first offence and \$20,000 for a second offence, and
- the Commission may obtain an injunction, including an interim injunction, to prevent wrongful extra billing by a person.

Podiatrists are 'health' practitioners under the relevant legislation, and for health practitioners there are **no new limits on extra billing**.

As above, under the MPA, **opted-out health practitioners** are still permitted to charge fees in addition to or above the amount recoverable under the MSP, including in publicly-funded care facilities.

Services of a **non-enrolled practitioner** including a podiatrist are not benefits under the MSP.

Services provided by a **non-enrolled podiatrist** are billed directly to the patient and may be greater than the amount set in the MSC podiatry payment schedule for the service, but subject to the notice obligations below.

Notifying Patients

Revised notice obligations under **Bill 92** do **affect podiatrists**. A non-enrolled practitioner must prior to rendering a service, inform the patient or their agent of the following:

- the practitioner intends to charge for the service directly,
- the amount that will be charged, and
- the amount the MSP would pay for the service.

The obligation to advise is only lifted if a medical condition or incapacity of the person to be advised makes compliance impracticable.

Bill 92 imposes consequences for the failure to abide by the notice provisions:

- the person who should have been advised is not obligated to pay for the service, unless it was rendered in an emergency that made compliance impracticable,
- the Commission may obtain an injunction to prevent any future violations of the notice provisions by a person, and
- failure to provide the required notice to the patient is an offence, punishable by a fine of up to \$10,000 for a first offence and \$20,000 for a second offence.

Note that there is no express provision to this effect in the MPA, but MSC policy material states that for enrolled practitioners, before providing services, opted-out practitioners must inform the patient:

- that the practitioner has opted out,
- how much the patient will be reimbursed by MSP, and
- how much, if any, the patient will be paying in addition to the MSP fee.

REGISTRATION FOR THE MEDICAL SERVICES PLAN

The College notifies the Medical Services Commission immediately of new registrants and changes in registration status. Registrants must contact the Commission directly in order to enroll in the Medical Services Plan and obtain an MSP billing number.

College of Podiatric Surgeons of British Columbia
101-850 Harbourside Drive, North Vancouver, B.C. V7P 0A3
Tel: 604-986-0403 Fax at 604-986-0399
Email : registrar@cpodsbc.org or admin@cpodsbc.org

