



FROM THE College



PRESIDENT'S MESSAGE

Many faiths find the words peace, light and prosperity to be a focus for all that is good. It is a fitting theme for the holiday season, but it begins with a tough reality: all over the world people are suffering. As the new year begins, people are suffering for peace, suffering for food, suffering for shelter, suffering for missing the touch of loved ones and family. Fortunately, this season brings hope for a new beginning, to find the solace of peace, to find the light of prosperity. For that to happen, hope is essential to prevail and help overcome suffering.

As physicians we see and connect with more than our share of suffering. Sometimes we can become numb to suffering as it is woven into our daily work. It is important to enhance the light of hope, compassion and support for others. In doing so, we follow in the steps of Hypocrites, to comfort and help heal both the body and the mind. As physicians, we have been given this sacred trust to bring hope to others through our work. We can all do that!

As we see all that is available to us in our lives, take time to help those who will be alone and worried, who will be struggling with substance use or who will be down trodden by poverty.

May the blessings of life shine on you in the new year. May your family grow in happiness and strength. In your work, foster hope, foster peace, and foster the light of our traditions.

I wish you all the best in your journey.

Eric Sigurdson MD MSc FRCPC



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REGISTRAR NOTES

As the holidays approach, I would like to wish each and every one of you a happy holiday season and all the best for 2019.

At the College we have had a very productive year. The new iMIS database was implemented; a new Standard of Practice for Prescribing Opioids became effective September 30; we received confirmation from Government that the Regulated Health Professions Act was proclaimed for the CPSM; and staff has completed almost all documentation changes for the implementation of the RHPA.

I would like to thank all College staff for their hard work and look forward to working with them on the upcoming projects. Without my dedicated staff these projects would be much more challenging to complete and implement.

At the College we look forward to the coming year. In 2019 we will embark on a number of new initiatives.

Starting January 1, 2019, the Regulated Health Professions Act comes into effect for the CPSM. This entails many changes to College documents which need to be completed for January 1, 2019. The new Regulations, By-laws, Standards of Practice of Medicine and Practice Directions can be found on the CPSM website home page.

The new Quality Improvement Program will also be in place starting January 1, 2019. We have been working with a test group of physicians who have agreed to go through the process to make sure all our tools and processes are in place and functioning properly prior to the official launch of the program in early 2019. Information on the new Quality Improvement program can be found on the CPSM website.

In early 2019 the College will begin the redesign of the College website. We are working with a communications company who will design a new and improved look and feel for the site. Upon completion we will have a more visually pleasing and user-friendly site for both members and the public. We hope to complete this project in spring of 2019.

With the legalization of Marijuana, the College will be defining our position with respect to members and the use of marijuana/medical marijuana by any of our members. Various organizations have put out the rules around marijuana and I feel it is important for the College to do this as well, not only for the protection of our members but also for the protection of the public.

I will continue to keep you updated on happenings at the College. If there are items you feel are relevant and would like to see in the newsletter please let me know. You can contact me any time at theregistrar@cpsm.mb.ca with any comments or suggestions you may have.

Again, I would like to wish you all a happy holiday.

Anna M. Ziomek, MD
Registrar/CEO

INFORMATION TO THIRD PARTIES

From the Investigation Committee

A patient recently complained to the College after his physician provided information to a third party. The physician had already provided information to the third party via a letter which was provided to the patient. When contacted directly by the third party, the physician provided further clarifying information. The patient was unaware of the request for additional information and had not provided consent to further information being provided to the third party. Direct communication with the third party had not been discussed with the patient. The physician believed that the patient's initial consent carried with it an implied consent to provide the additional information, especially in light of the limited and relevant information that he thought would assist the patient.

While the Investigation Committee accepted that the physician had good intentions, it determined that the physician should have confirmed with the patient that the physician had authority to communicate directly with the third party and to provide the requested information.

Physicians are reminded that they owe an ethical and legal duty of confidentiality to their patients. This duty arises from the special relationship of trust and confidence that exists between doctor and patient and the highly personal nature of the information. Many patients would be reluctant to share necessary information in the absence of this relationship of trust and must be confident that their information will be protected. The duty also recognizes the need to respect patient autonomy, particularly with respect to making decisions regarding how and with whom personal health information may be shared.

When releasing personal health information to a third-party, an area fraught with potential problems, great caution is required. The Investigation Committee reminds members of the importance of ensuring clear and express consent is documented prior to releasing personal health information to a third party.



MAX RADY COLLEGE OF MEDICINE

Message from Dr. Brian Postl

Dean, Rady Faculty of Health Sciences & Vice-Provost (Health Sciences), University of Manitoba

In 2018, several Indigenous learners approached Ongomiizwin, myself as Dean, Max Rady College of Medicine about racism experienced in the learning environment including lectures that reinforced stereotypes of Indigenous people; comments from peers about Indigenous learners being less qualified; questions from faculty about Indigenous learners' identities; and social media and other interactions celebrating white privilege.

Given these concerns, and in alignment with the Rady Faculty of Health Sciences' Truth & Reconciliation Commission (TRC) Action Plan theme on safe learning environments, a working group was formed to plan a dialogue session on racism in the learning environment.

The Working Group members included Dr. Marcia Anderson, Executive Director, Indigenous Academic Affairs, Indigenous Institute of Health & Healing-Ongomiizwin; Dr. Barry Lavallee, Senior Physician, Ongomiizwin-Education; Linda Diffey, Coordinator Indigenous health curriculum; Jackie Gruber, University of Manitoba Human Rights and Conflict Management Officer; and Dr. Michael West, Associate Dean, Professionalism, Max Rady College of Medicine.

A half-day dialogue session took place on April 20, 2018 and was attended by about 50 people from across the Rady Faculty.

Key themes from the dialogue included:

- Leaders set the tone for the organizations and therefore carry significant responsibility for promoting anti-racism. This also requires Indigenous people be present in positions of leaderships, for example Deans and other senior administrative positions.
- The mission, vision and values should include specific reference to zero tolerance for racism and they should be present and reinforced throughout the organization.
- There should be a clear policy on racism with a skilled and knowledgeable team that implements trauma-informed approaches to education, investigation and resolution.
- There should be sufficient Indigenous faculty and faculty development in Indigenous health for all faculty members that the current expectation that Indigenous students will teach faculty or peers will be removed.

A final report was received October 2018 and was widely distributed to faculty, staff and learners across the Rady Faculty of Health Sciences. These are the key recommendations:

1. Establish a clear policy on racism with a skilled and knowledgeable team that implements trauma-informed approaches to education, investigation and resolution.
2. Examine structures and systems such as scheduling that reinforce biomedicine as the most important learning and marginalizes other aspects of the curriculum as less important, including Indigenous health.
3. Educators will participate in mandatory training as well as CPD activities including the online cultural safety training, and identifying and intervening when racial micro-aggressions or other forms of racism are occurring.

Specific topics identified as priorities through a Needs Assessment Survey include:

- a. Principles of anti-racism teaching for health education.
 - b. Strategies for interrupting racism.
 - c. Situating Indigenous health status within the policy context.
 - d. Current policies/ processes for addressing racism in the learning environment.
 - e. Viewing Indigenous health from a post-colonial lens.
 - f. Evaluating racism/ anti-racism as a domain of professionalism.
4. Bystander training in anti-racism should be offered, and considered mandatory for people in leadership positions.
 5. Developing and implementing strategies to mitigate the perceived and real risks of reporting, including potentially:
 - a. Increasing protections for learners (and employees) who do report, for example by ensuring no further input from the respondent on learner evaluations;
 - b. Exploring possibility of including third party reporting mechanisms;
 - c. Adding non-complainant driven mechanisms of monitoring such as periodic surveys.

TWO IMPORTANT NEW FEDERAL EXEMPTIONS APPLICABLE TO OPIOID REPLACEMENT THERAPY

The College of Physicians and Surgeons of Manitoba (CPSM), the College of Pharmacists of Manitoba (CPhM), the College of Registered Nurses of Manitoba (CRNM), the College of Registered Psychiatric Nurses of Manitoba (CRPNM), and the College of Licensed Practical Nurses of Manitoba (CLPNM) have been in discussions with Health Canada around changes needed to federal legislation to facilitate access to opioid replacement therapy (ORT) in urban, rural and remote parts of Canada.

Based on input from these discussions and other feedback, two important federal exemptions came into effect on September 5th, 2018. The new exemptions along with helpful supplementary information can be found at the following link: <https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents.html>

The new exemptions include the second and third bullets and are entitled, "Subsection 56(1) Class Exemption for the Person in Charge of a Hospital and/or a Pharmacist who Supplies Controlled Substances to a Community Health Facility" and "Subsection 56(1) Class Exemption for Nurses providing Health Care at a Community Health Facility".

Since these exemptions came into effect, the five colleges have had ongoing conversations and correspondence with Health Canada to clarify the intent of the new exemptions and how they will impact current interdisciplinary practice as it relates to opioid replacement therapy.

In a nutshell, these federal exemptions mean the following for Manitoba practitioners, **subject to the terms and conditions of the exemptions:**

- Persons in charge of a hospital and pharmacists may now supply controlled substances (including methadone and/or buprenorphine) to a community health facility. This includes individually labelled, patient-specific doses as well as orders for clinic/ward stock.
- All nursing designations in Manitoba (NPs*, RNs, LPNs and RPNs) may now receive controlled substances (including methadone and/or buprenorphine products) when they are providing health care at a community health facility.
- All nursing designations in Manitoba (NPs*, RNs, LPNs and RPNs) may now provide and administer controlled substances when providing health care at a community health facility. This includes the witnessed administration of methadone and buprenorphine products used for opioid replacement therapy.

* Please note that in Manitoba nurse practitioners may become authorized prescribers of opioid replacement therapy after meeting training requirements as outlined by the CRNM. However, NP's may also conduct all the activities authorized for other nurses in the exemption pertaining to nurses.

- When clinic stock (including clinic stock of methadone and/or buprenorphine) is ordered by an authorized prescriber at a community health facility, a nurse working at the community health facility **and** an authorized prescriber or pharmacist must both sign the order for clinic stock. This order may be a separate document accompanied by a valid M3P prescription (duplicate prescription) signed by an authorized prescriber or the nurse and authorized prescriber may sign the M3P form itself.

Please review the exemptions and supplementary information carefully, noting all terms and conditions that apply to these exemptions.

The CPhM, CPSM, CRNM, CRPNM, and CLPNM are also developing a joint document to address requirements around the prescribing, safety, security and transfer of methadone and buprenorphine-naloxone for opioid replacement therapy to help provide more clarity for health care providers. More information will be provided as it becomes available.

If you have any questions regarding these new exemptions, please contact **Marina Reinecke**, medical consultant with the CPSM directly at (204) 774 4344.

Sincerely,

Marina Reinecke MBChB, CCFP
Medical Consultant - CPSM

REGULATED HEALTH PROFESSIONS ACT (RHPA)

This is a reminder that the RHPA has been proclaimed for the CPSM and the effective date is January 1, 2019.

The new Regulations, Bylaws, Standards of Practice of Medicine, and Practice Directions that all members need to be aware of can be found on the College web site by clicking [HERE](#).

From the **Central Standards Committee**

IMPORTANCE OF GOOD CHARTING

As physicians, we recognize that medical records are a key factor in providing safe patient care. They reflect what happens in patient encounters, and record our assessments, recommendations, and plans. They provide a method for continuity of care between different professionals caring for the patient.

Despite the adoption of electronic medical record systems, many chart audits still reveal deficient or absent problem lists and out-of-date medication records. Current College practice standards require that patient records, either paper or electronic, contain an up-to-date problem list and documentation of current medications. In addition, incorrect use of history and physical examination templates is frequently observed. A member who uses templates in an electronic patient record must modify the content to reflect the actual circumstance of the patient encounter. A member must not copy and paste the note of a prior visit by the patient unless the entry is modified to reflect the actual circumstances of the later visit.

Members are reminded that part of their professional obligation is to keep patient records up to date. Continuity is an important component of safe care. If you were unable to continue your practice due to unanticipated circumstance, would another physician be able to open your patient's file and have a clear picture of what is going on with them? Up to date problem lists and medication lists are a cornerstone of making this possible.

If you need assistance with managing record keeping, or need resources like chronic disease flow sheets, feel free to contact **Dr. Marilyn Singer**, Consultant for Quality Improvement - quality@cpsm.mb.ca.

QUALITY IMPROVEMENT PROGRAM

We would like to provide you with a progress update on the Quality Improvement Program.

As mentioned in past communications (Newsletters of January 2018 and June 2018, and October 2018 email to all members), the CPSM is mandated by legislation to supervise the practice of its members to help ensure safe care for Manitobans. The current Manitoba Physician Achievement Review (MPAR) Program which has been in place since 2010, will be phased out in the near future. The Quality Improvement Program will implement a more robust review of physicians' practices when *The Regulated Health Professions Act* (RHPA) comes into effect in early 2019.

The program will encourage continuing quality improvement activities, and continuing practice improvement for its members. As well, it will provide a new mechanism for the CPSM to interact with members to gather detailed information about their practice, to encourage them to reflect on this information, and to plan their continuing professional development (CPD) and ongoing practice improvement around needs they identify in their practice. Over time, this should lead to improved care for their patient populations. Lifelong learning is ideally related to each of our practices and enables us to better serve our patients and communities.

Currently, there is a pilot program underway for this new initiative with a group of family physicians. These individuals have volunteered to test the tools and processes that have been developed for the Quality Improvement Program. We will be gathering valuable feedback from these individuals to ensure the tools work as intended and we will make changes as required for program improvement. The Quality Improvement Program will be launched to the membership in early 2019. The first group to be initiated into the staggered selection process will be family physicians, followed by specialists in 2020.

You are reminded that you can find information about the review process as well as frequently asked questions on our website at www.cpsm.mb.ca.

We invite any questions or input that you may have. Please feel free to contact the Quality Improvement Program at quality@cpsm.mb.ca or by phone at 204-774-4344.

Sincerely,

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Anna Ziomek, MD
Registrar/CEO

Marilyn Singer, MD, CCFP
Consultant for Quality Improvement

ESTIMATION OF FETAL GROWTH DURING PRENATAL CARE FOR PATIENTS WITH A HIGHER BMI

Estimation of clinical fetal growth for patients with a higher BMI or who have a large pannus, may be inaccurate and under-or-over estimated. It is advised to offer such patients a third trimester fetal scan to confirm growth and ruling out intrauterine growth restriction or small for gestational age fetus and ensuring normal doppler studies of the fetal and umbilical flow.

Dr. Michael Helewa
of the MPSHC

DISCIPLINE SUMMARY

Inquiry Committee Decision - Dr. Shamooin Hasham Din

On September 12, 2018 the Inquiry Committee provided its decision in respect to the charges against Dr. Din. Click [HERE](#) for full details on the Inquiry Committee's decision.

Censure - Dr. Fayed Fouad Fahim Gouda

On December 11, 2018 the Investigation Committee censured Dr. Gouda. Click [HERE](#) for full details on the Investigation Committee's censure.

Inquiry Committee Decision - Dr. Ejaz Ahmad

On December 14, 2018 the Inquiry Committee provided its decision in respect to the charges against Dr. Ahmad. Click [HERE](#) for full details on the Inquiry Committee's decision.

LATEX ALLERGY

From the Investigation Committee

A patient recently complained to the College that a physician from whom she sought care had insufficient knowledge and appreciation of the serious nature of her inhaled latex allergy. The Investigation Committee determined that a newsletter item about the issue would be helpful to the broader profession.

While skin reactions, including redness, dryness and pruritis, are the most common form of reaction to latex, a smaller number of people have hypersensitivity reactions including itchy watery eyes, sneezing, and cough. More severe reactions including anaphylaxis are possible. Most allergic reactions result from direct contact with the latex but the inhalation of airborne latex particles poses a severe

and immediate hazard for some individuals. For example, latex can be released into the air when donning or removing latex gloves. Epinephrine may be required for those with severe allergy.

Members are reminded that avoidance of the latex is important for individuals with allergy and encouraged to consider what steps they can take to accommodate patients with this condition.

UPDATES ON THE REMOVAL OF LISDEXAMFETAMINE (VYVANSE®), METHYLPHENIDATE OROS (CONCERTA®), AND METHYLPHENIDATE MLR (BIPHENTIN®) FROM THE M3P PROGRAM

A notice was sent by the College on October 24th informing all practicing pharmacists and physicians that, effective immediately, the following three long-acting stimulants used to treat attention deficit/hyperactivity disorder were removed from the list of drugs covered by the M3P Program:

1. lisdexamfetamine (Vyvanse®)
2. methylphenidate OROS (Concerta®)
3. methylphenidate MLR (Biphentin®)

This change also applies to the generic equivalents of these drugs in addition to the brand name products. All other stimulants, including mixed amphetamine salts, and methylphenidate IR and SR, remain on the M3P drug list. An updated M3P drug list can be found here.

Please note that verbal order prescriptions for these medications are not permitted, but electronic and fax transmission of these prescriptions are acceptable. As well, part fills of these medications are allowed if the prescriber states in writing the total quantity to be dispensed, the quantity of each fill, and the specific time interval. These prescriptions cannot be transferred to another pharmacy.

The Outline of Prescription Drug Regulations and Outline of M3P Prescription Drug Regulations charts on the College of Pharmacist's website have been updated to include a summary of these changes.

Kim McIntosh
Assistant Registrar
College of Pharmacists of MB

EMAIL ADDRESS

Reminder - A current email address is **mandatory** under the requirements for licensure and re-licensure. You must inform the College if you change your email address. Changes may be submitted to: registration@cpsm.mb.ca.

Your email will not be made available to the public.

If you do not update your email address you will miss out on important correspondence from the College.

PRACTICE ADDRESS

Reminder - A current practice address is **mandatory** under the requirements for licensure and re-licensure. You must inform the College if you change your practice address. Changes may be submitted to: registration@cpsm.mb.ca.

MEETINGS OF COUNCIL

2018-2019 COLLEGE YEAR

Council meetings will be held on the following dates:

- March 15, 2019
- June 21, 2019 (Annual General Meeting)

If you wish to attend a meeting of Council, you must notify the College in advance. Seating is limited.

OFFICERS OF THE COLLEGE

2018-2019 COLLEGE YEAR

President:	Dr. Eric Sigurdson
President Elect/Treasurer:	Dr. Ira Ripstein
Past President:	Dr. Alewyn Vorster
Registrar:	Dr. Anna Ziomek
Deputy Registrar:	Dr. Terry Babick

COUNCILLORS

Associate Members
Register

Dr. Shayne Reitmeier

Brandon
Central
Eastman
Interlake
Northman
Parkland
Westman
Winnipeg

Dr. Stephen Duncan
Dr. Kevin Convery
Dr. Nader Shenouda
Dr. Daniel Lindsay
Dr. Deborah Mabin
Dr. Jacobi Elliott
Dr. Alewyn Vorster
Dr. Heather Domke
Dr. Brent Kvern
Dr. Josef Silha
Dr. Roger Suss
Dr. Wayne Manishen
Dr. Brian Blakley
Dr. Heather Smith
Dr. Eric Sigurdson
Dr. Ravi Kumbharathi

University of Manitoba

Dr. Brian Postl
Dr. Ira Ripstein

Public Councillor-Elected

Ms Lynnette Magnus, CPA

Public Councillor-Elected

Ms Dorothy Albrecht

Public Councillor-
Government Appointed

Mr. Alan Fineblit

Public Councillor-
Government Appointed

Ms Marvelle McPherson

UPCOMING DATES FOR OPIOID REPLACEMENT THERAPY 101 TRAINING

Click on preferred date below for further information and to register.

**ORT February 28
& March 1, 2019
in Dauphin MB**

**ORT March 21
& 22, 2019
in The Pas MB**

**ORT April 25
& 26, 2019
in Winnipeg MB**

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