From the College

Telephone: (204) 774-4344 or
Toll Free within Manitoba 1-877-774-4344
Fax: (204) 774-0750

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This newsletter is forwarded to every licensed medical practitioner in the Province of Manitoba. Decisions of the College on matters of standards, amendments to regulations, by-laws, etc., are published in the newsletter. The College therefore expects that all practitioners shall be aware of these matters.

In This Issue……

FROM THE PRESIDENT

Dr. Roger Suss

Dear Colleagues,

I would like to use my remaining President's Letters to write about the values of the profession as I see them, and how those values are translated into action here at the College. As you know the College is undergoing significant changes with the implementation of the Registered Health Professions Act (RHPA) and the Agreement on Internal Trade, as well as the expansion of requirements for Continuing Professional Development (CPD). That makes this a good time to remember the goals of the College and to ask ourselves whether they are being achieved.

Through the Medical Act (and now the RHPA) the people of Manitoba have entrusted our profession with self-regulation including setting standards for qualifications and disciplining physicians. There are some who may express doubt about the wisdom of this trust. They correctly point out that there is an element of conflict of interest in self-regulation. However it is also true that no one is in a better position to know what it means to be a good doctor than other doctors. And it is in the interest of all of us to ensure that our colleagues are competent. In order to retain our privilege of self-regulation – and it is a privilege – the profession needs to demonstrate to the government and the people of Manitoba that we are taking all reasonable steps to ensure that the medical care provided by physicians is safe, competent, and professional. It is not enough for regulation to be done; regulation must be seen to be done.

The following are some of the steps the College takes to ensure transparency and accountability:

1. The College has public representation on Council and on all disciplinary committees.
2. All members who are censured are reported publicly unless there is a compelling reason not to do so because it

impacts the safety of an individual (this does not include members who are given advice or lesser degrees of criticism).
3. The College publishes its activities in statistical form including the actions of its discipline committees.
4. The College maintains the physician profile which makes available to the public a history of the discipline imposed, College undertakings, and successful malpractice litigations against physicians. (This will be back on the College website as soon as it is repaired.)
5. The advent of mandatory CPD requires physicians to show that they are participating in ongoing education, and are receiving feedback from patients and colleagues. (The College is still determining how to directly demonstrate ongoing continuing competence in care provided.)

I know that transparency and accountability can be painful, particularly to physicians who are doing their best to provide compassionate care, but there are responsibilities that come with the privilege of self government. Your Council regularly struggles with determining what is a reasonable standard of accountability, and with balancing transparency and physician privacy. We hope you are pleased with our efforts since we are also accountable to you our members.

Sincerely,
Roger Suss
President

NOTES FROM THE REGISTRAR

This is the first newsletter published since the issue arose with our webhost server in the late fall. All active members received the correspondence from the College outlining the issues and encouraging you to take appropriate precautions that you felt were necessary.

Several of you have called and spoken directly to Dr. Babick or me with your questions. We have spoken with all of those who did call. Thank you for being open with us.

The CPSM website is now up again in a static form. This newsletter will be posted on the Website. We have a new, secure, temporary webhost in Manitoba and are exploring a permanent webhost solution for the future.

Once the physician profile is updated and re-loaded, I encourage every licensed physician to review your information. If you find anything that is not up to date, please email or call us to identify the changes or additional information you wish to have included. This is the five year review of profile information we promised in 2005!

In a separate item in this newsletter, I identify the changes that have occurred to our information technology processes at the College. They are ongoing and we believe that the new system will be both efficient and secure in the future.

SEPTEMBER 20TH, 2010 COUNCIL MEETING:

At the meeting in September, Council approved more material to go to the Legislative Unit of Manitoba Health for inclusion in the regulations for The Regulated Health Professions Act which is expected to come into force in the next year or so.

The College secretariat is working hard with the President's Working Group so that the regulations will reflect what Council considers to be in the best interest of both the public and the profession for the regulation of Medicine for the future. It is a challenge but also very exciting to be part of the planning for the way our profession will operate for the coming decades.

DECEMBER 17TH, 2010 COUNCIL MEETING:

The following significant items were approved by Council:

i) Modification of the President-Elect nomination process – at present the President-Elect nominations come from a Nominating Committee which makes two names available to Council in November. One of these two individuals is voted upon by

all members of Council and becomes the President-Elect following the Annual General Meeting in June of the following year. Council reviewed the matter and determined that there should also be the opportunity for nominations from the floor. As a result, the process was modified to allow such nominations to be made at the December Council meeting. Election will then be by Council secret ballot following that meeting.

ii) MANQAP (Manitoba Quality Assurance Program) – there was discussion about the responsibilities of MANQAP and how it should function. Council directed that I write to the Deputy Minister indicating that Council wishes MANQAP to have a purely accreditation function. They asked the Deputy Minister to commit that the Government would implement the College's recommend-dations. Furthermore, they required that the Medical Director of a laboratory must be a physician.

iii) MPAR (Manitoba Physician Achievement Review) – in 2009, Council approved the concept of MPAR. The Physician Achievement Review was created by the College of Physicians and Surgeons of Alberta approximately 10 years ago. It is a 360° review of a physician's performance which addresses "softer" items as opposed to specific physician medical competencies. It is educational and offers advice from medical colleagues, health care delivery colleagues and patients on ways in which physicians may improve the way in which they practise.

The change to Regulation 25/2003 in 2009 required that our College institute two areas of continuing professional development. The first was the requirement for all members to participate in the CPD program of either the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada. This became mandatory on September 1st, 2010 last year. MPAR is the second part of that Government Regulation. It will become mandatory in September, 2011. It will also be run by the Standards Department. Further information is provided in this newsletter as a separate item.

iv) MPPP – for the last several years the College has asked Manitoba Health to reinstitute the Manitoba Prescribing Practices Program to review the prescribing of narcotics and controlled medications. The previous MPPP was intended to be educational and to assist physicians to understand and prescribe more safely. It also provided them with tools when they felt that they were unsure of how to manage difficult patient demands. Manitoba Health has been unwilling to reinstitute the previous process whereby we were provided automatically with information about doctors' prescribing.

At this time, Manitoba Health has introduced a modification to the Prescription Drug Cost Assistance Act. This may provide us with an opportunity to obtain the information in a different way. Dr. Ziomek, Assistant Registrar and I have been involved in discussions with Manitoba Health about how this information may be used to educate physicians about safe prescribing. The Bill has gone to Committee and is expected to receive third reading in the spring session of the Legislature. When it is passed, there will be further information in the newsletter to update you on the changes.

v) RHPA – the College Registrars and senior staff continue to work very hard to prepare the Regulations for this Act. Over the next year, the Regulations will be posted for comment by the public and by members. It will be available on the website and this newsletter will indicate how to access it. We will welcome your comments.

On behalf of all of the staff of the College, we wish you the very best for 2011.

Dr. Bill Pope,
Registrar

NATIONAL REGISTRATION

The Federation of Medical Regulatory Authorities of Canada (FMRAC) and the Medical Council of Canada (MCC) are collaborating to create a single, streamlined online application for international medical graduate (IMG) physicians applying for medical licensure in Canada.

Human Resources and Skills Development Canada (HRSDC) has granted $2.8 million in funding for the Application for Medical Registration in Canada project through its Foreign Credential Recognition Program. FMRAC and its members and the MCC will contribute the remaining funds for the project, which is expected to cost a total of $4.9 million.

The project will provide an effective web-based physician application process for the registration of IMGs, and eventually for all physicians, which will be valid for all 13 provincial and territorial medical regulatory authorities. This will benefit all physicians and especially IMGs, who tend to apply to many regulatory authorities and medical organizations when they begin the process of applying for integration into the Canadian health-care system.

The MCC's 2009-10 President, Dr. Oscar Casiro, completed his medical education in Argentina, where he graduated from medical school in 1974. He immigrated to Canada to begin a career in pediatrics. As an IMG in Manitoba, he wrote the MCC examinations, applied for residency programs and took the certification examination in pediatrics. Each step required him to submit his credentials to a different organization.

Years later, when he moved to a new province in 2004, he virtually had to start over. "When I moved to B.C., I had to present everything again. I remember because I had all my diplomas and everything framed. I had to take everything out of the frames and bring them to the College of Physicians and Surgeons, including all the original documents and translations."

Each province and territory reserves the right to set its own licensing standards, and there are discrepancies between what each jurisdiction requires. "In B.C. they wanted a criminal record check, and originals of everything. Every province or territory requires something a bit different," Dr. Casiro explained.

The new online system will build on the current repository that allows IMG candidates to permanently store verified electronic copies of all of their credentials in one place and give access to those stored credentials to medical organizations. "That will be the beauty of having one application for registration process: being able to register through the central site, which shows what each province needs. And with the repository, if you produce the documents once, then they are filed there for life," Dr. Casiro said.

"This system will not only allow IMGs to have a central account to control all of their data but will also allow them to attach their stored documents to their electronic applications," said Pierre Lemay, MCC Director of the Repository and Registration Centre. "That's really the key."

Dr. Casiro said the new application process will especially benefit IMGs, who are new to Canada. "If you come from another country, it can be difficult to understand the process if you are not familiar with the rules. Having everything in one place is much easier than having to seek information from various medical organizations. If you are looking to apply to various provinces, it can be a very daunting task to figure out the requirements independently."

The Application for Medical Registration in Canada project will benefit from the medical regulatory authorities' current efforts to harmonize their licensure requirements. This will better facilitate physician labour mobility between provinces and territories as required by the Federal/Provincial/Territorial Agreement on Internal Trade, said FMRAC 2010-11 President Dr. William Lowe. This agreement requires that workers in regulated professions licensed in a province or territory to also be recognized for licensure by another Canadian jurisdiction upon application.

"We've already achieved a consensus on the

Canadian standard for full licensure for new applicants," said Dr. Lowe. "We have also agreed that new physician applicants who do not meet this standard may only be eligible for a provisional licence, and we are in the process of developing standards for provisional licensure."

The new registration process will also support the principles outlined in the Forum of Labour Market Ministers' Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications: transparency, fairness, impartiality and timeliness. Registration practice fairness has already been given particular attention in many provinces. "Since fair registration practices are already in place in several provinces, it will be advantageous to have a pan-Canadian registration process that complies," said Dr. Lowe.

The application project is building on the existing repository, which is currently being used by the Canadian Resident Matching Service (CaRMS), the College of Family Physicians of Canada and ten medical regulatory authorities. The MCC is working with regional health authorities and other stakeholders to start using the repository by the end of 2010, Mr. Lemay said. The repository is at present only available to international medical graduates.

When the relevant software is complete, medical regulatory authorities can enable the new, common application process, which Dr. Lowe said will be very beneficial to them. "Any process that is common to all 13 medical regulatory authorities can benefit from best practices and benefit from common processes, saving staff time and expense," Dr Lowe said. "After all, we are really asking the same questions by and large." FMRAC and the MCC are aiming to launch the Application for Medical Registration in Canada in 2012.

ADAPTING TO MULTISLICE CT SCANNERS

Computed Tomography (CT) scanning has developed dramatically. Scanning is faster, images are better and applications have grown. However patient doses are also higher.

A new concern exists with the application of multislice CT scanners. Multislice applications are used widely despite the fact that the absorbed dose per patient may be up to 40% higher than earlier generation CT scanners. It is imperative that diagnostic imaging departments introduce robust procedures for the protection of patients. These procedures include ensuring clinical justification for examinations and optimizing dose reduction techniques. Common experience suggests that clinicians have come to rely progressively on imaging where clinical examinations alone would have previously been regarded as sufficient.

In CT, justification depends on the probability that clinical management will be influenced positively by the results of the investigation. Practitioners are fortunate in the extensive research that has been carried out into the clinical applications of CT and the evidence base is now strong. The need for more knowledge about CT doses stems from the continuously increasing number of CT scans being ordered.

Calculating patient dose is fraught with problems and inaccuracies as doses for CT procedures vary widely among facilities depending on the equipment. A multi-disciplinary collaboration approach is best able to promote better control of patient exposures to x-rays. Local Diagnostic Reference Levels (DRLs) are an important tool for radiologists to use as guidance to optimize patient dose for CT examinations.

Clinical guidelines provide strong guidance for radiologists to consider whether or not clinical requests are sufficiently justified.

For the present, all those who are involved in CT should observe the following guidelines:

1. There must be clear justification for CT use, with active consideration of whether the examination is required, or whether it could be replaced by ultrasound or MRI.
2. The examination technique must be targeted to the clinical application and the exposure parameters must be adjusted to those settings delivering the minimum dose necessary.

3. A single spiral exposure or sequence of serial scans should be used when they alone will satisfy the clinical need.
4. Additional scans with contrast enhancement should only be used when there is clear clinical evidence to support their application.
5. Tube current should be reduced to a minimum where possible, especially in high resolution studies.
6. The literature should be reviewed constantly and practice should be modified as more evidence becomes available.
7. Diagnostic imaging departments should participate in ongoing surveys of dosage and in national initiatives to refine diagnostic reference levels for CT.

REQUIREMENT FOR ACCEPTABLE FACSIMILE PRESCRIPTIONS

The College has been contacted recently by Pharmacists with concerns that facsimile prescriptions do not meet the standards set by the College of Physicians and Surgeons of Manitoba and the Manitoba Pharmaceutical Association. Please review these requirements which are available on line at:

http://www.napra.org/Content_Files/Files/Manitoba/Joint-Statement-on-Faxed-Prescriptions-July-09.pdf

Physicians should be aware that inadequate information or inappropriate facsimile prescription requests cannot be filled by a Pharmacist and will result in a delay to the patient and bothersome telephone calls to the prescribing physicians' offices. Please also inform office staff that they must provide the appropriate information if called by a Pharmacist. The use of facsimile prescriptions is a privilege granted to us by the Manitoba Pharmaceutical Association and we want to ensue that it works to everyone's advantage.

FROM THE INVESTIGATION COMMITTEE:

Chronic Lymphedema/Cellulitis

Recently the Investigation Committee reviewed a complaint involving a patient with chronic lymphedema and rapidly progressing cellulitis. The Committee resolved to highlight to the profession the need for a high index of suspicion for diagnosis of cellulitis in the setting of lymphedema. The Committee reminds physicians that lymphedema is a predisposing factor towards the development of cellulitis which may not be accompanied by a fever or leukocytosis. Such cellulitis can progress in a rapid fashion and antibiotics should be considered early.

Appropriate GI Investigations

Recently the Investigation Committee reviewed a case where a patient received an empiric protein pump inhibitor and iron therapy for iron deficiency anemia. Physicians are reminded that appropriate GI investigations are warranted to ascertain causes of iron deficiency anemia, particularly when accompanied by abdominal pain or weight loss, in order to exclude gastric cancer and other serious causes of GI blood loss.

FROM THE COMPLAINTS COMMITTEE:

Post Exposure Prophylaxis Following Needle Stick Injury

The Complaints Committee recently reviewed a situation where a patient sustained a needle stick injury at work. The attending physician was not clear on how to proceed with Post Exposure Prophylaxis (PEP).

The Complaints Committee encourages physicians to access information in such situations about post exposure prophylaxis from the Manitoba Health website under Communicable Disease Control. The website is: www.gov.mb.ca/health/publichealth/cdc/index.

DIVING AND HYPERBARIC PHYSICIANS

We have been informed by the Chief Executive Officer of the Diver Certification Board of Canada that commercial divers must have bi-annual medical examinations conducted by a qualified (hyperbaric) physician. At the present time there are no identified hyperbaric physicians in Manitoba. With the recent retirement of the only previously identified hyperbaric physician in this province, commercial divers must now leave Manitoba every two years to obtain an acceptable medical examination.

The Chief Executive Officer of the Diver Certification Board of Canada has requested that any qualified hyperbaric physician in Manitoba identify him/herself to the commercial diving industry. The easiest way to do this is to include that diver on the list of physicians on the organization's website. This website is www.divercertification.com and their e-mail address is info@divercertification.com.

The Diver Certification Board of Canada encourages physicians to consider becoming recognized by the Undersea and Hyperbaric Medical Society (UHMS) to be able to supply this service to the community. Further information may be obtained from the Diver Certification Board of Canada.

Pioneer in HIV/AIDS Research to be Inducted into Canadian Medical Hall of Fame

Dr. Brian Postl, Dean of the Faculty of Medicine, congratulates Dr. Allan Ronald OC (B.Sc Med, MD/61), a world renowned infectious disease researcher, who will be inducted into the Canadian Medical Hall of Fame.

Established in 1994, the Canadian Medical Hall of Fame is the world's only national Hall of Fame dedicated to celebrating medical heroes. By creating an enduring tribute to those men and women who through discovery and innovation have contributed to better health in Canada and the world, the Canadian Medical Hall of Fame inspires the pursuit of careers in the health sciences fostering future innovators and leaders.

Dr. Ronald is one of this country's foremost physicians and microbiologists, who helped establish in Canada a clinical specialty in infectious diseases. Born in Portage la Prairie, Dr. Ronald trained in Manitoba, Maryland, Washington and Pakistan before returning to the University of Manitoba's Faculty of Medicine in 1968 to head its infectious disease unit. A full professor since 1976, he led the first Department of Medical Microbiology (1976-1985) and then the Department of Internal Medicine (1985-1990) and served as the Faculty's associate dean of research (1993-1999).

In 1980, he established one of the first clinical investigation units exploring sexually transmitted infections in Africa. The program started small but eventually would put the University of Manitoba on the map as a leader in the field of HIV epidemiology and immunology, as well as improve disease prevention and care. Lessons learned have been used widely throughout Kenya and around the world. The Manitoba/University of Nairobi group has made major discoveries, including recognizing the importance of breast milk in the transmission of HIV from mothers to infants, the role of male circumcision in reducing the risk of HIV infection among men, and the role of the immune system in protecting some individuals from acquiring HIV infection.

In 2002, Dr. Ronald retired from a distinguished 35-year career as a professor and medical researcher and since then has helped develop a comprehensive HIV/AIDS Care and Prevention Program in Uganda.

Dr. Ronald has received awards from, among others, the Royal College of Physicians and Surgeons of Canada, the Canadian Association of Professors of Medicine, the American Venereal Disease Association, and the Canadian Medical Association, which in 2003 presented him with its highest honour, the F.N.G. Starr Award. In 2006 he received the Gairdner Foundation Wightman

Award and was appointed as Scientific Director of the National Collaborating Centre on Infectious Diseases. Dr. Ronald is a Fellow of the Royal Society of Canada and an Officer of the Order of Canada.

Dr. Ronald will be inducted in to the Canadian Medical Hall of Fame under the category of Builder (Innovative Leadership). The University of Manitoba is now home to three Canadian Medical Hall of Fame laureates: Dr Ronald, Dr. Bruce Chown and Dr. Henry Friesen.

THE *MANITOBA PALLIATIVE CARE CONFERENCE*

The Changing Landscape of Palliative Care takes place September 23rd and 24th, 2011 at the Victoria Inn in Winnipeg. Keynote speakers Dr. José Pereira, Wendy Wainwright MSW, Bashir Jiwani PhD, and Mary Vachon PhD headline a strong program.

For more information or to register, please contact Andrea Firth, Conference Coordinator, 204-889-8525/afirth@manitobahospice.mb.ca or visit our website www.manitobahospice.ca.

MANITOBA LAUNCHES EMR ADOPTION PROGRAM

Improving Patient Information and Care

Manitoba eHealth is working collaboratively with Manitoba Health and Canada Health Infoway (Infoway) to encourage adoption of electronic medical records (EMRs) by community-based physicians in primary care and specialist care clinics through partial reimbursement of expenses.

The EMR Adoption Program, announced on October 26, 2010 at the annual eHealth conference, will help physicians improve the management of patient information.

"Patients will receive faster access to better quality care with more doctors implementing electronic medical records," said the Honorable Theresa Oswald, Minister of Health.

The EMR Adoption Program has set a target of 1,000 physicians and nurse practitioners to implement an EMR by October 2013. As of December 31, 2010, applications had been received from 415 physicians working in private clinics and 338 physicians and nurse practitioners working in regional health authority (RHA) clinics.

For more information about the EMR Adoption Program, please visit the Manitoba eHealth website at www.manitoba-ehealth.ca or contact the Primary Care/Physician Clinician Information Systems (PCIS) Office at pcisoffice@manitoba-ehealth.ca.

If you work in a RHA run or funded clinic, please contact your RHA for more information about the program.

PRESCRIPTION OPIOIDS AND ADDICTION

The following letter was sent to the College by Dr. Lindy Lee, Medical Director of the Addictions Unit. It is reprinted here to provide physicians with advice and support when they are prescribing to patients who have an addiction.

Dear Dr. Pope:

Some doctors are writing supportive opioid prescriptions for patients awaiting either abstinence-based treatment or methadone treatment.

Sometimes this gives stability. At other times, addiction physicians are aware of addicted patients receiving high-dose prescriptions for months. Sometimes we hear that patients are selling part of their oxycontin script. Oxycontin is still quite available in the "street market".

Physicians need to be aware that:

1. Ongoing prescriptions for any opioid (for addicted patients) other than methadone or suboxone is not legal under Canadian law.

2. Supportive scripts need to be time-limited, with a contract.

3. High doses of oxycontin (greater than 160 mg.) should generally be avoided.

4. Turtle Mountain Clinic (968 Main St.) is accepting methadone patients relatively quickly.

5. If Turtle Mountain Clinic feels a patient is not appropriate for their level of care, the patient can contact the MINE or CARI clinics to see if treatment could be assessed there.

6. Patients desiring an abstinence approach can contact AFM (944-6200).

7. The physician should seek confirmation if the patient states he/she is on an extended wait list.

8. T&R (Talwin and Ritalin) abuse is increasing in Winnipeg. Any physician prescribing Talwin should consider if alternate medication would be safer.

9. Physicians should be aware of the recent Canadian Pain Guidelines (http://nationalpaincentre.mcmaster.ca/opioid, also in June 2010 CMAJ) that gives structure to difficult decisions around opioid management.

Sincerely,

Lindy Lee, MD, FRCPC, CCSAM

THE PERSONAL HEALTH INFORMATION ACT – AMENDMENTS NOTICE TO REGULATORY BODIES

On January 1, 2011, amendments to *The Personal Health Information Act* (PHIA) respecting the Information and Privacy Adjudicator came into force. Ron Perozzo, the Conflict of Interest Commissioner and Registrar for the Lobbyists Registration Act in Manitoba, has been appointed Manitoba's first Information and Privacy Adjudicator.

The most significant change to the dispute resolution process with the addition of the Adjudicator is that he will have order-making powers. The role of the Ombudsman remains essentially unchanged. The Ombudsman will continue to attempt to resolve complaints regarding access and privacy through mediation and investigation. The Ombudsman model has worked well, successfully resolving the majority of all access and privacy complaints. However, for those few cases where a Trustee does not follow the Ombudsman's recommendations, she now has the ability to request a review by the Adjudicator. After reviewing a complaint, the Adjudicator has the power to issue a binding order.

The referral must be made within 15 days of the Trustees' response indicating they will not comply, or within 15 days after the deadline for the Trustee to respond has lapsed.

During the review process, both the complainant and the Trustee concerned will be given the opportunity to make presentations to the Adjudicator and may be represented by counsel or an agent. The Adjudicator must complete his review within 90 days, unless he extends this period as per the Act.

The Adjudicator will have the power to make an order respecting: **access** such as to release information to the applicant, reduce fees, and correct personal health information; and **privacy** such as changes to cease or modify the manner in which personal health information is collected, used, disclosed, retained or destroyed if contrary to

PHIA. The Adjudicator may also require the Trustee to destroy personal health information if collected in contravention to PHIA.

Trustees must comply with the Adjudicator's order within 30 days, unless applying for judicial review.

Should you have any questions regarding the amendments concerning the Information and Privacy Adjudicator please contact Meredith Kennedy at 788-6612.

INFORMATION TECHNOLOGY UPDATE

The College has determined that outsourcing our Information Technology needs is our best option. We have contracted with a private company that is now working with us to ensure we have monitored, up to date equipment and firewalls. The early results are positive.

A non-interactive website is now available on a local webhost. Although the physician profile is not available, we upload a list of licensed Manitoba physicians that is modified weekly.

We are exploring the best options for our physician profile and are working jointly with our data base developer, our external I.T. provider and a security organization. We will continue to provide regular reports on our new Information Technology resources in future newsletters.

THE MANITOBA PHYSICIAN ACHIEVEMENT REVIEW PROGRAM

The College will introduce the Manitoba Physician Achievement Review (MPAR) in September 2011 as directed by Regulation 25/03. Article 13.2(2) of the Regulation states "A licensed member who is registered in Category 1 or 2 and is engaged in clinical practice in Manitoba must participate in the physician achievement review program once every seven years, beginning with the license year that starts September 1, 2011."

The Manitoba Physician Achievement Review (MPAR) is a program of performance assessment and feedback that provides physicians with information about their medical practice as seen through the eyes of medical colleagues, co-workers and patients. MPAR looks at areas such as coordination of care and resources, communication, collegiality, patient interaction skills and office management.

MPAR is administered through an independent research firm, Pivotal Research. The information is obtained through confidential surveys completed by patients, co-workers and colleagues. Each physician will receive an individualized report of the tabulated results from the surveys with comparators to physicians in similar practices. The feedback generated through MPAR assists physicians to identify areas of excellence in practice as well as identifying areas for professional growth, enhancement or improvement.

The Standards Department of the College, through the Physician Practice Enhancement Committee (PPEC), will administer MPAR.

Those physicians whose reviews are in the lowest and highest tenth percentiles will be interviewed by a Physician Advisor who will in turn report to the PPEC non-nominally. The goal of the program is to enhance physician practice. The process is educational. The program will advise physicians about self-directed improvement or on rare occasions recommend a practice visit or remediation. Physicians who are at the top end of the spectrum will be commended for their good work and provided with the opportunity to identify what makes their practice exemplary. Only when a physician is non-compliant with the program or in unusual instances when it is deemed that the public is at immediate risk of harm or there is a serious breach of ethics will a physician be referred for potential investigation by the College.

The PPEC will work collaboratively with the University Of Manitoba Faculty Of Medicine CME Department to develop programs that will reflect the educational needs of physicians identified through the survey process.

INQUIRY: IC1186
DR. GEORGE WALTER KOROL

On August 31, 2010, a hearing was convened before an Inquiry Panel (the Panel) of the College of Physicians & Surgeons of Manitoba (the College), for the purpose of conducting an Inquiry pursuant to Part X of *The Medical Act*, into charges against Dr. George Walter Korol (Dr. Korol), as set forth in an Amended Notice of Inquiry dated May 17, 2010.

The Amended Notice of Inquiry charged Dr. Korol with various acts of professional misconduct, and with displaying a lack of knowledge of or a lack of skill or judgment in the practice of medicine, and with contravening the By-Laws of the College, the Code of Conduct of the College, and Statements of the College. Among other things, the Amended Notice of Inquiry alleged that Dr. Korol exploited a particular patient and failed to maintain appropriate physician/patient boundaries with that patient, issued prescriptions in the name of one person in order to obtain medications for another, collected specimens from one person and submitted them for laboratory testing under the name of another person, made one or more false entries in the medical record of a patient and made misrepresentations to the College during the College's investigation of these matters.

The hearing proceeded before the Inquiry Panel (the Panel) on August 31, 2010, in the presence of Dr. Korol and his counsel, and in the presence of counsel for the College.

At the outset of the hearing, Dr. Korol entered a plea of guilty to the charges outlined in paragraphs 1 through 9 inclusive of the Amended Notice of Inquiry. By doing so, Dr. Korol acknowledged that he:

i) was guilty of professional misconduct;

ii) was guilty of displaying a lack of knowledge or a lack of skill or judgment in the practice of medicine;

iii) had contravened Articles 17.3 and 24 of By-Law No. 1 of the College;

iv) had contravened Articles 2 and 11 of the Code of Conduct of the College;

v) had contravened Statement 148 of the College.

The Panel reviewed and considered the following documents, which were filed with the Panel with the consent of Dr. Korol:

1. the Notice of Inquiry;

2. the Amended Notice of Inquiry;

3. the joint recommendation as to penalty.

The Panel also reviewed and considered the following documents, which were introduced as evidence in the proceedings with the consent of Dr. Korol:

1. A Statement of Agreed Facts;

2. A Book of Documents which included:

   a. various charts and records relevant to these proceedings;

   b. Article 24 of By-Law No. 1 of the College respecting the keeping of medical records;

   c. Statement 148 of the College and Article 11 of the Code of Conduct respecting prescribing and treatment of self and family;

   d. Article 17.3 of By-Law No. 1 of the College respecting a requirement of members to disclose being charged with an offense under a federal statute;

   e. Portions of the College's Code of Conduct.

DECISION

Having considered the above-noted documents and evidence and the guilty plea entered by Dr. Korol, the Panel concluded that the charges of professional misconduct, and of displaying a lack of knowledge or a lack of skill and judgment in the practice of medicine, and of the specified breaches of Articles 17.3 and 24 of By-Law No. 1 of the College, Articles 2 and 11 of the Code of Conduct of the College, and Statement 148 of the College, and the allegations of other acts of misconduct had all been proven. The Panel also concluded that the joint recommendation of the College and Dr. Korol as to penalty ought to be accepted. The Panel's specific reasons for its decision are outlined below.

REASONS FOR DECISION

The social contract between the people of Manitoba and physicians practicing in the Province accords the medical profession considerable authority to regulate itself in exchange for the profession ensuring that it acts in the public interest by maintaining high standards of practice and discharging its duty of care through exemplary professional conduct. The College is the statutory body that is mandated to ensure that these obligations are met by determining the qualifications necessary for persons to be permitted to practice medicine in Manitoba, by taking the steps necessary to maintain high standards of practice and professional conduct and by taking appropriate disciplinary action when physicians who are members of the College are found to have been guilty of professional misconduct by breaching the by-laws rules, regulations and code of conduct of the College.

Dr. Korol committed professional misconduct and displayed a lack of knowledge or a lack of skill and judgment in the practice of medicine and contravened various provisions of By-Law No. 1, the Code of Conduct and Statements of the College, in the following respects:

1. He entered into a personal and intimate sexual relationship with a patient (Ms. X) while continuing to act as her physician. This behaviour was known by Dr. Korol to be professional misconduct and prohibited by the College since it places the physician in a serious conflict of interest that compromises the objectivity that is a key element of the physician/patient relationship and violates the general fiduciary obligation of the physician to the patient. His personal relationship with Ms. X led to the following additional improper conduct by Dr. Korol.

   i) He wrote prescriptions for drugs in his wife's name which he gave to Ms. X.

   ii) He obtained specimens (blood and a cervical swab) from Ms. X that he submitted for testing using a requisition that was in the name of another of his patients, Ms. Y.

   iii) Neither the care rendered by Dr. Korol to Ms. X associated with the provision of medications obtained in his wife's name, nor that rendered to her in obtaining specimens for laboratory analysis were entered in her medical record.

   iv) Dr. Korol made false entries on Ms. Y's record to the effect that he had examined her and had taken specimens from her for laboratory analysis when he had not done so.

2. Dr. Korol prescribed lithium carbonate in the name of his wife but had obtained the medication for his own use.

3. Dr. Korol failed to inform the College that he had been arrested and charged with offences under the Criminal Code of Canada involving domestic violence and threats thereof, weapons charges and breaches of recognizance.

4. Dr. Korol made misrepresentations to the College during the College's investigations of these matters.

The Panel also noted that there were aggravating factors present in Dr. Korol's conduct in relation to these matters:

i) Dr. Korol failed to maintain accurate records despite his undertakings to the College dated November 25, 2008 and earlier.

ii) Dr. Korol misled and failed to fully cooperate with the College's investigation. He initially denied several of the improper activities described above when interviewed by the Investigation Chair of the College that were later established.

iii) His misconduct consisted of a series of acts committed over several months.

iv) He entered a personal relationship with a patient who was in a highly vulnerable psychological state and under financial stress.

v) He used another patient's name in ordering tests of specimens that did not belong to that patient and entered false information on the record of said patient who was unaware of these actions.

Weighing all of the evidence presented in the Book of Documents, the acknowledgment of serious transgressions contained in the Statement of Agreed Facts, and the various aggravating factors outlined above, and taking into account Dr. Korol's plea of guilty to the charges contained in the Amended Notice of Inquiry, the Panel regards the joint recommendation as to penalty as not only appropriately addressing the misconduct of Dr. Korol but also serving the purposes of general deterrence and of meeting the College's mandate to serve and protect the public interest in the maintenance of high standards of medical practice and professional conduct.

Accordingly, the Panel unanimously accepts the joint recommendation of Counsel for the College and Counsel for Dr. Korol that Dr. Korol's registration and licensure be revoked, that he pay to the College the costs of the College in the amount of $15,000 and that there be a publication relating to these proceedings and of the decision of the Panel, which publication shall include Dr. Korol's name.

INQUIRY: IC1289
DR. JOHN ALEXANDER KREML

On September 21, 2010, a hearing was convened before an Inquiry Panel (the Panel) of the College of Physicians & Surgeons of Manitoba (the College), for the purpose of conducting an Inquiry pursuant to Part X of *The Medical Act*, into charges against Dr. John Alexander Kreml (Dr. Kreml), as set forth in an Amended Notice of Inquiry dated May 17, 2010.

The Amended Notice of Inquiry charged Dr. Kreml with various acts of professional misconduct, and with contravening By-Law No. 1 of the College, and Articles 1, 2 and/or 15 of the Code of Conduct of the College, and Statement 805 of the College, and with displaying a lack of knowledge of, or a lack of skill and judgment in the practice of medicine. Among other things, the Amended Notice of Inquiry alleged that Dr. Kreml exploited certain patients for his personal advantage by involving the patients in unethical prescribing practices, of issuing narcotic prescriptions to certain patients without creating any medical record respecting specific patient visits, falsifying the clinical medical records of certain patients by recording prescriptions as though they were issued solely for the use of the patient when in fact they were partially for Dr. Kreml's own use, of breaching an undertaking to the College dated April 9, 2009 by practising medicine when Dr. Kreml had expressly agreed to cease the practice of medicine, of providing false information to the College with respect to the particulars of his own narcotic abuse, and by failing to disclose arrangements which he had for obtaining narcotics from patients to whom he had prescribed narcotics.

The hearing proceeded before the Panel on September 21, 2010, in the presence of Dr. Kreml and his counsel, and in the presence of counsel for the College.

At the outset of the hearing, Dr. Kreml entered a plea of guilty to the charges outlined in paragraphs 1 through 7 inclusive of the Amended Notice of Inquiry. By doing so, Dr. Kreml acknowledged that he:

i. was guilty of professional misconduct;
ii. had contravened By-Law No. 1 of the College;
iii. had contravened Articles 1, 2 and/or 15 of the Code of Conduct of the College;
iv. had contravened Statement 805 of the College;
v. was guilty of displaying a lack of knowledge of, or a lack of skill and judgment in the practice of medicine.

The Panel reviewed and considered the following documents, which were filed with the Panel with the consent of Dr. Kreml:

1. the Notice of Inquiry;
2. the Amended Notice of Inquiry;
3. Statement 805 of the College;
4. portions of By-Law No. 1 of the College;
5. portions of the Code of Conduct of the College.

The Panel also reviewed and considered the following documents, which were introduced as evidence in the proceedings with the consent of Dr. Kreml:

1. A Statement of Agreed Facts.

2. A Book of Documents which included:
   a) various charts and clinical records relevant to these proceedings;
   b) undertakings signed by Dr. Kreml dated January 11, 2007 and April 9, 2009;
   c) a joint recommendation that Dr. Kreml's registration and licensure be revoked, that Dr. Kreml pay to the College costs in the sum of $15,000.00, and that there be publication, including Dr. Kreml's name.

DECISION

Having considered the above-noted documents and evidence and the guilty plea entered by Dr. Kreml, the Panel concluded that the charges of professional misconduct, and of contravening By-Law No. 1 of the College, Articles 1, 2 and/or 15 of the Code of Conduct of the College, and Statement of 805 of the College, and of displaying a lack of knowledge of, or a lack of skill and judgment in the practice of medicine had all been proven. The Panel also concluded that the joint recommendation of the College and Dr. Kreml as to penalty ought to be accepted. The Panel's specific reasons for its decision are outlined below.

REASONS FOR DECISION

BACKGROUND:

Dr. John Kreml had practiced Family Medicine successfully in Winnipeg for almost 20 years when he developed an alcohol addiction in the late 1990's. He sought treatment at an addiction centre in 2000. In 2003 he was arrested and charged with driving under the influence. He signed 3 undertakings with the College in 2003 and 2004. In 2006 he was again arrested and charged with driving under the influence. In January of 2007 he signed a comprehensive treatment and monitoring undertaking with the College. This undertaking was still in place when further problems arose in 2008.

In 2008 Dr. Kreml began to use sedatives/ tranquilizers/hypnotics and oral narcotics obtained from family/extended family members. At about this same time he began to ask for, accept and use oral narcotics (Percocet and Oxycontin) obtained from some of his patients to whom he had prescribed those narcotics. In early April, 2009, certain patients of Dr. Kreml's patients notified the College and expressed concern about Dr. Kreml's behaviour. Coincident with this, Dr. Kreml reported to the College that he had been self-medicating and misusing prescription medication and that he was concerned that he had become addicted to the medication. At the request of the Physician Health Program Dr. Kreml signed an undertaking

with the College on April 9, 2009 to cease the practice of medicine and not resume same without the express written approval of the Standards Committee Chair. On April 13, 2009 the Deputy Registrar of the College met with Dr. Kreml to discuss Dr. Kreml's use of family/extended family acquired sedatives, tranquilizers, hypnotics. At that time, Dr. Kreml did not disclose the magnitude of his narcotic use problem, nor that he had involved his patients.

In early June, 2009, the College became aware that Dr. Kreml was continuing to write prescriptions for a number of his patients. This was stopped, Dr. Kreml's narcotic source ended and he returned to alcohol use. A meeting was arranged between Dr. Kreml and the Investigation Chair. Dr. Kreml did not attend. He was admitted to a regional hospital and subsequently readmitted to an addiction centre. Dr. Kreml's license was suspended on June 29, 2009.

CHARGES AND COUNTS:

As a result of Dr. Kreml's actions, charges as outlined in the Amended Notice of Inquiry dated May 17, 2010 were issued against Dr. Kreml.

The charges were based on 7 specific counts particularized in the Amended Notice of Inquiry dated May 17, 2010. During the hearing on September 21, 2010, and throughout its deliberations, the Panel carefully considered all of the documents and evidence referred to in the Introduction to these Reasons.

The following summarizes the Panel's analysis and conclusions with respect to each count.

1. *You exploited certain patients for your personal advantage by involving the patients in your unethical prescribing practices, thereby breaching Article 2 of the Code of Conduct and/or committing acts of professional misconduct.*

The Panel unanimously concluded that the allegations relating to this count have been **PROVEN**. The Panel considered this the single most egregious of Dr. Kreml's actions. Over the course of up to a year Dr. Kreml exploited 4 patients. These 4 patients would provide a portion of their Percocet or Oxycontin oral narcotic medication back to Dr. Kreml from the prescription he had provided to them. By so doing he placed his own needs ahead of, and breached his fiduciary obligations to those potentially vulnerable and dependant individuals. Furthermore some of those prescriptions were written after Dr. Kreml had provided a written undertaking dated April 9, 2009 to cease practising medicine.

2. *You issued a Temazepam prescription to a patient without:*
   a) *taking an adequate history or conducting an adequate physical examination to evaluate the patient's medical condition and the appropriateness of that medication for the patient's condition, and/or*
   b) *creating any medical record respecting the patient; thereby breaching Statement 805 of the College and/or breaching By-Law No. 1 of the College in effect at the material time, and/or committing an act or acts of professional misconduct.*

The Panel unanimously concluded that the allegations relating to this count have been **PROVEN**. Dr. Kreml prescribed the sedative/tranquilizer/hypnotic to an individual upon request at a social event at which he had just met that individual. By so doing, Dr. Kreml demonstrated an unacceptable standard of practice. Furthermore, this occurred after Dr. Kreml had provided a written undertaking dated April 9, 2009 to cease practising medicine.

3. *You issued narcotics prescriptions to certain patients without creating any medical record respecting the specific patient visit, thereby breaching Statement 805 of the College and/or breaching the record keeping requirements of By-Law No. 1 of the College in effect at the material time, and/or committing an act of professional misconduct.*

The Panel unanimously concluded that the allegations relating to this count have been **PROVEN.** Oral narcotic prescriptions were issued to 6 patients without the generation of any medical record or note over a period of approximately 5 weeks (April - June, 2009). Some of these oral narcotic prescriptions were issued for two of the patients with whom Dr. Kreml had been sharing narcotics. The deficiencies in those medical records could have had harmful consequences for the future care of those patients.

4. *You falsified the clinic medical records respecting certain patients by recording prescriptions as though they were issued solely for the use of the patient, when in fact they were partially for your own use thereby breaching the record keeping requirements of By-Law No. 1 of the College and/or committing an act of professional misconduct.*

The Panel unanimously concluded that the allegations relating to this count have been **PROVEN.** None of the records of the four patients from whom Dr. Kreml was receiving narcotics indicated that a portion of the narcotics were being used by someone else, namely Dr. Kreml. This act of omission is not surprising given the serious nature of the breach in the patient-physician relationship which had occurred. Nonetheless, the omission produced false and inaccurate records with respect to those patients which could have had harmful consequences for their future care.

5. *You breached your undertaking to the College dated April 9, 2009 by practising medicine when you had expressly agreed to cease the practice of medicine.*

The Panel unanimously concluded that the allegations relating to this count have been **PROVEN**. Dr. Kreml wrote at least 12 prescriptions for 10 patients between April 30 and June 5, 2009. Most of these prescriptions were for oral narcotics (Percocet and Oxycontin). This represented a serious breach of his agreement with the College and constituted unprofessional behaviour because it undermined the efficacy of the portion of the College's regulatory system which is based on undertakings from physicians. In order for that portion of the regulatory system to be effective, the College must be able to rely on the integrity and honesty of the physicians involved.

6. *On April 13, 2009 during the course of an interview with the Deputy Registrar of the College, you provided false information to the College, thereby committing an act of professional misconduct.*

   Particulars include one or more of the following:

   a) *You did not fully disclose the particulars of your narcotic abuse;*

   b) *You did not disclose your arrangements for obtaining narcotics from patients to whom you prescribed.*

The Panel unanimously concluded that the allegations relating to this count have been **PROVEN.** Dr. Kreml informed the Deputy Registrar that for at least two months he had been using sedative/tranquilizer/hypnotic and oral narcotic (Percocet) medication obtained from family/extended family members apparently without their knowledge. However, Dr. Kreml failed to inform the Deputy Registrar that for almost a year he had also been using oral narcotics (Percocet and Oxycontin) obtained from one or more of his patients through prescription sharing. Not only was this deceitful, it jeopardized the well-being of the patients and of Dr. Kreml himself.

7. *By reason of the foregoing you have displayed a lack of knowledge of or a lack of skill and judgement in the practice of medicine.*

The Panel unanimously concluded that the allegations relating to this count have been **PROVEN**. Cumulatively all of the actions described above displayed disregard for the well-being of the patients, contempt for the processes of the College, and profound disrespect for the

standards of the Profession of Medicine. In addition, regrettably, Dr. Kreml displayed wanton disregard for his own well-being.

Based on all of the evidence, and on Dr. Kreml's plea of guilty, the Panel finds Dr. Kreml guilty of all of the charges. Furthermore, the Panel concurs with the *Joint Recommendation as to Penalty*. The penalty which has been recommended properly reflects the seriousness of Dr. Kreml's professional misconduct and his other breaches of applicable professional standards. The recommended penalty fairly addresses the need for deterrence directed specifically at Dr. Kreml and for deterrence generally in the sense of communicating to the entire medical profession that misconduct of the type involved in this case will result in very serious consequences. Only by imposing such significant penalties will the public continue to have faith in the ability of the medical profession in Manitoba to regulate itself. Accordingly, it is the decision of the Panel that:

1. *Dr. Kreml's registration and licence be revoked.*
2. *Dr. Kreml immediately pay to the College costs in the sum of $15,000.00.*
3. *There shall be publication, including Dr. Kreml's name.*

Near the conclusion of the September 21st hearing, the Panel asked Dr. Kreml a series of direct questions relating to the support systems he currently has in place to assist him in his battles with his addictions, and with respect to what is different today than formerly, when he also had certain support systems in place, but nonetheless succumbed to the insidious nature of his severe addictive illness.

Dr. Kreml's answers to those questions demonstrated insight and self-awareness, and an understanding of the importance of the supports which are currently available to assist him in his recovery. Although the path forward for Dr. Kreml will be difficult and challenging, the Panel was encouraged by Dr. Kreml's understanding of, and resolve to overcome his illness.

CENSURE: IC1203
DR. STEPHAN GERHARD KRESS

On November 3, 2010, in accordance with Section 47(1)(c) of *The Medical Act*, the Investigation Committee of the College censured Dr. Kress with respect to his care and management of "X".

I. PREAMBLE

In any encounter with the patient, the physician must perform an examination appropriate to that patient's complaint. Failure to do so significantly increases the risk of failed diagnosis and potential for harm.

The physician must collaborate with other healthcare workers in order to provide quality care for the patient. In particular, this includes nursing staff who are in a position to more regularly assess a patient's status. A concern expressed by nursing staff about a change in the patient's status or about the failure of a prescribed treatment to have its intended effect should prompt a reassessment by the physician.

The medical record is an essential part of patient care. It should accurately reflect the historical and physical findings as well as document the assessment and treatment plan of the physician.

II. THE RELEVANT FACTS ARE:

1. X presented to the Emergency Department on January 24, 2007 with complaints of vomiting, diarrhea, chills and retching. X was seen by another physician at 11:15, and diagnosed with gastroenteritis. Orders given by that physician were for IV normal saline, 250 cc bolus, then 150 cc/hr. and IV 25 – 50 mg. of Gravol, and an abdominal x-ray.
2. The nurses' notes document:
   a. at 11:20 the IV was established in X's right arm, and normal saline was infusing.

b. At 11:50 the 25 mg. of Gravol was administered.
c. At 11:55, X vomited.
d. At 14:10 X vomited.
e. At 16:00, X returned from x-ray where the x-ray could not be done due to X vomiting.
f. At 16:15, 25 mg. of Gravol was administered, and X's brief was changed for loose stool.
g. At 17:30, X's brief was changed for liquid, mucusy stool. X was complaining of lower abdominal pain and "++" pain to X's right elbow, decreased feeling to X's right fingers, which appeared to the nurse to be quite pale and cool to touch compared to the left hand. The nurse wrapped X's arm in a warm blanket for comfort.

3. Dr. Kress assumed responsibility for X when the other physician went off shift. Dr. Kress stated that at sign over, he understood that X was to receive a few more hours of fluids and could then go home.
4. At approximately 18:00, Dr. Kress was called to assess X's right forearm, and attended for that purpose. He ordered 500 cc bolus of normal saline and morphine 5 mg. IV. Dr. Kress wrote a consult to internal medicine.
5. Dr. Kress made no note at the time he saw X. In his response to the College, he stated that:
   a. X complained of pain in the right forearm and a small amount of pain in the elbow.
   b. When Dr. Kress examined X, X's right arm was pink and there was no obvious discrepancy in color compared to the left arm.
   c. X's radial and ulnar pulses were present.
   d. Light touch sensation appeared normal.
   e. When Dr. Kress palpated the arm from elbow to hand, the only area of tenderness was around the IV site.
   f. Dr. Kress was specifically looking for the signs of ischemia in X. At the time, Dr. Kress thought the most likely cause was irritation from the IV.
   g. Dr. Kress ordered morphine to see if the symptoms improved, periodic checks of X's pulses for any change and a consult with internal medicine as he was concerned about X's nausea and vomiting. Dr. Kress felt that the IV should be re-sited, but agreed with the nurse to defer this action to see if the morphine would improve X's symptoms.
6. At the time Dr. Kress came to assess X, there were two witnesses present, a nurse and X's daughter.
7. The nurse who was present in the room states:
   a. Dr. Kress did not garb for isolation and did not put on gloves.
   b. The nurse's recollection is that Dr. Kress did not touch X.
   c. When Dr. Kress asked what brought X in, X's daughter answered for X.
   d. The nurse pointed out to Dr. Kress that there had been a sudden onset of pain in X's right arm that was of concern, and that X's right arm was pale and cool compared to X's left arm. The nurse showed Dr. Kress the pulse oximeter reading on the left was 93%, and that the pulse oximeter was not registering on X's right arm. Dr. Kress inquired as to the rate at which the IV was running.
   e. Dr. Kress stated that it might be nerve related because of the IV site.
   f. Dr. Kress ordered morphine and instructed the nurse to monitor.
8. X's daughter who was present in the room states:
   a. Dr. Kress did not garb for isolation and did not put on gloves.

b. Her recollection is that Dr. Kress did not touch X.
c. At the time Dr. Kress was in the room, X's right arm was cold to touch and pale compared to X's left arm.
d. Dr. Kress told X and X's daughter that X most probably had the flu.
e. When X's daughter inquired of Dr. Kress about the arm, Dr. Kress stated that he was going to take the IV out and put it in the other arm and give X some morphine to help X with the pain.

9. The nurses' notes document that at 18:30, X reported that the pain to X's right elbow persisted and the medication had done nothing.

10. The nurse states that she verbally reported to Dr. Kress that there had been no improvement with the morphine and Dr. Kress advised that the IV would have to be re-sited.

11. The nurses' notes document that at 19:50, X complained she had "++" pain to X's right arm and that X's right arm was numb and tingly. The nurse noted that X could not make a fist and X's arm looked blanched. The nurse documented speaking to Dr. Kress, and Dr. Kress ordered that the IV be re-sited.

12. Although the nurse who made the 19:50 entry stated that she verbally advised Dr. Kress of her findings as documented in her 19:50 note (i.e. significant pain, numbness, inability to make a fist, blanched arm), Dr. Kress denied having been so advised. Dr. Kress stated that at around 20:00 he was advised that the morphine did not appear to be effective, and so Dr. Kress ordered that the IV be re-sited. Dr. Kress admitted there must have been a miscommunication between him and the nurse. Both Dr. Kress and the nurse recollect that it was a very busy night in the emergency room and that the conversation was very brief.

13. The nurses' notes document:

a. At 20:10, the IV was re-sited in X's left arm.
b. At 20:30, X's right arm was wrapped in warm wet towels. X stated that there was no relief from the pain with discontinuance of the IV in the right arm. Morphine, 20 mg. was administered.
c. At 21:40, X stated that X's arm felt the same, with no relief from the analgesic. The arm was cold to touch, blanched in colour. The nurse noted a radial pulse.
d. At 22:40, the internal medicine specialist attended for the consult, and observed X's right arm to be cold and pale. He noted a need to rule out a right humeral artery occlusion, and ordered a Doppler study of the right arm artery and initiated a vascular surgery consult. The internal medicine specialist described X's right arm as pale, pulseless and cold and he indicated reduced motor function.
e. At 23:45, the Doppler was done, with no radial or brachial pulse heard.
f. On January 25, 2007, at 00:50, X was transferred to a tertiary care center. Upon the vascular surgeon assessing X at approximately 2:30 a.m., X's right arm was noted to be pale, pulseless and ice cold. X had no spontaneous movement of the right arm and the surgeon was unable to bend X's arm into a straightened position.
g. Although brachial embolectomy was performed, the very late presentation of the ischemic arm impeded effective treatment and X underwent amputation above the elbow of the right arm.

14. Dr. Kress made two late entries, dated January 26, 2007 at 16:15 and 16:30 respectively.

15. In the entry timed at 16:15, Dr. Kress documented:

a. That the patient described the pain to Dr. Kress as mild.
b. A physical examination of the patient conducted by Dr. Kress, with findings as follows:
    i. a normal range of motion and no tenderness at the right elbow,
    ii. strong distal radial and ulnar pulses felt on the right arm,
    iii. right hand felt the same temperature as the left (not cold),
    iv. right forearm and hand appear pink, similar in color to the left.
    v. Slight tenderness to a localized area around the IV site.

16. In fact Dr. Kress did not recall whether X spoke or X's daughter spoke on X's behalf.
17. Dr. Kress admitted that he did not garb for isolation nor did he put on gloves when he examined X.

III. ON THESE FACTS, THE INVESTIGATION COMMITTEE RECORDS ITS DISAPPROVAL OF DR. KRESS' CARE AND MANAGEMENT OF X, IN PARTICULAR,

1. Dr. Kress did not conduct an adequate physical examination of X, when he was first asked to assess X in circumstances where a physical examination by a physician was mandatory.
2. When Dr. Kress was informed that the morphine ordered for X had not improved X's symptoms, Dr. Kress did not attend to reassess X in circumstances where a reassessment by a physician was mandatory.

In addition to appearing before the Investigation Committee to accept the censure, Dr. Kress paid the costs of the investigation in the amount of $5,185.97.

CENSURE: IC1060 (IC04-12-05) DR. MARC ROBERT FOURNIER

On January 25, 2011, in accordance with Section 47(1)(c) of *The Medical Act*, the Investigation Committee of the College censured Dr. Fournier with respect to his failure to maintain professional liability coverage in accordance with the requirements of Regulations 9/94 and 25/093, his false declarations on his annual renewal forms filed with the College in 2002, 2003 and 2004, and his failure to comply with By-Law No. 1 of the College.

I. PREAMBLE

Pursuant to Regulations made under *The Medical Act*, physicians are required to possess and maintain professional liability coverage that extends to all areas of the physician's practice, through either or both of membership in the Canadian Medical Protective Association and a policy of professional liability insurance that meets the requirements stipulated in the Regulation.

Annually, physicians are required to sign a Declaration confirming their compliance with the statutory requirement to maintain professional liability coverage. Making a false declaration of compliance is professional misconduct.

By-Law 1 of the College requires physicians to advise the College in writing of any change in their practice location no later than 15 days after the date of any change.

II. THE RELEVANT FACTS ARE:

1. On Dr. Fournier's renewal form dated September 30, 2002, he stated that he was a member of the Canadian Medical Protective Association, and he undertook to maintain that membership while he remained

licensed to practice medicine in Manitoba.

2. On Dr. Fournier's annual renewal form dated September 30, 2003, he stated that he had professional liability coverage that extended to all areas of his practice through his membership in the Canadian Medical Protective Association, and he undertook to maintain that membership while he remained licensed to practice medicine in Manitoba.
3. On Dr. Fournier's annual renewal form dated August 31, 2004, he stated that he had professional liability coverage that extended to all areas of his practice through his membership in the Canadian Medical Protective Association, and he undertook to maintain that membership while he remained licensed to practice medicine in Manitoba.
4. In December, 2004, the College received information that Dr. Fournier was practising at a clinic, and had been practising at that clinic since August, 2004.
5. In December, 2004, the College was informed that Dr. Fournier had not maintained his membership in the Canadian Medical Protective Association. Subsequent inquiries confirmed that Dr. Fournier had no membership in the Canadian Medical Protective Association during the period June 1, 2002 to December 31, 2004.
6. When questioned by the College, Dr. Fournier indicated that:
   a. he had entrusted his financial affairs to a third party, and believed that his payments to the Canadian Medical Protective Association had been maintained.
   b. the Canadian Medical Protective Association sent Dr. Fournier notice in July 2002 and August 2002 that his membership would be cancelled for non-payment, but he did not believe that he saw the notice until he was reviewing his documents in 2005.
   c. Dr. Fournier had several practice location changes over the years, and was uncertain what notice had been provided to the College as to his practice locations.
7. Dr. Fournier provided a substantial amount of information about his personal circumstances, including his personal health circumstances, which the Investigation Committee took into account in assessing his conduct.

III. ON THESE FACTS, THE INVESTIGATION COMMITTEE RECORDS ITS DISAPPROVAL OF DR. FOURNIER'S CONDUCT, IN PARTICULAR,

1. Practising without professional liability insurance coverage in violation of Regulation 9/94 and Regulation 25/03.
2. Making false declarations to the College in 2002, 2003 and 2004 respecting his professional liability coverage.
3. Failing to notify the College of his change of practice location as required by By-Law No. 1 of the College.

In addition to appearing before the Investigation Committee to accept the censure, Dr. Fournier paid the costs of the investigation in the amount of $2599.25.

MEETINGS OF COUNCIL FOR THE 2010-2011 COLLEGE YEAR

Council meetings for the upcoming College year will be held on the following dates:

- Friday, March 11, 2011
- Friday, June 17, 2011 (AGM)

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

CHANGE OF OFFICERS & COUNCILLORS

OFFICERS AND COUNCILLORS 2010-2011

President:	Dr. R. Suss
President Elect:	Dr. M. Burnett
Past President:	Dr. K. Saunders
Treasurer:	Dr. B. Kowaluk
Investigation Chair:	Dr. A. MacDiarmid
Registrar:	Dr. W. Pope
Deputy Registrar:	Dr. T. Babick
Assistant Registrar:	Dr. A. Ziomek
Assistant Registrar/Legal Counsel:	Ms D. Kelly

TERM EXPIRING JUNE 2012

Brandon	Dr. N. Carpenter
Eastman	Dr. B. Kowaluk, Oakbank
Westman	Dr. A. Vorster, Treherne
Winnipeg	Dr. H. Domke
	Dr. B. Kvern
	Dr. R. Lotocki
	Dr. H. Unruh
University of Manitoba	Dean B. Postl
Public Councillor	Mr. R. Toews
Public Councillor	Ms L. Read
Associate Members Register	Dr. M. Hochman (exp. Sept. 2011)

TERM EXPIRING JUNE 2014

Central	Dr. E. Persson, Morden
Interlake	Dr. D. Lindsay, Selkirk
Northman	Dr. H. Tassi, Thompson
Parkland	Dr. J. Elliott, Grandview
Winnipeg	Dr. M. Burnett
	Dr. A. MacDiarmid
	Dr. R. Onotera
	Dr. B.T. Henderson
	Dr. W. Manishen
University of Manitoba	Dr. I. Ripstein
Public Councillor	Dr. A. Friesen
Public Councillor	Mr. R. Dewar