

This newsletter is forwarded to every licenced 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.

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FROM THE PRESIDENT **Dr. Roger Süss**

Dear Colleagues,

In my last President's Letter I wrote about the importance of transparency and accountability in self governance. In this letter I want to write about the necessity of learning from our mistakes. Confronting our mistakes is one of the most painful things we have to do in our professional lives and yet it is essential in the process of becoming better physicians.

I would first like to point out several facts which may seem obvious but which can be easily forgotten in discussing our errors.

1. Mistakes come in all sizes from trivial to devastating. Any time we take an action

which is less than the best... we have made a mistake.

2. All people make mistakes. (As you know we at the College also make mistakes.)
3. If you do important work you will make important mistakes. The only way to entirely avoid making important mistakes is to do unimportant work.
4. One of the best ways to avoid making mistakes is to learn from our past mistakes – and we can only do so if we recognize them.

The College's attitude to your mistakes is governed by its mandate to ensure high quality physician care for the people of Manitoba. This goal is not well served by removing the licence of each physician who makes an error. (If we did this we would soon have none left.) Rather the College is focused on improving the future behaviour of physicians.

Most physicians are very concerned about doing quality work and readily modify their behaviour in response to simple criticism. Some are more resistant to change and require specific formal education or limits on their practice. Removal of a physician's licence is rarely felt to be in the best interests of the people of Manitoba.

One reason this is a topical issue is because this coming fall the College will begin implementing the Manitoba Physician Assessment Review (MPAR). It involves soliciting feedback on our performance from our patients and

colleagues. It is not about discipline or licensure but is an educational process. It is about learning about our shortcomings **and our strengths** and using this knowledge to improve our performance. It is an opportunity to become better physicians. I encourage you to embrace it.

If you have interpreted my message as “the president of the College says it is okay to make mistakes” then you have misunderstood. I am saying that as hard as we try to avoid them, we will still make some mistakes and we need to acknowledge them and learn from them.

It has been a great privilege to serve as your College President this year. I am pleased to have been able to work with your council, the registrar, and all of the staff at the College to make our profession the best it can be and to serve the people of Manitoba. I would encourage all of you to become involved in the governance of our profession.

Sincerely,
Roger Süß
President

NOTES FROM THE REGISTRAR

In this newsletter, our President, Dr. Roger Süß, identifies one of the prime privileges and responsibilities that we enjoy as a self-led profession. When physicians have spent long hours dealing with complex issues with patients and feel that they have done the best they can in the interest of their patients, it is sometimes difficult to accept that what we did may not always be the best for the patient or as more frequently occurs, the patients have misunderstood or are unhappy with our treatment, communication and/or attitude. Sometimes the issue may be out of our control. Sometimes it is very much our responsibility. However, as members of one of the most responsible and respected professions in our society, we do not go out to intentionally disadvantage, harm or mistreat our patients.

When I speak about the College to other organizations, I often say that I am proud that

physicians who are notified about a patient complaint are normally very distressed. They feel that in some way they may have failed their patient, their colleagues and/or themselves. Our members never take a complaint lightly.

When the concern arises because we have actually made an error, it is even more devastating.

As Dr. Süß notes, the important thing about such occurrences (which are, fortunately, relatively rare) is to learn from them. As a self-regulated profession, physicians are responsible for setting the ethical and professional standards with which we treat our patients. One important aspect of that responsibility is for us to acknowledge when we could have done something better, and learn how to modify what we do. Our responsibility is to ensure that we never lose that approach and that we constantly strive to educate and improve ourselves. As I stated above, that is both our privilege and our responsibility.

MPAR:

Society has expectations of our continuing competence. When the Regulated Health Professions Act is enacted (likely in 2012) for the profession of medicine, one of the legislative requirements will be for this College to identify continuing competence of its members. That is why your Council introduced the mandatory participation in one of the National Continuing Professional Development Programs for all members starting last September. The second part of this process will be participation in MPAR (Manitoba Physician Achievement Review) which will become active in September, 2011. This newsletter contains an information update on the introduction of The MPAR process.

COUNCIL MEETING MARCH 11TH, 2011:

The following items were approved or discussed by Council:

- i) Facsimile Transmissions of Prescriptions
 - A modification to this statement was approved.
- ii) Electronic Prescription Transmission

- Questions were raised about who provides information to patients about DPIN. The matter was referred back for further discussion with the Manitoba Pharmaceutical Association and Manitoba Health.
- iii) Physician Practice Enhancement Subcommittee of Standards
 - This subcommittee will operate the MPAR program. The terms of reference for the committee were approved.
- iv) Transfusion Medicine Extension to Reorganize
 - Council approved the recommendation of the Program Review Committee to extend this until October, 2011.
- v) Mandatory Responsibilities of Physicians
 - Council approved a modification to the document that is provided to all new physicians on statutory reporting responsibilities. The Protection for Persons in Care Act has been changed and clarification was provided to Council on this document.
- vi) Standards Committee Terms of Reference
 - These were updated for all of the Standards subcommittees.
- vii) Election of the President-Elect
 - Council was informed that Dr. Bruce Kowaluk will become the President-Elect following the Annual General Meeting in June 2011.
- viii) Information Technology and Websites
 - The College is presently in negotiation with our IT providers and our database provider to finalize a contract that will re-establish the physician profile. This work will extend over the summer and into the fall.
- ix) Council was provided with a note on the meeting with the Deputy Minister of Health and the Registrars in February 2011.
- x) Mr. Bobby Cram addressed Council on the continuing contract negotiations between Doctors Manitoba and Manitoba Health.

On behalf of all here at the College we hope that you enjoy a warm and pleasant summer and we send our sympathy and support to all of our members in communities where the flooding has threatened your homes, your patients and your ability to deliver healthcare safely.

Because of the website issue in September, 2010, there will not be online renewal available for September 1, 2011. It is hoped that on-line renewals will be re-established in 2012.

Bill Pope,
Registrar



MPAR is a multi-source performance assessment and feedback program that provides physicians with a view of their medical practice through the eyes of their medical colleagues, co-workers and patients. Feedback is presented to physicians in a confidential report that contains individualized data and comparisons to the average scores of physicians with a similar practice.

WHY MPAR?

The College of Physicians & Surgeons is charged with ensuring that every physician continues to meet and advance the high standards of practice required to work effectively within the Manitoba medical community. MPAR is designed to promote a culture of continuous quality improvement among Manitoba physicians and to offer a link between assessment and more focused professional development activity. MPAR

provides individualized feedback to physicians completing the review process to assist in their ongoing efforts to improve their medical practices while recognizing that excellence in medical practice requires abilities that extend beyond the traditional measures of clinical skills and knowledge.

Through patient involvement, MPAR provides public accountability for physician continuous practice enhancement and professional development

WHO PARTICIPATES IN MPAR?

Manitoba Regulation 25/2003 requires eligible physicians in the province to participate in MPAR once every 7 years. About 350 physicians are reviewed in a year; each of them, in turn, asks 8 physician colleagues, 8 non-physician healthcare co-workers and 25 patients to assist in the review by answering a questionnaire.

Physicians in an active clinical practice that is sufficient to provide adequate data for assessment and who have practised for at least 3 years in Manitoba are required to participate when selected.

Physicians not in clinical practice [for example, those in full time administration or research] may qualify for an exemption or deferral [based on unavailability of tools for this assessment at the present time]. Those who recently returned to practice after an extended period of time off may also be deferred.

There are currently nine versions of MPAR. Each version uses surveys that have been designed and modified to suit the unique needs of each of the nine categories of physicians.

The MPAR program will begin in September, 2011. Only general/family physicians will be included in the first year of MPAR. This will allow physicians in similar practice to provide feedback to the program. Beginning in September 2012 all Manitoba physicians will be eligible for the program.

An introduction to MPAR pamphlet will be mailed to every physician in Manitoba in June.

The MPAR website is currently under construction and expected in early July, 2011. If you would like more information please contact:

Continuing Professional
Development Coordinator
The College of Physicians
& Surgeons of Manitoba
1000 - 1661 Portage Avenue
Winnipeg MB R3J 3T7
Phone 774-4344, Ext. 156
Toll-free (in Manitoba): 1-877-774-4344,
Ext. 156
Fax 774-0750
E-Mail: cpd@cpsm.mb.ca

RECOMMENDATIONS ON USE OF DABIGATRAN

SUMMARY:

Dabigatran is a new direct thrombin inhibitor that has been approved for use in Canada for the prevention of stroke and systemic embolism in patients with atrial fibrillation, as an alternative to warfarin. *At present, dabigatran is not on the Manitoba Pharmacare benefit list, and patients prescribed it will need to pay the full cost of approximately \$3.20 per day plus pharmacy markup unless they have private insurance that will cover it.*

Dabigatran has advantages over warfarin for some patients including: moderately greater efficacy for preventing stroke, fixed dosing without requirement for monitoring, and few drug and diet interactions. It also has some disadvantages including: need for twice daily administration, accumulation in renal insufficiency, more frequent GI side effects, lack of antidote in the event that bleeding occurs, and cost.

Dabigatran has not been approved for use in a number of situations in which warfarin is used, including: mechanical heart valves, deep vein thrombosis, pulmonary embolism, acute coronary syndromes, antiphospholipid syndrome, or cardiac mural thrombus. It is contraindicated in pregnancy and in renal failure (eGFR < 30ml/min). Like any anticoagulant, it should not be administered to any patient with active bleeding or very high risk of bleeding.

A series of recommendations on the appropriate use of this new agent have been developed by the Section of Hematology/Oncology and Section of Cardiology, University of Manitoba. They address the following:

- When dabigatran is an appropriate treatment
- When dabigatran should be avoided
- Issues of monitoring
- Management of bleeding episodes and procedures

The complete document is posted on the CancerCare website:

http://www.cancercaremb.ca/home/health_care_professionals/clinical_hematology/

Submitted by:
Donald S. Houston MD
Chair, General Hematology Disease Site Group
CancerCare Manitoba

NEWBORN SCREENING FOR CYSTIC FIBROSIS

In July, 2011, Cystic Fibrosis (CF) will be added to the list of screening tests for newborn infants in Manitoba. The test is based on the measurement of immunoreactive trypsin (IRT) from the blood spot that is obtained soon after birth.

Persistently elevated IRT levels at 3 weeks of age will be further investigated by DNA testing for the most common CF causing genetic mutations.

Early diagnosis of CF allows early intervention and has been shown to improve the nutritional and pulmonary status in affected children.

Newborn screening for CF (NBS-CF) is already part of the provincial programs in Ontario, Saskatchewan, Alberta and British Columbia. The launch of NBS-CF in Manitoba is possible because of financial support from the Children's Hospital Foundation of Manitoba, and in partnership between Winnipeg Children's Hospital CF Clinic, WRHA Genetics and Metabolism Program, Cadham Provincial Laboratory and Diagnostic Services Manitoba. Further information will follow in early summer 2011.

Submitted By
Dr. Paul Van Caesele, MD FRCPC
Medical Director,
Cadham Provincial Laboratory

UPDATE CONTINUING PROFESSIONAL DEVELOPMENT AND LICENSURE WITH COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

In July 2010, a letter to all members of the College of Physicians & Surgeons of Manitoba (CPSM) outlined the expectation that physicians will need to engage in continuing professional development (CPD) as a condition of licensure. Beginning in 2008, the Royal College of Physicians and Surgeons of Canada initiated extensive consultations with Fellows, reviewed the CPD research literature and re-designed the Maintenance of Certification (MOC) Program's framework, credit system and MAINPORT.

The new MOC Program framework has been reduced from six sections to three: group learning, self learning and practice assessment, while creating new learning activities. These changes recognize the evidence from the medical

education research literature on which learning strategies produce significant improvements in enhancing knowledge, competence and performance and health care outcomes. Details regarding these changes can be seen at the Royal College website <http://rcpsc.medical.org/opa/moc-program/index.php>

The credit system for MOC combines credits based on time with credits based on the completion of projects or courses. Although there are no mandatory requirements, MOC Program participants can complete 75% of their cycle credits in any one section of the framework, and further credit incentives have been initiated to promote engagement in some self-learning and assessment activities. Changes to MAINPORT will simplify the documentation of activities and outcomes, provide greater functionality to plan and manage learning activities and enable access through multiple handheld devices, such as BlackBerrys and iPhones.

Led by Dr. Craig Campbell, FRCPC, director of the Office of Professional Affairs, the Royal College staff and members of the Professional Developmental Committee have worked diligently to develop a MOC program that responds to the needs of Fellows and promotes learning strategies that raise the standards of specialty care in Canada.

As part of the initiative, the Royal College has created a regional education support program by recruiting 12 Fellows who practise throughout Canada. Dr. Eric Sigurdson, FRCPC serves as the CPD Educator for Manitoba. Dr. Sigurdson is available by telephone or email or in person to explain the new MOC Program and MAINPORT which will be online May 24, 2011. Meetings can be individual or with a group of Fellows. Credits entered in 2011 before May 24 will be automatically transferred to the new format.

Manitoba physicians who use MAINPORT are encouraged to become familiar with the new framework and credit system and to begin to register MOC credits regularly. This is especially valuable to do this well in advance of the closing date for the current cycle for 2011 which is January 31, 2012.

Dr. Sigurdson can be reached as follows:
PsychHealth Centre,
PZ145-771 Bannatyne Avenue,
Winnipeg, MB R3E 3N4
Telephone: (204) 787-3161
Fax: (204) 787-4975
Email: esigurdson@exchange.hsc.mb.ca

ADVERTISING OF HEALTH PRODUCTS

This article is to make you aware of Health Canada's Regulation regarding product advertising on Web sites. Advertising on Web sites contravenes Section C.01,044 of the *FOOD AND DRUG REGULATIONS*.

Some Web sites promote prescription drugs such as Botox Cosmetic manufactured by Allergan Inc, by describing the therapeutic indications and benefits of these products. Section C.01.044 of the federal *FOOD AND DRUG REGULATIONS* prohibits advertising of prescription drugs to the general public beyond the mention of name, price and quantity. It is prohibited to promote any prescription drug to the general public by identifying both its name and its therapeutic use and/or benefits, as the combination of this information exceeds Section C.01.044.

This practise may also contravenes provincial/territorial laws.

These restrictions also reflect the guideline in the Canadian Medical Association Code of Ethics, which states in clause 50:

"AVOID PROMOTING, AS A MEMBER OF THE MEDICAL PROFESSION, ANY SERVICE... OR PRODUCT FOR PERSONAL GAIN."

Health Canada believes that many physicians may not be aware of the restrictions on health product advertising.

The College wants to make you aware of the federal and provincial legislation relevant to health product advertising.

Health Canada's Regulatory Advertising Web site is a useful resource for information related to federal advertising requirements, and can be accessed at www.hc-sc.gc.ca/dhp-mps/advert-publicit/index-eng.php.

All correspondence on this issue should be directed to Ann Sztuke-Fournier, Manager, Regulatory Advertising and Risk Communications Section, Marketed Health Products Directorate, tel: (613) 954-6780; fax: (613) 948-7996.

Received from:
Dr. Christopher Turner
Director General
Marketed Health Products Directorate
Health Canada

CONGRATULATIONS

Congratulations to:

- Dr. Allan Ronald, O.C.; F.R.S.C.; B.Sc (Med.), M.D. (Man.); F.R.C.P.D.; M.A.C.P.; LL.D. (Providence College); D.Sc (Wpg.) who received the honorary degree of Doctor of Science at the recent Faculty of Medicine Convocation

The following are the Doctors Manitoba 2011 Award Winners:

- Dr. Chau Pham who received the Dr. Jack Armstrong Humanitarian Award.
- Dr. Daya Gupta who was the recipient of the Physician of the Year Award.
- Ms. Rosalind Prober who received the Health and Safety Promotion Award.
- Dr. Stephen Moses who was presented with a Scholastic Award.
- Dr. Michella Alfa who received the Health Administration Award.

- Dr. John Wade who was presented with the Distinguished Service Award.
- The following Doctors Manitoba members who have become CMA Honorary Members
 - ◆ Dr. Lloyd Bartlett
 - ◆ Dr. Diane Biehl
 - ◆ Dr. Mohamed I. (Ike) Hussain
 - ◆ Dr. Vattakattu C. Jacob

ECHART MANITOBA

INFORMATION IS THE BEST MEDICINE

EChart Manitoba is a secure electronic system that connects health-care providers to key health information contained in a single, safe electronic record currently collected from multiple points of care. Providers authorized to use the system have access to medications dispensed at retail pharmacies, immunizations, demographic information and lab results. The system supports the timeliness and safety of clinical decisions by providing health-care providers across the province with access to key health information in the right place at the right time.

EChart Manitoba is a web-based application that requires Windows Internet Explorer. An electronic medical record (EMR) is not required. Physicians authorized to use the system are already seeing the benefits of having more clinical information available in a single application.

Dr. Ricardo Lobato de Faria, Chief Medical Officer, Seven Oaks General Hospital Emergency Department, shares a recent experience when treating a patient and using eChart Manitoba.

“I attended to a patient who had a cardiac rhythm abnormality and was taking preventative medication. Previously, I had no way of finding out whether the individual's levels were therapeutic and would have acted on one available option – electrical cardioversion. Due to the patient's underlying cardiac failure this would

have been a less than optimal procedure. Using eChart Manitoba I was able to obtain the result, found that it was markedly sub-therapeutic, and administered medication that restored his rhythm.”

EChart Manitoba is now available to a limited number of doctors’ offices and emergency departments in Manitoba. Over time, the system will be available to more health-care providers at more facilities and will continue to develop in functionality, meeting the growing needs of its users.

Your patients can request to see or receive a copy of their personal health information in eChart Manitoba, see who has viewed their eChart record and have their personal health information hidden from the view of all users if they wish. For more information, please direct patients to the following resources:

Web: www.connectedcare.ca/echartmanitoba

Email: echart@manitoba-ehealth.ca

Toll-free: 1.855.203.4528

Dr. Diamond Kassum,
Chief Medical Information Officer
Manitoba eHealth

DEAN’S CONVOCATION MED IV ADDRESS UNIVERSITY OF MANITOBA 2011

You are all physicians as of today. You are entering a world of remarkable privilege, but it’s a privilege that must be earned and re-earned in every day of your work. Please remember that it is not an entitlement.

You’re also entering a world that is one of continuous change. Interestingly it’s always been that way but every generation assumes, of course, that they should be immune from change.

It’s just not the case and you won’t be. You’ll be subject to increasing public scrutiny and accountability. The social media that you’re very much part of will be used to grade you. You’ll be able to find yourself on social media sites that talk about how good you are or are not.

There will be increasing funding pressures. There’s a risk, I think, that physicians could eventually price themselves out of the market if we don’t recognize our place in society and in the community we serve.

A world of increasing knowledge, a world of increasing technical capacities both in clinical and in other worlds and a world where science that was once seen as **the** evidence is now seen as one piece of evidence.

We live in a world with so many other intervening factors that implicate change and decisions and social policy; and this truly is a remarkable change.

A world where you’ll be expected to function much more in multi-disciplinary teams where the capacity to decide things on your own will be much more limited.

There will be a huge shift to generalism while you are training. The experimentation around intense sub-specialization appears to be waning in most jurisdictions of the world.

Teaching hospitals will decrease their footprints and be replaced by networks that have much more collective and community-based experience attached to them. And finally the expectations around patient safety will become more and more profound.

Embrace the changes. They are an important part of making medicine and clinical care better and I think your embracing of the change will allow them to move forward much more effectively.

Where will you find support during these times of change? Your education has given you, I think, all of the tools you’ll need to manage that.

Find support in your patients: they'll teach you about medicine; they'll teach you about yourself; they'll teach you about life. Turn to your colleagues, they have always been the most effective way to find equilibrium in a difficult circumstance.

Dean Brian Postl

MEETINGS OF COUNCIL FOR THE 2010-2011 COLLEGE YEAR

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

- 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	Mr. R. Dawson
Public Councillor	Mr. R. Dewar

