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This newsletter is forwarded to every registered member of the College of Physicians & Surgeons of Manitoba. Decisions of the College on matters of standards, amendments to regulations, bylaws, etc., are published in the newsletter. The College therefore expects that all members shall be aware of these matters.

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From Your President

DR. ERIC SIGURDSON



Why does engagement with the College matter?

For me, years ago, elections at the College of Physicians & Surgeons of Manitoba took place in the background of my personal focus. That all changed as I chose to be a candidate, then a councillor and later chair of a committee. That early involvement has transformed into important relationships with outstanding staff at CPSM and the issues that impact patient care and physician work.

Over the years, the College has grown in its importance and relevance to the profession. The College's mandate is protection of the public. As part of that mandate it is key that the College support its members in ways that enable members to deliver safe healthcare. Central to the success of the College is how CPSM connects with each member about matters of critical importance. A fair and respectful connection is a cornerstone to our focus on patient safety and physician support. As a past President, Dr. Dan Lindsay has commented, we stand on the foundation of 2000 years of medical history, yet every day when providing care there is the need to meet current standards of care. Almost all the tens of thousands of physician-patient encounters every week meet or exceed those standards. To be fair, there are a few of the large number of interactions that do not meet that standard. The College attempts to help members remediate any deficiencies in a respectful manner.

Still there are misperceptions about the College. They include the view that the College is all about punishment; that it is remote and secretive; and that it does not listen to its members. None of these are true.

The following are three examples of College work which speak to the College's commitment to serve the public by helping its members deliver quality, compassionate and safe care:

Safety

First, woven through all College activity are the threads of safety to the public. If something enhances patient safety it is worthy of College focus and efforts. Your safe practice is supported by College activity and always will be. An example of this is the outstanding work by Past-President, Dr. Alewyn Vorster, to lead the College efforts to develop criteria for M.A.I.D. That is a "made in Manitoba" standard, arguably the best such document in Canada. Dr. Vorster, and Registrar, Dr. Anna Ziomek were an energy source for wide consultation over an extended interval that lead to an exceptional document with province wide support.

Quality Improvement

Second, the College places great importance on the feedback of its 4,030 members who are students, residents, physician and clinical assistants, and licensed physicians. For example, you said the results of the Manitoba Practice Assessment Program (MPAR) were not informative and useful to enhance your practice. You wanted more meaningful, robust feedback on the quality of your care and any areas for improvement. As a result, the College initiated an assessment of educational needs of learners at all stages, headed by the vision of Deputy Registrar, Dr. Terry Babick. This work is now taking form under the leadership of Dr. Marilyn Singer. The focus is on lifelong learning to keep current with best practices. A new Quality Improvement Program is being developed.

Complaint Process

Third, the College recognizes the stressful experience of receiving a complaint about their practice. Fairness and respect for both the complainant and the member guide this process. As a self-regulated profession, we are entrusted by an Act of the legislature to investigate these complaints. You have told us the process has been too slow and too adversarial. Through the leadership of Dr. Ira Ripstein and Dr. Ziomek, the College is seeking improved means of alternate dispute resolution. This important work is now under the guidance of Dr. Garth Campbell. We now have the opportunity to be a national leader in this aspect of self-regulation.

So today, as I reflect on the three traditional cornerstones of College work which are standards, complaints, and registration, I recognize the many changes in health care in our province and the need for all physicians to contribute to the discussions. These changes need your voice. Consider standing as a candidate for Council at the next election.

I see the value of a vigorous leadership team that focuses on aiding your development as a valued, compassionate and knowledgeable care giver for your patients. Your executive is a phone call or email away. I can be reached via phone at 204-771-7735 or via email at President@cpsm.mb.ca. I look forward to hearing from you.

I extend my deep gratitude to Dr. Alewyn Vorster who has been an outstanding mentor in my preparation for assuming the responsibility to serve as your President.

In future notes to you, I plan to bring you news about benefits to you and your patients from engagement with CPSM. Future topics include our initiative in a new governance structure, treatment with opioids, our focus on fiscal responsibility, and our Information Technology Project to support your interaction with CPSM. I will elaborate on our success and share difficult topics. Thank you for placing your trust in me as your President.

All the best
Sincerely
Eric Sigurdson, MD MSc FRCPC

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Notes from the Registrar



I hope you are all enjoying the beautiful Manitoba Summer!

We continue to be busy at the College with several initiatives. Below is a brief update on the happenings.

Chief Operating Officer

I am pleased to welcome Mr. Dave Rubel to the College. He assumed the position of Chief Operating Officer on June 5, 2017. Dave specializes in finance and risk management and has already proved to be a valuable asset to the College.

Physician Quality Improvement Program

The College is embarking on a new program related to physician quality improvement. Starting in 2018, members will be required to participate in a reflective exercise and review of their practice/work on a seven-year cyclical basis. When they are selected to participate, all members will be asked to provide detailed information about their scope of practice, their practice settings, and their practice demographics. They will provide information about their CPD, and identify a learning need and a plan to address that need. Some members will undergo multisource feedback, off site chart reviews, and/or on site visits. All participants will be provided with feedback and practice support resources. The College is working in conjunction with the provincial credentialing committee, the College of Family Physicians of Canada, and the Royal College of Physicians and Surgeons of Canada, as all gather similar information. The aim of the program is educational, to encourage our members to reflect on their practice and direct their learning to best serve the needs of their patients and communities. The program is currently in development, and we welcome the input of College members.

iMIS Member Database

We are continuing with the development of iMIS – the College’s new member database – which is on track for implementation during the first quarter of 2018. Working with our project partner Bursting Silver – the College is pleased with the project management methodology for the iMIS database project that will ensure a smooth on-time and on-budget transition from the current legacy system. As the project progresses the College will provide additional details of the benefits of iMIS for its members.

As I reported to you in February, the College was a participant in a pilot risk management joint project between FMRAC, HIROC and the provincial MRA’s. Building upon the experiences of the pilot – the College will continue its participation in anticipation of establishing a proactive and continuous risk management culture. FIRMS (FMRAC Integrated Risk Management System) will provide many benefits of our ongoing participation that will help foster and support open discussions of organizational risks and practices for quality assurance and continued improvement.

The Regulated Health Professions Act - Update

CPSM is working with government to finalize drafts of the regulations specific to the College of Physicians and Surgeons under the *Regulated Health Professions Act*. Those draft regulations will be taken to Council

for its review and approval, perhaps as early as September 2017. Once Council approves the drafts there will be meetings/consultations with key stakeholders such as other regulatory bodies, Doctors Manitoba, the University of Manitoba, and the Provincial Medical Leadership Council. The approved draft regulations will then be posted on the College and Government websites as part of a 60-day public consultation period. Once the feedback from the consultation on the regulations is received, reviewed, and, where appropriate, incorporated into revised draft regulations, the revised draft regulations will be taken back to Council and government for their formal approval. Government will then select a date to proclaim the regulations enforce, which will transition the CPSM to the statutory regime under the RHPA, rather than the *Medical Act*.

Standard of Practice – Opioid Prescribing Working Group

As a result of the crisis of opioid use in Canada and meetings with government, the College felt it necessary to strike a working group to develop a Standard of Practice for Opioid Prescribing for our members. The working group consists of members from pharmacy, nursing, dentistry, addiction medicine, family physicians, psychiatry, and pain medicine. The group is working hard to come up with a robust Standard of Practice that will assist both prescribers and patients. The goal is to have a Standard of Practice for Opioid Prescribing ready for Council's review in December 2017.

Extended/After Hours Care Working Group Phase II

This working group continues to work with government and other professions on two Demonstration Projects, one rural and one urban. Later this month the first one will be launched in the Interlake/Eastern Region in rural Manitoba.

With the changes that are happening in the Winnipeg Regional Health Authority the Demonstration Project for the urban area is still being reviewed with some further ideas being considered before launching.

National Application

As I mentioned in the last newsletter, the College is now using the National Application for registration of physicians in Manitoba. The process is progressing well. As with any new process, there has been a learning curve for staff in Qualifications, but overall the new process is working well.

Federation of Medical Regulatory Authorities of Canada (FMRAC) Annual Meeting

The FMRAC Annual Meeting held this year in Winnipeg was a success with participants from Colleges across Canada. The focus was on the opioid crisis and what we, as regulators can do to assist both members and the public when it comes to prescribing controlled drugs.

I will continue to keep you updated on happenings at the College but also ask that if there are items you feel are relevant that should be included in the newsletter please let me know. Please feel free to contact me any time at AZiomek@cpsm.mb.ca with any comments or suggestions you may have.

Anna M. Ziomek, MD
Registrar/CEO

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Max Rady College of Medicine

Rady Faculty of Health Sciences



UNIVERSITY
OF MANITOBA

**Message from
Dr. Brian Postl
Dean, Rady Faculty of Health Sciences &
Vice-Provost (Health Sciences)
University of Manitoba**

At the Bannatyne campus on June 2, a banner was ceremonially unfurled on the mezzanine level of the Brodie Centre atrium. A crowd watching from below cheered and applauded.

The banner proclaimed: Indigenous Institute of Health and Healing – Ongomiizwin.

At that historic moment, our new institute took its permanent place in the Rady Faculty of Health Sciences. Ongomiizwin will be a centre of leadership and excellence, committed to building respectful relationships and creating pathways to Indigenous health, healing and achievement.

The institute was officially launched with a full day of ceremony, celebration and dialogue, attended by more than 300 university and community representatives. It was an inspiring day of hope, gratitude and reflection, as well as determination and empowerment.

“This day we are celebrating new beginnings,” said Mary Wilson, Elder in Residence at the institute. “Today is an amazing day where we can bring our energy together.”

Ongomiizwin is the largest Indigenous education and health unit in Canada in terms of scope and mandate. It will conduct research in partnership with Indigenous communities; support and enhance the success of First Nations, Metis and Inuit students in the health sciences; and provide culturally appropriate health services to Indigenous communities. Its work will be guided by Knowledge Keepers and Elders.

The name Ongomiizwin means “Clearing a path for generations to come.”

“As we establish this Faculty-wide institute, we are clearing the path for tomorrow’s children – Indigenous and non-Indigenous – to be educated as dentists, dental hygienists, doctors, nurses, pharmacists and rehabilitation therapists in a culturally safe place where Indigenous knowledge and relationships are formally recognized,” said Dr. Catherine Cook, vice-dean of Indigenous health at the Rady Faculty.

Ongomiizwin unites three units that were formerly part of the Max Rady College of Medicine: the Manitoba First Nations Centre for Aboriginal Health Research, the Centre for Aboriginal Health Education and the J.A. Hilde Northern Medical Unit.

The three have been renamed Ongomiizwin – Research, Ongomiizwin – Education and Ongomiizwin – Health Services. Dr. Marcia Anderson, executive director of Indigenous academic affairs at the new institute, described these as “the three strands of our braid.”

The institute will lead the implementation of the Rady Faculty’s Reconciliation Action Plan, developed in response to the health-related calls to action made by the Truth and Reconciliation Commission of Canada.

The Action Plan addresses themes such as honouring traditional knowledge; providing safe learning environments; improving support and retention of Indigenous students; educating all students and faculty in cultural safety and anti-racism; and removing barriers to health professional education. Ongomiizwin, located in four spaces on the Bannatyne campus, supports healing from the ongoing legacies of colonialism as part of the reconciliation process.

The healing of relationships between the university and the diverse Indigenous communities it serves won’t happen overnight. But we have taken a meaningful step together, making a formal commitment to preparing a place for tomorrow’s students that is founded on respect, inclusion and equity.

Moving? Retiring?

If you are leaving the province or retiring from practice, Bylaw #11 requires that you advise the College where your records will be stored. This is so we can make note of it on your file to advise interested parties.

You are also required to give timely notice of closing, leaving or moving a medical practice to your patients and other parties as set out in ByLaw #11, Standards of Practice Section 64.

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CPSM's Physician Health Program

Regarding the Health-Related Questions on CPSM License Renewals

Every year, you are required to complete an on-line license renewal process. Included in the renewal forms are two health-related questions. In order to avoid confusion or to prevent an unnecessary phone call or letter from the CPSM, members are asked to please carefully consider your response to the two questions.

Question 4a) asks "Do you currently suffer from or are you currently being treated for any physical or mental condition or addiction which has the potential to compromise the ability to deliver safe medical care?" The key words in this question are "any condition *which has the potential* to compromise...".

Question 4 b) relates to past health conditions. It is acceptable for those who have already been reviewed by Physician Health to answer this question with "*previously reported*".

Even though you may have previously had a review conducted by the Physician Health Program and deemed no further follow-up was required, Question 4 a) "current" health, still needs to be answered appropriately. There is no longer the option of responding to question 4a) as "previously reported". The only options are "yes" and "no". When responding "yes", if you feel it important to include a short explanation, you may be assured that only the Deputy Registrar and administrative staff in the Physician Health Program will see this information.

The CPSM is gratified that, due to a greater understanding at the trainee and University level, several of the undergraduate and postgraduate members have come forward reporting health conditions and have had the opportunity to interact with the CPSM's Physician Health Program staff. Remember, this is not a punitive review process.

If in doubt you may call either Ms Carol Chester-McLeod or Dr. Terry Babick at 204-786-0263 with your questions, or e-mail Carol at cchester-mcleod@cpsm.mb.ca.

Practice Address

IMPORTANT: If you are changing your practice location you must notify the College immediately so that your College records and Physician Profile can be updated and current. You can email your change of location to cpsm@cpsm.mb.ca.

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What can I expect if I am called for an interview by the PHP?

- The Physician Health Program will treat you fairly and respectfully.
- You may be asked to share your story as to how you came to the attention of CPSM.
- You may be asked to share your insight about what has happened.
- You may be asked to describe your family and community support for recovery.
- You may be asked to outline the professional resources you have or will access.
- There may be a discussion about the value of an agreement with CPSM to assure your participation in recovery. This agreement is called an undertaking. It is not always required.
- You may be asked to share your plans for the near future as well as longer term career plans.
- You will be asked to comment on any aspect of the interview, whether positive or negative.
- Sometime a follow up interview is appropriate and if so that will be discussed.
- You will have the option of bringing legal counsel with you.
- The interview may take 30 to 60 minutes. At the end, you will meet with the PHP Standards Manager who will confirm your contact information including e-mail address, telephone numbers and mailing address.

2017-2018 License Fee Renewals

Members on the Manitoba Medical Register, Physician Assistant Register and Clinical Assistant Register will be sent an email notification from the College regarding licence renewal. Fees are due by 31 October 2017.

All licence renewals will be online. If you do not have a means to renew online, you may call the College to make an appointment to use a College computer to complete your online renewal.

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Opioid Replacement Therapy in Manitoba

A major step forward for opioid replacement therapy in Manitoba

On April 20, 2017 buprenorphine/naloxone (Suboxone) was changed from a Part 3 to a Part 1 benefit under Pharmacare. Prescribers now have two available first-line options for the treatment of opioid use disorder covered under Pharmacare: methadone and buprenorphine/naloxone.

This is exciting for several reasons. First, it will increase access to a second life-saving medication with a robust evidence-base for treatment of opioid use disorder. Second, for many patients, buprenorphine/naloxone may be a preferred choice as it increases patient safety in the following areas:

- overdose situations, buprenorphine has a ceiling effect for both sedation and respiratory depression
- polysubstance use, particularly with sedating agents (ex. alcohol, benzodiazepines, z-drugs such as zopiclone, OTC agents such as Gravol, etc.)
- severe respiratory disease
- improved side-effect profile
- less drug-drug interactions

In Manitoba, prescribing buprenorphine/naloxone requires an exemption to prescribe Methadone. While a large proportion of opioid replacement therapy occurs in specialized centers, it can be both useful and feasible in primary care settings. In addition, the skill set developed through the training process may be valuable for prescribers from various backgrounds. As we continue to address the current opioid epidemic, we encourage prescribers and pharmacists to consider incorporating opioid replacement therapy into their existing practices.

For prescribers or pharmacists interested in learning more, an interdisciplinary training program entitled “Opioid Replacement Therapy 101” has been developed by the College of Physicians and Surgeons of Manitoba, the College of Registered Nurses of Manitoba and the College of Pharmacists of Manitoba and is being offered on an ongoing basis.

For further information, please do not hesitate to contact:

- Marina Reinecke MBChB, CCFP (ISAM Certified)
Medical Consultant, College of Physicians and Surgeons of Manitoba
marinajoel@mymts.net or 204 294 2162
- Diana Heywood RN MN
Practice and Standards Consultant, College of Registered Nurses of Manitoba
dheywood@crnm.mb.ca or 204 784 6467
- Ronda Eros BScPharm
Practice Consultant, College of Pharmacists of Manitoba
remos@cphm.ca or 204 233 1411

Marina Reinecke, MD
Medical Consultant

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Congratulations

This years Doctors Manitoba Award recipients

Distinguished Service Award

Dr. Molly Seshia - in recognition of service provided to patients and the community which has enhanced the image of the physician through devotion to the highest ideals of the medical profession and in the promotion of the art and science of medicine through teaching, writing and administration.

Dr. Jack Armstrong Humanitarian Award

Dr. Harold Booy - for outstanding contributions by a member or former member of Doctors Manitoba in the service of humanity either within Canada or abroad.

Physician of the Year

Dr. Alewyn Vorster - for significant contribution to the practice of medicine and to the community by a member of Doctors Manitoba.

Resident of the Year

Dr. Maria Bronson - for excellence in academic and clinical training and noteworthy contributions to the resident's home program/specialty or residency program.

Health or Safety Promotion Award

Dr. F. Gígi Osler - for contribution toward improving and promoting the health or safety of Manitobans specifically or humanity generally.

Health Administration Award

Dr. Keevin Bernstein - for contribution to policy and administration in health care.

Scholastic Award

Dr. Ryan Zarychanski - for scholarly activity in the health professions.

College of Pharmacist of Manitoba 2017 Patient Safety Award

Excerpt from letter dated February 9, 2017 to Dr. Marina Reinecke from Ms Susan Lessard-Friesen, Registrar, College of Pharmacists of Manitoba

“It is with great pleasure that I inform you the Council of the College of Pharmacists of Manitoba has unanimously accepted the recommendation of the Awards and Nominating Committee that you, along with your colleagues on the interdisciplinary team that developed the “Opioid Replacement Therapy 101: An Introduction to Clinical Practice” program, be named as recipients of the 2017 Patient Safety Award.”

We congratulate Dr. Reinecke and her team for a job well done!

Email Address

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

Your email will not be made available to the public.

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

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From the Maternal and Perinatal Health Standards Committee

Recording of Tdap and Influenza Vaccination on Prenatal Records

Physicians are reminded of the importance of counseling patients during pregnancy on vaccination, particularly for diphtheria, tetanus, pertussis and influenza. Patients should be individualized on whether they should receive the vaccine or not, depending on past history of vaccination. The current Manitoba Prenatal Record does not have a reminder to document whether such vaccines have been discussed or given during pregnancy. As such, the Maternal and Perinatal Health Standards Committee recommends that physicians place a stamp or other indicator on the prenatal sheet on whether the Tdap or influenza vaccinations has been discussed with the patient, accepted, and/or provided.

Maternal health care workers may also choose the box entitled “Miscellaneous” on the second page of the Manitoba Prenatal Record to record such vaccines. The placement of a stamp may serve as a trigger to remind maternity health workers to counsel patients regarding these vaccinations and will communicate to others whether such vaccines have been provided.

While the literature is still evolving with regards to the issue of timing and frequency of such vaccines, it should be mentioned that there is some evidence to support the benefit of taking such vaccines with every pregnancy early in the 3rd trimester, particularly in protecting against diphtheria, tetanus and pertussis.

Dr. Michael Helewa
Medical Consultant

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From the Child Health Standards Committee

Recommendations from the Child Health Standards Committee related to child health.

1. That physicians be alert for early signs of immunodeficiency in infants and refer patients to the Pediatric Hematology/Oncology/Blood & Marrow Transplant Section as soon as concerns are identified.
2. That physicians be aware of the requirements to report suspected child abuse and neglect to provincial authorities.
3. That physicians consider Kawasaki Disease in the differential diagnosis of infants and children with prolonged and unexplained fever in order to initiate prompt treatment to prevent coronary artery aneurysms and associated complications.
4. That the committee support the work of regional and provincial partners who are developing safe sleep guidelines, policies, and public education.
5. That the committee work with regional and provincial partners to update and disseminate sepsis management guidelines including assessment and management of fever in your infants.

R. Lynne Warda
Medical Consultant

Need Assistance?

PHYSICIANS AT RISK

Phone 204-237-8320 (24 hours)

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From the Investigation Committee

The Importance of Discharge Instructions

The Investigation Committee recently reviewed a case which highlighted the importance of providing good instructions for follow up. A patient with cellulitis of the hand was seen on a walk-in basis and provided with antibiotics. The next day he was seen by another physician who drained an abscess. Unfortunately, the patient went on to develop sepsis and seeded a mycotic pseudoaneurysm resulting in an extended ICU admission. While this specific complication is rare, sepsis is a life-threatening complication which requires rapid intervention, so physicians must be vigilant in providing follow-up instructions.

As with any acute illness, patients with infections should be informed of the anticipated course of recovery and what to do if their clinical course does not follow this trajectory. Patients who understand the anticipated time lines and the specific signs of deterioration are better able to seek appropriate reassessment in a timely manner.

Obligation to Report

The College relies on its members to report conduct that may compromise the safe practice of medicine. Most members are aware that reporting to the College is necessary if he or she reasonably believes a colleague is unfit to practice, incompetent or unethical, or suffers from a health condition that impairs safe practice. The College recognizes that it is not easy to report a colleague, and acknowledges that a member may need guidance in this process. The Registrar is more than willing to discuss concerns with members about the circumstances involved and to discuss whether or not reporting is required. Members should be aware that the College has various options to address concerns including referral to the Standards Department, the Investigations Department or to Physician Health.

Another question which often arises is in relation to the level of detail members are able to provide to the College under The Personal Health Information Act [PHIA] if the concerns relate to the care of a specific patient. *The Medical Act* and *The Personal Health Information Act* [clause 22(2)(e)] allow members to provide detailed information to the College for its purposes, without the consent of the patient, it is very helpful if the information provided includes the name of the patient(s) and their demographics, if known. This allows us to access patient records in accordance with the applicable legislation and informs our further actions, including allowing the member an opportunity to respond to the specific concerns.

The College appreciates the effort it takes to make these reports. In the majority of cases, the source of the information is not known to the member, but may be required in circumstances where formal discipline results. Members should be assured that as much as possible, our philosophy is to educate and remediate members where applicable. Our Physician Health program is structured to support physicians to remain in their practice wherever possible.

Contact information for the Registrar is on the College website.

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FMRAC Activities Report



FMRAC Update

Activities:

- Surveys of Members and other stakeholders on a wide variety of issues, e.g.:
 - Representation to outside bodies
 - Prescription opioids
 - MAiD
 - Draft physician health document
 - Mandatory CME / CPD
 - Physician licensed in more than one Canadian jurisdiction
 - Licensing fees for physicians who work part-time
 - TOEFL as proof of English language proficiency
 - Operating reserves
 - Certificates of Professional Conduct (<http://fmrac.ca/policy-on-disclosure-of-professional-information/>)
 - Currency of practice and supervision
 - Mifegymiso
 - Student-run clinics
 - and others
- Annual Meeting and Conference – in Banff AB from 10-14 June 2016, including satellite meetings (Board retreat, Special Interest Groups and Physician Factors Group)
- Opioids – the theme of the 2016 FMRAC Conference
- Medical Assistance in Dying (MAiD) – the second theme of the 2016 FMRAC Conference
- Registration Working Group – addressed (a) implementation of the FMRAC *Model Standards for Medical Registration in Canada*; (b) a request from the Application for Medical Registration in Canada to consider hosting a common postgraduate training application form; (c) follow-up to the June 2016 Board workshop on routes to certification; (d) a common approach to gender neutral language in registration and licensure processes; and (e) cases of misrepresented credentials.
- CMA General Council and the CMPA Annual Meeting and Educational Session (on opioid prescribing).
- FMRAC Integrated Risk Management System – the pilot involving three medical regulatory authorities was completed; FMRAC and HIROC agreed on co-branding for FIRMS.
- International Association of Medical Regulatory Authorities (IAMRA) and International Physician Assessment Coalition (IPAC) in Melbourne, Australia – three presentations on physician practice improvement, FIRMS and regulation of physician assistants.
- Risk Management Committee – addressed (a) Member feedback pertaining to privacy and transparency of information generated through FIRMS; (b) the results from the pilot study and any necessary changes; (c) the ongoing development of the “peer collaboration model”; and the readiness of FIRMS for launch.
- MSF-360 – initiative led by the Medical Council of Canada for physician in-practice assessment (the first of such tools to be developed), following on the *FMRAC Physician Practice Improvement System* (<http://fmrac.ca/physician-practice-improvement/>). The initial tool was developed by CPSA several years ago.
- Summit on Opioid Prescribing – 18-19 November in Ottawa

- CanMEDS – finalizing the terms of reference for the CanMEDS Consortium involving 13 medical organizations, including FMRAC; the media release went out the following month:
<file:///C:/Users/falefebvre/Downloads/canmeds-consortium-media-release-e.pdf>
- Association of Faculties of Medicine of Canada – consultation with the Task Force on Undergraduate Medical Education Accreditation
- Rural Health Care Summit – 22 February in Ottawa, with CFPC and Society of Rural Physicians of Canada (http://www.cfpc.ca/national_summit_focuses_improving_rural_health_care_access/).
- Medical cannabis – discussions with the Office of Medical Cannabis at Health Canada on access to information about physician authorizations.
- Professional Learning and Development Committee – Royal College
- Mandatory CPD Reporting – The Board agreed that an indication of “good standing” suffices for the purpose of receiving compliance reports from the national certifying colleges, the following definition was proposed (and subsequently approved):

To be considered to be in good standing (green light), physicians must:

- *be enrolled in either the Royal College or CFPC Program (i.e., paying dues);*
- *be participating in the Program to the satisfaction of the certifying college; and*
- *have completed the requirements of their five-year cycle at the end of the cycle.*

A physician will be considered to be not in good standing (red light) if they:

- *are not enrolled (i.e., not paying the dues); or*
- *are enrolled but:*
 - *are not responding to educational support concerning non-participation (zero credits) after two consecutive years; or*
 - *have not completed the requirements of their five-year cycle at the end of the cycle, as determined by the certifying college.*

- Legalization of marijuana – FMRAC was invited to technical briefing in Ottawa on 13 April, while Bill C-45 and Bill C-46 were being introduced in the House of Commons. FMRAC had written to the co-Chairs of the Task Force on Marijuana Legalization and Regulation, requesting that there be no specific category of marijuana for medical purposes in any legislation intended to allow and control the use of marijuana for recreational purposes. This request was not heeded.
- Mifegymiso – FMRAC had several discussions with Health Canada and other stakeholders since April 2016 on the issue of physician prescribing of Mifegymiso and patient access: <http://www.hc-sc.gc.ca/dhp-mps/prodpharma/sbd-smd/drug-med/sbd-smd-2016-mifegymiso-160063-eng.php>
- Committee on Accreditation of Continuing Medical Education – FMRAC is one of eight partners on this committee. The meeting was hosted by AFMC and was focused on a review of the current system and possible ways to streamline the processes.
- Physician Health Working Group – discussed the feedback received from the external consultation on the draft *FMRAC Framework on a Regulatory Approach to Physicians with Health Conditions*. The group is recommending that this framework be approved by the Board at its meeting on 10 June 2017.

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Bug Day

Health Sciences Centre Winnipeg presents

THE 21st ANNUAL BUG DAY

**Tuesday,
October 17, 2017**

Join us at Frederic Gaspard Theatre,
Theatres B & C, University of Manitoba
Basic Medical Sciences Building,
700 William Ave., Winnipeg, MB
or by Manitoba Telehealth



 **Health Sciences Centre
Winnipeg**

Bug Day Agenda

- 0750 - 0800** Opening Remarks
Fred Aoki, MD
- 0800 - 0855** Infection Prevention and Control: Inspiring Change!
John Embil, MD
Infection Prevention and Control Unit
Health Sciences Centre,
Winnipeg Regional Health Authority
- 0855 - 0900** Announcements
Moderator
- 0900 - 0930** Preparing for the Plagues...
Whatever They May Be
Joanne Embree, MD
Department of Pediatrics, University of Manitoba
- 0930 - 1000** Exhibits/Nutritional break provided
- 1000 - 1030** What the Heck are You Putting in Your Mouth? All Facts about Food Fraud
Robert Mancini, MSc
Sealed Air
- 1030 - 1100** Construction Everywhere!
Keeping a Level Head in Protecting our Patients
Craig Doerksen, P Eng
Facility Management, Health Sciences Centre
- 1100 - 1130** What's in my Antibacterial Soap?
Demystifying Environmental Antimicrobials
Ayush Kumar, PhD
Department of Microbiology,
University of Manitoba



- 1130 - 1200** What Goes on Behind the Scenes: Infection Prevention and Control in the Dental Office
Nita Mazurat, DDS
Department of Restorative Dentistry,
University of Manitoba
- 1200 - 1300** Exhibits/Lunch on your own
- 1300 - 1315** Announcements
- 1315 - 1345** Shingles Vaccination: Giving it a Shot
Fred Aoki, MD
Section of Infectious Diseases,
University of Manitoba
- 1345 - 1415** Unwanted Trade Offs for Promising Results: Risk of Infection with Immuno-Modulator Cancer Therapies
Eric Bow, MD
Section of Infectious Diseases and Haematology/Oncology, University of Manitoba
- 1415 - 1445** Exhibits/Nutrition Break provided
- 1445 - 1515** Unravelling the Mysteries of Sepsis: Could the Answers be in the Blood?
Ryan Zarychanski, MD
Section of Critical Care and Haematology /Medical Oncology, University of Manitoba
- 1515 - 1545** Zika Virus: What's the Buzz One Year Later
Pierre Plourde, MD
Winnipeg Regional Health Authority
- 1545 - 1600** Closing Remarks
Moderator



For more information, call (204) 787-4654 or visit
www.hsc.mb.ca/Bugday.html

Visit site to download
abstract booklet, brochure,
and other important material



Rady Faculty of
Health Sciences



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Meetings of Council

2017-2018 COLLEGE YEAR

Council meetings will be held on the following dates:

- September 29, 2017
- December 15, 2017
- March 16, 2018
- June 15, 2018 (Annual General Meeting)

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

Officers of the College

2017-2018 COLLEGE YEAR

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

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Councillors

TERM EXPIRING SEPTEMBER 2017

Associate Members Register Dr. Boshra Hosseini

TERM EXPIRING JUNE 2018

Central	Dr. Ockie Persson
Interlake	Dr. Daniel Lindsay
Northman	Dr. Deborah Mabin
Parkland	Dr. Elizabeth Senderewich
Winnipeg	Dr. Wayne Manishen Dr. Michael West Dr. Nichole Riese Dr. Eric Sigurdson Dr. David Pinchuk
University of Manitoba	Dr. Ira Ripstein
Public Councillor - Elected	Mr. Richard Dawson

TERM EXPIRING JUNE 2020

Brandon

Eastman

Westman

Winnipeg

Dr. Stephen Duncan

Dr. Nader Shenouda

Dr. Alewyn Vorster

Dr. Heather Domke

Dr. Candace Bradshaw

Dr. Florin Padeanu

Dr. Josef Silha

Public Councillor - Elected

Ms Priti Shah

TERM EXPIRING JUNE 2021

Public Councillor –
Government Appointed

Mr. Alan Fineblit

Public Councillor –
Government Appointed

Ms Marvelle McPherson

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