

# From the College

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

Volume 46 Number 1

Publications Mail Agreement #40051985 Return Undeliverable Canadian Addresses to 1000 – 1661 Portage Avenue, Winnipeg, MB R3J 3T7 Website: www.cpsm.mb.ca

February 2010

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...

The President's Message	1
Notes from the Registrar	2
Highlights from the December Council Meeting	2
Ordering H1N1 Vaccine	3
Expected Death At Home	3
Can Drugs Be Recycled?	4
Pre-Operative Testing	4
Lessons Learned - From the Complaints Committee	4
Name Change	4
Congratulations	4

### The President's Message

**O**n behalf of Council, I'd like to extend Winter greetings to our membership and provide an update on current activities.

Much work has continued on both the province's "Regulated Health Professions Act" and our own "Blue Sky". As you will likely recall, the RHPA is legislation that will rewrite the governance of all healthcare professions. Our College is the first of the various healthcare Colleges to go through this process. Blue Sky is our own College's work on reviewing and redefining qualifications for all physicians practising in Manitoba.

These two working groups have continued to meet on a regular basis and indeed provide our largest challenge at present. The RHPA working group has pretty well completed its initial work on regulations, and the College has sent feedback/recommendations to Manitoba Health.

The launch of the RHPA has been delayed by government until January 2011, giving us some extra time prior to implementation. The Blue Sky working group presented their review of qualifications to Council at its December 2009 meeting. Council has requested clarification and further thoughts on a few areas. These items will be reviewed at future meetings. All these documents will be available on our website for members to see in the next few months.

As this work continues on a provincial basis, we are also continuing to cooperate federally with the Federation of Medical Regulatory Authorities of Canada [FMRAC] as we develop a national strategy for physician portability across Canada.

"The Labour Mobility - Agreement on Internal Trade" should enhance the ease of physician portability across the country and your Council is strongly supportive of this. The highest or gold standard for medical licensing has been very easy to agree upon. The challenge for the various provincial Councils is to reach an agreement on the minimum standard that is necessary for a full licence and portability to practise anywhere in the country. Negotiation and discussion between the various provincial colleges and the national organization continues.

December 14, 2009 was the last Council meeting. The preceding issues were discussed at length. "Notes from the Registrar" in this newsletter explain the decisions more specifically.

Much work has been accomplished since the fall and I commend Council for all that has been achieved so far.

As these various acts of legislation are rolled out, they will have a significant impact on medical regulation and the laws within which our College and those across the country will be obliged to operate. Council is working very hard to make sure that our member physicians and the public we represent are as safe and well served as possible.

### Notes from the Registrar

Happy New Year!

The phrase "the times they are a-changin" is really applicable today to the College of Physicians and Surgeons of Manitoba. As we have noted in previous newsletters, the new *Regulated Health Professions Act* is coming closer to being a reality in this province. This Act creates a single format for all the regulated health professions in the province of Manitoba. There are many parts of it which are new and which create significant work for us in the College offices. In particular, all the Regulations relating to qualifications must be rewritten and approved by government. This kind of overview has not occurred in at least 25 years.

Your Council has set up a Blue Sky Working Group [for qualifications] and a President's Working Group [for the other areas of the Act] to advise Council on these new processes.

At each quarterly meeting, Council discusses and approves or modifies major areas for the future governance of the profession. In addition, we have to present a new Code of Conduct and an area called "Standards of Practice" which is at a higher level than our College has normally adopted in the past. The way in which we do business is certainly being modified.

### Highlights from the December Council Meeting

 $\mathbf{A}$  t the Council meeting on December 14, 2009, almost the entire agenda was devoted to reviewing sections for *The Regulated Health Professions Act*. Medicine will be the first profession to be active under the new Act. Manitoba Health has indicated to us that this is likely to occur in January, 2011.

The following areas were discussed:

#### 1. Continuing Professional Development for Physicians

After reviewing this issue for nearly five years, Council has now approved the requirement that all physicians in Manitoba participate in one of the two national continuing professional development programs. This means either the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada. Many members already participate. Both the CFPC and the RCPSC permit licensed physicians to participate in their CPD programs without becoming formal members of either College. There is, of course, a fee involved.

Beginning September 1, 2010 with the renewal of licensure, it will become mandatory for all licensed physicians to participate in one of these two CPD programs. The Regulation under the present *Medical Act* to require this is being written and we expect that it will become law at the present sitting of the legislature. In addition, the second part of continuing professional development will be participation in the Physician Achievement Review process initiated by the College of Physicians and Surgeons of Alberta and presently used also by the College of Physicians

and Surgeons of Nova Scotia. We will be the third province to participate in this review which involves obtaining feedback from individuals who work with us and the patients we serve. This is expected to become active at the beginning of 2011. More information on the Manitoba component of the Physician Achievement Review will be coming out in future newsletters.

#### 2. Requirements for Registration

As part of the renewal of the qualifications process, your Council has spent a significant period of time reviewing the wording of the qualifications regulation and providing both simplification and a more reasonable approach to registration in Manitoba.

In particular, present conditional registration which is open to any graduate of any internationally accepted medical school will become much clearer. The important principle in any process for conditional registration will be the need for a Canadian assessment of competency prior to permitting an individual to enter practice.

#### 3. Program Review

Your College's Program Review Committee accredits "facilities" where the College has agreed to or has a legal responsibility to oversee their operation. At the present time, the Manitoba Quality Assurance Program (MANQAP) is the only program operating under the Program Review Committee.

At the December Council meeting, Council approved that the non-hospital medical/surgical facility accreditation program [NHMSF] be moved from Standards to Program Review. At the present time, this program accredits facilities outside hospitals where procedures occur that require anesthesia or sedation. The breadth of this program will increase dramatically under the new Act.

Council has approved the recommendation that all offices where equipment is sterilized and re-used will now be accredited by this program. This is a proactive approach. Several of our sister Colleges have been required to take this on by their governments.

As this is a very important area of patient safety, your College has elected to do this in a coordinated and organized fashion directed by the Council and not by government.

#### 4. Standards

As members know, the operations of Standards are significant and cover many different areas already. We no longer review rural hospital facilities unless there is a specific invitation to do so. Standards will continue performing physician audits which remain educational in nature. In addition, Standards will continue to monitor Physician Health, Rural Area Standards Committees, the Winnipeg Regional Health Authority Standards Committee and Dispensing Physicians. The Maternal and Perinatal Health Standards Committee and the Child Health Standards Committee remain very active.

Standards will continue to host a bi-annual provincial Standards conference.

Council has approved enhancing physician audits and adding physician prescribing reviews and over time, an educational physician office inspection and review.

As noted above, Standards will only review rural hospitals upon invitation and the non-hospital medical/surgical facility accreditation is being expanded and will report to Program Review.

#### 5. Renewal Requirements

Further information will be required each year on renewal of licensure. In addition, physician assistants and clinical assistants will be required to answer the same questions.

#### 6. Delegation of Function

Under the new Act, there are a number of "reserved acts" which are specifically defined. These include such items as prescribing and ordering certain tests. The philosophy of *The Regulated Health Professions Act* is to say that only a member of a regulated health profession where appropriate training and competency can be demonstrated and where there is a review of such competency, should be entitled to perform these particular reserved acts.

Each profession will request permission to perform some or all of these reserved acts. Your Council has requested that physicians be permitted to perform all of the reserved acts. There is also now the opportunity to have delegation of function of these acts both within professions, among regulated health professions or even to outside individuals. Council noted there should be a distinction between direct orders and medical directives. Specific requirements were approved at the meeting.

As you can see, there are many philosophical changes being incorporated into the new Act. Any physician who wishes to review this document may view it on the Manitoba government website at <u>www.gov.mb.ca</u>. All the present Regulations [government law approved by cabinet and which defines the general statements of the Act more specifically] are, as noted above, being rewritten.

As well, the College must produce Standards of Practice and the Code of Conduct, a new By-Law No. 1 and other documents which will then be put on the College's website for comment by members and the public. All of these documents must then receive Cabinet approval and will effectively become law. Statements and Guidelines will no longer exist.

Some Statements will be incorporated into the Standards of Practice. Others will be reformatted and will appear as "Practice Directions". These practice directions will have the same authority as Statements did previously. Most importantly, practice directions may be approved by Council and do not require further government authorization.

At the upcoming Council meeting on March 12, 2010, Council will be asked to review and approve a new Code of Conduct. Many of these documents will then be put on the website for member feedback.

We welcome your advice on these issues. We will also be sharing them with the Board of Doctors Manitoba who will be invited to comment as well.

### **Ordering H1N1 Vaccine**

f you have ordered pH1N1 vaccine---thank you!

If you have not, did you know that:

- Two thirds of Manitobans have not yet been vaccinated.
- The expected standard of practice is the same as other vaccines with regard to:
  - a) storage (cold chain at 2-8 °C)
  - b) acceptable levels of wastage, and
  - c) the level of provincial monitoring.

Whether you are vaccinating with pH1N1 or not, please use every opportunity to encourage your patients to get the shot.

Please remember that all refrigeration units must be monitored by a National Institute of Standards & Technology (NIST) certified thermometer to ensure that vaccines are kept at the specified temperature range, which you will find in the product information sheet. These thermometers may be obtained easily from any reputable medical equipment supplier.

### **Expected Death At Home**

**G**uideline 1600, Arrangements for Expected Death at Home is available to all members on the College website.

Recently a situation was identified in the media where a patient with terminal malignancy was discharged briefly from a Manitoba hospital. For various reasons she stayed longer at home and died unexpectedly. When the family called the ambulance, there was a specific attempt to resuscitate the patient who was obviously dead. This created great discomfort for the family.

Many hospitals have protocols available that allow patients to die peacefully and in a respectful fashion in their homes.

Physicians should review Guideline 1600 on the College website so that they know these processes do exist and where possible, make appropriate arrangements to assist their patients and their patients' families.

### Can Drugs Be Recycled?

T he Manitoba Pharmaceutical Association is supportive of responsible environmental and public safety practices with respect to the fate of unwanted medications.

However, the recycling of drugs is generally illegal. The risk associated with re-using medication outweighs any benefit that might be gained by recycling the medication. In Manitoba, drugs in sealed, unopened containers may only be recycled if they have been returned from a controlled environment such as a long-term care facility or a hospital.

Any medication that has been released to the public may not be returned for re-use. The environmental strategy for drugs that must not be re-used relates to reducing the dispensed quantities should there be any concern that the entire amount of the medication will not be used, re-use or recycling of the packaging and appropriate disposal of the unwanted medication. The unnecessary waste of medication can be diminished through a trial course of treatment or through smaller quantity amounts being dispensed for the first fill of prescribed medication. Equally important is the education of patients, prescribers, pharmacists, government and the pharmaceutical industry on the importance of reducing the cost and environmental impact of waste medication.

Health professionals are in an ideal position to assess and appropriately respond to the individual patient's reasons for returning medication and to assist in the safe disposal of unwanted drugs. However, patients should be informed that medications cannot be re-used and all unwanted medication should be properly eliminated. Unnecessary medication kept in the home enhances the risk for accidental poisoning and/or inappropriate use.

Miller Environmental will take unwanted medication from the general public, for proper disposal at no charge at the following address:

Miller Environmental Corporation 1803 Hekla Avenue, Winnipeg MB R2R 0K3 Telephone: (204) 925-9600

Pharmacies in Manitoba act as a collection depot for unwanted medications from the public and will forward the medication to Miller Environmental.

### **Pre-Operative Testing**

In 1993, the College published a Guideline "Pre-Operative Investigation for Adult Elective Surgery". This guideline was withdrawn in October 2004 when the Clinical Practice Guideline Program ceased to exist.

Members are reminded that individual surgeons/ anesthetists are responsible to determine what preoperative testing is required for each of their patients.

Those members who continue to quote the 1993 requirements should cease to do so immediately.

#### Lessons Learned...

(Reprinted from the January 2007 Newsletter)

#### Wait Times for Scheduled Appointments

In recent months, a number of patients have brought forward complaints regarding waiting times for scheduled appointments.

Patient complaints most often describe occasions when multiple patients are booked for the same time slot - for example, several morning patients being told to arrive at 9:00 a.m. (one patient described attending for a scheduled appointment only to find the office closed, with no notice or explanation on the door). A seriously disabled patient describes having specifically notified the physician's office of his inability to endure a long waiting time due to his physical condition, and yet was left waiting for more than two hours.

Both the Complaints and Investigation Committees have identified these situations as demonstrating disrespectful behaviour. While there are some situations where unforeseen circumstances create a longer wait, inappropriate booking has become the norm in some practices. Physicians are reminded to schedule appointments taking into account the realistic time requirement for the appointment.

Physicians can access information on a variety of different booking strategies through MD Solutions.

### Name Change...

**T** he Manitoba Colorectal Cancer Screening Program has now changed its name to ColonCheck Manitoba. In addition to distributing FOBT kits through direct mail and the Breast Screening Program, they have partnered with physicians, clinics and pharmacies to distribute tests. March is Colorectal Cancer Month. Cancer screening can save lives.

Please contact ColonCheck Manitoba at 788-8635 if you are interested in collaborating with the Program or visit their website <u>www.coloncheckmb.ca</u> if you would like to order pamphlets/posters to promote colorectal screening.

### Congratulations...

To *Dr. Denis Fortier*, who was awarded the Margaret Teresa McDonnell Recognition Award. This award was created in honour of Margaret Teresa McDonnell, an early pioneer who, upon her arrival in St. Boniface in 1855, provided care to the Francophone and Métis families in the fledgling Red River Mission, which were the beginnings of the St. Boniface Hospital. This award recognizes the merits of a professional who demonstrates outstanding commitment in providing high quality French language, health or social services on a daily basis. Dr. Fortier is the first recipient of this new award and it is a significant honour for him.

## Notices, etc...

### Important Reminders...

#### 1. If You are Physically Changing your Location

#### YOU MUST:

- Advise where your records will be stored so the College can note it.
- Advise interested parties.

Remember, if you have not practised in Manitoba for a period of more than two (2) years without Council's permission, your name will be removed from the Medical Register. That date will be 2 years from the time you stop practice.

#### 2. If You are Closing a Practice

#### YOU MUST:

• Read College Statement #172 "Permanent Closure of a Medical Practice", which outlines all the things you must do. It doesn't matter why you're closing the practice. It may be because someone has to close it on your behalf because of your illness or death.

Every doctor must think about what happens if he or she closes a practice for any reason whatsoever and, in particular, be prepared to have records stored and available to patients.

### Accepting Visiting Medical Students for Electives (UG/PG)

Are you considering sponsoring a medical student and/or resident for an elective? ALL visiting medical students and residents must be registered with the University of Manitoba and The College of Physicians & Surgeons of Manitoba. There is a defined process with eligibility criteria that must be met. For more information, please contact the appropriate person at the University of Manitoba:

> Undergraduate Medical Students: Ms Tara Petrychko; Tel: (204) 977-5675 Email: <u>petrych@ms.umanitoba.ca</u>

Residents (Postgraduates): Ms Laura Kryger; Tel: (204) 789-3453 Email: <u>kryger!@cc.umanitoba.ca</u>

Website: http://www.umanitoba.ca/faculties/medicine/education/ index.html

#### Officers and Councillors 2009-2010

Officers and Councillors 2009-2010			
President:	Dr. K. Saunders		
President Elect:	Dr. R. Suss		
Past President:	Dr. B. MacKalski		
Treasurer:	Dr. R. Suss		
Investigation Chair:	Dr. M. Burnett		
Registrar:	Dr. W. Pope		
Deputy Registrar:	Dr. T. Babick		
Assistant Registrar:	Dr. A. Ziomek		
Assistant Registrar/Legal Couns	sel: Ms D. Kelly		
Term expiring	r June 2010		
Central	Dr. E. Persson, Morden		
Interlake	Dr. D. Lindsay, Selkirk		
Northman	Dr. H. Tassi, Thompson		
Parkland	Dr. D. O'Hagan, Ste. Rose		
Winnipeg	Dr. M. Burnett		
	Dr. A. MacDiarmid		
	Dr. R. Onotera		
	Dr. K. Saunders		
	Dr. R. Suss		
University of Manitoba	Dr. W. Fleisher		
Public Councillor	Mr. W. Shead		
Public Councillor	Ms S. Hrynyk		
Clinical Assistant Register	Dr. M. Hochman		
Term expiring	z June 2012		
Brandon	Dr. N. Carpenter		
Eastman	Dr. B. Kowaluk, Oakbank		
Westman	Dr. D. Chapman, Neepawa		
Winnipeg	Dr. H. Domke		
	Dr. B. Kvern		
	Dr. R. Lotocki		
	Dr. H. Unruh		

*Physician Profile Information – Mandatory Reporting to the College* 

Dean D. Sandham

Mr. R. Toews

Ms L. Read

**P**lease note that physicians **MUST** report immediately to the College if they have had a medical malpractice court judgment issued against them by a court in Canada or if they have been convicted of any offence under the Criminal Code, the Controlled Drugs and Substances Act or the Food and Drugs Act.

If you have any questions, please contact the Registrar.

### **Physicians at Risk**

- Physician and family support program
- Help from a male or female colleague
  - Anonymity preserved

University of Manitoba

Public Councillor

Public Councillor

Call 237-8320 for assistance – 24 hours