From the College

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IN THIS ISSUE...

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.

Notes from the Registrar and Highlights from the Annual General Meeting June 2009

Summer at last! The last few months have been some of the busiest in the history of the College and resulted in some of the biggest issues for change our regulatory authority has known in 30 years. Several major items of legislation were approved in the spring sitting of the House which changed the face of health care legislation forever. These include:

- **The Medical Amendment Act**

This Act re-establishes the educational register for the CPSM. The educational register will now permit undergraduate medical students, postgraduate residents who are not eligible for full registration and physician assistant Masters students to see patients. These individuals must all now register with the College upon their first entry into Manitoba. As members are aware, the Faculty of Medicine, in conjunction with the Faculty of Postgraduate Studies, has been operating a Masters program for physician assistants during the past year. In their second year, the physician assistant learners will be seeing patients. In order to do that, they require College registration. We look forward to the graduation of this first class next spring. Manitoba is one of only two provinces in the country to educate physician assistant learners and is the only province to have a full masters program in place. When I presented these programs last winter at a national meeting of the Canadian Medical Association, Manitoba was highly praised for its thoughtful, proactive work to provide physician assistants to work as physician extenders in the Province of Manitoba. In addition, this legislation will create a physician assistant register for those who are certified physician assistants. This means they have graduated from an approved physician assistant training program in Canada or the U.S. Finally, the clinical assistant register will remain for those individuals who have been approved for non-certified clinical assistant positions. These individuals are either international medical graduates, members of a regulated health profession licensed in Manitoba or the highest level of emergency medical attendant. As this newsletter goes to print, we are approving the regulation for these changes. With Cabinet approval, they should be active by September 2009.

- **The Labour Mobility Act**

There has been intense discussion across the country about the Agreement on Internal Trade (Labour Mobility) over the past 18 months. In 1999, all the medical regulatory authorities in Canada signed an agreement saying that there would be cross-border movement of anyone who has the LMCC and certification from either the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada. In the past 12 months, the Prime Minister, premiers of the provinces, and leaders of the territories have signed an agreement that is much broader. Effectively, the agreement supports immediate registration/licensure in any other Canadian jurisdiction of someone who is presently registered/licensed somewhere in Canada. Significant restrictions are placed on the kinds of requirements that the receiving jurisdiction can demand of the physician asking to move. In particular, no further assessments of clinical competence are permitted. There are several issues of concern that arise from this. The first is that the standards for assessment are not the same in each Canadian province or territory. Manitoba accepts immediate entry onto the full register at present for anyone who has the Royal College certification in a specialty or someone who has the LMCC and the CCFP from the College of Family Physicians of Canada. All others are issued some form of conditional registration with terms and conditions and certain exit examinations which must be passed in a specific time period. We require an initial on-site assessment for all these individuals, except those who are eligible to sit the CCFP or the RCPSC certification exams and those who have American Board certification or eligibility. Most of our sister provinces do not have as rigorous an on-site clinical assessment. Virtually ever province has some different format. The result is that the Federation of Medical Regulatory Authorities of Canada (FMRAC), which is the umbrella organization for all of the colleges in Canada, is concerned that we will all be reduced to the lowest common denominator. In addition, there are restrictions as to how far

back the College may request certificates of professional conduct. There is a concern that the "have not" provinces, such as Newfoundland, New Brunswick, Nova Scotia, Saskatchewan and Manitoba, will see an exodus of physicians to the "have" provinces. In these days of inadequate health human resources, the matter is of significant concern. Having said that, however, your Council strongly supports the principle of national physician mobility. Your Council has encouraged me to continue to remind the government of our concerns but also to promote strongly the movement of all physicians to practise anywhere in Canada.

The national meeting of the FMRAC in mid June 2009 concentrated entirely on these issues. At the end, there appeared to be a significant meeting of the minds. With the exception of one province, which was not present to participate in the discussions, all the rest of the Canadian medical regulatory authorities have agreed that there should be a common registration process that would be followed in each jurisdiction. In addition, we hope to have a national certificate of professional conduct which all provinces will use and which will identify all issues of concerns about physicians who wish to move to another jurisdiction. It has taken this kind of pressure to have almost all the Colleges move forward in a single process.

This has been a very useful outcome of the whole Agreement on Internal Trade. As things becomes more operational, we will keep you informed in upcoming newsletters and on the website.

- **The Regulated Health Processions Act**

This legislation has been in the works now for several years. Previous newsletters outlined some of the issues. Manitoba is now the fourth province (after Ontario, B.C. and Alberta) to have this kind of legislation. It changes the whole approach to health regulation. Effectively, there is one single template for the way in which all health professions' regulatory authorities act. In Manitoba, there will be 22 of us. Each will be called "College'. Each will have a registrar as the chief executive officer. There will be a single Act that will define the principles for qualifications, standards of practice, complaints, investigations and discipline, continuing professional development, and operation of the organization. In addition, all the regulations for each of these areas must be re-written.

At the direction of your Council, I requested from Manitoba Health that we be the first regulated health profession to be fully operational under the new Act. Government has agreed. Therefore, this new Act will apply to physicians in Manitoba in about one year's time. As you may imagine, this will involve much of the time available to me and the senior personnel at the College in the next 12 months. Part of the new RHPA requires discussion and consultation with members and the public. Therefore, as the principles and regulations are developed, we will post them on the website and will inform all members in newsletters that they have a chance to comment back. The same process will apply to the Code of Conduct and College ethical Statements. To ensure we have your regular e-mail contact, please complete and return the form enclosed in your licence renewal package which should arrive in your mail in early August.

What is so exciting about this process is that it gives the College a chance to look at everything we do and to create a big picture plan for the next two decades about how the College will operate its various departments. With the decision last year to cease rural hospital reviews and the requirement under this legislation for a continuing professional development plan, the Standards Department will be doing an intense review of how it wishes to operate in the future. Certainly, the same intense review will be applied to the Qualifications Department. Your President has noted the "Blue Sky Working Group" involvement in qualifications that has already provided advice in the past. Their work over the next year will be extensive.

- **Annual General Meeting of Council June 10, 2009**

At the end of this meeting, Dr. Kevin Saunders took on the position of President, and Dr. Roger Suss became President-elect. We thank Dr. Barbara MacKalski for her extraordinary commitment and contributions over the past year.

Dr. Brock Wright, Senior Vice-President Clinical Services and Chief Medical Officer of the WRHA and Associate Dean, U of M, presented to Council on access to Winnipeg physicians by rural and northern patients, an update of the H1N1 influenza pandemic response and, finally, information on the new Joint Operating Division of the WRHA/Faculty of Medicine.

The main portion of the meeting was occupied by a discussion of the new legislation, as described above. In addition, I provided Council with an update on pandemic planning. At the time of Council, the H1N1 influenza was reaching the height of its concerns, especially in rural and northern communities. Because the Minister proclaimed the level 6 emergency state, I am now able to licence physicians on an emergency basis to work in the areas of concern without requiring the complete paper process that would normally be undertaken. Council gave me the authority to make these decisions. This is open to anyone who is fully registered in any jurisdiction in Canada or the U.S. If such requests are made, the Chief Medical Officer of Health (Dr. Joel Kettner) or the Deputy Minister of Health (Ms Arlene Wilgosh) or the Assistant Deputy Minister of Health Human Resources (Mr. Terry Goertzen), will contact me or one of the other registrars outlining the need. In those situations, registration can be accomplished fairly quickly as long as a certificate of professional conduct, or at least information appropriate to this issue, is received from the jurisdictions where the doctor is presently in practice. As well, no fee will be charged for those individuals.

Finally, the audited financial statements were approved and the fee for licensure for 2009-2010 was approved at $1,350.00.

If you have questions about the new legislation, please feel free to raise them with your councillor or ask for further information from me.

I wish you a wonderful, hot, dry, sunny summer with no mosquitoes.

Letter from the New President

On behalf of all of my fellow councillors, I would like to extend warm summer greetings. As I begin my term as President of the College, I find it hard to believe that these past seven years serving as a councillor have gone by so quickly! I would like to thank our immediate two past presidents, Drs. MacKalski and MacDiarmid, for the wonderful mentoring they've given me over the past two years on the Executive Committee.

While I realize that many of our members may not pay much attention to the various activities of the College (as they are so busy running their practices), I would suggest that this is the year to pay much closer attention. Significant changes are being legislated by both federal and provincial governments that will affect all of us.

These legislated changes are the most significant in decades and will result not only in changes to the way physicians are self governed but will also affect all regulated health care practitioners. There will also be many changes related to physician mobility and licensing.

"The Regulated Health Professions Act" was passed this spring by government and will re-write the governance of all healthcare professions. This "umbrella health professions" legislation will set forth the same rules and regulations for all regulated healthcare professions including physicians. Of course, there are many variations of duty amongst the various healthcare professions and therefore significant details will need to be worked out. Your councillors will be very busy working out these details, with government officials, over the next year to make sure that this legislation works well for our membership. This legislation will, however, change our self governance process - we simply are not certain yet, as to how much!

"Labour Mobility - Agreement on Internal Trade" is also a new piece of legislation enacted provincially, but adopted nationally. This new law will ensure enhanced mobility for physicians from one province to another. As many are likely aware, medical licensing at present is a strictly provincial jurisdiction. This new law will allow for significant easing for licensed physicians to move freely from one province to another. While overall we believe this is a very good thing for physicians as a whole, work needs to be done to sort out the details.

Licensing and competency is being reviewed very aggressively across the country. While it may be very straight forward to nationally approve individuals who are Royal College certified or have full CCFP standing, there are many variations of training and certification that provide more of a challenge for the various provincial Colleges to sort out. Our "Blue Sky" working group here at the Manitoba College has been aggressively working on this over the past two years. Principles for assessing and licensing those with less than full Royal College or CCFP certification have been laid out in the hope that competent physicians will be able to enter the work force more readily and assist with the significant physician manpower shortages. The Federation of Medical Regulatory Authorities of Canada as well is attempting to address these issues on a national basis to allow for a more standardized approach to assess the large number of physicians from a huge number of different training and practice backgrounds.

Finally, work is proceeding on continuing professional development (CPD) for all physicians in our province and hopefully the College will be able to present more details to the membership in the near future.

As you may gather from all of the above, the upcoming year will be a very busy one for us at the College and we will try very hard to keep you informed as these important issues are worked on. Take care!

Dr. Kevin Saunders

Extension of WCB Coverage

Effective January 1st, 2009, a number of industries, including agriculture, have been added to those currently requiring workers compensation coverage. As with workplace injuries that occur in other Workers' Compensation Board covered workplaces, those that occur on or after January 1st, 2009 in a newly-covered industry must now also be reported to the WCB. The newly covered industries include:

Advertising/ Marketing
Animal Services
Auction & Appraisal
Audiovisual & Multimedia Production
Beekeeping
Brokers & Sales Agents
Call Centres
Camps
Car or Truck Rental
Cemeteries
Driving Schools
Farming (other than family members), including incidental activities
Farm-Related Services
Fitness or Spa Facility
Flea Market
Freight Shipping
Gaming
Graphic Design, Interior Design or Decorating, Drafting
Greenhouses
Hatcheries
Laboratories
Livestock Market
Mail Order Sales
Museums & Galleries
Photography
Political Parties (including Constituency Offices)
Rental Services
Research
Schools (excluding Teachers)
Social Services
Unions & Labour Organizations
Vermin Extermination
Veterinary Services

A report should be submitted if you are treating a workplace injury that occurred in a WCB covered workplace. If you are unsure about whether the injury occurred in a covered workplace, it is best to report it.

More information is available on the WBC website located at www.wcb.mb.ca or contact the Claim Information Centre at 954-4100 or toll free 1-800-362-3340.

Mandatory Reporting of Gunshot and Stab Wounds

On December 1st, 2008, *The Gunshot and Stab Wounds Mandatory Reporting Act* was proclaimed. It requires all "health care facilities" to notify police when they treat a patient with a gunshot wound or who appears to have been stabbed by another person. Self-inflicted stab wounds are not reportable. For the purposes of this legislation, "health care facilities" include "hospitals" as defined in *The Health Services Insurance Act* and any other facility that provides health care services and is prescribed by regulation as a health care facility. The Regulation designates nursing stations operated by the provincial government, nursing stations operated or funded by the federal government and hospitals operated by the federal government in Hodgson and Norway House as "health care facilities". The legislation does not include private physicians' offices.

The disclosure does not need to be made by the physician treating the patient. It is to be made by a person as outlined in Section 3 of the Regulation.

The information to be disclosed to police is limited to the person's name, the fact the person is being treated or has been treated for a gunshot or stab wound, and the name and location of the health care facility. The disclosure must be as soon as it is reasonably practicable to do so without interfering with the injured person's treatment or disrupting the regular activities of the health care facility. The manner of disclosure is prescribed in the Regulation (section 4).

The Act and Regulation can be accessed online at the following addresses:

For the Act:
http://web2.gov.mb.ca/laws/statutes/ccsm/g125e.php
For the Regulation:
http://web2.gov.mb.ca/laws/regs/pdf/g125-177.08.pdf

If physicians have questions regarding this new legislation and any impact it has on their practice within a hospital or prescribed health care facility, they should contact the chief administrative officer of the hospital/health care facility in which they practice and/or obtain independent legal advice.

The Cochrane Library

The Canadian Cochrane Network and Centre is pleased to announce that, in partnership with the Canadian Health Libraries Association, a pilot for a national licence to *The Cochrane Library* has been successfully secured.

This means that all healthcare practitioners now have access to the full content of the *Library* and will save valuable time to research the best patient treatment options through easy access to this wealth of information.

Please visit www.thecochranelibrary.com for the best evidence available!

E-Prescribing in Manitoba

Unacceptable

- E-mail prescriptions. An unsecured e-mail transmission does not provide authentication of the e-mail sender (to confirm he/she is an authorized prescriber) nor protect the information sent in the e-mail. Pharmacists cannot accept e-mail prescriptions.
- Prescriptions produced by computer but not signed by a physician or with an electronic signature that is not hand-initialled by the physician.

Acceptable

- Prescriptions produced by computer, then hand-signed by a physician or with an electronic signature that is hand-initialled by the physician, given to a patient to take to a pharmacy.
- Prescriptions produced by computer then hand-signed by a physician or with an electronic signature that is hand-initialled by the physician, faxed to a pharmacy of the patient's choice.
- Hand-written and signed prescriptions faxed to the pharmacy of a patient's choice, following the principles in Statement No. 804 "Facsimile Transmission of Prescriptions".
  * See the most recent publication included with this newsletter.

Both physicians and pharmacists, through the CPSM and Manitoba Pharmaceutical Association, support the concept of e-prescribing, provided suitable infrastructure exists to protect the privacy of patient information and ensure the authenticity of prescribers.

Manitoba Health has started a new initiative to develop e-prescribing capabilities for Manitoba. More details will follow when available.

The Medical Diagnosis Program Doctor Affiliate

Many members of our profession have received a letter from the above organization asking that you refer patients to them indicating that there may be a financial payment because of those referrals.

The College's Code of Conduct states, *"Do not enter into any agreement where a reward, direct or indirect, is associated with the volume of your work, your referrals, your orders, or your fees."*

Members should be aware that the College considers participation in this program potentially unethical, and any physician who is identified to the College as participating in it will be referred immediately to the Investigation Committee for review.

From the Complaints/ Investigations Committees

- ***Re: Follow-up Patient Management***

A patient underwent a colonoscopy which resulted in a mucosal tear. The surgeon notified the patient appropriately and instructed the patient on returning to hospital in the event of complications.

Following the procedure, the patient returned three times to the Emergency Department in the next month. On the first two of those visits, the physician who had performed the scope was not notified and was unable to assess and manage the patient's condition.

The Complaints Committee reminds members that if they become aware that the patient whom they are seeing has a complication that occurred during treatment by another physician, that other physician should immediately be notified to participate in the follow-up management.

- ***Re: Initiating Appropriate Antibiotic Care***

The Investigation Committee recently reviewed the care provided to a patient on an acute care ward of a Winnipeg hospital. The patient was being treated with high doses of Prednisone for an unrelated condition. The patient developed an area of redness and warmth over the elbow and cellulitis was suspected. Blood cultures were drawn. The lab reported growth of gram positive cocci in clumps. The treating physician elected to wait until the species of bacteria was identified before initiating treatment. Subsequently the patient developed a high grade fever. Appropriate antibiotics were started at that time, but the patient died of sepsis.

The Investigation Committee was critical of the treating physician for not starting antibiotics in the setting of a clinical suspicion of significant infection and a positive blood culture result, albeit preliminary.

The Investigation Committee reminds the profession of the importance of initiating appropriate antibiotic therapy whenever there is a clinical suspicion of bacteremia and/or a positive blood culture. In these circumstances, one should assume sepsis is present until the contrary is proven, and treat accordingly.

- ***Re: Receipt of Lab Results That are Not Yours***

Recently the Investigation Committee reviewed a case in which a patient's laboratory results were sent in error to the wrong physician. The error led to a delay in the provision of appropriate care. The Committee was critical of the physician who received the lab result in error because that physician did not take any specific steps to correct the error.

The Committee reminds members that when diagnostic testing results are received in error, it is the responsibility of the physician to attempt to correct the error. Appropriate actions might include directly informing the patient, informing the appropriate physician or informing the laboratory of the error.

Your Clinic Name or Personal Practice Name

Doctors **MUST** practise under the name in which they are registered, which is usually the name in which the degree was granted. If you wish to incorporate, you must have the name approved by the College.

If you wish to operate in a clinic, you must have that name approved by the College. You may **NOT** open a clinic under any name unless you already have approval for that name from the College.

Manitoba Health Link to H1N1 Information

The College has provided a link on our website to the MHHL website for physicians to access guidelines, letters and forms related to H1N1 influenza. The CPSM website is www.cpsm.mb.ca.

Should you wish to go directly to the MHHL website to access this information, go to at http://www.gov.mb.ca/flu/index.html and click on the *Health Care Provider's* link.

Change to Joint Statement on Facsimile Transmission of Prescriptions

An insert is included with this newsletter. It identifies a change to the Joint Statement on Facimile Transmission of Prescriptions (you can view the statement here: http://www.cpsm.mb.ca/newsletter/Joint-Statement-on-Faxed-Prescriptions-July-09.pdf) The new Statement permits prescription of narcotics and control drugs by facsimile *FOR PERSONAL CARE HOMES ONLY*. The enclosed template should be used.

2009-2010 Membership Renewal Due September 1, 2009

Just a little note to remind everyone that renewals will be mailed out to you during the last week of July. The y must be received by the College by September 1, 2009.

Please remember that the late penalty is significant. If your renewal is late, but the penalty is received during the month of September, the payment is $200.00. If your renewal is delayed beyond September 30th, there is an additional $50.00 per day penalty. The Registrar would be delighted if no penalty letters are sent out this year.

Physician Resource Statistics 2008

(A) **MEETINGS**

During the period 1 May 2008 to 30 April 2009, the following meetings were held -

3 Council: 12 June, 19 September, 12 December 2008
3 Executive Committee: 12 June, 19 September, 12 December 2008
4 Appeal Committee: 12 September, 12 December 2008; 24 April 2009 (2 panels)
10 Complaints Committee: 17 June, 15 July, 19 August, 21 October, 18 November, 16 December 2008; 20 January, 17 February, 17 March, 21 April 2009
2 Audit Committee: 28 May, 28 November 2008
0 Inquiry Committee
0 Inquiry Panel
6 Investigation Committee: 26 May, 27 August, 24 September, 17 December 2008; 11 February, 11 March 2009
0 Liaison Committee with M.M.A
3 Program Review Committee: 18 August, 1 December 2008; 20 April 2009
5 Standards Committee: 4 June, 12 September, 28 November 2008; 13 February, 24 April 2009
In addition: 5 meetings of Child Health Standards Committee
3 meetings of Maternal & Perinatal Health Standards Committee
9 meetings of Area Standards Committees
36 meetings
17 meetings of subcommittees, and
10 (10) hospital* and (0) non-hospital reviews
(*the hospital review program was discontinued as of 31 December 2008)
63 Total

(B) **CERTIFICATES OF REGISTRATION ISSUED**

During the period 1 May 2008 to 30 April 2009, 135 persons were issued registration and a full licence to practise.

TABLE I MEDICAL PRACTITIONERS GRANTED REGISTRATION AND FULL LICENCE ANNUALLY IN MANITOBA 2000 - 2009 with Country of Qualification

Year	*Man*	*Can*	*USA*	*UK&I*	*Eur*	*Asia*	*Aust*	*NZ*	*Afr*	*C/S Am*	*Total*
1999	21	27	1	3	1	11	0	0	52	1	117
2000	27	43	0	5	7	11	2	1	48	2	146
2001	16	19	3	1	1	9	1	0	48	0	98
2002	33	25	1	3	2	13	1	0	61	0	139
2003	30	35	0	1	8	12	0	1	45	4	136
2004	28	19	1	2	9	20	0	0	38	4	121
2005	36	33	2	3	6	23	0	0	22	4	129
2006	30	43	0	3	8	40	0	0	26	2	152
2007	41	31	0	8	4	40	1	0	29	3	157
2008	45	48	2	7	8	40	0	0	25	6	181
2009	49	26	2	5	2	28	1	0	20	2	135
Total (10 Yr)	335	322	11	38	55	236	6	2	362	27	1394
New Practitioners % of Total											
2009	36.3	19.3	1.5	3.7	1.5	20.7	0.7	0	14.8	1.5	100%

Percentages may not be exact due to rounding

(C) **NUMBER OF LICENSED PRACTITIONERS IN MANITOBA AS AT 30 APRIL 2009**

TABLE II NUMBER OF LICENSED MEDICAL PRACTITIONERS IN MANITOBA 2000-2009

Year	Winnipeg	%	Outside Winnipeg	%	Totals	Net Gain Net Loss(-)
2000	1554	75.5	504	24.5	2058	21
2001	1560	75.2	514	24.8	2074	16
2002	1592	75.0	530	25.0	2122	48
2003	1618	75.2	534	24.8	2152	30
2004	1626	74.7	550	25.3	2176	24
2005	1640	75.0	546	25.0	2186	10
2006	1663	75.0	555	25.0	2218	32
2007	1688	74.3	584	25.7	2272	54
2008	1722	74.1	603	25.9	2325	53
2009	1788	74.1	594	25.9	2382	57

The total of 2382 includes 37 fully licensed residents. There are no data on how many actually “moonlight”, or to what extent.

The following table shows the possible influence of this resident population on the number in active practice.
(Full Licence: FL; Resident Licence: RL)

	FL		*Subtotal*	*RL*	*Total*
2004	2135	41	2176	24	2200
2005	2145	41	2186	21	2207
2006	2185	33	2218	24	2242
2007	2237	35	2272	24	2296
2008	2289	36	2325	22	2346
2009	2345	37	2382	22	2404

(D) **CLINICAL ASSISTANT REGISTER PART 1 (Educational)**

Postgraduate physicians in training programs are now referred to as residents. They may be pre-registration (Clinical Assistant Register) or they may have met the registration requirements and are eligible for an independent licence. This latter category of residents may opt to practise only within their residency program (residency licence) or may obtain a full licence.

	2009	**%**
Medical Students	409	
Postgraduate trainees	406	
Total On Clinical Assistant Register	815	93.2
On Residency Licence	22	2.6
Full Licence	37	4.2
TOTAL	**874**	**100.0**

(E) **TABLE III** **PERCENTAGE OF MEDICAL PRACTITIONERS IN MANITOBA AS TO COUNTRY OF QUALIFICATION**

	2009
Manitoba Graduates	50.5
Other Canadian Graduates	14.4
TOTAL CANADA	**64.9**
United Kingdom & Ireland	5.9
Asia	17.1
Other	12.0

(F) **TABLE IV** **GEOGRAPHIC DISTRIBUTION OF FEMALE PRACTITIONERS**

	Winnipeg	**Brandon**	**Rural**	**Total**	**Resident Licence**
1982	213	8	44	265	51
2004	469	28	110	607	9
2005	492	31	110	633	6
2006	518	33	118	669	7
2007	528	32	128	688	11
2008	557	32	130	719	5
2009	587	34	127	748	8

(G) **TABLE V** **AGES OF DOCTORS RESIDING IN MANITOBA AS AT 30 APRIL 2009**

	Winnipeg	**Brandon**	**Rural**	**Total**
Over 70	108 (6.0)	9 (6.8)	25 (5.4)	142 (6.0)
65 -70	102 (5.7)	8 (6.1)	23 (5.0)	133 (5.6)
56 - 64	369 (20.6)	24 (18.2)	72 (15.6)	465 (19.5)
46 - 55	544 (30.4)	47 (35.6)	140 (30.3)	731 (30.7)
36 - 45	494 (27.6)	34 (25.8)	147 (31.8)	675 (28.3)
31 - 35	148 (8.3)	9 (6.8)	53 (11.5)	210 (8.8)
30 or under	23 (1.3)	1 (0.8)	2 (0.4)	26 (1.1)

Percentages (shown in brackets) may not be exact due to rounding

Statement No. 1580 - Physicians with Blood Borne Pathogens, Including Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immundeficiency Virus (HIV)

BACKGROUND

Purpose

The purpose of this Statement is to inform members of their ethical obligations and the standards of practice expected of them in respect to managing and preventing the risk of transmission of blood borne communicable diseases to patients.

Terminology

The following terms are defined for the purpose of this Statement. The definitions do not necessarily reflect the meaning of the terms used in other contexts.

Physician(s) – member(s) of the College providing medical care to patients, including medical students and clinical assistants.

Exposure Prone Procedures (EPP)

Interventions where there is a risk that injury to the physician may result in the exposure of the patient's open tissues to blood and body fluids of the physician (bleedback). These include procedures where the physician's gloved hand may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound, or confined anatomical space where the hands or finger tips may not be completely visible at times.

Routine Practices

A series of recommendations for the care of all patients incorporating the precautions necessary to prevent the transmission of microorganisms between patients and health care workers across the continuum of care, including previous precautions against bloodborne pathogens (Universal Precautions) – see http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/99vol25/25s4/

Medical, Legal and Ethical Context

Physicians and their patients are concerned about the risk of transmission of blood borne pathogens from one to another.

Physicians have a right to privacy and are entitled to confidentiality. These issues must be addressed in the context of the College's mandate to protect the public and physicians' ethical obligation to their patients to "consider first the well-being of the patient". This obligation requires physicians to consider any state of personal health which may pose risk to their patients and take all necessary steps to minimize transmission of blood borne infections to their patients.

The scientific literature indicates that, in respect to transmission of blood borne pathogens:

- the overall risk of transmission from physician to patient is low and varies dependant on several factors, including:
    - characteristics of the pathogen itself;
    - nature of the procedure being performed;
    - health status of the physician and patient;
    - infectious status of the physician;
    - susceptibility of the patient;
    - nature of the trauma to the physician;
- immunization reduces transmission of disease;
- no measure can guarantee "zero risk" of transmission;
- rigorous application of routine practices is the best available means of protecting patients and physicians from transmission from one to another.

The Blood Borne Pathogens Subcommittee (BBPSC) is a subcommittee of the Central Standards Committee of the College, with a mandate to advise on appropriate policies, principles and process for the safe practice of medicine by physicians infected with a blood borne pathogen.

On referral from the Deputy Registrar, the Chair of the BBPSC is required to strike an Advisory Service Panel (ASP), the composition of which shall be at the discretion of the BBPSC Chair, taking into account the type of medical practice at issue. The ASP will assess the medical practice activities of a physician infected with a blood borne pathogen and provide individualized advice and recommendations to the College and to the infected physician within the following principles:

1. The advice must be based on recent scientific, ethical and epidemiological principles.
2. The ASP members must maintain confidentiality and protect the anonymity of those physicians requiring advice.
3. The ASP must assess whether modifications to the physician's practice are warranted based upon the test of public protection.
4. Reporting shall be non-nominal and statistical only.

SCOPE

This Statement applies to all members of the College.

REQUIREMENTS

- **All Physicians:**
  - have an ethical responsibility to be aware of their serological status with respect to blood borne communicable diseases, including HBV, HCV and HIV, if they are at personal or occupational risk and engaging in EPP;
  - must take all necessary steps to minimize the transmission of blood borne infections to patients, including conscientious and rigorous adherence to routine practices in their practice;
  - should be immunized for HBV before possible occupational exposure and should have their antibody status assessed and documented after immunization;
  - should seek re-testing of their serological status following a significant exposure to human blood or other body fluids.

- A physician who is known to have active infection with HBV and/or HCV and/or HIV must:
  - consult a physician to receive appropriate medical care and follow-up care;
  - directly or through a treating physician, contact the Deputy Registrar of the College, who will refer the matter to the Chair of the BBPSC for a confidential review by an ASP;
  - cooperate with the College to facilitate the ASP review;
  - cooperate with the College in making modifications and/or adhering to restrictions to his/her clinical practice, pending and/or on completion of the ASP review, including ceasing to practice EPP, if required, in order to protect the public[1];
  - notify the Deputy Registrar of the College of any significant change in his/her health status and/or practice circumstances to allow for a further ASP review, if necessary to assess whether any further modifications and/or restrictions to his/her clinical practice are required.

- A physician who comes in contact with the blood or other body fluids of an individual who is known to carry a blood borne pathogen must consult a physician to receive appropriate medical care and follow-up care.

- A physician who is aware of another member being positive for HBV and/or HCV and/or HIV must report the matter to the Deputy Registrar of the College.[2]

A Statement is a formal position of the College with which members shall comply.

[1] If required, the College will establish a monitoring mechanism, such as accepting an undertaking from the physician and/or imposition of restrictions or conditions on the physician's licence. If the infected physician refuses to accept the recommendations or comply with any recommended monitoring mechanism, the College shall take appropriate action.

[2] The College considers being positive for HBV and/or HCV and/or HIV to be a medical condition which may affect the ability of that member to practise safely and members have as a legal obligation under The Medical Act, ss 39(1) to report the matter to the College.

Notices, etc…

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.

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 your 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 and 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: petrych@ms.umanitoba.ca

Residents (Postgraduates):
Ms. Laura Kryger; Tel: (204) 789-3453
Email: krygerl@cc.umanitoba.ca

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

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 Counsel:	***Ms. D. Kelly***

Term expiring 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	***Mr. T. Oswald (exp. 2009)***

Term expiring 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
University of Manitoba	***Dean D. Sandham***
Public Councillor	***Mr. R. Toews***
Public Councillor	***Ms. L. Read***

Physicians at Risk

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

Call 237-8320 for assistance – 24 hours