

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

In This Issue.....

- The President's Message 1
- Notes from the Registrar2
- Faculty of Medicine Update3
- Death At Home Guideline.....4
- Ensure RN Staff are Registered with CRNM4
- Obstructive Sleep Apnea & Driver Licensing4
- eChart Manitoba5
- Manitoba eHealth6
- Student Observerships6
- Manitoba Practice Assessment Program.....7
- From the Investigation Committee.....7
- From the Complaints Committee7
- Lessons Learned8
- President Elect Election Results.....8
- Councillor Election Results8
- Officers & Councillors8

FROM THE PRESIDENT DR. MARGARET BURNETT

QUALITY, EQUITY OR EQUALITY?

Which of these ends should be the primary focus of our professional responsibility as physicians? Your elected representatives engaged in a heated debate at the December Council meeting without reaching an absolutely satisfying consensus. The fact is that we must strive for all three, even though the challenge of achieving a perfect result seems daunting. We live in a province with a treasure trove of natural resources and wide-open spaces. Our population density is

unequal, with geographical distances contributing to health care resource disparities. Optimal care cannot be achieved in Manitoba without addressing this important issue. We know from past experience that there is no simple solution to this problem. Clearly, we need to use every good idea that we can muster plus a few more.

QUANTITY

There need to be enough physicians to get the job done. We know that, in general, physicians prefer to work in urban settings if given the option. As long as the physician shortage persists in Winnipeg, other areas of the Province will have difficulty attracting the physicians they need. Our top priority should be to train, recruit and repatriate high quality Manitoban physicians. Some of our registration requirements are unfair and unnecessarily obstructive. As a College, it is imperative that we streamline our registration and licensure process so that qualified physicians are able to practice in Manitoba.

GENERALISM AND FLEXIBILITY

Ironically, our medical students and residents have started to voice concerns about a perceived "physician manpower glut" in certain specialty areas. It is now possible to educate oneself out of a job. Until recently, we have enjoyed the luxurious position of being able to have more or less free rein on our choice of specialty and practice location. In the near future, we will need to become more responsive to the needs of society and develop increased adaptability in our patterns of practice. As urban areas become saturated, we will see more physicians travelling to rural and remote areas on a full-time or part-time basis. Both family physicians and specialists will need to develop enhanced skills in certain areas and, at the same time, retain generalist expertise in order to provide meaningful care to Manitobans. As a profession, we must be more responsive to the

important health needs of our public “owners” and direct our efforts to achieving excellence in these areas.

e-HEALTH

Increasingly, multimedia is providing new opportunities for health care equity across geographic boundaries. Initiatives such as CervixCheck and DPIN have been invaluable in enhancing patient care by promoting accurate information sharing amongst health care providers. Manitoba Health has provided much needed leadership and financial support for telehealth consultations and prescription renewals. There is an urgent need for a Province-wide process whereby accurate, timely access to important diagnostic results, consultations and health information can be shared amongst those who need this information to look after their patients. As with all medical information, confidentiality is crucial. However, we cannot lose sight of the fact that patient safety is our top priority. It is important for all of us to be diligent in lobbying for excellence in patient care and not to be derailed by unfounded prejudice against electronic media.

Manitoba is a great place to practice, learn and teach medicine. I certainly feel privileged to be able to earn a living as a physician here. We live in interesting times and have been provided with some creative new opportunities to address the challenge of providing equal, equitable, quality care for the people of Manitoba.

Sincerely,
Margaret Burnett
President

NOTES FROM THE REGISTRAR

AT THE MEETING OF COUNCIL **DECEMBER 14TH, 2011**

BOARD EDUCATION

- Dr. Xin-Min Li spoke on the present processes in the International Medical Graduate Assessment Program.

GOVERNANCE PROCESSES

- The Audit Committee Terms of Reference were modified to include the appointment of a Public Representative who is a qualified accountant. Mr. Raymond Cadieux was appointed to that committee by Council.

DOCUMENTATION OF THE PERSONAL HEALTH

INFORMATION NUMBER ON PRESCRIPTIONS TO SUPPORT E-PRESCRIBING

- Council voted unanimously to require the PHIN on all prescriptions. This is being reviewed with Manitoba Health. When the policy is in full force, there will be an announcement to all members.

CONTINUING PROFESSIONAL DEVELOPMENT

- Council approved the requirement that when a physician practices under a defined scope of practice, the member must enroll in and meet the requirement of a Continuing Professional Development Program in that defined scope of practice, and must produce acceptable evidence of compliance, if requested by the College. Questions about this may be directed to the CPD Coordinator in the Standards Department of the College.

COUNCIL HONORARIA

- Council reviewed Council Honoraria and directed the President and President-Elect to review the matter further with the Registrar.

MPAP LEGISLATION

- The Registrar reported that the Manitoba Physician Assessment Program regulation has now been approved by the President and the President-Elect and is awaiting Cabinet approval. This process will provide an alternative route to full registration.

AT THE MEETING OF COUNCIL **MARCH 30TH, 2012**

MANITOBA PRACTICE ASSESSMENT PROGRAM

- This program is now legal [see separate notice in the newsletter]. Manitoba will be a leader in this process. The Practice Assessment Program will offer an alternative for physicians to reach full registration. Council also approved the use of temporary registration for physicians who are eligible for the Manitoba Practice Assessment Program.

ELECTRONIC VOTING

- Council approved an amendment to By-Law #1 to permit electronic voting in future Council elections.

PHYSICIAN PRACTICE ENHANCEMENT SUB-COMMITTEE

- Council approved the addition of the Physician Practice Enhancement Committee [for MPAR] to the list of sub-committees of Standards. This committee will meet for the first time and review the first reports of MPAR in the near future.

TEMPORARY ACCREDITATION

- Council also approved the concept of temporary accreditation for diagnostic imaging and laboratory facilities where a facility has previously been accredited and the re-accreditation process has been delayed for circumstances that are beyond the control of the facility.

HONORARIA

- Council reviewed and approved an increase in Council and committee honoraria to begin June 2012.

STANDARDS OF PRACTICE REGULATION:

- This new document is an important part of the Regulated Health Professions Act. Council will approve the Code of Conduct and the Practice Directions but the Standards of Practice are written jointly by the College and Manitoba Health. They will be in a Regulation and must be approved by the Cabinet. Therefore, it is important that the profession has input into them. Council reviewed a draft. Further questions arose and the President directed that the Standards again be reviewed by all councillors and the President's Working Group prior to their next discussion at the Annual General Meeting on June 1st, 2012.

This has been an extraordinarily busy time for your College. The implementation and organization of the MPAP program [see Summative Assessment in the previous newsletter] will require careful attention. The process is being carried out by the Department of Continuing Professional Development at the University of Manitoba - Faculty of Medicine under Associate Dean, Dr. José François and Dr. Marilyn Singer and Brenda Stutsky RN, PhD. This is an exciting new process, and Manitoba will be one of the first medical jurisdictions in the country to implement it.

As well, the first MPAR reports [Manitoba Physician Achievement Review] are being received by members at the time of this newsletter. This means that there are two major programs that are being operationalized as we speak!

The Regulated Health Professions Act is coming closer to being implemented. As noted above, Council has reviewed the Standards of Practice document. Further discussion will occur at the June Council meeting.

William D.B. Pope
Registrar/CEO

CPSM ANNUAL GENERAL MEETING HAS MOVED TO JUNE 1ST, 2012

FACULTY OF MEDICINE UP-DATE

*T*he Faculty of Medicine is in the process of reviewing and updating its current strategic plan (developed in 2008) to ensure it addresses the current needs of our learners, faculty members and staff. A Strategic Retreat was held March 1st, and included involvement from Faculty leadership, learners and the College of Physicians & Surgeons of Manitoba. Valuable input was provided by all who participated, and a few areas of focus are highlighted.

As mentioned in the last newsletter, we have been looking at the retention rate of our students, as data has suggested that our success in keeping medical students coming from other Provinces is poor. The review committee, that includes representatives from the University, Manitoba Health, the College of Physicians & Surgeons of Manitoba, faculty and students, has made recommendations, including a proposed target of 70% retention of our students in residency with specific action to be taken around weighting Manitobans in the CaRMS match process, our number of out-of-province students accepted into the undergraduate program, and a focus on Manitobans studying abroad.

Another area of focus relates to infusing the principles of social accountability throughout the Faculty of Medicine. We, as a Faculty, have a responsibility to speak up, stand up and advocate on behalf of our at-risk population who traditionally face chronic disease, premature death and health inequities. We are continuing to explore how we can make a difference in these critical areas, and to the population we serve.

As well, the curriculum renewal process continues to be a significant priority. After a comprehensive and inclusive process, new undergraduate curriculum is starting to take shape. Since the first curriculum renewal retreat was held last April, more than 100, faculty, staff, residents and students have been involved in curriculum renewal.

Another area to highlight is the work of the Health Sciences cluster of the University, as it continues to explore collaborations. The cluster includes the Faculties of Medicine, Dentistry, Pharmacy, Nursing, Human Ecology and Kinesiology & Recreation Management and the Schools of Medical Rehabilitation and Dental Hygiene. The cluster is starting to identify certain thematic areas where further integration among the Faculties/Schools would have obvious benefits (e.g. Research), irrespective of changes to academic structure. We continue to welcome feedback from faculty members, support staff, students, alumni, our partners and other stakeholders, as it relates to the concept of a Health Sciences cluster, including the anticipated strengths and positive features that would be created by increased integration and a simplified academic structure, as well as any concerns.

Brian Postl MD, Dean
Faculty of Medicine, University of Manitoba



DEATH AT HOME GUIDELINE # 1600

Recently one of the Chief Medical Officers in a Winnipeg hospital contacted the College to identify that a patient who had been treated at that hospital had returned home to die. The patient's family physician had discussed end of life care issues but did not complete arrangements for death at home

quickly. When the patient died, the family underwent significant distress because they did not have the appropriate letter, and the police would not release the family member's body to the funeral home until a medical examiner had reviewed the case.

The College encourages all physicians to review the guideline and to ensure where possible that arrangements are made for death at home in a timely fashion.

ENSURE YOUR RN STAFF ARE REGISTERED WITH CRNM

In order to practice nursing, graduate nurses, registered nurses and nurse practitioners must be registered with the College of Registered Nurses of Manitoba (CRNM). While it is an individual RN's responsibility to ensure they meet registration requirements each year, employers of registered nurses also have the responsibility (under the Registered Nurses Act) to verify the registration status of their RN employees at least annually. As well, employers who are seeking to hire a registered nurse have the responsibility to ensure that person is registered with the CRNM.

There are two ways for employers to verify an RN's status: via CRNM's Employer Verification System or via CRNM Nurse Check, an online public verification system. The Employer Verification System allows employers to search several RNs at one time and is only accessible to employers who have completed an application with the CRNM. CRNM Nurse Check allows anyone to look up the registration status of individual RNs. To complete an Employer Verification application form or to access CRNM Nurse Check please visit www.crnmb.ca

Diane Wilson Mate RN, BN, MEd
Executive Director
College of Registered Nurses of Manitoba

OBSTRUCTIVE SLEEP APNEA AND DRIVER LICENSING

In accordance with an effort to harmonize the medical standards for driver licensing across all provinces and territories, Manitoba has adopted a new national standard for drivers with obstructive sleep apnea (OSA).

The lengthy in-vehicle examination has been eliminated. Manitoba was the only jurisdiction to use this assessment, which has never been proven to predict the likelihood of sleep related crashes.

In an individual with OSA, the best predictor of future crashes is a history of a crash in which the condition was a causal factor. Even without a history of sleep related crashes, the risk is quite high in an individual with severe sleep apnea, as demonstrated by a sleep study.

All drivers (class 1-5) with confirmed OSA are eligible to drive if the condition is successfully controlled. For commercial licences (class 1-4), a driver with OSA who is untreated may drive if the Apnea Hypopnea Index is less than or equal to 20 and the individual has no symptoms of daytime drowsiness. If these conditions are not met, successful treatment must be undertaken before a commercial licence will be considered.

In individuals in whom OSA is suspected but not yet proven on a sleep study, factors to consider in determining whether a report to Manitoba Public Insurance is indicated include whether the individual experiences sleepiness while driving or has had a crash related to falling asleep at the wheel. If you are uncertain about whether a report should be submitted, please contact a Medical Compliance and Assessments staff member at (204) 953-4925.

For more information about sleep disorders and driving, physicians can refer to the CMA Driver's Guide, 7th edition (2006), section 8.

Neil Swirsky MD, Medical Advisor
Medical Compliance and Assessments
Manitoba Public Insurance



eCHART MANITOBA: PROGRESSING FROM A PLAN TO REALITY

eChart Manitoba marked its first anniversary of implementations across Manitoba on Dec. 6, 2011. eChart Manitoba is a secure electronic system that

connects health-care providers to key health information contained in a single, safe electronic record currently collected from multiple points of care.

Over the course of the year, 38 primary-care clinics and emergency departments from across Manitoba received access to eChart Manitoba. To see where eChart Manitoba is available, please visit: <http://www.connectedcare.ca/echartmanitoba/whatsNew.html>.

INFORMATION IS THE BEST MEDICINE

Dr. Diamond Kassum, Chief Medical Information Officer of Manitoba eHealth, shares his opinion on how electronic clinical information improves patient care:

"A longitudinal electronic health record with key clinical information will radically improve the management of our patients," comments Dr. Kassum. "eChart Manitoba has already demonstrated its utility. Physicians and their assistants appreciate the rapid and easy access to historical data, which contributes to information management and resultant care plans," he continues. "Content has been predicated by the availability of electronic source systems, but we expect additional content as we gradually introduce electronic health records into our care environments. Both family physicians and specialists have contributed to content selection for the present and future, ensuring relevance to clinical practice."

PROVIDING QUALITY PATIENT, RESIDENT AND CLIENT CARE

Since the initial release of eChart Manitoba, the system has continued to develop in functionality, enhancing its value and usefulness to those authorized to use the system. In addition to medications dispensed at retail pharmacies, immunizations, demographic information and lab results, health-care providers authorized to use eChart Manitoba now have access to the following clinical view tabs that includes information available as of Nov. 3, 2011:

- 1) *Encounters from St. Boniface Hospital (SBH)* – provides administrative information about a patient, such as the type of visit, admission date and discharge date
- 2) *Conditions* – identifies reasons for a patient's encounter at SBH

-
- 3) *Diagnostic imaging reports* – provides diagnostic imaging reports from Manitoba's predominate Radiology Imaging System, including information from eight of the 11 regional health authorities available in hospitals and other publicly funded health-care facilities

Future objectives will include the deployment of additional laboratory results and clinical information and further integration with Manitoba's Approved Electronic Medical Record (EMR) Systems. Manitoba eHealth will continue to deploy eChart Manitoba to more sites across the province and develop both the user base and the functionality, supporting the vision of connecting care throughout Manitoba's health-care system.

For more information about eChart Manitoba
Web: www.connectedcare.ca/echartmanitoba
Email: echart@manitoba-ehealth.ca
Toll-free: 1.855.203.4528



Supporting electronic medical records in primary care

A physician wanted an electronic medical record (EMR) that fit into the province's future plans for electronic health information. This meant adopting one of the Manitoba Approved EMR Systems, and to make the best decision, he wanted to talk directly with practitioners and clinic staff who use them. The Manitoba Peer-to-Peer Network helped.

"We really benefited from going to sites and seeing how the actual systems were being used and how efficient they were," he says. These clinic visits, organized through the peer network, were a chance for the physician and his wife and clinic manager, to talk directly to physicians and clinic staff about their experiences.

"We got a real hands-on demonstration from the people using it—the staff and the doctors—so that we could make a logical decision about what to end up with," he says.

The couple also attended an evening education session offered by the peer network, where several EMR clinics shared lessons they learned when implementing an EMR. It was another chance to hear directly from others in primary care about technology in a clinic.

After much research, they decided on a system and are introducing it soon. The connections made through the network were crucial to the decision.

"We learned something from each session and came away with more information as to what we were going to ultimately do," said the physician.

The Manitoba Peer-to-Peer Network connects the primary-care community with EMR-experienced physicians, clinic managers and nurses for support in introducing and maximizing the use of EMRs. It is administered through Manitoba eHealth and funded by Canada Health Infoway. For more information, visit www.manitoba-ehealth.ca/P2P.

STUDENT OBSERVERSHIPS

Physicians may be approached by first and second year medical students asking to observe their clinical practice. Students appreciate this learning opportunity, and many physicians want to encourage it, but when approached with these requests the physician must ensure that certain conditions are met.

All of these observation experiences must be registered with the Faculty of Medicine. This allows for confirmation that the individual making the request is in fact a medical student, that they have received appropriate immunizations, and that they have completed a PHIA pledge. The Faculty of Medicine has a simple process for registering these observation opportunities. Please contact the Electives Administrator - Yvette Slobodzian (E: yvette.slobodzian@med.umanitoba.ca or T: 789-3820) and she will forward the appropriate forms and help facilitate the process. This registration process is important to ensure student safety, protect patient privacy, and provide some justification for the student's presence in the event that a patient complains to the College. All members should note these requirements carefully. In addition Statement No. 138 "Observing Physicians in a Clinical Setting" outlines requirements for an International Medical Graduate who is not registered and licensed by the

CPSM to observe a member's practice. These principles also apply to other observers.

Merril Pauls, MD
Director
Pre-Clerkship Curriculum

MANITOBA PRACTICE ASSESSMENT PROGRAM – MPAP GOES LIVE

*P*revious newsletters have identified the Manitoba Practice Assessment Program [MPAP]. The program was established by the Faculty of Medicine at the University of Manitoba to provide a means to assess whether an applicant has the requisite skill, competency, knowledge and judgment to provide medical services in independent practice. The assessment will be carried out by the Department of Continuing Professional Development at the Faculty of Medicine, University of Manitoba and will be open to individuals who are family physicians or who are in areas of specialty practice that are identified by the Royal College of Physicians & Surgeons of Canada. It is expected that the first assessments will be occurring in Fall, 2012. Upon successful completion of the MPAP assessment, the College will convert the candidate's registration to full registration subject to terms and conditions based upon the scope of the assessment and any other terms and conditions required in the specific case.

FROM THE INVESTIGATION COMMITTEE

*T*he Investigation Committee recently reviewed a complaint involving doctor/patient encounters being interrupted by phone calls. The Committee felt that the profession would benefit from a reminder about interruptions in patient visits to accept calls. As this can be extremely disruptive to the patient visit, the Committee is of the view that this type of interruption should be limited to genuinely urgent calls whenever possible.

FROM THE COMPLAINTS COMMITTEE

*T*he Complaints Committee reviewed a situation where a patient presented to a hospital with hyponatremia and hypokalemia. Specialist advice

recommended correction with an 8 hour intravenous regimen. The patient suffered from alcoholism and concurrent diuretic use. The patient developed Central Pontine Myelinolysis as a result of rapid correction of the low sodium level. Physicians are reminded that this may occur and should be extremely careful about rapid intravenous correction of low sodium.

SHARPS/NEEDLES

*T*he Complaints Committee recently reviewed a concern from a mother who took her children to a family practice clinic. During the appointment the children were playing and managed to reach their hands into a container of sharps/used needles which had been located on the floor. The children received puncture wounds.

The Manitoba Quality Assurance Program provided the Complaints Committee with the Manitoba Regulation for the standards surrounding the storing and handling of waste needles and other sharps. Containers must be specifically designed for the handling of waste, needles and sharps. The lid is a rotating/spring loaded flap which keeps the container closed when not in use.

Members are reminded of the importance of ensuring that all sharps containers they use must meet provincial standards.

SECURITY OF NARCOTIC AND CONTROLLED PRESCRIPTION PADS

*T*he Complaints Committee recently reviewed a situation where a patient of a physician stole a number of duplicate prescriptions from a physician's pad despite his/her attempt to ensure they were kept secure and in a locked cupboard. The Complaints Committee reminds all members of the importance of assuring that any duplicate prescription pads are carefully noted and are kept in a secure locked location. In this circumstance, the physician was unaware of the theft because the person taking the prescriptions took both the original copy and the carbon copy from the physician's pad.

LESSONS LEARNED REMINDER

RE: URGENT REFERRALS TO VASCULAR SURGERY

Any urgent or emergency consultation to Vascular Surgery should be accompanied by a phone call. Direct two-way communication is extremely helpful to both parties. At the very least, an urgent written consultation should have “**Urgent**” or “**ASAP**” marked on the consult. In the event that the referring physician is uncertain about the urgency of the consultation, the safest way to proceed would be to phone and discuss the case and come to a joint decision with the vascular surgeon as to the appropriate time frame for the consultation.

PRESIDENT-ELECT ELECTION RESULTS

Congratulations to Dr. Daniel Lindsay, who was elected President-elect at the election on January 4th, 2012.

Dr. Lindsay has sat on various College committees since 2006 and is currently a member of the Program Review Committee, the Complaints Committee and the Executive Committee. He will assume the office of President-Elect in June 2012.

CONGRATULATIONS TO THE FOLLOWING NOMINEES BEING ELECTED TO COUNCIL:

BRANDON	DR. S. J. DUNCAN
EASTMAN	DR. K. BULLOCK PRIES
WESTMAN	DR. A. P. VORSTER
WINNIPEG	DR. M. L. BORODITSKY
.....	DR. H. L. DOMKE
.....	DR. B. L. KVERN
.....	DR. H. W. UNRUH

COUNCILLORS WILL SERVE A FOUR YEAR TERM FROM JUNE 2012 TO JUNE 2016.

MEETINGS OF COUNCIL FOR THE 2011-2012 COLLEGE YEAR

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

- Friday, June 1st, 2012 (AGM)

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

OFFICERS AND COUNCILLORS 2011-2012

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

TERM EXPIRING JUNE 2012

Brandon	Dr. S. J. Duncan
Eastman	Dr. B. Kowaluk, Oakbank
Westman	Dr. A. Vorster, Treherne
Winnipeg	Dr. H. Domke
	Dr. B. Kvern
	Dr. R. Lotocki
	Dr. H. Unruh
University of Manitoba	Dean B. Postl
Public Councillor	Mr. R. Toews
Public Councillor	Ms L. Read
Associate Members Register	Dr. E. Tan
	(exp. Sept. 2012)

TERM EXPIRING JUNE 2014

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

www.cpsm.mb.ca

**The College's new
website is up and
running. Please have
a look and feel
free to comment
back to us.**