From the College

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

Volume 49 Number 3 December 2013

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……

FROM YOUR PRESIDENT
DR. DANIEL LINDSAY

"WE ARE DOCTORS – TRUST US"

[THE SEQUEL]

In the original "I am a Doctor, Trust Me", I spoke of the original social contract entered into by physicians 146 years ago. Something remarkable also happened in Canada 145 years ago. The moral and legislative responsibility of the Canadian Medical Association was put into concrete words for all to read. To articulate something as grand as the expectations that we have as physicians for our peers was and remains a daunting endeavour. The Canadian Medical Association in 1868 published the first Code of Ethics and in so doing articulated the real world expectations of ethical physician behaviour. Article 1 described the duties of the physician to their patient: "A physician should not only be ready to obey the calls of the sick at all times, but his/her mind should be attuned to the greatness of his/her mission and its responsibilities. These obligations are the greater because ordinarily there is no other tribunal to appeal to than his/her own conscience".

The first installment of "I am a Doctor, Trust Me" generated many comments regarding the current status and role of physicians in society. "I am a Doctor, Trust Me" was intended as a rhetorical statement, a challenge from which

we assess ourselves and are, in turn, assessed. The core values of physicians are reflected in the Statements and Guidelines of the College of Physicians & Surgeons of Manitoba. These words enshrine the expectations that we have for our peers.

Collectively, physicians were once all active participants and intimately associated at every level of patient care. Today, in some environments, physicians experience a lessening ability to influence the system and withdraw from leadership opportunities. In this era of sessional contracts, locums and "commodification" of health care professionals, it is understandable that our direct personal responsibility for patient care has been questioned by some of our colleagues. It is in this context that Manitoba, like the majority of the other provinces in Canada, is articulating in words the responsibility that is part of physicians' social contract.

There is recognition that while the College of Physicians & Surgeons of Manitoba remains primarily concerned with a physician's responsibilities, those expectations have a significant systemic influence on the delivery of health care to our patients. The College has a profound capability to promote "best practice" in the medical system by articulating physician responsibilities. A new statement regarding accessing critical results will be introduced in Manitoba in the coming months. There will be resultant challenges to the Regional Health Authorities, laboratories, diagnostic services, government and to some physicians in their current patterns of practice. Physicians as leaders in health care will be asked to exercise their responsibility.

The expectations that we have for our peers is based upon our fundamental responsibility to consider first the well-being of the patient. We as physicians remain credible as leaders in health care, only if we promote the systemic changes required to ensure patient safety.

Sincerely yours
Daniel J. Lindsay, MD FRCPC

NOTES FROM THE REGISTRAR

Council Meeting September 13th, 2013

At this meeting, a number of important Standards and Practice Directions were approved. Further Diagnostic Imaging Standards of Practice were approved by Council. Of importance, Council approved a Statement "Practice Coverage – Critical Test Results". This very important document requires that physicians who ordered a test must ensure specific arrangements are in place to receive critical test values after normal office hours. This Statement will be posted on the College website once this newsletter is distributed. The Statement is included at the end of this newsletter and will be effective March 1st, 2014.

In addition, new Practice Directions were approved on Blood Borne Pathogens, Arrangements for Expected Death at Home, Practice in Association, Solicitation of Funds for Research, Sexual Offences against Minors and

Continuing Professional Development. All of these items will become fully operational upon the implementation of the *Regulated Health Professions Act* for Medicine.

Regulated Health Professions Act (RHPA) – We had hoped that Council would receive final legislative drafts of the Regulations for approval in the next six months and implementation of the *Act* in September, 2014. However, legislative drafting is now expected to take significantly longer. At this time we are not sure of the actual time frame of the implementation of the *Act* but it is anticipated now in 2015.

As part of the RHPA, the College must have a "Standards of Practice" document, which contains many of the previous Statements approved by Council. It will be a regulation. This means it must be approved by the Cabinet and will be law. It is presently up on the website and available for consultation until the end of January. The College encourages all physicians to review this document on our website at www.cpsm.mb.ca and comment back to us at rhpa@cpsm.mb.ca. The Standards of Practice regulation has already been shared with the Board of Doctors Manitoba who will also be responding directly to us. In addition the new Code of Ethics is also available for consultation. Members will note that it has some changes from the previous Code of Conduct, but is, in fact, quite similar to the Code of Ethics of the Canadian Medical Association. As well, all the Practice Directions [previously called Statements and Guidelines] are available for review. The latter are not intended for consultation, but do provide an explanation for many of the items in both the Code and the Standards of Practice. Please review all of them and do not hesitate to respond to the email address on the website.

Pharmacists Able to Order Tests and Prescribe Medications – *The Pharmacy Act* is expected to be formally implemented in 2014. Pharmacists will be permitted to order tests and prescribe certain medication for patients they serve. Pharmacists may be calling you about test results. Please review the item included in this newsletter.

Marijuana Prescribing – New federal laws regarding authorizing marijuana and permitting dispensing by health care professionals are now in place. Your Council is reviewing a Statement on physicians and marijuana which should be available in the New Year.

All of us at the College wish you the very best for a happy holiday season and a New Year filled with good health and good things.

William D.B. Pope
Registrar/CEO

FACULTY OF MEDICINE UP-DATE

U of M was recognized for its top quality medical school and meeting all of the high standards set for medical education in North America.

The Faculty of Medicine's MD program was granted full accreditation by the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME). The Faculty's next full accreditation survey will take place in 2018/19.

This is great news not only for the Faculty of Medicine and the University of Manitoba as a whole; but for all Manitobans.

More than 95 per cent of the medical students we admit are Manitobans. As a Faculty, we are committed to educating and training future physicians to serve the health care needs of residents across the province.

Canada's 17 medical schools undergo a rigorous accreditation survey by teams of trained surveyors comprised of senior leaders, educators and students every seven to eight years.

CACMS, a committee of the Association of Faculties of Medicine of Canada, and the LCME, of the American Association of Medical Colleges, visit each Canadian medical school and jointly evaluate 132 standards.

Standards cover the areas of institutional setting; MD curriculum; medical student resources; faculty affairs; and educational resources. LCME also accredits all medical schools in the United States.

In the 18-months leading up to the accreditation survey visit, 120 faculty, staff, students and other stakeholders participated on UGME accreditation committees that were tasked with preparing an Institutional Self-Study Report as well as completing a comprehensive database answering questions specific to each of the five standard areas as well as course and clerkship documents.

The students were also required to complete their own Independent Student Analysis report analyzing the educational program, student services, and the learning environment.

As a faculty, we must ensure we are continually focused on compliance as a part of our regular day-to-day activities through monitoring, reporting and action. Accreditation is not an end point, but an ongoing process that serves as a means of quality assurance, improvement and pursuit of excellence.

Our successful accreditation was achieved thanks to the hard work of associate and assistant deans, department heads, faculty members, staff and students and our strong partnership with the College of Physicians & Surgeons of Manitoba, Winnipeg Health Region, regional health authorities, and Manitoba Health to provide high quality medical education and clinical training in this province.

Everyone has worked very effectively and arduously over many years to reach this pinnacle. We can all be proud of this accomplishment!

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

Ordering Tests and Prescribing by Pharmacists

When the new Pharmaceutical Act comes into effect, likely in January of 2014, pharmacists will be able to order certain screening and diagnostic tests for the purpose of drug monitoring. In addition, pharmacists will have certain prescribing privileges.

Ordering of Tests

Pharmacists will be able to order and receive results of certain screening or diagnostic tests in relation to a drug prescribed to a patient, when the purpose of doing so is to monitor the patient's drug therapy regime to ensure it is safe and optimal. As part of the process,

pharmacists will be required to notify the last prescriber of the drug being monitored of the fact that the test is to be ordered and will also be required to provide the medical practitioner with a copy of the test results and recommendations for changes to the prescription.

The Manitoba Pharmaceutical Association is creating Practice Directions in connection with those tests but those are not yet complete.

Pharmacists Prescribing

Pharmacists will also be able to prescribe certain drugs. Information on what may be prescribed is set out in the following information provided by the Manitoba Pharmaceutical Association.

An introduction to pharmacist prescribing

The Pharmaceutical Act and Regulations authorizes the following distinct types of prescribing(brackets numbers are the referenced section of regulations that can be seen at: http://mpha.in1touch.org/uploaded/web/New%20Pharmaceutical%20Act/July%203,%202013%20Pharmaceutical%20Regulations.pdf

- *Adapting a prescription Section 69(4), - Adaptation of a prescription must be based on an existing prescription written by a licensed practitioner and the adaptation is limited to:*
  - *Dosage strength,*
  - *Dosage interval and/or*
  - *Formulation*
  - *A prescription can be adapted if the pharmacist has knowledge of the patient, the condition being treated and the drug therapy and if one or more of the following applies:*
    - *The drug prescribed is not commercially available or may be temporarily unavailable from the supplier (eg: long acting versus multi-dose),*
    - *Information is missing from the prescription and sufficient information about the drug therapy can be obtained from the patient, the patient's record or other sources to determine that the adaptation will support compliance of the prescribed dosage (eg: a vague "prn" dose is noted and dosing information is important for compliance and outcome),*
    - *Adaptation will facilitate patient adherence (ex: solid dosage versus liquid preparation),*
    - *Adaptation will enable the patient to benefit from approved or existing third party coverage.*
  - *When adapting, the prescriber of the original prescription must be promptly notified and provided with the pharmacy name and address as well as the documented reason for the adaptation.*
- *Renewing continued care prescriptions (no appreciable change from current rules) - Section 122, A licensed pharmacist under The Pharmaceutical Act is authorized to refill a prescription beyond those authorized on the original prescription if:*
  - *the patient has a continuing need or a chronic condition which is considered stable;*

- *the prescribing practitioner has died or retired within the previous six months;*
- *the prescribing practitioner has not responded to a refill authorization request;*
- *the patient's history with the prescribed drug has not changed;*
- *the patient has not experienced any adverse reactions to the medication; and*
- *the prescription was originally filled by the same pharmacy.*

- *Prescribing in a declared state of emergency Section 118(4),*
- *Pharmacist prescribing of the following (118(2)):*
  - *a non-prescription drug (although these drugs do not require a prescription, issuing a prescription would allow the drug to be covered by a third party payer),*
  - *a medical device approved by Health Canada (these devices do not require a prescription but may be covered by a third party payer when prescribed).*
- *Prescribing a prescription drug included in the category for a condition listed in regulations (see appendix/schedule 3 of the regulations). Often referred to as* ***self-limiting ailment prescribing – minor ailments*** *Section 118(2).*

A pharmacist who has completed a College of Pharmacists approved training program in self-limiting ailments will be able to prescribe drugs for conditions listed on Appendix/Schedule to the regulations. The College is currently developing a professional development program on prescribing for self-limiting conditions. The list of conditions can be seen using the following link: http://mpha.in1touch.org/uploaded/web/New%20Pharmaceutical%20Act/July%203,%202013%20Pharmaceutical%20Regulations.pdf (the schedule of the conditions is at the very end of the document).

- *Extended practice prescribing – prescribing of a prescription drug (not including narcotic or controlled substance)* ***only by an extended practice pharmacist.*** *Extended practice pharmacist has additional clinical knowledge and training (example: Pharm. D.) and must be working in a collaborative/clinical/hospital setting involving a medical practitioner or nurse practitioner – Section 118(3).*

As a summary, adapting a prescription, prescribing in a state of emergency and prescribing of a non-prescription drug or a medical device, may be performed by any licensed pharmacist on the College of Pharmacists register and in accordance with Practice Directions approved by council. The Practice Directions can be viewed at the College of Pharmacists website at: http://mpha.in1touch.org/site/bill41?nav=practice.

Upon completion of a training program approved by council, a pharmacist may prescribe a prescription drug included in the category for a condition listed in the self-limiting ailment schedule of the regulations. A pharmacist who is an extended practice pharmacist will have additional prescribing authority for prescription drugs that is within the scope of their scope/specialty and working in a collaborative setting.

Although a pharmacist may be authorized to prescribe in emergencies and adapt a prescription, the pharmacist is never obligated

to prescribe. As with all activities, all pharmacists are expected to practice within their area of competence, to evaluate each situation and to make a conscious decision whether or not to prescribe. Evaluation of the patient needs will require many of the same considerations made when dispensing drugs pursuant to prescriptions.

All Licensed Pharmacists may do the following:

- ***Adapting a prescription -*** *Altering dosage strength, interval or formulation*
- ***Continued Care Prescriptions -*** *Renewing a prescription for continuity of care*
- ***Prescribing in a state of emergency -*** *Only when the minister has given notice to College council of a public health emergency*
- ***Prescribing of a non-prescription drug or a medical device -*** *Upon assessing the patient and determining the drug needed and prescribing to enhance compliance and/or allow coverage by a third party payer.*

If members have questions about any of these provisions they should feel free to contact Mr. Ron Guse, the Registrar of the Manitoba Pharmaceutical Association. His contact information is:

Phone 204.233.1411
Fax 204.237.3468
Email rguse@mpha.mb.ca

MEDICAL CORPORATIONS

Physicians licensed to practice in Manitoba may take advantage of certain benefits which may arise from incorporation. However, in order to do so, the physician must comply with the requirements of the *Corporations Act,* the *Medical Act,* and the College of Physicians & Surgeons of Manitoba's By-Law #7.

A licensed physician who wishes to practise through a corporation must have the corporation name, which has to include the phrase "Medical Corporation", approved by the Companies Office and by The College. In addition to the Companies Office requirements for incorporation, a medical corporation must obtain a permit to practice as a medical corporation from the College of Physicians & Surgeons of Manitoba and the permit must be renewed annually.

When a physician ceases to practice in Manitoba, whether through retirement, a move to another jurisdiction, or for any other reason, the law states that the medical corporation may no longer maintain a permit to practice medicine in Manitoba. At that point, the member must notify the College that he or she is no longer practising medicine in Manitoba. As a result the permit will expire or will be cancelled.

When the medical corporation's permit to practice medicine as a professional corporation expires, is suspended, or is cancelled, it may no longer be known as a "medical corporation". The College will notify the physician and the Companies Office that the name of the corporation must be amended. If the name is not amended within the time set by the Companies Office, the Companies Office will take steps to change the name.

Physicians are strongly advised to consult with professionals for legal or accounting advice if they are considering incorporating, have questions about maintaining their medical corporation, or are ceasing practice in Manitoba.

MANITOBA HEALTH APPEAL BOARD – YOUR RIGHT TO APPEAL

The Manitoba Health Appeal Board (the Board) is an independent body established by *The Health Services Insurance Act.* Members of the Board are appointed by the Legislature and are not employees or officials of Manitoba Health.

The Board is responsible for hearing appeals under *The Health Services Insurance Act* and its regulations, *The Emergency Medical Response and Stretcher Transportation Act* and the Charges Payable by Long Term Patients Regulation 155/97 under *The Mental Health Act*

What kind of appeals does the Board hear?

The Board hears a wide range of appeals from individuals. You can appeal:

INSURED BENEFIT APPEALS

- if you are refused registration as an insured person under The *Health Services Insurance Act*
- if you are denied entitlement to a benefit under *The Health Services Insurance Act* (example, out-of-province medical service claims and/or transportation subsidies)

HOME CARE APPEALS

- if you are dissatisfied with a regional health authority's decision regarding your eligibility, type or level of service under the Manitoba Home Care Program

AUTHORIZED/RESIDENTIAL CHARGE APPEALS

- if you are dissatisfied with Manitoba Health's review decision of an assessed authorized/residential charge (daily rate) in a personal care home, hospital or other designated health facility
- if you are denied a request for waiver of an authorized/residential charge

PERSONAL CARE HOME PLACEMENT DECISIONS

- if you are dissatisfied with a personal care home placement decision made by a regional health authority assessment panel

MANITOBA HEPATITIS C FINANCIAL ASSISTANCE PROGRAM

- if you are denied financial assistance under the Manitoba Hepatitis C Financial Assistance Program

OTHER TYPES OF APPEALS

relate to individuals who have been:

- refused an approval to operate a laboratory, a specimen collection centre or a personal care home, or conditions have been imposed on the approval, or the approval has been revoked refused a licence to operate an emergency medical response system or a stretcher transportation service or to act as an emergency medical response technician, stretcher attendant or ambulance operator or had the licence suspended or cancelled

How does a person appeal a decision?

You can file your appeal with the Manitoba Health Appeal Board by:

- completing the appropriate notice of appeal form, which can be obtained from the Board office or on its website; or
- writing a letter that states the decision you are appealing, the date you were notified of the decision and the grounds (reasons) why you are appealing.

Your notice of appeal, together with a copy of the decision that is being appealed (if available) must be mailed, delivered or faxed to the Board office within 30 days of receiving notice of the decision, or longer if the Board permits. However, if a copy is faxed, the original notice of appeal must be subsequently mailed or delivered to the Board office.

If your notice of appeal is filed after the 30-day period, you must also provide a written explanation for the late filing. This will assist the Board in determining whether it will permit your appeal to be filed.

Can my appeal proceedings be provided in the French language?

Yes, but you must notify the Board office of this request before a hearing date is scheduled for your appeal.

What if I require disability accommodations?

Upon request to the Board office, arrangements will be made for an interpreter (including both language and ASL interpreters). The Board will pay the costs for an interpreter.

Requests from parties to a hearing who, because of a disability, require the attendance of additional persons at the hearing, such as a note-taker and/or attendant or support person, will be reasonably accommodated by the Board. However, you must notify the Board office of your disability-related needs before a hearing date is scheduled. The Board will not be responsible for any costs associated with the attendance of support persons or attendants at the hearing.

How does the Board ensure a fair process?

To remain independent and impartial, the Board does not have any contact with the parties to an appeal (the appellant, who is the person appealing the decision and the respondent, who is the agency and its staff who originally made the decision that is being appealed) until the actual time of the appeal hearing. Board members and staff do not participate in the preparation of appeals for anyone and will not discuss the merits of an appeal before the hearing. However, the Board's staff can be contacted to discuss an issue related to the procedures for appeals. The Board's staff will also remain in contact with all parties regarding hearing dates and times.

What is the Board's procedure for hearing appeals?

The Board follows established Rules of Procedure for appeal hearings, which are provided to the parties in advance of the hearing date.

All parties have the right to attend the hearings in person and to be represented by legal counsel or another person of their choice or an individual who has the authority to act on behalf of a party.

Parties are entitled to submit written documentation (evidence) in advance of the hearing but within the time limits that are established by the Board. Parties may also bring a witness(es)

to the hearing to give evidence about the issues under appeal. The Board will not be responsible for any costs associated with the attendance of witnesses at the hearing.

At the hearing, each party is given an opportunity to make an oral submission to the Board and to have their witnesses give evidence. Each party is also allowed to ask questions of the other party and their witnesses. The Board will also ask questions of both parties and witnesses. If a party does not attend the hearing, the Board will base its decision on the notice of appeal and any other written material that was filed by that party prior to the hearing.

After the hearing, the Board members meet privately to discuss the written and oral evidence and submissions made by the parties and make a decision.

What types of decisions can the Board make?

The Board may confirm, set aside or vary the original decision in accordance with the provisions of *The Health Services Insurance Act* and the regulations or the Board may refer the matter back to the authority that made the decision for further consideration with or without instructions.

Are the Board's decisions final?

Yes, the Board's decisions are final. However, a request for a judicial review of the process can be made to the Court of Queen's Bench.

When and where does the Board meet?

The Board meets regularly on Thursdays and holds its hearings at 102 - 500 Portage Avenue in Winnipeg. Occasionally, hearings are held on other days of the week and in other Manitoba locations.

What if I can't attend the hearing?

If you are unable to attend the hearing in person, you may request to participate by way of teleconference call or videoconference (where available). You must contact the Board office well in advance of the hearing date to request these arrangements.

Where can I get more information about the Board and its appeal process?

You may contact the Board office or obtain further information from the Board's website: www.manitoba.ca/health/appealboard

Website information includes:

- Answers to Frequently Asked Questions
- Terms and Definitions
- Hearing Guide
- Appeal Forms including various Notice of Appeal forms, the Board's Rules of Procedure, Representative Authorization form, Information Checklist
- Legislation
- Annual Report of the Manitoba Health Appeal Board

Contact Us:
Manitoba Health Appeal Board
Main Floor Room 102
500 Portage Avenue
Winnipeg Manitoba R3C 3X1
Office Hours: 8:30 a.m. to 4:30 p.m.
Telephone: 204 945-5408
Toll Free: 1 866 744-3257 Fax: 204 948-2024
Email: appeals@gov.mb.ca
Website:
www.manitoba.ca/health/appealboard

CONGRATULATIONS

ITEM CORRECTION JULY 2013 NEWSLETTER

CONGRATULATIONS TO:

Dr. Doug Maguire who received the **DR. JACK ARMSTRONG HUMANITARIAN AWARD** for outstanding contributions by a member or former member of Doctors Manitoba in the service of humanity either in Canada or abroad.

We apologize for the error in the last newsletter.

CONGRATULATIONS TO

Dr. Mark Bernier who received the **2013 ROYAL COLLEGE MENTOR OF THE YEAR, REGION 2 AWARD**

Dr. Bernier received his MD degree at the University of Manitoba in 1981. He stayed in Winnipeg to complete his residency training in Obstetrics and Gynecology in 1986. Dr. Bernier subsequently became American Board Certified in Obstetrics and Gynecology (F.A.C.O.G.) in 1989. He has since enjoyed a busy specialist practice at the Women's Centre, Health Sciences Centre where he holds the academic position of Associate Professor.

Over the years, Dr. Bernier has received many teaching awards from both the residents and medical students. He was also the proud recipient of the 2001 Royal College Regional Award for Contributions to the Medical Community. The latter award was the direct result of his many years of travel, and health provision, to the Inuit communities in northern Manitoba and Nunavut. He also taught Family Life Education in numerous school divisions throughout Manitoba. In 2011 Dr. Bernier was the proud recipient of the Carl Nimrod Educator of the Year Award, for his recognition of excellence, commitment, leadership and teaching skills.

Dr. Bernier remains passionate about Obstetrics and Gynecology. He continues to be a positive influence and dedicated mentor to medical students, residents, and his colleagues.

CONGRATULATIONS TO

Dr. Arnold Naimark who was inducted into the **CANADIAN MEDICAL HALL OF FAME**

University of Manitoba President Emeritus and Dean Emeritus Dr. Arnold Naimark was inducted into the Canadian Medical Hall of Fame in May in Halifax in the builder (innovative leadership) category. He was feted later in May at a reception at the University of Manitoba by his colleagues and friends.

Following are excerpts from Dr. Arnold Naimark's engaging remarks:

"I have been extraordinarily fortunate in the important things in professional life; among them, good friends, the company of brilliantly talented and congenial colleagues, without whom nothing much of what I ventured would have been successful and the deep satisfaction of being engaged in interesting and challenging work.

Progress in medicine depends not only on scientists, clinicians and administrators but also on the government and community leaders and public-spirited citizens who create the conditions in which progress can flourish.

All of these estates are amply present in this city and province. I am enormously proud of the contributions they and the faculty and graduates of our medical school and university have, over the generations, made here and around the world to the search for objective

knowledge and its application for the common good.

I can think of no better examples of the scope of these contributions than those made by the remarkable Manitobans who have preceded me as laureates in the Canadian Medical Hall of Fame.

Their achievements bring to mind an observation that Margaret Laurence made in her installation address as Chancellor of Trent University. She said: 'The seeds of man's freedom and his captivity (and I would add: his creativity and dedication) can be found anywhere - even in the microcosm of a prairie town.'

As I stand before you this evening I sense the presence of all those mentors and colleagues who are gone now. In their day, they exhibited a level of commitment, a standard of conduct and a steadfastness of principle rarely found at any time - and especially now in this fevered age of the transient and the ephemeral.

They imbued us with an independence of mind that shields us against the tyranny of transient fashion in medicine or the vagaries of political sentiment and ideology; and, that prevents us from becoming mere peddlers of scientific gossip. They also taught us to be attentive to what Faulkner called the fundamental truths of the human heart and spirit.

In short they gave us the incentive to strive for the fusion of science and humanism that is the hallmark of medicine at its best and that is, and I hope will forever be, the brand of this medical school.

When I was in my sophomore year as a medical student, Dr. Joe Doupe called me into his office to review the draft of a report I'd prepared on a summer research project. He said: "You can do better". That admonition has reverberated often in my memory ever since, and each time it does, including this evening, I silently repeat the promise I made to myself those many years ago — "I will try."

CONGRATULATIONS TO

Dr. Samia Barakat who has recently been named **ONE OF CANADA'S TOP 100 WOMEN** at the annual dinner in Toronto.

REGULATED HEALTH PROFESSIONS ACT CONSULTATION

The "**Standards of Practice**" document is presently up on the College's website at www.cpsm.mb.ca and will be available for consultation until January 31, 2014. The College encourages all physicians to review this document and comment back to us at rhpa@cpsm.mb.ca

MEETINGS OF COUNCIL FOR THE 2013-2014 COLLEGE YEAR

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

- Friday, December 13th, 2013
- Friday, March 14, 2014
- Wednesday, June 4, 2014

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

OFFICERS AND COUNCILLORS 2013-2014

President:	Dr. D. Lindsay
President Elect:	Dr. B.Kvern
Past President:	Dr. B. Kowaluk
Treasurer:	Dr. A. Vorster
Investigation Chair:	Dr. A. MacDiarmid
Registrar:	Dr. W. Pope
Deputy Registrar:	Dr. T. Babick
Assistant Registrar:	Dr. A. Ziomek

TERM EXPIRING SEPTEMBER 2014

Associate Members Register (exp. Sept. 2014)	Mr. I. Jones

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

TERM EXPIRING JUNE 2016

Brandon	Dr. S. J. Duncan
Eastman	Dr. K. Bullock Pries
Westman	Dr. A. Vorster, Treherne
Winnipeg	Dr. H. Domke
	Dr. B. Kvern
	Dr. M. Boroditsky
	Dr. H. Unruh
University of Manitoba	Dean B. Postl
Public Councillor	Dr. E. Boldt
Public Councillor	Ms L. Read

No. 175

STATEMENT

PRACTICE COVERAGE – CRITICAL TEST RESULTS

SCOPE:

This Statement applies to all physician-patient relationships.

GUIDING PRINCIPLES:

1. A physician is responsible to follow up on any results of tests, including all laboratory and diagnostic imaging tests, which have been ordered by that physician on behalf of a patient.
2. The ordering physician is responsible for the necessary follow-up care, unless another physician has clearly agreed to provide follow up care to the patient for whom the test is ordered.
3. Critical test results are abnormal test results that are significantly out of the normal range and which need to be communicated to the physician urgently.
4. Clinically significant test results are results determined by physicians, in their clinical judgment, to require urgent follow-up. This will be determined by the physician based on his or her knowledge of the patient's health history and current diagnosis.

REQUIREMENTS

It is the position of the College that:

a. Each physician is personally responsible to ensure that specific arrangements are in place for the physician to receive critical test results which are to be communicated to the physician. The physician is responsible to promptly assess whether the results are clinically significant and take the appropriate action on behalf of the patient.

b. If a physician is unable to be personally available to receive the critical test results, the physician must make arrangements with another physician to be

available to receive the critical test results and to provide the appropriate follow-up communication and care to the patient promptly.

c. Each physician must establish a reasonable system for communicating with his or her patients in order to communicate test results to those patients.

d. When ordering tests, physicians must provide the laboratory with a telephone number which may be used by the laboratory to communicate critical test results to the physician or the physician's designate.

e. When ordering tests, physicians must insert pertinent information which can be used by the laboratory to help determine whether a test result is critical.

f. Laboratory facility directors (medical directors) must ensure the laboratory has a process in place for notifying the ordering physician of any critical test results promptly.

g. Physicians who provide episodic care to patients have the same responsibility to ensure that arrangements are in place for the physician to receive, assess, and take appropriate action on critical test results. In addition, the physician must determine whether the patient has a primary care physician and, if so, the physician providing episodic care is responsible to communicate significant findings of the critical test results to the primary care physician.

This Statement will become effective March 1, 2014.

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

First Print: Council 09/13