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FROM THE College

President's Message

Dear Members of the College,

This is my first letter as President of the College of Physicians and Surgeons of Manitoba. In my two-year term, I am looking forward to working hard with you, the members, and College staff to continue to achieve our mandate.

The College of Physicians and Surgeons' role as a Regulatory Authority is to protect the public. We assure the public that our members are qualified, keep up to date, and practice in a manner that is safe, compassionate and respectful. Much of our role, through Standards and the new Quality Improvement initiative, is to educate members. The Standards process is protected by the Evidence Act, to allow for frank and open discussion to improve care.

I often hear people warn others, "You will get in trouble with the College". It is not our aim to get people in trouble, it is only to ensure that the practice of medicine is safe and professional.

At the start of my term, we will be embarking on two strategic Council initiatives. The first is to create a Standard of Practice for Benzodiazepine Prescribing. The creation of the Standard of Practice for prescribing opioids saw thoughtful engagement from many of our members, as well as the public. With that Standard of Practice, we have seen a significant improvement in prescribing patterns of Manitoba physicians. Many of you asked us to address benzodiazepines as well. We look forward to a robust consultation from members.

The other initiative that we intend to start right away is a review of our current policies on boundary violations. Mr. Allan Fineblit, a public representative on our board and former CEO of the Law Society of Manitoba will be chairing this initiative. Again, we look forward to a robust consultation with our members and the public on this important initiative.

We all have an opportunity to work together to ensure that we are providing safe and professional care to the people of Manitoba.

Sincerely

Ira Ripstein, MD ***President***

The College of Physicians & Surgeons of Manitoba

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REGISTRAR NOTES

Certificate of Practice and Medical Corporation Renewals

It is almost that time of year again. The staff at the College are working hard in preparation for the Annual License Renewals, now referred to as Certificate of Practice. Members will be receiving notice, via email, of the online renewal around mid-September. Please take the time to carefully read and answer the questions in the online renewal. The 2019-2020 Certificate of Practice renewal fee is $1,870.00 which is mid-range compared with other Colleges across Canada.

Renewal of Medical Corporations, for those who have one, will occur at the same time. The 2019-2020 fee to renew a medical corporation is $150.00.

Deadline for both renewals is October 31, 2019.

COLLEGE WORKING GROUPS

The College is in the process of establishing four new working groups:

1. Recommended practice manual for buprenorphine/naloxone
2. Standard of Practice of Medicine - Boundary Violations – Sexual Involvement with a Patient
3. Standard of Practice of Medicine for Prescribing Benzodiazepines
4. Standard of Practice of Medicine for Authorizing Marijuana for Medical Purposes update of current Standard

Manitoba Buprenorphine/Naloxone Recommended Practice Manual Working Group

The CPSM is in the process of drafting a Manitoba Buprenorphine/ Naloxone Recommended Practice Manual that will provide guidance to members who prescribe buprenorphine/naloxone to patients.

The purpose of the Working Group is to assist in the development of a Manitoba Buprenorphine/ Naloxone Recommended Practice Manual by the end of 2020. This Recommended Practice Manual will guide physicians prescribing buprenorphine/ naloxone and will be used for assessing physician performance in peer review processes or in Complaints and Investigations.

This working group has been meeting since April and has completed a draft Buprenorphine/Naloxone Take Home Dosing section. This section will be part of the completed recommended practice guide when it is completed. We felt it would be beneficial to share the Take Home Dosing section with members, so we have included it in this newsletter.

Boundary Violations – Sexual Involvement with a Patient

As societal values evolve, the College of Physicians and Surgeons must reconsider whether the public interest and patient safety is being served with the appropriate standards of practice regarding boundary violations – sexual involvement with a patient. CPSM Council passed a motion in June 2019 to establish a Working Group to review this issue.

The purpose of this Working Group is to review and determine the appropriate standards of practice regarding boundary violations – sexual involvement with a patient, whether sexual misconduct or sexual abuse. The Working Group recommendations are to be provided to Council in fall 2020.

Standard of Practice for Prescribing Benzodiazepines

Many of our registrants have indicated the College of Physicians and Surgeons of Manitoba needs to have a Standard of Practice for members who prescribe benzodiazepines to patients. The Standard must include guidance for members transitioning patients currently receiving high doses of benzodiazepines and on prescribing benzodiazepines concurrently with opioids and other psychotropic medications. CPSM Council passed a motion in June 2019 to establish a Working Group to draft a Standard of Practice for prescribing benzodiazepines.

The purpose of the Working Group is to develop a draft CPSM Standard of Practice for Prescribing Benzodiazepines that will be circulated to the members, stakeholders, and the public in spring 2020 and finalized for implementation in 2020. This Standard of Practice will be used to promote the current best practices in prescribing benzodiazepines and for assessing physician performance in Quality Improvement processes or in Complaints and Investigations.

Standard of Practice for Authorizing Marijuana for Medical Purposes

The CPSM is reviewing its Standard of Practice for Authorizing Marijuana for Medical Purposes as cannabis becomes more mainstream for patient care and further research is being undertaken in the medical use of cannabis.

The purpose of the Working Group is to review the current CPSM Standard of Practice for Authorizing Marijuana for Medical Purposes and recommend changes if necessary. Should significant changes be made then the new draft will be circulated to the members, stakeholders, and the public in spring 2020 and finalized for implementation in 2020. This Standard of Practice will be used to promote the current best practices in authorizing cannabis for medical purposes.

These working groups will meet, gather information and come up with recommendations that will be brought back to Council for review and any further recommendations. Consultations with members, the public, and other stakeholders will take place prior to implementation.

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REGISTRAR NOTES

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Council Meetings/Materials

Council also directed that the Council meeting materials be made available on the College website for both members and the public to view. Under the Regulated Health Professions Act all College Council meetings are now open to the public. Due to space limitations we ask that any members of the College or the public advise the College if they wish to attend. There will be a place on the new CPSM website for Council Materials.

New web site

Work continues with the construction of our new website and we have made significant progress to date. College staff had the opportunity to view the test site and are pleased with the new fresh look and feel of the site. We expect the new website to be up and functional in the fall.

As you can see there are several new initiatives at the College and this newsletter contains very important information. I encourage you to read the complete newsletter and provide any comments or feedback to me at ***TheRegistrar@cpsm.mb.ca.***

Anna Ziomek, MD *Registrar/CEO*

NEW AUDITORS REQUIRED

The College is seeking to recruit new auditors - both family physicians as well as specialists. College auditors conduct either chart or interactive audits of the practices of a peer. Three departments of the College conduct audits: Qualifications (provisional registration audits), Standards (Quality Improvement audits, age related audits, and audits of referred physicians), as well as Complaints/Investigations. Auditors may be called upon to conduct two to four audits per year. Each audit takes approximately a half day and time is remunerated.

We greatly appreciate contributions by our retired members in the audit process. As we know the world of medicine is rapidly evolving. Therefore, retired members are encouraged to participate in the audit process for up to 3 years past their date of retirement, to ensure an auditor's clinical and/or administrative skills are current/relevant when assessing their peers.

If you are interested in joining our auditor pool, a training workshop will be held on October 23, 2019, which will provide a better understanding of the expectations of auditors. Minimum requirement of a new College auditor is having been in practise for 3 years.

WHY BE AN AUDITOR?

- You would be contributing to the profession and improving the practice of medicine in the province.
- You would be providing your colleagues a fair assessment by a peer and both of you will learn in the process.
- It would be a change of pace from your normal routine.
- Also, you would be earning CPD credits!

If interested or have any questions, please contact the CPSM Standards Department at 204 774 7344 or via email at standards@cpsm.mb.ca.

Max Rady College of Medicine

Message from Dr. Brian Postl, Dean, Max Rady College of Medicine

Dean, Rady Faculty of Health Sciences & Vice-Provost (Health Sciences), University of Manitoba

We recently held Inaugural Day exercises and the white coat ceremony for the Max Rady College of Medicine Class of 2023.I am pleased to share with you some statistics about the diverse group of 110 students in the Class of 2023 who will become part of our province's future physician workforce.

The University of Manitoba has a long history of commitment to improving the diversity in our medical school. We were one of the first universities to establish an additional stream for Indigenous students. About 10 years ago, we also created a rural stream.

More recently we added a francophone stream to reflect that we are a bilingual province. And in 2015, we implemented a new admissions policy to help attract medical students that reflect Manitoba's diversity in ethnicity, socio-economic and socio-cultural conditions and sexual orientation.

Our goal has been to graduate a medical student body from the Max Rady College of Medicine that reflects the communities and populations we serve.

The Class of 2023 is just that: it includes 15 students of self-declared Indigenous ancestry – the highest number of Indigenous students reported for an incoming class. Forty-nine students have rural attributes, including rural roots, rural work experience or rural volunteer or leadership experience. Two students are enrolled in the French bilingual stream.

Forty-two students are the first generation of their family attending college or university; 41 students were raised in a family with an annual household income below the median for Canada; 36 students consider themselves to be members of a visible minority; and 19 individuals' primary language is other than English or French. The class also includes individuals who identified as living with a disability; students (or their families) who came to Canada as refugees; and students who worked in their teen years in order contribute to family income.

The class's ethnic and socio-economic diversity reflects the Max Rady College of Medicine's inclusive admissions policy.

As was recently reported first in the *Globe & Mail* and then in the *Winnipeg Free Press* and on CBC radio stations right across the country, the University of Manitoba is at the forefront among Canadian medical schools in diversifying our medical student body.

Over the course of several years, the admissions committee, led by admissions director Dr. Bruce Martin, looked at ways to change our Max Rady College of Medicine admissions policy to attract medical students that reflect Manitoba's diversity in ethnicity, socio-economic and socio-cultural conditions and sexual orientation.

The admissions committee consulted with a panel of experts in the areas of poverty, equity and social justice and developed a plan. This plan was approved by the Max Rady College of Medicine college council which included buy-in by all department heads and leadership.

To remove barriers to participation and more accurately reflect Manitoba's population, the college advantages qualified candidates from traditionally under-represented backgrounds.

The College is committed to the selection of candidates who have the academic capacity and personal attributes to proceed through the curriculum to successful registration for the practice of medicine.

As newly appointed Associate Dean, Admissions in the Max Rady College of Medicine, Dr. Sara Goulet put it "When patients get to see health-care professionals with whom they can identify, there is an increased level of comfort and a feeling that they will be heard and understood. It creates cultural safety."

A diversity of health-care providers brings different cultural and professional views and allows students and physicians to broaden their perspectives and learn from one another.

I am proud that the goal we set as a college under the direction of the dean's council several years ago to enhance our medical student body's diversity is being realized.

By making the Max Rady College of Medicine more diverse and inclusive to all members of our community, we are fulfilling our ethical responsibility as a profession to reflect the communities we serve and this will improve health care across our province and especially to our most underserved patients.

Practice Supervisor Workshop

The College will host another Practice Supervisor Workshop that will take place on Friday, 25 October 2019 at the College office. Registration to open soon.

RECORD KEEPING
Patient Records - Standards Of Practice Of Medicine

As the Quality Improvement Program has initiated chart reviews, it is being recognized that record keeping is an ongoing challenge for many physicians.

As part of the Quality Improvement Program, and other College programs, some physicians will undergo either an off-site or on-site chart review depending on the category of review they are selected to undergo. This means that a trained reviewer will review patient charts using a standardized method. The content of the patient record is critical in this process to ensure the reviewer can follow the patient's history and care plan.

To ensure that the information captured in a patient record meets the required standard, you are required to include the following content:

A. RECORD CONTENT

25(1) A patient record must contain or provide the following information:

(a) patient demographic information including:

- (i) full name as it appears on the patient's health insurance registration card;
- (ii) current address;
- (iii) personal health identification number or other unique identifier;
- (iv) date of birth;
- (v) telephone number and any alternative telephone contact numbers; and
- (vi) next of kin.

(b) all dates the patient was seen or was in communication with the member and the identity of the member attending the patient on those dates.

(c) patient clinical information including:

- (i) documentation of presenting complaints and relevant functional inquiry;
- (ii) significant prior history/active problem list;
- (iii) current medications, allergies and drug sensitivity, where relevant;
- (iv) relevant social history including alcohol or drug use or abuse;
- (v) relevant family history;
- (vi) findings on physical examination, including relevant abnormalities or their absence;
- (vii) diagnoses (tentative, differential or established);
- (viii) treatment advised and provided, including medication prescribed;
- (ix) if a prescription is issued:
  - (A) the name of the medication;
  - (B) the dose of medication to be taken at each administration;
  - (C) the frequency that medication is to be taken or administered;
  - (D) the duration of the period for which the patient is to take the medication;
  - (E) whether or not refills have been issued or approved;
  - (F) significant prior history/active problem list;
- (x) investigations ordered and results obtained;
- (xi) instructions, precautions and advice to the patient, including instructions for follow-up;
- (xii) responses of the patient to the advice given, if refused;
- (xiii) reports received or sent in regard to the patient's medical care;
- (xiv) particulars of any sample medication provided to the patient.

(d) the following reports and information:

- (i) laboratory and imaging reports;
- (ii) pathology reports;
- (iii) letters of referral and consultation reports;
- (iv) hospital summaries;
- (v) surgical notes.

(e) on the referring member's record a summary of any telephone consultation between two members with respect to a specific patient, and on the consultant's record, enough information to validate that the consult occurred.

25(2) A member who uses templates in a patient record must modify the content to reflect the actual circumstances of a patient encounter.

25(3) A member must not copy and paste the note of a prior visit by the patient unless the entry is modified to reflect the actual circumstances of the later visit.

25(4) Whether in paper or electronic form, the record must be legible, accessible to ensure continuity of care, and in English.

The Standards of Practice of Medicine are approved by Council and relate to an individual member's practice of medicine. They supplement the requirements of the Regulated Health Professions Act and Regulations. Members must adhere to the Standards of Practice of Medicine in conjunction with the specific Standards of Practice Regulation.

The document is available for viewing on the College website.
https://cpsm.mb.ca/about-the-college/standards-of-practice-of-medicine

New recommendations
regarding take-home doses (carries) for patients treated with buprenorphine/naloxone in Manitoba

The College convened a working group of experts in the treatment of opioid use disorder in the spring of 2019. This working group has been tasked with assisting College staff in developing a new Recommended Practice Manual for the use of buprenorphine/naloxone in the context of Opioid Agonist Therapy in Manitoba.

The College receives frequent requests for guidance on the issues the working group is discussing. The working group has thus elected to publish its preliminary recommendations, in the areas of care that generate the most frequent inquiries, in the College news letter. One of these areas is decision making around take-home dosing (carries) for patients on buprenorphine/naloxone.

Below is a link to the recommendations of the working group in a draft document. Physicians are encouraged to adopt and incorporate these recommendations into their Opioid Agonist Therapy practices without delay.

Please note that once the work of the working group nears its conclusion, there will be an opportunity for the members to weigh in on the content of the draft manual before it is finalized. However, should you have any questions about the interpretation of the guidance published in the draft in the interim, please do not hesitate to contact the chair of the working group, Dr. Marina Reinecke at the CPSM.

It is the working group's hope that you will find this guidance document useful in providing care to your patients on buprenorphine/naloxone.

CLICK HERE FOR DRAFT DOCUMENT

Sincerely,

Marina Reinecke ***Medical Consultant, CPSM***

WHY AM I GETTING AN EMAIL FROM THE MEDICAL COUNCIL OF CANADA?

EXTERNAL PROVIDER FOR MULTI-SOURCE FEEDBACK (THE MEDICAL COUNCIL OF CANADA)

As part of some College programs, physicians will undergo multi-source feedback as part of their review.

The multi-source feedback process is managed by an external provider, the Medical Council of Canada, who provides the MCC 360. Physicians will be contacted directly by the Medical Council of Canada and asked to provide names and contact information for a group of medical colleagues and non-physician coworkers. Those individuals will then be contacted by the Medical Council of Canada directly and not the College of Physicians and Surgeons to complete a survey. All colleague and non-physician coworker surveys are completed electronically.

Physicians will also be provided with a package of surveys to be distributed to patients and returned in a confidential manner. Once the survey responses have been received, a report will be provided to the College of Physicians and Surgeons.

The multi-source feedback process has been revitalized by the Medical Council. The surveys have been reviewed to ensure that all items are relevant and observable. The surveys also include the opportunity for colleagues, non-physician coworkers, and patients to provide feedback comments, which will be included in the report.

We invite any questions or input that you may have. Please feel free to contact the Quality Improvement Program at quality@cpsm.mb.ca or by phone at 204-774-4344.

Quality Improvement Program Update

A physician's professional education is a lifelong process. New pharmaceuticals are developed, medical care evolves, and practice standards change as a result of technological advances and other developments. Physicians must be vigilant in order to update their knowledge, strengthen their skills, and ensure that they adhere to accepted ethical and professional standards in their practices.*

Over 200 Family Physicians have participated in the Quality Improvement Program since its launch in January 2019. We will start including specialists in 2020. The first group has completed their process, and the second group is also nearing completion. Feedback from participants has largely been positive. A further group of 100 participants will begin in September.

The information provided by physicians to the program reinforces the breadth and depth of the work of family physicians in our province. Many wear several hats, being involved in hospital and personal care home work, clinical practice, teaching of students and residents, administrative work, and volunteer work within their communities. The strong commitment of physicians to providing the best care possible for patients comes through clearly.

As part of the QI program, all participants are asked to complete an Action Plan, identifying an area of their practice or work that they would like to improve over the coming year. These plans are being submitted across a variety of activities, including medical expert/learning, practice organization, communication, record keeping, and physician wellbeing. Physicians are completing them with purpose and thought, again demonstrating their ongoing commitment to provision of optimal care for patients.

The College would like to thank participants for the effort they expend as they go through the program. We hope that it will help to reinforce lifelong learning and continuous improvement.

* *Adapted from the Supreme Court of Canada's decision on CPD for lawyers.*

Vaccine Hesitancy and Measles Resurgence

The Federal/Provincial/Territorial Committee on Health Workforce wrote to all regulated health profession colleges across Canada regarding vaccine hesitancy and the recent resurgence of measles cases in Canada. The following are excerpts with some slight revisions.

Vaccine hesitancy is described as a delay in acceptance or refusal to vaccinate, despite the availability of vaccination services. According to the World Health Organization (WHO) vaccine hesitancy is now one of the top 10 threats to global health, despite robust evidence showing the effectiveness and safety of vaccines. The WHO also acknowledges that health care professionals are among the most trusted sources of information when parents make decisions regarding vaccination.

Dr. Theresa Tam, Chief Public Health Officer of Canada, issued a statement regarding the current measles outbreak and vaccine hesitancy. In this statement, she urged her fellow healthcare provider colleagues to take the time to answer the questions of concerned parents and direct them to credible and reliable sources of information.

Medical practitioners can play a critical role in promoting vaccine acceptance in Canada. They can do this by communicating sound, evidence-based advice in their daily practice.

Given reports of some health professionals promoting disproven vaccine "alternatives", the College was reminded of its responsibility as a regulatory college to ensure, through monitoring and evaluation and follow up on complaints, that the members of your college provide scientifically valid information on vaccines and do not promote anti-vaccination messages or "alternative therapies" when it is within their scope of practice to comment on vaccines. Professions where commenting on vaccines is not within their scope of practice must not provide any vaccine information, opinions or advice.

While social media influencers have made a significant negative impact on the perception of vaccination in recent years, a parent's trust in their health care provider remains one of the most important predictors of vaccine acceptance. Therefore, health care professionals should be closely monitored through their colleges and encouraged to take advantage of their trusted role. This includes the provision of science-based advice and options when discussing vaccination with parents, when it is in their scope of practice to do so.

To ensure that health workforce professionals, for whom vaccination is within their scope of practice, have access to the best and most up-to-date science-based resources on vaccination in Canada, share the following national resources and links to provincial/territorial ministries of health:

- Government of Canada, Vaccines and Immunization
- Immunize Canada
- Canadian Paediatric Society
- Provincial and territorial ministries of health
- Canadian Vaccination Evidence Resource and Exchange Centre (CANVax)

Health workforce professionals in Canada must consistently deliver sound care based on the best evidence. They must also play a leadership role in helping combat misinformation and decrease the rate of vaccine-preventable diseases like measles, pertussis and influenza, to name a few. Therefore, in closing, we remind you of your college's responsibility to prevent anti-vaccination messaging from being promoted by your members and ensuring Canada's professional health workforce is appropriately informing parental decision-making on vaccination.

REMINDER TO MEMBERS: CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Whether you are a family physician, generalist, specialist, clinical assistant or physician assistant, all such members of CPSM are required to meet at least the minimum number of credits for their continuing professional development *(note: this requirement does not apply to undergraduate or postgraduate training program participants).*

Each year upon renewal of your certificate of practice, members are required to confirm which national licensing authority they have joined to participate in CPD-tracking and that the minimum number of credits will be met. In addition, members are asked to indicate when they are in their final cycle year.

If you are uncertain as to the amount or types of credits you require, please ensure you review the requirements by going to the website of the particular national licensing authority, e.g. CFPC, RCPSC, CAPA or NCCPA. The national licensing authority will have assigned you a cycle (most often a 5-year cycle) during which you must meet a minimum number of credits. Although there is a minimum number of credits required per year, you must also meet the 5-year cycle minimum requirement. This requirement will include a certain number of credits in each of several categories. It is your responsibility to know what those categories are and what activities fall into those categories. Implementing the practice of entering your CPD credits on a monthly basis may make things easier rather than waiting for the end of the cycle year.

For those members who have had to take a medical leave of absence, including maternity/paternity leave, you may apply for an extension to your 5-year cycle. You must write formally to the national licensing authority to request an extension.

Members are reminded to save all CPD documents/records for the duration of the 5-year cycle.

CPSM General Regulation - s.4.7: Renewal Requirements: *the legislation states:*

4.7(1) *To renew a certificate of practice, a member must: (a) submit to the Registrar the required documents and (b) meet the continuing competency requirements (CPD) under Part 10.*

4.7(2) *If an applicant fails to meet the continuing competency requirements, the Registrar may (a) renew the applicant's certificate of practice subject to certain conditions; (b) require the applicant to successfully complete any examinations tests, assessment, training or education that the Registrar considers necessary to establish the member is competent to engage in his/her professional practice.*

Non-Compliance: If CPSM receives notice from any of the national licensing authorities that a member is non-compliant or non-adherent in their continuing competency/CPD requirements, or if a member does not complete the required statement regarding meeting their continuing competency requirements, College staff will contact the member and request an explanation before assuming that a non-response means non-compliance (resulting in referral to the Registrar).

Non-compliance in both CPD and Quality Improvement (QI) requirements will result in a referral to the Registrar. The Registrar will consider the individual circumstances of the member and may impose any of the above requirements. Non-compliance in either CPD or QI will also result in a formal statement being recorded on the member's Certificate of Professional Conduct.

For detailed CPD requirements, including the national licensing authorities' website addresses, visit "Continuing Professional Development" or for mandatory QI participation, visit "Quality Improvement".

If you have any questions about CPSM's CPD or QI requirements, please speak with a staff member of the Standards Department: 204-774-4344.

Estimation of Fetal Growth During Prenatal Care for Patients with a Higher BMI

The MPHSC has recently reviewed cases where prenatal morbidity and mortality due to growth restriction or due to macrosomia have been missed during perinatal clinical assessments in women with a high BMI. Estimation of clinical fetal growth for patients with a high BMI of greater than 40 or who have a large pannus may be inaccurate and under-or-over-estimated. It is advised to offer such patients a 3rd trimester fetal scan to confirm adequacy of growth of the fetus and to ensure normal doppler studies of the fetal and umbilical flow.

Women with a BMI between 35-39 may also be offered a 3rd trimester fetal scan to confirm growth if the clinical assessment is felt to be inaccurate or concerning.

Dr. Michael Helewa *Medical Consultant*

REMINDER:
Requirement to Sign Electronically Generated Prescriptions

It has come to the College's attention that a large percentage of electronically generated, but printed prescriptions are not being signed by the prescriber. This is a reminder to all members to physically sign all printed prescriptions.

The Practice Direction on Prescribing Practices: Doctor/Pharmacist Relationships sets out the requirements for prescribing practices that **MUST** be complied with. Under Section 3 Prescription Content, it states:

3. PRESCRIPTION CONTENT

3.1. The name and address of the patient.

3.2. The weight of the patient if a child, or the age if that would have a bearing on the dosage of the prescribed drug so that the pharmacist may double check the prescribed dosage.

3.3. The name, strength and quantity of the drug must be included.

3.4. The full instructions should be included on the prescription. Patients often forget verbal instructions.

3.5. The prescription must be dated.

3.6. Rubber stamp signatures are not acceptable. The signature must be legible.

3.7. Specific refill instructions, if any, should be spelled out on the prescription.

3.8. The physician is reminded in particular of the following:

- *Prescription Drugs (included on **Health Canada's Prescription Drug List** – formerly Schedule F Drugs) - the number of repeats must be noted by the physician as the pharmacist has no discretion under Federal legislation.*
- *Controlled Drugs - Under Federal legislation the number of repeats must be specified in the prescription and the interval between repeats must also be specified.*
- *Narcotic Prescriptions cannot be refilled. New signed prescriptions must be in the hands of the pharmacist on each occasion where a narcotic is dispensed (or telephoned in the case of verbal prescription narcotics).*
- *Prescription quantities should be related to spacing between follow-up visits.*
- *The physician is required to maintain a record of all prescriptions (including refills) written and authorized.*

Furthermore, the Pharmaceutical Regulations states:

> Prescriptions must be authorized
>
> 69(1) Except when permitted by this regulation, a drug must not be dispensed unless a practitioner has authorized the prescription in writing or verbally.
>
> 69(2) An authorization given in writing must include the practitioner's signature

Electronic signatures are accepted when the prescription is transmitted securely from the physician's office in compliance with the two Practice Directions on Facsimile Transmission and Electronic Transmission of Prescriptions. Below is a link to the College of Pharmacists Q&A on Electronic Transmission and Facsimile Transmission of Prescriptions.

> Q&A: Electronic Transmission and Facsimile Transmission of Prescriptions
>
> **When is a prescription valid with only the prescriber's electronic signature?**
>
> The prescriber's electronic signature is acceptable on a prescription that is sent in compliance with the electronic transmission of prescriptions or the facsimile transmission of prescriptions. The prescription must be securely transmitted and that can be through facsimile, electronic mail, internet or other network communication directly to the pharmacy. **If the prescriber gives the patient a printed computer-generated prescription with an electronic signature to take to the pharmacy, the prescription must also be physically signed by the prescriber in order to be considered as a valid prescription.**
>
> **What procedure should a pharmacist follow if a patient presents a printed computer-generated prescription that only has an electronic signature or a prescription with a stamped signature?**
>
> The pharmacist must verify the prescription through written, verbal or faxed communication with the prescriber in order for the prescription to be valid.

It is vital for a computer-generated copy of a prescription to have the prescriber's signature in order for the pharmacist to ensure the authenticity and validity of the prescription. The College of Pharmacists now often receives forgery reports related to computer-generated prescriptions therefore the prescriber's physical signature is critical.

Suicide Review - timing of follow-up

The CPSM Child Health Standards Committee reviews the deaths of Manitoba children and youth 29 days-17 years of age. In addition to the committee's routine death review process, suicides are reviewed annually, in collaboration with Child and Adolescent Psychiatrists. The most recent review highlighted significant variations in practice with respect to follow-up of patients who are starting antidepressants.

Adolescents starting antidepressants: What is first-line therapy and when should you follow-up?

When treating adolescents with mild or moderate depression, the first-line treatment option is psychotherapy (cognitive-behavioural therapy or interpersonal therapy). Not sure where to refer? Contact numbers for mental health services for youth in your RHA are found here.

If psychotherapy is not accessible, acceptable, or effective, medication should be considered in youth with moderate depression. Medication should be considered as a first-line intervention in more severe cases of depression. Fluoxetine is considered the first-choice antidepressant in children and youth

The FDA recommends that patients be seen on a weekly basis for the first 4 weeks of treatment, then every 2 weeks for one month, and monthly thereafter, to assess for adverse effects, effectiveness and suicidality. The Canadian Psychiatry Association recommends that appointments or telephone contacts occur weekly for the first month of treatment.

These Guidelines for care are summarized in the 2016 CANMAT guidelines.

Canadian Network for Mood and Anxiety Treatments (CANMAT) 2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder: Section 6. Special Populations: Youth, Women, and the Elderly

Child Health Standards Committee

Optimizing Conditions for Abdominal Delivery of a Pregnancy with Placenta Previa and Placenta Accreta

The Maternal and Perinatal Health Standards Committee has reviewed cases of significant maternal morbidity at elective caesarean sections in patients with a previous caesarean section with a placenta previa in the index pregnancy. A significant number of these cases of placenta previa in a previous caesarean section tend to prove to be in accreta or percreta. In most cases, the morbidity arose when the obstetrician was ill prepared to deal with significant hemorrhage arising from attempts at removing the placenta from the lower uterine segment.

For physicians not working at tertiary centres that are faced with a patient with a previous caesarean section and current placenta previa, it is strongly advised that preparations be undertaken to have this patient deliver at a tertiary centre where it is expected that resources are available to deal with hemorrhagic complications.

Health care providers are also reminded that in patients with a placenta previa but without previous caesarean section, it is recommended that consultation with obstetrics or perinatology be arranged primarily to discuss and decide on the optimal site for this patient to deliver. Availability of blood products replacement, NICU, adult ICU, and diagnostic facilities such as expertise in ultrasound as well as MRI in diagnosing placenta accreta and percreta, are considerations that should be taken to reach a decision regarding the optimal site for this patient to deliver.

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