THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

TOLL FREE (MB ONLY): 1-877-774-4344

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To: All Chairs of Standards Committees

1. Referrals from Chief Medical Examiner

From time to time the Chief Medical Examiner refers cases of deaths to either the CPSM or directly to the Area Standards Committees for review from a Standards perspective. These reviews are protected by *The Evidence Act.* The reviews are all discussed by the Central Standards Committee of the CPSM. In those instances in which the Committee feels that the physician poses a risk to the public, the Chair of the Committee can refer the case, but not the standards opinions, to the Registrar for further review. This can even result in discipline in some instances, at the discretion of the Registrar.

When a referral from the Chief Medical Examiner is received by the Standards Division of the CPSM, an acknowledgment is sent to the Chief Medical Examiner. The result of the review remains confidential in the files of the CPSM.

Evidence Act protection requires that a similar process be followed when a referred case is reviewed at the Area Standards Committee level. Your committee may elect to review the case and subsequently report to the Central Standards Committee, or may elect to ask the Deputy Registrar to arrange for a review. In either case, you would acknowledge receipt of the referral to the Chief Medical Examiner without any further information, to ensure the integrity of *The Evidence Act* process. Dr. Balachandra, the Chief Medical Examiner for Manitoba, is aware of our procedures.

2. New Fentanyl Warnings

If you prescribe, administer or dispense fentanyl patches, we strongly encourage you to thoroughly review the alert from the U.S. Food and Drug Administration (http://www.fda.gov/cder/drug/advisory/fentanyl). Some patients and their healthcare providers may not be fully aware of the dangers of these potent narcotic products and the important recommendations regarding their safe use. There have been recent fatalities which have been documented in patients who have been treated with fentanyl.

3. Committee Membership

Please remember that new members of your standards committee must be approved by the Central Standards Committee in advance of attendance at a meeting, in order to have *Evidence Act* protection and liability coverage.

4. Conflict of Interest

In recent months, an additional step has been added to the approval process for committee membership. The reason for this change has been to promote transparency of the process of standards committee selection. All member approval by the Central Standards Committee includes the review of a member's completed Conflict of Interest Declaration either by the committee chair or by the Central Standards Committee if there is concern about the potential for a conflict of interest. If the prospective member has a limited conflict or potential for a conflict, this must be declared. If the conflict is sufficient to preclude the member participating in the majority of case reviews conducted by the committee, they should not seek membership. It becomes the responsibility of the chair, when a member identifies a limited conflict or potential for conflict, to ensure that the agendas and minutes for that member do not include information relating to situations of conflict for the member. It is the responsibility of all members of a standards committee to ensure that a member does not participate in review of a case for which they have a conflict.

If the conflict of interest process has not been carried out by an existing committee, it should be carried out. Once identification of conflict of interest has been carried out with the committee, a brief review should be undertaken annually to identify changes in member roles that might have occurred since last reviewing conflict status.

5. Standards Committee Topic Audits

When your standards committee conducts a topic audit, it would be helpful to other committees if you could submit a copy of the literature review, a copy of the audit tool, and a copy of the audit results to the Central Standards Committee. We will, in the near future, be able to make this information available to other standards committees on our website through a protected access. Using common processes and tools will help committees to carry out more work without replicating the work that others have done. Additionally, if the same tool is used to collect data, there can be comparison of outcomes across regions and over time. We can accumulate a significant bank of data that can contribute to improving quality of care.