



From the College

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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.

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Principles: Duty to Care in an Emergency, Disaster or Pandemic

During a natural or man-made disaster, including a communicable disease outbreak, health care professionals have a duty to provide care using appropriate safety precautions.

Regulated health care providers should continue to provide routine care to their patients until such time as they are contacted by the recognized authorities to be redeployed as defined by provincial or federal legislation.

It is essential, in a time of emergency, disaster or pandemic that information is shared among stakeholders [employers, providers (including regulatory bodies) and public health authorities]. The information sharing must be a timely and complete exchange of information among stakeholders.

Employers, regulators and public health authorities will develop and implement policies and procedures and will provide resources that support safety for all health care providers (i.e., flu vaccines, masks) responding to the emergency, disaster or pandemic.

Employers, regulators and public health authorities will develop and implement policies and procedures, and will provide appropriate resources that minimize short term and long term risks to health care providers. These include, but are not limited to, such issues as remuneration, disability and liability protection for providers.

Until such time as regulated health care providers are contacted by the recognized authorities, as defined by provincial and/or federal legislation, regulated health care providers will continue to provide routine care to their patients.

It is recognized that in an emergency, disaster or pandemic, circumstances surrounding optimal care may be compromised. Providers must still provide the best care possible in the circumstances.

Health care providers must notify the recognized authorities and their employer (if applicable), as soon as possible if they are unable to provide care due to extenuating circumstances. Examples include:

Option #1 - the provider is already attending to another medical emergency.

Option #2 - the provider is already attending to another medical emergency, or the system was not providing a safe environment (such as lack of appropriate masks, vaccines, etc), leading to an unreasonable safety risk.

The regulated health care providers' ethical duty when called to an emergency, disaster or pandemic is to provide service within the scope of their professional competence and level of skill. If the provider believes they lack the appropriate competence or skills in the given situation, they must present as a person with some knowledge of patient care and emergency first aid.

In an emergency, disaster or pandemic there is a professional duty for all regulated health care providers to work cooperatively with other health care providers and to recognize the competency or skill of the other health care providers. As well, regulated health care providers are expected to work cooperatively with Regional Health Authorities and public health authorities within the federal and provincial health departments.

This document has been approved by and is supported by the College of Physicians and Surgeons of Manitoba, the Manitoba Pharmaceutical Association, and the College of Registered Nurses of Manitoba.

Reporting Unfit Drivers

Recently, a physician called the College about a consultant report which noted that the referring physician should report the patient to Motor Vehicles.

Members should be aware that the physician who determines that a patient is unfit to drive has a legal responsibility to report directly.

Under Section 157(1) of The Highway Traffic Act, physicians are required to report drivers whose medical condition may adversely affect their safe operation of a motor vehicle.

Physicians should consult the handbook, "Medical Standards for Driving," which is intended to guide physicians in fulfilling the statutory obligations to report medically unfit drivers.

Physicians are reminded that there is a potential for civil liability if they fail to report a medically unfit driver who causes damage while driving.

Flu Season Tips: Cough and Cold Preparations for Young Children

This is a reminder to physicians that as of December 2008, Health Canada advises that parents should not use cough and cold products, including drugs and natural health products, in children less than 6 years of age.

There is no scientific evidence that these products are effective.

Life-threatening adverse events, including accidental and fatal overdose, have been reported in association with the use of these products in children less than 6 years of age.

Special attention should also be given when using cough and cold products at the same time as medications used to control fever (for example, acetaminophen or ibuprofen), in order to avoid exposing children to excessive doses of these medications, since some cough and cold products also contain these ingredients.

Parents may find printable fact on this topic at http://www.cps.ca/caringforkids/whensick/OTC_Drugs.htm.

Consumers can contact Health Canada's public enquiries line at (613) 957-2991, or toll free at 1-866-225-0709, or on the Web at http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/_2008/2008_184-eng.php.

Important Reminder... Physician Profile Information – Mandatory Reporting to the College

Please note that physicians **MUST** report immediately to the College if they have had a medical malpractice court judgment issued against them by a court in Canada or if they have been convicted of any offence under the Criminal Code, the Controlled Drugs and Substances Act or the Food and Drugs Act.

If you have any questions, please contact the Registrar.

STI/BBP Update

Sexually Transmitted Infections/Blood Borne Pathogens Communicable Disease Management Protocols:

Protocols for diagnosis, management and prevention of the following Sexually Transmitted Infections/Blood Borne Pathogens have been recently revised:

- Integrated Post-Exposure Protocol for HIV, HBV and HBC: Guidelines for Managing Exposures to Blood and Body Fluids;
- Hepatitis B;
- Hepatitis B Newborn Prophylaxis Protocols;
- Hepatitis C.

The revised protocols listed above are now available on the Communicable Disease Control Branch website at <http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html>.

The revised PEP protocol details the re-configuration of the new HIV PEP drug kits which are now available from regional depots. An updated listing of the regional depots as well as the HIV PEP drug order form may be found on the above Public Health website.

Lessons Learned...

Re Informed Consent Discussions

The Investigation Committee recently reviewed a complaint from a patient who had undergone a vasectomy and alleged the surgeon had not informed him of the risk of on-going chronic pain during the informed consent discussion. The Committee advised the physician that the note of the informed consent discussions should include a list of complications discussed at the time of informed consent.

The Committee reminds the profession of the importance of noting the complications discussed with the patient during an informed consent discussion.

Highlights from the September Council Meeting...Notes from the Registrar

- Dr. Lindy Lee presented to Council on Opioid misuse and Methadone prescribing.

▪ Regulated Health Professions Act Decisions

Council Size and Constituency Boundaries

The new Regulated Health Professions Act directs that the Council of the College will consist of no more than 18 persons.

- Of these, 8 will be members who will be practising physicians and elected by their peers

- 6 will be public representatives, of whom 3 are to be appointed by the Minister of Health and 3 will be elected by Council

- There will be one regulated associate member from either the Educational Register, the Physician Assistant Register, or the Clinical Assistant Register

- One regulated member of the College will be a practising physician selected by the Faculty of Medicine

- The President of Council, whether or not that individual has been re-elected or re-appointed as a Council member

- The Past President of Council, whether or not that individual has been re-elected or re-appointed as a Council member.

There is a reduction in the number of Councillors, but the final Council number will be more functional than in the past, and is the number that Council had been looking towards since the introduction of policy governance.

New electoral boundaries are necessary. Council agreed that they would be as follows:

North Electoral District consisting of:

- a. the Burntwood Health Region,
- b. the Churchill Health Region,
- c. the Norman Health Region.
- d. the Parkland Health Region, and
- e. The Interlake Health Region.

Eastern Electoral District consisting of:

- a. the North Eastman Health Region,
- b. the South Eastman Health Region, and
- c. the Central Health Region.

Western Electoral District consisting of:

- a. That area within the boundaries of the City of Brandon and the Rural Municipalities of Elton, Whitehead and Cornwallis, and
- b. the Assiniboine Health Region.

Winnipeg Electoral District:

That area within the boundaries of the City of Winnipeg and the Rural Municipalities of West St. Paul and East St. Paul.

It was agreed that there would be one elected Councillor from each of the North, Eastern and Western regions, and 5 from the City of Winnipeg. On a purely representational basis, there should only be two representatives from rural Manitoba, but Council felt this did not provide adequate voice to rural physicians and so the number was increased to three.

Scope of Practice of the College

After reviewing the definitions used in British Columbia, Ontario and Alberta, Council approved the definition used by B.C., which is "*medicine*" means the health profession in which a health professional provides the services of (a) assessment, diagnosis and management of any physical, mental or psychosocial condition of an individual or group of individuals at any stage of the biological life cycle, including the prenatal and postmortem periods, (b) prevention and treatment of physical and mental diseases, disorders and conditions, and (c) promotion of good health.

▪ Continuing Professional Development

On behalf of the Standards Department, Dr. Terry Babick, Deputy Registrar, presented plans for the introduction of mandatory Continuing Professional Development in Manitoba. In 2003, Council approved mandatory participation by all member physicians in the CPD programs of either the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada. At that time, although Council approved this in principle, it was not prepared to support a physician's loss of licence because the physician had failed to complete the process which is the outcome in the other health care professions mandating CPD. Under the new Regulated Health Professions Act, continuing professional development is mandatory and therefore if a physician refuses to participate, that individual will be breaching the Act, which is potentially professional misconduct. At the present time, Quebec, Saskatchewan, B.C. and Alberta all are or will shortly require such participation in either of the two national programs.

Beginning with licence renewal in September 2010, all members will be required to enroll and participate in the Continuing Professional Development program of either the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada. Monitoring of this will be carried out by Standards. CPD programs are intended to be educational, and this will allow the Standards Department to promote the educational aspect of such participation.

Council also approved in principle a second component of Continuing Professional Development. It approved that the CPSM will participate in the Physician Achievement Review Process that was initiated by the College of Physicians and Surgeons of Alberta and is also utilized by the College of Physicians and Surgeons of Nova Scotia. Every seven years, a physician will have a multi-source feedback review which will assess clinical knowledge and skills, communication skills, psychosocial management, office management and collegiality. Questionnaires are sent out requesting a response rating the physician's performance in each of the areas. The responses are collected and reviewed by a subcommittee of the Central Standards Committee. Feedback is provided to physicians in a confidential report. More complete details will be available as the program is formalized.

Dr. Babick also presented a suggestion for an office chart and prescribing review to begin in 2012 or 2013. Council

requested more details to be provided at a future meeting.

- **Statement on Duty to Assist in an Emergency and Principles Document on the Duty to Care**

The Principles document, which was supported by the College of Physicians and Surgeons of Manitoba, the College of Registered Nurses of Manitoba and the Manitoba Pharmaceutical Association was approved by Council and forwarded to the Deputy Minister of Health, along with the Statement on “Duty to Assist in an Emergency”.

The Principles document is part of this newsletter. The Statement is enclosed as a separate page for physicians’ ease of reference.

- **E-Prescribing**

The Registrar has been involved with his colleagues at the Manitoba Pharmaceutical Association and the College of Registered Nurses of Manitoba in an attempt to find a process that will permit prescriptions to be sent from physicians’ electronic health records and not require a specific signature from the physician.

Until recently, Health Canada has indicated that this was unacceptable. However, they have recently changed their interpretation of this issue, and the Manitoba Regulatory Authorities are trying to promote this for Manitoba physicians, nurses and pharmacists.

We will keep you up to date on the progress of this process.

- **Annual Report to the Minister of Health**

A copy of this report is included with the mailing of this newsletter.

MANQAP Hosts National Meeting

The Manitoba Quality Assurance Program (MANQAP) was pleased to have the Minister of Health, Ms Theresa Oswald, open the recent Canadian Coalition for Quality in Laboratory Medicine (CCQLM) Annual Meeting in Winnipeg. Ms Clarice Baker was elected President of the national association at this meeting.

Those pictured are (L to R) Dr. Bill Pope, CPSM Registrar, Ms Theresa Oswald, Minister of Health, Ms Clarice Baker, Program Director of the MANQAP, and Dr. Terry Babick, CPSM Deputy Registrar.



The President’s Message

On behalf of Council, I’d like to extend fall greetings to our membership and provide an update on current activities at the College.

September 14, 2009 was the first Council meeting of the year and a number of key issues were discussed. Council approved the Principle on Duty to Care and the Statement on “Duty to Assist in an Emergency”. With the H1N1 influenza numbers starting to increase and with the vaccine immunization program rolling out across the province, this timely standard hopefully will provide guidance to the membership in the upcoming potentially difficult time as well as into the future.

Working groups for both “The Regulated Health Professions Act” and more specifically for “Qualifications” changes were approved and an aggressive schedule of meetings has been set throughout the fall. The details of The Regulated Health Professions Act, as they apply directly to our College, are being reviewed in detail and implementation strategies are being worked out. Our Blue Sky working group is looking at all aspects of qualifications for both family physicians and specialists and will be reporting back to council with recommendations.

With regards to labour mobility of physicians within Canada, our College is cooperating with Federation of Medical Regulatory Authorities of Canada on a national strategy for implementation on portability of physicians across the country. Again, there are many details yet to be worked out. A great deal of work remains for the College prior to our being able to fully implement the new Act.

An outline of the proposed Continuing Professional Development program was also reviewed by Council and supported in principle. Further details on the exact program and time lines for implementation will be worked through shortly with the hope that CPD will become a reality in the near future. Several other provinces have already begun their CPD programs and Manitoba hopes to join them in 2010.

As you can see, much work is going on at the College throughout the fall and much more needs to be accomplished prior to the next meeting of Council on December 14, 2009. More information will follow the next Council meeting.

Congratulations...

- To **Dr. Bruce Martin**, Associate Dean, Undergraduate Medical Education; Director, J.A. Hildes Northern Medical Unit; Coordinator, Clinical Skills Program, at having been named the John Arthur Hildes Circumpolar Health Award recipient recently.
- To **Dr. Darcy Johnson**, a practising family physician in Winnipeg for over 25 years, who was named 2009 Family Physician of the Year by the College of Family Physicians of Canada.
- To our President, **Dr. Kevin Saunders**, who has been chosen by the Canadian Medical Association to be an Olympic Torch Bearer on December 14, 2009. This is a very special recognition by his peers. Well deserved, Kevin!

Notices, etc...

Meetings of Council for the 2009-2010 College Year

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

- Monday, December 14, 2009
- Friday, March 12, 2010
- Friday, June 11, 2010 (AGM)

Please note that if you wish to attend a meeting, you must notify the College in advance, as seating is limited.

Important Reminders...

1. If You are Physically Changing your Location

YOU MUST:

- Advise where your records will be stored so the College can note it.
- Advise interested parties.

Remember, if you have not practised in Manitoba for a period of more than two (2) years without Council's permission, your name will be removed from the medical register. That date will be 2 years from the time you stop practice.

2. If You are Closing a Practice

YOU MUST:

- Read College Statement #172 "Permanent Closure of a Medical Practice", which outlines all the things you must do. It doesn't matter why you're closing the practice. It may be because someone has to close it on your behalf because of your illness or death.

Every doctor must think about what happens if he or she closes a practice for any reason whatsoever and, in particular, be prepared to have your records stored and available to patients.

Physicians at Risk

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

Call 237-8320 for assistance – 24 hours

Officers and Councillors 2009-2010

President:	Dr. K. Saunders
President Elect:	Dr. R. Suss
Past President:	Dr. B. MacKalski
Treasurer:	Dr. R. Suss
Investigation Chair:	Dr. M. Burnett
Registrar:	Dr. W. Pope
Deputy Registrar:	Dr. T. Babick
Assistant Registrar:	Dr. A. Ziomek
Assistant Registrar/Legal Counsel:	Ms. D. Kelly

Term expiring June 2010

Central	Dr. E. Persson, Morden
Interlake	Dr. D. Lindsay, Selkirk
Northman	Dr. H. Tassi, Thompson
Parkland	Dr. D. O'Hagan, Ste. Rose
Winnipeg	Dr. M. Burnett
	Dr. A. MacDiarmid
	Dr. R. Onotera
	Dr. K. Saunders
	Dr. R. Suss
University of Manitoba	Dr. W. Fleisher
Public Councillor	Mr. W. Shead
Public Councillor	Ms. S. Hrynyk
Clinical Assistant Register	Dr. M. Hochman

Term expiring June 2012

Brandon	Dr. N. Carpenter
Eastman	Dr. B. Kowaluk, Oakbank
Westman	Dr. D. Chapman, Neepawa
Winnipeg	Dr. H. Domke
	Dr. B. Kvern
	Dr. R. Lotocki
	Dr. H. Unruh
University of Manitoba	Dean D. Sandham
Public Councillor	Mr. R. Toews
Public Councillor	Ms. L. Read

Accepting Visiting Medical Students for Electives (UG/PG)

Are you considering sponsoring a medical student and/or resident for an elective? ALL visiting medical students and residents must be registered with the University of Manitoba and the College of Physicians and Surgeons of Manitoba. There is a defined process with eligibility criteria that must be met. For more information please contact the appropriate person at the University of Manitoba:

Undergraduate Medical Students:
Ms. Tara Petrychko; Tel: (204) 977-5675
Email: petrych@ms.umanitoba.ca

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

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