

TEN FAQs COVID-19

March 20, 2020

SCOPE OF PRACTICE

1. Due to the shift of medical priorities during the COVID-19 pandemic, my area of practice is not as busy. Can I practice outside of my scope of practice?

Yes, it may be necessary for you to temporarily practice outside your scope of practice if you are using your professional judgement and skills and if not providing medical care may result in greater risk or harm to the patient or public than providing it.

Exercise your professional and clinical judgement and work with health care colleagues to determine what appropriate medical care you can provide to persons in need of care. Provide care in accordance with provincial and hospital emergency management plans. But only engage in medical care that in your reasonable and professional judgment is safe and appropriate.

CMPA will provide coverage if care is outside your usual scope of practice.

<https://www.cmpa-acpm.ca/en/covid19>

2. Help me with some realistic examples of practicing outside a scope of practice now?

Here are some examples to guide you.

- A surgeon with cancelled surgeries may help in the Emergency Department by performing procedures to permit Emergency doctors to see other patients.
- A physician assistant who works in surgery may be asked to support patient care in the Emergency Department.
- A dermatologist with cancelled elective procedures may volunteer to screen and test patients at the COVID clinics.
- A family doctor could support patient care within an Urgent Care department.
- A neurologist who has reduced patient volume because their office is located in a hospital that is restricting non-urgent patient care could help on an internal medicine ward.

3. Once the major public health emergency is over, can I continue to practise outside of my scope of practice?

No.

PERSONAL PROTECTIVE EQUIPMENT

4. What kind of PPE do I need for my community practice?

It is important to follow the appropriate PPE practices for your clinical context utilizing guidelines from [Shared Health](#) and redirect patients appropriately and in accordance with their latest updates.

We have heard concerns about the unavailability of PPE. In many cases those who do have access are sharing with their colleagues. The supply of PPE is outside the CPSM's jurisdiction however we are communicating with Shared Health regarding the importance of supporting safe practice environments both institutional and community based. Use [Virtual Medicine](#) to provide care where you are able to and it would be appropriate for the patient's needs.

5. My clinic does not have any PPE? Am I required to go ahead and treat patients?

All patients should be screened for COVID-19 symptoms, ideally before coming to the office. Patients who screen negative for COVID-19 and who still require an in-office visit should be seen to address their health concerns. In these cases, PPE is not required, and you have a duty to treat.

See the answer to the first FAQ question "[Am I required to provide Medical Services during the pandemic?](#)" We will quote CMPA: "Despite the challenging conditions of a pandemic/catastrophic event, physicians will be expected to continue to act professionally on behalf of their patients."

SOCIAL MEDIA

1. I want to engage with my colleagues, patients, and the public through social media or email to draw attention to the pandemic, what do I need to be thinking about when I do so?

Members are reminded to be aware of how their actions on social media or through other forms of communication may be viewed, especially during a pandemic. Your comments or actions can lead to harm if you are providing a medical opinion that does not align with information being provided by public health officials and all levels of government. It is essential that the public receive a consistent and clear message.

Some general recommendations that support appropriate conduct in these forums includes acting in a manner that upholds your own reputation, the reputation of the profession, and maintains the public trust. It is important to be mindful of the important position you hold in society, which is magnified by the current pandemic, and the need to be thoughtful regarding the information you share on social media or through other means.

MEDICAL STUDENTS AND RESIDENTS

2. I've heard that the Undergraduate Medical Program has closed some areas. Can you give me the details?

The UGME Clerkship program is on hiatus, effective end of day, March 18th. This decision balances the professional commitment required of students and their utility in the health care system with the risks to students and patients of continuing and the challenges of providing enough clinical environments. U of M was the last school in Canada to pause its clerkship program. Clerks may choose to volunteer within the health system where needed.

For Med 1 and 2 the curriculum will go on-line with small group sessions on Zoom following the schedule already published. Clinical skills and OSCEs are paused, exams are unknown at this time. Service Learning is over for the year and rural week is cancelled.

For Med 4 Clinical Electives are suspended while non-clinical Electives may continue. Evidence Based medicine will be done on-line. ACLS is postponed until further notice, convocation is cancelled, and LMCC Part 1 is cancelled.

3. If LMCC Part 1 is cancelled, then how will this affect the residency programs that start this spring?

It will be up to the individual programs to determine if they require the LMCC Part I for all students.

4. I am a resident and can't write my exams because they are cancelled. What happens now with my exams?

Exams are being postponed for a significant period.
The Royal College has prepared [this notice](#).
The CFPC has prepared an [FAQ](#).

5. Will I be able to work in Manitoba after my residency is completed in June?

Yes. CPSM is working with Government to permit a specific provisional registration for the 2020 cohort to practice temporarily without writing the exams. More details will be released as they are available.