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Below is an update of the CPSM June 2020 Council meeting which took place on Friday, June 19, 2020.

1 – Standard of Practice for Authorizing Cannabis for Medical Purposes

Cannabis is unique compared to medications prescribed by physicians. Consider the following: it is now available recreationally in stores, there is limited good-quality evidence to support cannabis use for most medical conditions yet a legal regime establishes the ability for medical practitioners to authorize it, there are no uniform titration and dosage schedules, no standardized THC:CBD ratios, dispensers may provide variable products, and patients may have extremely strong expectations of its almost mythical healing powers for many diverse conditions.

In the age of recreational cannabis, many might ask why is there a need for medical cannabis? First, there is clinical evidence demonstrating the efficacy of cannabis for some medical conditions and those patients should have access to a medical source no different than other drugs. Second, while available recreationally, many patients may obtain reimbursement from insurance or other organizations. Last year Veterans Affairs Canada spent \$75 million on medical cannabis and has forecast an increase.

The conditions where cannabis is most commonly authorized remain sources of debate in medical circles. Physicians must consider multiple factors when authorizing medical cannabis. Good clinical judgment and an evidence-based approach remain key to safe and appropriate authorization. This Standard will set CPSM's minimum requirements for all physicians authorizing medical cannabis and ensure authorizing when clinically indicated for good patient care.

Council approved distributing the new Standard of Practice for Authorizing Cannabis for Medical Purposes for consultation and feedback. Expect to see it later this week in your email.

2 - Standard of Practice for Prescribing Benzodiazepines and Z-Drugs

The Standard of Practice was distributed to the membership, stakeholders, and public for consultation. The consultation yielded 124 responses. The diversity of those submitting comments included patients who are prescribed Benzodiazepines and Z-Drugs, other regulated health professionals, some organizations, and numerous CPSM members representing a variety of practices.

The physicians' passion for their profession and their patients was evident throughout the responses. A lot of careful thought was put into providing responses by many. The richness of the responses provides CPSM with a wealth of practical guidance from all perspectives in

formulating this Standard. Most importantly, the consultation demonstrates the draft Standard is viewed very favourably by the membership, but a number of improvements are required. The consultation also demonstrates the importance of Benzodiazepines and Z-Drugs to some patients, yet yielded warnings of the dangers of prescribing from other patients or their families. This overall favourability by the medical profession should assist its acceptance by the profession.

All consultation feedback can be reviewed [HERE](#).

The Working Group will meet to review the feedback and will make revisions as required. It is intended that Council review the new and revised Standard of Practice for Prescribing Benzodiazepines and Z-Drugs in its September meeting. In the interim, CPSM will plan and work towards implementing the strategy for the successful adoption of this Standard by the profession throughout the Province, if subsequently approved by Council.

3 – Accredited Facilities – Non-Hospital Medical and Surgical Facilities

CPSM has as its statutory mandate a duty to serve and protect the public interest. Patients have a right to safe and good medical care and to be protected from harm, whether care is administered in a hospital or private practice facility. It is CPSM's expectation that each member performing certain procedures outside of a hospital must adhere to appropriate measures to ensure no harm comes to patients.

Medical treatment services and procedures can be performed in a wide range of facilities from a tertiary hospital to a physician's office in the community. Hospitals are fully accredited through Accreditation Canada. Doctors' offices in the community are not accredited and don't need to be. There is an in-between area that CPSM is called upon by the legislation to accredit. These are the non-hospital surgical and medical facilities also known as accredited facilities. A Working Group of diverse specialists has recommended what type of facilities performing what treatments, services and procedures should be accredited by the CPSM. Members of the public must be satisfied that when they undergo medical treatment services or procedures it is done in a facility accredited by an external body if there is a threshold level of risk identified with that medical procedure.

CPSM currently accredits 10 non-hospital medical and surgical facilities in the province including include cosmetic surgery centres, surgery centres, and assisted reproductive facilities, as examples.

Accreditation should be based upon diagnostic and treatment services and procedures that have a sufficient risk of potential harm to the patient. The criteria for assessing sufficient risk of potential harm to a patient includes:

- Level of Anesthesia and/or Sedation
- Need for Medical Device Reprocessing (infection risk)
- Complexity of Procedure and Risk of Complications

To give you a bit of an idea, some of the recommended procedures include **deep, major, and complicated procedures, flexible endoscopic evaluation of GI and GU tracts, Lasik, cataracts, and retinal procedures, hemodialysis, liposuction, procedures with large amounts of oral sedation, etc.** Council also will create Practice Directions governing:

- cosmetic injections, venous sclerotherapy, laser use
- hair transplants
- autologous platelet rich plasma therapy

Council approved distributing the new criteria and procedures for consultation and feedback. Expect to see it later this week in your email. If you are performing procedures in your office you will want to review this consultation document.

4 - Virtual Care/Telemedicine

Many members embraced virtual medicine when the COVID-19 pandemic arose quickly. The current CPSM Virtual Medicine Standard of Practice (and other rules) must be updated to reflect the changes and experiences gained by the several months of extensive use by the profession. This is important and timely as crucial elements of practicing medicine changed very significantly during this pandemic, recognizing virtual care, new technologies, and new prescribing practices to mention just a few items. It is considered that these changes will not be temporary, but permanent in some way – just how needs to be determined. It is also critical to establish rules as to when virtual care may be used for patient encounters and more importantly, when it is not appropriate for treating patients.

This will be worked on over the next few months and there will be an opportunity for members to provide feedback prior to implementation.

5 – Fees

Last, but not least, your annual fees for 2020-2021. Recognizing the negative financial impact to many members' medical practices from the COVID-19 pandemic, the favourable operating results from this past year, and the forecast positive net income for the current year, Council decided to forego the automatic inflationary increase to registration fees. The 2020-2021 registration year fees will be frozen at last year's rate of \$1,870.00.

6 – Annual General Meeting

CPSM also had its AGM on Friday, June 19, 2020. Members approved the financial statements, appointment of auditors, and bylaws. The activities of the College over the past year were also reviewed.

Ira Ripstein MD
President
June 22, 2020

Anna Ziomek MD
Registrar