

Below is an update from the CPSM Council meeting that took place on Friday, March 19, 2021. This document contains important information for CPSM members.

SEXUAL BOUNDARIES WITH PATIENTS, FORMER PATIENTS, AND INTERDEPENDENT PERSONS STANDARD OF PRACTICE

The unique nature of the relationship between patients and the people from whom they seek medical care is the foundation for both prohibiting sexual contact and sexualized interactions between a member and their patient and strictly limiting sexual contact and sexualized interactions with former patients and persons who are interdependent with a member's patient.

This new [Standard of Practice](#) approved by Council:

- sets out the mandatory requirements of members for establishing and maintaining appropriate boundaries with their patients, former patients and persons who are interdependent with their patients;
- prohibits sexual contact and sexualized interactions of any kind between members and their patients;
- identifies the spectrum of conduct and behaviours which are considered to be sexual contact and sexual interactions;
- strictly limits sexual contact and sexualized interactions with former patients and persons who are interdependent with a member's patient; and
- provides important context for understanding what is required of members to maintain strict sexual boundaries.

This Standard is effective March 31, 2021. The Standard was previously released for consultation with the public, members, and stakeholders.

DUTY TO REPORT SELF, COLLEAGUES, AND PATIENTS STANDARD OF PRACTICE

Council approved a draft Standard of Practice for Duty to Report Self, Colleagues, and Patients for consultation with members, stakeholders, and the public.

As a self-regulating profession, members have a legal and professional responsibility to report both themselves and colleagues if they are unfit to practise, incompetent or unethical; or suffer from a mental or physical disorder or illness that may affect his or her fitness to practise, and continues to practise. This ensures the profession continues to regulate in the public interest and demonstrates that patient safety is paramount.

Members have a legal and professional obligation to maintain the confidentiality of patient information. There are circumstances, however, where members are either required or permitted to report particular events or clinical conditions to the appropriate government or regulatory agency. This Standard will set out circumstances that may require or permit members to make a report. Resources will also be provided to inform members of the many different reporting requirements ranging from driving and flying, child pornography, abuse of vulnerable adults, infectious diseases, etc. FAQs have also been developed to assist members with common scenarios and are included in the draft Standard.

The consultation has now launched and can be accessed by clicking link below. Please review the Standard and provide feedback by April 30, 2021.

[CONSULTATION NOW OPEN – CLICK HERE TO ACCESS](#)

PRESCRIBING PRACTICES PROGRAM

The Prescribing Practices Program promotes prescribing practices that are informed by current evidence and reflects best practice. It utilizes a quality improvement approach that strives to promote prescribing practices that balances patient safety and the needs of the patient with the member's duty to be a guardian of public safety. The Prescribing Practices Program monitors and improves prescribing quality, including but not limited to prescribing for substances of abuse (including the authorization of medical cannabis), drugs that may put patients at an elevated risk of harm, and polypharmacy. Members may be contacted by CPSM to review and improve their prescribing practices on a voluntary basis.

STANDARD OF PRACTICE PRESCRIBING BENZODIAZEPINES AND Z-DRUGS

Since the Standard of Practice for Prescribing Benzodiazepines became effective CPSM has been contacted by numerous patients regarding the requirement for monthly dispensing thereby incurring monthly dispensing fees. A similar provision exists in the Opioid Standard, yet CPSM received almost no negative feedback. Other patients have contacted CPSM regarding tapering requirements. CPSM medical consultants have created a [FAQ](#) to assist you in explaining the new prescribing rules to your patients.

INDIGENOUS ANTI-RACISM INITIATIVES

Recent incidents across Canada have launched the issue of racism in healthcare to the forefront, along with calls to action from the Truth and Reconciliation Commission and the Missing and Murdered Indigenous Women and Girls Inquiry. The British Columbia Government launched an external investigation into anti-Indigenous racism in health care which released a report, ["In Plain Sight: Addressing Indigenous -Specific Racism and Discrimination in BC Health Care"](#) in 2020. The federal government has announced funding for the National Consortium for Indigenous Medical Education – a partnership with the Indigenous Physicians Association of Canada, The Association of the Faculties of Medicine of Canada, Medical Council of Canada, Royal College, and College of Family Physicians of Canada. The Federation of Medical Regulatory Authorities of Canada has this as a strategic priority.

While recent University of Manitoba graduates have benefitted from 80 hours of indigenous cultural awareness training, and many RHA medical staff have attended extensive in-person training, others have not had any such training, including past graduates, independent community physicians, international medical graduates, and others. Education and awareness will be just a first step towards reconciliation and better medical care for indigenous persons.

CPSM is considering how to address this important matter, recognizing any action taken must be informed by and led by Indigenous physicians, Indigenous members, and Indigenous community representatives.

MEDICAL COUNCIL OF CANADA PART 2 QUALIFYING EXAMINATIONS

The 2020 writing of the MCCQE Part II was postponed due to COVID-19. The MCC has only very recently offered an alternate means for completing its 2021 examination which is to conduct virtual exams over 20 days in May and June 2021 with no in-person exams. Both Ontario and Nova Scotia have recently amended their registration requirements to permit full registration without completion of the MCCQE Part II during COVID-19 pandemic. Manitoba and all other remaining provinces (minus New Brunswick) will continue to require successful completion of the MCCQE Part II for full registration.

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President

Dr. Anna Ziomek
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