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Below is an update from the CPSM Council meeting that took place on Wednesday, June 9, 2021. This document contains important information for CPSM members.

# **UPDATED Standard of Practice: Duty To Report Self, Colleagues, and Patients**

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. There are also requirements to report other regulated health professionals. Members also have requirements to report medical conditions of patients ranging from fitness to drive/fly, child in need of protection and child pornography, communicable diseases, controlled substances lot or stolen from a physician's office, gunshot wounds, etc.

The <u>Standard of Practice</u> was approved by Council. A Contextual Information and Resources Document provides greater understanding, including helpful links. A FAQ document has also been developed to assist you with common scenarios and are included in the Standard.

**This Standard is effective July 1, 2021.** The Standard was released for consultation with the public, members, and stakeholders in March 2021. The new Standard incorporates many of the issues raised. The feedback received was comprehensive and led to significant improvements.

# **Standard of Practice for Virtual Medicine - Draft**

With the immediate arrival of virtual medicine due to COVID-19, Council approved a draft Standard of Practice for Virtual Medicine. While virtual medicine has been beneficial for many patients for various reasons, virtual care is not appropriate for every patient encounter; in-person care is often required, at least intermittently. Virtual medicine must be balanced with in-person appointments, and both must provide quality medical care to patients. Every patient encounter must be assessed for its suitability for virtual medicine.

Based on recent consultations, feedback from members and stakeholders has created important dialogue, greatly enhancing the Standard. Member feedback is strongly encouraged.

Consultation is now open with deadline for feedback Friday, July 16, 2021 – click to access: Virtual Medicine Standard of Practice

# Standard of Practice for Documentation in Patient Records and Standard of Practice for Maintenance of Patient Records - Drafts

Council approved two draft Standards of Practice for Patient Records – a Standard for Documentation in Patient Records, and a Standard for Maintenance of Patient Records.

The draft Standard for Documentation in Patient Records includes specific provision on the use of templates and macros, copying and pasting, billing related documentation, and cumulative summaries of care for longitudinal care patients.

The draft Standard for Maintenance of Patient Records reflects modern technologies being used in the health care system, custody and control arrangement rules, security and storage measures, and mitigates the risk that patient records may be abandoned. All non-institutional practice settings must have an agreement for maintaining patient records. Also included are the rules for retaining and destroying patient records, closing/leaving/moving a medical practice, and preparing for an unforeseen absence or termination of practice.

The personal health information contained in a patient record belongs to the patient regardless of who owns or maintains the patient record. Accordingly, patients have rights to review and copy their information.

Consultations now open with deadline for feedback Friday, July 16, 2021 – click to access:

<u>Documentation in Patient Records Standard of Practice and Maintenance of Patient Records Standard of Practice</u>

# Standard of Practice for Performing Office-Based Procedures - Draft

Council also approved a draft Standard for Performing Office-Based Procedures. This Standard establishes minimum practice requirements for complicated medical procedures delivered in offices (office-based procedures) including cosmetic/aesthetic and minor surgical procedures, platelet-rich plasma therapy, and laser devices. These types of procedures pose a higher risk to patient safety, yet do not meet the threshold for accreditation. The specific procedures include:

- Vasectomy
- Male circumcision
- Cosmetic/aesthetic procedures which may include but are not limited to:
  - application of laser energy and light-based therapies for the removal or ablation of skin lesions and pigmentation
  - Soft tissue augmentation injection of fillers
  - o Botulinum toxin/Neuromodulators injectable
- Peripheral stem cell injections as approved by Health Canada
- Platelet rich plasma injection as approved by Health Canada.

This Standard of Practice establishes the requirements for complicated office-based procedures, whether for medical or non-medical reasons. It has been developed for the purpose of enhancing patient safety. There are also provisions for the knowledge, skill, and judgment required to perform these procedures, the safety and quality of care, the obligations of the medical director in any facility in which these procedures are performed, and other business and ethical considerations. If your practice involves any of these procedures you will want to read these draft expectations.

Consultations now open with deadline for feedback Friday, July 16, 2021 – click to access:

<u>Performing Office Based Procedures (including Cosmetic/Aesthetic and Minor Surgical Procedures, Platelet</u>
Rich Plasma Therapy, and Laser Devices) Standard of Practice

#### Standard of Practice - Medical Assistance in Dying Amended

CPSM has had requirements for MAiD since 2015. Recent amendments to the Criminal Code of Canada required updates to be made to the <u>Standard of Practice</u>, which were approved by Council, effective immediately.

Each year, Council adopts Strategic Organizational Priorities for CPSM. The Strategic Organizational Priorities identified for 2021/22 are:

- 1. Truth & Reconciliation, Anti-Indigenous Racism This Priority should be both led and informed by Indigenous members of CPSM so please self-identify indigenous status if interested.
- 2. Episodic Care/House Calls/Walk-In Clinics Standard of Practice
- 3. Expanding the Prescribing Practices Program, including reviewing possible discontinuing the requirements for the M3P triplicate form.

CPSM will be embarking upon these initiatives in the fall, but if you are interested in participating in a Working Group on any of these, then please contact the Registrar at <a href="mailto:TheRegistrar@cpsm.mb.ca">TheRegistrar@cpsm.mb.ca</a>.

# **Accredited Facilities Bylaw**

The Accredited Facilities Bylaw was amended by Council at this meeting to drop the requirement for accreditation for "cataracts and retinal procedures" and replace it with this:

The following procedures must be performed in an accredited facility:

- Cataract Surgical Procedures
- Corneal Laser Procedures
- Retinal Procedures limited to scleral buckling and vitrectomies

#### **Annual Registration Fees for Physicians**

The annual registration fees for physicians are set to increase by the amount of the Inflation Index with no additional increase. Effective November 1, 2021 fees increase by \$20 to \$1,890. Last year, the fees did not increase as per the CPI due to the financial disruption experienced by many due to COVID.

#### **Annual General Meeting**

CPSM also had its AGM on Tuesday, June 8, 2021. Members approved the financial statements, appointment of auditors, and bylaws. The activities of CPSM over the past year were also reviewed.

Dr. Jacobi Elliott, assumed the position of president and Dr. Nader Shenouda assumed the position of president-elect. Dr. Jacobi Elliott is a rural physician in Grandview and Northern Remote Communities. Dr. Nader Shenouda practices Family Medicine in Oakbank and is an Emergency Room Physician in Selkirk.

#### Regards

Dr. Jacobi Elliott Dr. Anna Ziomek President Registrar/CEO