

CPSM Council held a meeting on December 14, 2022; here are some important updates from the meeting.

Quality Prescribing Review

The Quality Prescribing Review is a strategic organizational priority currently underway. It is a joint initiative with The College of Pharmacists of Manitoba and the College of Registered Nurses of Manitoba.

Q . All of them provide valuable perspectives gained from experience on how best to provide access to drugs while ensuring patient safety and minimizing forgeries.

These changes to prescribing are **under consideration only** at this point:

1. Verbal prescriptions of controlled substances, including M3P drugs.

Sometimes, you may be travelling, or it is the evening or weekend and you are not near your computer with the EMR, yet your patient needs to access their required drugs. This exemption is to be used sparingly, in very limited circumstances when timely fax or electronic transmission of a prescription is not possible and may otherwise lead to a delay in access to urgently needed medication for a patient. This is not to be used as a routine workaround to the usual M3P prescribing process.

Verbal prescribing cannot be done by you leaving a voicemail. The pharmacist must read the prescription back to you to ensure accuracy and patient safety.

2. Elimination of M3P paper pads.

The current process of a physician obtaining M3P prescription pads from the College of Pharmacists may be phased out. All Manitoba physicians will be able to appropriately prescribe medications on the M3P drug list, provided it is within their scope of practice (unless they are prohibited from such prescribing by CPSM.)

3. Email transmission of prescriptions.

While healthcare providers cling to facsimile technology, other professions successfully transmit confidential information by email. Many of you are handwriting M3P prescriptions, taping them to a blank sheet of paper and then faxing that prescription. Email transmission of prescriptions may be necessary to ensure timely access to care and will better serve patients everywhere in the province. The Working Group is trying to determine whether prescriptions can be safely and securely transmitted. The jury is still out on this.

4. Electronic transmission of M3Ps introduced during Covid will become permanent.

The principles outlined in the joint document entitled “Ensuring safe access to M3P Prescriptions for patients during the COVID-19 Outbreak” permitting the electronic transmission of controlled substances in Manitoba, will now become permanent. The

ability to hand a patient an in-person prescription will be retained and an M3P prescription handed to a patient will require an ink signature. All M3P prescriptions will continue to require an indication whether handed to the patient or transmitted electronically.

5. Pharmacists may transfer prescriptions to other pharmacies, in and out of the province.

To help ensure continuity of care and access to prescribed medication in a safe manner, pharmacists may transfer prescriptions to another pharmacy, including out-of-province, which cannot currently be transferred. These medications include those on the M3P drug list, as well as medications classified federally as either narcotic or controlled drugs which are not currently on the M3P drug list. Please note that such medications not on the M3P drug list include a very small subset of drugs. Commonly used medications in this category (which cannot currently be transferred to another pharmacy) include Tylenol #2, Tylenol #3, Concerta^R, Biphentin^R, and Vyvanse^R.

This will permit patient to pick up their prescribed drugs when the prescription is filled at another pharmacy within Canada at their request.

There are still further items to be reviewed. There will be a consultation with the registrants of all regulatory bodies involved, prior to making these changes

Suboxone Authorization

Council removed the requirement to demonstrate proof of education and clinical preceptorship, in order to obtain a Suboxone prescribing approval. An application for a Suboxone prescribing approval will still need to be submitted to CPSM. Staff at CPSM anticipates that upon receiving such an application, the Suboxone approval will be issued within 24 - 72 hours.

Since Suboxone became available in Manitoba as first-line treatment for Opioid Use Disorder, it has not been identified as a primary cause, or major contributor, to any overdose deaths. Training requirements for prescribing Suboxone for Opioid Use Disorder are less rigorous than those required for prescribing methadone, due to Suboxone's superior safety profile.

Further education and training are strongly recommended to support competency in the treatment of Opioid Use Disorder with Suboxone. However, submitting proof of education and clinical preceptorship for approval from CPSM for Suboxone-only prescribing is no longer required. The change is to the [Practice Direction – Prescribing Methadone or Buprenorphine/Naloxone](#).

This change supports patient safety while potentially increasing access to care that is required immediately, especially in Emergency Departments.

Social Media

Council approved the draft Standard of Practice for Social Media for consultation. Click [here](#) to learn more about the draft Standard and consultation. The consultation will be promoted in January and the deadline for feedback is February 3, 2023.

CPSM Key Performance Indicators

As a regulator, we often ask ourselves how we are performing. CPSM is in the process of reviewing the data we collect and report. Further analysis will be applied to identify and define data as metrics that demonstrate CPSM's progress in relation to our core functions of registration, quality, and complaints/investigation.

Changes to Medical Assistance in Dying (MAiD)

The end of the moratorium on patients whose sole underlying medical condition is a mental health disorder accessing MAiD is March 17, 2023. Since Council met, on December 15, 2022, the federal government announced that it will be seeking to extend the timeline through legislation to be introduced in January. At this time, it is unknown as to how long the extension will be.

In the meantime, CPSM will continue its work to prepare for this change. It has a responsibility to adapt our Standard of Practice in a manner which addresses any additional challenges in assessing incurability, irreversibility, capacity, suicidality, and the impact of structural vulnerabilities associated with this change. The current recommendations from Health Canada and its working group are that all medical regulatory bodies' standards of practice should focus on these challenges not only in the context of MAiD for sole underlying medical condition of a mental health disorder, but also other complex cases where death is not reasonably foreseeable. CPSM is carefully reviewing the Health Canada working group's recommendations and working closely with the Department of Psychiatry and Shared Health to facilitate the necessary changes to CPSM's [Standard of Practice – for Medical Assistance in Dying](#).

New President Elect of CPSM

Dr. Charles Penner has been appointed by CPSM Council to be the President-Elect, to take office in June 2023 for a two-year period, followed by the presidency in 2025. Dr. Penner is a practicing respirologist and intensivist in Brandon and is also the Chief Medical Officer for the Interlake-Eastern RHA. Until recently he was the Associate Dean for the Brandon satellite campus of the Max Rady College of Medicine.

Dr. Penner will take over as president-elect from Dr. Nader Shenouda, who practices family medicine in Oakbank and Emergency Medicine in the Selkirk Hospital and looks forward to his upcoming presidency.

Wishing all of you a wonderful holiday season. For those of us who will be working through the holidays, thank you.

Sincerely

Dr. Jacobi Elliott
President

Dr. Anna Ziomek
Registrar/CEO