

CPSM Council held a meeting on March 23, 2023; below is a summary of updates from the meeting.

Standard of Practice for Episodic, House Calls, and Walk-in Primary Care

Continuity of care is critical to quality medical care. Fragmented care can create gaps, delays and other challenges that prevent seamless, ongoing medical care for patients. While it would be ideal for all primary medical care be provided by their family doctor, not everyone has a family doctor, the family doctor is unavailable, the patient is travelling, convenience of time and location, the patient is visiting Manitoba, patient can't travel to the medical clinic, etc., leaving patients to seek medical care at walk-in clinics or other sources.

Walk-in clinics fill the void for many patients and play an important part in providing medical care due to the convenience of time, location, and access.

Sports and injury clinics, on-campus clinics, and public health clinics offer medical care on a walk-in or appointment basis (**episodic care**).

Other patients, especially the elderly, those with mobility issues, single parents with no access to motor vehicles, and those too sick to travel to the medical clinic use **house call** services to obtain medical care.

While these are all good options when barriers to a family doctor exist, patients risk breakdowns in the continuity of care, which is particularly important in chronic disease management and/or required follow-up and testing.

For better quality, consistency, and continuity of care, a CPSM working group has developed a Standard of Practice for Episodic, House Calls, and Walk-in Primary Care. Other medical regulatory colleges in Canada have established similar rules for treating patients in episodic and walk-in clinics.

The Standard establishes requirements for:

- The standard of care to be provided
- The relationship with regular primary care providers
- Supporting patients to obtain a regular primary care provider
- Continuity of care and/or follow up care
- Prescribing matters

The Standard does not apply to primary medical care provided in:

- Emergency and urgent care in hospital settings
- Long-term care facilities such as personal care homes
- Palliative and end-of-life care, including medical assistance in dying
- Consultations

An email notifying you of the consultation will be forthcoming next week. You will be invited you to review the Standard and submit your comments in writing by April 30.

The public will also be invited to share their experiences with walk-in, house calls and episodic care through an online survey.

Addition of Tramadol and Tramacet to M3P

Tramadol and Tramacet are now included as M3P drugs effective March 31, 2022. [CLICK HERE](#) to review the explanation of changes by Health Canada to control this opioid more tightly, what this means to prescribers, what is happening with codeine, resources for M3P prescribing, and why these changes are occurring. If you prescribe opioids, read this.

Truth and Reconciliation Advisory Circle Update

As previously communicated, CPSM has made Truth and Reconciliation a strategic organizational priority. As a medical regulator, addressing Indigenous-specific racism in medical practice is an important issue for CPSM.

The Code of Ethics and Professionalism contains the following:

43. Commit to collaborative and respectful relationships with Indigenous patients and communities through efforts to understand and implement the recommendations relevant to health care made in the report of the Truth and Reconciliation Commission of Canada.

An Advisory Circle led by Dr. Lisa Monkman includes Indigenous physicians, elders, knowledge keepers, and CPSM public representatives. Dr. Monkman presented an update to Council on the TRC Advisory Circle, including its composition, preliminary discussions, and possible considerations for the future direction to fulfill the calls to action from the Truth and Reconciliation Commission. Councillors watched the CMA film [The Unforgotten](#). If you have not already watched this documentary, please take the time to view it and reflect on your own practice.

Change to *Registrant* in CPSM Materials

Council approved the word *registrant* to replace references of *member* in CPSM Bylaws, Standards of Practice, Practice Directions, and Policies, unless it is a direct quote from the legislation which uses the term members to describe all those registered to practice medicine in Manitoba.

As we begin updating CPSM documents, you will also notice this change reflected in our communications.

Regards,

Dr. Jacobi Elliott
President

Dr. Anna Ziomek
Registrar/CEO