



Below are important updates from the CPSM Council meeting on September 29, 2021.

### **Standard of Practice for Virtual Medicine – NEW!**

The arrival of virtual medicine, triggered by the pandemic, led to the development of a [Standard of Practice for Virtual Medicine](#). While virtual medicine has been beneficial for many reasons, the pandemic has also reinforced the vital importance of in-person care. CPSM has prepared new Standards on virtual medicine that every practitioner engaging in virtual medicine must read and practice. The general provision is

Each member's practice of medicine must include timely in-person care when clinically indicated or requested by the patient. It is not an acceptable standard of care to solely practice virtual medicine. **A blended model of care balancing in person and virtual medicine is required if providing virtual medicine.**

**The Standard is effective November 1, 2021.** It includes a Contextual Information and Resources document with further details and links for virtual medicine resources.

[CLICK HERE to view the Standard of Practice for Virtual Medicine.](#)

A consultation was undertaken including an online patient survey which resulted in a strong public response. Many of the concerns raised were addressed when finalizing the Standard. Feedback was valuable for improving the Standard. You must read this Standard if you practice and virtual medicine.

### **Standard of Practice Exercise Cardiac Stress Testing**

Council approved the draft Standard of Practice for Exercise Cardiac Stress Testing to be distributed for public consultation. Currently, there are no specific requirements for exercise cardiac stress testing in Manitoba.

The draft Standard of Practice for Exercise Cardiac Stress Testing was developed by a diverse Working Group of cardiologists, from both in hospitals and the community. The Working Group reviewed the regulatory approach used by other provinces.

The consultation has now launched and can be accessed at the link below. Please review the draft Standard and provide feedback by Friday, October 29.

[CONSULTATION – CLICK HERE TO ACCESS](#)

## Strategic Organizational Priorities

Council approved the Terms of Reference for the following Strategic Organizational Priorities:

- **Truth and Reconciliation: Addressing Anti-Indigenous Racism by Medical Practitioners**

The Truth and Reconciliation Commission issued 94 Calls to Action, including seven relating to healthcare. An Advisory Circle will be formed and led by Dr. Lisa Monkman. The Circle will include Indigenous physicians, CPSM members, elders, knowledge keepers, and public representatives. The Advisory Circle will advise CPSM on an approach for Truth and Reconciliation.

- **Prescribing Practices Review Working Group**

Prescribing has changed significantly with COVID-19 pandemic rules, the introduction of virtual medicine, technology, and in general changing societal expectations around expected convenience of access to drugs. A Working Group will be formed and will review the various aspects of prescribing, including M3P. The Working Group will be joint with The College of Pharmacists of Manitoba and The College of Registered Nurses of Manitoba.

- **Standard of Practice for Episodic Care/House Calls/Walk-In Clinics Working Group**

Continuity of primary care is fundamentally important for the delivery of good medical care and should include a long-term relationship between the patient and physician. Not all patients have a family physician and walk-In clinics fill the void for many. Although they are rare, some house call services are also available. To ensure good medical care in episodic, house calls, and walk-in clinics CPSM will develop a Standard of Practice for this type of care to guide members in treating patients. A Working Group will be formed to establish the Standard.

Regards,

Dr. Jacobi Elliott  
President

Dr. Anna Ziomek  
Registrar/CEO

NOTE: This email is being sent to all CPSM registrants