

## STANDARDS OF PRACTICE OF MEDICINE INDEX

### GENERAL CARE STANDARDS

#### COLLABORATIVE CARE

1. Patient Rights in the Referral Process
2. Obligations of Referring Member
3. Obligations of Consultant Member
4. Referral for Non-Traditional Therapy
5. Institutional Settings - Transfer of Care

#### DUTY TO ASSIST IN AN EMERGENCY

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#### GOOD MEDICAL CARE

1. Multiple Concerns in a Medical Visit
2. Follow-up to Diagnosis and Test Results
3. Practice Coverage - Critical Test Results
4. Assessing Competence or Mental Capacity
5. Assessing Competence or Mental Capacity
6. Maintaining Boundaries: Current Patients
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9. Disclosure of Harm to a Patient
10. Conscience-Based Objection
11. Non-Traditional Therapies
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#### HOME BIRTHS

#### MEDICAL ASSISTANCE IN DYING (MAID)

*The legal framework for the CPSM Standard of Practice for Medical Assistance in Dying (MAID) changed with the passage of Bill C-7 on March 17, 2021. See Standard for more details.*

1. Minimum Requirements of All Members and Physicians
2. Specific Requirements for Assessing Patient Eligibility for MAID
3. Specific Requirements for Assessing Medical Decision-Making Capacity
4. Specific Requirements for Obtaining Informed Consent

5. Additional Requirements of the Federal Legislation
6. Specific Requirements of the Administering Physician

### **PATIENT RECORDS**

1. Record Content
2. Alteration of Records
3. Record Security
4. Ownership of Records
5. Access to or Copy of Record
6. Discharge Summary
7. Electronic Records
8. Virtual medicine
9. Additional Obligations
10. Transfer of Patient Records

### **SEATBELT/HELMET EXEMPTIONS**

### **TREATING OF SELF AND FAMILY MEMBERS**

### **VIRTUAL MEDICINE**

### **WITHHOLDING & WITHDRAWING LIFE SUSTAINING TREATMENT**

#### **General Requirements**

1. Clinical Assessment
2. Communication
3. Implementation
4. Documentation

#### **Specific Requirements**

1. No Consensus – The physician offers life-sustaining treatment but the patient/proxy declines treatment or the representative advocates withholding or withdrawing treatment.
2. No Consensus – The minimum goal is not realistically achievable and the physician concludes that life-sustaining treatment should be withheld or withdrawn but the patient/proxy/representative does not agree and/or demands life-sustaining treatment.
3. No Consensus – The minimum goal is achievable, but the physician concludes that life sustaining treatment should be withheld or withdrawn, and the patient/proxy/representative does not agree and/or demands life-sustaining treatment.

4. Emergency situations where communication between physician and patient/proxy/representative cannot occur.
5. Cardiac arrest and resuscitation, cardiopulmonary resuscitation (CPR) and/or advanced cardiac life-support (ACLS), and do not attempt resuscitation (DNAR) orders.

### **SEXUAL BOUNDARIES WITH PATIENTS, FORMER PATIENTS & INTERDEPENDENT PERSONS**

1. Purpose
2. Foundation of the relationship
3. Scope of this Standard of Practice
4. Sexual Boundary Violations – the Spectrum of Prohibited Conduct
5. Persons Interdependent with the Patient
6. Former Patients
7. Psychotherapeutic Relationships
8. Consequences of Breaching this Standard of Practice

## **PRESCRIBING STANDARDS**

### **AUTHORIZING CANNABIS FOR MEDICAL PURPOSES**

### **PRESCRIBING BENZODIAZEPINES & Z-DRUGS (INCLUDING ZOPICLONE & OTHER DRUGS)**

1. General
  2. Prescription Writing
  3. Older Adult Patients – Additional
  4. Applicable Drugs for This Standard
- Background
- Risks of Benzodiazepines in Manitoba
- Risks of Benzodiazepines in General
- Risks of Benzodiazepines in the Elderly
- Driving or Operating Heavy Machinery and Benzodiazepines and Z-Drugs
- Application of Standard
- Tapering
- Working with the Pharmacist
- Suggested Resources

### **PRESCRIBING OPIOIDS**

1. Acute Pain or Post-Operative Analgesia Patient
2. Initial Trial for Non-Acute Non-Cancer Pain in Opioid Naive Patients Prescribed Amount up to 50 Milligrams Morphine Equivalents per Day
3. Patients Currently Prescribed Between 50 and 90 Milligrams Morphine Equivalents per Day (mid-level risk)
4. Patients Prescribed More Than 90 Milligrams Morphine Equivalents per Day (high-level risk)

5. Patients New to a Member's Practice and Already Taking Opioids for a Significant Period of Time
6. Adolescent Patients
7. Continued Prescribing of Opioids for Patients with Non-Cancer Pain

### **PRESCRIBING REQUIREMENTS**

1. Prescription Content
2. Sample Medication
3. Direct Patient Contact
4. Verbal Prescriptions
5. Method of Prescribing M3P Drugs (note the CPSM General Regulation, s. 5.8)
6. Dispensing Physicians

## **ADMINISTRATION OF PROFESSIONAL PRACTICE STANDARDS**

### **ADVERTISING**

1. Advertising in Medical Practice
2. Services Offered on Web Site

### **BLOODBORNE PATHOGENS**

### **CONFIDENTIALITY AND PRIVACY**

1. Transmission of Health Information
2. Medical Information to Third Parties and Sickness Certificates
3. Observers
4. Responding to Requests for Information or Opinion

### **CONFLICT OF INTEREST**

1. Conflict of Interest Involving Financial or Personal Gain in the Care of a Patient
  - 1.1. Business Interests
  - 1.2. Benefit for Service
  - 1.3. Inducements
  - 1.4. Sale of Products
  - 1.5. Job Action
  - 1.6. Facilitating Adoptions
  - 1.7. Disclosure
2. Relationship with Industry
  - 2.1 Patient Care
  - 2.2 Research Activities
  - 2.3 Continuing Professional Development Activities
  - 2.4 Personal Benefit
  - 2.5. Solicitation of Funds Using Patient Databases

### **CONTINUING DISCLOSURE REQUIREMENTS & NOTICE OF CHANGES FOR MEMBER MATTERS**

1. Disclosure of Changes or New Information
2. Change in Practice Location(s) and Contact Information

### **DUTY TO REPORT ANOTHER MEMBER**

### **PRACTICE ENVIRONMENT**

1. Medical Practice in Non-Institutional Settings
2. Non-Institutional Setting: Medical Director

### **PRACTICE MANAGEMENT**

1. Practice Management: Patient Restriction or Selection
  - 1.1. Accepting Patients
  - 1.2. Prohibited Grounds for Refusing Patients
  - 1.3. Billing for Meetings
2. Practice Management: Ending a Member-Patient Professional Relationship
3. Practice Management: Closing, Leaving or Moving a Medical Practice
  - 3.1. Notice of Intention to Close, Leave or Move
  - 3.2. Alternate Care Arrangements
4. Practice Management: Billing
  - 4.1. Notice of Billing for Uninsured Services
  - 4.2. Block Billing
  - 4.3. Missed Appointments
  - 4.4. Required Services
  - 4.5. Accounting Records

### **RESEARCH**

1. Participation in Research

### **SELF REPORTING TO CPSM**

### **VOLUME OF SERVICE**

## **SUPERVISION AND MEDICAL EDUCATION STANDARDS**

### **PROFESSIONAL RESPONSIBILITIES IN UNDERGRADUATE & POSTGRADUATE MEDICAL EDUCATION**

1. Principles
2. Requirements
  - 2.1. Designation of Most Responsible Physician
  - 2.2. Medical Students
  - 2.3. Trainees
  - 2.4. Professional Relationships
  - 2.5. Reporting Responsibilities