From the College

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This newsletter is forwarded to every licensed medical practitioner in the Province of Manitoba. Decisions of the College on matters of standards, amendments to regulations, bylaws, etc., are published in the newsletter. The College therefore expects that all practitioners shall be aware of these matters.

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From Your President
Dr. Alewyn Vorster

As always it is an honour and a privilege to serve as your President.

It is my hope that all our members and colleagues had a memorable and superb holiday season surrounded by loved ones. This is a time to reflect on the people who are no longer with us and the potential of the ones that will follow in our footsteps.

CPSM members function in an arena that is bound by the need to "serve" our patients and our profession. We are perpetually serving our colleagues and patients, be it their physical, mental or social wellbeing. We are also taking care of our profession in many diverse ways. As natural leaders in medicine, it is the unique combination of leadership and services that defines us in our chosen fields.

It has always been expected and is up to us, individually as members, to keep developing our skill sets and keep abreast of new skills and knowledge. This clearly impacts and improves the quality of our service.

The beginning of a new year with new challenges allows us to look back at the accomplishments and developments of a very busy 2016 for the College of Physicians & Surgeons of Manitoba:

1. Developing the CPSM Standard of Practise pertaining to "Medical Assistance in Dying (MAID)", was a very challenging and time consuming process. I can assure you that every effort was made to incorporate and respect the needs of all parties to the extent possible. As MAID evolved, we found our path in regard to this new choice for our patients and ventured into uncharted territory for our caregivers. I thank all the many members and teams who spent countless hours on implementing and refining the parameters of all aspects of MAID.

2. The CPSM Physician Health Committee is functioning well. The goal of this committee is primarily to help physicians with health issues to stay in their profession, in a respectful and dignified manner. Self reporting by members to the College remains a crucial component of this program.

3. The work on developing a Standard of Practice on Urgent After Hours Care is ongoing. Working groups are diligently coming up with models and suggestions of what would be a practical and efficient way of providing the after hours care our patients require.

4. Lately there has been a significant amount of media coverage on the opioid crisis. I am happy to report that CPSM has already been, and will continue to be, actively involved in addressing this very serious issue.

5. Knowing your Blood Borne Pathogen status has emerged as an important component for providing safe patient care, especially for those performing exposure prone procedures. The College is working toward enhancing patient safety through new initiatives in this regard. Other provinces have already expanded their oversight of this important aspect of patient care.

I would like to thank the Council and staff of the CPSM for taking the time to help improve and streamline the delivery and accessibility of care to our patients. This is such a worthwhile responsibility to take on for the benefit of both the providers and the patients. This effort will maximize efficiency in the delivery of healthcare in our province.

As physicians, physician assistants and clinical assistants, we are held accountable and placed in an ultimate position of trust by the people we serve. The responsibility that rests upon our shoulders to always do our best requires attention and collegial collaboration at all times. The respect we have for each other makes it all possible. I am proud to be a member of this enterprising and ever developing profession.
I thank you for that!

To paraphrase John F. Kennedy, it is incumbent on each of us to: "Ask not what my profession can do for me, but rather what can I do for my profession". Your ongoing contributions to enhance professionalism and regulation of our profession are essential.

Best wishes for a happy, healthy, and productive 2017!

Respectfully
Alewyn Vorster, MBChB CCFP

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Notes from the Registrar

First and foremost, I would like to wish each and every one of you a Happy New Year and all the best in 2017.

It is hard to believe that it has been two full years since I took the position of Registrar at The College.

During those two years, there have been some "ups and downs" and we have weathered a few storms, which has taught us a lot and caused the College to make some changes that I feel are for the better.

Now looking to the upcoming year there are a number of projects that we will be embarking upon that will make the College function more efficiently for its members.

The most significant project will be the replacement of our member database. After months of researching and collaborating with other Colleges across Canada we have chosen a database called iMIS. This database is used by provincial Colleges in British Columbia, Saskatchewan and Newfoundland and we feel is it a good fit for our College as well. We are working with Bursting Silver who will customize the database for our specific needs. Implementation of this new system is projected to be complete in the first quarter of 2018.

Since the election of a new provincial government, the College has been working with government on getting the Regulated Health Professions Act enacted. We are in discussions regarding a previously unresolved issue and hope to be able to come to an agreement so we can move forward with the RHPA.

The second major initiative is the new National Application. Effective February 27, 2017, the College will be launching a new application process through The Medical Council of Canada, Physiciansapply.ca. As of February 27, all physicians applying for full or conditional registration, with the CPSM, will be directed to physiciansapply.ca to complete the online Application for Medical Registration. If it is your intention to apply after that date, please ensure that you have opened a physiciansapply.ca account. The College will continue to accept paper applications up to March 31, 2017 only. Any applicants who submit a paper application after March 31, 2017 will be directed to physiciansapply.ca to complete the online application. If you have any questions, please contact our registration department at registration@cpsm.mb.ca.

Then there is the FIRMS Pilot project that is a joint project between the Federation of Medical Regulatory Authorities of Canada, HIROC (insurer for regulating colleges), and the provincial MRAs. The CPSM, along with other provincial Colleges will be participating in this project over the next

couple of years. This is a Quality Assurance, Quality Improvement Initiative looking at the processes used by MRAs in the areas of:

1. Governance
2. Complaints & Resolution
3. Registration and Licensure
4. Standards
5. Information Technology, Records Management & Privacy

I recently received a data report which suggests CPSM lags behind others when it comes to Information Technology and Records Management. The new database and the upcoming records management initiatives should address these deficiencies.

The College is working with the provincial and federal government on the opioid crisis in Canada. We have met with the Minister of Health regarding the issues in Manitoba and have embarked on a number of initiatives including education for prescribers, monitoring of prescribers and education for practitioners for opioid replacement therapy.

As the FMRAC Annual General Meeting is being hosted by our College, we are busy planning the event that will host staff from Colleges all across Canada. The theme of this year's conference is the "The Regulation of Opioid Prescribing – Turning Our Minds to Collaborative Solutions". This is an opportunity to showcase our city to other MRAs across Canada.

I anticipate this will be a busy year here at the College and I will keep you updated on issues of importance to you, our members. If at any time you have any topics you feel would benefit other members, please bring them forward for publication in the newsletter.

Anna M. Ziomek, MD
Registrar/CEO

Moving? Retiring?

If you are leaving the province or retiring from practice, Bylaw #11 requires that you advise the College where your records will be stored. This is so we can make note of it on your file to advise interested parties.

You are also required to give timely notice of closing, leaving or moving a medical practice to your patients and other parties as set out in ByLaw #11, Standards of Practice Section 64.

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Max Rady College of Medicine
Rady Faculty of Health Sciences

UNIVERSITY OF MANITOBA

Message from
Dr. Brian Postl
Dean, Rady Faculty of Health Sciences &
Vice-Provost (Health Sciences)
University of Manitoba

The research endeavour in the Max Rady College of Medicine, Rady Faculty of Health Sciences has never been stronger!

In 2016, total research funding received by College faculty member Principal Applicants exceeded $85 million, which represents 16 **per cent increase** over total funding received by Max Rady College of Medicine Principal Investigators in 2015.

Over the last several years the College has focused its efforts on promoting integrated multidisciplinary research teams; funded core research platforms; implemented new mentorship and grant application review processes; struck a research advisory committee with many of our partners and affiliates; and participated in a University-wide strategic planning process.

We have much to be proud of within the Max Rady College of Medicine:

The Canadian Institutes of Health Research Institute of Musculoskeletal Health and Arthritis, the National Microbiology Laboratory and two national training programs in immunology and infectious disease demonstrate the U of M's international leadership in immunity, inflammation and infectious disease research.

We host the National Collaborating Centre on Infectious Diseases (NCCID) and are also home to leading basic and translational researchers which focus on a wide range of diseases including allergy and asthma, multiple sclerosis, rheumatoid arthritis, HIV and emerging infections.

U of M boasts a world-renowned team of researchers in population and global health who have built international networks and partnerships. The Centre for Global Public Health is a trailblazer in HIV prevention, and performs innovative work in maternal, neonatal and child health, in Canada and around the world. The Manitoba Centre for Health Policy is a leader of population-based research on health

services, population and public health and the social determinants of health.
The research taking place throughout the Max Rady College of Medicine encompasses the spectrum from the bench to the bedside and aims to improve health-care outcomes for Manitobans and beyond.

Our faculty also provides support to a number of partners and affiliates, including the International Centre for Infectious Diseases, CancerCare Manitoba and Children's Hospital Research Institute of Manitoba. Our scientists work and support clinical and research activities at St. Boniface Hospital and Health Sciences Centre, as well as at other hospitals and regional health authorities.

We champion innovation as a key driver of quality improvements that directly affect the health of Manitobans and others. Health equity and the need to understand outcomes driven by social determinants of health are underlying themes guiding innovative care delivery.

We also emphasize excellence with respect to personnel recruitment and retention, as well as providing a broad training experience for students and researchers – including a Royal College certified Clinical Investigator program, a robust B.Sc. (Med.) program, and MD/M.Sc. and MD/PhD programs. Additionally, we have 329 Master's students in the Max Rady College of Medicine.

Nationally, research in our College is supported on many fronts by the Government of Canada. We are home to a National Centre of Excellence – Translating Emergency Knowledge for Kids (TREKK), 15 Canada Research Chairs and are part of four of five Support for Patient Oriented Research (SPOR) national networks.

Finally, we provide an environment, processes and structures to ensure that collaborative innovation and research flourish across the College, throughout the Rady Faculty of Health Sciences and within our academic health sciences network.

Practice Address

It is important that if you are changing your practice location you must notify the College immediately so that your College records and Physician Profile can be updated and current. You can email your change of location to cpsm@cpsm.mb.ca.

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CPSM's Physician Health Program

In January 2016, the College of Physicians and Surgeons of Manitoba (CPSM) created a Physician Health Committee (PHC) with Dr. Eric Sigurdson appointed as Chair. The PHC reports directly to the CPSM Council and is comprised of three members: two physicians and a public representative. CPSM staff responsible for overseeing and supporting the PHC include: Dr. Terry Babick, Deputy Registrar, and Ms Carol Chester-McLeod, Standards Manager and Physician Health Program (PHP) Administrator.

As part of the new initiative of the PHC, a recent conjoint meeting was hosted by CPSM and included representation from Doctor's Manitoba, Physicians-at-Risk, and the University of Manitoba's Faculty Health Services. These organizations each have a vested interest in physician health. There was a spirit of collaboration and sharing, although it was quite clear to all that members' privacy and confidentiality, in respect to their personal health information, should remain a priority when addressing physician health issues and concerns.

What is the role of the PHC?

The primary responsibility of the PHC is the operation of the College's Health Program. The Program's objectives include the early identification and monitoring of a member who has a health issue which has the potential to adversely impact the member's ability to practice medicine safely and collaborating with the member and the member's care givers to create an environment in which the member can practice medicine safely, where possible. The Health Program adopts a remedial approach to addressing a member's health issues where the member is cooperative in the process, has insight into the member's own health status and is compliant with treatment and rehabilitation. Part of the Program's mandate is to assist members with making decisions to ensure they are able to continue to provide good patient care, and to facilitate a solution to their health care challenges in that context. The Program's proactive and facilitative approach focuses on enabling members to either continue or resume providing valuable service and safe care to their patients.

The Program relies on members' willingness to demonstrate their commitment to patient safety and their responsibility to make adjustments to their practice, as required, to ensure that their medical condition does not put patients at risk. An undertaking may be required from members participating in the Health Program. An undertaking is a member's solemn commitment to seek medical care, attend appropriate care-givers, and to limit practice when required. Some undertakings may require body fluid monitoring. Not all health problems require a member to have an undertaking, but all members are required to report significant health problems to the College so that the College is aware of the issues and can take appropriate steps to fulfill its mandate of protecting the public as required. This may include the need for a member to temporarily cease practice for health reasons.

Members are reminded that the success of the Health Program depends on members self-reporting to the College any health issue that may have the potential to adversely impact their ability to practice medicine safely. The obligation to report a health concern is an ongoing one. Members will also be aware that there are two health-related questions on the annual license renewal form which serve as a reminder of this duty. Failure to report a significant medical problem may result in a referral to the Registrar who may refer the member to the Investigation Committee in some circumstances.

What are the obligations of College members?

Members are also reminded of their statutory and ethical obligation to report to the College a concern that a fellow member may be suffering from a mental or physical disorder or illness that may affect his or her fitness to practise, and continues to practise despite having been counselled not to. The College recognizes that making such a report is a very difficult part of the responsibility that members bear as a member of a self-governing profession, particularly where the fellow member is a patient.

What happens after I self-report a medical condition/issue or another member reports me because of concerns about my ability to practice safely because of a health issue?

All reports are treated confidentially. When the College receives a report that a member may have a health issue that may affect his/her ability to practice, whether from self-reporting or a report from a colleague, the member receives a letter requesting a telephone interview with the Deputy Registrar. Often, a telephone interview is the only meeting required. A letter is sent to the member specifying whether any further steps are required, which could include an interview with the PHC Chair, or that no further action or undertaking is required. In certain instances, a member may be asked to sign a consent form authorizing the Health Program to obtain a health status report from his/her care-provider(s). The PHC Chair reviews all health reports and determines whether the member requires an undertaking, and/or is safe to return to work with no limitations. Members are always encouraged to seek the advice of legal counsel when a personal interview is required or an undertaking is being considered.

If no further action is required of the member, a confirming memo is provided to the Qualifications Department for the member's record. It is important to note that the Health Program does share confidential health information with the Qualifications Department.

What if I am unsure about reporting?

If you are unsure regarding whether an issue is reportable or not, the Health Program staff is available to answer any of your questions. Please do not hesitate to call either Carol Chester-McLeod, Standards Manager and PHP Administrator directly at 204-786-0263 or Dr. Terry Babick, CPSM Deputy Registrar at 204-774-4344.

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The Manitoba Institute for Patient Safety (MIPS)

We would like your assistance by having you complete our survey.

MIPS would like to evaluate the distribution and level of knowledge regarding a specific resource that was developed by our organization in 2014. This survey will begin with basic demographic questions, followed by more specific questions related to your knowledge of the resource itself.

The survey will require approximately 10 minutes of your time to complete. Your responses to the survey will be collected anonymously. We will not collect your email nor can your responses be linked to any person. Aggregate results of the survey will be used to refine the resource and guide future educational initiatives developed by MIPS.

The electronic link to the survey can be found here:

https://www.surveymonkey.com/r/29Y859X

If you have any questions, please feel free to contact our office at admin@mips.ca.

The survey will remain open until March 31, 2017.

Need Assistance?

PHYSICIANS AT RISK

Phone 204-237-8320 (24 hours)

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Inflectra

Biologics are medicinal products created using biologic processes in living cells. The more common small molecule drugs, typically delivered in oral form, are chemically synthesized. Biologics are complex, large molecule drugs manufactured using live cells and are generally administered as an injectable. Biologics provide new treatment options for serious illnesses, such as cancer, multiple sclerosis, and rheumatoid arthritis, and have enabled treatment where no effective therapies were previously available.

Subsequent Entry Biologics (SEBs), also known as "biosimilars" or "follow-on biologics" in Europe and the USA, are follow-on versions similar to an original biologic drug. SEBs are sometimes mistakenly called "generic" versions of innovative biologics. Unlike generics, which are identical copies of chemically synthesized drugs, SEBs are similar to, but not identical to the original innovator drug. This is due to the inherent complexities of large molecule drugs and their manufacturing process.

The high cost of biologics has created a demand for SEBs as a cost-saving alternative. Biologics are expected to represent 20% of the pharmaceutical market over the next decade; this will result in significant financial pressure on health care budgets.

Inflectra is a subsequent entry biologic (SEB) or "biosimilar" version of infliximab based upon the reference product Remicade. It was approved by Health Canada and supported by the national Common Drug Review for the indications stated below based upon data demonstrating similarity and no meaningful differences compared to the reference product.

In Manitoba, Remicade for all indications was the top drug expenditure in the past year. Through national price negotiations, public drug plans negotiated a significantly lower public list price for Inflectra which allows savings to be invested into other health priorities.

Effective January 25, 2017, Manitoba Health, Seniors and Active Living is pleased to announce that it will cover infliximab (Inflectra) for the treatment of eligible gastrointestinal indications for patients over 18 years of age according to the existing Exception Drug Status (EDS) criteria.
NOTE: Coverage of infliximab (Inflectra) for the treatment of eligible rheumatology and dermatology indications has been in effect since April 18, 2016.

As of January 25, 2017, all initial EDS requests for coverage of infliximab for Crohn's Disease and Ulcerative Colitis for patients over 18 years of age will be approved for the Inflectra brand of infliximab only. The Remicade brand of infliximab will not be approved for new infliximab starts for patients over 18 years of age with Crohn's Disease and Ulcerative Colitis as of this date.

Coverage of the Remicade brand of infliximab will continue for patients previously approved for Pharmacare coverage of Remicade; they will also be eligible for coverage of the Inflectra brand should they choose to switch.

When the Inflectra brand is desired, please specify “Inflectra” on the prescription to allow the pharmacy to dispense this specific formulation.

If you have questions about how Inflectra can be obtained, infusion sites or the patient support program for Inflectra, please contact:

Inflectra Program Call Centre:
Phone: 1-844-466-6627
Fax: 1-844-295-0219

For information on Health Canada’s decision, please see the Summary Basis of Decision available at http://www.hc-sc.gc.ca/dhp-mps/prodpharma/rds-sdr/drug-med/rds-sdr-infectra-184564-eng.php

For the Common Drug Review’s review and recommendation, please see https://www.cadth.ca/infliximab-19

Drug Management Policy Unit
Provincial Drug Programs
Manitoba Health

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Opioid Use Disorder

Training and support for physicians interested in treating patients with Opioid Use Disorder

The College continues to work on providing timely, interdisciplinary training for physicians, nurse practitioners and pharmacists who want to get involved in treating patients with opioid use disorder (opioid addiction). The training promotes a holistic approach to treatment, integrating opioid replacement therapy with psychosocial interventions. This work is being done in partnership with Manitoba Health, Seniors and Active Living, the College of Registered Nurses of Manitoba and the College of Pharmacists of Manitoba.

The CRNM recently announced that Nurse Practitioners are now eligible to prescribe methadone and Suboxone after completing appropriate training alongside physicians and pharmacists in Manitoba. We are continually integrating training requirements, available mentorship and practice supports as well as audit requirements and standards for all prescribers (Physicians and Nurse Practitioners).

Based on the positive feedback from our November, 2016 Opioid Replacement Therapy 101 Workshop and increased demand for this type of training, the College, along with the CRNM and the CPhM will be hosting to more workshops in the coming months. You can access the posters for these workshops by clicking on the link below.

Space is limited, so reserve your spot as soon as possible!

March 9 – 10, 2017
http://cpsm.mb.ca/cjj39alckF30a/wp-content/uploads/Methadone/ORT%20workshop%20poster%20March%202017.pdf

May 11 – 12, 2017
http://cpsm.mb.ca/cjj39alckF30a/wp-content/uploads/Methadone/ORT%20workshop%20poster%20May%202017.pdf

All existing Opioid Replacement Therapy providers are reminded that clinical case discussion support is available by contacting the College at KSorenson@cpsm.mb.ca. A consultant will contact you to provide support. This may range from a phone conversation to seeing a complex patient with you in clinic to assist with clinical decision making.

Marina Reinecke, MD
Medical Consultant

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New Auditors Required

The College is seeking to recruit some new auditors - both family physicians as well as specialists. College auditors conduct either chart or interactive audits of the practices of a peer. Three departments of the College conduct audits: Qualifications (conditional register audits), Standards (includes "Age" audits as well as audits of referred physicians) as well as Complaints/Investigations. Auditors may be called upon to conduct one or two audits per year. Each audit takes approximately a half day and time is remunerated.

If you are interested in joining our auditor committee, a training session will be held in the spring of 2017 which will provide a better understanding of the expectations of auditors. Minimum requirement of a new College auditor is having been in practise for 5 years.

Why be an auditor?

- You would be contributing to the profession, and getting to know your regulatory body a little better;
- It would be a change of pace from your normal routine.
- You would be giving your colleagues a fair assessment by a peer and both of you will learn in the process.
- Also, you would be earning CPD credits!

If interested, please either call Carol Chester-McLeod, Standards Manager, CPSM at 204-774-4344 or e-mail: cchester-mcleod@cpsm.mb.ca. Either Carol or Dr. Marilyn Singer, Consultant for Physician Competence – 204-774-4344, would be happy to answer any questions you may have about the College's audit process.

Email Address

Reminder – A current email address is mandatory under the requirements for licensure and re-licensure. You must inform the College if you change your email address. Changes may be submitted to: registration@cpsm.mb.ca.
Your email will not be made available to the public.
If you do not update your email address you will miss out on important correspondence from the College.

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Letter from the Government of Canada

Minister
of Veterans Affairs

Ministre
des Anciens Combattants

Ottawa, Canada K1A 0P4

NOV 2 2 2016

The College of Physicians and Surgeons of Manitoba
Registrar: Dr. Anna Ziomek
1000 – 1661 Portage Ave
Winnipeg, MB R3J 3T7

Dear Registrar:

As you know, in March 2016, I announced a review of Veterans Affairs Canada's role in reimbursing Veterans for Cannabis for Medical Purposes. The Department initiated an internal review in consultation with medical professionals, subject matter experts, licensed providers and Veteran beneficiaries with the following objectives:

- reviewing the Veteran population's reimbursement data;
- assessing VAC's internal governance and compliance;
- identifying concerns with Veteran health and well-being; and,
- reviewing other benefits, services and programs that the Department is providing to Veterans authorized for cannabis for medical purposes.

The review's recommendations include lowering the quantity limit for re-imbursement and including fresh marijuana and cannabis oil.

Veterans Affairs Canada's new reimbursement policy for Cannabis for Medical Purposes establishes a maximum three gram per day limit for cannabis. In response to feedback from Veterans and the internal review, the Department will now also reimburse Veterans for cannabis oil and fresh marijuana to the equivalent of three grams of dried marijuana per day. Veterans being reimbursed for more than three grams per day of dried marijuana may continue to be reimbursed at that level until May 21, 2017.

There will also be an exceptional circumstances process for Veterans whose health practitioner authorizes more than three grams per day of dried marijuana or its equivalent. The process will require additional documentation from medical specialists related to a Veteran's specific needs. The opinion of the medical specialist must include the rationale for the use of more than three grams, confirmation that there are no contraindications, and an indication that alternative

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Canada

treatments were ineffective or contraindicated. Each claim will be reviewed on a case by case basis. This process is consistent with how the Department administers its other health care benefits.

Recognizing that there is limited evidence and research on cannabis for medical purposes, the Department will continue to monitor new developments in research and adjust policy. The Department will also establish an expert advisory committee of health and research professionals to monitor the effectiveness of the reimbursement policy and processes based on research and consultation. In addition, together with the Canadian Armed Forces, the Department will conduct a research project that will strengthen evidence on the effects of marijuana on the health of Veterans.

I wanted to ensure that you and your membership were made aware of this change in direction. I would also like to bring to your attention that data collected by the Department demonstrates a trend where one or a small number of medical professionals are authorizing a high quantity of marijuana to a large percentage of Veterans. Your assistance in reviewing and following up in this matter is greatly appreciated.

Should you have any queries with respect to this policy or any other Veterans health related matter, I invite you to communicate with our Chief Medical Officer Dr. Cyd Courchesne, at 613 945-6939 or at cyd.courchesne@vac-acc.gc.ca.

Sincerely,

The Honourable Kent Hehr, PC, MP

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Congratulations

Canadian Medical Hall of Fame Inductee

Dr. F. Estelle R. Simons, a physician-scientist, is internationally renowned for research on pharmacologic management of allergic diseases, including anaphylaxis and asthma. Her dedication to scholarship, innovative research and education helped transform allergic disease management from empiricism to science, relieve suffering, and mitigate the impact of the global allergy epidemic. Dr. Simons led an interdisciplinary team that conducted landmark investigations to establish the scientific basis for use of new medications that have since become safe and effective treatment for allergic diseases worldwide. With colleagues in immunology, she investigated new approaches to immune modulation. The editor or co-editor of eight textbooks, many of her 570 peer-reviewed publications are highly cited. Over four decades, Dr. Simons played an important role in building the specialty of Allergy & Clinical Immunology nationally and internationally through leadership in her field, serving as President of the Canadian Society of Allergy and Clinical Immunology and President of the American Academy of Allergy Asthma and Immunology. During a 15-year commitment to the World Allergy Organization, she chaired global initiatives on anaphylaxis, and brought the World Allergy Congress to Vancouver.

College of Pharmacists of Manitoba
2017 Patient Safety Award

Excerpt from letter dated February 9, 2017 to Dr. Marina Reinecke from Ms Susan Lessard-Friesen, Registrar, College of Pharmacists of Manitoba

> **"It is with great pleasure that I inform you the Council of the College of Pharmacists of Manitoba has unanimously accepted the recommendation of the Awards and Nominating Committee that you along with your colleagues on the interdisciplinary team that developed the "Opioid Replacement Therapy 101: An Introduction to Clinical Practice" program, be named as recipients of the 2017 Patient Safety Award."**

We congratulate Dr. Reinecke and her team for a job well done!

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From the Maternal and Perinatal Health Standards Committee

One of the mandates of the Maternal and Perinatal Health Standards Committee of the College of Physicians and Surgeons of Manitoba is the review of stillbirths. On many occasions the causes of stillbirth remain unknown simply because appropriate stillbirth workup has not been done at the time of the delivery of the baby.

While clinical prenatal factors may give us some hints with regards to the possible causes of a stillbirth, physicians are reminded to be conscientious of the need to complete a stillbirth workup. It is recognized that some aspects of the stillbirth workup may be declined by the parents, having compliance in completing a stillbirth workup may be invaluable in preventing such tragedies in future pregnancies.

The stillbirth workup includes:

- Performance of an autopsy (with parents' approval)
- An assessment of presence or absence of congenital anomalies
- An attempt at obtaining a karyotype of the fetus
- Sending the placenta for pathologic evaluation
- Having the mother undergo testing for acute infections of:
    - Syphilis
    - Toxoplasmosis
    - Cytomegalovirus
    - Herpes Sepsis
    - Hepatitis
    - Parvovirus
    - Group B streptococus colonization status
    - Assessment of placental membranes for listeria (if possible)
- Maternal blood should also be sent for presence or absence of maternal Alloimmune antibodies as well as Kleihauer-Betke test to rule out fetal-maternal transfusion.

Clinical pregnancy factors such as presence or absence of diabetes, hypertension, poor nutrition, history of trauma, smoking, abruption as well as assessment of prenatal fetal growth are essential to record.

Every attempt at identifying a probable cause of the death should be undertaken. Many of the factors could be modulated and managed in future pregnancies.

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From the Standards Committee

Bylaw #11 – C. Obligations of a Consultant Member

Members should be aware of the College's Bylaw #11, which can be found on the College website at cpsm.mb.ca. Bylaw #11 replaces previous college statements.

Specifically concerning response times for consultation requests:

> *14(1) A consultant member or member's service must respond to the patient and member verbally or in writing to a request by a member for a non-urgent consultation within 30 days of receipt of the request, and must notify the patient and the referring member of the anticipated appointment date.*

Wayne Manishen, MD
Standards Committee Chair

Practice Supervisor Workshops

Please note that two more Practice Supervisor Workshops have been scheduled for the following dates:

Wednesday, 10 May 2017 – Winnipeg

Friday, 21 April 2017 – Brandon

Additional information will be provided on our website once available.

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From the Investigation Committee

Timely Access to Diagnostics and Treatment

The Investigation Committee recently considered two cases involving patients who lived outside of Winnipeg who required tests and treatment for cancer. Decisions made by their local physicians about timing of diagnostics and the nature of the treatment did not meet the current standard. In one of the cases, the local treating physician based decisions on an assumption that there are excessive wait times for procedures in Winnipeg – an assumption which was ill informed. The Winnipeg Regional Health Authority has resources available at the Breast Health Centre and the Manitoba Prostate Centre which offer timely access to diagnostics and treatment. These resources are intended to benefit all patients and are available to physicians throughout the province. Members are encouraged to consider whether specific patients would benefit from accessing the available resources when formulating a treatment plan, particularly where timely access to investigations and treatment is essential.

Responding to Diagnostic Results

The Investigation Committee recently considered a case where an important diagnostic result was missed that resulted in a significant delay in the diagnosis and treatment of cancer.

As is common in many physicians' offices, the physician who was the subject of the complaint had a policy of notifying patients of results only in the event of an abnormal result. The patient who complained was worried about the results of the test, and called the physician's office to inquire about the report. The receptionist informed the patient that she would have been informed of an abnormal result. This led to a false reassurance that everything was okay. At a subsequent visit a year later, the result was noted in the chart and did not appear to have been seen by the physician. The physician had the unfortunate task of disclosing the error to the patient, including the fact that cancer had been detected and left untreated for over a year.

Physicians are reminded that a "no news is good news" policy has the potential for these types of errors to occur. Physicians should have a comprehensive and reliable system to ensure that all diagnostic results are seen and receive appropriate follow-up. Physicians should also be mindful that patients are entitled to their medical information and should have mechanisms in place to address inquiries such as the one made by the patient in this instance.

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FMRAC Activities Report

Federation of Medical Regulatory Authorities of Canada

Fédération des ordres des médecins du Canada

2016 Snapshot

Board of Directors

- 10-11 February 2016 (meeting)
- 10 June 2016 (retreat)
- 10 June 2016 (workshop on routes to certification with CFPC and Royal College)
- 11 June 2016 (meeting)
- 12 September 2016 (meeting)
- 2 November 2016 (teleconference)

Policies and frameworks

- Physician Practice Improvement System (new)
- Model Standards for Medical Registration (updated)
- Framework on Bloodborne Pathogens (new)
- Framework on A Regulatory Approach to Physicians with Health Conditions (in progress)

Interactions with the Federal Government

- Medical Assistance in Dying (February, May, June, September)
- Opioid Prescribing (May, June, July, September and October)
- Marihuana / Cannabis for Medical Purposes (ongoing)
- Canada-EU Comprehensive Economic and Trade Agreement (February)

FMRAC Annual Meeting and Conference – Banff, June 2016

- Unravelling the knot: medical regulation and the opioid crisis
- Medical assistance in dying and the role of the medical regulatory authorities

Future of FMRAC

- Working Group on Strategic Directions (August and November)
- Working Group on Financial Sustainability (September and November)
- Draft recommendations for the Board in February 2017

International Association of Medical Regulatory Authorities (IAMRA) *preceded by* **International Physician Assessment Coalition (IPAC)**

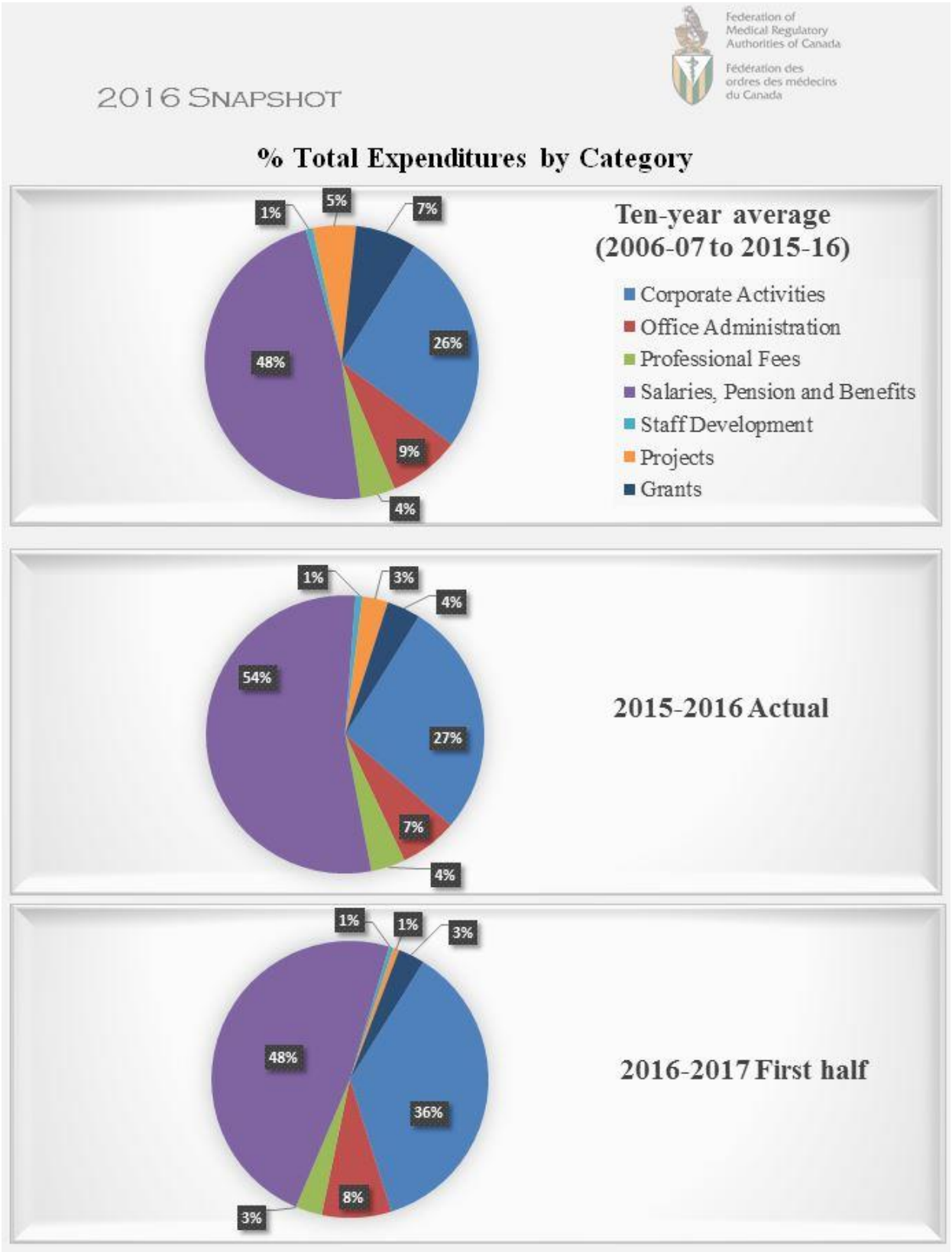
- Melbourne, Australia 19-23 October 2016

Organizational priorities 2016-17 (all ongoing)

- Medical assistance in dying
- Prescription Opioids
- Physician Health
- Physician Performance

LAUNCHING THE
FMRAC INTEGRATED RISK MANAGEMENT SYSTEM
by the end of December 2016
in collaboration and co-branded with HIROC – *on time and on budget*

- ***11 sets of standards*** (governance, registration and licensure, complaints and resolution, quality assurance of medical practice, facilities accreditation / quality review programs, integrated risk management, finance, human resources, IT, facilities, records management)
- ***Using the HIROC Risk Assessment Checklist platform***
- ***Linking with the HIROC Risk Register***
- ***Soon to be in both official languages***



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Clinic Name Approval

The CPSM would like to remind members of Bylaw #1, ARTICLE 27 – FACILITY, CLINIC and BUSINESS NAMES (AM06/16) which outlines the requirements for naming a medical clinic. Here is the excerpt from Bylaw No. 1 for your review.

ARTICLE 27 – FACILITY, CLINIC and BUSINESS NAMES (AM06/16)

27.1 Approval of Medical Practice Name

In accordance with section 62 of The Medical Act, no member or medical corporation may practise medicine under any name other than the name that is registered with the College, unless the Registrar has approved, in writing, the name the member or medical corporation under which the member or medical corporation intends to practice medicine. A member or medical corporation desiring to practice under the name of a clinic, facility or business name that is not registered with the College, must send a written request to the Registrar to approve the name the member or medical corporation wishes to practice under.

27.2 Consideration for Medical Practice Name Approval

When considering a request for approval to carry on the practice of medicine under a name other than the name of a licensed member or medical corporation registered with the College, the Registrar shall take into account the following:

1. The proposed facility, clinic or business name must not imply expertise inconsistent with the qualifications of the licensed members practising at the facility.
2. The proposed facility, clinic or business name must not mislead persons as to the nature of the facility, clinic or business by using terms intended to impress rather than inform.
3. The proposed facility, clinic or business name must not so closely resemble the name of an existing approved facility, clinic, or business name so as to be, in the opinion of the Registrar, likely to create confusion.

27.3 Additional Requirements re: Naming

A member or medical corporation may carry on the practise of medicine under any name which is in accordance with the bylaws of The College of Physicians & Surgeons of Manitoba, including a name approved pursuant to section 27.1, provided that, if the name of the medical practise is different from the name of each licensed member or medical corporation belonging to that practise, the full name of each licensed member or medical corporation shall be shown at the location of the practise and on the letterhead.

Please keep this in mind when opening a new clinic or changing the name of an existing clinic.

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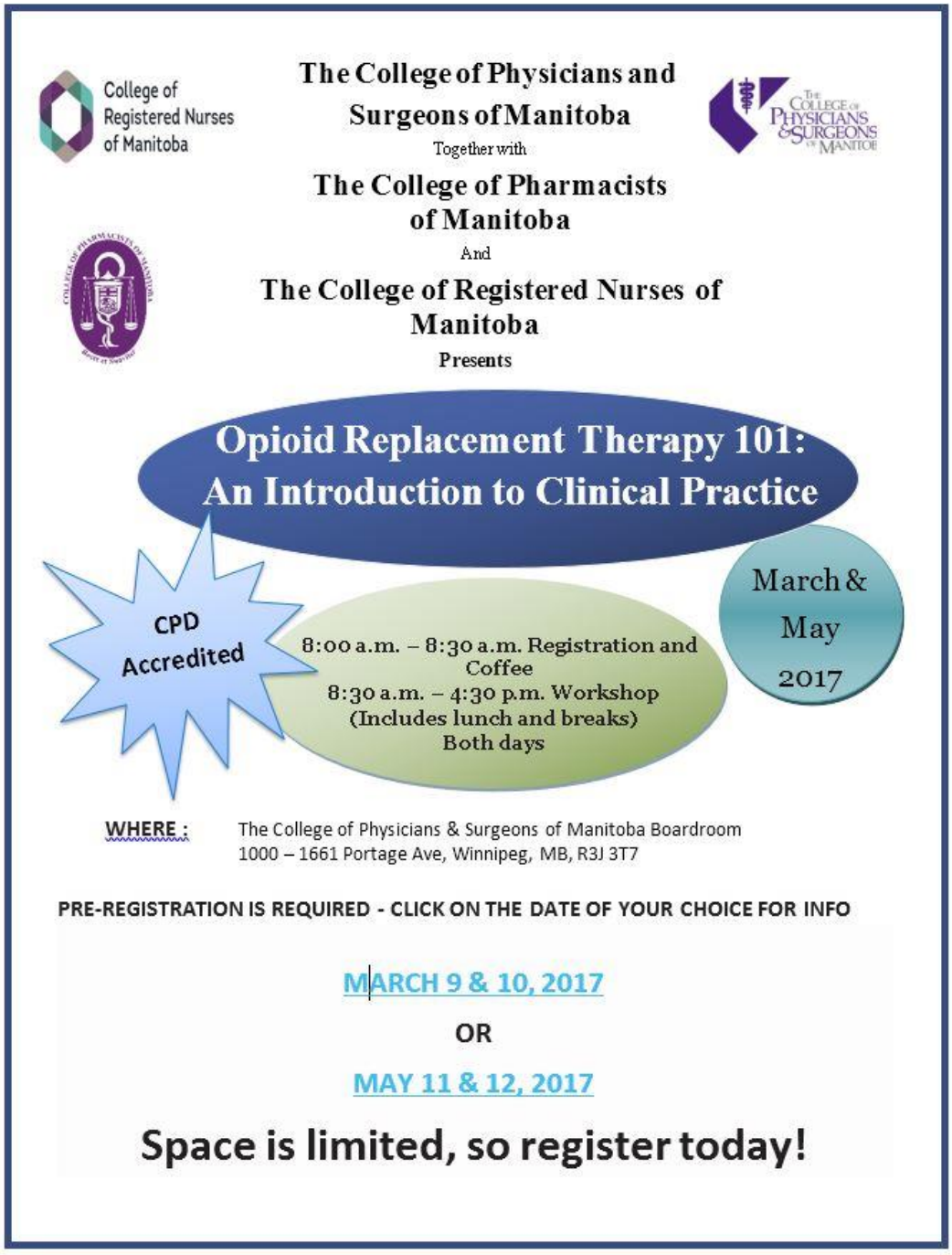
Opioid Replacement Therapy 101: An Introduction to Clinical Practice



Click here for further information - Including list of speakers and objectives

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Meetings of Council
2016-2017 College Year

Council meetings will be held on the following dates:

- Friday, March 17, 2017
- Friday, June 23, 2017 (Annual General Meeting)

If you wish to attend a meeting, you must notify the College in advance. Seating is limited.

Officers of the College
2016-2017 College Year

President:	Dr. Alewyn Vorster
President Elect:	Dr. Eric Sigurdson
Past President:	Dr. Brent Kvern
Treasurer:	Dr. Brian Postl
Registrar:	Dr. Anna Ziomek
Deputy Registrar:	Dr. Terry Babick

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Councillors

TERM EXPIRING SEPTEMBER 2017

Associate Members Register	Dr. Boshra Hosseini

TERM EXPIRING JUNE 2018

Central	Dr. Ockie Persson
Interlake	Dr. Daniel Lindsay
Northman	Dr. Deborah Mabin
Parkland	Dr. Elizabeth Senderewich
Winnipeg	Dr. Wayne Manishen Dr. Michael West Dr. Nichole Riese Dr. Eric Sigurdson Dr. David Pinchuk
University of Manitoba	Dr. Ira Ripstein
Public Councillor - Elected	Mr. Richard Dawson
Public Councillor – Government Appointed	Vacant

TERM EXPIRING JUNE 2020

Brandon	Dr. Stephen Duncan
Eastman	Dr. Nader Shenouda
Westman	Dr. Alewyn Vorster
Winnipeg	Dr. Heather Domke Dr. Candace Bradshaw Dr. Florin Padeanu Dr. Josef Silha
Public Councillor - Elected	Ms Priti Shah
Public Councillor – Government Appointed	Vacant

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Inquiry
Dr. Randy Raymond Allan

On November 10, 2016, a hearing was convened before an Inquiry Panel (the "Panel") of the College of Physicians and Surgeons of Manitoba (the "College") for the purpose of conducting an inquiry pursuant to Part X of *The Medical Act* into a charge against Dr. Randy Raymond Allan (Dr. Allan) as set forth in an Amended Notice of Inquiry dated February 24, 2016.

The Amended Notice of Inquiry charged Dr. Allan with professional misconduct. The specific allegations of misconduct against Dr. Allan in the Amended Notice of Inquiry were expressed as follows:

"1. During the period from in or about June, 2013 to in or about April, 2014, you attempted to mislead the College with respect to your role in the use of your billing number during the summer of 2009 to submit to Manitoba Health bills for services provided to patients by a nurse practitioner by making one or more of the statements particularized below, each of which you subsequently acknowledged to have been false and/or misleading, thereby committing acts of professional misconduct.

Particulars of False and/or Misleading Statements

i. Before leaving to take a locum position in Ontario for the summer of 2009, you attended Manitoba Health and requested your billings be redirected to a new address.

ii. Although your billing number was being used in the summer of 2009 to submit bills to Manitoba Health for patient visits by a nurse practitioner:

1. You were not being paid by Four Rivers Medical Clinic for the use of your billing number for the period July and August, 2009.

2. You were not aware of this use of your billing number until September, 2009.

iii. You did not understand that during the period of time you were doing a locum in Ontario, your billing number had not been transferred by Manitoba Health as you requested."

A hearing proceeded before the Panel on November 10, 2016 in the presence of Dr. Allan and his counsel, and in the presence of counsel for the Investigation Committee of the College.

At the outset of the hearing, Dr. Allan entered a plea of guilty to all of the charges outlined in the Amended Notice of Inquiry.

The Panel reviewed and considered the following documents, which were filed as exhibits in the proceedings with the consent of Dr. Allan:

The original Notice of Inquiry dated February 24, 2016;

The Amended Notice of Inquiry dated February 24, 2016;

A Statement of Agreed Facts;

Agreed Documents (Tabs 1 through 8);

The Joint Recommendation as to Penalty made by the Investigation Committee of the College and Dr. Allan, through his counsel.

With the consent of Dr. Allan, the Panel also reviewed and considered a Decision of a different Inquiry Panel and the Resolution and Order of that Inquiry Panel dated October 4, 2012, in which findings had been made that Dr. Allan had been guilty of professional misconduct, of contravening By-Law No. 1 of the College and Article 2 of the Code of Conduct of the College and Statement 805 of the College, and of displaying a lack of knowledge of, or a lack of skill and judgment in the practice of medicine.

DECISION

Having considered all of the above noted exhibits and the Decision of the Inquiry Panel dated October 4, 2012, and the submissions of counsel for the Investigation Committee of the College and counsel for Dr. Allan, and the guilty plea of Dr. Allan, the Panel is satisfied that all of the allegations in the Amended Notice of Inquiry have been proven. The Panel is also satisfied that the joint recommendation as to penalty is appropriate and ought to be accepted.

REASONS FOR DECISION

Dr. Allan graduated from the Faculty of Medicine at the University of Manitoba in 1980. He completed a rotating internship in British Columbia in 1981, and returned to Manitoba in that year and practiced in Manitoba until 1983. He then undertook a residency in pathology in British Columbia, obtaining his Royal College certification in 1987. Thereafter he practiced medicine for various periods of time in both British Columbia and Manitoba. Between 2004 and 2010, Dr. Allan was in Winnipeg practicing medicine, except while he engaged in a locum in Kenora, Ontario for approximately two months in 2009.

As a result of the matters referred to in the Decision of the different Inquiry Panel dated October 4, 2012, coming to the attention of the College in 2010, Dr. Allan signed an undertaking, pursuant to which he agreed not to practice medicine without the express written permission of the Chair of the Investigation Committee of the College. Dr. Allan has not practiced medicine in Manitoba or elsewhere since June 18, 2010.

The relevant background facts with respect to the matters referred to in the Amended Notice of Inquiry can be briefly summarized as follows:

1. On April 25, 2014, Dr. Allan accepted a Censure.
2. The Censure was issued following an investigation of Dr. Allan's conduct in permitting the use of his Manitoba Health billing number to bill in Dr. Allan's name for services provided by a nurse practitioner with whom Dr. Allan worked at a medical clinic. The investigation included an exchange of correspondence between the College and Dr. Allan and an interview of Dr. Allan by the Investigation Chair of the College.
3. Dr. Allan left the medical clinic in or about June, 2009 and worked as a physician in Kenora, Ontario for the summer of 2009.
4. Following publication of the Censure, a report was made to the College that Dr. Allan had not been telling the truth when he told the College that he was unaware of the continued use of his billing number over the summer of 2009.
5. The College obtained copies of cheques that Dr. Allan had written to the nurse practitioner during the period July, 2009 to October, 2009.
6. A new investigation was opened with respect to whether Dr. Allan had provided false and/or misleading information to the College during the investigation which lead to issuance of the Censure. In this investigation there was an exchange of correspondence between the College and Dr. Allan and an interview of Dr. Allan by the Investigation Chair.
7. In a letter from Dr. Allan to the College dated October 3, 2014 and in the interview of Dr. Allan by the Investigation Chair, Dr. Allan has admitted that he did make false and/or misleading statements to the College as set out in the Amended Notice of Inquiry.
8. Dr. Allan admits that his conduct as set out in the Amended Notice of Inquiry was professional misconduct.

The Censure dated April 25, 2014, expressed the Investigation Committee's disapproval of Dr. Allan's conduct in three respects:

1. His failure to exercise due diligence to ensure that billings submitted for patient visits under his billing number met all of Manitoba Health's terms and conditions applicable to billing for those patient visits.
2. Permitting claims to be submitted to Manitoba Health for services as if he had provided the services, when in fact the services had been provided by a nurse practitioner.
3. Failing to maintain patient records with respect to his supervision of a nurse practitioner.

As part of these current proceedings, Dr. Allan has admitted he misled the College with respect to the matters which resulted in the Censure. Misleading the organization which regulates and governs the practice of one's profession is inherently wrong. The false statements made by Dr. Allan to the College as particularized in the Amended Notice of Inquiry detract from the College's ability to govern the profession. They also undermine the faith of the public in the ability of the medical profession to govern itself. They may have also have affected the decision of the

College to proceed by way of a Censure in April 2014, as opposed to another type of more punitive sanction. Furthermore, there were significant aggravating factors present in relation to the misleading statements made by Dr. Allan to the College, namely:

> The length of time during which Dr. Allan provided and continued to provide misleading information to the College;
>
> Dr. Allan's prior disciplinary record, including the extremely serious matters outlined in the Inquiry Panel's Decision and Resolution and Order of October, 2012.
>
> It is within that factual context that the Joint Recommendation As To Penalty must be considered.

The Joint Recommendation As To Penalty

Given Dr. Allan's admission of guilt to the allegations contained in the Amended Notice of Inquiry and the seriousness of his conduct, this Panel must decide upon the appropriate disposition pursuant to s.59.6 of *The Medical Act*.

In determining the types of orders to be granted pursuant to s.59.6 of *The Medical Act*, it is useful to carefully consider the several objectives of such orders. Those objectives are:

a) The protection of the public in broad context. Orders under s.59.6 of *The Medical Act* are not simply intended to protect the particular patients of the physician involved, but are also intended to protect the public generally by maintaining high standards of competence and professional integrity among physicians;

b) The punishment of the physician involved;

c) Specific deterrence, in the sense of preventing the physician involved from committing similar acts of misconduct in the future;

d) General deterrence, in the sense of informing and educating the profession generally as to the serious consequences which will result from breaches of recognized standards of competent and ethical practice;

e) Protection against the betrayal of the public trust in the sense of preventing a loss of faith on the part of the public in the medical profession's ability to regulate itself;

f) The rehabilitation of the physician involved in appropriate cases, recognizing that the public good is served by allowing properly trained and educated physicians to provide medical services pursuant to conditions designed to safeguard the interests of the public.

The Panel is satisfied that the penalty being recommended jointly by the Investigation Committee and Dr. Allan fulfills the above noted objectives.

As a result of the helpful submissions of counsel for the Investigation Committee and Dr. Allan, the Panel is aware of previous decisions of other inquiry panels relating to physicians failing to exercise

due diligence with respect to the submission of billings to Manitoba Health and to submitting claims to Manitoba Health for services as if the physicians had provided those services, when in fact those services had been provided by a nurse practitioner. One of those cases, which also involved a lack of candor with the College on the part of the physician, resulted in a five-month suspension of the physician involved.

In this case, the Panel is satisfied that another Censure would be an entirely inadequate disciplinary response, and that a suspension, longer than five months is warranted because of the two aggravating factors referred to earlier, namely the length of time during which Dr. Allan misled the College and his prior disciplinary history. The Panel is aware and has considered Dr. Allan's guilty plea and has recognized that his guilty plea is a mitigating factor, but nonetheless believes that a suspension of six months is reasonable and warranted.

The essential elements of the Joint Recommendation As To Penalty are that:

1. Dr. Allan's license to practice medicine will be suspended for a period of six months, which must be a period of active suspension from the practice of medicine in accordance with a prescribed sequence of events, as more particularly set forth in the Resolution and Order of this Panel which is being issued concurrently with this Decision. The prescribed sequence of events will involve the fulfillment by Dr. Allan of the conditions imposed on his entitlement to practice medicine by the Resolution and Order dated October 4, 2012, confirmation by the Physician Health Committee that he is able to practice medicine safely, an application by Dr. Allan for licensure for the purpose of satisfying the requirements for the retraining of inactive physicians, the serving of the six months suspension by Dr. Allan, followed by the successful completion of those retraining requirements. All of the above noted steps must be completed before Dr. Allan will be permitted to return to the practice of medicine.
2. The imposition of conditions relating to the participation in and successful completion of the multi-disciplinary assessment program contemplated in the October, 2012 Inquiry Panel Resolution and Order.
3. Payment by Dr. Allan to the College of the sum of $11,026 representing the payment of costs for publication, including Dr. Allan's name.
4. Publication, including Dr. Allan's name.

The Panel recognizes that the primary purpose of orders under s.59.6 of *The Medical Act* is not to punish the physician involved (although punishment can and should be an important element of such orders in appropriate cases), but is rather to protect the public interest. The Panel has concluded that the Joint Recommendation as to Penalty properly reflects the seriousness of Dr. Allan's professional misconduct. The recommended penalty is also designed to protect the public by way of a structured and sequenced process whereby Dr. Allan may be able to return to the practice of medicine, either with or without conditions, but only when and if the rigorous requirements at each stage of the sequenced process are fulfilled.

There are also appropriately punitive elements to the recommended disposition, namely the six-month suspension and the publication of Dr. Allan's name.

The penalty is also proportionate to his misconduct as outlined in the Amended Notice of Inquiry within the context of his prior disciplinary record, and consistent with, but not identical to prior decisions of other Inquiry Panels of the College.

Therefore, it is the decision of the Panel that:

1. Dr. Allan's licensure be suspended for a period of six months, which must be a period of active suspension from the practice of medicine in accordance with a sequenced process more particularly set forth in the Resolution and Order of this Panel issued concurrently herewith.
2. Certain Conditions be imposed upon Dr. Allan's entitlement to practice medicine, as more particularly set forth in the Resolution and Order of this Panel issued concurrently herewith.
3. Dr. Allan shall pay costs to the College in the sum of $11,026.
4. There will be publication, including Dr. Allan's name, in accordance with s.59.9 of *The Medical Act*.

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Censure
Dr. Roman Alexander Chubaty

On December 9, 2016 in accordance with Section 47(1)(c) of *The Medical Act*, the Investigation Committee censured Dr. Chubaty as a record of its disapproval of the deficiencies in his conduct. Censure creates a disciplinary record which may be considered in the future by the Investigation Committee or an Inquiry Panel when determining the action to be taken following an investigation or hearing.

I. PREAMBLE

Physicians are expected to be familiar with and comply with Statements of the College applicable to the physician's practice. At the relevant time, a physician who provided authorizations for the use of medical marijuana had to comply with the requirements of Statement 187 of the College, Marijuana (Cannabis) for Medical Purposes [now replaced by By-Law 11], and with the requirements of Statement 176 of the College, Accounting and Billing Records in relation to the services provided [now replaced by By-Law 11].

Physicians are entitled to charge patients a fee for uninsured services, but the fee must be reasonable in the circumstances. Where a physician submits a claim to Manitoba Health in relation to a patient visit, the physician has been paid for the time and effort expended in relation to the visit, and any charge to the patient in relation to documentation required, such as the completion of forms, must meet the requirement of reasonableness in the circumstances.

The physician/patient relationship is a fiduciary one, which requires the physician to place the interests of the patient above his or her own interests and which requires good faith and candour on the part of the physician in dealing with his or her patient. For these reasons, requiring a patient to sign a release of legal action and of the right to complain before providing care to the patient is inappropriate and outside of the standards of the profession.

Physicians are required to maintain medical records in relation to each patient seen, in accordance with the requirements of Article 24 of By-Law No. 1 [now replaced by By-Law 11] of the College.

II. THE RELEVANT FACTS ARE:

1. In March, 2014, the College published Statement 187, Marijuana (Cannabis) for Medical Purposes, which specified several requirements of physicians who chose to issue authorizations for the use of medical marijuana.

2. In May, 2014 the College published Statement 176, Accounting and Billing, which permits a member to charge a reasonable fee for an uninsured service and which requires members to keep an accounting record of every health service rendered by the member to a patient, the type of service and the charge made.
3. Commencing in or about July 2014 and continuing until in or about July 2015, Dr. Chubaty provided one or more patients, the identities of whom are known to him, with authorizations for the use of medical marijuana. Dr. Chubaty's process in relation to a patient request for an authorization to use medical marijuana included the use of the following forms:
    a. The completion of an assessment form by the patient in advance of the patient visit. In this form, the patient was required to identify:
        i. the primary condition for which the patient sought the authorization for use of medical marijuana;
        ii. the treatments attempted in relation to this condition;
        iii. addiction assessment questionnaires.
    b. A release form, whereby the patient released any right to complain against Dr. Chubaty and to commence legal action against Dr. Chubaty.
    c. A patient agreement for the use of medical marijuana, which was intended to provide information regarding the general use of marijuana.
    d. A treatment contract, whereby the patient agreed to abide by the daily dosage authorized and agreed not to sell or give the marijuana to anyone else.

4. Although Dr. Chubaty's appointments with these patients were booked every 10 minutes, he estimated that he spent approximately 20 minutes per patient, in which time he verified the existence of a condition to ascertain whether a medical marijuana authorization would be justified.

5. Dr. Chubaty estimated that 99% of the patients he saw in relation to a request for the authorization for the use of medical marijuana were already using marijuana recreationally or through a previous authorization, and, in Dr. Chubaty's view, the patient's report of assistance with the patient's medical condition by this use was sufficient for him to issue an authorization for the use of medical marijuana.

6. Although the patient acknowledged in the treatment contract that Dr. Chubaty was their primary treating physician for the condition for which the medical marijuana was authorized, Dr. Chubaty stated that this was not his intent. Dr. Chubaty stated that it was not his intention to treat the condition for which the medical marijuana was sought; rather it was his intent that he be the patient's primary physician for the limited purpose of obtaining authorization for the use of medical marijuana.

7. Dr. Chubaty has acknowledged that in his practice as outlined above, he did not comply with several of the requirements of Statement 187, namely:
    a. He issued authorizations for the use of medical marijuana to one or more patients without first ensuring that all other conventional therapies had been tried for the patient's condition;
    b. He did not discuss with one or more patients the potential risks and benefits and the lack of clear scientific evidence for the efficacy of the proposed treatment;
    c. He did not document his discussions with one or more patients about the medical reasons for which the medical marijuana was authorized;
    d. He issued authorizations for the use of medical marijuana to one or more patients for whom he was not the primary treating physician for the condition for which the medical marijuana was authorized.
    e. He did not keep a separate log of all authorizations for the use of medical marijuana issued by him, including the patient's name, patient's PHIN, the condition for which the medical marijuana was authorized and the quantity and dosages of medical marijuana authorized.

8. Dr. Chubaty's failure to follow the requirements of Statement 187 resulted in patients receiving authorization for the use of medical marijuana without proper assessment of its potential therapeutic value for the patient.

9. Dr. Chubaty billed Manitoba Health in relation to the visits of one or more patients, the identities of whom are known to him, when the sole purpose of the patient visit was to request an authorization for the use of medical marijuana. For some of these patients Dr. Chubaty charged the sum of $200.00 for uninsured services and for others he charged the sum of $300.00 for uninsured services, which he stated was for the completion of documentation related to the authorization.

10. Manitoba Health's payment to Dr. Chubaty was payment for his assessment of the patient's medical condition, including his review of patient history through the patient's completed forms as outlined above which he required for the visit, and the examination performed by him, if any examination was done.

11. Given Manitoba Health's payment to Dr. Chubaty, his $200.00 or $300.00 charged in relation to uninsured services pertained solely to his completion of the forms for submission authorizing the use of medical marijuana, which required minimal time and effort on his part.

12. Before providing patients with an authorization for the use of medical marijuana, Dr. Chubaty required the patient to provide him with a release of the patient's rights of complaint and of legal action against him.

13. Dr. Chubaty has stated that he used the form of release believing it to be a current form in use, and that on learning that it was not current, he immediately ceased to use that form.

14. Dr. Chubaty saw some patients at the location of a marijuana compassion club, and medical records related to the care he provided to these patients were left in the custody of a marijuana compassion club. Medical records in relation to the care he provided to these patients were destroyed, with the result that he has no record of the care of each patient he saw at this location.

15. In July, 2015 when the College contacted Dr. Chubaty in relation to the concerns about his authorizations for the use of medical marijuana, he ceased issuing authorizations, excepting for two patients who see him as their family physician.

III. ON THESE FACTS, THE INVESTIGATION COMMITTEE RECORDS ITS DISAPPROVAL OF DR. CHUBATY'S CONDUCT IN:

1. Issuing authorizations for the use of medical marijuana in contravention of the requirements of Statement 187 of the College;

2. Charging a fee to patients for an uninsured service which was not reasonable in the circumstances in contravention of Statement 176 of the College;

3. Requiring patients to sign a release of the patient's right of complaint and of legal action against him in advance of providing service to the patients;

4. Failing to maintain patient records with respect to patients whom Dr. Chubaty saw at the location of a marijuana compassion club in contravention of By-Law No. 1 of the College.

Dr. Chubaty paid the costs of the investigation in the amount of $3,803.80.

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