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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.

## In this Issue . . . .

<i>From Your President</i> .....	2
<i>Notes from the Registrar</i> .....	3
<i>Max Rady College of Medicine Rady Faculty of Health Sciences</i> .....	5
<i>Medical Assistance in Dying (MAID)</i> .....	7
<i>Manitoba Prescriber Education and Audit Program (MPEAP)</i> .....	8
<i>The Medical Examiner’s Corner</i> .....	11
<i>Congratulations</i> .....	12
<i>From the Standards Department</i> .....	13
<i>Continuing Professional Development</i> .....	13
<i>From the Investigation Committee</i> .....	14
<i>Electronic Medical Records (EMR)</i> .....	14
<i>FMRAC Activities Report</i> .....	16
<i>Workers Compensation Board</i> .....	18
<i>Reporting Responsibilities</i> .....	18
<i>Practice Supervisor Workshop</i> .....	19
<i>Clinic Name Approval</i> .....	20
<i>Opioid Replacement Therapy 101: An Introduction to Clinical Practice</i> .....	21
<i>Meetings of Council</i> .....	22
<i>Officers of the College</i> .....	22
<i>Councillors</i> .....	23
<i>Censure: Dr. Nicole Catherine Agnew</i> .....	25

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# From Your President

## DR. ALEWYN VORSTER



I hope this letter finds everyone refreshed after the sunshine of the summer months and ready to welcome in the fall with all its wondrous colours. With people being displaced by war and mother nature flexing her muscles with wildfires, tornadoes and floods, it just brings home what a privilege it is to live in a country as safe and prepared as Canada. Our country remains a peaceful, tolerant and law abiding society.

Congratulations to Dr. Eric Sigurdson who was elected as the new President-Elect after Dr. Dan Lindsay stepped down due to other commitments and time constraints. Thank you to Dr. Lindsay for his invaluable service. Fortunately, Dr. Lindsay will be staying on as a council member.

The CPSM spent countless hours on the development and implementation of “Medical Assistance in Dying” (MAID). Once again I would like to thank CPSM members and the public for the valuable feedback provided in the robust consultation process. That feedback significantly helped in the development of this very important CPSM Standard of Practice. I would also like to thank those in the medical profession and the government who came together to help the process of MAID perform well in Manitoba.

The Working Group on After Hours/Vacation Coverage had its second meeting in early September. Careful considerations were made to include all areas of medicine and the important stakeholders involved in the system. Services which are already available in our province have been identified and work is in progress to identify the gaps where some services might not exist. The Working Group is diligently trying to find ways where all physicians and patients will be confident of what a patient is to do to obtain urgent care outside of usual clinic hours. Pilot projects in certain demographic areas to look for 24 hour care solutions are in the planning stage. To help with this initiative, if you are requested to participate in a pilot project, please do so if it is at all possible for you. This is the best way to arrive at solutions which are workable, viable and prevent our patients suffering from gaps in care. We will provide feedback as the Working Group process continues.

At the CPSM, voting percentages on elections are sometimes poor. Since Council decisions may influence the working lives of all College members, the importance of voting in elections cannot be overstated. Voting gives power to influence outcomes. To not vote in elections that influence our lives means that we play no part in letting our voices be heard. Please consider voting as it is very important to help steer our profession.

Christopher Columbus said, “You can never cross the ocean until you have the courage to lose sight of the shore”.

I am proud to be part of an organization where members have the courage to take an active interest and guiding role in steering the CPSM to persist in improving patient care and medical services for all Manitobans.

As always, we are open to suggestions and are here to keep our profession self-regulating and pro-active as new issues and concerns arise.

Respectfully  
Alewyn Vorster, MBChB CCFP

[Back to Front Page](#)

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# Notes from the Registrar



## Medical Assistance in Dying (MAID)

The CPSM continues to work with other stakeholders on the issue of MAID. Included in this newsletter is an update on [MAID](#) for your information. We will continue to update you as the process evolves.

## Federation of Medical Regulatory Authorities of Canada (FMRAC)

I have also included in this newsletter the [FMRAC Update](#) to the Medical Council of Canada document that gives a brief description of FMRAC's current priorities such as Medical Assistance in Dying, Physician Practice Improvement and Physician Health to name a few. Please see report for full list. The next FMRAC Annual General Meeting will be held in Winnipeg in June 2017.

## Manitoba Prescriber Education and Audit Program (MPEAP)

The CPSM works with a number of government funded programs and MPEAP is one of them. There has been a lot of work done since MPEAP came into effect in April 2014. In this newsletter there is an outline of all the work CPSM participates in under the [MPEAP program](#). Please take note of the article on page 8 and see all the CPSM is doing to educate our members through this program.

## Council Elections

The election for the Associate Members Register was held in September and I would like to congratulate Dr. Boshra (Sara) Hosseini who has been re-elected to the College Council. I would also like to note, as Dr. Vorster did, that the voting turnout for College elections is somewhat disappointing. I urge each and every one of you to exercise your right to vote when an election is held in your area.

## On-Line Licence Renewals

License renewals have come to a close for another year. The on-line renewal system is working well and we continue to monitor and make adjustments, as required, to make the process easier for our members.

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## National Application

The College is still on schedule to launch a new application process through [physiciansapply.ca](http://physiciansapply.ca). This new process will require applicants who wish to apply for registration with the CPSM to have a [physiciansapply.ca](http://physiciansapply.ca) account.

Starting November 1, 2016 physicians applying for full or conditional registration will be directed to [physiciansapply.ca](http://physiciansapply.ca) to complete the online “Application for Medical Registration”.

## Email Correspondence/Notifications

The College wants to keep you, our members, updated on important happenings that we feel are of importance, such as the After Hours Care/Vacation Coverage Working Group update recently sent. The most efficient way for us to keep you updated is via email. Therefore, we ask that you keep your eye on your in-box for updates from the College. As well, you are more than welcome to send an email to [TheRegistrar@cpsm.mb.ca](mailto:TheRegistrar@cpsm.mb.ca) at any time with any concerns, ideas, or issues you feel should be brought to the College’s attention.

Anna M. Ziomek, MD  
Registrar/CEO

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## 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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[Back to Front Page](#)

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# Max Rady College of Medicine

## Rady Faculty of Health Sciences



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



UNIVERSITY  
OF MANITOBA

As we embark on a new academic year at the University of Manitoba, we enter a dynamic new era in several important ways.

On May 12, the U of M received the largest gift in its history. Ernest and Evelyn Rady, through the Rady Family Foundation, donated an unprecedented \$30 million to support the Faculty of Health Sciences. Ernest Rady, a U of M alumnus, made the gift in honour of his parents, Dr. Maxwell Rady, who immigrated to Winnipeg from Russia more than 100 years ago, and his wife Rose. Max earned his degree in medicine at the U of M in 1921.

In recognition of this inspiring landmark gift, our faculty has been renamed the Rady Faculty of Health Sciences and physicians will now graduate from the Max Rady College of Medicine.

It is sobering to note that in Max Rady's era, women and Manitobans of various backgrounds faced obstacles to achieve their career goals.

Today, we continue to strive for equity of access to medical careers for qualified Manitobans of all backgrounds. Already at the forefront of progressive admission policies for the past decade, the Max Rady College of Medicine has taken a further historic step to ensure that the makeup of the student body better reflects the diversity of the population we serve.

Our medical school is one of the first in Canada to allocate some places in each incoming class to students from traditionally under-represented backgrounds and/or disadvantaged in the selection process. We have strived to remove barriers to participation and better reflect the province's diversity in terms of ethnicity, socio-economic or socio-cultural conditions and sexual orientation.

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We have reduced the number of out-of-province registrants from 10 per cent of the annual intake to 5 per cent to facilitate this initiative.

These changes build on previous policy enhancements that addressed under-representation of students of Indigenous ancestry and from rural backgrounds.

I am very proud to see the efforts of the admissions committee bear fruit as we welcome the first crop of students to reflect this strengthened commitment to diversity. The students are designated the Class of 2020 – a name that brings to mind 20/20 vision. As we make progress, we do see with greater clarity that all Manitobans benefit when we embrace equity and inclusion.

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## 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](mailto:cpsm@cpsm.mb.ca).

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[Back to Front Page](#)

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# Medical Assistance in Dying (MAID)

Bill C-14, the federal legislation on Medical Assistance in Dying (MAID), was passed and received Royal Assent on June 17, 2016. It sets out the following patient eligibility criteria for MAID:

- eligible for Canadian Health Services or will be eligible after a waiting period;
- at least 18 years of age;
- capable of making decisions about their health;
- have a grievous and irremediable medical condition defined as:
  - serious and incurable illness, disease or disability;
  - advanced state of irreversible decline in capability;
  - enduring physical or psychological suffering that is intolerable to the individual caused by the illness, disease, disability or state of decline;
  - suffering cannot be relieved under conditions that the individual considers acceptable; and
  - natural death has become reasonably foreseeable, taking into account all of the patient's medical circumstances, "without a prognosis necessarily having been made as to the specific length of time that the patient has remaining";
- informed consent provided in the absence of result of external pressure. To meet this requirement, the patient must have information about:
  - medical diagnosis;
  - available forms of treatment; and
  - available options to relieve suffering, including palliative care.

It is significant to note that this criteria is narrower than the criteria established by the SCC on which the College's Standard of Practice, which was approved by Council in December 2015 (Schedule M to Bylaw 11), was based. The major changes to the criteria are that the patient's natural death must be reasonably foreseeable and MAID cannot be provided solely on the basis of a purely mental or psychological condition.

Another major change introduced in the legislation is that both physicians and nurse practitioners are now able to provide MAID without facing criminal consequences, so long as they comply with the rules set out in the *Criminal Code*, and all applicable provincial and territorial laws, rules and policies. The College does not have jurisdiction over nurse practitioners. The CRNM is developing its own Practice Direction for its members.

The Executive Committee approved amendments to Schedule M to Bylaw 11, to conform with the legislation on July 14, 2016. Those amendments are now in force and effect. The amended Schedule M is available on the College website at:

<http://cpsm.mb.ca/cjj39alckF30a/wp-content/uploads/PAD/MAIDschm.pdf> .

The College continues to work closely with government, other health professional governing bodies, the RHAs, the Medical College and the Manitoba MAID team, established by the WRHA, to address outstanding issues such as oversight of MAID services and CME regarding the delivery of MAID services in Manitoba.

[Back to Front Page](#)

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# Manitoba Prescriber Education and Audit Program (MPEAP)

## Summary of Activities

This program came into effect on April 1<sup>st</sup>, 2014 and current funding is in place until March 31<sup>st</sup>, 2017.

MPEAP is a quality assurance process for prescription drugs with a high potential for harm (addiction, illness, overdose, death) that includes:

- Tools and audit processes to monitor and promote compliance with current medical prescribing standards;
- A review process whereby the College would review, at the request of the Minister of Health, Seniors and Active Living or his delegate, pursuant to the Prescription Drugs Cost Assistance Act, the prescribing practices of any prescriber whom the Minister or his delegate identifies for purposes of such review;
- Vision is to integrate quality assurance across all provincial health regulators.

MPEAP activities focus on six key areas. CPSM consultant, Dr. Marina Reinecke works under the MPEAP program and these are examples of her involvement in this program:

## Standards:

- A review and update of the “Manitoba Methadone & Buprenorphine Maintenance Recommended Practice Book” was completed May, 2015. It is distributed to all physicians and allied health staff involved in opioid replacement therapy (prescribing methadone or buprenorphine/naloxone for addiction).
- An annual questionnaire is sent out to all prescribers of methadone and buprenorphine/naloxone to collect information about their practices, including number of patients followed, serious medical complications or deaths and CME completed.
- Timely, free training is offered to any physician interested in obtaining a methadone and buprenorphine/naloxone exemption. Training sessions occur every 1-2 months.
- We (CPSM, CRNM, CPhM) are currently working on amalgamating opioid replacement therapy training for physicians, nurse practitioners and pharmacists. We have developed process documents and joint training objectives to support the same. The first joint CPSM/CRNM/CPhM opioid replacement therapy workshop will be held on November 24<sup>th</sup> and 25<sup>th</sup>, 2016.
- Mentoring (case discussion/prescribing advice/support) is offered to any physicians who gets in touch with the CPSM or Dr. Reinecke. This can be via phone call, e-mail or an in-person practice visit to review file/see patient with the physician. Most issues are related to opioids, benzodiazepines and/or managing new or existing methadone or buprenorphine/naloxone patients.

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### **Audit process:**

- Audits of opioid replacement therapy providers' practices are performed on a routine or for cause basis.

### **Education:**

- Dr. Reinecke collaborated with Public Health to provide education regarding naloxone overdose treatment kits with the Addictions Network members, HSC emergency department and several other groups of physicians.
- A number of formal education events were held regarding safe opioid and benzodiazepine prescribing, opioid addiction trends, early recognition of opioid addiction and basic principles of treatment (some in collaboration with the University of Manitoba's CPD department). Events were held in The Pas/OCN, Pine Falls, Sagkeeng, via telehealth to several northern communities, at the Brandon Primary Care Spring Conference, obstetrics grand rounds for HSC and St Boniface, a group of Winnipeg family physicians, a group of IMG's, a group from Healthy Start, Mom and Me and the Mount Carmel mothering project.
- Drs. Ziomek and Reinecke met with CPD experts to discuss how to incorporate safe opioid and benzodiazepine prescribing education, as well as addictions education, into undergraduate and residency curriculum.
- CPSM's vision is to develop a local safe prescribing workshop that physicians can take part in as ongoing CPD. The CPSM may also refer physicians who have been mandated to undergo further education to such a course.
- Dr. Reinecke acts as a resource for new and existing opioid replacement therapy providers to research issues involving the CPSM and provide support in managing difficult cases.

### **Relationships with stakeholders:**

- The monthly meeting at the Medical Examiner's office is attended to review all deaths presented at this meeting that involve prescription drugs (the patient's own meds or diverted meds). Letters with prescribing feedback and education (based on the ME files reviewed) are then written to all prescribers involved. All feedback and follow-up correspondence from the physicians are reviewed.
- CRNM: Support was provided to CRNM in the last year as they prepared for nurse practitioners to prescribe methadone and buprenorphine/naloxone. There was also support to the CRNM in initiating quality control processes when it comes to prescribing.
- CPhM: Work was done with CPhM and CRNM to pass an amendment to the 'Joint Statement on Facsimile Transmission of Prescriptions'. This would allow the faxing of methadone and Suboxone M3P prescriptions when used in the context of opioid replacement therapy for opioid use disorder.
- Audited CPhM's Direct Observed Therapy methadone training workshop with a view on amalgamating their training with CPSMs.

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- Provide support on various issues, including assisting in writing updated policies for inpatient use of buprenorphine/naloxone and buprenorphine alone.
  - Support for the development of comprehensive opioid replacement therapy services in all parts of our province. Discussions with AMDOCS and several individual physicians in Winnipeg and northern/remote areas of Manitoba regarding how service needs could potentially be met in the future.
  - Attend meetings with the Fentanyl Task Force.
  - Attend meetings with the Provincial Methadone Working Group.
  - Attend meetings with the “Moving Forward” group. This is a group of professionals involved in advocacy work. They ensure fair access to methadone/buprenorphine and other mental health - related medications for inmates held in Manitoba’s correction facilities. The group strives to prevent interruptions in offenders’ medications (which can destabilize them) and promote good communication between corrections facilities/probation staff and methadone clinics/community physicians.
  - Attend meetings of the MMDRC.

### **Capacity improvement:**

- Attended the 2016 FMRAC annual general meeting and conference and gave a presentation regarding Manitoba’s prescription drug monitoring initiatives at round table session. Learned a great deal about initiatives done in other provinces to monitor prescribing and prescription drug utilization patterns. Established many connections with others involved in prescribing education initiatives/safe prescribing courses in other provinces.
- Attended CIHI’s ‘FPT Forum on a Pan-Canadian Approach to PDA Monitoring & Surveillance’ in Ottawa. Provided input into what type of data CIHI may wish to focus on collecting, in order to best support policy makers and clinicians in the battle against prescription drug diversion and abuse.

### **Communications:**

- Assisted with responses to multiple media inquiries.
- Write items for the CPSM newsletter regarding stated initiatives.

Report written by Dr. Marina Reinecke, Medical Consultant

[Back to Front Page](#)

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# The Medical Examiner's Corner

## **New multidisciplinary approach to opioid replacement therapy training.**

The CPSM, in partnership with the College of Pharmacists of Manitoba and the College of Registered Nurses of Manitoba, is excited to launch a new multi-disciplinary training course for care providers who wish to become involved in the treatment of opioid use disorder. This means that physicians, nurse practitioners and pharmacists will train side-by-side.

The CPSM believes that this collaborative approach will enrich discussions during the training process. It will ensure that physicians, nurse practitioners and pharmacists enter practice with the same knowledge and insight into the collaborative approach to treatment that serves this complex patient population best. Training together will hopefully translate into stronger and more frequent interdisciplinary collaboration in clinical practice.

The training course: "Opioid Replacement Therapy 101: An introduction to clinical practice" will consist of two days packed with practical knowledge and skill building exercises, including opportunities to practice interviewing patients with opioid use disorder in a supportive environment.

The joint vision of the CPSM, CPhM and CRNM is that physicians, nurse practitioners and pharmacists, moving forward, become part of a joint training and mentoring network of providers. All prescribers will also be subject to the same standard when it comes to practice audits specifically related to their opioid replacement therapy practice.

The first joint CPSM/CPhM/CRNM training course is being planned for November 24<sup>th</sup> and 25<sup>th</sup>, 2016 here in Winnipeg. For further information and to register, please contact [ksorenson@cpsm.mb.ca](mailto:ksorenson@cpsm.mb.ca).

Marina Reinecke MD  
Medical Consultant

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## ***Need Assistance?***

**PHYSICIANS AT RISK**

**Phone 204-237-8320 (24 hours)**

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[Back to Front Page](#)

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## Congratulations



Dr. Edward A. Lyons O.C.  
2016 Distinguished Alumni Award for Lifetime Achievement

Dr. Lyons, a University of Manitoba graduate (FRCPC 1973) is one of the world's leading medical experts in diagnostic ultrasound. Through his research and dedication to the art of diagnostic ultrasound he helped make this diagnostic tool one of the most non-invasive and safest imaging modalities now commonly used in medicine throughout the world.

In July of 2007 Dr. Lyons was inducted as an Officer of the Order of Canada by Governor General Michel Jean in honor of his lifetime achievements; only 396 medical doctors hold this coveted award. Some of his past achievements include: Pioneer Award of the American Institute of Ultrasound in Medicine (2003), Past President, Manitoba Association of Radiologists (2004-2008), Past President, Canadian Association of Radiologists (2007-2009), Queen Elizabeth II Diamond Jubilee Medal (2012), the Distinguished Service Award- Society of Radiologists in Ultrasound (2015) and continues his work as a professor of Radiology, Obstetrics & Gynecology and Anatomy at the University of Manitoba.

On 5 May 2016 at the Celebration of Excellence hosted by the University Of Manitoba Dr. Lyons received another notable honour as the recipient of the 2016 Distinguished Alumni Award for Lifetime Achievement. Dr. Lyons's accolades are not only recognized by professional agencies and medical leaders, his active role with the Jewish Federation of Winnipeg and his continuous selfless acts of kindness are acknowledged by those who know him.

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## 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](mailto: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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[Back to Front Page](#)

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# From the Standards Department

## Continuing Professional Development

### **CONTINUING PROFESSIONAL DEVELOPMENT (CPD) REQUIREMENTS and COLLEGE OF FAMILY PHYSICIANS OF CANADA (CFPC) CHANGES:**

If you are a CFPC member or non-member participating in CPD-tracking, you will have received communication from the CFPC announcing that they have introduced their new Mainpro+ Program and have transitioned their reporting year from January 1 - December 31 to July 1 – June 30<sup>th</sup>. All participants have been granted a 6-month “grace” period to align with this new timeline.

Due to the changes in the CFPC’s timelines, CPSM will not be auditing CPD credits for CFPC participants this year. Although we will not be scrutinizing mandatory CPD credits this year, we strongly encourage members to ensure they get their minimum CPD credits, and remind you that the minimum number of credits required satisfying the 5-year cycle requirement is 250.

CPSM will continue with audits of **RCPSC** CPD credits.

Members are reminded to save all CME/CPD documents/records for the duration of the 5-year cycle. If CPSM receives notice from either CFPC or RCPSC that a member is not participating, or no longer participating, in CPD-tracking, CPSM will contact those members in writing and will require a written response addressing the issue.

You are reminded that Regulation 25/2003 requires all physicians to participate in one of the two national College’s tracking programs for continuing professional development.

For further detailed requirements, please visit the College’s website – [www.cpsm.mb.ca](http://www.cpsm.mb.ca) - Go to “About the College”; “Standards” and then “Continuing Professional Development”.

If you have any questions about CPD requirements, please do not hesitate to call either Carol Chester-McLeod or Kim Hare in the Standards Department or Dr. Terry Babick, Deputy Registrar at (204) 774-4344.

[Back to Front Page](#)

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# From the Investigation Committee

## Electronic Medical Records (EMR)

Our June 2015 Newsletter contained a Notice to the Profession about the College's concern that some physicians are using Electronic Medical Record (EMR) templates in an unacceptable manner. Routine audits and investigations involving concerns about record keeping and/or care identified an alarming amount of misleading and unreliable information as part of permanent patient records.

Unfortunately, improper use of templates persists. These occur in circumstances where irrelevant material has not been deleted from prepopulated templates or where entries have been cut and pasted from prior entries. In December 2015, Article 24 of By-law No. 1, which previously set out the College's standards in relation to Clinical Records, was replaced with By-Law 11 - Standards of Practice. The College's requirements of members in respect to patient records now include the following specific provisions regarding the content of patient records, the use of templates and the EMR.

Members are reminded that they are required to meet these standards.

### **A. Record Content**

- 27(1) *A member must appropriately document the provision of patient care in a record specific to each patient. Whether in paper or electronic form, the record must be legible, accessible to ensure continuity of care, and in English.*
- 27(2) *A member must document on the patient record the medical care given to the patient containing enough information for another member to be sufficiently informed of the care provided.*
- 27(3) *A patient record must contain or provide the following information:*
- (a) patient demographic information including:*
    - (i) full name as it appears on the patient's health insurance registration card;*
    - (ii) current address;*
    - (iii) personal health identification number or other unique identifier*
    - (iv) date of birth;*
    - (v) telephone number and any alternative telephone contact numbers; and*
    - (vi) next of kin.*
  
  - (b) all dates the patient was seen or was in communication with the member and the identity of the member attending the patient on those dates.*
  
  - (c) patient clinical information including:*
    - A. documentation of presenting complaints and relevant functional inquiry;*
    - B. significant prior history/active problem list;*
    - C. current medications, allergies and drug sensitivity, where relevant;*
    - D. relevant social history including alcohol or drug use or abuse;*

- 
- E. relevant family history;
  - F. findings on physical examination, including relevant abnormalities or their absence;
  - G. diagnoses (tentative, differential or established);
  - H. treatment advised and provided, including medication prescribed;
  - I. if a prescription is issued:
    - (A) the name of the medication;
    - (B) the dose of medication to be taken at each administration;
    - (C) the frequency that medication is to be taken or administered;
    - (D) the duration of the period for which the patient is to take the medication;
    - (E) whether or not refills have been issued or approved;
  - J. investigations ordered and results obtained;
  - K. instructions, precautions and advice to the patient, including instructions for follow-up;
  - L. responses of the patient to the advice given, if refused;
  - M. reports received or sent in regard to the patient's medical care;
  - N. particulars of any sample medication provided to the patient.

- (d) the following reports and information:
  - (i) laboratory and imaging reports;
  - (ii) pathology reports;
  - (iii) letters of referral and consultation reports;
  - (iv) hospital summaries;
  - (v) surgical notes.

(e) on the referring member's record a summary of any telephone consultation between two members with respect to a specific patient, and on the consultant's record, enough information to validate that the consult occurred.

**27(4) A member who uses templates in a patient record must modify the content to reflect the actual circumstances of a patient encounter.**

**27(5) A member must not copy and paste the note of a prior visit by the patient unless the entry is modified to reflect the actual circumstances of the later visit.**

...

### **G. Electronic Records**

33. **The same standards apply to electronic records as apply to paper records.**

34. *Electronic medical records must have comprehensive audit capability, including a system which enters all access onto a permanent file log, identifying and recording where the access originated and by whom, and if alterations are made to the record, identifying whom, what was altered, and when the alteration was made.*

*(emphasis added)*

[\*\*Back to Front Page\*\*](#)

# FMRAC Activities Report



Federation of  
Medical Regulatory  
Authorities of Canada

Fédération des  
ordres des médecins  
du Canada

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www.fmrac.ca

## Update on Activities for the Medical Council of Canada September 2016

FMRAC's mission is to advance medical regulation on behalf of the public through collaboration, common standards and best practices. To this end, FMRAC will:

- provide an effective forum for the exchange of information, and collaborate with its Members and others on issues that involve medical regulation;
- develop and maintain programs, services and benefits for its Members;
- develop and promote pan-Canadian policies, standards, statements and perspectives on aspects of medical regulation; and
- interact with and inform key stakeholders (including governments, the public and media) on medical regulatory matters of national or international importance.

**A brief description of the organization's current priorities is provided below. The FMRAC Board of Directors will undertake its annual review of these priorities in September and October 2016.**

**1. Physician-assisted Dying** – The Board approved the *FMRAC Physician-assisted Dying Guidance Document* in June 2015. At its annual conference in Banff on 12-13 June 2016, medical assistance in dying and the role of the medical regulatory authorities (MRAs) comprised a half-day session and was one of two conference themes. In 2016, more work will likely be required to follow up new federal legislation that received Royal Assent on June 17, 2016 and strive for pan-Canadian consistency in definitions and processes among FMRAC's members.

**2. Physician Practice Improvement** – Following a consultation process, the *FMRAC Physician Practice Improvement System* was approved by the Board in February 2016. FMRAC is now seeking endorsement and follow up from key stakeholders to help ensure implementation. This includes lobbying governments at all levels to establish searchable databases to facilitate implementation of the system and engagement of physicians in PPI.

**3. Physician Health** – A Framework on Blood Borne Pathogens was approved by the FMRAC Board at its June 2016 meeting. It proposes recommendations and minimum regulatory standards to FMRAC's members regarding medical professionals who participate in exposure prone procedures (EPPs) or who have tested positive for blood borne pathogens (BBPs), i.e., hepatitis B virus (HBV), hepatitis C virus (HCV) or human immunodeficiency virus (HIV), to reduce the risk of transmission of infection for the benefit of public safety. The working group that drafted the framework is now focused on developing a guidance document for the MRAs that addresses a regulatory response to managing health conditions.

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FMRAC is also involved in the pan-Canadian Physician Factors initiative led by the CPSO and the CPSA that will identify both risk and supportive factors to a physician's performance, in the interest of ensuring patient safety.

**4. Prescribing drugs of abuse and diversion** – This topic was one of two themes at the 2016 FMRAC annual conference on 12-13 June in Banff, AB. The focus was on the role of regulation, looking at the assessment of prescribing and tighter regulation of physicians where prescribing is not aligned with best practices. As a follow-up from the meeting, the FMRAC Board asked Health Canada to advocate at a pan-Canadian level for a prescription monitoring program in each province and territory, with shareable data across jurisdictions and access by medical regulatory authorities, physicians and other stakeholders.

**5. FMRAC Integrated Risk Management System (FIRMS)** – The FIRMS Standards address governance, the core mandate of MRAs (registration; complaints; quality assurance of medical practice; and facilities review / accreditation) and operational functions of an MRA. An implementation / peer collaboration model will be developed before the launch at the end of this year. A pilot study is currently underway with three medical regulatory authorities.

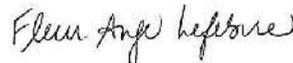
#### **FMRAC ANNUAL MEETING AND CONFERENCE**

The 2016 meeting took place at the Rimrock Hotel in Banff, AB from 11-13 June, on the role of the medical regulatory authorities (a) in dealing with the problem of prescription opioids and (b) in implementing Bill C-14 (Medical Assistance in Dying). The next meeting will be at the Fairmont Winnipeg from 10-12 June 2017 (the theme will be determined shortly).

Respectfully submitted,



Anna Ziomek MD  
President



Fleur-Ange Lefebvre  
Executive Director & CEO

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# Workers Compensation Board

## Reporting Responsibilities

### "Call the WCB" Ad Campaign Raises Awareness of Reporting Responsibilities

The WCB launched an advertising campaign this year to remind Manitobans to report workplace injuries to the WCB. As part of this outreach, the WCB reminds physicians that if patients are injured at work, they may be eligible for expanded healthcare, return to work support and coverage for lost wages from the WCB.

Please remember to:

1. Ask your patient if their injury or illness is due to work
2. Complete the Doctor First Report at [wcb.mb.ca](http://wcb.mb.ca)
3. Fax your report to the WCB

Also new this year, the WCB has launched an interactive online tool that helps workers find out if they are eligible for WCB coverage. The tool, available at [www.wcb.mb.ca/campaigns](http://www.wcb.mb.ca/campaigns), helps workers identify in which industry they work and whether or not they are eligible for benefits if they're ever hurt on the job.

Everyone has a responsibility within the workers compensation system.

For more resources for healthcare providers, visit [www.wcb.mb.ca/health-care](http://www.wcb.mb.ca/health-care). To request workplace posters, brochures or other information on how to report an injury, email [wcb@wcb.mb.ca](mailto:wcb@wcb.mb.ca).

### Questions? Contact the WCB

204.954.4321 | 1.855.954.4321 | [wcb.mb.ca](http://wcb.mb.ca)

[Back to Front Page](#)

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# Practice Supervisor Workshop



## PRACTICE SUPERVISOR WORKSHOP

ROOM 069 APOTEX CENTRE | 750 MCDERMOT AVENUE  
BANNATYNE CAMPUS | UNIVERSITY OF MANITOBA

TUESDAY, NOVEMBER 8, 2016 | 8:00 AM – 4:00 PM

### COURSE OBJECTIVES

At the conclusion of this educational activity, the participant should be able to:

- Describe the role of a practice supervisor.
- Describe the expectations of the College of Physicians and Surgeons of Manitoba (CPSM) with regard to the responsibilities involved.
- Identify the CanMEDS competencies.
- Describe the tools used by supervisors, including chart audit, chart stimulated recall, multisource feedback, and key interviews.
- Indicate how the tools will be used to evaluate a physician under supervision.
- Describe and employ techniques for delivering feedback to the physician they supervise.

### PLANNING COMMITTEE

Natalie MacLeod Schroeder MSc, OT Reg (MB) (Chair) | Marilyn Singer MD, CCFP | Christine Polimeni MD, CCFP | Jo-Ell Stevenson

### COURSE DATE

Tuesday, November 8, 2016 | 8:00 AM–4:00 PM

Room 069 Apotex Centre | 750 McDermot Avenue

Register using the attached form and email to: [lenore.chipman@umanitoba.ca](mailto:lenore.chipman@umanitoba.ca)

### TUITION

\$350 payable by Visa or Mastercard. Refunds less a \$35 administration charge will be issued for cancellations received in writing by October 25, 2016. This administrative fee covers the staff costs of processing refunds and other costs associated with cancellations. No refunds after October 25, 2016.

### CONTACT

Lenore Chipman, Program Coordinator  
CPD Medicine Program,  
Max Rady College of Medicine,  
Rady Faculty of Health Sciences,  
University of Manitoba  
260 Brodie – 727 McDermot Ave.  
Winnipeg, Manitoba | R3E 3P5  
Phone: 204-789-3238 | Fax: 204-789-3911  
Email: [Lenore.Chipman@umanitoba.ca](mailto:Lenore.Chipman@umanitoba.ca)

Rady Faculty of  
Health Sciences



UNIVERSITY  
OF MANITOBA

[Click here for further information](#) - Including Registration Form

[Back to Front Page](#)

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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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[Back to Front Page](#)

# Opioid Replacement Therapy 101: An Introduction to Clinical Practice

 College of Registered Nurses of Manitoba

**The College of Physicians and Surgeons of Manitoba**

Together with

**The College of Pharmacists of Manitoba**

And

**The College of Registered Nurses of Manitoba**

Presents

**Opioid Replacement Therapy 101:  
An Introduction to Clinical Practice**

**New Joint Format**

**8:30 a.m. – 9:00 a.m. Registration and Coffee**  
**9:00 a.m. – 4:30 p.m. Workshop (Includes lunch and breaks)**  
**Both days**

**Thursday and Friday  
Nov 24<sup>th</sup> and 25<sup>th</sup>, 2016**

**WHERE :** The College of Physicians & Surgeons of Manitoba Boardroom  
1000 – 1661 Portage Ave, Winnipeg, MB, R3J 3T7

**PRE-REGISTRATION IS REQUIRED**

**Space is limited, so register today!**

[Click here for further information](#) - Including list of speakers and objectives

[Back to Front Page](#)

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## Meetings of Council 2016-2017 COLLEGE YEAR

Council meetings will be held on the following dates:

- Wednesday, October 19, 2016
- Wednesday, December 21, 2016
- 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.

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## Officers of the College 2016-2017 COLLEGE YEAR

President:	Dr. Alewyn Vorster
President Elect:	Dr. Eric Sigurdson
Past President:	Dr. Brent Kvern
Treasurer:	Pending (at time of publication)
Registrar:	Dr. Anna Ziomek
Deputy Registrar:	Dr. Terry Babick

## 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. Hussam Azzam
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 Councillors	Mr. Richard Dawson Vacant

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## 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

Ms Priti Shah

Vacant

[Back to Front Page](#)

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# Censure:

## Dr. Nicole Catherine Agnew

### **CENSURE: IC2626 AND IC2785**

On July 6, 2016 in accordance with Section 47(1)(c) of *The Medical Act*, the Investigation Committee censured Dr. Agnew as a record of its disapproval of the deficiencies in her 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**

An undertaking given by a member of the College to the College is a solemn and express promise by the member. By the undertaking, the member takes upon himself or herself a commitment to the College to adhere to the terms of the undertaking. The College expects any member who signs an undertaking to fully comply with the terms of that undertaking.

Physicians are required to be candid in their interactions with the College and with the faculty members in the Postgraduate Medical Education office of the Faculty of Health Sciences, College of Medicine who have responsibility for residents in their residency training programs.

#### **II. THE RELEVANT FACTS ARE:**

The Committee assessed the facts as follows:

1. On or about June 19, 2014, Dr. Agnew signed an undertaking to the College respecting a health issue.
2. On or about February 26, 2015 Dr. Agnew breached her undertaking while not practicing medicine.
3. The breach was relevant to Dr. Agnew's ability to practice medicine safely and should have led her to self-report to the College and to the Associate Dean of Postgraduate Medical Education at the Faculty of Health Sciences, College of Medicine, with whom she was discussing return to her residency training program.
4. Dr. Agnew's breach of the undertaking was not immediately detected. On March 30, 2015 Dr. Agnew was presented with evidence of the breach by one of her caregivers, and on March 30, 2015 the matter was reported to the College by that caregiver.
5. In the interim between the breach and March 30, 2015, Dr. Agnew met with two of her caregivers and, during the course of those meetings she lied about whether she was compliant with her undertaking.
6. In the interim between the breach and March 30, 2015, Dr. Agnew pursued her re-entry to residency without disclosure to the Associate Dean of Postgraduate Medical Education and Dr. Agnew attempted to obtain licensure from the College without self-reporting to

- 
- the College.
7. When confronted by the College, Dr. Agnew attempted to assign responsibility to others rather than accepting responsibility for her actions.
  8. In an April 2, 2015 letter to the College and in a June 8, 2015 interview with the College, Dr. Agnew:
    - (a) admitted that she breached a term of her undertaking to the College; and
    - (b) explained her personal circumstances at the time of the breach.
  9. On or about October 16, 2015, Dr. Agnew signed a new undertaking to the College with respect to her health issue.
  10. On or about October 20, 2015, Dr. Agnew returned to her residency training program, pursuant to the terms of the October 16, 2015 undertaking and pursuant to terms of an undertaking Dr. Agnew provided to the University of Manitoba, College of Medicine and to the Winnipeg Regional Health Authority.
  11. On or about December 7, 2015, Dr. Agnew breached her undertaking to the College.
  12. On or about December 10, 2015, Dr. Agnew agreed to cease to practice medicine and not to return to practice without the express written approval of the College.
  13. Dr. Agnew has admitted her breach of her October 16, 2015 undertaking to the College.
  14. In a January 28, 2016 letter and in a February 23, 2016 interview with the College, Dr. Agnew explained her personal circumstances at the time of the breach.

**III. ON THESE FACTS, THE INVESTIGATION COMMITTEE RECORDS ITS DISAPPROVAL OF DR. AGNEW'S CONDUCT, IN PARTICULAR HER BREACHES OF HER UNDERTAKINGS TO THE COLLEGE AND HER LACK OF CANDOUR IN DEALING WITH THE COLLEGE AND THE ASSOCIATE DEAN OF POSTGRADUATE MEDICAL EDUCATION, FACULTY OF HEALTH SCIENCES, COLLEGE OF MEDICINE.**

In addition to appearing before the Investigation Chair, Dr. Agnew paid the costs of the investigation in the amount of \$6,795.00.

[Back to Front Page](#)