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FROM THE College

President's Message

We have all been through some very interesting times since my last president's letter. Changes to physician practice due to COVID-19 came quickly, unexpectedly and were based on a moving target of data, extrapolation and guesses.

At CPSM, our first response to the pandemic was a combination of moving nimbly and with caution. I'm pleased to report, that after 15 years of discussion, portability of licensure moved forward in a week for members in good standing. We were also nimble in responding to the need for virtual care, although we still need to formally review our standard of practice.

In the spirit of caution however, we waited and watched rather than bring retired physicians out of practice, allowing physicians to practice outside their scope of practice, and licensing physicians who had previously not met our qualifications.

In March, we had wrongly extrapolated that physicians would be far busier than ever before. It only took a couple of weeks to discover that the opposite had happened. Physician offices and hospital activity reached an unprecedented low. We had decided to stop many of our ongoing projects, but in April, we realized that we could resume.

This allowed our Council's strategic priorities to move forward. The Benzodiazepine Standard of Practice went out for consultation, and your discussion has been reviewed, revisions incorporated, and it will go to Council for approval in September.

The Accredited Facilities Bylaw changes and the Standard of Practice for Authorizing Cannabis for Medical Purposes have gone out for consultation.

The Maintaining Boundaries – Sexual Involvement with a Patient strategic priority should be ready for consultation in September 2020.

We have also started reviewing all of our standards and practice directions on a 4-year cycle. Some issues we will be addressing in depth this fall will be patient records, telemedicine and home births.

Finally, CPSM had a positive financial balance for the 2019-2020 fiscal year, and we have decided not to raise fees this year, as many of you have taken a financial hit.

Thank you for the opportunity to be your president. Keep well.

Dr. Ira Ripstein ***CPSM President***

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Registrar Notes

How quickly things can change! Since mid March COVID-19 has been at the forefront for Manitobans. CPSM staff worked hard to make sure we continued to fulfil our mandate of protecting the public while also supporting our members.

In Manitoba to date we have not experienced the significant numbers of cases elsewhere in Canada or worldwide and for that I am truly grateful.

I want to stress that although CPSM doors closed to the public, work continued at CPSM.

Daily Covid-19 Meetings of Senior Leadership Team

Senior leadership of Registrars and senior staff met daily by Zoom to determine the best course of action during these challenging times. The frequency of these meetings diminished over time to twice per week and now are back to our regular schedule of every couple of weeks.

Supporting Practice of Medicine Changes

It became quickly apparent that the practice of medicine had to change and change very quickly in this pandemic.

CPSM released two messages from the President and Registrar and three sets of FAQs (and updates) that changed the practice of medicine. We were the centralized coordination point for current information with Manitoba Health and Shared Health.

Delay of Non-Covid-19 Matters Initially

CPSM delayed certain other activities such as the Strategic Organizational Priorities Working Groups on Medical Cannabis, Accredited Facilities, Boundaries, and Benzodiazepines. Situational awareness indicated consultation on any initiatives at this time would not have the desired impact and so it was initially delayed.

In the initial stages of the pandemic, registrations continued, and there was much work with the 2020 graduating students and residents. Complaints and Investigations initially focused on the most serious matters. MANQAP had the Program Review Committee extend the accreditation of diagnostic, X-ray, and laboratory facilities to not interrupt service at this critical time.

Other Committee work was also placed on hold initially, unless there were immediate or pressing matters of public safety.

Restarting Initiatives

With the declaration of the COVID-19 pandemic, most physicians were incredibly busy adapting to the new practice of medicine during a pandemic and a bombardment of information. That changed over time and many physicians were not as busy as usual at their practices and less information was being distributed.

Accordingly, some of the initiatives that were paused due to COVID-19 were re-started. For instance, the Committees and Working Groups began to meet virtually to continue with their work.

Similarly, the election of Councillors was paused initially and then started and completed.

These are unusual times, and CPSM still is trying to react with the times, being respectful of its members' needs and the duty to serve the public interest by still proceeding with those items and initiatives which are suitable to the virtual world that we find ourselves in.

Workplace

All staff worked at home – the dedication of staff to continue to serve CPSM members has been extremely strong and cohesive and they have much pride in trying to assist members providing healthcare during this pandemic. All staff continued to work fulltime remotely. Numerous safety measures following the Public Health Guidelines were set up so staff could return to work. As of the beginning of July all staff are back in the office and making adjustments to our "new normal" workplace.

The Physician Health Program

The Physician Health Program has seen increased cases of complexity recently, perhaps brought on by the stresses and particularly unique circumstances of the pandemic. Dr. Mihalchuk is already working with various medical care groups in the province to raise physician awareness and understanding of the supportive role of the Physician Health Program and the need for self-reporting and reporting of colleagues to ensure patient safety.

We continue to monitor the COVID-19 pandemic and I am satisfied that if a second wave hits Manitoba our staff are fully equipped to return to working remotely so there is no interruption of service to the public or our members.

Stay health and safe during these unusual times.

Sincerely

Anna Ziomek, MD
Registrar/CEO

Max Rady College of Medicine

Message from Dr. Brian Postl, Dean, Max Rady College of Medicine

Dean, Rady Faculty of Health Sciences & Vice-Provost (Health Sciences), University of Manitoba

We know that racism is pervasive and exists in all communities, including our own. Discrimination in its many forms is a fact of life for many in our community, and the historic antecedents that have reinforced these attitudes are many and well known.

The death and murder of George Floyd in Minneapolis has once again rekindled our understanding and responses to the malignant effects of racism in our world. We are witnessing a reaction to prolonged issues of anti-black racism in the U.S. and Canada. This is not a new phenomenon but it does engender the expression of anger and hope that this time it will be different.

Our country is not immune. We have ample experience in Manitoba and Canada with anti-black racism, anti-Indigenous racism, Islamophobia, anti-Semitism and anti-2SLGBTQI* discrimination. We have identified these as key issues to the Rady Faculty of Health Sciences and have established several means to try to address them for all faculty, staff and learners. Equity, Diversity and Inclusion initiatives, Ongomiizwin-Indigenous Institute of Health and Healing, anti-racism initiatives have all been established as important vehicles for change to ensure members of our Black, Indigenous and people of colour communities and others facing discrimination based on gender, sexuality or religion can learn and work in a safe and equitable environment.

This is only a beginning. As a faculty, and as a profession, we must continue to identify, talk about and mitigate all forms of racism as we move forward. We must listen to those that are, and have been, affected. We must be strong, even when it might seem easier to not engage.

We see, and will continue to see, the effects of all forms of discrimination on the social and economic well-being of our community. This nearly always translates into ill health effects and increases in morbidity and mortality, which we then deal with in our health system. This has once again been seen with the differential impacts of COVID-19 in marginalized communities.

Indeed, as physicians, we bear particular witness to these impacts. That makes it incumbent upon each of us to stand up and condemn all forms of discrimination and racism. Our patients deserve it – even, or especially, if the perpetrator is a colleague or another health-care professional.

In my view, standing up against racism is all part of the professional responsibilities we assume, and are inherent to the Hippocratic Oath. It is time to be watchful, introspective as to our own roles, and forceful in our condemnation.

Change of Sex Designation under Vital Statistics Act

For those members approached by patients seeking a change of sex designation under the Vital Statistics Act to Male, Female, or Non-Binary (X) on birth, marriage, and change of sex designation certificates, a supporting letter from a health care professional in the prescribed form is required.

For further information CLICK HERE.

Practice Address

REMINDER – A current practice address is **mandatory** under the requirements for licensure and re-licensure. You must inform CPSM if you change your practice address. Changes may be submitted to: registration@cpsm.mb.ca.

Email Address

REMINDER – A current email address is **mandatory** under the requirements for licensure and re-licensure. You must inform CPSM 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 CPSM.

Infection Prevention and Control in the Physician's Office

Many physicians inquire about how to set up their offices. CPSM continues to recommend that physicians use the guideline *Infection Prevention and Control for Clinical Office Practice* prepared by Public Health Ontario as a resource. CPSM can't advise about the specifics depending upon the diverse nature of each practice (ie, general family practice compared to ophthalmology compared to sports medicine).

Medical institutions have Infection Control Committees, and a proper infection control infrastructure is required to meet hospital accreditation standards. In contrast, these requirements have not consistently been realized in office practices, and the requirements may differ. The public's expectation for high standards of medical practice and safety must be considered. Infection control is rapidly changing with new infections being described, more outpatient procedures being performed, new products and medical equipment being manufactured, and new standards, directives and guidelines being developed by provincial, national and international organizations.

Infection Prevention and Control for Clinical Office Practice is rather comprehensive and includes issues physicians should consider when setting up a new office and operating their current office. There are algorithms to simplify comprehension and implementation of the guidelines, and other visuals that can be posted in the office as required. The goal is to educate the medical community on current infection control practices necessary for an office practice. By doing this, the standard of practice in health care will be elevated and the public protected by minimizing the risk of infection transmission. This guideline will be useful to provide you with a framework and practical information to prevent the transmission of infection to patients, visitors, health care workers and other employees associated with your clinical practice.

Click here to access Infection Prevention and Control for Clinical Office Practice.

Buprenorphine Naloxone

New recommendations are now available regarding in-hospital care for individuals with opioid use disorder, including who may prescribe methadone and buprenorphine/naloxone in hospitals in Manitoba. Also available is new guidance on micro-dosing with buprenorphine/naloxone in Manitoba.

CPSM convened a working group of experts in the treatment of opioid use disorder in the spring of 2019. This working group has been tasked with assisting College staff in developing a new Recommended Practice Manual for the use of buprenorphine/naloxone in the context of Opioid Agonist Therapy in Manitoba. CPSM receives frequent requests for guidance on the issues the working group is discussing. The working group has thus elected to publish its recommendations, in the areas of care that generate the most frequent inquiries, in CPSM newsletter. These areas include who may prescribe methadone and buprenorphine/naloxone in hospitals and micro-dosing with buprenorphine/naloxone in Manitoba. Below is a link to the recommendations of the working group. Physicians are encouraged to review and incorporate these recommendations into their Opioid Agonist Therapy and hospital-based practices without delay. Should you have any questions about the interpretation of this guidance, please do not hesitate to contact the chair of the working group, Dr. Marina Reinecke at CPSM. It is the working group's hope that you will find their guidance documents useful in providing care to your patients on buprenorphine/naloxone.

- In-Hospital Care Section
- Micro-dosing Guidance

Sincerely

Marina Reinecke
Medical Consultant
CPSM Prescribing Practices Program

Management of Bloody Diarrhea in Pediatric Patients

In 2019, Manitoba physicians noted an increase in the number of children diagnosed with hemolytic uremic syndrome (HUS) due to *E. coli* O157:H7. Several of these children had severe renal and neurologic sequelae of the disease. This information is meant to alert health care providers to the possibility of HUS in a child presenting with diarrhea, and to provide advice regarding interventions that may reduce the severity of the illness.

1. Children with bloody diarrhea should be investigated promptly for possible HUS and carefully monitored. Most children with HUS will have bloody diarrhea, but the disease can also present with non-bloody diarrhea. Poor urine output in the context of adequate oral intake is of particular concern. A history of ingesting undercooked beef is helpful in making the diagnosis, but not required, as there are other ways to become infected with *E. coli* O157:H7. If several family members have diarrhea without vomiting, there is a higher likelihood of bacterial enteritis, and stool samples should be obtained promptly.

2. Children presenting with bloody diarrhea should be assessed for signs of anemia and thrombocytopenia and for hydration status. Physical exam findings may include pallor, bruising, tachycardia and other signs of dehydration or fluid overload. A CBC can identify signs of hemolysis (anemia, schistocytes) and thrombocytopenia. Renal function and electrolytes should be assessed and repeated over the course of illness. All children with bloody diarrhea should have stool sent for bacterial culture as soon as possible, with a note to check for *E. coli* O157:H7 on the requisition. Bloodwork should be performed at a lab capable of same-day results notification.

3. Antibiotics should not be used routinely for well-appearing children with acute bloody diarrhea unless a specific pathogen has been isolated. Antibiotic therapy may be a risk factor for the development of HUS in patients with bloody diarrhea due to *E. coli* O157:H7, which may be indistinguishable from bloody diarrhea seen with other non-*E. coli* bacterial etiologies. Ill-looking children (e.g. those suspected to have sepsis, septic shock or peritonitis) may require antibiotic treatment but this should be done with thoughtful consideration of the differential diagnosis and consultation with Pediatric Infectious Disease. Blood cultures should be obtained, if possible, prior to any antibiotic administration.

4. Children with suspected HUS should be transferred to/admitted to Winnipeg Children's Hospital as soon as possible, with a prompt referral to Pediatric Nephrology.

5. Siblings of children diagnosed with HUS or those who may have eaten the same foods or liquids (such as a contaminated water source or beverage) as the affected child should be carefully monitored and admitted at the first sign of bloody diarrhea.

6. Volume expansion (giving IV fluids) may reduce the severity of renal disease in early HUS cases. Fluids should be appropriate for physiologic conditions (i.e. treat hypovolemic patients with boluses of fluid until euvolemic, maintain a neutral fluid balance in euvolemic patients) and isotonic saline should generally be used in order to provide sufficient sodium. Oral rehydration is generally not sufficient for a child with HUS. If a child is volume overloaded (edema, oliguria) and suspected to have HUS, prompt consultation with Pediatric Nephrology is warranted in order to appropriately plan for fluids.

7. Bloody diarrhea in children can have other causes, including intussusception and other pathogenic bacteria. As always, a careful history and physical exam can help identify other causes, and other suspected diagnoses should be investigated.

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Make It Safe to Ask

DID YOU KNOW???

Up to 60% of the adult population in Manitoba has low health literacy, which contributes to poor personal health choices and healthcare decisions.

Manitoba Institute for Patient Safety

How can YOU, as a physician seeing these patients in the office, help?

Take the *Make it Safe to Ask* Challenge

Complete the 10 minute - 4 question survey and see how you do ➦ Self Assessment Survey: Take the Challenge

The first 50 participants are eligible for a $50.00 visa gift certificate

Transform your daily practice and the lives of your patients with the ➦ *Make it Safe to Ask* toolkit, a Communication Toolkit, for Physicians by Physicians!

Do You know about the *"Make it Safe to Ask"* Initiative?

Research has told us that 80% of information shared with a patient during a doctor's visit is forgotten when the patient leaves the office.[i] We also know that the general public has low literacy levels[ii] resulting in poor compliance[iii] and decreased ability to manage self care.[iv]

Make it Safe to Ask is an initiative developed for healthcare providers to encourage them to embrace having their patients ask questions. It is an initiative to enrich patient-practitioner communication, help cultivate a positive patient-practitioner relationship, ensure patient engagement is strengthened and ultimately to ensure positive patient's health outcomes.

This initiative was developed to complement the Manitoba Institute for Patient Safety (MIPS) *Its' Safe to Ask* campaign designed to encourage patients to ask questions when they visit their doctor. Historically, patients are not forthcoming in engaging with their physician, for a variety of reasons. Perhaps most significant is feeling intimidated by the system, the language, the lack of knowledge about healthcare and the power differential. This can result in poor compliance, frequent return visits to clinics for the same problem, increased emergency care visits and a general decrease in health status. Low health literacy and ineffective communication all play a role.

A Make it Safe to Ask toolkit designed for physicians by physicians consists of information which all practitioner should be aware of when engaging with their patients. It speaks to the principles of health literacy, good communication skills, the importance of patients advocating for themselves and the power of patients being engaged in their healthcare. By encouraging questions, using visual and non-visual communication and plain language, doctors can significantly change the doctor-patient dialogue.

Take the challenge and do the Self Assessment Survey. See how well you score on your understanding of best communication & patient engagement in practice. You might be pleasantly surprised at the results or you may find there are areas for improvement.

Self Assessment Survey: Take the Challenge

While you may already have imbedded these important skills into your practice, the *Make it Safe to Ask* toolkit might trigger new or additional approaches. To find out more about how you can, through simple and quick techniques, transform your daily practice and the lives of your patients, follow this link Make it Safe to Ask toolkit.

[i] Kessels RP. Patients' memory for medical information. J R Soc Med. 2003;96(5):219-222. doi:10.1258/jrsm.96.5.219

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[iii] Miller Tricia. Health Literacy and Adherence to Medical Treatment in Chronic and Acute Illness: A Meta-Analysis. Patient Education and Counseling. 2016;99(7):1079-1086

[iv] Rootman I, Gordon-El-Bihbety D. A vision for a health literate Canada: Report of the expert panel on health literacy. Ottawa: Canadian Public Health Association: 2008.

The mandate of CPSM is patient safety. This initiative is important to bring to your attention to help improve your practice.

Medical Corporations After Retirement

CPSM permits regulated members with a valid Certificate of Practice to practice medicine through a medical corporation. The benefit of this arrangement is largely to the member, with a neutral effect on CPSM but for the administrative resources required to oversee provision of medical corporation permits and member compliance.

Practicing as a corporation limits the member's civil liability and allows the member to organize their affairs in a more tax efficient manner. These aspects are not relevant to CPSM's mandate. The concern to CPSM relates to naming and public protection. Under the RHPA, there is no longer a requirement that all voting shareholders, directors, officers or the president of a corporation must hold a valid Certificate of Practice (formerly license) in order for the corporation to be eligible for issuance of a Medical Corporation Permit from CPSM. Under the RHPA, as long as a medical corporation is established by a regulated member of CPSM holding a valid and current Certificate of Practice, it can be maintained by the regulated member under the RHPA's renewal provision even after retirement as long as registration as a retired member is maintained.

There is no requirement that a physician must continue to have a Certificate of Practice to maintain voting shareholder status, directorship or presidency in a medical corporation. A regulated member would not be able to continue practicing medicine through the corporation after surrendering their Certificate of Practice. A regulated member who is in the retired class (non-practicing) could continue to participate as a voting shareholder, director, officer and/or president of a medical corporation under the RHPA.

An opinion obtained from a tax lawyer confirms this interpretation.

Meetings of CPSM Council: 2020-2021 Year

Council meetings will be held on the following dates:

- September 25, 2020
- December 9, 2020
- March 19, 2021
- June 9, 2021 (Annual General Meeting)

If you wish to attend a meeting of Council, you must notify CPSM in advance as seating is limited.

Maternal and Perinatal Health Standards Committee

Physicians are reminded that ACE inhibitors for the control of hypertension are contradicted during fetal development as it is teratogenic and can affect the renal system of the fetus. Physicians should exercise caution in prescribing ACE Inhibitors to women who may be pregnant or have the potential for pregnancy. It is prudent for physicians to inform patients that if they have been placed on an ACE inhibitor to control hypertension, the drug has to be discontinued immediately upon diagnosis of pregnancy and be replaced by other anti-hypertensive agents such as Beta blockers and calcium channel blockers.

Dr. Michael Helewa
Consultant, Maternal & Perinatal Health Standards Committee

Quality Improvement Program Update

As you may be aware, considering the recent events with respect to COVID-19, the activities of the Quality Improvement Program of the College of Physicians and Surgeons of Manitoba were suspended in mid March to allow our members to focus on the current situation and the needs of their patients.

Manitoba has been fortunate to have experienced a milder impact than many other jurisdictions. We realize that some physicians are extremely busy at this time, but also have come to realize that some physicians actually find themselves less busy than normal. For this reason, the Quality Improvement Program has resumed to allow physicians currently going through the program with lower work demands to have the opportunity to re-engage with CPSM at this time to complete the program requirements. Those participants who did not wish to re-engage with CPSM at this time are expected to complete the program requirements in September 2020.

CPSM also reached out to a randomly selected group of Psychiatry and General Surgery specialists to offer them the opportunity to engage with CPSM in the Quality Improvement Program at this time. Those participants who did not wish to engage at this time are also expected to complete the program requirements in September 2020.

The next cohort will also include a group of randomly selected physicians practising in the specialty of Pediatrics. Dr. Marilyn Singer, Consultant for Quality Improvement is scheduled to speak at virtual grand rounds for the Department of Pediatrics on September 24, 2020.

CPSM would like to thank participants for the effort they expend as they go through the program. We hope that it will help to reinforce lifelong learning and continuous improvement. Our members continue to demonstrate their dedication to their patients, practices, and communities.

Information about the Quality Improvement Program can be found on the CPSM website.

https://cpsm.mb.ca/standards/quality-improvement-program

Reminder: Temporary Exemption - Faxing of Prescriptions for Medications on the M3P Program

The College of Physicians and Surgeons of Manitoba (CPSM), College of Registered Nurses of Manitoba (CRNM) and the College of Pharmacists of Manitoba (CPhM) continue to receive inquiries regarding the temporary exemption allowing the faxing of Manitoba Prescribing Practices Program (M3P) drugs during the COVID-19 outbreak.

Please review the guidance document regarding drugs that usually require an M3P form. M3P drugs not written on an M3P form can be faxed but MUST meet all the information requirements of an M3P form and of the Joint Statement Facsimile Transmission of Prescriptions. As well, because of restrictions in the Pharmaceutical Regulation, only one drug can be prescribed on a form (even if generated by the EMR or handwritten).

This temporary exemption also applies to medications used for opioid agonist therapy (OAT), methadone and buprenorphine/naloxone. The requirement to include the total dose written both numerically and alphabetically applies to OAT prescriptions as well. Please see the Opioid Agonist Therapy Guidelines for Manitoba Pharmacists for more information.

Circumcision – A Reminder and a Request for Assistance

CPSM has become aware through various means that there is an increasing demand for circumcision of boys outside the neonatal period. There may be many reasons for requests for circumcision, but we are aware that one of the circumstances is new immigrants and refugees in Manitoba who are requesting circumcision for religious and/or cultural reasons. This is a non-insured service and must be paid individually.

Performing circumcision outside of the neonatal period is a specialized skill that is usually performed in the operating room under general anaesthesia. CPSM is aware of one non-hospital facility providing this service for a fee. In either circumstance it requires effective anaesthesia, appropriate equipment and a sterile environment that cannot be provided in a regular physician's office.

Multiple physicians have been asked to perform circumcisions and have felt uncertain about how to assist, including consideration of utilizing skills they have not used for a prolonged period. Even if the appropriate environment can be assured, members are reminded that if more than 3 years have elapsed since performing an elective procedure, they are considered inactive and require approval for resuming this aspect of their practice. This may involve further training and supervision.

CPSM would welcome information regarding possible resources for assisting these patients and their families. Please contact the Registrar, Dr. Ziomek at theRegistrar@cpsm.mb.ca.

Improving Pediatric Transport

The Child Health Standards Committee would like to remind physicians that Manitoba implemented a centralized dispatch line for advice and transport of youth and high-risk birth patients in June 2019.

All advice and transport requests for infants, children and teens must be arranged through the Medical Transportation Coordination Centre (MTCC). Call as soon as you identify a need for transfer or advice.

This applies to:

- patients 0-17 years of age
- impending high-risk birth

Call the MTCC dispatch number 1-800-689-6559 to receive advice or arrange transport. MTCC will coordinate a teleconference with the Children's Hospital Emergency Physician to give advice or the Child Health Transport Team to arrange transport. If NICU or PICU care might be needed, the attending physician on call will join the teleconference to provide advice.

For advice regarding children not requiring transfer, for non-urgent pediatric advice, and for general pediatrics consultation, see the table below. If it is determined the child needs to be transferred, then call MTCC as above.

All Manitoba First Nations communities:	
NURSES and PHYSICIANS	Call Health Sciences Centre paging **(204-787-2071)** and ask for the Pediatrician on call for **Manitoba First Nation Pediatrics**.
Thompson:	
PHYSICIANS, MIDWIVES, and PUBLIC HEALTH NURSES	Call Thompson General Hospital paging **(204-677-2381)** and ask for the **Pediatrician on call**
Brandon:	
PHYSICIANS, MIDWIVES, and PUBLIC HEALTH NURSES	Call Brandon Regional Hospital paging **(204-578-4000)** and ask for the **Pediatrician on call**
All other Manitoba communities:	
PHYSICIANS, MIDWIVES, and PUBLIC HEALTH NURSES	If you have a pre-existing arrangement in place contact the Pediatrician on call for your region. If unavailable: Call Health Sciences Centre paging **(204-787-2071)** and ask for the Pediatrician on call for **Social, Northern and Ambulatory Pediatrics** (SNAP).

If it is unclear if a transfer is required, speak to MTCC and they will engage the appropriate site for advice or transfer based on location and acuity. Note that MTCC is to coordinate all transports.

To assist in managing your patient and preparing for transport, order sets, algorithms and transport checklists are available for pediatric emergency care including trauma, sepsis, DKA, asthma, status epilepticus and anaphylaxis. These Pediatric Packages (PedsPacs) are point-of-care resources for managing critically ill or injured children, created by TREKK (trekk.ca). TREKK is a knowledge mobilization network established to improve emergency care for children across Canada. TREKK is hosted at the University of Manitoba, with active outreach to Manitoba emergency departments. PedsPacs are authored by leading Canadian experts and are based on current best evidence and clinical practice guidelines.

Child Health Standards Committee

Vaccine Hesitancy and Measles Resurgence

The Federal/Provincial/Territorial Committee on Health Workforce wrote to all regulated health profession colleges across Canada regarding vaccine hesitancy and the recent resurgence of measles cases in Canada. The following are excerpts.

Vaccine hesitancy is described as a delay in acceptance or refusal to vaccinate, despite the availability of vaccination services. According to the World Health Organization (WHO) vaccine hesitancy is now one of the top 10 threats to global health, despite robust evidence showing the effectiveness and safety of vaccines. The WHO also acknowledges that health care professionals are among the most trusted sources of information when parents make decisions regarding vaccination.

Dr. Theresa Tam, Chief Public Health Officer of Canada, issued a statement regarding the current measles outbreak and vaccine hesitancy. In this statement, she urged her fellow healthcare provider colleagues to take the time to answer the questions of concerned parents and direct them to credible and reliable sources of information.

Medical practitioners can play a critical role in promoting vaccine acceptance in Canada. They can do this by communicating sound, evidence-based advice in their daily practice.

Given reports of some health professionals promoting disproven vaccine "alternatives", CPSM was reminded of its responsibility as a regulatory college to ensure, through monitoring and evaluation and follow up on complaints, that the members of your college provide scientifically valid information on vaccines and do not promote anti-vaccination messages or "alternative therapies" when it is within their scope of practice to comment on vaccines. Professions where commenting on vaccines is not within their scope of practice must not provide any vaccine information, opinions or advice.

While social media influencers have made a significant negative impact on the perception of vaccination in recent years, a parent's trust in their health care provider remains one of the most important predictors of vaccine acceptance. Therefore, health care professionals should be closely monitored through their colleges and encouraged to take advantage of their trusted role. This includes the provision of science-based advice and options when discussing vaccination with parents, when it is in their scope of practice to do so.

To ensure that health workforce professionals, for whom vaccination is within their scope of practice, have access to the best and most up-to-date science-based resources on vaccination in Canada, share the following national resources and links to provincial/territorial ministries of health:

- Government of Canada, Vaccines and Immunization
- Immunize Canada
- Canadian Paediatric Society
- Provincial and territorial ministries of health
- Canadian Vaccination Evidence Resource and Exchange Centre (CANVax)

Health workforce professionals in Canada must consistently deliver sound care based on the best evidence. They must also play a leadership role in helping combat misinformation and decrease the rate of vaccine-preventable diseases like measles, pertussis and influenza, to name a few. Therefore, in closing, we remind you of your college's responsibility to prevent anti-vaccination messaging from being promoted by your members, and ensuring Canada's professional health workforce is appropriately informing parental decision-making on vaccination.

Standard of Care

The Central Standards Committee reviewed a case from the Chief Medical Examiner of a 63-year-old woman with colon cancer treated with extensive abdominal surgery and active chemotherapy who presented to the Emergency Department (ED) with the complaint of abdominal pain. Upon presentation she was noted to have abnormal vital signs, on and off spasm-like pain in her left lower quadrant rated 9/10 and was not passing gas after her last bowel movement one day prior. An abdominal x-ray was ordered and was unremarkable other than for stool as noted by the attending physician as well as radiologist on the subsequent day. The patient was managed with symptom control for pain, colic, and constipation and discharged. Unfortunately, this woman's assessment in the ED missed a perforated ulcer distal to her gastrojejunal anastomosis with acute peritonitis and she succumbed to her illness hours after being discharged from the ED.

Members are reminded of the limitations of abdominal x-ray in diagnosing bowel obstruction as well as perforated viscus. While abdominal x-ray can be useful for helping to rule in these diagnoses, they have limited sensitivity in ruling them out. In a situation with an appropriate clinical picture such as the patient above (cancer on chemotherapy; extensive bowel surgery; 9/10 pain; vital signs changes; not passing gas) it is advised to pursue advanced imaging with a CT scan to ensure a serious diagnosis such as perforated viscus or bowel obstruction is not missed.

Notice to the Profession regarding Breaches of the Personal Health Information Act (PHIA)

Confidentiality of personal health information is a critical and fundamental element of the relationship of trust that must be maintained between health care professionals and the patients they serve. *The Personal Health Information Act* protects personal health information and there are corresponding ethical duties to protect the confidentiality and privacy of personal health information that all members of CPSM are required to respect. The vast majority of CPSM members are aware of, and abide by, these legal and ethical duties. That being said, CPSM has recently received information that in various circumstances members have used their privilege within the health care system to look at various diagnostic results for themselves, family members, friends or publicly known individuals. Such behaviour erodes public trust in the healthcare system.

Accessing a patient's medical record without patient consent or other legal authority to access personal health information without consent is a violation of the patient's privacy rights and a breach of PHIA.

Accessing the Shared Health/Digital Health electronic platform must be for treatment (determining test results) and for no other purpose.

CPSM also advises you that obtaining test results is considered to be treating self or family.

THE CODE OF ETHICS AND PROFESSIONALISM PROVIDES AS FOLLOWS:

> 7. *Limit treatment of yourself, your immediate family, or anyone with whom you have a similarly close relationship to minor or emergency interventions and only when another physician is not readily available; there should be no fee for such treatment.*

Accordingly, utilizing the Shared Health/Digital Health electronic platform to review test results and diagnostics relating to yourself or a family member is a breach of the Code of Ethics and Professionalism. All physicians are required to comply with The Code of Ethics and Professionalism as it is the primary source for the ethical obligations of physicians.

This notice is being provided to emphasize that CPSM takes these statutory and ethical obligations very seriously. Where CPSM becomes aware of concerns in the future, members may be subject to investigation of their conduct including consideration of the need for formal discipline through censure or referral to Inquiry for the hearing of charges of professional misconduct.

Prescription Renewals

It has been brought to CPSM's attention by a number of patients and pharmacists, that some patients are continuing to have their drugs prescribed monthly even after the monthly dispensing rule has been lifted. In the initial weeks of the COVID-19 pandemic Government was concerned with a possible shortage of pharmaceutical drugs and a monthly dispensing rule was implemented. Members revised their prescribing practices in accordance, with many adopting a monthly virtual appointment and monthly prescribing. The financial impact for a patient with multiple drugs having monthly dispensing fees can be very significant or even prohibitive to some patients.

Exercises of clinical judgment respecting a patient's continuing care are to be based on prevailing professional standards and must always place the patient's interest first. Accordingly, decisions favouring the interests of the member over the patient or those made without a valid medical purpose, particularly where there is a corollary detriment to patient care, would not meet expected professional standards. The CPSM's Code of Ethics includes:

- Consider first the well-being of the patient; always act to benefit the patient and promote the good of the patient.
- Provide appropriate care and management across the care continuum.
- Practise medicine competently, safely, and with integrity; avoid any influence that could undermine your professional integrity.

Management of ongoing care, including monitoring and renewing medications, must meet the standard of care in the clinical circumstance. Unreasonable delays or the introduction of unnecessary impediments to a patient's access to care would not be considered appropriate. As an example, requiring more frequent renewals of prescribed medications without valid medical rationale for the purpose of increasing billing revenue would constitute a clear breach of expected professional standards.

In terms of billing in general, members are expected to bill in an ethical manner in their professional practice and to respect that health care resources are limited. Consequently, where ethical or professionalism concerns arise respecting a member's billing practices CPSM may become involved.

These standards are derived from CPSM's Code of Ethics, which is available on CPSM's website, as well as in CPSM's Standards of Practice of Medicine, particularly at Part 2 – Good Medical Care.

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