



COLLEGE NOTES

The College of Physicians and Surgeons of Prince Edward Island



Spring/Summer 2012

Dear Colleagues:

The College office staff is pleased to issue the Spring/Summer edition of our 'College Notes' as a means of communication with all our members.

The Office Staff include:

Dr. Cyril Moyse, Registrar

Dr. Moyse is in the College office 1-1/2 days per week, where he directs and administers all College issues and administrative matters. He represents the College at meetings and conferences to do with College business and Medical Regulation.

Dr. Geraldine Johnston, Deputy Registrar

Dr. Johnston works 1 day per week in the office, in the administration of the Complaint process. She also assists in general College administrative matters and attends meetings and conferences to do with College business and Medical Regulation.

Ms. Melissa MacLellan, Office Manager

Ms. Sherry Glass, Office Support Staff

Ms. Melissa MacLellan and Ms. Sherry Glass are full time employees, with Melissa administrating all facets of the business of the College on a daily basis and Sherry providing administrative support.

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Our Council members for 2010/2011

- ❖ Dr. John Sampson, President
- ❖ Dr. Chris Stewart, Vice President
- ❖ Dr. Mireille Lecours, Acting Registrar
- ❖ Dr. Gary MacLean
- ❖ Dr. David Knickle
- ❖ Dr. Anne Drysdale
- ❖ Dr. Shabbir Amanullah
- ❖ Mr. Neil Robinson, Lay member
- ❖ Ms. Barb Currie, Lay member

New Council members are nominated and appointed at our Annual General Meeting. We expect to have new Council members this year, replacing those Council members who may have completed their terms or have given their notice. The Lay members are appointed by the Government and may change for 2012/2013. If you are interested in becoming a Council member, please contact the College office for more information.

The Council meets every second month while the Executive of the Council meets by teleconference every second week, with one meeting held every two months in conjunction with the regular Council meeting. The Executive of the Council has the right to act on the full Council's behalf between the bi-monthly Council meetings. This allows College business to be done in a timely manner, (example: licensing) and allows the bi-monthly Council meetings to focus on other areas of concern.

New Changes at CPSPEI

The CPSPEI has moved into its new office located at 14 Paramount Drive in West Royalty. The new building is a wonderful change for all involved with CPSPEI business. Please drop by and see our new office.

The CPSPEI has a new website at **www.cpspei.ca**. The new website was created over the winter/spring with funding provided by the PEI Foreign Qualification Recognition (FQR) Project of the Department of Innovation and Advanced Learning, Government of PEI. On the new website you will find a copy of the Medical Act and Regulations, Information for the Public, Licensure Requirement information, Complaint Process information, Policies, Guidelines, Statements, forms that can be downloaded (corporation application, certificate of conduct application) and important links to other sites. Formal discipline findings that are made public are posted. We will post our College Notes on the website. We will have license application forms and re-application forms on the site at a

future date and you will be able to pay fees on-line at a future date as well. As we review our Policies and Statements, and create new ones, they will be posted. At present the member log-in area is not ready and running, but will be shortly as we enter all the physician data. We are very proud of our new CPSPEI website.

In addition to our new website, we have acquired a new database with the assistance of the College of Physicians and Surgeons of Newfoundland and Labrador and with financial support from the PEI FQR Project and are in the process of entering data and creating this very useful resource for our office.

Our new Regulations were finished and approved by Council earlier this winter and forwarded to government for their review. We are awaiting their approval and once this is done, the new Medical Act can be proclaimed. The new Medical Act will be posted on the website once proclaimed. There is considerable change with regard to the Complaint and Discipline Process and all are advised to read the new Medical Act. Once again, physicians are reminded to treat patients with respect and empathy, and improved communication, all of which will go a long way in avoiding a complaint to the College.

Complaint Process

Recently there have been a few questions from physicians regarding our complaint process. Presently, when a written complaint is received by the College office, Dr Johnston (or Dr Moyses) will meet with the complainant and interview them with the purpose to explain the College's Complaint and Discipline process. If the complainant chooses to proceed, a copy of their complaint letter is sent to the physician concerned for him/her to respond. Once received, a copy of the reply letter is then sent to the complainant. Sometimes, the complaint goes no further than this; often the complainant is looking for an explanation for the events leading up to their complaint and/or an apology. An apology from the physician can sometimes go a long way to the immediate resolution of the complaint. If the complainant (or sometimes the Council) is not satisfied with the physician's reply, the matter is then referred to the Complaints Committee for their investigation and recommendation. Occasionally, a complaint matter is referred directly to the Fitness to Practice Committee because of the nature of the complaint or because another, often similar, complaint against the same physician is already before this committee. The committees make recommendations to the Council, but the Council votes on the final resolution of the complaint. Complainants (and physicians) have the right to appeal the decisions of Council, which will then elevate the complaint to the next committee level or Board of Inquiry. One can now refer to the Medical Act available on our new website, which outlines these processes.

Since January 1st, 2012 the office has received only 6 complaint letters. This number is down from previous years and we hope this trend will continue. There are still a number of older complaints from 2011 being dealt with at this time by our committees. Of the complaints received in 2011, approximately 1/3 are matters of professionalism/behavior, 1/3 are regarding the quality of care provided by the physician and the other 1/3 are a combination of both of these categories.

Opiate Prescribing

Over the past number of months we have been working on new policies with regard to prescribing methadone and buprenorphine. Once completed and approved by Council they will be posted on the Website-hopefully over the summer months. Please watch the website for this important information.

All members are reminded to apply caution and due diligence when prescribing narcotics for pain. Canada is now ranked third highest in the world for per capita utilization of prescribed opiates. In our own province, admissions to our Provincial Addiction Facility Detox Unit have changed dramatically over the last several years. In 2004/2005, admissions to inpatient detox were 66% for alcohol and 10% for opioids. In 2010/2011, admissions for alcohol were 41% and admissions for those listing opioids as their drug of choice were 48%. It is estimated that admissions for opioids for the current year will be approaching 60%. Physicians are reminded to screen all patients they are considering to treat with opioids for risk of addiction. Consider giving smaller prescriptions of opioids for pain; we so often write 30 tabs for acute pain, when perhaps 12 or 15 is all that is needed. Extra opioids not consumed can end up being diverted for other purposes. Physicians are advised that the newer drug OxyNeo is also finding its place in abuse, with street chemists working on how to microwave and grind the compound into a form that can be snorted for abuse. One can simply Google this and find a recipe on how to do it. Please remember to prescribe opioids in a responsible way.

Physicians are also advised that gabapentin has the potential for misuse and abuse. It has been reported to have been misused in some prison inmates in the USA and also in Canadian Northern Communities. In March 2012, Health Canada added gabapentin to the Non-Insured Health Benefits programs Prescription Monitoring Program (in addition to its review of benzodiazepines, opioids and/or stimulants) with the goal of ensuring safe use of these medications in the First Nations and Inuit clients they have.

Infection Control

Recently there was a matter of Infection Control in an office setting made known to the CPSPEI. The College is not mandated to review Infection Control in Physicians Offices, unless it comes to us as a complaint matter. We previously approved the College of Physicians and Surgeons of Ontario Guideline for Infection Control in the Physician's Office and distributed a paper copy of this to all our membership in 2005. This guideline can be found on the website www.cpsso.on.ca under Policies and Guidelines. We encourage all physicians to be familiar with these guidelines. Physicians are also reminded and encouraged to read the Provincial Infection Control Guidelines with regard to office practice available through the Chief Health Office of the Department of Health and Wellness.

CMPA CME

The Canadian Medical Protective Association (CMPA) recently held a CME session in Charlottetown on May17, 2012 for members. The importance of communication in the transfer of patients from one physician to another was discussed. Face to face transfer of patient information if possible was emphasized as well as written documentation. The importance of good behavior, acting in a professional manner, and considering first the well being of the patient was emphasized, as was keeping good, legible documentation and not altering the document after the fact (unless by a formal addendum). Your medical record is your defense. The importance of documenting informed consent was addressed.

Patient discrimination, on the basis of inability to speak English or by their diseases/disorders is an issue for CMPA. Some patients may allege human rights violations. If your practice is still open, patient selection should be on a first come, first served basis. However, your clinical competence and scope of practice are permitted reasons for refusing a new patient if documented.

Advice regarding managing patients on opioids was discussed. Document the reasons for ongoing opioid prescriptions; document your examination and assessment; document consent to treatment; use tools such as the opioid manager and the opioid risk tool; assess risks and benefits; be aware of the standard of care; be aware of the CPSPEI Statements with regard to opioid prescribing. If you are considering terminating a patient from your practice, be aware of the CPSPEI Policy on Ending a Physician-Patient Relationship.

As you are no doubt aware from the media, the CPSPEI has a Human Rights Challenge to be held at a hearing of the Human Rights Commission sometime in June 2012. The originally scheduled dates starting June 4th and ending June 14th, 2012 have had to be postponed for reasons unrelated to our office. Anyone interested may attend this hearing.

New Harmonized Exam

The College of Family Physicians of Canada (CFPC) and the Medical Council of Canada (MCC) have collaborated on a new harmonized exam in family medicine. When meeting the requirements of both organizations, candidates who challenge and pass this exam starting in 2013, will be granted Certification in Family medicine from the CFPC (CCFP) and the Licentiate of the medical Council of Canada (LMCC). Please refer to the websites of the two organizations for more details on the requirements for this exam and details of the exam itself. Physicians interested in the Alternate Route to Certification in the CFPC are also reminded that the deadline for this process closes at the end of this year-2012. Physicians are encouraged to attain their CCFP by whatever route they choose for ease of registration and licensure in other jurisdictions with the Agreement on Internal Trade (AIT).

Annual General Meetings

The AGM of FMRAC (Federation of Medical Regulatory Authorities of Canada) will be held in Toronto this year from June 7th to 12th. It is expected that a new Certificate of Conduct to be used by all Canadian regulatory bodies will be finalized at this meeting. The new Certificate of Conduct will replace the old Certificate of Standing and will be much more informative including Complaint/Discipline findings. Once the final version is approved we will update you. As a notice to you, the office will be closed from June 7th-12th/2012 while office staff attends the FMRAC AGM. Also, the 100th AGM of the Medical Council of Canada will be held Sept 30th-Oct 2nd this year in Ottawa. The office will be partially staffed during this time.

The AGM of the CPSPEI will be held this year in September (rather than October), in association with the AGM of the MSPEI. This decision was resolved in order to improve attendance at our AGM. It will be held the weekend of September 7th to 9th at the Mill River Resort. We hope this will encourage members to attend our meeting this year.

Canadian Adverse Reaction Newsletter

The Canadian Adverse Reaction Newsletters detailed the following information:

- *October, 2011, Volume 21 (4) Custom-Pak Ophthalmic Surgical Procedure Pack-contaminated with Foreign Bodies and Risk of Related Complications;
- *January, 2012, Volume 22(1) Second Generation Antipsychotics and Cardiometabolic Adverse Reactions in Children and adolescents;
- *April, 2012, Volume 22(2) Minocycline-Drug Induced Lupus Erythematosus and Autoimmune Hepatitis in Adolescents; Fentanyl and Serotonin syndromes.

One can refer to their website www.health.gc.ca/carn for any information regarding information on adverse drug reactions and forms for reporting such an event.

License renewal

The office wishes to advise the membership regarding Annual Licensure renewal and late fees. The annual fees are due on **December 31st** of the current year. If the fees are not received in the office by **January 15th** of the New Year a late fee is added to the annual fee. If payment is still not received in the office by January 31st the license will be suspended. A reinstatement fee is charged in addition to the late fee and the annual fee. These fees are set out in the Regulations and approved by Council, and the physician is held responsible for the prompt receipt of payment to the College. If the physician is not paying their own fees, **it is still their responsibility to ensure the payment has been received on time.** **Currently, we can only accept cash or Canadian cheques/money orders for payments.**

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Physicians are encouraged to look after their own health and well being. They are encouraged to have their own Family Doctor, and to have the usual screening offered to all our patients. Keeping our Physicians healthy and happy will go a long way to competently and compassionately looking after our patients.

We at the College Office hope you all will enjoy your summer here on PEI, hopefully with some rest and relaxation time. We look forward to seeing you at our AGM in September at Mill River!!