



COLLEGE NOTES

The College of Physicians and Surgeons of Prince Edward Island

Fall 2014



Dear Colleagues:

The College office staff is pleased to issue the Fall edition of our *College Notes* as a means of communication with our members. This Newsletter provides a brief summary on some topics that we feel are important.

Our Council members for 2014/2015

- ❖ Dr. Chris Stewart, President
- ❖ Dr. Santhosh Lakshmi, Vice President
- ❖ Dr. Anne Drysdale, Acting Registrar
- ❖ Dr. Aaron Sibley, appointed by Government
- ❖ Dr. Andrew MacLeod
- ❖ Dr. Gary McLean
- ❖ Dr. Jean-Yves Dubois
- ❖ Mr. Neil Robinson, Lay member appointed by Government
- ❖ Ms. Barb Currie, Lay member appointed by Government

Dr. Chris Stewart was elected President and Dr. Santhosh Lakshmi was elected Vice President at our recent AGM in November, 2014. Dr. Aaron Sibley is the new physician appointed to Council by Government, replacing Dr. Mireille Lecours who resigned earlier this year.

If you are interested in becoming a Council member, or willing to sit on a Committee, please contact the College office for more information.

The Office Staff:

- ❖ Dr. Cyril Moyse, Registrar
- ❖ Dr. Geraldine Johnston, Deputy Registrar
- ❖ Melissa MacDonald, Office Manager
- ❖ Sherry Glass, Administration Support

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Website Development

The website/database development is ongoing. Our member log-in area is not ready, but hopefully will be in the very near future as we continue to enter all the physician data into the databank. We are almost done! This is a very time consuming process for the office staff as information is checked and confirmed before data input. This emphasizes the importance of correctly and completely filling out your annual Renewal forms.

We continue to add new and revised Policies to the website once approved by Council. Please regularly check our website (www.cpspei.ca). Since our last newsletter we have added:

- Language Proficiency, July 2014

- Marijuana Prescribing (amended), Sept, 2014 - (This Policy was amended to allow a maximum of 150 gms/month in accordance with Health Canada's *Marijuana for Medical Purposes Regulation (MMPR)*. This policy also includes the *Physician Reporting Form for the MMPR*. Physicians issuing medical documents for marijuana must complete this form and return it to the College office. We have added a Physician-Patient Contract for Prescribing Marijuana, which is a suggested tool available for physicians to use. It is not mandatory to use this particular form, but it will be expected that those issuing medical documents for marijuana will have a similar contract with their patients, kept in the patient's medical record.)

Legislative Issues

1. There was a telephone conference held on November 13, 2014 at the request of Mr. Michael Mayne, Deputy Minister of Health and Wellness and his Atlantic counterparts. The purpose of the conference was to bring together the Atlantic Deputy Ministers of Health, the Registrars of the Medical Regulatory Authorities (MRAs), Presidents and others deemed appropriate, to discuss: interprovincial mobility requirements under the Agreement on Internal Trade (AIT), methods and means of sharing information between jurisdictions to facilitate information flow within the registration processes, performance metrics regarding the registration of International Medical Graduates (IMGs), performance of members regarding methadone maintenance (with a focus on efforts to wean clients off program dependence), and the potential for regional collaboration on opioid prescription monitoring and education. No issues were identified regarding mobility under AIT in any province. Registration of IMGs does present a challenge in each region. It was felt by the MRAs that instead of weaning people off methadone, more addicted patients should have the opportunity to join a methadone program. No immediate plan for regional collaboration on opioid prescription monitoring and education was agreed to. There will be follow-up to the telephone conference in the near future.

2. *New Marijuana for Medical Purposes Regulations (MMPR)*

As you are aware, Health Canada's new Regulations for access to Medical Marijuana came into force in June, 2013. Physicians will be asked to provide a medical document to those patients requesting to use medical marijuana. There is no need for a second physician to sign this document. A patient will then take his/her document to a distributor to obtain their marijuana. The document is good for up to 1 year, but like a prescription, it can be written for a shorter period; Health Canada has approved a maximum amount of marijuana of 5 gm/day or 150 gm/ month. Like any prescription, physicians are responsible for providing sufficient information to the patient to allow for informed consent. Please check the Health Canada website for more detailed information.

There has been an appeal launched by those previously growing their own marijuana, as under the new MMPR, they will no longer be allowed to grow their own and the cost will increase for them; this appeal has yet to be heard.

By default physicians have been made the gate keepers to access medical marijuana. Physicians, however, are not obligated to provide these documents. All physicians are advised to make themselves aware of the positions of the CMA, CMPA and as well as the Policy on Medical Marijuana adopted by our College. In addition, there is a new document produced by the CFPC "**Authorizing Dried Cannabis for Chronic Pain or Anxiety-Preliminary Guidance**" which has 15 recommendations for prescribers.

Professional Issues / Education

1) 27th Annual General Meeting CPSPEI

The 27th AGM was held at the Delta Convention Centre on Thursday, Nov 20, 2014. We had the best attendance ever at an AGM!! Our guest speaker was Dr. Gus Grant, Registrar of the CPSNS. The topic was Drug Addiction/Prescribing. Dr. Grant eloquently and thoroughly reviewed the history of opium. He then reviewed the Ten Step Program that the CPSNS has adopted in their approach to opiate prescribing which includes: engaging staff, Council, Committees, the Prescription Monitoring Program, Law Enforcement, Government and the Media; policy development regarding physician review of monitored drug history prior to prescribing; identifying/dealing with high prescribers; education initiatives for members; Methadone Prescribing initiatives; discipline for some prescribers; the Inverness Policies. The CPSNS has endorsed The Prescribing Course-Safe Opioid Prescribing for Chronic Non-Cancer Pain, put on by the Atlantic Mentorship Network-- Pain and addiction. Dr. Grant was an engaging and dynamic speaker.

Annual Complaint and Discipline stats for the CPSPEI were reported for the past year. In most complaint cases 'No further Action' was recommended. The majority of complaints tend to arise from issues of communication and behavior.

Just a reminder to Methadone prescribers, the Opioid Dependency Treatment Core Course by CAMH (Centre for Addiction and Mental Health) is the usual course taken and is available several times a year, including in Ontario and in Nova Scotia.

2) CFPC Alternate Route to Certification

The deadline for registration for the Alternate Route to Certification in Family Medicine for those who have not yet certified, and wish to do so, has been extended to December 31, 2015. Family physicians trained and certified in certain jurisdictions outside of Canada may have their training and certification recognized by the CFPC and may also be eligible for an Alternate Route to Certification. They are advised to contact the CFPC regarding this recognition and certification.

3) Canadian Adverse Reaction Newsletter

Publications re Adverse reactions to pharmaceuticals can be found at:

<http://www.hc-sc.gc.ca/dhp-mps/medeff/bulletin/index-eng.php>

4) CMPA Publications

The CMPA September, 2014 issue had an excellent article on Recognizing Boundary Issues. The October, 2014 issue was devoted to the impact of media and social media in your practice-interesting and informative.

5) Managing Opioid Withdrawal

Dr. Christine MacNearney requested that we share an online CME reading/exercise on Managing Opioid Withdrawal. She advised it would be an excellent article/educational resource for all physicians on PEI who prescribe narcotics. To see this article visit ubccpd.ca and thischangedmypractice.com.

6) CMA Code of Ethics

If you haven't read the CMA Code of Ethics in recent years, we suggest you re-read it again now. Patient autonomy is of the utmost importance. Remember you are treating the patient first (and not the disease first). Do your best to benefit the patient's condition/health and to not cause harm. The old saying "treat others the way you would want to be treated" still applies. Remember to treat patients with respect, empathy and compassion.

Extended Relationships / News

1. FMRAC (Federation of Medical Regulatory Authorities of Canada)

The FMRAC AGM was being held in Saskatoon this year from June 7-9, 2014. The theme of the meeting was Regulatory Leadership in an eHealth Era.

The following sessions were held:

- eHealth: Potential, Reality and Context—the emerging technologies in eHealth; their impact on medical regulation; trends and best practices in EMRs and EHRs; protecting patient privacy in an electronic environment; the implications of eHealth on medical practice, and in particular with physician performance enhancement.
- Emerging Issues for Regulators---the opportunities and limitations of technology in eHealth; how eHealth may impact the practice of medicine and standard of care; potential tools, policies and strategies to address opportunities and risks associated with eHealth in medical regulation.
- Data Governance and Use in the Service of Patient Care---medico-legal implications of eHealth that require regulators to adopt a leadership role; data governance and use; the patient perspective and concerns related to eHealth; the physician's role in protecting the confidentiality/stewardship of patient information.

2. Medical Council of Canada

The 102nd AGM was held in Ottawa September 13-16, 2014. The theme of the meeting was "Assessment: Evolving beyond the Comfort Zone". The progress on the New Blueprint project of the MCC was reviewed. This project is a review of the MCC's exams to ensure that critical core competencies, knowledge, skills and behaviors required of a physician entering residency and independent practice are being appropriately assessed. The new MCCQE I examination developed from the Blueprint Project is set to start in the spring of 2017.

The following Workshops were held:

- An Assessment E-Portfolio across the Continuum: A Discussion of the "What"—what to include in an e-portfolio for the two MCC decision points; mechanisms for this to be feasible and acceptable for schools, candidates and regulators.

- Feeding Forward: From a Student-Centered to Patient-Centered Approach---A review of the meaning and understanding of “feeding forward”; opportunities and barriers to sharing of assessment information within and between stakeholder organizations for the purpose of quality improvement and learning.
- MCC Strategic Issues---
 - MCC Priorities regarding the Assessment Review Taskforce (established in 2009 to review the MCC’s assessment processes),
 - The critical factors in the development of an internationally delivered QE I examination (expected to be offered in 2018),
 - Legislation issues that prevent the sharing of candidate performance between the MCC and other organizations,
 - Potential solutions and modifications to existing legislation,
 - The business model and appropriate governance structure for a sustainable pan-Canadian Practice Ready Assessment process for IMGs.

At the AGM it was announced that the joint harmonized examination of the MCC and the CFPC would not be continued. Starting in 2016, the examinations will be run as two separate examinations again, as they were before 2013.

3. Medical Society of PEI

In case some members are unaware, the Medical Society of PEI has contracted “inConfidence”, an Employee and Family Assistance Program for the membership. This is a welcomed, long overdue service needed for physicians on PEI and this program is entirely confidential. Most of the other provincial jurisdictions in Canada have Physician Health Programs run by their Medical Societies at arm’s length from the Colleges. Anyone in need of confidential, expert advice on life matters, stress, mental or physical health issues, addiction, etc, for yourself or for your family members, can call 24 hrs a day, 7 days a week to speak with a professional consultant. Please contact the MSPEI for more information on this service.

4. PEI French Health Network

To remind those who are fluent in French, and agreeable to accept French speaking patients-please contact the PEIFHN at www.santeipe.ca/repertoire or call 1-902-854-7444.

5. New Initial Registration and Renewal Annual Licensure Forms

We recently revised our initial registration form and our annual license renewal form. They have recently been mailed to you. There are more questions on the new forms and many of these are in regard to physician health. Our new forms are more in line with the national application for registration form of the MCC. Please ensure you answer all questions. I am sorry that the added consent part caused dismay by some members. This is the same consent that new applicants sign. Colleges have two issues that this may help. Applicants for licensure or relicensure may decide not to disclose the fact that they have been unsuccessful at examinations, or that they have had issues with other licensing authorities. These issues are often minor, but we have 0 tolerance for any mistruth (intentional) on the form. Full disclosure is the only way that the College can protect the public.

Yes, the last sentence does appear to protect the College (You!). Should false or defaming information be sent to the College, it would need to be dealt with in that light. Like most, if not all, "protected" actions, any maleficent or negligent act is rarely protected. I shall review this with legal counsel in the new year. Any accusations against a member would require due process, which includes disclosure. The purpose of enclosing it in the renewal form is to cover members who are licensed in other jurisdictions, or those who are licensed on the Temporary Register with the expectation that they will be successful in examinations. Other Colleges are considering, or are requesting, new Certificates of Conduct of members who practise elsewhere. This seems to be more costly, and would affect more people. I hope this information is helpful.

6. Annual Fees

The Annual Invoices have been mailed, and we are happy to report there is no increase in your fees for 2015. If you have not received your Invoice, please contact Melissa, and she will ensure you receive a copy. PLEASE remember, you licence expires December 31, 2014, and your fees are due in this office, by January 15, 2015. If they are not received by this date, there will be a late fee applied. If you are not responsible for paying your own fees, please check to make sure they have been paid.

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Please look after your own health & well-being.

Healthy & happy physicians look after their patients competently and with compassion.

We at the College office hope you all enjoy upcoming holiday season!!

**Please remember the College office will be closed from
Wednesday, December 24, 2014 - Thursday, January 1, 2015**

The College office has a mail slot on the front door for anyone who wishes to drop off any mail.