



College Notes

The College of Physicians and Surgeons of Prince Edward Island

Fall 2015



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 2015

- ❖ Dr. Chris Stewart, President
- ❖ Dr. Gary MacLean, Vice President
- ❖ Dr. Anne Drysdale, Acting Registrar
- ❖ Dr. Aaron Sibley, appointed by Government
- ❖ Dr. Jean-Yves Dubois
- ❖ Dr. Des Colohan
- ❖ Dr. Garth Slysz
- ❖ Mr. Neil Robinson, Lay member appointed by Government
- ❖ Ms. Barb Currie, Lay member appointed by Government

*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

Website Development

We are pleased to inform you that our database has been completely loaded with all registration-related physician data. We continue to work on entering complaint-related data at this time.

The Physician Login and on-line renewal of registration with on-line payment is now up and running, as of November 24, 2015. Payment is due Dec 31, 2015 and a late fee is charged if payment is not received by Jan 15, 2016. Because this is the first time for on-line renewal of registration (which will then be entered in the database), **all questions** on the on-line renewal form require answers in order to complete the registration renewal process. You will not be able to move forward to complete the registration process if there are any unanswered questions.

Phone: (902) 566-3861

Fax: (902) 566-3986

Email: mmacdonald@cpspei.ca

Website: www.cpspei.ca

New and revised Policies and other documents are continually added to the website once approved by Council. Please regularly check our website (www.cpspei.ca). Since our last newsletter we have added:

- ❖ Policy on Levels of Supervision of Physicians in Practice-August, 2015
- ❖ Supervision-Qualifications, Roles and Responsibilities-August, 2015
- ❖ A new Physician-Patient Contract Form for Prescribing Opioids -August, 2015. This is another tool available for use by physicians. It is not mandatory to use this particular form, but it is expected that physicians prescribing long-term opioid medications will use a similar form with their patients, kept in the patient's medical record.

Legislative Issues

1) Physician Assisted Death

In February, 2015 the Supreme Court of Canada ruled unanimously that competent adults with grievous and irremediable medical conditions that cause enduring suffering that is intolerable to the individuals in the circumstances of their condition, have the right to ask a doctor to help them die. The basis for this ruling was that sections of the Criminal Code unjustifiably infringe on the Canadian Charter of Rights and Freedoms prohibiting physician assisted death. The present ban on physician-assisted death has been declared invalid and will be struck down in 12 months (Feb 2016), unless federal and provincial governments amend legislation in response. ***This is a very significant ruling for physicians.*** Should governments decide not to respond to this ruling, the ban will be lifted and the issue will be placed chiefly with the medical profession. Discussions are presently being held by such national bodies as FMRAC, CMA and CMPA. Provincial and Federal Governments have not as yet responded with legislative changes. It is quite possible that Governments may request a delay in the enforcement of this legislation. In May, 2014, Quebec became the first Canadian province to adopt 'right to die' legislation in Bill 52, an act respecting end-of-life care. This legislation is due to come into effect on December 10th, 2015. We will keep you posted as new information evolves.

FMRAC has created an Advisory Group on Physician-assisted Dying, AGPAD, chaired by Dr. Yves Robert, Collège des médecins du Québec. This group has developed a pan-Canadian framework identifying issues that should be addressed by all provincial and territorial MRAs in their duty to guide physicians through this complex and difficult area of practice. FMRAC has offered the expert assistance of the medical regulators to the ministries on this challenging ruling.

The CMA previously revised its policy on Euthanasia and Assisted Death in 2014. The CMA recently developed an implementation framework for assisted dying in a document: "Principles-based Recommendations for a Canadian Approach to Assisted Dying". Members are advised to review these documents in preparation for the new physician assisted death legislation.

The CPSPEI is presently drafting a document on physician assisted death for the membership. It will appear on the website when finalized.

2) Aeronautics Act: Section 6.5

Following the recent tragic events of the German Wings accident, Transport Canada requested we remind members of their requirement under Section 6.5(1): "Where a physician or optometrist believes on reasonable grounds that a patient is a flight crew member, an air traffic controller or other holder of a Canadian aviation document that imposes standards of medical or optometric fitness, the physician or optometrist shall, if in his opinion the patient has a medical or optometric condition that is likely to constitute a hazard to aviation safety, inform a medical adviser designated by the minister forthwith of that opinion and reasons therefore." When such a report is received by the department, Transport Canada's Civil Aviation Medicine Branch will investigate each report and determine the application of the medical standards of fitness outlined in the Canadian Aviation Regulations based on the results of their investigation and not just the contents of the physician report. These reports are viewed by fellow physicians and treated with the same professional standards of care and regard for privacy as any other interaction in health care. If you have any questions or wish to discuss aviation medicine issues with Transport Canada staff please call 1-800-305-2059.

3) PEI College of Pharmacists

The PEICP is developing Treatment of Opioid Dependence Practice Directives for Community Pharmacies. Recently a meeting was held between the PEICP and the CPSPEI to discuss some issues arising from the treatment of opioid dependence, including:

- a) Prescriptions must be written on fax forms developed by the PEICP-this is the law, built into their regulations;
- b) There exists a Patient-Pharmacist Agreement for each patient, a copy of which will be provided to the physician;
- c) There will be a new Prescriber-Pharmacist Agreement, applicable to all your patients on Opioid Dependence Treatment (one single form that can be faxed to multiple pharmacies, with standard instructions to the pharmacist);
- d) The physician may use the Prescriber-Pharmacist Agreement to direct the pharmacist how he/she wishes to handle missed doses that fall outside the practice directives;
- e) Instructions regarding storm day doses may be written in the 'special instructions' area on the bottom of the fax form prescription for each individual patient. It is not acceptable to instruct the pharmacy regarding storm days with a 'blanket prescription' for all patients on opioid dependence treatment.

Another issue discussed was that of fentanyl patch returns. Though no formal fentanyl patch return program exists at this time, physicians are asked to write or stamp on their fentanyl prescriptions 'must return patch'. In this way, a new patch will not be

dispensed unless the old used patch is returned. Patients should also be instructed that any unused patches should be returned to the pharmacy.

Professional Issues / Education

1) 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. Some Family physicians who trained and certified in certain jurisdictions outside of Canada may have their training and certification recognized by the CFPC and be awarded CFPC certification, while others may be eligible for an Alternate Route to Certification. These physicians are advised to contact the CFPC regarding this recognition and certification.

2) 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>

3) CMPA Publications

The CMPA June 2015 issue has two timely articles “*Conscientious objection to physician-assisted dying: Protecting Charter rights*” and “*Preventing the misuse of opioids*”.

In the September 2015 issue, there is an article that should offer some guidance to members: “*Advance directives offer greater clarity for patients and physicians*”. Also in this issue is an article “*Physician Health: Putting Yourself First*”. It suggests two resources for physicians in need of help: The CanMEDS Physician Health Guide and the CMPA Good Practices Guide. In addition, CMPA has a Physician Wellness page on their website.

The CMPA recently offered two CME sessions:

- “The Ins and Outs of Documentation” – Oct 21, Charlottetown; Oct 22, Summerside
- “Quality Improvement Activity Processes and Physician Involvement” –Oct 22, Grand Rounds-Summerside; Oct 23, Grand Rounds-Charlottetown

The presentations were timely and informative as both these topics cover problems that can potentially lead to/overlap with a CPS complaint or a legal negligence case.

4) CPSPEI AGM

This year’s AGM was held on **November 4, 2015** at **5:30pm** at the Delta Charlottetown. Our guest speaker for this year’s meeting was Dr. Yves Robert, Registrar of the Collège des médecins du Québec. Dr. Robert spoke on physician-assisted death. The title of his presentation was “The new continent: For appropriate end-of-life care”. He reviewed how the province of Quebec developed and adopted Bill 2(formerly Bill 52)-an Act respecting end-of- life care. This law will come into effect December 10, 2015. This was a very interesting presentation, with much talk and debate from the members following the presentation. It was decided that there should be a follow-up meeting of the members to discuss this matter in more detail, in January 2016. You will be notified of the date by email once it has been set. This year’s AGM was the largest turnout ever with 55 members in attendance.

Extended Relationships / News

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

The FMRAC AGM was held June 7-8, 2015 in Fredericton, New Brunswick. The theme of this year’s meeting was “Medical Regulatory Authorities’ Transparency of Information (Physician Specific) and their Role in Ensuring Physicians’ Continuity of Patient Care”. There was a great deal of information presented, gathered and discussed on both these themes, with more to come from the FMRAC Board in the future.

The 4 strategic priorities for FMRAC for 2014-2015 were:

- ≈ Physician practice improvement-to develop a pan-Canadian strategy to address how to assist: (1) physicians in identifying opportunities for improvement, (2) MRAs to identify physicians who may benefit from focused assessment and enhancement, and (3) all stakeholder organizations in identifying their roles and responsibilities;
- ≈ Prescription drug misuse and abuse-a national meeting was held at McMaster University in May 2015 to discuss this issue with members of FMRAC in attendance. The Michael DeGroote National Pain Centre, McMaster University has received Federal funding to update the Canadian Opioid Guideline;
- ≈ Physician health-development of a risk assessment grid focusing on the impact of aging on a physician’s health and medical practice; development of a draft FMRAC Framework on Blood-Borne Pathogens, which is in a consultation phase with other stakeholders.

- ≈ FMRAC Integrated Risk Management System (FIRMS)-regarding best medical regulatory practices and operational mechanisms for FMRAC and its members.
- ≈ Physician-assisted death was added as a 5th priority in 2015 -a Physician-assisted Dying Advisory Group was formed and a draft Guidance Document was developed and approved in June for subsequent consideration by each provincial/territorial MRA.

2) Medical Council of Canada (MCC)

The MCC AGM 2015 was held in Ottawa on September 27-29. The theme of this year's meeting was 'Pushing the boundaries of medical licensing examinations by applying a programmatic (assessment) framework'. This approach is one of multiple observations by multiple assessors that are accumulated and compiled over time into a decision about competence; this approach supports competency based education and supplements point-in-time assessments.

National Application for Medical Registration - At this time the Medical Regulatory Authorities (MRAs) in Alberta, Nova Scotia, Quebec and Saskatchewan are using the application, physiciansapply.ca. It is hoped that the majority of the provinces will be using the application by the end of 2015. The site stores medical credentials and other documents that are source verified. Once fully developed across Canada, physicians will be able to use the site to apply for medical registration to one or several MRAs at the same time, and to apply for any of the MCC's examinations.

The New Blueprint project of the MCC is a review of the MCC's exams to ensure that critical core competencies, knowledge, skills and behaviors required of a physician entering residency (Medical Council of Canada Qualifying Exam Part I) and independent practice (Medical Council of Canada Qualifying Exam Part II) are being appropriately assessed. All question banks are being reviewed and automated Item Generation will be used to increase new examination content. Pilots of these exams will begin in 2015/2016. The new MCCQE I examination developed from the Blueprint Project is set to start in the spring of 2017.

The MCCQE I will be delivered more frequently, both nationally and internationally. Medical students will be able to take the exam before they finish their fourth year and the exam could possibly be used by medical schools as an exit exam. The international delivery of the MCCQE I is set to start in 2019. This may eventually lead to the discontinuance of the MCCEE.

The MCCQE II eligibility has been changed to allow a candidate to challenge the exam in their first year of residency, if their program director certifies they are expected to complete their first post-graduate year. During the first year as this process evolves, priority will be given to the applications of the second year residents, so they can complete their final exam in time before entering their practices. Thereafter, the number of spots for PGYI candidates to take the exam will gradually increase each year, until a balance has been restored between the numbers taking the exam in the spring and fall.

National Assessment Collaboration (NAC) - Last year the NAC OSCE was required by nearly all Post-graduate programs for an IMG to be able to enter a residency program in Canada.

NAC continues to work on the development of a Pan Canadian PRA (Practise Ready Assessment) process for IMGs seeking provisional licensure in Canada. In addition to Family Medicine, PRA programs for Psychiatry and Internal Medicine are being developed. CPSBC has used the NAC process to launch a new PRA program for family physicians in their jurisdiction. This pan Canadian process will lead to improved physician mobility.

The joint harmonized examination of the MCC and the CFPC has ceased, with the last conjoint exam in October, 2015. Starting in 2016, the examinations will be run as two separate examinations again, as they were prior to 2013.

3) International Association of Medical Regulatory Authorities (IAMRA)

An IAMRA sponsored event was held this year in Montreal on October 29-30th, with Revalidation as the theme of this conference. Dr. Moyses attended.

4) Health PEI-CPSPEI-Medical Society of PEI Joint Session

A joint session was held on May 28, 2015 with leaders from the CPSPEI, MSPEI and HPEI to look at important common issues to these three groups. The session was facilitated by Mr. Kenneth F. DesRoches, Business Consultant. The session ended with an informal agreement to work more collaboratively to reach some common goals- e.g. to improve the physician credentialing, registration and licensing process for a physician wanting to come to PEI to practice.

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Please look after your own health & well-being.

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

Have a joyous holiday season!

The College office will be closed from December 24, 2015 - January 1, 2016

There is a mail slot on the front door for anyone who wishes to drop off their annual renewal and payment.

**College of Physicians and Surgeons of Prince Edward Island
14 Paramount Drive, Charlottetown, PE C1E 0C7
Phone: 902-566-3861 / Fax: 902-566-3986**