



College Notes

The College of Physicians and Surgeons of Prince Edward Island Fall 2017

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 2017

Dr. Chris Stewart, President
Dr. Gary MacLean, Vice President
Dr. Matt Kutcher, appointed by Government, Acting Registrar
Dr. Anne Drysdale
Dr. Jean-Yves Dubois
Dr. Rachel Kassner
Dr. Roy Montgomery
Mr. Neil Robinson, Lay member appointed by Government
Ms. Verna Barlow, Lay member appointed by Government

The Office Staff:

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

New Policies

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/alterd the following policies and guidelines:

- 1). Canadian Guideline for Opioids for Chronic Non-Cancer Pain, June, 2017
- 2). Policy on Continuity of Care, October, 2017
- 3). Guideline on Standard of Care-Walk-in Clinics, October, 2017

Please read these new policies/guidelines. In particular, there are new requirements for medical record keeping for those physicians working at walk-in clinics.

The Council adopted the Federation of Medical Regulatory Authorities of Canada's 'Framework on a Regulatory Approach to Physicians with Health Conditions and Potential Impact on Performance and Patient Safety' at its August 2017 Council meeting. This document can be found at <http://fmrac.ca/physician-health-framework/>. The CPSPEI will next have to develop policy addressing the standards and recommendations proposed in this framework.

We will soon post another new policy on the Retention, Access and Transfer of Medical records-watch for this shortly on the website.

News

1). Application for Medical Registration (AMR)

The Application for Medical Registration (AMR) is up and running on our website since February, 2017. Currently there are eight provinces and one territory using the AMR. Presently, the province of Ontario intends to use Physicians Apply for IMGs only and not CMGs. To use the AMR, you first must create an account with physicianapply.ca. Through this same site, physicianapply.ca, the applicant can review the registration criteria for the MRA where the applicant intends to apply, fill out the application form and pay the fee. Once these steps are completed the application is sent to the MRA for their review. The MRA will then review the application based on its eligibility requirements and will issue a medical license or practice permit only to those who meet the eligibility requirements.

2). Medical Professional Corporations

Council is concerned for those visiting consultants and locums who are incorporated in another Canadian jurisdiction. If they are incorporated, in order to work on PEI and be paid to their corporations, they must register and incorporate here in PEI, or they must be federally incorporated. This is a legal requirement in the Medical Act and other provincial legislative acts. To change this situation, an amendment to the Medical Act is **required**. Our Medical Act has been repealed and once an Act has been repealed, changes cannot be made to it.

3). Health Information Act (HIA)

The new Health Information Act was proclaimed July 1, 2017. This legislation sets out the rights of patients and the obligations of health care professionals with respect to personal health information. A Guide to the New Health Information Act is posted under the "Education and Workshops" tab on the Department of Health and Wellness website at

<http://www.princeedwardisland.ca/en/topic/health-and-wellness>

Of note to physicians is a new schedule of fees for charging patients for a copy of their records. This fee schedule is set out in the Regulations to the new legislation, found at http://www.princeedwardisland.ca/sites/default/files/legislation/h01-41-1-health_information_act.pdf Overcharging patients for a copy of their medical records is now a violation of the law under this new Act, which could result in a legal charge, and could also result in a complaint to the College.

4). PEI Action Plan to Prevent and Mitigate Opioid-Related Overdoses and Deaths

The provincial Government recently launched the PEI Action Plan to Prevent and Mitigate Opioid-Related Overdoses and Deaths (October 27, 2017). Opioid-related overdoses and deaths will come under intense scrutiny with surveillance and sharing of data between stakeholders. A rapid response protocol will be activated when an increase in the number of opioid related overdoses or deaths occur. The Action Plan includes a harm reduction strategy with naloxone being provided to Islanders likely to respond to or experience an opioid overdose. Also under harm reduction is a plan for enhancement of the delivery of Opioid Replacement Therapy in the province, and a plan for public education on opioid use, misuse and overdose. The new Action Plan calls for collaboration on opioid supply with a formal prescription monitoring program, strengthening prescribing and dispensing practices in the province and reducing diversion of prescribed opioids. The Action Plan also calls for better pain management services in the province and physician education on pain management. One next step strategy is to develop and commence implementation of a clinician education and awareness strategy by the spring of 2018. The full document on the Action Plan can be found at https://www.princeedwardisland.ca/sites/default/files/publications/web-opiod_action_plan_20oct2017.pdf

5). Federal Cannabis Legislation

The Federal Government is planning to legalize and strictly regulate cannabis, with Royal Assent target date of no later than July, 2018. Bill C-45, an Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts have passed two readings in the House of Commons and is currently in its third reading. Concerns have been expressed over a number of things including (but not limited to): the legal age for cannabis use, having two parallel systems for cannabis-the new proposed legislation(Bill C-45) and the medical cannabis legislation(MMR), developing the regulations to the new bill, the timely development of provincial legislation, the maximum THC concentration for the legal product, allowing for higher THC concentration for medical cannabis , allowing for a younger age for medical cannabis, defining a public health approach, enforcing public safety and protection, developing public education programs, minimizing the harms of use, establishing a safe and responsible production system, managing the illicit market, establishing penalties for violating the bill. For more information on the new Bill C-45 see <https://www.canada.ca/en/services/health/campaigns/legalizing-strictly-regulating-cannabis-facts.html>

6). CPSPEI Review

In 2017, the Council for the CPSPEI commissioned an external review of the operations of the CPSPEI for quality assurance purposes. This review was conducted by Dr. Ed Schollenberg, Registrar for the CPSNB. The review was done in the spring of 2017 and reported to Council in June, 2017. The overall report was very favorable for the CPSPEI. He did comment that the present functioning of the CPSPEI is bound by the old Medical Act under which we must adhere. He questioned and made some suggestions regarding our complaint/discipline procedures/process. Dr. Schollenberg reviewed the new Regulated Health Professions Act, and made some recommendations for change in it if possible. The full report is available to college members by request.

7). Database

As a result of the CPSPEI Review, we were connected to Mr. Mark Goldsmith, who developed the database for the CPSNB. This has proved to be very beneficial to our search for a new database. The database we currently use is an older one that came from CPSNL. One of the main problems with this older database is getting ongoing technical support, which presently is provided by a company in NL.

The NB database design and software is newer and more compatible with a College of our size, and the technical support would be easier to access from NB. Additionally, the cost of this proposal is much more reasonable than several others we had previously looked at. Council has decided to proceed with this new database which hopefully will be set up and running by next summer.

Professional Issues / Education

1). *New Canadian Guideline for Opioids for Chronic Non-Cancer Pain*

At the Council meeting in June, 2017, the Council for the CPSPEI decided to adopt the new Canadian Opioid Guideline released by the McMaster's Michael G. DeGroot National Pain Centre in May, 2017. The new Guideline has ten recommendations. For chronic non-cancer pain, the guideline recommends a maximum of 50 mg morphine equivalents (MME) per day for those beginning opioid therapy and a maximum of 90 MME per day for those who are currently on 90 MME per day or more.

The full guideline is available on the McMaster University website <http://nationalpaincentre.mcmaster.ca/guidelines.html>

2). *Methadone For Pain in Palliative Care*

There is a free online course developed by Canadian Virtual Hospice and leading Canadian palliative pain management specialists, in collaboration with the Canadian Society of Palliative Care Physicians, the College of Family Physicians of Canada, Pallium Canada and de Souza Institute with funding by the Canadian Partnership Against Cancer.

It has been recently re-approved by the Royal College of Physicians and Surgeons of Canada and certified by the College of Family Physicians of Canada for 2.0 continuing education credits.

CPSBC has made completion of this on-line course a mandatory requirement for acquiring a methadone exemption license.

The course can be found at <http://www.methadone4pain.ca/>

3). *Methadone CME requirements*

In 2012 the CPSPEI adopted two new Policies on methadone prescribing for both analgesia and opioid dependency. Included in both Policies were physician commitment forms where physicians agreed to complete continuing medical education (CME) relevant to their methadone prescribing in five year cycles. Since we are now completing five years since the adoption of these policies, the CPSPEI will be reviewing all documents signed in 2012 and looking at the CME completed by physicians. If you have not yet submitted documentation for your required CME, please do so as soon as possible before the end of the year. Physicians not in compliance with these policies risk losing their exemptions to prescribe methadone.

4). *CMPA Education Session "Don't Drop the Baton-Improving Handover Communication"*

There was a CMPA educational session held Oct 11 & 12, 2017 on improving handover communication. The speaker was Dr. Janet Nuth from CMPA. Approximately 20% of legal actions in Canada and the USA involve poor MD handover communication and the majority of them result in patient harm and unfavorable medico-legal outcomes for the physicians. Physicians often overestimate the quality of their handover communication. The top 5 messages regarding handovers ("RISKS") were: **R**emember handovers are of high medical-legal **R**isk, **I**nterruptions, distractions should be limited, **S**tandardize content, **S**tart with the sickest person, **K**now the pending tasks and contingency plan, **S**ynthesize, ask questions and document. Handovers should be face to face whenever possible and in a quiet, uninterrupted space so physicians can mentally engage in the handover of information. Also, the essential points of the handover should be documented in the medical record. A number of structured handover tools were discussed, including SBAR, ISBAR, SIGNOUT, ANTICIPate, DRAW and IPASS. These tools can be used in the face to face handover communication and in the documented one in the medical record. A standardized handover process has been shown to improve outcomes.

CMPA has a number of resources regarding this subject on their website and there is also a section in The Good Practices Guide 2012. If you would like a copy of Dr. Nuth's presentation please contact the CPSPEI office.

5). *CMPA Publications*

Important articles in the CMPA Perspective publications for all to read include:

June, 2017- Medical assistance in dying and the law: One year later

New to Practice? Practical tips for physicians in the first 5 years

Shining a light on the medical-legal risks of laparoscopic surgery

Social networks in healthcare: Opportunities and challenges for a connected future

Sept, 2017- Is that eConsultation or eReferral service right for your medical practice?

The ransomware threat: are you prepared?

Closing the gap with the surgical safety checklist

Maternal postpartum care: when things don't go as planned after delivery

6). *Certificates of Professional Conduct*

Just a reminder again to everyone regarding Certificates of Conduct. For those physicians with temporary licenses needing upcoming renewals, please remember to request your Certificate of Conduct (for all jurisdictions licensed in for the past 5 years), well in advance of your license renewal so it will arrive on time, in order to avoid a lapse/expiry in your license, and the subsequent increased cost and paperwork for a reapplication.

7). **Health Product Infowatch**

- Publications re Adverse reactions to pharmaceuticals can be found at: <http://www.hc-sc.gc.ca/dhp-mps/medeff/bulletin/index-eng.php>
- Recent Summary Safety Review articles: Atypical Antipsychotics, Levonorgestrel-releasing intrauterine systems, Aubagio, Desloratidine, Effient, Amino-acid solutions for parenteral nutrition, Intraocular Lenses, Brilinta, DPP-4 Inhibitors, Finasteride, Mefloquine, Tecfidera, Tysabri, Volulyte and Voluven, Infrared thermometers, Xalkori
- Other Articles: Thermography Devices, Foreign Health Products, Hydroquinone, Recalls and safety alerts mobile application, Narcan nasal spray, Clozapine and life-threatening GI hypomotility-Update, Consultation-New measures to inform Canadians of the risks of prescription opioids, Government of Canada enables new access to drugs in urgent public health situations, Mandatory reporting of serious adverse drug reactions and medical device incidents by health care institutions
- Recent Monograph Updates: Erythromycin IV, Mefloquine, Proton Pump Inhibitors, Keppra, Rifadin, Invokana, Invokamet, Revlimid, Temodal, Videx EC, Zelboraf, Biphosphonates: oral and injectable, Evotaz, Reyataz, Sustiva, Tramacet
- Advisories: Apo-NTG sl spray, Unauthorized Health Products, NovoPen Echo and NovoPen 5 insulin cartridge holders, RestoraLAX 30 + Bonus Pack, RestoraLAX 45 + 10 Value Pack
- Health Professional Risk Communication: Invokana and Invokamet, Solu-Medrol Act-O-Vial 40mg, Erwinase for injection, Gentamicin Injection USP, Aranesp, Mifegymiso, Sodium chloride injection 0.9%, USP
- Drug Recall: PMS-Propofol, RestoraLAX 30 + Bonus Pack, Restoralax 45 + 10 Value Pack, Cefazolin for injection, Sodium bicarbonate injection
- Medical Device Recall: SynchroMed II-Programmable Pump

8). **Telephone Access**

One common complaint that patients have is difficulty accessing their physician's office by telephone. In this day and age, most people expect to be able to leave a message and have their call returned. If you'd like to improve telephone access for your patients, consider the following: 1) Identify poor practices in your office today (such as the hours of telephone access, staff scheduling for answering the phone, voicemail management, lack of an up-to-date office website, an out-of-date phone system); 2) Study the problem (Request a busy signal report from the phone company, survey patients re their telephone experience, and ask your staff to help you understand the issue); 3) Understand how your staff actions impact your telephone access (You may need to retrain your staff on how to answer the phone, how to properly triage calls and how to move conversations along; consider the use of a hands-free headset); 4) Understand how your practice habits impact phone access (Write prescriptions for longer intervals to reduce calls for refills; ask about refill requests as patients are put into rooms; consider a fourth exam room/empty appointment time, after every three patients, to take care of phone messages as well as documentation and paperwork); 5) Change processes for managing phone calls (level out the peaks of the call volume load by adding a message to your voicemail advising the best time/best day to call, shifting calls away from early mornings and Mondays; spread phone calls out over a longer day; try to eliminate some incoming calls by keeping a written script of frequently asked questions and educating your patients about these issues when they are in your office or by posting the information on your website; reevaluate your voicemail-change your message daily and try to return voicemail calls every four hours in batches, in a block of time set aside just for this).

9). **CPSPEI AGM**

The 2017 CPSPEI AGM will be held on November 30th at 5 pm at the Delta Hotel in Charlottetown. The guest speaker for this year's meeting will be Dr. Steven Bellemare from the CMPA. This year's topic will be on *Providing Safe Medical Care in the Walk-in Clinics* "CMPA speakers are always extremely knowledgeable and very engaging, and we hope everyone will try to attend the meeting.

Extended Relationships

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

The FMRAC AGM was held June 10-12, 2017 in Winnipeg, Manitoba. The theme of this year's meeting was "The Regulation of Opioid Prescribing: Turning our minds to collaborative solutions." The conference objectives were to: 1) describe potential MRA approaches and best practices to ensure the safe prescribing of opioids, 2) explain various stakeholder perspectives relating to the opioid prescribing issues, and 3) identify potential collaborative and supportive approaches on this important issue.

The following 3 sessions were presented: 1) A Pan-Canadian Regulatory Framework on Appropriate Opioid Prescribing, 2) Practical Strategies for the MRAs, and 3) Collaborative Approaches and Support for Patients and Physicians.

There is a great deal of work going on nationally to improve opioid prescribing. There is a Pan-Canadian Collaborative for Improved Opioid Prescribing made up of members from eight national medical organizations of which FMRAC is one. This group is focused on educational resources for prescribers, while ensuring Canadians have timely and appropriate access to optimal treatment for acute and chronic pain. The Collaborative along with AFMC is developing an on-line repository of CPD courses for prescribers and it is working

with Choosing Wisely Canada to promote specialty specific recommendations for practice changes relating to pain management and opioid prescribing. It is also working on the aggregation and coordination of practice QI activities to support physicians to practice in alignment with the new guidelines.

There is a new Task Group on Educational Programming for Opioid Prescribing led by the CFPC, on which FMRAC has representation. CPSA with the University of Calgary are developing an Opioid Tapering Course. CPSNL and Memorial University of NFL have previously developed a Safe Prescribing Course and MUN is developing a national on-line CPD course to support implementation of the new Canadian Opioid Guideline.

There seemed to be general agreement that MRAs should adopt the new Canadian Opioid Guideline as a regulatory standard. It was recommended that physicians should have access to a database (or a Prescription Monitoring Program (PMP)) and that MDs should be checking this resource before issuing opioid prescriptions. It was also recommended that MRAs require some form of a Prescription Monitoring Program.

The FMRAC will host its national Annual General Meeting in Charlottetown, at the Delta Convention Centre June 9-11, 2018. The education part of this program is open to other registrants. The topic for this year's meeting is "Risk-Based Regulation." More information will follow or you can contact the College office next Spring.

2). Medical Council of Canada (MCC)

The MCC AGM was held in Ottawa on September 17-19, 2017. The theme of this year's meeting was "Framing the Future of MCC". Plenary sessions were held on the following topic "Bridging the Transition from Medical School to Residency": A Public Perspective, Future Role of the Physician, Changing Medical Education Landscape, MCC Environment and Future Directions. Workshops were held on MCC Strategic Directions and MCC Strategic Issues.

The MCC is growing with 190 employees. The MCC currently has a number of projects in development including the MCC 360, the NAC PRA, the Blueprint project, and the MCC Assessment Evolution. The MCC 360 is a multisource feedback tool for physician quality assurance and improvement that will be available for use by MRAs, Health Authorities and possibly others including undergraduate and postgraduate university programs. It is expected to be fully operational in 2019. The NAC PRA, when available in 2018, will be used for practice ready assessment (for conditional licensure) for IMGs in Family Medicine, Internal Medicine and Psychiatry. The NAC PRA will be a 12 week assessment and there will be a candidate fee of \$1750. The Blueprint project is a substantial review of the MCCQE I and the MCCQE II to evaluate how well the two exams reflect the reality of medical practice and the healthcare needs of our society today; this resulted in the development of new 'blueprints' for the two exams. The new revised MCCQE I will be launched in the spring of 2018 and the new MCCQE II will be launched in the fall of 2018. The Assessment Evolution project is an evolution of all the MCC processes for conducting its different examinations. It aligns knowledge, skills and testing with 21st century medicine, evolving to meet the needs of Canadians who face changing demographics, new areas of need and new approaches to healthcare. It also includes a completely updated package of learning supports for candidates.

Currently there are 2.2 physicians for every 1000 people in Canada. IMGs make up 24% of the physician population. The MCCEE is currently used to evaluate international medical candidates before they can write their MCCQE I and until recently has also been used for eligibility to apply for the NAC OSCE. As of March 2018, candidates will no longer be required to pass the MCCEE before they can apply to the NAC OSCE. Eligible candidates will be able to challenge the MCCEE and the NAC OSCE in whichever order they prefer, until the final session of the MCCEE is administered in November 2018. The NAC OSCE is currently used for assessment of IMGs for residency positions in Canada and can be taken a total of three times. It is delivered at 26 sites across Canada, as is the MCCQE II. A total of 7000 candidates per year take these two OSCE exams!

Beginning in 2019, the MCCQE I will be used for evaluating both Canadian trained and internationally trained candidates. Starting in 2019, all international candidates wanting to enter a residency position in Canada will need to pass both the MCCQE I exam and the NAC OSCE. Starting in 2019 the MCCQE I will be delivered internationally in over 80 countries up to five times per year!

The National Assessment Collaboration (NAC) is an alliance of Canadian organizations streamlining the evaluation process for IMGs seeking a license to practice in Canada. NAC has developed a Pan-Canadian process, the NAC Practice Ready Assessment (NAC PRA), to assess IMGs' practice readiness. NAC PRA will become operational in 2018. It is an OSCE examination to be used for assessment of an IMG's entry into conditional practice under a provisional license. There is currently a national move to consider the use of this assessment tool as a standard tool across Canada for provisional licensure. In this way, an IMG seeking a conditional license to practice in Canada would need the MCCQE I and the NAC PRA. In addition, the majority of the NAC PRA programs in the various provinces also use the NAC OSCE as one of their tools for selection into their PRA program.

3). International Association of Medical Regulatory Authorities (IAMRA)

The biennial 13th IAMRA Conference on Medical Regulation will be held October 6-9, 2018, in Dubai, United Arab Emirates. IAMRA now has 112 member organizations from 48 countries around the world. The theme of this conference is "Empowering regulation with innovation and evidence". For more information on this conference go to <http://www.smartwebagency.co.uk/demo/iamra-2018/>

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We look forward to seeing everyone at the Delta Hotel for the AGM on November 30th, 2017!

Please look after your own health & well-being.

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

The College office will be closed over the holidays from Monday, December 25, 2017 - January 1, 2018.

There is a mail slot at the front door of our building for anyone who would like to drop off their fees.

The Council and the College office staff want to wish everyone a safe and happy holiday this year!

We look forward to working with you in the coming year to better care for and protect our patients.