



College Notes

The College of Physicians and Surgeons of Prince Edward Island Spring 2019

Dear Colleagues:

The College office staff is pleased to issue the Spring 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 2018- 2019:

Dr. Matt Kutcher, President
Dr. Bruce Jones, Vice President
Dr. Jocelyn Peterson, Acting Registrar
Dr. Kristian Macdonald
Dr. Roy Montgomery
Dr. Rachel Kassner
Dr. Paul Seviour
Mr. Neil Robinson, Lay member appointed by Government
Ms. Verna Barlow, Lay member appointed by Government

The Office Staff:

Dr. Cyril Moyse, 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 not added any new polices. However, there are two policies soon to be added. The Atlantic Colleges are presently considering combining our policies/guidelines so that we will all be using the same standards of practice.

News

1). Medical Assistance In Dying

The Fourth Interim Report on Medical Assistance in Dying in Canada was published in April, 2019. The total number of medically assisted deaths since the enactment of this legislation on December 10, 2015 to October 31, 2018 was 6749. This number is actually low as not all of the deaths in Quebec had been reported to this date, and NWT, YK and NU data are not included. From January 1, 2019 to October 31, 2019 there were 2614 medically assisted deaths (with similar limitations to regions reporting). The majority of these deaths had a cancer diagnosis.

To see the full report go to <http://www.canada.ca/en/health-canada/services/publications/health-system-services/medical-assistance-dying-interim-report-april-2019.html>

Recently on May 15, 2019, the Court of Appeal of Ontario upheld a divisional court decision requiring doctors to give medical referrals even if it clashes with their moral or religious beliefs. The three-judge panel unanimously ruled to uphold the lower court's decision for an effective referral, in an effort to connect patients with another willing health-care provider. This decision would cover such things as assisted dying, contraception and abortion. The Court of Appeal ruled that the effective referral is a compromise that provides a reasonable balance between patients' interests and physicians' Charter-protected religious freedom. The group of doctors that launched the appeal of the divisional court decision has yet to decide whether they will appeal the case to the Supreme Court of Canada.¹

2). Federal Cannabis Legislation

The federal Cannabis Act, Bill C-45, came into force on October 17, 2018. In January, 2019, proposed amendments to the regulations and the Cannabis Act were released, proposing three new classes of cannabis: edible cannabis, cannabis extracts and cannabis topicals. The full document can be found at <http://canadacannabislegal.com/assets/files/2018-Canada-Regulations and RIAS - R%C3%A8glement et REIR.pdf>

In the first 2.5 months post-legalization in PEI, Islanders purchased \$2.5 million dollars worth of non-prescription cannabis, making up 0.7 percent of all national sales. PEI's usage rate of 17.9 percent is lower than the other Atlantic Provinces but is still well above the national average of 15.4 percent.²

3). OPIOIDS

The Centre for Addiction and Mental Health is presently developing a new set of Canadian Opioid Use Disorder Clinical Guidelines. These guidelines will support regulatory bodies and benefit prescribers across Canada. As many provinces have created their own guidelines with similar recommendations, this initiative was proposed to streamline efforts and create a consistent approach for regulators and physicians. The content of the draft guideline will be prepared by the CAMH and participating MRAs have contributed to this project by providing personnel to review and provide feedback on the draft document. Current provincial guidelines will be synthesized and then updated with new evidence and best practices. CPSPEI has provided funding support and Dr. Geraldine Johnston has been appointed to the MRA Advisory Committee. In addition to the MRA Advisory Committee, subject matter experts representing participating provinces and an external review board of national experts are also involved with this initiative. The deadline for the dissemination of these clinical guidelines is January 2020. This new harmonized set of adapted provincial guidelines will not replace any existing current national guidelines, but rather will complement existing initiatives and support MRAs and physicians with best practice and evidence.

In the May, 2019 Canadian Family Physician Journal, the featured subject was Primary Care Management of Opioid Use Disorder (OUD). In this publication, there is a Clinical Practice Guideline on Managing Opioid Use Disorder in Primary Care. This is a Peer Simplified Guideline. The recommendations outline the role of primary care in treating patients with OUD, as well as pharmacologic and psychotherapy treatments and various prescribing practices (eg. urine drug testing and contracts). The recommendations will help simplify the complex management of patients with OUD in primary care. They will aid physicians and patients in making informed decisions regarding their care. The article includes an algorithm for OUD Primary Care Pathway and a Buprenorphine/Naloxone Induction Flow Diagram. The article is eligible for Mainpro + self-learning credits. The article can be found at <https://www.cfp.ca/content/65/5/321>

Professional Issues / Education

4). CMPA Publications

Important articles in the CMPA Perspective, March 2019, for all to read include:

- Closing the loop on effective follow-up in clinical practice
- Advance care planning the key to person-centred end-of-life care
- Prenatal tests for genetic screening and diagnosing: Changes, choices, challenges
- Is it time to rethink your use of chaperones?
- If a colleague relies on your professional opinion, you may have a duty of care

5). Health Product Infowatch

Health Product Infowatch is a monthly Health Canada publication designed to raise awareness and to provide clinically relevant information to healthcare professionals concerning health products and their safety. Each publication includes a recap of health product advisories and summary safety reviews, as well as new health product safety information. The Health Canada Infowatch replaced HC's quarterly Canadian Adverse Reaction Newsletter (CARN) in 2015.

The Health Product Infowatch Publications can be found at: <http://www.hc-sc.gc.ca/dhp-mps/medeff/bulletin/index-eng.php>

Recent information in the Health Product Infowatch publications since our last newsletter:

- Summary Safety Review articles: January, 2019- Vascular endothelial growth factor receptor tyrosine kinase inhibitors; February, 2019- Hydrochlorothiazide, sulfamethoxazole-containing products; March, 2019- Cough and cold products containing opioids, Ferriprox, Gilenya, Proscar and Propecia; April, 2019- Opsumit
- Information Update: January, 2019- Sartan drugs; February, 2019- Fibrilast, Hydrochlorothiazide; March, 2019- Breast Implants, Cough and cold products containing opioids; April, 2019- Homeopathic remedies, Losartan-containing drugs, Pro Doc Limitee Irbesartan, Plasma pens, Xeljanz, Xeljanz XR
- Recent Monograph Updates: January, 2019- Biaxin BID, Biaxin XL, Biaxin, Lamictal, Revlimid; February, 2019- Gilenya, Spinraza
- Health Professional Risk Communication: January, 2019- Talc, Xarelto; February, 2019- Lartruvo; April, 2019- Darzalex, Tecentric
- Health Product Infowatch: March, 2019- Gilenya
- Drug Recall: January, 2019- Acetaminophen 80mg/ml; April, 2019- Extrarenal peritoneal dialysis solution, Sartan recalls and testing
- Advisory: January, 2019- Acetaminophen oral drops, Equate brand Lens Care System and Multi-Purpose Solution, Health products manufactured by Professional Botanicals Inc., Multiple unauthorized health products, Pace; February, 2019-

Panasilver, Products sold by A1 Herbal Ayurvedic Clinic Ltd; April, 2019- Extrarenal peritoneal dialysis solution, Multiple unauthorized health products

- Biannual Vaccine Safety Summary: Report for January 1, 2018- June 30, 2018
- Foreign Product Alert: January, 2019- Quizz Capsules by Trio Healthcare
- New Health Product Safety Information: January, 2019- Review Article: Prolonged use of hydrochlorothiazide and the risk of non-melanoma skin cancer
- Health Canada News: Medical Device Action Plan, New Drug and Medical Device Authorizations, Consultation: Regulation of edible cannabis, extracts and topicals
- Notice of Market Authorization with conditions: February, 2019-Idhifa; March, 2019-Lorbrena;April, 2019- Libtayo
- Announcements: March, 2019-Comparative effectiveness and safety of biosimilar drugs; April, 2019-Impurities found in certain angiotensin II receptor blocker products
- Program Launch: March, 2019- Help Stop Illegal Marketing of Drugs and Devices
- New initiative-March, 2019: Public access to clinical information on drugs and medical devices (through new Health Canada's Clinical Information Portal)

6). *Boundary Violations*

As a result of a recent Board of Inquiry held by the CPSPEI, members are reminded that violating a physician-patient boundary by the development of a sexual relationship with a patient is considered Professional Misconduct, and could be sexual abuse if the patient is considered to have had a judgment impairing disorder, emotional or mental illness or chronic disease. If the physician-patient relationship involved psychotherapy, it is never considered appropriate to engage in a sexual relationship with a former patient. If there was no psychotherapeutic relationship and the patient had no judgment impairing disorder, emotional or mental illness, then after the physician-patient relationship has been terminated and a reasonable period of time has elapsed (eg. at least one year), only then can a physician potentially enter into a personal, sexual relationship with a patient.

7). *Informed Consent*

As a result of a recent Board of Inquiry held by the CPSPEI, members are reminded that informed consent must be obtained prior to any treatment, with full explanation of the possible risks and benefits. Patient autonomy in making decisions about their medical care must be respected and permission must be granted by the patient before any intervention is done by the physician.

8). *Complaint Matters*

Staff of the CPSPEI want to remind physicians that when a complaint is lodged against a physician at the office, often what the complainant is looking for is a simple apology from the physician. When a Physician replies in writing to a complaint and offers an explanation and an apology in their written response, there is a possibility that the complaint will be withdrawn by the complainant, and never proceed to a committee hearing and potential discipline. When a physician decides not to respond to a complaint in writing, the possibility that the complaint may be withdrawn by the complainant is then lost. It is generally considered best for a physician to make such response in a reasonable amount of time (eg. within one month). Also remember, that regardless of when a physician files a written response to the complaint, the complaint must be forwarded to the committee when the committee is ready to receive the new complaint; the only time the complaint would not go to the committee is if the complaint were withdrawn by the complainant.

9). *Change of Contact Information*

The College office wants to remind the membership that if a member changes his office address or telephone number, to please notify the College office of this. It is also recommended to notify the College office for similar changes to your personal residence.

Extended Relationships

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

The FMRAC AGM will be held in Whistler, BC June 7-10, 2019. The theme of this year's meeting is "Physician Sexual Boundary Violations: Effective and Proactive Regulation for Public Protection". Educational sessions on this topic will be held along with the usual FMRAC business sessions. All CPSPEI office staff and the current President, Dr. M. Kutcher will attend this meeting.

11). Medical Council of Canada (MCC)

Beginning in 2019, the MCCQE Part I is now used for evaluating both Canadian trained and internationally trained candidates, and will be delivered in Canada and internationally in over 80 countries up to 5 times per year to more than 500 sites. International Medical Graduates and students can now apply to the MCCQE Part I directly without having to take the MCCEE. (The last administration of the MCCEE occurred in November, 2018.)

A new MCCQE Part I Preparatory Examination was launched in February, 2019 at a cost of \$500.00. This is a full-length simulation of the MCCQE Part I consisting of 210 multiple choice questions and 38 Clinical Decision Making cases. It will provide valuable question-level feedback to the candidates including the correct answers and explanations.

The new enhanced MCCQE Part II, based on the new blueprint, was launched in October, 2018. The MCCQE Part II will be delivered in Canada up to 4 times per year. There is a Webinar available for viewing on the MCC website: "The new MCC Qualifying Examination Part II: What's in it for me?"

The National Assessment Collaboration (NAC) Exam eligibility criteria changed in 2018-2019 to provide candidates with more flexibility and enhanced access to the exam. The NAC Exam is a one-day OSCE exam that assesses readiness to enter a Canadian residency program. The MCCEE is no longer a requirement to apply to the NAC Exam. Candidates are now able to retake the NAC Exam if they have a pass or fail result, up to three attempts in all. International medical students may take the NAC Exam within 12 months of their anticipated date of graduation. Enhancements are being made to the NAC Exam and there was a standard setting exercise following the first implantation of the new enhanced NAC Exam in March, 2019. As of 2019, all international candidates wanting to enter a residency position in Canada will need to pass both the MCCQE Part I exam and the NAC Exam. The MCC's formal initiative titled "Assessment Evolution" drew to a close on March 31, 2019.

The NAC PRA (Practice Ready Assessment) is for IMGs wanting to enter practice in Canada under provisional licensure and is regionally delivered. The MCC is involved as one of several partners in a new recently launched Practice Ready Assessment (PRA) Program in Nova Scotia. This renewed Program is seen as one way to address the physician shortage in Nova Scotia. Nova Scotia created a blueprint based on the National Assessment Collaboration and the experience of counterpart programs in other provinces. The new program will select candidates who are deemed practice ready and will take advantage of the NAC PRA tools of the MCC. The Program includes a return of service requirement to practice for a certain period of time in an underserved community. PRA Programs, in collaboration with subject matter experts and the MCC, have developed standard tools and training materials for PRA assessors who are responsible for ensuring each IMG meets the competencies; the newest supplementary training is offered online.

The MCC 360 has been developed and is now available to each of the 13 provincial and territorial jurisdictions, through the MRAs, regional health authorities, hospitals, medical schools and clinics, as well as to individual self-selecting physicians. The cost of this tool is approximately \$330.00 per physician.

The Application for Medical Registration is currently being used by twelve of thirteen jurisdictions in Canada. The only jurisdiction not signed on to date is the NWT and they will be working toward this in 2019.

In the fall of 2018, Dr. Ian Bowmer, Executive Director and CEO of the MCC retired from his post and Dr. Maureen Topps has taken over his position. We all wish Dr. Bowmer well in his retirement and we welcome Dr. Topps as the new Executive Director of the Medical Council of Canada. The date of the next MCC AGM is September 22-24, 2019.

For more information on MCC activities visit <https://mcc.ca>

References:

1. Ontario's highest court rules doctors must give referrals for services they oppose, Paola Loriggio, The Canadian Press, May 15, 2019 <https://www.cbc.ca/amp/1.5136455>
2. Canada's cannabis landscape: A province-by-province breakdown, Ryan Flanagan, Producer, Published April 11, 2019 https://beta.ctvnews.ca/national/canada/2019/4/11/1_4375780.html

=====

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 June 7-14, 2019 while staff attend the FMRAC AGM.

Staff will have access to emails.

There is a mail slot at the front door of our building for those who wish to drop off anything when the office is closed during this time.

The Council and the College office staff want to extend best wishes for a great summer---

Take some private time to enjoy our beautiful island home this summer!