



# COLLEGE NOTES

*The College of Physicians and Surgeons of Prince Edward Island*



*Fall/Winter 2013*

*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 2013/2014*

- ❖ Dr. Gary McLean, President
- ❖ Dr. Chris Stewart, Vice President
- ❖ Dr. Anne Drysdale, Acting Registrar
- ❖ Dr. Mireille Lecours, appointed by Government
- ❖ Dr. Andrew MacLeod
- ❖ Dr. Santhosh Lakshmi
- ❖ Dr. Jean-Yves Dubois
- ❖ 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, please contact the College office for more information.*

*The Office Staff:*

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

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## **Annual License Renewal**

The College office would like to remind the membership of the upcoming Annual Licensure renewal and Annual Fee. The invoice and renewal form were mailed November 29<sup>th</sup>; if you have not received it, please contact the office.

- The annual fees are due on **December 31, 2013**.
- If the fees are not received in the office by January 15, 2014 a late fee of \$200.00 will be added to the annual fee.
- If payment is still not received in the office by January 30, 2014 the license will be suspended effective January 31, 2014.
- A reinstatement fee of \$300.00 will be charged in addition to the late fee and the annual fee.

These fees are set out in the Regulations and approved by Council annually. The physician is ultimately responsible for the prompt receipt of payment to the College. If a physician is not paying their own fees, it is **still their responsibility** to ensure the payment has been received on time. We only accept cash or Canadian cheques/money orders for payments.

## **Website Development**

The website development is ongoing. Our member log-in area is not yet ready, but hopefully will be sometime in the next year as we continue to enter all the physician data. We did hire part-time office support this past summer to help with data entry, but this employee unfortunately left for a fulltime job before the database entry was completed. We continue to enter data which is very time consuming 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.***

As we review our Policies, Guidelines and Statements and create new ones, they will be posted to the website. Since our last newsletter we have posted the following policies:

- » Administrative Medicine (*June, 2013*)
- » Certificates of Professional Conduct (*June, 2013*)
- » Can II Database (*June, 2013*)
- » Public Access to Medical Registers and Demographic Data (*revised July 2013*)
- » Charging for Uninsured Services (*Sept, 2013*),
- » Language Proficiency (*revised Sept, 2013*), effective January 1, 2014
- » Visiting Consultants (*revised Sept, 2013*).

### **Legislative Issues**

#### **1. Present Medical Act (1988) and Amended Regulations**

- New Regulations on Professional Misconduct in the present *Medical Act (1988)* were amended effective February, 2013.
- New Regulations on Advertisement were added in May, 2013.
- New definition: US Medical Schools to include Osteopathic Schools accredited by the American Osteopathic Association, effective January 1, 2014.

#### **2. New “Medical Act” and Regulations / New “Regulated Health Professions Act”**

We are presently still awaiting final approval by Government of the Regulations for the new *Medical Act*. Once approved, the new *Medical Act* can be proclaimed and both the new *Medical Act* and the new Regulations will be posted on our website.

As most of you may already be aware, there is a move by Government to enact new umbrella health legislation, titled the “*Regulated Health Professions Act*”. This new Act is likely to be passed soon and it is expected that at some future date the Medical Profession will be included under this new Act. Perhaps this is why Government has been slow to approve our new Regulations for the new *Medical Act*. Perhaps the new *Medical Act* will never be proclaimed at all, with the introduction of the new “*Regulated Health Professions Act*” instead. The Council and the College staff have not been informed of how Government intends to proceed on these matters. Both Acts give the Minister of Health the power to override Council decisions.

In “*The Regulated Health Professions Act*”, Council members would no longer be elected by their peers but instead would be nominated by their peers and appointed by the Minister and at least 1/3 of Council members shall be public members. Also, in this proposed legislation the Minister of Health may appoint someone to conduct an inquiry of the Council administration or operation at the College’s expense. It is advisable for all members to read this new proposed *Regulated Health Profession’s Act*.

***We will keep you informed of these matters as new information comes to us.***

### **3. Proposed Adaptation and Therapeutic Regulations under “The Pharmacy Act”**

New proposed Regulations to “*The Pharmacy Act*” will enable pharmacists to adapt or make therapeutic substitutions to prescriptions if and when they deem appropriate to do so. A pharmacist may adapt or make a therapeutic substitution if the pharmacist believes it is in the best interest of the patient. This expanded scope for pharmacists already exists in other Canadian jurisdictions. Adaptation is permitted in BC, AB, SK, ON, QC, NB, NS & NL. It is pending in MB. Therapeutic substitution is permitted in BC, AB, SK, QC, NB & NS.

To “*adapt a prescription*” means to modify the dose, formulation, regimen or duration of a drug that has been prescribed by a prescriber for a patient.

To “*make a therapeutic substitution*” means to give a prescription for a patient for a drug that contains chemically different active ingredients than a drug originally prescribed by a prescriber for the patient, but that is expected to do a similar therapeutic effect.

When a pharmacist makes a decision to adapt or make a therapeutic substitution to a prescription, the pharmacist assumes legal liability for that decision. Prescribers who do not wish to have a prescription adapted should clearly write on the prescription “No Adaptation”. Prescribers who do not wish to have a prescription therapeutically substituted should clearly write on the prescription “No Therapeutic Substitution”. When a pharmacist adapts a prescription or makes a therapeutic substitution, the pharmacist shall notify the prescriber who gave the original prescription, in writing as soon as possible, of the adaptation or therapeutic substitution, as the case may be.

For more information or a copy of these proposed new regulations to “*The Pharmacy Act*” please visit their website at [pepharmacists.ca](http://pepharmacists.ca).

### **4. New Narcotic Safety and Awareness Act**

In April, 2013 Government introduced new legislation called “*The Narcotics Safety and Awareness Act*”. The purpose of this new Act is to improve the health and safety of Islanders by promoting appropriate prescribing and dispensing practices for narcotics and other controlled substances, identifying and reducing the abuse, misuse and diversion of these drugs and reducing the risk of addiction and death from the abuse or misuse of these drugs. The Regulations for this legislation have been drafted and are quite brief. In addition to the controlled substances listed in the Schedules to “*The Controlled Drugs and Substances Act (Canada)*”, the new Act also includes Tramadol, Tapentadol and any opioid not listed in Schedule I of “*The Controlled Drugs and Substances Act (Canada)*”.

We encourage you to read this new legislation. Keeping excellent medical records with documentation supporting the reason behind the prescriptions will be necessary. Please refer to our *Policy on Minimal Requirements for Office Records* (August 27, 2007) and our *Guideline of Standard of Care for Walk-In Clinics* (November 23, 2012) which can be found on our website.

Of note, inspectors appointed by the Minister may, without notice, enter a place of practice and conduct inspections for the purpose of determining compliance with the Act. The Act states they may remove documents for the purpose of copying. We recommend that a receipt for these records be obtained.

If concerns arise from the office inspection, the Minister may notify the CPSPEI and file a complaint against the prescriber, which could lead to an investigation and possible discipline by the CPSPEI. In addition, if there are reasonable grounds to believe that an offense has been committed contrary to the Act or the Criminal Code, the Minister may contact the appropriate law enforcement agency. Fines of up to \$10,000 for a person and up to \$20,000 for a corporation may be imposed if found guilty. The Act also states one could be imprisoned for up to 12 months if found guilty of an offense and liable under summary conviction.

All members are reminded to apply caution and due diligence when prescribing opiates and to consider giving smaller prescription amounts of opiates for pain. We caution all physicians prescribing these drugs to be aware of the possibility of diversion, but we also need to remember the need to appropriately treat our patients' pain.

**Please Read the New “Narcotics Safety & Awareness Act”**

### **Professional Issues / Education**

#### ***1. Addictions Unplugged, October 8, 2013***

The College co-hosted a CME day with the Medical Society and the PEI Nurses Union on the timely topic of addictions: Addictions Unplugged- Dispelling Myths, Facing Facts and Moving Forward in Addictions Training on PEI. There was a turnout of over 60 physicians at this event; it was a highly successful CME day! There were sessions on Addiction in the Workplace and how to deal with this, a closed door session for physicians only given by the RCMP regarding prescription drug abuse trends, Opioid Replacement Therapy on PEI, Methadone Prescribing, and the Neurobiology of Addictions.

## **2. Methadone and Buprenorphine Prescribing**

In 2012 Council approved new policies concerning prescribing methadone and buprenorphine. These four new policies are posted on the Website. Under these policies, physicians prescribing *Methadone* and *Buprenorphine* for either addiction or chronic pain shall complete and sign a commitment agreement regarding their prescribing.

Prior to prescribing Methadone for Addiction, it is expected that the physician will have completed a Methadone Maintenance Treatment Workshop. Some physicians have the exemption from Health Canada but have yet to complete their core course. For those physicians who have not yet complied with the new “***Methadone Policy/Commitment Form***” requirements, you have until December 31, 2013 to forward the required documentation to the College office. If the required documentation is not received by then, the College office will contact Health Canada to advise them. The Opioid Dependency Treatment Core Course by CAMH (Centre for Addiction and Mental Health) is the usual course available here in Canada. It is held several times each year, both in Ontario and in Nova Scotia.

Prior to prescribing Buprenorphine for addiction, it is expected that the physician will have completed the online Suboxone Education Program available at [www.suboxonecme.ca](http://www.suboxonecme.ca).

Council does intend to review the Buprenorphine policies yet again in the near future with regard to the prescribing of Buprenorphine for both pain and addiction. We have been asked by some to consider modifying these policies so as not to be so restrictive with Buprenorphine. We will notify the membership of any changes to the policies on prescribing Buprenorphine once reviewed/revised by Council.

## **3. The Opioid Addiction Recovery Community**

The Opioid Addiction Recovery Community will soon be an online community for patients living with an opioid addiction. It is being developed with oversight from an Advisory Community of opioid addiction experts from across the country, with input from the College of Family Physicians of Canada along with hands-on-help from Environics Communications.

The goal of the community is to provide patients with information about recovery. It also is aiming to incorporate a **DoctorLocator** feature, enabling patients to enter their postal code or region, and in response, be provided a list of physicians in their area whom they could contact for treatment.

A letter about this new initiative, with instructions on how to opt-in if interested to be listed on the **DoctorLocator** will be forwarded to all those physicians with exemptions to

prescribe Methadone for addiction and also to those currently prescribing Suboxone for addiction. Anyone else interested in this initiative may contact the College office for more information.

### **Royal College Clarification**

The Royal College of Physicians and Surgeons of Canada have contacted us to clarify the Royal College's policy for the "Health Care Professional" category within MOC Program. All Royal College certified specialists can elect to either:

- join (or re-join) the Royal College as a Fellow, entitling them to use FRCPC or FRCSC designation and participate in other Royal College services and programs including the Maintenance of Certification (MOC) Program; OR
- participate in the Royal College's Maintenance of Certification (MOC) Program as a Health Care Professional. This option does not entitle them to use the FRCPC or FRCSC designation or participate in other Royal College benefits.

For **both** of the above options, the annual fee is the same as the annual Fellowship dues are \$811.00 for 2013/2014. Specialists and others who are **not** Royal College certified may join MOC Program as Health Care Professionals, at a reduced fee of \$590.00 for 2013/2014. They are not entitled to use the FRCPC or FRCSC designation or participate in other Royal College benefits other than the MOC Program. Hopefully this helps clarify the eligibility requirements and fee structures for Royal College certified versus non-certified physicians wishing to participate in the MOC Program. If you require more information, please contact Christine James, Associate Director, Membership Services & Programs at [cjames@royalcollege.ca](mailto:cjames@royalcollege.ca) or 1-800-668-3740 ext.234.

### **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.

### **Annual General Meeting**

Our Annual General Meeting was held on November 6, 2013 at the new Convention centre at the Delta Hotel in Charlottetown. We were pleased to see a larger than usual attendance of members. Our guest speaker was Dr Peter MacDougall, PhD, MD, FRCPC, Director of Atlantic Mentorship Network- Pain and Addictions and Associate Professor Department of Anesthesia, Pain Management and Peri-Operative Medicine, Dalhousie

University. Dr MacDougall spoke on Opioid Prescribing. He emphasized the use of tools including the Opioid Tool for Risk Assessment, the Opioid Manager tool (also available as an I Phone App), an Aberrant Behavior tool and the Opioid Contract.

There will be a new course called “The Prescribing Course - Opioids” to begin in February 2014, which he helped to develop. It will be a one day course including high fidelity simulation. We will pass on more information regarding this course when it becomes available to us.

### **Canadian Adverse Reaction Newsletter**

The following has been publicized since our last College Notes.

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

#### **July 2013;23(3)**

- Oral Fluoroquinolones and retinal detachment
- Adverse Reaction and Incident Reporting- 2012
- Summary of advisories- Feb 18-May17, 2013 (Diane 35, Zithromax, Avastin, Thalomid, Flolan, Depomedrol, Tasigna, PPIs, Tykerb, Rifandin, Sensipar, Samsca, Catena, Incivek, Rituxan)

#### **October 2013;23(4)**

Adverse reaction reports make a difference

- Summary of advisories May 18-August 18, 2013 (Votrient, Synthetic Calcitonin, Calcimar, Rituxan, Compliments Ferrous Gluconate, Innerget, Voluven, Volulyte, Clinoleic, Aclasta, Apo-Cephalex, AmBisome, Ketoconazole, Intralipid, Champix, Zyban, Clindamycin, Quetiapine, Magnesium Sulfate IV, Thalidomid)

### **Extended Relationships / News**

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

The FMRAC AGM was held in Montreal this year, from June 7th-10th. Dr. Moyse, Dr. Johnston, Dr. MacLean, Ms. MacDonald and Ms. Glass attended. The Educational theme of the AGM was “Optimizing Physician Performance”. Physician Performance is a top priority of FMRAC and includes both Physician Performance Enhancement (revalidation) and Physician Health. Two working groups have been formed to look at each of these two priorities. The Physician Performance Enhancement Working Group has a goal to develop a Pan-Canadian Strategy for physician performance enhancement. The Physician Health Working Group was formed from a special interest group after the AGM and tasked to develop a common risk assessment grid/tool that will include issues

pertaining to the aging physician, mental health issues including addiction, and other health issues. Dr Geraldine Johnston was appointed to sit as the Atlantic representative on this national working group.

The new electronic Certificate of Professional Conduct (CPC) was approved to replace the older Certificate of Standing. As you know, physicians applying to new jurisdictions will need an updated CPC as part of their applications and we are working towards using this.

In addition, a document titled Standards for Medical Registration in Canada, May, 2013 was developed and presented at the AGM. This document outlines the requirements for Full Licensure and Provisional Licensure (for both General Practice/Family Medicine and for the Medical/Surgical Specialties) to eventually be used by all Canadian jurisdictions. Minor amendments are still being considered, but all Canadian licensing authorities have agreed to work toward this in an effort to achieve uniformity.

## **2. Medical Council of Canada**

The Medical Council of Canada had its AGM Sept 15-17, 2013 in Ottawa with Dr Moyses and Dr Johnston in attendance. The theme for this year's AGM was "On to the Future: Blueprinting for the Next Generation". The Blueprint Project is a review of the blueprints for all MCC qualifying exams and includes multi-shareholder consultations. It will establish an evidence-based approach for identifying the competencies that physicians will be expected to demonstrate and be assessed on at two decision points: (1) entry into supervised practice (residency), and (2) entry into unsupervised practice. The purpose of the Blueprint Project is to promote assessments that assure the public that physicians licensed to practice medicine in Canada have the required knowledge, skills and behaviours for safe and effective patient care. It is expected that this review will be completed and presented to Council at the 2014 AGM.

The MCC launched the new "physiciansapply.ca" system May 31, 2013. Candidates will be now able to log into one single (physiciansapply.ca) account where they will be able to (1) apply to additional Medical Regulatory Authorities for registration in the coming 12-24 months (2) submit requests for source verification of their documents (3) share medical credentials stored in the MCC Physician Credentials Repository, (4) apply for exams and view examination results and (5) request translation of documents through a secure and trustworthy channel. Stakeholders (MRAs) will be able to view a candidate's credentials through a new portal. The College of Physicians & Surgeons of Nova Scotia had agreed to be the first MRA to use the application for medical registration. However, because of difficulties encountered in Nova Scotia, the pilot of this new system will now

take place with the College of Physicians and Surgeons of Alberta in early December 2013.

***For more information on this project and its background, visit [www.amr-dim.ca](http://www.amr-dim.ca)***

The National Assessment Collaboration (NAC) is developing a practice ready assessment (PRA) for foreign-trained doctors. This pathway will be consistent and comparable across Canada and would be available to doctors seeking a provisional license to practice medicine. The NAC-OSCE, designed to assess IMG's clinical skills prior to entry into residency, is now being offered twice a year at seven sites across the country.

The MCC is also working with Citizenship and Immigration Canada (CIC) to perform credential verification services for international physicians seeking to immigrate to Canada under the Federal Skilled Worker Class Program.

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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 the upcoming Holiday Season!  
.... and we wish you all the best in 2014.

**Please remember the Office will be closed**  
December 24, 2013 to January 1, 2014.

**The College office has a mail slot on the front door for anyone who wishes to drop off their annual fees over the holidays.**