



# College Notes

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

*Spring 2017*

*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 2017*

- ❖ Dr. Chris Stewart, President
- ❖ Dr. Gary MacLean, Vice President
- ❖ Dr. Aaron Sibley, 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. Barb Currie, 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](http://www.cpspei.ca)). Since our last newsletter we have added/alterd the following policies:

- 1). Supervision-Levels of Supervision of Physicians in Practice (revised November, 2016)
- 2). Buprenorphine for Opioid Dependency (revised January, 2017)
- 3). Methadone Treatment for Analgesia (revised January, 2017)
- 4). Methadone Maintenance Treatment for Opioid Dependency (revised January, 2017)
- 5). Naming a Professional Corporation (revised January, 2017)
- 6). Reimbursement of Fees (revised January, 2017)
- 7). Shadowing- IMGs & Medical Students Observing Physicians in a Clinical Setting (revised January, 2017)
- 8). Telemedicine (revised January, 2017)
- 9). Medical Assistance in Dying (revised March, 2017)
- 10.) Ending a Physician-Patient Relationship (revised May, 2017)

Regarding the policy on Methadone for Treatment of Opioid Dependency, it is no longer necessary to obtain a temporary exemption from Health Canada for patients who are already on methadone when admitted to a hospital. Health Canada has issued a new s.56 class exemption in order to create a more efficient process for the provision of methadone in an inpatient setting. It is still necessary to apply for a temporary exemption (if needed) to prescribe methadone in a correctional facility.

The policy on MAID has been revised on several occasions to date, most recently in March, 2017. The required forms necessary for the completion of MAID have also been revised accordingly. The CPSPEI policy and forms align with HPEI's policy and forms. Our forms are to be used if MAID is done outside of a HPEI facility.

In follow-up to a motion made at our AGM, November 2017, a letter was sent to the Chief Coroner regarding the completion of Death Certificates in the case of MAID deaths. Advice to date regarding the completion of a death certificate for a death involving

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MAID could be in the following manner: Immediate cause of death: toxic ingestion/injection/inhalation; as a consequence of: lethal ingestion/injection/inhalation. Underlying cause of death: disease process. Manner of death: unchanged.

## News

### **1). Application for Medical Registration (AMR)**

The Application for Medical Registration (AMR) is now up and running on our website since February, 2017. You first must create an account with [physicianapply.ca](http://physicianapply.ca). From this account, the applicant will be able to apply to any MRA in Canada (once all provinces and territories are joined on). Currently there are eight provinces and one territory using the AMR. Through this same site, [physicianapply.ca](http://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). Meeting with the Minister of Health** –A meeting was held on Friday, May 5, 2017 with the Minister of Health & Wellness, Hon. Robert Henderson, the Deputy Minister of Health & Wellness, Dr. Kim Critchley, Dr. Cyril Moyse, Registrar of the CPSPEI, Dr. Geraldine Johnston, Deputy Registrar of the CPSPEI and Dr. Chris Stewart, President of the CPSPEI. Discussions centered around current legislation and desired changes.

**3). Health Information Act (HIA)**-The new Health Information Act will be 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. Information sessions will be held for the various stakeholders and the public, and reference materials will be 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>

### **4). 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.

**5). Mifegymiso** – Health Canada originally approved the drug Mifegymiso in July 2015. Mifegymiso is a two-drug combination product that provides a non-surgical option for early abortion. Mifegymiso became available to the Canadian public in January 2017. Presently Health Canada requires physician dispensing of this medication, which is not the traditional/usual distribution for a medication. The product monograph is not a legally binding document. If, under the practice of medicine or pharmacy, the administration or distribution of a medication is outside of what is approved in the product monograph, the product would be considered to be used off-label. The current PEI Medical Act does not say physicians cannot dispense medications. In theory there are three possible ways Mifegymiso can be provided to a patient: 1). the patient takes the prescription to the pharmacy of their choice and has the medication delivered to the physician’s office, or 2). the physician can sell and dispense the medication to the patient, or 3). the patient can take the prescription to a pharmacy of their choice and have the medication dispensed directly to them. The first two options are consistent with Health Canada’s recommendation; the third option is not, and would be considered off-label.

As per the approved Canadian Product Monograph, physicians are expected to complete education and registration programs, among other requirements, before prescribing, ordering, stocking, and/or dispensing this drug. An education program has been developed by the Society of Obstetricians and Gynecologists of Canada, the College of Family Physicians of Canada and the Canadian Pharmacists Association. This free course is available to physicians and pharmacists through the e-learning portal of the Society of Obstetricians and Gynecologists of Canada at <http://sogc.org/online-courses/courses.html/>

Please refer to the Health Canada websites for further information on Mifegymiso:

<http://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2017/63330a-eng.php>  
<http://www.hc-sc.gc.ca/dhp-mps/prodpharma/activit/fs-fi/mifegymiso-fs-fi-eng.php>

The CPSPEI in association with the College of Pharmacists of PEI, is presently reviewing the recommendations of Health Canada regarding the dispensing of Mifegymiso. At this time, physicians are advised to follow Health Canada’s recommendations regarding this drug. We will update the membership once our review has been completed.

## Professional Issues / Education

**1). New Canadian Opioid Guideline** - On May 8, McMaster’s Michael G. DeGroot National Pain Centre released the 2017 Guideline for Opioids for Chronic Non-Cancer Pain. 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>

A one page insert of this Guideline is attached.

As most of you are aware the Centers for Disease Control and Prevention (CDC) of the USA released its new Guideline for Prescribing Opioids for Chronic Pain in March, 2016. The CDC Guideline also recommends less than 50 MME per day and it cautions physicians to consider the individual's benefits and risks when considering doses equal to or above 50 MME per day. It also recommends to avoid increasing the dose to or above 90m MME per day, or to carefully justify such a dose. The full guideline is available at <http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

The CPSPEI intends to review both of these Guidelines at its meeting in June, 2017 and decide which one the CPSPEI will endorse and adopt for the membership to follow. You may not be aware that some MRAs have previously adopted the CDC Guideline in 2016, choosing not to wait until 2017 for the new Canadian Guideline.

## 2). **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 review articles: Phenylephrine and Acetaminophen Drug Interaction; Colorectal Stents & Beracizumab: Increased Risk of Intestinal Perforation
- Other Articles: Product Confusion Alert: Posanol - Oral dosage forms not interchangeable; Medication Error Alert: Eligard; Medication Error Alert: Methotrexate; Case Report: Esophageal stents and the risk of vascular erosion; Medial device instruments for use update: Essure Permanent Birth Control System Safety Brief: Disposable Plastic Syringes-clarification of intended use
- Recent Monograph Updates: Eriedge, Invokana, Invokamet, Rhythmodan, Mekinist, Neurontin, Tramadol containing products, Votrient, Zyprexa, Cophylac drops, Amiodarone IV, Primaquine, Seroquel, Seroquel XR, Tecfidera, Valproate products

## 3). **CMPA Publications**

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

- December, 2016-Elder Abuse and Neglect: balancing intervention and patients' right to confidentiality  
Smartphone, Smarter Physician: safely recommending mobile health apps in your practice  
Shifting Practice Settings Makes Following up Investigations and Monitoring Medications Tougher  
Family Disputes and the Physician: staying focused on safe care.
- March, 2017- The Office Safety Plan  
How to Manage Conflict and Aggressive Behavior in Medical Practice  
Organ and Tissue Donation: who has the final say?  
Smartphone Recordings by Patients: be prepared, it's happening  
Patient Portals: A new communication tool for doctors and patients

## **Extended Relationships**

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

The FMRAC AGM will be held June 10-12, 2017 in Winnipeg, Manitoba. The theme of this year's meeting is "The Regulation of Opioid Prescribing: Turning our minds to collaborative solutions." **As a reminder, the College office will be closed from Wednesday, June 7, 2017 to Monday, June 12, 2017 inclusive.**

### 2). **Medical Council of Canada (MCC)**

The MCC AGM will be held in Ottawa on September 17-19, 2017.

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

The biennial 13<sup>th</sup> IAMRA Conference on Medical Regulation will be held October 6-9, 2018, in Dubai, United Arab Emirates. IAMRA now has 109 member organizations from 47 countries around the world.

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*Please look after your own health & well-being.*

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