



From the College

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Publications Mail Agreement #40051985
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website: www.cpsm.mb.ca

Volume 44 Number 1

February 2008

This newsletter is forwarded to every licensed medical practitioner in the Province of Manitoba. Decisions of the College on matters of standards, amendments to regulations, by-laws, etc., are published in the newsletter. The College therefore expects that all practitioners shall be aware of these matters.

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Executive reviews the appeals sympathetically and in detail, upholds some, but denies most. We also consider whether we should recommend to Council that our policies themselves need to be changed.

This year, after much debate, we upheld both the penalties and the rationale for them. We affirmed that a licence to practise medicine is an enormous privilege that must not be taken lightly. Practising without one is unacceptable to the public and to Council. We consider it the responsibility of Members to renew their licence on time and to ensure that the College has an up-to-date address for sending all correspondence, including renewal forms. We wish monetary penalties were not required, but have no better way of ensuring timely re-licensure.

I'll close with another explanatory note. In September, Council passed a statement on Withholding and Withdrawing Life-Sustaining Treatment. It came into effect on February 1st. A copy of the Statement is enclosed with this newsletter.

Best wishes in 2008.
Dr. Andrew MacDiarmid, President

Note from the President

Since I have been a Councillor, Members have asked me all kinds of questions about the workings of the College. These include questions about complaints, disciplinary proceedings, audits, licensing and fees. I enjoy the opportunity to explain College policies and I frankly wish Members had more questions and comments for us.

Although the College's main end is quality health care for the people of Manitoba, the means to that end are decided upon by a Council designed to represent physician Members as well as the public. Thus, regular input from our Members helps us form and revise our policies. The Registrars and College staff work hard to put a human face to the College's communications with Members, and I'd like more opportunities for Councillors to do the same.

In this vein I thought some explanation of one of the college's fees might be in order. Recently, the Executive Committee met to hear appeals of late fees. Every year at licence renewal time, a few Members miss the deadline. This triggers a late penalty of \$200. After a month of non-payment, a further penalty of \$50 per day is applied.

Members appeal these penalties on different bases. These include family illness, address change problems and the impression that the fees themselves are excessive.

Who is sending you that Consultation?

Two items have been raised recently by College members. One consultant wrote to say that a patient was referred to him by telephone from a "doctor" with a request for an urgent consultation. The physician assumed the individual was a medical doctor.

Upon further investigation, the referring doctor was a nutritionist and the patient had seen several physicians for the concern over a period of 20 years. Members may wish to clarify the status of a referring health care practitioner if they are not familiar with that individual.

From the Complaints Committee

■ Advise Patients of Fees for Referrals to Dentists

The Complaints Committee recently reviewed a patient concern wherein the patient had presented to a Winnipeg emergency department with a complaint of a buccal abscess. The emergency physician examined the patient and referred

the patient to an oral surgeon for treatment.

The oral surgeon saw the patient in his office and the patient was then billed for the procedure and treatment. The patient was concerned because if the treatment had been performed in hospital, the cost would have been covered by Manitoba Health.

The Complaints Committee reminds physicians that dental procedures may have a cost and patients should be so advised when they are so referred to a dentist, especially outside the hospital.

▪ ***Ensuring Operative Notes are in the Chart***

The Complaints Committee reviewed a concern about surgery at a Winnipeg facility where a patient had initial surgery followed up by two further operations in the next nine months. There was no operating room report on the chart for the initial surgery. This interfered with the Committee's ability to review the case appropriately and to respond adequately to the patient.

The Complaints Committee encourages all physicians and institutions to ensure that they have a process in place that will ensure that operative reports are completed adequately and in a timely fashion.

▪ ***In-Hospital Patients Receiving Out-of-Hospital Medications***

A patient was admitted to hospital. He required life long anticoagulation because of mitral valve replacement. His initial dose of Coumadin in the hospital was only 20% of the dose he was prescribed by his cardiologist while the patient was active in the community. Several days passed before his anticoagulation dosage was adequate.

The Complaints Committee reminds physicians that when a patient is admitted to hospital, it is important to reconcile out-of-hospital medication. If the patient cannot provide the information, the admitting or attending physician should contact the community physician for appropriate information at the earliest opportunity.

▪ ***Educating Patients on the Use of After Hours Care***

A patient presented to a rural hospital with a laceration to a finger which might require suturing. This required the physician to make a special visit in to attend at the hospital. The physician treated the patient and then lectured the patient about the physician's workload and potential lack of availability because he is overworked. The patient was encouraged to attend the town where the family physician normally practised.

Upon review, the Complaints Committee was satisfied with the care provided to the patient, but noted that it is not always clear to a patient whether a condition requires a visit to the Emergency Department with suturing or whether a laceration could be treated at home.

The Complaints Committee suggested that a patient is entitled to attend the emergency care site of choice. They did agree that it was reasonable to educate patients about the use of after-hours resources, but noted that this should be done in a non-confrontational manner.

A Professional Reminder

The Investigation Committee recently reviewed a case of a child who was assessed by a physician. Several months later the child died as a result of a homicide.

The Investigation Committee recommended that Members be reminded of the need for particular vigilance in suspecting and recognizing potential child abuse even in circumstances where the visit is an isolated encounter.

Physicians should review the pamphlet "***Manitoba Guidelines on Identifying and Reporting a Child in Need of Protection (including abuse)***" published by Manitoba Family Services and Housing. This pamphlet can be accessed through the following website - <http://www.pacca.mb.ca/publications.html>.

Referrals from Extended Practice Nurses

The issue of payment to a Manitoba physician for a consultation from an Extended Practice Nurse (RN[EP]) remains confusing. In August 2006, Ms. Bev Ann Murray, then Assistant Deputy Minister of Health, wrote to all Manitoba physicians to say that Government would process a payment request for a consultation provided at the request of an RN[EP] subject to Rules of Application # 7-11 in the same fashion as a consultation request from a physician. The Manitoba Medical Association agrees that all consultation claims should be processed in accordance with Rules of Application #7-11, but points out that the current wording of Rule of Application #7 only permits consultation claims in respect to referrals from one physician to another physician. (The Association's detailed opinion on this subject may be viewed on the Association's website at www.mma.mb.ca, in the "Billing Advice" article, *Referrals from Nurse Practitioners*.) As a result, the situation remains unclear.

Physicians may wish to seek clarification personally either from one or both of Mr. Terry Goertzen, Acting Assistant Deputy Minister, Manitoba Health, at 788-6674, or Ms. Caroline Sztaba,, Assistant Chief Executive Officer, Manitoba Medical Association, at 985-5888.

Members should keep in mind that patients must not be caught in the middle during fee negotiations for payment. The safety and provision of good health care to patients must still be the physician's primary interest and responsibility.

Important Reminder – Ensure Fax Number is Correct

The College was recently informed that several doctors' offices had sent personal health information in error to a private fax number similar to that of a local clinic.

Members are reminded that, under the *Personal Health Information Act*, they must ensure fax numbers on all

information forwarded to another location are correct.

New RH Program Guidelines

The Manitoba Rh Program is issuing revised guidelines for testing of antenatal patients for blood group and red blood cell antibodies as well as RhIG prophylaxis for Rh negative women during pregnancy.

These guidelines, effective June 2, 2008, will be mailed to Members at the beginning of March 2008 along with a letter outlining the major changes. The new guidelines were developed after reviewing national and international guidelines and standards of practice.

Changing Practice: One PIN Demonstration Site at a Time

When patients walk into Dr. C. W. Wiebe Medical Centre they may not notice anything different at first, but throughout their visit they will begin to notice that there are some changes taking place within the rural clinic. For example, patients will see other primary care providers such as a nurse and dietitian who will discuss preventative tests and screenings which should be completed.

These changes are only some of the many changes that three clinics in Manitoba are undertaking as part of a new initiative of Manitoba Health called the Physician Integrated Network (PIN). The three clinics participating in the demonstration phase of the initiative include the Dr. C. W. Wiebe Medical Centre in Winkler, Agassiz Medical Centre in Morden, and Assiniboine Clinic in Winnipeg. Steinbach Clinic in Steinbach is the control site for the Initiative.

Each of the three demonstration sites has identified potential practice changes to help them improve access to primary care, improve primary care providers' access to and use of information, improve the working environment for all primary care providers, and demonstrate high quality primary care.

PIN is using Quality Based Incentive Funding (QBIF) (a Manitoba version of pay for performance) as a catalyst for practice and system change. With this approach, Electronic Medical Records (EMRs) are a very important part of managing clinical practice guidelines.

On October 26, 2007, a workshop was held in Winnipeg for all participating clinics and stakeholders of PIN from across the province. The objectives of the workshop were to update attendees on the accomplishments of the participating sites, discuss successes and issues thus far, and talk about the future evolution of PIN.

From presentations and discussions at the workshop, it was evident that PIN Demonstration Sites have been working hard and will continue to work hard at introducing practice changes that will have a positive impact on patient care and clinical practice.

For future updates on what is happening with the PIN Initiative, please visit the PIN website, at www.gov.mb.ca/health/phc/pin.html.

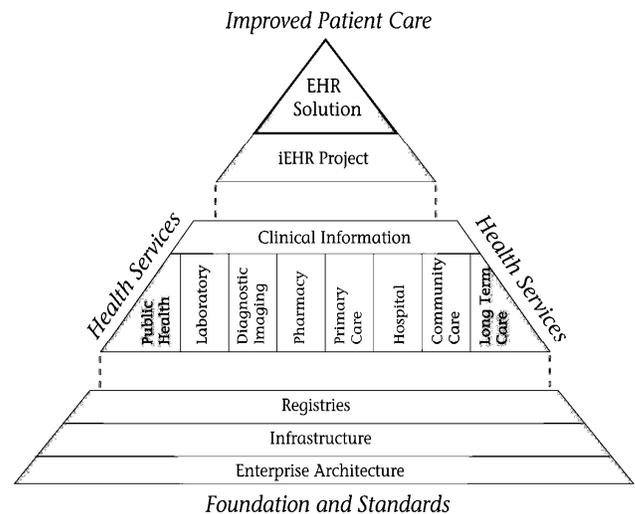
Manitoba's Electronic Health Record (EHR) Solution

- The key to connecting your health information -

An electronic health record (commonly known as an EHR) is a secure and private lifetime record of a person's key health history, available to be viewed electronically by authorized health care providers, anywhere, anytime. Reliable access to this information allows health care providers to make informed, timely decisions regarding a person's care.

The EHR is designed to assemble a person's health data, such as medication history, laboratory results, diagnostic images and hospital records, from a number of information systems. Some of these systems are in use today, while others are in development. In Manitoba, a number of projects are underway to develop standards, infrastructure and systems that form the essential building blocks of an electronic health record.

For more information about Manitoba eHealth and the EHR, go to the Manitoba eHealth website at <http://www.manitoba-ehealth.ca/>



Notes from the Registrar

■ A Very Happy New Year

On behalf of all the Council and College staff, I wish you only good things for 2008. As indicated in my previous notes, many new and exciting things will be happening during the upcoming year. These include:

○ Statement on Withdrawing and Withholding Life Sustaining Treatment - As you will have noted in the media at the end of January, this College Statement is now active and operational. The CPSM has taken a leadership role in

the development of this Statement, which clarifies doctors' responsibilities to ensure that patients and their families are consulted and have the opportunity to be involved in this important decision making process. Sincere thanks to the Members and Councillors who participated in the process to develop this Statement. Their thoughtfulness, concern, professionalism and care are an example to us all. A full copy of the Statement is included with this mailing. Please do not hesitate to contact the Registrar if you have questions about the Statement.

○ The Apology Act – This has now been proclaimed. Members may review this Act on the Government's website at www.gov.mb.ca.

○ The development of a new member database at the College which will improve our ability to function more efficiently. On-line renewal of applications will continue and we will be encouraging Members to use it wherever possible.

○ Manitoba Health has indicated they will be introducing the new umbrella health legislation in 2008. This will mean one single health care act for all regulated health care professions. Your Council and the Registrars continue to be very involved in submitting our comments to government for what should be included. At the present time, we have submitted recommendations for the Complaints/Investigations process and are reviewing the proposed "reserved acts", the performance of which will be possible only if a person is a member of a regulated health profession and that particular profession is permitted to perform these acts. We will continue to keep Members informed on these issues over the next months.

○ The Fair Registration Practices in Regulated Professions Act – This Act was passed in October 2007. It is intended to look at the way in which all regulated health professions, particularly health care professions, process applications for registration, and to suggest ways in which unnecessary work may be eliminated. A Fair Practices Commissioner will be appointed by the government to make these recommendations. On behalf of the College, I presented a number of suggestions for modification of this Bill to members of the House, but most were not accepted. However, the College will be involved in the development of the regulations for this Act and we will, as always, continue to improve our efficiency and processes to make them as easy to understand and follow as possible.

○ Your President, Dr. Andrew MacDiarmid, chairs a Blue Sky Working Group of Council to review all qualifications regulations and report to and advise Council on a regular basis. This will be particularly important as the umbrella health legislation (noted above) is introduced.

○ Assessment of International Medical Graduates – The new three month family practice assessment (FPA) is about to start its fourth group of international medical graduates. This important new assessment replaces the CAPE assessment with an on-site clinical assessment. This permits international medical graduates to demonstrate their knowledge, competence and communication skills in a real life environment. Successful candidates are mentored for the first year in practice to allow a smooth transition into the community. The College Registrars are very much involved in the development of these processes and their assessment and modification which will continue actively during 2008.

○ Continuing Professional Development – After five years of anticipation, the legislature modified The Medical Act in October 2007 to permit us to introduce a requirement for all Members to participate in the Continuing Professional Development programs of either the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada. We expect to introduce this requirement to begin next year. Please stay tuned for updates over the next months.

▪ **College Council Meeting December 14, 2007**

Council heard two presentations as part of their board education. Dr. Robert Burns, Senior Medical Advisor West to Infoway, spoke about Infoway, the electronic health record, and what is happening nationally. Mr. Blair Graham, the College's external legal counsel, gave a presentation advising on the process for making Appeal Committee decisions.

Council reviewed its governance process items, which included the planning cycle and Registrar deliverables.

Council approved the Physician Revalidation Position Paper developed by the Federation of Medical Regulatory Authorities of Canada (FMRAC). They also approved the Maternal/Child Service Purchase Agreement to fund the Maternal/Child Health Standards Committees' work with specific deliverables from the programs.

Council reviewed and approved monitoring reports from the Registrar on six executive limitations, including financial condition, asset protection, the development of position statements, the development of standards governing practice, the use of temporary registration, and the use of extension of conditional registration.

As well, they received items for information on the Medical Amendments Act, the Fair Registration Practices in Regulated Professions Act, the September 2007 Western Registrars Meeting, as well as meetings with the Minister of Health and Deputy Minister of Health in November 2007.

Council now meets quarterly on the second Friday of March, June, September and December. Members are invited to attend as observers. However, because of limited space, we must be notified in advance of any physician who wishes to be present.

▪ **Let's Talk About It!**

On November 21, 2007 the Provincial Patient Safety Conference was held at the Winnipeg Convention Centre. The theme was the importance of communicating effectively with patients' families and colleagues. I was reminded that, despite our good intentions, we as physicians sometimes fail to encourage, acknowledge and respect information that can be provided by a patient or, most especially, a patient's family. They are the ones who know when something has changed and the patient may be in trouble. We must not underestimate the anger, disappointment and feelings of breach of trust that occur when listening to a patient or a patient's family would have averted a tragedy. No matter how tired, busy or frustrated we may be, it is our responsibility as physicians to go that extra distance and receive respectfully information that patients can provide to us. Moreover, the message we receive over and over again is that once a tragedy does occur, an apology, an acknowledgement of a patient or family's anger, and an attempt to ensure that bad events are not repeated in the future, is the surest way to re-establish trust and, incidentally, to avoid a lawsuit or complaint to the College. I ask all Members to actively think of these issues in these days of exhaustion and overwhelming workload.

▪ **Clinical Learning and Simulation Facility (CLSF)**
 Completion of the 10,000 square foot Clinical Learning and Simulation Facility in the Brodie Centre will occur in January 2008, with a grand opening anticipated for early 2008. The facility will consist of 14 clinical rooms, a conference room and a dedicated task training area. Interprofessional educational programs will focus on the continuum from undergraduate, postgraduate, continuing professional education and faculty development for individuals and teams. Simulation will be achieved using standardized patients as well as utilization of the highest level of human simulation technology. The Facility will provide an opportunity for development of expertise in collaboration with the Winnipeg Regional Health Authority. Achievement of an endowment for a Professorship in human simulation will allow the recruitment of an outstanding educator in the field.

▪ **Dean of Medicine Assisting Canadian Forces in Afghanistan**
 Dr. J. Dean Sandham spent five weeks in Kandahar, Afghanistan during December and January as a volunteer civilian physician working in the ICU in the military hospital in Kandahar. He decided to help the international effort after being asked if he would consider participating by one of the U of M medical graduates serving in Kandahar.

He returned to work in January 2008. He has stated that he feels it was a privilege to do this; he valued the opportunity to provide support, to learn a great deal during his short stay and looks forward to sharing some stories now that he has returned.

▪ **Medical Student Admissions Process Review**
 On an ongoing basis, the Faculty has been working to make the admission process efficient and effective, to meet accreditation recommendations and provincial priorities.

In October 2007 an external review was completed by Drs. Keith Brownell, MD, FRCPC, Former Chair, Admissions Committee, Faculty of Medicine, University of Calgary and Dr. Harold Reiter, MD, Med, FRCPC, DABR, Chair, Admissions Committee, DeGrotte School of Medicine, McMaster University, Hamilton, Ontario. The recommendations supported the work of the Faculty Admissions Committee and offered additional opportunities for consideration.

In November 2007, Dr. Fred Aoki, Assistant Dean of Admissions, presented information to Faculty Executive Council and Faculty Council. The decision has been made to move from a three person panel to a Multiple Mini Interview (MMI) test in the current admission cycle. This decision is supported in the literature and by a trial conducted in the Spring of 2006 with the assistance of Dr. Rudy Danzinger. The Admissions Committee will continue to work through the External Review and a broad consultation plan is being developed to gain feedback from Members of the Faculty and others outside the Faculty, as appropriate.

Physicians who order lab tests have the responsibility to have a reasonable system to follow up on the results of the investigations ordered. Physicians in private practices would likely be held directly liable for any failure to follow up on investigation results. The situation is more complex when the physician functions in a facility such as a hospital. These physicians should satisfy themselves that there is a reasonable process in place to follow up on results.

There are instances when patients do not attend for ordered investigation. Currently, tracking systems for investigation follow-up are frequently not in place and, therefore, the physician is often unaware of patient non-compliance or failure to complete investigation for any reason. There are also instances where medical/laboratory results are not received.

The College encourages physicians to introduce procedures into their practices to minimize to the greater extent possible missing results and to make extra efforts to follow up on critical lab results.

<i>Officers and Councillors 2006-2007</i>	
<i>President:</i>	<i>Dr. A. MacDiarmid</i>
<i>President Elect:</i>	<i>Dr. B. MacKalski</i>
<i>Past President:</i>	<i>Dr. H. Domke</i>
<i>Treasurer:</i>	<i>Dr. K. Saunders</i>
<i>Investigation Chair:</i>	<i>Dr. S. Kredentser</i>
<i>Registrar:</i>	<i>Dr. W. Pope</i>
<i>Deputy Registrar:</i>	<i>Dr. T. Babick</i>
<i>Assistant Registrar:</i>	<i>Dr. A. Ziomek</i>
<i>Assistant Registrar/Legal Counsel:</i>	<i>Ms. D. Kelly</i>
<i>Term expiring June 2008</i>	
<i>Brandon Eastman</i>	<i>Dr. B. MacKalski</i>
<i>Westman</i>	<i>Dr. B. Kowaluk, Oakbank</i>
<i>Winnipeg</i>	<i>Dr. D. Chapman, Neepawa</i>
	<i>Dr. A. Arneja</i>
	<i>Dr. H. Domke</i>
	<i>Dr. S. Kredentser</i>
	<i>Dr. R. Lotocki</i>
<i>University of Manitoba</i>	<i>Dean D. Sandham</i>
<i>Public Councillor</i>	<i>Mr. R. Toews</i>
<i>Public Councillor</i>	<i>Mr. W. Crawford</i>
<i>Clinical Assistant Register</i>	<i>Dr. R. Bhullar</i>
<i>Term expiring June 2010</i>	
<i>Central</i>	<i>Dr. E. Persson, Morden</i>
<i>Interlake</i>	<i>Dr. D. Lindsay, Selkirk</i>
<i>Northman</i>	<i>Dr. K. Azzam, Thompson</i>
<i>Parkland</i>	<i>Dr. D. O'Hagan, Ste. Rose</i>
<i>Winnipeg</i>	<i>Dr. M. Burnett</i>
	<i>Dr. A. MacDiarmid</i>
	<i>Dr. R. Onotera</i>
	<i>Dr. K. Saunders</i>
	<i>Dr. R. Suss</i>
<i>University of Manitoba</i>	<i>Dr. W. Fleisher</i>
<i>Public Councillor</i>	<i>Mr. W. Shead</i>
<i>Public Councillor</i>	<i>Ms. S. Hrynkyk</i>

Physician Liability When Ordering Tests

Notices, etc...

Moving? Retiring?...What you Need to Know

If you are leaving the province or retiring from practice, the By-law requires that you advise where your records will be stored, so that we may note it on your file and advise interested parties.

By-Law #1 requires that any member who has not practised in the province for a period in excess of two years without the permission of Council shall, in accordance with section 16(1) of The Medical Act, be struck from the Register. The effective date of erasure shall be two years after that member's cessation of practice.

Changes of Address

By-law #1 requires that all Members must notify the College of any change of address within 15 days so that communications can be kept open. The College cannot be responsible for failure to communicate to registrants who have not notified us of address changes.

Accepting Visiting Medical Students for Electives (UG/PG)

Are you considering sponsoring a medical student and/or resident for an elective? ALL visiting medical students and residents must be registered with the University of Manitoba and the College of Physicians and Surgeons of Manitoba. There is a defined process with eligibility criteria that must be met. For more information please contact the appropriate person at the University of Manitoba:

Undergraduate Medical Students:
Ms. Tara Petrychko; Tel: (204) 977-5675
Email: petrych@ms.umanitoba.ca

Residents (Postgraduates):
Ms. Laura Kryger; Tel: (204) 789-3453
Email: krygerl@cc.umanitoba.ca

Website:

<http://www.umanitoba.ca/faculties/medicine/education/index.html>

Approved Billing Procedure

When physicians wish to recruit a colleague to carry out the practice of medicine in their place and bill in their names, the College must be advised in advance and approve the specific time interval. Only when written approval is received may a physician act in place of another. Without written approval as a locum tenens, one physician may replace another, but must act and bill independently