COLLEGE OF PHYSICIANS AND SURGEONS OF NEWFOUNDLAND AND LABRADOR

CPSNL NOW

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SPECIAL POINTS OF INTEREST:

- **Revalidation**
- **Responsibility of Continuing Care**

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Message from the Registrar

The Federation of Medical Regulatory Authorities of Canada (the "FMRAC"), of which all Colleges of Physicians and Surgeons in Canada are members, issued a position paper on July 4, 2007 on physician revalidation.

In this issue of CPSNL NOW, I would like to review for members the steps the College is taking towards the introduction of a revalidation process in this province.

The FMRAC position paper identified the following as issues in relation to physician revalidation:

> *The public places its trust in the medical regulatory authorities to license physicians who, in turn, are expected to remain competent throughout their practice lifetimes.*
>
> *The practice of medicine, including the treatment and prevention of illness, is in constant evolution. Therefore, physicians must be committed to participating in lifelong practice reflection and continuing professional development.*
>
> *The demonstration of ongoing competence and performance of physicians is a pillar of professional self regulation.*

The FMRAC position statement on physician revalidation is as follows:

Dr. Robert Young
Registrar

> **All licensed physicians in Canada must participate in a recognized revalidation process in which they demonstrate their commitment to continued competent performance in a framework that is fair, relevant, inclusive, transferable and formative.**

While the FMRAC position paper is not binding on members of FMRAC, the College supports the position statement.

The Following organizations were consulted and contributed to the development of the position statement:

The Association of Faculties of Medicine of Canada;
The Canadian Medical Association;
The College of Family Physicians of Canada;
The Medical Council of Canada; and
The Royal College of Physicians and Surgeons of Canada.

The participation of these organizations however does not necessarily constitute full endorsement of the Position Statement.

This College is of the view that revalidation should be applicable to all physicians, and that it is in the best interest of the public and the profession that all physicians demonstrate to the College their commitment to continued competence.

The College recognizes that it is no longer sufficient that the College only assure that physicians are competent when they are first licensed to enter into medical practice. It is imperative that the College also assure that physicians remain competent to practice medicine throughout their professional careers. Maintaining professional standards of performance and competence is not optional and will require continuing professional development.

A physician revalidation process should reflect the evolving nature of medical practice and standards. It should require not only the maintenance and enhancement of existing skills but also adopting advances in medical practice and standards.

With the requirement that all licensed physicians in Canada must participate in a recognized revalidation process, the medical regulatory authorities are fortunate that the two national certification colleges, the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of

Message from the Registrar

Revalidation

Canada, have developed maintenance of certification programs which recognize the need for education as a fundamental component. The national certification colleges require their members to participate in and to document their continuing professional development activities.

The medical regulatory authorities are also fortunate that both national certification colleges have stated that their maintenance of certification programs will be made available to non-member physicians to participate in and to document their continuing professional development activities.

Over a five year cycle participation in, and satisfactory completion of, the national certification colleges' maintenance of certification program, appropriate to the physician's practice, will meet the continuing professional development revalidation requirements of the College for that period. Then the cycle begins again.

Physicians who choose not to participate in a maintenance of certification program of either of the national certification colleges may choose to participate in an alternative program. This program must be approved by the College and must be relevant and appropriate to the physician's specialty or area of practice. There is the possibility that other agencies may offer continuing professional development programs/continuing medical education programs appropriate to revalidation and acceptable to the College.

It is the goal of the College to have revalidation regulations in place for physicians by the end of 2008 so that the continuing professional development revalidation process will apply to all newly licensed physicians and to all physicians renewing their licenses in 2009.

During 2008, the College will request that the government approve regulations requiring:

- every member of the College to participate in a program of continuing professional development as required by the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada or an alternative program approved by the College;
- every member of the College to annually provide to the College acceptable documentation indicating participation by the member during the preceding year in a continuing professional development program; and
- every member of the College, upon request, provide the College with acceptable documentation, confirming successful completion of the 5 year cycle of the continuing professional development program in which the member has participated.

In the interim, before the revalidation regulations are adopted, the College would encourage physicians to continue or to commence their participation in physician revalidation by voluntarily following one of the following steps:

- If already a member of one of the national certification colleges, participate in the appropriate College continuing professional development maintenance of certification program;
- If not a member of either of the national certification colleges, enroll in the appropriate college continuing professional development maintenance of certification program as a non-member;
- If you have identified an alternative revalidation program, inform the College in writing of the intent to utilize the alternative program.

It is important to note that participation in the national certification colleges' maintenance of certification/continuing professional development programs will not replace the requirement that members, when notified, also participate in the Atlantic Provinces Medical Peer Review Program.

Both processes are required and compliment each other as components of the College's revalidation process.

If you have any questions or concerns regarding the revalidation process, please provide the College with your feedback.

Robert W. Young, MD FRCPC
Registrar

REVALIDATION FEEDBACK?
Email:
cpsnl@cpsnl.ca

Guidelines for Prescribing Buprenorphine

Buprenorphine is a narcotic, which has been introduced in Canada as a drug therapy in aid of the management of opioid dependency. It is the understanding of the College that Health Canada has approved buprenorphine for sale in Canada on the condition that specific training for prescribers be provided by the Canadian manufacturer, but that Health Canada is not requiring that physicians obtain an exemption under the *Controlled Drugs and Substances Act* (Canada) to prescribe buprenorphine.

Buprenorphine has been released in combination with Naloxone under the trade name of **Suboxone**. The College has noted that several other Colleges of Physicians and Surgeons across Canada have established regulations or guidelines for the prescribing of buprenorphine.

While the College will continue to review what regulation may be appropriate and needed in this area, at this time the College believes that physicians and the public would benefit from the development of a guideline for the prescribing of buprenorphine.

The College would remind physicians who are considering prescribing of buprenorphine to their patients that they should be mindful of:

1. The limited clinical experience with buprenorphine in Canada;

2. The potential for misuse, abuse and diversion of buprenorphine, which should give rise to heightened consideration by physicians of whether the prescribing of buprenorphine in particular circumstances is consistent with patient safety and public safety; and

3. The specific challenges posed by the opioid-dependent patient.

The College, having reviewed regulations and guidelines in place to date across Canada in relation to the prescribing of buprenorphine, recommends that physicians considering prescribing buprenorphine to their patients should follow all of the following guidelines:

(a) first obtain a Health Canada exemption to prescribe methadone for the treatment of opioid dependency under Section 56 of the *Controlled Drugs and Substances Act* (Canada), notwithstanding that this is not a Health Canada requirement for prescribing of buprenorphine;

(b) also successfully complete a training program acceptable to the College specific to the prescribing of buprenorphine and provide evidence satisfactory to the College of that successful completion;

(c) proceed to prescribe buprenorphine to patients only after considering, and periodically reviewing, whether it is a safe and prudent means of managing opioid dependency in the particular patient, and document that consideration and periodic review;

(d) proceed and continue to prescribe buprenorphine to patients only when it can be assured that daily intake will be supervised by a health care professional, excepting only when such supervision is not reasonably possible on weekends, holidays and in other physician-documented exceptional circumstances;

(e) participate in continuing medical education in opioid-dependency treatment;

(f) complete a minimum one-day clinical observership at the Opioid Treatment Centre in this Province, or in a medical practice providing methadone and/or buprenorphine treatment; and

(g) familiarize themselves with the College Methadone Treatment Guideline, as it may be updated from time to time.

The College recognizes that the availability of training programs within the Province, or even elsewhere in Canada, may be limited. While the College will be prepared to consider proposed training programs submitted by physicians, the College does not accept that limited availability of such programs is a sufficient reason for physicians to proceed with prescribing of buprenorphine without adequate training. In the circumstance of limited availability of training programs, the College takes the position that patient safety and public safety must be the pre-eminent consideration.

Physicians who have questions about these guidelines may contact Dr. Robert Young, Registrar of the College. Ω

Buprenorphine

"the College takes the position that patient safety and public safety must be the pre-eminent consideration"

UPDATE: Health Research Ethics Authority Act

On November 23, 2006 the legislation creating the HREA and the provincial Health Research Ethics Board (HREB) passed third reading in the House of Assembly. Since November, the HREA Transition Team has been working to ensure a seamless transition to a timely and efficient review process which promotes research in this province. Moreover, the Transition Team is developing processes, policies, and standard operating procedures to ensure efficient ethics review. The HREA Transition Team has representation from the partner institutions, the current Human Investigation Committee, and the private sector.

Members are:

Penny Moody-Corbett (MUN), Chair of the TT: *pmoody@mun.ca: 777-6762*

Richard Neuman (MUN) Co-Chair HIC: *rneuman@mun.ca; 777-6887*

Sharon Buehler (MUN): Member, HIC Policy Subcommittee: *skb@mun.ca; 777-7274*

Reg Coates (Health& Community Services NL): *Rcoates@gov.nl.ca: 729-3421*

Brenda Fisher (Johnson & Johnson): Representative from RX&D: *bfisher3@joica.jnj.com; 738-7538*

Jeannie House (NL Health Boards Assoc.): Member, HIC Policy Subcommittee: *JHouse@nlhba.nl.ca; 364-7701; Ex 320*

Majed Khraishi (Nexus Clinical Research): *mkhraish@nexusresearch.com: 576-3235*

Wayne Miller (Eastern Health): *wayne.miller@easternhealth.ca: 777-1358*

Linda Purchase, Ethics Officer, HREA: *Linda.purchase@med.mun.ca; 777-8905*

We will also be drawing on others who have kindly volunteered to support this committee .

When will the HREA act be implemented?

It is anticipated that the HREA act will be proclaimed within the next twelve months.

What does implementation mean?

The Act will require all health research in the province to be reviewed and approved by the provincial **Health Research Ethics Board** (HREB), or an approved duly constituted health research ethics body, before the research can begin.

The HREB will review all clinical trials of drugs and devices and all genetics research. As per section 8 of the act, the HREA can also approve other *ethics review bodies*. Such approved bodies will be authorized to review and approve health research other than clinical trials of drugs and devices and genetics research.

What is the HREA?

How the HREA will function:

The HREA will be an independent, not-for-profit corporation reporting to the Minister of Health and Community Services. The Board of Directors of the HREA will be appointed by the Minister on the recommendation of the funding partners. The Directors will include one representative from each of the partner organizations (Department of Health and Community Services, Eastern Health and Memorial University] a person chosen to represent the public of the province. The chair of the HREB will sit as an *ex- officio* member. The HREA will be responsible for

- Appointing members of the HREB
- The approval of any other duly constituted health research ethics review body in the province
- Maintaining an inventory of all human health research conducted in this province

The HREA will be supported by Memorial University, Eastern Health, the Government of NL and through fees charged for the review of contract research.

The standards governing the HREA:

Research ethics review done by the HREB and other approved ethics bodies will be as specified by the Tri-Council Policy Statement. The HREB will also adhere to the principles and guidelines of ICH-GCP (E-6 Guidelines for Good Clinical Practice of the International Committee on Harmonization) and Division 5 of Health Canada and all applicable laws and regulations.

Public input:

An advisory committee of laypersons from across the province will be appointed to provide consultation and advice on local issues to the HREA and HREB.

Where is the process at this point?

- We anticipate the appointment of the Board of Directors of the HREA by fall 2007.
- Ms. Linda Purchase, formerly of the Patient Research Centre, Eastern Health, has been appointed as the Ethics Officer of the HREA/HREB.
- Meetings with regional health authorities and other groups to provide information and receive feedback have begun. The members of the Transition Team are keeping are interested parties advised. Communication is viewed by the Transition Team as a significant responsibility during this transition period and beyond.
- As the research ethics board (REB) responsible for the review of the majority of clinical trials (drugs and devices) in the province the responsibilities of the Human Investigation Committee (HIC) will be taken on by the HREB.
- In preparation for the HREA, the office of the HIC of Memorial University will move to larger quarters outside the University.
- We are drafting policies, procedures, a budget and corporate documents for the approval of the HREA board.

For more information on the HREA, to follow our progress or to review the Act visit us at www.hrea.ca

We invite your questions and comments throughout the transition process. You can contact us by email at info@hrea.ca or call **709-777-8949 .**

Transition Team

September 2007 Ω

College moves to PCRC

The College of Physicians and Surgeons of Newfoundland and Labrador (the "College") has made a significant change in the way in which it verifies the credentials of international medical graduates.

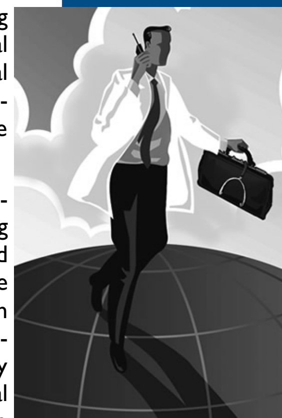
On December 3, 2007, the College transferred all international credential verification duties from the Educational Commission for Foreign Medical Graduates International Credentials Service (EICS) to the Physician Credentials Registry of Canada (PCRC). PCRC is a division of the Medical Council of Canada and has been developed in collaboration with the Federation of Medical Regulatory Authorities of Canada (FMRAC).

PCRC is, essentially, two services in one. It provides a national standardized approach to primary source verification of the credentials of international medical graduates and it serves as a permanent electronic repository for those credentials.

PCRC will verify and retain medical school diplomas, medical school transcripts, postgraduate training certificates, specialty certificates and medical licensure/registration certificates. It will also retain supporting documents such as authorizations, translations, photographs, certified proof of identity documents and proof of name changes.

PCRC will make electronic copies of certified copies of certain original documents and enter them into its system. Physicians should note that once their medical credentials and supporting documents are registered with PCRC, they do not need to be presented again to PCRC when applying for licensure under any jurisdiction in Canada. When applying for licensure in any jurisdiction within Canada, physicians need only grant their consent for the applicable regulatory authority to view their credentials and the electronic portfolio will be made available to that organization.

PCRC offers many benefits for medical regulatory authorities including advanced security features. It will create a confidential, lifetime, professional electronic portfolio that can be shared with authorized stakeholders including provincial and territorial medical regulatory authorities; the Royal College of Physicians and Surgeons of Canada; and the College of Family Physicians of Canada.



As of December 3, 2007, international medical graduates seeking licensure in Newfoundland and Labrador were referred to the PCRC website for registration with PCRC. PCRC, in conjunction with EICS, will primary source verify all international documentation which the College will review.

The electronic nature of PCRC will assist in achieving faster processing times for the College. This will, in turn, allow the College to better serve the recruitment needs of health authorities.

At present only international medical graduates seeking licensure with this College will be directed to PCRC. In the future, graduates of Canadian medical schools will also be referred to PCRC for verification of credentials. Ω

"PCRC creates a confidential, lifetime, professional electronic portfolio"

Do You Require Prospective Patients to Complete Medical Questionnaires?

The College continues to receive inquiries from patients regarding the practice of certain physicians who require prospective patients to complete a detailed medical questionnaire before agreeing to accept patients into their practice.

Patients express concern that physicians are using the information obtained regarding their medical history when deciding whether to accept the patients into their practice.

Regarding this matter, the College notes that Section 17 of the CMA Code of Ethics (2004 Update) states:

> ***In providing medical service, do not discriminate against any patient on such grounds as age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status. This does not abrogate the physician's right to refuse to accept a patient for legitimate reasons.***

The College further notes that Practice Solutions, the CMA's practice advisory company, states:

> ***Do not ask prospective patients to complete medical questionnaires before they meet you. If you chose to not accept that patient, he or she could allege that you turned them down due to their medical problems, a practice that is unethical and unprofessional. If you want to use a questionnaire, provide patients with the form after you have accepted them into your practice.***

The College would caution physicians against requiring or asking prospective patients to fill out medical questionnaires until they have been accepted as patients.

The College also advises that the College would seek the physician's response to any allegation from a patient that a physician allegedly used information obtained from a medical questionnaire as cause to decline accepting a patient into the physician's practice, and that such an allegation may become the subject of an investigation by the Complaints Authorization Committee. Ω

Advisory for Prescribing of Narcotics

Following a recent incident of concern in St. John's involving the reported theft of a large quantity of OxyContin from a patient, the College would like to provide physicians with the following advice regarding the prescribing of narcotics.

The College is of the view that it is not generally advisable for physicians to write a prescription for a narcotic for any period greater than 30 days. In clinical circumstances where physicians need to prescribe a narcotic for a period greater than 30 days, physicians are urged to issue **part fill** instructions for 30 day intervals.

For **part fills**, the total quantity of each **part fill**, and the time interval between **part fills** must be specifically indicated on the prescription. An example of an appropriately written **part fill** is as follows:

MC Contin 60 mg (sixty mg)
1 p.o. Q 12h
Supply 180 (one hundred and eighty) tablets
in lots of 60 (sixty)
at intervals of 30 (thirty) days

Physicians are reminded that while pharmacists are permitted to dispense partial amounts (or **part fills**) of the total quantity of a narcotic prescribed, pursuant to the provisions of the Narcotic Control Regulations, they are not permitted to dispense refills for narcotic prescriptions.

The College is also of the view that if there are extraordinary circumstances e.g. extended travel, which require that physicians write a prescription for narcotics for a period greater than thirty days and **part fills** are not practical in the circumstances, the quantity prescribed should not exceed the amount required for the time until the patient will be next seen by the physician. The extraordinary circumstances should be documented in the patient's medical record.

The College suggests that physicians strictly observe this advisory in order to help reduce the risk of large quantities of narcotics being stolen or otherwise diverted to other than prescribed patient use.

Physicians are also reminded that the College has expressed the view that when physicians are initiating the treatment of patients with narcotics for the management of chronic pain, and the initial dosage of opioids is being titrated, patients should be seen at least every 1 to 2 weeks. When established on a maintenance dosage, the College advises that intervals of no longer than 6 to 9 weeks between assessments are appropriate.Ω

Responsibility for Continuity of Care

The College recently received correspondence from a regional hospital stating that from time to time patients without a family doctor are admitted to hospital, and that these patients, when not being admitted to a specialty service, are admitted to a member of the hospital's family practice department. The question was asked whether that member of the family practice department has any responsibility for the ongoing outpatient management of such a patient on discharge from hospital.

In addressing the enquiry, the College noted that it was the College's understanding that when referring to ongoing outpatient management, the hospital was referring to ongoing care concerning the condition for which the patient was admitted to the hospital.

The College would also note that similar circumstances may arise when a patient is seen by a family physician practicing in an emergency department or in a walk-in clinic, if the patient has no family doctor to follow the patient for ongoing patient management.

The College stated the view to the regional hospital that the College believed that an alleged failure to provide ongoing outpatient management, in the circumstances outlined above, might potentially give rise to an allegation of conduct deserving of sanction, under the *Medical Act, 2005*, against the family practice department member.

The College cautioned that it could only provide general advice on this issue, and that any particular allegation of conduct deserving of sanction received by the College would have to be considered and decided on its own facts.

Having said that, the College stated the view that members of the family practice department, who are aware that they are discharging a patient who does not have a family physician and who requires ongoing outpatient management, do have certain responsibilities to that patient. These responsibilities may not be simply deemed to terminate on discharge from hospital.

The College noted that Section 19 of the CMA Code of Ethics (2004 Update) states:

> *Having accepted professional responsibility for a patient, continue to provide services until they are no longer required or wanted; until another suitable physician has assumed responsibility for the patient; or until the patient has been given reasonable notice that you intend to terminate the relationship.*

The College also noted that the College's Guideline on Ending the Doctor-Patient Relationship may also have applicability to this type of situation.

Cont'd→

Responsibility for Continuity of Care (cont'd)

"Patients should be informed of reasonable limitations on the ongoing care that may be able to be provided"

The College stated that if the College were to receive an allegation from a discharged hospital patient that no or insufficient arrangements had been made for their ongoing post-discharge care, the College in the first instance would look to whether the applicable provisions of Section 19 of the CMA Code of Ethics and the College's Guideline on Ending the Doctor-Patient Relationship had been followed. A key issue which would arise, from the scenario, presented to the College, is whether there had been "reasonable notice to terminate the relationship." In the College's view, what is "reasonable notice" cannot be established arbitrarily or without due consideration for the health and well-being of the patient.

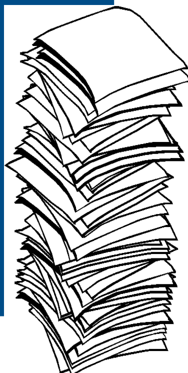
The College advised that patients should be informed of reasonable limitations on the ongoing care that may be able to be provided by members of the hospital's family practice department following discharge from hospital. However, the College cannot say that a notice to the patient, deeming a medical practitioner's responsibility to come to an end upon discharge or after a certain period, when there is no likely prospect of the patient being followed for necessary ongoing out-patient management by another physician, would necessarily insulate a member of the family practice department from an allegation or finding of conduct deserving of sanction. Even if a patient's express agreement was obtained to such a limitation on responsibility for outpatient management, the College would likely still have to consider whether any such agreement reflected the truly informed and voluntary consent of a patient.

The College recognizes the difficulty encountered by many patients in this province in obtaining family physicians, and the valuable service provided by hospital's family practice departments to address that concern for patients admitted to hospital. However, the College would not feel comfortable in saying that the consequences of this difficulty in obtaining family physicians fall solely on these patients post-discharge. The College would recommend that hospitals work with the family practice departments to determine how their coverage may be extended to provision of necessary ongoing outpatient management for these patients.

The College also noted that a similar circumstance may arise when a patient is admitted to a specialist, if upon discharge from hospital that patient has no family doctor to follow the patient for ongoing outpatient management.

The College is not in a position to comment on the question of potential civil liability of family physicians or for specialists, who find themselves in the above situation. If this is of concern, the College can only suggest that this aspect of the matter be referred to the Canadian Medical Protective Association.Ω

2006-2007 Annual Report Now Online



The College's Annual report is now available online. This year's report contains highlights and updates on PMC, Physician Orientation, Revalidation, Credentials Verification, Telemedicine, and Legislative Affairs.

There are also committee reports from the Complaints Authorization Committee and the Finance Committee. As well as an Auditor's report.

The Public Appointees to the Council also submitted a report attesting to the College's commitment to the public interest.

You can find it all on the College website:

www.cpsnl.ca

Ω

Notice to College Members: Provider Registry

The Medical Act, 2005 requires the College of Physicians and Surgeons of Newfoundland Labrador (the "College") to maintain a medical register, a specialist register, educational register, corporate register (for professional medical corporations) and a list of all provisional licence holders, (the "Registers") all of which are available to the public.

The College has been requested to provide to the Newfoundland and Labrador Centre for Health Information (the "Centre") data elements maintained on the Registers of the College, for the purposes of testing a medical services Provider Registry. The data elements requested at this time by the Centre, for testing purposes, include:

1. name of the medical practitioner;
2. licence number;
3. status of licence (active/inactive);
4. practice address and telephone number.

The Centre has been established under the Centre for Health Information Act, SNL 2004. Subsection 4(1) of that Act provides as follows:

4. (1) The object of the centre is to assist individuals, communities, health service providers and policy makers at federal, provincial and regional levels in making informed decisions to enhance the health and well-being of persons in the province by providing a comprehensive province-wide information system that
(a) protects the confidentiality and security of personal information that is collected, used, disclosed, stored or disposed of by the centre;
(b) provides accurate and current information to users of the health and community services system;
(c) integrates data from all components of the health and community services system;
(d) is efficient and cost-effective; and
(e) is flexible and responsive to the changing requirements of users of the system.

The College has entered into a Letter of Intent with the Centre for the provision of the above data elements for the purpose of the testing of the Provider Registry, and restricting its use to such testing purposes.

Following the testing phase for the Provider Registry, the Council of the College will be considering the delivery of data elements to the Provider Registry, to be updated on an ongoing basis, for the purposes of the integration of the Provider Registry with a province-wide Pharmacy Network. The Council at that time will be considering whether, in addition to the above data, other data including medical licence conditions and restrictions, particularly as they relate to prescription of drugs, is to be provided to the operational Provider Registry.

College members are directed to the website for the Centre for Health Information for further information regarding the Provider Registry and Pharmacy Network, www.nlchi.nf.ca. Ω

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College of Physicians and Surgeons of Newfoundland and Labrador

- Setting qualifications for registering and licensing of medical practitioners;
- setting standards for the practice of medicine in the province;
- setting practice policies and guidelines for medical practitioners;
- monitoring the practice of medical practitioners through peer assessment review;
- investigating complaints made against medical practitioners;
- conducting disciplinary hearings when the College has reasonable cause to believe that a medical practitioner has committed professional misconduct or malpractice or may be guilty of conduct unbecoming a medical practitioner; and
- maintaining registers for medical practitioners, specialists, medical students, and professional medical corporations.

"Into whatever homes I go, I will enter them for the benefit of the sick avoiding any voluntary act of impropriety or corruption."
— Hippocratic Oath

Next Issue of CPSNL NOW

April 2008