



COLLEGE NOTES

The College of Physicians and Surgeons of Prince Edward Island



Spring 2013

Dear Colleagues:

The College office staff is pleased to issue the Spring edition of our 'College Notes' as a means of communication with all our members.

The Office Staff include:

Dr. Cyril Moyse, Registrar

Dr. Moyse is in the College office 1-½ days per week, where he directs and administers all College issues and administrative matters. He represents the College at meetings and conferences to do with College business and Medical Regulation.

Dr. Geraldine Johnston, Deputy Registrar

Dr. Johnston works 1 day per week in the office, in the administration of the Complaint process. She also assists in general College administrative matters and attends meetings and conferences to do with College business and Medical Regulation.

Ms. Melissa MacDonald, Office Manager

Ms. Sherry Glass, Office Support Staff

Ms. Melissa MacDonald and Ms. Sherry Glass are full time employees, with Melissa administrating all facets of the business of the College on a daily basis and Sherry providing administrative support.

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Our Council members for 2012/2013

- ❖ Dr. Gary McLean, President
- ❖ Dr. Chris Stewart, Vice President
- ❖ Dr. Mireille Lecours, Acting Registrar
- ❖ Dr. Anne Drysdale
- ❖ Dr. Andrew MacLeod
- ❖ Dr. Santhosh Lakshmi
- ❖ Dr. Jean-Yves Dubois
- ❖ Mr. Neil Robinson, Lay member
- ❖ Ms. Barb Currie, Lay member

Council has three new elected members: Dr. Jean-Yves Dubois, Dr. Santhosh Lakshmi and Dr. Andrew MacLeod, who were appointed at our Annual General Meeting in September 2012. The Lay members are appointed by the Government for a 3 year term and our current two lay members have been reappointed. ***If you are interested in becoming a Council member, please contact the College office for more information.***

The Council meets every second month while the Executive of the Council meets by teleconference every second week, with one meeting held every two months in conjunction with the regular Council meeting. The Executive of the Council has the right to act on the full Council's behalf between the bi-monthly Council meetings. This allows College business to be done in a timely manner, (example: licensing) and allows the bi-monthly Council meetings to focus on other areas of concern.

CPSPEI Website/College Notes/Database

The CPSPEI website created in the spring of 2012 is www.cpspei.ca. On the website you will find a copy of the Medical Act (1988) and Regulations, Information for the Public, Licensure Requirement information, Complaint Process information, Policies, Guidelines, Statements, forms that can be downloaded (corporation application, Certificate of Conduct application) and important links to other sites. Formal discipline findings that are made public are posted. The Physician search engine is up and running. You must however put the title "Dr." before the first name to search successfully at this time.

We will have license application forms and re-application forms on the website at a future date and we hope you will be able to pay your fees on-line in the future as well.

The “College Notes” publication is no longer printed and mailed to all members. Instead, it is emailed to our membership and posted on our website. This will occur twice yearly in the spring/summer and the fall/winter. If, however, you do wish to receive a mailed copy please contact the office to advise us and we will be happy to accommodate you.

At present the member log-in area is not ready, but will be sometime in the next few months as we continue to enter all the physician data. We are continually in the process of entering data into our new database, which is very time consuming for the office staff as the information is checked and confirmed before data input. This emphasizes the importance of correctly and completely filling out your Annual Renewal forms. We had previously set a timeline to have the new database ready for May 2013, but this will not happen.

As we review our Policies, Guidelines and Statements and create new ones, they will be posted to the website. In August 2012, we posted the “*PEI Department of Health and Wellness Infection Prevention and Control for Healthcare Offices and Clinics Guidelines*”. Updated policies on the prescribing of “*Methadone*” and “*Buprenorphine*” were posted in December, 2012, along with “*Publication of Discipline Decisions*,” “*Publication of Suspension of License*” and “*Distribution of Information to the Public*.” A new Policy regarding “*Administrative Medicine*” will appear shortly on the website. Our Policy on the “*Prescribing of Marijuana*” was recently reviewed by Council with some change and will also appear on the website shortly. In February, 2013, The Ontario Court of Appeal ruled the Medical Marijuana Laws in Canada were not unconstitutional, striking down an earlier court decision, and confirming Marijuana is still illegal in Canada. The full decision can be found at:

R.v.Mernagh,2013 ONCA 67 (Can LII),<http://canlii.ca/t/fvxst> retrieved 2013-02-05.

There is a new guideline on the website approved by Council November 23rd / 2012
“*Guideline on Standard of Care: Walk-In Clinics*”

New Medical Act and Regulations

Our new Regulations were finished and approved by Council in 2012 and forwarded to Government for their review. Government reviewed the new Regulations and had some concerns which have been addressed by Council. We are presently awaiting final approval of the Regulations by Government. Once this is done, the new Medical Act can be proclaimed and both the new Medical Act and the new Regulations will be posted on our website. There is considerable change with regard to the Complaint and Discipline

Process and all are advised to read the new Medical Act. Once again, physicians are reminded to treat patients with respect and empathy, and with excellent communication, all of which will go a long way in avoiding a complaint to the College.

Present Medical Act (1988) and Amended Regulations

The Regulations on Professional Misconduct in the present Medical Act (1988) were amended effective February, 2013. At the May 13, 2013 Council Meeting there was another amendment to the present Medical Act (1988)'s Regulations with the addition of Section XIV: "Advertisement". This section addresses the Regulations with respect to a physician advertising his/her medical practice and qualifications and is awaiting Government approval, and should be available in June 2013.

Please review these recent amendments.

CPSPEI Operational Review / Maritime College / Proposed Regulation of Health Professionals

Government has advised Council that there will be an Operational Review of CPSPEI sometime in 2013. Council and staff welcome this review as a positive learning experience for all involved from both sides.

In the past year, Government has also proposed umbrella legislation for the regulation of all Health Professions in the province.

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

New Narcotic Safety and Awareness Act

Government has introduced new legislation called the Narcotics Safety and Awareness Act. This initiative was made public in a news release on April 23, 2013.

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 proposed legislation have yet to be drafted. **We encourage all physicians 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 Minimal Requirements for Office Records* (August 27, 2007) and our *Guideline of Standard of Care for Walk-In Clinics* (November 23, 2012).

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, 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 made 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.

The CPSPEI was not consulted in writing this Act, but we hope to be consulted in the writing of its Regulations. We caution all physicians prescribing these drugs to be aware of the possibilities of diversion, but we also need to remember the need to appropriately treat patients' pain.

Please Read the New "Narcotics Safety & Awareness Act"

Can LII (Canadian Legal Information Institute Participation)

At the Council meeting of March 11, 2013 Council has agreed to participate in the Can LII publication. Can LII is a non-profit organization managed by the Federation of Law Societies of Canada. Can LII's goal is to make Canadian law accessible and free on the Internet. This website provides access to court judgments, tribunal decisions, statutes and regulations from all Canadian jurisdictions. Previous results of discipline cases heard by the Fitness to Practice Committee or Board of Inquiry which ended in a finding that resulted in discipline and a penalty will be forwarded to Can LII for publication, as will all future cases.

Opiate Prescribing

In 2012 Council approved new policies concerning prescribing methadone and buprenorphine. These four new policies are posted on the Website. Those 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 course. Council decided to give all physicians who have not yet complied with these new “*Methadone Policy/Commitment Form*” requirements until December 31, 2013 to forward the required documentation. If they are not received by then the College office will contact Health Canada to advise. 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.

As previously stated, the Pharmacy Board is considering having a mandatory facsimile prescription for methadone prescriptions and no longer allowing handwritten, hand delivered methadone prescriptions to the pharmacies. There will likely be more information to come on this in the near future.

We recently received an email from Dr. Colohan, Medical Director, Island Pain Management, regarding diversion of Methadone locally. We asked Dr. Colohan if he would write a note to insert into our newsletter; here it is:

“I was talking with one of my patients in the office the other day. He is a recovering addict who is managing to stay clean and sober. I usually ask him what is happening on “the street” and he is quite candid in providing information. He will tell me about the most recent scams which addicts and drug dealers use to get prescription medications from physicians, primarily general practitioners, and the latest tricks for beating urine drug tests. The hottest drug on the street at the moment is methadone, particularly the tablet form, which is more easily abused by snorting and i.v. injection than the liquid preparation which is deliberately adulterated. It is popular because the “high” produced by methadone lasts longer than with other opiates and a single dose reduces cravings for 24 hours. He told me that he has overheard teenage addicts at his Narcotics Anonymous [NA] meetings sharing information about methadone prescribers; who is easier to con and who is more difficult. These very young addicts are encouraging their family doctors to get methadone exemptions and to prescribe methadone tablets, then going out and abusing the drug or selling some of it on the street. A 10 mg

methadone tablet currently brings \$30 on the street, which helps support their life style and their addiction.

Methadone is a safe drug, used appropriately, both for harm reduction in managing opioid addiction and for treating chronic pain. Because of its unique pharmacodynamics it can also be a very dangerous drug, especially combined with other pharmaceuticals. According to the Drug Abuse Warning Network [DAWN] in the U.S., the number of methadone-related E.D. visits rose by 71% between 2004 - 2009, and, while methadone represents less than 5% of all opioid prescriptions, it is involved in 1/3 of all opioid-related deaths. This disproportionate lethality exists because methadone is a long-acting drug with a very long half-life, but its therapeutic effect is relatively short lasting. Consequently, the user feels that the drug has worn off long before it has been excreted from the body, and may resort to additional methadone dosing, or turn to alcohol or other drugs, sometimes with fatal results. It takes about 5 days to reach a steady state blood level after a single dose of methadone. Dosing increases should not be done more frequently than once a week. Rapid dose escalation may cause a step-ladder effect, with progressively rising blood levels. It's kind of like putting a frog in a beaker of cold water and slowly turning up the heat. The poor sucker doesn't know when he's cooked.

Methadone is metabolized primarily in the liver by P450 cytochrome enzymes, primarily 3A4 and 2B6. There are many substances which induce, inhibit or are substrates for these enzymes, meaning that there are a whole lot of non-drug and drug interactions with methadone. Every methadone prescriber must be aware of these interactions. Many drugs, in combination with methadone, have the potential to prolong the QT interval and cause Torsade de Point ventricular tachycardia. I have had to hospitalize two patients whose QTc exceeded 600 milliseconds after being started on methadone. I would strongly recommend that any patient started on methadone have a baseline EKG before initiating therapy and periodic EKGs to monitor QTc. In my experience, progressively prolonging QTc is not an uncommon phenomenon. Epocrates has an excellent application which lists a whole page of drug-interactions for methadone. Another useful reference on drug-interactions is: http://pain-topics.org/pdf/Methadone-Drug_Intx_2006.pdf. Every patient started on methadone, and other opiates for managing chronic pain, should have a thorough addiction risk analysis before initiation of therapy, sign a drug contract and be subject to random urine drug testing. UDT is a two-edged sword and every practitioner should be familiar with its appropriate usage and limitations. There are lots of things which cause false positives and false negatives. Weaning a patient off methadone can be a long difficult process, and should be done by physicians familiar with management of drug dependence.”

All members are reminded to apply caution and due diligence in prescribing Methadone whether it be for addiction or for analgesia.

All members are once again reminded to apply caution and due diligence when prescribing narcotics for pain. Please consider giving smaller prescription amounts of opiates for pain.

CFPC Alternate Route to Certification

The deadline for the alternate route to Certification in Family Medicine for those who have not yet certified, and wish to do so, has been extended so that applications will be accepted up to December 31, 2013.

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 last Annual General Meeting was held in September in Mill River in conjunction with the Medical Society of PEI. Unfortunately, the MSPEI AGM is in June this year. We are unable to have our AGM this early in the calendar year and so we cannot combine our AGM with the MSPEI AGM 2013. We are planning on having our AGM in November 2013 and we hope to survey our membership on the best date, site and venue for the AGM. This survey will be emailed out to the membership sometime this summer. Please take the time to complete and return it to us by mail/email or fax. (fax # 902-566-3986). Your input is very important to us for the planning of our AGM. We need to have a quorum (25 members) at the AGM, which has been a bit of an issue in the past.

Please plan to attend!

Thank-you in advance for your response!

Canadian Adverse Reaction Newsletter

The following has been publicized since December 2012 in the newsletter. Found at:
<http://www.hc-sc.gc.ca/dhp-mps/medeff/bulletin/index-eng.php> :

January 2013;23(1):

Pico Salax and Convulsions

Risperdone and Rhabdomyolysis Independent of Neuroleptic Malignant Syndrome

Docetaxel and Serious Respiratory-related Adverse Reactions

Case Presentation: Ear Drops Containing Peanut Oil and Suspected Association with Anaphylaxis

Quarterly Summary of Health Professional and Consumer Advisories (Aug 20/12-Nov 18/12)

April 2013;23(2):

Intraocular Lenses and the Development of Glistenings

Exenatide: International Reports of Pancreatic Cancer

Quarterly Summary of Health Professional and Consumer Advisories(Nov 19/12-Feb 17/13)

FMRAC(Federation of Medical Regulatory Authorities of Canada)

The FMRAC AGM will be held in Montreal this year, from June 7th-10th. Dr. Moyses, Dr. Johnston, Dr. MacLean, Ms. MacDonald and Ms. Glass will be attending. The office will be temporarily closed from June 6th - 12th inclusive. Please make note of these dates.

It is expected that the new Certificate of Professional Conduct (CPC) to replace the old format will be finalized at this meeting. Physicians applying to new jurisdictions will need an updated CPC as part of their applications.

Medical Council of Canada

The MCC launched the new physiciansapply.ca system May 31, 2013. This will be the culmination of a three year project partnered by the MCC, Human Resources and Skills Development Canada and FMRAC. The project received funding from the Government of Canada's Foreign Credentials Recognition Program.

At the time of the launch, all MCC and PCRC-Online accounts were migrated to the new system. From that point on, PCRC-Online and the current stakeholder portal will no longer be used. Candidates will be able to log into one single physiciansapply.ca account where they will be able to apply to additional MRAs for registration in the coming 12-24 months, submit requests for source verification, share medical credentials stored in the MCC Physician Credentials Repository, apply for exams and view examination results. Stakeholders (MRAs) will be able to view candidate's credentials through a new portal.

The College of Physicians & Surgeons of Nova Scotia has agreed to be the first MRA to use the application for medical registration.

For more information on this project and its background, visit **www.amr-dim.ca**. 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.

PEI French Health Professionals Directory

The Réseau des Services de Santé en Français de l'IPE (PEI French Health Services Network) is a non-profit organization working to ensure growing access to health and social services in French for the francophone and Acadian population of PEI. The organization includes representatives from community groups such as early childhood, youth, women and senior advocates.

Several years ago, a print directory was published to identify French-speaking professionals in all health sectors across PEI. More than 5000 copies of the directory were distributed and used, both in households and professional health offices. The paper copy has now become obsolete, and the Network will be launching an on-line version in the spring of 2013. The Network is looking to give all interested practicing professionals the opportunity to be included in the directory.

If interested, please contact Christine Dunphy at:
frenchhealthnetwork@gmail.com.

Human Rights Complaint

On March 27, 2013 the PEI Human Rights Commission dismissed the complaint of Dr. Atanu Chaudhuri, who alleged he was denied a medical license because of discrimination. The full decision is available at:

<http://www.gov.pe.ca/humanrights> - Human Rights Decisions / Panel Decisions.

Annual License Renewal

The office wishes to remind the membership regarding Annual Licensure renewal and late fees.

- The annual fees are due on December 31st of the current year.
- If the fees are not received in the office by January 15th of the New Year a late fee is added to the annual fee.
- If payment is still not received in the office by January 30th the license will be suspended effective January 31st.
- A reinstatement fee is 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. To obtain the Fee Schedule, please contact the College office and an appointment can be made with College staff to explain and answer any questions.

We can only accept cash or Canadian cheques / money orders for payments.

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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 will enjoy the upcoming Summer Season!

**Please remember the Office will be closed for the Annual FMRAC meeting
Thursday, June 6th to Wednesday, June 12th, 2012 (inclusive)**