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May 2021

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SASKATCHEWAN PHYSICIAN LEADERS

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DocTalk 2021 - Volume 8 Issue 2

Message from the President of Council

May 2021

By Dr. Olawale Franklin Igbekoyi, CPSS Council President

Medical Misinformation - A Public Health Infodemic

According to dictionary.com, misinformation can be described as false information that is spread regardless of the intent to mislead. *Medical* misinformation represents any medical information distributed within the population that is not supported by current scientific evidence, and that has not been proven through available models of scrutiny of its truthfulness. Like the global pandemic, the spread of misinformation globally is another crucial *infodemic*.

In this age of information technology, medical misinformation can spread very fast in a short period of time with extensive community coverage. It is currently spreading rapidly within our current world and is a silent enemy against our efforts to deliver effective health care to our communities. The rate at which this misinformation spreads and the rate at which it is believed by the populace quickly negate all accurate information supported by scientific evidence.

According to Statistics Canada, nearly all Canadians have been exposed to misinformation about Covid-19 online; only one in five checked the accuracy of this information, and almost half shared the data without knowing if it was accurate.[1]

In a report by the Ontario Medical Association, six percent of Ontarians, primarily adults aged 55-64, spread COVID misinformation on social media. Medical misinformation has been associated with anti-lockdown sentiments, COVID-19 denial and vaccine hesitancy.[2]

"Dr. Theresa Tam says all Canadians must play a role in not letting false facts destroy the collective effort to slow the spread of the novel coronavirus."

"Medical misinformation is a chronic problem."

Misinformation is salient, sneaky and subtle; yet its impact is severe, costly and painful. It promotes potent opposition to our public health measures against the spread of diseases. One example of this relates to medical information on the effectiveness of drugs, novel surgical procedures or remedies. Unfortunately, the change in behaviour that medical misinformation brings does have a significant impact on our disease prevention strategies.

Recently there has been misinformation about the risk of thrombosis with the AstraZeneca vaccine. While it is true that there is a risk of developing thrombosis with the vaccine, the accurate information is that the risk is relatively low like the risk of being hit by lightening, and certainly lower when compared to the risk of developing deep vein thrombosis in the general population. The COVID-19 vaccines are safe and effective and remain an essential strategy against the COVID pandemic. I strongly encourage everyone to read the information provided on the Saskatchewan Health Authority webpage, Vaccine Uptake Support for further details.

Physicians and other health care workers must pay attention to the spread of medical misinformation through the internet and social media networks. Irrespective of our various convictions and personal biases, medical misinformation remains a common enemy, and we must work together to mitigate its damaging effect on our health care delivery systems.

In situations where a practice is novel and there is not enough evidence, truth-telling and honesty should be the approach in information sharing. Physicians should tell the truth about the novelty of any medication, techniques or procedure and the lack or the availability of scientific evidence.

Medical misinformation can harm the patient and may also have significant public health implications. Our mandate is for public protection, and any member who puts the public at risk of harm will be subject to the rules that govern professional regulation.

I call on all physicians to be sensitive to the spreading of medical misinformation within our communities. As trusted professionals, we must provide accurate, factual and complete information to our patients through all means of communication, and irrespective of our personal convictions or biases, respect the sovereignty of their

choices. We must stand united and act swiftly against this potent force directed against our public health.

Let us all understand the danger of misinformation and its potential to derail our efforts to promote the health of our communities. As a united force, let us work together and overcome the negative effect of medical misinformation. Let us correct this misinformation through every possible means. The earlier we expose and correct it, the better we can prevent its hold on our communities' belief systems and behavioural change that accompanies such beliefs.

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[1] Misinformation during the COVID-19 pandemic Karine Garneau and Clémence Zossou. Access April 2021.

[2] https://www.cbc.ca/news/canada/covid-myth-ontario-1.5971220 Access April 2021

Dr. Olawale Franklin Igbekoyi is President (2021) of the Council of the College of Physicians and Surgeons of Saskatchewan and a Family Physician practicing in Rosetown.

May 2021

By Dr. Olawale Igbekoyi, CPSS Council President

Council last met on the 19 and 20 of March 2021. The next Council meeting is scheduled for the 18 and 19 of June 2021.
Meetings are now all held virtually through Webex.
Agendas and Executive Summaries with information about the content of the open portion of Council meetings are available here.

Cosmetic Clinics

Council asked the Registrar's Office to develop an educational resource for physicians engaged in cosmetic practice that incorporates all of the policies and guidelines that are relevant to cosmetic practice. The purpose of the education materials will be to summarize the College's expectations for physicians who practise cosmetic medicine and to assist such physicians to provide appropriate care to their patients.

Physicians with Blood-borne Virus - Changes to expectations

Council approved significant changes to the bylaw on *Physician, and Medical Students with a Blood-borne Virus* as well as a policy which gives guidance for physicians who perform or assist with exposure-prone procedures. The amended bylaws have been submitted to the Minister of Health for approval and the bylaw, and the amended policy, will come into effect when approved by the Minister. Members who provide or may provide exposure prone procedures are strongly encouraged to familiarize themselves with the bylaw and follow the recommendations. See full details in this issue

NEW - Social Media Guideline

Council approved a new guideline on social media use by physicians . Members are expected to familiarize themselves with the College's expectations on behaving ethically, professionally and responsibly in every social media interaction.

RCPSC Examinations and Specialist Billing

The fee schedule negotiated between the Government and the SMA requires the College to establish the requirements for physicians to bill at specialist rates. Usually that requires a physician to have achieved Royal College certification. It is possible that Royal College examinations may not be available in all specialties in the spring of 2021. The College amended its bylaws to state that physicians who complete their residency programs in 2021 but for whom the RCPS(C) examinations are not available, will be entitled to bill at specialty rates until an examination in their specialty becomes available.

Council Education on Best Meeting Practices

To assist with future deliberations of Council, Council Members received an education session on Robert's Rules of Order. Thanks to an excellent presentation by Bryan Salte, Senior Legal Counsel, Councillors are now equipped with the skills to navigate through Council proceedings while providing an opportunity for all members to have their voice heard.

DocTalk 2021 - Volume 8 Issue 2

May 2021

By Sheila Torrance, Legal Counsel, CPSS

Increased clarity on expectations for Medical Practice Coverage

While the previous version of the College policy "Medical Practice Coverage" established the College's expectation that all physicians involved in direct patient care have an obligation to arrange for 24-hour coverage of patients currently under their care, as well as the expectation that any arrangements made by physicians have to be mutually acceptable (i.e. a physician cannot unilaterally offload patients to another clinic or SHA facility), it did not provide much guidance as to the scope of the expectations and the various components to be considered in ensuring appropriate practice coverage.

At its meeting in late March, the Council adopted an amended version of the policy "Medical Practice Coverage." This concluded the work of a committee that had been appointed to review the policy, as well as a comprehensive process of stakeholder consultation including an opportunity for feedback from physicians and a number of stakeholder organizations. More than 65 physicians participated in the online survey. All of the feedback received was considered by the committee, and recommendations were then provided to the Council.

Expectations included in the amended policy

The amended policy includes the following:

- Clarity that the expectations apply to all physicians involved in direct patient care, and address physician availability, after-hours coverage and coverage during temporary absences from practice;
- A definition of "*Physicians involved in direct patient care*" that includes primary care physicians (including those working at urgent care/walk-

in/episodic care clinics), and specialists/consultants providing care as part of a sustained physician-patient relationship, regardless of mode of service delivery (in-person or virtually). A "sustained physician-patient relationship" is defined as a physician-patient relationship where care is actively managed and where the care will be provided on a longitudinal basis;

- An expectation that physicians have an office telephone that is answered and/or a voicemail that is operational at all hours which gives clear information as to office hours, coverage information, and instructions on how to access emergency care;
- An expectation that physicians ensure that any practice location in which they work has appropriate systems in place to receive and review investigations results after-hours, to permit them to take appropriate action in response to critical test results;
- An expectation that physicians (or their designate) are available to respond to after-hours inquiries from other health-care providers, depending on the urgency of the inquiry;
- An expectation that physicians make coverage arrangements for patient care and management of test results during planned temporary absences, as well as proactively plan for the management of unplanned temporary absences;
- An expectation that physicians ensure that voicemail and email messages are reviewed and, if appropriate, responded to within a reasonable timeframe. Physicians are also expected to ensure that any outgoing message or automatic replies are current and accurate;
- An expectation that physicians take reasonable steps to structure their practice to allow for appropriate triaging of patients with time-sensitive or urgent issues, and to be prepared to offer a reasonable alternative for care if the patient can't be accommodated.

We encourage physicians to review the amended policy and to consider the more detailed expectations in the context of their own practices. Please don't hesitate to contact our office if you have questions arising from this policy.

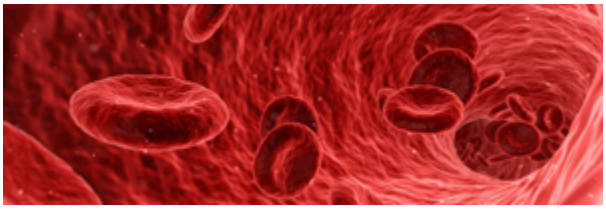
Possible proactive enforcement of the policy

While the College has responded to concerns it received about physician/clinic non-compliance with the requirement for 24-hour coverage, it has not engaged in any proactive enforcement of that expectation to date.

The College Council has indicated that it may consider whether or not to institute some program for proactively ensuring physicians/clinics have implemented the expectations in the policy. However, its direction in March was that it would not consider this until there had been sufficient education of physicians with respect to the amended policy, as well as a reasonable period of time to permit physicians to implement the various expectations included in the policy.

Any decision as to proactive review / enforcement will be communicated in a future issue of DocTalk, as well as on the CPSS website.

Sheila Torrance is Legal Counsel at the College of Physicians and Surgeons of Saskatchewan.



May 2021
By Sheila Torrance, Legal Counsel, CPSS

A Shift in Approach to Screening, Reporting and Monitoring Blood-borne Viruses

At its meeting in late March, the College Council approved a new policy "Blood-borne Viruses: Screening, Reporting and Monitoring of Physicians/Medical Students" and Bylaw 24.1 "Reporting of Blood-borne viruses". The policy will come into force on the date when the amended Bylaw 24.1 is published in the Saskatchewan Gazette, anticipated to be sometime in June 2021.

Background

The College recognized that its existing policy "Hepatitis B/C/HIV-Infected Physicians/Medical Students and Physician/Medicals Students With AIDS " and bylaw 24.1 "Reporting of Blood Borne Infections" were outdated and needed to be brought in line with current privacy and human rights principles. While the College has a statutory mandate to ensure public protection including protection from the risk of transmission of blood-borne viruses (BBVs) by a physician/medical student, it must balance that requirement with the interests of physicians/medical students in practising their profession and maintaining the confidentiality of their personal health information. As such, the College recognized that it does not need to collect information about physician status for BBVs unless that physician's practice includes some potential risk for

transmission. The new policy and amended bylaw are therefore designed to be less intrusive into physicians' personal health.

This work was delayed as the College awaited publication of the Public Health Agency of Canada (PHAC) *Guideline on the Prevention of Transmission of Bloodborne Viruses from Infected Healthcare Workers in Healthcare Settings*, 2019[1]. In addition to the PHAC document, guidance was also drawn from the Society for Healthcare Epidemiology of America (SHEA)[2] and the UK Advisory Panel (UKAP) guidance *BBVs in healthcare workers: health clearance and management*.[3]

Primary changes in approach,

Consistent with the existing policy and bylaw, physicians and medical students who perform or may perform exposure prone procedures (EPPs), or who assist or may assist in performing EPPs as defined in the policy are responsible to know their status, and to report their seropositive status. The primary changes that will come with the new policy and amended bylaw are threefold:

1. Monitoring- This will be performed on an arm's length basis by the Physician Health Program (PHP), rather than through the Registrar's office. The PHP will apply guidelines agreed upon by the Expert Advisory Committee on Blood Borne Communicable Diseases (EAC), or will consult as needed on a non-nominal basis with the EAC. The PHP will provide written instructions to the reporting physician/medical student and will require a written commitment of compliance. Provided the physician/medical student remains compliant with the treatment protocol directed by their treating physician and the PHP instructions, and their viral loads remain the safe range as designated by the EAC, there will be no further College involvement aside from annual reporting at licence renewal.
2. Testing schedule - Instead of the general responsibility that physicians/medical students who perform or assist in performing EPPs know their status (as included in the current policy), a specific testing schedule has now been established: annually for HBV (unless confirmed to be immune), q3 yearly for HCV and HIV. This schedule is consistent with those of several other Canadian medical regulators who have similar policies.
3. Reporting - Reporting of seropositive status is only required for physicians/medical students who perform or may perform / assist or may assist in performing EPPs. This is a change from the current bylaw which requires reporting by every seropositive physician, whether or not their practice includes EPPs.

EPPs

As noted above, the application of the testing and reporting requirements depends on whether a physician or medical student's practice includes (or could include) performing or assisting in performing EPPs. While the policy includes a more detailed definition of EPPs, the overarching principles are as follows:

Exposure-prone procedures (EPPs) are interventions where there is a risk that injury to the physician may result in the exposure of the patient's open tissues to the physician's blood or body fluid.

The College recommends that physicians discuss this within their various departments and then to consider it in the context of their own individual practice. Physicians will need to apply their medical judgment in determining whether their practice includes or may include EPPs.

Going forward

The Council Committee on Physician Health is now focused on updating the health-related licensure renewal questions to bring those in line with the new policy and bylaw 24.1 This will ultimately result in an amendment to bylaw 3.1. While this work is underway, any changes will not be approved by the Ministry in sufficient time to incorporate them in the renewal platform prior to the 2021-2022 renewal process.

We will circulate an opportunity for feedback on the proposed updated health-related renewal questions in due course, and we would welcome your participation in that process.

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[1] https://www.canada.ca/content/dam/phac-aspc/documents/services/infectious-diseases/nosocomial-occupational-infections/prevention-transmission-bloodborne-viruses-healthcare-workers/guideline_accessible_aug-2-2019.pdf

[2] Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus, 2011. https://www.shea-online.org/images/guidelines/BBPathogen_GL.pdf

[3] https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management

Changes to Regulatory Bylaws

May 2021

The College's Regulatory Bylaws establish expectations for physicians and for the College. They establish practice standards, establish a Code of Ethics and Code of Conduct , define certain forms of conduct as unprofessional and establish requirements for licensure.

There were **three** changes to College regulatory bylaws since the last edition of the Newsletter.

Regulatory Bylaw 2.13 – Podiatric surgeons

The College has the responsibility to license podiatric surgeons – despite the fact that no podiatric surgeon has ever applied for licensure in Saskatchewan (unlike the situation in B.C. and Alberta where there are licensed podiatric surgeons). The bylaws establishing

the registration criteria for podiatric surgeons were updated to mirror the B.C. requirements and to be consistent with the current training programs.

Regulatory Bylaw 3.3 – Resignation of physicians

The College identified a concern that a physician who resigns from the membership which they hold with the College is no longer subject to the College's regulatory authority. Thus, the College is unable to deal effectively with a physician who resigns their membership but does not provide continuity of care for patients, does not deal with patient records, etc. The Council adopted a bylaw which mirrors the requirements for lawyers in Saskatchewan. A resignation is not effective until it is accepted by the Registrar. This applies only to licensure with the College and has no effect on a physician's ability to relocate their practice inside or outside Saskatchewan.

Regulatory Bylaw 18.1 – List of Prescription Review Program medications

The Council updated the list of medications that are subject to the Prescription Review Program. The bylaw states that the bylaw applies to the listed medications as well as "their salts and/or enantiomers, in all dosage forms, as a single active ingredient or as a combination product."

Policy, Standard and Guideline Updates

Council regularly reviews the policies, guidelines and standards which are then made available on the College's website.

Since the last Newsletter, Council has adopted **one** *new guideline and* **one** *new policy (not yet in force), and has amended* **one** *policy.*

*Click on each title below to view the complete version of the policy, standard or guideline.

NEW! GUIDELINE - Physician Use of Social Media

Council adopted a new guideline addressing physicians' professional, ethical and legal obligations in the appropriate use of social media. It is not intended to restrict physicians' rights to freedom of speech, or to create any new expectations. However, it does remind physicians that their existing obligations of professional and ethical conduct are the same whether interacting in person or online through social media. The document provides specific guidelines for physicians with respect to privacy, confidentiality of patient information, professional boundaries, professionalism, and

legal obligations.

POLICY - Medical Practice Coverage

Council conducted a sunset review of this policy and adopted an amended version of this policy that establishes expectations of all physicians involved in direct patient care regarding physician availability, after-hours coverage, and coverage during temporary absences from practice with a view to enhancing continuity of care and access to coordinated care. The amendments are fairly extensive, including the addition of a 'scope' and 'definitions' sections. The policy is described as applying to all physicians (primary care and specialists/consultants) providing care as part of a sustained physician-patient relationship regardless of their service model. For example, the expectations of the policy apply whether physicians work at urgent care/walk-in/episodic care clinics/virtual care services, and whether care is provided in-person or virtually. The policy was also amended to include specific reference to office phone requirements, after-hours management of test results, availability to respond to after-hours inquiries from other health-care providers, coordinating care for temporary absences from practice, the use of voicemail and email, and practice coverage during office hours when unable to accommodate access.

Additional information is included in the article here.

NEW! POLICY – Blood-borne Viruses: Screening, Reporting and Monitoring of Physicians/Medical Students

[LINK TO BE MADE AVAILABLE ONCE POLICY IN EFFECT]

While this policy was adopted by Council at its March meeting, it will not come into force until the amended bylaw 24.1 ("Reporting of blood-borne viruses") is published in the Saskatchewan Gazette. This is anticipated to occur sometime in June 2021. When the policy comes into force, the current policy "Hepatitis B/C/HIV-Infected Physicians/Medical Students and Physician/Medical Students with AIDS " will be rescinded.

Consistent with the existing policy and bylaw, physicians and medical students who perform or may perform or assist in performing exposure prone procedures (EPPs) as defined in the policy are responsible to know their status, and to report their seropositive status. The primary changes that will come with the new policy and amended bylaw are threefold:

1. Monitoring- This will be performed on an arm's length basis by the Physician Health Program (PHP), rather than through the Registrar's office;
2. Testing schedule - Instead of the general responsibility that physicians/medical students who perform or assist in performing EPPs know their status, a specific

testing schedule has been included: annually for HBV (unless confirmed to be immune), q3 yearly for HCV and HIV;

3. Reporting - Reporting of seropositive status is only required for physicians/medical students who perform or may perform / assist or may assist in performing EPPs.

All physicians have recently received two letters from the Registrar addressing this pending policy and amended bylaw. Additional information is found in the article here.

College Disciplinary Actions

The College reports discipline matters in the next issue of the Newsletter after the disciplinary action is complete. The College website also contains information on discipline matters that are completed and matters where charges have been laid but have not yet been completed.

There were **four** discipline matters completed since the last Newsletter report.

Dr. Ashis Paul

Dr. Paul admitted unprofessional conduct in relation to failing to follow the Saskatchewan Standards and Guidelines on methadone, inadequate medical records, failing to meet the standard of practice of the profession with respect to carried doses of methadone, being in a conflict of interest at the Parliament Methadone clinic, and inappropriately billing for urine drug screens. The penalty order included a written reprimand, an ethics course, a medical record-keeping course, and payment of costs in the amount of $19,600.88.

Dr. Mosenza Kiapway

Dr. Kiapway was charged with two charges of unprofessional conduct. The first charge alleged a failure to exercise due diligence to ensure appropriate follow-up on the pathology report arising from a skin biopsy performed on a patient. The second charge alleged a failure to maintain appropriate medical records relating to the same patient. The charges were resolved through Dr. Kiapway entering into an undertaking with the College which included providing an apology to the patient, completing medical record-keeping and communications courses, cooperating with a chart audit to review his patient charts and paying the costs of the investigation. If Dr. Kiapway completes the requirements in the undertaking, the College will not prosecute the 2 charges.

Dr. Carlo Stuglin

Dr. Stuglin was charged with unprofessional conduct. The charge alleged a failure to respond to third party requests in a timely manner. The matter was resolved through

post-charge alternative dispute resolution when Dr. Stuglin agreed to regularly report his audit tracking and internal log to the Registrar.

Dr. Petrus Groenewald

Dr. Groenewald was charged with unprofessional conduct. The charge alleged that he pled guilty for driving while impaired. The matter was resolved through post-charge alternative dispute resolution. Dr. Groenewald signed an undertaking that requires him to take specific actions, including participating with the Physician Health Program of the Saskatchewan Medical Association.

May 2021
By Werner Oberholzer, Deputy Registrar

Download Guidance Document

Managing Test Results - Follow-up on Malignant Pathology Reports

The CPSS has recently dealt with two cases where malignant pathology results have been inadequately managed by physicians. Given the potential serious ramifications of delayed management, we though it may be helpful to remind physicians of their obligations when managing pathology results.

CPSS position: The physician who submitted the specimen is responsible for follow up

The College wishes to remind physicians that the physician who submitted the specimen to the pathology department is responsible for the follow up and appropriate management of the result, in keeping with the College's standards of practice, the Code of Ethics and the Code of Conduct.

The College's Policy "Standards for Primary Care" is clear that the CPSS expects that "*physicians will … provide the medical follow-up required by a patient's condition after undertaking an examination, investigation or treatment of a patient unless the physician has ensured that another physician, another professional or another authorized person has agreed to do so.*"

The issue of after-hours management of test results is addressed in the CPSS Policy "Medical Practice Coverage" as follows:

> Physicians must ensure that any practice location in which they work has appropriate systems in place to receive and review investigations results after-hours, to permit them to take appropriate action in response to critical diagnostic test results reported by a laboratory or imaging facility for urgent attention, and to follow-up with the patient with appropriate urgency.
>
> The primary responsibility for review and follow-up is with the ordering physician, but after-hours or in the absence of the ordering physician, investigation results should be reviewed by a licensed physician or eligible alternate healthcare provider pursuant to a coverage arrangement [...].

It is also important that referring physicians and consultants review the CPSS guideline: *Referral-Consultation Process* which covers the responsibility of the consulting physician in regards to tests as follows:

> *After seeing the patient, the consulting physician should:*
>
> *a) within 14 days of the attendance, provide the referring practitioner (and primary care provider if not the referring practitioner) a legible written report that includes:*
>
> ...
>
> *management plan, including goals and options for treatment and management:*
>
> - *the appropriate investigations/diagnostics, with* **clear articulation of responsibility for ordering and following up the results***;*
>
> ...

Guidance found in CPSO policy "Managing Tests"

Useful guidance can also be obtained from the policy of the College of Physicians and Surgeons of Ontario "Managing Tests". That policy includes detailed criteria and expectations for physicians and specifies whether tasks are mandatory ("**must**") or can be determined by the physician's reasonable discretion ("**advised**").

Ideally each clinic or practice should have a robust protocol for the management of test results, (it is important to note that the individual physicians are responsible for the way their own tests results are managed) with the following components as detailed in the CPSO policy:

1. Test result management system:

a. In order to ensure appropriate follow-up on test results can occur, physicians must have an effective test results management system that enables them to:

- record all tests they order;
- record all test results received;
- record that all test results received by physicians have been reviewed;
- identify patients who have a high risk of receiving a clinically significant result, and critical and/or clinically significant test results; and
- record that a patient has been informed of any clinically significant test results and the details of the follow-up taken by the physician.

b. Physicians who are not responsible for choosing the test results management system must be satisfied that the system in place has the capabilities listed above.

2. Tracking tests:

a. For patients who have a high risk of receiving a clinically significant test result, physicians must track their test results when they are not received when expected.

b. For patients who are not at high risk of receiving a clinically significant test result, physicians must use their professional judgment to determine whether to track a test result. In making this determination, physicians must consider the following factors:

- the nature of the test that was ordered,
- the patient's current health status,
- if the patient appears anxious or has expressed anxiety about the test, and
- the significance of the potential result.

c. Physicians must either personally track test results or assign this task to another duly qualified practitioner with a clear and documented agreement.

3. Follow up:

a. Ordering physicians must ensure that follow-up on test results received occurs in accordance with provisions as detailed under the communication strategy

b. In certain health-care environments, the ordering physician may not be the same physician who receives the test result (e.g., in an emergency department or a walk-in clinic). In these situations, ordering physicians must either delegate, assign or otherwise ensure that there is another person that is

responsible for coordinating the follow-up or that there is a system in place to do so.

4. Have a communication strategy to inform patients of the results whereby:

a. When in receipt of a clinically significant test result, physicians must always communicate the test result to their patient and must do so in a timely manner.
b. For test results that are not clinically significant, physicians must use their professional judgment to determine whether to communicate a test result, and if doing so, when to communicate the test result.
c. Physicians must use their professional judgment to determine how to best communicate a test result; for example, over the phone or, at the next appointment. In making this determination, physicians must consider a variety of factors, including:

a. the nature of the test,
b. the significance of the test result,
c. the complexity and implications of the test result,
d. the nature of the physician-patient relationship,
e. patient preferences/needs, and
f. whether the patient appears anxious or has expressed anxiety about the test.

d. Physicians must use their professional judgment to determine the circumstances where it makes sense for other health-care providers and/or non-medical staff to communicate test results. The factors physicians must consider include:

a. the nature of the test,
b. whether the patient appears anxious or has expressed anxiety about the test,
c. the significance or implications of the test result, and
d. whether communicating the test result would mean communicating a diagnosis.

e. When relying on others to communicate test results, physicians must have a mechanism in place that enables them to respond to any follow-up questions that the patient may have.
f. Physicians must ensure that the communication of test results adheres to their legal and professional obligations to maintain patient confidentiality and privacy.
g. Physicians must ensure that all attempts made to either communicate the

test result to the patient and/or to book a follow-up appointment to discuss a test result are documented in the medical record.

The CPSO policy goes further by adding the following expectations:

Clinically Appropriate Action Following Receipt of Test Results:

- When physicians receive a critical and/or clinically significant test result for a test that they have ordered, they **must** take clinically appropriate action. The timeliness of these actions will depend on the significance of the test results.

Receiving Test Results in Error:

- Physicians who receive a critical or clinically significant test result in error (e.g., same or similar name or contact information) **must** inform the laboratory or diagnostic facility of the error.

Communication and Collaboration with other Health-Care Providers:

- Physicians in receipt of a test result **must** use their professional judgment to determine if it is necessary to share a patient's test result with other relevant health-care providers whose ongoing care of the patient would benefit from that knowledge and, if sharing the test result, the timeliness with which to share it. The timeliness of the communication will depend on the degree to which the information may impact patient safety, including exposure to adverse clinical outcomes.
- Physicians whose role is to interpret and report test results (e.g., a radiologist, pathologist, laboratory medicine physician) **must** contact the health-care provider who ordered the test when there is an unusual, unexpected, or urgent finding to ensure that this information is communicated quickly and that it does not go astray.

Patient Engagement:

- When ordering a test, physicians **must** inform patients of the significance of the test, the importance of getting the test done (in a timely manner, as appropriate), and the importance of complying with requisition form instructions.

There are a number or articles and opinion pieces regarding the "No new is good news" strategy being employed in some practices. The CPSO states in its policy that:

- Physicians **must** only use a 'no news is good news' strategy for managing test results if they are confident that the test result management system in

place is sufficiently robust to prevent test results from being missed and that no news really means good news.

- Physicians **must** use their professional judgment to determine when a 'no news is good news' strategy is appropriate in each instance and **must** consider the following factors in making this determination:
    a. the nature of the test that was ordered,
    b. the patient's current health status,
    c. if the patient appears anxious or has expressed anxiety about the test, and
    d. the significance or implications of the potential result.
- Physicians **must** inform patients as to whether they are using a 'no news is good news' strategy and **must** tell patients that they have the option to personally contact the physician's office or make an appointment to come into the office to hear their results.

Other suggestions for improved management of test results

A suggestion can be made to involve the patient in the management of test results by following the recommendations as listed above, or ensuring that the patient has access to and knows how to retrieve their own results on the eHealth Saskatchewan MySaskHealthRecord portal. This should not be used as the only way to manage tests results but may add another layer of safety.

While clinics or practices should have a robust and effective result management system and all staff should be fully trained in the procedure, it should be recognized that no system is ever 100% reliable. If an adverse event or near-miss situation does occur, the clinic protocol should be reviewed, and lessons learned should be shared with all physicians and staff to prevent a repeat occurrence.

The CMPA article "*Closing the loop on effective follow-up in clinical practice*" summarizes managing tests as follows:

- Physicians should have an effective system in place for managing follow-up on the results of investigative tests.
- Physicians ordering diagnostic tests have a duty to communicate the results to the patient and to make reasonable efforts to ensure appropriate follow-up is arranged.
- Physicians who receive an abnormal report, even incidentally, may have an obligation to appropriately respond to it or to redirect it, even if the patient is no longer, or never was, in their care.
- Physicians should document their review of tests results and what follow-up action they initiated.

- When away on vacation or absent for a long period of time, physicians should establish a process for follow-up.

References:

1. CMPA: Closing the loop on effective follow-up in clinical practice
2. CMPA: Test result follow-up
3. CPSO: Managing Tests
4. AAFP: Four Principles for Better Test-Result Tracking

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May 2021
By Werner Oberholzer, Deputy Registrar

Download Guidance Document

Physicians and the Duty to Report Physician Impairment

Physician impairment is a public health issue that affects not just physicians but their families, colleagues, patients and the institutions in which they work. In this context, "impairment" means a physical, mental, or substance-related disorder that interferes with a physician's ability to undertake professional activities competently and safely.

While physicians are tasked with treating patients, they themselves may be patients and need appropriate care and protections that acknowledge this reality. Physician health is also a concern when considering the goal of maintaining a healthy population of physicians to serve the public through the safe practice of medicine.

Illness and impairment

Of importance, the distinction between functional impairment and potentially impairing illness should guide identification of and assistance for the physician. For the purpose of this document, we can differentiate between illness and impairment, and according to the Federation of State Physician Health Programs:

> *Some regulatory agencies equate "illness" (i.e. addiction or depression) as synonymous with "impairment". Physician illness and impairment exist on a continuum with illness typically predating impairment, often by many years. This is a critically important distinction. Illness is the existence of a disease. Impairment is a functional classification and implies the inability of the person affected by disease to perform specific activities*
>
> *Most physicians who become ill are able to function effectively even during the earlier stages of their illness due to their training and dedication. For most, this is the time of referral to a state PHP. Even if illness progresses to cause impairment, treatment usually results in remission and restoration of function. PHPs are then in a position to monitor clinical stability and continuing progress in recovery…*
>
> *Medical professionals recognize it is always preferable to identify and treat illness early. There are many potential obstacles to an ill physician seeking care including: denial, aversion to the patient role, practice coverage, stigma, and fear of disciplinary action. Fear of disciplinary action and stigma are powerful disincentives to doctors referring their physician colleagues or themselves. When early referrals are not made, doctors afflicted by illness often remain without treatment until overt impairment is manifested in the workplace.*

We have an obligation to ourselves and our colleagues to recognize and assist in obtaining assistance for *illness*, before it becomes an i*mpairment*. Impairment however comes with a mandatory duty to report.

Physicians also have to consider the "negative impact" statement – as the term *impairment* is at times inappropriate and inconsistently applied, and in other instances misses negative effects of physician health-related issues affecting patient safety, which are not caused as a result of an overt disability.

Physicians are trained and experienced in recognizing the signs and symptoms of illness and impairment, and we do our best to provide the best care for our patients, but this does not always apply to our colleagues. Physicians make good care-providers but are often poor patients.

According to a 2014 survey of Canadian medical regulatory authorities conducted by the Federation of Medical Regulatory Authorities of Canada, the top two physician

health risks to patient safety are addictions and substance abuse issues, followed by mental health issues including bipolar disorder, depression or personality disorders.

An article published in the *Annals of Internal Medicine* estimated the incidence rates of physician impairment from mental illness, alcohol dependence and drug abuse, disruptive behavior, physical illness, and declining competencies and concluded that "*When all conditions are considered, at least one-third of all physicians will experience, at some time in their career, a period during which they have a condition that impairs their ability to practice medicine safely; for a hospital with a staff of 100 physicians, this translates to an average of 1 to 2 physicians per year*."

Seeking assistance from the Physician Health Program

When physicians suspect that they may be at risk of providing compromised care to their patients due to any type of illness or impairment, they are urged to report to the Saskatchewan Medical Association (SMA) Physician Health Program (PHP) to obtain the assistance they need. The PHP is a confidential program and does not share information with the College unless obligated to do so. This program has access to excellent resources, support and the ability to assist with treatment and rehabilitation.

The duty to report

Physicians are expected to take appropriate and timely action when they have reasonable grounds to believe that another physician is impaired, incapacitated or incompetent including circumstances where a colleague's pattern of care, health or behavior poses a risk to patient safety. It is also important to remember that unethical conduct (such as a breach of the CPSS Code of Ethics) should be reported. This duty to report also applies to our students and residents, as they are part of our medical community.

The College of Physicians and Surgeons of Saskatchewan regulatory bylaw 7.1, Code of Ethics states under heading *Physician and Colleagues*, at paragraph 33:

> *Take responsibility for promoting civility, and confronting incivility, within and beyond the profession. Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues or concerns, based upon reasonable grounds, that a colleague is practising medicine at a level below an acceptable medical standard, or that a colleague's ability to practise medicine competently is affected by a chemical dependency or medical disability.*

Often the moral and ethical dilemmas of reporting a colleague can be very distressing, the potential ramifications far-reaching, and the situation is rife with ethical pitfalls. Reporting a colleague is intended not only to protect patients, but also to help

ensure that colleagues receive appropriate assistance from a physician health program or other service to be able to practice safely and ethically.

Our duty to promote both beneficence (defined as "doing good") and nonmaleficence (defined as "preventing harm" and "not inflicting harm on others") applies to the decision to report a colleague. The duty to prevent reasonably foreseeable harm may also play a role in certain circumstances in creating a positive obligation to take certain steps (which may or may not include reporting to the College) to prevent harm from occurring. Physicians should keep this legal duty in mind.

The decision of whether to report a colleague is not simple; we have heard that the following questions arise for physicians considering such a report:

- Is my colleague really impaired, or just tired, had a bad call-week and just needs rest?
- Are the patterns of behavior changes due to the patient load and burnout?
- Are the mistakes in judgement just oversight, or is something really wrong – physically, mentally, or both?
- What are the risks of reporting, and what if I don't?
- How will I be perceived by my colleague(s) if I report or not?
- How would reporting a colleague affect my career, my patient load or my practice?
- Will my colleague be punished, and if so, too strictly?
- Maybe I don't know the whole story, maybe someone else is taking care of it?
- If I report my colleague, will they lose their income or their licence to practice?
- What if the impaired physician happens to be my patient?
- What impact will the stigma associated with illness and impairment have on the professional image of the colleague?

There are no simple answers to these questions, and it is important to know that physicians who report colleagues do not have to navigate the process alone. In Saskatchewan, we are privileged to have the Physician Health Program (PHP) through the Saskatchewan Medical Association. The trained and experienced staff can assist physicians through the process of dealing with a colleague who they are concerned about and have the ability to guide care delivery and provide support to such physicians.

The College of Physicians and Surgeons of Saskatchewan follows a confidential medical model guided approach to physicians who are reported. This approach is not intended to be punitive, but rather to assist physicians to safely return to practice while upholding the mandate of public protection. The approach is to assist physicians in accessing treatment, monitoring the concern with fitness to practice, and overseeing and guiding re-entry into practice. It is exceedingly rare for physicians to lose their licence to

practice; this generally only happens if an independent assessment objectively shows that the physician is unfit to continue to practice.

The usual process at the College once a concern is reported is as follows:

1. The concern is evaluated by the Registrar or Deputy Registrar.
2. A determination is made regarding the concern, on a case-by-case basis, and additional information may be obtained from the physician, colleagues and other physician leaders depending on the situation.
3. The outcome depends on the situation and may involve any or all of the following steps:
    a. Referral of the physician to the Physician Health Program (PHP),
    b. Physician withdrawal from active practice (voluntarily if possible, mandatory in rare occasions),
    c. Physician treatment via the PHP,
    d. Reporting by the PHP to the College as needed,
    e. Monitoring via the PHP,
    f. Assessment and supervision if indicated,
    g. Assisted re-entry to practice, usually associated with an undertaking by the physician related to practice within certain parameters,
    h. Follow up as indicated.

The College is available for advice and is able to guide and assist physicians through the process of reporting. An example would be – what is my duty to report when the physician happens to be my patient? – this highly nuanced situation is best discussed with a member of the senior management team at the College.

In closing, physician impairment is an underrecognized problem that is inextricably linked with high rates of burnout and suicide. We do not only protect patients during the execution of the "duty to report" expectation – we also honor the profession and assist our colleagues in obtaining the care and support they need. We should foster an environment and culture free of the stigma of the diseases and conditions which cause physician impairment.

CPSS policies, bylaws, standards and guidelines applicable to subject:

Regulatory Bylaws

Code of Ethics

Code of Conduct

References and additional reading:

CMPA: Reporting another physician

American Medical Association: (Policy H-275.952)

CPSA: Duty to report a colleague

CPSO: Mandatory and Permissive reporting

CMA: Clinician support

AMA: Reporting Incompetent or Unethical Behaviors by Colleagues, and Deciding Whether to Refer a Colleague to a Physician Health Program

CPSBC: Duty to Report

FSMB: Policy on Physician Impairment

Medscape: Would You Report an Impaired Physician? Many Doctors Won't

AAP: Reporting an impaired colleague difficult but necessary

Royal College of Physicians and Surgeons of Canada: Physicians and Substance Abuse

JAMA article: Physicians' Perceptions, Preparedness for Reporting, and Experiences Related to Impaired and Incompetent Colleagues

American Journal of Psychiatry: Impaired Physicians: Obliterating the Stigma

Current Psychiatry: Impaired physicians: How to recognize, when to report, and where to refer

Annals of Internal Medicine: Physician Impairment and Rehabilitation: Reintegration into Medical Practice While Ensuring Patient Safety: A Position Paper from the American College of Physicians

AMA Journal of Ethics: Identifying an Impaired Physician

DocTalk 2021 - Volume 8 Issue 2

Practice Tools

Source: Nicole Bootsman, OATP Program

NEW Canadian Opioid Use Disorder Guideline

*The***NEW*** Canadian Opioid Use Disorder Guideline, Opioid Agonist Therapy: A Synthesis of Canadian Guidelines for Treating Opioid Use Disorder is now available on the CPSS website!*

Great collaborative work was done on this project to ensure safe standards of practice across the country! We are especially proud of the support provided by our own CPSS Opioid Agonist Therapy Program staff.

See the CAMH website for more details on the project.

Infection Prevention and Control - Link Letter

See the latest IPAC-SPIC Link Newsletter for the latest updates on Infection Prevention.

Health Accompagnateur Interpretation Services

Information courtesy of RSFS

Saskatchewan primary care providers and patients can call the Réseau Santé en français de la Saskatchewan *Health Accompagnateur* Program to obtain assistance for French-speaking patients!

Trained *Health Accompagnateurs* act as the patient's guide to the health system and as an interpreter during consultations with various health providers: doctors, pharmacists, lab technicians, nurses, therapists, etc.

Stay updated on drug news in Saskatchewan and across Canada

Information courtesy of CCENDU

Be sure to like the "CCENDU Saskatchewan" Facebook page.

The Canadian Community Epidemiology Network on Drug Use (CCENDU), is a nation-wide network of community partners that informs Canadians about emerging drug use trends and associated issues.

LINK Telephone Consultations - New Services Available

Information courtesy of LINK

Saskatchewan primary care providers can call LINK to consult with a specialist regarding complex but non-urgent patient care. New specialties included! FIND OUT MORE

Source: Brenda Senger, Physician Health Program Director, Saskatchewan Medical Association

Need a little "pick-me-up"? Try these!

The CMA has developed two excellent wellness resources:

- A Physician Wellness Hub is an online resource to provide access to fully vetted and reliable wellness tools and resources to empower physicians, medical learners, leaders and educators.
- The Wellness Connection provides "virtual, safe space for physicians and medical learners to gather and discuss shared experiences, get support, seek advice and help each other".

The New York Times published a mental health article that is also a good read:

- *There's a name for the blah you're feeling: it's called languishing*

Stress is inevitable. Struggling is optional.

If you are a physician struggling with mental health concerns, please know there is a safe, confidential place for you to contact.

Call the Physician Health Program at the Saskatchewan Medical Association.

Brenda Senger
Director
306-657-4553
brenda.senger@sma.sk.ca

Jessica Richardson
Clinical Coordinator (Regina/South)
306-657-4553 jessica.richardson@sma.sk.ca

Saskatchewan Physician Leaders

Nominations NOW OPEN for 2021

Nominate a colleague you admire for the 2021 Kendel Award!

The Dr. Dennis A. Kendel Distinguished Service Award is a prestigious award presented to an individual (or group of individuals) who has made outstanding contributions in Saskatchewan to physician leadership and/or to physician engagement in quality improvements in healthcare.

The award is presented during a special annual banquet organized by the Council of the College of Physicians and Surgeons of Saskatchewan.

KENDEL AWARD Nominations are open until September 30th of each year

Nomination packages are available in the For Physicians -> Awards and Recognition section of the College website or by writing to Office of the Registrar@cps.sk.ca.

Senior Life Designation

Are you ELIGIBLE?

Have you been licensed on a form of postgraduate licensure in Saskatchewan for ***40 years or more****?*

You may be eligible for **SENIOR LIFE DESIGNATION**

If you have been licensed on a form of postgraduate licensure in Saskatchewan for **40 cumulative years** or more, or if the only interruptions in your practice were for service in the armed forces or to take postgraduate training, and you have not yet received your Senior Life Designation, please let us know!

Physicians eligible to receive this designation are presented with an award at an official Council Banquet in November of each year (COVID restrictions permitting).

CONTACT

OfficeOfTheRegistrar@cps.sk.ca

or call **306-244-7355**