

Spring 2006

Article Number	Article	Page
1	Ballots for 2006 Council Elections Due by April 7	1
2	College Conducting Locum Research to Improve Access	1
3	From the Investigations Committees	2
4	NSPAR Update	2
5	CAPP Update	2
6	College Guidelines Updated	3
7	Drug Scheduling Change: Pseudoephedrine Products	3
8	Online CME: Bugs, Drugs & Shots	3
9	Physicians Asked to Consider Q Fever: Year 2 of Study	4
10	Change of Name, Address or E-mail?	4
11	How to Contact the College	4

(1) Ballots for 2006 Council Elections Due by April 7

Elections for College Council members in District 4 (the counties of Hants, Kings, Annapolis and Digby) and District 5 (the county of Halifax) will be taking place on Friday, April 7. Members in these districts who have not yet received ballots are asked to contact Carolyn Macdonald by phone at (902) 421-2209, or by e-mail at cmacdonald@cpsns.ns.ca.

District 4 candidates are Dr. Keri McAdoo, a family physician in New Minas and Dr. Jonathan A.M. Murray, an otolaryngologist in Kentville.

District 5 candidates are Dr. Fiona Bergin, a family physician in Halifax, Dr. Ethel Cooper-Rosen, a family physician in Dartmouth, Dr. Dawn L. Ross, a psychiatrist in Halifax, Dr. P. Scott Theriault, a psychiatrist in Dartmouth, Dr. Lesley Whynot, a family physician in Fall River, and Dr. Patricia Wren, a pediatrician in Halifax.

The deadline for receipt of ballots at the College offices is Friday, April 7 at 8:30 a.m. Election results will be posted on the "What's New" page (<http://www.cpsns.ns.ca/whatsNew.html>) of the College's website shortly thereafter.

(2) College Conducting Locum Research to Improve Access

The College extends thanks to the 400 members who completed a short online survey on locum use and access in early February. The locum survey was created to assess the needs and perceptions of Nova Scotia physicians regarding the current licensing process, with particular focus on how inter-provincial physician mobility can help address the need for locums.

The survey feedback was encouraging. Responses were received from practitioners across the province and from the full range of practice specialties. Almost half of respondents had performed a locum in Canada in the past. Among other results, practitioners had a very difficult time finding locums, and the most useful way to obtain locums was found to be through "word of mouth."

The College aims to work cooperatively with other provinces to best serve the public and its member physicians. The College is examining potential ways to lessen the administrative barriers in issuing licenses to qualified applicants. Benefits include a larger physician pool to fill locum positions across the province.

The survey results will play a significant function in a larger project that addresses the role of national practice standards within provincial jurisdiction, with the intention of increasing patient accessibility to physician resources by lessening administrative barriers. Upon completion, the full report and the survey results will be posted on the College website. In the meantime, physicians who have further feedback or questions are encouraged to contact Adham Zayed, the College's locum research coordinator, at adham.zayed@gmail.com.

(3) From the Investigations Committees

Based on recent complaint investigations, the College's Investigations Committees offer the following advice to physicians.

- It is inappropriate and unprofessional for any physician to criticize, intimidate or otherwise harass a patient based on the belief that the patient has filed a complaint with the College.
- Physicians must notify their patients well in advance of closing, leaving, or moving their medical practices. Specific advice in this area is contained in the following College publications:

Advertising and Public Communications by Physicians
(<http://www.cpsns.ns.ca/publications/advertising-communications.htm>)

A Physician's Guide to Medical Records
(<http://www.cpsns.ns.ca/publications/guidetomedrec.html>)

(4) NSPAR Update

The NSPAR (Nova Scotia Physician Achievement Review) Program was launched by the College in early February 2005 with eligible family physicians. This has been a successful year, with more than 160 family physicians already initiated into NSPAR and the annual goal of 120 exceeded.

In keeping with its continuous quality improvement philosophy, NSPAR solicits feedback from participating physicians to make ongoing improvements.

NSPAR is working with Doctors Nova Scotia to provide some direct support for CME activity for NSPAR-reviewed physicians. This trial initiative will be managed at arm's length from the College through the cooperation of Doctors Nova Scotia and several practicing physicians who serve as NSPAR program advisors.

Planning is progressing well for the launch of NSPAR with surgeons and medical specialists in fall 2006. Focus groups have been undertaken to gather feedback on the unique needs and concerns of these physicians in preparation for program introduction. NSPAR and College representatives will be available to answer questions at the May Doctors Nova Scotia AGM at the Oak Island Resort.

Further information about NSPAR assessment for surgeons and medical specialists will be distributed to College members in the coming months. Interested physicians are also encouraged to visit the NSPAR website (<http://www.nspar.ca>) for current information.

(5) CAPP Update

In late February, 10 of the 42 candidates who completed the December 2005 Clinician Assessment for Practice Program (CAPP) examinations were deemed eligible by the College of Physicians and Surgeons of Nova Scotia for a defined license to practice family medicine in Nova Scotia. These physicians will begin Part B of the CAPP (the initial year in practice under a defined license) in Spring 2006. The next CAPP examination dates are June 5 (Therapeutics) and June 6 and 7 (OSCE).

CAPP is a program of the College of Physicians and Surgeons of Nova Scotia. Please refer to the CAPP website (<http://www.capprogram.ca>) for current information.

(6) College Guidelines Updated

Four College guidelines have been reviewed and/or updated in the past several months. They are:

Advertising and Public Communications by Physicians

(<http://www.cpsns.ns.ca/publications/advertising-communications.htm>)

This document replaces “Communications with the Public” (1995), and now contains examples of advertising that physicians may wish to adapt when they are opening, closing, or moving their practices.

Guidelines for Delegated Medical Functions and Medical Directives

(<http://www.cpsns.ns.ca/publications/GuidelinesforDelegatedMedicalFunctions2005.pdf>)

A joint publication of the College of Physicians and Surgeons of Nova Scotia and the College of Registered Nurses of Nova Scotia that replaces “Guidelines for Delegated Medical Functions and Shared Competencies” (1999).

Sexual Misconduct in the Physician-Patient Relationship

(http://www.cpsns.ns.ca/publications/sexmisconduct_2000.htm)

Reviewed and approved without changes by Council in March 2006.

Selling Products Out of the Office

(<http://www.cpsns.ns.ca/publications/office-sales-2001.htm>)

Reviewed and approved with minor changes by Council in March 2006.

(7) Drug Scheduling Change: Pseudoephedrine Products

In response to the concerns associated with the clandestine production of crystal meth from pseudoephedrine products that can be purchased from retail outlets, the Nova Scotia College of Pharmacists recently supported a drug scheduling amendment that would see the following:

- single entity pseudoephedrine/ephedrine* products will move to Schedule II (behind the counter)
- combination pseudoephedrine/ephedrine* products will move to Schedule III (pharmacy only sale)

*additional restrictions on ephedrine

Evidence supporting the above decision was reviewed by the National Drug Scheduling Advisory Committee in December 2005. The amendments will become effective in Nova Scotia on April 10, 2006. For further information, please contact the Nova Scotia College of Pharmacists at (902) 422-8528.

(8) Online CME: Bugs, Drugs & Shots

Bugs, Drugs & Shots is a CME-accredited online learning program consisting of an interactive review of 46 pediatric infectious disease cases. The case content is supplemented by three comprehensive tutorials on antimicrobials, universal immunizations, and other immunizations.

Each of the 46 diagnoses has an associated tutorial that includes diagnosis and definition, age, organisms, investigations, management, complications, and prevention. Cases are subdivided into the classifications: Respiratory, bones and soft tissue, gastro-intestinal and genito-urinary, central nervous system, immunocompromised, and neonatal.

The main program will be available online in 10 modules over the next two years. An online tutor interacts with each learner while each module is available.

Dalhousie University CME has designated this activity for up to 2 credit hours per module for MAINPRO M-1 of the College of Family Physicians of Canada. For more information, visit <http://www.bugsdrugshots.ca>.

(9) Physicians Asked to Consider Q Fever: Year 2 of Study

The Infectious Diseases Division at the QEII is beginning the second year of its research study of Q fever in the Maritimes. During the first year, 21 patients were identified with positive Q fever serology. Eight patients had acute Q fever and six patients were enrolled in the research study.

The study continues to recruit patients to examine potential new diagnostic methods for acute Q fever through NMR analysis of urine and cytokine profiles of blood samples. The positive serology samples from the first year of the study were from the following areas: 14 from Nova Scotia, five from New Brunswick and two from PEI.

Patients who have given informed consent to participate in the study are asked to respond to a brief questionnaire administered by a nurse over the phone and to provide two blood samples and one urine sample.

Features of Q fever pneumonia include one or more cases of pneumonia in a family, one or more rounded opacities on chest X ray, and pneumonia within two weeks of exposure to parturient cats, cattle, sheep or goats. Q fever is very infectious by aerosol and exposure may be minimal. Even exposure to contaminated dirt from an area where an animal has given birth may be enough to cause human infection.

Physicians are asked to keep special watch for possible Q fever cases. When a patient is suspected to have Q fever, physicians are asked to send a tube of clotted blood to the laboratory at the QEII Hospital in Halifax. If the serology shows acute Q fever, the family physician will be asked for permission to contact the patient regarding the study.

For further information please contact Dr Todd Hatchette, QEII Health Science Centre
Phone: (902) 473-6885; Pager: (902) 473-2220 # 7865

(10) Change of Name, Address or E-mail?

The College depends solely on submissions from members to keep its address information up to date. For members' protection, the College requires that change requests be submitted in writing. Address changes submitted by e-mail are acceptable if the e-mail is sent from the e-mail address the College has on record for the member.

Third-party change requests are not accepted. Name changes must be accompanied by the appropriate legal documentation. Address or name changes can also be submitted on an Address or Name Change Notification Form, which is available on the website (<http://www.cpsns.ns.ca/address-name-change-form.htm>) or by contacting the College by phone at (902) 422-5823 or toll-free in Nova Scotia 1-877-282-7767, by fax at 902-422-5035, or by e-mail at klovett@cpsns.ns.ca.

(11) How to Contact the College

General Inquiries: (902) 422-5823
Toll-free in Nova Scotia: 1 (877) 282-7767
Main Fax: (902) 422 5035

Mailing Address:
College of Physicians and Surgeons of Nova Scotia
Sentry Place, Suite 300
1559 Brunswick St.
Halifax, Nova Scotia
Canada
B3J 2G1

A complete list of College phone/fax numbers and e-mail addresses is available online at:
<http://www.cpsns.ns.ca/contactus.htm>