ALBERTA, CANADA
PHYSICIAN HEALTH MONITORING PROGRAM ENHANCED WITH ADDITION OF MRO SERVICES

The College of Physicians and Surgeons of Alberta recently enhanced its Physician Health Monitoring Program (PHMP) by retaining the independent services of two Medical Review Officers (MROs).

Together with the Alberta Medical Association's Physician and Family Support Program (PFSP), the PHMP helps physicians' access diagnostic assessments and treatment programs to optimize their own health and wellness. The program is tailored to serve the individualized needs of physicians. It works with the physicians, their health care providers, and their colleagues to develop an appropriate return-to-work plan. One of the key components of the program is the provision of continuing care, including random body-fluid screening as a universal requirement.

What is an MRO? This designation is awarded to a licensed physician, trained in reviewing toxicology testing, and who shares the responsibility with the laboratory for review of toxicology drug testing in occupational settings. The MRO also oversees the integrity of the specimen collection process, and in cases of a positive drug test, seeks for alternative explanations for such test results (e.g., the use of prescription medication or specific dietary factors). This ensures accuracy and reliability of the process.

Physician aftercare monitoring usually involves a five-year commitment to the program; forming part of a process that ensures the impaired physician's access to support services to make a safe return to work. The program provides evidence-based, confidential and comprehensive support to those whose ability to practice may have been impaired by any health concern, (e.g., a mental health issue, an addiction issue or both).

The addition of MRO services adds an unprecedented level of scientific rigor to its aftercare program and represents a first for Canada. In addition, the services add the component of independent advocacy for the accuracy and integrity of the body fluid testing process — an integral component of the program.

The MROs retained by the CPSA function as the objective gatekeepers of laboratory drug testing in the program, and work independently from the CPSA. This serves the purpose of ensuring the most accurate monitoring of physicians in recovery and subsequently the highest standards for return to work, and for maintaining public safety.

TRIPLICATE PRESCRIPTION PROGRAM UPDATE

Triplicate Prescription Program (TPP) — The Future

TPP is working with Alberta Health and Wellness to develop and test electronic data extracts from the Pharmaceutical Information Network (PIN). When this process is fully implemented and confirmed to support TPP operational needs, changes expected in 2008 will include:

- Practitioners will be able to access more current drug profiles from TPP.
- Pharmacists will stop mailing copies of TPP prescriptions to TPP.
- TPP prescription forms will be revised (at least one copy can be eliminated).
- Most manual data entry by TPP staff will stop.
- TPP will focus on better analysis and information capabilities to support stakeholders.

TPP Prescriptions

Physicians, dentists and veterinarians prescribe TPP drugs using TPP prescription pads. Pharmacies send TPP prescription copies to the CPSA for entry into the TPP database.

Telephone Calls to TPP

Most phone calls to TPP are from health professionals with requests for patient profiles, TPP prescription pads and general information about the TPP.

Patient Profile Requests

Physicians and pharmacists contact TPP staff to enquire

about information on a patient's TPP profile. A profile may be sent to the health professional, and if a number of practitioners appear on the same profile, TPP staff fax the profile to all these practitioners for their information. As a result, the number of profiles sent from TPP is usually greater than the number of calls for profile checks. For more information, see the TPP website at www.cpsa.ab.ca/collegeprograms/triplicate_program.asp.

INFORMED CONSENT

From time to time, the College is contacted about proper authorization or informed consent for release of patient medical information, typically for completion of insurance forms. The *Health Information Act* (HIA) is law in Alberta, and Section 34(2) contains explicit requirements for proper informed consent for release of health information. The Act states consent must specify, in writing or electronically:

- what information is to be disclosed;
- the purpose for disclosure of that information;
- to whom the information can be disclosed;
- the date the consent starts, and the end date, if any;
- that the person giving consent understands the consent can be revoked at any time;
- that the person giving consent understands why they are being asked to consent, and what the risks and benefits of consenting or refusing to consent will be.

The obligation of physicians, both legally and ethically, is to release their patients' information only where a proper informed consent has been obtained (or unless release is otherwise allowed under the HIA, or allowed or required under other legislation). Even in situations where release of information is allowed, physicians should still use their professional judgment to ensure that disclosure is appropriate. And although the HIA does not apply to all health information, we recommend that physicians follow HIA rules in all cases, in order to ensure a consistent approach.

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NEWFOUNDLAND LABRADOR, CANADA

HREA ACT UPDATE: AUGUST 2007

The Health Research Ethics Authority (HREA) Transition Team has been working since the passage in November of the legislation creating the HREA. Our aim is to ensure a seamless transition to a timely and efficient review process that promotes research in this province. Again, we have taken the opportunity given us by the College of Physicians and Surgeons of Newfoundland and Labrador to provide you with an update on the transition process.

What implementation of the HREA Act will mean: The Act will require all health research in the province to be reviewed and approved by the provincial Health Research Ethics Board (HREB) 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.

How the HREA will function: The HREA will be an independent, not-for-profit corporation reporting to the Minister of Health and Community Services. Members of the HREA Board of Directors will be appointed by the Minister on the recommendation of the funding partners.

The HREA will be responsible for:

- Appointing the members of the provincial HREB
- The approval of any other duly constituted 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 private sector research.

The standard governing the HREA: The reviews of the HREB and other approved ethics bodies will be conducted according to the principles and guidelines of the TriCouncil Policy Statement, ICH-GCP (E-6 Guidelines for Good Clinical Practice of the International Committee on Harmonization), Division 5 of Health Canada and all applicable laws and regulations.

How the HREA will retain connection with the public: An advisory committee of laypersons from across the province will be appointed to provide consultation and advice on local issues.

- We anticipate appointment of the HREA board by fall. The board will include four members representing HREA partners Memorial University, Eastern Health and the Department of Health and Community Services, with a fourth member from the lay community. The HREB chair will sit as an ex-officio member.
- 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 to provide information and receive feedback have begun. The members of the Transition Team representing government and the pharmaceutical industry are keeping those constituencies advised. Communication is viewed by the Transition Team as a significant responsibility during this transition period.
- In preparation for the HREA, the office of the Human Investigation Committee (HIC) of Memorial University will move to larger quarters. As the research ethics board (REB) responsible for the review of the majority of clinical trials in the province the responsibilities of the HIC will be taken on by the HREB.
- The budget, policies and Standard Operating Procedures of the HIC are being reviewed and revised as drafts for the approval of the HREA board, particularly with regard to clinical trials and genetics. The documents required for a corporate body will be drafted over the summer.

Reprinted from the College of Physicians and Surgeons of Newfoundland and Labrador website.

SASKATCHEWAN, CANADA
REVALIDATION

All Saskatchewan physicians, other than physicians holding locum tenens permits (also called temporary licenses), will be required to enroll in College of Family Physicians of Canada (CFPC) MainPro program, enroll in Royal College of Physicians and Surgeons of Canada (RCPS(C)) Maintenance of Certification program or obtain a waiver from the registrar in order to be able to renew their licenses for 2008. You will be required to confirm on your renewal of license forms:

1. that you are so enrolled; and,
2. the date set by CFPC or RCPS(C) for you to meet the requirements.

At the end of the CFPC or RCPS(C) renewal cycle you will be required to provide proof that you have met the requirements, or obtain an extension from the registrar. If you are not currently enrolled in either program, it is important that you make the necessary arrangements to enroll in the fairly near future to ensure that there will be no difficulty in renewing your license. If you have some unusual aspect to your practice that causes you to believe that you should be exempt from this requirement, you should contact the registrar in the near future to apply for an exemption. Exemptions will be only granted sparingly, and only for compelling reasons.

REQUIREMENTS FOR MAINPRO OR MAINTENANCE OF CERTIFICATION CREDITS

Please do NOT submit ongoing proof of participation in continuing professional learning (CPL) activities to the College of Physicians and Surgeons of Saskatchewan (College). It is, however, a good practice to maintain a personal CPL file. An original certificate from CFPC or RCPS(C) confirming that you have met their requirements will be acceptable proof that College requirements are met. There is no need to provide detailed information to the College about CPL activities. Additional information and a somewhat more detailed discussion of the College's revalidation requirements are on the College website at www.quadrant.net/cpss.

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BELFAST, NORTHERN IRELAND
GMC MEETS IN NORTHERN IRELAND FOR THE FIRST TIME

The General Medical Council (GMC) held its first ever meeting in Northern Ireland Sept. 19, 2007. The regulator of the UK's 240,000 doctors opened a Northern Ireland office in October 2006 and this will be the first time its governing body has met in Northern Ireland in its 149 year history.

The GMC's statutory role covers the whole of the UK and involves promoting high standards of medical education, setting standards for doctors, maintaining the register of qualified doctors and ensuring doctors' fitness to practice.

Although GMC policy has been effective in Northern Ireland since the organization began, having a dedicated and active presence in Northern Ireland allows the GMC to respond effectively to devolution and engage directly with local audiences, taking their views into account when developing policy and guidance for doctors.

The Council's 35 members met in Belfast and discussed how to take forward proposed changes to the GMC's function outlined in the recent government White Paper. They also debated such issues as an audit from King's College London about the GMC's processes for dealing with complaints about doctors, how to engage with medical students and new procedures for consensual disposal — where doctors recognize their impairment and are prepared to accept restrictions on their registration.

"It gives me real pleasure to bring our governing Council to meet in Northern Ireland for the first time," said GMC President, Professor Sir Graeme Catto. "Meeting here means that members of the public can come along and see exactly what we do and how the Council make decisions. Our office here has not yet been open a year and it has already started building strong relationships with the local health community — helping us ensure the effective regulation of Northern Ireland's 6,000 plus doctors."

GMC Northern Ireland has met with key local interest groups to explain the organization's role and hear their views on GMC policy, especially around changes outlined in the government White Paper. Staff have launched a new leaflet for patients explaining what to do if they are unhappy with their doctor's medical practice; formally met with patient advocacy groups including the Alzheimer's Society, Age Concern Northern Ireland and Disability Action; and set out a program to consult with local groups on changes to the GMC's standard of proof in doctors' fitness to practice cases.

Reprinted from the General Medical Council website.

LET US HEAR FROM YOU

Would you like for information from your board to be considered for publication in the *Journal*? If so, e-mail your articles and news releases to Edward Pittman at editor@journalonline.org or send via fax to (817) 868-4098.