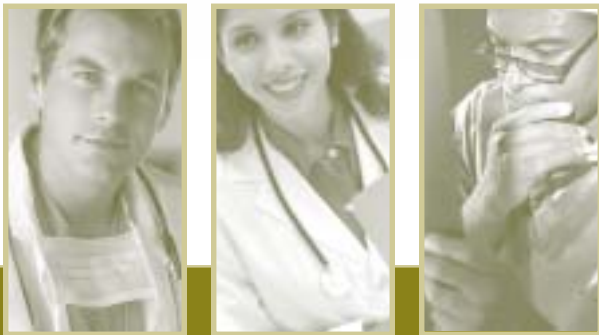


# the Messenger

College of Physicians and Surgeons of Alberta

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*January 2004 | issue 107*



College of  
Physicians  
& Surgeons  
of Alberta

# 2004 Council

President - Dr. Gordon Arnett  
Vice President - Dr. James Bell  
Executive Member-at-large - Ms. Irene Pfeiffer

Council members are available throughout Alberta to answer questions and discuss current issues.

DISTRICT	COUNCILLOR	PHONE	FAX
Calgary	Robin G. Cox Robert V. Johnston Randall W. Sargent Janet L. Wright	(403) 943-7211 (403) 943-1181 (403) 861-0315 (403) 571-2488	(403) 943-7606 (403) 943-1174 c/o CPSA (403) 571-2499
Camrose	Ross A. Purser	(780) 464-9047	(780) 417-5140
Edmonton	Gordon D. Arnett David B. Climenhaga William J. Dickout Peter G. Hamilton	(780) 453-6999 (780) 424-2233 (780) 423-4709 (780) 407-8153	(780) 451-1437 (780) 426-7219 (780) 423-1210 (780) 407-2680
Lethbridge	R. Sebastian David Ronald N. Spice	(403) 553-3351 (403) 625-8692	(403) 553-4549 (403) 625-8689
Medicine Hat	John L. Pasternak	(403) 504-5993	c/o CPSA
Northeastern	James E. Bell Harvey P. Woytiuk	(780) 459-5581 (780) 645-4411	(780) 458-7515 (780) 645-4566
Northwestern	Felix S. Odaibo	(780) 513-1991	(780) 513-1955
Red Deer	Owen R. Heisler Joseph F. Hopfner	(403) 342-5155 (403) 346-2057	(403) 341-3461 (403) 347-2989
University Representatives	D. Grant Gall, Dean Lorne Tyrrell, Dean	(403) 220-6842 (780) 492-9728	(403) 270-1828 (780) 492-7303
Public Members	Blair E. Maxstou Irene I. Pfeiffer Linda Spencer	(780) 426-2049 c/o CPSA (403) 255-3493	(780) 424-5864 (403) 237-5296 c/o CPSA

## The Messenger

next issue: February 2004

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# Registrar's Report



The continuing theme of professionalism in these columns/reports has been gradually eliciting increasing interest, if your responses are any indicator, and I begin this month by expressing appreciation to those of you who have taken the time to respond.

I was particularly struck by some of the responses to the referral and consultation issue. Struck because there was little or no response from those on the 'sending' end, while some on the 'receiving' end expressed real concern at the absence of consideration for the extraordinary demands they experience combined with very real resource limitations. For this group, no slight was intended; however, your aggrieved response underscores Einstein's old observation that our problems won't be solved by using the same tools that created the problem in the first place. Perhaps it is time for such specialists to emulate their colleagues in orthopedics and rheumatology by considering innovative/alternative new ways to deliver needed service. I am sure our dialogue will continue, and look forward to more feedback.

On a more prosaic topic, I want to take this opportunity to draw attention to our regional tour. Stops in Fort McMurray and Edmonton have certainly been interesting

and valuable to those of us from the CPSA, and hopefully to those in attendance. We appreciated each physician's effort to come out and ask about our activities. We look forward to visiting regional centres around the rest of the province in the upcoming year.

Finally, a note of appreciation, tinged with regret. Don Chadsey retires from his College career at the end of December, and I want the profession to be aware of the great contribution Don has made. Those lucky enough to interact with him will confirm his industry, his gentility, and his wit and grace under fire. He has been for me personally a terrific resource and mentor as I navigate the new waters of professionally-led regulation, and I will not be alone in missing his wisdom and experience. We all wish him a fond farewell and our best wishes for his retirement.

*Dr. Bob Burns, Registrar  
rburns@cpsa.ab.ca*

## PAP Promotion A Success

In the November issue of *The Messenger*, we offered members the chance to win a trip for two to Las Vegas if they chose the pre-authorized payment (PAP) method for their yearly fees.

Our motivation for offering this incentive was based on the fact the CPSA

would save time and money by reducing the number of manually processed registrations and credit-card transaction fees.

The promotion was very popular, with 1682 individual members and 711 corporations choosing the PAP option. The resulting savings will more than cover the cost of the incentive trip and will also reduce CPSA operating costs.

Thank you to everyone who chose the PAP option. Your support is appreciated.

*Dr. Karen Mazurek  
Assistant Registrar*

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Winner of the Las Vegas trip will be announced in the February issue of *The Messenger*.

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# Council Highlights

The Council of the College of Physicians and Surgeons of Alberta met December 5, 2003 in Edmonton. Some of the more significant items included:

**Blood Borne Infections** - Council endorsed an expert review panel's document on Blood Borne Infections in Health Care Workers as a reference document, and directed staff to draft a College policy specific to physicians.

Council also directed that the reference document be circulated to other health professions requesting similar adoption.

**Cosmetic Services** – Council discussed a number of key issues surrounding the regulation of cosmetic services including 1) use of the title “surgeon”, 2) advertising, 3) adequacy of training, 4) indications and patient choice, 5) disclosure of the probability and consequences of failure or poor outcomes, 6) accountability and after-hours care, 7) management of complications, and 8) the harm of derogatory statements to the public about other providers.

Council requested more information and stakeholder consultation before moving forward in developing a policy for the profession on this issue.

**Executive Limitations Policy** – Council approved additions to the *Governance Model*. The additions clarify the Registrar's authority to 1) engage and review the performance of external service

providers, 2) hire senior staff, and 3) invest pension assets.

## **Bylaw Amendments**

Addition to NHSF Procedures List – Council approved “Tumescent Anterior & Posterior Vaginal Repair” to its list of approved procedures for NHSFs.

ALQEP – Council approved amendments to rename the Laboratory Proficiency Testing Program (LPTP) as the Alberta Laboratory Quality Enhancement Program (ALQEP). The new name encompasses the program's broader scope and mandate, and is effective January 1, 2004.

Fees – Council approved a number of ‘housekeeping’ amendments regarding fees for Extended Stay NHSFs, Specialized Laboratories, Professional Corporations, Complementary Therapies, and new graduates. The amendments were designed to clarify or better organize the bylaws.

## **CPSA Policies & Guidelines**

Physician Extenders – To ensure patient safety, effectiveness and the integrity of the post-graduate training programs, Council reviewed a report and reaffirmed its support for the current Physician Extender Policy.

Council also approved minor edits to its policies on Conflict of Interest, Practice in Association, and Physicians Withholding or Withdrawing Services. These revised documents are available on the College's web site ([www.cpsa.ab.ca](http://www.cpsa.ab.ca)).

## **Presentations to Council**

FMRAC – Dr. Fleur-Ange Lefebvre, CEO of the Federation of Medical Regulatory Associations of Canada, highlighted FMRAC's roles and priorities for 2004 including dealing with threats to self-regulation, development of a national discipline data bank, privacy, Medical Identification Number for Canada, accreditation and International Medical Graduates.

Complaints – Dr. Trevor Theman, Assistant Registrar, presented an actual case study to Council highlighting some of the ethical principles and values that are necessary to consider in resolving complaints.

Names and other identifying characteristics were not disclosed, and discussion focused on the resolution of competing ethical issues.

Council's next open meeting is scheduled for February 6, 2004. Please call Nicola Clarke at (780) 970-6227 or e-mail [nclarke@cpsa.ab.ca](mailto:nclarke@cpsa.ab.ca) to reserve a seat and to receive a copy of the agenda. Seating is limited and reservations are required.

# Council Election Results

Results are in from the November 25, 2003 Council election. Elected to represent their district for a three-year term were:

- **Dr. John L. Pasternak**  
District 1 - Medicine Hat
- **Dr. Felix S. Odaibo**  
District 5 - Northwestern  
(by acclamation)
- **Dr. Robin G. Cox, and  
Dr. Randall W. Sargent**  
District 6 - Calgary

- **Dr. Peter G. Hamilton**  
District 7 - Edmonton  
(by acclamation)
- **Ms. Linda Spencer**  
Public Representative

At its annual organizational meeting, Council elected the following:

#### Executive Committee

Dr. Gordon Arnett (President)  
Dr. James Bell (Vice President)  
Ms. Irene Pfeiffer (Executive Member-at-large)

The College congratulates all successful candidates and thanks Councillors for their commitment and hard work during 2003.

A special thank you to those leaving Council: Dr. Roderick MacKenzie, Dr. Barry Norris, Dr. Douglas Bell, Dr. Rowland Nichol, Dr. Anthony Russell, and Dr. John McDonald.

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**Watch for new Councillor profiles in an upcoming issue of *The Messenger* and on the CPSA web site.**

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## College Launches ALQEP

As of January 1, 2004 the *Laboratory Proficiency Testing Program* will be renamed the **Alberta Laboratory Quality Enhancement Program (ALQEP)**

# ALQEP

ALBERTA LABORATORY QUALITY ENHANCEMENT PROGRAM  
College of Physicians and Surgeons of Alberta

Since 1965, the College has monitored the performance of diagnostic medical laboratories through its *Laboratory Proficiency Testing Program (LPTP)*.

This includes an annual review of over 12,500 results in five disciplines including

chemistry, cytopathology, hematology, microbiology and transfusion medicine for over 150 laboratories.

The current name has been associated with the program since its inception in 1966 when the program's singular role was in proficiency testing performance assessment.

In keeping with our strategic planning process the LPTP Committee of the College proposed a program name change to encompass the broader scope and mandate of the program including:

- Enhancing the scope of external quality assessment (EQA) monitoring

- Enhancing educational support role through the provision of enhanced resource and reference materials and the coordination of quality assurance forums and activities
- Promoting standardization of laboratory practice

The new name is intended to reflect and promote our strategic planning initiatives and image as a laboratory quality management reference body.

Complete program information is available on the College's web at [www.cpsa.ab.ca](http://www.cpsa.ab.ca).

# Mailing List Policy Under Review

The College is reviewing its policy concerning the sale of extracts of its membership list, and welcomes physicians' input.

## Under our current policy:

1) The *Medical Profession Act*, under which the College functions, requires the Registrar to print and publish a listing of registered practitioners, and to make that register "open and subject to inspection".

2) Under this direction and authority, the College publishes a paper Directory, which it sends to all physicians, and sells (for \$75.00) to any member of the public who requests it.

3) The directory, in searchable electronic format, is available on the College's web site. This section of the site is visited almost 20,000 times a month. Information is not down-loadable from this site.

4) The College currently sells lists, labels or electronic files of its directory to a variety of users. Typically these files are

extracts by criteria specified by the purchaser (e.g., all practicing obstetrician-gynecologists north of Red Deer).

5) Only the physician's name and public mailing address are normally included in any list or directory extract.

6) Non-profit groups are charged \$150.00 for such lists; for-profit companies pay \$300.00.

7) A condition of sale in every case is that the list is for the one-time use of the purchaser only; it is not for re-sale, or for any use not agreed to by the College at the time of sale (acknowledging that monitoring compliance is difficult).

## The concern that we hear:

Physicians at times have told us that they are overburdened by unsolicited mail, and that the College selling its directory contributes to this problem.

## Other considerations:

1) The College is only one of many organizations that collect and sell physician addresses. If the College stopped selling its

list tomorrow, would it have any impact on the availability of such addresses?

2) By providing custom extracts of the mailing list, many physicians who might otherwise receive a mass mailing are excluded.

3) The revenue received from the sale of such products is equivalent to about \$15.00 per physician per year. Without this revenue, all things being equal, the annual fee would have to increase by this much.

What do you think? Should the College change its policy? If so, how? Should the College keep doing what it is doing, expand this revenue-generating venture, or scale it back to a need-to-know basis?

Please provide your input in writing, by mail to the College office (Attn: Mr. J. Swiniarski, Assistant Registrar), by fax to (780) 420-0651, or by e-mail to [jswiniarski@cpsa.ab.ca](mailto:jswiniarski@cpsa.ab.ca) by January 31, 2004.

## Letter to the Editor

### **EI Compassionate Care Benefit**

On January 4th 2004, Human Resources Development Canada (HRDC) introduced the Employment Insurance (EI) Compassionate Care Benefit. This enables eligible family members of patients in acute

health crises (at significant risk of dying in the next six months) to receive EI benefits while they take leave from work to provide support or care to their loved ones.

Doctors will play a crucial role in this new benefit. In order to qualify, applicants

will require the signature of the patient's doctor on the *Medical Certificate for Compassionate Care Benefits*, attesting to the fact that the patient is at significant risk of death within 26 weeks. For more information, visit the CPSA web site ([www.cpsa.ab.ca/ei\\_benefit.pdf](http://www.cpsa.ab.ca/ei_benefit.pdf)).

# Centennial Celebrations

A Centennial Celebration Steering Committee has begun planning for the medical profession's 100th birthday in Alberta. Celebrations will coincide with the province's centennial in 2005.

Spearheaded by the College and the AMA, the goals of the planning committee are to raise awareness of the profession's 100<sup>th</sup> birthday and to facilitate ideas on how Alberta physicians and other groups can celebrate medicine's past, present and future.

To date the Committee has designed a centennial logo, launched a centennial web site and sent a letter to all physicians and stakeholder groups inviting them to get involved.

Share the pride in our medical profession by helping us highlight physicians' contributions to health care, the health system and the economic growth and prosperity of our province.

If you have suggestions for projects or ideas about how to celebrate 100 years of

medicine in Alberta contact Nancy Brenneman at (780) 482-0312 or visit [www.medicine100.ab.ca](http://www.medicine100.ab.ca).



## For Your Information

### ECG Interpretation Examination

The next electrocardiogram (ECG) interpretation examination is scheduled for Tuesday, March 9, 2004.

The examination will take place from 9:00 am to 12 noon in Calgary.

Room Theatre One,  
Health Sciences Centre  
3330 Hospital Drive NW  
Fee is \$300 (GST included)

To register, or for more information, please contact Ms. Lisa Dubasov in the Quality of Care Department at (780) 970-6248, 1-800-320-8624 ext. #248, or e-mail: [ldubasov@cpsa.ab.ca](mailto:ldubasov@cpsa.ab.ca).

### Directory Changes & Deletions

The College is now collecting **new** or **amended** entries for the 2004 Medical Directory.

Please complete the "Notification of Change" form located at the back of your 2003 Directory (page 255 & 257). This form is also available on the CPSA's web site ([www.cpsa.ab.ca](http://www.cpsa.ab.ca) under *Physician Registration - Physician Forms & FAQs*).

The College office must receive all forms before noon on **Friday, February 6, 2004**.

Updates received after the deadline will result in changes to the College's database and on-line medical directory, but not the printed 2004 directory.

**Remember the directory is a public document.** If your home address is presently published and you wish to provide a business or alternate mailing address, please notify our office of the change prior to the February 6, 2004 deadline.

The 2004 Medical Directory will be available for distribution in the spring.

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The CPSA is preparing data for the 2004 Medical Directory. Is your practice information up-to-date?

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# Discipline Reports

## Dr. Manuel Friedman

On May 29, 2003 the Council of the College of Physicians & Surgeons of Alberta found Dr. Friedman guilty of demonstrating a lack of skill or judgment in that:

1) In his treatment of nine specific patients he failed to record in the chart adequate information from history or physical examination to demonstrate the need for the ordered imaging investigations, a number of which were repeated at short intervals. For example, in one patient the investigations included:

- X-rays of the chest and paranasal sinuses, abdominal ultrasound and pelvic ultrasound ordered on or before January 8, 1998;
- X-rays of the stomach and duodenum ordered on or about April 9, 1998
- Chest x-ray and mammogram ordered on or about June 3, 1998
- Mammogram ordered on or about July 22, 1999
- Abdominal and pelvic ultrasounds ordered on or about February 25, 1999
- X-rays of both elbows, the left hand, the cervical spine, the dorsal spine, the chest, the sternum and the right shoulder ordered on or about February 25, 1999
- An abdominal ultrasound and upper GI x-rays ordered on or about October 8, 1999

2) He did demonstrate a pattern of using diagnostic investigations by x-ray, ultrasound, CT scan, carotid Doppler, mammogram, bone density or bone scan as part of his routine on his patients (8 in total) without adequate medical justification for doing so.

The Council of the College of Physicians and Surgeons of Alberta ordered that:

a) He submit himself immediately on the request of the Registrar to undergo a competency assessment of his general medical skills and knowledge on the dates and in the format as directed by the Registrar.

b) Should the report from the competency assessment identify any deficiency or deficiencies and recommend retraining of any kind, Dr. Friedman's name shall be transferred to the Educational Register in accordance with Section 25(2)(e) of the *Medical Profession Act*, and Dr. Friedman shall immediately submit himself for such retraining for such period of time and at such location as is approved by the Registrar until the Registrar receives confirmation of Dr. Friedman's continuing competence.

c) Should Dr. Friedman fail to undertake such competency assessment or retraining, if necessary, within the time established by the Registrar, Dr. Friedman's license to practice medicine in the Province of Alberta shall be suspended until completion of the assessment or retraining, and that Dr. Friedman shall appear before Council on the issue of his suspension from the practice of medicine.

d) Should the competency assessment of Dr. Friedman confirm his competence in the practice of medicine or if Dr. Friedman, after undertaking retraining receives confirmation of his continuing competence, his name shall be placed on the Alberta Medical Register and he shall be, pursuant to Section 66(4)(b) of the *Medical Profession Act*, be entitled to apply to Council for the removal of the conditions on his license to practice medicine.

e) Dr. Friedman shall pay the costs of the investigation, the hearing before the Investigating Committee, and the appearance before Council in the amount of \$20,437.76. Dr. Friedman shall pay these costs, within thirty days of the date of this Order of Council, failing which, Dr. Friedman's license to practice medicine in the Province of Alberta shall then stand suspended until payment of those costs or as determined upon further appearance before Council.

f) Dr. Friedman shall be responsible for the costs of attending and completing the competency assessment and any retraining. Should Dr. Friedman fail to pay these costs when due, Dr. Friedman's license to practice medicine in the Province of Alberta shall then stand suspended until payment of those costs or as determined upon further appearance before Council.

Costs of the investigation were paid.

Dr. Friedman was scheduled to undergo a formal competency assessment in late September 2003. He retired from the practice of medicine effective September 15, 2003.

*Discipline Reports cont ...*

### Dr. 'B03'

On October 2, 2003 the Council of the College of Physicians and Surgeons of the Province of Alberta dismissed the allegations against Dr. "B03", a Family Practitioner in Alberta. The allegation in the Notice to Practitioner was that Dr. "B03" demonstrated unbecoming conduct in the care of his patient in that:

1) he did by letter dated July 25, 2001, addressed To Whom It May Concern, state that his patient was assaulted on May 15, 2001 by her daughter's father, against whom charges have been laid, when he had no direct knowledge and he put no limitation on who would be shown the letter or for what purposes it would be used.

In this case, the Recommendation of the Investigating Committee came before Council on October 2, 2003. The Council found that the allegations were not proven.

This case came to hearing as a result of a complaint against the physician. The particular facts of the case were found by Council not to constitute unbecoming conduct.

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For information about physicians' obligations in providing third party reports, physicians may wish to review *The Messenger* article on this subject, "Writing to Third Parties", May 2002 (Issue 94).

### Dr. Mant Haraphongse

On October 2, 2003 the Council of the College of Physicians and Surgeons of the Province of Alberta found Dr. Haraphongse guilty of demonstrating unbecoming conduct in that:

1. Between August 1998 and March 1999 he did carry on a sexual relationship with his patient, including having sexual intercourse on several occasions.

The Council of the College of Physicians and Surgeons of Alberta ordered that:

- Dr. Haraphongse's registration shall be suspended for a period of six months. Of this suspension, two months shall be served at the commencement date satisfactory to the College and Dr. Haraphongse in order to ensure continuing care to his patients. The balance of the suspension shall itself be suspended, on condition that Dr. Haraphongse complies with the following:

- Dr. Haraphongse shall complete continuing medical education on the subject of management of physician / patient boundaries. The continuing medical education may include attendance at courses, individualized training or review of written or audio visual materials. The continuing medical education shall be subject to the approval by the Registrar or Assistant Registrar of the College of Physicians and Surgeons of Alberta, which shall not be unreasonably withheld. The cost of the continuing medical education shall be borne by Dr. Haraphongse; and

- Dr. Haraphongse shall not otherwise engage in unbecoming conduct within the meaning of the *Medical Profession Act* for a period of six months from the date of the commencement of the period of suspension under paragraph 1 of this Order.

- In the event that Dr. Haraphongse is found by the Council of the College, following the hearing before an Investigating Committee, to have failed to comply with any of the above conditions during the period for which balance of the suspension is suspended, Dr. Haraphongse will be liable to serve the suspended portion of the suspension.

- That Dr. Haraphongse's name and the circumstances of this matter are to be published.

Dr. Haraphongse was assessed the costs of the investigation and hearing in the amount of \$16,222.08, payable within 30 days of the final order of the Council.

The costs were paid.

# Alberta Ready for Pandemic Flu

Every physician in Alberta is familiar with the outbreaks of influenza that descend on the province every winter.

Flu season is a substantial burden on the health care system, long-term care facilities and seniors' lodges, and on employers facing increased rates of absenteeism. Few in the profession will recall the effects of a world-wide epidemic, or pandemic of influenza.

While there are three types of influenza virus (A, B, and C) that cause human disease, type A causes most outbreaks. Every year, subtle changes in the virus produce new strains that can produce regional outbreaks. Most individuals have a certain level of immunity to these strains because of exposure to closely related strains, or thanks to annual flu vaccines.

Three to four times per century, a dramatic shift occurs in the virus, creating a radically different strain of the disease. Existing vaccines and immunity to other strains will offer little protection. If the new virus is easily transmitted from human to human, an influenza pandemic can result.

There were three influenza pandemics in the last century. The Spanish Flu (1918-19) killed up to 50,000 people in Canada, and 40 to 50 million people worldwide. The Asian Flu (1957-58) was less severe, probably due in large part to the advent of vaccines and improved health care technologies. The Hong Kong Flu (1968-69) was the mildest of the three. That viral strain was related to the Asian Flu and individuals may have benefited from partial immunity.

The average time span between influenza pandemics is roughly 25 years. Based on historical evidence, experts believe the next influenza pandemic will occur in the next five to 10 years.

What will be the result in Alberta of the next influenza pandemic?

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## What can physicians do to prepare for an influenza pandemic?

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Experts are predicting that up to 2.5 million, or more than two thirds of Albertans could become infected during an influenza pandemic. Up to 1.3 million could become ill, with over 600,000 possibly needing outpatient care. 5,600 to 13,000 could require hospitalization, and several thousand could die.

There will be markedly increased absenteeism rates, making it difficult for business operations and essential community services to operate, including health care facilities. The effects in communities will be relatively prolonged, lasting many weeks or even months, and there may be two or more waves of the outbreak.

What can physicians do to prepare for an influenza pandemic?

Physicians and their staff are encouraged to get their flu shot annually. In the event of an influenza pandemic, healthcare workers will be included in the vaccine priority groups as outlined in the national guidelines.

The Alberta government has worked with regional health authorities and local governments to develop the *Alberta Pandemic Influenza Contingency Plan* (draft September 2003). Regional health authorities have been working with health care professionals to develop local plans as well. Every physician should develop internal contingency plans for their own practices, based on their health region's plan. The plan should address dealing with staff shortages due to illness, death or caring for ill family members. It is important to determine the minimum number of employees needed to continue to meet service requirements. Some key factors to consider are:

- What services can/cannot be delayed?
- What services will need to be enhanced? (i.e. on-call services or hours of operations)
- Can additional staffing be accessed, or can volunteers be utilized?

If services cannot be maintained, consider what effects this will have on your work and the public. As a physician, would you be able to offer your services in areas where there may be a shortage of human resources (i.e. alternate care sites, home visits, etc.)?

Community physicians should maintain contact with their regional health authority Medical Officer of Health for information, and work with public health staff to plan for an influenza pandemic. For further information, contact your regional health authority.

*Dr. Karen Grimsrud  
Deputy Provincial Health Officer*

*Dr. Bryan Ward  
Assistant Registrar, CPSA*

# Prescribing On-Line

Internet pharmacies and cross border prescribing are important topic areas for physicians and pharmacists alike.

## For Physicians:

According to College policy, prescribing medications based **only** on verbal information, fax, telephone or electronic means, is **not** an acceptable standard of care. An appropriate history and physical must be done first.

The only exception to this policy is when physicians are fulfilling their responsibility as a member of an on-call group.

**As pertains to cross-border prescribing, therefore, signing or countersigning prescriptions written for U.S. patients by U.S. physicians may be viewed as unprofessional conduct.**

## For Pharmacists:

Pharmacists are responsible for ensuring that a prescription is authentic. Therefore, they will not accept prescriptions sent by e-mail, as there are insufficient security measures in place to ensure the prescription is valid.

Pharmacists are also unable to accept prescriptions printed by a computer or sent

by fax unless the physician has signed the order. Physicians using electronic medical records and/or the Pharmaceutical Information Network (PIN) will still be required to create a signed prescription in order for a pharmacist to fill the request.

Cross-border prescribing continues to cause concern in the larger medical community as well.

The College supports Health Canada's *Food and Drug Regulations*, that state that prescription drugs may only be sold at retail if prescribed by a practitioner licensed to practice in Canada.

# TPP Update

## TPP Annual Report for 2002

The Triplicate Prescription Program Annual Report for 2002 is posted on the College web site under College Programs.

The Report provides a review of the program, major accomplishments, results, and the financial results for the year 2002. Included in the Report are a number of statistics from the program that may be of interest to you. Watch for the 2003 report later this summer.

Questions about the report may be directed to Cathy McCann, Manager of Physicians Prescribing Practices at [cmccann@cpsa.ab.ca](mailto:cmccann@cpsa.ab.ca).

## Reminder to Locum Physicians

As outlined in the TPP document *Information for the Prescriber*, **prescribers who work as a locum or have no fixed business address** (clinic or hospital) are issued special triplicate prescription pads.

These pads will have the prescriber's name, the unique prescriber identification number, and a blank space instead of an address. This blank space **must be filled in manually** each time a prescription is issued with the following:

- The clinic or hospital name (or the doctor's name for whom the prescriber is working),

- The clinic or hospital address, and
- The phone number.

This information assists pharmacists and the program if additional information or clarification is required regarding the prescription. Your cooperation in ensuring the information is complete is appreciated.

*Cathy McCann, Manager  
Physicians Prescribing Practices*

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To order TPP pads call (780) 970-6222 or e-mail [csultanian@cpsa.ab.ca](mailto:csultanian@cpsa.ab.ca).

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# On-Line Registration

Thank you to those physicians who took the time to call with questions and comments about our on-line registration information form.

This is the College's fifth year taking registration information on-line, and each year we have improved the process with input from our members.

Based on recent comments we will be reviewing the entire on-line renewal process including the following areas of concern:

- The location/visibility of the password
- Clarification of the password regarding numbers and letters.

- Questions related to service location.
- Paying your renewal fee.
- Time and effort required to complete the form on-line.

In most cases the difficulties experienced were related to the type and version of browser used by the physician.

We found that if the version of the browser was not the most current it did not have the security and functionality required by the College's on-line program.

Once we realized this was causing problems, an automatic prompt was incorporated that would allow physicians to update his/her version of the browser.

We recognize that physician time is valuable and we are committed to continuing to **improve and simplify** the process.

We welcome any further feedback. Please call or write to either:

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## College Supports FASD Ads

Fetal Alcohol Spectrum Disorder (FASD) is one of the top three known causes of developmental delay in children.

With this fact in mind, the College is one of several health care partners who supported a holiday advertising campaign to educate the public on the cause and effect of prenatal exposure to alcohol.

The campaign, initiated by Alberta Children's Services, included province-wide print and television ads with the message "Pregnancy and alcohol? Don't take the chance." The supporting ad copy focused on the need for women to avoid any type of alcohol during their pregnancy, and for friends and family to encourage this healthy lifestyle choice.

In addition to the College, AADAC and the Alberta Medical Association also

participated in the campaign, providing input on the ad copy and taking part in the December media launch.

To view the ads, visit the CPSA web site at [www.cpsa.ab.ca/FASD\\_ads.pdf](http://www.cpsa.ab.ca/FASD_ads.pdf).



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