



College of Pharmacists of Manitoba
Lessons from Complaints:
Navigating Mental Health and Addiction

Learning Objectives

- Examine the importance and impact of health and wellness and their influencing factors
- Consider the resources available to pharmacists managing a mental health or addiction concern
- Examine a pharmacist's obligations in their Duty to Report
- Summarize initial actions in assessing patient risk in mental health and addiction concerns by the College
- Describe the risk assessment framework continually applied by the College throughout the resolution of a complaints matter
- Distinguish between the phases of gradual return to practice
- Consider the benchmarks, conditions and progression of a monitoring program

Program Agenda

Health, Wellness and Fitness to Practice

Dr. Michael Loudon, M.B., Ch.B.

- Questions

Brief Intermission

Management of Mental Health and Addiction Concerns

Dr. Brent M. Booker, Assistant Registrar – Review and Resolution

- Questions

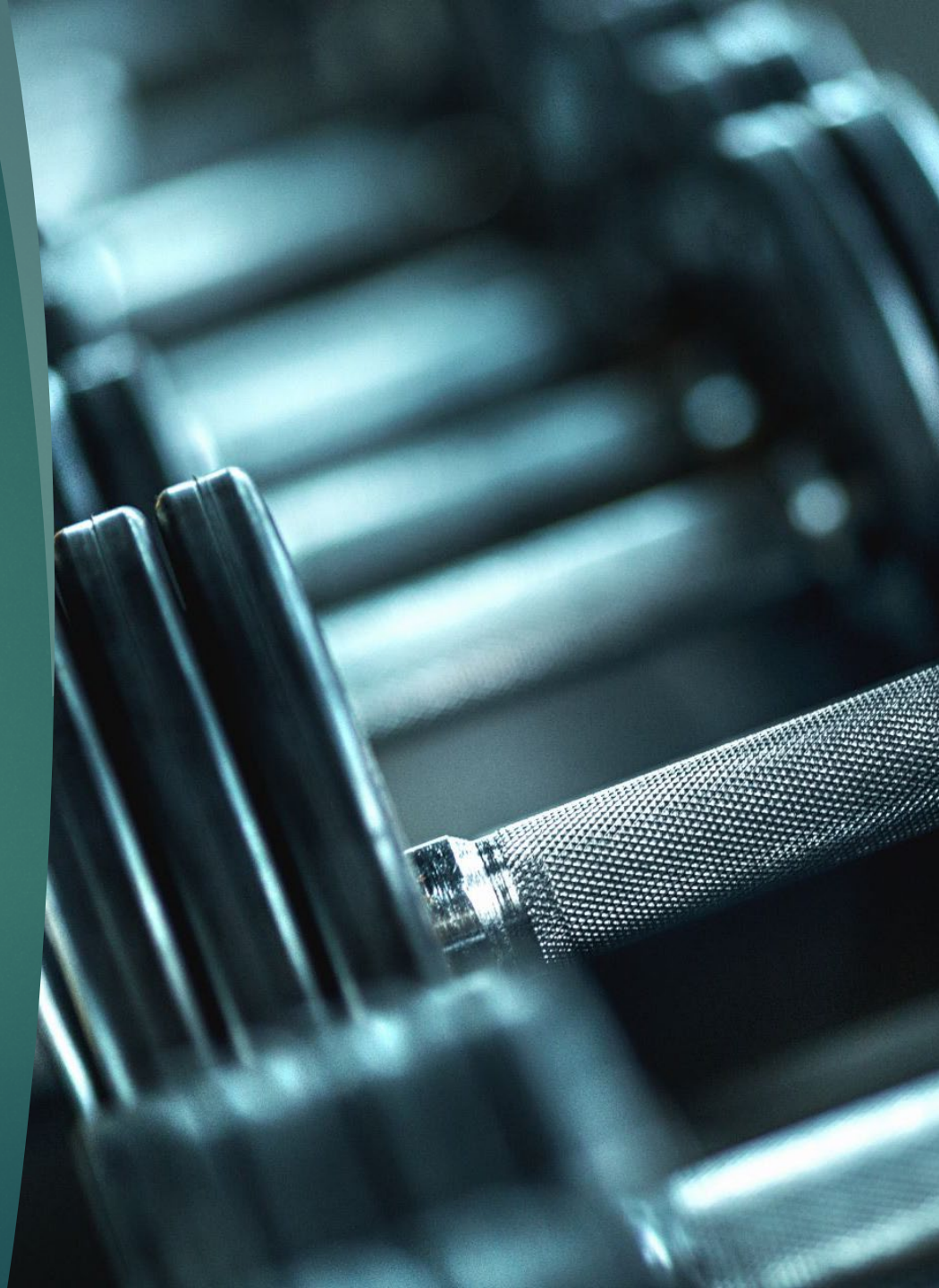


Dr. Michael Loudon, MB.Ch.B
Medical Director, Teulon Medical Clinic

Health, Wellness and
Fitness to Practice

Health, Wellness and Fitness to Practice

- ▶ DR MICHAEL LOUDON M.B., CH.B.
- ▶ FAMILY PHYSICIAN
- ▶ MEDICAL DIRECTOR, TEULON MEDICAL CLINIC
- ▶ CAME
- ▶ CO-ORDINATOR – PHYSICIANS AT RISK (RETIRED)



Presenter Disclosure

Dr. Michael Loudon, MB., Ch.B
Medical Director
Teulon Medical Clinic

- No conflict of interest to declare

Learning Objectives:

- ▶ 1. Why is your health and wellness so important?
- ▶ 2. What factors affect health and wellness?
- ▶ 3. What happens when it all goes wrong?
- ▶ 4. What resources do you have?




Introduction

- ▶ How did I get into this?
- ▶ CPSM – CPhM (Assistant Registrars – Dr Mihalchuk, Dr Booker)
- ▶ Doctors Manitoba
- ▶ Physicians at Risk:
- ▶ What is it?
- ▶ 2003 to date
- ▶ Previous and current leaders (Dr Mark Prober, Dr Derek Fewer, Dr Bill Jacek, Dr Marty Weidman, self, Dr Shelly Anderson – current medical lead)





None of us
go to work
with the
intention of
doing
harm.



Going to work
every day requires
us all to be
“on our game”



We all have
professional
(College)
Licensure



We are thus
responsible to:


- ▶ Ourselves
- ▶ Our patients
- ▶ Our College



Who is this
guy?

Capt. Chesley "Sully" Sullenberger






Why????



He was
“on his game”

15 January 2009
3:25 in the afternoon
2 minutes into flight
Canada Geese
Both engines
Decision to land in the Hudson vs
turn-back or alternate airport
3 min 30 secs later – in the water
5 significantly injured
All survived (5 crew, 150 passengers)
All over in 5 min 30 secs!!!



What influences
could have
affected Sully's
responses that
day?

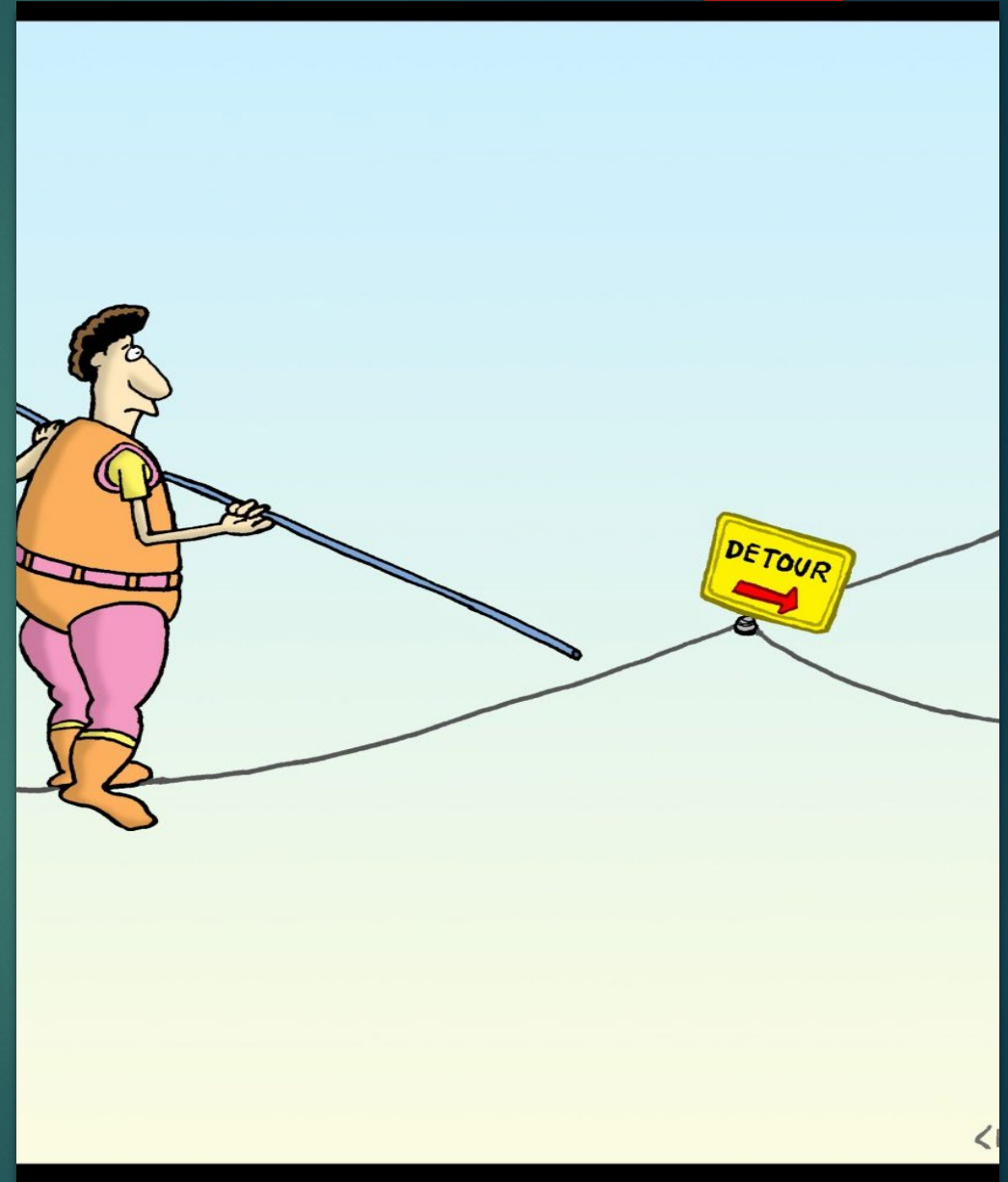


The list is
endless but a
simple way to
think about it:

Health:
How am I?

Wellness:
How do I interact?

“A balancing act!”



How am I?

Simple illnesses - colds, flu etc (usually don't prevent us from working)

Major illnesses – gallstones, consequences of trauma.. (usually very visible – time off)

Critical illnesses – cancers, heart attacks.. (life threatening, often hidden initially)

Mental illness – depression, anxiety, substance use / abuse, schizophrenia, cognitive impairment / dementia... (frequently hidden, often career limiting)

How do I interact?

Health influences – lead to worry and distraction

Emotional influences – disagreement / dispute with significant other / parent / child, caregiver role (of parent or other)

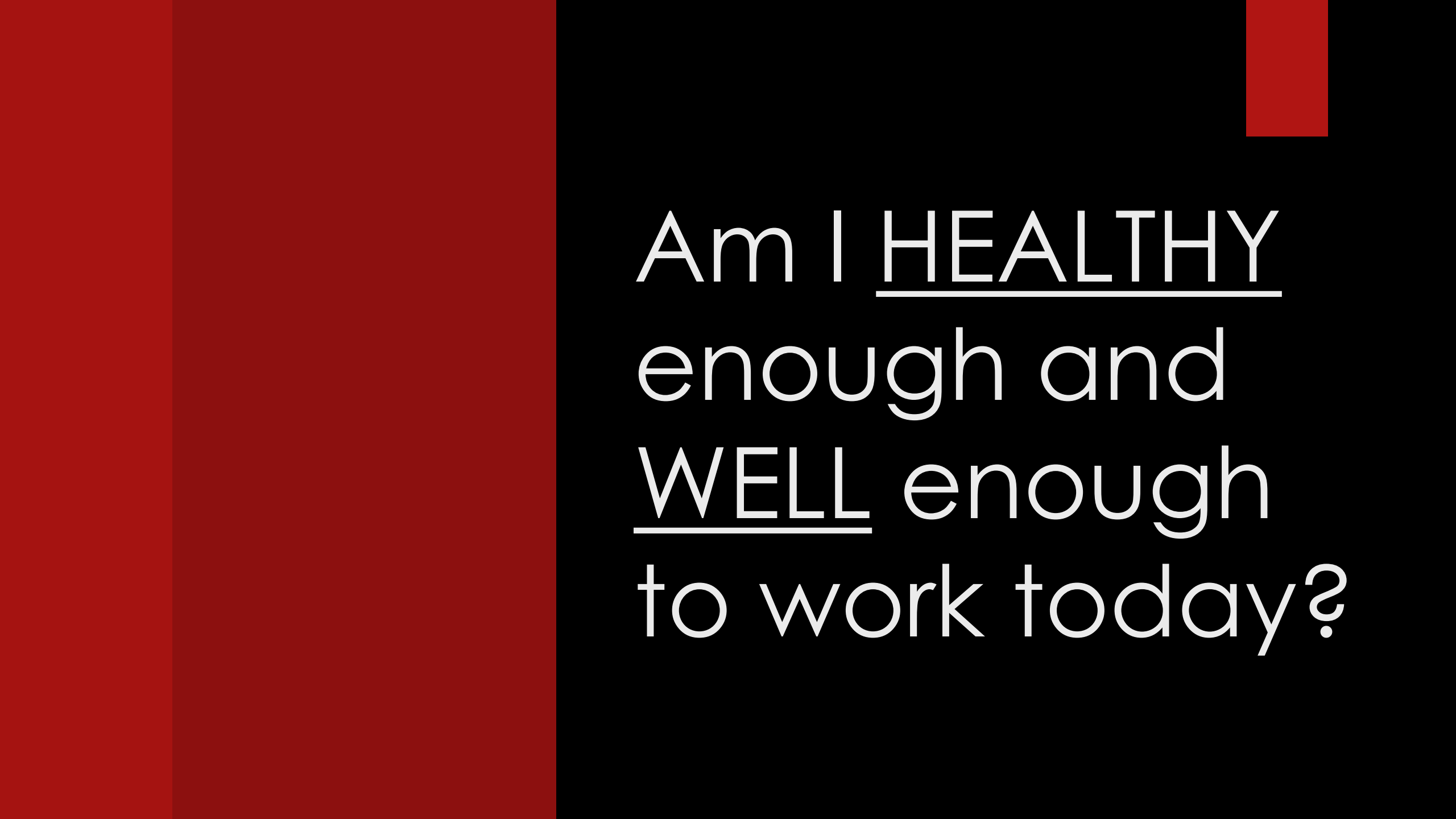
Bias – our least favorite patients, previous criticism

Lack of sleep


Lack of exercise

Hungover / craving

College Involvement




Am I HEALTHY
enough and
WELL enough
to work today?



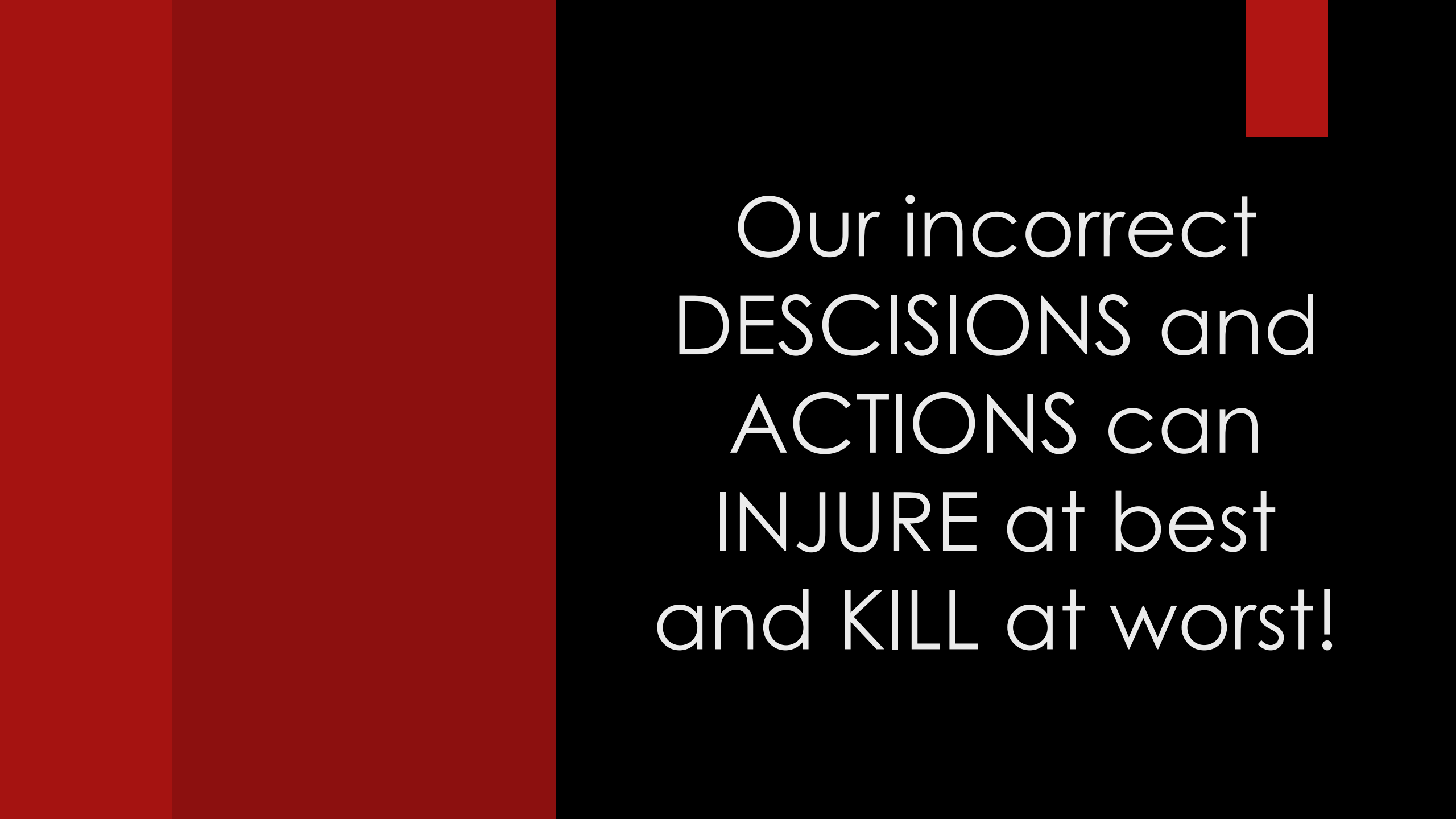
Sometimes it all goes
horribly wrong...



EPIC FAIL



..... and the truth of the
matter lies somewhere
under that heap!



Our incorrect
DECISIONS and
ACTIONS can
INJURE at best
and KILL at worst!



Usually about now (in my experience), the College gets involved.



Then I got
involved!





Then the
lawyers
came...

College Process: (Addressed by Dr Booker)

Complaints and Investigations procedures clearly laid out in *The Pharmaceutical Act*.

Perceived risk to public = requested voluntary suspension of practice.

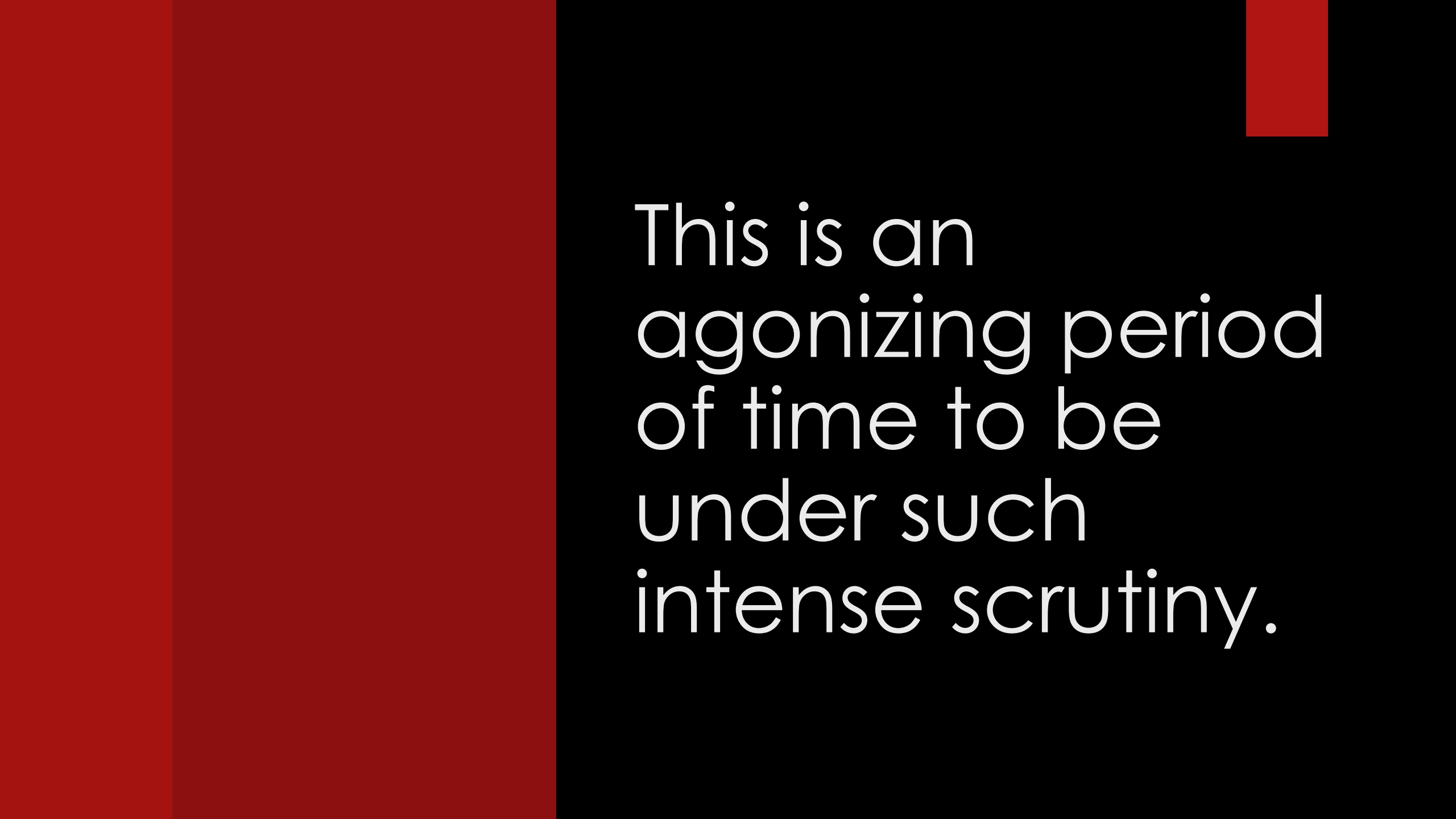
Request for description of circumstances

Management / treatment of causation.

Planned and executed return to work

Now, Sully
got it right,
but his
decisions and
actions were
criticized and
investigated.

- ▶ Questioned landing in river vs return to airport
- ▶ National Transportation Safety Board (regulatory authority) review
- ▶ Final report 4 May 2010 (16 months)
- ▶ Ruled that correct decision was made



This is an
agonizing period
of time to be
under such
intense scrutiny.

Resources:
(people in
trouble tend
to isolate)

People around you – they care
(family, friends, colleagues)

Other professionals – find a mentor

Family Doctor – get one! (you are all
well connected)

EAP – counselling services etc (most
employers provide these)



Specific to your profession there is an abundance of opportunity for innovation in supporting each other



Physicians started Physicians at Risk





What can
Pharmacists
do?

PEER SUPPORT

Appropriate PEER SUPPORT is a valuable resource.

Works best in a group setting.

Lived / common experience.

Sharing of experience helps to reduce the perceived stress.





“if I have seen
further, it is by
standing on the
shoulders of giants”

SIR ISAAC NEWTON



Make the most of
the opportunity
you have!

THANK YOU

Recourses and References

Dr. Michael Loudon, MB., Ch.B
Medical Director
Teulon Medical Clinic

- [*The Pharmaceutical Act*](#)
- [NTSB report - Accident Report
NTSB/AAR-10/03 PB2010-910403](#)
- [CMA National Physician Health
Survey – A National Snapshot,
October 2018](#)
- [Background to CMA Policy –
Physician Health, 2017](#)

Dr. Michael Loudon, MB.Ch.B
Medical Director, Teulon Medical Clinic

Questions



Session Break

College of Pharmacists of Manitoba

Lessons from Complaints

Navigating Mental Health and Addiction



Dr. Brent Booker

Assistant Registrar – Review and Resolution

Management of Mental Health
and Addiction Concerns

Presenter Disclosure

Dr. Brent Booker, Pharm.D.

Assistant Registrar – Review and Resolution

College of Pharmacists of Manitoba

- No conflict of interest to declare

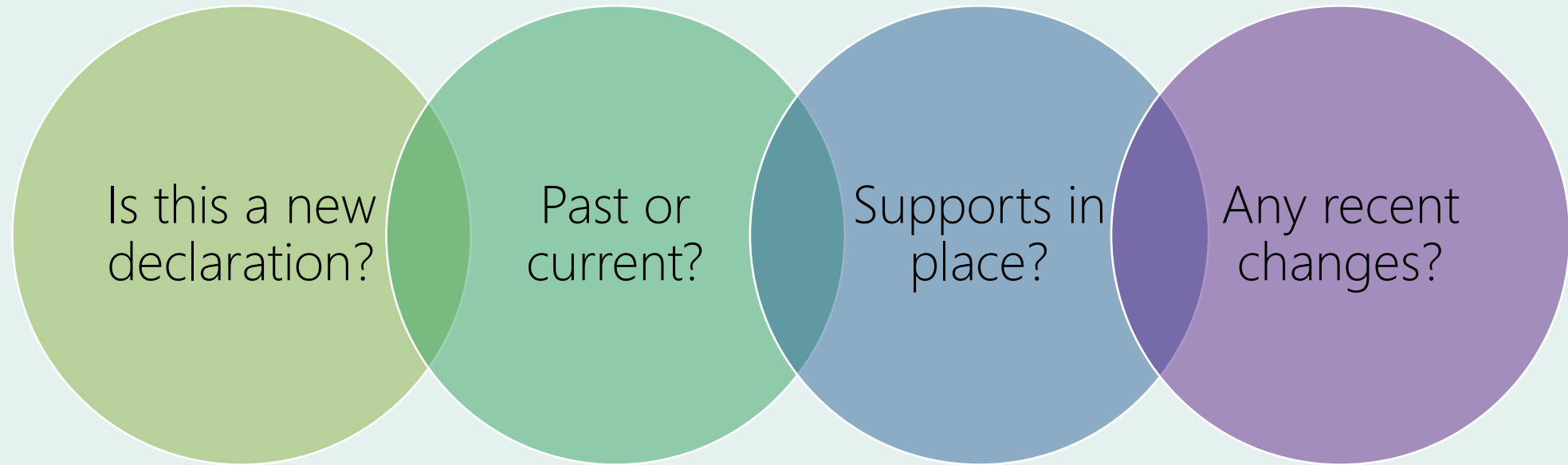
Management of Mental Health and Addiction Concerns

Self-Reporting and Outside Reports

Application Declarations

- *I declare that I do/do not suffer from a physical or mental condition or disorder, including an addiction to alcohol or drugs, that may interfere with my ability to practice pharmacy in a safe and effective manner.*
- *I declare that I have/have not suffered from a physical or mental condition or disorder, including an addiction to alcohol or drugs, that if it reoccurs, may interfere with my ability to practice pharmacy in a safe and effective manner.*
- Registrants may fear stigmatization or loss of income but intended as support and open dialogue
- Healthy registrants provide excellent patient care

Risk Assessment is Key



Duty to Report

The Act

Duty of members to report

97(1) A member who believes that another member is suffering from a physical or mental condition or disorder of a nature or to an extent that the other member is unfit to continue to practice or that his or her practice or pharmacy operation should be restricted, must inform the registrar of that belief and the reasons for it.

Exemption from liability for disclosure

97(2) A member who discloses information under subsection (1) is not subject to any liability as a result, unless it is established that the disclosure was made maliciously.

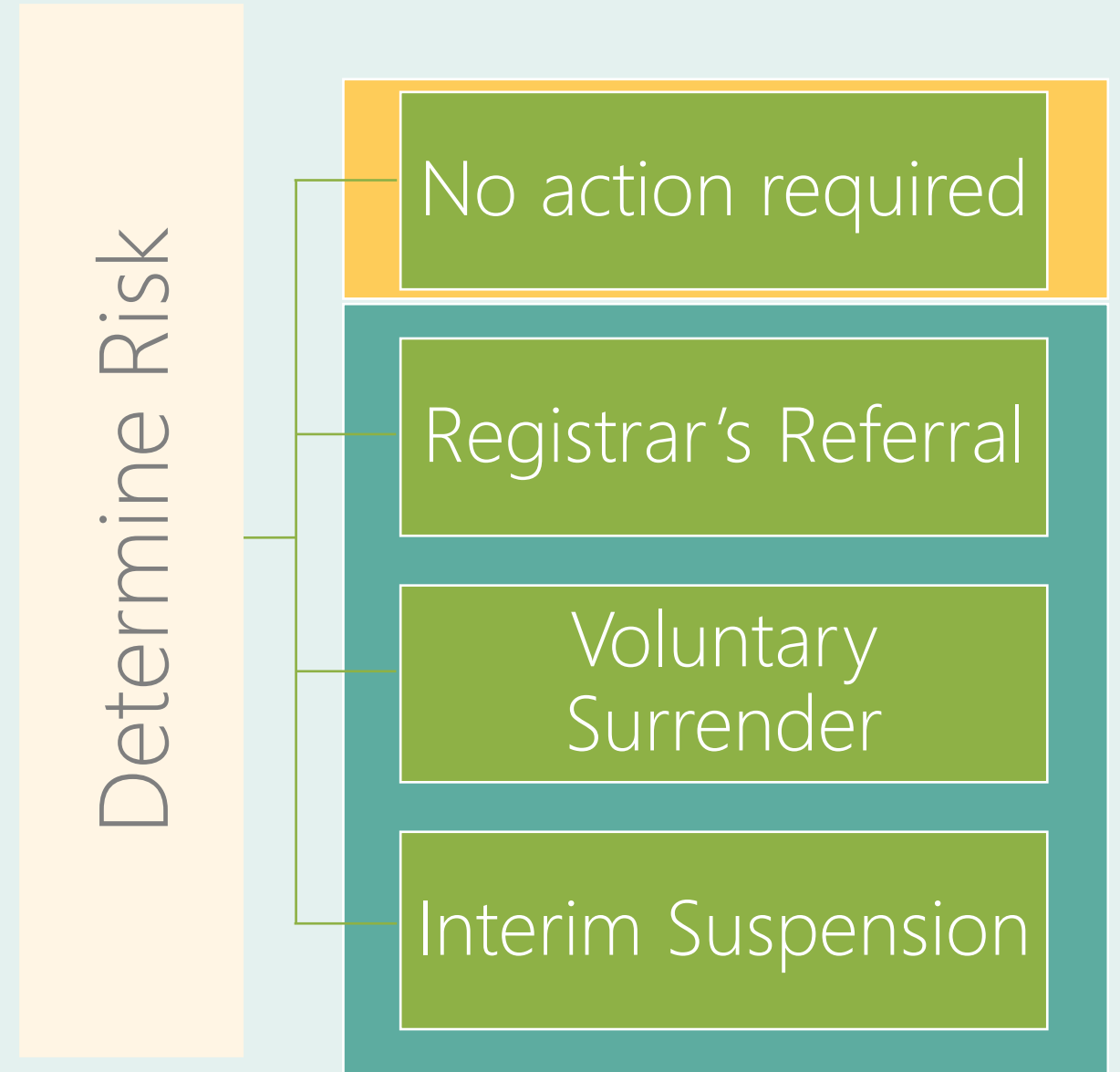
Outside Report



- Recommend discussion and self-reporting where appropriate and safe
- Self-reporting demonstrates self-awareness and accountability
- A lack of culpability may require further action or intervention by the College

Initial Actions

- High priority meeting
 - Notice that College is considering the risk and possible outcomes
 - Engage in open dialogue
- Determine action



Complaints Committee: Initial Steps

Registrar Referral

Initial review at next scheduled meeting

Voluntary Surrender

Priority meeting with registrant

Interim Suspension

Urgent meeting with registrant

Initial Mental Health and/or Addiction Assessment

Stabilization

Precontemplation

- admits a substance abuse disorder, understands negative consequences of their behaviour
- begins to inquire about support meetings

Contemplation

- decisively pursues actions leading towards participation in support meetings

Preparation

- creates a plan to pursue change, which includes priorities, goals, and actions

Action

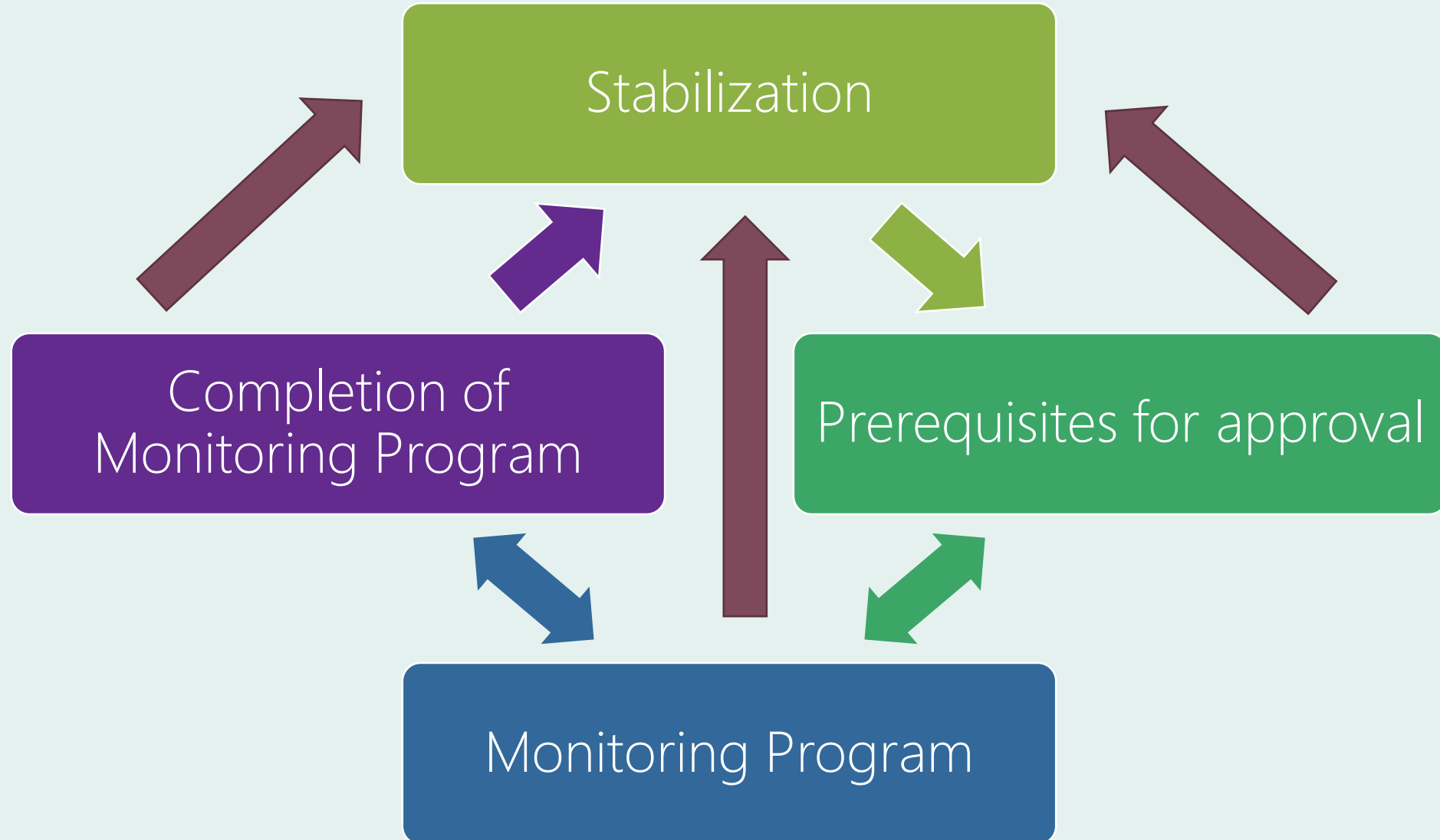
- successfully and effectively changes their behaviour for at least six months

Maintenance (sustained action)

- Addiction rehabilitation is life-long commitment requiring adequate on-going support to maintain sobriety long-term

Stabilization

Phases of Gradual Return to Practice



Prerequisites for Approval

- **Mental Health Assessment:**
 - Written assessment from psychiatrist or psychologist
 - Third party specialist contracted by the College (Fitness to Practice)
- **Addiction Assessment:**
 - Third party specialist contracted by the College
 - Written assessment from addiction specialist
- **Substance screening:**
 - Hair and urine analysis
 - Positive results confirm consumption
 - No “false positives”

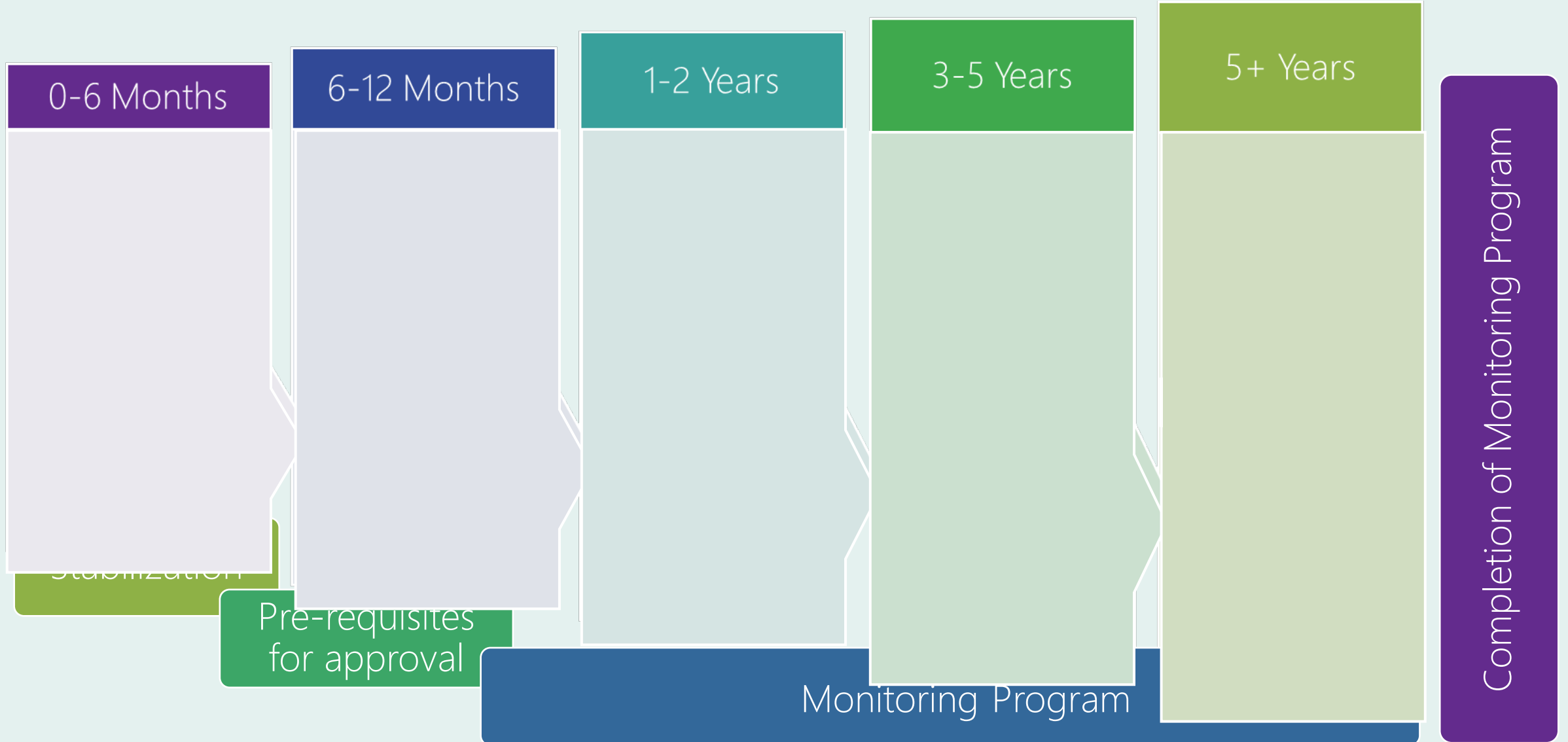
Undertaking

- **Undertaking:** signed contract between pharmacist and College which includes:
 - Terms
 - Practice restrictions
 - Requirements for frequency of session with required specialists
 - Deadlines and frequency for reporting from required specialists
 - Consequences of breach
- Undertaking is in place until replaced with an updated undertaking, or written notice of cancellation from College
- Committee's discretion

Practice Restrictions

- Practice hour restriction
- Supervision in practice
- Psychological care: psychiatrist or psychologist
- Addiction specialist
- Community support program (with a sponsor)
- Substance screening

Phases of Gradual Return to Practice



Slides, Slips and Relapse

- Relapse is often part of the recovery process or journey
 - Does NOT mean you are a failure or treatment has failed
 - Varies by addiction
- Your career is not over
- May not require removal from practice - depends on situation
- Self-reporting demonstrates self awareness and accountability
- Not self-reporting may lead to greater consequences
- Relapses result in the re-emergence of old behaviours that others will notice

The Person Comes First

- Recognized and treated as a person first
 - Arrived at this point because you are unwell
 - Feelings of fear, anxiousness, uncertainty
 - Treated respectfully
 - Livelihood at stake
- Your health and safety is important
 - Goal is to get you safe, healthy and fit to practice in a timely manner
- A safe and healthy registrant results in someone who provides exceptional care
- Goal is to guide you along a successful pathway





- *The Pharmaceutical Act*
- Pharmaceutical Regulation
- Code of Ethics and Explanatory Document
- Abridged Substance Abuse Toolkit
- Gradual Return to Work Framework
- Communication and Conflict Resolution Tool
- Complaint Resolution Process Map and Risk Assessment Tool



COMPLETE

College of Pharmacists of Manitoba

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