

# Doctalk

## Infection Prevention and Control: New Guidelines

Reducing Prescription Drug Abuse:  
Call to Action

Medical Assistance in Dying:  
The Situation Today

Think Outside the Pillbox: Proposals Sought

Mainpro is now **Mainpro+**



KENDEL AWARD: NOMINATIONS DUE BY SEPT 30

# DocTalk

Volume 3, 2016  
Issue 2

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*The 2016 Saskatchewan Methadone and Suboxone Opioid Substitution Therapy Conference (April 2016) organised by the Opioid Advisory Committee and the Prescription Review Program solicited much interest from the healthcare community. More than 230 physicians and healthcare workers from across Saskatchewan and its neighbouring provinces gathered in Saskatoon to gain insight on how to improve their skills in dealing with prescribing related to opioid use disorder.*

Do you have feedback to provide  
or a suggestion for an article to include  
in the next issue of DocTalk?

Submit your ideas & articles by **NOVEMBER 15, 2016**  
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# FROM THE PRESIDENT

## Striking a Balance between Medical, Professional and Fiscal Responsibility

With three weeks left in the summer, Council is preparing for its first fall session. The College will be holding its **Annual General Meeting** during its Council meeting on **September 16, 2016**. Members are invited to attend. If you are unable to attend, a copy of the **Annual Report** can be downloaded from the College website to review at your convenience.



There are several key issues continuing to evolve as the year progresses.

**Medical Assistance in Dying (MAiD)** continues to be topical. With established national legislation, the College will be working toward the final approval of policy to regulate this aspect of patient care. There were some significant differences between the national legislation and the original Carter decision. These differences have now been accounted for in our policy. Policy approval is still only one step in this monumental task for the profession. As patients have begun to request this service in our province, the College is encouraging both the Ministry of Health and the local regional medical authorities (RMAs) to move forward with developing implementation plans. Standards for service delivery are in development, but depend heavily on input from the regional medical authorities. In addition, *it is essential for members who intend to provide this service, to ensure that they have obtained some training in this area.* We are all anxiously awaiting the CMA's proposed educational modules to aid in this regard.

For those members who would choose not to offer the service, we encourage you to familiarize yourself with the College policy to ensure that the aspects of conscientious objection are clearly understood. *It remains the responsibility of each member to determine how MAiD might impact on their practise and to ensure that they are informed as to options available in your respective regions so that patient requests can be managed appropriately when they arise.*

**Prescription opioid abuse** is a focus of national attention. In a recent news conference, British Columbia's Provincial Health Officer, accompanied by the Minister of Health, declared opioid abuse a provincial health crisis. In response to this declaration, the College of Physicians and Surgeons of British Columbia (CPSBC) has begun an intensive monitoring program to identify prescribers who are not adhering to established guidelines surrounding opioid prescription for non-cancer pain.

The United States Centre for Disease Control has recently amended its guidelines to no more than 75 morphine milligram equivalents

per day for the treatment of non-cancer pain. This guideline is substantially below our own national standard which places the maximum recommended dose at 200 mg equivalents or less. Canada's national standards are currently under review and are expected to be published in the fall of 2016.

At this year's meeting of the Federation of Medical Regulatory Authorities of Canada, considerable time was spent on the exploration of how over-prescribing opioids is to be managed. Several other provincial colleges will be moving towards a punitive approach to physicians who do not follow current guidelines. Other Colleges, including our own, are adopting a more educational approach prior to pursuing discipline in this area. Interestingly, in a review of the prescription review program in Alberta, several providers were identified who were prescribing in excess of 5000 milligram equivalents per day to patients who suffered from chronic non-cancer pain.

In light of these findings, it becomes obvious that some education is clearly required to aid those of us who regularly prescribe narcotic analgesics in our practises. Council has given clear direction that we wish prescription opioids to be monitored closely by our own prescription review program. Ms. Julie Bareham, who is the CPSS in-house pharmacist, has been diligent in working to identify any providers who could be assisted with further education in this complicated component of practise.

**Fiscal restraint** is ubiquitous in all areas of medicine. Every member is aware that dollars for health care are scarce, and therefore are protected by the Ministry and regional medical authorities. As clinicians we are asked by all levels of governance to be good stewards of the modest health care resources we are allocated.

The College recognizes this effort made in each of your practises. We endeavor to ensure that we are also good stewards of the resources that we are entrusted with, not only by our membership, but by other program funders. The Registrar does a phenomenal job of ensuring that we adhere to best practise, while minimizing waste and limiting financial risk. Despite a seemingly endless need for fiscal resources, Council has been firm in its resolve to ensure that membership fees will **not** be increased over the next budget cycle. We hope that this demonstrates our commitment to fiscal responsibility on your behalf.

I hope that you all continue to enjoy a great Saskatchewan summer, and with only three weeks remaining, let's all hope for a long warm fall. Go Riders!

**Dr. Alan Beggs**  
President, CPSS

# FROM THE REGISTRAR

## Prescription Drug Abuse



### What is being done - Call to Action

Prescription drug abuse/misuse is a significant problem in Canada. It is a public health and safety issue. Essentially every prescription medication can be abused, however we know the most common categories to be abused or misused include opioids, stimulants and sedatives. We know that **Canada is the second largest consumer of opioids in the world**. Only the United States consumes more opioids on a per capita basis. The United States has declared prescription drug abuse a national Public Health crisis.

Recently Public Health in British Columbia declared a state of emergency related to opioid overdose deaths. This has resulted in the College of Physicians and Surgeons of British Columbia introducing new standards called *“Safe Prescribing”*. *“Education is not enough: The establishment of practice standards to ensure patient and public safety.”*

At the Federation of Medical Regulatory Authorities of Canada’s Annual General Meeting and Educational session in June, a full day was dedicated to *“Unravelling the Knot: Medical Regulation and the Opioid Crisis.”* Many of the presentations discussed aspects of prescription drug abuse/misuse issue and questioned the role that medical regulators should play in this crisis.

The keynote speaker, **Dr. H. Virani**, an addictions and public health expert, spoke on *“The Role of the Regulatory Authorities in Helping to Address the Opioid Crisis.”* Some of the interesting points he made were:

- Opioid deaths are on the rise and in the province of Alberta, opioid-related deaths outnumber the deaths related to motor vehicle accidents.
- Fentanyl has been identified as one of the medications of greatest concern due to the rising number of fentanyl related deaths occurring in Alberta.
- The number of patients seeking care at Emergency Departments for opioid toxicity or withdrawal has increased exponentially since 2015.

He quoted Winston Churchill:

**“When the facts change,  
I change my mind.  
What do you do?”**

Dr. Virani reminded us that *“humanity is our patient”* and we have a responsibility outside of the exam room. He described three evidence based public health interventions to reduce opioid overdose deaths:

- Naloxone Distribution Programs
- Agonist Maintenance Treatment
- Supervised Drug Use Spaces

Dr. Virani further encouraged us to support evidence generating public health measures to better understand opioid overdose deaths, including advocating for mandatory reporting of deaths due to acute toxicity from drugs and alcohol.

Dr. Virani commented that we cannot rely solely on the prescription monitoring programs (PMP). PMPs are excellent at collecting data including the quantity and timing of medications prescribed to patients, information that a patient may be double doctoring and other indications that a patient may be inappropriately using medications. The data may be helpful in investigations of inappropriate prescribing by physicians and trafficking and diversion by patients. However, he commented that analysis is not always timely, patients can still divert despite the overall reasonableness of the prescribing and harm can still occur even when the patient is taking the prescription responsibly.

Dr. Norm Buckley presented on Safe Prescribing and the Canadian Opioid Guideline. He addressed the current evidence around safe prescribing/ opioid guidelines and what regulators should be doing. He reiterated the importance of safe

*...continued on p. 6.*

prescribing including getting the diagnosis right; (right drug, right dose, right duration) and ensuring a safe delivery system (electronic prescription or fax directly to the pharmacy). He contrasted the current Canadian guideline and the CDC guidelines. He proposed that regulators should collaborate with PMPs to identify prescribers outside limits of practice (both high and low); support the *Canadian Guidelines for Safe and Effective use of Opioids for Chronic Non Cancer Pain*; support directed academic detailing such as the Saskatchewan model of the Rx Files and advocate for a comprehensive pain care delivery system. He also noted that Quebec has the lowest opioid prescribing in Canada and that it has an advanced pain care delivery system.

## What can we do in Saskatchewan?

Firstly, we need to acknowledge we too have a problem with prescription drug abuse and misuse.

Secondly, although we may not have all the data that is reported elsewhere to understand how big the problem is, intuitively we know the problem in Saskatchewan is similar to that in other provinces.

Thirdly, we need to acknowledge that although this is a complex problem, inaction is not an option, and collaboration with partners is essential. We all have a role to play.

*Physicians have a unique opportunity to considerably reduce this crisis; collectively (CPSS) and individually.*

We are fortunate to be one of the provinces that has a **Prescription Review Program** that monitors a panel of medications that have the potential to be abused or misused. We are also fortunate to be a province that has a Pharmaceutical Information Program (PIP) that allows physicians in real time, to see which medications have been prescribed and dispensed to patients within the province.

### Individually physicians should:

1. Be aware of and follow best practices when diagnosing and prescribing medications, particularly PRP medications.
  - Ask is this the best medication to prescribe for this condition?
  - Ask if there any history of addiction or abuse in the past with this patient or in this family?
  - Use a validated addictions screening tool (DAST-20, AUDIT, CAGE), and include it in the patient chart, before prescribing drugs with the potential for dependence and addiction.

2. Physicians should be aware of and follow the **Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain**. An overview of the guideline was published in the **Canadian Medical Association Journal** (Vol. 182, no. 9, pp 923-930 and the full guideline is available at <http://nationalpaincentre.mcmaster.ca/opioid>.) A revised guideline is expected to be released in early 2017.
3. Be aware of the use of non-opioid and non-benzodiazepine management strategies and consider using them first;
4. Physicians should be aware of guidance available from the CMPA: see [www.cmpa-acpm.ca](http://www.cmpa-acpm.ca).
5. Establish a treatment contract for every patient being prescribed medications with the potential for abuse, establishing boundaries and preferably restricting the supply of medications to one physician and one pharmacy.
6. Use safeguards in monitoring; use the 5 A's (Activity, Analgesia, Adverse effects, Aberrant behaviours and Affect) and make a habit of documenting them in the progress notes;
7. Use the information from the PIP routinely to assist with decisions pertaining to prescribing;
8. Notify the PRP program (operated by the CPSS) when you have information related to inappropriate use of PRP medications, including potential illegal activity.
9. Advocate for safe handling of medications of potential abuse (lock boxes);
10. Advocate for the return of unused medications to pharmacies for safe disposal;
11. Consider the addition of Naloxone for patients with higher risk/benefit ratios and where the continued prescribing of opiates is necessary.
12. Assist and support colleagues in the management of difficult to manage patients by maintaining firm boundaries and avoiding 'double doctoring'.

### The College will continue to improve its work in the prescription monitoring program by promoting safe medical practice:

1. We will continue to identify prescribers who do not use best practices and assist them to find appropriate training;
2. We will encourage physicians to seek training in addictions and opioid substitution therapy, thereby increasing capacity for opioid substitution therapy;

3. We will continue to work with health regions and the First Nations and Inuit Health Branch –SK in improving knowledge at the community and physician level about prescription drug abuse issues in Saskatchewan communities;
4. We will support the use of Naloxone by trained individuals;
5. We will encourage physicians to use PIP regularly;
6. We will continue to advocate for improved education pertaining to the treatment of chronic pain as well as improved access to chronic pain treatment.
7. Council may need to consider whether policy development is necessary; either in the mandatory use of PIP, or in standards or guidelines for safe prescribing of medications with the potential for abuse or diversion.



- Naloxone Kit

**This is a call to action to reduce prescription drug abuse in our province.**

It's a complex problem which will require all of our collaborative efforts to address.

**Dr. Karen Shaw**  
Registrar, CEO

# call to action

to **reduce prescription drug abuse**  
in our province

The College wants to hear from YOU about what more we should be doing.

Send any **additional strategies** you may have to us and let us know how you are interested in helping.

[prp@cps.sk.ca](mailto:prp@cps.sk.ca)



## Medical Assistance in Dying

It is no longer a criminal offence for a physician to assist a patient to die, provided the patient meets the criteria in Canadian legislation.

*All physicians should be generally aware of the requirements for medical assistance in dying whether they will, or will not, be involved in providing it.*

*This article summarizes the current situation of medical assistance in dying in Saskatchewan.*



**Bryan Salte**  
Associate Registrar  
and Legal Counsel

### Factual Background

Medical assistance in dying has become much clearer in Saskatchewan during the past few months, but there are a number of issues that are not yet resolved.

In **February 2015** the Supreme Court of Canada declared that the laws which prohibited physicians from assisting a patient to die were unconstitutional, provided the patient met certain requirements:

1. **The patient must have a grievous and irremediable medical condition;**
2. **The medical condition must not be treatable using treatments the patient is willing to accept;**
3. **The patient's suffering must be intolerable to the patient; and,**
4. **The patient must clearly consent to their death.**

Among the reasons for the Court's conclusion was that the law, as it then existed, prevented patients who were suffering intolerably from seeking a method to end their suffering.

In **February 2016**, the Supreme Court of Canada gave the Government of Canada an extension until June, 2016 to pass a new law that addressed the Court's concerns. Between February, 2016 and June 2016 individuals who wished to access physician-assisted dying (the term that was used until the new legislation came into effect) could apply to the Court for an order permitting the patient to arrange for a physician to assist them to die.

A number of Canadian patients, including at least one patient in Saskatchewan, obtained court orders which allowed them to access physician-assisted dying.

In **June 2016**, the Government of Canada amended the Criminal Code and other legislation to allow medical assistance in dying.<sup>1</sup>

### Eligibility Criteria in the New Legislation

In order to be eligible for medical assistance in dying, the patient must meet a number of criteria:

- The patient must be **eligible for Canadian Health Services** or will be eligible after a waiting period (individuals who are not Canadian residents will not be able to access medical assistance in dying in Canada);
- The patient must be **at least 18 years of age**;
- The patient must be **capable of making decisions about their health**, both when they request medical assistance in dying and when it is administered;
- The patient must have a **grievous and irremediable medical condition** (more details are set out below);
- The patient must have given **informed consent** to medical assistance in dying, and that request must not have been as a result of external pressure.

### What is a "grievous and irremediable medical condition"?

The legislation defines a grievous and irremediable medical condition in the following terms:

- The patient must have a serious and incurable illness, disease or disability;
- The patient must be in an advanced state of irreversible decline in capability;
- The patient must have enduring physical or psychological suffering that is intolerable to the individual caused by the illness, disease, disability or state of decline;
- The patient's suffering cannot be relieved under conditions that they consider acceptable; and,



- The patient’s natural death must have become reasonably foreseeable without a prognosis necessarily having been made as to the specific length of time that they have remaining.

## Other Important Features of the Legislation

- Medical assistance in dying can be provided by **physicians or nurse practitioners**;
- Physicians or nurse practitioners who reasonably and in good faith conclude the patient meets medical assistance in dying criteria cannot be prosecuted;
- The legislation states that it is not a criminal offence :
  1. for anyone to aid a physician or nurse practitioner to administer medical assistance in dying,
  2. for a pharmacist to dispense medication pursuant to a medical assistance in dying request,
  3. for an individual to assist a patient to self-administer medical assistance in dying, or
  4. for a health care worker, social worker or other person to provide information about medical assistance in dying to a patient (counseling).

## An Unresolved Question

The principle unresolved question is what medical conditions constitute a “grievous and irremediable” medical condition, which is one of the eligibility requirements for medical assistance in dying. Some people have suggested that the eligibility criteria are quite narrow and apply only to patients who have a terminal illness with a reasonably foreseeable death arising from that terminal illness. Some people suggest that it excludes patients with chronic debilitating illnesses such as Alzheimer’s, multiple sclerosis or ALS.

Other people suggest that nothing in the legislation requires a patient to have a terminal medical condition. Some people suggest that if the patient’s illness is linked to a probable future death and the patient meets the other criteria of the legislation, the patient is eligible for medical assistance in dying.

There is also controversy whether some psychiatric conditions may constitute a basis for medical assistance in dying.

## Procedural Requirements

The legislation imposes a number of requirements before a patient can access medical assistance in dying:

- The patient must sign a request before two independent witnesses;
- Two physicians, two nurse practitioners, or one of each, who are independent of each other, must confirm their opinion that the patient meets the criteria to access medical assistance in dying;
- The patient must be advised of all means that are available to relieve their suffering, including palliative care;
- There must be a 10 day waiting period between the first request and the administration of medical assistance in dying unless the patient’s death or loss of capacity is imminent;
- The physician or nurse practitioner providing medical assistance in dying must inform the pharmacist who dispenses the medication that the purpose of medication is medical assistance in dying;
- When medical assistance in dying is administered, the physician or nurse practitioner who administers it must be of the opinion the patient meets the MAID eligibility criteria;
- The physician or nurse practitioner who administers medical assistance in dying must provide the patient with an opportunity to withdraw consent immediately prior to administration.

## Review of the Legislation

The law does not currently permit medical assistance in dying for anyone under the age of 18, which excludes mature minors. The law does not currently permit medical assistance in dying based upon an advance directive – the patient must be competent at the time medical assistance in dying is administered.

The law requires the Federal Government to establish an independent review to study “issues relating to requests by mature minors for medical assistance in dying, to advance requests and to requests where mental illness is the sole underlying medical condition.” The law also requires the report of that review to be available within two years.

## Guidance from the College of Physicians and Surgeons

The College developed a policy in response to the original *Carter* decision. That policy, entitled *Physician-Assisted Dying*, is available on the College website.

A number of changes will be required to the policy to make the policy consistent with Canadian legislation. We expect that an updated policy will be published as soon as it is approved by Council. When that policy is updated, it may include information from the provincial working group that has developed recommendations for Saskatchewan physicians, patients and other healthcare workers.

## The Provincial Working Group

A provincial working group was established with representatives of a number of organizations, including the College and the Saskatchewan Medical Association.

That group has developed a number of suggested protocols, forms and process maps related to medical assistance in dying. Most of the group's work related to medical assistance in dying that is administered by physicians or nurse practitioners has been completed.

There is a significant challenge related to patient-administered medical assistance in dying.

## Patient-administered Medical Assistance in Dying

The protocols and forms for physician-administered medical assistance in dying are fairly clear. The medications used and the protocols associated with administering those medications in a hospital or other healthcare facility are fairly consistent across Canada.

The legislation authorizes both physician-administered medical assistance in dying and patient-administered medical assistance in dying. The legislation permits a physician or a nurse practitioner to prescribe medications to a patient to allow the patient to self-administer the medications or to ask someone else, such as a family member, to assist them to take the medication.

That raises a number of questions which have not yet been fully addressed. Those include:

- What safeguards will there be to ensure that a physician who prescribes medications for self-administration has the appropriate skills and knowledge to do so? (College bylaw 4.1 requires physicians who plan to make a significant change in their scope of practice to notify the College and complete an assessment and retraining satisfactory to the Registrar before making that change);
- Will the physician or nurse practitioner who prescribes the medication be required to be present at the time it is taken by or administered to the patient?
- What medications should be prescribed, in what quantities and with what direction to the patient?
- Will there be a process to deal with medications if they are not used by the patient?

## What does the College expect of physicians?

Physicians are not expected to assess patients to determine if they are eligible for medical assistance in dying or to administer medical assistance in dying. They are expected to not abandon their patients and are expected to make an arrangement that will allow their patients to obtain information related to medical assistance in dying.

The policy adopted by Council establishes the following expectations:

*A physician who declines to provide physician-assisted dying must not abandon a patient who makes this request; the physician has a duty to treat the patient with dignity and respect. The physician is expected to provide sufficient information and resources to enable the patient to make his/her own informed choice and access all options for care. This means arranging timely access to another physician or resources, or offering the patient information and advice about all the medical options available. Physicians must not provide false, misleading, intentionally confusing, coercive or materially incomplete information, and the physician's communication and behaviour must not be demeaning to the patient or to the patient's beliefs, lifestyle choices or values. The obligation to inform patients may be met by delegating this communication to another competent individual for whom the physician is responsible.*

## Canadian Medical Association Education and Training

The Canadian Medical Association offers two resources to assist physicians related to medical assistance in dying.<sup>2</sup>

The first is the *Foundational Online Module on Medical Assistance in Dying*.

This provides general information and is intended to assist physicians so that they can understand what is involved, advise their patients, and make an informed decision about whether they should include this in their practice.

This module is not intended to provide participants with the training needed to provide comprehensive care at the end of life or medical assistance in dying.

The second resource is *Face-to-Face Course on End-of-Life Care and Medical Assistance in Dying* offered in Vancouver on September 15-17 and in Toronto November 3-5.

<sup>1</sup> An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) [http://laws-lois.justice.gc.ca/PDF/2016\\_3.pdf](http://laws-lois.justice.gc.ca/PDF/2016_3.pdf)

<sup>2</sup> Information about these two resources is available at the Canadian Medical Association website, <https://www.cma.ca/En/Pages/education-eol-care-medical-assistance-dying.aspx>.

# Policy, Standard and Guideline Updates

The Policies, Standards and Guidelines adopted by the Council are reviewed regularly and are updated as required. Physicians should review the list of policies which may apply to them to ensure that they are aware of the College's expectations. At the June Council Meeting, Council updated four policies and one standard as summarized below:

## **POLICY - Public access to Council documents and redaction of sensitive information contained therein**

Council must govern with an emphasis on an appropriate balance between confidentiality and transparency in regulatory and discipline processes.

The Council amended the previous policy to clarify the circumstances in which information that is considered by Council at an open meeting will be redacted to deal with the privacy interests of those involved.

## **POLICY - Physician certification of work absence or accommodation due to illness or injury**

This policy merges two previously existing overlapping policies, *Sick Slips* and *Role of Physicians in Certifying Illness*, for both of which the text has also been reworked in a number of areas. One of the more significant changes is to incorporate recommendations from the Canadian Medical Association document *The Treating Physician's Role in Helping Patients Return to Work After an Illness or Injury*.

## **POLICY - Physicians at Risk to Patients**

The policy, which previously referred to a statement on At Risk Colleagues by the College of Physicians and Surgeons of Manitoba, has been condensed and rewritten to better reflect the Saskatchewan perspective. The CPSS believes that, as members of a regulated profession, every physician has the responsibility to ensure that they and their colleagues provide safe and competent care to their patients.

To meet this responsibility, physicians must recognize in themselves, and in colleagues, indications that their ability to provide safe and competent care to patients may be compromised. The College's expectations for self-reporting or for dealing with a colleague in a diminished capacity to provide safe and competent care are outlined.

## **POLICY - Physician Disclosure of Adverse Events and Errors that Occur in the Course of Patient Care**

Council changed the policy to clarify that if an adverse event occurs in relation to a patient who is not competent, the physician will disclose the adverse event to the person who has authority to make health care decisions on the incompetent patient's behalf.

The policy now also refers to a Regional Health Authority's obligation to report critical incidents to the Minister of Health if the event is one that is defined as an "adverse event" in the Saskatchewan Critical Incident Reporting Guideline, 2004. The policy has also been updated to reflect recent changes to the Canadian Medical Protective Association (CMPA) document, *Consent: A Guide for Canadian Physicians*.

## **STANDARD – Unproven and Unconventional Treatment**

Amended for clarity, the standard now includes the names of the committees referenced in the policy that can approve a clinical trial protocol. The standard now includes references to the College bylaw on providing unconventional treatments, as

well as to the College document on *Informed Consent* and the CMPA document *Alternative Medicine – What are the medico-legal concerns?*.

The full versions of all CPSS Policies, Standards and Guidelines are available on the College Website at [www.cps.sk.ca](http://www.cps.sk.ca)



# REGISTRATION TIMES

## Planning to renew your registration? Are you at the end of your 5-year cycle?

Saskatchewan physicians who are licensed on a full, provisional or special licence are required to enroll in a continuing professional learning program (5-year cycle) with the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC) in order to renew their professional registration for the upcoming year. This process is known as **revalidation**.

During completion of your on-line registration renewal form you will be required to indicate the start and end dates of your current learning cycle. If you are not enrolled in a program or do not have a learning cycle you will not be able to complete your registration renewal.

Physicians who hold FRCP or FRCS designations with the RCPSC will need to meet the requirements of Maintenance of Certification at the end of their cycle, and provide proof that this has been done. Physicians who don't hold fellowship at the RCPSC can enroll in the Maintenance of Certification program and track their CME activities in their on line account.

Current members of the CFPC and non-members of the CFPC are able to track their CME activities in their on-line account.

Physicians who are enrolled in Mainpro should be aware that the Mainpro program has changed and is transitioning to Mainpro+. If your learning cycle ends in December 2015 you will need to submit a Completion Certificate to the College to complete your registration renewal. Due to the transition from Mainpro to Mainpro+ you will need to contact the CFPC office to request your completion certificate as you are no longer able to access your Mainpro account. For further information please see the article "Mainpro is Changing" on page 13 of this issue of Doctalk.

If you are not currently enrolled in either Mainpro+ or Maintenance of Certification, you will need to enroll prior to applying to renew your licence for the upcoming year.

At the completion of your learning cycle, you will be required to provide the CPSS with a certificate from your program confirming that you successfully completed your learning cycle. The certificate may be obtained from the program website or Maintenance of Certification) and must be submitted during registration renewal.

You are encouraged to attend to this matter promptly. Failure to comply and enroll may result in a refusal by the Registrar to renew your registration. Please be aware that indicating that you are enrolled in a program when you are not may result in disciplinary action.



**Barb Porter**  
Director,  
Physician Registration

Please contact Barb Porter at the College office if you have questions or concerns:

barb.porter@cps.sk.ca  
(306) 244-7355

**You must ensure that you meet the minimum credit requirements as established by the program in which you are enrolled or fees will be imposed.**

### Fees for Non-Compliance

The Registrar's Office will administer fees to ensure cost recovery from physicians who fail to meet CME requirements and who fail to comply with regulatory bylaw 5.1.

#### 5.1 Standards for Continuing Education and Maintenance of Membership:

- a. A physician who fails to enroll in Mainpro or Maintenance of Certification, or who fails to maintain enrollment in Mainpro or Maintenance of Certification as required by Regulatory Bylaw 5.1, will be required to pay a fee of \$500;
- b. A physician who has failed to enroll in Mainpro or Maintenance of Certification, or who fails to maintain enrollment in Mainpro or Maintenance of Certification as required by Regulatory Bylaw 5.1 and who is required to comply with any of the conditions in Regulatory Bylaw 5.1(h) shall, in addition to the \$500 fee in paragraph (a), be required to pay a fee of \$500;
- c. A physician who has enrolled in Mainpro or Maintenance of Certification as required by Bylaw 5.1, but who has failed to meet the requirements of the program, or has failed to provide the evidence required by paragraph (d) (iv) and who is required to comply with any of the conditions in Regulatory Bylaw 5.1(h), shall be required to pay a fee of \$500.

# Continuing Medical Education

## Course Ideas for Mainpro+ credits

### Professional Development Opportunities for your Learning Cycle

The College website features a section on its website with links to several different conferences and other educational opportunities which may be of interest to you.

Physicians must remember that they are obligated to complete a certain number of educational credits over a learning cycle period in order to be eligible to renew their licence.

The College's website features some information concerning educational opportunities for your convenience. Several of the suggested conferences and workshops listed are accredited.

For the latest list of upcoming continuing medical education opportunities, see our website homepage at [cps.sk.ca](http://cps.sk.ca) and click on the new and improved **CME-Professional Development Opportunities** link (blue box to the right on the homepage).



## Mainpro is Now Mainpro+

*On June 27, 2016 the College of Family Physicians of Canada was pleased to introduce Mainpro+, the new and improved Mainpro program.*

The **Key Features** of the new program include:

- new cycle dates. Mainpro to Mainpro+, cycle dates have changed from calendar year (January 1 - December 31) to July 1 - June 30; this applies to both annual cycles and 5-year cycles.
- all members and Non-Member Mainpro+ participants were given a six month extension at the end of their current five year cycle;
- credits in your Mainpro account have been migrated to your new Mainpro+ account; your Mainpro-M1 and Mainpro-C credits were converted to "Certified" credits, and all Mainpro-M2 credits were converted to "Non-Certified" credits.
- you will continue to be required to accrue a minimum of 250 credits (at least 125 must be certified) per 5-year cycle;
- you will be required to accrue a minimum of 25 (certified or non-certified) credits per year;

### New Credit Categories

- Certified (formerly Mainpro-M1 and Mainpro-C)
- Non-Certified (formerly Mainpro-M2)

### New Activity Categories

- Group Learning,
- Self-Learning, and
- Assessment;
- Wider variety of credit eligible activities.

The College of Family Physicians website contains information about the new Mainpro+ program at [www.cfpc.ca/Mainpro+](http://www.cfpc.ca/Mainpro+) FAQs.

Physicians with a cycle date ending in 2015 will not have access to the completion certificate - they will need to contact the CFPC to request the certificate. Physicians who require a transcript will have access to view and print a transcript if requested to do so by our College.

**Before you renew your registration** in the fall of 2016, login to your Mainpro+ account to confirm your cycle dates as they may have changed since last year. The new dashboard provides all of the information that you need about your Mainpro+ account in one quick glance.

**Questions?** [mainprocredits@cfpc.ca](mailto:mainprocredits@cfpc.ca)

# A sneak peek of the new Mainpro+ Dashboard

ABOUT US
EDUCATION
CPD
MEMBERSHIP
HEALTH POLICY
RESOURCES
PUBLICATIONS
RESEARCH
DIRECTORIES

DASHBOARD
CREDIT SUMMARY
HOLDING AREA
CPD ACTIVITIES LIST
CPD PLANNING
REPORTS

**Dr. John Smith (1000308)**  
 📅 Current Cycle: 7/1/2014 - 6/30/2019

**REPORTS AT THE TOUCH OF A BUTTON**



EASY ACCESS TO ENTER AN ACTIVITY

ENTER A CPD ACTIVITY

CYCLE DATES AND MEMBER ID ARE ALWAYS VISIBLE

QUICK LINKS

- My Transcript Detail Report
- My Credit Summary Report
- FAQ Placeholder
- My CPD activity
- Enter A CPD activity

Mainpro+ PROGRAM NEWS

Welcome to Mainpro+!

HOLDING AREA FOR INCOMPLETE ACTIVITIES

CREDIT SUMMARY

**CYCLE - Credits Applied to Date**  
 📅 7/1/2014 - 6/30/2019

	Required	Applied	Requirement Met
Certified	125	33	No
Non-certified	N/A	0	N/A
<b>Total</b>	<b>250</b>	<b>33</b>	<b>No</b>

5 YEAR CYCLE STATUS

RESOURCES

Regional Educators

Mainpro+ Credit Category Chart

VIEW MORE

INCOMPLETE CPD ACTIVITIES

Activity	Last Updated
Diabetes Guidelines	4/12/2016

CURRENT YEAR - Credits Applied to Date

📅 7/1/2015 - 6/30/2016

	Required	Applied	Requirement Met
Certified	N/A	0	N/A
Non-certified	N/A	0	N/A
<b>Total</b>	<b>25</b>	<b>33</b>	<b>Yes</b>

ANNUAL CYCLE STATUS

VIEW DETAILS

Click Here to view your maximum credit standings for the current cycle

MY LINKS

No links defined.

ACTIVITIES NEEDING CREDIT APPROVAL

Activity	Last Updated
Pearls	4/12/2016
2016 Conference	4/12/2016

PERSONAL LEARNING PLAN

Goal	Due Date
No goals to display.	

CREATE A GOAL

NEED HELP?

Please contact the College of Family Physicians of Canada.

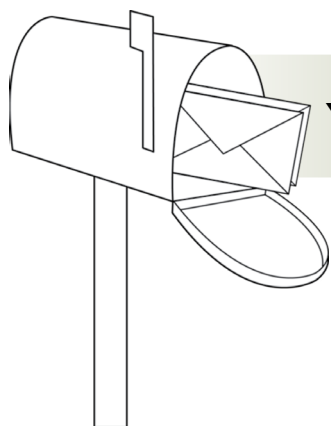
✉ creditsmainpro@cfpc.ca

☎ 1-800-387-6197 ext. 560

# Physician Licence Renewal

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## Check your mailbox



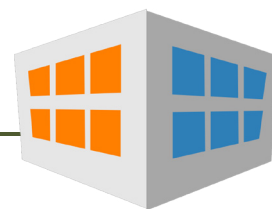
### You've Got Mail!

**Registration renewal** is approaching very quickly. You will soon be receiving your registration renewal notice in the mail.

You are encouraged to follow the instructions in the letter to promptly renew your registration for the period of December 1, 2016 – November 30, 2017.

All registration renewals are due no later than **November 1, 2016** to ensure that College staff has sufficient time to process renewal for all physicians. Act promptly to ensure that there is no interruption in your licence and to avoid additional fees for restoration to the register.

# Medical Corporation Permit Renewal



## Your renewal letter will arrive soon

Medical corporation renewal is approaching very quickly. Physicians with medical professional corporations will soon be receiving their corporation renewals in the mail.

In the fall of 2015 the College introduced online corporation renewal. Approximately 70% of all medical professional corporations chose this method to renew the annual corporation permit. You are encouraged to follow the instructions in the renewal notice letter to promptly renew your medical corporation for the period of January 1, 2017 to December 31, 2017.

In order to renew online, you will require:

- Access to a computer;
- An email account. If you do not have one you should create an email account now;
- Credit card for payment of fees – we accept Visa or Master Card;

- Your User ID for corporation renewal - this will be provided in the letter that the College sends to you;
- Your personal account password for corporation renewal - this will be provided in the letter that the College sends to you.

### DUE DATE

All medical corporation renewals are due no later than **November 1, 2015** to ensure that College staff has sufficient time to process renewal for all medical professional corporations. Act promptly to ensure that there is no interruption in your medical professional corporation and to avoid additional fees for restoration to the register.



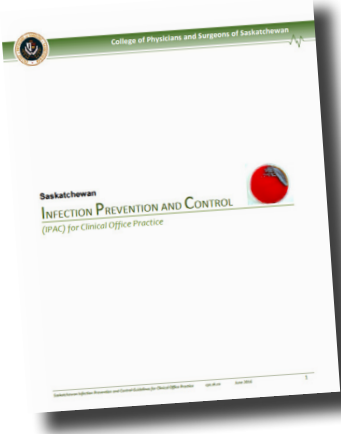
## A new look for CLEAN

### NEW CPSS Guideline on Infection Prevention and Control for Clinical Office Practice

Council approved the final draft of the College's Guideline on **Infection Prevention and Control (IPAC) for Clinical Office Practice** at its meeting on 24 June, 2016.

The guideline underwent final formatting and is now available on the [College website](http://www.collegesask.ca). The final document has been adapted, with permission, from Ontario's Provincial Infectious Disease Advisory Committee (PIDAC) document. The original document can be found at: <http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/Infection-Prevention-and-Control-for-Clinical-Office-Practice.aspx>.

The College would like to acknowledge the contributions of those individuals who devoted their time and expertise in realising the final draft and would welcome feedback from physicians, clinic staff and other interested persons. There may still be a few 'bugs' in the document and it would be appreciated if these and broken links, etc., could be brought to the attention of Dr. Micheal Howard-Tripp, Deputy Registrar and Medical Manager, Quality of Care (Micheal.Howard-Tripp@cps.sk.ca).



It is the College's expectation that physicians, and responsible office staff, will immediately start using the document as a reference tool in ensuring that their infection prevention and control standards comply with the minimum standards as contained in the guideline. To assist in the process there are numerous helpful resources in the appendices at the end of the document, including checklists for a quick scan for compliance.



**Dr. Micheal Howard-Tripp**  
Deputy Registrar

The face of infection prevention and control has changed significantly in the last decade partly driven by unusual disease outbreaks and the increasing prevalence of blood borne pathogens. There have been a number of incidents across Canada that have raised awareness of lapses in effective infection prevention and control practices. It is essential that the public and health care workers be protected from inadvertent transmission of preventable disease through maintaining a high level of infection prevention and control practices.

## Ordering Laboratory Testing on Behalf of Naturopaths

The College of Physicians and Surgeons has recently been notified about concerns that at least one naturopath has been requesting physicians to order laboratory testing on his/her behalf.

The *Saskatchewan Medical Care Insurance Act* and associated *Regulations* outline the circumstances under which laboratory testing is insured through the public system. Testing for Naturopathy is **not** insured.

*If an insured service is provided in conjunction with an uninsured service, both services are uninsured and the patient is responsible for the cost.* As an example, if a patient sees a physician for the sole purpose of requesting uninsured



services (laboratory testing from a Naturopath) both the visit and any testing order are uninsured and the patient is responsible for those costs. The Ministry would recover payment for services if it was billed for the situation as described above.

As these services are uninsured, it would be inappropriate for physicians to be ordering laboratory tests from another provider through the insured health system, when they have not examined and independently determined that the tests are clinically appropriate. There is a process in place for patients to receive uninsured laboratory services which should be followed in these circumstances.

Please also note that the "It's for your Benefit" booklet on



the Saskatchewan.ca website states services provided by a Naturopath/Osteopath/Homeopath are not covered by Saskatchewan Ministry of Health and can be found here: <http://www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage/health-benefits-coverage/qualifying-for-health-benefits>

Physicians are advised to approach any request for laboratory testing from a third party with extreme caution and not to accede to patient pressure to order laboratory tests for which the physician has not determined, through their own assessment of the patient, that they are necessary for the medical investigation and treatment of the patient's condition.

## 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. Solomon Vaska

Dr. Solomon Vaska was a family physician, practising in Saskatoon. The Executive Committee of the College directed an assessment of his skills and knowledge under section 45 of The Medical Profession Act, 1981. The Competency Committee reported its conclusion that Dr. Vaska lacked skill and knowledge to practise family medicine.

Dr. Vaska entered into an undertaking with the College to withdraw from medical practice, other than as a surgical assistant.

The College accepted that undertaking as an alternative to a formal hearing as would have been required by the Act.

### Dr. Nomhle Chawane-Bekwayo

Dr. Chawane-Bekwayo was a Saskatoon physician who relocated her practice to another medical clinic. A number of laboratory reports, consultants' reports and other documents relating to her patients were delivered to her former clinic after she left. She admitted unprofessional conduct for failing to make appropriate arrangements to obtain those documents.

Council imposed the following penalty:

1. Dr. Chawane-Bekwayo was reprimanded;
2. Dr. Chawane-Bekwayo was required to take an Ethics program acceptable to the Registrar on or before December 31, 2016.
3. Council imposed a fine of \$5,000
4. Council imposed costs of the investigation and hearing in the amount of \$7,742.

### Dr. Olabisi Olubajo

Dr. Olubajo admitted unprofessional conduct by failing to make appropriate arrangements when closing her medical clinic. Dr. Olubajo admitted that she:

1. failed to provide adequate notice to some of her patients that she intended to close the clinic;
2. failed to make adequate arrangements to allow some of her patients to seek medical care from another health care provider;
3. failed to provide adequate continuity of care for some patients for whom she had provided care;
4. failed to make adequate arrangements to follow up 7 pap smear results for her patients;
5. failed to make adequate arrangements for access to her patient records.

Dr. Olubajo was fined \$2,500, required to pay costs of \$780, issued a reprimand and required to take an Ethics program in a form acceptable to the Registrar.

### Dr. Corne Schoeman

Dr. Schoeman admitted unprofessional conduct by failing to respond to communications from the Registrar's Office.

Council imposed a fine of \$1,500.



## A Friendly Reminder for Methadone Prescribers Treating Addictions

### *OST Services Self-Audits Required as of September 1, 2016*

As of September 1st, 2016, the **Saskatchewan Opioid Substitution Therapy (OST) Guidelines and Standards for the Treatment of Opioid Addiction/Dependence** will be expected to be integrated into your practice. The OST Guidelines and Standards are based on multiple sources of evidence on the safe and effective management of opioid dependency. The information contained within the OST Guidelines and Standards is based on data obtained from best practice guidelines and research in the field of methadone maintenance and addictions medicine, as well as clinical experience from respected authorities and individual professionals in the field. The purpose of this document is to increase and/or maintain the safety of patients in opioid dependency treatment and to enhance patient care by improving the consistency of OST management.

The most current version of the Saskatchewan Opioid Substitution Therapy (OST) Guidelines and Standards for the Treatment of Opioid Addiction/Dependence is available on the College website at: <https://www.cps.sk.ca/iMIS/Documents/Legislation/Policies/STANDARD%20-%20SK%20OST%20Therapy%20Guidelines.pdf>

In implementing the OST Guidelines and Standards into your practice, recall that Standards define a **minimum acceptable level of care** to ensure patient safety. Standards are a mandatory requirement, whereas Guidelines provide direction that “should” be followed when managing specific issues. In OST, guidelines provide direction and recommendations for effectiveness and optimal patient care. Guidelines assist physicians in making clinical decisions about patients, and may be adopted, modified, or rejected according to clinical needs, individual patient considerations, local resources, and physician discretion. A physician must exercise reasonable discretion and have justifiable reasons when there is a decision to not follow a guideline. In every instance, the reasons for not following a guideline must be well documented.

After September 1<sup>st</sup>, 2016, **all physicians with a methadone exemption for the treatment of addictions will be required to perform a self-audit of their OST services.** This brief audit process will be required to be repeated upon the renewal of your methadone exemption (usually every three years). A practice assessment may also be performed in which the Methadone Program at the College of Physicians and Surgeons of Saskatchewan will request patient charts for review and evaluation. Should any issues arise from the practice assessment, an on-site audit may be performed. More information about this process, along with the self-audit forms, will be sent to you and made available on the CPSS website in September, 2016.

### **QUESTIONS or CONCERNS?**

Write to [methadone@cps.sk.ca](mailto:methadone@cps.sk.ca) or call 306-244-7355.



**Julia Bareham**  
Pharmacist Manager - PRP

# Addressing Addictions and Prescription Drug Abuse

What are your ideas to help eliminate prescription drug abuse?

## ACTION PLAN

*In 2015, the College of Physicians and Surgeons (CPSS) signed an agreement with the First Nations and Inuit Health Branch (FNIHB) to assist in the work being done to address the ongoing issues related to prescription drug abuse (PDA) in Saskatchewan. As a result of this agreement, FNIHB has provided funding to CPSS to support this work for First Nations and Inuit people.*

The greatest challenge to the College in undertaking such a project is that each community is unique and will require different resources. Some communities are not facing significant PDA issues, while others are being decimated. Some communities have programs in place, others have nothing. Some communities welcome opioid substitution therapy (methadone), others oppose it. In addition to this, a focused needs assessment pertaining to prescription drug abuse has not yet been performed in Saskatchewan.

Currently, a Saskatchewan PDA group has been assembled and has started working on developing an action plan. This action plan will outline specific goals and strategies across the continuum of care with specific emphasis on partnership activities in the implementation of strategies for the prevention, reduction and elimination of prescription drug abuse.



Dream BIG  
and think  
outside the  
pillbox!

## What can you do?

CPSS is looking for **proposals** to assist in achieving our goal of supporting this project to ensure it is successful. A proposal can be big or small – a one time commitment, to a lengthy project. It can be specific to your community's needs, or related to something that can be used province-wide. It must, however, focus on PDA in First Nations and Inuit communities; this does not mean it has to be exclusive of other groups, but rather needs to be inclusive of these identified groups for whom the funding is intended to support. Dream big and think outside the pillbox!

First Nations and Inuit cultural experts are available to the College and for consultation should you require support in this area. And you will not be left alone! You will be supported through the PRP and Saskatchewan PDA group. This funding could allow Saskatchewan health care providers to do great things in Saskatchewan! Let's see what we can come up with.

For more information, or to get involved, contact the Prescription Review Program at the CPSS  
306-244-7355 or e-mail [prp@cps.sk.ca](mailto:prp@cps.sk.ca)

## Interested in prescribing Suboxone?

## You are Invited to 2 events!

The following course is required by the CPSS and is available at no cost.

### 1 Suboxone® CME certification course

September 10, 2016  
Saskatoon, SK  
8:30 am to 4:30 pm

Space is limited  
Register Now

**Presenter:** Dr Hakique Virani, Addictions Specialist

A live training day on the new updated Suboxone CME certification course as required by CPSS to prescribe Suboxone as a therapeutic option for Opioid Use Disorder.

Over the course of the session, individuals will be provided with the education and practical skills to confidently manage a patient in Primary Care requiring treatment for Opioid Use Disorder and will receive certification/licensing to use this therapeutic option. This session would also be beneficial to other key health care professionals in practice (i.e.: NPs, RNs and Pharmacists) who would play an active role in patient management.

Information and Registration:

E-mail [Debbie.Romaniuk@Indivior.com](mailto:Debbie.Romaniuk@Indivior.com)

or call 1-780-982-0954 to reserve your seat.

### 2 Presentation & Discussion on a Suboxone Treatment Program for Prescription Opioid Dependence in a Remote First Nations Community

**Presenters:** Mae Katt and Dr. Claudette Chase

Dr. Claudette Chase and Mae Katt, authors of: Feasibility and Outcomes of a Community-Based Taper-to-Low-Dose-Maintenance Suboxone Treatment Program for Prescription Opioid Dependence in a Remote First Nations Community in Northern Ontario (abstract available: <https://journals.uvic.ca/index.php/ijih/article/view/12394>), will be presenting on their involvement with First Nation groups throughout Ontario.

The event will entail a formal presentation with time for discussion and Q&A. Health teams working with First Nations groups will be invited to attend, including family physicians, addictions specialists, counsellors, and others.



### CCENDU IS ON FACEBOOK!

*Stay updated on drug news in Saskatchewan  
and across Canada!*

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.



**Stay Informed,  
Like us on Facebook!**

#### IN REGINA

September 19, 2016, 6 pm  
Greko's  
4424 Albert St, Regina, SK  
2 hours

#### IN SASKATOON

September 20, 2016, 6 pm  
Rock Creek Tap and Grill  
Stonebridge Location #210 – 3020  
Preston Ave (South), Saskatoon  
2 hours

To register, please e-mail  
**[Debbie.Romaniuk@Indivior.com](mailto:Debbie.Romaniuk@Indivior.com)**  
or call 1-780-982-0954

**Space is limited.**

# New Lab Standard Documents a Success

This spring, the **Laboratory Quality Assurance Program (LQAP)** began using the new standard documents produced by the Western Canadian Diagnostic Accreditation Alliance (WCDAA) for its laboratory assessments. New processes were also rolled out to maximize efficiency, such as having some College staff members attend the facility assessments and record instances of non-conformance onsite.

These innovations have enabled us to send reports to the facilities in a more timely fashion.

Upon completing assessments, the LQAP has been sending out feedback surveys to the facilities and the assessment team. The surveys evaluate the assessment process and assess customer satisfaction. Changes to process may be implemented as appropriate based on feedback.

Responses to the survey have been overwhelmingly positive. We are pleased to provide below a few of the comments received from health region staff and assessors.

The LQAP team is looking forward to the fall assessments!

## Survey Comments

*“Standards are great as they specify what is required to be compliant; this helps us to determine acceptability”*

*“Impressed with the thoroughness of the LQAP review of our evidence of compliance and really appreciate the value the assessment is having in regard to continued improvement of our laboratories”*

*“Love the new standards document, very well organized and clear”*

The Regina-based **Diagnostic Imaging Quality Assurance Program (DIQA)** organizes assessments for those facilities performing diagnostic imaging and require a Health Facility License from the Ministry of Health (MOH). DIQA provides a point-in-time recommendation to the MOH in regards to the facilities licensing.

Following assessments, surveys are also sent out to the facility and assessor involved.



*“Thanks for all of your help through the entire development and implementation of our new facility, DIQA was a pleasure to work with”*

- Survey Comment



# SASK LEADERS IN HEALTH CARE



Dr. Dennis A.  
**Kendel**  
*Distinguished*  
Service Award

**NEW! DEADLINE EXTENDED!**

**NOMINATIONS  
NOW OPEN  
until 30 Sept 2016**

## Do you have a colleague you admire?

Nominate them for the 2016 edition of this prestigious 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 in November of each year.

**Nomination packages are available on the College website at <http://www.cps.sk.ca/iMIS/Documents/Dr%20Kendel%20Service%20Award%20-%20Nomination%20Package%202016.pdf> or by contacting Sue Robinson at:**

**OfficeOfTheRegistrar@cps.sk.ca**

\* The Dr. Dennis A. Kendel Distinguished Service Award was named in honour of Dr. Dennis Kendel, who retired in 2011 after a long career as Registrar of the College of Physicians and Surgeons of Saskatchewan.

## Have you been practicing for 40 years or more in Saskatchewan?

Each year, the College of Physicians and Surgeons of Saskatchewan celebrates its physician members who have been fully licensed to practice in Saskatchewan for forty years (or more). New inductees to **Senior Life Designation** are honoured at Council's Christmas (holiday) banquet which is held in November of each year, and receive a certificate and commemorative plaque depicting 100 years of medicine in the province of Saskatchewan.

Senior Life Designation is for honorary purposes only. It conveys no right to practice medicine in Saskatchewan, to hold office, or to vote.

Members, including inactive members, are still required to pay registration fees to retain their licensure status. As a result, a physician may concurrently hold a Senior Life Designation and another form of licensure.

If you have practiced in Saskatchewan for 40 consecutive 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 contact:

Sue Robinson at 306-244-7355 or at [sue.robinson@cps.sk.ca](mailto:sue.robinson@cps.sk.ca)

Do you know know someone who has reached an remarkable milestone in their practice? We'd be happy to hear about it! Write to [communications@cps.sk.ca](mailto:communications@cps.sk.ca) and tell us the story!



## AGM invitation

The **Annual General Meeting** of the College of Physicians and Surgeons of Saskatchewan will be held on:

DATE: Friday September 16, 2016  
TIME: 12:00 noon  
PLACE: Boardroom B, CPSS Office  
201 – 2174 Airport Drive  
Saskatoon, Saskatchewan, S7L 6M6

Both physicians and members of the public are invited to attend.

SEATING IS LIMITED.  
If you wish to attend, please contact Sue Robinson at [OfficeOfTheRegistrar@cps.sk.ca](mailto:OfficeOfTheRegistrar@cps.sk.ca) to reserve your seat.



Dr. Grant Stoneham, Past President (2015) and Dr. Alan Beggs, President (2016) of the Council and Dr. Karen Shaw, Registrar and CEO of the College of Physicians and Surgeons of Saskatchewan, are pleased to present the annual report detailing the Council and the College's activities for 2015.

This report contains an overview of the activities and undertakings of the past year. We have also included a progress update relative to Council's Strategic Plan which had been introduced in our 2014 report.

The **full version** is available for download on the College website.

## Annual Report

## Thank you for your interest in our committees!

A recent request from the Office of the Registrar seeking individuals willing to participate on the Council and the College's various committees has yielded an abundance of interest. We are very grateful that so many individuals are eager to devote their time to ensure that our mission and commitment to achieve the highest standards of care is fulfilled. Thank you for your interest!



## NON-URGENT PHONE CONSULTATION SERVICE FOR SASKATCHEWAN PRACTITIONERS

*Leveraging Immediate Non-urgent Knowledge*, or LINK, is a telephone consultation service implemented by the Government of Saskatchewan to give primary care providers rapid access to specialists for issues that are non-urgent, but concerning all the same.

Since February 2016, all primary care providers in Saskatchewan have had access to telephone consultations with specialists in Adult Psychiatry on weekdays from 8 AM to 5 PM. Calls may be for seeking advice on patient care, or whether a referral or emergency department visit might be required.

Practitioners will be advised when access to consultations in additional specialties will be made available.

### To access the service:

Saskatoon: 1 888 831-2225

Regina: 1 306-766-6050

**For more information on the service, or if you wish to assist by participating in providing the service in other specialties, contact:**

1-844-855-LINK

or by email at: [LINK@health.gov.sk.ca](mailto:LINK@health.gov.sk.ca)

### Brochure:

<http://www.cps.sk.ca/iMIS/Documents/Conferences/LINK%20QA%20brochure%20-%202016%2004%2005.pdf>



### Check it Out!

The **IPAC Link Letter** is a monthly review of highlights and linked updates from the ever-changing world of Infection Prevention and Control to help you stay current and informed

<http://www.ipac-canada.org/IPAC-SASKPIC/PICNSlinkletter.php>

## Change of Scope for Nurse Practitioners

### RN(NP)s authorized to sign death certificates

The Saskatchewan Registered Nurses Association (SRNA) announced in the spring a change of scope for Nurse Practitioners with regards to prescribing privileges and signing death certificates.

In a statement issued by the SRNA, SRNA Executive Director Carolyn Hoffman, RN said "Recent changes in the scope of the RN(NP) include: prescribing controlled drugs and substances to better meet patient needs and the recent announcement of the ability of RN(NP)s to sign the death certificate."

The College would like to remind physicians to also review the changes made to the College's corresponding policy, *Physician Obligations Regarding Medical Certification of Death*, available on the College's website.



**Register**  
**now!**

**FRIDAY, OCTOBER 14, 2016**

8:30 a.m. - 4:30 p.m.

**DELTA BESSBOROUGH, SASKATOON**

Join us for this unique day and share this notice with physician leaders from your organization

This one-day conference for physician leaders is jointly hosted by:

- Canadian Medical Protective Association
- Saskatchewan Medical Association
- Ministry of Health
- University of Saskatchewan, College of Medicine
- College of Physicians and Surgeons of Saskatchewan

DELTA BESSBOROUGH, SASKATOON

## ***Perspectives on Disruptive Behaviour***

**Supporting a culture of civility, respect and engagement in the physician workplace**

### **Objective:**

Gain a better understanding of the existing tools and strategies to help you manage different types of disruptive behaviour by physicians.

### **You will hear perspectives from and interact with:**

- Saskatchewan Medical Association, Physician Support Programs
- Ministry of Health
- College of Medicine, University of Saskatchewan
- Canadian Medical Protective Association
- College of Physicians and Surgeons of Saskatchewan
- Canadian experts on disruptive behaviour
- Health region and CMPA legal counsel
- Health region leaders

### **Who Should Attend:**

- Health Regions' Senior Medical Officers
- Regional Medical Association Presidents
- Clinical Department Heads and Clinical Section Chiefs
- Academic Leaders
- Other Senior Physician Leaders

Targeted specifically for physician leaders in Saskatchewan, this conference will be participatory in nature and characterized by open dialogue with varying perspectives and viewpoints.

Attendance is limited. [View the agenda and register online now.](#)

*This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada, and approved by the CMPA for up to 6.25 MOC credits. This program has been accredited by the College of Family Physicians of Canada and the Saskatchewan Chapter for up to 6.25 Mainpro-M1 credits.*





In partnership with the College of Medicine, Department of Community Health & Epidemiology, the Saskatchewan Network for Health Services in French/ Réseau Santé en Français de la Saskatchewan (RSFS) is in the process of updating the directory of health professionals who are willing to speak at least some French when providing health services in Saskatchewan.

We are also seeking to add professionals who are new to the province, recently graduated or simply newly interested. Professionals are added to the directory on a volunteer basis and there are no legal obligations associated with being listed.

If you would like more information or are willing to be listed please contact **Katie Pospiech** at [katie.pospiech@usask.ca](mailto:katie.pospiech@usask.ca) or (306) 966-1270



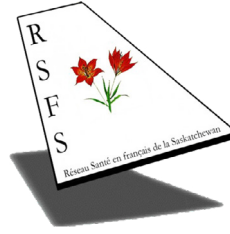
**Do you speak, write or understand a language other than English?**

**How about sign language?**

Register your language proficiencies online with the College at:

[https://www.surveymonkey.com/r/cpps\\_language\\_survey](https://www.surveymonkey.com/r/cpps_language_survey)

Write to [communications@cps.sk.ca](mailto:communications@cps.sk.ca) if you are experiencing difficulty entering your information online.



## HEALTH ACCOMPAGNATEUR INTERPRETATION SERVICES IN FRENCH

**As health professionals, you may come across Francophone Newcomers who are:**

- Unable to navigate the Saskatchewan health system;
- Needing to consult a health professional but cannot do so because they have no or limited capacity to explain their health issues in English;
- Unable to understand your explanations in English.

**You may also come across Saskatchewan Francophone Seniors and Families:**

- Needing to use French in their interactions with health professionals.

**This free and confidential service has been established to help you as a health professional interact more effectively with your patients.**

Patients who need an interpreter are encouraged to call **1-844-437-0373**.





# We're Working for You



## College of Physicians and Surgeons of Saskatchewan

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Saskatoon, SK S7L 6M6

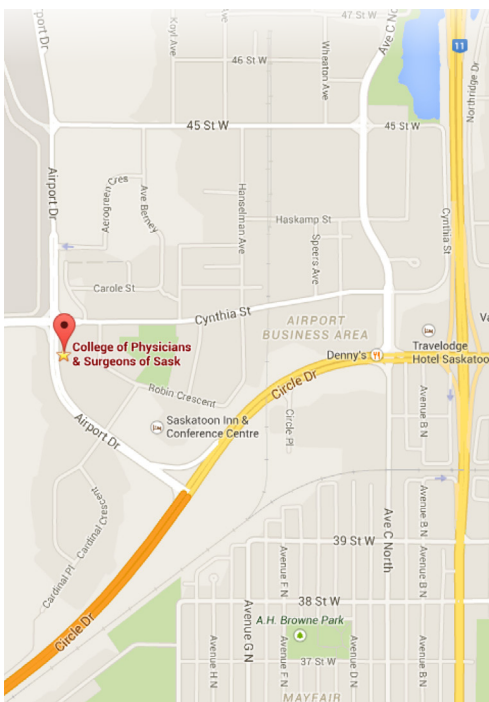
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Fax: (306) 244-0090

E-mail: [cpssinfo@cps.sk.ca](mailto:cpssinfo@cps.sk.ca)

Or visit us at: [www.cps.sk.ca](http://www.cps.sk.ca)

## OUR LOCATION:



### Senior Staff

Dr. Karen Shaw  
Dr. Micheal Howard-Tripp  
Mr. Bryan Salte  
Ms. Barb Porter

Registrar  
Deputy Registrar  
Associate Registrar/Legal Counsel  
Director of Physician Registration Services

## OUR DEPARTMENTS

### Administration & Finance

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1 (306) 244-7355  
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### Communications

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### Quality of Care (Complaints)

Saskatoon & area calls  
Toll Free  
Inquiries

1 (306) 244-7355  
1 (800) 667-1668  
[complaints@cps.sk.ca](mailto:complaints@cps.sk.ca)

### Diagnostic Imaging & Lab Quality Assurance (Regina)

Address  
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5 Research Drive, Regina, SK S4S 0A4  
1 (306) 787-8239  
[cpssinfo@cps.sk.ca](mailto:cpssinfo@cps.sk.ca)

### Prescription Review Program (PRP) and Methadone Program

Direct line  
E-mail

1 (306) 667-4655  
[prp@cps.sk.ca](mailto:prp@cps.sk.ca)

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