



COLLEGE OF
PHYSICIANS AND
SURGEONS OF
SASKATCHEWAN

2174 AIRPORT DRIVE

Annual Report 2017



About the College

The College of Physicians and Surgeons of Saskatchewan is a statutory, professionally-led regulatory body established by legislation of the Government of Saskatchewan and charged with the responsibility to:

- License qualified medical practitioners;
- Develop policies, standards of practice in all fields of medicine and ensure their implementation;
- Receive and review complaints, and discipline physicians whose standards of medical care and/or ethical and/or professional conduct are brought into question;
- Administer quality assurance programs for the Government of Saskatchewan.



Mission

To serve the public by regulating the practice of medicine and guiding the profession to achieve the highest standards of care.

Vision

The quality of health care in Saskatchewan will be improved by achieving excellence through (our ends):

Public Protection • Healthy Public Policy • Medical Profession Prepared for the Future • Professionally Led Regulation

Values

The College of Physicians and Surgeons of Saskatchewan promises to be:

Principled • Accountable • Transparent • Progressive • Collaborative • Service Oriented

Table of Contents

About the College	2
Council	
A Message from the President (2017) and Registrar Council & Senior Staff 2017	4 6
Governance	
Strategic Plan Committees & Initiatives	7 9
Regulation	
College Bylaws - Development and Changes Policies, Standards and Guidelines	13 14
Sectoral Reports	
Registration Services Quality of Care Discipline Human Resources Communications	16 18 19 25 26
Programs and Services	
Prescription Review Program Opioid Agonist Therapy Program Diagnostic Imaging Quality Assurance Program Laboratory Quality Assurance Program Non-Hospital Treatment Facilities Practice Enhancement Program	27 29 30 31 33 34
Finance	35
Our Projects for 2018	39

*This report reflects Council and College activities
from January 1 to December 31, 2017.*



Council

Key Highlights for 2017

Registration Bylaw Updates

Opioid Crisis Initiatives

Educational Sessions

Timeline Improvement
for Discipline Matters

Truth and Reconciliation

A Message From

the President & the Registrar

The last year has demonstrated a high degree of productivity on the part of the Council and Staff of the College of Physicians and Surgeons of Saskatchewan.

The Council has continued its efforts in reviewing and updating policies in an attempt to ensure that we remain current. We have specifically focussed substantial effort on clarifying and updating the bylaws pertaining to registration. Registration remains a challenge nationwide. In Saskatchewan we are attempting to ensure that new registrants are managed in an efficient and fair-minded manner. This approach must be balanced against our mandate to ensure Saskatchewan's registration bylaws are compliant with national standards for physician registration. Using the guiding standards of the Federation of Medical Regulatory Authorities of Canada (FMRAC) our Council and Registration Services Department have worked diligently to bring our registration bylaws into line with national standards. This is a particular challenge when other provincial colleges have been somewhat more liberal in their application of the national standards. As a Council, we have committed to compliance with national standards when at all possible. This approach certainly may cause issue in specific cases, but as a general rule we feel that it supports the spirit of the Canadian Free Trade Agreement (CFTA) and will serve our province well in the years to come. One special note of thanks to the hardworking Registration Committee, without whom this monumental task would not be possible.

The opioid crisis has proven to be a major ongoing focus for the College. We are approaching this challenge with several key initiatives. Collaboration with FMRAC initiatives and education has been pivotal to the formation of our approach. Under the guidance of Dr. Karen Shaw, the College has supported a number of initiatives aimed both at care providers and patients. We continue to collaborate with the First Nations and Inuit Health Branch of the federal government to identify front line projects that can be funded and overseen by the College using a specific budget provided from Ottawa for this purpose. We have also worked with other stakeholders to provide increased local education, increased access to Naloxone and increased oversight of prescribing practice to combat the epidemic.

...continued on p. 5



Dr. Alan Beggs
President 2017



Dr. Karen Shaw
Registrar & CEO

Continued from p. 4...

The College was pleased to host a major educational session in Saskatoon exploring many facets of pain management and opioid use. This two-day educational session saw hundreds of attendees engage in a number of interactive sessions aimed to increase knowledge and perspective while offering evidence based management strategies for complex pain patients. The success of this venture was identified in the overwhelmingly positive attendee reviews collected.

Moving forward into a new year with a new president and several new council members, the Council will face ongoing challenges of an ever-increasing number of complaints and discipline matters. The College has increased its in-house legal team and offered specific oversight of the timelines governing the conclusion of discipline matters.

Another area of major focus identified in 2017 and targeted to 2018 is the systematic review of the health-related recommendations of the Truth and Reconciliation Commission (TRC). Council has determined that it is essential for the College to work in an environment of cultural safety and sensitivity, and has determined to identify members of the First Nations Community to aid our work by offering cultural perspective to many of our projects, while ensuring that we honour the recommendations of the TRC where possible.

The Council remains committed to the People of Saskatchewan and our Membership and will continue its work in these priority areas while supporting the normal work of the College.

Executive Committee

Dr. Alan Beggs
 Dr. Julie Stakiw
 Dr. Ed Tsoi
 Dr. Jim Carter
 Mr. Ken Smith

President
 Vice President
 Member at large - Physician Member
 Member at large - Physician Member
 Member at large - Non-Physician Member

Council Members

Dr. Alan Beggs	Regina	Orthopedic Surgery	<i>President</i>
Dr. Julie Stakiw	Saskatoon	Hematology	<i>Vice President</i>
Dr. Grant Stoneham	Saskatoon	Diagnostic Radiology	<i>Past President</i>
Dr. Adegboyega Adewumi	Moose Jaw	Psychiatry	
Mr. Art Battiste	Saskatoon	Public Member	
Dr. Brian Brownbridge	Saskatoon	Anaesthesiology	
Dr. Jim Carter	Regina	General Surgery	
Dr. Mark Chapelski	Lloydminster	Family Medicine	
Mr. Marcel de la Gorgendière	Saskatoon	Public Member	
Ms. Susan Halland	Air Ronge	Public Member	
Dr. Pierre Hanekom	Melfort	General Practice	
Mr. Ron Harder	Moose Jaw	Public Member	
Dr. Olawale (Franklin) Igbekoyi	Rosetown	Family Medicine	
Dr. Suresh Kasset	Herbert	General Practice	
Dr. Tilak Malhotra	Prince Albert	Pediatrics	
Dr. Oluwole Oduntan	Yorkton	General Practice	
Mr. Ken Smith	Saskatoon	Public Member	
Dr. Preston Smith	Saskatoon	College of Medicine	
Ms. Galilee Thompson	Saskatoon	Student Observer	
Dr. Edward Tsoi	Estevan	Family Medicine	

COUNCIL AND SENIOR STAFF 2017

Back Row (L-R): Ms. Sue Waddington, Mr. Chris Mason, Dr. Preston Smith, Mr. Art Battiste, Mr. Ron Harder, Dr. Grant Stoneham, Dr. Brian Brownbridge, Dr. Mark Chapelski, Dr. Pierre Hanekom, Mr. Bryan Salte, Mr. Ken Smith, Dr. Olawale (Franklin) Igbekoyi, Dr. Edward Tsoi, Dr. Adegboyega Adewumi, Ms. Barb Porter, Dr. Jim Carter, Mr. Marcel de la Gorgendière, Dr. Suresh Kasset, Dr. Oluwole Oduntan, Ms. Caro Gareau.
 Front Row (L-R): Ms. Susan Halland, Dr. Micheal Howard-Tripp, Dr. Karen Shaw (Registrar), Dr. Alan Beggs (President), Dr. Julie Stakiw (Vice-President), Dr. Tilak Malhotra. Absent: Ms. Galilee Thompson.



Governance

The Strategic Plan

Council members and College staff have been working diligently to execute Council's 2013-2018 Strategic Plan. Several measures have been completed and several more are well under way. Council will be tasked with developing its next Strategic Plan during 2018.

1 Optimize Practice Excellence

Customer Value

C1	Improve Appropriate Assessment of Physicians for Entry to Practice	We continue to work with national colleges to refine national standards and promote common standards. A new Online Practice Supervisor Orientation Program is under development.
C2	Enhance Competency throughout the Career Life Cycle (Revalidation)	A national committee is charged with working with the CFPC and the RCPSC to develop processes to track compliance and assist physicians in achieving compliance with CPD development.
C3	Increase Compliance of Physicians Working within their Current Skills and Knowledge	There is ongoing work to enhance Bylaw 4.1 pertaining to scope of practice change; more detailed forms have been developed. The College's PRP, OATP, DIQA/LQA and NHTF programs have been proactive in identifying areas of concern through audits and other review processes and providing education and realignment as deemed necessary. The PRP is collaborating with the Ministry of Health in establishing a new prescription database to mitigate prescription drug abuse.
C4	Improve Quality of Practice Standards, Guidelines and Policies Published for the Profession	New Laboratory Standards have been rolled out, and Council has endorsed the new <i>2017 Canadian Guideline for the Safe and Effective Use of Opioids for Chronic Non-cancer Pain</i> . MAiD policies have been revised to align with national clarifications. A summary of other new policies and updates can be found on p. 14 of this document. A distribution process is in place to keep members apprised of any changes, including distribution of pertinent information from partners in healthcare.

2 Enhance Awareness and Trust of the College

Improved Processes

C1	Improve Internal Effectiveness and Efficiency Processes	HR work continues to improve training. HR manuals are being updated to ensure staff understand their respective roles, responsibilities and accountabilities. Efforts are made in each department for continuous improvement to response timelines.
C2	Ensure all bylaws are current and relevant.	A protocol for an annual CPSS policy review and distribution has been implemented, and proactive reviews of new public policies that may impact practice or pose potential issues continue to be made.
C3	Strengthen Customer Service	A feedback survey is being used for complainants and physicians regarding services provided by the Quality of Care Department following resolution of a complaint.

Continued on p.8.

...continued from p.7

C4	Improve Communication with External Partners and Stakeholders	Truth & Reconciliation initiatives to improve Indigenous Health (FNIHB project) have been developed and implemented in collaboration with the PRP/OATP programs. Information is made available through an up-to-date website and by email, as well as a variety of informational & promotional publications, social media accounts, media activities, and targeted presentations.
C5	Enhance Branding to Foster Understanding of Identity and Purpose	The new CPSS branding image continues to be used when developing all new publications and promotional materials. The Corporate Logo is being used when promoting CPSS-endorsed activities and partner collaborations.

3 Optimize Operational Excellence

Enabled People and Leadership

P1	Improve Alignment of Staff with CPSS Priorities	Regular staff meetings are held with all staff to brief on current and upcoming activities. Staff are kept informed of Council activities and strategic plan implementation is ensured through reporting. Staff have received up-to-date job descriptions.
P2	Enhance Personnel Development (Skill Development, Performance Management)	A new orientation process for new staff has been implemented. A tool and process for SMT appraisal is under review. A process for staff to complete their annual development plans for learning is in place; participation is not yet complete.
P3	Improve Work-Life Harmony for Staff	Staff workloads are continuously reviewed, and attempts are made to level workloads. A Social Committee has been actively promoting staff activities
P4	Enhance Council Governance Practices	A self-assessment tool has been developed and implemented for use at Council meetings. Councilors discuss strategies to improve Council's governance, including follow-up action lists specific to Council activities, and reflect on processes and procedures of meetings.

Resource Stewardship

R1	Strengthen Cost Recovery for Services Provided to Physicians	The Registrar continues to review the renewal of contracts for external services to ensure cost recovery is being carried out (LQA, DIQA, NHTF, OATP and PRP)
R2	Improve Operational Alignment Between Cost for External Services and Resources Obtained to Deliver	Better processes have been developed to monitor the true cost of services, including for assessment reviews in Registration Services, the assessment of private non-hospital treatment facilities and the work completed in our contracted programs.
R3	Maximize Facility Utilization in a Least Disruptive Way	The move to the new building is complete.



Committees and Initiatives

Council Committees

Advisory Committee on Medical Imaging (ACMI)

The ACMI has developed Standards of Practice for Medical Imaging in the areas of General Ultrasound, Computed Tomography (CT), Bone Densitometry, Interventional Radiology, and Nuclear Medicine. The “Echocardiography Standards of Canada” have been adopted for echocardiography practice.

Committee members:

Dr. Ian Waddell (Chair)	Ms. Bev Kellington
Dr. Don McIntosh (Co-chair)	Mr. Brent Preston
Dr. Abdulaziz Almgrahi	Mr. Luke Jackiw /
Dr. Dakshina Murthy	Ms. Elaine Geni
Dr. Corrine Jabs	Dr. David Guerrero
Dr. Joanne Hillis	Dr. Holly Wells
Ms. Maureen Kral	

Please refer to Page 30 for more details of this committee’s achievements in 2017.

Committee on Family Practitioner Interpretation of Electrocardiograms

The Committee is responsible for the development, review, and grading of the ECG Examination and to assess physicians who wish to demonstrate their competence to interpret electrocardiograms.

In 2017, two physicians wrote the ECG examination. Of these, there were no successful examinees.

Committee members:

Dr. Roy Chernoff (Chair)
 Dr. Jawed Akhtar
 Dr. Paula Schwann

Finance Committee

The Finance Committee met on September 12, 2017, to review the June 30, 2017 financial statements, and the Draft Budget for 2018.

The committee recommended to Council the annual fee for regular and short-term licenses which would be required to accomplish the strategic plans reflected in the budget.

Committee members:

Dr. Mark Sheridan (Chair)	Dr. Suresh Kasset
Dr. Pierre Hanekom	Dr. Grant Stoneham
Dr. Tilak Malholtra	Mr. Ken Smith
Dr. Edward Nykiforuk	

Health Facilities Credentialing Committee

The primary activity of the committee is to review the training and experience of physicians who seek to work in private non hospital treatment facilities and provide a recommendation whether the physician should be privileged to do so. Additionally, the committee is available, at the request of a Regional Health Authority, to provide recommendations whether a physician should be granted specific Level 2 or 3 privileges, and to review facilities applying for recognition under the Non-Hospital Surgical Facilities By-law of the College. Please refer to Page 33 for more details.

In 2017, four non-hospital treatment facilities in the province were re-inspected.

Committee members:

Dr. Jeff Blushke (Chair)	Dr. James Carter
Dr. Gary Morris	Dr. Alan Beggs
Dr. Syed Asif Ali	

Nominating Committee

The primary function of the Nominating Committee is to recommend to the Council appointments to any of the Committees as defined in the Act or the Bylaws.

Committee members:

Dr. Mark Chapelski (Chair)
Dr. Pierre Hanekom
Dr. Suresh Kasset

Legislative Review Committee

The Legislative Review Committee only meets when the Council or the Registrar asks the committee to address a specific issue.

There were no such requests during the past year, so the committee did not meet.

Committee members:

Dr. Mark Chapelski (Chair)	Ms. Susan Halland
Dr. Edward Tsoi	Dr. Alan Beggs

Quality of Care Advisory Committee

This committee's responsibility is to receive, investigate and, if possible, resolve complaints regarding the conduct of physicians, and also to investigate and study matters relating to morbidity, mortality or the cause, prevention, treatment or incidence of disease.

Please refer to Page 18 for more details of this committee's achievements in 2017.

Committee members:

Dr. Johann Kriegler (Chair)	Mr. Don Ebert
Dr. Valerie Olsen	Ms. Jill Beatty
Ms. Sandi Loughheed	Dr. Jonathan Hey

Our Collaborators and Scope of Work

The Council and College staff are involved in a wide array of committees, strategies and initiatives.

International

- International Association of Medical Regulatory Authorities (IAMRA)
- Federation of State Medical Boards (FSMB)
- Administrators in Medicine (AIM)
- International Society for Quality in Healthcare (ISQua)

National

- Federation of Medical Regulatory Authorities of Canada (FMRAC)
 - Board of Directors
 - Special Interest Groups
 - e-Health
 - IT Directors
 - Legal Counsel
 - Physician Health
 - Registration
 - Complaints/Investigations
 - Finance
 - Information Management
 - Assessor and Assessment
 - **Other subcommittees**
 - Working Group on Strategic Directions
 - Working Group on Financial Sustainability
 - Working Group on Representation to Outside Bodies
 - Working Group on Opioids
 - Prescribing Practices Forum
 - Registration Working Group
 - FMRAC Integrated Risk Management System (FIRMS) Subcommittee
 - Working Group on Assisted Dying
 - Telemedicine Working Group
- Medical Council of Canada (MCC)
 - Board of Directors
 - Executive Committee
 - Finance Committee
 - 360° Working Group
 - Legislative Review Committee
 - AGM Planning Committee
 - Appeals Working Group
- Association of Faculties of Medicine of Canada (AFMC)
- Canadian Medical Forum (CMF)
- National Board of Medical Examiners (NBME)
- National Assessment Collaboration - Practice Ready Assessment (NAC-PRA) (MCC/FMRAC project)
 - Psychiatry
 - General Internal Medicine (GIM)
 - Family Medicine
- Physician Achievement Review (PAR)
- Application for Medical Registration Advisory Committee (AMR)
- Canadian Bar Association (CBA)
 - National Resolutions Committee
 - Saskatchewan Branch CBA Council

- Western Canada Diagnostic Accreditation Alliance (WCDA)
- Canadian Community Epidemiology Network on Drug Use (CCENDU) (Provincial Coordination)
- National Faculty for the Canadian Guideline for the Safe and Effective Use of Opioids for Chronic Non-cancer Pain (National Pain Centre, McMaster University)
- National Advisory Council for Canadian Drug Strategy (First Do No Harm) at the Canadian Centre on Substance Abuse and Addiction
- Western Registrars (WR)
- Inter-Provincial Labour Mobility Initiative (ILMI)
- Foreign Credential Recognition Program (FCRP)

Provincial

- Network of Inter Regulatory Organisations (NIRO)
- Senior Medical Officers Committee (SMOC)
- Physician Resource Planning Committee (Ministry of Health)
- 3S Health Initiative
 - Medical Laboratory Services
 - Medical Imaging
- Saskatchewan International Physician Practice Assessment (SIPPA) Working Group
- SIPPA Advisory Committee
- U of S Investigation Committee
- College of Medicine
 - Academic Clinical Relations Committee
 - Alumni Board
 - Competency by Design
 - Faculty Council
 - Postgraduate Medical Education Committee
- Health Canada Prescription Drug Initiative in partnership with First Nations and Inuit Health Branch (FNIHB)
- Practice Enhancement Program Committee (PEP)
- Joint Medical Professional Review Committee (JMPPRC)
- Emergency Department Waits and Patient Flow Initiative - Provincial Stakeholders Advisory Group (ED-PSAG)
- Rural Physician Stabilization Oversight Committee
- Saskatchewan Medical Association - Representative Assembly (SMA-RA)
- Réseau de santé en français de la Saskatchewan (RSFS) - Project INTAC
- College of Family Physicians of Canada - Saskatchewan chapter

Local

- Saskatoon Regional Medical Association (SRMA)

Outreach & Educational Presentations

College Staff have also been involved in a number of presentations to educate medical professionals and the public, including the following:

Undergraduate Students (Medical Students and Clerks)

- Ethical & Professional Challenges During Clerkship (Clerks)
- Educational Outreach to University of Saskatchewan students in health care (I-PASS)
- Professionalism in Medicine and the College (2nd year students)
- Professional Boundaries (4th year students)

Postgraduate Students

- Health Information Privacy (Family Medicine Residents)
- Patient Complaints and Legal Liability (Residents with International Undergraduate Training)
- Complaints & Professionalism (General Surgery Residents)
- Complaints and the College (Emergency Medicine Residents)
- Law and Ethics (MCCQE1 candidates)
- Residents Boot Camp - Legal Aspects of Medical Practice
- Impaired Colleagues (Emergency Medicine Residents)

International Medical Graduates (IMG)

- SIPPA candidates Advance Health Care Directives and Medical Records (3)
- International Medical Graduate Program - Disclosing Adverse Events (3)
- SIPPA physicians - CPSS Practice information (3)

External Partners and Collaborators

- FMRAC Annual General Meeting - Roundabout on Issues of Importance
- Law Society Seminar - Privacy in Health Care
- External Panel on Options for a Legislative Response to Carter v. Canada
- Canadian Bar Association Midwinter Meeting – Recent Developments in Administrative Law
- Canadian Bar Association – Medical Marijuana
- Practice Enhancement Program – Assessors Conference - Concerns related to Drugs of Possible Abuse
- The Estate Planning Council - The Current Status of Medical Assistance in Dying
- Regional Recruiters Network - Presentations regarding licensure (upon request)

Regulation

College Bylaws - Development & Changes

The Council actively reviews College bylaws, policies, standards and guidelines to ensure that they remain appropriate. All are posted on the College's website.

Administrative bylaws

deal with matters internal to the College, such as terms of reference for committees and processes for meetings.

Regulatory bylaws

deal with more substantial issues related to the regulation of the medical profession. Regulatory bylaws deal with standards of practice, requirements for licensure and similar matters.



The College's practice is to consult with stakeholders when considering changes to its regulatory bylaws. Changes to the regulatory bylaws must be submitted to the Minister of Health. The Minister of Health can veto any changes to regulatory bylaws.

Changes to College Bylaws in 2017

Licensure by Summative Assessment

Council adopted amendments to bylaw 2.6 to clarify what is expected of physicians who have a provisional licence and who seek licensure by a summative assessment to demonstrate that they have successfully practised under supervision and have been successful in the summative assessment. The Registrar will determine whether a physician has successfully practised under supervision and will make a licensure decision after reviewing the summative assessment. A physician who disagrees with the Registrar's decision can ask the Council to review that decision.

Non-Hospital Treatment Facilities

Bylaw 26.1 relating to non-hospital treatment facilities was amended:

- to clarify the expectation that the medical director of a non-hospital treatment facility is responsible to ensure that the facility complies with any conditions or restrictions imposed by the College;
- to clarify the authority of the Registrar to grant interim approval to a non-hospital treatment facility to operate for a limited time;
- to grant the Registrar and the Council the authority to suspend, revoke or amend the approval granted to a non-hospital treatment facility;
- to establish expectations for a medical director to be on-site at the facility and provide dedicated time to meet the responsibilities of a medical director

Continuing Professional Development

Bylaw 5.1, which establishes the requirements for physicians to participate in continuing professional development, was amended to state that the College can take action if the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada advises the College that a physician is non-compliant with their CPD program.

Sunset Dates for Ministerial Licences

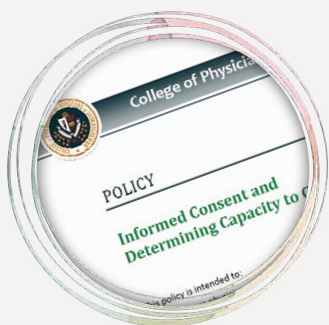
Bylaw 2.8 was amended by extending the sunset date for the College to issue Ministerial Licences based upon a request from the Minister of Health to December 31, 2020.

Policies, Standards & Guidelines

The Council of the College actively reviews its policies, standards and guidelines to ensure that they remain appropriate. Guidelines, standards and policies are assigned a sunset date for review.

In 2017 the Council adopted or amended 8 guidelines and policies.

1. The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain
2. Informed Consent and Determining Capacity to Consent
3. Methadone Prescribing
4. Patient-Physician Communication
5. Medical Assistance in Dying
6. Providing Care to Employees or Co-workers
7. Role of Legal Counsel, Investigation of Unprofessional Conduct or Lack of Skill and Knowledge
8. Unplanned Pregnancy



All of the College's policies can be found on the College's website. The new and amended policies can be accessed by clicking on each policy title in green below.

The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain

Approved as a guideline for Saskatchewan physicians, it provides Canadian recommendations related to prescribing of opioids and addresses the safeguards that physicians should have in place if they prescribe opioids to patients for chronic non-cancer pain.

Informed Consent and Determining Capacity to Consent

This policy was updated by the Council. It provides guidance from the College related to patient consent and is intended to:

- inform physicians of the requirements to obtain informed consent from patients;
- guide physicians in Saskatchewan in determining whether their patients have capacity to consent to treatment;
- guide physicians in addressing situations where patients do not have capacity to consent to treatment; and,
- facilitate communication between physicians, patients and their families relating to medical treatment.

Methadone Prescribing

This document establishes the minimum expectations for physicians who prescribe methadone for pain or addiction, whether as initiating physicians or maintaining physicians.

The policy should be read in conjunction with the *Opioid Substitution Therapy Guidelines and Standards for the Treatment of Opioid Addiction/Dependence*, available on the College's website.

Patient-Physician Communication

This guideline is intended to assist physicians to communicate effectively with their patients. It discusses some of the barriers to effective communication and practical steps that physicians can take to improve such communications.

Medical Assistance in Dying

This policy sets out the College's expectations for physicians related to Medical assistance in dying (MAiD).

The policy establishes a number of expectations for physicians. Among them are:

- It establishes the expectations for physicians who will assess patients for eligibility for MAiD.
- It establishes expectations for physicians who will administer MAiD or who will prescribe medications for that purpose.
- It establishes expectations for physicians in their communications with patients about MAiD.
- It establishes expectations for physicians who have a conscientious objection related to MAiD.

Council amended the previous policy in 2017 to establish the expectations of physicians who prescribe medications for patient self-administration to cause death.

Providing Care to Employees or Co-workers

The document emphasizes that a physician who provides care to a co-worker will be held to the same standard of care as if the care was provided to a patient in an arms-length relationship. The document addresses the general inadvisability of providing medical care to co-workers or family members and addresses the circumstances in which it may be permissible.

Role of Legal Counsel, Investigation of Unprofessional Conduct or Lack of Skill and Knowledge

The document discusses expectations for College investigations into allegations that a physician has acted unprofessionally or lacks skill and knowledge.

Unplanned Pregnancy

The Guideline establishes the College's expectations for physicians who deal with a patient who has an unplanned pregnancy.

The expectations include physician communication with the patient, including ensuring that the patient is aware of all options and is provided with accurate information. The document also establishes expectations for physicians who perform pregnancy terminations.

Sectoral Reports

Registration Services

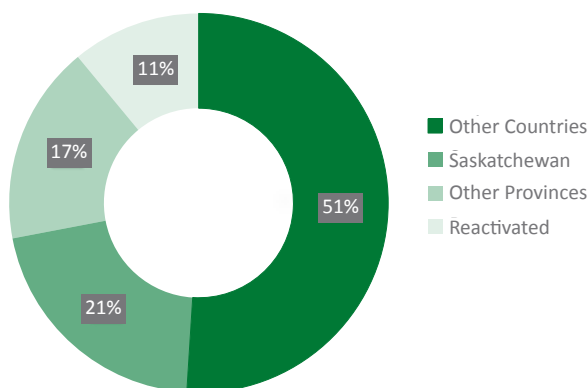
The College’s Registration Services department is responsible for the licensure of physicians wishing to practice in Saskatchewan. In 2017, Registration Services received approximately **1707 inquiries** about licensure, leading to over **500** new applications.

Physician Membership	Active Licensure	Inactive Licensure
Total Registered as at December 31, 2016	2393	287
Newly registered from Saskatchewan	44	0
Newly registered from other provinces	35	0
Newly registered from other countries	108	0
Reactivated to Full from Inactive	23	-23
Reactivated to Full or Inactive from absence	7	4
Moved from Locum to Active	16	0
Moved to Inactive- Disabled	-1	1
Moved to Inactive In-Province Licensure	-29	29
Moved to Inactive Out-of-Province Licensure	-54	54
Licenses Expired/Invalid	-4	0
License lapsed on Request or Non-payment	-51	-29
Deceased	-4	-2
Moved from Active/Inactive to Locum/Time-limited	-3	0
Total Registered as at December 31, 2017	2480	321

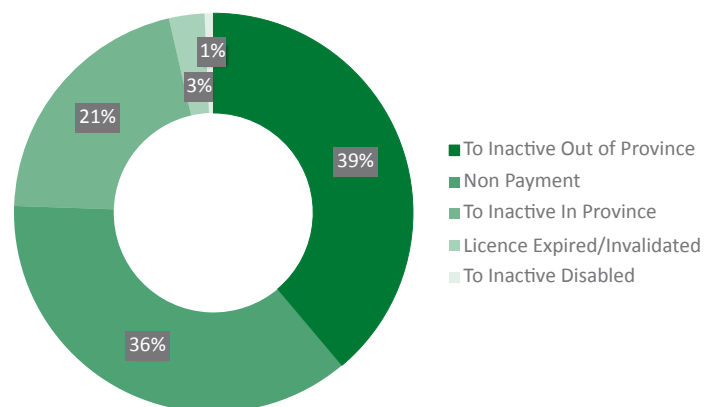


Registration Services also handled approximately **900** educational licenses for the College of Medicine (new medical students, clerks and new or promoted residents)

Sources of New Registrants



Saskatchewan Practice Discontinued



Corporate Memberships

The College manages the registration process for medical corporations for the Province of Saskatchewan.



Summative Assessments

The College continues to offer summative assessments for family physicians as well as for specialist physicians who have exhausted their eligibility for the Royal College examinations. These assessments are labour intensive and take a great deal of time to organize.

This year, **twenty-four (24) family physicians** completed summative assessments.

Four (4) specialists completed the summative assessment process in 2017. The College is grateful to all assessors who have supported Saskatchewan specialists through this process.

The College continues to actively recruit practice supervisors and summative assessors for both family physicians and specialists.

Saskatchewan International Physician Practice Assessment

The Saskatchewan International Physician Practice Assessment (SIPPA) program accepted several candidates who successfully completed the rigorous process of examinations and assessments to obtain licensure in Saskatchewan.

Iteration	# of candidates	# successful
January	19	14
May	15	14
September	15	12
Total	49	40

Quality of Care

The Complaints Process

The majority of complaints to the College are initially received by one of two Regulatory Services Coordinators. As the primary contact persons for complainants, they provide guidance and information, and deal with complaints that can be resolved directly.

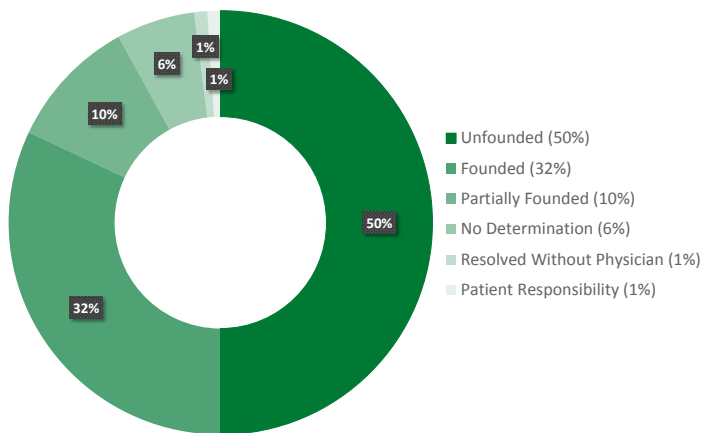
All complaints that cannot be resolved directly are triaged through a standard process where they are analyzed and directed to a resolution stream. The Quality of Care Advisory Committee, with the assistance of a Senior Medical Advisor, reviews and provides direction for higher level complaints and those that cannot be resolved by senior departmental staff. Two additional staff members provide administrative support to the department and the Quality of Care Advisory Committee.*

2,905 Calls

During 2017, the Complaints Department fielded **2,905 calls**, representing an increase of 13.65% from 2016. As a result of these calls, 382 complaint submission forms were mailed out of which 216 were returned as formal complaints. This represents a 20% increase over the 170 formal complaints received in 2016.

Direct Resolution is offered for lower-level complaints that are directly handled with phone calls or letters to physicians and/or clinics as a result of patient concerns; this method reduces the timeline for resolving concerns and also reduces the number of formal complaints being received by the Quality of Care department. Direct Resolution tracking was implemented in July 2016 for the Regulatory Services Coordinators.

The following tables provide an analysis of the top areas of concern in 2017, in terms of the allegations, and resultant findings of the Quality of Care complaints resolution process.



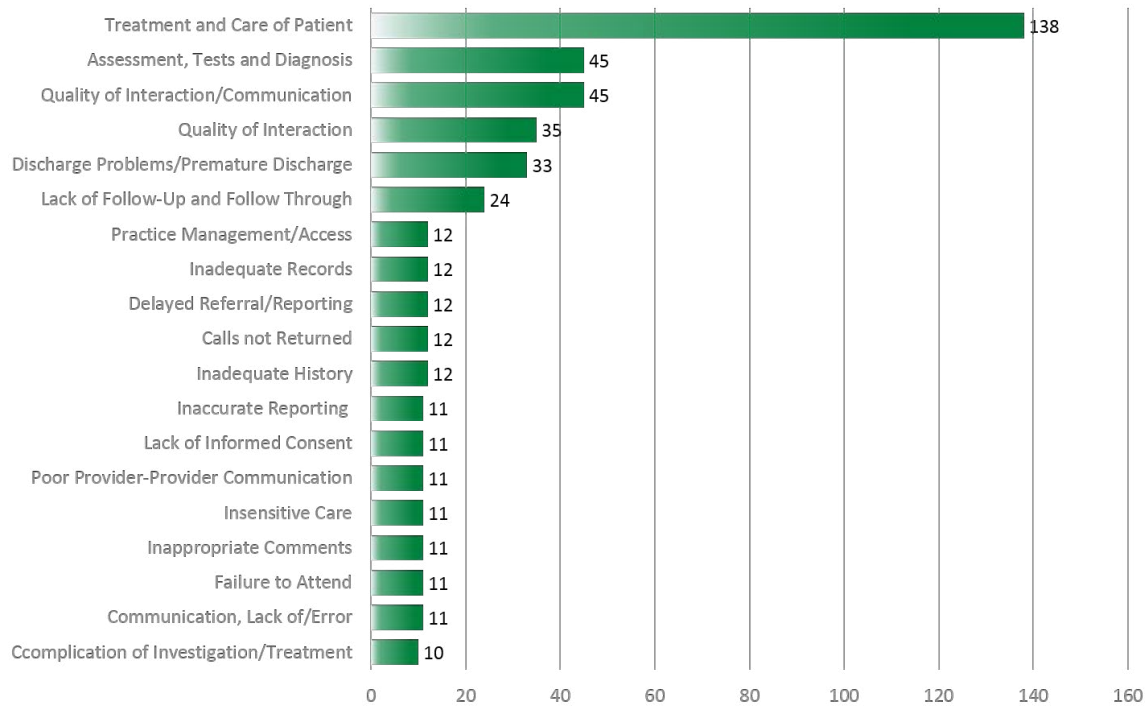
The Quality of Care Advisory Committee

The Quality of Care Advisory Committee, comprised of three practicing physicians and three public members, functioned efficiently with a stable membership (see page 10). All committee members have expressed their desire to continue to sit on the committee for 2018 and the College is extremely grateful to all the members of the Committee for their time and commitment to supporting professionally led regulation.



Top Patient Concerns

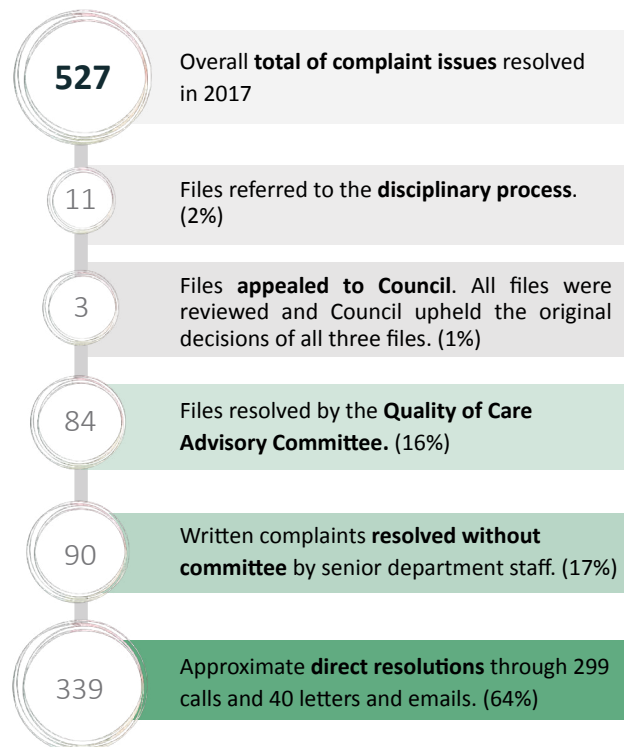
Two of the top three reasons for complaints against physicians continue to be *Treatment and Care* and *Quality of Interaction/Communication*, this time with a newer concern tying for second place: *Assessment, Tests and Diagnosis*. The College's Quality of Care Department will continue to work with the profession in achieving the highest standards of care for the public in Saskatchewan.



Resolution Efficiency

The Quality of Care processes continue to be closely monitored for increased efficiencies with the goal of improving complainant and physician satisfaction with the process. During the period of January 1, 2017 to December 31, 2017 the average time from receipt of a formal complaint to final disposition remained stable at 120 days (121 days in 2016).

The department also developed a feedback survey, for both complainants and respondent physicians. The first surveys were sent out in September 2017, with a total of 107 surveys being mailed out for 2017. Thirteen percent of surveys (of which Complainants accounted for 7.5%, and Physicians 18.5%) have been returned. The feedback has been positive and has assisted staff in considering further improvements to the complaints process.



Discipline

The Process

When the College receives information that a physician may have acted unprofessionally, it is required to investigate the allegation. For ease of reference, such information in this document will be referred to as “complaints”, although there may not be a complaint from a member of the public (as when the College addresses a concern that a physician has failed to appropriately respond to communications from the College or the Prescription Review Program identifies apparently aberrant prescribing by a physician).

Occasionally the allegations and the information in support of the allegations are sufficiently clear that the complaint can result in a charge of unprofessional conduct without an investigation by a preliminary inquiry committee (PIC). Occasionally the nature of the allegation is such that it can be resolved by less formal action, such as by the physician apologizing for the conduct.

Most complaints can only be addressed by reviewing all of the available information, including the physician’s response, and presenting that information to the Executive Committee (a sub-committee of the Council) for the Executive Committee to decide whether the information provides reasonable grounds to believe that the physician may be guilty of unprofessional conduct. That is the requirement for the appointment of a PIC set out in **The Medical Profession Act, 1981**.

There is often a considerable amount of information considered by the Executive Committee. Appointing a PIC is a serious matter as it can affect a physician’s reputation. Dismissing a complaint without an investigation by a preliminary inquiry committee is also a serious matter as it means that the complaint will be dismissed without the formal investigation and report to the Council that occurs when a PIC investigation is ordered.

In 2015 the College hired an additional lawyer, and a third lawyer was added in 2017. The College expects that this will result in the College dealing with concerns about unprofessional conduct or lack of skill and knowledge in a more timely way.

Reporting Decisions

The College reports decisions of the Council imposing penalty for unprofessional conduct, or dealing with a physician’s right to practise medicine following a finding of lack of skill and knowledge, in the next College Newsletter after the actions are taken. Those actions are also published on the College website at www.cps.sk.ca. Consequently this report does not include actions taken against specific physicians, but is rather an overview of the College’s activities.

Privacy Policy

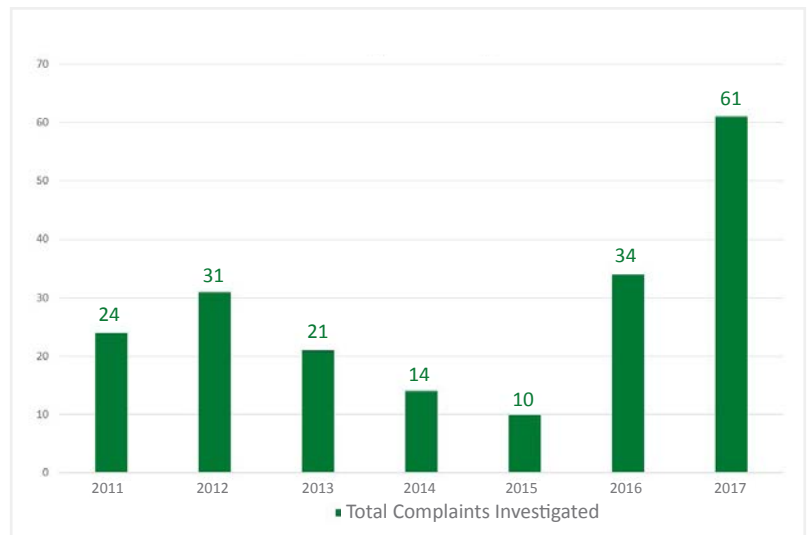
College policy prohibits the release of information about investigations that are under way, unless there is a specific reason to do so. Information about an investigation will generally only become available to the public if charges are laid or if a competency hearing committee is appointed.



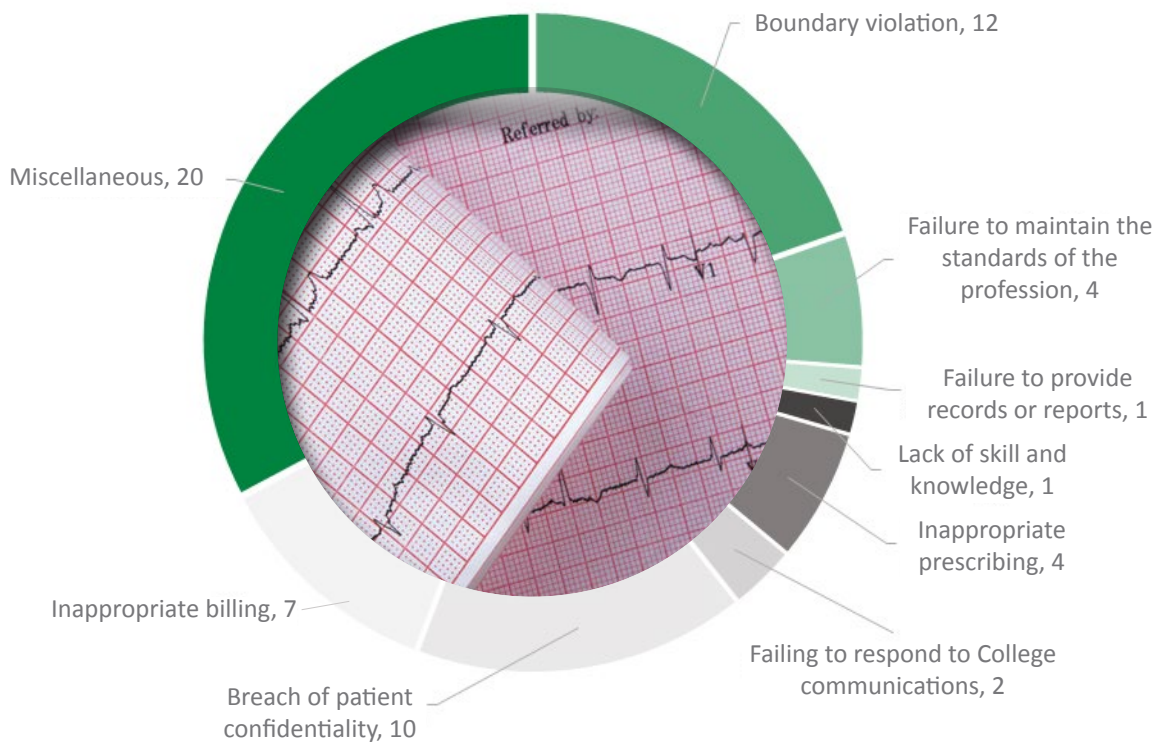
Disciplinary Actions

In 2017, the College received and investigated **61** complaints against **48** physicians.

Year-to-Year Comparison - Investigated Complaints



Nature of Complaints



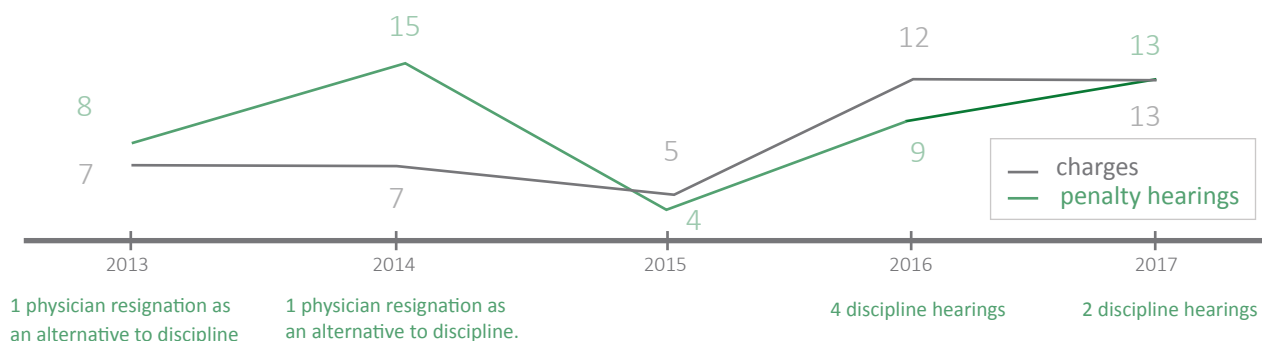
** For purposes of reporting, the nature of the complaints was reviewed to categorise them. The characterisation in this chart refers to the total number of complaints, not the number of physicians subject to such complaints*

Discipline Activities in 2017

Council laid 13 charges of unprofessional conduct in 2017 and conducted 13 penalty hearings.

There were also 2 hearings before the discipline hearing committee. In one of those two hearings the committee found the physician guilty. In the other hearing the committee dismissed the charge against the physician.

Eight complaints of alleged unprofessional conduct were resolved through alternative dispute resolution in which the Executive Committee authorized resolution of a complaint if the physician took action specified in the Executive Committee’s resolution.



Alternative Dispute Resolution

One of the significant developments during 2017 was an increased emphasis on resolving disciplinary complaints through alternative dispute resolution, whenever that is appropriate. Council considered a report from the committee it had appointed to provide recommendations. The Council concluded that resolution through alternative dispute resolution should generally be encouraged and that such resolution may be particularly appropriate for complaints which do not involve concerns about patient safety.

The Council approved an approach in which the Executive Committee will approve proposals to resolve complaints through a process of alternative dispute resolution. In doing so, the Executive Committee will consider the seriousness of the conduct alleged in the complaint and will also consider whether the proposed resolution will achieve an appropriate outcome and be in the public interest.

Among the complaints resolved through alternative dispute resolution were:

- Concerns that a physician had inappropriately prescribed drugs of possible abuse were resolved by accepting an undertaking that the physician will not prescribe drugs of possible abuse and will make appropriate arrangements to transfer patients who may continue to receive such prescriptions to another physician.
- Concerns that a physician had breached a patient’s confidentiality were resolved by accepting the physician’s agreement to participate in a study program related to patient confidentiality and provide an apology to the patient.
- Concerns that a physician had failed to provide reports about their patients on a timely basis were resolved when the physician completed the reports, made administrative changes to their practice to avoid the situation recurring, and agreed to provide regular reports to the College related to the outstanding requests for reports.
- Concerns that a physician had acted in an abusive manner toward other people were resolved by the physician engaging with the Physician Health Program of the Saskatchewan Medical Association and meeting with the persons involved to apologize.

Trends

It is not possible to reliably determine trends based upon the relatively small number of discipline issues addressed by the College. However, there are seven issues which appear to be more frequently the subject of investigations of possible unprofessional conduct in the past few years.



1	Improper billing for professional services	This has involved both concerns that physicians have improperly billed Medical Services Branch for services and that physicians have charged patients an unreasonable fee for non-insured services. While Medical Services Branch has the ability to reassess a physician's billings and recover payments inappropriately made, that may not be the only consequence for a physician who has failed to exercise reasonable diligence to ensure that billings are appropriate or who has provided services that are not reasonably justifiable. If the physician's billings are sufficiently egregious, the conduct can be unprofessional.
2	Improper sexual behavior with a patient	There have been a significant number of complaints to the College alleging boundary breaches by physicians. Those complaints have alleged sexual relationships with patients, failing to accord patient privacy, inappropriate physical examinations and attempting to establish an inappropriate social relationship with a vulnerable patient. There is considerable literature which emphasizes the importance of maintaining appropriate professional boundaries with patients. That is particularly important in dealing with patients who are potentially vulnerable. The consequences for failing to do that can be very significant, up to losing the ability to practise medicine. The Council of the College has directed that the College provide additional educational opportunities for physicians, residents and medical students to address a concern that some physicians may not be fully aware of appropriate patient boundaries.
3	Improper prescribing of prescription review program medications (opioids, benzodiazepines, etc.)	There is increased awareness and concern about the dangers associated with prescribing of medications of possible abuse. Physicians have been charged with unprofessional conduct in relation to their prescribing practice. Other physicians are currently under investigation for concerns about their prescribing practices. Physicians should be aware of the guidance documents related to prescribing, particularly the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain available at http://nationalpaincentre.mcmaster.ca/documents/Opioid%20GL%20for%20CMAJ_01may2017.pdf
4	Failing to respond to communications from the College	Several physicians have been disciplined by the College during the past few years for failing to respond to communications from the College despite repeated reminders. That is something which physicians can easily avoid. The College is unable to effectively perform its regulatory role unless physicians respond to inquiries from the College. The College frequently contacts physicians for information related to complaints filed against them, or another physician. The College also frequently contacts physicians for information about patients to whom prescription review drugs have been prescribed.
5	Failing to provide reports or copies of patient charts requested by patients.	College bylaws which define unprofessional conduct state that it is unprofessional conduct to fail to "provide within a reasonable time any report or certificate requested by a patient or a patient's authorized agent in respect of an examination or treatment provided by a physician." The policy adopted by the Council <i>Physician Certification of Work Absence or Accommodation Due to Illness or Injury and completion of Third Party Forms</i> states that the College expects that the time to provide such reports should normally not exceed 30 days. That policy is available at on the College website.
6	Failing to make appropriate arrangements for patient care when winding up a practice.	The College has two guidance documents that address this issue. They are <i>Guideline: Patient-physician Relationships</i> and <i>Policy: Physicians/Surgeons Leaving Practice</i> . Both documents address the College's expectations when a physician leaves practice and are available on the College's website. The College also has a standard package of information that it can provide to a physician considering leaving a practice. It is in a physician's best interest, and that of their patients, to take appropriate steps to leave a medical practice.
7	Maintaining improper patient records or altering patient records after becoming aware of a patient complaint or a concern about the treatment provided to the patient.	The disciplinary actions taken against physicians who have not maintained appropriate and accurate records emphasizes the importance of appropriate medical records in providing patient care.

Court Actions

Note: The following information is an update on proceedings up to and including December 31, 2017.

Court Actions by Physicians Challenging College Decisions

1	Dr. Yagan Pillay	After a hearing, Dr. Pillay was found guilty of unprofessional conduct in relation to his examination of a female patient. Dr. Pillay's appeal was dismissed by the Court of Queen's Bench. The decision is available at https://www.canlii.org/en/sk/skqb/doc/2018/2018skqb54/2018skqb54.html?autocompleteStr=Pillay&autocompletePos=1
2	Dr. Mehdi Horri	Dr. Horri's licence was revoked by the College of Physicians and Surgeons of Ontario based upon a finding that he had engaged in an inappropriate sexual relationship with a former patient. The Saskatchewan Council revoked Dr. Horri's licence based upon the decision of the Ontario College. The Court of Queen's Bench denied Dr. Horri's application for a stay of the revocation to allow him to remain in practice until his appeal from the Council decision was heard (https://www.canlii.org/en/sk/skqb/doc/2017/2017skqb275/2017skqb275.html?resultIndex=1) The Court of Queen's Bench denied Dr. Horri's appeal from the decision revoking his licence (https://www.canlii.org/en/sk/skqb/doc/2017/2017skqb362/2017skqb362.html?resultIndex=2).
3	Dr. Carlos Huerto	Council revoked Dr. Huerto's licence to practise medicine in 2003. In 2006, 2011 and 2015 he applied to have his licence restored. At the March 2015 Council meeting the Council decided not to restore his licence. He challenged that decision in the Court of Queen's Bench in a judicial review application. The court rejected his application. The Court of Queen's Bench decision is currently before the Court of Appeal.

Court Actions Against the College

There are three court actions brought against the College many years ago which remain outstanding despite the fact that the plaintiffs have taken no action for many years. In addition to those three older actions, there are two other actions which involve the College that are outstanding at the date of this report.

1	Dr. Darius Tsatsi	Dr. Darius Tsatsi has sued the College, the Health Region where he had worked and the then Minister of Health alleging that he was defamed by comments made about him. The action was dismissed by the Court of Queen's Bench. The decision of the Court of Queen's Bench is currently under appeal to the Court of Appeal.
2	Alicia Yashcheshen	Ms. Yashcheshen has sued the College and a physician. The action against the College alleges that the College is liable for the actions of the physician and that the College failed to appropriately investigate her complaint against the physician. At the time of writing this report there is a pending application before the Court of Queen's Bench to dismiss the complaint against the College.

The legal work required by the College is among the most interesting and demanding forms of legal work that a lawyer can provide. I have the privilege of working with exceptional staff at the College, including the two other lawyers at the College, and of interacting with the dedicated and talented members of Council and the many physicians in Saskatchewan who give of their time to participate in College activities. I am grateful for that opportunity.

- Bryan Salte, Associate Registrar and Legal Counsel



Human Resources

Staffing

Administration

- The Senior Management Team is composed of the Registrar; Deputy Registrar, Quality of Care; and Associate Registrar, Legal Counsel.

Legal

- The College's legal team welcomed a new lawyer in 2017, bringing the total to three lawyers.

Quality of Care

- The Senior Medical Advisor moved from a contracted position to a .6 FTE employment position.

Registration Services

- Two additional Registration Administrator positions were created in 2017, as well as two contract positions to cover maternity leaves.
- A second .6 FTE Senior Medical Advisor position was created to assist with other College functions.
- A Human Resources consultant assisted Registration Services with position and role reviews, documentation, and process reviews for increasing cross-training in the Registration Services unit.

Prescription Review Program

- The PRP staff includes the Manager of the Prescription Review Program, a pharmacy technician and an administrative assistant. A contract pharmacist was also added in 2017 to assist with the workload.
- The three staff distribute their time between the Prescription Review Program, the Opioid Agonist Therapy Program, and the First Nations and Inuit Health Branch program.

There were no changes to the personnel in Accounting and Finance or in Communications in 2017.

Contract Positions

The College contracts physician managers for the following programs:

- The Opioid Agonist Therapy program,
- The Summative Assessment program, and
- The Non-Hospital Treatment Facility program.

Medical Laboratory Quality Assurance Program (LQA), and Diagnostic Imaging Quality Assurance Program (DIQA)

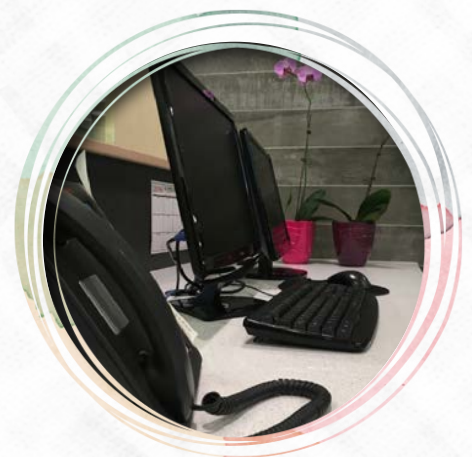
- There were no changes in personnel in LQA or DIQA in 2017.
- Three persons report to the Manager of the two programs. The work of the two programs is shared among the four staff.

Pension Plan

One of the College's current pension plans is administered by the Canadian Medical Association (CMA).

The existing members in the CMA Pension plan will continue to participate in the CMA's defined benefit pension plan. However, that plan was closed to new members effective December 1, 2017.

The College was accepted to the Public Employees' Pension Plan of Saskatchewan (PEPP) for new members.



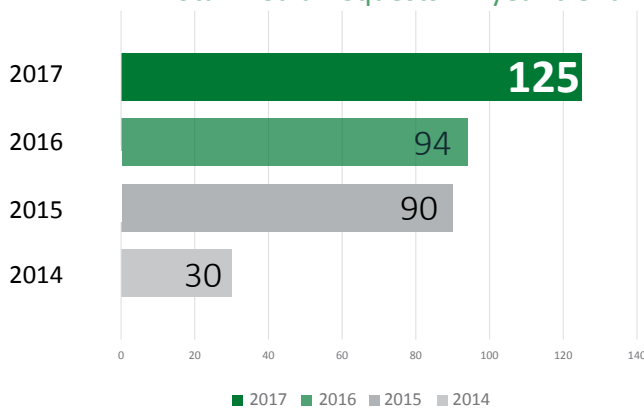


Communications

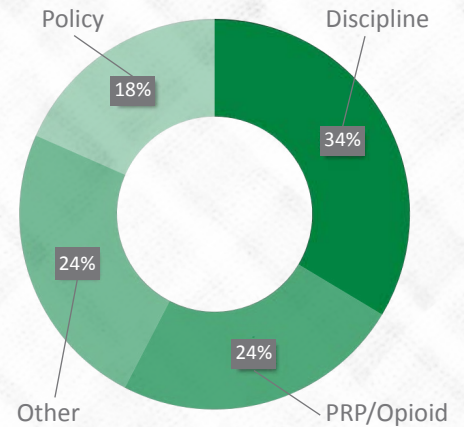
Media & Public Relations

- Multiple media & public requests for interviews on information and opinions on a wide variety of College and current issues, including 6 requests for historical data on physicians.
- Use of media listening tool. Council and staff are kept apprised of media reports that mention the College.

Total Media Requests - 4-year trend



Top Media Requests

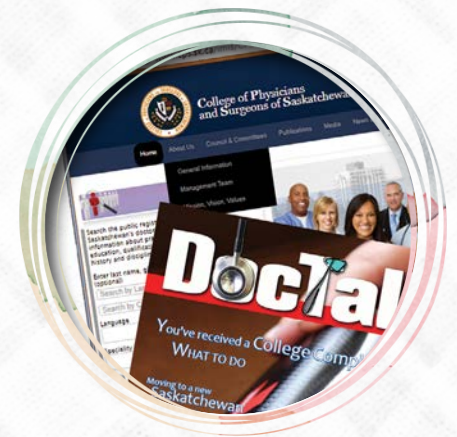


Strategic Planning

Improvements and innovation in line with Council's Strategic Plan and the Communications Strategic Plan continue to be made (see Strategic Plan report on pp. 7-8 for further details). Other project updates are:

- An OH & S Emergency Response Plan was developed and implemented as a living document.
- The database for languages spoken by physicians continues to expand, with over 200 physicians officially listing proficiencies in languages other than English.
- Promotional material was developed and distributed for two conferences on opioid substitution therapies.
- Projects under development include communications policy development, and adjustments for compliance to new Canadian Anti-Spam Legislation (CASL).
- Two feedback surveys were developed and distributed: one for MAiD policy and one to the DocTalk readership.

The Communications Department also assists the various CPSS departments in carrying out their responsibilities with a variety of services including website content management, communications projects, publications & graphic design, editing, research, translation, consultations and feedback surveys, and event planning.



Programs and Services

Prescription Review Program (PRP)

The Prescription Review Program (PRP) is an education-based program operated by the College on behalf of the Ministry of Health that monitors medications with known misuse, abuse and diversion potential for possible inappropriate prescribing. The list of medications monitored by the PRP are listed in the College's Regulatory Bylaw 18.1.

Prescription Monitoring

The PRP alerts physicians to possible inappropriate prescribing or inappropriate use of PRP drugs by their patients. It provides supportive information and recommendations to physicians in order to encourage appropriate prescribing practices. In some cases, physicians are required to provide explanations for their prescribing of medications to which the Prescription Review Program applies. After reviewing a physician's reply, the PRP will make recommendations, following best practices, to improve patient outcomes or reduce the possibility of inappropriate use of these medications.

Letter	Count
Double Doctor	6002
Explain/Alert (1st Contact)	528
2nd Request	40
Response/Recommendations	288
Law Enforcement Requests	79

PRP Outreach

The College's PRP Program collaborates with a variety of organisations to ensure a vital network for monitoring and providing assistance to communities and their physicians and patients.

Representation

- MedSask Advisory Board
- Opioid Advisory Committee
- National Faculty for Canadian Guidelines for the Safe and Effective Use of Opioids for Chronic Non-Cancer Pain
- National Advisory Council - Monitoring and surveillance for the CCSA National Drug Strategy "First Do No Harm"
- Canadian Community Epidemiology Network on Drug Use - Early warning system for substances of abuse
- National consultation on the Section 56 methadone exemption with Health Canada

Letter Types

Alert – sent when the patient is identified as potentially misusing medication (e.g. early refills, law enforcement investigation, information from public/HCP of misuse or diversion).

Double Doctor – sent when a patient received PRP meds from 3 or more physicians, at 3 different practice site addresses in a calendar month.

Explain – letters sent to physicians to solicit their rationale for prescribing (e.g. provide the medical indication and dosing).

Law Enforcement Request – when a patient medication profile is provided to law enforcement for the purpose of an active investigation.

Prescription – letters to physicians regarding Bylaws 17.1 and 18.1 related to legibility and PRP requirements for a valid prescription.



Partnerships and Collaborative Efforts

The PRP continues to collaborate with the College of Pharmacy Professionals to identify apparent inappropriate dispensing of PRP drugs; with NIHB, the FNIHB Prescription Drug Abuse Saskatchewan group; the Provincial Lab; the College of Dental Surgeons, Saskatchewan Registered Nurses Association, CCENDU (CCENDU Saskatchewan Facebook page management), and the Canadian Research Initiative in Substance Misuse (CRISM).

Other partnerships and efforts include:

- Oversight for two U of S 4th-year pharmacy students on specialty rotations.
- Minister of Justice Gord Wyant and Deputy Minister Dale McFee - Meeting on the effects of fentanyl in Saskatchewan and the collaboration of PRP with the Ministry of Justice.
- Missinipi Broadcasting Corporation & NIHB – Meeting to discuss how MBC is proposing to help the College of Physicians and Surgeons of Saskatchewan educate the aboriginal public on impact of misuse and diversion of prescription drugs.
- Canadian Community Epidemiology Network on Drug Use (CCENDU) – Meeting of the National Network
- Saskatchewan Regional Prescription Drug Abuse Coordinating Meeting- FNIHB-SK PDA Meeting
- Saskatoon Health Region – Saskatoon Emergency Department Opioid Use Study (Results submitted to the Canadian Journal of Emergency Medicine for 2018)
- Pharmacy Technician Society of Saskatchewan (PTSS) conference – Presentation on how pharmacies can collaborate with PRP for safer communities.
- Northern Alcohol Strategy Event – Changing the Story - Multidisciplinary education session to provide the community of La Ronge with evidence-based cross sector tools on mentoring, education and management of alcohol and opioid use disorders, on the premise that when communities address the issue, every sector is positively impacted.
- Government of Saskatchewan Coordinated Health Stakeholders – Problematic Use of Opioids Meeting
- Moose Jaw Police Service – How PRP and MJPS can collaborate on addressing diversion and trafficking investigations and holding future educational sessions for staff on prescription drug abuse.
- Addressing barriers to opioid agonist treatments in Saskatchewan – Meeting with CPSS, U of S, Northern Medical Services, FNIHB – Office of Population & Public Health, Controlled Substances Directorate – Opioid Response Team – Health Canada
- Saskatchewan Medical Association (SMA), to estab-

lish criteria for the Medical Services Branch (MSB) Chronic Pain Billing Code

- Current Options for Managing Pain and Addiction Conference (COMPAC) – Planning Committee & Curriculum Sub-Committee
- Ministry of Justice Fentanyl Opioid Overdose Task Force
- eHealth – redesign of MicroStrategies to meet the needs of PRP
- Safer Communities and Neighbourhoods (SCAN) Unit
- Dr. Nathaniel Osgood – Professor, Department of Computer Science; Associate Faculty, Department of Community Health & Epidemiology; Associate Faculty, Bioengineering Division – on health informatics and analysis of the PRP data
- Initiated Project ECHO (Extension for Community Healthcare Outcomes) linking expert specialist teams at an academic hub with primary care clinicians in local communities.
- College of Physicians and Surgeons of British Columbia (CPSBC) Prescription Monitoring Program- Comparing processes and approaches to monitoring
- Development and growth of the saskpainaddiction.com website

Education & Outreach

- Saskatchewan International Physician Practice Assessment (SIPPA) – Presentation to candidates
- FNIHB Elder Meeting with Ministry of Justice
- Presentation to Saskatoon Tribal Council
- Law Enforcement Educational Event
- Community Navigator Workshop on Prescription Drug Abuse
- No Future in a Flatline – Saskatchewan Fentanyl & Opioid Seminar – Presentation to Front line policing, Community Based Organizations, Health partners, Ministry of Justice, Canada Border Services Agency
- CPSS Opioid Substitution Therapy Conference - Passion. Hope. Recovery. – Presentation to individuals working with patients undergoing opioid substitution therapy
- Current Options for Managing Pain and Addiction Conference (COMPAC) – Presentation on addressing complexities of care for people with acute, chronic, and recurrent pain, and/or substance use disorders
- National Civil Forfeiture Executive Committee Meeting
- Presentation to Saskatoon HIV/AIDS, Health Canada, and FNIHB on providing clients with accurate information about Suboxone alternative treatment and advocate on their behalf when they suspect over-prescribing and/or diversion



Opioid Agonist Therapy Program

(Formerly the Methadone Program)

The Ministry of Health has been contracting with the College of Physicians and Surgeons of Saskatchewan (CPSS) since 2001 to operate the Opioid Agonist Therapy Program on its behalf. The object of the Program is to administer the methadone exemption process for Saskatchewan physicians and to ensure the safe and appropriate use of medications used as opioid agonist therapy.

The Program name was changed from Methadone Program to Opioid Agonist Therapy Program in 2017 to be inclusive of the buprenorphine/naloxone (Suboxone) preparation.

Buprenorphine/Naloxone

The College has set a standard for the prescribing of buprenorphine for addiction (Regulatory Bylaw 19.1). In its second year of tracking, 57 physicians met the requirements to prescribe, and one methadone practice audit was performed.

Overall, in any given month, there are approximately 3400 patients receiving methadone for addiction in Saskatchewan.

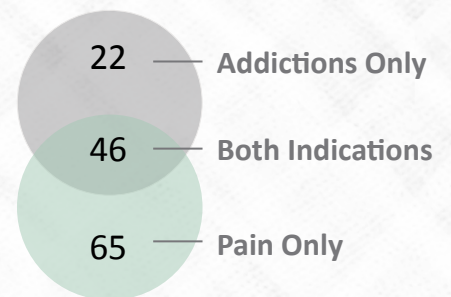
Regulatory Activities

The Opioid Agonist Therapy Program continues to update the Saskatchewan Opioid Substitution Therapy Guidelines and Standards for the Treatment of Opioid Addiction/Dependence as appropriate. The last update was made in June 2017.

Educational Outreach

The Opioid Agonist Therapy Program again offered its annual Opioid Substitution Therapy conference on April 29 and 30 in Saskatoon. The conference had 15 speakers, who spoke on 17 topics. There were 176 attendees, 90 of which were physicians.

Methadone Prescribers in Saskatchewan in 2017



133 Total





Diagnostic Imaging Quality Assurance

The Diagnostic Imaging Quality Assurance (DIQA) Program was created to provide a quality assurance program for medical imaging in the Province of Saskatchewan. Provincially funded, the DIQA Program is under contract from the Ministry of Health (Medical Services Branch) and administered by the College of Physicians and Surgeons of Saskatchewan.

Advisory Committee on Medical Imaging

The Advisory Committee on Medical Imaging (ACMI) of the College of Physicians and Surgeons has been mandated, by its contract with the Ministry of Health, to “develop methods and protocols for the assessment of the quality of medical imaging services provided.”

As part of its mandate, the ACMI has:

- developed **Standards of Practice for Medical Imaging** in the areas of General Ultrasound, Computed Tomography (CT), Bone Densitometry, Interventional Radiology, and Nuclear Medicine.
- adopted the national standards for use in its Quality Assurance Program:
 - Guidelines for the Provision of Echocardiography in Canada
 - Canadian Association of Radiologists (CAR) and Society of Obstetricians and Gynaecologists of Canada Clinical Practice Guidelines for Ultrasound
 - CAR Guidelines for Magnetic Resonance Imaging
 - CAR Practice Guidelines and Technical Standards for Breast Imaging and Intervention

Assessing Compliance

In order to assess compliance with the standards, the ACMI has established a process with which to review imaging physicians, who are selected on a random basis. Priority is given to Radiologists practicing in remote or solo practices. This process includes peer review assessments of Radiologists, Obstetrician/Gynecologists and those physicians performing Echocardiography (Cardiologists and Internists). Assessment reports are provided to the physician and Medical Director of the facility to provide feedback and education.

25 Physician Assessments were completed in 2017.

Regulatory Bylaw 25.1, Operation of Diagnostic Imaging Facilities in the Province of Saskatchewan, has been developed to ensure the provision of an acceptable quality of patient care in diagnostic imaging.

This document indicates conditions that must exist in any diagnostic imaging facility, whether fixed or portable to allow a physician to:

- perform diagnostic imaging procedures in that facility; or
- interpret diagnostic images rendered or obtained in that facility; or
- refer patients to that facility.





Laboratory Quality Assurance

The Laboratory Quality Assurance Program (LQAP) is responsible for establishing the requirements and standards of medical laboratories in the province of Saskatchewan and to ensure their compliance with the Medical Laboratory Licensing Act and Regulations.

The College of Physicians and Surgeons of Saskatchewan (CPSS) is contracted by the Province of Saskatchewan's Ministry of Health to operate the LQAP Program.

Laboratory Accreditation

The purpose of assessing and accrediting laboratories is to evaluate and ensure compliance with established standards, identify areas of excellence and provide recommendations for improvement.

Accreditation is defined as the public recognition of quality achievement by a health care organization, as demonstrated through an independent external peer comparison of the organization's performance against current best practices.

Program Model

The Laboratory Accreditation Program Model is a peer review process with a goal to improve laboratory performance through objective education. Any facility holding a Medical Laboratory License is subject to assessment on a 4-year rotation.

Assessment may occur prior to 4-year rotation if the Program Management Committee (PMC) determines that evidence of compliance was not adequate.

64 facilities were assessed in 2017.

LQAP Committees

The LQAP consists of two types of committees composed of medical and technical experts in the relevant disciplines. There are one Program Management Committee and five discipline-specific Quality Assurance Committees.

Program Management Committee Members

Dr. Bruce Murray, Dr. Ian Etches (Chair)
Dr. Paul Levett, Microbiology
Dr. Ed Jones, Anatomic Pathology
Dr. Rommel Seno, Hematology
Dr. Jeff Eichhorst, Chemistry
Ms. Paula Dupont, SACLXT
Ms. Kim Deydey, SSMLT
Mr. Colin Toffan, Ministry of Health
Dr. David Guerrero, Ministry of Health
Mr. Patrick O'Byrne, Ministry of Health



Standards

Standards are secure documents, shared only with a facility's laboratory supervisor and approved designee. Laboratory supervisors further disperse these documents within their organization and manage the security features.

The College has obtained permission to adopt Western Canada Diagnostic Accreditation Alliance (WCDAA) standards developed by the College of Physicians and Surgeons of Alberta for use in Saskatchewan. 2017 was the second year that the WCDAA standards were utilized for laboratory assessment.

External Quality Assessment (EQA)

External Quality Assessment is used to evaluate laboratory testing accuracy. EQA tools are shipped from the provider directly to the laboratories on a rotational basis. Testing is performed in the same manner as a patient specimen.

The LQAP mandates that external quality assessments be performed for all tests for which EQA is available. If no formal EQA is available, split testing must be performed and results submitted to the LQAP bi-annually.

All PT/EQA results must be shared with the Laboratory Quality Assurance Program.

All Educational challenges are graded by the LQAP based on expected answers in the Participant Summaries.

Deficiency response forms are to be completed and returned to the LQAP office within 2 weeks of receiving the deficiency.

All responses are reviewed by the appropriate Quality Assurance Committee. Feedback is provided to the laboratory after the response has been reviewed.

PARTICIPANTS IN EQA SURVEYS

- 201 Medical Laboratories
- 179 Physician Office Laboratories
- 2 STARS Helicopters

Each survey consists of 2 to 4 test events per year.

In 2017, 642 deficiency reports were sent out, which is 40% fewer than those sent in 2016.





Non-Hospital Treatment Facilities

The Non-Hospital Treatment Facilities (NHTF) Program is guided by Bylaw 26.1 of the CPSS Regulatory Bylaws. This Bylaw was established to ensure the provision of quality patient care in Non-Hospital Treatment Facilities, and provides Standards and Guidelines regarding the operations of such facilities, including procedures which are acceptable in such settings.

The Approval Process

The Standards and Guidelines used in the approval process are essentially mirrored to those used by the College and Physicians and Surgeons of Alberta, with minor variations taking into account unique circumstances to Saskatchewan. Each facility undergoes an initial inspection, and subsequently every three years. An independent inspection team, generally consisting of a nurse coordinator, anesthetist, and surgeon, performs the inspection, and makes recommendations to the College regarding approval of facilities. Once approval is granted a certificate is issued to the facility listing the procedures for which they are approved. In non-inspection years, certificates are renewed based on the Medical Director completing a College form affirming the facility continues to follow the Standards and Guidelines as well as the College Bylaws.

Currently, there are 11 facilities functioning as Non-Hospital Treatment Facilities. In 2017, one facility had its certificate of approval revoked due to the facility failing to attest to compliance with respect to the Annual Medical Director's Form and non-payment of its annual dues. This facility is no longer permitted to perform operative procedures. In late 2017 the College received communication from a physician with respect to an application for a new facility to be registered and inspected.

Activities for 2017

We are in the third, three-year cycle of **facility inspections** which has provided valuable information regarding our continued efforts to ensure that facilities function in a fully compliant environment.

Our program has recently taken a proactive approach to ensuring the Medical Directors, who are ultimately responsible for their facility, have a full understanding of their role and responsibilities in this capacity.

A list of facilities and their approval status is available on the College website.

The **Health Facilities Credentialing Committee** (see p. 9) provides feedback to the Non-Hospital Treatment Facilities Program and has been active in reviewing privileging credentials when needed. Council ultimately approves the privileging upon recommendation from the HFCC. Meetings are called at the discretion of the Chair.

The **National Working Group for Non-Hospital Medical Surgical Facilities**, continues to meet yearly, to collaborate and share program policies, guidelines and processes in support of provincial programs. Efforts are made for a national approach in areas of common concern. The 2017 meeting was held in Edmonton and provided valuable insight into other provincial jurisdictions and the potential of new procedures which may be approved for Non-Hospital Treatment Facilities.





Practice Enhancement Program

The Practice Enhancement Program (PEP) is an educational program designed to offer the physicians of Saskatchewan a report of the health of their practices through a practice-based assessment process and to encourage continual improvement of physicians’ clinical skills and office practices in order to provide high quality patient care to Saskatchewan residents. It is an initiative co-funded by the College of Physicians and Surgeons of Saskatchewan in collaboration with the Saskatchewan Ministry of Health, the Medical Services Branch and the Saskatchewan Medical Association.

The program is based on the assumption that an experienced physician can review another physician’s office facilities, procedures and medical records and, in combination with feedback from patients of that physician, come to a valid determination of the quality of care being provided by that physician. The committee meets regularly to review information gathered by the assessors and to make the final decision on the quality of care provided by each physician. This enables unbiased and objective categorization of quality of care.

All Saskatchewan physicians are eligible to participate at least once every five years.

PEP Assessment Statistics 1996-2017

	1996-2017	Category 1	Category 2	Category 3	TOTAL
Age Group:	A (<50)	335	36	0	371
	B (50-64)	526	65	2	593
	C (>64)	202	61	6	269
Gender:	Male	735	131	7	873
	Female	328	31	1	360
Urban:	Regina/ Saskatoon	613	76	5	694
	Rural:	All Others	450	86	3
Family Practice:		830	148	7	985
Specialty:		233	14	1	248
Assessments to Date:		1063	162	8	1233
Reassessments to Date:					130
TOTAL:					1363

PEP Assessment Categories:

- Category 1 - Consistent good care, no concerns re: Patient care or records
- Category 2 - Acceptable, but significant need for improvement in areas listed
- Category 3 - Immediate Cause for Concern - Serious risk of harm to a patient

Follow-up action per category:

- Category 1 - Full accreditation, no review for 5 years
- Category 2 - Necessitates planned follow-up
- Category 3 - Referred to the College of Physicians & Surgeons

PEP Committee

- Dr. Brian Laursen, Co-chair
- Dr. George Carson, Co-chair
- Dr. Karen Holfeld
- Dr. Andries Muller
- Dr. Yellepeddy Nataraj
- Dr. Ivelin Radevski
- Chantelle Kurtz
(Program Coordinator)
- Jody Semenoff
(Program Assistant)

The PEP Committee meets monthly.



Finance



REPORT OF THE INDEPENDENT AUDITORS ON THE SUMMARY FINANCIAL STATEMENTS

To the Council of the College of Physicians and Surgeons of Saskatchewan,

The accompanying summary consolidated financial statements of the College of Physicians and Surgeons of Saskatchewan which comprise the summary consolidated statement of financial position as at December 31, 2017, and the summary statements of revenue and expenses, surplus and cash flows for the year then ended are derived from the audited consolidated financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations, of the College of Physicians and Surgeons of Saskatchewan as at December 31, 2017.

We expressed an unmodified audit opinion on those financial statements in our report dated June 15, 2018.

The summary consolidated financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations applied in the preparation of the audited consolidated financial statements of the College of Physicians and Surgeons of Saskatchewan. Reading the summary consolidated financial statements, therefore, is not a substitute for reading the audited consolidated financial statement of the College of Physicians and Surgeons of Saskatchewan.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation of the summary consolidated financial statements in accordance with the basis described in the notes to the summary consolidated financial statements.

Auditors' Responsibility

Our responsibility is to express an opinion on the summary consolidated financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements."

Opinion

In our opinion, the summary consolidated financial statements derived from the audited consolidated financial statements of the College of Physicians and Surgeons of Saskatchewan as at and for the year ended December 31, 2017 are a fair summary of those consolidated financial statements, in accordance with the basis described in the notes to the summary consolidated financial statements.

Chartered Professional Accountants

A handwritten signature in black ink that reads 'KPMG LLP' with a horizontal line underneath.

June 15, 2018
Saskatoon, Canada

Summary Consolidated Statement of Financial Position

December 31, 2017, with comparative information for 2016

	2017	2016
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 8,035,696	6,733,345
Short-term investments	1,143,099	1,097,707
Marketable securities	1,435,800	1,311,437
Accounts receivable	45,030	352,467
Prepaid expenses and deposits	49,533	47,820
Due from Programs	23,292	-
	<u>10,732,450</u>	<u>9,542,776</u>
Property and equipment	5,056,554	5,391,485
	<u>\$ 15,789,004</u>	<u>14,934,261</u>
LIABILITIES AND SURPLUS		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 474,317	766,526
Deferred revenue - membership fees	4,660,065	4,526,582
Administrated funds	69,656	86,993
Due to Programs	-	82,177
	<u>5,204,038</u>	<u>5,462,278</u>
Employee future benefits	959,920	958,600
Surplus	9,625,046	8,513,383
	<u>\$ 15,789,004</u>	<u>14,934,261</u>

Summary Consolidated Statement of Revenue and Expenses

Year ended December 31, 2017, with comparative information for 2016

	Budget (unaudited)	2017	2016
REVENUE:			
Annual fees	\$ 4,608,605	4,961,087	4,835,348
Laboratory Quality Assurance	436,041	502,777	465,155
Professional incorporation fees	307,300	318,080	330,600
Credentials assessment	274,000	184,975	257,375
Imaging Quality Assurance	169,555	171,734	168,367
Summative assessment	130,000	129,252	126,135
Registration fees	130,500	112,950	114,750
Non-hospital surgical facility fees	70,000	102,246	83,833
Temporary licences	110,000	99,920	88,395
Investment income	60,000	99,562	88,530
Notary fees and certificates	85,000	84,310	92,985
Student registration	61,000	75,325	81,460
Saskatchewan International Physician Practice Assessment funding from the Ministry of Health	75,000	75,000	75,000
Discipline committee assessed costs recovery	-	70,955	38,722
Mailing list	25,000	26,510	27,161
Sundry	2,000	860	743
	6,544,001	7,015,543	6,874,559
EXPENSES:			
Administrative	\$ 4,708,003	4,241,920	4,173,875
Laboratory Quality Assurance	436,041	465,256	408,138
Committee	262,100	330,941	395,615
Office	324,442	275,106	373,534
Council and meetings	343,000	239,934	257,746
Amortization on equipment	200,050	163,833	163,599
Imaging Quality Assurance	169,555	168,093	159,406
Non-hospital surgical facility	29,300	46,403	56,345
Directors and officers liability insurance	30,000	30,243	28,236
Liaison with joint committees	15,000	17,133	15,018
Grants to external agencies	4,000	3,000	3,000
Legal	20,000	1,603	2,851
Communications and education	2,500	1,217	390
	6,543,991	5,984,682	6,037,753
Excess of revenue over expenses before the undernoted	10	1,030,861	836,806
Fair value adjustment on investments	-	80,802	63,694
Gain on disposal of furniture and fixtures	-	-	(1,000)
Excess of revenue over expenses	\$ 10	1,111,663	899,500

Summary Consolidated Statement of Cash Flows

Year ended December 31, 2017, with comparative information for 2016

2017

2016

Cash flows from (used in):

Operations:

Excess of revenue over expenses	\$	1,111,663	899,500
Items not involving cash:			
Amortization		370,563	371,469
Market value adjustments on investments		(80,802)	(63,694)
Employee future benefits		1,320	3,945
Reinvested investment income on marketable securities		(43,561)	(55,596)
Loss (gain) on disposal of furniture and fixtures		-	1,000
		1,359,183	1,156,624

Change in non-cash operating working capital:

Accounts receivable		307,437	(256,726)
Prepaid expenses and deposits		(1,713)	5,875
Accounts payable and accrued liabilities		(292,209)	(113,404)
Deferred revenue - membership fees		133,483	203,527
Deferred revenue - grants		-	(137,000)
		1,506,181	858,896

Financing:

Due to Saskatchewan Prescription Review Program		5,177	112,946
Advances to First Nations and Inuit Health Branch		(110,646)	45,607
Administrated funds		(17,337)	(34,237)
		(122,806)	124,316

Investing:

Purchase of property and equipment		(35,632)	(113,287)
Increase in short-term investments		(45,392)	(1,026,457)
		(81,024)	(1,139,744)

Increase (decrease) in cash and cash equivalents		1,302,351	(156,532)
Cash and cash equivalents, beginning of year	\$	6,733,345	6,889,877
Cash and cash equivalents, end of year	\$	8,035,696	6,733,345

Summary Consolidated Statement of Surplus

Year ended December 31, 2017, with comparative information for 2016

		Invested in property and equipment	Unrestricted	2017	2016
Balance, beginning of year	\$	5,391,485	3,121,898	8,513,383	7,613,883
Excess (deficiency) of revenue over expenses		(370,563)	1,482,226	1,111,663	899,500
Purchase of property and equipment		35,632	(35,632)	-	-
Balance, end of year	\$	5,056,554	4,568,492	9,625,046	8,513,383

Notes to Summary Consolidated Financial Statements

Year ended December 31, 2017

The summary consolidated financial statements are derived from the completed audited consolidated financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations, as at December 31, 2017 and for the year ended December 31, 2017.

The preparation of these summary consolidated financial statements requires management to determine the information that needs to be reflected in the summary consolidated financial statements so that they are consistent, in all material respects, with or represent a fair summary of the audited consolidated financial statements.

These summary consolidated financial statements have been prepared by management using the following criteria:

- whether information in the summary consolidated financial statements is in agreement with the related information in the completed consolidated audited financial statements; and
- whether, in all material respects, the summary consolidated financial statements contains the information necessary to avoid distorting or obscuring matters disclosed in the related completed audited consolidated financial statements, including the notes thereto.

The completed audited consolidated financial statements may be obtained by calling (306) 244-7355 or by emailing amy.mcdonald@cps.sk.ca. It is also available on the College of Physicians and Surgeons of Saskatchewan website at www.cps.sk.ca.

Our Projects for 2018

Looking Forward

As we move forward into 2018, Council Members and Staff at the College of Physicians and Surgeons of Saskatchewan will be working hard to complete several projects already underway and continue to make headway on new projects under development.

In the coming year, we plan to:

Governance

- continue to ensure the implementation of the Strategic Plan;
- look to review the Governance model;
- work towards increasing the diversity of Councilors;
- develop a different electoral process with a review of electoral boundaries as a consequence of the evolution of the new Saskatchewan Health Region;
- develop new policies and improve existing policies to guide our members;
- continue to communicate our desire to optimize the diversity of Council by soliciting the government to consider appointing a duly qualified member who may be able to offer perspective from a First Nations or Métis background in keeping with the recommendations made within the Truth and Reconciliation Commission's report;
- seek First Nations experts to assist us with the College's committee work relating to the recommendations made within the Truth and Reconciliation Commission's report;
- continue to uphold the national standards approved by the Federation of Medical Regulatory Authorities of Canada.

Operational

- improve capacity and optimize the use of information management systems;
- continue the nearly completed move to electronic files by converting the paper files of active registered physicians to an electronic format;
- continue to optimize the Quality of Care processes to better assist the public and affected physicians in navigating through the system;
- continue to improve the timely disposition of discipline matters, consistent with legal principles of fairness and natural justice;
- continue the realignment of the service delivery model in Registration Services to include increased cross-training to support lines of service during peak times;
- continue to collaborate with national partners in integrating International Medical Graduates (IMGs) into the workforce through nationally accepted practice ready assessment processes;
- continue to improve the supervision process and summative assessment process to assist our internationally trained physicians to achieve an enduring form of licensure;
- continue collaborating at a national level in reviewing Physician Assessment Tools and their potential use in physician performance improvement;
- continue to implement new aspects of the Communications Strategy;
- continue to review risk and risk mitigation strategies in the College's operations;
- work towards succession planning for several positions including the consideration of a Chief Operations Officer (COO).



College of Physicians
and Surgeons
of Saskatchewan

101-2174 Airport Drive
Saskatoon, SK S7L 6M6

cps.sk.ca

Telephone: (306) 244-7355

Complaints: (800) 667-1668

Fax: (306) 244-0090

E-mail: cpssinfo@cps.sk.ca

Information: communications@cps.sk.ca