



The  
**College of**  
**PHYSICIANS &**  
**SURGEONS**  
of **Saskatchewan**



ANNUAL REPORT     

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*This report reflects Council and CPSS\* activities from January 1 to December 31, 2021.*

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*\*The terms "College of Physicians and Surgeons of Saskatchewan", "the College" and the acronym "CPSS" are all used interchangeably in this report.*

# About the CPSS

## WE ACKNOWLEDGE

“The Council and the College of Physicians and Surgeons of Saskatchewan respectfully acknowledge that the land on which we live and work is Treaty 6 Territory, the traditional territory and home of the Cree, Dakota, Saulteaux and Métis Nations. We would like to affirm our relationship with one another now and for the future, and our role in guiding the profession to achieve the highest standards of care to benefit all people in this territory equally.”

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, guidelines and 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 under contracts with 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 CPSS promises to be:

- Principled
- Accountable
- Transparent
- Progressive
- Collaborative
- Service-Oriented

## Message from the President & Registrar

The College of Physicians and Surgeons of Saskatchewan (CPSS) continued its work in 2021 under very stressful circumstances. No communities were spared from the effects of Covid. Despite the challenges Covid presented to us as individuals and as an organization, we were able to adapt, adjust, and accommodate what was needed to carry out our regulatory activities and keep our staff and Council safe.

As a forward-thinking College, the improvement of our technology has been a part of our strategic direction for a few years. Thankfully, Covid did not catch us napping. We continued throughout 2021 to improve our information technology to increase our capacity for the Council and staff to work virtually. We have improved our information management to support that virtual work while also strengthening our cybersecurity.

All units within the CPSS continued with their regular work and achieved a continuous quality improvement of their processes.

Staff from our Prescription Review Program (PRP) and Opioid Agonist Therapy Program (OATP) collaborated with other experts to continue delivering the CPSS Echo<sup>®</sup> Series of workshops for Management of Chronic Pain and Substance Use Disorder (SUD). This achievement permitted the important training to be successfully delivered, using this virtual platform.

Registration and IT staff worked hard to plan and oversee the execution of the additional improvements made to the online licensure and corporation renewal this year. Their efforts resulted in a much-improved renewal process for most registrants. The registration staff recruited more assessors and appointed a lead supervisor for the international physician

training assessment process post-practice-ready assessment (Saskatchewan International Physician Practice Assessment, or SIPPA).

The Quality of Care team continued to expedite the review of Covid-related complaints and improved the time taken to review non-Covid-related concerns. This resulted in a substantial reduction in the time to review and provide feedback to complainants and physicians.

Despite the increasing burden of matters the legal team must address, which is the same trend growing across the country, it successfully adjusted its processes as required during Covid to facilitate the investigation of concerns and accommodate hearings virtually. New policies have been advanced, and others revised and updated. Several policies will be featured in other parts of this report.

We continue to work on our strategic goals, which include achieving:

- #1. An Integrated Information Technology and Information Management Platform to effectively support College decision-making, program evaluation, and engagement with members(registrants) and the public.
- #2. A robust College-led process to assess and support physicians for competence and performance throughout their careers.
- #3. Enhanced College supervision, assessment, and support of International Medical Graduates (IMGs) moving from a provisional to a regular licence.

#### #4. Optimal physician prescribing of opioids.

In addition to the work in achieving our strategic goals, the CPSS supported the Truth and Reconciliation Committee's work by acknowledging the United Nations Declaration on the Rights of Indigenous Peoples and endorsing it as a foundational guidance document in our efforts toward micro-reconciliation.

The CPSS is sensitive to the issues of racial discrimination and implicit bias. In addition to the Truth and Reconciliation Committee, it established a Diversity and Bias Committee and has

approved terms of reference to inform the committee's work on racial discrimination. We have much to learn and to accomplish.

We are thankful to our partner regulatory organizations and other stakeholders for their significant contributions, collaboration, and support in managing regulation during Covid.

Together, we were able to withstand the challenges of Covid and achieve much despite the odds we faced. Our cooperative and collaborative efforts have forged stronger partnerships that will serve the public well, now and in the future.

As President of Council,  
I, Dr. Olawale Franklin Igbekoyi, would like to:

*"Thank the members of the Council for the opportunity to serve the College in the year 2021. I thank Karen and her team for the excellent support I received during my tenure as President of the College. Though Covid battered us on every side, bent us, it did not beat us. We remained strong in our dedication to our work despite the odds that faced us, and we achieved much in the face of difficulty".*

**Dr. Olawale Franklin Igbekoyi**  
President of Council



As Registrar of the College,  
I, Dr. Karen Shaw, would like to:

*"Acknowledge and thank the noble efforts of our registrants as they continue to provide you and your loved ones with care, despite the challenges that come with successive waves of Covid. I also wish to acknowledge and thank the dedicated and hard-working College staff for their efforts to remain focused and positive during these challenging times. I wish to express gratitude to our partner organizations, which have weathered this storm with us. We are all trying to make this healthcare system safer for you and your families. We thank you and we are grateful for your support."*

**Dr. Karen Shaw**  
Registrar & CEO



## Reflection from a Public Member of Council

### Public Members of Council

Mr. Lionel Chabot  
Mr. Bill Hannah  
Mr. Femi Ogunrinde  
Mr. Burton O'Soup  
Mr. Ken Smith

The COVID-19 virus put the world and healthcare systems on notice, and 2021 started much like 2020 – on lockdown, with restricted access to all public facilities and with much speculation. Health care systems were tested, stressed, and overwhelmed as the pandemic wore on. It is with deep gratitude and praise to the physicians, nurses and healthcare staff for their unwavering dedication, commitment, and perseverance, with an uncompromising work ethic, to defy the challenges of this pandemic. It was impressive to witness the same dedication, commitment, and uncompromising work ethic with the CPSS physicians, surgeons and staff as they continuously strived at improving their own systems to meet the challenging demands. There were no compromises, only improvements which reflected the Mission, Vision and Values of the CPSS – “To serve the public by regulating the practice of medicine and guiding the profession to achieve the highest standards of care.”

As one of five Public Members, I sit on six committees. Of these committees, I feel strongly about the Truth & Reconciliation Committee (TRC), the Executive Committee (EC) and the Diversity and Bias Committee (DBC). With the discovery of the “215” at the former Kamloops Indian Residential School, the work from the TRC feels more imperative, and sensitive as more and more details emerged from across the country about this dark period. It is with great pleasure to say that Council has been supportive and understanding of the TRC work and has adopted and supported the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) as a foundational and guiding document that supports the TRC’s work. In addition, the CPSS recognized that there are discrepancies within the Saskatchewan Health Care system and have been working at improving processes from within that are more user-friendly to First Nations by adding tabs to their website that address these issues such as Overcoming Language and Cultural Barriers and Indigenous Wellness. The Complaints Process

is another area that the CPSS recognizes as a barrier to First Nations and work continues to evolve to resolve this barrier.

As a public member from The Key First Nation, it is a privilege to serve on Council, in the Province of Saskatchewan and more importantly to serve the public. To be able to contribute and collaborate during Council deliberations where public protection is paramount is again gratifying. I was surprised when approached to consider putting my name forward for the Executive Council Committee - I am now serving my second term on this committee. I find it empowering to know that you are valued, and that your opinion matters to the physicians and legal members of Council. I find it impressive and important that an organization such as the CPSS flies the Treaty Six, Métis Infinity, and Reconciliation flags in its boardroom, and that before the start of each Council meeting this statement is read:

*The Council and the College of Physicians and Surgeons of Saskatchewan respectfully acknowledge that the land on which we live and work is Treaty 6 Territory, the traditional territory and home of the Cree, Dakota, Saulteaux and Métis Nations. We would like to affirm our relationship with one another now and for the future, and our role in guiding the profession to achieve the highest standards of care to benefit all people in this territory equally.*

In closing, I would like to acknowledge the CPSS and its members for their continued commitment to public protection during these challenging times. Thank you for this opportunity to contribute.

*Megweetch* (Thank you in Saulteaux).

**Burton O'Soup**  
Public Member - Saskatoon



# Continuous Improvement

## Governance Working Groups

Prior to the development of the current strategic plan, Council had established working groups for 5 priority areas where it wished to focus its attention, and that work is ongoing. Below is a brief summary of their activities for 2021.

### **1. Developing better communication with physicians**

The working group is monitoring access data on the current methods used to reach physicians and is preparing a survey of membership to determine favored channels from a physician perspective for receiving regulatory communications.

### **2. Developing better communications with patients/public**

This working group has continued its work in identifying ways in which the College can develop better communications with patients and increase its public engagement. At the September Council meeting, the Council approved a number of proposed initiatives including 1) preparing educational pieces for publication on the CPSS Facebook page, linking to the Complaints page on the CPSS website; 2) identifying organizations with shared mandates to help increase awareness of CPSS and its public protection mandate; and 3) identifying spaces in which the public may gather (within healthcare facilities and also in the community) to provide information about the CPSS and its role. Some of this group's work is tied to the website refresh, so those aspects will follow in 2022 or 2023. Work remains ongoing on these initiatives.

### **3. Developing expected competencies for Councilors and establishing a process to assist with recruitment**

With the assistance of the Nominating Committee, this Governance working group sought to develop a process to assist and encourage appropriate individuals to seek election to Council.

### **4. Developing a better method for Councilor assessment**

Council considered tools from MRAs across Canada with respect to Board/Councilor assessment. The working group is looking to identify the most suitable methods to develop an effective tool for assessing Councilors and their performance in a Saskatchewan context.

## Progress report on Council's STRATEGIC PLAN 2020-2025

*The implementation of the 2020-2025 Strategic Plan is well underway, with several goals having already been reached, but there is still much work to be done. Details on each of the four Goals are outlined in the following pages.*

# Our Strategic Plan for Improvement

## GOAL 1



An integrated Information Technology and Information Management platform to effectively support College decision-making, program evaluation, and engagement with members and the public.

- ✓ The College has a seamless IT/IM platform that is multi-modal, device agnostic, and able to effectively support College decision-making.
- ✓ 100% of College programs have metrics to support program evaluation.
- ✓ There is a decrease in the number of complaints and concerns raised during the renewal of licensure and corporations.
- ✓ There is an improvement in the ease of access to College information by members and the public.

## ADVANCEMENTS

The CPSS has endeavored over the last two years to roll out a newly upgraded online renewal platform. The renewal improvement project is intended to:

- Improve overall user experience of the member community
- Reduce length of time for members to complete their renewals.
- Reduce manual processing demand for the CPSS Registration Services team.

Key improvements made in 2021:

- Expanded web browser functionality to include Chrome, Edge, Safari and Firefox.
- Implemented further updates to simplify the Renewal experience.
  - Updated language on renewal Landing and Confirmation Pages.
  - Revised online forms to improve flow and ensure questions match bylaw wording and intent.
  - Included help boxes within the form to clarify questions.
  - Implemented use of regular reminders in support of Renewal

Upon completing their Licensure or Corporation Permit renewal, physicians were invited to complete a short online survey about their experience with the new platform. The table below summarizes physician experience over the last two years.



Indicator	Physician Licensure		Medical Corporation Permit	
	2021 (n=558)	2020	2021 (n=227)	2020
Time to Complete	73% report 15 min or less	62.75% report 15 min or less	75.8% report 15 min or less	57.5% report 15 min or less
Ease of Use	76% report Very Easy	59.58% Report Very Easy	68.7% report Very Easy	47% reported Very Easy
Overall Experience	83.5% report Very Satisfied	60.37% report Very Satisfied	78.4% report Very Satisfied	54.29% report Very Satisfied

## Website Refresh

Groundwork was done to identify platform and design best practices, and to determine whether the current branding reflects organisational values.

Environmental scans were completed of similar organisations' websites and meetings were conducted with colleges that have recently completed a website refresh. During this reporting period, requests for proposals (RFPs) were created for the website redesign and for an updated CPSS visual identity. These will be distributed in 2022.

A review and comprehensive website cataloging exercise was also completed.

### GOAL 2



**A robust College-led process to assess and support physicians for competence and performance throughout their careers.**

- ✓ A College-approved process is in place that assesses physicians every 10 years.
- ✓ A network of support services for physicians is in place.
- ✓ More physicians are compliant with the continuous professional development requirements.
- ✓ In collaboration with key stakeholders, physicians who are not practising at an appropriate standard are identified and deficiencies addressed in a more timely manner.

## ADVANCEMENTS

An inventory of the assessment processes currently available from organizations that are involved in the assessment of Canadian and Internationally trained physicians has been developed. The organizations currently involved are as follows: Medical Schools, Medical Council of Canada, Royal College of Physicians and Surgeons of Canada, Canadian College of Family Physicians, Practice Enhancement Program (Saskatchewan), Commercial assessment programs (U.S.) and international organizations such as National Board of Examiners, American Board of Internal Medicine etc. There is also some assessment done through the College's Advisory Committee on Diagnostic Imaging through its Quality Assurance audits.

A survey was developed and sent to the Saskatchewan Health Authority and Department Heads questioning if there are any assessment processes in use. A survey was also sent to the Administrators in Medicine in the United States to see what if any assessment processes its State Boards have in place.

The work done at the national level from FM-RAC on Physician Competency and the Medical Council of Canada's Assessment Innovation Task Force was reviewed and we await additional action to inform our ongoing work.

**GOAL 3**

**Enhanced College supervision, assessment and support of International Medical Graduates (IMGs) moving from a provisional to a regular licence.**

- ✓ There is an increased percentage of IMGs who move through the process within 12 months.
- ✓ There is an increase in the number of repeat supervisors and assessors.
- ✓ IMG candidates perform better at final assessment without an interim process.

**ADVANCEMENTS**

In support of CPSS's Strategic Plan and goal to Enhance College Supervision, Assessment and support of International Medical Graduates (IMG) moving from a Provisional to a Regular Licence, the CPSS focussed on the following in 2021:

- Documented timelines and the flow of information of physicians moving into their Supervised Practice.
- Revised all emails sent to vetted and approved supervisors to remove any unnecessary, redundant or outdated information.
- Revised and created new resource materials to help supervisors to better understand their role and responsibilities.
- Met with the College of Family Physicians of Canada (CFPC) to confirm Continuing Professional Development (CPD) credit options for Family Medicine supervisors.
- Revised the Family Medicine Supervision Report Form to reflect current medical practices and improve ease of use for the supervisor.
- Developed 'recruitment aids' to provide physicians with additional information about Supervision role.
- Revised the Saskatchewan International Physician Practice Assessment (SIPPA) Pre-screening Form to address program requirement changes and to improve ease of completion for physician.

**GOAL 4**

**Optimal  
physician prescribing  
of opioids.**

- ✓ 100% of physicians who prescribe opioids have reviewed and implemented recognized guidelines and have completed an education program.
- ✓ An increasing number of physicians who have access to the EHR viewer and/or PIP use it when prescribing opioids.

**ADVANCEMENTS**

Items underway or completed in 2021 include:

- The PRP/OATP finalized a survey to identify information physicians indicate may assist them to improve their own prescribing. The survey will be sent to all SK physicians in early 2022.
- A pilot of Opioid Prescribing Self-Assessment Tool continues to be implemented through the Quality of Care Department.
- The Pharmacist Manager of PRP/OATP and the OATP Clinical Manager are both members of the core working group of Advancing Interprofessional Management of Substance Use Disorders in Saskatchewan (AIMS-SK), where they provide valuable input to the group.
- Ongoing monitoring and follow up with physicians regarding the requirement to have access to the Pharmaceutical Information Program (PIP) or electronic Health Record (eHR) Viewer prior to prescribing opioids.
- Methadone for Analgesia guidelines were approved by Council in January 2021.
- Nineteen PRP referrals were made to CPSS for instances where further follow up was required with a physician

## Registration Services

The Registration Services Department is responsible for the licensure of physicians wishing to practice in Saskatchewan. The CPSS has legislated requirements that must be met before a physician can obtain a licence. Every physician application requires a careful review of their education, training, and relevant experience, as well as any outstanding investigations, disciplinary actions, or restrictions, before a licensure decision can be made.

In addition, the Registration Services Department also serves to support the Assessment and Supervision process for International Medical Graduates (IMGs), works to ensure Professional Maintenance requirements are being met, and performs a Monitoring and Reporting function in support of important backend functions, such as billing and privileging.

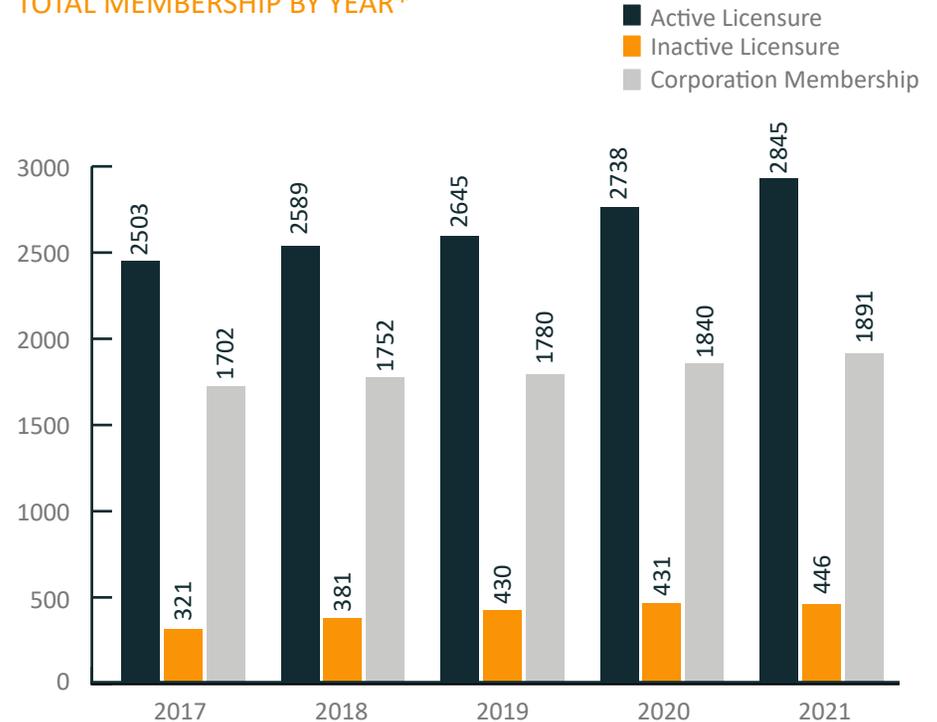


### Membership in 2021

**2845**  
active licences

An increase of 4 %  
over 2020

### TOTAL MEMBERSHIP BY YEAR\*



\*The table above reflects the number of active and inactive physician licences and registered medical corporation permits as of December 31, 2021. Active Licensure includes Telemedicine licensure but does not include physicians who would have been listed with a Time-Limited Licence. Adjustments to information contained in this table from previous Annual Reports have been made.

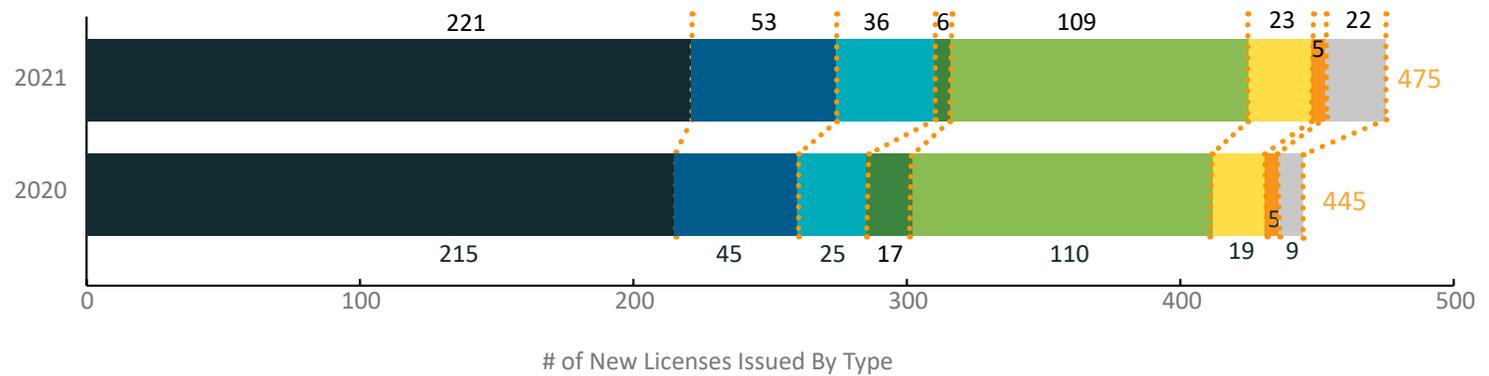
## NEW LICENCES ISSUED ANNUALLY BY TYPE

*(Does not include educational or inactive licences)*

2021 saw a slight increase in the number of Telemedicine licences issued. As a result of the COVID-19 pandemic, there has also been an increased number of Emergency licences issued over the past two years.

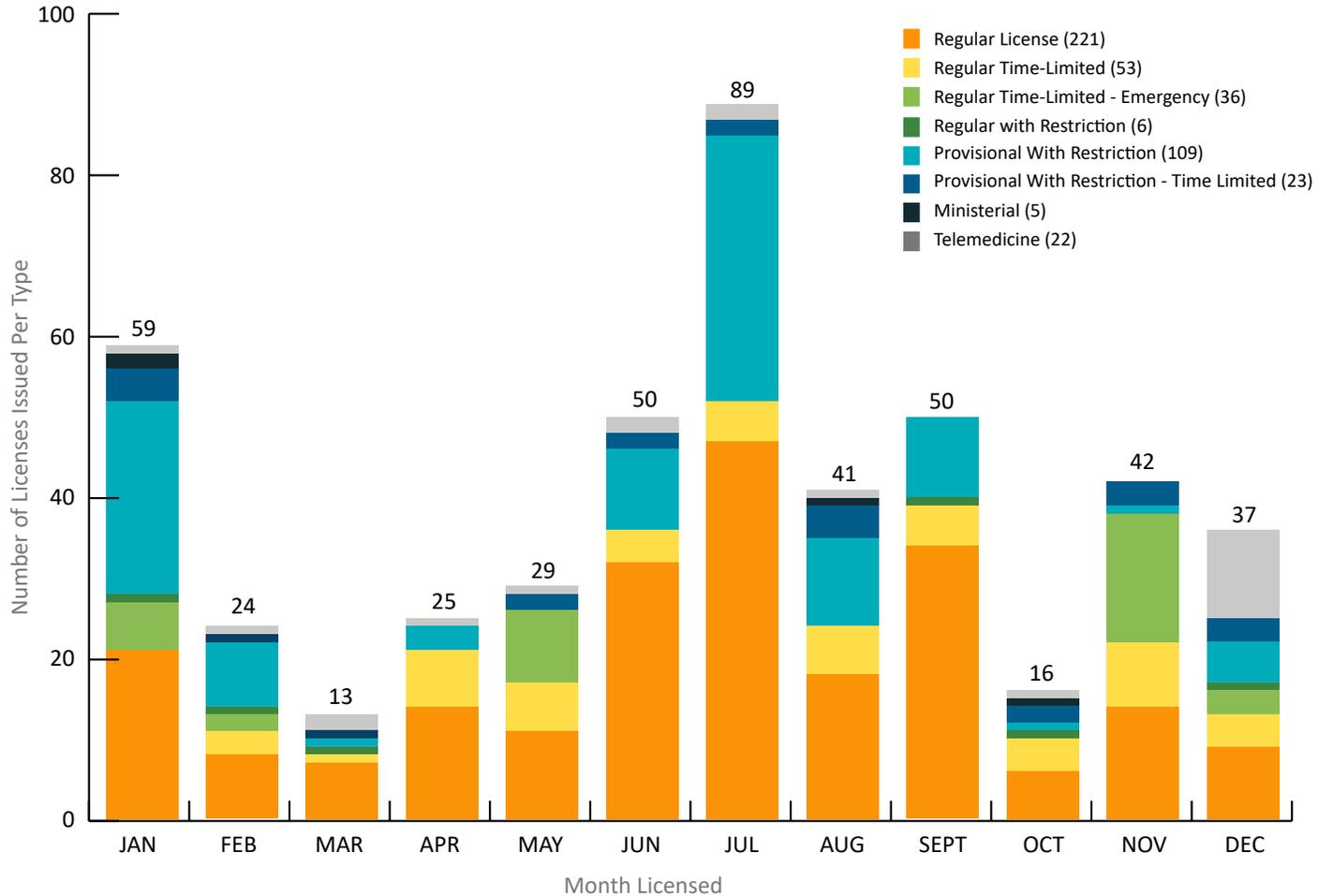


- Regular License
- Regular Time Limited
- Regular Time Limited - Emergency
- Regular with Restriction
- Provisional with Restriction (PWR)
- PWR - Time-Limited
- Ministerial
- Telemedicine



## TYPE OF ACTIVE LICENCE ISSUED BY MONTH IN 2021

(Does not include educational or inactive licences)

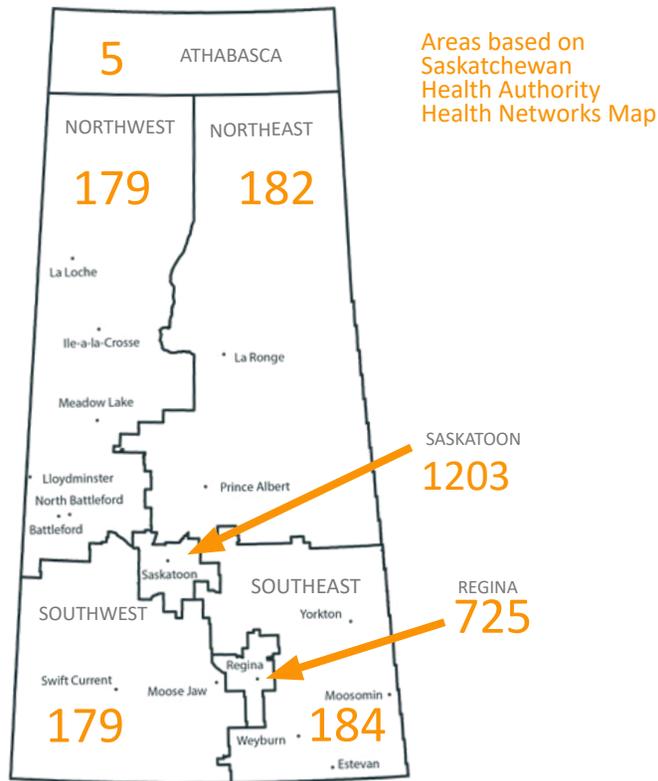


In 2021, more regular licences were issued from June through to September than noted in previous years. This shift in timing is most likely correlated with the Medical Council of Canada (MCC) decision to sunset the Qualifying Examination Part 2 (MCC QE2), which was a requirement for the Licentiate of the Medical Council of Canada (LMCC) and a requirement for a regular licence. As of July 7, 2021, physicians who had been registered to sit the MCCQE2 prior to its cancellation and who met the newly adjusted criteria, were awarded the LMCC. We expect this resulted in the increase in the number of physicians meeting requirements to achieve their regular licence sooner.

## Profile of Physicians Working and Living in Saskatchewan

### Where are our Physicians located?

Based on primary office addresses, we see **72.5%** of physicians have their primary office\* address located within the two main urban centres of Saskatoon and Regina, whereas **27.5%** of physicians have their primary office listed within a surrounding rural zone.

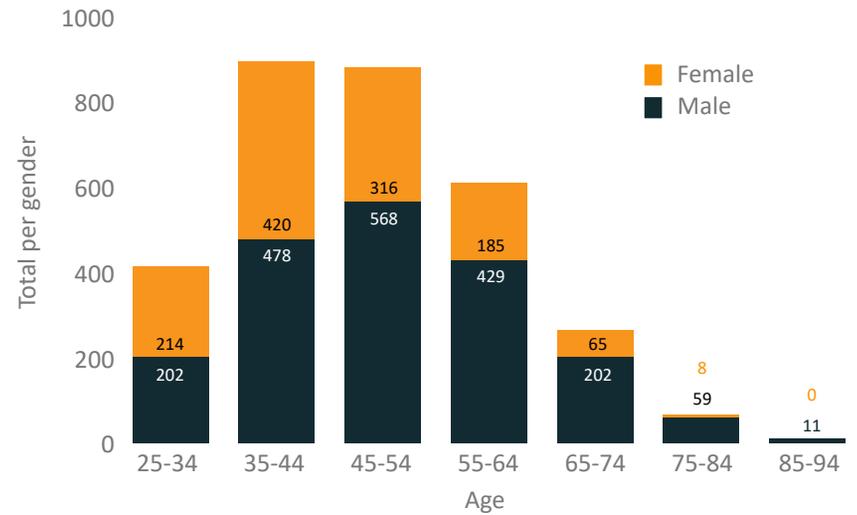


\*While many physicians hold a primary office in an urban area, many do travel to serve rural areas.

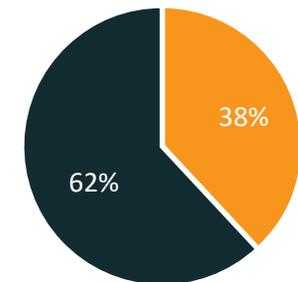
\*\*Does not include the small number of actively licensed member physicians providing services in Saskatchewan while having a primary office out of province.

### Age and Gender Breakdown

In 2021, the average age of a physician holding a licence in Saskatchewan has shifted to **48.5 years**, down from 49 years in 2020.



### Gender Breakdown



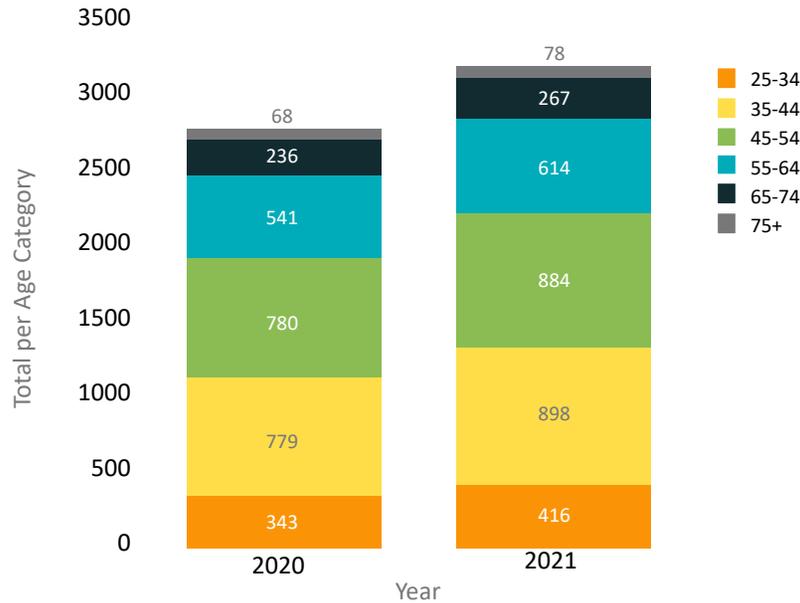
NOTE: These two graphs illustrate gender breakdown by either Male or Female of physicians working in Saskatchewan.

The CPSS recognizes these graphs may not offer an accurate picture of gender within the Saskatchewan physician community, due to current limitations in data collection.

Female (1208)  
Male (1949)

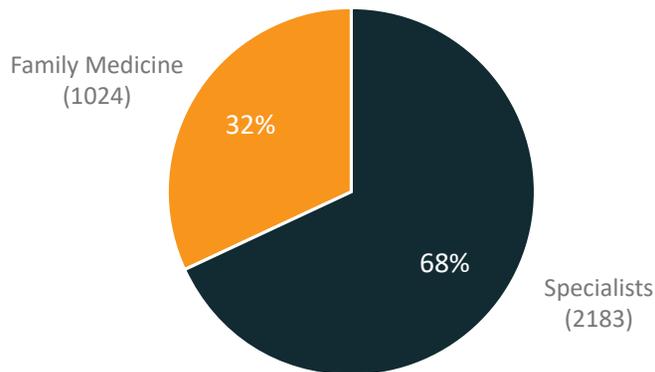
### Age Demographics

The graph below shows the shifts in the breakdown of age, across the total physician population in Saskatchewan, over the last two years.



### Areas of Practice

The chart below illustrates the balance of Family Medicine to Specialty practice, by physician registration in Saskatchewan.



### Educational Membership

The CPSS grants educational licences for students at the College of Medicine (new medical students, clerks, clerk electives, new or promoted residents and resident electives).

Educational Licence Type	Total
New Medical Students	101
Clerks	104
Clerk Electives (see note)	0
New/Promoted Residents	487
Resident Electives	45
<b>TOTAL EDUCATIONAL LICENCES*</b>	<b>737</b>

\*approximate count

Note: As a result of Covid-19, a decision was made nationally by the Association of Faculties of Medicine of Canada (AFMC) to halt electives until August 2022. This has since been adjusted and electives will be halted until March 2023.

### 5-Year View of Residents Registered in Saskatchewan

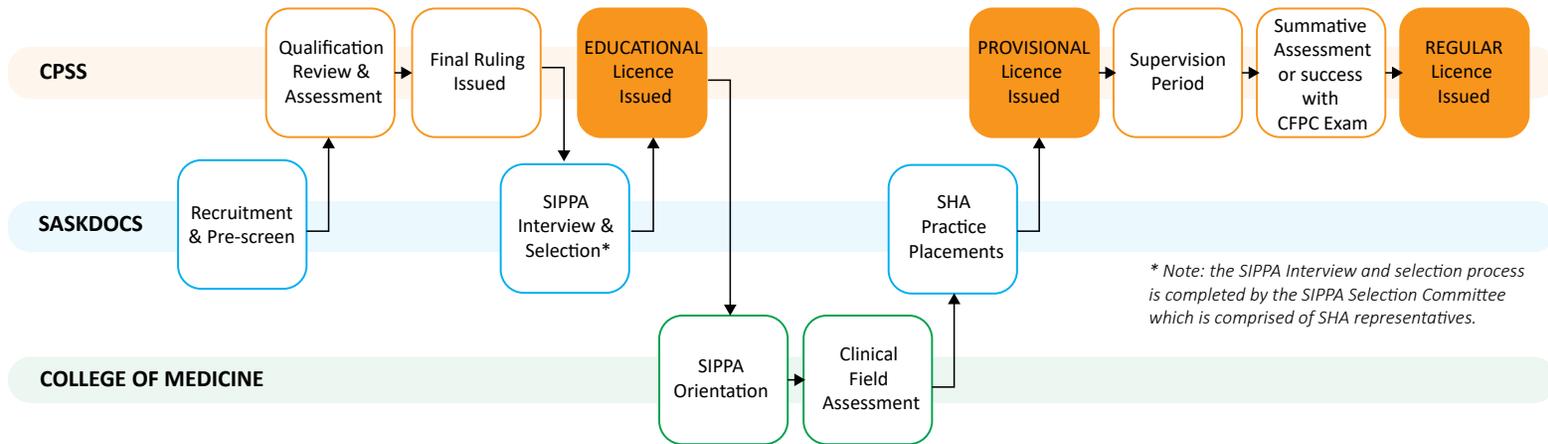
Total number of residents registered each year in Saskatchewan. The number of residents registered per year depend on class size, whether any residents were off cycle and are returning after a leave, or whether there were additional residents accepted from outside of Canada on Fellowships.



## Saskatchewan International Physician Practice Assessment (SIPPA) Program

The SIPPA program is a Practice Ready Assessment (PRA) program. It is a collaboration of the Saskatchewan Ministry of Health, the Saskatchewan Health Authority (and saskdocs), the University of Saskatchewan, and the CPSS, to provide a licensure pathway for internationally trained family physicians coming from systems lacking reciprocal recognition by Canadian national accrediting organizations.

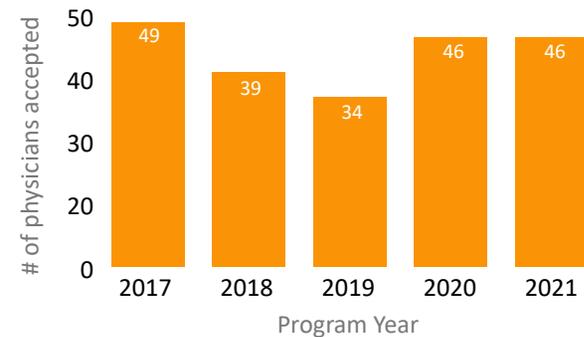
The CPSS reviews physician applications to assess eligibility for licensure, which is a requirement to participate in the SIPPA program, if selected. The CPSS issues licences to physicians who are selected for the program and supports SIPPA physicians as they transition to their supervision period and lastly coordinates Summative Assessments as a capstone to confirm competency requirements for a Regular licence.



### SIPPA Enrollment

Over the last two years, the SIPPA program has worked to increase its program enrollment to 46, however these have been spread across two larger iterations, rather than 3 smaller iterations, as done in previous years. This shift was due to the disruption that COVID brought to the program in the spring of 2020, which resulted in delays to iterations.

### TOTAL SIPPA CANDIDATES ACCEPTED BY YEAR



## Physician Supervision & Assessment

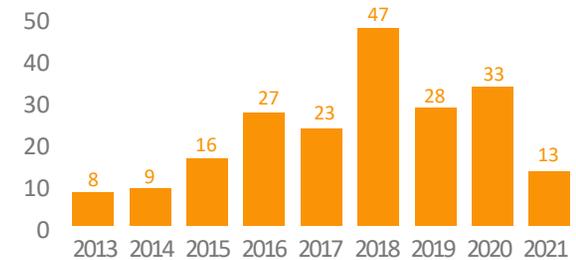
Successful completion of Supervision and a Summative Assessment are the critical steps required to achieve a regular licence.

### SUMMATIVE ASSESSMENT (FAMILY PRACTICE)

**Thirteen Family Practice physicians** successfully completed their Summative Assessment and achieved their Regular Licence in 2021.

An additional **30 Family Practice physicians** successfully obtained their Certification in the College of Family Physicians of Canada (CCFP) in 2021, to ultimately achieve their Regular Licence.

REGULAR LICENCE DUE TO SUCCESSFUL SUMMATIVE ASSESSMENT - FAMILY PRACTICE



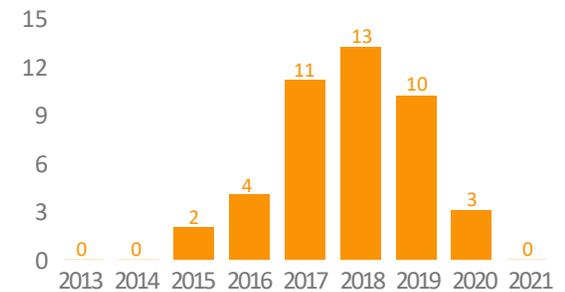
### INTERIM PROCESS (FAMILY PRACTICE)

The interim process refers to when a physician has undergone a Summative Assessment but may have had an outstanding area in need of further remediation. The interim process allows them to address the area and engage in a follow-up assessment.

**No family practice physicians** were routed to an interim process in 2021.

*While difficult to point specifically to what has resulted in a reduction, it is anticipated that the changes that have been made to SIPPA program requirements and selection criteria, in combination with implementing a Lead Supervisor to assist with supervisors over the last few years has resulted in seeing fewer Family Practice physicians entering the Interim process.*

REGULAR LICENCE DUE TO SUCCESSFUL INTERIM PROCESS - FAMILY PRACTICE

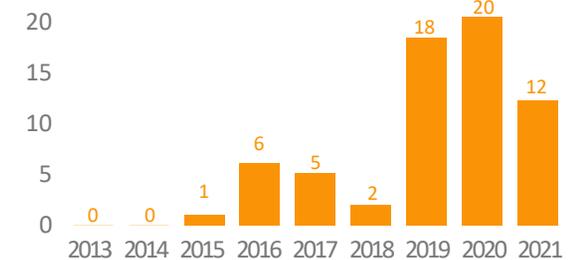


### SUMMATIVE ASSESSMENT (SPECIALIST)

**Nine Specialists** were successful in their Summative Assessment in 2021 and **one Specialist** was removed from the Summative Assessment Route, upon successfully obtaining their Royal College Certification.

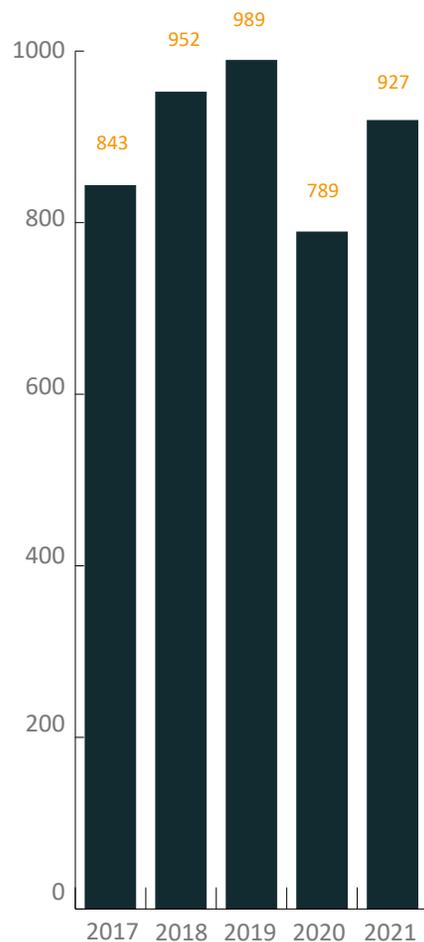
Additionally, **three Surgical Assistants** were successful in their Summative Assessment in 2021, for a total of 12 successful Summative Assessments resulting in Licensure.

REGULAR LICENCE DUE TO SUCCESSFUL SUMMATIVE ASSESSMENT - SPECIALIST



### Certificates of Professional Conduct

# OF CERTIFICATES OF PROFESSIONAL CONDUCT (CPC) ISSUED

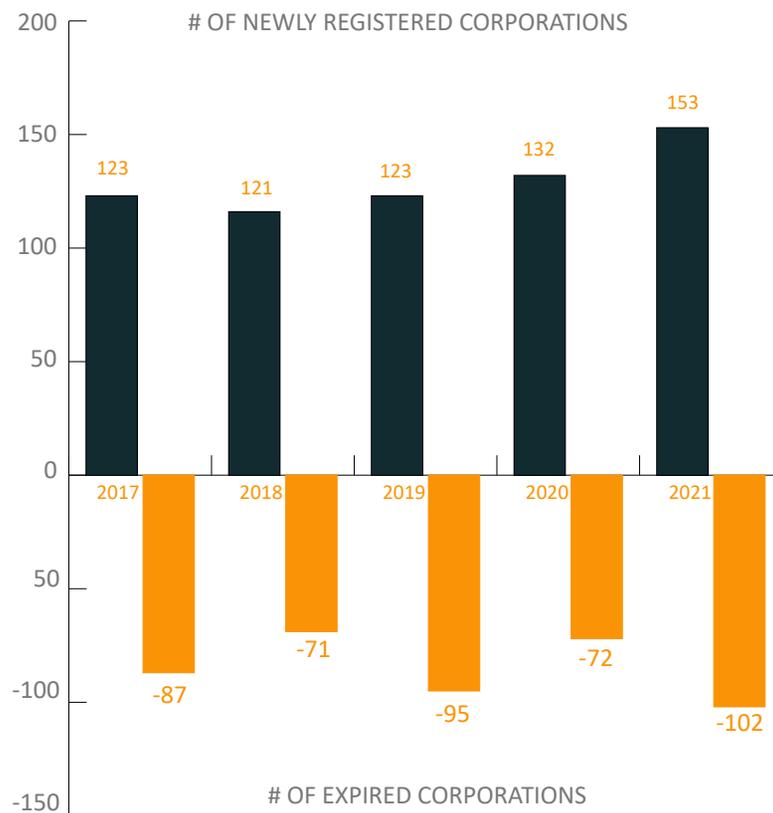


Based on data over the last 5 years, an average of 900 CPCs are issued each year by CPSS.

### Medical Corporation Permits

#### Newly Registered and Expired Corporations

As noted in the chart below, we saw an increased number of new Medical Corporations registered. We also saw an increased number of Medical Corporations lapse.



# Bylaw Development and Changes

*The CPSS Regulatory Bylaws establish expectations for physicians and for the CPSS. They establish practice standards, requirements for licensure, a Code of Ethics and Code of Conduct, and define certain forms of conduct as unprofessional. The Council actively reviews CPSS bylaws, policies, standards and guidelines to ensure that they remain appropriate. All are posted on the [CPSS website](#)*



## CHANGES IN 2021

During 2021, the Council adopted several changes to the CPSS Regulatory Bylaws:

### Regulatory Bylaw 2.13 – Licensure of podiatric surgeons

The CPSS has the responsibility to license podiatric surgeons, even though no podiatric surgeon has ever applied for licensure in Saskatchewan (unlike the situation in B.C. and Alberta where there are licensed podiatric surgeons). The bylaws establishing the registration criteria for podiatric surgeons were updated to mirror the B.C. requirements and to be consistent with the current training programs.

### Regulatory Bylaw 2.13 - Amendment of accepted English language proficiency examinations

Following the approval by the FMRAC Board of Directors of a change in the FMRAC English Language Proficiency model standards, the Council amended bylaw 2.13 to remove the Test of English as a Foreign Language (TOEFL) and to add the Occupational English Test (OET-medicine) and the Canadian English Language Proficiency Index Program (CELP) as acceptable tests to demonstrate English language proficiency.

### Regulatory Bylaw 2.17 - Exemption from licensure requirements

Recognizing the public interest in allowing the Canadian Armed Forces to deliver appropriate medical care to its personnel and also to respond quickly in an emergency, the Council amended bylaw 2.17 to exempt physicians who are employed by the Canadian Armed Forces, and physicians who are under contract to deliver services on behalf of the Canadian Armed Forces, from the requirement to be licensed in Saskatchewan. The exemption only applies if the physician has valid licensure in another province or territory of Canada and if the physician has appropriate liability coverage in place.

### Regulatory Bylaw 2.5 and 2.6 - Requirements relating to provisional licensure

The Council amended the bylaws to address eligibility and conditions of licensure for physicians who achieve eligibility to challenge the Royal College examinations through the Practice Eligibility Route (“PER”). In addition, bylaw 2.6 was amended to authorize the Registrar to temporarily suspend the supervision requirement for a physician who has a provisional licence requiring supervision, but who is temporarily not practising in Saskatchewan.

### **Regulatory Bylaw 2.5 and 2.6 – Licensure of physicians with SEAP attestation**

The Council amended the bylaws to provide that the Royal College's Subspecialty Exam Affiliate Program (SEAP) attestation is a basis for licensure, and to specify the applicable requirements. A physician who achieves a regular licence or a provisional licence as a result of SEAP attestation will have their licence limited to the subspecialty in which the attestation was granted.

### **Regulatory Bylaw 2.6 – Removing supervision requirement for physicians who receive certification**

The Council amended bylaw 2.6 to remove the requirement for supervision for physicians who hold a provisional licence and who have achieved certification with the College of Family Physicians (CCFP) or the Royal College of Physicians and Surgeons of Canada (FRCPC or FRCS).

### **Regulatory Bylaw 3.3 – Resignation of physicians**

In order to ensure its continued ability to deal effectively with physicians who resign their CPSS membership but (for example) do not provide continuity of care for patients or appropriately deal with patient records, the Council adopted a bylaw which mirrors the requirements for lawyers in Saskatchewan. A resignation is not effective until it is accepted by the Registrar. This applies only to licensure with the CPSS and has no effect on a physician's ability to relocate their practice inside or outside Saskatchewan.

### **Regulatory Bylaws 17.1 - Minimum standards for Written and Verbal Medication Prescriptions Issued by Physicians and 18.1 - secure electronic prescribing**

The CPSS recognized that there were inconsistencies between bylaws 17.1 and 18.1 and the position taken by the Saskatchewan College of Pharmacy Professionals (SCPP) to authorize pharmacy technicians to receive prescriptions from physicians, and not to authorize pharmacists or pharmacy technicians to receive prescriptions by email message. Bylaws 17.1 and 18.1 were amended to ensure consistency with the requirements of the SCPP. This included amendments to bylaw 17.1 to authorize licensed pharmacy professionals (pharmacists or pharmacy technicians) to receive prescriptions from physicians, and an

amendment to bylaw 18.1 to recognize secure electronic prescribing but to remove the ability to send prescriptions by email.

### **Regulatory Bylaw 18.1 – Amendment to list of Prescription Review Program medications**

The Council updated the list of medications that are subject to the Prescription Review Program. The bylaw states that the bylaw applies to the listed medications as well as "their salts and/or enantiomers, in all dosage forms, as a single active ingredient or as a combination product." The list was also updated to include Lemborexant.

### **Regulatory Bylaw 19.1 – Change of terminology**

The Council amended bylaw 19.1 to change the terminology from 'addiction' to 'opioid use disorder' to ensure consistency with the DSM-5 and to reduce stigma.

### **Regulatory Bylaw 24.1 - Reporting of Blood-borne Viruses**

This bylaw was amended together with the updated policy *Blood-borne Viruses: Screening, Reporting and Monitoring of Physicians/Medical Students*. The primary changes include: 1) Physicians/medical students who perform or may perform / assist or may assist in performing exposure prone procedures (EPPs) must know their status and must comply with a specific testing schedule for blood-borne viruses; 2) Reporting of seropositive status is only required for physicians/medical students who perform or may perform / assist or may assist in performing EPPs; and 3) Monitoring will be performed on an arm's length basis by the Physician Health Program (PHP) of the Saskatchewan Medical Association rather than by the Registrar's office. While the bylaw and policy are now in force, transition work is still underway; the CPSS will advise when the transition to the new policy/bylaw has been completed.

### **Regulatory Bylaw 35.1 - Payment at Specialist Rates**

Given the ongoing pandemic, the CPSS recognized that Royal College examinations might not be available for all specialties in 2021. To address the potential billing implications of this situation, the Council amended bylaw 35.1 to allow physicians completing residency in 2021 to bill at specialist rates if an examination in their specialty is not available. The authorization only extends until there is an examination available in the physician's specialty.

# Policies, Standards and Guidelines

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

## Standards

Standards are formal requirements established by the CPSS with which members must comply. They supplement the CPSS bylaws and mandate clinical and/or ethical standards in relation to defined areas of practice.

## Policies

Policies contain requirements set by the Council of the CPSS to supplement the Act and Bylaws. Policies are formal positions of the CPSS in relation to defined areas of practice with which members must comply. The Council also sets policies on registration, administration, and governance of the CPSS.

## Guidelines

Guidelines describe practices that are generally recommended by the Council of the CPSS as part of providing quality medical care in a professional manner. Physicians licensed with the CPSS are encouraged to follow these recommended courses of action and should exercise reasonable discretion in their decision-making based on this guidance.

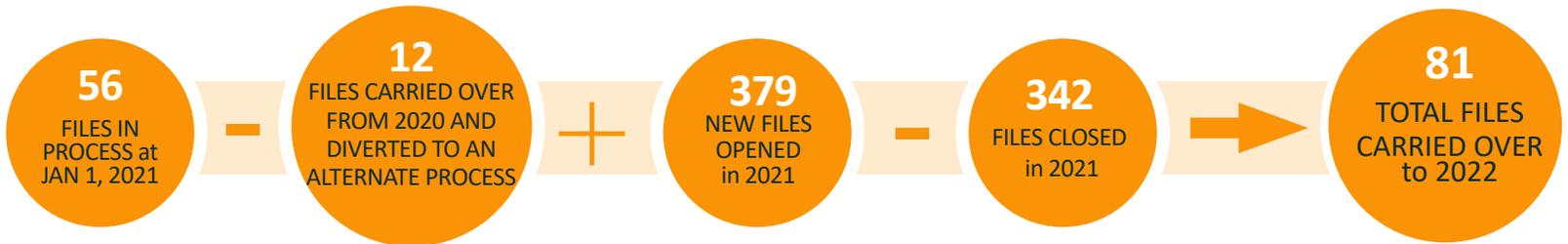
*All the CPSS policies, standards and guidelines can be found on the CPSS website. The new and amended policies can be accessed on the right by clicking on each policy title in **ORANGE**.*

		Type	Changes in 2021
	NEW		
	UPDATED		
	U	Standard	<a href="#">Assisted Reproductive Technology</a>
	N U	Policy	<a href="#">Blood-Borne Viruses: Screening, Reporting and Monitoring of Physicians/Medical Students</a>
	U	Policy	<a href="#">Conscientious Objection</a>
	U	Guideline	<a href="#">Infection Prevention and Control (IPAC) Guidelines for Clinical Office Practice</a>
	N U	Policy	MAiD (Medical Assistance in Dying) <ul style="list-style-type: none"> <li>- <a href="#">Patient's Death is NOT Reasonably Foreseeable</a></li> <li>- <a href="#">Patient's Death is Reasonably Foreseeable</a></li> </ul>
	U	Policy	<a href="#">Medical Practice Coverage</a>
	N	Standards & Guidelines	<a href="#">Methadone for Analgesia Standards and Guidelines</a>
	U	Policy	<a href="#">Opioid Agonist Therapy (OAT) Prescribing</a>
	U	Standards & Guidelines	<a href="#">Opioid Agonist Therapy (OAT) Standards and Guidelines</a>
	N U	Guideline	<a href="#">Physician Use of Electronic Communications</a>
	N	Guideline	<a href="#">Physician Use of Social Media</a>
	U	Policy	<a href="#">Physicians at Risk to Patients</a>
	U	Policy	<a href="#">Public Access to Council Documents and Redaction of Sensitive Information Contained Therein</a>
	N	Guideline	<a href="#">Referral-Consultation Process</a>
	U	Policy	<a href="#">Scope of Practice Change</a>
	U	Policy	<a href="#">Standards for Primary Care</a>

# Complaints Resolution

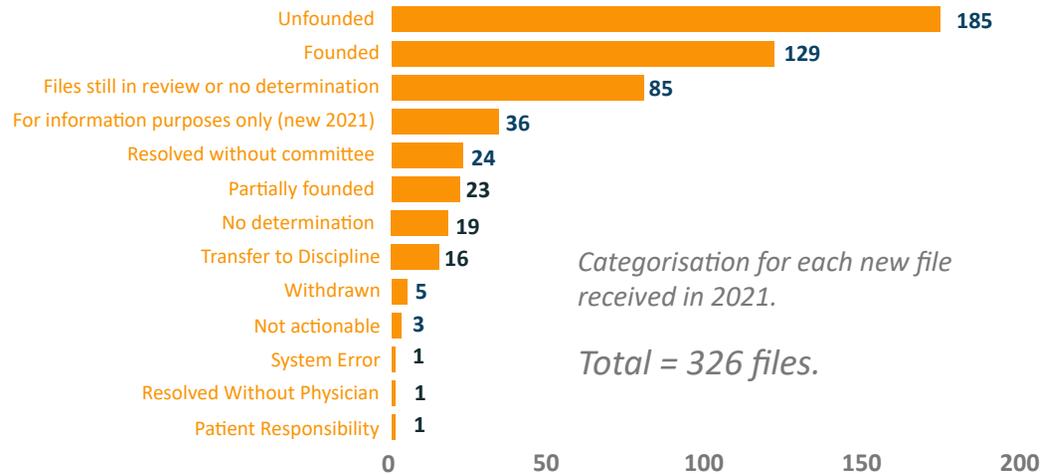
The Quality of Care Department receives and navigates through informal and formal complaints. The Complaints staff at the CPSS continue to receive an increasing influx of complaints from the public, physicians and other health professionals and 3<sup>rd</sup> party sources.

## TOTAL FILES UNDER REVIEW AT DECEMBER 31, 2021



## Determinations by the Quality of Care Department

### FILE DETERMINATIONS IN 2021



Categorisation for each new file received in 2021.

Total = 326 files.

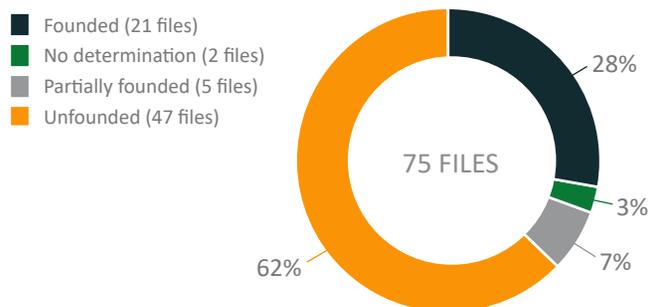


## Determinations by the Quality of Care Advisory Committee

### Files Closed by the Quality of Care Advisory Committee

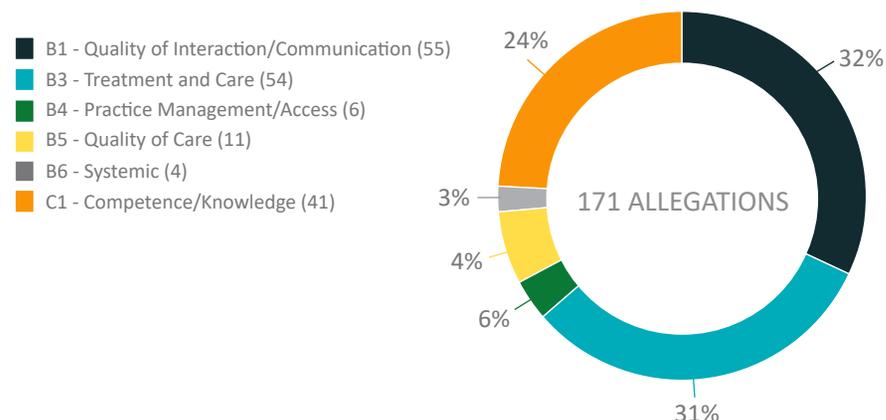
#### BY DETERMINATION

The 75 files handled by the Committee contained a total of 171 allegations. Some complaints contain more than one allegation.

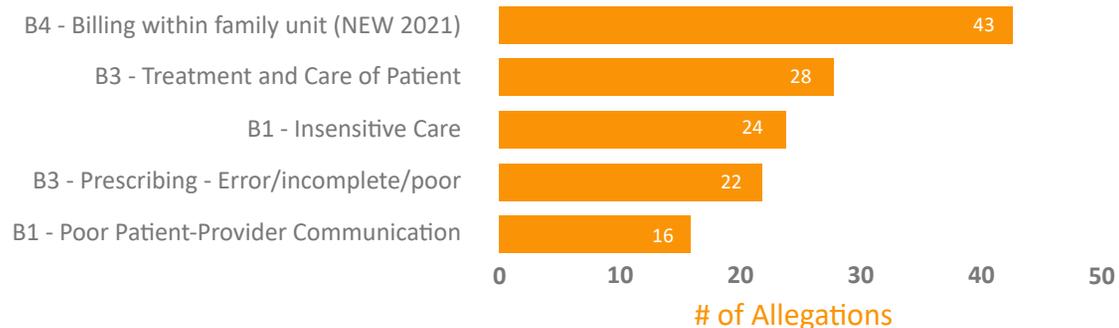


#### BY ALLEGATION

Categorisation of the total of 171 allegations.



#### Top 5 MOST COMMON ALLEGATIONS IN 2021



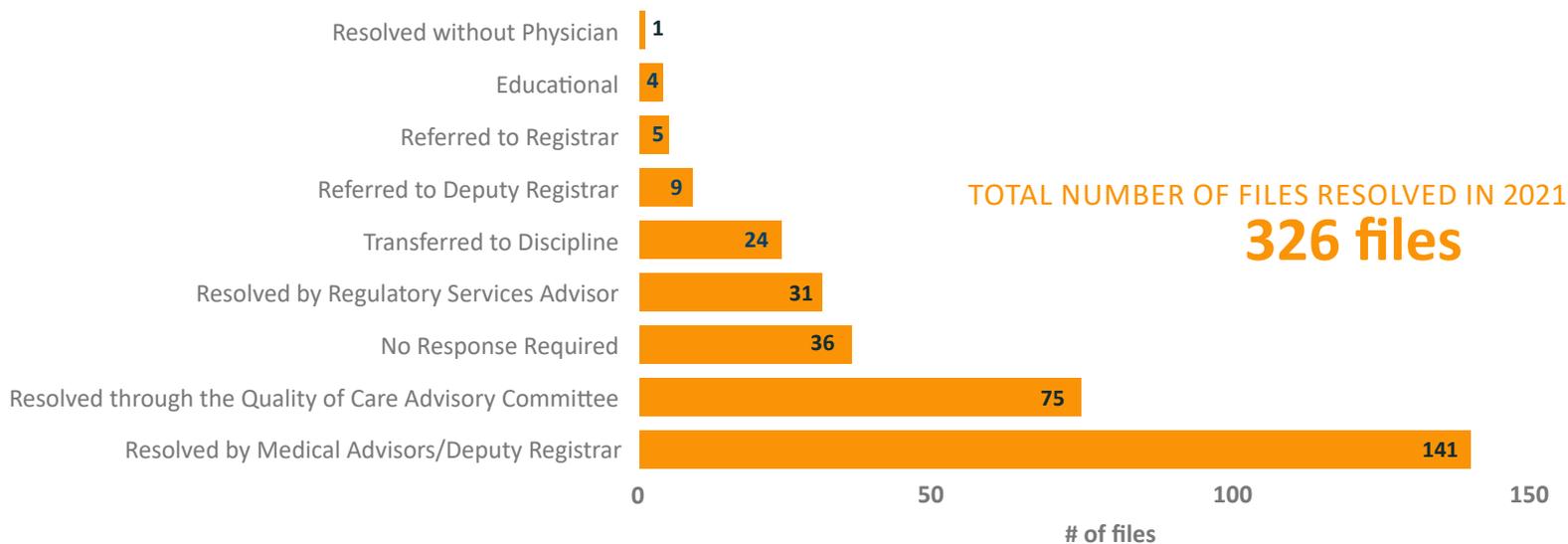
#### File Coding

**B-codes: BEHAVIOUR** - Any behaviour that is a breach of the Code of Ethics or poor communication or conduct, as evaluated by patients, co-workers, or peers.

**C-Codes: COMPETENCE** - Inadequate knowledge, skills or attitudes or the inability to appropriately apply knowledge, skill, or attitudes.

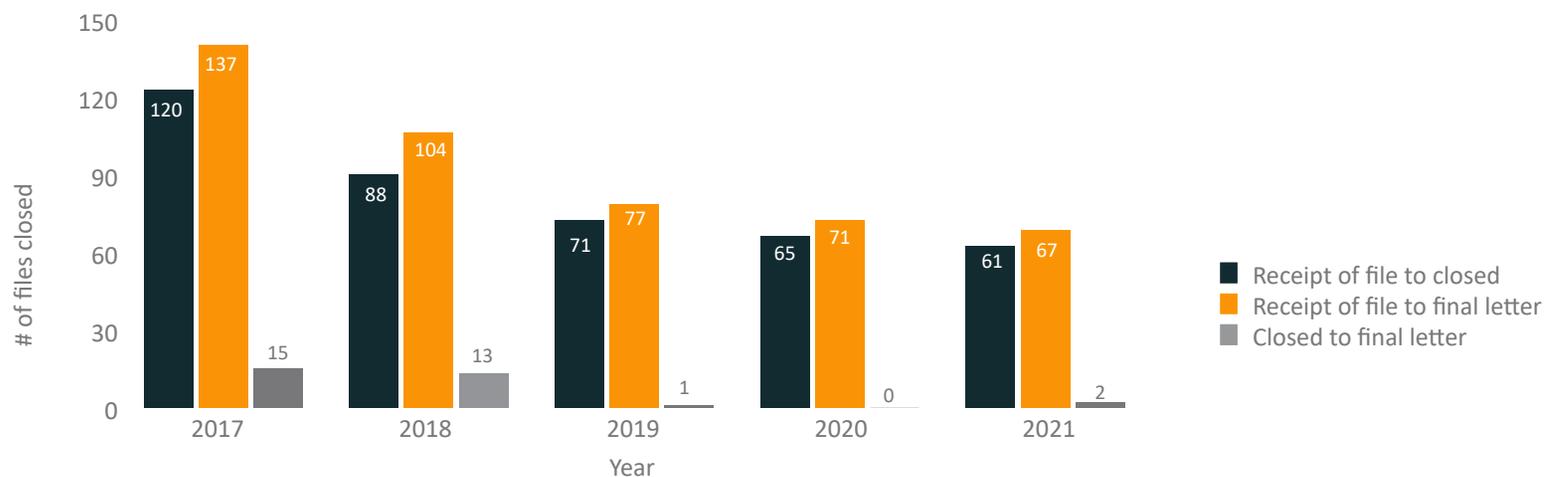
**F-codes: FITNESS** - Any condition (drug abuse, alcohol abuse, physician disease, psychiatric disease, or other stressors) that impairs physician performance and ability to practise.

### Files Resolved - Method of Resolution



### Volume & Efficiency

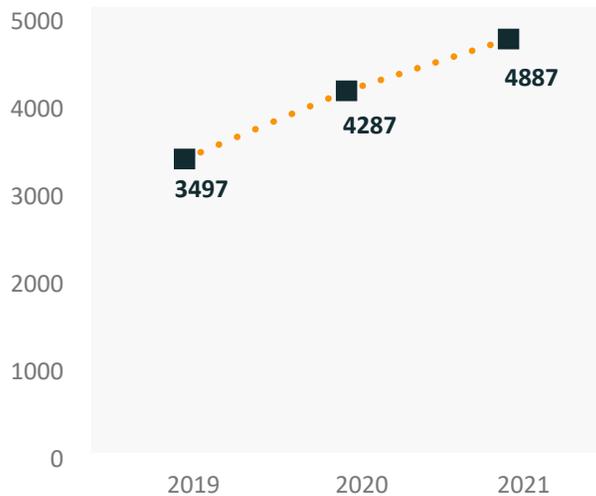
#### TIME TAKEN BY DEPARTMENT TO CLOSE FILES



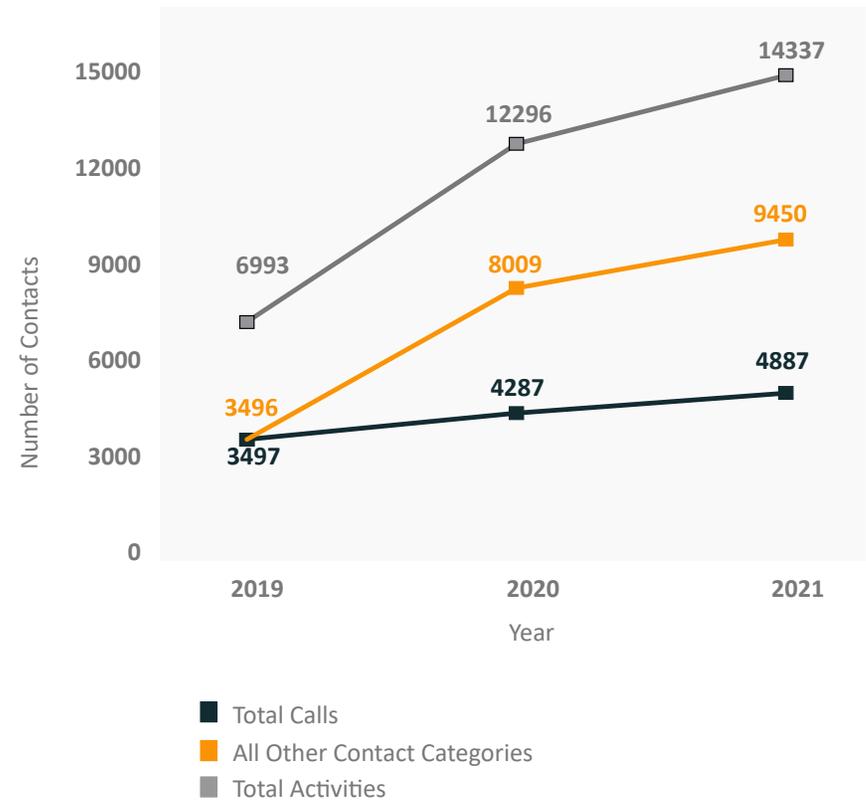
### Volume of Incoming Contacts Managed by the Quality of Care Department

The graphic to the right illustrates the marked difference in the number of complaints received between 2019 and 2021, a volume in part due to the impact of COVID.

#### 3-YEAR COMPARISON IN CALL VOLUME (ONLY) RECEIVED BETWEEN 2019 AND 2021



### Quality of Care Department - Regulatory Services Advisor Activities\*



\* Includes enquiries relating to ECG, Prescription Review Program, Saskatchewan Health Authority Areas, Saskatchewan Medical Association, Government, Discipline, Appointments.

## Disciplinary Actions

With continued pandemic restrictions in 2021, the CPSS drew on its experience in 2020 to streamline its modified processes to continue its work addressing complaints that physicians had acted unprofessionally, lacked skill and knowledge, or had a health issue which affected their fitness to practice.

### The continued COVID Impact

While there were ongoing challenges in dealing with complaints in a timely fashion, for the most part the CPSS was able to get back to its usual work in modified ways in 2021. While the restrictions on in-person interactions still impacted some investigations, the CPSS preliminary inquiry committees became adept at virtual interviews in order to move matters forward. The CPSS processes for virtual or partially virtual hearings were streamlined, and several hearings were completed in 2021.

The CPSS continued to receive a variety of complaints related to COVID, including the off-label prescribing of Ivermectin, failing to arrange to see patients in person when required, making inappropriate comments about the pandemic and public health measures, and concerns about physicians' social media posts. A number of these complaints raised interesting issues about freedom of expression under section 2 of the *Canadian Charter of Rights and Freedoms*.

Council continues to exercise its oversight role to ensure that disciplinary investigations progress in a timely manner. At every Council meeting, the Council receives a report of all outstanding



discipline matters including information about the physician's alleged conduct, how long the matter has been outstanding and information about its status.

The CPSS has focused considerable effort into maintaining timeliness in addressing complaints despite the significant increase in the number of complaints of unprofessional conduct that it investigates – from 24 complaints in 2011 and 31 in 2012 to 80 complaints in 2019 and 74 in 2020. While the files opened in 2021 was somewhat lower at 60, several of those files included multiple complaints, resulting in >100 total complaints of unprofessional conduct.

The CPSS has continued its efforts to improve processes to addressing timeliness and transparency (where permitted). This includes regular legal counsel meetings and regular reporting to complainants on newly opened discipline files, as well as several tracking systems to ensure timely follow-up of compliance with penalty orders and alternative dispute resolution agreements.

## Trends

1

The trend for increased numbers and complexity of complaints continued in 2021. As noted above, the CPSS received multiple complaints against several physicians alleging patient safety concerns. The CPSS has had to modify its usual process to some extent to permit timely and manageable consideration of these complex multi-faceted files.

2

There has been an increase in complaints received alleging inappropriate conduct by physicians in administrative roles, or for “off-duty” conduct. This seems to follow from physicians’ increased public role during the ongoing pandemic.

3

The efforts to resolve appropriate complaints through alternative dispute resolution (ADR) has continued in 2021. This places a heavier burden on the Executive Committee which again considered >140 memoranda in 2021 but has resulted in timely remediation and resolution in appropriate cases. While pre-charge ADR agreements are not public unless the ADR agreement results in a restriction on the physician’s ability to practise, there was an increased number of post-charge ADR agreements in 2021 (7 charges involving 6 physicians). In those cases, the charge and a summary of the requirements of the ADR agreement are available on the CPSS website.

4

The trend for an increased number of complaints of unprofessional conduct related to a failure to maintain the standards of practice of the profession has continued in 2021. This included 6 charges of unprofessional conduct being laid in 2021 where one of the allegations was a failure to maintain the standards of practice of the profession.

5

The CPSS has continued to see a trend of increased complaints from physician colleagues or co-workers. These complaints range from a failure to maintain the standard of practice of the profession, to failing to attend to assess patients, to sexual harassment of staff or co-workers.

6

As mentioned in the 2020 Annual Report, the CPSS has continued to see an increase in the number of matters where the physician denies unprofessional conduct, requiring a contested hearing. Many of these matters have included pre-hearing procedural motions and expert witnesses, which result in the requirement for more hearing days and increased resources.

## Alternative Dispute Resolution

As reported in previous Annual Reports, in recent years the CPSS has made efforts to resolve concerns about physicians' conduct through alternative dispute resolution (ADR) when that is appropriate. As described in the Alternative Dispute Resolution policy adopted by the Council in 2019, most ADR agreements require the physician to sign an undertaking with the CPSS promising to do what is described in the agreement. The CPSS established a process to review physicians' compliance with such undertakings to ensure that the agreements are completed in the designated timeframe.

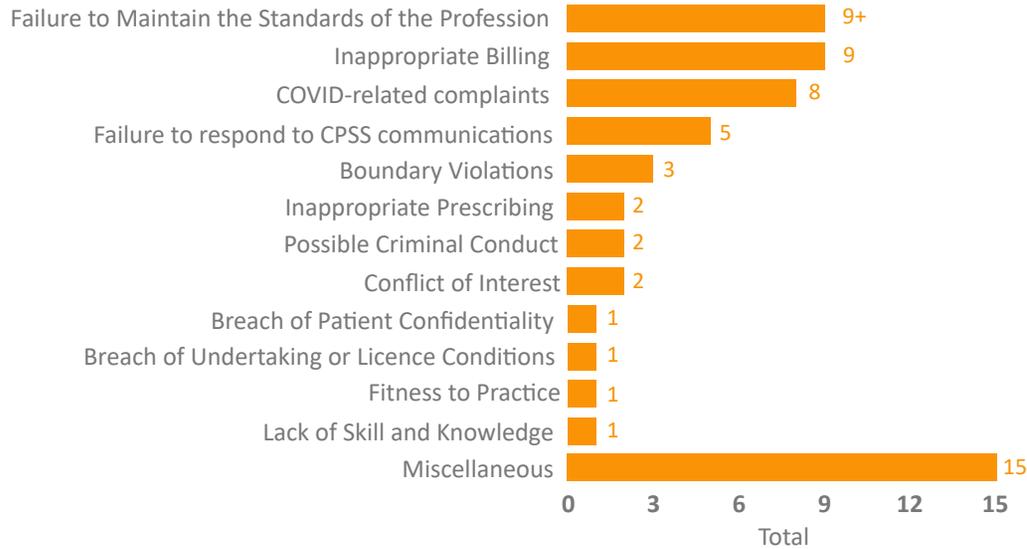
The CPSS may enter into an ADR agreement with a physician at any stage of a disciplinary investigation. Either the Council or the Executive Committee must authorize resolution of concerns about a physician's conduct through ADR. ADR may be offered before an investigation by a preliminary inquiry committee begins, after reviewing a report from a preliminary inquiry committee, or after a charge of unprofessional conduct has been laid. In general, pre-charge ADR agreements are not made public unless the physician agrees to a restriction in their practice of medicine, but information about post-charge ADR agreements is published on the CPSS website in the [Summary of Discipline Cases](#) and in the physicians' profiles.

In 2021 the CPSS entered into 12 ADR agreements with physicians. As noted above, seven of those were post-charge ADR. Several had a focus of inappropriate record-keeping, with another few focused on physicians agreeing to provide third-party reports on a timely basis. Two of the agreements related to one physician who agreed to relinquish his licence and never practise medicine anywhere in the world in the future.

The use of ADR has been quite effective and has been a preferable outcome for many physicians who might otherwise have been formally disciplined.



### What did the complaints leading to discipline allege\*?



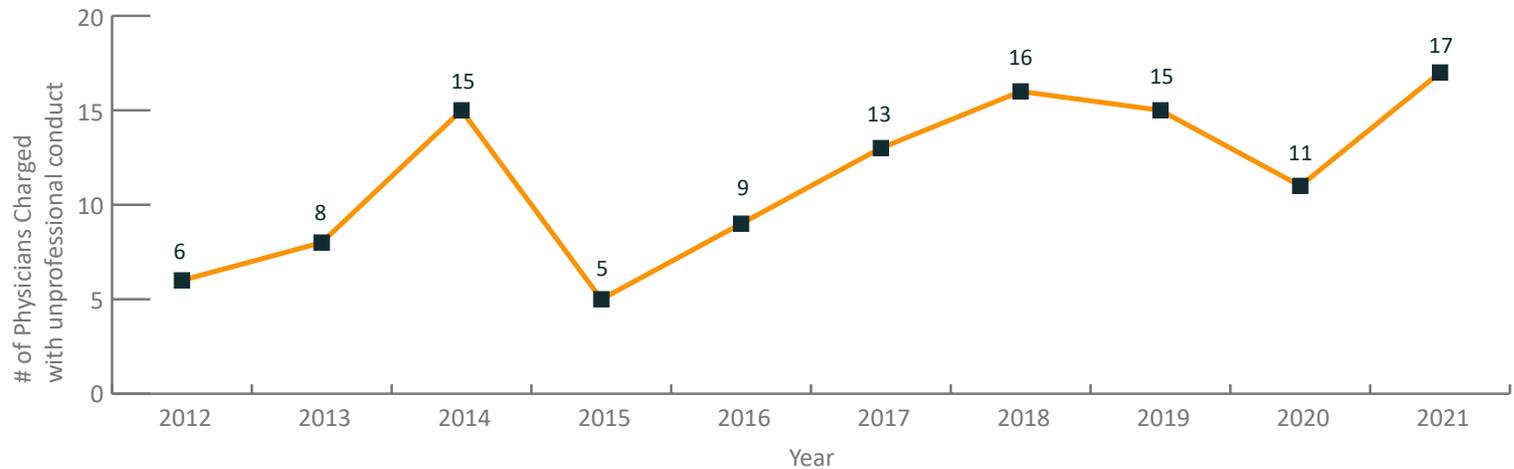
This categorization represents our best efforts to categorize the most significant element of complaints. Many complaints raise more than one issue of concern. For example, several of the complaints listed in the graph to the left included concerns about inadequate medical records in addition to the primary issue of concern. Within the ‘miscellaneous’ category there were a few trends year. There were three matters relating to physicians’ involvement with cosmetic clinics; three matters relating to a failure to provide accurate information on licence renewal; and two complaints alleging sexual harassment of co-workers.

*\*As noted earlier in this report, while there were 60 discipline files opened in 2021, several files involved multiple allegations of unprofessional conduct.*

### Number of Disciplinary Complaints - Year to Year Comparison



## Number of physicians charged with unprofessional conduct - Year to Year Comparison



## Court actions involving the College

1	Dr. Satyam Patel	Dr. Patel has sued the Saskatchewan Health Authority, among others, alleging a variety of forms of wrongdoing. That followed a decision of the discipline committee of the health authority which concluded that he had failed to provide appropriate care to patients. Dr. Patel brought an application to compel the CPSS to provide certain documents to him. The application was to have been heard in September 2019 but was adjourned. The CPSS will resist disclosure of the requested documents if the application is reactivated.
2	Dr. Leontowicz	Dr. Leontowicz appealed the decision of the discipline hearing committee that he had sexual intercourse with a woman without her consent and the Council penalty decision. The appeal was heard in 2021. In early 2022, the Court of Queen's Bench quashed the decision of the discipline hearing committee and the charge of unprofessional conduct against Dr. Leontowicz was dismissed.
3	Dr. Solgi	Dr. Solgi has sued the CPSS and a CPSS employee alleging that he was inappropriately suspended and denied a regular licence. The Court of Queen's Bench dismissed the claim. Dr. Solgi has appealed that decision to the Saskatchewan Court of Appeal.
4	Dr. Oladipo	Dr. Oladipo – Dr. Oladipo has appealed the decision of the discipline hearing committee that he kissed a nurse on the cheek and tickled or attempted to tickle her, as well as the Council penalty decision. The appeal will be heard in June 2022.
5	Dr. Colistro	Dr. Colistro has appealed the decision of the discipline hearing committee that he billed inappropriately, as well as the Council penalty decision. The appeal has not yet been scheduled to be heard.



## DIAGNOSTIC IMAGING QUALITY ASSURANCE

### Program Activities

12  
RADIOLOGIST  
AUDITS

A total of 12 radiologist audits were completed, 11 were satisfactory, one was not satisfactory.

5  
ECG  
AUDITS

Five echocardiography audits were completed, and all were found satisfactory.

3  
OBYN  
AUDITS

Three Obstetrician/Gynecologist audits were completed, and all were satisfactory.

1  
NUCLEAR  
MEDICINE  
AUDIT

One Nuclear Medicine audit was completed and was satisfactory.

An out-of-province assessor was used for one MRI/CT facility and two MRI facilities.

*The Advisory Committee on Medical Imaging also held four meetings in 2021, all via WebEx.*



## LABORATORY QUALITY ASSURANCE

### Program Activities

#### Laboratory Assessment

18  
ONSITE  
LABORATORY  
ASSESSMENTS

Eighteen on site laboratory assessments were conducted.

48  
DESK  
AUDITS

Desk audits were implemented due to Covid. 48 desk audits were initiated.

*The LQAP meetings continued with the combined discipline format. Three meetings were held all via WebEx.*

*Staff also attended the March 2021 Western Canadian Diagnostic Accreditation Alliance meeting via WebEx.*

#### External Quality Assessment

In the Province of Saskatchewan there are 2278 external quality assessment subscriptions providing 5845 test events.

All results are reviewed by the LQAP. A total of 814 deficiencies that required follow-up, down slightly from the previous year. (13.9% in 2021 vs 14.1% in 2020)

#### NUMBER OF LABORATORIES:

211  
MEDICAL  
LABORATORIES

156  
PHYSICIAN  
OFFICE  
LABORATORIES

2  
STARS  
HELICOPTERS

## NON-HOSPITAL TREATMENT FACILITIES

### Program Activities

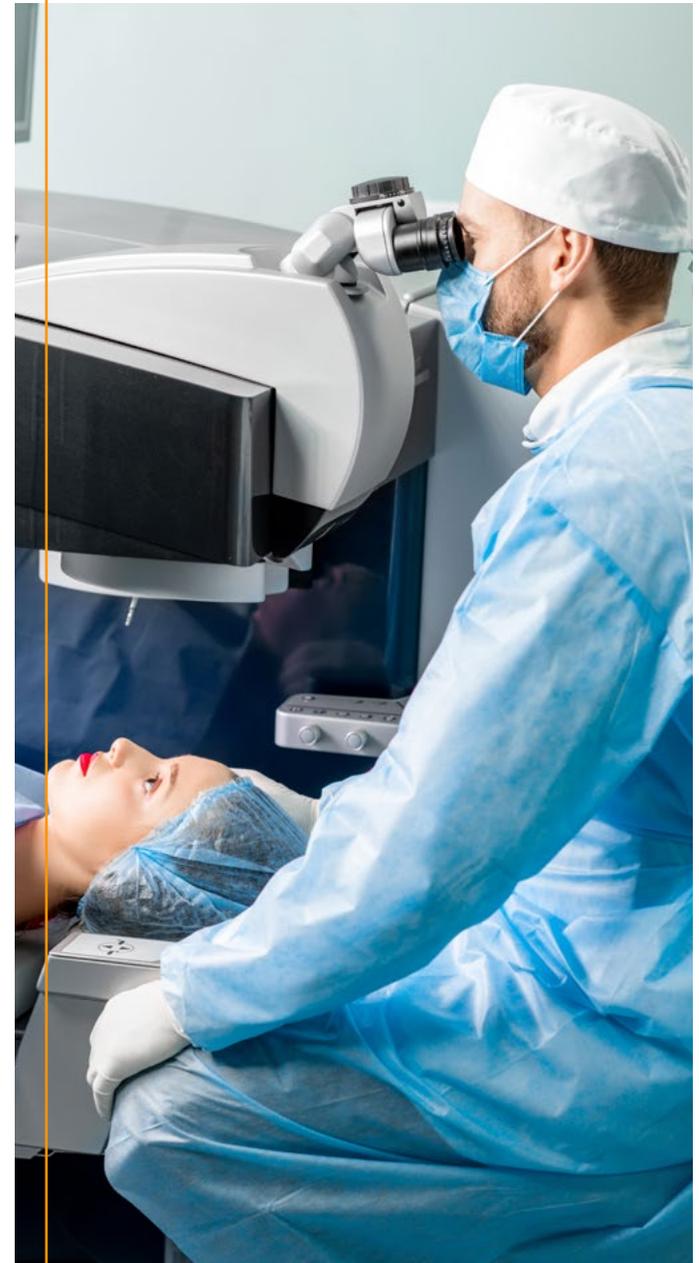


All facilities are fully approved.

The program has maintained the 3-year inspection cycle with its standard inspection team of one nurse and two physicians and has been able to maintain physical inspections of facilities as they become due using COVID-19 protocols.

The annual Non-Hospital Treatment Facility meeting was hosted virtually by the College of Physicians and Surgeons of Alberta in 2021. Discussions at this meeting centred around common goals and concerns pertaining to Non-Hospital Treatment Facilities in each jurisdiction. Participants of this meeting included representatives from the Colleges of British Columbia, Alberta, Saskatchewan, Manitoba and Ontario.

Several new enquiries were made this year regarding the possibility of new clinics coming online as Non-Hospital Treatment Facilities, with one new facility coming online after having completed the inspection and approval process.



## OPIOID AGONIST THERAPY PROGRAM



*The Opioid Agonist Therapy Program (OATP) is administered by the CPSS on behalf of the Ministry of Health, Community Care Branch and is responsible for educating, monitoring, supporting, and recommending physicians for CPSS approval to prescribe opioid agonist therapy (OAT). Staff from the OATP are also responsible for the Prescription Review Program (PRP).*

### Enquiries and Educational Outreach

Staff logged **274 program-related calls** in 2021. Examples of calls include pharmacists confirming Opioid Agonist Therapy (OAT) approval for physicians, physicians seeking pharmaceutical advice regarding a specific patient, pharmacists asking for clarification/support for prescriptions they are filling and the public reporting alleged misuse of medications. Telephone calls often involve assisting with coordination of care for patients.

### **OAT Education and Training Pilot**

The OAT education and training sessions, which were launched as pilots in October 2020, continued to be facilitated by the Pharmacist Manager PRP/OATP and OATP Clinical Manager throughout 2021. The intent is to assist physicians obtain the training and education required to be considered by CPSS for approval to provide OAT.

- OAT 101 in-person sessions were held in Moose Jaw and Yorkton in 2021. Thirteen physicians attended, and all but one went on to obtain approval to prescribe OAT.
- Thirty-seven physicians attended the OAT Virtual Case Study in 2021. One was already an approved OAT provider and attended as a refresher. Thirty-four of these physicians went on to obtain approval to prescribe OAT. Two are still working through the remaining requirements.

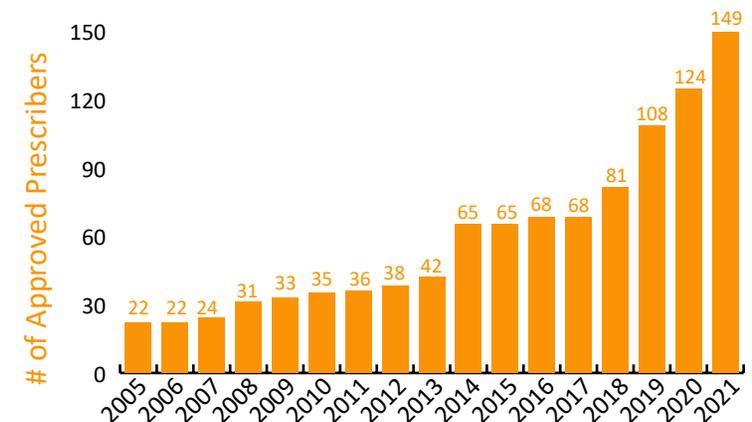
Three new OAT audits were initiated in 2021 and two of those were completed. The third audit was not finalized because the prescriber moved out of province. Some audits include hundreds of pages of patient records, so a review can be very time consuming and complex at times. OAT audits allow new providers to self assess their skills and can also be informative for experienced providers. The audit allows the Pharmacist Manager and OATP Clinical Manager to offer advice and suggestions for possible improved care.

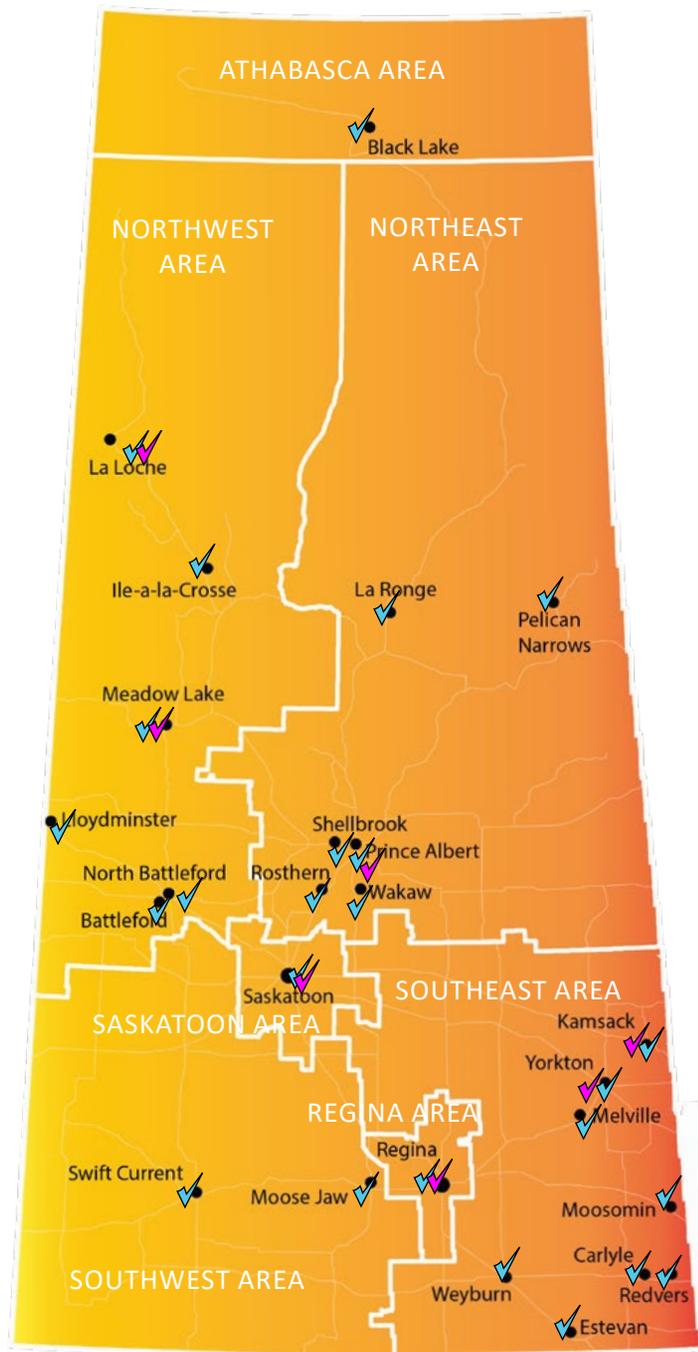
### **Collaboration**

A review of the OAT Standards and Guidelines was started in 2021 with feedback encouraged from several key stakeholders. Proposed updates include providing greater clarity and including gender neutral terminology. Proposed changes will be presented to CPSS Council in March 2022.

### OAT Physician Providers

#### NUMBER OF APPROVED OAT PRESCRIBERS BY YEAR





## Location of Physicians Approved to Provide OAT for Addictions\*

### LEGEND

- ✓ Existing locations where physicians are providing OAT
- ✓ Locations with physicians newly approved for providing OAT

\*These numbers indicate the total number of physicians approved to provide OAT for addictions. This does not represent how many physicians may be prescribing at any given time.

City	# of providers
Battleford	1
Black Lake	2
Carlyle	1
Estevan	4
Ile a la Crosse	4
Kamsack	2
La Loche	3
La Ronge	6
Lloydminster	2
Meadow Lake	2
Melville	1
Moose Jaw	9
Moosomin	1
North Battleford	3
Pelican Narrows	1
Prince Albert	17
Redvers	1
Regina	43
Rosthern	4
Saskatoon	23
Shellbrook	2
Swift Current	3
Wakaw	1
Weyburn	1
Yorkton	9
Out of Province	3
<b>Total</b>	<b>149</b>



## PREScription REVIEW PROGRAM



*The Prescription Review Program (PRP) is an educationally-based program administered by the CPSS on behalf of the Ministry of Health. It monitors for potentially inappropriate prescribing of a panel of monitored drugs with potential for misuse, abuse and diversion. PRP Staff are also responsible for the Opioid Agonist Therapy Program (OATP).*

### Prescription Monitoring

PRP clinical staff request prescribing rationale from physicians when data indicates possible concerns and/or inappropriate prescribing. After reviewing a physician's response, recommendations are provided through a response letter to the physician.

Approximately 6-9 months after educational letters are sent, analysis is being done to see if any of the recommendations provided are being implemented. Follow-up plans include kudos to physicians who have implemented recommendations and follow-up letters to those physicians who have not to better understand their prescribing rationale (see table).

### Enquiries and Educational Outreach

PRP staff logged 311 calls related to the Program in 2021. Examples of calls include physicians seeking pharmaceutical advice regarding a patient, pharmacists asking for clarification/support for prescriptions they are filling and the public reporting alleged misuse of medications. Telephone calls can be complex and involve a large time commitment from the clinical staff.

### Collaboration

Bylaw 18.1 was changed in June 2021 regarding how physicians can transmit prescriptions to pharmacies which makes the College's requirements consistent with the requirements of the Saskatchewan College of Pharmacy Professionals.

In November, key stakeholders were invited to provide feedback for a possible change to bylaw 18.1 to allow part fills for some PRP medications without requiring all the information required for part fills of opioids, benzodiazepines, etc. Feedback will be considered by CPSS Council in early 2022.

Types of Program Correspondence	Count
<b>Explain (1st contact)</b> - letters sent to physicians to obtain their rationale for prescribing	195 letters sent to 134 physicians regarding 176 patients
<b>Response/Recommendations</b> – letters sent in reply to a physician's <i>Explain</i> letter response. These most often contain recommendations and helpful resources.	175
<b>Alert</b> – letters sent to physicians to alert them of potential diversion, or other patient concerns – typically does not require a response but does include specific advice and follow-up analysis.	43 Alerts sent to 34 physicians regarding 37 patients
<b>Multi-Doctor Letters (MDLs)</b> – letters sent to physicians where $\geq 3$ similar prescriptions from $\geq 3$ prescribers at $\geq 3$ locations	160 letters sent regarding 50 patients
<b>Law Enforcement Requests</b> - patient's medication profile provided to law enforcement for an active investigation	83
<b>Educational letters</b> <ul style="list-style-type: none"> <li>• Pediatric codeine use</li> <li>• Dilaudid®</li> <li>• Ritalin</li> </ul>	86 letters sent to 74 physicians 383 letters sent to 185 physicians 134 letters sent to 96 physicians

## Members of Council

<b>Dr. Olawale (Franklin) Igbekoyi Dr. Brian Brownbridge</b>	<b>Rosetown Saskatoon</b>	<b>Family Medicine Anesthesia</b>	<b>President Vice President &amp; Past President</b>
Dr. Amos Akinbiyi	Regina	Obstetrics and Gynecology	
Dr. Alan Beggs	Regina	Orthopaedic Surgery	
Dr. Boye Adeboye	Estevan	Family Medicine	
Mr. Lionel Chabot	North Battleford	Public Member	
Dr. Mark Chapelski	Lloydminster	Family Medicine/Emergency	
Dr. Aqeel Ghori	Swift Current	General Surgery	
Mr. William (Bill) Hannah	Kenaston	Public Member	
Ms. Chloe Johnson	Saskatoon	Student Observer	
Dr. Yusuf Kasim	Yorkton	Obstetrics/Gynecology	
Dr. Oladapo Mabadeje	Prince Albert	General Surgery	
Dr. Jurgen Maslany	Regina	Anesthesia	
Dr. Pamela Meiers	Saskatoon	General Surgery	
Dr. Sarah Mueller	Saskatoon	General Surgery	
Mr. Burton O'Soup	Norquay/Saskatoon	Public Member	
Mr. Femi Ogunrinde	Regina	Public Member	
Dr. Yagan Pillay	Prince Albert	General Surgery	
Mr. Ken Smith	Saskatoon	Public Member	
Dr. Preston Smith	Saskatoon	College of Medicine Representative	
Dr. Annamarie Snyman	Lloydminster	General Practice	

### CPSS Staff Attendees

Dr. Karen Shaw	CEO & Registrar
Ms. Sue Waddington	Executive Assistant to the Registrar and Council
Dr. Werner Oberholzer	Deputy Registrar
Mr. Bryan Salte	Associate Registrar and Senior Legal Counsel
Ms. Beckie Wills	Director, Accounting and Finance
Ms. Sheila Torrance	Legal Counsel
Ms. Rochelle Wempe	Legal Counsel
Ms. Debra-Jane Wright	Director, Registration Services
Mr. Tim Edwards	Manager of IT and Office Administration
Ms. Caro Gareau	Communications Officer

### Executive Committee

Dr. Olawale (Franklin) Igbekoyi	President
Dr. Brian Brownbridge	Vice President
Dr. Sarah Mueller	Member-at-large - Physician Member
Mr. Burton O'Soup	Member-at-large - Non-Physician Member
Mr. Femi Ogunrinde	Member-at-large - Non-Physician Member



# Council-Appointed Committees

## Advisory Committee on Medical Imaging (ACMI)

Dr. Don McIntosh (Chair)  
 Dr. Christopher White  
 Dr. Ian Waddell  
 Dr. Tiffany Buglass  
 Dr. Dalisizwe Mlungisi Kholisile Dewa  
 Dr. Adriana Gourgaris  
 Dr. Greg Kraushaar  
 Ms. Maureen Kral  
 Ms. Bev Kellington  
 Dr. Lara Wesson  
 Dr. Abdulaziz Almgrahi  
 (ad hoc member)

## Committee on Diversity and Bias

Dr. Oladapo Mabadeje (chair)  
 Dr. Brian Brownbridge  
 Dr. Olawale Franklin Igbekoyi  
 Dr. Yagan Pillay  
 Mr. Burton O'Soup  
 Dr. Karen Shaw  
 Ms. Rochelle Wempe

## Committee on Family Practitioner Interpretation of Electrocardiograms

Dr. Roy Chernoff (Chair)  
 Dr. Jawed Akhtar  
 Dr. Jacobus Stefanus De Villiers  
 Dr. Paula Schwann

## COUNCIL REPRESENTATION TO EXTERNAL COMMITTEES

### University of Saskatchewan Senate

Mr. Marcel de la Gorgendière

### University of Regina Senate

Mr. Lionel Chabot (Jan-Jun)  
 Mr. Femi Ogunrinde (Jul-Dec)

### Saskatchewan Prevention Institute

Dr. Mahli Brindamour

## Compensation and Benefits Review Committee

Mr. Femi Ogunrinde (Chair)  
 Dr. Alan Beggs  
 Dr. James Fritz  
 Dr. Olawale (Franklin) Igbekoyi  
 Dr. Grant Stoneham

## Discipline Committee

Dr. Joan Baldwin (Chair)  
 Dr. Lalita Malhotra (Jan-Feb)  
 Dr. Stewart McMillan (Jan-Nov)  
 Dr. Annette Epp  
 Dr. Lorne Rabuka (Jan-Sept)  
 Dr. Carol Norman  
 Dr. David Johnston  
 Dr. Chris Ekong  
 Dr. James Stempien  
 Dr. Oluremi Adefolarin  
 Dr. Louis Coertze  
 Dr. Ivelin Radevski  
 Dr. Chris Almond  
 Dr. Dimitri Louvish  
 Dr. Dorie-Anna Dueck  
 Ms. Alma Wiebe (lawyer)  
 Mr. Dan Shapiro (lawyer)  
 Dr. Mark Fowler  
 Mr. Rob Gibbings (lawyer)  
 Mr. Bruce Gibson (lawyer) (Jan-July)  
 Dr. James Carter  
 Dr. Sharon Leibel  
 Dr. Mahmood Beheshti  
 Dr. Brady Bouchard  
 Ms. Leslie Sullivan (lawyer)  
 Dr. Suzanne Meiers (Sept +)  
 Dr. Omopelola Sotomi (Sept+)  
 Mr. Christopher Boychuk (lawyer)  
 (appointed September 2021)  
 Dr. Melanie Orvold (Nov +)  
 Ms. Dhvani Thakkar (Nov +)

## Expert Advisory Committee on Blood-Borne Communicable Diseases

Dr. Tania Diener  
 Dr. Morris Markentin  
 Dr. Mina Niazi  
 Dr. Stephen Sanche

## Finance & Audit Committee

Dr. Brian Brownbridge (Chair)  
 Mr. Lionel Chabot  
 Dr. Pierre Hanekom  
 Dr. Suresh Kasset  
 Dr. Jurgen Maslany  
 Dr. Grant Stoneham

## Health Facilities Credentialing Committee

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

## Legislative Review Committee

Dr. Mark Chapelski (Chair)  
 Dr. Edward Tsoi  
 Dr. Alan Beggs  
 Mr. Burton O'Soup

## Nominating Committee

Dr. Alan Beggs  
 Dr. Yusuf Mohammed Kasim  
 Dr. Pierre Hanekom  
 Mr. Femi Ogunrinde  
 Dr. Annamarie Snyman

## Practice Enhancement Program Committee

Dr. Brian Laursen (Co-Chair)  
 Dr. George Carson (Co-Chair)  
 Dr. Karen Holfeld  
 Dr. Yellepeddy Nataraj  
 Dr. Andries Muller  
 Dr. Ivelin Radevski

## Quality of Care Advisory Committee

Dr. Johann Kriegler (Chair)  
 Mr. Don Ebert  
 Ms. Tania Horkoff  
 Dr. Joshka Nel  
 Ms. Jill Beatty  
 Dr. Jonathan Hey

## AD HOC COMMITTEES

### DocTalk Publication Advisory Committee

Dr. Olawale Franklin Igbekoyi  
 Dr. Brian Brownbridge  
 Dr. Werner Oberholzer  
 Ms. Caro Gareau  
 Ms. Joanna Alexander  
 Ms. Alyssa Van Der Woude

### Registration Committee

Dr. Grant Stoneham (Chair)  
 Dr. Adegboyega Adewumi  
 Dr. N. Prasad Bhatthala Venkata  
 Dr. Mark Chapelski  
 Dr. Oladapo Mabadeje  
 Dr. Anurag Saxena  
 Dr. Edward Tsoi

### Truth and Reconciliation Committee

Mr. Burton O'Soup (Chair)  
 Ms. Tania Lafontaine  
 Dr. Preston Smith  
 Dr. Karen Shaw  
 Mr. Ken Smith  
 Ms. Caro Gareau  
 Ms. Debra-Jane Wright

## GOVERNANCE COMMITTEES

### Patient Communication Committee

Ms. Sheila Torrance  
 Dr. Yusuf Kasim  
 Dr. Yagan Pillay  
 Mr. Lionel Chabot  
 Ms. Caro Gareau  
 Ms. Debra-Jane Wright

### Physician Communication Committee

Ms. Rochelle Wempe  
 Dr. Brian Brownbridge  
 Dr. Adegboyega Adewumi  
 Dr. Mark Chapelski  
 Ms. Caro Gareau  
 Ms. Debra-Jane Wright

### Councillor Assessment Committee

Dr. Alan Beggs (Chair)  
 Dr. Prasad Bhatthala Venkata  
 Dr. James Fritz  
 Mr. Burton O'Soup  
 Dr. Karen Shaw

### Developing Expected Competencies for Councillors Committee

Dr. Grant Stoneham (Chair)  
 Dr. Olawale Franklin Igbekoyi  
 Mr. Bill Hannah  
 Dr. Preston Smith  
 Dr. Brian Brownbridge  
 Dr. Werner Oberholzer

### Informatics Committee

Dr. Alan Beggs (Chair)  
 Dr. Sarah Mueller  
 Dr. Karen Shaw  
 Mr. Bryan Salte

## Outreach

Each year, the CPSS collaborates with a multitude of organisations at the National, Provincial and Local levels for continuous improvement to the physician healthcare delivery model. In 2021, with the COVID-19 pandemic still ongoing, CPSS staff continued to work hard to keep abreast of new developments and ensure all aspects of care were duly covered and communicated with physicians, other healthcare workers and patients. Established communication channels served well to quickly and efficiently convey to stakeholders important CPSS guidance measures as well as the fruits of collaborations with the Ministry of Health, the Saskatchewan Health Authority, the Saskatchewan Medical Association, the College of Registered Nurses of Saskatchewan, the Saskatchewan College of Pharmacy Professionals, and many other healthcare organisations province-wide and throughout Canada.

- Through its website and Social Media accounts, Council invited members of the public and other stakeholders to participate in policy and bylaw development.
- The CPSS continued to offer presentations upon request to groups wishing to learn more about the CPSS role and mandate.
- Council's Governance Committee for Communicating with Patients and the Public identified working goals to improve the public's knowledge and awareness of the CPSS (Mandate and Role), improve the public's ability to access information about the CPSS, and improve public's ability to take action and engage with the CPSS if required. To better reach its target audiences and more effectively convey its mission, vision and mandate, the CPSS plans to engage in a rebranding process for 2022.

### Recognizing the Needs of a Diverse Population

Council members and College staff continue to increase their level of awareness and engagement by welcoming virtual presentations and participating in workshops on the historical implications and consequences of systemic racism and bias and their impact on medicine and healthcare delivery to Indigenous and other visible minority patients in Saskatchewan.

- The Truth and Reconciliation Committee (TRC) pursued groundwork on identifying outreach strategies to increase their awareness of the role of the CPSS and the services it offers, and to discuss possible improvements to help narrow the gap in healthcare services provided. The TRC has reached out to a variety of Indigenous organisations to explore the possibility of establishing communication channels and partnerships and is planning to expand this work in the new year.
- The Council's Diversity and Bias Committee (DBC) continued its work to consider external and internal initiatives against anti-black racism to encourage collegiality and respect among members, their staff, and patients of all races and cultures.

Council also intends to extend its collaborative efforts towards anti-racism in general in 2022 and to include initiatives against anti-black racism, as well as external and internal initiatives to encourage collegiality and respect among members, their staff, and patients of all races and cultures.

# Report of the Independent Auditors on the Summary Consolidated Financial Statements



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

## Opinion

The summary consolidated financial statements of the College of Physicians and Surgeons of Saskatchewan (the Entity), which comprise:

- the summary consolidated statement of financial position as at December 31, 2021
- the summary consolidated statement of revenue and expenses for the year then ended
- the summary consolidated statement of net assets for the year then ended
- the summary consolidated statement of cash flows for the year then ended
- and related note

are 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, 2021 (the “audited financial statements”).

In our opinion, the accompanying summary consolidated financial statements, are consistent in all material respects, with the audited consolidated financial statements, in accordance with the criteria discussed in Note 1 in the summary consolidated financial statements.

## Summary Financial Statements

The summary consolidated financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary consolidated financial statements and the auditors’ report thereon, therefore, is not a substitute for reading the Entity’s audited consolidated financial statements and the auditor’s report thereon.

## The Audited Financial Statements and Our Report Thereon

We expressed an unmodified opinion on the audited consolidated financial statements in our report dated June 17, 2022.

## Management’s Responsibility for the Summary Consolidated Financial Statements

Management is responsible for the preparation of the summary consolidated financial statements in accordance with the criteria discussed in Note 1 in the summary consolidated financial statements.

## Auditors’ Responsibility

Our responsibility is to express an opinion on whether the summary consolidated financial statements are consistent in all material respects, with the audited consolidated financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards 810, Engagements to Report on Summary Financial Statements.

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

Chartered Professional Accountants

Saskatoon, Canada  
June 17, 2022

## Summary Consolidated Statement of Financial Position

December 31, 2021, with comparative information for 2020

	2021	2020
<b>ASSETS</b>		
Current assets:		
Cash and cash equivalents	\$ 6,345,846	\$ 3,347,915
Short-term investments	5,253,236	7,221,001
Marketable securities	1,925,903	1,693,645
Accounts receivable	48,047	32,754
Prepaid expenses and deposits	234,900	384,638
Advances to Saskatchewan Prescription Review Program	3,715	127,743
Advances to First Nations and Inuit Health Branch Program	1,160	1,217
	13,812,807	12,808,913
Long-term investments	1,000,000	1,000,000
Property and equipment	4,611,952	4,847,307
	\$ 19,424,759	\$ 18,656,220
<b>LIABILITIES AND SURPLUS</b>		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 783,196	\$ 789,372
Deferred revenue	5,716,502	5,515,383
	6,499,698	6,304,755
Employee future benefits	1,028,693	978,720
Net assets	11,896,368	11,372,745
	\$ 19,424,759	\$ 18,656,220

## Summary Consolidated Statement of Revenue and Expenses

Year ended December 31, 2021, with comparative information for 2020

	Budget (unaudited)	2021	2020
REVENUE:			
Physician licensure fees	\$ 5,780,000	\$ 5,919,170	\$ 5,703,774
Laboratory Quality Assurance	468,000	473,200	421,258
Professional corporation fees	330,000	355,950	340,000
Discipline recoveries	100,000	207,726	150,228
Credentials assessment fees	170,000	184,000	197,200
Diagnostic Imaging Quality Assurance	176,255	173,005	179,775
Opioid Agonist Therapy Program	232,675	138,278	153,353
Interest and investment income	80,000	112,164	143,492
Non-hospital Treatment Facilities Program	95,000	104,803	100,115
Certificates of professional conduct	95,000	92,700	78,900
Saskatchewan International Physician Practice Assessment (SIPPA) registration funding	75,000	75,000	75,000
Summative assessment administration fees	70,000	41,250	69,750
Mailing list	20,000	18,652	21,050
Sundry	1,000	7,119	1,447
	7,692,930	7,903,017	7,635,342
EXPENSES:			
Administrative	5,781,000	5,490,714	5,184,466
Committees	404,400	482,566	309,797
Laboratory Quality Assurance	401,100	402,080	348,613
Office	390,100	386,048	372,431
Council	315,000	264,816	275,770
Diagnostic Imaging Quality Assurance	193,755	176,328	186,112
Contributions to Practice Enhancement Program	150,000	150,000	135,000
Opioid Agonist Therapy Program	232,675	138,278	153,353
Non-Hospital Treatment Facilities Program	40,000	34,482	43,409
Contributions to Prescription Review Program	58,000	18,000	18,000
External grants	6,500	6,359	10,503
Meetings	75,000	2,335	8,955
	8,047,530	7,552,006	7,046,409
Excess (deficiency) of revenue over expenses before the undernoted	(354,600)	351,011	588,933
Fair value adjustment on investments	-	172,612	90,349
Excess (deficiency) of revenue over expenses	\$ (354,600)	\$ 523,623	\$ 679,282

## Summary Consolidated Statement of Net Assets

Year ended December 31, 2021, with comparative information for 2020

	Invested in property and equipment	Unrestricted	2021	2020
Balance, beginning of year	\$ 4,847,307	\$ 6,525,438	\$ 11,372,745	\$ 10,693,463
Excess (deficiency) of revenue over expenses	(375,755)	899,378	523,623	679,282
Purchase of property and equipment	140,400	(140,400)	-	-
Balance, end of year	\$ 4,611,952	\$ 7,284,416	\$ 11,896,368	\$ 11,372,745

## Summary Consolidated Statement of Cash Flows

Year ended December 31, 2021, with comparative information for 2020

	2021	2020
Cash flows from (used in):		
Operations:		
Excess of revenue over expenses	\$ 523,623	\$ 679,282
Items not involving cash:		
Amortization	375,755	359,032
Fair value adjustment on investments	(172,612)	(90,349)
Employee future benefits	49,973	1,889
Reinvested investment income on marketable securities	(59,646)	(12,793)
	717,093	937,061
Change in non-cash operating working capital:		
Accounts receivable	(15,293)	84,314
Prepaid expenses and deposits	149,738	(184,090)
Advances to Saskatchewan Prescription Review Program	124,028	(202,374)
Advances to First Nations and Inuit Health Branch Program	57	133,219
Accounts payable and accrued liabilities	(6,176)	174,599
Deferred revenue	201,119	231,104
	1,170,566	1,173,833
Investing:		
Purchase of property and equipment	(140,400)	(423,784)
Net purchase and disposal of investments	1,967,765	(1,517,963)
	1,827,365	(1,941,747)
Increase (decrease) in cash and cash equivalents	2,997,931	(767,914)
Cash and cash equivalents, beginning of year	3,347,915	\$ 4,115,829
Cash and cash equivalents, end of year	\$ 6,345,846	\$ 3,347,915

## Notes to Summary Consolidated Financial Statements

Year ended December 31, 2021

### 1. Summary Consolidated Financial Statements

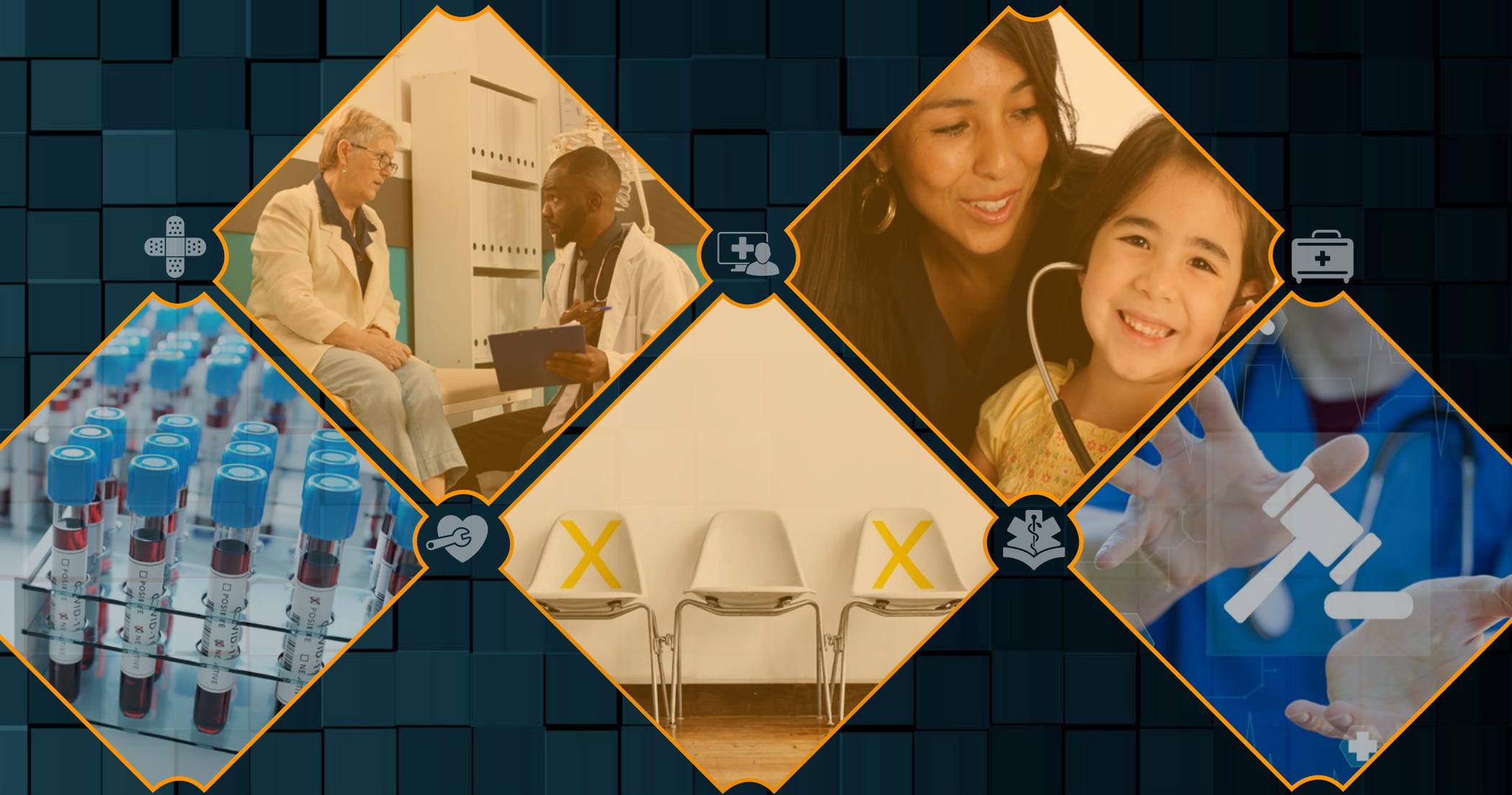
The summary consolidated financial statements are derived from the complete audited consolidated financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations, as at December 31, 2021 and December 31, 2020 and for the years then ended.

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:

- a) whether information in the summary consolidated financial statements is in agreement with the related information in the completed consolidated audited financial statements; and
- b) 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 complete audited consolidated financial statements may be obtained by calling (306) 244-7355 or by emailing [accounting@cps.sk.ca](mailto:accounting@cps.sk.ca).



# College of Physicians and Surgeons of Saskatchewan

