

ANNUAL REPORT 2022



College of Physicians and Surgeons of Saskatchewan

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





In This Report

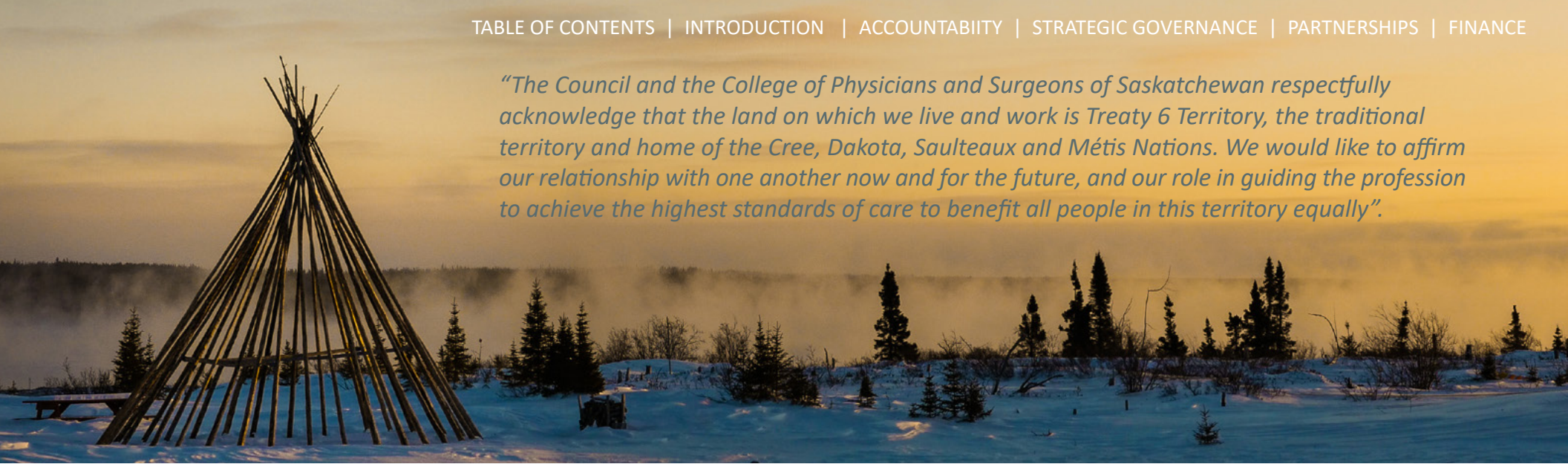
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“The Council and the College of Physicians and Surgeons of Saskatchewan respectfully acknowledge that the land on which we live and work is Treaty 6 Territory, the traditional territory and home of the Cree, Dakota, Saulteaux and Métis Nations. We 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”.

ABOUT THE CPSS

Mandate

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

Message from the President of Council

Introduction

We appreciate and thank the Council for their excellent work and commitment to the vision and direction of the College and in advancing public safety and confidence in the profession. Despite the challenges of the COVID years, Councilors continued to work under challenging circumstances to ensure the smooth operation of the College. Our profound gratitude goes to our devoted, hard-working, and vigilant College staff who have maintained a collegial environment and team bond to achieve the strategic goals of the Council. Working with such a fantastic team of individuals who bring their unique contributions to help us achieve College goals is an honour.

In 2022, Council welcomed two new elected Councilors and two public members to serve the College in fulfilling its mandate: Dr. Poogendren (Lenny) Pillay, Dr. Sivaruban (Ruban) Kanagaratnam, Ms. Carolyn Hlady, and Mr. Jeff Howlett.

The College's Strategic Plan

Council and staff are dedicated to performing the College's duties and responsibilities to ensuring appropriate professional regulation for public safety. In 2020, Council adopted a strategic plan to assist the College in achieving its mandate. More on the four general strategic goals and each of their unique ends is available on pp. 35-38 of this report.

The Executive Committee

The Executive Committee meets once or twice per month to deal with issues of possible unprofessional conduct by physicians. Its role includes

appointing preliminary inquiry committees to investigate possible unprofessional conduct, determining whether concerns about a physician's conduct can be appropriately addressed through alternative dispute resolution and, occasionally, charging a physician with unprofessional conduct.

The Executive Committee dealt with 115 different memoranda in 2022. Many of these issues were decided through a letter of concern from the Registrar or other means of alternative dispute resolution. Some other matters had to go through the investigative discipline process by appointing a preliminary inquiry committee. We appreciate the Executive Committee's leadership in resolving some challenging concerns while maintaining public confidence in our process.

Council Achievements in 2022

One of Council's primary responsibilities is adopting bylaws, policies and guidelines to govern the practice of medicine and provide guidance to Saskatchewan physicians (see pp. 26-27 of this report).

Council's work in 2022 also involved the Truth and Reconciliation efforts through its Truth and Reconciliation Committee. Council endorsed the FMRAC Statement on Indigenous Racism and approved Joyce's Principle as a document to guide the work of the Truth and Reconciliation Committee.

Council is clear about its stand against all forms of discrimination. It has directed that every member of the Council and staff of the College complete mandatory education on racism and unconscious bias to support its mandate for inclusiveness and its continued fight against discrimination and bias.

Our New Registrar

Council appointed a search committee to find a new Registrar capable of continuing the excellent work of Dr. Karen Shaw. With the guidance of Boyden, an executive search company, and the assistance of a six-member Committee, the College identified a number of excellent candidates. The search committee selected Dr. Grant Stoneham as the successful candidate. He will officially begin July 1, 2023. We take this opportunity to welcome Dr. Stoneham on board and wish him a successful tenure as the new Registrar of the College.

We are very grateful for Dr. Shaw's dedication, vision, and hard work as Registrar since 2011.

Looking forward to 2023

Council's future work is evident, and it expects to achieve much in the coming year.

- The initial work to license and regulate physician assistants in the province is complete. We welcome this innovation by the Ministry of Health and support the government's position in improving the quality of care for the people of Saskatchewan.
- The Council intends to develop bylaws to change the process of selection and/or election of Councilors.
- The Executive Committee will be granted additional powers under pending changes to The Medical Profession Act, 1981. This will require the Executive Committee to develop new processes related to those expanded powers.
- Council has appointed a committee to provide recommendations respecting a robust College led process for the assessment of physicians through their careers. That work will continue in 2023.
- The College website will be redesigned and upgraded.

We thank our stakeholders, including the Ministry of Health, the Saskatchewan College of Pharmacy Professionals, the College of Registered Nurses of Saskatchewan, the Saskatchewan Health Authority and the Saskatchewan Medical Association, for their tremendous support of our regulatory activities in 2022.

We are set to achieve more in the coming years. We welcome the new President of the Council, Dr. Alan Beggs, the new Executive Committee and all members of the Council to a great year to achieve more for the College in its goal of professional medical regulation. Thank you for the opportunity to serve, and blessings to everyone.

I am grateful to the College and the Council for the confidence it has placed in me which has allowed me to serve as President for the past two years. I look forward to continuing to serve the College as a member of the Council.

Thank you.



Dr. Olawale F. Igbekoyi



Message from the Registrar

2022 was another productive year and we are proud of our achievements outlined in this annual report.

We in Saskatchewan have a fatigued workforce and physicians are no exception. One of the most serious challenges is the lack of capacity in our healthcare system for physician services. While we remain true with the application of national standards for licensure to ensure public protection, we recognize that flexibility is a necessity. We continue to be creative and responsive to the needs for additional capacity which has resulted in an increase in the numbers of licensed physicians this year. We support the introduction of additional healthcare providers to collaboratively meet the health needs of Saskatchewan patients. We contributed to the development of a mentoring program for physicians new to practice, which hopefully will provide the requisite support for physicians to succeed in practice as it becomes operational.

We continue our efforts towards increasing equity and diversity and addressing bias in our own organization and in healthcare more generally. We understand that our reconciliation and anti-Indigenous racism efforts must begin with a deeper understanding of the history of our Indigenous peoples and in reaffirming our relationships. We continue to improve our understanding of anti-Black racism in Saskatchewan to effect positive change.

The College staff exercises continuous quality improvement in their internal processes and procedures. This has resulted in improvements within units and the overall efficiency of College operations.

In 2023, we will still need to focus on the challenge of physician capacity and the integration of novel providers. We will need to remain flexible in our approaches to licensure and be collaborative with our partners, while ensuring medical regulation provides the requisite public protection.

Thanks to Council for its governance and strategic direction over 2022 and the College staff for their diligence in executing the demanding workloads. We are proud to serve the public by regulating the practice of medicine and guiding the profession to achieve the highest standards of care.



Dr. Karen Shaw



Reflection from a Public Member

The first question that came to mind when appointed to the Council of the College of Physicians & Surgeons of Saskatchewan (CPSS) in 2018 was how I can best contribute and collaborate in the CPSS Council deliberations and discussions while fulfilling my role as a public member. I soon discovered that, despite my 29 years as an administrator involved with providing health services, the learning curve was steep in terms of the terminology and sheer volume of information and although interesting and thought provoking, very time-consuming focused work.

Initially, I presumed to be the voice of the public and to bring that perspective to the Council Table. I continue to be impressed by my colleagues who remain grounded in that fiduciary responsibility. Through open and frank yet respectful discussion amongst all members of Council we are complying with our mandate to “protect the public”.

Covid continued to plague us in 2022; yet another year of navigating a pandemic that has lingered longer than predicted and provided both challenges and opportunities for all sectors of the health care system and their regulatory bodies. Many practices, methods and partnerships that were disjointed prior to Covid have become common place for health care providers, including physicians. My hope is that innovative thinking and the willingness to challenge the status quo continues.

Despite the restrictions of the pandemic, the Council continued its work and achieved the goals set before it. To that end, I am pleased to report that in the past year the CPSS approved and adopted on June 17, 2022 an important statement of commitment, “The Council and the College of Physicians and Surgeons of Saskatchewan Commitment to Truth and Reconciliation.” Other initiatives include The Truth and Reconciliation Committee’s continuing efforts on addressing anti-Indigenous racism. To that end, CPSS staff have reached out to our 74 First Nations communities to increase the understanding of the CPSS and its operations such as the complaints process and the Prescription Review Program. The CPSS, through The Diversity and Bias Committee, continues to work on Equity, Diversity and Inclusivity within its operations and contribute to influence

positive changes within the healthcare system. In addition, and to stay current, the CPSS Council has generated and/or updated a number of bylaws, policies, standards & guidelines; each viewed through the lens “in the best interest of the public”.

In closing, the year forward will continue to test us all in ways that may prove enlightening or not; time will tell. Either way, actions speak louder than words requiring all of us on Council to focus on the important and not the expedient. As Napoleon Bonaparte once said, “Take time to deliberate; but when the time for action arrives, stop thinking and go in.”

Finally, I acknowledge and thank members of the CPSS Council and Staff for their commitment, dedication, and contributions toward fulfilling our Mission statement of serving the public by regulating the practice of medicine and guiding the profession to achieve the highest standards of care and well-being of the people of Saskatchewan.

Mr. Lionel Chabot



Public Member – North Battleford



Public Members of Council in 2022

- Mr. Lionel Chabot
- Mr. Bill Hannah (Jan to May)
- Ms. Carolyn Hlady (May to December)
- Mr. Jeff Howlett (May to December)
- Mr. Femi Ogunrinde
- Mr. Burton O’Soup
- Mr. Ken Smith (Jan to May)

Stats & Facts

 <p>46 International Medical Graduates registered to participate in SIPPA program</p>		 <p>62% of Saskatchewan physicians report gender as male</p>		
 <p>2891 registered physicians with active licensure at Dec 31, 2022</p>	<p>15.5% increase in # physician registrations over last 5 years</p> 	<p>18 new/updated policies, standards and guidelines</p>	<p>7 bylaws updated</p>	 <p>559 laboratories across the province underwent external quality assessment</p>
<p>1.6% increase in active registrations</p> 	 <p>11 public consultations held</p>	<p>24 Prescription Review Program referrals to key stakeholders</p>	<p>14 Non-hospital Facilities inspections held</p>	 <p>170 OAT Physician Prescribers</p>
<p>Most common discipline allegation in 2022: Failure to maintain the standards of the profession</p>	<p>Most common complaint allegation in 2022: Treatment and care of patient</p>	<p>74 complaints proceeded through the discipline process</p>	 <p>26 new laboratory facilities accreditations completed</p>	<p>OATP <small>Opioid Agonist Therapy Program</small> 76 # OATP correspondence sent out</p>
<p>1042 Certificates of Professional Conduct requested</p>	<p>1024 new complaints</p>	<p>14 physicians charged</p>	<p>65% of Saskatchewan physicians are registered as specialists</p>	 <p>812 # PRP correspondence sent out</p>

Our Physicians in Numbers



Total of **2891** physicians registered in 2022

Membership in 2022

There has been a **1.6% increase in active registrations** in 2022, as compared to the previous year. Looking at the past 5 years, the province has seen a **15.5% increase in registrants**.

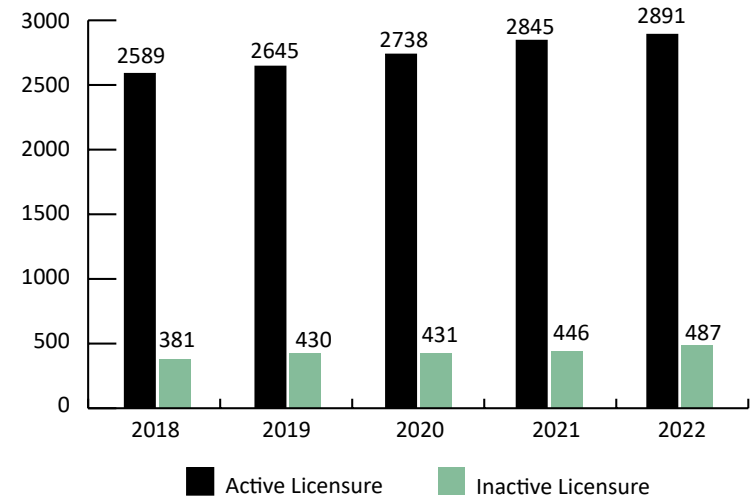
In contrast to 2021, 2022 saw an increase in the number of Regular licences issued, and a reduction in the number of telemedicine licences and Time-limited Emergency licences, which were prominent during the COVID-19 pandemic.

It is anticipated that the larger volume of regular licences issued in 2022 may be attributed to the January 20, 2022, announcement by the Medical Council of Canada, that all physicians who had passed the MCCQE1 (Qualifying Exam) could apply for the Licentiate of Medical Council of Canada, due to the cancellation of the Part Two qualifying examination.

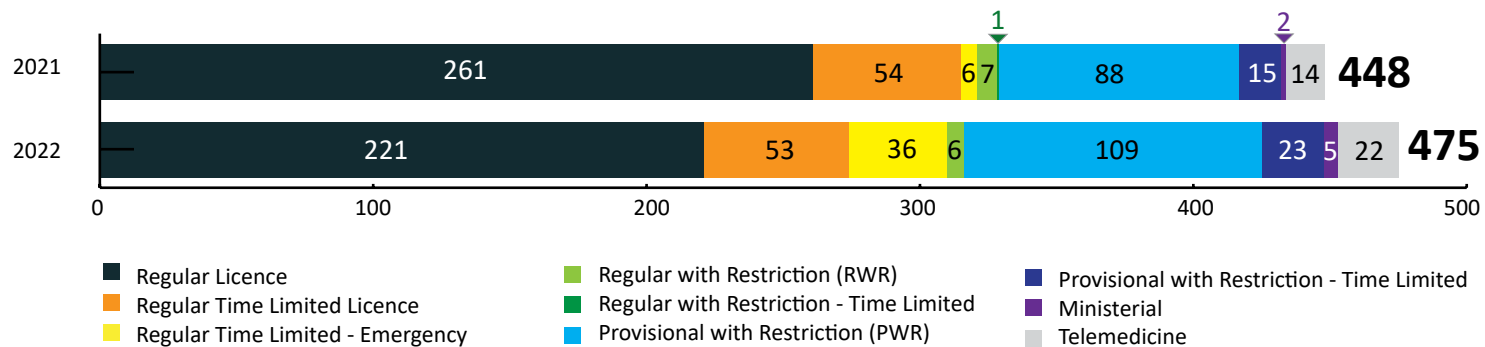
**The tables to the right reflect the number of active and inactive physician licences and number of registered corporate permits on the Register, as of December 31, 2022.*

Active Licensure includes Telemedicine licensure but does not include physicians who would have been listed with a Time Limited Licence.

Total Physician Membership by Year



Total New Licences issued by type (2-year comparison)



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). Below is the breakdown across students, clerks and residents from 2021 and 2022.

Licence Type	2021	2022
New Medical Students	101	84
Clerks	104	101
Clerk Electives	0	0
New/Promoted Residents	487	497
Resident Electives	45	36
Total Educational Licences*	737	718

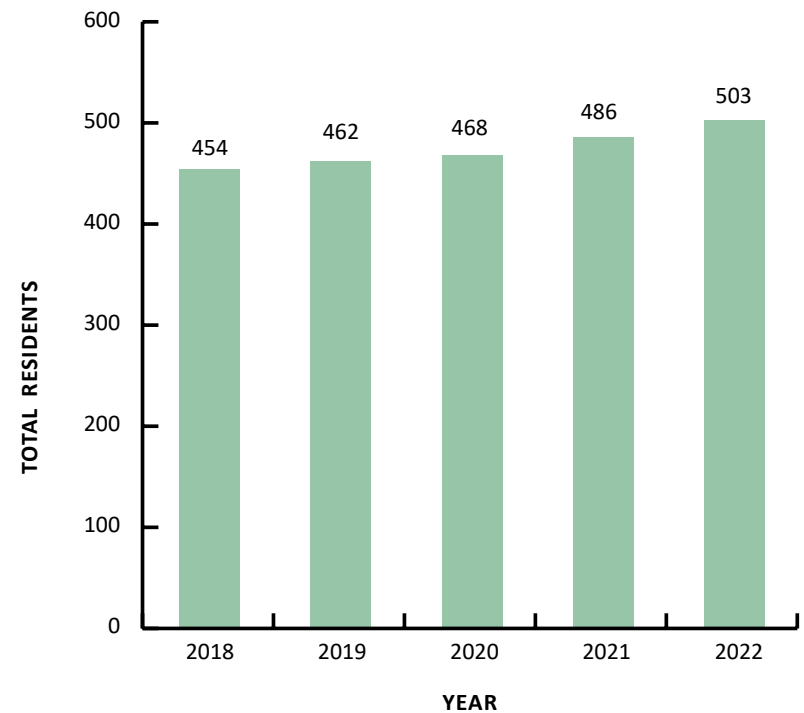
**approximate count based on student lists received from the College of Medicine*

Note: As a result of COVID-19, a decision had been made nationally by the Association of Faculties of Medicine of Canada (AFMC) to halt clerk electives until March 2023.



5-Year view of Residents Registered in Saskatchewan

The chart below shows the **total number of residents being registered each year** in Saskatchewan. The number of residents registered per year depends on class size, whether any residents were off cycle and are returning after a leave, and whether there were additional residents accepted from outside of Canada on Fellowships.





Profile of Physicians Working and Living in Saskatchewan

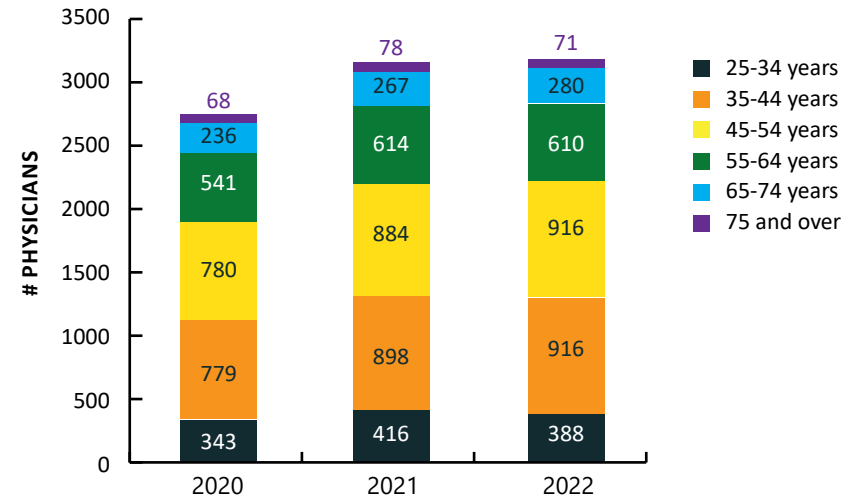
What is the age breakdown of our Physicians in Saskatchewan?

In 2022, the average age of a physician holding a licence in Saskatchewan has remained relatively stable at 48.7 years, compared to 48.5 years in 2021.

The graph to the right shows the shifts in the breakdown of age across the total physician population in Saskatchewan over the last three years.

**Data contained in the chart to the right illustrates the age of all registrants who held a licence at any point within Saskatchewan in 2020, 2021 and 2022, respectively.*

Age Breakdown

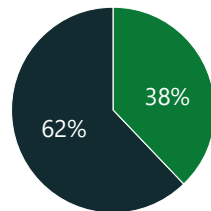


What is the gender breakdown of our Physicians in Saskatchewan?

The chart below shows the gender split by percentage.

Gender Balance

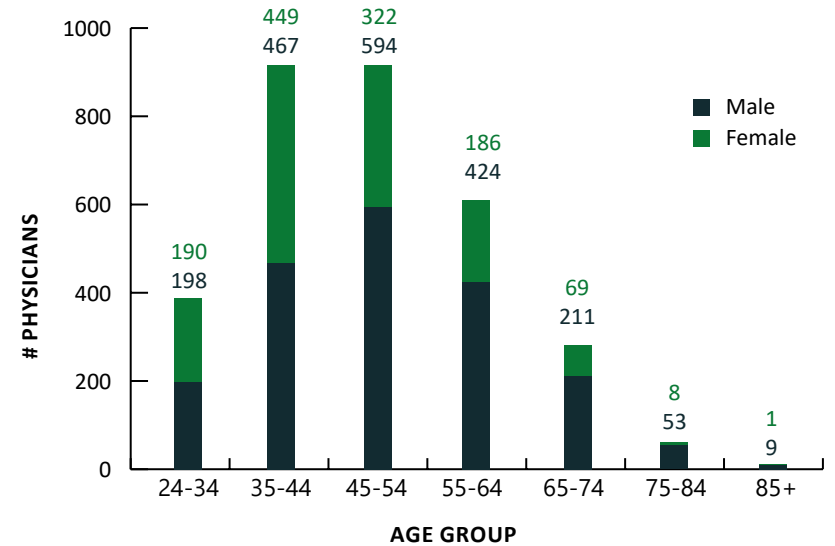
- Male
- Female



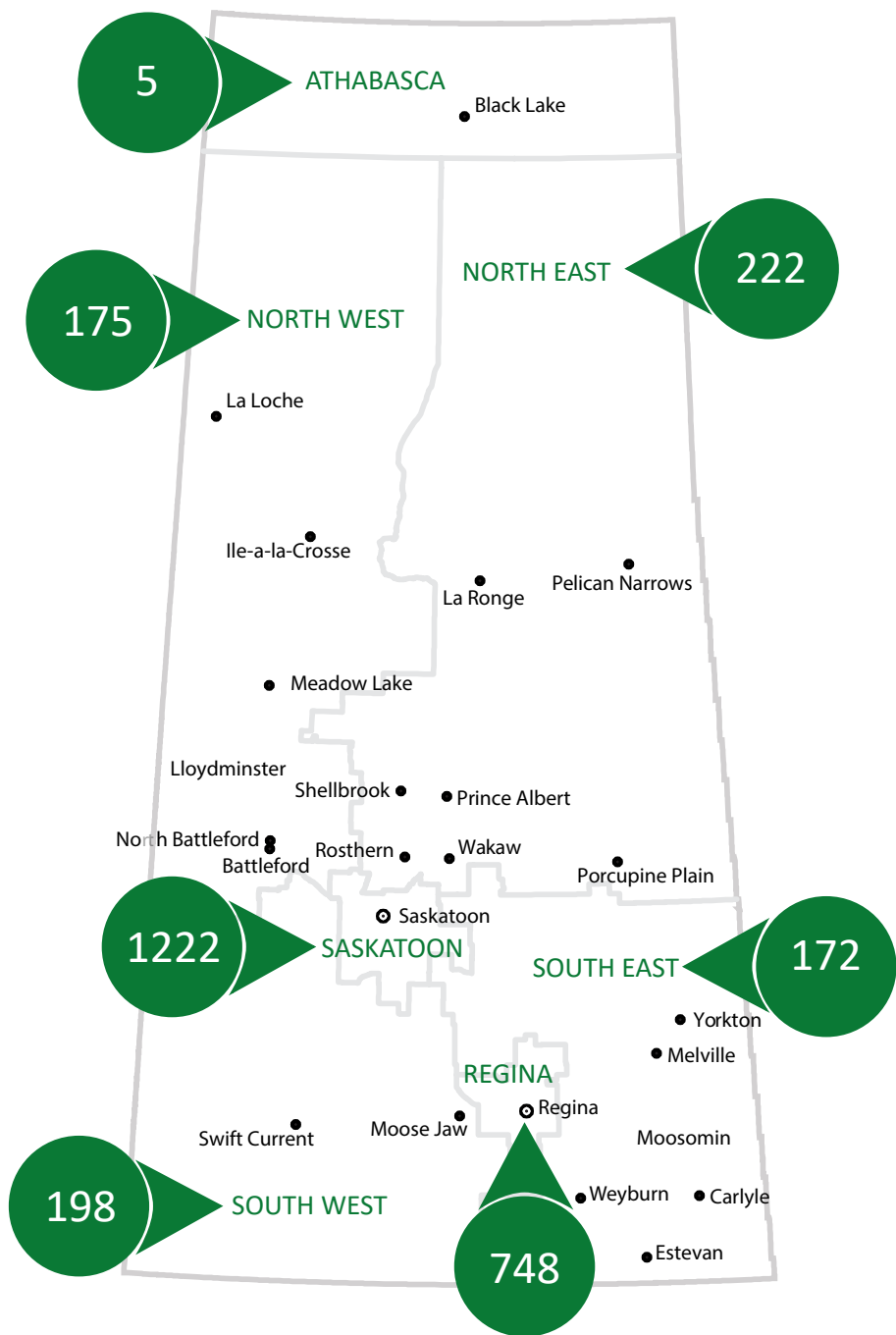
The graph to the lower right shows the shifts in the breakdown of age and gender (male or female**), across the total physician population in Saskatchewan, over the last three years.

Data contained in these two charts represent physicians who held licences at any point during the years represented.

Age to Gender Balance Breakdown



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



Geographic Distribution of Physicians Working in Saskatchewan

Based on office addresses noted in the registry as of December 31, 2022, **71.8% of physicians** list their primary office address within either of the two main urban centres of Saskatoon and Regina, whereas **28.2% of physicians** have their primary office listed within surrounding zones.

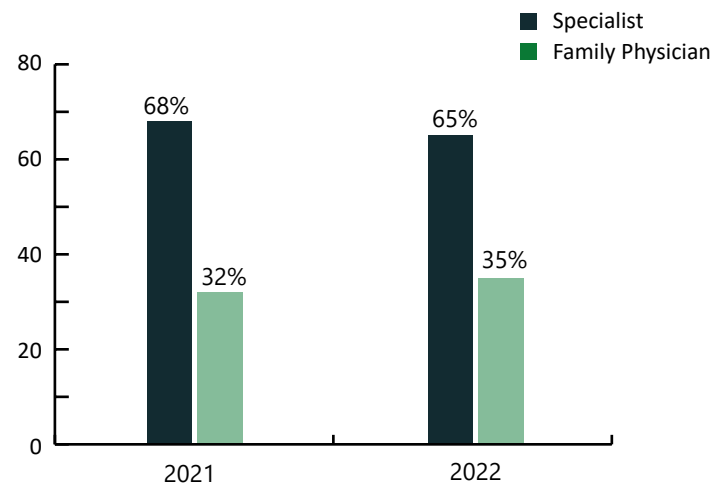
This reveals a slight shift since 2021 toward rural areas within the province.

**While the CPSS has exercised its best efforts, it cannot guarantee the accuracy and completeness of the information contained in this chart. This information has been extracted from the provincial physician registry and reflects the information that had been shared with the CPSS at the time of data extraction.*

Areas of Practice

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

Since last year, there has been a slight increase in the ratio of family physicians to specialists.





BUILDING TRUST through accountability

**How are we protecting the patients
and families of Saskatchewan?**

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Ensuring Physician Competence

LICENSING Qualified Medical Practitioners

Saskatchewan International Physician Practice Assessment (SIPPA) Program

The SIPPA program is a Practice Ready Assessment (PRA) program and a collaboration of the Saskatchewan Ministry of Health, 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 is responsible for assessing for licensure eligibility and issuing licensure for physicians who are interested in and selected to the SIPPA Program. The CPSS also has a role in coordinating and facilitating the Summative Assessment once a physician has completed the required period of supervision following the SIPPA Clinical Field Assessment, if it is the chosen or required route to a Regular Licence.

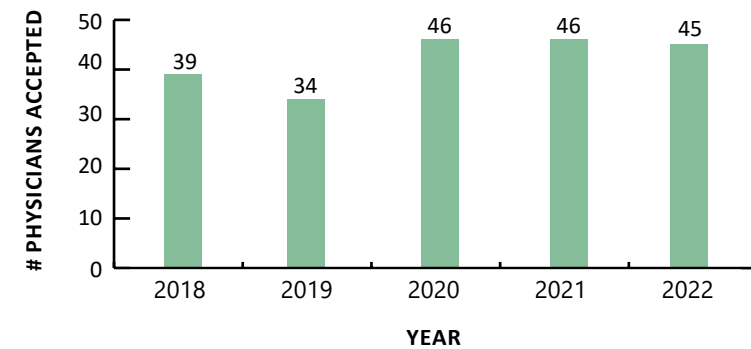
In 2022, the CPSS issued **51 Licensure eligibility rulings** to physicians who applied with interest of being selected to the SIPPA Program. Once a physician has an eligibility ruling from the CPSS, they can be reviewed for possible selection into the SIPPA program.

On average it takes **approximately 363 days** for an internationally-trained physician to apply, be assessed for licensure eligibility and be issued a Licensure ruling. During this period of time, a physician may be required to sit a missing exam and await results, request documentation from international jurisdictions if required, update their currency of practice if necessary and/or apply for and obtain a work permit if needed; all of which can extend the period of time it takes to arrive at a final licensure ruling.



Total SIPPA Candidates Accepted per Year

In 2022, a total of **45 physicians were accepted** into the SIPPA Clinical Field Assessment, which is offered 3 times a year, in March, June and October. The CPSS does not have a role in the final selection of physicians accepted into the program.



SUPERVISING and ASSESSING International Medical Graduates (IMG)

Successful completion of [Supervision and a Summative Assessment](#) can be critical steps required to achieving a regular licence. Physicians can also choose to sit their Canadian Certifying exams, after the required period of Supervision, as an alternate route to achieving a regular licence.

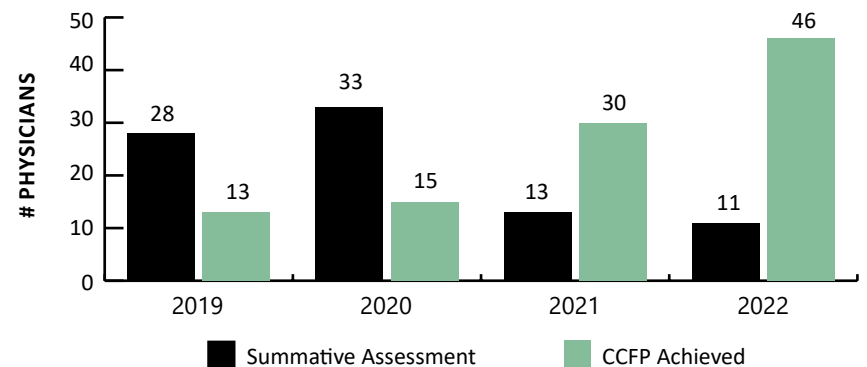


Family Medicine – Pathway to Regular Licensure

Physician graduates of the SIPPA Practice Ready Assessment Program, saw **11 physicians** successfully complete their Summative Assessment and achieve their Regular Licence in 2022.

An additional **46 physicians** successfully obtained their Certification with the College of Family Physicians of Canada (CFPC) in 2022, to ultimately achieve their Regular Licence.

Over the last two years, we have seen a substantial shift in the prevalence of internationally trained physicians working to achieve their Canadian Certifying exams as a route to Regular licensure. This shift may be attributed to changes made to the SIPPA program requirements and selection criteria, thus attracting a different type of applicant. It may also result from shifting messaging by the SIPPA program, in preparation for the launch of the new SIPPA supervision curriculum scheduled for early 2023. The new curriculum will focus on preparing SIPPA graduates to sit their Canadian exams.

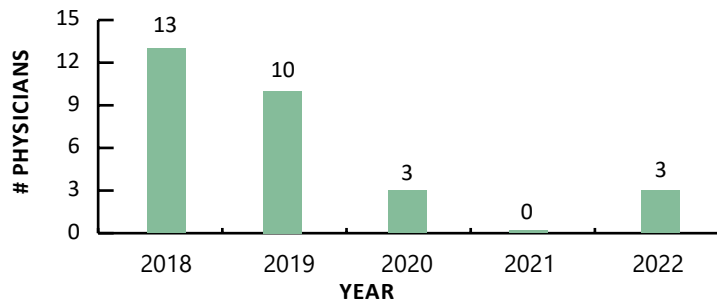


**While the CPSS has exercised its best efforts, it cannot guarantee the accuracy and completeness of the information contained in this chart. This information has been manually extracted from registration workflow tables.*

Interim Process - Family Medicine (year comparison)

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

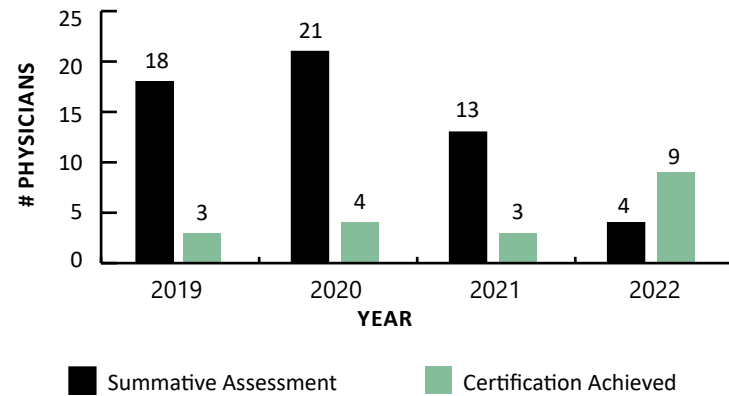
As we have continued to see a shift away from the Summative Assessment as the prevalent choice to achieving licensure, we had seen fewer physicians enter into an interim process in the previous two years. However, 2022 saw three physicians move to the interim process.



**While the CPSS has exercised its best efforts, it cannot guarantee the accuracy and completeness of the information contained in this chart. This information has been manually extracted from registration workflow tables.*

Specialist – Pathway to Regular Licensure (year comparison)

Outside of SIPPA, **4 internationally-trained Specialists** successfully completed their Summative Assessment in 2022 and **9 internationally-trained Specialists** successfully obtained their Royal College Certification.



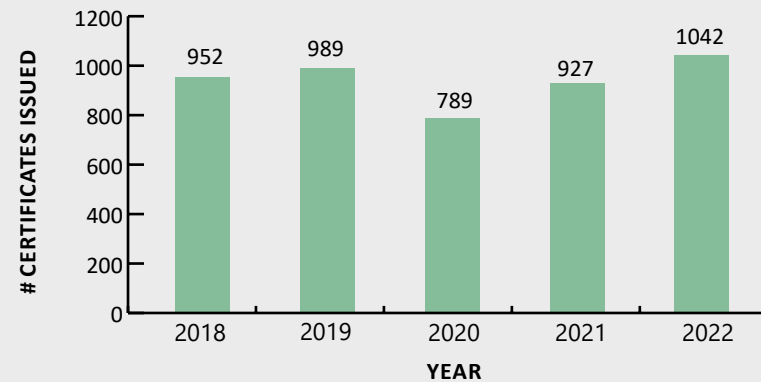
**While the CPSS has exercised its best efforts, it cannot guarantee the accuracy and completeness of the information contained in this chart. This information has been manually extracted from registration workflow tables.*

Tracking Professional Standing & Compliance

The CPSS issues Certificates of Professional Conduct (CPCs) to physicians upon request. These certificates represent the ethical and professional background and standing of a physician for the period of time they were registered in the province.

Based on data over the last 5 years, we have seen an average of 940 CPCs issued per year by CPSS. We saw a dip in requests in 2020 with the onset of the COVID-19 pandemic but have since returned to pre-pandemic levels.

Number of Certificates of Professional Conduct issued

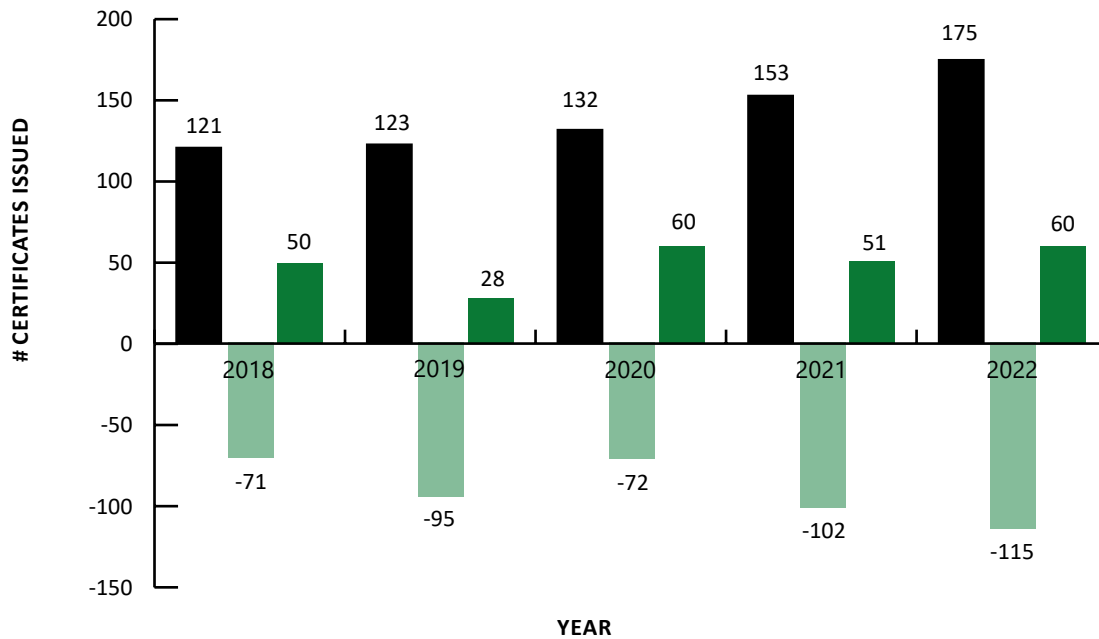


ISSUING Medical Professional Corporation Permits

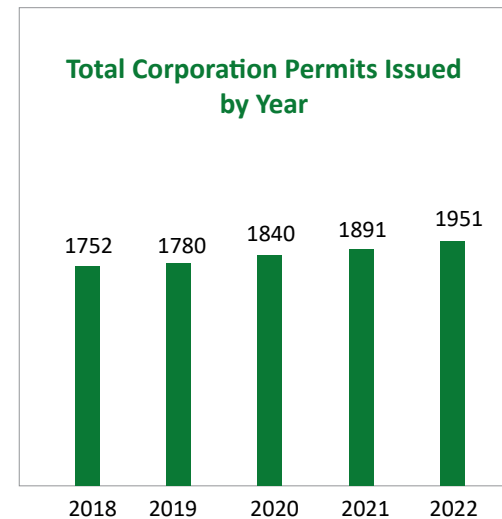
Corporations are an independent legal entity and require more extensive record-keeping, operational processes, and reporting.

As noted in the chart below, we saw an increased number of new Medical Professional Corporations registered. However, we also saw an increased number of Medical Professional Corporations expire. A total of **60 net new Medical Professional Corporation Permits** were issued in 2022.

of Newly Registered Corporations / # of Expired Corporations



Total of **175 NEW** Corporations registered in 2022



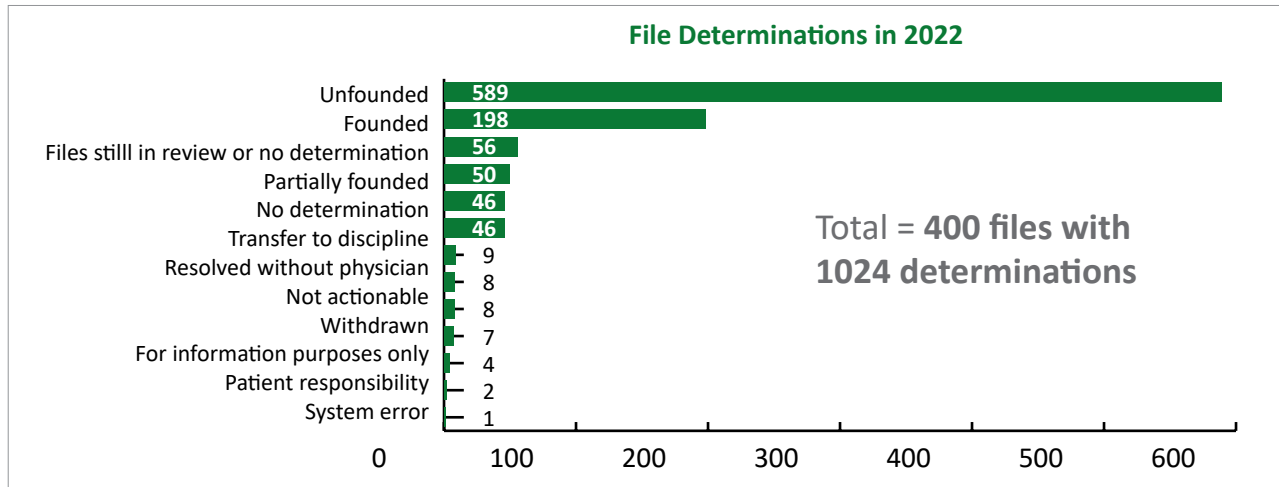
ACTING on Patient Concerns – We’re listening!

Quality of Care Concerns

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

Determinations by the Quality of Care Department

Categorisation for each new file received in 2022 that was resolved by the Quality of Care department.

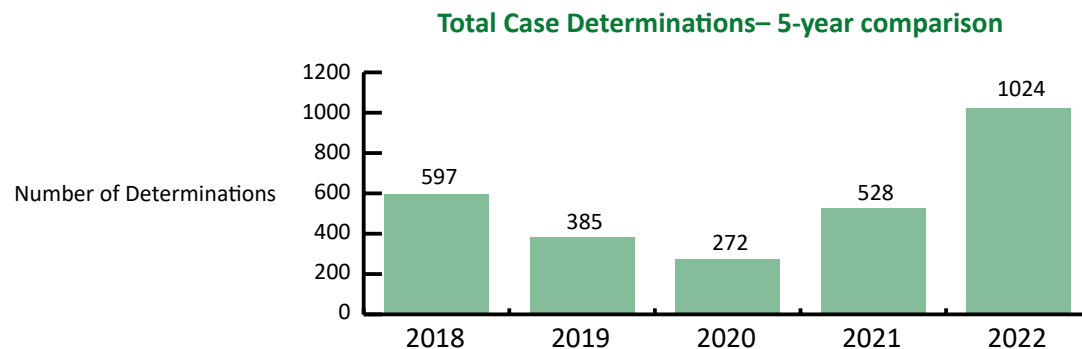


Are we succeeding in moving cases more effectively?

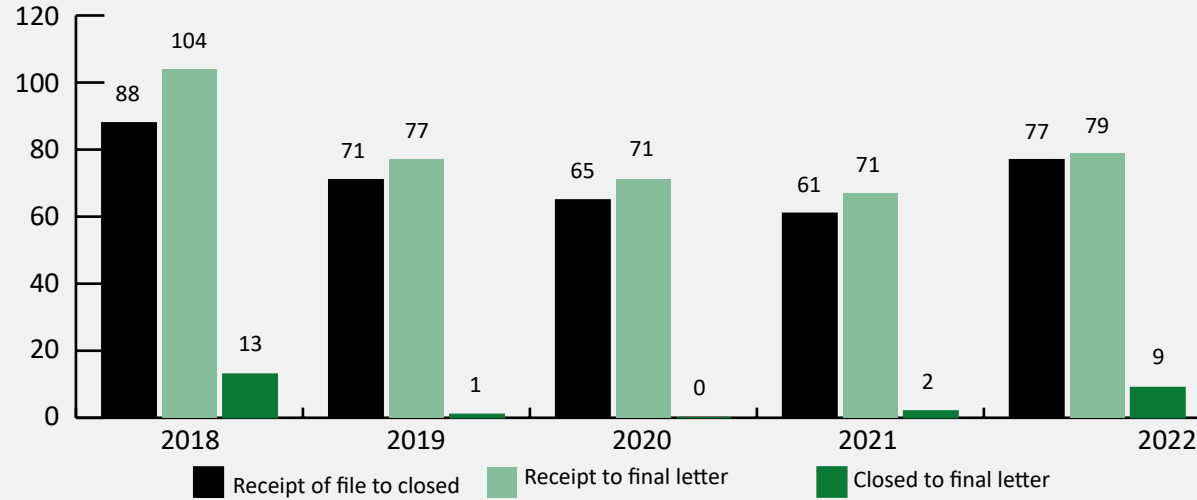
Yes, the new alternative complaints resolution process is effective in managing the lower level cases, allowing increased time to manage more complex cases.

Physician Guidance Document Initiative

The Quality of Care Department has been providing a new series of physician guidance documents which have already been updated several times to ensure their currency. The initiative is garnering very positive feedback from physicians.



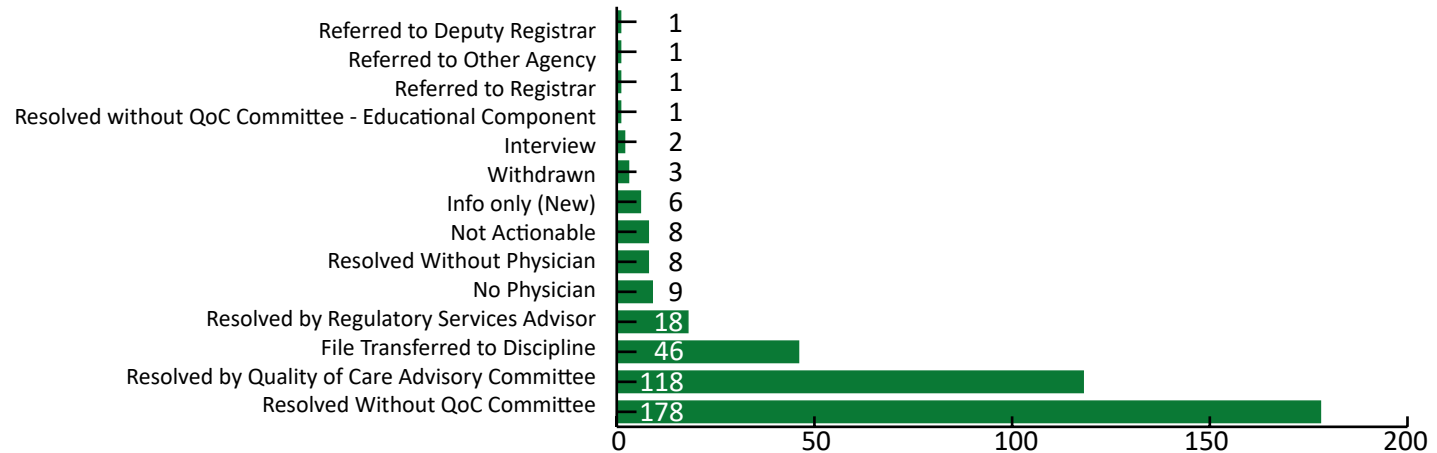
Volume & Efficiency - Days taken by Quality of Care Department to close files



Determinations by the Quality of Care Advisory Committee

Files Resolved - Method of Resolution

Total = 400 files

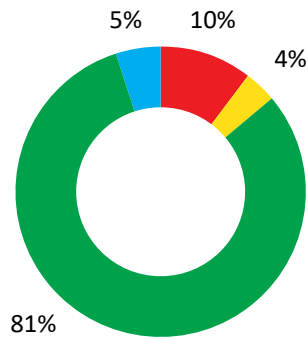


Files Closed by the Quality Of Care Advisory Committee

By Determination

The **118 files** handled by the Committee contained a total of **392 determinations**.

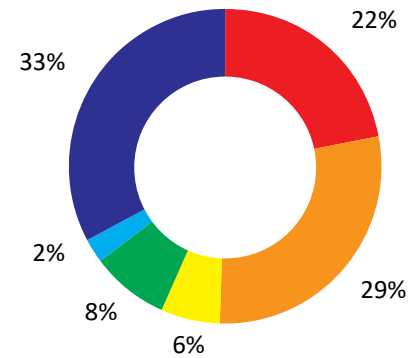
Each file may contain more than one allegation and one determination.



- Allegation was Founded (41)
- Allegation was Partially Founded (14)
- Allegation was Unfounded (318)
- No Determination could be made (19)

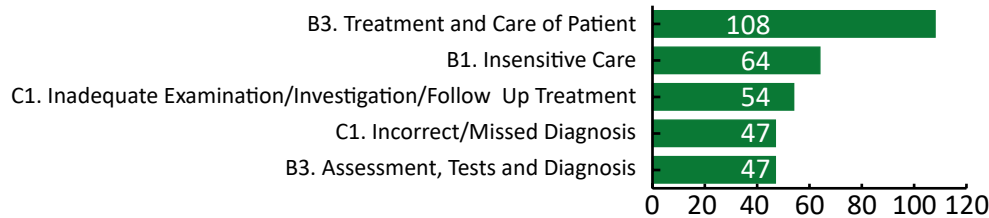
By Allegation

Categorisation of the total of **392 allegations**.



- B1. Quality of Interaction/Communication (87)
- B3. Treatment and Care (112)
- B4. Practice Management/Access (24)
- B5. Quality of Care (31)
- B6. Systemic (10)
- C1. Competence/Knowledge (128)

Top 5 Most Common Allegations



CATEGORIES

B3. = Treatment and care
C1. = Competence/Knowledge

*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.*

Physician Discipline

Background

While the discipline process is, by definition, focused on addressing complaints that physicians have conducted themselves unprofessionally, College staff have attempted to balance the primary need to ensure patient safety with a recognition that physicians have been under considerable strain throughout the pandemic and its aftermath. In cases where it is appropriate within the parameters of **The Medical Profession Act**, 1981 and the CPSS Regulatory Bylaws, the College has attempted to take a remedial approach.

This places the emphasis on physician self-reflection and education in order to maintain patient safety going forward. While of course general and specific deterrence and other relevant factors are also considered, and recognizing that in some cases the nature of the conduct does not permit a remedial approach, the CPSS Council and Executive Committee have continued to utilize **alternative dispute resolution (ADR)** to try to assist physicians in improving their skills and self-awareness in hopes that they will continue to provide excellent care to Saskatchewan patients in the future.

In any case where ADR is directed, the College monitors the physician's compliance with their undertaking to ensure all tasks are completed within the designated timeframe. This is a time-consuming process both for the physician and College staff, but it is gratifying when physicians exhibit reflection and self-insight and are able to improve their knowledge/skills/processes in order to facilitate better patient care going forward. The College has observed that ADR generally receives more genuine "buy-in" from physicians than does a penalty imposed following a hearing. In many cases, complainants are also satisfied with this remedial approach, as many of them approach the College with a concern that their experience not happen to anyone else.

Impact of the pandemic and reduced restrictions

In 2022, the College refined and built on process adjustments that had been implemented during the pandemic. As in many aspects of life, some of those altered processes have been retained as other 'tools' in the discipline toolkit. For example, preliminary inquiry committees still regularly conduct interviews virtually where appropriate. This permits investigations to proceed more efficiently and with less inconvenience to complainants and other witnesses.

In addition, virtual hearings have continued to be utilized in discipline processes. Many of the penalty hearings conducted in 2022 proceeded virtually. This has permitted matters to be addressed in a timely manner with greater convenience for all parties.

Process improvements and increased accountability

The College has continued its efforts in 2022 to improve and streamline its discipline processes towards more timely resolution. Some of the steps taken in 2022 include:

- hiring a fourth lawyer to assist in pursuing discipline files in a timely way as well as assisting in Council policy work;
- hiring a legal assistant to facilitate and streamline the department's work and establish/monitor tracking systems to better monitor the process of discipline files and communication with complainants;
- instituting a pilot project with a contracted Hearing Administrator to act as the arm's length facilitator relating to discipline matters once they have been directed to the Discipline Committee, and to conduct case management conferences with the parties once charges are laid in order to facilitate resolution in appropriate cases.

The Hearing Administrator pilot project was very successful, resulting in the resolution of several complex and contentious discipline matters that would otherwise have required multi-week hearings. We expect that the Hearing Administrator position and case management process will be formalized in the College's bylaws in 2023.

Top Disciplinary Trends in 2022

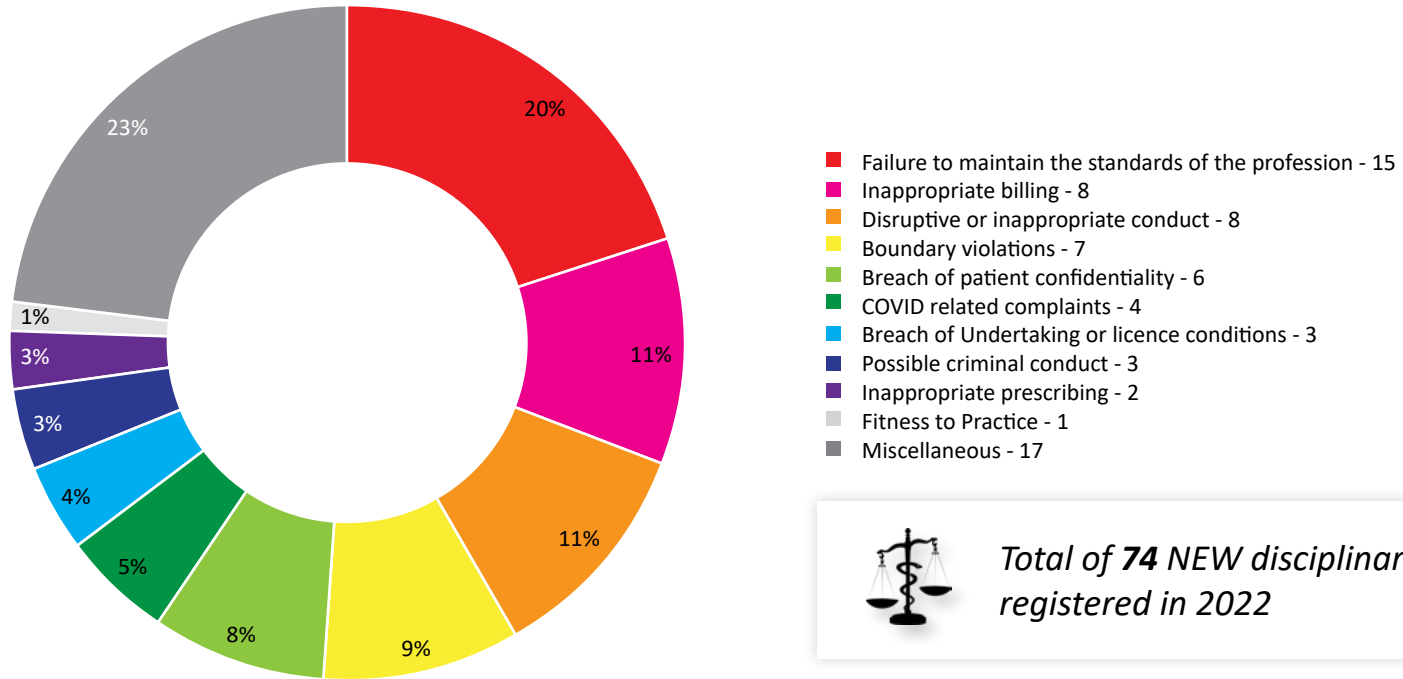
1. **INCREASED NUMBERS AND COMPLEXITY OF COMPLAINTS:** The trend for **increased numbers and complexity of complaints** continued in 2022. Similar to 2021, the CPSS received multiple complaints against several individual physicians in 2022. These complaints have been submitted by physicians, other healthcare providers and patients, and have alleged a variety of concerns including a failure to maintain the standard of practice of the profession and inappropriate or unprofessional conduct or communication. These complex complaints have prompted the CPSS to reflect on its discipline processes and to apply creativity and flexibility within the parameters of the legislation and bylaws in an effort to address these complaints in an effective and efficient manner.
2. **UNPROFESSIONAL CONDUCT OUTSIDE THE PRACTICE ENVIRONMENT:** There has been a continued trend for increased complaints **alleging unprofessional conduct outside the practice environment** (“off-duty” conduct). Some of the investigations arose from criminal charges against physicians.
3. **FAILURE TO MAINTAIN THE STANDARDS OF PRACTICE OF THE PROFESSION:** 2022 has seen a continued trend for increased numbers of complaints of **unprofessional conduct related to a failure to maintain the standards of practice of the profession**, with 15 complaints in this category. Many of these include allegations of failure to provide appropriate follow-up care.
4. **ALTERING MEDICAL RECORDS AND DISHONESTY:** The CPSS continues to receive referrals from the Joint Medical Professional Review Committee (JMPRC) in relation to most of the cases it reviews each year. An increased number of those referrals have included **allegations of altering medical records submitted to the JMPRC, and dishonesty relating to those altered records**. These cases are resource-intensive to address and the CPSS is considering whether process modifications may be possible.
5. **UNPROFESSIONAL COMMUNICATION OR BEHAVIOUR:** An underlying theme to many of these complaints is the significant strain on physicians, other healthcare providers, and patients arising from post-pandemic effects and the challenges facing the healthcare system in general. Tensions are high, and these appear to have precipitated some of the conduct complained of in 2022. This includes complaints of **unprofessional communication or behaviour**.
6. **INCREASED NUMBER OF APPEALS:** Another theme identified in 2022 is an increased number of **appeals arising from findings of unprofessional conduct by discipline hearing committees and/or the Council’s penalty decisions**. The last three contested hearings held before a discipline hearing committee have all resulted in appeals, two of which are now before the Court of Appeal. This has resource implications and significantly increases the time to final resolution.


Other assistance provided by the CPSS legal team

While CPSS legal counsel do not provide personal legal advice to physicians, they regularly advise physicians on issues such as privacy, patient consent, record management, interpretation of College policies or bylaws, etc. In many cases, legal counsel provides advice by email to the physician in order to assist in resolving the issue as may be appropriate.

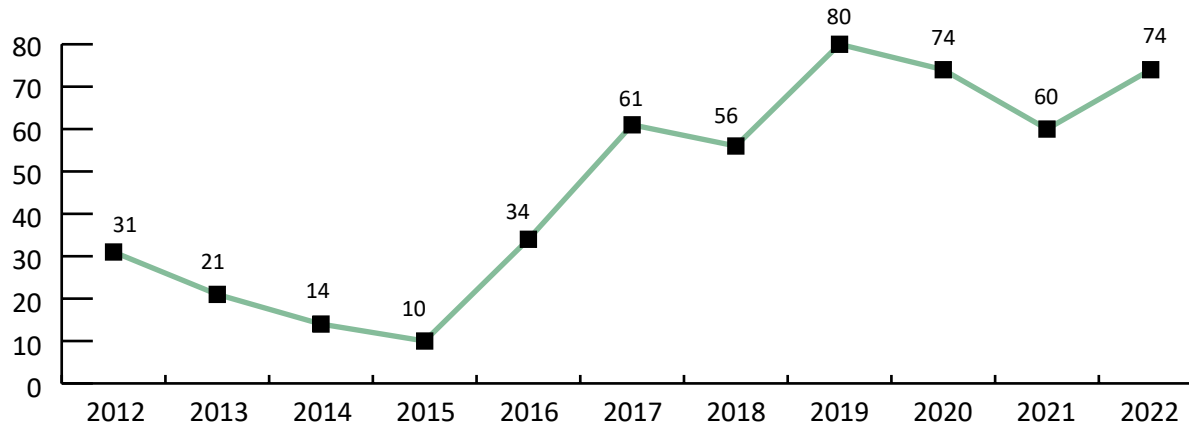
CPSS legal counsel also regularly present on legal and regulatory topics to medical students, residents, physicians enrolled in the Saskatchewan International Physicians Practice Assessment (SIPPA) program, and other practising physicians.

What did the disciplinary complaints allege?

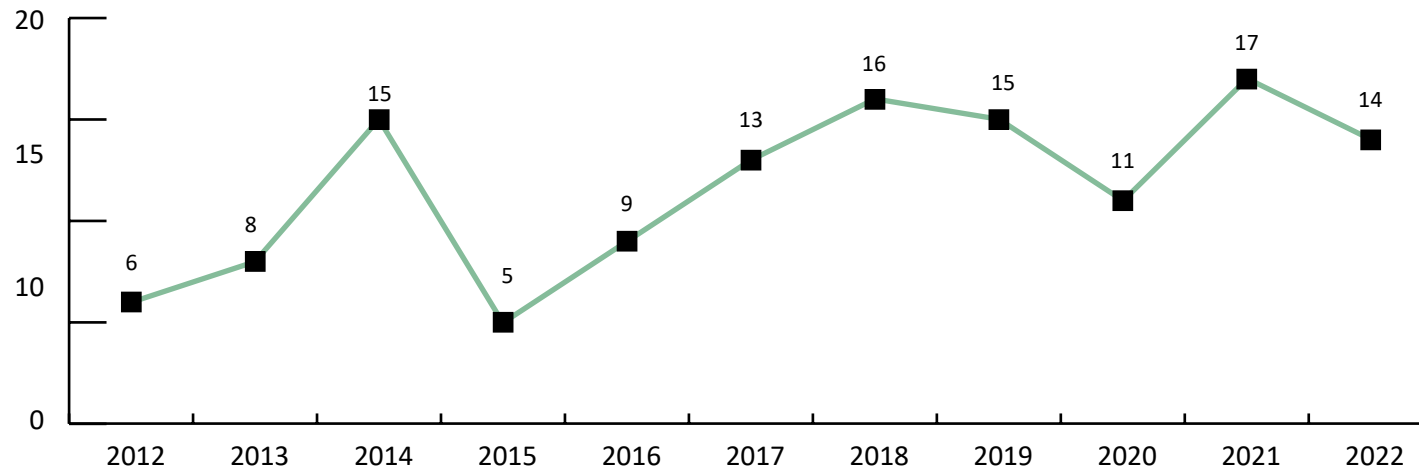


 *Total of **74** NEW disciplinary complaints registered in 2022*

Year-to-year comparison of the number of disciplinary complaints received



Number of physicians charged with unprofessional conduct



Court actions involving the CPSS

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 College to provide certain documents to him. The application was to have been heard in September 2019 but was adjourned. The College will resist disclosure of the requested documents if the application is reactivated.

Dr. Jesse Leontowicz

Dr. Leontowicz appealed the decision of the discipline hearing committee which found that he had sexual intercourse with a woman without her consent and the resulting Council penalty decision. The appeal was heard in 2021. In early 2022, the Court of Queen’s Bench (now King’s Bench) quashed the decision of the discipline hearing committee and the charge of unprofessional conduct against Dr. Leontowicz was dismissed. The Registrar’s Office successfully sought leave to appeal the decision to the Court of Appeal. The appeal was argued in early 2023 and we are awaiting the Court’s decision.

Dr. Ali Solgi

Dr. Solgi has sued the College and a College employee alleging that he was inappropriately suspended and denied a regular licence. The Court of Queen’s Bench (now King’s Bench) dismissed the claim. Dr. Solgi appealed that decision to the Saskatchewan Court of Appeal, and his appeal was allowed. Dr. Solgi’s claim will proceed, and the College will defend the claim.

Dr. Oladayo 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 Court of King’s Bench dismissed Dr. Oladipo’s appeal. Dr. Oladipo has obtained leave to appeal the decision to the Court of Appeal.

Dr. Robert 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.

ENSURING Regulation & Guidance

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.

Bylaw Development and Changes

During 2022, the Council adopted several changes to the College's Regulatory Bylaws:

Regulatory bylaw 2.4 – Requirements relating to regular licensure - licensure of physicians who achieve Royal College certification through the practice eligible route (PER)

The practice eligible route (PER) of the Royal College of Physicians and Surgeons allows physicians with international specialty certification to apply to challenge the Royal College examinations in their specialty. Physicians who have passed the Royal College examinations and who meet the other requirements for licensure can obtain a provisional licence. Physicians will only receive Royal College certification after passing the Royal College examinations and after the Royal College assesses their practice in Canada and concludes that they have practised appropriately. That assessment will only be done after the physician has been in practice in Canada for at least two years.

The bylaw was amended to allow physicians who have achieved Royal College certification through the PER route and who have met the other requirements for licensure to obtain a regular licence without additional requirements.

Regulatory bylaw 3.1 – Renewal and Expiration of Licences - amendment to change the questions asked on licence renewal

Physicians are required to respond to a series of questions when applying for a licence or when renewing a licence. There was inconsistency between what was asked on an initial application and what was asked on renewal.

The amendments change the health-related questions asked on renewal to be consistent with the health-related questions asked on an initial application. The amendment also asks about a physician's blood borne virus status if the physician performs or may perform exposure-prone procedures.

Regulatory bylaw 18.1 – The Prescription Review Program

This bylaw was amended twice in 2022: 1) to allow verbal prescriptions for Prescription Review Program (PRP) medications, and 2) to permit physicians to prescribe part-fills of specified PRP medications without meeting all of the requirements of the current bylaw.

Physicians who provided virtual care during the pandemic sometimes had difficulty meeting the bylaw requirements to prescribe PRP medications. Canadian legislation was amended to temporarily remove the requirement that controlled medications could only be prescribed by a written prescription. The bylaw amendment permits physicians to issue verbal prescriptions for PRP medications if the physician concludes that it is not reasonably possible to provide a written prescription or an electronic prescription. The physician must include the same information in a verbal prescription as is required in a written prescription.

Regulatory bylaw 25.1 – Operation of Diagnostic Imaging Facilities in the Province of Saskatchewan

The Council approved an amendment related to the frequency of inspection of ultrasound equipment. The previous requirement to inspect ultrasound equipment "every six months" is now a requirement to inspect "on a schedule recommended by manufacturer's instructions."

Regulatory bylaw 26.1 – Operation of Non-Hospital Treatment Facilities in the Province of Saskatchewan

The Council approved an amendment to permit physicians who seek to provide medical care which involves the use of drugs which are intended to or may induce sedation requiring the monitoring of vital signs to apply for an exemption from the requirement for the facility to be approved as a non-hospital treatment facility. An exemption granted pursuant to

the amended bylaw may be subject to terms and conditions and may require the physician to provide an undertaking to the College. This amendment was intended to address situations such as physicians administering inhalation analgesia using less than or equal to 50% nitrous oxide in a community-based setting.

Regulatory bylaw 27.1 – Advertising – General Provisions

The Council approved several amendments to bylaw 27.1 addressing advertising. This followed extensive work by a committee that reviewed the advertising bylaws of other Canadian Medical Regulatory Authorities, and reviewed consultation feedback from stakeholder organizations and individuals on the proposed bylaw that had initially been approved in principle. There have been material changes in the advertising rules, including relating to the use of before/after photographs and patient testimonials.

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.

These documents vary in terms of the CPSS expectations of physicians, as described on the CPSS website:

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 below by clicking on each policy title.

U	Policy	Completion of Third Party Forms and Certification of Work Absence / Accommodation Due to Illness or Injury
U	Policy	Disclosure of Adverse Incidents
N	Guideline	End-of-Life Care
N/U	Policy	Ending a Patient-Physician Relationship
N/U	Guideline	Establishing a Patient-Physician Relationship
U	Policy	Informed Consent and Determining Capacity to Consent
N/U	Policy	Medical Examinations by Non-Treating Physicians
U	Policies	Opioid Agonist Therapy (OAT) Prescribing
U	Standard/ Guideline	Opioid Agonist Therapy (OAT) Standards and Guidelines for the Treatment of Opioid Use Disorder
U	Policy	Performing Office-based Insured Procedures
U	Policy	Performing Office-based Non-insured Procedures
U	Guideline	Physicians and Public Health Emergencies
N/U	Policy	Physicians Leaving Practice
U	Policy	Renewal Questions - Use of Information by the College
N	Policy	Responsibility for a Medical Practice
U	Policy	Role of Council, Committees and Legal Counsel in Disciplinary Investigations and Court Matters
U	Policy	Sale of Products by Physicians
U	Policy	Website Terms of Use and Privacy

Forthcoming Guidance Documents

In order to supplement the expectations contained within policies and guidelines, the Council has recently directed the Registrar’s office to create ‘guidance’ documents on several topics that are also available on the College website. We expect that this trend will continue in 2023, as there is a desire to provide useful information to physicians and the public by way of example and explanation. The use of guidance documents permits the sharing of this information in a more accessible manner and without increasing the formal expectations on physicians.

Improving Prescribing Practice



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 provincially designated panel of prescription medications with the potential for patient/community risk, misuse, and diversion. The PRP staff are also responsible for the Opioid Agonist Therapy Program (OATP).

Staff logged **511 calls** related to the program in 2022, which is a **64% increase** over the previous year. Calls included physicians seeking pharmaceutical advice regarding patient care, pharmacists asking for clarification/support for prescriptions they were filling and the public reporting possible misuse of medications.

The clinical staff supported CPSS Registration Services by completing 224 PRP-related **prescribing profile checks** for supervisors, assessors, licensures and SIPPA candidates. These checks identify any potential prescribing concerns related to the provincially designated panel of prescription medications.

A newly developed **newsletter**, UnScripted, provided physicians with updates to the PRP and OATP programs, practice guidance and case discussions. Two issues were sent to all physicians in 2022.

Two separate **educational letters** were sent to physicians whose patients were receiving either brand name Ritalin® or brand name Dilaudid®. The letters highlighted the potential higher risk to patients

'Thank you for your care and concern regarding this patient.'

'Thank you for always ensuring the safety of patients.'

'It is my greatest pleasure to respond to your request. This quest gives me assurance that Canadians are protected and their well-being is under scrutiny by a quality control team.'

'Once again, thank you for your letter as I feel these correspondences are useful education opportunities for prescribers.'

and communities of prescribing brand name vs the generic formulation. *Follow up analysis showed that approximately 20% of patients prescribed Ritalin® and 12% of patients prescribed Dilaudid® were switched to the generic formulation following the educational correspondence. Follow-up correspondence, which required physicians to provide a response, was sent to physicians who had not yet switched their patients to the generic formulations. Ongoing analysis and correspondence will continue into 2023.*

A total of **466 letters** requiring a response were sent to 326 physicians regarding 399 patients. PRP pharmacists provided 371 responses which included educational support and/or recommendations during this same period.

Many physicians provided unsolicited and positive feedback on their interactions with the PRP team in 2022, as evidenced by the quotes in the balloons above.



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).

OATP Virtual Case Study and OAT 101 Sessions

These competency-focused, small group sessions, which are accredited by the College of Family Physicians of Canada (CFPC), continued to be a well received and attractive option for physicians to meet the education and mentoring requirements for approval consideration to prescribe OAT for opioid use disorder.

Four OAT Virtual Case Study sessions were facilitated in 2022 with twelve physicians attending. Eleven of the physicians (92%) proceeded to obtain approval to prescribe OAT and one continued to work through the remaining administrative requirements.

These sessions have proven to be an effective way to provide focused education and mentorship in comparison to the yearly OAT Conference previously hosted by the OATP.

Only seven of the 75 physicians who attended the 2020 Conference (the last time the conference was held) completed the approval process compared to 50 of 57 physicians who attended the OAT 101 and/or Virtual Case Study sessions held since June 2020.

The Pharmacist Manager, PRP/OATP and OATP Clinical Manager submitted a successful abstract to present at the 2022 Canadian Society of Addictions Medicine (CSAM) Conference. 'The Saskatchewan Road Show' highlighted the success of both the virtual sessions and OAT 101 in-person sessions held to date. The Pharmacist Manager, PRP/OATP also served as Co-chair for the 2022 Conference.

Program Updates

Staff logged **281 calls** related to the program, which is a **2.5% increase** over the previous year. The nature of the calls varied from pharmacists confirming OAT approval for physicians, physicians seeking pharmaceutical advice regarding a specific patient, pharmacists asking for clarification/support for prescriptions they were filling, to the public reporting possible misuse of medications.

In collaboration with the Saskatchewan Health Information Resources program (SHIRP), a list of physicians approved to provide OAT services is now available on their website homepage. This list is available to pharmacists and physicians to confirm physicians' eligibility to prescribe OAT.

The Pharmacist Manager, PRP/OATP and the OATP Clinical Manager continued to provide expertise to the core working group for Advancing Interprofessional Management of Substance Use Disorders in Saskatchewan (AIMS-SK). The AIMS-SK program is included in the OATP's list of approved courses for physicians working towards CPSS approval to prescribe OAT for opioid use disorder.

The CPSS Council approved a change to the bylaw for *maintenance* of buprenorphine/naloxone (bup/nx). Registrar approval is still required, but education is now strongly recommended instead of required.



Clinical feedback was provided to the Ministry regarding the transition to commercially available methadone products in Saskatchewan and the program assisted with dissemination of information to all OAT providers in the province.

Two referrals were made to the CPSS and four referrals were made to the College of Registered Nurses of Saskatchewan (CRNS) regarding possible unauthorized prescribing of OAT. The regulatory bodies were then able to communicate with their own members as needed.

OAT/Opioid Use Disorder (OUD) educational sessions were again offered via the Extension for Community Healthcare Outcomes (ECHO®) Platform and were well attended. Sessions included:

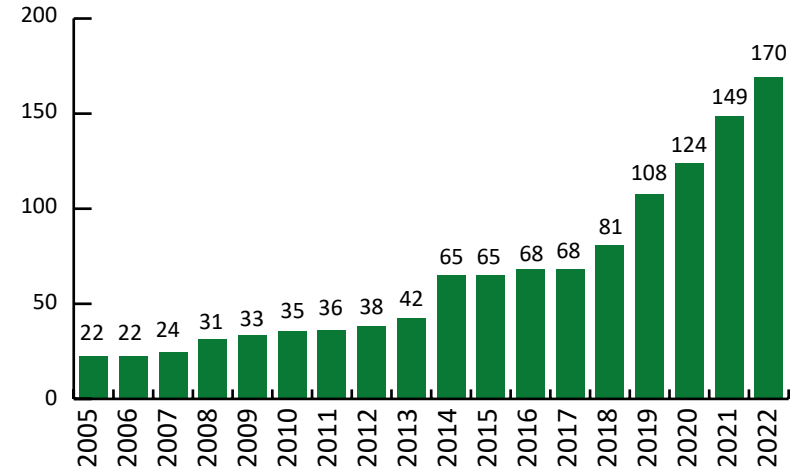
- Trauma Informed Care: Motivational Interviewing during Pre-Contemplation (88 attendees)
- Pregnancy and Substance Use Disorder (SUD) (72 attendees)
- Back to Basics SUD Treatment and Management (69 attendees)

Nine new OAT audits were initiated in 2022 and eight more audits were completed. Audits allow new providers to self assess their skills and can also be informative for experienced providers. The Pharmacist Manager and OATP Clinical Manager often offer advice and suggestions for possible improved care.

76 physicians were sent letters regarding potential unapproved prescribing of methadone or bup/nx for opioid use disorder.


- 7% of these physicians went on to be approved to provide OAT
- Another 25% requested information on the approval process.


of physicians approved to provide OAT



Physicians approved to provide OAT for Opioid Use Disorder*

Legend

 = existing locations where physicians are providing OAT

 = new locations where newly approved physicians are providing OAT



MANAGING Quality Assurance & Accreditation



Diagnostic Imaging Quality Assurance

The Diagnostic Imaging Quality Assurance (DIQA) Program performs peer reviews of diagnostic imaging physicians to assess their performance. When deficiencies are found in physician work, the DIQA provides comments and recommendations, and performs a second review to ensure physicians have made the recommended improvements.

The Advisory Committee for Medical Imaging (ACMI)

The ACMI serves as an advisory body to the Council of the College of Physicians and Surgeons of Saskatchewan as well as to the Saskatchewan Health Authority in matters related to the performance and quality assurance of medical imaging examinations.

These modalities include:

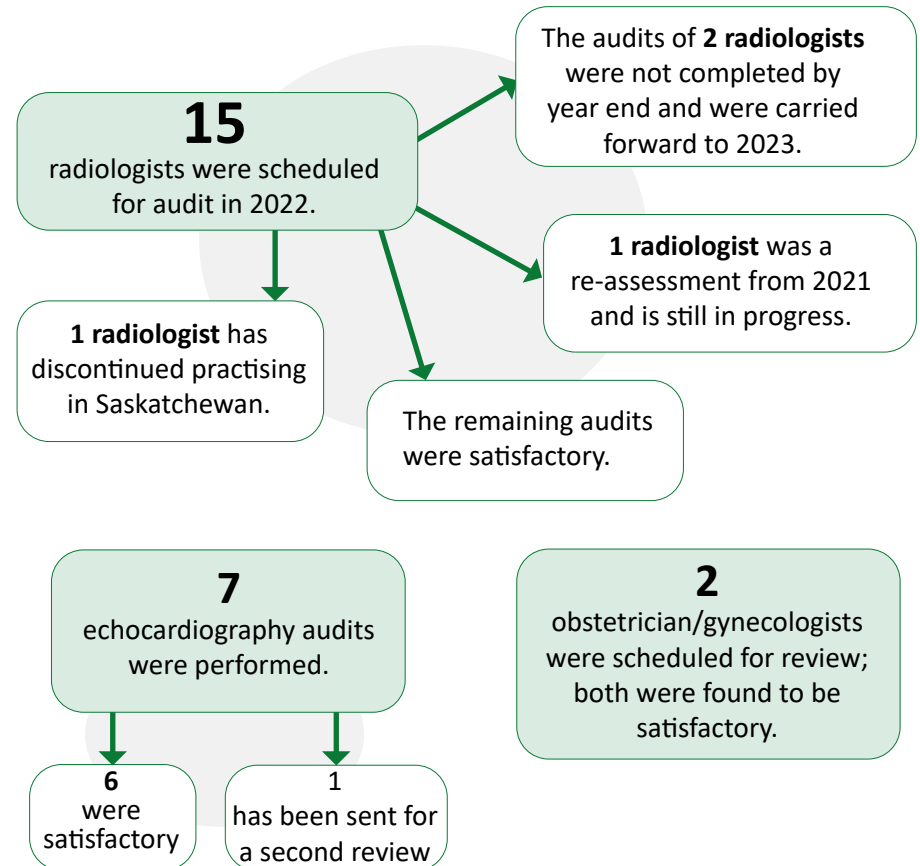
1. Radiography
2. Computed Tomography
3. Diagnostic Medical Ultrasound
4. Magnetic Resonance Imaging
5. Nuclear Medicine
6. Echocardiography

The main activities of the ACMI are focused on quality assurance audits of imaging physicians as well as assessment of non-hospital diagnostic facilities providing computed tomography and magnetic resonance imaging. The ACMI is also responsible to provide recommendations to Council on developing bylaws, standards, and guidelines for the performance of imaging studies as well as setting standards for the qualifications of the physicians and technologists providing these services.

Highlights of 2022:

- The ACMI met (virtually) four times during the 2022 calendar year.
- A new set of guidelines for Echocardiography is under development.
- The ACMI responded to several inquiries regarding community-based (non-Radiologist) imaging clinics - ultrasound; x-ray; fluoroscopy/pain management.

Audits:



Laboratory Quality Assurance

The College of Physicians and Surgeons of Saskatchewan is contracted by the Ministry of Health (MOH) to operate the Laboratory Quality Assurance Program (LQAP). As designated in the Medical Laboratory Licensing Act and Regulations, the LQAP is responsible for the requirements and standards of Medical Laboratories in the Province.

The LQAP Committees

The LQAP Committees consist of the Program Management Committee (PMC) and discipline-specific Quality Assurance (QA) Committees for:

- Anatomic Pathology
- Chemistry
- Hematology
- Microbiology
- Transfusion Medicine.

The committees are comprised of medical and technical experts in these disciplines. The QA Committees review facility assessment reports and proficiency testing deficiencies. The PMC is the oversight body for operations and decision making for the program. It is comprised of the chairs of the discipline-specific committees along with representation from the Saskatchewan Association of Combined Laboratory and X-ray Technologists, Saskatchewan Society of Medical Laboratory Technologists and a representative from the MOH. Those facilities holding a Medical Laboratory License are subject to assessment.

Assessment reports and External Quality Assessments (EQA) are reviewed for acceptability by QA Committees and approved by PMC and all findings are shared with the MOH. Three (3) meetings were held via WebEx in 2022 to review and approve 26 facilities for accreditation, with both the QA and PMC also completing work via email.

The LQAP completed 34 on site laboratory assessments and embarked on 15 desk audits. 5 of these have been reviewed and accredited. The remainder are in progress.

Twenty-one (21) desk audits from 2021 were reviewed and approved for accreditation.

External Quality Assessment (EQA)

All results are reviewed by the LQAP.

	Number	Subscriptions	Test Events	Deficiencies	Acceptable or Tracking	Successful Assessment
Laboratory	407	2227	5191	714	4439	85.51%
Physician Office Laboratories (POL)	152	298	858	95	763	88.93%
TOTALS	559	2525	6049	809	5202	86.00%

Non-Hospital Treatment Facilities Accreditation

Medical services in Saskatchewan are provided in both public and private facilities. The CPSS, through its Regulatory Bylaws, outlines the conditions which must exist, in order to operate a Non-Hospital Treatment Facility (NHTF). The goal of this program is to maintain a standardised environment in order to achieve quality and safe patient care.

Facilities Accreditation

- 14 facilities - 9 Saskatoon/4 Regina/1 Lloydminster
- 1 new facility came online in 2022 - Provincial Oral Surgery in Regina (included in totals above)
- All facilities are fully approved.

The program has maintained the 3-year inspection cycle with its standard inspection team of one nurse who is lead inspector and two practising physicians.

The College has received further expressions of interest from physicians/organisations wanting to set up new facilities and it is expected that several of these may come online within the next year or so.

The Health Facilities Credentialing Committee

Established in Administrative Bylaw 8.2(f), the Health Facilities Credentialing Committee (HFCC) is tasked, at the request of the Registrar, with

reviewing facilities applying for recognition under the Non-Hospital Treatment Facilities Bylaw of the CPSS. It is also tasked, at the Registrar's request, with reviewing the qualifications, training and experience of a physician to provide a recommendation respecting the procedures, if any, that the physician should be permitted to perform in the facility.

The HFCC met once in 2022 to discuss the issue of laparoscopic cholecystectomies being performed in the NHTF setting. At that time, for a variety of reasons, it was thought that this was not a safe procedure to be performed in a Non-Hospital Treatment facility.

National Collaboration

The Annual NHTF national meeting was held virtually in October 2022 and was hosted by the College of Physicians and Surgeons of Manitoba. The meeting focused on discussion of the following topics:

1. Extended Stay Facilities to deal with surgical backlogs.
2. Administration of Ketamine in the NHTF Setting.
3. The safety of laparoscopic cholecystectomies being performed in an NHTF setting.
4. Critical Incident Reporting.





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.

GOAL 2

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

GOAL 3

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

GOAL 4

Optimal physician prescribing of opioids.

WHAT SUCCESS LOOKS LIKE IN 2025

BUILDING for the future with strategic governance

The CPSS STRATEGIC PLAN 2020-2025	37
Council & Committees	
o Council	40
o Council-Appointed Committees	41

The CPSS STRATEGIC PLAN 2020-2025

Strategic Plan Accomplishments & Successes in 2022

Goal 1

REGISTRATION RENEWAL PLATFORM

The CPSS continues to look for ways to improve the overall satisfaction while decreasing the number of complaints or concerns concerning the renewal platform. Platform issues from the previous years were addressed and some of the design elements were smoothed out.

Key improvements were:

- Revise Health-related questions to accommodate the Bylaw amendment in support of the new Blood Borne Virus Policy.
- Combine Information Tabs to streamline information flow for users.
- Enhance question definitions and examples to improve clarity.
- Create a separate login webpage for Physician Licensure and for Corporation Permit renewal, to reduce login challenges with auto populating login fields.

WEBSITE REFRESH

The CPSS completed a Request for Proposal (RFP) earlier in the year for Visual Identity and Branding project. The RFP was awarded to a local company in Saskatchewan. Over the course of the year, the CPSS has worked with the consultant to establish a new visual identity and brand that is scheduled to be announced in 2023.

“Excellent explanations and clarifications for many questions. This prevented any confusion in answering the question.”

“It loads quickly on my iPad, there is no significant interruption in time between the pages loading and it’s easy to pay.”

“Much more intuitive and quicker than it used to be. It has been simplified and is much quicker. Good job!”

“The reminder emails prompted me to have the documents I needed ready so I was not searching for them.”

SAMPLING OF USER COMMENTS received through the post renewal survey.

“The form was very easy to navigate. I was able to complete the renewal in 9 minutes. Thanks for making this painless.”

“I liked the reminder email and links. The process was easy. I can’t see any improvements needed. Keep up the good work. No changes in my opinion.”



Goal 2**ASSESSMENT PROCESSES**

The audit of current assessment processes conducted by third parties in Saskatchewan is completed. It is limited to the Practice Enhancement Program and the Advisory Committee on Medical Imaging's work on the assessment of radiologists or those practising diagnostic modalities. Neither of these programs covers the assessment of all specialities and subspecialities. There are no formal assessment processes within the Saskatchewan Health Authority.

A list of Physician Factors has been identified. These factors are recognized to affect both competence and performance in a positive or negative way.

The assessment of a physician's competence - true competency (knowing what to do in a particular circumstance) - requires the assessment of the physician's performance (doing what needs to be done in a particular situation). Competency is a series of knowledge, abilities, skills, experiences, and behaviours which leads to effective performance in an individual's activities. Essentially, performance = competence + individual factors + system factors.

We are awaiting some outputs from the Physician Competency work of the Federation of Medical Regulatory Authorities of Canada (FMRAC) and the outputs from Medical Council of Canada's Assessment Innovation Task Force to inform our work. Both projects have stalled.

Council has identified a committee of Council that will continue to explore this work due to the lack of assessment processes available to us.

One aspect of the work will be how to support the "aging" physician. It has been suggested that a committee comprised of members of the College of Physicians and Surgeons of Saskatchewan, the College of Medicine, the Saskatchewan Medical Association, and the Ministry of Health discuss this aspect.

Goal 3**LICENSING INTERNATIONAL MEDICAL GRADUATES**

In support of the CPSS Strategic Plan and goal to Enhance College Supervision, Assessment and support of International Medical Graduates (IMG) moving from a provisional to a regular licence, CPSS focussed on the following in 2022:

- In collaboration with the College of Medicine and Saskatchewan Health Authority (SHA), the CPSS co-designed and delivered the new Clinical Field Assessment (CFA) Exit meeting for physicians accepted into the Saskatchewan International Physician Practice Assessment (SIPPA) program, with the goal to share 'just-in-time information' with physicians to help them feel more informed and prepared as they transition into their supervised practice period.
- The CPSS engaged in planning and development meetings to inform on the design of the newly approved SIPPA expansion project, which will enable the SIPPA program faculty to follow physicians from the start of the CFA through to the completion of their supervised practice period, scheduled to begin in January 2023.
- The CPSS and the SIPPA program met with SHA Area Chiefs of Staff to discuss key findings identified from the CFA reports, which highlighted common skill gaps. The result of these meetings was agreement to develop dedicated curriculum to address these gaps prior to entry into the supervised practice period. This will be targeted for implementation in 2023.
- The upcoming expansion of the SIPPA program to include supervision, resulted in the CPSS reviewing and revising all outgoing pre-licensure emails, resources and materials. Initial email messages, eligibility rulings and follow up emails with potential SIPPA candidates now clearly communicate the new process change and encouragement toward sitting the CCFP certifying exam as the preferred route to achieving regular licensure.
- As a member of the Advisory committee, the CPSS engaged in the planning and development of the CoMPASS program. The CoMPASS program led by the College of Medicine, Continuing Medical Education Department was officially launched in December 2022, and serves as a coaching-mentorship program directed at physicians in the first 5 years of practice in Saskatchewan.

Goal 4**OPIOID PRESCRIBING SURVEYS**

Two surveys were created and sent to all Saskatchewan physicians

- Optimal Physician Prescribing of Opioids
- Optimal Physician Prescribing: Familiarity with Current Guidelines and Best Practices

Based on survey results, an educational series was proposed and approved to take place in spring 2023

A cross-country environmental scan of existing opioid prescribing education programs was completed.

Analysis of the surveys and scan will inform the need for further program recommendations.

OPIOID PRESCRIBING EDUCATION SUBSIDY

The Canadian Society of Addictions Medicine (CSAM) annual conference was held in Saskatoon Nov 3-5. An Addictions Fundamentals course was also offered in conjunction with the conference. All OAT providers and those working through the approval process were offered a fee subsidy (approved by the Ministry of Health) for those attending in person. To date 25 physicians have applied for the subsidy post conference.

While the other departments at the CPSS do not have an active role in the implementation of this particular 5-year strategic plan, they have been actively supporting the strategic plan in all its activities.

This support is reflected in their alignment with the organization's overall goals and objectives, as well as their commitment to delivering results that contribute to the realization of the Strategic Plan.

By actively working towards these goals, the other departments not only support the strategic plan but are also contributing to the success of the organization as a whole. Their dedication to the strategic plan is evident in that their efforts are making a positive impact on the organization's overall performance.

Council

Members

Name	From	Profession	Position
Dr. Olawale (Franklin) Igbekoyi	Rosetown	Family Medicine	President
Dr. Alan Beggs	Regina	Orthopaedic Surgery	Vice President
Dr. Brian Brownbridge	Saskatoon	Anesthesia	Past President
Dr. Amos Akinbiyi (Jan - May)	Regina	Obstetrics and Gynecology	Physician Member
Dr. Boye Daniel Adeboye	Estevan	Family Medicine	Physician Member
Dr. Raviqubal (Rob) Basi	Saskatoon	Internal Medicine	Physician Member
Ms. Indiana Best (Nov+)	Saskatoon	Medical Student	Student Observer
Ms. Rachel Cey (July +)	Saskatoon	Medical Student	Student Observer
Mr. Lionel Chabot	North Battleford	Retired Former Vice President, PNRHA	Public Member
Dr. Mark Chapelski	Lloydminster	Family Medicine/Emergency	Physician Member
Mr. William (Bill) Hannah (Jan - May)	Kenaston	Farmer	Public Member
Ms. Carolyn Hlady (May +)	Saskatoon	Retired Police Officer	Public Member
Mr. Jeff Howlett (May +)	Saskatoon	Functional Planner, Saskatchewan Health Authority	Public Member
Dr. Yusuf Kasim	Yorkton	Obstetrics/Gynecology	Physician Member
Dr. Oladapo Mabadeje	Prince Albert	General Surgery	Physician Member
Dr. Jurgen Maslany	Regina	Anesthesia	Physician Member
Dr. Carmen-Nicoleta Mircea	Prince Albert	Obstetrics/Gynecology	Physician Member
Dr. Pamela Meiers	Saskatoon	General Surgery	Physician Member
Dr. Sarah Mueller	Saskatoon	General Surgery	Physician Member
Mr. Burton O'Soup	Norquay/Saskatoon	Mental Health Therapy / Manager, Mobile Career Assessment Unit, Saskatchewan Indian Institute of Technologies	Public Member
Mr. Femi Ogunrinde	Regina	Chartered Director, Business Administration & Geology	Public Member
Dr. Poogendren (Lenny) Pillay (Sept +)	Regina	Otolaryngology	Physician Member
Mr. Ken Smith (Jan - May)	Saskatoon	Retired, Former Registrar, University of Saskatchewan	Public Member
Dr. Preston Smith	Saskatoon	Dean, College of Medicine	College of Medicine Representative
Dr. Annamarie Snyman	Lloydminster	General Practice	Physician Member

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, Senior Legal Counsel
 Ms. Sheila Torrance, Legal Counsel

Ms. Rochelle Wempe, Legal Counsel
 Mr. Evan Thompson, Legal Counsel
 Ms. Debra-Jane Wright, Director, Registration Services
 Ms. Beckie Wills, Director of Accounting and Finance
 Mr. Tim Edwards, Manager of IT and Office Administration
 Ms. Caro Gareau, Communications Officer

Executive Committee

Dr. Olawale (Franklin) Igbekoyi **President**
Dr. Alan Beggs **Vice President**
Dr. Oladapo Mabadeje **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

STANDING COMMITTEES

Advisory Committee on Medical Imaging (ACMI)

Dr. Don McIntosh
 Dr. Christopher White (Chair)
 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)

Compensation and Benefits Review Committee

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

Discipline Committee

Dr. Joan Baldwin (Chair)
 Dr. Annette Epp
 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
 Dr. James Carter

Dr. Sharon Leibel
 Dr. Mahmood Beheshti
 Dr. Brady Bouchard
 Mr. Rob. Gibbings (Lawyer)
 Dr. Suzanne Meiers
 Dr. Omopelola Sotomi
 Ms. Leslie Sullivan (Lawyer)
 Mr. C. Boychuk (Lawyer)
 Dr. Melanie Orvold
 Ms. Dhvani Thakkar

Diversity & Anti-Bias Committee

Dr. Oladapo Mabadeje (Chair)
 Dr. Brian Brownbridge
 Dr. Olawale (Franklin) Igbekoyi
 Dr. Karen Shaw
 Dr. Yusuf Kasim
 Dr. Poogendren (Lenny) Pillay
 Dr. Yagan Pillay
 Mr. Femi Ogunrinde
 Mr. Burton O'Soup
 Ms. Rochelle Wempe

Expert Advisory Committee on Blood-Borne Communicable Diseases

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

Finance & Audit Committee

Dr. Jurgen Maslany (Chair)
 Mr. Lionel Chabot
 Dr. Pierre Hanekom
 Dr. Suresh Kasset
 Dr. Grant Stoneham
 Dr. Mark Chapelski
 Mr. Femi Ogunrinde

Health Facilities Credentialing Committee

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

Informatics Committee

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

Legislative Review Committee

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

Nominating Committee

Dr. Alan Beggs (Chair)
 Dr. Yusuf Kasim
 Mr. Femi Ogunrinde
 Mr. Burton O'Soup
 Dr. Annamarie Snyman

Practice Enhancement Program Committee

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

Quality of Care Advisory Committee

Dr. Johann Kriegler (Chair)
 Dr. M. Clark
 Dr. Jonathan Hey
 Ms. Tania Schroeder
 Ms. Patience Mabadeje
 Mr. Don Ebert

Truth and Reconciliation Committee

Mr. Burton O'Soup (Chair)
 Ms. Tania Lafontaine
 Dr. Preston Smith
 Dr. Oladapo Mabadeje (Sept+)
 Mr. Lionel Chabot
 Ms. Karon Shmon (Sept+)
 Dr. Karen Shaw
 Mr. Ken Smith (Jan-May)
 Ms. Caro Gareau
 Ms. Debra-Jane Wright
 Ms. Rochelle Wempe

AD HOC COMMITTEES

DocTalk Publication Advisory Committee

Ms. Caro Gareau (Chair)
 Dr. Olawale Franklin Igbekoyi
 Dr. Jurgen Maslany
 Dr. Werner Oberholzer
 Ms. Joanna Alexander
 Ms. Alyssa Van Der Woude

Registration Committee

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

GOVERNANCE COMMITTEES

Patient Communication Committee

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

Physician Communication Committee

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

Developing Expected Competencies for Councillors Committee

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



CULTIVATING new and existing partnerships

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Council Representation to External Committees

Each year, Council appoints representatives to the following external committees in order to keep abreast of new developments and exchange key information.

University of Saskatchewan Senate

Mr. Marcel de la Gorgendière (to end of June)
Dr. Pamela Meiers (July +)

University of Regina Senate

Mr. Femi Ogunrinde

Saskatchewan Prevention Institute

Dr. Mahli Brindamour

Cultural Safety, Diversity and Anti-Bias Initiatives

It's no secret that better relationships and healthy interactions between patients and their medical practitioners lead to better patient outcomes. That's why the CPSS is focussing energies on narrowing the gap in the provision of services by reaching out to visible minorities for feedback and dialogue, encouraging the accommodation of cultural needs in healthcare settings and encouraging other diversity and anti-bias initiatives.

First Nations and Inuit Health Branch (FNIHB) Funding

The CPSS and FNIHB have worked together since 2014 with a goal of addressing prescription drug misuse and abuse in First Nations communities. Most work revolves around administration of projects jointly approved and funded through FNIHB funding. Approved projects in 2022 included:

- Stepping Stones Wellness Clinic (Kamsack/Yorkton)
- Project ECHO® - Management of Chronic Pain

- Willow Cree Health Services Corp – Community Addiction Support Program
- USask Chronic Pain Clinic (formerly MAC iOPS)
- Northern Alcohol Strategy (NAS) – Evidence-Based Approaches to Substance Abuse Training

Truth and Reconciliation

The Truth and Reconciliation Committee continues to work on outreach efforts with First Nations and Métis governance structures in the province. This work potentially includes partnership development with other First Nations organizations that have an interest in improving interactions within the Saskatchewan Health Care system.

Additional work completed in 2022 includes:

- Endorsement of the Joyce's Principle document

- Publication of two Indigenous-sourced articles in Doctalk: Indigenous-Western Healing – An introduction to the Indigenous perspective and Indigenous-Western Healing –Possibilities for positive change in the health care landscape for Aboriginal people.
- Formal written outreach to all 74 First Nations in the province with an invitation to dialogue
- Addition of a representative from the Métis community to the committee

Our hope is that, as this work continues to evolve, it will broaden the awareness of the work and role of the CPSS as a regulatory body as it moves to improve relations not only with the First Nations and Métis people but with all Saskatchewan residents today and in the future.

Diversity and Anti-Bias Collaborations

Council’s Nominating Committee worked diligently to ensure a wider representation during the appointment of members to Council committees, which resulted in an increasingly diverse membership at the table.

Council’s Diversity and Bias Committee focussed in 2022 on the education of members relating to Equity, Diversity, and Inclusion (EDI) issues. The committee worked to identify appropriate courses for mandatory training in unconscious bias for Council members and members of the Discipline committee and the Quality of Care committee.

One of the mandates of the committee is to review CPSS policies, procedures and processes to ensure there are none that may promote structural discrimination. Discussions were held concerning the CPSS requirement of the English language proficiency test from certain International Medical Graduates (IMGs), and work is in process with the Registrar’s Office to advocate for the review of the list of English-speaking countries approved by the Federation of Medical Regulatory Authorities of Canada (FMRAC).

The Diversity and Bias Committee also met with the Human Rights Commission (HRC) and the College of Medicine.

A survey initiative in collaboration with the Saskatchewan Medical Association (SMA) to gain greater insight on the breadth of the EDI issues among the medical community is under development and is expected to be rolled out in 2023.

The Quality of Care department has also actively participated in Equity, Diversity, and Inclusion (EDI) training and is still engaged in ongoing learning. This training has helped the team understand the importance of creating an inclusive work environment that values and respects diversity. The department’s commitment to EDI training demonstrates a desire to offer a positive and inclusive service as well as create a healthy workplace culture. Ongoing EDI training can only help to reinforce this culture and promote diversity and inclusivity within the Quality of Care team and the CPSS as a whole.



BUILDING trust through financial transparency

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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 College), which comprise:

- the summary consolidated statement of financial position as at December 31, 2022
- 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 notes

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, 2022 (audited financial statements).

In our opinion, the accompanying summary consolidated financial statements, are consistent in all material respects, with the audited 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 auditor's report thereon, therefore, is not a substitute for reading the College's audited financial statements and the auditor's report thereon.

The summary consolidated financial statements and the audited consolidated financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified opinion on the audited consolidated financial statements in our report dated June 2, 2023.

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.

Auditor's Responsibility

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

Chartered Professional Accountants

Saskatoon, Canada
June 2, 2023

Summary Consolidated Statement of Financial Position

December 31, 2022, with comparative information for 2021

	2022	2021
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 1,963,473	\$ 6,345,846
Short-term investments	7,310,709	5,253,236
Marketable securities	5,686,816	1,925,903
Accounts receivable	33,095	48,047
Prepaid expenses and deposits	309,694	234,900
Advances to Saskatchewan Prescription Review Program	-	3,715
Advances to First Nations and Inuit Health Branch Program	2,018	1,160
	15,305,805	13,812,807
Long-term investments	-	1,000,000
Property and equipment	4,382,191	4,611,952
	\$ 19,687,996	\$ 19,424,759
LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 645,395	\$ 783,196
Deferred revenue	5,951,723	5,716,502
Due to Saskatchewan Prescription Review Program	18,648	-
	6,615,766	6,499,698
Employee future benefits	1,019,476	1,028,693
Net assets	12,052,754	11,896,368
	\$ 19,687,996	\$ 19,424,759

Summary Consolidated Statement of Revenue and Expenses

<i>Year ended December 31, 2022, with comparative information for 2021</i>	Budget (unaudited)	2022	2021
REVENUE:			
Physician licensure fees	\$ 6,190,000	\$ 6,335,937	\$ 6,144,420
Professional corporation fees	335,000	378,400	355,950
Interest and investment income	95,000	255,825	112,164
Certificates of professional conduct	95,000	104,200	92,700
Discipline recoveries	120,000	93,280	207,726
Saskatchewan International Physician Practice Assessment (SIPPA) registration funding	75,000	75,000	75,000
Mailing list	15,000	18,800	18,652
Sundry	1,000	301	7,119
Laboratory Quality Assurance Program	529,650	531,068	473,200
Diagnostic Imaging Quality Assurance Program	169,555	169,555	173,005
Opioid Agonist Therapy Program	165,000	140,948	138,278
Non-hospital Treatment Facilities Program	108,000	120,716	104,803
	<hr/> 7,898,205	8,224,030	7,903,017
EXPENSES:			
Administrative	6,220,000	5,683,532	5,490,714
Office	393,000	369,530	386,048
Council	353,000	278,001	264,816
Committees	385,000	248,248	482,566
Contributions to Practice Enhancement Program	150,000	150,000	150,000
Contributions to Prescription Review Program	78,000	80,635	18,000
Meetings	72,500	37,188	2,335
External grants and sponsorships	6,500	9,590	6,359
Laboratory Quality Assurance Program	509,295	467,001	402,080
Diagnostic Imaging Quality Assurance Program	189,910	174,279	176,328
Opioid Agonist Therapy Program	165,000	140,948	138,278
Non-hospital Treatment Facilities Program	50,000	58,700	34,482
	<hr/> 8,572,205	7,697,652	7,552,006
Excess (deficiency) of revenue over expenses before the undernoted	(674,000)	526,378	351,011
Allocation from unrestricted net assets	674,000	-	-
Fair value adjustment on investments	-	(369,992)	172,612
Excess of revenue over expenses	<hr/> \$ -	\$ 156,386	\$ 523,623

Summary Consolidated Statement of Net Assets

Year ended December 31, 2022, with comparative information for 2021

		Invested in property and equipment	Unrestricted	2022	2021
Balance, beginning of year	\$	4,611,952	\$ 7,284,416	\$ 11,896,368	\$ 11,372,745
Excess (deficiency) of revenue over expenses		(368,190)	524,576	156,386	523,623
Purchase of property and equipment		138,429	(138,429)	-	-
Balance, end of year	\$	4,382,191	\$ 7,670,563	\$ 12,052,754	\$ 11,896,368

Summary Consolidated Statement of Cash Flows

Year ended December 31, 2022, with comparative information for 2021

	2022	2021
Cash flows from (used in):		
Operations:		
Excess of revenue over expenses	\$ 156,386	\$ 523,623
Items not involving cash:		
Amortization	368,190	375,755
Fair value adjustment on investments	369,992	(172,612)
Employee future benefits	(9,217)	49,973
Reinvested investment income on marketable securities	(142,790)	(59,646)
	742,561	717,093
Change in non-cash operating working capital:		
Accounts receivable	14,952	(15,293)
Prepaid expenses and deposits	(74,794)	149,738
Advances to Saskatchewan Prescription Review Program	22,363	124,028
Advances to First Nations and Inuit Health Branch Program	(858)	57
Accounts payable and accrued liabilities	(137,801)	(6,176)
Deferred revenue	235,221	201,119
	801,644	1,170,566
Investing:		
Purchase of property and equipment	(138,429)	(140,400)
Net purchase and disposal of investments	(5,045,588)	1,967,765
	(5,184,017)	1,827,365
Increase (decrease) in cash and cash equivalents	(4,382,373)	2,997,931
Cash and cash equivalents, beginning of year	6,345,846	3,347,915
Cash and cash equivalents, end of year	\$ 1,963,473	\$ 6,345,846

Notes to Summary Consolidated Financial Statements

Year ended December 31, 2022

1. Summary consolidated financial statements

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, 2022 and December 31, 2021 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:

- 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 accounting@cps.sk.ca.

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College of Physicians and Surgeons of Saskatchewan